Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	IL6012231	A. BUILDING: _____ B. WING _____	06/19/2019

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SCHULTZ HOUSE	340 BRYAN AVENUE DANVILLE, IL 61832

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
Z 000	COMMENTS ANNUAL CERTIFICATION SURVEY Statement of LICENSURE Violations	Z 000		
Z9999	FINDINGS 350.620a) 350.1210 350.3240a) 350.3240d) 350.3000d)2) Section 350.620 Resident Care Policies a) The facility shall have written policies and procedures governing all services provided by the facility which shall be formulated with the involvement of the administrator. The policies shall be available to the staff, residents and the public. These written policies shall be followed in operating the facility and shall be reviewed at least annually. Section 350.1210 Health Services The facility shall provide all services necessary to maintain each resident in good physical health. These services include, but are not limited to, the following: Section 350.3240 Abuse and Neglect a) An owner, licensee, administrator, employee or agent of a facility shall not abuse or neglect a resident. (Section 2-107 of the Act) (A, B) d) A facility administrator, employee, or agent who becomes aware of abuse or neglect of a resident shall also report the matter to the Department. (Section 3-610 of the Act) Section 350.3000 General Building	Z9999	**Attachment A** **Statement of Licensure Violations**	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	IL6012231	A. BUILDING: _____ B. WING _____	06/19/2019

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SCHULTZ HOUSE	340 BRYAN AVENUE DANVILLE, IL 61832

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
Z9999	Continued From page 1 Requirements d) Doors and Windows 2) All exterior doors shall be equipped with a signal that will alert the staff if a resident leaves the building. Any exterior door that is supervised during certain periods may have a disconnect device for part-time use. If there is constant 24 hour a day supervision of the door, a signal is not required. These requirements were not met as evidenced by: Based on observations, interviews and record review, the facility failed to: 1. Ensure that clients are free from unnecessary physical restraints for 1 of 1 individual in the sample (R2) who required a physical restraint. 2. Implement their policies to prevent neglect or mistreatment for 1 individual in the sample (R1) who required emergency medical treatment; for 1 individual in the sample 3. (R2) who required a physical hold by 3 Direct Support Personnel (DSP) on an outing with no changes to behavior plan or consents for physical holds,. 4. 1 individual outside the sample (R4) who had incidents of elopement and attempting to put a rubber band around her neck with no changes in supervision level or behavior programs. 5 Policy and procedure on reporting an elopement behavior and self harm incident for 1 of 1 individual outside the sample, who eloped and attempted to harm herself (R4).	Z9999		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	IL6012231	A. BUILDING: _____ B. WING _____	06/19/2019

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SCHULTZ HOUSE	340 BRYAN AVENUE DANVILLE, IL 61832

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
Z9999	Continued From page 2 6. Policy and procedures on conducting a thorough investigation on a bruise of unknown origin for 1 of 1 individual outside the sample (R13) and an incident of elopement and of attempting self harm for 1 of 1 individual outside the sample (R4). findings include: 1. R1's Individual Service Plan dated 12/20/18. states "R1 functions at a profound intellectual disability level with current diagnosis of Cerebral Palsy, Seizure Disorder, Bipolar Disorder, Depression, Lymphedema, Hypothyroidism, GERD, Megacolon, Asthma, Osteoporosis, Congestive Heart Failure and Psychosis. R1 has a history of being seen in the ER on 4/27/18 for complaints of chest pain. The pain was assessed to be non-cardiac and more likely related to GERD. R1 was admitted to hospital for 3 days in November 2018 while residing at a local nursing home due to fever and vomiting. The admitting diagnosis was mild bowel obstruction and UTI." During observation of dinner on 5/14/19 at approximately 5:40 PM R1 complained of chest pain and nausea (Pain under left breast area, and then moved to the left back area. At approximately 5:45 E3 Qualified Intellectual Disability Professional (QIDP) called the nurse and received orders to call 911. At approximately 5:53 PM E9 Direct Support Personnel (DSP) took R1 in to take her vital signs. Blood pressure was noted 155/109 with Pulse of 91. At 6:05 PM, R1 was sitting in her wheel chair at the activity table with no supervision from staff. At 6:03 PM E3 (QIDP) and E9 (DSP) were outside in the parking lot, E6 walked by this surveyor and said "E9 doesn't want to go to the ER,, she gets off at 9PM, and she has the new baby at home she can't be at the hospital all night with R1". At 6:10	Z9999		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	IL6012231	A. BUILDING: _____ B. WING _____	06/19/2019

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SCHULTZ HOUSE	340 BRYAN AVENUE DANVILLE, IL 61832

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
Z9999	Continued From page 3 PM E6 came in to sit with R1. At approximately 6:17 E3 (QIDP) was noted to be sitting in her car. E2 Facility Representative went out to talk with E9 (DSP). E2 came in and stated "E9 said a few choice words and I won't put up with being talked to like that. She is no longer working for us." At approximately 6:30 PM E6 (DSP) was told to take R1 to the Emergency Room for chest pain. At approximately 6:40 PM R1 was loaded into the facility van with E6 (DSP) and being driven to the hospital to be evaluated. R1's "Nursing Note" dated 5/14/19 from E4, Registered Nurse Trainer (RNT), states "At approx. 5:45 PM this RN received a call from E3, Qualified Intellectual Disability Professional (QIDP), stating that R1 was complaining of pain in her chest. R1 indicated initially that pain was in the mid sternal area/below left breast, described as a "sharp pain". Further questioning led to pain still on the left side breast/axillary area. This RN advised to call 9-1-1 for transport to ED to rule out cardiac episode." "Addendum: At approx: 11 PM this RN received a call stating R1 was being admitted related to diagnosis of Pneumonia." In an interview with E3, (QIDP), on 5/16/19, at 2:02 PM, E3 (QIDP) was asked why didn't you call 911? E3 (QIDP) stated "R1 kept changing her pain. I knew it needed to be addressed but I didn't think it was as important. I felt based on the fact she had complained of pain in other areas of her body it wasn't just chest pain she was having." 2. According to R2's Individual Service Plan (ISP) dated 2/8/19, R2's ISP states "R2 functions at a Severe Intellectual Disability Level current diagnosis of Depression, Sleep Disorder, Speech and Hearing Impairment, Autism, GERD, and	Z9999		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	IL6012231	A. BUILDING: _____ B. WING _____	06/19/2019

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SCHULTZ HOUSE	340 BRYAN AVENUE DANVILLE, IL 61832

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
Z9999	Continued From page 4 Hypertriglyceridemia. R2's communication is equivalent to 1 year and 2 months. R2 is mostly non-verbal, but can vocalize a few short words. He communicates with gestures and some sign language. R2 does communicate yes or no by nodding and shaking his head. R2 also has the ability to understand what others say and reads lips. R2's exhibits self-injurious behaviors; he hits, scratches and bites himself. R2 shows self-stimulating behaviors of hitting his thighs with closed fists, bending his fingers back to his wrist, and yelling. R2 exhibits these behaviors both in elation and agitation. R2 has an obsession with magazines, which has become problematic. R2 also has issues in regards to the magazines during outing, making them difficult. R2 has had to be removed from restaurants where he has attempted to take newspapers from other patrons or get magazines from the bins in the front of the building. R2 has been prohibited from going into larger stores, due to his behaviors. R2 has been banned from the bank due to his behaviors. The facility house staff is trained in Crisis Prevention Interventions (CPI) in addition to their annual aggression management training to better equip them to deal with R2's aggressive and self -injurious behaviors. The use of CPI has been approved by R2's guardian and BMC/HRC and have determined that benefits outweigh the risks for this restriction." R2's "Behavior Program Form" dated 2/18/19, states "Program Area: Self Injurious Behavior." "Personal Considerations states: R2 can be physically aggressive with other. R2 can be known to make physical threats to himself and others. R2 can be destructive to property. R2 has a history of stealing from other individuals' rooms. He is on a formal behavior program to address his maladaptive behaviors. He is seen at	Z9999		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	IL6012231	A. BUILDING: _____ B. WING _____	06/19/2019

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SCHULTZ HOUSE	340 BRYAN AVENUE DANVILLE, IL 61832

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
Z9999	Continued From page 5 least quarterly by the psychiatrist for medication and psychiatric management. CPI is utilized in the home to assist with addressing R2's physically aggressive behavioral episodes where he may become harmful to self or others." There is no evidence in R2's current Behavior Plan clarifying what kind of CPI (Crisis Prevention Interventions) are utilized. "Programming Methods and Instruction (Techniques, reinforcement, delivery, etc.) When R2 displays his targeted maladaptive behaviors (self- injurious, physical aggression, stealing), staff will document the incident on the GP-2 indicating what behavior was displayed and the method they used to address it (redirection, offer activity, 1:1 staff attention, encouragement/verbal praise). Staff will then document on a GP-2a the ABC's (Antecedent-Behavior-Conclusion) for behavior tracking. If after ten or more minutes another behavior occurs, staff will document the presence of an additional behavior." Facility provided documentation of In-Service, dated 9/17-18/2018, on Education/Meeting Report for CPI Training. 6 staff members attended, E3 QIDP (Qualified Intellectual Disability Professional), E6 DSP (Direct Support Personnel) E7 (DSP), E8 (DSP), E9, (DSP), E11 (DSP), who currently are employed at this facility. There is no documented training for E5 (DSP/Cook) who works at this facility and E10 (DSP) who works (a sister facility) at another facility. In an interview with E5, (DSP/Cook) on 5/15/19 at 10:33, AM E5 stated "We were going on an	Z9999		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	IL6012231	A. BUILDING: _____ B. WING _____	06/19/2019

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SCHULTZ HOUSE	340 BRYAN AVENUE DANVILLE, IL 61832

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
Z9999	Continued From page 6	Z9999		

outing for dinner at a local restaurant around April 18th, and we were having trouble with the lift on the van. R2 was starting to have a behavior before we went out. E3 (Qualified Intellectual Disability Professional) QIDP was called and notified but said we had to take them all out. We finally made it to the restaurant after 6 PM, We entered per side door to party room, so we did not have to take clients through main lobby. After getting everyone seated. The workers came in and started taking drink orders and then food orders. After most everyone was finished eating supper; R2 got up from table and started towards sliding doors to leave room. E6 (DSP) and E9 (DSP) tried to stop R2 until he said he had to use the restroom. So they followed and he took a left turn to main seating area and they had to stop him and hold him till more help came. It took 3 of us to get him out to the van. R2 was yelling, saying no, slapping, grabbing door frames to stop from going, throwing shoes on the bus at DSPs, still fighting, trying to hit, slap the E6 and E10 (DSP) they finally got a hold on R2 in the van seat. I drove them back to the house and dropped off DSPs, E6 and E10, and had to go back to the restaurant and pick up rest of clients and bring them back to the house."

In an interview with E10 (DSP) on 5/15/19 at 10:24 AM, E10 stated "I was at the restaurant with R2. He was agitated, but when he ate he started to attack other clients. We had to hold his arms. I had one and E6 (DSP) had the other and E5 took the back side. We all took him to the van. When we got home he pulled the fire alarm. I know E6 did fill out a GP 15 and a behavior report. The QIDP (E3) was talked to on the phone before, during, and after we arrived back. E3 (QIDP) was aware of the whole situation with R2."

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	IL6012231	A. BUILDING: _____ B. WING _____	06/19/2019

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SCHULTZ HOUSE	340 BRYAN AVENUE DANVILLE, IL 61832

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
Z9999	Continued From page 7 In an interview with E9 (DSP) on 5/14/19 at 4:30 PM, E9 stated "I was with them on the outing at the restaurant when R2 got upset. It took 3 of them to get him out of the restaurant. R2 was really upset. I stayed behind with the rest of the clients. They had to physically remove R2." In an interview with E6 (DSP) on 5/14/19 at 3:30 PM, E6 stated "We went to a local restaurant for dinner in April. R2 was agitated about the van. We were having trouble with the lift. I called E3 (QIDP) and told her that he was really agitated but she said we had to go. We got to the restaurant and R2 didn't get worse until after dinner. He got up and went into the other room. He tried to get something off another table that had customers at it. We stopped him and it took 3 of us to physically remove him. When we got home I called E3, (QIDP) and told her what happened, I also filled out a GP-15 and a behavior form. R2 pulled the fire alarm, and that is what calmed him down." In an interview with E3 (QIDP) on 5/16/19 at 2:05 PM, E3 stated "They did call me and inform me of R2's hold. I don't know what happened to the documentation." According to facilities Policy of "Behavior Program Development and Management" adopted 10/96, Revised 1/16, states "Procedure: H. The gathering and maintenance of appropriate data is essential to sound programming, monitoring and decision-making. Staff shall document behavior occupancies and interventions in a clear and consistent manner, under the direction of the QIDP." According to facilities Policy of "Hierarchy of	Z9999		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	IL6012231	A. BUILDING: _____ B. WING _____	06/19/2019

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SCHULTZ HOUSE	340 BRYAN AVENUE DANVILLE, IL 61832

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
Z9999	Continued From page 8 Behavior Management Techniques" adopted 7/89, Revised 1/16. states "Each behavior program is to include the following information: Programming methods and instruction." There is no evidence in R2's Behavior Program to address the least restrictive to the most restrictive techniques of physical holds or tracking and monitoring of physical holds for R2. Facility submitted policy 5.57, "Physical Injury and Illness/Individual Medical Emergencies", Adopted 12/90; Revised 3/19, states "Neglect: "Failure to provide goods and services necessary to avoid physical harm, mental anguish, or mental illness." Under "Procedure" states "In the event that an individual sustains an injury or illness, staff on duty shall conduct observations and take appropriate action consistent with the following: A. As soon as the injury or illness is determined to be a medical emergency, the DSP is to call 911 and follow the steps in E of this policy. E. In case of a medical emergency: 1. Notify the local emergency service to transfer, (use 911 or local emergency number). 2. Follow instructions of operator if available, and administer CPR/First Aid, as needed. 3. Take the current IDPA card. 4. Take the individual's entire case file. 5. Ensure that the staff obtains a diagnostic note form the attending physician before leaving the emergency room. 6. Ensure that an employee of the agency is with the individual throughout the emergency room visit." According to facilities Policy of "Behavior Program Development and Management"	Z9999		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	IL6012231	A. BUILDING: _____ B. WING _____	06/19/2019

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SCHULTZ HOUSE	340 BRYAN AVENUE DANVILLE, IL 61832

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
Z9999	Continued From page 9 adopted 10/96, Revised 1/16, states "Procedure: H. The gathering and maintenance of appropriate data is essential to sound programming, monitoring and decision-making. Staff shall document behavior occupancies and interventions in a clear and consistent manner, under the direction of the QIDP." In an interview with E10 (DSP) on 5/15/19 at 10:24 AM, E10 stated "I was at the restaurant with R2. He was agitated, but when he ate he started to attack other clients. We had to hold his arms. I had one and E6 (DSP) had the other and E5 took the back side. We all took him to the van. When we got home he pulled the fire alarm. I know E6 did fill out a GP 15 and a behavior report. The QIDP (E3) was talked to on the phone before during and after we arrived back. E3 (QIDP) was aware of the whole situation with R2." In an interview with E9 (DSP) on 5/14/19 at 4:30 PM, E9 stated "I was with them on the outing at the restaurant when R2 got upset. It took 3 of them to get him out of the restaurant. R2 was really upset. I stayed behind with the rest of the clients. They had to physically remove R2." In an interview with E3 (QIDP) on 5/16/19 at 2:05 PM, E3 stated "They did call me and inform me of R2's hold. I don't know what happened to the documentation." In an interview with E4 (RNT) on 5/16/19 at 9:45 AM, E4 stated "I do assessments on physical hold, but I have not been notified of any."	Z9999		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	IL6012231	A. BUILDING: _____ B. WING _____	06/19/2019

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SCHULTZ HOUSE	340 BRYAN AVENUE DANVILLE, IL 61832

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
Z9999	Continued From page 10 There is no evidence of tracking and monitoring of physical holds for R2. There is no evidence that E5 (DSP/Cook) and E10 (DSP from a sister facility) is trained in the proper procedure for Crisis Prevention Intervention. There is no evidence of behavioral steps in the program to address physical holds/restraints, informed consent for the use of them from guardian or specialty constituted committee. 3. In review of the 1/23/19, ISP, R4 has diagnoses of Moderate Intellectual Disability, Seizure Disorder, Schizophrenia. In further review of the ISP, R4 receives Citalopram for Depression. In review of a "Behavior Progress Note (GP-2a)", dated 2/6/19 at 9:00 PM, it documents that R8 told E12 (Direct Service Person - DSP) that R4 went outside. E12 documented she checked the house and asked E11 (DSP) if she had seen R4. E12 documented that she went outside and R4 was walking back from the corner (the rock). E12 further documented that R4 stated she "was upset and that the lord told her to go to the tracks but she never made it." In review of a "General Note (GP-45)", dated 3/22/19, E12 (DSP) documented that R4 became upset when cleaning room. R4 then grabbed a rubber band and tried to put it around her neck. There is no evidence that nursing was notified to have an assessment completed on R4 for the above listed behaviors. In an interview on 5/16/19 at 9:45 AM, E4	Z9999		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	IL6012231	A. BUILDING: _____ B. WING _____	06/19/2019

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SCHULTZ HOUSE	340 BRYAN AVENUE DANVILLE, IL 61832

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
Z9999	Continued From page 11 (Registered Nurse-Trainer) stated she was not notified of R4's self-harm behavioral incidents of the railroad tracks and the rubber band around her neck. In review of the Behavior Program, start date 2/4/19, it documents R4's behaviors are "attention-seeking in nature." In further review of the behavior program, R4 displays the targeted behaviors of: verbal aggression, physical aggression, refusals, elopement, false statements and stealing. In further review of the behavior program dated 2/4/19, it documents that when R4 displays the targeted behaviors, "staff will document the incident on the GP-2 indicating what behavior was displayed and the method they used to address it (redirection, offer activity, ask to stop, offer 1:1 activity, verbal praise). Staff will then document on a GP-2a the ABC's (Antecedent-Behavior-Conclusion) for behavior tracking." There is no evidence of a change in supervision level or behavior program for R4 after the incidents of elopement and attempting to put a rubber band around her neck. In an interview on 5/16/19 at 2:05 PM, when asked if these behaviors have been addressed, E3 (Qualified Intellectual Disabilities Professional), stated, "we have not had a safety meeting yet." In review of a "General Note" (GP-45) dated 3/22/19, it documents that R4 became upset when staff was helping her get her room ready for inspection of bed bugs. In further review of this "General Note (GP-45)", dated 3/22/19, E12	Z9999		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	IL6012231	A. BUILDING: _____ B. WING _____	06/19/2019

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SCHULTZ HOUSE	340 BRYAN AVENUE DANVILLE, IL 61832

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
Z9999	Continued From page 12 (DSP - Direct Service Person) documented that R4 became upset when cleaning room. R4 then grabbed a rubber band and tried to put it around her neck. There is no evidence this incident of self- harm of R4 was reported to IDPH. There is no evidence that these incidents of elopement and self- harm for R4 have been thoroughly investigated. In an interview on 5/22/19 at 2:50 PM, when asked if these behavior incidents of R4 eloping and attempting self -harm have been investigated, E3 (Qualified Intellectual Disabilities Professional), stated no formal investigation has been done. 4. In review of a "Progress Note" (GP-15), dated 2/21/19, it documents that R13 returned from the Day Training (DT) with a spot on his left eyelid. In review of the report sent to the Illinois Department of Public Health, dated 2/21/19, it documents that R13 returned home from the DT "with a bruise covering 80% of his left eyelid." There is no evidence of a thorough investigation as to how R13 received a bruise to the left eyelid. In an interview on 5/14/19 at 12:50 PM, Z1 (DT Community Day Services Supervisor) stated she was not notified of R13 having a bruise to the eyelid. In an interview on 5/16/19 at 1:19 PM, when asked if there was an investigation into R13's bruised eyelid, E1 (Facility Representative) stated, no. (B)	Z9999		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	IL6012231	A. BUILDING: _____ B. WING _____	06/19/2019

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SCHULTZ HOUSE	340 BRYAN AVENUE DANVILLE, IL 61832

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
Z9999	Continued From page 13 350.620a) 350.1210 350.1230b)6)7) 350.3240a) Section 350.620 Resident Care Policies a) The facility shall have written policies and procedures governing all services provided by the facility which shall be formulated with the involvement of the administrator. The policies shall be available to the staff, residents and the public. These written policies shall be followed in operating the facility and shall be reviewed at least annually. Section 350.1210 Health Services The facility shall provide all services necessary to maintain each resident in good physical health. These services include, but are not limited to, the following: Section 350.1230 Nursing Services b) Residents shall be provided with nursing services, in accordance with their needs, which shall include, but are not limited to, the following: The DON shall participate in: 6) Development of a written plan for each resident to provide for nursing services as part of the total habilitation program. 7) Modification of the resident care plan, in terms of the resident's daily needs, as needed. Section 350.3240 Abuse and Neglect a) An owner, licensee, administrator, employee or agent of a facility shall not abuse or neglect a resident. (Section 2-107 of the Act) (A,	Z9999		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	IL6012231	A. BUILDING: _____ B. WING _____	06/19/2019

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SCHULTZ HOUSE	340 BRYAN AVENUE DANVILLE, IL 61832

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
Z9999	Continued From page 14 These requirements were not met as evidenced by: Based on record review and interview the facility failed to ensure: 1. That Crisis Prevention Intervention (CPI) techniques are documented and individualized per individual, on a hierarchy to be implemented from least intrusive, for 1 of 1 individual (R2), to the most intrusive of a physical hold. 2. To manage inappropriate behavior, prior to the use of more restrictive techniques for 1 of 1 individual (R2) in the sample who required a physical hold. 3. The procedures that govern the management of inappropriate client behavior must address the use of physical restraints for 1 of 1 individual in the sample (R2) that staff employed a physical restraint on. 4. Interventions to manage inappropriate behavior is incorporated into the individual's ISP (Individual Service Plan), for 1 of 1 individual outside the sample who has elopement behavior and physical harm to self (R4). 5. Physical restraints are an integral part of an individuals program plan (IPP) for 1 of 1 individual in the sample (R2) for the specific type of client behavior. 6. Receive authorization to use restraints for 1 of 1 individual in the sample (R2) who required physical restraints in the community.	Z9999		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	IL6012231	A. BUILDING: _____ B. WING _____	06/19/2019

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SCHULTZ HOUSE	340 BRYAN AVENUE DANVILLE, IL 61832

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
Z9999	Continued From page 15 7. A record was kept of restraints applied for 1 of 1 (R2) individual in the sample identified to have physical restraints. findings include: 1.According to facilities Policy of "Behavior Program Development and Management" adopted 10/96, Revised 1/16, states "Procedure: H. The gathering and maintenance of appropriate data is essential to sound programming, monitoring and decision-making. Staff shall document behavior occupancies and interventions in a clear and consistent manner, under the direction of the QIDP." According to facilities Policy of "Hierarchy of Behavior Management Techniques" adopted 7/89, Revised 1/16. states "Each behavior program is to include the following information: Programming methods and instruction." According to R2's Individual Service Plan (ISP) dated 2/8/19, R2's ISP states "R2 functions at a Severe Intellectual Disability Level current diagnosis of Depression, Sleep Disorder, Speech and Hearing Impairment, Autism, GERD, and Hypertriglyceridemia. R2's "Behavior Program Form" dated 2/18/19, states "Program Area: Self Injurious Behavior." "Personal Considerations states: R2 can be physically aggressive with other. R2 can be known to make physical threats to himself and others. R2 can be destructive to property. R2 has a history of stealing from other individuals' rooms. He is on a formal behavior program to address his maladaptive behaviors. He is seen at least quarterly by the psychiatrist for medication	Z9999		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	IL6012231	A. BUILDING: _____ B. WING _____	06/19/2019

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SCHULTZ HOUSE	340 BRYAN AVENUE DANVILLE, IL 61832

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
Z9999	Continued From page 16 and psychiatric management. CPI is utilized in the home to assist with addressing R2's physically aggressive behavioral episodes where he may become harmful to self or others." There is no evidence in R2's current Behavior Plan stating what steps are to be used to manage inappropriate behavior and when the use of CPI (Crisis Prevention Interventions) is appropriate.. "Programming Methods and Instruction (Techniques, reinforcement, delivery, etc.) When R2 displays his targeted maladaptive behaviors (self injurious, physical aggression, stealing), staff will document the incident on the GP-2 indicating what behavior was displayed and the method they used to address it (redirection, offer activity, 1:1 staff attention, encouragement/verbal praise). Staff will then document on a GP-2a the ABC's (Antecedent-Behavior-Conclusion) for behavior tracking. If after ten or more minutes another behavior occurs, staff will document the presence of an additional behavior." In an interview with E3, Qualified Intellectual Disability Professional (QIDP) on 5/16/19 at 2:05 PM, E3 was asked how the staff would know to react with a physical hold on R2 if there isn't any direction or guidance in the plan? E3 stated "I don't know." E3 was asked to produce the documentation for the incident on April 18, 2019. E3 stated "I can't find the documentation from the physical hold." E3 was asked if she updated or revised R2's behavioral plan? E3 stated "I didn't revise or update the plan." 2.In review of the 1/23/19, ISP, R4 has diagnoses of Moderate Intellectual Disability, Seizure	Z9999		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	IL6012231	A. BUILDING: _____ B. WING _____	06/19/2019

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SCHULTZ HOUSE	340 BRYAN AVENUE DANVILLE, IL 61832

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
Z9999	Continued From page 17 Disorder, Schizophrenia. In further review of the ISP, R4 receives Citalopram for Depression. In review of the Behavior Program, start date 2/4/19, it documents R4's behaviors are "attention-seeking in nature." In further review of the behavior program, R4 displays the targeted behaviors of: verbal aggression, physical aggression, refusals, elopement, false statements and stealing. Program documents that when R4 displays the targeted behaviors, "staff will document the incident on the GP-2 indicating what behavior was displayed and the method they used to address it (redirection, offer activity, ask to stop, offer 1:1 activity, verbal praise). Staff will then document on a GP-2a the ABC's (Antecedent-Behavior-Conclusion) for behavior tracking." In review of a "Behavior Progress Note (GP-2a)", dated 2/6/19 at 9:00 PM, it documents that R8 told E12 (Direct Service Person - DSP) that R4 went outside. E12 documented she checked the house and asked E11 (DSP) if she had seen R4. E12 documented that she went outside and R4 was walking back from the corner (the rock). E12 further documented that R4 stated she "was upset and that the lord told her to go to the tracks but she never made it." In review of a "General Note (GP-45)", dated 3/22/19, E12 (DSP) documented that R4 became upset when cleaning room. R4 then grabbed a rubber band and tried to put it around her neck. There is no evidence that R4's behavior program has objectives for elopement.	Z9999		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	IL6012231	A. BUILDING: _____ B. WING _____	06/19/2019

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SCHULTZ HOUSE	340 BRYAN AVENUE DANVILLE, IL 61832

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
Z9999	Continued From page 18 There is no evidence that R4 has a behavior program and objectives for self harm. There is no evidence of any changes/modifications to R4's behavior program. In an interview on 5/16/19 at 2:05 PM, when asked if these behaviors have been addressed, E3 (Qualified Intellectual Disabilities Professional), stated, "we have not had a safety meeting yet."	Z9999		