STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	14G281	A. BUILDING _____ B. WING _____	04/12/2013

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
GROUP HOME #2	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 ANNUAL CERTIFICATION SURVEY - FUNDAMENTAL INSPECTION OF CARE LICENSURE SURVEY	W 000		
W 111	483.410(c)(1) CLIENT RECORDS The facility must develop and maintain a recordkeeping system that documents the client's health care, active treatment, social information, and protection of the client's rights. This STANDARD is not met as evidenced by: Based on interview and record review, the facility failed to develop medication error reports for medication errors for 3 of 4 individuals in the sample. (R2, R3, R4) Findings Include: Facility Policy titled "Medication Error Report Policy" under the section titled "Procedure" states, "1) If and when a medication/treatment error occurs, the nurse discovering the error will complete a medication error report form. (See Attached) 2) If a staff discovers the error, it will be reported immediately to the DON [Director of Nurses], ADON [Assistant Director of Nurses], or the nurse in charge of the area at that time. The nurse receiving the report will ensure that medication error report form is completed." 1) R2, per Medication Administration Record (MAR) of 2/01/13 through 2/28/13, is a 47 year old female. R2's MAR of 2/13 states that she is	W 111		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	14G281	A. BUILDING _____ B. WING _____	04/12/2013

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(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 111	Continued From page 1	W 111		

to receive Vitamin D2 1 capsule every week at 7:00am. on Friday. On the back of the MAR of 2/13 is hand written "2-2-13 1130 Vitamin D2 PO [by mouth] Not Available."

E1 (Registered Nurse, Nurse Trainer) was interviewed on 4/11/13 at 3:30pm. When asked if a medication error report was filled out for this omission, E1 stated she would have to check.

2) R3, per MAR of 3/01/13 through 3/31/13, is a 46 year old female. R2's MAR of 3/13 states that she is to receive Vitamin D3 every week on Wednesday at 7:00am. On the back of the MAR of 3/13 is hand written "3-6-13 7am Vitamin D-3...Unavailable Nurse Notified." That date is circled on the front of the MAR.

A Hand written MAR for 2/13 states R3 is to receive Vitamin D3 one time weekly. On the back of the hand written MAR for 2/13 is hand written "2-27 7:06 Vitamin D3...Out." E1 during the interview of 4/11/13 at 3:30pm. stated she would check on these also.

On 4/12/13 at 10:20am, E1 stated that she wasn't able to find any medication error reports for any of these incidents. E1 was asked the if there is no evidence that medication reports were filled out for these omissions. E1 stated no.

3) R4, per MAR of 1/13, is a 47 year old male. R4's MAR for 1/13 states that R4 is to receive Quetiapine Fumarate 100mg 1 tablet twice a day for Aggression. Hand written on the back of the MAR for 1/13 is 1/10/13 Quetiapine Fumarate 100mg Not Available.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	14G281	A. BUILDING _____ B. WING _____	04/12/2013

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GROUP HOME #2	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 111	Continued From page 2 E1 was asked on 4/12/13 at 10:20am., if she had located any medication error reports for that omission. Also, hand written on the back of the MAR for 1/13 is 1/25/13 Lamictal Not Available.	W 111		