

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

PRINTED: 04/25/2014  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>14G289</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____  B. WING _____		(X3) DATE SURVEY COMPLETED  <b>01/10/2014</b>
NAME OF PROVIDER OR SUPPLIER  <b>GROUP HOME #5</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>308 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			
W 370	<p>ANNUAL CERTIFICATION SURVEY-FUNDAMENTAL INSPECTION OF CARE</p> <p>INCIDENT INVESTIGATION Incident of 1/3/14/ IL 67412- No Deficiencies Cited</p> <p>483.460(k)(3) DRUG ADMINISTRATION</p> <p>The system for drug administration must assure that unlicensed personnel are allowed to administer drugs only if State law permits.</p> <p>This STANDARD is not met as evidenced by: Based on record review and interview, the facility failed to follow the guidelines under state law as written in Section 116 ADMINISTRATION OF MEDICATIONS by their failure to count controlled medications on the midnight shift for 4 of 4 individuals who have a controlled medication prescribed. (R4, R5, R6 and R7).</p> <p>Findings Include:</p> <p>1. Resident roster (no date) identifies R1 as a 58 year old individual who functions at the Mild range of Intellectual Disability.</p> <p>Controlled Substances Record (dated 12/5/13-1/8/14) states R1 has prescribed Clonazepam 0.5 mg (milligram) to be administered 4 times a day at 7:00 AM, 12:00 PM, 4:00 PM and HS (hour of sleep).</p> <p>2. Resident roster (no date) identifies R3 as a 32</p>	W 370		3/6/14	

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 370	<p>Continued From page 1</p> <p>year old individual who functions at the Severe range of Intellectual Disability.</p> <p>Controlled Substances Record (dated 12/12/13-1/8/14) states R3 has prescribed Lorazepam 1 mg to be administered 1 tablet by mouth 3 times daily.</p> <p>3. Resident Roster (no date) identifies R5 as a 35 year old individual who functions at the Mild range of Intellectual Disability.</p> <p>Controlled Substances Record (dated 12/4/13-1/8/14) states R5 has prescribed Alprazolam 0.5 mg to be administered once daily.</p> <p>4. Resident Roster (no date) identifies R6 as a 49 year old individual who functions at the Moderate range of Intellectual Disability.</p> <p>Controlled Substances Record (dated 1/3/14-18/14) states R6 has prescribed Hydrocodone/ Acetaminophen 5/ 325 to be administered every six hours as needed for pain.</p> <p>Facility provided surveyor with staff's schedule (dated 12/1/13- 1/11/14). In review of R1, R3, R5 and R6's Controlled Substances Records and staff's schedule there was no written evidence that a controlled substance count was completed by the midnight staff (10:00 PM- 6:00 AM).</p> <p>In an interview with E1/Administrator on 1/8/14 at 9:50 AM, E1 showed surveyor entries made at 10:00 PM by E6/ Shift Supervisor/ Authorized Support Person and and E8/ Authorized Support Person. E1 confirmed that those entries were made by E6 and E8 at the end of their evening shifts and not by a midnight staff person who</p>	W 370			

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W 370	Continued From page 2 worked the shift. E1 confirmed the midnight shift is 10:00 PM- 6:00 AM.  Joint Committee on Administrative Rules: Part 116 Administration of Medication in Community Settings:  Section 116.70 Medication Administration Record and Required Documentation (no date) states under section e), "An inventory and a record of use of controlled substances shall be maintained by the registered professional nurse in the program, and each substance shall require a separate sheet indicating the: 9) documentation of a shift count done by authorized direct care staff."	W 370		