

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

PRINTED: 08/07/2015  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>14G286</b>		(X2) MULTIPLE CONSTRUCTION A. BUILDING _____  B. WING _____		(X3) DATE SURVEY COMPLETED  <b>08/04/2015</b>	
NAME OF PROVIDER OR SUPPLIER  <b>GROUP HOME #4</b>				STREET ADDRESS, CITY, STATE, ZIP CODE <b>314 BACHMAN LANE GODFREY, IL 62035</b>			
(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 262	INSPECTION OF CARE 483.440(f)(3)(i) PROGRAM MONITORING & CHANGE		W 262				
	The committee should review, approve, and monitor individual programs designed to manage inappropriate behavior and other programs that, in the opinion of the committee, involve risks to client protection and rights.						
	This STANDARD is not met as evidenced by: Based on interview and record review the facility failed to provide reproducible evidence the committee approved restrictive techniques during dental procedures for 1 of 1 (R4) individual in the sample who was restrained during dental visits.						
	Findings Include:						
	Review of the Individual Service Plan-ISP dated 09/19/14 documents R4 is a 55 year old male who functions at a Profound Level of Intellectual Disability.						
	Review of R4's dental visits documents on 3/26/15 under assistance; "DA (dental assistant) and nurse held him down." On 6/19/15 R4's dental record documents under assistance, "rainbow wrap."						
	Review of the ISP dated 09/19/14 documents						

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 262	Continued From page 1 under recommendations; "R4's last dental visit was completed on 3/15/14. At that time, it was noted that he had no visible decay. Recommendations: continue with his current dental schedule and program."  The ISP dated 09/19/14 does not document the need for restrictive procedures during dental visits under review of rights or under restriction of rights.  During interview on 08/04/15 at 11:45 AM E5 (Director of Nurses) stated she was not aware R4 had been restrained during dental procedures in March or June of 2015. When asked if she had the documentation to show the restraints had been approved by the committee E5 stated, "No, I can't find it."	W 262			
W 263	483.440(f)(3)(ii) PROGRAM MONITORING & CHANGE  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.  This STANDARD is not met as evidenced by: Based on interview and record review the facility failed to provide reproducible evidence the committee ensured written informed consent was obtained from the guardian for restrictive techniques used during dental procedures for 1 of 1 (R4) individual in the sample who was restrained during dental visits.  Findings Include:	W 263			

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W 263	<p>Continued From page 2</p> <p>Review of the Individual Service Plan-ISP dated 09/19/14 documents R4 is a 55 year old male who functions at a Profound Level of Intellectual Disability.</p> <p>Review of R4's dental visits documents on 3/26/15 under assistance; "DA (dental assistant) and nurse held him down." On 6/19/15 R4's dental record documents under assistance, "rainbow wrap."</p> <p>Review of the ISP dated 09/19/14 documents under recommendations; "R4's last dental visit was completed on 3/15/14. At that time, it was noted that he had no visible decay. Recommendations: continue with his current dental schedule and program."</p> <p>The ISP dated 09/19/14 does not document the need for restrictive procedures during dental visits under review of rights or under restriction of rights.</p> <p>During interview on 08/04/15 at 11:45 AM E5 (Director of Nurses) stated she was not aware R4 had been restrained during dental procedures in March or June of 2015. When asked if she had documentation of consents E5 stated, "No, I can't find the documentation."</p> <p>The facility was unable to provide reproducible evidence of guardian consent for restrictive procedures used during dental procedures for R4.</p>			W 263			