

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

PRINTED: 11/26/2013  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>14G310</b>		(X2) MULTIPLE CONSTRUCTION A. BUILDING _____  B. WING _____		(X3) DATE SURVEY COMPLETED  <b>11/13/2013</b>	
NAME OF PROVIDER OR SUPPLIER  <b>BOYD AVENUE HOME</b>				STREET ADDRESS, CITY, STATE, ZIP CODE <b>110 SOUTH BOYD AVENUE AMBOY, IL 61310</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 Licensure						
	Annual Certification - Fundamental						
W 247	483.440(c)(6)(vi) INDIVIDUAL PROGRAM PLAN			W 247			
	The individual program plan must include opportunities for client choice and self-management.						
	This STANDARD is not met as evidenced by: Based on observations and interview the facility failed to ensure opportunities for client choice and self management for 3 of 3 sample clients, R's 1, 2 & 3, and 3 others who live in the home, R's 4, 5 & 6, when their drinks were poured and their bread buttered without staff asking if they wanted any or asking them to help to serve themselves.						
	Findings include:						
	According to the Facility Data Sheet dated 10-10-13, R1 functions in the Moderate range; R's 2, 4, 5 & 6 function in the Severe range and R3 functions in the Profound range.						
	During evening meal observations from 5pm thru 6pm all six clients made choices and helped to serve themselves their meals. At 5:08pm DSP E4 brought the powdered-drink juice into the dining room and poured glasses for all the clients without asking them if they wanted any or encouraging them to pour their own.						

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 247	<p>Continued From page 1</p> <p>At 5:11pm E4 brought a plate of buttered bread into the dining room and distributed the bread without asking any of the clients if they wanted butter or encouraging them to butter their own bread.</p> <p>During an interview on 11-12-13 at 5:55pm E4 said that she hadn't thought about having them pour their own juice. E4 said that as for buttering the bread in the kitchen, it's just easier to do that. Then E4 pointed out that buttering the bread in the kitchen prevents the guys licking the knife in between clients.</p>			W 247			