

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

PRINTED: 04/23/2013  
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>03/28/2013</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 460	<p>ANNUAL CERTIFICATION SURVEY-FUNDAMENTAL</p> <p>INSPECTION OF CARE</p> <p>LICENSURE SURVEY</p> <p>483.480(a)(1) FOOD AND NUTRITION SERVICES</p> <p>Each client must receive a nourishing, well-balanced diet including modified and specially-prescribed diets.</p> <p>This STANDARD is not met as evidenced by: Based on observation, record review and interview the facility failed to ensure that the prescribed mechanical soft diet was served for 1 of 1 individual in the sample (R4) who has a modified texture diet ordered.</p> <p>Findings Include:</p> <p>Physician's Orders/ POS (dated 3/1/13-3/31/13) identifies R4 as a 63 year old female individual who functions at the Severe range of Intellectual Disabilities. The POS states R4 is prescribed a 1500 calorie mechanical soft diet.</p> <p>Permanent Record Occupational Therapy (revised 5/6/12) has an entry dated 7/16/2003 which states, "Eating Evaluation Recommendations: 1. Recommend mechanical soft diet that need not be chewed, but can be mashed with gums."</p> <p>Individual Service Plan/ ISP (dated 12/5/12)</p>	W 460		

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 460	<p>Continued From page 1</p> <p>states the following, "R4 receives a 1500 calorie mechanical soft diet. The texture is modified due to dental status." R4's ISP also states, "She has a mechanical soft texture due to having few teeth."</p> <p>Facility Menu Plan (dated Week 2 Wednesday Day 11) states, "Mechanical soft diet is same as chopped with (ground) meat." The menu further states, "Chopped diet- serve all items chopped, bite size." Under the column identified as "Chopped with ground meat" the menu states individuals to receive cut up French toast.</p> <p>During observation of breakfast on 3/27/13 from 7:10 AM- 7:50 AM, R4 had on her plate a whole slice of french toast with syrup. R4 motioned for this surveyor and attempted to get the attention of staff to assist her with her french toast. R4 then picked up her spoon and placed spoon on her french toast, then sat the spoon down and again attempted to get staffs attention. Approximately 2 to 3 minutes later, E5/ Direct Support Person did assist R4 with hand over hand to cut french toast up. R4 is observed to missing several front teeth.</p> <p>In an interview with E4/ Qualified Intellectual Disability Professional on 3/28/13 at 9:05 AM, E4 confirmed that R4 is on a mechanical soft diet. E4 confirmed that R4's french toast was served whole and that R4 did have to wait while staff were assisting others to cut up their french toast.</p>	W 460			