

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

PRINTED: 06/04/2015
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 14G281		(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 06/03/2015	
NAME OF PROVIDER OR SUPPLIER GROUP HOME #2				STREET ADDRESS, CITY, STATE, ZIP CODE 224 BACHMAN LANE GODFREY, IL 62035			
(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 368	<p>INCIDENT INVESTIGATION</p> <p>INCIDENT OF 05/24/15, IL77453</p> <p>483.460(k)(1) DRUG ADMINISTRATION</p> <p>The system for drug administration must assure that all drugs are administered in compliance with the physician's orders.</p> <p>This STANDARD is not met as evidenced by: Based on interview and record review the facility failed to ensure that all medications were administered in compliance with physician's orders for 1 of 3 individuals individuals within the sample, R1.</p> <p>Findings Include:</p> <p>The Physician's Order Sheet, (POS), dated 05/11/15, identifies R1 an individual who functions at the Mild level of Intellectual Disabilities. The POS for R1 additionally includes diagnosis of Depressive and is to receive "Prozac 20 mg (milligram) capsule by mouth once daily, Hold Sunday dose."</p> <p>The facility form, 'Medication Error Report', dated 05/26/15, states E4, Authorized Direct Staff Person, (ADSP), incorrectly administered Prozac 20 mg on 05/24/15 at 7 AM.</p> <p>The facility 'Nursing Notes', dated 05/26/15, no time documented, states "...R1 received Prozac, (no dosage noted) on Sunday, (no date noted) with no adverse reactions..."</p>			W 368			

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 368	Continued From page 1	W 368			
W 370	<p>During an interview with E4, on 06/02/15 at 2:02 PM, E4 confirmed that this medication error did occur as stated on 05/24/15 at 7 AM involving R1.</p> <p>483.460(k)(3) DRUG ADMINISTRATION</p> <p>The system for drug administration must assure that unlicensed personnel are allowed to administer drugs only if State law permits.</p> <p>This STANDARD is not met as evidenced by: Based on observation, interview, and record review the facility failed to ensure implementation of Illinois Administrative Code Title 59: Mental Health Chapter I: Department of Human Services Part 116 Administration of Medication in Community Settings (Rule 116), which regulates the storage, distribution, and administration of medications in specific settings; training of non-licensed staff in the administration of medications 3 of 3 individuals, inside the sample, (R1, R2, & R3), for administering medications without proper medication labels.</p> <p>Findings Include:</p> <p>The Physician's Order Sheet, (POS), dated 04/27/15, identifies R2 an individual who functions at the Mild level of Intellectual Disabilities.</p> <p>R2's POS further states that R2 is to receive: Aspirin 81 mg (milligram), Take 1 tablet by mouth daily at 7AM, Calcium Antacid 500 mg CHW (chewable) Tab (tablet), Take 1 tablet by mouth every morning at 7AM and at bedtime, and Ferrous Sulfate 325 mg, Take 1 tablet by mouth twice daily at 7 AM and at bedtime.</p>	W 370			

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W 370	<p>Continued From page 2</p> <p>During the observed medication administration on 06/03/15 at 7 AM, R2 was given Aspirin 81 mg, Calcium Antacid 500 mg, and Ferrous Sulfate 325 mg by mouth, from E5, Authorized Direct Staff Person (ADSP), from an improperly labeled medication container.</p> <p>The Physician's Order Sheet, (POS), dated 04/27/15, identifies R3 an individual who functions at the Mild level of Intellectual Disabilities.</p> <p>R3's POS further states that R3 is to receive: Multivitamin Tab (tablet), Take 1 tablet by mouth daily 7AM and Oyster Shell 500 mg, Take 1 tablet by mouth once daily 7AM.</p> <p>During the observed medication administration on 06/03/15 at 7 AM, R3 was given , Multivitamin Tab (tablet) and Oyster Shell 500 mg by mouth, from E5, Authorized Direct Staff Person (ADSP), from an improperly labeled medication container.</p> <p>ADMINISTRATIVE CODE TITLE 59: MENTAL HEALTH CHAPTER 1: DEPARTMENT OF HUMAN SERVICES PART 116 ADMINISTRATION OF MEDICATION IN COMMUNITY SETTINGS SECTION 116.80 STORAGE AND DISPOSAL OF MEDICATIONS e) All prescription medications that are given to individual at the directions of physician, ... shall have a label with the same information as would appear on a pharmacy label in accordance with Section 22 of the Illinois Pharmacy Practice Act [225 ILCS]...</p>	W 370			

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