PRINTED: 10/12/2016 FORM APPROVED OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		` '	(X2) MULTIPLE CONSTRUCTION A. BUILDING			(X3) DATE SURVEY COMPLETED	
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		14G206	B. WING			10/	06/2016
NAME OF F	PROVIDER OR SUPPLIER			S	STREET ADDRESS, CITY, STATE, ZIP CODE		
CLEADD	ROOK WEST			3	980 FAIRFAX		
CLEARD	HOOK WEST			F	ROLLING MEADOWS, IL 60008		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES / MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFI TAG		(EACH CORRECTIVE ACTION SHOULD	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	
W 000	INITIAL COMMENT	rs	W C	000			
	INCIDENT INVEST	TIGATION					
W 104	Incident of 9-2-16/II 483.410(a)(1) GOV		W 1	104			
		y must exercise general policy, ing direction over the facility.					
	Based on interview failed to develop an and Procedure to p resources affecting (R1) with the potent residing at the facili	s not met as evidenced by: y and record review, the facility and implement a Dietary Policy rovide operating direction and 1 of 1 client in the sample tial to affect 15 of 15 clients ty (R2, R3, R4, R5, R6, R7, R12, R13, R14, R15 and R16).					
	Findings include:						
	9/14/16 was review completed by E2 (C and reviewed by E1 investigation includ Summary of the Inc On September 2nd R1 was observed to while at his day proresponded and the was transported to R1 passed while at The investigation now as gathered: - R1 was a 54 year						
LABORATOR)		DER/SUPPLIER REPRESENTATIVE'S SIGN	JATURE		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.

	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	` '		CONSTRUCTION	COM	E SURVEY IPLETED
		14G206	B. WING				C 06/2016
	PROVIDER OR SUPPLIER			3980	EET ADDRESS, CITY, STATE, ZIP CODE FAIRFAX LING MEADOWS, IL 60008	1 10/	<u> </u>
(X4) ID PREFIX TAG	(EACH DEFICIENC)	TEMENT OF DEFICIENCIES / MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFI TAG		PROVIDER'S PLAN OF CORRECTIO (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROP DEFICIENCY)) BE	(X5) COMPLETION DATE
W 104	Cerebral Palsy, Rhi Esophageal Reflux - According to his (charting from 9/2/1 was mechanical so ice cream, no shert alternate food and clear throat and sw The facility's investi September 2nd 20 at his day program responded and per finger sweeps but of the food item. The paramedics were q The paramedics were q The paramedics instended food item. The paramedics instended food item. The paramedics were followed by stapulse and R1 was hospital. On Septe pronounced decease of death is listed as Food. The facility conclud of a peanut butter a immediate intervenintervention to remove the food item. The paramediate intervenintervention to remove the facility concluded a peanut butter a immediate intervenintervention to remove the facility concluded a peanut butter a food. The facility concluded a peanut butter a food in the facility concluded a peanut butter a food in the facility concluded a peanut butter a food in the facility concluded a peanut butter a food in the facility concluded a peanut butter a food in the facility concluded a peanut butter a food in the facility concluded a peanut butter a food in the facility concluded a peanut butter a food in the facility concluded a peanut butter a food in the facility concluded a peanut butter a food in the facility concluded a peanut butter a food in the facility concluded a peanut butter a food in the facility concluded a peanut butter a food in the facility concluded a peanut butter a food in the facility concluded a peanut butter a food in the facility concluded a peanut butter a food in the facility concluded a peanut butter a food in the facility concluded a peanut butter a food in the facility concluded a peanut butter a food in the facility concluded a peanut butter a food in the facility concluded a peanut butter a food in the facility concluded a peanut butter a food in the facility concluded a peanut butter a food in the facility concluded a peanut butter a food in the facility concluded a peanut butter a food in the facility concluded a peanut butter a food	nitis and GERD (Gastro Disease). Physician Order Sheet 6 - 10/1/16): R1's diet order ft with nectar thick liquids, no bet, no jello, small bites, drink, have resident stop to allow again. Igation concluded that on 16 while R1 was eating lunch he began to choke. Staff formed abdominal thrusts and bould not completely dislodge QIDP was informed and the uickly notified by calling 911. Structed staff to transfer R1 to late CPR. The instructions aff. The paramedics obtained is transported to a local limber 3rd 2016, R1 was seed at the hospital. The cause Asphyxia and Choking on led that R1 choked on a piece and jelly sandwich despite staff tion and paramedics	W 1	04			

	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTII A. BUILDIN	PLE CONSTRUCTION G		TE SURVEY MPLETED
		14G206	B. WING		10	C / 06/2016
	PROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZIP 3980 FAIRFAX ROLLING MEADOWS, IL 6000	CODE	
(X4) ID PREFIX TAG	(EACH DEFICIENC)	TEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CO (EACH CORRECTIVE ACTIO CROSS-REFERENCED TO THI DEFICIENCY)	N SHOULD BE E APPROPRIATE	(X5) COMPLETION DATE
W 104	regular diets. Mecl salad is supposed is bean salad and 1/2 E9 was asked why 9/2/16. E9 stated to turkey was substitut for the mechanical nutri-grain bar was salad. E9 stated the for his beverage. Ethat R1's juice is monosistency. E9 stated the for his beverage. Endited into a cup and thickener. E9 show thickener and the areceived. The application of the packet of thicken ounces of liquid to consistency. E9 obcontainer (6.75 our (for 4 ounces of liquid to consistency. E9 obcontainer (6.75 our (for 4 ounces of liquid to consistency). E9 was again interved with 6.75 our E9 was again interved was asked if R1 butter and jelly sand	notes a bologna sandwich for nanical soft diets note tuna to be served with 1/2 Cup of 3 Cup of applesauce and milk. The menu was not followed for hat bologna is not available so ted. Ground turkey was used soft diets. E9 stated that a substituted for the 3 bean at R1 was given apple juice E9 was asked how staff ensure ade to nectar thick at that staff are to pour the mix it with 1 packet of wed surveyor the packet of apple juice that R1 should have the juice is identified as 6.75 backet of thickener notes that the should be mixed with 4 the ensure nectar thick packet of thickener uid) and verified that 1 packet ectar thick consistency when notes of apple juice. Viewed on 9/20/16 at 12:35pm. was to be served a peanut dwich as he is on a	W 10	4		
	previously been set sandwiches because E9 provided a copy Week 2 Thursday. butter and jelly sandiets. Mechanical sandwich with groustated that she did	et. E9 stated that R1 has rved peanut butter and jelly se it is on the menu. Tof the facility's menu for The menu notes peanut dwiches for lunch for regular soft diets notes cheese nd turkey is to be served. E9 not realize peanut butter and rould not be served to persons				

	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	` '		LE CONSTRUCTION	COMPLETED	
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	PROVIDER OR SUPPLIER			3	STREET ADDRESS, CITY, STATE, ZIP CODE 1980 FAIRFAX ROLLING MEADOWS, IL 60008	1 10	00/2010
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES ' MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFI TAG		PROVIDER'S PLAN OF CORRECTI (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPRO DEFICIENCY)	D BE	(X5) COMPLETION DATE
W 104	on mechanical soft E1 (Administrator) 11:40am. E1 was a Dietary Manual and regarding diet listing E1 provided a docu the following: Mechaspiration or chokin Consistencies and E1 stated this docu DSP's (Direct Supp) Handler Class. E1 was again intervand asked if the facility do / Policy. E1 stated describes and ident diets. R2, R3, R4, R5, R6 R13, R14, R15 and reviewed. R2, R3, R11, R12, R13, R14 specially prescribed mechanical soft, cal concentrated sweet Z1 (Speech Langua interviewed on 9/20 asked if R1, who ha soft diet, should ha and jelly sandwich of	diets. was interviewed on 9/16/16 at asked to provide the facility's or Policy and Procedure g and definitions. ment (no date) that includes nanics of Swallowing, Signs of ing, Diet Consistency, Liquid The Mealtime Experience. ment is what is taught to new ort Person) in the Food viewed on 9/21/16 at 2:33pm sility has a Dietary Manual. E1 includes a Dietary Manual in the includes in the specially prescribed 1, R7, R8, R9, R10, R11, R12, R16's dietary orders were R4, R5, R6, R7, R8, R9, R10, R4, R15 and R16 all have didiets including puree, orie restricted, low its, no added salt. age Pathologist) was as a prescribed mechanical we received a peanut butter	W 1	104			
	organization started policies. A new pol August 2016 that a	butter and jelly sandwich) the d to re-evaluate all of their icy was developed in mid ddresses choking prevention.					

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING			(X3) DATE SURVEY COMPLETED	
		14G206	B. WING _	····		C / 06/2016
	PROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZIP CO 3980 FAIRFAX ROLLING MEADOWS, IL 60008		, , , , , , , , , , , , , , , , , , , ,
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF COR (EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE A DEFICIENCY)	SHOULD BE	(X5) COMPLETION DATE
W 104	policy. The facility's policy Policy and Procedureviewed. The policy includes "Factors that Increal Individual with Intel Disabilities may have increase the risk of limited to: Neurological and Cerebral Palsy and Dysphagia (difficience) Incorrect diet texprepared in accord Common Foods Ide Choking Hot dogs served Chicken on the bear of the risk choking, it is critical adequate supervisit trained and familiar Prescribed diets Meal time or Pice History of previor difficulty swallowing Properly assisted Positioning during Required supervisit (Administrator)	titled "Choking Prevention are" dated August 2016 was the following: ase the Risk of Choking: lectual / Developmental we a number of factors that choking, including but not discorders such as Seizure Disorders such as Seizure Disorders sulty swallowing) atture - liquids or food items not ance with prescribed diet entified as "High Risk" for whole cone andwiches on soft bread irst Step of Prevention - a factors associated with a that care givers ensure on of persons served, and are with individual's: a precautions us choking incidents or	W 10	4		

	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		TIPLE CONSTRUCTION NG	COM	E SURVEY IPLETED
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	PROVIDER OR SUPPLIER ROOK WEST			STREET ADDRESS, CITY, STATE, ZIP CODE 3980 FAIRFAX ROLLING MEADOWS, IL 60008		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECT (EACH CORRECTIVE ACTION SHOU CROSS-REFERENCED TO THE APPRO DEFICIENCY)	LD BE	(X5) COMPLETION DATE
W 104	Choking Prevention	correlation between the n Policy and diet consistencies an be served to clients based	W 1	04		
W 112	483.410(c)(2) CLIE The facility must ke contained in the clie		W 1	12		
	Based on observat review the facility fa information (full nar confidential affectin R5, R7, R9, R10, R	s not met as evidenced by: ion, interview and record iiled to ensure confidential mes and diet orders) is kept g 11 of 11 clients (R2, R3, R4, 11, R12, R14 and R16) y's Day Training program.				
	program were cond Observations were beginning at approx The first and last na diet orders were ob E12 (Coordinator o during the observat last names as well	conducted during lunch time,				
	approximately 2:30 labels that include t and diet orders that	was interviewed on 9/21/16 at pm. E1 was asked about the he client's first and last names are on each individual lunch facility put the labels on the				

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		14G206	B. WING		C 10/06/2016	
NAME OF F	PROVIDER OR SUPPLIER	. 10.200		STREET ADDRESS, CITY, STATE, ZIP CODE	1 10/	00/2010
CLEARB	ROOK WEST			3980 FAIRFAX ROLLING MEADOWS, IL 60008		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPRO DEFICIENCY)	D BE	(X5) COMPLETION DATE
W 112	Continued From pa lunch bags.	ge 6	W 1	12		
W 122		g this Day Training program 4, R5, R7, R9, R10, R11, R12, ROTECTIONS	W 12	22		
	The facility must en protections requirer	sure that specific client nents are met.				
	Based on interview failed to ensure 1 or received a specially diet with nectar thic	s not met as evidenced by: r and record review, the facility f 1 client in the sample (R1) r prescribed mechanical soft k liquids as ordered. R1 t butter and jelly sandwich on on 9/3/16.				
	The facility failed to):				
	1. Ensure R1's met thick liquids was se	chanical soft diet with nectar rved as prescribed				
	2. Ensure R1's food prescribed	d was cut into small bites as				
		s supervised and prompted, o clear throat and swallow				
	4. Ensure the facili implemented a dieta procedures	ty developed and ary manual and policies and				
	Refer to deficiencie	s cited under:				

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	PROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZIP CODE 3980 FAIRFAX ROLLING MEADOWS, IL 60008		00/2010
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)		ID PREFI TAG	X (EACH CORRECTIVE ACTION SHO	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	
W 122	general policy, budgover the facility. W149 - The facility written policies and mistreatment, negle w154 - The facility alleged violations at w460 - Each client well balanced, diet specially prescribed w484 - Equip area utensils, and dishes developmental need 483.420(a)(3) PRO RIGHTS The facility must en Therefore, the facility individual clients to of the facility, and a including the right to due process. This STANDARD is Based on interview has restricted the riresiding at the facilit R8, R9, R10, R11,	ing body must exercise get, and operating direction must develop and implement procedures that prohibit ect or abuse of the client. must have evidence that all re thoroughly investigated. must receive a nourishing, including modified and diets. with tables, chairs, eating designed to meet the ds of each client. TECTION OF CLIENTS sure the rights of all clients. ty must allow and encourage exercise their rights as clients is citizens of the United States, of file complaints, and the right is not met as evidenced by: and record review, the facility ghts of 12 of 12 clients ty (R2, R3 R4, R5, R6, R7, R12 and R13) when they rohibited hot dogs and peanut	W 1			
	A facility investigative	ve summary completed on				

	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING			(X3) DATE SURVEY COMPLETED	
		14G206	B. WING			C 10/06/2016	
	PROVIDER OR SUPPLIER			39	REET ADDRESS, CITY, STATE, ZIP CODE 180 FAIRFAX OLLING MEADOWS, IL 60008		0, = 0.10
(X4) ID PREFIX TAG			ID PREFI TAG		PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPE DEFICIENCY)	IVE ACTION SHOULD BE ED TO THE APPROPRIATE	
W 125	completed by E2 (C) and reviewed by E1 investigation included Summary of the Inconserved to Be his day program. Tresponded and the was transported to R1 passed while at The facility's investirent R1 was a 54 year Intellectual Disability Cerebral Palsy, Rhi Esophageal Reflux - According to his (charting from 9/2/1 was mechanical so ice cream, no sherth alternate food and colear throat and switch and switch and successful part of the mechanical soft with a peanut butter took from another of the facility conclud of a peanut butter a immediate intervention to remove As a result of this in the mechanical soft with a peanut butter and switch and successful part of the mechanical soft with a peanut butter and successful part of the facility concluded the mechanical soft with a peanut butter and successful part of the facility concluded the facil	ed. The investigation was Quality Assurance Facilitator) (Administrator). The es the following: cident: 2016 (time not specified), R1 choking during lunch while at the day program staff paramedics were called. R1 the hospital by ambulance and the hospital (on 9/3/16). It is gation notes the following: It old male living with Moderate y, Major Depressive Disorder, nitis and GERD (Gastro Disease). Physician Order Sheet 6 - 10/1/16): R1's diet order ft with nectar thick liquids, no bet, no jello, small bites, drink, have resident stop to allow again. Support Person) was side at 1:50pm. E4 stated that ed R1's sack lunch from the narea. E4 stated he opened bag and saw that it was a stated that R1 does not like the sandwich so he switched it or and jelly sandwich despite staff tion and paramedics	W 1	25			

	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		TIPLE CONSTRUCTION ING		E SURVEY MPLETED
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		14G206	B. WING		10/	/06/2016
	PROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZIP CODE 3980 FAIRFAX ROLLING MEADOWS, IL 60008		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES / MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFI TAG	PROVIDER'S PLAN OF CORREC X (EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APPR DEFICIENCY)	ULD BE	(X5) COMPLETION DATE
W 125	approximately 11:40 response to R1 cho jelly sandwich (which peanut butter and he from all programs. 483.420(d)(1) STAFT The facility must depolicies and procedure.	was interviewed on 9/16/16 at Dam. E1 stated that in oking on a peanut butter and ch resulted in his death) not dogs have been removed FF TREATMENT OF CLIENTS evelop and implement written	W 1			
	Based on interview failed to implement of 1 of 1 client in the and died after recei prescribed diet. Findings include: The facility's policy Policy" last revised and includes the fol "Under no circumst neglect of a client b abuse or neglect of immediate dismissa	ances shall any abuse or be tolerated Any finding of a client is grounds for al. Other steps may be taken				
	as necessary by the the allegations can necessary to remove working directly with Neglect is defined a adequate medical of	e client or the Administrator If not be proved, it may still be we the staff person from the client or clients				

DEPARTMENT OF HEALTH AND HUMAN SERVICES CENTERS FOR MEDICARE & MEDICAID SERVICES STATEMENT OF DEFICIENCIES (X1) PROVIDER/SLIPPI IER/CLIA

	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	` '	TPLE CONSTRUCTION NG	` ´cor	TE SURVEY MPLETED
		14G206	B. WING			C / 06/2016
	PROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZIP CODE 3980 FAIRFAX ROLLING MEADOWS, IL 60008		,00,2010
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W 149	condition. When cathe care for the good avoid harm or illness Egregious Neglect failure by an emploomedical or personal result in the death, serious deterioration mental condition A facility investigating 9/14/16 was reviewed by E2 (Coand reviewed by E2 investigation includ Summary of the Incon September 2nd choking during luncon The day program sparamedics were completed by E3 (Coand reviewed by E3 (Coand reviewed by E4 (Coand re	individual or in the individual's physical or mental are takers do not give a person ods or services needed to ss is defined as: The substantive yee to provide adequate I care or maintenance that serious medical condition, or n of an individual's physical or " I we summary completed on ed. The investigation was Quality Assurance Facilitator) I (Administrator). The esthe following: cident: 2016, R1 was observed to be sh while at his day program. taff responded and the alled. R1 was transported to bulance and R1 passed while mation was gathered: ar old male living with Moderate y, Major Depressive Disorder, nitis and GERD (Gastro Disease). Physician Order Sheet 6 0 10/1/16): R1's diet order fit with nectar thick liquids, no bet, no jello, small bites, drink, have resident stop to	W 1-	49		

DEPARTMENT OF HEALTH AND HUMAN SERVICES CENTERS FOR MEDICARE & MEDICAID SERVICES STATEMENT OF DEFICIENCIES (X1) PROVIDER/SLIPPI IER/CLIA

	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	` '	TIPLE CONSTRUCTION NG	CON	E SURVEY MPLETED
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	PROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZIP CODI 3980 FAIRFAX ROLLING MEADOWS, IL 60008		00,2010
(X4) ID PREFIX TAG	(EACH DEFICIENC)	TEMENT OF DEFICIENCIES / MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFI TAG	PROVIDER'S PLAN OF CORRE ((EACH CORRECTIVE ACTION SH CROSS-REFERENCED TO THE APP DEFICIENCY)	IOULD BE	(X5) COMPLETION DATE
W 149	for finger foods). - According to his Assessment dated that R1 needs hand cutting his food, he food, independently independently bring independently able independently able independently able independently able independently able. The following day provided written state E10 (Day Program - E3 (DSP - Direct 10:30am staff start client and I (E3) fixe mechanical soft memeat). After I fixed other lunches. I sa sandwich. After the all garbage and cle outside to smoke a paramedics approagive R1 his lunch I came back inside to when I saw staff peasked E4 if he (R1) and jelly sandwich eats peanut butter stated that he belie dog that he ate. Pa 20 minutes and too - E4 (DSP) - The cand jelly) for lunch. tables for lunch and	ICF-IID Family Style Dining 9/30/15: The form indicates dover hand assistance for can independently scoop his pierce his food, a utensil to his mouth to hold a cup and to use a napkin. Irogram staff members attements that were obtained by Director): Support Person) - At end to prepare lunch for the end R1's lunch. R1 had a eat sandwich (unsure of the his lunch I started working on the weak (DSP) switch R1's end lunch clean up I threw away aned my area and went cigarette when I noticed arching our parking lot. I did not only prepared his plate. In the choked on the peanut butter and he said, "no" R1 always and jelly sandwiches. He wed it was another client's hot aramedics worked on R1 for k him at 11:45am. Client had PB&J (peanut butter I went to finish cleaning the d when I came back the client e him CPR, Abdominal thrusts	W 1	49		

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W 149	piece of a bun. I so because of prefere usually have. He resauce and nutri-barelse's food. - E5 (DSP) - I look was not coughing of several blows to the sweep of the moutl R1 while in his chare who called 911 and chair (wheelchair) a big piece of bread for try to catch his breat his throat. He was chunks of bread outurning blue as wellowed.	g the process I scooped out a witched the client's sandwich nee that's what he would efused the apple juice, apple r. I didn't see him eat anyone and saw R1 choking, or able to speak, I gave him to back, followed by a finger n. Then abdominal thrusts on ir. We called for the Q (QIDP) I we removed him from his and began CPR. I pulled out a from his mouth. Hearing him eath. I had put my finger down pointing his his throat, pulled at of his throat. Client was I as gray.	W 1	49		
	Professional) - On approximately 11:1 staff. I was told R1 location. I witnesse trying to get out wh They were using all noticed his face locannounced I was conversation with the began at 11:18am. responding. She in back and not to parchest compressions. The us. After two round She instructed us to wait for a mouth	ified Intellectual Disability Friday September 2 2016, at 6am, I was approached by was choking. I ran to his ed staff (E7 and E8 - DSP's) at was obstructing his airway. I was obstructed he as a minute he dispatch officer which I told her R1 was not his back. She said to begin s. E8 began a round of 30 he dispatch officer counted with he was still unresponsive. I begin breaths. I did not want guard. I made the decision to outh. E8 did the compressions				

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	PROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZIP COI 3980 FAIRFAX ROLLING MEADOWS, IL 60008		700/2010
(X4) ID PREFIX TAG	(EACH DEFICIENC)	TEMENT OF DEFICIENCIES / MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORR (EACH CORRECTIVE ACTION S CROSS-REFERENCED TO THE AF DEFICIENCY)	HOULD BE	(X5) COMPLETION DATE
W 149	food came out. E7 mouth with her fing round of chest com the paramedics arr paramedics continuapproximately 20 m	ige 13 is After 2 or 3 rounds, some swiped the food out of his er. I believe we did one more pressions and breaths before ived at 11:24am. The used to work on R1 for hinutes. They finally got a point, they got him ready for	W 14	49		
	R1. So I got up ar and saw he was ch choking and pointin hear him trying to cabdominal thrusts a still, we called for th called 911 and rem Began CPR and mpieces of bread. We couple minutes after	lessed E5 (DSP)trying to help and went over to where he was oking. R1 was aware he was ag to his throat. You could atch his breath. I tried the and finger sweep. Client was ne nurse so they got a Q. She oved him from his chair. Outh breaths. Pulled out big as still responsive up until a ter he was on the floor. Did mouth until 911 arrived.				
	clients, and I notice asking R1 if he was response from R1. asked R1 if he was saying that he was my clients. After a noticed R1 was chound told her R1 wa who had gone to be abdominal thrusts in stuck in his throat doing the abdominaresponder told us to (wheelchair) and st	ng lunch time I was feeding and E5 walk over to R1. E5 was so k. And was not getting a I walked over to them and ok which R1 responded to me ok, so I went back to feeding little bit E7 went over and oking. I went and grabbed E6 is choking. I also let E4 knowathroom. E4 started to do the maneuver to get whatever was out. I relieved E4 and kept all thrusts until the emergency of take him out of chair art doing CPR until the which we began immediately				

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING			(X3) DATE SURVEY COMPLETED	
		14G206	B. WING _		10	C / 06/2016
	PROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZIP C 3980 FAIRFAX ROLLING MEADOWS, IL 60008	CODE	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
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W 149	helping cleaning of when I noticed E5 k him. Then E8 went was ok. E8 walked feeding his client. I and E8 said "Yes" t I heard E7 say he is over to R1 and starthrusts on R1 and operforming the Abd R1. Myself, E8 and The facility's invest staff statements. Twere not directly in R1. E2 documented the camera footage. To 10:20am R1 was lunch table 10:30am E4 gav 10:34am R1 pick started to eat 10:41am E4 wall 10:47am R1 continued to the continued that the started to eat 10:54am Other of touch his plate 11:00am E5 app 11:00am E5 app 11:00am E5 app 11:00am E7 and the Abdominal thrusters.	e 11:15 - 11:50am. I was a tables and clients hands bending down by R1 talking to a tover to R1 and asked if he back towards me to finish asked E8 what did R1 say that he was ok. Seconds later is not ok. E7 got up and ran ted to do the abdominal other staff taking turns ominal thrusts maneuver on the E5. Igation included 2 additional these 2 staff documented they wolved in providing any care to the reviewed the video the video footage included: as assisted to his location at the eR1 his plate of food the wolved to eat his food food from his plate slients near R1 appeared to the eating his food to ached R1 been extended attempting R1 on his extended are observed attempting	W 14			

DEPARTMENT OF HEALTH AND HUMAN SERVICES CENTERS FOR MEDICARE & MEDICAID SERVICES STATEMENT OF DEFICIENCIES (X1) PROVIDER/SLIPPI IER/CLIA

	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		TIPLE CONSTRUCTION ING	COM	MPLETED
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	PROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZIP COI 3980 FAIRFAX ROLLING MEADOWS, IL 60008		00/2010
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W 149	phone call on cell p - 11:05am E4 atte - 11:07am E4, E5, floor - 11:08am E8 perf - 11:10am E8, E7 performing CPR - 11:11am Parame E2 documented that on 9/8/16 regarding noted that R1's lung mechanically soft b sauce, nutri-grain (sprogram has the th The facility's investive September 2nd 20 at his day program responded and perfinger sweeps but of the food item. The paramedics were quare finger sweeps but of the food item. The paramedics were quare followed by stapulse and R1 was hospital. On September 2nd 20 at his day program responded and perfinger sweeps but of the food item. The paramedics were quare followed by stapulse and R1 was hospital. On September 2nd 20 at his listed as Food. The investigation for regarding what R1 from the residence sandwich but staff standard programme standard pro	ers camera view and makes hone mpts Abdominal thrusts E7 and E7 transfer R1 to the forms chest compressions and E6 are on the floor edics arrived in camera view at E9 (cook) was interviewed at R1's lunch for 9/2/16. E9 ch consisted of a turkey lended sandwich. Apple soft baked) bar and juice (day	W 1	49		

	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		PLE CONSTRUCTION G		TE SURVEY MPLETED
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W 149	eating a hotdog but actually giving him According to staff, I mentioned, R1 was peanut butter and jupreference. Accord Sheet, R1 was on a nectar thick liquids, jello, small bites, all resident to stop cle Based on staff state that the food was c R1 reminded to sto again. It is our conclusion peanut butter and juimmediate intervenintervention to remove the state of t	member reported seeing him in no one observed anyone a hotdog. R1 refused his juice drink. As a provided with a substitute elly sandwich due to his food ding to the Physician's Order a mechanical soft diet with no ice cream, no sherbet, no ternate food and drink, have ar throat and swallow again. Ements, it does not appear ut into small pieces nor was p, clear throat, and swallow that R1 choke on a piece of a elly sandwich despite staff tion and paramedics	W 14	9		

	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	` '		` '	E SURVEY PLETED	
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W 149	salad. E9 stated th for his beverage. E that R1's juice is ma consistency. E9 sta juice into a cup and thickener. E9 show thickener and the a received. The appl fluid ounces. The p1 packet of thickener ounces of liquid to consistency. E9 obcontainer (6.75 oun (for 4 ounces of liquid would not ensure no mixed with 6.75 our E9 was again interved with 6.75 our E9 was asked if R1 butter and jelly sand mechanical soft die previously been ser sandwiches because E9 provided a copy Week 2 Thursday. butter and jelly sand diets. Mechanical sandwich with grous stated that she did jelly sandwiches shon mechanical soft E3 was interviewed stated that on 9/2/1 lunch to prepare for consisted of a groumeat) sandwich, appears to the sandwich appears to the sandwich, appears to the sandwich appears to	at R1 was given apple juice 39 was asked how staff ensure ade to nectar thick ated that staff are to pour the 1 mix it with 1 packet of wed surveyor the packet of pple juice that R1 should have e juice is identified as 6.75 backet of thickener notes that er should be mixed with 4 ensure nectar thick beserved the apple juice lices) and 1 packet of thickener lid) and verified that 1 packet ectar thick consistency when lices of apple juice. Viewed on 9/20/16 at 12:35pm. was to be served a peanut dwich as he is on a lit. E9 stated that R1 has lived peanut butter and jelly se it is on the menu. I of the facility's menu for The menu notes peanut dwiches for lunch for regular soft diets notes cheese I not realize peanut butter and ould not be served to persons	W 1	49			

	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	` '	` '		E SURVEY IPLETED	
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W 149	styrofoam plate, the in 1/2. E3 stated the thickener to mix with she did not serve Ready for E4 to serve went to assist anoth. E4 was interviewed stated that on 9/2/1 from the cooler in the opened up R1's saw was a meat sandwinot like the mechans witched it with a pethat he took from all learned in his training switch sandwiches it is part of their die E4 stated that he cuthen put it on a styr R1's adaptive plate bottom) and adaptive available for R1 to use E4 stated that he put available for R1 to use E4 stated R1 starte asked if he cut R1's as per his prescribe sandwich into 1/4's. monitored R1 to endrink and stopped of swallowed. E4 stated uting the meal. E4 tables, went to the loutside to smoke. Outside E8 came on choking. E4 stated	e sandwich was cut diagonally nat E4 got a packet of h R1's apple juice. E3 stated in his lunch, she only got it we it to R1. E3 stated she then her client with lunch. on 9/16/16 at 1:50pm. E4 6 he obtained R1's sack lunch he kitchen area. E4 stated he ck lunch bag and saw that it ch. E4 stated that R1 does hical soft sandwich so he eanut butter and jelly sandwich nother client. E4 stated he ng class that it was ok to with another client as long as t. Let the sandwich into 1/4's and ofoam plate. E4 stated that (scoop plate with non skid we utensils have never been use. Dured R1's apple juice into a th 1 packet of thickener. If deating his food. E4 was a sandwich into small pieces and diet. E4 stated he cut R1's he sure he alternated food and cleared his throat and led that he did monitor R1 4 stated he cleaned off the pathroom and then went E4 stated when he was at and told him that R1 was he went back inside and saw empted the Heimlich. E8 and		49			

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W 149	E4 was asked if he R1 choked on 9/2/1 E4 stated that he w when staff were trareturned to work E6 gave him some page E4 stated that he w the wrong food they food away. E4 stated that he w and wiches and graclients. E4 stated that he w about the clients that the clients that E1 (Administrator) approximately 11:40 choked during lunc program. E1 stated butter and jelly same asked if a peanut b have been served to mechanical soft die previously been ser and he had no histopeanut butter and je served to a person E1 stated the facilit staff did not superviced. Staff did small bites and staff needed adaptive ed E1 was asked if R1 choking. E1 stated choking and had be soft diet for years.	has receive any training since 6. as off work for a few days ained. E4 stated that when he is read some papers to him and pers for his binder. as told if a client gets sent with a are supposed to throw that ed that peanut butter and jelly apes are not be served to any as also given vital information at he works with. Was interviewed on 9/16/16 at 10 at 10 at 11 at 11 at 12 at 14 at 14 at 15 at 16 at 16 at 17 at 16 at 17 at 17 at 17 at 17 at 18 at 18 at 18 at 19 at 18 a		149			

	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	, ,	IPLE CONSTRUCTION IG	CON	TE SURVEY MPLETED
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W 149	stated that based of (Administrator) and is ok for clients on a receive peanut butt was asked to provide Videofluroscopic St. E2 provided a copy 7/25/13. The VFSS was revifollowing: Purpose of Study - to determine safe of mechanical soft and Results - diagnosis abnormality noted. R1's Physician's noted. R1's Physician's noted and the VFSS that was revisible to the VFSS	mechanical soft diet. E2 in talking to E9 (cook), E1 I E10 (Day Training Director) it a mechanical soft diet to a copy of R1's most recent wallowing Study(VFSS). To fa VFSS for R1, dated Aspiration risk Physician order diet and "choking on d nectar thick." Dysphagia. Otherwise no otes dated 6/25/13 note - a episodes on mech. soft and FSS. Cian note regarding a follow up as completed. were reviewed. On 7/25/13 nented - Results of video mality demonstrated. I on 9/20/16 at 12:52am. E1 ewed R1's clinical record and entation of any IDT (Inter	W 14			

-	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	` '		E CONSTRUCTION	COM	E SURVEY IPLETED
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W 149	used for staff training. The Mechanical So Mechanically Altere prepared) - Individual altered / chopped the kitchen or in the into very small pieck kitchen with a blend However, you should food as directed or diet plan if a blender available. Z1 (Speech Langua interviewed on 9/20 asked if R1, who has soft diet, should have and jelly sandwich of Z1 stated before the 9/2/16 on a peanut organization started policies. A new pol August 2016 that at Z1 stated the policy and staff were not opolicy. Z1 was asked if R1 peanut butter and jelly sand policy on choking pont been trained. It is sandwich. Z1 stated asked why this type not have been service butter is too sticky,	ft Diet is defined as - d (chopped) (staff or kitchen rals who receive mechanically diet will need staff, either in e dining area, to cut their food es. Often this is done in the der or food processor. Id be prepared to chop the prescribed by the individual's er or food processor is not age Pathologist) was 16 at 11:50am. Z1 was as a prescribed mechanical we received a peanut butter	W 1	49			

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:			(X2) MULTIPLE CONSTRUCTION A. BUILDING		(X3) DATE SURVEY COMPLETED	
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W 149	reviewed. The policy includes "Factors that Increa Individual with Intell Disabilities may have increase the risk of limited to: Neurological and Cerebral Palsy and Dysphagia (diffice) Incorrect diet tex prepared in accordat Common Foods Ide Choking Hot dogs served Chicken on the be Grapes Peanut butter Peanut butter Peanut butter Peanut butter Peanut butter Head and familiar Prescribed diets Meal time or Pical History of previous difficulty swallowing Properly assisted Positioning durin Required superv 483.420(d)(3) STAF	the following: use the Risk of Choking: use a number of factors that use that choking, including but not use Seizure Disorders such as Seizure Disorders such as Seizure Disorders and tree with prescribed diet use third das "High Risk" for whole undwiches on soft bread usertified as "High Risk" for whole undwiches on soft bread usertified as "High Risk" for whole undwiches on soft bread usertified as "High Risk" for whole undwiches on soft bread usertified as "High Risk" for whole undwiches on soft bread usertified as "High Risk" for usertified as "High Risk" for whole undwiches on soft bread usertified as "High Risk" for usertified as	W 1			

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W 154	Based on interview failed to thoroughly neglect involving 1 who choked on 9/2 after receiving food prescribed diet. Findings include: A facility investigati 9/14/16 was review completed by E2 (Cand reviewed by E investigation included Summary of the Interviewed By Interviewed By Inte	is not met as evidenced by: w and record review, the facility investigate 1 incident of of 1 client in the sample (R1) if 16 and expired on 9/3/16 if that was not on his specially eve summary completed on wed. The investigation was Quality Assurance Facilitator) 1 (Administrator). The les the following: cident: 1 2016, R1 was observed to be ch while at his day program. staff responded and the called. R1 was transported to coulance and R1 passed while 9/3/16). igation noted the following: ar old male living with Moderate ty, Major Depressive Disorder, initis and GERD (Gastro a Disease). Physician Order Sheet 16 - 10/1/16): R1's diet order oft with nectar thick liquids, no bet, no jello, small bites, drink, have resident stop to	W 1	54		

	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	, ,	TPLE CONSTRUCTION NG	` '	ATE SURVEY DMPLETED
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(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES / MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRE (EACH CORRECTIVE ACTION SH CROSS-REFERENCED TO THE APP DEFICIENCY)	OULD BE	(X5) COMPLETION DATE
W 154	Assessment dated that R1 needs hand cutting his food, he food, independently independently bring independently able independently able. The facility's investi September 2nd 20 at his day program responded and perfinger sweeps but of the food item. The paramedics were quere finger sweeps but of the food item. The paramedics were quere followed by standard pulse and R1 was hospital. On September 2nd 20 at his day program responded and perfinger sweeps but of the food item. The paramedics were quere followed by standard pulse and R1 was hospital. On September 2nd 20 at his listed as Food. The investigation for regarding what R1 from the residence	ICF-IID Family Style Dining 9/30/15: The form indicates dover hand assistance for can independently scoop his pierce his food, a utensil to his mouth to hold a cup and	W 1	54		
	preference. A staff eating a hotdog but actually giving him According to staff, I mentioned, R1 was peanut butter and jupreference. Accord Sheet, R1 was on a	dwich due to his food member reported seeing him no one observed anyone a hotdog. R1 refused his juice drink. As provided with a substitute elly sandwich due to his food ding to the Physician's Order a mechanical soft diet with no ice cream, no sherbet, no				

	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	, ,	TIPLE CONSTRUCTION NG		ATE SURVEY DMPLETED
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W 154	jello, small bites, al resident to stop cle Based on staff statt that the food was c R1 reminded to sto again. It is our conclusion peanut butter and j immediate intervent intervention to reminder to the state of	ternate food and drink, have ar throat and swallow again. ements, it does not appear out into small pieces nor was up, clear throat, and swallow that R1 choke on a piece of a elly sandwich despite staff out and paramedics ove the food. Prviewed on 9/20/16 at asked if R1 was to be served a elly sandwich as he is on a ext. E9 stated that R1 has rived peanut butter and jelly se it is on the menu. The menu notes peanut dwiches for lunch for regular soft diets notes cheese and turkey is to be served. E9 not realize peanut butter and nould not be served to persons	W 1	54		

AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	` '	PLE CONSTRUCTION G	(X3) DATE SURVEY COMPLETED C		
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W 154	staff did not supervrequired. Staff did small bites and stafneeded adaptive ed E1 was asked if R1 choking. E1 stated choking and had be soft diet for years. E2 was interviewed was asked if R1 sh peanut butter and juprescribed diet of a stated that based of (Administrator) and is ok for clients on receive peanut butt was asked to provid Videofluroscopic Steprovided a copy 7/25/13. E2 was asked if he Language Therapismotor needs and it special diets). E2 speech Language E2 was asked if he (who ordered R1's he did not interview E2 was asked if he beverage (apple juinectar thick consist not ask how R1's b R1's VFSS was reviollowing: Purpose of Study -	y's investigation showed that ise R1 during lunch as not cut R1's sandwich into if did not provide R1 with his quipment. had any previous history of that R1 has no history of that R1 has no history of the receiving a mechanical on 9/20/16 at 11:03am. E2 ould have been served a felly sandwich due to his mechanical soft diet. E2 n talking to E9 (cook), E1 E10 (Day Training Director) it a mechanical soft diet to er and jelly sandwiches. E2 de a copy of R1's most recent wallowing Study(VFSS). For a VFSS for R1, dated interviewed the Speech of (who assesses R1's oral lentified and recommends stated he did not interview the Therapist. interviewed the physician special diet). E2 stated that	W 15	4			

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	PROVIDER OR SUPPLIER		STREET ADDRESS, CITY, STATE, ZIP CODE 3980 FAIRFAX ROLLING MEADOWS, IL 60008			10/00/2010		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CO X (EACH CORRECTIVE ACTIO CROSS-REFERENCED TO TH DEFICIENCY)	N SHOULD E APPROPI	BE	(X5) COMPLETION DATE	
W 154	abnormality noted. R1's Physician's no Continuing choking nectar thick liqs - V There are no physic to the VFSS that was R1's nursing notes nursing staff docum swallow. No abnormality abnormality stated that she reviet there is no docume Disciplinary Team) to documented R1 has E1 stated she did no documented that R episodes". On 9/16/16 E1 prova a Mechanical Soft Dis from a food hand used for staff training The Mechanical Soft Dis from a food hand used for staff training The Mechanical Soft Dis from a food hand used for staff training The Mechanical Soft Dis from a food hand used for staff training The Mechanical Soft Dis from a food hand used for staff training The Mechanical Soft Dis from a food hand used for staff training The Mechanical Soft Dis from a food hand used for staff training The Mechanical Soft Dis from a food hand used for staff training The Mechanical Soft Dis from a food hand used for staff training The Mechanical Soft Dis from a food hand used for staff training The Mechanical Soft Dis from a food hand used for staff training The Mechanical Soft Dis from a food hand used for staff training The Mechanical Soft Dis from a food hand used for staff training The Mechanical Soft Dis from a food hand used for staff training The Mechanical Soft Dis from a food hand used for staff training The Mechanical Soft Dis from a food hand used for staff training The Mechanical Soft Dis from a food hand used for staff training The Mechanical Soft Dis from a food hand used for staff training The Mechanical Soft Dis from a food hand used for staff training The Mechanical Soft Dis from a food hand used for staff training The Mechanical Soft Dis from a food hand used for staff training The Mechanical Soft Dis from a food hand used for staff training The Mechanical Soft Dis from a food hand used for staff training The Mechanical Soft Dis from a food hand used for staff training The Mechanical Soft Dis from a food hand used for staff training The Mechanical Soft Dis from a food hand used for staff training The Mecha	d nectar thick." Dysphagia. Otherwise no tes dated 6/25/13 note - episodes on mech. soft and FSS. cian note regarding a follow up as completed. were reviewed. On 7/25/13 rented - Results of video mality demonstrated. on 9/20/16 at 12:52am. E1 ewed R1's clinical record and intation of any IDT (Inter ream meeting that d previous choking incidents. ot know why R1's physician 1 had "continuing choking rided a document that defines liet. E1 stated the document ler class and the material is	W 1	54				

	ENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X2) MULTIPLE CONSTRUCTION (X3) MULTIPLE CONSTRUCTION (X4) BUILDING			(X3) DATE SURVEY COMPLETED			
		14G206	B. WING	STREET ADDRESS, CITY, STATE, ZIP CODE 3980 FAIRFAX ROLLING MEADOWS, IL 60008 ID PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE		10/0	C 06/ 2016
	PROVIDER OR SUPPLIER			39	980 FAIRFAX	10/0	30/2010
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES YMUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFI TAG		(EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROP	BE	(X5) COMPLETION DATE
W 154	asked if R1, who has soft diet, should have and jelly sandwich of Z1 stated before this 9/2/16 on a peanut organization started policies. A new pol August 2016 that as Z1 stated the policy and staff were not of policy. Z1 was asked if R1 peanut butter and jelly sand policy on choking policy. Z1 state and policy on choking policy. Z1 state and policy on choking policy on choking policy on choking policy. Z1 state and policy on choking policy. Z1 state and policy on choking pol	of 16 at 11:50am. Z1 was as a prescribed mechanical we received a peanut butter on 9/2/16. Is incident (R1 choking on butter and jelly sandwich) the distore-evaluate all of their icy was developed in mid didresses choking prevention. It was not fully implemented completely trained on this new should ever have received a selly sandwich. Z1 first stated have been served a peanut dwich. Then Z1 explained the revention is new and staff had a peanut butter and jelly id, "Probably not." Z1 was a of sandwich should probably ed to R1. Z1 stated peanut it is to hard to clear. D AND NUTRITION ceive a nourishing, including modified and didiets. Is not met as evidenced by: It and record review, the facility of 1 client in the sample (R1) lly prescribed mecahnical soft					

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		, ,	TIPLE CONSTRUCTION ING		(X3) DATE SURVEY COMPLETED		
		14G206	B. WING				C 06/2016
	PROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZIF 3980 FAIRFAX ROLLING MEADOWS, IL 6000		10/0	30/2010
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES / MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFI TAG		ON SHOULD HE APPROPF	BE	(X5) COMPLETION DATE
W 460	was reviewed. The by E2 (Quality Assureviewed by E1 (Ad includes the following Summary of the Incomplete Control on September 2nd choking during lunch The day program stoparamedics were cathe hospital by ambat the hospital by ambat the hospital by ambat the hospital long. The facility's investing Intellectual Disability Cerebral Palsy, Rhite Esophageal Reflux - According to his (charting from 9/2/1 was mechanical sociate cream, no shert alternate food and collear throat and swall this day program responded and perfinger sweeps but of the food item. The paramedics were quality the food item. The paramedics were quality the food of the food item. The paramedics were quality the food of the food	we summary dated 9/14/16 investigation was completed arance Facilitator) and Iministrator). The investigation ng: cident: 2016, R1 was observed to be ch while at his day program. Itaff responded and the alled. R1 was transported to culance and R1 passed while 9/3/16). Itagation noted the following: It old male living with Moderate y, Major Depressive Disorder, nitis and GERD (Gastro Disease). Physician Order Sheet 16 - 10/1/16): R1's diet order fit with nectar thick liquids, no bet, no jello, small bites, drink, have resident stop to	W 4	60			

	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	, ,		E CONSTRUCTION	COM	E SURVEY IPLETED	
		14G206	B. WING				C 06/2016	
	PROVIDER OR SUPPLIER			39	REET ADDRESS, CITY, STATE, ZIP CODE 180 FAIRFAX OLLING MEADOWS, IL 60008	10/06/2016		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES 'MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFI TAG		PROVIDER'S PLAN OF CORRECTIO (EACH CORRECTIVE ACTION SHOULE CROSS-REFERENCED TO THE APPROP DEFICIENCY)	BE	(X5) COMPLETION DATE	
W 460	peanut butter and je immediate intervention to remove intervention to remove E9 (cook) was inter 12:50pm. E9 stated 9/2/16. E9 stated the ground turkey sand soft nutri-grain bar, E9 stated R1's day thickening agent to nectar thick. E9 was asked to pr 9/2/16 for lunch. The was reviewed and regular diets. Mechalad is supposed the bean salad and 1/2 E9 was asked why 9/2/16. E9 stated the turkey was substituted for the mechanical nutri-grain bar was salad. E9 stated the for his beverage. Enthat R1's juice is maconsistency. E9 stated the total consistency. E9 stated the received. The apple fluid ounces. The proposed to	that R1 choke on a piece of a selly sandwich despite staff tion and paramedics ove the food. viewed on 9/16/16 at d that she made R1's lunch for hat R1's lunch consisted of a wich on soft wheat bread, a applesauce and apple juice. program has packets of add to R1's juice to make it ovide a copy of the menu for he menu for lunch for 9/2/16 hotes a bologna sandwich for hanical soft diets note tuna o be served with 1/2 Cup of 3 Cup of applesauce and milk. The menu was not followed for hat bologna is not available so ted. Ground turkey was used soft diets. E9 stated that a substituted for the 3 bean at R1 was given apple juice the saked how staff ensure ade to nectar thick ated that staff are to pour the limix it with 1 packet of oved surveyor the packet of pple juice that R1 should have the juice is identified as 6.75 backet of thickener notes that the should be mixed with 4		60				

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		TIPLE CONSTRUCTION NG	(X3) DATE SURVEY COMPLETED	
		14G206	B. WING			06/2016
NAME OF F	PROVIDER OR SUPPLIER	140200		STREET ADDRESS, CITY, STATE, ZIP CODE	10/0	06/2016
CLEARB	ROOK WEST			3980 FAIRFAX ROLLING MEADOWS, IL 60008		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTIO (EACH CORRECTIVE ACTION SHOULE CROSS-REFERENCED TO THE APPROP DEFICIENCY)) BE	(X5) COMPLETION DATE
W 460	would not ensure no mixed with 6.75 our E9 was again intervies was asked if R1 butter and jelly sand mechanical soft die previously been ser sandwiches because E9 provided a copy Week 2 Thursday. butter and jelly sand diets. Mechanical sandwich with groustated that she did jelly sandwiches shon mechanical soft 483.480(d)(3) DINIT The facility must equating utensils, and developmental need. This STANDARD is Based on interview failed to ensure adardishes are provided.	aid) and verified that 1 packet ectar thick consistency when inces of apple juice. Tiewed on 9/20/16 at 12:35pm. was to be served a peanut dwich as he is on a t. E9 stated that R1 has ved peanut butter and jelly se it is on the menu. of the facility's menu for The menu notes peanut dwiches for lunch for regular soft diets notes cheese and turkey is to be served. E9 not realize peanut butter and ould not be served to persons diets. NG AREAS AND SERVICE uip areas with tables, chairs, dishes designed to meet the ds of each client.	W 4	60		
	9/14/16 was review	ve summary completed on ed. The investigation was Quality Assurance Facilitator)				

	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	, ,	(X2) MULTIPLE CONSTRUCTION A. BUILDING		(X3) DATE SURVEY COMPLETED	
		14G206	B. WING			10/0	C 06/ 2016
	PROVIDER OR SUPPLIER			3	TREET ADDRESS, CITY, STATE, ZIP CODE 980 FAIRFAX ROLLING MEADOWS, IL 60008		0, = 0.10
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES / MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFI TAG		PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPI DEFICIENCY)	BE	(X5) COMPLETION DATE
W 484	investigation include Summary of the Inc On September 2nd choking during lund The day program si paramedics were conthe hospital by amb at the hospital by amb at the hospital long. The facility's investing the facility investing t	es the following: cident: 2016, R1 was observed to be ch while at his day program. taff responded and the alled. R1 was transported to culance and R1 passed while 6/3/16). gation noted the following: r old male living with Moderate y, Major Depressive Disorder, nitis and GERD (Gastro Disease). Physician Order Sheet 6 - 10/1/16): R1's diet order fit with nectar thick liquids, no bet, no jello, small bites, drink, have resident stop to allow again. Occupational Therapy 30/15: R1's current nocluded a scoop plate with uilt up handled spoon and fork r right hand use (not needed at E9 (cook) was interviewed y R1's lunch for 9/2/16. E9 ch consisted of a turkey lended sandwich. Apple soft baked) bar and juice (day	W	184			

	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	` '	TIPLE CONSTR NG				E SURVEY IPLETED
		14G206	B. WING					C 06/2016
	PROVIDER OR SUPPLIER			3980 FAIRF	DRESS, CITY, STATE, ZIP (AX MEADOWS, IL 6000		10,	<u> </u>
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFI TAG	(E/	PROVIDER'S PLAN OF CC ACH CORRECTIVE ACTIOI SS-REFERENCED TO THE DEFICIENCY)	N SHOULD E APPROPI	BE	(X5) COMPLETION DATE
W 484	not like the mechan switched it with a per that he took from an E4 stated that he cuthen put it on a styre R1's adaptive plate bottom) and adaptive available to use. E1 (Administrator) approximately 11:40 choked during lunch program. E1 stated the facility staff did not supervirequired. Staff did	ical soft sandwich so he eanut butter and jelly sandwich nother client. It the sandwich into 1/4's and ofoam plate. E4 stated that (scoop plate with non skid we utensils have never been was interviewed on 9/16/16 at Dam. E1 stated that R1 h on 9/2/16 at his day training y's investigation showed that ise R1 during lunch as not cut R1's sandwich into f did not provide R1 with his	W 4	84				