

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

PRINTED: 04/27/2016
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 04/12/2016	
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 316	<p>ANNUAL CERTIFICATION SURVEY - FUNDAMENTAL</p> <p>INSPECTION OF CARE 483.450(e)(4)(ii) DRUG USAGE</p> <p>Drugs used for control of inappropriate behavior must be gradually withdrawn at least annually.</p> <p>This STANDARD is not met as evidenced by: Based on record review and interview, the facility failed to identify and ensure a gradual withdraw of drugs used for behavior control at least annually for 1 of 2 clients (R1) in the sample.</p> <p>Findings include:</p> <p>1) The 11/11/15 Individual Service Plan (ISP) states that R1 is a 24 year old male with a diagnosis as Mild Intellectual Disabilities and paranoid schizophrenia. The ISP further states that R1 takes the medication Lamictal 200mg & Seroquel 400mg daily for maladaptive behavior of hallucinations & anxiety that disrupt his daily life/routine.</p> <p>According to R1's ISP and Human Rights Committee(HRC) minutes from 11/16/15; R1 is taking Lamictal 200mg & Seroquel 400mg daily and has been on the current doses for over a 17 month period. In addition it was reviewed that R1's current ISP, Medication Administration Record(MAR)of 4/1/16-4/30/16 and Behavior Management Minutes of 11/16/16 do not specify any</p>			W 316			

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 316	Continued From page 1 medication reduction or attempted reduction of the behavior modifying medications in the past programming/calendar year. . E1(QIDP) confirmed on 4/12/16 @1:00PM that R1 did not have a medication reduction since 12/14 and the team has planned to reduce the medications when R1 meets criteria or R1 requests a review for a reduction, however there was no reproducible evidence to support the holding of an annual reduction or attempted reduction.	W 316			