

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

PRINTED: 07/03/2010
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 14G280		(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 05/27/2010	
NAME OF PROVIDER OR SUPPLIER GROUP HOME #1				STREET ADDRESS, CITY, STATE, ZIP CODE 212 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 149	<p>ANNUAL CERTIFICATION SURVEY- -FUNDAMENTAL</p> <p>LICENSURE SURVEY</p> <p>INSPECTION OF CARE 483.420(d)(1) STAFF TREATMENT OF CLIENTS</p> <p>The facility must develop and implement written policies and procedures that prohibit mistreatment, neglect or abuse of the client.</p> <p>This STANDARD is not met as evidenced by: Based on record review and interview, the facility has failed to develop written policies and procedures that prohibit mistreatment, neglect or abuse of the client for 4 of 4 individuals in the sample (R1--R4) and 11 individuals outside of the sample (R5-15) as follows:</p> <p>1) failure to develop an abuse/neglect policy that directs staff to investigate all allegations and not just those deemed "having reasonable cause to believe" and /or just the peer to peer aggression, that the facility, determined was willful and required medical treatment.</p> <p>2) failure to develop a policy to report all allegations to the Illinois Department of Public Health as required and not only those deemed to be a) significant incidents, b) to have reasonable cause to believe c) or just the peer to peer aggression, that the facility, determined was willful and required medical treatment.</p>		W 149				

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 149	<p>Continued From page 1</p> <p>Findings include:</p> <p>1)a) Per facility roster there are 15 individuals (R1--R15) who reside at this facility.</p> <p>During review of the facilities policy and procedure titled "ABUSE AND NEGLECT"(revised 4/10), it was identified that this policy states that staff will investigate allegations/events of abuse or neglect that the Executive Director or designee "having reasonable cause to believe" has occurred and not all allegations as required by regulation.</p> <p>This policy states under "PROCEDURE" the following:</p> <p>"I. Any employee who becomes aware of alleged abuse or neglect of an individual will immediately assist to protect the resident(s) and report the alleged event to the Executive Director or his/her designees; Assistant Executive Director, Human Rights Coordinator or Charge nurse of the facility.</p> <p>II. The Executive Director or designee having reasonable cause to believe an event of abuse/neglect has occurred will begin an investigation, ensure safety of the involved individual(s) served and place the alleged staff/perpetrator on Administrative leave. "</p> <p>The procedure continues with:</p> <p>"IV. The Executive Director should be notified of all allegations in situations that a designee was the first person to be notified of an event of abuse or neglect. Notification can be left on voice mail at X 602.</p>		W 149				

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W 149	<p>Continued From page 2</p> <p>V. The guardian and Illinois Department of Public Health will be notified by fax or telephone within 24 hours of the initial allegation/event whether it occurs at Developmental Training or a (name of facility) Residential location.</p> <p>VI. If the allegation/event occurs at Developmental Training the OIG (Office of Inspector General) definitions will be utilized and OIG will be notified within 4 hours of the credible allegation/event."</p> <p>"VII. If the allegation/event occurs at a (name of facility) residential site then Department of Public Health (Illinois Administrative Code or 42 Code of Federal Regulations) definitions will be utilized.</p> <p>VIII. Injuries of unknown etiology or complaints/concerns may convert to an abuse or neglect investigation at any time during the investigation.</p> <p>IX. Significant incidents involving individual served to individual served inflicted injury, including some cases of sexual contact, not already addressed in the IHP will be investigated and reported to the Internal Review Committee."</p> <p>This policy under the title of "GUIDELINES FOR INITIAL ABUSE/NEGLECT INVESTIGATION" states the following:</p> <p>"1. The initial complaint of a possible allegation /event of abuse or neglect should be directed to a facility designee (Executive Director, Assistant Executive Director, Human Rights Coordinator or Nurse in charge of the facility)</p> <p>2. The person receiving the complaint should</p>		W 149				

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W 149	<p>Continued From page 3</p> <p>assist the reporter to review the definitions of abuse and neglect (found in policy) for determination of an allegation or event.</p> <p>3. The allegation/event should be in writing by the person reporting the allegation. The reporter should sign and date their statement and provide a current phone number."</p> <p>The E1,Residential Service Director, during 5/27/10 10:30AM interview, stated that the facility has not had any allegations in the past year that were not investigated because there was a reasonable cause not to believe.</p> <p>The Code of Federal Regulations (CFR) 483.420(a)(5) states the following:</p> <p>"(5) Ensure that clients are not subjected to physical, verbal, sexual or psychological abuse or punishment;"</p> <p>According to CFR 483.420(d)(3), the facility must have "evidence" that all alleged violations are thoroughly investigated and not just those determined by the facility to be "credible."</p> <p>The surveyor, with present documentation (evidence) can not determine whether or not the facility has received any allegations that were determined by the facility to have an unreasonable cause not to believe has occurred, and thus not investigated.</p> <p>1)b) The facility's "ABUSE AND NEGLECT" policy (Revised 4/10) states the following:</p> <p>"I. (Facility) has a proactive approach to the</p>	W 149					

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W 149	<p>Continued From page 4</p> <p>prevention of abuse and neglect and believes in our mission to provide each individual with a dignified quality of life."</p> <p>An addendum to the abuse and neglect policy addressing "RESIDENT TO RESIDENT ABUSE" indicates that the facility will investigate peer to peer abuse when there is intent and emergency service required. This addendum states the following:</p> <p>"V. An individual that exhibits inappropriate behavior and targets an individual to intentionally inflict harm and harms that individual requiring them to need medical treatment should be investigated as potential resident to resident abuse."</p> <p>The Residential Service Director, E1, during 5/27/10 11:09AM interview, stated that they do not report all "peer to peer aggression" only those where the resident intended to harm a peer. E1 further gave the example that if a resident was having a behavior and another resident was hurt, that would not be turned in for an investigation because there was no intention by the resident having the behavior to harm their peer.</p>		W 149				