STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	14G310	A. BUILDING _____ B. WING _____	10/06/2015

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BOYD AVENUE HOME	**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 Certification - Fundamental Annual Licensure Inspection of Care	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 report 3 incidents in which R2 hit or threatened to hit his peers, for 1 of 2 sample clients, (R1), and 2 clients outside the sample, (R3 & R4), who also live in the home. Findings include: According to the Facility Data Sheet dated 1-3-15, R1 has a moderate intellectual disability, R3 & R4 have severe intellectual disabilities and R2 has a profound intellectual disability. During a review of Incident Reports for the past year, 3 of them that involved peer to peer aggression had no notation that they had been reported to Public Health, these included; 1) 3-3-15 where R2 swung his fists at his peers while on the way to work on the van, (this form did not identify the specific peers). 2) 3-17-15 where R2 tried to hit peers with his	W 153		

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

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W 153	Continued From page 1 hat while they were on the bus, (did not identify specific clients). 3) 2-28-15 where R2 hit R1 in his head with his, (R2's), hat. During an interview on 10-6-15 at 1:20pm, QIDP E3 said that regarding the first 2 incidents above, R2 did not come in contact with his peers. E3 confirmed that the forms did not contain identifying information. E3 also said that she didn't have any excuse for the 2-28-15 incident, (it slipped through).	W 153		
W 247	483.440(c)(6)(vi) INDIVIDUAL PROGRAM PLAN The individual program plan must include opportunities for client choice and self-management. This STANDARD is not met as evidenced by: Based on observations and interview the facility failed to ensure an opportunity for self management for 1 of 1 sample clients, (R1), and one client outside the sample, (R3), when they were not given a sharp knife and encouraged to cut up their own meat at supper. Findings include: According to the Facility Data Sheet dated 1-3-15, R1 has a moderate intellectual disability and R3 has a severe intellectual disability. During evening meal observations on 10-5-15 at 5:20pm Supervisor E2 noted that the butter knives the clients had at their place settings would not cut their pork chops. E2 got a sharp knife and asked the clients if they wanted help	W 247		

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W 247	Continued From page 2 cutting up their meat. R2 refused several times and ate his chop with his hands. R1 and R3 responded that they did want E2 to cut up their chops and E2 cut them up for them. E2 did not complete their place settings by giving them each a sharp knife so they could cut up their own chops and E2 did not encourage R1 or R3 to cut up their own pork chops, missing a learning opportunity for them. During an interview on 10-5-15 at 5:55pm, Supervisor E2 confirmed that she had cut up the clients pork chops and had not encouraged them to cut up their own chops.	W 247		
W 440	483.470(i)(1) EVACUATION DRILLS The facility must hold evacuation drills at least quarterly for each shift of personnel. This STANDARD is not met as evidenced by: Based on record review and interview the facility failed to ensure that all quarters of the past year had necessary required drills for 2 of 2 sample clients, (R1 & R2), and 2 clients outside the sample, (R3 & R4). Findings include: According to the Facility Data Sheet dated 1-3-15, R1 has a moderate intellectual disability, R3 & R4 have severe intellectual disabilities and R2 has a profound intellectual disability. During a review of the past year's evacuation drills there was no third shift fire drill for the first three months of 2015.	W 440		

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W 440	Continued From page 3 During an interview on 10-6-15 at 1:25pm, Supervisor E2 confirmed that the first shift fire drill for the third quarter, (September 2015), had no year noted on it. E2 called the alarm company and said that the drill for August 2015 had not been done.	W 440		