| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | 14G357 | A. BUILDING _____ B. WING _____ | 07/29/2015 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| **FIRST STREET GROUP HOME** | **407 NORTH FIRST STREET ASHTON, IL 61006** |

| (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<br><br>Annual Certification - Fundamental<br><br>Annual Licensure<br><br>Annual Inspection of Care | W 000 | | |
| W 104 | 483.410(a)(1) GOVERNING BODY<br><br>The governing body must exercise general policy, budget, and operating direction over the facility.<br><br>This STANDARD is not met as evidenced by:<br>Based on observations and interview the governing body failed to exercise operating direction over the facility for 4 of 4 clients who live in the home, R's 1 thru 4, when each of the client's dining room chairs had duct tape applied to all 4 of its legs.<br><br>Findings include:<br><br>According to the Facility Data Sheet dated 7-20-15, R1 & R4 both have moderate intellectual disabilities and R2 & R3 both have severe intellectual disabilities.<br><br>During this survey on 7-28-15 & 7-29-15 all 4 of the client chairs for the dining room table, all had duct tape applied onto the lower 2-3 inches of all 4 legs.<br><br>During an interview on 7-28-15 at 6pm Assistant Manager E2 said that the duct tape had been applied to the bottom of all of the dining room chairs to help keep the small pads attached to the bottom of the legs to avoid the legs scratching the | W 104 | | |

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE 07/30/2015

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 104 | Continued From page 1<br>floors. | W 104 | | |
| W 369 | 483.460(k)(2) DRUG ADMINISTRATION<br><br>The system for drug administration must assure that all drugs, including those that are self-administered, are administered without error.<br><br>This STANDARD is not met as evidenced by:<br>Based on observations, interview and record review the facility failed to ensure that all drugs were administered without error for 1 of 2 sample clients, (R1), and 1 client outside the sample, (R4).<br><br>Findings include:<br><br>According to the Facility Data Sheet dated 7-20-15, R1 & R4 both have moderate intellectual disabilities.<br><br>During afternoon medication, (med), pass, R1 & R4 both received meds. At 5:07pm R1 received Calcium with water. At 5:13pm R4 took Creon with water. Neither R1 or R4 received food along with their meds. At 5:25pm they began to eat their supper.<br><br>During a review of Physician Order Sheets, (POS), for R1 dated 6-1-15, it states that R1 should receive Calcium 2 times a day with meals. The POS for R4 dated 7-1-15 notes that R4 should get Creon 2 capsules three times per day with meals.<br><br>During an interview on 7-28-15 at 6pm, Assistant Manager E2 said that the reason they gave the meds closer to meal times was so that the clients | W 369 | | |

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|---|---|---|---|---|
| W 369 | Continued From page 2<br>would go from their med pass, sit down and begin eating their meal. E2 said that she did not think more than 10 minutes had elapsed between the med pass and the time the clients ate their food. | W 369 | | |
| W 440 | 483.470(i)(1) EVACUATION DRILLS<br><br>The facility must hold evacuation drills at least quarterly for each shift of personnel.<br><br>This STANDARD is not met as evidenced by:<br>Based on record review and interview the facility failed to hold fire drills at least quarterly for one shift for 4 of 4 clients who live in the home, R's 1 thru 4.<br><br>Findings include:<br><br>According to the Facility Data Sheet dated 7-20-15, R1 & R4 both have moderate intellectual disabilities and R2 & R3 both have severe intellectual disabilities.<br><br>During a review of evacuation/fire drills from August 2014 thru present, one for first shift in the second quarter was missing.<br><br>During an interview on 7-29-15 at 10am Assistant Manager E2 said she checked her drill schedule and they did not do one for first shift for second quarter. | W 440 | | |