

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

PRINTED: 10/10/2012
FORM APPROVED
OMB NO. 0938-0391

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 14G310 | (X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____ | (X3) DATE SURVEY COMPLETED 10/02/2012 |
|---|---|---|---|---|
| NAME OF PROVIDER OR SUPPLIER BOYD AVENUE HOME | | | STREET ADDRESS, CITY, STATE, ZIP CODE 110 SOUTH BOYD AVENUE 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 Annual Licensure - Fundamental Survey Annual Certification | W 000 | | |
| W 242 | 483.440(c)(6)(iii) INDIVIDUAL PROGRAM PLAN The individual program plan must include, for those clients who lack them, training in personal skills essential for privacy and independence (including, but not limited to, toilet training, personal hygiene, dental hygiene, self-feeding, bathing, dressing, grooming, and communication of basic needs), until it has been demonstrated that the client is developmentally incapable of acquiring them. This STANDARD is not met as evidenced by: Based on record review and interview the facility failed to ensure for one of three in the sample (R3) that a individual program plan include training in skills essential for privacy and independence as identified in his functional sexual assessment. Findings include: Per record review of the Person Centered Plan dated 7-24-12, R3 is a 47 year old male who functions in the Profound Range of Mental Retardation. R3's diagnoses includes Bipolar Disorder and Hypertension. Per record review of the Person Centered Plan dated 7-24-12 is written that R3 participates in stranger danger training monthly through day | W 242 | | |

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 242 | <p>Continued From page 1</p> <p>services but could use further training in issues regarding privacy and sexual awareness. R3 does not always protect his personal privacy and it is unclear if he possesses the knowledge to protect himself from inappropriate interactions. R3 has been referred for circles training, but has not yet been enrolled. Information should be reviewed at home informally and exaggerated respect should be practiced when providing R3 with physical assistance.</p> <p>Per interview with E3 (Qualified Mental Retardation Professional) on 10-2-12 at 1:30 P.M. when asked how long R3 has been referred for training E3 stated "I don't know." When asked why R3 was referred for training, E3 replied "it is something we like all the clients to take." When asked if R3 ever had this training, E3 replied "he was never enrolled in the full class."</p> | W 242 | | | |