

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: 14G306		(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 11/14/2013	
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 149	<p>Annual Certification - Fundamental Survey</p> <p>Inspection of Care</p> <p>483.420(d)(1) STAFF TREATMENT OF CLIENTS</p> <p>The facility must develop and implement written policies and procedures that prohibit mistreatment, neglect or abuse of the client.</p> <p>This STANDARD is not met as evidenced by: Based on record review and interview the facility failed to ensure for 1 of 3 outside the sample (R4) that the facility implement written policies and procedures that prohibit mistreatment, neglect, or abuse of the client.</p> <p>Findings include:</p> <p>Per record review of the Facility Data Sheet dated 10-8-13, R4 functions in the Profound Range. R4's diagnoses includes Cerebral Palsy and Seizure Disorder.</p> <p>Per record review of the Investigative Report dated 5-31-13 is written the allegation is a charge of neglect resulting in substantial injury towards R4. It has been determined that R4 fell and sustained a serious injury (fractured left arm) because her mobility guidelines which indicate she requires assistance on and off vehicles was not followed. As the driver of the vehicle E9 (Direct Support Person) is responsible for her passengers. The facility policy states that driver and riders are responsible for their passengers. Drivers and riders need to insure that all persons</p>			W 149			

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.

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: 14G306		(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 11/14/2013	
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 149	Continued From page 1 in their charge safely enter the building. The allegation of neglect resulting in substantial injury is substantiated. Per interview with E3 (Program Manager) on 11-13-13 at 11:10 A.M. stated that the allegation of neglect was substantiated. Per record review of the Facility Policy on Abuse and neglect Prevention dated 2/2011 states the facility will protect the individuals right to live free of abuse and neglect. In compliance with this policy all personnel will be trained and made familiar with prevention practices and established procedures regarding abuse and neglect. Neglect shall include but is not limited to failure to carry out prescribed services as ordered by the physician; failure to provide medical care; failure to provide adequate supervision, thereby exposing a client to potential harm. Substantiated means the report has been investigated and that the investigation determines that credible evidence of the alleged abuse or neglect exists. The facility substantiated abuse in these incidents.			W 149			
W 249	483.440(d)(1) PROGRAM IMPLEMENTATION As soon as the interdisciplinary team has formulated a client's individual program plan, each client must receive a continuous active treatment program consisting of needed interventions and services in sufficient number and frequency to support the achievement of the objectives identified in the individual program plan.			W 249			

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: 14G306	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 11/14/2013
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 249	<p>Continued From page 2</p> <p>This STANDARD is not met as evidenced by: Based on observation, record review, and interview the facility failed to ensure for one of three in the sample (R2) that a dining etiquette program was implemented to achieve the objectives identified in the individual program plan.</p> <p>Findings include:</p> <p>Per record review of the Person Centered Plan dated 5-14-13, R2 is a 45 year old female. R2 functions in the Profound Range. R2's diagnoses includes Cognitive Disorder and Graves Disease.</p> <p>During observations on 11-13-13 at 11:30 A.M. this surveyor observed E6 (Direct Support Person) give food via a spoon to R2. R2 did not use the spoon to feed herself instead she was fed by E6.</p> <p>Per record review of the Person Centered Plan dated 5-14-13 is written R2 eats independently using a segmented plate with plateguard to increase independence. She also continues with a formal dining program to train and encourage proper dining skills and safety. She met her goal of putting utensil down between bites this year and is currently working on use only utensils to eat a meal.</p> <p>Per record review of the Client Goal Tracking Report Monthly Review dated 9-2013 is written R2 will demonstrate appropriate dining etiquette. R2 will eat slowly with direct cues with 65% accuracy per month for 2 consecutive months.</p> <p>Per interview with E6 (Direct Support Person) on</p>	W 249			

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: 14G306	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 11/14/2013
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 249	Continued From page 3 11-13-13 at 11:35 A.M. when asked if R2 can feed herself, E6 replied "I was told to feed her". Per interview with E1 (Administrator) on 11-14-13 at 9:40 A.M. acknowledged that R2 can feed herself.	W 249			