PRINTED: 09/20/2016 FORM APPROVED OMB NO. 0938-0391

	DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	· ·	PLE CONSTRUCTION IG	' '	TE SURVEY MPLETED
		14G203	B. WING _			C 9/06/2016
NAME OF PI	ROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZIP CO 1770 SAUK TRAIL SAUK VILLAGE, IL 60411		
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF C (EACH CORRECTIVE ACTIC CROSS-REFERENCED TO TH DEFICIENCY	ON SHOULD BE E APPROPRIATE	(X5) COMPLETION DATE
W 000	INITIAL COMMENTS	3	wo	00		
		YEY EXTENDED TO RTICIPATION NOT MET				
	W102, W122, AND W	<b>V</b> 266				
W 102	Complaint#1694861/ 483.410 GOVERNIN MANAGEMENT		W 1	02		
		ure that specific governing ont requirements are met.				
	Based on record rev interview, it was dete Body failed to take ac systematic problem of of 3 (R1 and R3) in the	rmined that the Governing ction to identify and resolve a of a reoccurring nature for 2 ne sample and 12 of 12 (R4, R10, R11, R12, R13, R14,				
	2. Failed to protect a facility from further in	all individuals living in the juries.				
	directives to staff reg	rocedure in place with clear arding supervising clients and serious acts of both				
ARORATORY	NIRECTOR'S OR PROVIDED!	SUPPLIER REPRESENTATIVE'S SIGNATU	RE	TITI F		(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.

Facility ID: IL6011951

	DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	I ' '	PLE CONSTRUCTION  G		(X3) DATE SURVEY COMPLETED
		14G203	B. WING			C <b>09/06/2016</b>
NAME OF PR	ROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZIP CODE 1770 SAUK TRAIL SAUK VILLAGE, IL 60411	I	09/06/2016
(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	DATE
W 102	restricted to accommode behaviors displayed to behaviors displayed t	ggression.  nat individual' s rights are not odate maladaptive by a single resident.  cited at:  g Body will exercise policy on over the facility	W 1			
	Based on record revinterview, it was determined body failed to ensure provide guidance and ensure supervision with displayed acts of physindividuals. This occus sample who was hit in out of the sample who and has the potential living in the home (R2 through R15.) The fact that individual's rights accommodate maladaby a single resident in	not met as evidenced by: few, observation, and rmined that the governing that facility procedure I clear directives to staff to as provided to clients who vsical aggression to other irred to 1 of 1 (R1) in the in the head and 1 of 1 (R11) is sustained a sprained ankle to impact all individuals 2 through R10 and R12 cility also failed to ensure is are not restricted to aptive behaviors displayed in the sample (R2). This has et all individuals living in the				

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:	1 ' '	LE CONSTRUCTION	` ′	COMPLETED		
		14G203	B. WING			C <b>09/06/2016</b>
NAME OF F	ROVIDER OR SUPPLIER	1		STREET ADDRESS, CITY, STATE, ZIP CODE 1770 SAUK TRAIL SAUK VILLAGE, IL 60411		03/00/2010
(X4) ID PREFIX TAG	(EACH DEFICIE	STATEMENT OF DEFICIENCIES NCY MUST BE PRECEDED BY FULL R LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORR (EACH CORRECTIVE ACTION SH CROSS-REFERENCED TO THE AP DEFICIENCY)	HOULD BE	(X5) COMPLETION DATE
W 104	Findings include:  Incident report date pushed R11 and two called and R11 was department. R11 wankle.  Incident report date "pushed" R1's who the top of her head Instructions were gone Nurse) to monitor Ficheck for marks and The 7/7/16 incident dinner and two (2) E10, (Direct Supposite for procession occurred at 6pm. To nine (9) residents sprogramming at thi (2) staff for Nine (9) residents utilize who resident (R2) requires Behavior Report for written by Z1 (DSP) individuals with act R2 just came and pushers at staff."	ed 7/7/16 at 6:00pm states R2 visted her ankle resulting in 911 is taken to emergency as diagnosed with a sprained ed 8/18/16 at 7:30pm states R2 eelchair and then "hit her on with an open hand." iven by E3, " (Registered R1 throughout the night and	W 10	4		

IAME OF PR				<u> </u>	(X3) DATE SURVEY COMPLETED		
IAME OF PR		14G203	B. WING			C / <b>06/2016</b>	
RAIRIE H	ROVIDER OR SUPPLIER	1		STREET ADDRESS, CITY, STATE, ZIP CODE  1770 SAUK TRAIL  SAUK VILLAGE, IL 60411	1 33.	33,2013	
(X4) ID PREFIX TAG	(EACH DEFICIENC	TATEMENT OF DEFICIENCIES CY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORE (EACH CORRECTIVE ACTION S CROSS-REFERENCED TO THE AF DEFICIENCY)	SHOULD BE	(X5) COMPLETION DATE	
W 104	Behavior Report form written by Z3(DSP) and kicking at staff."  Review of R2's Beha for last year 6/1/15 a requires staff to remarca if R2 becomes a program notes docur of physical aggressic should assist individuanother area so they lose focus on aggres out of her line of visit documents R2's level sight while awake.  Review of a Special E1 (Administrator), ED isability Profession Person), Z5 (Support (guardian) dated 3/1 includes documentate sometimes harmful thave increased staff CILA. Z6 agreed to freturned from vacation Review of an email of E1, Administrator and guardian returned from R2's guardian a CILA.	states, R2 "start hitting staff".  In dated 8/12/16 at 11:47am states R2 "got up swearing  avior Management Program and current year 8/1/16  In dated 1 residents to another upset. Behavior Management ment, "If R2 is showing signs on or agitation, other staff uals\peers to an activity in a remain safe. R2 tends to sion toward peers, if they are pon." The same program el of supervision is line of  Staffing Meeting attended by E2 (Qualified Intellectual al), E5 (Direct Support at Service Team/SST), and Z6 1/16 (4 months ago) tion that R2's "behavior is on others." and that R2 would support if transferred to a collow up on this idea when he contains and the support of the states when R2's toward and sollow and support if transferred to a collow up on this idea when he contains and the support if transferred to a collow up on this idea when he contains and the support if transferred to a collow up on this idea when he contains and the support if transferred to a collow up on this idea when he contains and the support if transferred to a collow up on this idea when he contains and the support if transferred to a collow up on this idea when he contains and the support if transferred to a collow up on this idea when he contains and the support if transferred to a collow up on this idea when he contains and the support if transferred to a collow up on this idea when he contains and the support if transferred to a collow up on this idea when he contains and the support if transferred to a collow up on this idea when he contains and the support if transferred to a collow up on this idea when he contains and the support if transferred to a collow up on this idea when he contains and the support if transferred to a collow up on this idea when he contains and the support if transferred to a collow up on this idea when he contains and the support if transferred to a collow up on this idea when he contains and the support if transferred to a collow up on this idea when he contains and the support if transferred to a collow up	W 10				
W 104	written by Z2 (DSP) Behavior Report form written by Z3(DSP) and kicking at staff." Review of R2's Behavior last year 6/1/15 arequires staff to remove area if R2 becomes a program notes documents documents and another area so they lose focus on aggressout of her line of visited documents R2's level sight while awake.  Review of a Special E1 (Administrator), ED isability Profession Person), Z5 (Support (guardian) dated 3/1 includes documentated sometimes harmful to thave increased staff CILA. Z6 agreed to for the treatment of the company of t	states, R2 "start hitting staff".  In dated 8/12/16 at 11:47am states R2 "got up swearing  avior Management Program and current year 8/1/16  In dated 1/2/16 at 11:47am states R2 "got up swearing  avior Management Program and current year 8/1/16  In deve all residents to another upset. Behavior Management ment, "If R2 is showing signs on or agitation, other staff uals\peers to an activity in a remain safe. R2 tends to sign toward peers, if they are on." The same program all of supervision is line of  Staffing Meeting attended by E2 (Qualified Intellectual al), E5 (Direct Support at Service Team/SST), and Z6 1/16 (4 months ago) tion that R2's "behavior is on others." and that R2 would support if transferred to a collow up on this idea when he contact at a collow up on this idea when he contact at a collow up on this idea when R2's off the contact and the contact at	W 10				

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION  (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULT A. BUILDIN	IPLE CONSTRUCTION  NG	· /	(X3) DATE SURVEY COMPLETED		
		14G203	B. WING _			C 09/06/2016	
NAME OF P	ROVIDER OR SUPPLIER	1		STREET ADDRESS, CITY, STATE, ZIP C 1770 SAUK TRAIL SAUK VILLAGE, IL 60411	•	3373372010	
(X4) ID PREFIX TAG	(EACH DEFICIE	STATEMENT OF DEFICIENCIES NCY MUST BE PRECEDED BY FULL R LSC IDENTIFYING INFORMATION)	ID PREFI) TAG	PROVIDER'S PLAN OF ( (EACH CORRECTIVE ACT CROSS-REFERENCED TO DEFICIENCE	TION SHOULD BE THE APPROPRIATE	(X5) COMPLETION DATE	
W 104	additional attempts correct placement in maladaptive behave and harming other.  Review of nursing was observed to be aggressive, loud an "The other individue confrontation with he review of nursing continues to be incompagated and continues to be incompagated and continues to be incompagated and continues to be incompagated. The properties of the psychological properties in the properties of the psychological psychol	o show any evidence that any to assess if the ICF is the for R2 due to her severe iors of physical aggression residents in the home.  Inote dated 7/10/16 states "R2 increasingly more agitated, and disruptive to the house." als are trying hard to avoid her."  Inote dated 8/1/16 states, "she reasingly more agitated, and disruptive to the house." "R2 hiatrist, Z4 note dated 8/16/16 impulsive, need redirection" le unprovoked." Please use atement then crossed out and I replaced with "line of sight  I made on 8/23/16 at 3:50pm of the dining room. R2 was alone and veyor immediately went out the gred to check if any staff was were none. R1, R9, and R11 sitting in the patio area where	W 1	104			

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		14G203	B. WING _			C 09/06/2016	
NAME OF P	ROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZIP COD 1770 SAUK TRAIL SAUK VILLAGE, IL 60411		33,733,2013	
(X4) ID PREFIX TAG	(EACH DEFICIEN	STATEMENT OF DEFICIENCIES ICY MUST BE PRECEDED BY FULL R LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CO ( (EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE DEFICIENCY)	I SHOULD BE	(X5) COMPLETION DATE	
W 104	An interview was coat 4pm outside the remained sitting. Riverbalizes freely an immediately asked are you somebody problem, R2 is mea on my arm and sho about it. R2 was as happening and repl Support Staff/DSP) nothing. I'm afraid to tells me to shut up.' me to stay in my roalone. E5 stated "OE2, (Qualified Intelle Professional/QIDP)  An interview was coation and she told me to shout and she told me to shout up and the other day and swhile I was naked a me to shut up and I asked if there was some and R9, she targets for R11 and R9. She	s approximately 20 feet from bedroom.  Inducted with R11 on 8/23/16 facility on the patio where she 11 is ambulatory and d without alteration. R11 surveyor "can you help me, who can help here, I have a in to me. She hits me mostly ulder. Nobody does anything ked if she told staff this was ied, "Yes, I told E5 (Direct and E8, (DSP), "they don't do to come out of my room. R2 When I tell the staff they tell om and she will leave me ne time she pushed me and	W 1	04			

	OF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULT A. BUILDII		INSTRUCTION		LETED
		14G203	B. WING _				C 06/2016
NAME OF PI	ROVIDER OR SUPPLIER			1770	SET ADDRESS, CITY, STATE, ZIP CODE SAUK TRAIL IK VILLAGE, IL 60411	1 00	00/2010
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W 104	Continued From page	e 6	W.	104			
	anywhere by her. She she just hit me in the was last week."  An interview was con	nd we didn't want to be e doesn't really bother me head that one time I think it ducted with R5 on 8/23/16 at					
		ed if R2 has ever hit him and not answer any additional					
	An interview was conducted with E1, Administrator on 8/23/16 regarding the above observations and interviews. E1 was also asked what safeguards have the facility put in place to protect the individuals from harm. E1 states R2 have seen the psychiatrist and had medication adjustments, the staff encourage R2 and the other clients to sit in separate areas, the SST (Support Service Team) is involved, and E1 states the level of supervisor is now "in line of sight while awake".						
	following current obset 4:45pm: 15 residents currently 3 of 15 (R1, R6, and dependent for mobilit E4, cook is passing n	R13) are wheelchair					
	moving throughout th	asking various request of					
		tes there is usually another id that E2, QIDP is on her					

AND DI AN OF CORRECTION IDENTIFICATION NUMBER			(X2) MULTIPLE CONSTRUCTION A. BUILDING			(X3) DATE SURVEY COMPLETED	
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		14G203	B. WING			09/	06/2016
PRAIRIE H	ROVIDER OR SUPPLIER			17	TREET ADDRESS, CITY, STATE, ZIP CODE 770 SAUK TRAIL AUK VILLAGE, IL 60411		
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W 104	An interview was cone 8:45am with E9, Direct the night shift 11:30pr night. E9 confirmed the works the night shift at A. monitoring all 15 re B. getting all residents states she usually get awake at the same tir C. giving am medicati D. assisting two resid wheelchairs) to get dr	the facility is not adequately observations.  ducted on 8/25/16 at ct Support Staff who works in to 9:30am and worked last here is only one staff who and she is responsible for:  esidents throughout the night is up starting at 5am. E9 it R2 up last but she is me as other residents. Sions ents R1 and R6 (utilize ressed.	W	1104			
W 122	sight supervision to R performing the above hard to keep an eye of the control of	n E1, Administrator at the facility will assign a ally to R2. DTECTIONS are that specific client ents are met.	W	122			

	OF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:			CONSTRUCTION	(X3) DATE COMP	SURVEY LETED
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		14G203	B. WING			09/	06/2016
PRAIRIE H	ROVIDER OR SUPPLIER			17	TREET ADDRESS, CITY, STATE, ZIP CODE 770 SAUK TRAIL AUK VILLAGE, IL 60411		
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W 122	injuries and reoccurer R11 and potentially all in the home.  2. Ensure that all resistisolated areas of the imaladaptive behavior.  Findings include:  Refer to deficiencies of the facility must are exercised and not with the facility must exercised, and abuse to 483.420(a)(3) PROTERIGHTS  The facility must ensurable for the facility, and as including the right to for the facility individual clients to exoft the facility, and as including the right to for the facility including the right to for the facility including the right to form the facility including the right to find the facility includes the facilit	failed to:  were in place to prevent in injuries to R1, R9, and I other residents that reside  dents are not restricted to nome in the event of an of a peer.  cited under:  st ensure that clients' rights is restricted.		122			

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION  A. BUILDING			(X3) DATE SURVEY COMPLETED		
		14G203	B. WING				00/2046
NAME OF P	ROVIDER OR SUPPLIER			S 1	STREET ADDRESS, CITY, STATE, ZIP CODE 770 SAUK TRAIL SAUK VILLAGE, IL 60411	1 09/	06/2016
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)		ID PROVIDER'S PLAN OF CORRECTION PREFIX (EACH CORRECTIVE ACTION SHOULD TAG CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)			(X5) COMPLETION DATE
W 125	for last year 6/1/15 ar requires staff to remo area if R2 becomes us showing signs of physother staff should ass activity in another are tends to lose focus or they are out of her lin program states R2's I sight while awake.  Incident report dated pushed R11 and twist called and R11 was to department.  Incident report dated R2, "pushed R1's who the top of her head word Instructions given by monitor R1 throughout marks and bruises.  An interview was con at 4pm outside the far remained sitting. R11 verbalizes freely and immediately asked suare you somebody who problem, R2 is mean on my arm and should about it. R2 was asked happening and replied Support Staff/DSP) at do nothing. I'm afraid	vior Management Program nd current year 8/1/16 ve all residents to another pset, as follows, "If R2 is sical aggression or agitation, ist individuals\peers to an a so they remain safe. R2 n aggression toward peers, if e of vision." The same evel of supervision is line of  7/7/16 at 6:00pm states R2 ted her ankle resulting in 911 aken to emergency  8/18/16 at 7:30pm states, eelchair and then hit her on ith an open hand." E3, registered Nurse was to ut the night and check for  ducted with R11 on 8/23/16 cility on the patio where she	W	125			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION  A. BUILDING		(X3) DATE SURVEY COMPLETED	
			7 5012511	<u> </u>		С
		14G203	B. WING _		0:	9/06/2016
NAME OF PI	ROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZIP CODE 1770 SAUK TRAIL SAUK VILLAGE, IL 60411		
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORF (EACH CORRECTIVE ACTION S CROSS-REFERENCED TO THE AI DEFICIENCY)	SHOULD BE	(X5) COMPLETION DATE
W 125	alone. E5 told me that and E2, (Qualified Interpretation Professional/QIDP) p. An interview with E1 at 12:00pm confirmed reare asked to move to if R2 displays a Behat what if the residents at or watching a televisite be required to stop art their safety, "yes". 483.420(d)(1) STAFF.  The facility must developlicies and procedure.	n and she will leave me t."One time she pushed me ellectual Disability icked me up when I fell."  and E2, QIDP on 8/25/16 at esidents living in the home a different area of the home vior. E1 and E2 were asked are eating, having a snack, on program, would they still and be moved. E2 states for  TREATMENT OF CLIENTS elop and implement written	W 1			
	Based on record revinterview, the facility findividuals were free mistreatment when the written policies and pabuse and neglect. The Resident-on-resident of three residents in the 2 of 9 (R5 and R11) of potentially affecting erace, R7, R8, R9, R10, An incident management thoroughly investigate corrective actions have	failed to ensure that from abuse, neglect and the facility failed to implement trocedures that prohibit This failure resulted in:  abuses by R2 impacting two the sample (R1 and R3) and toutside the sample; and leven facility residents (R4, R12, R13, R14, and R15). The failure resulted in:  abuses by R2 impacting two the sample (R1 and R3) and toutside the sample; and leven facility residents (R4, and R15). The failed to the failed to the fail injuries to ensure the been identified and the failed to th				

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NAME OF PI	ROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZIP COD 1770 SAUK TRAIL SAUK VILLAGE, IL 60411	PE	30/00/2010
(X4) ID PREFIX TAG	(EACH DEFICIEN	STATEMENT OF DEFICIENCIES NCY MUST BE PRECEDED BY FULL R LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CO (EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE DEFICIENCY)	N SHOULD BE	(X5) COMPLETION DATE
W 149	resident-on-residen determine what add are required to keep Findings include:  Facility policy titled Illness/Individual Monumber 5.57 states goods and services harm, mental angui Facility policy titled Committee, policy rinvestigation Committee following: A. To if alleged violations including abuse and "C. To protect individual statement reprogress note.  H. "The committee basis and reports or	staff supervision to prevent t abuse; along with a failure to ditional supports and services o clients free from abuse.  Physical Injury and edical Emergencies, policy, "Neglect: Failure to provide necessary to avoid physical sh, or mental illness."  Administration/ Investigation number 5.24 states, "The nittee shall be responsible for identify, review and determine of any individual rights, dineglect have occurred." viduals from further harm. " agent will write a detailed, egarding the incident on a shall meet on an as needed fineetings shall contain idations, and a plan for appropriate."	W 1	·		
	Development and Management, policy number 6.29 states, "in the effort to improve such behaviors and their effects, individuals will not be subjected to procedures that will limit their freedom or rights without prior approval of the Human Rights and Behavior Management committees, the Individual Development Team and the individual or guardian.  C. To ensure that behavior interventions					

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		14G203	B. WING	B. WING			06/ <b>2016</b>
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W 149	created by the behaver estricted unnecessar than the problem should be a controlled than the problem should be a called and R11 and twist called and R11 was to department.  Incident report dated "pushed R1's wheeled top of her head with a given by E3, registered throughout the night about the problem of the properties.  The 7/7/16 incident of dinner, include 2 staff Direct Support Person incident worked 3:00 responsible for prograworked 11:15am to 7 occurred at 6pm. The documents 9 resident receiving programming includes 2 staff for 9 residents utilize where resident (R2) required the 8/18/16 incident E6, Direct Support Person incident was still in the incident. This left one second shift There are home and 3 of the 15 mobility. 1 of the 15 resident than the problem incident. The second shift There are home and 3 of the 15 mobility. 1 of the 15 resident was still in the problem of the problem incident. This left one second shift There are home and 3 of the 15 mobility. 1 of the 15 resident was still in the problem of the prob	propriate to the problems for, so that rights are not rily or to a greater extent fould dictate."  7/7/16 at 6:00pm states R2 ted her ankle resulting in 911 aken to emergency  8/18/16 at 7:30pm states R2 thair and then hit her on the fan open hand." Instructions that one was to monitor R1 and check for marks and for exercise the pm to 9:51pm and was found and cook for marks and for exercise the pm to 9:51pm and was found and that the daily home schedule to should have been for at this time. Review residents, 4 of the 9 foliality and 1 deline of sight supervision.  Included 1 staff member, the erson who witnessed the realing at the time of the found at the time of the found at the time of the exist member for the entire for esidents wanders to constantly (R15) and R2 is	w	149			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION  (X1		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION  A. BUILDING			(X3) DATE SURVEY COMPLETED	
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NAME OF P	ROVIDER OR SUPPLIER			1	TREET ADDRESS, CITY, STATE, ZIP CODE 770 SAUK TRAIL AUK VILLAGE, IL 60411	<u>  09/</u>	06/2016
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFI TAG	х	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD B CROSS-REFERENCED TO THE APPROPRIA DEFICIENCY)		(X5) COMPLETION DATE
W 149	written by Z3 states Filicking at staff." Behavior Report form written by Z2 states Filipenature Behavior Report form written by Z2 states swearing pick up chastaff." Behavior Report form written by Z1 states with activities with my came and punched mand punched	a dated 8/12/16 at 11:47am R2 "got up swearing and a dated 8/18/16 at 10:10am R2 "start hitting staff". If dated 8/19/16 at 11:37am R2 got up start yelling ir, pick up cup and throw at a dated 8/23/16 at 10:28am staff was helping individuals a back turned and R2 just the in my back."  If word Management Program erate level of Intellectual Disorder, Schizoaffective ntrol, Obsessive and Anxiety. For last year ar 8/1/16 requires staff to so another area if R2 follows, "If R2 is showing ression or agitation, other lividuals peers to an activity bey remain safe." "R2 tends the ession toward peers, if they wision." This same program supervision is line of sight the dated 7/10/16 states "R2 increasingly more agitated, disruptive to the house."	W	149			

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:			LE CONSTRUCTION	' '	(X3) DATE SURVEY COMPLETED		
		14G203	B. WING			C 09/06/2016	
NAME OF P	ROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZIP CODE  1770 SAUK TRAIL  SAUK VILLAGE, IL 60411		,	
(X4) ID PREFIX TAG	(EACH DEFICIEN	TATEMENT OF DEFICIENCIES CY MUST BE PRECEDED BY FULL R LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRE (EACH CORRECTIVE ACTION SH CROSS-REFERENCED TO THE APF DEFICIENCY)	OULD BE	(X5) COMPLETION DATE	
W 149	is very impulsive."  Review of the psych states, "R2 is more in per staff hits people supervision (statement initiated by Z4 at fact with "line of sight who with "Summary of incident and twisted her ankled "R11 was pushed by Committee Consider psychiatrist and 2. Keep word the Safett 8/22/16 states the finincident, "Summary "Committee findings hit by R2. Committee special staffing will be R1 separated. 3. Keep The facility failed to staffing that was held Review of documen Team Meeting for R.  The same above reginvestigation was consufficient staff was woccurred, interviews procedures were foll the incident occurred.	iatrist, Z4 note dated 8/16/16 mpulsive, needs redirection, unprovoked. Please use 1:1 ent then crossed out and ility request) and replaced ille awake."  / Committee report dated dings for the 7/7/16 incident, nt: R11 was pushed by R2 e." "Committee Findings: / R2 and twisted her ankle. rations, 1. R2 will see her feep R2 and R11 separated."  / Committee report dated ndings for the 8/18/16 of incident: R2 pushed R1." states, "R1 was pushed and the Considerations: 1. a the held for R2 2. Keep R2 and the held for R2 2. Keep R2 and the held for R2 2. Keep R2 and the held for R2 3. Keep R2 and the held for R2 4. Keep R2 and the held for R2 5. Keep R2 and the held for R2 6. Keep R2 and the held for R2 7. Keep R2 and the held for R2 8/29/16. The shoe evidence of a special the held for R2 8/29/16. The shoe evidence of a special the held for R2 8/29/16. The shoe evidence of a special the held for special the shoe evidence of a special the shoe evidence of	W 14	9			

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		1 ` '	PLE CONSTRUCTION	· '	COMPLETED	
		14G203	B. WING			C 09/06/2016
NAME OF P	ROVIDER OR SUPPLIER	1		STREET ADDRESS, CITY, STATE, ZIP CODE  1770 SAUK TRAIL  SAUK VILLAGE, IL 60411		3370072010
(X4) ID PREFIX TAG	(EACH DEFICIENC	TATEMENT OF DEFICIENCIES CY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORREC (EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APP DEFICIENCY)	OULD BE	(X5) COMPLETION DATE
W 149	that R2's bedroom is both R1 and R11's b  On 8/23/16 at 3:50 pt R2 entering the hom home through the di unsupervised. Surve same door and verifi R9, and R11 were of patio area where R2 R2 was observed ye (cook) and at 4:14 pt kitchen chair and cor 20 minutes.  An interview was cor at 4pm outside the faremained sitting. R1 verbalizes freely and immediately asked shave a problem, R2 mostly on my arm ar anything about it." Futhis was happening a (Direct Support Staff don't do nothing. I'm room. R2 "tells me to staff they tell me to steave me alone [E5] pushed me and E2 (Disability Profession I fell."  An interview was cord 4:05pm. R9 stated; "day but she does hit me and tell me to she can be staff they tell me to she can be she ca	made on 8/23/16 at 3:30pm approximately 20 feet from edroom.  In observation was made of the from the back door of the ning room. R2 was alone and eaver immediately went out the ted no staff were present. R1, tutside alone sitting in the had just entered from. Then alling at a staff member, E4 in R2 flipped over a wooden intinued to scream and yell for inducted with R11 on 8/23/16 accility on the patio where she	W 14			

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:			PLE CONSTRUCTION  G	· /	COMPLETED	
		14G203	B. WING			C 09/06/2016
NAME OF PI	ROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZIP CODE 1770 SAUK TRAIL SAUK VILLAGE, IL 60411	<u> </u>	03/00/2010
(X4) ID PREFIX TAG	(EACH DEFICIENC	TATEMENT OF DEFICIENCIES CY MUST BE PRECEDED BY FULL LSC 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 149	the other day and sh while I was naked ar me to shut up and le asked if there was si "no".  On 8/23/16 at 4:10pt conducted with R1 (mobility due to Cere R1 stated; "(R2) is h mostly R11 and R9, looks for R11 and R9 moved to the front hoff the bus from worl be anywhere by her. me she just hit me in think it was last weel.  An interview was conditional questions.  An interview was conditional questions and into E1 the following conditional questions are into E1 the following conditions are into E1 the following	hut up. I was taking a shower be came in the bathroom and I told her to leave. She told off the door open." R9 was taff around and R9 replied  If the door open." R9 was taff around and R9 replied  If the door open." R9 was taff around and R9 replied  If an interview was putilize a wheelchair for obral Palsy and Quadriplegia). If the always the argets them. She always to the always to the argets them. She always to the argets them are because she was getting to the shop and we didn't want to she doesn't really bother to the head that one time I k."  Inducted with R5 on 8/23/16 at the wed if R2 has ever hit him R5 did not answer any the around	W 14	49		
	E1 was also asked v	vhat safeguards have the				

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		1 ` ′	PLE CONSTRUCTION  G	, ,	(X3) DATE SURVEY COMPLETED		
		14G203	B. WING			C <b>09/06/2016</b>	
NAME OF P	ROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZIP CODE 1770 SAUK TRAIL SAUK VILLAGE, IL 60411	I	03/00/2010	
(X4) ID PREFIX TAG	(EACH DEFICIENC	TATEMENT OF DEFICIENCIES BY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRE (EACH CORRECTIVE ACTION SH CROSS-REFERENCED TO THE API DEFICIENCY)	OULD BE	(X5) COMPLETION DATE	
W 149	harm. E1 states R2 hand had medication a encourage R2 and the separate areas, the sis involved, and E1 sis now "in line of sight E1 (Administrator) staff member here and way in. E1 confirmed staffed at the time of An interview was condected at the time of Staff works the night shift worked last night. Encourage works the night staff who works the responsible for: Monithroughout the night; starting at 5am., E9 slast but she is awake residents; giving am two residents R1 and get dressed. E9 was provide line of sight sawake while perform stated "it's hard to ke An interview with E1 (QIDP) on 8/25/16 at residents living in the adifferent area of the Behavior. E1 and E2 residents are eating, a television program, to stop and be movey yes". R2 is not super sight same supposed to the supposed t	protect the individuals from have seen the psychiatrist adjustments, the staff he other clients to sit in SST (Support Service Team) tates the level of supervision at while awake".  ates there is usually another and that E2 (QIDP) is on her and that E2 (QIDP) is on her and the facility is not adequately observations.  Inducted on 8/25/16 at heat Support Staff/DSP) who are all 130pm to 9:30am and a confirmed there is only one hight shift and she is intoring all 15 residents up states she usually get R2 up at at the same time as other medications; and assisting all R6 (utilize wheelchairs) to saked how is she able to supervision to R2 while she is ing the above duties; E9 her an eye on her".  (Administrator) and E2	W 14	19			

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		` ′	LE CONSTRUCTION  G	(X3) DATE SURVEY COMPLETED		
		14G203	B. WING		09/0	; )6/2016
NAME OF P	ROVIDER OR SUPPLIER	I		STREET ADDRESS, CITY, STATE, ZIP CODE 1770 SAUK TRAIL SAUK VILLAGE, IL 60411	1 03/0	0/2010
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC 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 149	Clinical Social Worke Service Team member states she has worke and part of her role is staff regarding R2's E was asked if new star (now terminated) sho management of phys R2 as related to prev management in the a Z5 states, the facility new staff and that yes training from physical Surveyor asked Z5 if psychiatrist visit reportecommend 1:1 supercrossed out and replasupervision. Z5 states report but confirmed is psychiatrist visits with Z5 reviewed the reported and of 1:1 supervision do 1:1 supervision	ducted with Z5, Licensed r and Support Services er on 8/29/16 at 12:18pm. Z5 d with R2 for over a year to provide support to the Behavior Management. Z5 ff such as E4, E6, and E10 uld have received training in ical aggression displayed by entative measures and ftermath of this aggression. usually tells her if there is at the staff would benefit from a management.  She reviewed the rt for R2 on 8/16/16 which rvision for R2 but was aced with line of sight is no she had not seen the she should be informed of in R2.  It and states, "the facility ision because it is an icility" and when asked why,	W 14	9		
W 186	Z5 states during the sfacility "is not the app 483.430(d)(1-2) DIRE  The facility must prov staff to manage and saccordance with their	same interview that this ropriate placement for R2". ECT CARE STAFF	W 18	66		

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		` '	LE CONSTRUCTION		(X3) DATE SURVEY COMPLETED	
		14G203	B. WING		09	C 9/06/2016
NAME OF PE	ROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZIP CODE 1770 SAUK TRAIL SAUK VILLAGE, IL 60411	, ,	700/2010
(X4) ID PREFIX TAG	(EACH DEFICIENC	TATEMENT OF DEFICIENCIES CY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORREC (EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APPF DEFICIENCY)	ULD BE	(X5) COMPLETION DATE
W 186	This STANDARD is Based on record revinterview the facility staff to manage and accordance with indi	ned over all shifts in a 24-hour ed residential living unit.  not met as evidenced by: view, observation, and failed to provide sufficient	W 18	56		
	2 of 3 (R1 and R3) ir	staff attention. This impacted individuals in the sample and i, R7, R8, R9, R10, R11, R12, ide the sample.				
	pushed R11 and twis called and R11 was department and diagonic lincident report dated documents R2 "push	nosed with a sprained ankle.				
	Instructions given by monitor R1 througho marks and bruises.  Behavior Report form written by Z1 (DSP) individuals with activ R2 just came and purpose Behavior Report form	E3, registered Nurse was to ut the night and check for n dated 8/23/16 at 10:28am states, "staff was helping ities with my back turned and inched me in my back."				
		states, "R2 got up start up chair, pick up cup and				

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		` ′	E CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
14G203 B. WING			C 09/06/2016		
NAME OF PI	ROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZIP CODE  1770 SAUK TRAIL  SAUK VILLAGE, IL 60411	1 03/00/2010
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORR (EACH CORRECTIVE ACTION SI CROSS-REFERENCED TO THE AP DEFICIENCY)	HOULD BE COMPLETION
W 186	written by Z2 (DSP) s Behavior Report form written by Z3(DSP) s and kicking at staff."  Review of R2's Behar for the last year 6/1/1 requires staff to remorarea if R2 becomes us showing signs of phy other staff should ass activity in another are tends to lose focus of they are out of her lin	dated 8/18/16 at 10:10am states, R2 "start hitting staff".  dated 8/12/16 at 11:47am states R2 "got up swearing  vior Management Program 5 and current year 8/1/16  eve all residents to another upset, as follows, "If R2 is sical aggression or agitation, sist individuals\peers to an ea so they remain safe. R2 in aggression toward peers, if e of vision." The same R2's level of supervision is	W 186		
	Review of nursing note written by E3 (Registered Nurse) and dated 7/10/16 states "R2 was observed to be increasingly more agitated, aggressive, loud and disruptive to the house. The other individuals are trying hard to avoid confrontation with her."  Review of nursing note dated 8/1/16 and written by E3 8/1/16 documents, "she continues to be increasingly more agitated, aggressive, loud and disruptive to the house. R2 is very impulsive."  Review of the psychiatrist, Z4's note dated 8/16/16 documents "R2 is more impulsive, need redirection" "per staff hits people unprovoked." Please use 1:1 supervision (statement then crossed out and initiated by Z4) and replaced with "line of sight while awake."				

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		, ,	PLE CONSTRUCTION  3	(X3) DATE SURVEY COMPLETED		
		14G203	B. WING		C 09/06/2016	
NAME OF P	ROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZIP CODE 1770 SAUK TRAIL SAUK VILLAGE, IL 60411	1 03/00/2010	
(X4) ID PREFIX TAG	(EACH DEFICIENC	TATEMENT OF DEFICIENCIES CY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTIVE ACTION SHOUS CROSS-REFERENCED TO THE APP DEFICIENCY)	OULD BE COMPLETI	ON
W 186	R2 entering the hom home through the direction was a same door R2 entered present and there we were outside alone in R2 had just appeare.  Observations continue yelling at a staff mental 4:14pm R2 flipped or and continued to scr.  Observations were not that R2's bedroom is both R1 and R11's bear and an interview was contained as a staff mental R2's bedroom is both R1 and R11's bear and interview was contained as a supervision in a supervision in a supervision in a supervision at 4:45. The seidents current and the supervision is nown to survey or reviewed we observations at 4:45. The seidents current and the supervision is nown to survey or reviewed we observations at 4:45. The seidents current and supervision is nown to survey or reviewed we observations at 4:45. The seidents current and supervision is nown to survey or reviewed we observations at 4:45. The seidents current and supervision is nown to survey or reviewed we observations at 4:45. The seidents current and supervision is nown to survey or reviewed we observations at 4:45. The seidents current and supervision is nown to survey or reviewed we observations at 4:45. The seidents current and supervision is nown to survey or reviewed we observations at 4:45. The seidents current and supervision is nown to survey or reviewed we observations at 4:45. The seidents current and supervision is nown to survey or reviewed we observations at 4:45. The seidents current and supervision is nown to survey or reviewed we observations at 4:45. The seidents current and supervision is nown to survey or reviewed we observations at 4:45. The seidents current and supervision is nown to survey or reviewed we observations at 4:45. The seidents current and supervision is nown to survey or reviewed we observations at 4:45. The seidents current and supervision is nown to survey or reviewed we observations at 4:45. The seidents current and supervision is nown to survey or reviewed we observations at 4:45. The seidents current and supervision is nown to survey or reviewed we observ	e from the back door of the ning room. R2 was alone and yor immediately went out the ed to check if any staff was ere none. R1, R9, and R11 sitting in the patio area where d from.  Led on 8/23/16 as R2 started onber, E4 (cook) and at wer a wooden kitchen chair eam and yell for 20 minutes.  Led on 8/23/16 at 3:30pm approximately 20 feet from edroom.  Inducted with E1, 3/16 regarding the above erviews. E1 states R2's level or "in line of sight."  Lifth E1 the following current pm:  Ly in the home R13 are wheelchair  Ly in and outside the home and m of assistance regarding and pop.  Led medications, preparing ing R2 all at once.  Lervision of line of sight and is ne house constantly.  Le asking various requests of	W 18	36		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION  (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULT A. BUILDII	IPLE CONSTRUCTION  NG		(X3) DATE SURVEY COMPLETED	
		14G203	B. WING _			C 09/06/2016
NAME OF P	ROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, 1770 SAUK TRAIL SAUK VILLAGE, IL 60411		03/00/2010
(X4) ID PREFIX TAG	X (EACH DEFICIENCY MUST BE PRECEDED BY FULL		ID PREFI) TAG	(EACH CORRECTIVE CROSS-REFERENCE	IN OF CORRECTION E ACTION SHOULD BE D TO THE APPROPRIATE CIENCY)	(X5) COMPLETION DATE
W 186	at 4pm outside the fivas sitting. R11 is a and without alteration surveyor "can you high who can help here, to me. She hits me shoulder. Nobody do asked if she told stareplied, "Yes, I told find E8, (DSP) "they come out of my room When I tell the staff room and she will le that." One time she (Qualified Intellectual Professional/QIDP)  An interview was code 4:05pm, R9 states "she does hit me son and tell me to shut worth to the told me to shut worth to the told me to shut up and left the there was staff around the company of the told me to shut up and left the there was staff around the told me to shut up and left the there was staff around the told me to shut up and left the there was staff around the told me to shut up and left the there was staff around the told me to shut up and left the there was staff around the told me to shut up and left the there was staff around the told me to shut up and left the there was staff around the told me to shut up and left the there was staff around the told me to shut up and left the there was staff around the told me to shut up and left the there was staff around the told me to shut up and left the there was staff around the told me told me to shut up and left the there was staff around the told me tol	nducted with R11 on 8/23/16 acility on the patio where she mbulatory, verbalizes freely, n. R11 immediately asked elp me, are you somebody have a problem, R2 is mean mostly on my arm and bes anything about it. R2 was ff this was happening and E5 (Direct Support Staff/DSP) don't do nothing. I'm afraid to n. R2 tells me to shut up." they tell me to stay in my ave me alone. E5 told me (R2) pushed me and E2, al Disability picked me up when I fell."  Inducted with R9 on 8/23/16 at she don't hit me every day but netimes, mostly yell at me ap. She takes stuff from my book and I told her to stop and up. I was taking a shower the ame in the bathroom while I don't her to leave. She told me to door open. R9 was asked if and and replied "no."  Inducted with R1 (utilize a ity due to Cerebral Palsy and 23/16 at 4:10pm, R1 states to everybody really, mostly R11 them. She always looks for s R5 too. We all moved to the she was getting off the bus	W			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION  (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		` ′	PLE CONSTRUCTION  G		(X3) DATE SURVEY COMPLETED	
		14G203	B. WING		,	C 09/06/2016
NAME OF P	ROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZIP CODE 1770 SAUK TRAIL SAUK VILLAGE, IL 60411	<u>`</u>	5570072010
(X4) ID PREFIX TAG	(EACH DEFICIENC	TATEMENT OF DEFICIENCIES BY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORREC (EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APPI DEFICIENCY)	OULD BE	(X5) COMPLETION DATE
W 186	She doesn't really be the head that one tin An interview was cor 4:30pm, R5 was ask replied "yeah" R5 did questions.  An interview was cor Administrator on 8/2 observations and into what safeguards have protect the individual have seen the psych adjustments, the state other clients to sit in (Support Service Teastates the level of susight while awake."  An interview was cor 8:45am with E9; Direct the night shift 11:30p night. E9 confirmed tworks the night shift A. monitoring all 15 mB. getting all residen states she usually geawake at the same to C. giving am medical D. assisting two residuhelichairs) to get of E9 was asked how is sight supervision to least the same to	case she comes back out.  In the I think it was last week."  Inducted with R5 on 8/23/16 at led if R2 has ever hit him and it not answer any additional inducted with E1, 33/16 regarding the above erviews. E1 was also asked the facility put in place to so from harm. E1 states R2 liatrist and had medication if encourage R2 and the separate areas, the SST lam) is involved, and E1 pervisor is now "in line of and ucted on 8/25/16 at let Support Staff who works last there is only one staff who last there is only one staff who last last last last last last last last	W 18	36		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1 ' '	(X2) MULTIPLE CONSTRUCTION  A. BUILDING		(X3) DATE SURVEY COMPLETED	
		14G203	B. WING				06/ <b>2016</b>
NAME OF PR	ROVIDER OR SUPPLIER			1	STREET ADDRESS, CITY, STATE, ZIP CODE 1770 SAUK TRAIL SAUK VILLAGE, IL 60411		
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFI TAG		PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD B CROSS-REFERENCED TO THE APPROPRIA DEFICIENCY)		(X5) COMPLETION DATE
W 186	Continued From page	e 24	W	186			
	Administrator informe	the survey), at 3:30pm E1, at the surveyor that the taff member specifically to					
	•	at all times which leaves home at further risk of					
W 264	483.440(f)(3)(iii) PRC CHANGE	OGRAM MONITORING &	W	264			
	suggestions to the factorization as they related restraints, time-out roor noxious stimuli, could behavior, protection of	d review, monitor and make cility about its practices and ate to drug usage, physical oms, application of painful ntrol of inappropriate of client rights and funds, and the committee believes need					
	Based on record revi failed to ensure the s committees monitor b practices which restri impacted 2 of 2 (R1 a	not met as evidenced by: iew and interview, the facility pecially constituted behavior management ct individual's rights. This and R3) individuals in the (R4 through R15) individuals					
	Findings include:						
	year 8/1/16 requires s	vior Management last year 6/1/15 and current staff to remove all residents becomes upset, as follows,					

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		1 ' '	PLE CONSTRUCTION  IG	· /	(X3) DATE SURVEY COMPLETED		
		14G203	B. WING _			C 09/06/2016	
NAME OF P	ROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZIP CODE 1770 SAUK TRAIL SAUK VILLAGE, IL 60411	<b>,</b>	03/00/2010	
(X4) ID PREFIX TAG	(EACH DEFICIENC	TATEMENT OF DEFICIENCIES DY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORI (EACH CORRECTIVE ACTION S CROSS-REFERENCED TO THE AI DEFICIENCY)	SHOULD BE	(X5) COMPLETION DATE	
W 264	agitation, other staff individuals\peers to a "R2 tends to lose for peers, if they are out Review of maladapti the following data/frecould impact the pot other clients living in rights restricted by harea of the home as June 2016 - Agitation July 2016 - Verbal Ag 20 episodes, Physica August 2016 - Data 8/1 through 8/16/16 to 8/29/16 Physical Ahome and 8 episode Review of the Huma minutes for January, include evidence tha Behavior Program for HRC failed to address residents living in the through R15 to be min the event R2 displication 8/25/16 at 12:00p in the home are asked of the home if R2 diswere asked what if the surface of t	ns of physical aggression or should assist an activity in another area" sus on aggression toward of her line of vision."  we behaviors for R2 include equency of behaviors that ential amount of times that the home could have their aving to move to another directed above in the BMP:  n - 35 episodes  aggression, Cursing, Yelling - al Aggression - 4 episodes not available to surveyor for however;  8/16/16	W 2	64			

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		' '	PLE CONSTRUCTION IG	` '	(X3) DATE SURVEY COMPLETED C		
		14G203	B. WING _	<del></del>		09/06/2016	
NAME OF PI	ROVIDER OR SUPPLIER	,		STREET ADDRESS, CITY, STATE, ZIP CODE 1770 SAUK TRAIL SAUK VILLAGE, IL 60411	•		
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES BY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF COR (EACH CORRECTIVE ACTION S CROSS-REFERENCED TO THE A DEFICIENCY)	SHOULD BE	(X5) COMPLETION DATE	
W 264	E2 states for their sa	quired to stop and be moved. fety, "yes".	W 2				
W 266	,	HAVIOR & FACILITY  ure that specific client  practices requirements are	W 2	66			
	Based on record revinterview, the facility client behavior and fare met when the right the facility were restricted for the facility when their living the facility when they failed to: 1 prevent physical harmon to used on individual for the facility when they failed to: 1 prevent physical harmon used on individual facility when they failed to: 1 prevent physical facility when they failed to: 1 prevent physical facility when they failed to: 1 prevent physical facility when they failed for the facility when they fai	ing space. This occurred for the sample (R1 and R3) and R15) outside the sample I. Monitor individuals to the sample I. Sample					
	Findings include:						
	written policies and p management of inap	nust develop and implement procedure that govern the propriate client behavior.					

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION  A. BUILDING			(X3) DATE SURVEY COMPLETED	
		14G203	B. WING				0
NAME OF P	ROVIDER OR SUPPLIER	140203	B. WING		STREET ADDRESS, CITY, STATE, ZIP CODE	09/	06/2016
PRAIRIE H	HOUSE				1770 SAUK TRAIL SAUK VILLAGE, IL 60411		
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFI TAG		PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD B CROSS-REFERENCED TO THE APPROPRIA DEFICIENCY)		(X5) COMPLETION DATE
W 266 W 274	its policy.  W278 - The facility m of more restrictive ted documents programs least intrusive or more been tried systematic  W285 - The facility m to manage inappropriemployed with sufficie supervision to ensure and human rights of oprotected.  483.450(b)(1) MGMT CLIENT BEHAVIOR	ust ensure prior to the use chniques, that client's record incorporating the use of e positive techniques have ally.  ust ensure that interventions ate client behavior must be ent safeguards and that the safety, welfare, civil clients are adequately  OF INAPPROPRIATE		266 274			
	policies and procedur management of inapp This STANDARD is r Based on record revi interview, the facility f policy and procedures management of inapp This occurred when that least intrusive methe rights of 2 of 2 (R sample and 12 of 12)	propriate client behavior. That met as evidenced by: ew, observation, and failed to implement its written as that govern the propriate client behavior. The facility failed to ensure the easures are utilized when and R3) individuals in the (R4-R15) residents outside fricted due to inappropriate dual (R2.)					

AND DIAN OF CORRECTION IDENTIFICATION NUMBER		` '	E CONSTRUCTION	(X3) DATE SURVEY COMPLETED C		
		14G203	B. WING		09/06/2016	
NAME OF PI	ROVIDER OR SUPPLIER		1	STREET ADDRESS, CITY, STATE, ZIP CODE 1770 SAUK TRAIL SAUK VILLAGE, IL 60411	3375572516	
(X4) ID PREFIX TAG	(EACH DEFICIEN	STATEMENT OF DEFICIENCIES NCY MUST BE PRECEDED BY FULL R LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTIC (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROP DEFICIENCY)	D BE COMPLETION	
W 274	6.29, states "In the behaviors and their subjected to proced freedom or rights whuman Rights and Committees, the Inand the Individual of B. Behaviors for whor identified by the problematic will be existing data to detend to the behavior," "in setting and others in Review of R2's Behaviors of R2's Behaviors of R2's Behaviors of R2's Behaviors staff to renarea if R2 becomes showing signs of prother staff should a	Management policy number effort to improve such effects, individuals will not be dures that will limit their ithout prior approval of the Behavior Management dividual Developmental Team or guardian.  Inich interventions are indicated Community Support Team as studied through baseline or ermine cases. Such study consideration of antecedents including duration, intensity, involved."  Inavior Management Program /15 and current year 8/1/16 inove all residents to another supset, as follows, "If R2 is inysical aggression or agitation, ssist individuals\peers to an	W 274			
	tends to lose focus they are out of her program states R2's sight while awake.  Review of a Specia E1 (Administrator), Disability Professio Z5(Support Service (guardian) dated 3/	on aggression toward peers, if line of vision." The same is level of supervision is line of Staffing Meeting attended by E2 (Qualified Intellectual nal), E5 (Direct Support Staff), Team/SST), and Z6 11/16 includes documentation is sometimes harmful to				

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION  (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULT A. BUILDIN	IPLE CONSTRUCTION  NG		(X3) DATE SURVEY COMPLETED		
		14G203	B. WING _			C 09/06/2016	
NAME OF PR	ROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZIP C 1770 SAUK TRAIL SAUK VILLAGE, IL 60411	•	39700/2010	
(X4) ID PREFIX TAG	(EACH DEFICIEN	TATEMENT OF DEFICIENCIES CY MUST BE PRECEDED BY FULL R LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF ( (EACH CORRECTIVE ACT	ION SHOULD BE HE APPROPRIATE	(X5) COMPLETION DATE	
W 274		ge 29 d to a CILA. Z6 agreed to a when he returned from	W 2	274			
	from Z5 from SST to QIDP states when F vacation, E1 would soffers to write up tip working with R2 and	dated 4/5/16 ( 4 months ago) b E1, Administrator and E2, 82's guardian returned from show Z5 a CILA home. Z5 s for any new staff members I that "R2 still has her etimes has problems with re."					
	R2 entering the hom home through the di unsupervised. Surve same door and verif R9, and R11 were o patio area where R2 R2 was observed ye (cook) and at 4:14pi	m observation was made of the from the back door of the ning room. R2 was alone and eyor immediately went out the tied no staff were present. R1, utside alone sitting in the thad just entered from. Then telling at a staff member, E4 m R2 flipped over a wooden ntinued to scream and yell for					
	additional attempts of ICF is the correct place of	show any evidence that any were made to assess if the acement for R2 due to her behaviors of physical ming other residents in the					

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION  (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTI A. BUILDIN	IPLE CONSTRUCTION  IG		(X3) DATE SURVEY COMPLETED		
		14G203	B. WING _			C <b>09/06/2016</b>	
NAME OF PI	ROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZIP COL 1770 SAUK TRAIL SAUK VILLAGE, IL 60411		03/00/2010	
(X4) ID PREFIX TAG	(EACH DEFICIEN	STATEMENT OF DEFICIENCIES ICY MUST BE PRECEDED BY FULL R LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CO ( (EACH CORRECTIVE ACTIO CROSS-REFERENCED TO THE DEFICIENCY)	N SHOULD BE E APPROPRIATE	(X5) COMPLETION DATE	
W 274	Continued From pa	ge 30	W 2	74			
	at 4pm outside the was sitting. R11 is a freely and without a asked surveyor "car somebody who can R2 is mean to me. arm and shoulder. R2 was asked if she and replied, "Yes, I Staff/DSP) and E8, I'm afraid to come of shut up." " When I to	anducted with R11 on 8/23/16 facility on the patio where she ambulatory and verbalizes lteration. R11 immediately in you help me, are you help here, I have a problem, She hits me mostly on my Nobody does anything about it. et told staff this was happening told E5 (Direct Support DSP. "they don't do nothing. But of my room. R2 tells me to ell the staff they tell me to stay is will leave me alone. E5 told					
	E2, Qualified Intelle on 8/25/16 at 12:00 in the home are ask of the home if R2 di were asked what if having a snack, or v	1, Facility Administrator and ctual Disability Professional pm confirmed residents living sed to move to a different area splays a Behavior. E1 and E2 the residents are eating, watching a television program, equired to stop and be moved. afety, "yes"					
	Clinical Social Work Service Team mem states she have wo and part of her role staff regarding R2's was asked if new st	onducted with Z5, Licensed ser and Support Services ber on 8/29/16 at 12:18pm. Z5 rked with R2 for over a year is to provide support to the Behavior Management. Z5 aff such as E4, E6, and E10 nould have received training in					

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		IDENTIFICATION NUMBER:			CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
		14G203	B. WING				06/2016
NAME OF P	ROVIDER OR SUPPLIER			17	TREET ADDRESS, CITY, STATE, ZIP CODE  770 SAUK TRAIL  AUK VILLAGE, IL 60411	1 03/	00/2010
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFI TAG		PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD B CROSS-REFERENCED TO THE APPROPRIA DEFICIENCY)		(X5) COMPLETION DATE
W 274	R2 as related to prever management in the ar Z5 states, the facility new staff and that yes training from physical Surveyor asked Z5 if psychiatrist visit report recommend 1:1 super crossed out and replasupervision. Z5 states report but confirmed spsychiatrist visits with Z5 reviewed the report and to 1:1 supervision do 1:1 supervision. Z5 states report but confirmed spsychiatrist visits with Z5 reviewed the report and to 1:1 supervision do 1:1 supervision. Z5 states during the sfacility "is not the app 483.450(b)(1)(i) MGM CLIENT BEHAVIOR  Policies and procedur management of inapp must specify all facility manage inappropriate.  This STANDARD is reason and procedured in the state of all home during inappropriate for management of all home during inapproprialiure to give clear distributions utilized to 3 (R1 and R3) individiation.	entative measures and ftermath of this aggression. Usually tell her if there is a the staff would benefit from management. She reviewed the at for R2 on 8/16/16 which rivision for R2 but was used with line of sight and she should be informed of R2. The and states, "the facility ision because it is an cility" and when asked why, and on't get paid for it."  The ame interview that this repriate placement for R2."  IT OF INAPPROPRIATE  The stat govern the propriate client behavior of approved interventions to be client behavior.		274			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION  A. BUILDING			(X3) DATE SURVEY COMPLETED	
			1 50.25.	_		(	c
		14G203	B. WING			09/	06/2016
NAME OF PI	ROVIDER OR SUPPLIER			1	TREET ADDRESS, CITY, STATE, ZIP CODE 770 SAUK TRAIL SAUK VILLAGE, IL 60411		
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFI TAG	x	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BI CROSS-REFERENCED TO THE APPROPRIA DEFICIENCY)		(X5) COMPLETION DATE
W 276	Findings include:  Facility Policy titled Br. Development and Ma 6.29 states, "in the eff behaviors and their eff subjected to procedur freedom or rights with Human Rights and Becommittees, the Individual or good "C. To ensure that be implemented are approceated by the behavior restricted unnecessar than the problem should be approved the following diagriful Intellectual Functioning Schizoaffective Disord Obsessive Compulsive The last year 6/1/15 arequires staff to remound area if R2 becomes us showing signs of physical program staff should associated to lose focus or they are out of her line program states R2's listight while awake.	ehavior Program nagement, policy number fort to improve such ffects, individuals will not be res that will limit their rout prior approval of the ehavior Management idual Development Team guardian. " ehavior interventions ropriate to the problems ior, so that rights are not rily or to a greater extent uld dictate."  vior Management Program noses Moderate level of ng, Bipolar Disorder, der, Impulse Control, re Disorder, and Anxiety. and current year 8/1/16 ve all residents to another pset, as follows, "If R2 is sical aggression or agitation, ist individuals\peers to an a so they remain safe." "R2 n aggression toward peers, if e of vision." The same evel of supervision is line of	W	276			
	-	7/7/16 at 6:00pm states R2 sed her ankle resulting in 911 aken to emergency					

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION  A. BUILDING			(X3) DATE SURVEY COMPLETED	
		440202					0
		14G203	B. WING	_		09/	06/2016
PRAIRIE H	ROVIDER OR SUPPLIER			1	STREET ADDRESS, CITY, STATE, ZIP CODE 1770 SAUK TRAIL SAUK VILLAGE, IL 60411		
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL .SC IDENTIFYING INFORMATION)	ID PREFI TAG		PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIAN DEFICIENCY)		(X5) COMPLETION DATE
W 276	department and diagr  Incident report dated "pushed R1's wheeled top of her head with a given by E3, Register throughout the night a bruises.  Behavior Report form written by Z1 (DSP) s individuals with activit R2 just came and pur Behavior Report form written by Z2 (DSP) s yelling swearing pick threw at staff."  Behavior Report form written by Z2 (DSP) s yelling swearing pick threw at staff."  Behavior Report form written by Z2 (DSP) s and kicking at staff."  483.450(b)(1)(iii) MGI CLIENT BEHAVIOR  Procedures that gove inappropriate client be the use of more restriclient's record documincorporating the use	nosed with sprained ankle.  8/18/16 at 7:30pm states R2 nair and then hit her on the an open hand." Instructions red Nurse was to monitor R1 and check for marks and  dated 8/23/16 at 10:28am tates, "staff was helping ties with my back turned and nched me in my back."  dated 8/19/16 at 11:37am tates, "R2 got up start up chair, pick up cup and  dated 8/18/16 at 10:10am tates, R2 "start hitting staff".  dated 8/12/16 at 11:47am tates R2 "got up swearing  MT OF INAPPROPRIATE  orn the management of ehavior must insure, prior to ctive techniques, that the ents that programs of less intrusive or more ave been tried systematically		276			
	This STANDARD is r	not met as evidenced by:					

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION  (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIF	PLE CONSTRUCTION  G	(X3) DATE SURVEY COMPLETED		
		14G203	B. WING		09/06/20	16
NAME OF P	ROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZIP CODE  1770 SAUK TRAIL  SAUK VILLAGE, IL 60411	1 30/00/20	
(X4) ID PREFIX TAG	(EACH DEFICIENC	TATEMENT OF DEFICIENCIES BY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRE (EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APP DEFICIENCY)	OULD BE COM	(X5) PLETION DATE
W 278	failed to assure restronly after less intrusisystematically tried a ineffective. 2 of 2 (R sample and 12 of 12 the sample who were different area in the emaladaptive behavior.  Findings Include:  Facility Policy titled EDevelopment and Ma 6.29 states, "in the ebehaviors and their esubjected to procedufreedom or rights with Human Rights and Ecommittees, the Indiand the individual or behavior intervention appropriate to the problem should dictated a problem should dictated Review of R2's Behavior staff to remark area if R2 becomes a showing signs of phy other staff should as activity in another are tends to lose focus of they are out of her line.	riew and interview, the facility ictive programs were used we programs were and demonstrated to be 1 and R3) individuals in the (R4 through R15) outside e required to relocate to a event a resident displayed a r.  Sehavior Program anagement, policy number anagement, policy number anagement, policy number anagement will limit their hout prior approval of the ehavior Management vidual Development Team guardian. C. To ensure that as implemented are oblems created by the ats are not restricted greater extent than the	W 27	78		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	I ' '		CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
		14G203	B. WING			1	
NAME OF P	ROVIDER OR SUPPLIER	140200	] B. Wille	S1 17	TREET ADDRESS, CITY, STATE, ZIP CODE  770 SAUK TRAIL  AUK VILLAGE, IL 60411	09/	06/2016
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFI TAG	х	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD B CROSS-REFERENCED TO THE APPROPRIA DEFICIENCY)		(X5) COMPLETION DATE
W 278	the following data/free could impact the pote other clients living in rights restricted by ha area of the home as of June 2016 - Agitation  July 2016 - Verbal Ag 20 episodes, Physical August 2016 - Data in 8/1 through 8/16/16 he Physical Aggression episodes at day traini  Incident report dated pushed R11 and twist called and R11 was to department and diagrifunction of her head with a given by E3, Register throughout the night a bruises.  Behavior Report form written by Z1 (DSP) sindividuals with activitin R2 just came and pur Behavior Report form written by Z2 (DSP) syelling swearing pick threw at staff."	re behaviors for R2 include quency of behaviors that ential amount of times that the home could have their aving to move to another directed above in the BMP:  - 35 episodes  gression, Cursing, Yelling - I Aggression - 4 episodes of available to surveyor for rowever; 8/16/16 to 8/29/16 - 1 episode at home and 8 ng.  7/7/16 at 6:00pm states R2 ted her ankle resulting in 911	W	278			

	TATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X2) MULTIPLE CONSTRUCTION A. BUILDING			(X3) DATE SURVEY COMPLETED		
		14G203	B. WING _			C <b>09/06/2016</b>
NAME OF PROVIDER OR SUPPLIER  PRAIRIE HOUSE  (X4) ID SUMMARY STATEMENT OF DEFICIENCIES PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL			STREET ADDRESS, CITY, STATE, ZIP CODE  1770 SAUK TRAIL  SAUK VILLAGE, IL 60411		09/06/2016	
(X4) ID PREFIX TAG	(EACH DEFICIEN		ID PREFIX TAG	PROVIDER'S PLAN OF CORR (EACH CORRECTIVE ACTION SH CROSS-REFERENCED TO THE AP DEFICIENCY)	OULD BE	(X5) COMPLETION DATE
W 278	Behavior Report form written by Z3(DSP) and kicking at staff."  Review of nursing now Nurse dated 7/10/16 be increasingly more and disruptive to the individuals are trying with her."  Review of nursing now states, "she continue agitated, aggressive house." "R2 is very in the states "R2 is more in "per staff hits people 1:1 supervision (statinitiated by Z4) and while awake."  An interview was condaministrator on 8/2 observations and into what safeguards have protect the individual have seen the psychadjustments, the statother clients to sit in	states, R2 "start hitting staff".  In dated 8/12/16 at 11:47am states R2 "got up swearing  In the written by E3, Registered is states "R2 was observed to be agitated, aggressive, loud is house." "The other in hard to avoid confrontation  In the written by E3 dated 8/1/16 best obe increasingly more, loud and disruptive to the impulsive."  In the interest is a state of the interest in hit interest	W 2	78		
	E2, Qualified Intelled	, Facility Administrator and ctual Disability Professional om confirmed residents living				

AND DUAN OF CODDECTION INDESTRUCTION NUMBER.		` ′	PLE CONSTRUCTION  G	(X3) DATE SURVEY COMPLETED	
		14G203	B. WING		C 09/06/2016
NAME OF PROVIDER OR SUPPLIER  PRAIRIE HOUSE  (X4) ID SUMMARY STATEMENT OF DEFICIENCIES				STREET ADDRESS, CITY, STATE, ZIP CODE  1770 SAUK TRAIL  SAUK VILLAGE, IL 60411	1 00/03/2010
(X4) ID PREFIX TAG	(EACH DEFICIENC	TATEMENT OF DEFICIENCIES TY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTIO (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPI DEFICIENCY)	BE COMPLETION
W 278	of the home if R2 disk were asked what if the having a snack, or was would they still be received and part of her role is staff regarding R2's E was asked if new sta (now terminated) show management of physical R2 as related to previous management in the a Z5 states, the facility new staff and that ye training from physical Surveyor asked Z5 if psychiatrist visit reportecommend 1:1 supercrossed out and replasupervision. Z5 state report but confirmed psychiatrist visits with Z5 reviewed the reported the reported to the re	and to move to a different area plays a Behavior. E1 and E2 are residents are eating, atching a television program, quired to stop and be moved. If the fety, "yes"  Inducted with Z5, Licensed are and Support Services are on 8/29/16 at 12:18pm. Z5 and with R2 for over a year as to provide support to the Behavior Management. Z5 and E10 and have received training in a play and the matter and suggression displayed by the entative measures and aftermath of this aggression. The same staff would benefit from a management. She reviewed the art for R2 on 8/16/16 which the ervision for R2 but was acced with line of sight and she should be informed of	W 27	78	
W 285	facility "is not the app	propriate placement for R2."  OF INAPPROPRIATE	W 28	35	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION  (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPL A. BUILDING	E CONSTRUCTION	(X3) DATE SURVEY COMPLETED C		
		14G203	B. WING		09/06/2016	
NAME OF PROVIDER OR SUPPLIER  PRAIRIE HOUSE  (X4) ID SUMMARY STATEMENT OF DEFICIENCIES PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL				STREET ADDRESS, CITY, STATE, ZIP CODE 1770 SAUK TRAIL SAUK VILLAGE, IL 60411		
(X4) ID PREFIX TAG	(EACH DEFICIEI		ID PREFIX TAG	PROVIDER'S PLAN OF CORREC (EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APPF DEFICIENCY)	ULD BE COMPLETION	
W 285	behavior must be e safeguards and sup	nage inappropriate client imployed with sufficient pervision to ensure that the civil and human rights of	W 28	5		
	Based on record refailed to ensure the committee monitors client's rights. Furth to ensure Behavior resident rights restreview and consent R3) individuals in the R5, R6, R7, R8, R9 R15) individuals ou required to move to	s not met as evidenced by: eview and interview, the facility specially constituted spractices which restrict nermore the committee failed Program Plans do not include rictions without appropriate t. This impacted 2 of 2 (R1 and ne sample and 12 of 12 (R4, n), R10, R11, R12, R13, R14, tside the sample who are of another area of the home of (R2) display a maladaptive				
	6.29 states, "in the behaviors and their subjected to proced freedom or rights we Human Rights and committees, the Incand the individual of behavior intervention appropriate to the pubehavior, so that right subject to the pubehavior of the pubehavior intervention appropriate to the pubehavior, so that right subject to the pubehavior.	Management, policy number effort to improve such effects, individuals will not be dures that will limit their without prior approval of the Behavior Management dividual Development Team or guardian. C. To ensure that cons implemented are problems created by the ghts are not restricted a greater extent than the				

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		1 ` ′	PLE CONSTRUCTION  G	, ,	(X3) DATE SURVEY COMPLETED C		
		14G203	B. WING _			09/06/2016	
NAME OF P	ROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZIP CODE 1770 SAUK TRAIL SAUK VILLAGE, IL 60411	•		
(X4) ID PREFIX TAG	(EACH DEFICIE)	STATEMENT OF DEFICIENCIES NCY MUST BE PRECEDED BY FULL R LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF COF (EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE A DEFICIENCY)	SHOULD BE	(X5) COMPLETION DATE	
W 285	Continued From pa	ge 39	W 2	35			
	for last year 6/1/15 requires staff to ren area if R2 becomes showing signs of ph other staff should a activity in another at tends to lose focus they are out of her program states R2' sight while awake.  Review of the numbagitation and physic potential number of	navior Management Program and current year 8/1/16 nove all residents to another supset, as follows, "If R2 is nysical aggression or agitation, ssist individuals\peers to an area so they remain safe." "R2 on aggression toward peers, if line of vision." The same is level of supervision is line of times R2 displayed cal aggression and the stimes residents living in the area to another area is as					
	20 episodes Physical A  August 2016 - Data 8/1 through 8/16/16 Physical Aggressio episodes at day tra  Review of the recor R15 failed to includ the residents move	Aggression, Cursing, Yelling - ggression - 4 episodes not available to surveyor for however; 8/16/16 to 8/29/16 n - 1 episode at home and 8 ining rds for R1, R3, and R4 through e guardian consents to having d to another area in the event					
	meeting minutes fo does include review	an Rights Committee/HRC r January, April and July 2016 v of restrictions included in the for R2. The HRC failed to					

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION  A. BUILDING			(X3) DATE SURVEY COMPLETED	
		14G203	B. WING				06/2016
NAME OF PROVIDER OR SUPPLIER  PRAIRIE HOUSE			1	TREET ADDRESS, CITY, STATE, ZIP CODE  770 SAUK TRAIL  SAUK VILLAGE, IL 60411	1 03/	00/2010	
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFI TAG		PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BI CROSS-REFERENCED TO THE APPROPRIA DEFICIENCY)		(X5) COMPLETION DATE
W 287	living in the home R1 R15 to be moved by sevent R2 displays an  An interview with E1, E2, Qualified Intellect on 8/25/16 at 12:00pr in the home are asked of the home if R2 disp were asked what if the having a snack, or wa would they still be req E2 states for their safe to produce any addition involvement in the resion the Behavior Mana 483.450(b)(3) MGMT CLIENT BEHAVIOR  Techniques to manage behavior must never be of staff.  This STANDARD is re Based on record revi interview, the facility for manage inappropriate restrict clients ability to their home. Furthermore practice of having all of to bed at the same time  Findings include:	ons on the other residents and R3 and R4 through staff to another area in the inappropriate behavior.  Facility Administrator and ual Disability Professional in confirmed residents living d to move to a different area plays a Behavior. E1 and E2 is residents are eating, utching a television program, utred to stop and be moved. The ety, "yes." E1 was not able onal information of HRC is idents restrictions outlined gement Program for R2.  OF INAPPROPRIATE  The inappropriate client on the convenience of the convenience of the convenience of the convenience of the facility utilized a clients (R1 through R15) go the in the evening.		285			

PRINTED: 09/20/2016 FORM APPROVED OMB NO. 0938-0391 (X3) DATE SURVEY

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION  A. BUILDING			(X3) DATE SURVEY COMPLETED	
		440202	D WING	B. WING		С	
NAME OF D	DOVIDED OD SUDDI IED	14G203	B. WING		STREET ADDRESS, CITY, STATE, ZIP CODE	09/	06/2016
NAME OF PROVIDER OR SUPPLIER  PRAIRIE HOUSE			1	770 SAUK TRAIL SAUK VILLAGE, IL 60411			
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL .SC IDENTIFYING INFORMATION)	ID PREFI TAG		PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD B CROSS-REFERENCED TO THE APPROPRIA DEFICIENCY)		(X5) COMPLETION DATE
W 287	subjected to procedur freedom or rights with Human Rights and Be committees, the Indiv and the individual or C. To ensure that behimplemented are apporteated by the behavior restricted unnecessar than the problem should be the problem should	fort to improve such ffects, individuals will not be res that will limit their rout prior approval of the ehavior Management idual Development Team guardian. havior interventions ropriate to the problems ior, so that rights are not rilly or to a greater extent uld dictate."  vior Management Program ellectual Functioning, Bipolar etive Disorder, Impulse ompulsive Disorder, and 6/1/15 and current year o remove all residents to comes upset, as follows, "If of physical aggression or should assist n activity in another area" us on aggression toward of her line of vision.  a Rights committee meeting April and July 2016 does Program for R2. The HRC trictions on the other home R1 and R3 - R15 to another area in the event R2	W	287			

AND PLAN OF	DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X2) MULTIPLE CONSTRUCTION (X2) MULTIPLE CONSTRUCTION (X3) MULTIPLE CONSTRUCTION (X4) MULTIPLE CONSTRUCTION (X5) MULTIPLE CONSTRUCTION (X6) MULTIPLE CONSTRUCTION (X6) MULTIPLE CONSTRUCTION (X7) MU		(X3	(X3) DATE SURVEY COMPLETED		
		14G203	B. WING _			C <b>09/06/2016</b>
NAME OF PROVIDER OR SUPPLIER  PRAIRIE HOUSE  (X4) ID SUMMARY STATEMENT OF DEFICIENCIES		STREET ADDRESS, CITY, STATE, ZIP CODE  1770 SAUK TRAIL  SAUK VILLAGE, IL 60411			09/06/2016	
(X4) ID PREFIX TAG	(EACH DEFICIENC		ID PREFIX TAG	PROVIDER'S PLAN OF COR ( (EACH CORRECTIVE ACTION : CROSS-REFERENCED TO THE A DEFICIENCY)	SHOULD BE	(X5) COMPLETION DATE
W 287	R9, and R11 were or patio area where R2 R2 was observed ye (cook) and at 4:14pn kitchen chair and cor 20 minutes.  An interview was cor at 4pm outside the faremained sitting. R1 verbalizes freely and immediately asked shave a problem, R2 mostly on my arm ar anything about it." R11 was asked if she happening and replie Support Staff/DSP) anothing. I'm afraid to tells me to shut up me to stay in my roo alone [E5] told me the me and E2 (Qualified Professional/QIDP) professional/QIDP) in the home are asked of the home if R2 dis were asked what if the having a snack, or we would they still be re E2 states for their sa An interview was cor Intellectual Disability 3:30pm. E2 was ask	utside alone sitting in the had just entered from. Then lling at a staff member, E4 in R2 flipped over a wooden intinued to scream and yell for inducted with R11 on 8/23/16 acility on the patio where she is ambulatory and it without alteration. R11 urveyor "can you help me I is mean to me . She hits me indishoulder. Nobody does it told staff this was ed; "Yes, I told E5 (Direct and E8, DSP they don't do come out of my room. R2 When I tell the staff they tell in and she will leave me that One time she pushed it Intellectual Disability bicked me up when I fell."  The Facility Administrator and intellectual Disability Professional in confirmed residents living ed to move to a different area is plays a Behavior. E1 and E2 in the residents are eating, atching a television program, quired to stop and be moved.	W2	287		

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		· '	E CONSTRUCTION	(X3) DATE SURVEY COMPLETED		
		14G203	B. WING		C 09/06/2016	
	PRAIRIE HOUSE  (X4) ID SUMMARY STATEMENT OF DEFICIENCIES PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL TAG REGULATORY OR LSC IDENTIFYING INFORMATION)			STREET ADDRESS, CITY, STATE, ZIP CODE 1770 SAUK TRAIL SAUK VILLAGE, IL 60411	1 03/00/2010	
PREFIX	(EACH DEFICIEN	ICY MUST BE PRECEDED BY FULL	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTI (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPROI DEFICIENCY)	D BE COMPLETION	
W 287	ending at 7pm which left two staff working staff was scheduled individuals in the hore. E2 then stated yes individuals went to be inquired why would the same time at 7pc individuals were all. An interview was considered with the same time at 7pc individuals were all. An interview was considered was 29/16 at 3:30pm, 8/25/16 by telephor 8/29/16 at 9:30am, 9:00am. All were as physical management was 1 and a half year of her role staff regarding R2's was asked if new staff regarding R2's was asked if new staff and that you training from physical asked Z5 if she revireport for R2 on 8/1	rect Support Staff both shift h according to the schedule g. E2 was asked if enough I to attend to the needs of all ome R1-R10 and R12 - R15.  and that all 14 of the bed at 7pm that day. Surveyor all 14 individuals go to bed at om and E2 states the very tired.  and ucted with E4, Cook on E6, Direct Support Person on the at 1:23pm and again on and E9, DSP on 8/25/16 at sked if they had training in ent of R2 regarding both her aggressive behaviors. E4 ng for physical aggression	W 28	7		

	EMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION PLAN OF CORRECTION IDENTIFICATION NUMBER:  A. BUILDING		(X3	(X3) DATE SURVEY COMPLETED			
		14G203	B. WING_			C 00/06/2016	
NAME OF PROVIDER OR SUPPLIER  PRAIRIE HOUSE			STREET ADDRESS, CITY, STATE, ZIP CODE  1770 SAUK TRAIL  SAUK VILLAGE, IL 60411			09/06/2016	
(X4) ID PREFIX TAG	(EACH DEFICIENC	TATEMENT OF DEFICIENCIES BY MUST BE PRECEDED BY FULL LSC 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 287	replaced with line of no she had not seen should be informed of Z5 reviewed the reportant do 1:1 superventermediate Care Fastates, "Because the Z5 states during the	sight supervision. Z5 states the report but confirmed she of psychiatrist visits with R2. ort and states, "the facility vision because it is an acility" and when asked why, y don't get paid for it."  same interview that this propriate placement for R2."	W2	287			