

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

PRINTED: 10/09/2013
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 14G357	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 08/15/2013
NAME OF PROVIDER OR SUPPLIER FIRST STREET GROUP HOME			STREET ADDRESS, CITY, STATE, ZIP CODE 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	W 000			
W 263	<p>ANNUAL CERTIFICATION SURVEY - FUNDAMENTAL</p> <p>ANNUAL LICENSURE SURVEY</p> <p>INSPECTION OF CARE</p> <p>483.440(f)(3)(ii) PROGRAM MONITORING & CHANGE</p> <p>The committee should insure that these programs are conducted only with the written informed consent of the client, parents (if the client is a minor) or legal guardian.</p> <p>This STANDARD is not met as evidenced by: Based on interview and record review, the facility failed to ensure that written informed consent is current for 1 of 1 clients in the sample that is receiving medication for behavioral purposes.</p> <p>Findings include:</p> <p>R2's 11/21/12 IPP (Individual Program Plan) and August 2013 POS (Physician's Order Sheet) were reviewed. R2 is currently receiving Depakote 750 mg (milligrams) twice a day (7am and 8pm).</p> <p>R2's consent form, that expired on 5/25/13, identifies the Depakote is prescribed for R2's diagnosis of Bipolar Disorder NOS (Not Otherwise Specified).</p> <p>The consent form was signed by R2's guardian on 5/25/12 and notes the consent is valid for one year from date of signature.</p>	W 263			

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 263	Continued From page 1 E1 (QIDP - Qualified Intellectual Disability Professional) was interviewed on 8/14/13 at 3:25pm. E1 stated that the facility has sent out consent forms to R2's guardian, however, the facility has not yet received a current consent form for the use of Depakote.	W 263			