

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

PRINTED: 07/12/2011
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 06/03/2011	
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				
	ANNUAL CERTIFICATION SURVEY-- FUNDAMENTAL						
	LICENSURE SURVEY						
W 441	INSPECTION OF CARE 483.470(i)(1) EVACUATION DRILLS		W 441				
	The facility must hold evacuation drills under varied conditions.						
	This STANDARD is not met as evidenced by: Based on record review, observation and interview the facility failed to ensure that staff and individuals practiced disaster drills under varied conditions, with the potential to affect 16 of 16 individuals (R1- R16) who reside at the facility.						
	Findings Include:						
	Group Home 1 Client Information (no date/ facility roster presented to surveyor on 6/1/11 at 8:55 AM) identifies there are 16 individuals who reside at the facility. The roster identifies that R1, R2, R7, R9, R10, R12, R13 and R16 function at the mild range of mental retardation. The roster identifies that R3, R5, R6, R8 and R11 function at the moderate range of mental retardation. The roster states R4 and R15 functions at the severe range of mental retardation.						
	On 6/1/11 from 4:15 PM- 5:30 PM , observe R 1 and R11 utilizing wheeled walkers to aide in ambulation on the living area.						
	Requested facility's disaster drills from June						

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.

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

PRINTED: 07/12/2011
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 06/03/2011	
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 441	<p>Continued From page 1</p> <p>2010- May 2011, E2/Qualified Mental Retardation Professional presented "Tornado Drill Report" from 6/8/10 - 5/23/11. These reports identify only tornado drills being done on the day, evening and nights. The facility was unable to provide evidence that evacuation drills were being practiced under varied conditions.</p> <p>During an interview with E1, Administrator (Adm) on 06/03/11, E1, Adm confirmed that the facility did not evacuate the facility under varied conditions.</p> <p>The facility failed to provide evidence of varied evacuation drills for the individuals and staff until this concern was brought to the attention of the facility by the surveyors.</p> <p>Facility's "Disaster Plan" (no date), "A disaster will be defined as: a fire, tornado or threat of tornado, sever weather, loss of electricity and / or heat / water, earthquake, bomb/terrorist threat or situation."</p>		W 441				