

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 05/23/2012  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>14G281</b>		(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED  <b>C</b> <b>05/16/2012</b>	
NAME OF PROVIDER OR SUPPLIER  <b>GROUP HOME #2</b>				STREET ADDRESS, CITY, STATE, ZIP CODE <b>224 BACHMAN LANE</b> <b>GODFREY, IL 62035</b>			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)			ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)		(X5) COMPLETION DATE
W 000	INITIAL COMMENTS			W 000			
W 156	<p>Incident Investigation of 1/27/12/ IL57807</p> <p>483.420(d)(4) STAFF TREATMENT OF CLIENTS</p> <p>The results of all investigations must be reported to the administrator or designated representative or to other officials in accordance with State law within five working days of the incident.</p> <p>This STANDARD is not met as evidenced by: Based on record review and interview the facility failed to report to Illinois Department of Public Health (IDPH) the results of their investigations for 1 of 1 incidents for R1 in the sample who was admitted to the hospital with a hematoma on 4/26/12.</p> <p>Findings Include:</p> <p>1. Review of facility "Incident-Injury Report" of 4/26/12 @ 12:30PM; it was stated that "on 4/26/12 at approximately 12:30PM, after R1 being sent to the hospital for evaluation the ER physician called and informed the facility that R1 had a hematoma which would require surgery".</p> <p>File review of R1's "Individual Habilitation Plan" dated 4/30/12 states R1 is a 74 year old male with a diagnosis of Mild Mental Retardation, Seizure Disorder &amp; Traumatic Brain Injury. R1 was admitted to the facility on 7/22/91.</p> <p>Interview and statement review with E2 (Administrator) on 5/15/12 @ 11:00AM &amp; statement review of 5/3/12. "E2 spoke with R1 and asked him if anyone hi/hurt him and R1</p>			W 156			
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE				TITLE		(X6) DATE	

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.

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W 156	<p>Continued From page 1</p> <p>stated no. R1's primary physician was contacted on 4/26/12 when staff reported that R1's gait was unsteady. The physician ordered R1 to be sent out to the ER for a head CT. R was seen in the ER on the same day where the diagnosis was made of Chronic Subdural Hematoma.. R1 had a CT scan on 1/4/12 (for a previous injury) showed no skull fracture or acute intracranial bleeding. R1 followed up with his primary physician on 1/5/12 due to the fall on 1/4/12. Per interview with R1, R1's roommate (no name stated) and staff (no names stated) there is no evidence to support abuse or neglect".</p> <p>E1 confirmed obtaining statements regarding "investigation of a injury of unknown cause". E1 confirmed the facility obtained statements to determine there was no neglect and/or abuse involving the incident/accident of 1/4/12 and 4/26/12 involving R1. E1 stated the facility conducted staffing on 4/30/12 to address staffing level increases for R1. However E1 was unable to provide reproducible evidence that the internal review of the injuries for R1 was sent to IDPH in five working days.</p>			W 156			