

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

PRINTED: 06/03/2015  
FORM APPROVED  
OMB NO. 0938-0391

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION         |  | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:<br><br><b>14G289</b> | (X2) MULTIPLE CONSTRUCTION<br>A. BUILDING _____<br><br>B. WING _____  |                      | (X3) DATE SURVEY COMPLETED<br><br><b>C</b><br><b>05/29/2015</b> |
|--|--|---|---|----------------------|---|
| NAME OF PROVIDER OR SUPPLIER<br><br><b>GROUP HOME #5</b> |  |   | STREET ADDRESS, CITY, STATE, ZIP CODE<br><b>308 BACHMAN LANE</b><br><b>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   |   |                      |   |
|  | INCIDENT INVESTIGATION   |   |   |                      |   |
|  | Incident of 05/04/15 / IL00077031  |   |   |                      |   |
|  | W368   |   |   |                      |   |
|  | W370   |   |   |                      |   |
| W 368  | 483.460(k)(1) DRUG ADMINISTRATION  | W 368   |   |                      |   |
|  | The system for drug administration must assure that all drugs are administered in compliance with the physician's orders.  |   |   |                      |   |
|  | This STANDARD is not met as evidenced by:<br>Based on interview and record review the facility failed to ensure that all medications were administered in compliance with physician's orders for two off three individuals within the sample, R1 and R2. |   |   |                      |   |
|  | Findings Include:  |   |   |                      |   |
|  | The Physician's Order Sheet, (POS), dated 04/28/15, identifies R1 an individual who functions at the Moderate level of Intellectual Disabilities.  |   |   |                      |   |
|  | The POS for R1 additionally includes diagnosis of Atypical Psychosis, Psychotic Disorder and Schizophrenia. The POS for R1 states R1 is to receive Thioridazine 150 mg (milligram) by mouth daily at 4 PM.   |   |   |                      |   |
|  | The facility form, 'Medication Error Report', dated 05/04/15, states E5, Authorized Direct Staff Person, (ADSP), states R1 received 250 mg Thioridazine by mouth.  |   |   |                      |   |

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 368  | Continued From page 1<br>The facility 'Notes', dated 05/04/15, states"R1 received 250 mg Thioridazine @ 4 PM...no adverse effects noted."<br><br>During a telephone interview on 02/29/15 at 10:10 AM, E3, Registered Nurse Trainer, E3 confirmed that R1 did have a medication error on 05/04/15, E3 further confirmed this medication error did not cause an adverse reaction for R1.<br><br>The Physician's Order Sheet, (POS), dated 04/28/15, identifies R2 an individual who functions at the Moderate level of Intellectual Disabilities.<br>The POS for R2 additionally includes diagnosis of Depressive Psychosis and is to receive one mg of Risperidone by mouth on 04/15/15 at HS (hour of sleep).<br><br>The facility form, 'Medication Error Report', dated 04/28/15, states E6, Authorized Direct Staff Person, (ADSP), incorrectly administered 1 mg of Risperidone by mouth on 04/15/15 at 7 AM.<br><br>The facility 'Nursing Notes', dated 04/28/15 at 10:00 AM, states "R2 received dose of Risperidone 1 mg on 04/15/15 at 7 AM..."<br><br>During an interview with E6, on 05/26/15 at 4:15 PM, E6 confirmed that this medication error did occur as stated on 04/15/15 at 7 AM. | W 368   |   |                      |   |
| W 370  | 483.460(k)(3) DRUG ADMINISTRATION<br><br>The system for drug administration must assure that unlicensed personnel are allowed to administer drugs only if State law permits.   | W 370   |   |                      |   |

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| W 370  | <p>Continued From page 2</p> <p>This STANDARD is not met as evidenced by:<br/>Based on observation, interview, and record review the facility failed to ensure implementation of Illinois Administrative Code Title 59: Mental Health Chapter I: Department of Human Services Part 116 Administration of Medication in Community Settings (Rule 116), which regulates the storage, distribution, and administration of medications in specific settings; training of non-licensed staff in the administration of medications affecting 3 of 3 individuals, inside the sample, (R1, R2, &amp; R3), and six individuals outside the sample (R4-R9) by:</p> <ol style="list-style-type: none"> <li>Administering medications without proper medication labels.</li> <li>Administering medications without evidence of medication administration training.</li> </ol> <p>Findings Include:</p> <ol style="list-style-type: none"> <li>The Physician's Order Sheet, (POS), dated 04/28/15, identifies R1 an individual who functions at the Moderate level of Intellectual Disabilities.<br/>R1's POS further states that R1 is to receive 'Oyster Shell 500 mg (milligram), Take one by mouth 3x's daily, 7A, 4P, and Bedtime.'</li> </ol> <p>During the observed medication administration on 05/26/15 at 4 PM, R1 was given Oyster Shell 500 mg by mouth, E7, Authorized Direct Staff Person (ADSP), from an improperly labeled medication container.</p> <p>During the observed medication administration on</p> | W 370   |   |                      |   |

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| W 370  | <p>Continued From page 3</p> <p>05/27/15 at 7 AM, R1 was given Oyster Shell 500 mg by mouth, E4, Authorized Direct Staff Person (ADSP), from an improperly labeled medication container.</p> <p>The Physician's Order Sheet, (POS), dated 04/28/15, identifies R2 an individual who functions at the Moderate level of Intellectual Disabilities.<br/>R2's POS further states R2 is to receive 'Oyster Shell 500 mg (milligram), Take one by mouth twice daily, 7A and Bedtime...'</p> <p>During the observed medication administration on 05/27/15 at 7 AM, R2 was given Oyster Shell 500 mg by mouth, E4, Authorized Direct Staff Person (ADSP), from an improperly labeled medication container.</p> <p>The Physician's Order Sheet, (POS), dated 04/28/15, identifies R3 an individual who functions at the Mild level of Intellectual Disabilities.<br/>R3's POS further states that R3 is to receive 'Loratadine 10 mg tablet, Take 1 tablet by mouth once daily 7 AM ... '</p> <p>During the observed medication administration on 05/27/15 at 7 AM, R3 was given Loratadine 10 mg tablet by mouth by E4, Authorized Direct Staff Person (ADSP), from an improperly labeled medication container.</p> <p>The Physician's Order Sheet, (POS), dated 04/28/15, identifies R4 an individual who functions at the Mild level of Intellectual Disabilities.<br/>R4's POS further states that R4 is to receive 'Loratadine 10 mg tablet, Take 1 tablet by mouth</p> | W 370   |   |                      |   |

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| W 370  | <p>Continued From page 4</p> <p>once daily 7 AM, and Multivitamin/Mineral Tab (tablet), Take 1 tablet by mouth once daily 7 AM...'</p> <p>During the observed medication administration on 05/27/15 at 7 AM, R4 was given Loratadine 10 mg tablet and a Multivitamin/Mineral tablet by mouth from E4, Authorized Direct Staff Person (ADSP), from an improperly labeled medication containers.</p> <p>The Physician's Order Sheet, (POS), dated 04/28/15, identifies R5 an individual who functions at the Severe level of Intellectual Disabilities.<br/>R5's POS further states that R5 is to receive 'Loratadine 10 mg tablet, Take 1 tablet by mouth once daily 7 AM.'</p> <p>During the observed medication administration on 05/27/15 at 7 AM, R5 was given Loratadine 10 mg tablet by mouth from E4, Authorized Direct Staff Person (ADSP), from an improperly labeled medication container.</p> <p>The Physician's Order Sheet, (POS), dated 04/28/15, identifies R6 an individual who functions at the Moderate level of Intellectual Disabilities.<br/>R6's POS further states that R6 is to receive 'Oyster Shell 500 mg (milligram), Take one by mouth every morning and bedtime, 7A, and Bedtime.'</p> <p>During the observed medication administration on 05/27/15 at 7 AM, R6 was given Oyster Shell 500 mg by mouth, E4, Authorized Direct Staff Person (ADSP), from an improperly labeled medication container.</p> | W 370   |   |                      |   |

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| W 370  | <p>Continued From page 5</p> <p>The Physician's Order Sheet, (POS), dated 04/28/15, identifies R7 an individual who functions at the Moderate level of Intellectual Disabilities.<br/>R7's POS further states that R7 is to receive 'Loratadine 10 mg tablet, Take 1 tablet by mouth once daily 7 AM.'</p> <p>During the observed medication administration on 05/27/15 at 7 AM, R7 was given Loratadine 10 mg tablet by mouth from E4, Authorized Direct Staff Person (ADSP), from an improperly labeled medication container.</p> <p>The Physician's Order Sheet, (POS), dated 04/28/15, identifies R8 an individual who functions at the Moderate level of Intellectual Disabilities.<br/>R8's POS further states that R8 is to receive 'Aspirin 81 mg, Take 1 tablet by mouth once daily 7AM...'</p> <p>During the observed medication administration on 05/27/15 at 7 AM, R8 was given Aspirin 81 mg tablet by mouth from E4, Authorized Direct Staff Person (ADSP), from an improperly labeled medication container.</p> <p>The Physician's Order Sheet, (POS), dated 04/28/15, identifies R9 an individual who functions at the Severe level of Intellectual Disabilities.<br/>R9's POS further states that R9 is to receive 'Docusate Sodium 100 mg, Take 1 capsule by mouth once daily 7AM...'</p> <p>During the observed medication administration on 05/27/15 at 7 AM, R9 was given Docusate</p> | W 370   |   |                      |   |

|  |  |   |   |                      |   |
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| W 370  | <p>Continued From page 6</p> <p>Sodium 100 mg capsule by mouth from E4, Authorized Direct Staff Person (ADSP), from an improperly labeled medication container.</p> <p>During an interview with E2, Qualified Intellectual Disability Professional (QIDP), on 05/28/15 at 9:58 AM, E2 confirmed these medications were administered from an improperly labeled containers.</p> <p>ADMINISTRATIVE CODE<br/>TITLE 59: MENTAL HEALTH<br/>CHAPTER 1: DEPARTMENT OF HUMAN SERVICES<br/>PART 116 ADMINISTRATION OF MEDICATION IN COMMUNITY SETTINGS<br/>SECTION 116.80 STORAGE AND DISPOSAL OF MEDICATIONS</p> <p>e) All prescription medications that are given to individual at the directions of physician, ... shall have a label with the same information as would appear on a pharmacy label in accordance with Section 22 of the Illinois Pharmacy Practice Act [225 ILCS]...</p> <p>2.<br/>The Physician's Order Sheet, (POS), dated 04/28/15, identifies R1 an individual who functions at the Moderate level of Intellectual Disabilities.<br/>R1's POS further states that R1 is to receive:<br/>'Multivitamin/Mineral tab (tablet), Take 1 tablet by mouth daily, Omeprazole 20 mg Capsule, Take 1 capsule by mouth once daily, Carbamazepine 200 mg, Take 1 tablet by mouth three times daily ... by mouth,<br/>Benadryl 25 mg, Take 1 capsule by mouth ... , Gabitril 12 mg, 1 tablet by mouth... , and</p> | W 370   |   |                      |   |

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| W 370  | <p>Continued From page 7</p> <p>Ziprasidone 60 mg, Take 1 capsule by mouth twice daily.'</p> <p>The Medication Administration Record for R1, for 05/15, states E8, Authorized Direct Staff Person (ADSP), administered these medications to R1 on the following days:<br/>05/01/15 at 7 AM,<br/>05/04/15 at 7 AM,<br/>05/05/15 at 7 AM,<br/>05/08/15 at 7 AM,<br/>05/10/15 at 7 AM,<br/>05/12/15 at 7 AM,<br/>05/17/15 at 7 AM, and 12 Noon,<br/>05/19/15 at 7 AM,<br/>05/26/15 at 7 AM, and<br/>05/27/15 at 7 AM, and observed on this day and time.</p> <p>The Physician's Order Sheet, (POS), dated 04/28/15, identifies R7 an individual who functions at the Moderate level of Intellectual Disabilities.<br/>R7's POS further states that R7 is to receive:<br/>Enalapril 5 mg tablet, Take 1 tablet by mouth every morning at 7 AM,<br/>Ferrous Sulfate 325 mg tablet, Take 1 tablet by mouth once daily at 7 AM, and<br/>Loratadine 10 mg tablet, Take 1 tablet by mouth once daily at 7 AM.</p> <p>The Medication Administration Record for R7, for 05/15, states E8, Authorized Direct Staff Person (ADSP), administered these medications to R7 on the following days:<br/>05/01/15 at 7 AM,<br/>05/04/15 at 7 AM,<br/>05/05/15 at 7 AM,<br/>05/08/15 at 7 AM,</p> | W 370   |   |                      |   |



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| W 370  | <p>Continued From page 8</p> <p>05/10/15 at 7 AM,<br/>05/12/15 at 7 AM,<br/>05/19/15 at 7 AM,<br/>05/26/15 at 7 AM, and<br/>05/27/15 at 7 AM, and observed on this day and time.</p> <p>The Physician's Order Sheet, (POS), dated 04/28/15, identifies R8 an individual who functions at the Moderate level of Intellectual Disabilities.</p> <p>R8's POS further states that R8 is to receive:<br/>Felodine 5 mg tablet, Take 1 tablet by mouth daily 7 AM,<br/>Lisinopril 40 mg tablet, Take 1 tablet by mouth daily 7 AM, and<br/>Omeprazole 20 mg Capsule, Take 1 capsule by mouth once daily at 7 AM.</p> <p>The Medication Administration Record for R8, for 05/15, states E8, Authorized Direct Staff Person (ADSP), administered these medications to R8 on the following days:<br/>05/01/15 at 7 AM,<br/>05/04/15 at 7 AM,<br/>05/05/15 at 7 AM,<br/>05/08/15 at 7 AM,<br/>05/10/15 at 7 AM,<br/>05/12/15 at 7 AM,<br/>05/17/15 at 7 AM,<br/>05/19/15 at 7 AM,<br/>05/26/15 at 7 AM, and<br/>05/27/15 at 7 AM, and observed on this day and time.</p> <p>The Physician's Order Sheet, (POS), dated 04/28/15, identifies R9 an individual who functions at the Severe level of Intellectual Disabilities.</p> | W 370   |   |                      |   |

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| W 370  | <p>Continued From page 9</p> <p>R9's POS further states that R9 is to receive:<br/>Fosamax 70 mg tablet, Take 1 tablet by mouth every week 30 minutes before food with 8 oz (ounces) water...6 AM,<br/>Celexa 40 mg tablet, Take 1 tablet by mouth once daily at 7 AM,<br/>Docusate Sodium 100 mg cap (capsule), Take 1 capsule by mouth once daily &amp; AM, and<br/>Oyster Shell 500 mg, Take 1 tablet by mouth in PM and HS (hour of sleep).</p> <p>The Medication Administration Record for R8, for 05/15, states E9, Authorized Direct Staff Person (ADSP), administered these medications to R9 on the following days:<br/>05/01/15 at 7 AM,<br/>05/04/15 at 7 AM,<br/>05/05/15 at 7 AM,<br/>05/06/15 at HS,<br/>05/08/15 at 7 AM,<br/>05/10/15 at 7 AM,<br/>05/12/15 at 7 AM,<br/>05/14/15 at 4 PM &amp; HS,<br/>05/17/15 at 7 AM,<br/>05/19/15 at 7 AM, 4 PM, &amp; HS,<br/>05/26/15 at 7 AM, and<br/>05/27/15 at 7 AM, and observed on this date and time.</p> <p>During an interview with E2, Qualified Intellectual Disability Professional (QIDP), on 05/28/15 at 9:58 AM, E2 confirmed the facility could not provide evidence of E8, ADSP, having had been trained to administer the medications to these individuals.</p> <p>ADMINISTRATIVE CODE<br/>Joint Committee on Administrative Rules: Part 116 Administration of Medication in Community</p> | W 370   |   |                      |   |

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FORM APPROVED  
OMB NO. 0938-0391

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION         |   | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:<br><br><b>14G289</b> | (X2) MULTIPLE CONSTRUCTION<br>A. BUILDING _____<br><br>B. WING _____  |                      | (X3) DATE SURVEY COMPLETED<br><br><b>C</b><br><b>05/29/2015</b> |
|--|---|---|---|----------------------|---|
| NAME OF PROVIDER OR SUPPLIER<br><br><b>GROUP HOME #5</b> |   |   | STREET ADDRESS, CITY, STATE, ZIP CODE<br><b>308 BACHMAN LANE</b><br><b>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 370  | Continued From page 10<br>Settings:<br>Section 116.40 Training and Authorization on Non-licensed Staff by Nurse Trainers states the following:<br><br>c) Non- licensed direct care staff who are to be authorized to administer medications under the delegation of the registered professional nurse shall meet the following criteria:<br><br>6) receive specific additional competency-based training and assessment by a nurse-trainer as deemed necessary by the nurse-trainer whenever a change of medication or dosage occurs or a new individual that requires medication enters the program. | W 370   |   |                      |   |