

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

PRINTED: 07/19/2016
FORM APPROVED
OMB NO. 0938-0391

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| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 14G286 | | (X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____ | | (X3) DATE SURVEY COMPLETED 07/13/2016 | |
| NAME OF PROVIDER OR SUPPLIER GROUP HOME #4 | | | | STREET ADDRESS, CITY, STATE, ZIP CODE 314 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 125 | <p>Annual Certification Survey-Fundamental</p> <p>Inspection of Care</p> <p>483.420(a)(3) PROTECTION OF CLIENTS RIGHTS</p> <p>The facility must ensure the rights of all clients. Therefore, the facility must allow and encourage individual clients to exercise their rights as clients of the facility, and as citizens of the United States, including the right to file complaints, and the right to due process.</p> <p>This STANDARD is not met as evidenced by: Based on record review and interview, the facility failed to ensure appropriate guardianship for 1 of 1 individual (R2) in the sample</p> <p>Findings Include:</p> <p>Review of R2's IHP (Individual Habilitation Plan) of 4/13/16, R2 functions is a 37 year old female who functions in the moderate range of Intellectual Disabilities with additional diagnosis of Paranoid Schizophrenia, Depressive Psychosis , Obsessive Control Disorder and Autism. The IHP identifies that R2 requires a guardian for informed consent due to incompetency.</p> <p>R2's Annual Social Service Assessment (dated 4/13/16), R2 has no contact with her family. R2's guardianship was obtained by her previous foster mother in 2000.</p> <p>R2's maladaptive behaviors include self abuse such as picking at her skin, pulling out her hair or eye lashes; aggression including pulling others</p> | | | W 125 | | | |

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 125 | <p>Continued From page 1</p> <p>hair, or hitting others, cursing at others, threatening others, breaking personal possessions purposefully taking items that do not belong to her, making inappropriate statements; repeating questions or statements: expelling gas; running out of the building; using obscene gestures and inappropriate sexual behaviors including touching herself in public places or using objects to masturbate.</p> <p>R4 receives the following medications to control her behaviors; -Depakote DR 250mg at am and 500mg BID -Risperdal 3mg TID -Zyprexa 20mg BID -Clonazepam 1mg BID -Haldol 5mg BID -Naltrexone 50mg at HS</p> <p>Review of the Interdisciplinary Notes written by E2(Qualified Intellectual Disabilities Professional), Annual consents were mailed to the guardian on 4/26/16.</p> <p>Interview with E2 on 7/12/16 at 2:00pm, E2 stated that R2's guardian has not return R2's consent for this year and the previous year. R2's guardian has moved out of the area and there has been no contact with the guardian since the beginning of 2015.</p> <p>Interview with E1 (Administrator) on 7/12/16, E1 stated that a letter was went out to R2's guardian (last known address) on 5/13/15 in reference to guardianship and approval of R2's medication. No response has been made by R2's guardian.</p> <p>There is no evidence in R2's IHP that the Interdisciplinary Team has discussed the</p> | W 125 | | | |

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| W 125 | Continued From page 2 | W 125 | | | |
| W 263 | <p>appropriateness and effectiveness of R2's current guardian.</p> <p>483.440(f)(3)(ii) PROGRAM MONITORING & CHANGE</p> <p>The committee should insure that these programs are conducted only with the written informed consent of the client, parents (if the client is a minor) or legal guardian.</p> <p>This STANDARD is not met as evidenced by: Based on record review and interview, the facility failed to provide guardian consent for 1 of 3 individuals in the sample (R2) who receives psychotropic medication to control maladaptive behaviors.</p> <p>Findings Include:</p> <p>Review of R2's IHP (Individual Habilitation Plan) of 4/13/16, R2 functions is a 37 year old female who functions in the moderate range of Intellectual Disabilities with additional diagnosis of Paranoid Schizophrenia, Depressive Psychosis , Obsessive Control Disorder and Autism.</p> <p>R2's IHP identifies that R4's guardianship was obtained by her foster mother.</p> <p>R2's maladaptive behaviors include self abuse such as picking at her skin, pulling out her hair or eye lashes; aggression including pulling others hair, or hitting others, cursing at others, threatening others, breaking personal possessions purposefully taking items that do not belong to her, making inappropriate statements; repeating questions or statements: expelling gas;</p> | W 263 | | | |

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| W 263 | Continued From page 3 running out of the building; using obscene gestures and inappropriate sexual behaviors including touching herself in public places or using objects to masturbate. R4 receives the following medications to control her behaviors; -Depakote DR 250mg at am and 500mg BID -Risperdal 3mg TID -Zyprexa 20mg BID -Clonazepam 1mg BID -Haldol 5mg BID -Naltrexone 50mg at HS Review of the Interdisciplinary Notes written by E2(Qualified Intellectual Disabilities Professional), Annual consents were mailed to the guardian on 4/26/16. As of 7/12/16, there is no evidence that the guardian has reviewed and approved R2's mediations to control maladaptive behaviors. | W 263 | | | |
| W 297 | 483.450(d)(1)(iii) PHYSICAL RESTRAINTS The facility may employ physical restraint as a health-related protection prescribed by a physician, but only if absolutely necessary during the conduct of a specific medical or surgical procedure, or only if absolutely necessary for client protection during the time that a medical condition exists. This STANDARD is not met as evidenced by: Based on record reviewed interview, the facility failed to ensure 1 of 1 (R1) was assessed for current need to utilize mechanical restraints during dental procedures. | W 297 | | | |

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| W 297 | <p>Continued From page 4</p> <p>Findings Include:</p> <p>1) Physician's Orders/POS identifies R4 as a 55 year old individual who functions in the Profound Range of Intellectual Disabilities.</p> <p>Individual Habilitation Plan/IHP (Dated 6/22/16) identifies that during R4's dental procedure on 11/13/15, R4 received 2mg of Ativan and mechanical restraints were utilized. The team had recommended at his 7/20/15 staffing trying R4 with a lower dose of Ativan (Ativan 2mg from 2.5mg). R4 was tried on a lower dosage and completed his procedure with success.</p> <p>Review of R4's Dental Medical Assessment and Treatment Form of 11/13/15, R4 received Ativan 2mg and the assistance of a mechanical restraint was utilized during the procedure.</p> <p>In review of the Dental Medical Assessment and Treatment and the IHP, there was no documentation that identifies the need or justification for the use of the mechanical restraints.</p> <p>Interview with E2 (Qualified Intellectual Disabilities Professional) on 7/12/16, E2 confirmed that R4's IHP does not identify the need/justification for the mechanical restraint.</p> | | | W 297 | | | |