FORM APPROVED Illinois Department of Public Health STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION **IDENTIFICATION NUMBER:** COMPLETED A. BUILDING: ___ C B. WING IL6013445 05/13/2021 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE **50 ADLOFF LANE** ADLOFF PLACE SPRINGFIELD, IL 62703 SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X4) ID (EACH DEFICIENCY MUST BE PRECEDED BY FULL (EACH CORRECTIVE ACTION SHOULD BE PRÉFIX **PREFIX** COMPLETE REGULATORY OR LSC IDENTIFYING INFORMATION) CROSS-REFERENCED TO THE APPROPRIATE TAG DATE TAG DEFICIENCY) Z000 COMMENTS Z 000 Complaint Investigation 2142827/IL133268 Z9999 **FINDINGS** Z9999 Statement of Licensure Violations: 350.620a) 350.1210 b) 350.1230 d)1) 350.3240 a) 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: b) Nursing services to provide immediate supervision of the health needs of each resident by a registered professional nurse or a licensed practical nurse, or the equivalent.

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maladaptive behavior that warrant medical, nursing or psychosocial intervention.

d) Direct care personnel shall be trained in, but

1) Detecting signs of illness, dysfunction or

Section 350.1230 Nursing Services

are not limited to, the following:

TITLE

Attachment A

Statement of Licensure Violations

(X6) DATE

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Findings include:

Facility Inspection of Care, undated, identifies R3 as an individual who functions within the Mild Range for Individuals with Intellectual Disabilities:

R4, R8-R11, and R14 as individuals who functions within the Moderate Range for Individuals with Intellectual Disabilities; R1, R2, R5-R7, R12, and R13 as individuals who functions within the Profound Range for

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track bowel movements on a daily basis for all individuals with a diagnosis of constipation or an identifiable risk. Training for the program staff regarding the proper completion of the bowel tracking record and reporting procedures shall be conducted upon hire on at least an annual basis. 3) A bowel tracking record shall be implemented

using the Intake/Elimination Record that describes the bowel movement or lack thereof. The Intake/Elimination record shall be completed by program staff when a bowel movement is

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Illinois Department of Public Health STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION IDENTIFICATION NUMBER: COMPLETED A. BUILDING: _ С B. WING IL6013445 05/13/2021 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE **50 ADLOFF LANE** ADLOFF PLACE SPRINGFIELD, IL 62703 SUMMARY STATEMENT OF DEFICIENCIES (X4) ID PROVIDER'S PLAN OF CORRECTION (X5) COMPLETE (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX **PREFIX** (EACH CORRECTIVE ACTION SHOULD BE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG CROSS-REFERENCED TO THE APPROPRIATE TAG DATE DEFICIENCY) Z9999 Continued From page 3 Z9999 observed. Program staff shall report to nursing whenever an individual has not had a bowel movement documented in 3 consecutive days and whenever the individual complains of gastrointestinal (GI) symptoms. A) Nursing staff shall review and initial the the Intake/Elimination record for reporting accuracy at least once a week, whenever a PRN medication is administered and whenever the individual complains of GI symptoms. B) If a bowel movement has not been recorded in three (3) consecutive days, the nursing staff shall assess the individual, and physician orders for constipation medications shall be implemented. The physician shall be notified if: i) a change is noted in the character of the stool; ii) current medications used for constipation are not successful; iii) the individual continues to complain of abdominal pain; iv) abdominal distention has not resolved; v) coffee-ground emesis is noted; or vi) diarrhea for more than two (2) days. 4) Individuals shall be assessed by the nursing staff whenever GI symptoms are reported. Documentation shall include, but not be limited to the following: A) bowel sounds: B) any abdominal distention noted or reported by program staff; C) any reports of abdominal pain." 1) R1 functions within the Profound Range for Individuals with Intellectual Disabilities, R1's Individual Support Plan (ISP), dated 2/26/21, documents additional diagnosis of constipation. R1's ISP documents, "R1 has limited ability to communicate and unable to tell staff how he may be feeling. R1 needs staff assistance with toileting and is to be toileted every 2 hours." R1's Medication Administration Record (MAR). dated 4/2021, documents R1 takes the following

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medications for diagnosis of constipation:

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6013445		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING:			(X3) DATE SURVEY COMPLETED				
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NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE										
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(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 CORR (EACH CORRECTIVE ACTION SI CROSS-REFERENCED TO THE AF DEFICIENCY)	HOULD BE	(X5) COMPLETE DATE				
Z9999	Continued From page 4		Z9999							
	mouth daily; Docus mouth daily as need bottle rectally daily a Milk of Magnesia 30 (PRN) with 8 ounce hours); polyethylene gram into 8 ounces once daily as neede tablet 1 tablet by moneeded (PRN)."	ed in 4 oz of water or juice by ate 100 mg capsule one by ded (PRN); Fleet Enema 1 as needed (PRN) if no stool; 0 ml every 4 hours as needed is of water (max 4 doses/24 e glycol powder 3350 mix 17 of water then drink by mouth ed (PRN); Senna S 8.6-50 mg outh every other day as								
14		dule, dated 4/4/21-5/4/21, logs t from: 4/10/21-4/14/21, 20/21-4/22/21, and				55				
	Facility was unable 2 hour toileting sche	to produce evidence that R1's edule was followed.	:	Mark I						
. 3	nursing assessment									
		no documentation of as cations being administered ent after 3 days.	fa ++							
1 A	Individuals with Intel dated 5/1/21, docum impaction. R2 is no	in the Profound Range for llectual Disabilities. R2's ISP, nents, "diagnosis of history of n-verbal individual. Due to hould assist R2 by following g schedule."								
	dated 4/2021, docur	ninistration Record (MAR), ments, "R2 takes the following nosis of constipation: Milk of								

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FORM APPROVED Illinois Department of Public Health STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION **IDENTIFICATION NUMBER:** A. BUILDING: COMPLETED C IL6013445 B. WING 05/13/2021 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE **50 ADLOFF LANE ADLOFF PLACE** SPRINGFIELD, IL 62703 SUMMARY STATEMENT OF DEFICIENCIES (X4) ID PROVIDER'S PLAN OF CORRECTION (EACH DEFICIENCY MUST BE PRECEDED BY FULL (X5) COMPLETE PRÉFIX **PREFIX** (EACH CORRECTIVE ACTION SHOULD BE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG CROSS-REFERENCED TO THE APPROPRIATE **TAG** DATE **DEFICIENCY**) Z9999 Continued From page 5 Z9999 Magnesia 30 ml by mouth with 8 ounces of water as needed for constipation (no bowel movement in 3 days)." R2's Toileting Schedule, dated 4/4/21-5/4/21, logs no bowel movement from 4/4/21-5/2/21. Facility was unable to produce evidence that R2's 2 hour toileting schedule was followed. R2's 4/21 MAR logs no documentation of as needed (PRN) medications being administered for no bowel movement after 3 days. Facility was unable to produce evidence of nursing assessments for R2 after the three days of undocumented bowel movements from 4/4/21-5/2/21. Interview on 5/6/21 at 2:12 pm: E5 (Registered Nurse Trainer) was asked if the diagnosis of history of impaction was in regards to R2's bowel? E5 stated, "I have been through R2's chart all the way back to his admission in 2014 and all I see is history of impaction. I cannot find anything about impaction of what." 3)R3 is an individual who functions within the Mild Range for Individuals with Intellectual Disabilities. R3's medical consultant paperwork, dated 2/10/21, documents, "diagnosis of constipation." Physician Medical Consultant Form, dated 2/10/21, documents, "Follow up ER(Emergency Room) visit 2/5/21. Diagnosis: Constination. Order: Increase Miralax to twice daily, hold if diarrhea."

R3's Nursing Case Note, dated 4/9/20.

documents, "R3 is alert and oriented. R3 is able

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	14.1	PLE CONSTRUCTION G:		(X3) DATE SURVEY COMPLETED			
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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)			PROVIDER'S PLAN OF CORRE (EACH CORRECTIVE ACTION SH CROSS-REFERENCED TO THE APP DEFICIENCY)	OULDBE	(X5) COMPLETE DATE			
Z9999	dated 4/2021, document powder 3350 mix 1 and drink by mouth as needed for const 30 ml by mouth eve constipation (max 4 R3's Intake/Eliminat	ministration Record (MAR), ments, "polyethylene glycol packet into 8 ounces of liquid twice daily; Fleet Enema use ipation; Milk of Magnesia take ry 4 hours as needed for doses/24 hours)."	Z9999						
	2/26/21-3/17/21; 3/1 R3's 4/21 MAR logs needed (PRN) medi for no bowel movem Facility was unable t nursing assessment of undocumented bo 2/26/21-3/17/21; 3/1	9/21-4/21/22; 4/23/21-5/4/21. no documentation of as cations being administered tent after 3 days. to produce evidence of s for R3 after the three days owel movements from: 9/21-4/21/22; 4/23/21-5/4/21.							
	when R3 was diagnostated, "2/21, they posted, "2/21, they posted and the stated, "2/21, they posted and the stated, "2/21, they posted and the stated and th	n the Moderate Range for lectual Disabilities. R4's st dated 5/6/21 documents, ration and volvulus status ement."				5.1			

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and 4/23/21-5/4/21.

Have R4 start taking Miralax everyday."

R4's Intake/Elimination Report, dated 1/21-5/5/21, logs no bowel movements:

3/5/21-3/14/21, 3/20/21-3/23/21, 3/25/21-4/21/21,

Facility was unable to produce evidence of nursing assessments for R4 after the three days of undocumented bowel movements from: 3/5/21-3/14/21, 3/20/21-3/23/21, 3/25/21-4/21/21,

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