CENTERS FOR MEDICARE & MEDICAID SERVICES FORM APPROVED OMB NO. 0938-0391										
STATEMENT OF DEFICIENCIES (X1 AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	. ,	E CONSTRUCTION	(X3) DATE SURVEY COMPLETED					
		14G146	B. WING		C 01/27/2016					
NAME OF F	PROVIDER OR SUPPLIER		STREET ADDRESS, CITY, STATE, ZIP CODE							
FROEHL	ICH HOUSE		356 SOUTH MICHIGAN AVENUE GALESBURG, IL 61401							
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)		ID PROVIDER'S PLAN OF CORRECTION PREFIX (EACH CORRECTIVE ACTION SHOULD BE TAG CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)			(X5) COMPLETION DATE				
W 000	INITIAL COMMENTS		W 000							
	COMPLAINT INVESTIGATION									
W 148	#1620317 / IL00082813 - W148 483.420(c)(6) COMMUNICATION WITH CLIENTS, PARENTS &		W 148							
	The facility must notify promptly the client's parents or guardian of any significant incidents, or changes in the client's condition including, but not limited to, serious illness, accident, death, abuse, or unauthorized absence.									
	Based on record re failed to notify the g in the facility who w	s not met as evidenced by: eview and interview the facility juardians for 1 of 1 individual as transported by ambulance dent on 1/15/16 (R2).								
	Findings include:									
	shows R2 is a 22 ye	Sheet (POS) for January 2016 ear old female with diagnoses Intellectual Disability, Cerebral aresis.								
	was taken to the loc an accident for post Service Director (R transported via amb released from the e	dent" dated 1/16/16 states R2 cal emergency room following sible injuries. E1, Residential SD), confirmed R2 was bulance. R2 was treated and emergency room. R2 has a c testing scheduled for pain in emity.								
		ng interview on 1/26/16 at rdians were notified. E1 stated								

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

DEDADTMENT OF LIEALTH AND LIUMAN CEDVICES

TITLE

(X6) DATE

PRINTED: 02/02/2016

Any deficiency statement ending with an asterisk (\*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION       (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:       (X2) MULTIPLE CONSTRUCTION A. BUILDING       (X3) DATE SURVEY COMPLETED         NAME OF PROVIDER OR SUPPLIER       14G146       B. WING       01/27/2016         NAME OF PROVIDER OR SUPPLIER       STREET ADDRESS, CITY, STATE, ZIP CODE 356 SOUTH MICHIGAN AVENUE GALESBURG, IL 61401       01/27/2016         (X4) ID       SUMMARY STATEMENT OF DEFICIENCIES       ID       PROVIDER'S PLAN OF CORRECTION       (X5)			AND HUMAN SERVICES				FORM	): 02/02/2016 MAPPROVED ). 0938-0391	
14G146     B. WING     O1/27/2016       NAME OF PROVIDER OR SUPPLIER     STREET ADDRESS, CITY, STATE, ZIP CODE       STREET ADDRESS, CITY, STATE, ZIP CODE       356 SOUTH MICHIGAN AVENUE       GALESBURG, IL 61401     GALESBURG, IL 61401       PROFIL     SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)     D PREFIX TAG     PROVIDER'S PLAN OF CORRECTION ACTION SHOULD BE (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)     D PREFIX TAG     PROVIDER'S PLAN OF CORRECTION SHOULD BE (EACH ORRECTIVE ACTION SHOULD BE CROSS-REFERENCE) TO THE APPROPRIATE DEFICIENCY     COMPLETIC DATE       W 148     Continued From page 1 he left a message on a voicemail of a cell phone after the accident.     W 148     W 148       E1 was asked if he spoke with R2's guardians again for follow up on her condition. E1 stated he talked to R2's guardian on Monday when he returned to work. E1 was asked if a condition report was provided to R2's guardians between the initial call made on Friday evening and Monday when he returned to work. E1 stated no.     2) A Consultation Report dated 1/2/16 states R2 was seen at a clinic for pneumonia. R2 was taken to the Emergency Room for a Chest Xray on 1/2/16 with a final diagnosis of bronchitis and     U			(X2) MULTIPLE CONSTRUCTION			(X3) DA	(X3) DATE SURVEY COMPLETED		
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<ul> <li>E1 was interviewed on 1/26/16 at 3:30pm and asked if R2's guardians were notified of her change in condition requiring medical treatment on Saturday 1/2/16. E1 stated he notified R2's guardians of her diagnosis when he returned to work on Monday.</li> <li>3) Progress notes dated 11/16/16 and 12/28/16 show R2 was the victim of peer to peer incidents on said dates. On 11/16/16, a peer had a behavior and hit R2 in the forehead leaving a small bump on the left side of her forehead. On 12/18/16, the Progress Note states R2 had her hair pulled and was hit in the right arm by another peer.</li> <li>E1 was interviewed on 1/26/16 at 3:30pm and asked if R2's guardians were notified of the peer to peer altercations involving R2. E1 was not able to establish if the guardians had been notified in</li> </ul>	W 148	he left a message of after the accident. E1 was asked if he again for follow up of talked to R2's guard returned to work. E report was provided the initial call made Monday when he ref 2) A Consultation R was seen at a clinic to the Emergency F 1/2/16 with a final d provided antibiotic a E1 was interviewed asked if R2's guard change in condition on Saturday 1/2/16. guardians of her dia work on Monday. 3) Progress notes of show R2 was the vi on said dates. On 1 behavior and hit R2 small bump on the 12/18/16, the Progr hair pulled and was peer. E1 was interviewed asked if R2's guard to peer altercations	spoke with R2's guardians on her condition. E1 stated he dian on Monday when he 1 was asked if a condition d to R2's guardians between on Friday evening and eturned to work. E1 stated no. Report dated 1/2/16 states R2 of pneumonia. R2 was taken Room for a Chest Xray on liagnosis of bronchitis and and steroid medications. I on 1/26/16 at 3:30pm and lians were notified of her requiring medical treatment . E1 stated he notified R2's agnosis when he returned to dated 11/16/16 and 12/28/16 ictim of peer to peer incidents 1/16/16, a peer had a 2 in the forehead leaving a left side of her forehead. On ress Note states R2 had her s hit in the right arm by another	W 1	48				

FORM CMS-2567(02-99) Previous Versions Obsolete

If continuation sheet Page 2 of 2