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

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 ______	08/30/2016

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 Annual Certification - Fundamental Survey Annual Licensure Inspection of Care	W 000		
W 340	483.460(c)(5)(i) NURSING SERVICES Nursing services must include implementing with other members of the interdisciplinary team, appropriate protective and preventive health measures that include, but are not limited to training clients and staff as needed in appropriate health and hygiene methods. This STANDARD is not met as evidenced by: Based on observation and interview the facility failed to ensure for 2 of 2 (R1 and R2) in the sample and 2 of 2 (R3 and R4) outside the sample that protective and preventive health measures include training staff and clients in appropriate health and hygiene methods. Findings include: Per record review of the Facility Data sheet dated 8-3-16, R1 functions in the Moderate Range of Intellectual Disability. R2 functions in the Profound Range of Intellectual Disability. R3 and R4 function in the Severe Range of Intellectual disability. During observations on 8-29-16 at the facility day training at 11:19 A.M. surveyor observed R3 dining with E7 (Direct Support Person) throwing clothing protectors onto the hallway floor. E7 also wiped the tables and threw the washcloths onto	W 340		

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 340	Continued From page 1 the floor. Per interview with E7 (Direct Support Person) on 8-29-16 at 11:30 A.M. stated that they did have a bin for the dirty clothes but they had not gotten them yet. During observations at the facility home at 4:00 P.M. R1 to R4 were observed to sit at the dinning room table doing various activities playing cards and writing. At 5:00 P.M. R1 was setting up the table for the evening meal but the table was not cleaned prior to her setting up the table. R3 was observed dining and would put his fork occasionally onto the table when he dined. Per interview with E4 (Qualified Intellectual Developmental Professional) on 8-29-16 at 6:00 P.M. when asked when the table gets cleaned, E4 replied after eating R1 will do that.	W 340		