

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

PRINTED: 10/20/2015
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 14G306	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 10/15/2015
NAME OF PROVIDER OR SUPPLIER DIVISION STREET HOME			STREET ADDRESS, CITY, STATE, ZIP CODE 317 WEST DIVISION STREET AMBOY, IL 61310		
(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 111	<p>Annual Certification - Fundamental</p> <p>Inspection of Care</p> <p>483.410(c)(1) CLIENT RECORDS</p> <p>The facility must develop and maintain a recordkeeping system that documents the client's health care, active treatment, social information, and protection of the client's rights.</p> <p>This STANDARD is not met as evidenced by: Based on observations, record review and interview the facility failed to maintain a recordkeeping system to accurately document the client's health care for 1 of 3 sample clients, (R1), whose Physician Order Sheet was not updated with her most current information.</p> <p>Findings include:</p> <p>According the Facility Data Sheet dated 1-3-15, R1 has a severe intellectual disability.</p> <p>During evening meal and medication observations on 10-14-15 from 3pm thru 5:15pm R1 wore a gait belt and she utilized a padded support at supper to improve her posture, but she did not wear a helmet.</p> <p>During a review of R1's October 2015 Physicians Order Sheets, (POS), it states that R1 is to wear a helmet to protect her head due to seizures.</p> <p>During an interview with QIDP E3, she said that R1 has not worn a helmet since she moved into the home. E3 also noted that R1 hasn't had</p>	W 111			

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 111	Continued From page 1 seizure activity and R1's reaction to the helmet was to tear it up and display maladaptive behavior so the cost outweighed any benefit. E3 noted that it should have been removed from the POS after a doctors visit in 2013.	W 111			
W 382	483.460(l)(2) DRUG STORAGE AND RECORDKEEPING The facility must keep all drugs and biologicals locked except when being prepared for administration. This STANDARD is not met as evidenced by: Based on observations and interview the facility failed to keep all drugs and biological's locked up for 3 of 3 sample clients, (R's 1, 2 & 3), and 3 clients outside the sample, (R's 4, 5 & 6). Findings include: According the Facility Data Sheet dated 1-3-15, R's 1 & 5 both have a severe intellectual disability and R's 2, 3, 4 & 6 all have a profound intellectual disability. During evening medication, (med), pass on 10-14-15 at 4pm, Direct Service Person E4 had the clients enter the med room and sit in a chair. E4 would then turn towards the counter in the room where the Medication Administration Record was and where E4 would prepare that person's meds to give to them. When E4 turned toward the counter she had her back to the client and to the open med cupboard with meds accessible and unlocked. All of the clients received meds except R6 at this	W 382			

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W 382	<p>Continued From page 2</p> <p>med pass. While the clients and the meds were out of E4's direct line of sight, none of the clients touched any of the meds. R3 did reach inside the door and touched the door and the box that contained creams and lotions but she was just touching surfaces and was not trying to touch any of the meds.</p> <p>During an interview on 10-14-15 at 4:30pm, E4 acknowledged this surveyor's observation that she had had her back to the clients and the open med cupboard throughout the med pass when the meds were out of her direct line of sight.</p>	W 382			