STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	IL6014278	A. BUILDING: _____ B. WING _____	C 06/20/2017

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
THOMAS LOMBARD HOUSE	4129A RTES 1 & 17, P.O. BOX 260 MOMENCE, IL 60954

(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 IRI OF 06/11/17/IL94726 Statement of Licensure Violations	Z 000		
Z9999	FINDINGS 350.620a) 350.1210 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 350.3240 Abuse and Neglect a) An owner, licensee, administrator, employee or agent of a facility shall not abuse or neglect a resident. These requirements were not met as evidenced by: Based on record review and interview the governing body and management failed to provide operating direction and oversite resulting in systemic failures affecting all fifteen individuals	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
	IL6014278	A. BUILDING: _____ B. WING _____	C 06/20/2017

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
THOMAS LOMBARD HOUSE	4129A RTES 1 & 17, P.O. BOX 260 MOMENCE, IL 60954

(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	Z9999		

residing at the facility (R1, R2, R3, R4, R5, R6, R7, R8, R9, R10, R11, R12, R13, R14, R15) when the facility failed to:

1. Prevent neglect for 1 of 13 individuals (R1), when the staff failed to provide the necessary monitoring and supervision required to ensure his physical safety. R1 was taken on a community outing and left on the bus for approximately two hours in documented 90+ degree weather and expired.

2. Ensure individuals' welfare are monitored and attended to for 15 of 15 individual who reside in the facility (R1, R2, R3, R4, R5, R6, R7, R8, R9, R10, R11, R12, R13, R14, R15).

3. Ensure staff employed necessary competency-based training to provide needed monitoring and intervention services to 15 of 15 individuals in the facility (R1, R2, R3, R4, R5, R6, R7, R8, R9, R10, R11, R12, R13, R14, R15). The facility failed to provide documentation of protocols to be taken when residents are taken on community outings.

Findings include:

1. Review of R1's Individual Service Plan, dated 10/15/16, the following is documented: "R1 is a 69 year old male who functions at a Profound Intellectual Disability Level, with the current diagnosis of Down Syndrome, Cerebral Palsy, Hypertension, and Hyperlipidemia. (R1's) Motor Skills are independent in ambulation, he has difficulty with manual dexterity related to unusual shape of his hands. (R1) demonstrates significant deficits in the areas of expressive and receptive skills. He can understand and follow simple one or two step directions. (R1) is able to

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	IL6014278	A. BUILDING: _____ B. WING _____	C 06/20/2017

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
THOMAS LOMBARD HOUSE	4129A RTES 1 & 17, P.O. BOX 260 MOMENCE, IL 60954

(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	Z9999		

communicate his needs and wants through gestures and sounds. A Speech and Language evaluation completed on 3/21/11 indicated severe-profound reception, expressive, and pragmatic language impairment. (R1) requires varying levels of staff supervision, prompting, and assistance to complete the most basic ADL'S. (R1) needs staff to help use the telephone. In the event of an emergency (R1) would need staff assistance to call 911 due to being scared or panicking. (R1) is 5'5" inches weighing 113 lbs."

Review of an Unusual Occurrence Injury Report Form dated 6/11/17, at 5:13 PM, documents; "(E4, Direct Staff Personnel (DSP), wrote facility used this homes van for an outing, upon returning they parked the bus on the curb with back tires. Later at 5:10 PM, (E4) went to move it off and re-park it. (E4) noticed from the driver seat, resident on the floor of the bus. (E4) ran to get help via 911."

A telephone interview with E2 (DSP) on 6/13/17 at 11:30 AM, E2 stated; "we are responsible for head counts loading and unloading the bus. I counted before we got on the first bus. But when we came home, one of the individuals who was rowdy, distracted me when I was counting, but I must have miss counted. It was around 3:30 PM when we got back and we had to get ready to leave."

In an interview with E3 (DSP) on 6/13/17 at 11:09 AM, E3 stated; "I was driving the other homes bus, we got back and I counted all the guys coming through the door. I looked in the rearview mirror, I didn't see anyone. I must have miscounted or counted someone twice. When we got back to the house one of the residents was not walking good, so we had to get the wheel

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	IL6014278	A. BUILDING: _____ B. WING _____	C 06/20/2017

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
THOMAS LOMBARD HOUSE	4129A RTES 1 & 17, P.O. BOX 260 MOMENCE, IL 60954

(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	Z9999		

chair from in the back of the bus and we must have loss count. It was around 3:30 PM and our shift ended at 4:00 PM."

In a telephone interview with E7 (DSP) on 6/15/17 at 11:20 AM, E7 stated; "(E2) was already heading out the door when I was coming in and (E3) was at the table. (E3) Told me the census was 13 and 2 individuals were on a home visit. I was the only staff member there, we were short staffed. I had to go right to passing medication because we have some diabetics, so I didn't get to see everyone. (R1) usually comes out and helps with dinner. The supervisor came over to cook for me while I was passing medication and when I got done I went into the kitchen to start plating food and that's when I noticed (R1) wasn't around. I looked for him and called the supervisor, but I think they had already found him or it was just about the same time. I don't remember exactly but I didn't find out till later when they came around and told us what had happened. We don't do any documentation for shift change or any checks. We do programs and document them. Outings will get documented if we ask for money and go out to eat or the movies, my shift usually does that, we never do personal shopping on 2nd shift."

In a telephone interview per phone with Z3 (Emergency Medical Technician/Basic - (EMT/B)) on 6/14/17, at 2:57 PM, Z3 stated; "We were dispatched out for a possible dead person. We pulled up to a transport van. The nurse approached us and said how they found him. When we went into the van, he was laying on his right side, his pants were down. He already had set lividity. We did vitals and hooked him up to the machine and it was a triple zero. We called the hospital confirming this and then the coroner

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	IL6014278	A. BUILDING: _____ B. WING _____	C 06/20/2017

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
THOMAS LOMBARD HOUSE	4129A RTES 1 & 17, P.O. BOX 260 MOMENCE, IL 60954

(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 was called in." In a telephone interview with Z4 (Paramedic) on 6/14/17 at 3:20 PM, Z4 confirmed the same statement made by Z3. Z4 said; "set lividity had already set in." Review of EMT report from Riverside Ambulance dated 6/11/17, documents; "E911 dispatch for a 69yr old male that is in unresponsivestate at Manor. Stated that they noticed the transport bus was parked on the sidewalk so she went to move it and found the resident in the back of the bus, the employee checked the patient and found that he was deceased, the supervisor, and staff nurse was notified. Staff nurse meet EMS in the driveway next to the bus, the staff nurse stated that the house used the bus for a trip to Wal-Mart, they returned the bus 2 hours ago, pt was lying on the floor in the back row on the passenger side, pt was torso in the aisle and his legs and waist were between the seats. Pt laying on his right side with blood pooling to his right arm and mottled skin on his back, no pulse, no respirations, no blood pressure, (staff stated the pt's pants were always falling down, so it is normal for them to be down). Obvious death. At pt, EKG monitor applied showing asystole, pt has no signs of life, coroner contacted, Riverside medical center contacted via tele at 1743, triple zero confirmed and noted by Emergency Room Doctor, scene turned over to coroner and county police department." According to www.underground.com/personal-weather-station, the weather history for 6/11/17, recorded between 3:30 PM and 5:30 PM the highest temperature was 92.7, and Humidity 78%.	Z9999		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	IL6014278	A. BUILDING: _____ B. WING _____	C 06/20/2017

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
THOMAS LOMBARD HOUSE	4129A RTES 1 & 17, P.O. BOX 260 MOMENCE, IL 60954

(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	Z9999		

In the facilities procedures for Heat/Cold Relocation; Origination June 11, 1996, Revised July 31, 2015, documents; "#4. All residents of this facility are considered high risk residents and will be monitored closely during periods of extreme temperatures. #5. When the outside temperatures rises about ninety degrees Fahrenheit, the Facility stops all scheduled outdoor activities. #6. When the outside temperatures rise above ninety degrees Fahrenheit, residents are also given extra rations of water to drink and are monitored to ensure that each resident actually drinks extra fluids."

In an interview with E1 (Residential Director) On 6/13/17 at 2:24 PM, E1 stated; "we do not have documentation on head counts, we have no real documentation for outings other than when they need money, that comes from Human Resourse department, and they fill out a slip requesting money and what it is for. The staff is required to fill out the paper work for the outing and return that with the receipt of what the money was spent on. The staff radio the supervisor when they leave the property and when they come back. They are trained annually on driving the bus; and the two DSP's have been trained to do head counts on and off the bus, as well as, never leaving clients unattended. The staff did not call into the supervisor when they got home. There is no documentation of an outing for the home. Only 1 client was on the sheet to go shopping, the DSP's took it upon themselves to take everyone with them. They did call around 1 PM stating who they are leaving with to the supervisor. "

In a telephone interview with E5 (Supervisor) on 6/15/17 at 10:20 AM, E5 stated; "I am the supervisor for the 10AM-to-10PM shift on the

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	IL6014278	A. BUILDING: _____ B. WING _____	C 06/20/2017

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
THOMAS LOMBARD HOUSE	4129A RTES 1 & 17, P.O. BOX 260 MOMENCE, IL 60954

(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		

weekends and I work 2-10 (PM) on the week days as the supervisor. I did receive a verbal shift report from the off going supervisor that this house was going on an outing. I didn't get any other information. We do not document in a log book. There is no documentation to provide you with."

Review of the policy for Abuse and Neglect against a resident, undated, documents; "Neglect: An employee's, agency's, or facility's failure to provide adequate medical care, personal care, or maintenance, and that, as a consequence, causes an individual pain, injury, or emotional distress, results in either an individual's maladaptive behavior or the deterioration of an individual's physical condition or mental condition, or places an individual's health or safety at substantial risk of possible injury, harm or death."

2. Review of the facility submitted roster validating level of functioning, undated, documents that 1 individual functions in the Mild range of Intellectual Disabilities (R2); 3 individuals functions in the Moderate range of Intellectual Disabilities (R3, R5, R12); 5 individuals function in the Severe range of Intellectual Disabilities (R4, R6, R9, R11, R13); and 6 individual functions in the Profound range of Intellectual Disabilities (R1,R7, R8, R10, R14, R15).

An interview with E1 (Residential Director) on 6/13/17 at 2:24 PM, E1 stated; "13 individuals were home with 2 individuals are on a home visit. The staffing was ok, I did it for the campus. one staff was there for 4PM shift but we have supervisors and nursing staff that help out."

A telephone interview with E7 (DSP) on 6/15/17 at 11:20 AM, E7 stated; "(E2) was already

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	IL6014278	A. BUILDING: _____ B. WING _____	C 06/20/2017

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
THOMAS LOMBARD HOUSE	4129A RTES 1 & 17, P.O. BOX 260 MOMENCE, IL 60954

(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	Z9999		

heading out the door when I was coming in and (E3) was at the table. (E3) Told me the census was 13 and 2 individuals were on a home visit and she headed out the door. I was the only staff member there, we were short staffed. I had to go right to passing medication because we have some diabetics, so I didn't get to see everyone. (R1) usually comes out and helps with dinner. The supervisor came over to cook for me while I was passing medication and when I got done, I went into the kitchen to start plating food and that's when I noticed (R1) wasn't around. I looked for him and called the supervisor, but I think they had already found him or it was just about the same time. I don't remember exactly but I didn't find out till later when they came around and told us what had happened. We don't do any documentation for shift change or any checks. We do programs and document them. Outings will get documented if we ask for money and go out to eat or the movies, my shift usually does that, we never do personal shopping on 2nd shift."

Review of staff schedule for 6/11/17 documents; 2 staff for 8-4 shift and only 1 staff for 4-12 shift at this facility which houses up to 16 individuals when full. 15 individuals reside there with 2 individuals on a home visit leaving the 4-12 shift 1 staff to monitor 13 individuals for med pass, meals, showers, active treatment and bedtime.

3. Staff training was provided for E2 (DSP) documenting:
In-service/recertification, Date 7/13/16 on; OIG Rule 50, Elopement, Unusual Incident/Injury Reporting, Confidentiality Policies, CPR/First Aid, Slips, Trips and Falls. EpiPen, Defensive Driver/Paratransit, Para-Transit Bus Training, Vital Signs Refresher, and Preventing Sexual

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	IL6014278	A. BUILDING: _____ B. WING _____	C 06/20/2017

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
THOMAS LOMBARD HOUSE	4129A RTES 1 & 17, P.O. BOX 260 MOMENCE, IL 60954

(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 Harassment video. Staff training was provided for E3 (DSP) documenting: In-service/recertification, Date 1/18/17 on; OIG Rule 50, Elopement, Unusual Incident/Injury Reporting, Confidentiality Policies, CPR/First Aid, Slips, Trips and Falls. EpiPen, Defensive Driver/Paratransit, Para-Transit Bus Training, Vital Signs Refresher, and Preventing Sexual Harassment video. An interview with E1 (Residential Director) on 6/13/17 at 2:24 PM, E1 stated; "We have no documentation on head counts. We have no real documentation if they don't follow what the paper says for outings. We have no outing sheets in the house. If they need money we give it to them from the front office and they fill out that paper and give the receipt back to document they went out. Only one person was listed for an outing on 6/11/17, (R4), but (E2 (DSP)) and (E3 (DSP)) told (E5 (Supervisor)) who was going out and (E5) has no way of knowing that only 1 individual was scheduled to go on an outing. We are going to revise the way that outings are done and they are going to be documented. We teach them in their driver training to do a check of all our points but no documentation that they are doing it. They know their expectations as a DSP." The facility could not provide documented evidence that ongoing monitoring of individuals' welfare and safety was being done. The facility was unable to provide evidence of a policy and procedure for outings in the community. The facility was unable to provide documentation of the individuals participating in the outing on 6/11/17.	Z9999		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	IL6014278	A. BUILDING: _____ B. WING _____	C 06/20/2017

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
THOMAS LOMBARD HOUSE	4129A RTES 1 & 17, P.O. BOX 260 MOMENCE, IL 60954

(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 The facility could not produce documented evidence of a client census at the 4:00PM shift change on 06/11/17. (AA)	Z9999		