

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

PRINTED: 09/29/2014
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 09/24/2014
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 Annual Certification - Fundamental Survey Annual Licensure	W 000			
W 153	483.420(d)(2) STAFF TREATMENT OF CLIENTS The facility must ensure that all allegations of mistreatment, neglect or abuse, as well as injuries of unknown source, are reported immediately to the administrator or to other officials in accordance with State law through established procedures. This STANDARD is not met as evidenced by: Based on record review and interview the facility failed to ensure that all allegations of mistreatment, neglect or abuse were reported immediately for 3 of 4 client who live in the home, R's 1, 3 & 4. Findings include: According to the 8-10-14 Facility Data Sheet, R1 & R4 both have moderate intellectual disabilities and R2 & R3 both have severe intellectual disabilities. 1- According to Incident/Accident Reports dated 8-21-14, at 7:25pm R2 laid on floor, R2 poked R4's lower legs and lightly tapped on top of his feet. R4 began to cry, scream and ran to his bedroom. R2 would not stop and touched R4 for 10 minutes off and on. "When (R4) left the room (R2) smiled." Nothing else is noted on this form to indicate that anyone else was notified of this	W 153			

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: 09/29/2014
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 09/24/2014
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 153	Continued From page 1 situation. 2- According to Incident/Accident Reports dated 8-21-14, at 8:10pm R2 laid on the floor and open handed hit R1 on her lower calf. R2 repeatedly said that she was " not hitting (R1), not hurting her, not pulling hair." Then R2 would say that she would pull hair. Then R2 would smile. Nothing else is noted on this form to indicate that anyone else was notified of this situation. 3- According to Incident/Accident Reports dated 4-17-14 an unidentified peer at day training had scissors and went over to R3 acting as though she would cut him. Staff escorted her away and removed scissors. Nothing else is noted on this form to indicate that anyone else was notified of this situation. During an interview on 9-22-14 at 3:45pm QIDP E2 said that the aforementioned incidents had not been reported to IDPH. During an interview on 9-24-14 at 10:30am E1 maintained that the 8-21-14 incidents were not peer to peer incidents because R2 was not hurting anyone and these behaviors are R2's usual behaviors. Also R3 will go to his bedroom to get some private time as well. As peer to peer incidents these should have been reported to IDPH.	W 153			
W 154	483.420(d)(3) STAFF TREATMENT OF CLIENTS The facility must have evidence that all alleged violations are thoroughly investigated. This STANDARD is not met as evidenced by:	W 154			

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 09/24/2014
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 154	<p>Continued From page 2</p> <p>Based on record review and interview the facility failed to have evidence that all allegations were thoroughly investigated for 2 of 4 clients who live in the home, R1 & R3, when incidents that included them were not thoroughly investigated.</p> <p>Findings include:</p> <p>According to the 8-10-14 Facility Data Sheet, R1 has a moderate intellectual disability and R3 has a severe intellectual disability.</p> <p>1- According to an Incident/Accident Report dated 12-5-13, R1 said that a peer hit her on the back of the neck.</p> <p>During an interview on 9-22-14 at 4pm QIDP E2 said that the 12-5-13 incident was not reported and was not investigated, (there are inconsistencies that are not reconciled, the perpetrator identified by R1 doesn't live in the home, and so on).</p> <p>During an interview on 9-24-14 at 10am E1 supplied a note dated 12-5-13 that concluded that R1 said that the alleged perpetrator had not hit her and they decided that this situation was not a peer to peer situation. However in this note R1 also said that the perpetrator "walked by (R1) and scared (R1)" This document has no other comment/investigation regarding why R1 is scared of this person, (has any abuse/mistreatment been ruled out). E1 said that R1 is deaf and is easily scared. None of this is summarized in the Incident/Accident Report or in the subsequent 12-5-13 note supplied by E1.</p> <p>2- According to an Incident/Accident Report dated 4-17-14, "Peer # (left blank) had scissors & went</p>	W 154			

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

PRINTED: 09/29/2014
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 09/24/2014
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 154	Continued From page 3 over to (R3) acting as though she would cut him. Staff escorted her away & removed scissors." During an interview on 9-22-14 at 3:45pm QIDP E2 said that the 4-17-14 incident was not reported and was not investigated, (the perpetrator is not identified and no other investigation is recorded).	W 154			
W 369	483.460(k)(2) DRUG ADMINISTRATION The system for drug administration must assure that all drugs, including those that are self-administered, are administered without error. This STANDARD is not met as evidenced by: Based on observation, record review, and interview the facility failed to ensure for 2 of 2 clients that received medications at day training (R2 and R4) that all medications are administered without error. Findings include: Per record review of the Facility Data Sheet dated 8-10-14, R2 functions in the Severe Range of Intellectual Disability and R4 functions in the Moderate Range of Intellectual Disability. During observations on 9-22-14 at 10:50 A.M. E3 (Licensed Practical Nurse) administered medications to R2 and R4. R2 and R4 were observed dining their lunch at 11:30 A.M. (R2) and 11:20 A.M. (R4). Per record review of the Physician Order Sheet dated 9-1-14 to 9-30-14 for R2 is written Metagest take 2 tablets by mouth with each meal.	W 369			

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 09/24/2014
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 369	Continued From page 4	W 369			
W 382	<p>Per record review of the Physician Order Sheet dated 9-1-14 to 9-30-14 for R4 is written Creon DR 12,000 Units CAP take 2 capsules by mouth three times daily with meals.</p> <p>Per interview with E3 (Licensed Practical Nurse) on 9-22-14 at 10:50 A.M. when asked if R4 should take his medications with meals, E3 stated that he eats lunch at 11:30 A.M.</p> <p>483.460(l)(2) DRUG STORAGE AND RECORDKEEPING</p> <p>The facility must keep all drugs and biologicals locked except when being prepared for administration.</p> <p>This STANDARD is not met as evidenced by: Based on observation, interview, and record review the facility failed to ensure for 4 of 4 clients (R1, R2, R3, and R4) that all medications are locked except when being prepared for administration.</p> <p>Findings include:</p> <p>Per record review of the Facility Data Sheet dated 8-10-14 is written R1 and R4 function in the Moderate Range of Intellectual Disability. R2 and R3 function in the Severe Range of Intellectual Disability.</p> <p>During observations on 9-22-14 at 10:50 A.M. E3 (Licensed Practical Nurse) gave a medication to R4 that was dropped to the floor. E3 picked up the medication from the floor and placed it into the garbage. E3 after completion of this</p>	W 382			

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

PRINTED: 09/29/2014
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 09/24/2014
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 382	Continued From page 5 medication administration proceed to go to another skill training area to administer medication to other clients. Per interview with E3 (Licensed Practical Nurse) on 9-22-14 at 10:51 A.M. when asked if the medication that was dropped goes into the garbage, E3 replied "yes and I will pick it out later and put it in the kitty litter bag". E3 stated that she did not want to put the medication into the medication cart because she did not want to forget that she had put the medication there.	W 382			
W 389	483.460(m)(1)(ii) DRUG LABELING Labeling for drugs and biologicals must include the appropriate accessory and cautionary instructions, as well as the expiration date, if applicable. This STANDARD is not met as evidenced by: Based on observation and interview the facility failed to ensure for one of two in the sample (R2) that labeling for drugs and biological's must include the appropriate accessory and cautionary instructions.	W 389			

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

PRINTED: 09/29/2014
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 09/24/2014
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 389	Continued From page 6 Findings include: Per record review of the Facility Data Sheet dated 8-10-14, R2 functions in the Severe Range of Intellectual Disability. During observations on 9-22-14 at 4:09 P.M. this surveyor observed E4 (Direct Support Person) administer medications to R2. The medications administered from the bottles did not have a label to identify the medication as written in the Physician Order Sheet dated 9-1-14 to 9-30-14. Per record review of the Physician Order Sheet dated 9-1-14 to 9-30-14 of the medications that were administered to R2 were: Magnesium 1 tablet twice daily with food (family provides). Vita Support 1 tablet twice daily with food (family provides). Calcium Citrate plus take 1 capsule by mouth twice daily (own supply). Metagest take 2 tablets by mouth with each meal. Per interview with E4 (Direct Support Person) at 4:17 P.M. when asked if the medications that R2 takes have a label, E4 stated that these are the medications that are provided by her family and that they do not have labels as written on the medication administration record.	W 389			
W 460	483.480(a)(1) FOOD AND NUTRITION SERVICES Each client must receive a nourishing, well-balanced diet including modified and specially-prescribed diets. This STANDARD is not met as evidenced by: Based on observation, interview, and record	W 460			

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

PRINTED: 09/29/2014
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 09/24/2014
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 460	Continued From page 7 review the facility failed to ensure for one of two in the sample (R2) that each client must receive a nourishing well balanced diet including modified and specially prescribed diets. Findings include: Per record review of the Facility Data Sheet dated 8-10-14, R2 functions in the Severe Range of Intellectual Disability. During observations on 9-22-14 at 5:07 P.M. R2 was observed to dine on ham, roll bread, and mixed vegetables. R2 did not receive the blueberry bread. E4 (Direct Support Person) was observed to throw away the blueberry bread into the garbage. Per interview with E4 (Direct Support Person) at 6:00 P.M. when asked if all clients should have received the blueberry bread, E4 stated that R2 did not get the blueberry bread and that she had thrown it away. E4 then asked R2 if she wanted something else for desert. R2 was given pineapple.	W 460			
W 484	483.480(d)(3) DINING AREAS AND SERVICE The facility must equip areas with tables, chairs, eating utensils, and dishes designed to meet the developmental needs of each client. This STANDARD is not met as evidenced by: Based on observation, record review, and	W 484			

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

PRINTED: 09/29/2014
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 09/24/2014
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 484	<p>Continued From page 8</p> <p>interview the facility failed to ensure for 3 of 3 clients observed at day training dining (R2, R3, and R4) that the facility equip eating utensils and dishes designed to meet the developmental needs of each client.</p> <p>Findings include:</p> <p>Per record review of the Facility Data Sheet dated 8-10-14, R2 and R3 function in the Severe Range of Intellectual Disability. R4 functions in the Moderate Range of Intellectual Disability.</p> <p>During observations on 9-22-14 at 11:15 A.M. to 11:40 A.M. this surveyor observed R2, R3, and R4 dine with out a knife. E5 (Direct Support Person) was observed to butter the bread for both R2 and R4 . At 11:30 A.M. R2 was observed to dine without a knife and R2's fish was precut and bread buttered by E5 (Direct Support Person) prior to her sitting down to dine. R2 was observed to use her fingers to dine with at times during the meal. R3 was observed to dine with a divided dish and to have a consistency of pureed food.</p> <p>Per record review of the Person Centered Plan dated 9-9-13 is written R2 seems to like most types of food but will definitely let someone know if there is something she does not like or something she would prefer. R2 is independent with her dining skills although she needs some reminders to use her spoon or fork rather than her fingers. It is reported that she does well if asked to use her fork and knife together so she can push the food onto her fork with the knife rather than use her fingers to get it onto the fork. R2 participates in familystyle dining at home and cafeteria style dining at skill training.</p>	W 484		

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

PRINTED: 09/29/2014
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 09/24/2014
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 484	<p>Continued From page 9</p> <p>Per interview with E5 (Direct Support Person) on 9-22-14 when asked if R4 uses a knife to butter his bread, E5 stated "I'm sure he could but he does not like bread and that is part of the menu today". At 11:22 A.M. E5 was observed to give R4 a knife. At the time that R2 was dining she only had a regular spoon and fork.</p> <p>Per interview with E2 (Qualified Intellectual Disability Professional) on 9-22-14 at 6:00 P.M. when asked if R2 can use a knife, E2 stated she uses a knife with assistance at times. When asked if R3 is on a pureed diet, E2 stated he is on a mechanical soft diet not pureed. When asked if R3 uses any adaptive equipment, E2 stated "no".</p>	W 484			