

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6000947	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 10/29/2021
--	--	---	---

NAME OF PROVIDER OR SUPPLIER BEVERLY FARM FOUNDATION	STREET ADDRESS, CITY, STATE, ZIP CODE 6301 HUMBERT ROAD GODFREY, IL 62035
--	---

(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	<p>COMMENTS</p> <p>Licensure Follow Up to Annual Survey of 4/22/21</p> <p>Beverly Farm Foundation is in compliance with their plan of correction for: 350.700a), 350.1040b)1), 350.1082a)3), 350.1082a)4), 350.1210a), 350.1210b), 350.1230b)7), 350.1420a), 350.1450a), 350.3220f), 350.3220h)2)</p> <p>The facility failed to correct the findings within the time period specified in the plan of correction for 350.620a), 350.3240a).</p>	Z 000		
Z9999	<p>FINDINGS</p> <p>Statement of Licensure Violation</p> <p>350.620a) 350.3240a)</p> <p>Section 350.620 Resident Care Policies</p> <p>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.</p> <p>Section 350.3240 Abuse and Neglect</p> <p>a) An owner, licensee, administrator, employee or agent of a facility shall not abuse or neglect a resident. (Section 2-107 of the Act)</p> <p>These requirements were not met as evidenced</p>	Z9999	<p>Attachment A Statement of Licensure Violations</p>	

Illinois Department of Public Health
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6000947	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 10/29/2021
--	--	---	---

NAME OF PROVIDER OR SUPPLIER BEVERLY FARM FOUNDATION	STREET ADDRESS, CITY, STATE, ZIP CODE 6301 HUMBERT ROAD GODFREY, IL 62035
--	---

(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	<p>Continued From page 1</p> <p>by:</p> <p>Based on observation, interview and record review the facility failed to ensure their policy and procedures were followed regarding:</p> <p>1) neglect, affecting 1 individual outside the sample (R57), with fractures related to a fall from the facility van;</p> <p>2) COVID, potentially affecting: all 24 individuals residing in Hillier Cottage (R2, R5-R7, R10-R29), all 20 individuals residing in Evans Cottage (R4, R30-R48), and all 32 individuals residing in Herring Cottage (R1, R9, R49-R78);</p> <p>3) documentation, affecting 4 of 10 in the sample who are on supervision monitoring (R2, R7, R9, R10);</p> <p>4) door alarms, potentially affecting all 32 individuals residing in Herring Cottage (R1, R9, R49-R78).</p> <p>Findings include:</p> <p>1) Facility Roster dated 10/22/21 identifies R57 as an individual who functions within the Profound Range for Individuals with Intellectual Disabilities.</p> <p>Facility Abuse, Neglect, and Mistreatment Policy dated 8/11/21 documents, "Facility has a proactive approach to the prevention of abuse, neglect, and mistreatment and that residents are free from serious and immediate threat to their physical and psychological health and safety. Neglect means failure to provide goods and service necessary to avoid physical harm, mental anguish or mental illness."</p>	Z9999		

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6000947	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 10/29/2021
--	--	---	---

NAME OF PROVIDER OR SUPPLIER BEVERLY FARM FOUNDATION	STREET ADDRESS, CITY, STATE, ZIP CODE 6301 HUMBERT ROAD GODFREY, IL 62035
--	---

(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	<p>Continued From page 2</p> <p>Facility Incident Report dated 9/29/21 documents, "Driver called for staff to assist, then parked the van for unloading and opened the side door. The driver unlocked R57's wheelchair clamps (wheelchair locks on), then had removed R57 front wheelchair clamps. Then noticing R57's wheelchair in motion going back then diverting towards open side door. Driver attempted to grab R57's wheelchair at the wheel, but unable to secure to stop the fall out of the van."</p> <p>Facility Incident Report Note dated 10/7/21 documents, "A CT Scan was completed of R57's facial bones which showed a comminuted left anterior and lateral maxillary wall fracture, left anterior inferior orbital floor fracture, and comminuted fracture of the left sphenoid bone."</p> <p>Facility Note by Therapy Technician dated 9/29/21 documents, "E16 (Lead Therapy Technician) brought wheelchair into clinic for further inspection. The wheelchair was in need of cleaning; the brakes had a sticky substance over them and an elastic band on the brake extension was tangled by bolt holding break."</p> <p>Observation on 10/27/21 at 10:11 am showed food debris covering the left side of R57's wheelchair frame.</p> <p>During interview on 10/27/21 at 9:10 am, E3 (Unit Director) was asked if R57's wheelchair was clean, would the incident have happened. E3 stated, "No."</p> <p>During interview on 10/27/21 at 9:53 am, E17 (Transportation Driver) was asked about the condition of R57's left wheelchair break. E17 stated, "His break was loose; I already knew that though." E17 was asked about the condition of</p>	Z9999		

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6000947	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 10/29/2021
NAME OF PROVIDER OR SUPPLIER BEVERLY FARM FOUNDATION		STREET ADDRESS, CITY, STATE, ZIP CODE 6301 HUMBERT ROAD GODFREY, IL 62035		
(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	<p>Continued From page 3</p> <p>R57's wheelchair. E17 stated, "There was food on his wheelchair." E17 was asked if there was an elastic band wrapped around the left break. E17 stated, "Yes."</p> <p>2) Facility Roster dated 10/22/21 identifies R11 and R12 as individuals who function within the Mild Range for Individuals with Intellectual Disabilities; R13-R18 as individuals who function within the Moderate Range for Individuals with Intellectual Disabilities; R5-R7, R10, R19-R21 as individuals who function within the Severe Range for Individuals with Intellectual Disabilities; R2, R22-R29 as individuals who function within the Profound Range for Individuals with Intellectual Disabilities.</p> <p>Facility Coronavirus Surveillance and Infection Prevention Control Guidelines dated 8/16/21 documents, "II. Prevention and Infection Control c) Use of PPE (Personal Protective Equipment) - Facility has identified that masks that cover the nose and mouth are to be worn by staff when inside all residential locations."</p> <p>a) During observation on 10/25/21 at 7:40 am, upon walking up to Hillier Cottage, E18 (Direct Support Person/DSP) was taping up a sign on the door that said the cottage was in quarantine.</p> <p>During interview on 10/29/21 at 7:40 am, E18 was asked if the facility had COVID positive individuals. E18 stated, "Yes." E18 was asked how many individuals. E18 stated, "One."</p> <p>During observation on 10/25/21 at 7:42 am, upon entering Hillier Cottage E12 (Hillier Supervisor) was in the TV room with no mask on.</p> <p>During interview on 10/25/21 at 7:43 am, E12 was</p>	Z9999		

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6000947	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 10/29/2021
--	--	---	---

NAME OF PROVIDER OR SUPPLIER BEVERLY FARM FOUNDATION	STREET ADDRESS, CITY, STATE, ZIP CODE 6301 HUMBERT ROAD GODFREY, IL 62035
--	---

(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	<p>Continued From page 4</p> <p>asked who had COVID. E12 stated, "R15."</p> <p>b) Facility Roster (dated 10/22/21) identifies the following in Evans Cottage: R30 as an individual who functions in the Moderate Range for Individuals with Intellectual Disabilities; R31 - R33 as individuals who function in the Severe Range of Intellectual Disabilities; R4 and R34 - R48 as individuals who function in the Profound Range of Intellectual Disabilities.</p> <p>Observations on Evans building on 10/25/21 at 10:10 AM showed E15 (Supervisor) in the dining area with individuals with her mask down below her chin.</p> <p>During interview with E13/QIDP (Qualified Intellectual Disability Professional) on 10/27/21 at 1:05 PM, E13 confirmed staff are to have their mask covering their mouth and nose.</p> <p>c) Facility Roster dated 10/22/21 identifies R49 as an individual who functions within the Mild Range for Individuals with Intellectual Disabilities; R1, R50 and R78 as individuals who function within the Moderate Range for Individuals with Intellectual Disabilities; R9, R51-R58 as individuals who function within the Severe Range for Individuals with Intellectual Disabilities; R59-R77 as individuals who function within the Profound Range for Individuals with Intellectual Disabilities.</p> <p>Observation on 10/25/21 at 8:14 am showed upon entering Herring Cottage E6 (DSP), E7 (Qualified Intellectual Disabilities Professional), and E8 (DSP) were standing in the middle of the cottage with no mask on.</p> <p>Observation on 10/25/21 at 8:17 am showed E10</p>	Z9999		

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6000947	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____		(X3) DATE SURVEY COMPLETED 10/29/2021
NAME OF PROVIDER OR SUPPLIER BEVERLY FARM FOUNDATION		STREET ADDRESS, CITY, STATE, ZIP CODE 6301 HUMBERT ROAD GODFREY, IL 62035		
(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	<p>Continued From page 5</p> <p>(DSP) was walking down the hallway with her mask below her chin.</p> <p>Observation on 10/25/21 at 8:25 am showed E11 (DSP) walking out of the bathroom, without a mask on, into the dining room. E11 then walked from the dining room down the hallway into the dayroom.</p> <p>During interview on 10/25/21 at 1:15 pm E1 (Administrator) was asked if the staff is to be wearing masks while on the unit. E1 stated, "Yes."</p> <p>3) Facility Documentation Policy undated documents, "Documentation means providing a written record of an action, event, item, an issue or thought that is important or meaningful. Documentation completion should occur as soon as possible after things happen so you can remember all the details of what happened."</p> <p>Supervision/Monitoring Reports: a) Review of R7's ISP (Individual Service Plan) of 9/15/20, R7 is an 85 year old male who functions in the Moderate Range of Instinctual Disabilities with additional diagnosis of Autism, Obsessive Compulsive Disorder and Bipolar Disorder. R7 exhibits the following maladaptive behaviors: Anxiety, Attempts to get out of bed, Confusion, Dropping to the floor, Leaving the building or area without consent, Refuses to talk or answer questions, and Withdrawal. Staff are to monitor R7 every 15 minutes on all 3 shifts.</p> <p>Review of R7's 15 Minute Monitor Sheet on 10/22/21 at 8:30am showed the facility did not record the entire 600am-2:00pm shift and the midnight shift (10:00pm-6:00am) for 10/22/21.</p>	Z9999		

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6000947	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 10/29/2021
--	--	---	---

NAME OF PROVIDER OR SUPPLIER BEVERLY FARM FOUNDATION	STREET ADDRESS, CITY, STATE, ZIP CODE 6301 HUMBERT ROAD GODFREY, IL 62035
--	---

(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	<p>Continued From page 6</p> <p>b) Review of R2's ISP (Individual Service Plan) of 1/21/21, R2 is a 76 year old male who functions in the Profound Range of Intellectual Disabilities with Seizure Disorder and Cerebral Palsy. R2 requires a wheelchair for mobility and is Same-Room Supervision during waking hours for safety.</p> <p>Review of R2's 30 minute monitoring sheet on 10/22/21 at 8:30am showed the facility did not record monitoring on the first shift (6:00am-2:00pm) on 10/21. The midnight shift (10:00pm-6:00am) was not completed on 10/20 and 10/21 although completed it for the whole shift on 10/22.</p> <p>c) R10's ISP (Individual Service Plan) of 3/15/21, R10 is a 70 year old male who functions in the Severe Range of Intellectual Disabilities with Cerebral Palsy. R10 is to be monitored every 30 minutes by staff.</p> <p>Review of R10's monitoring sheet on 10/22/21 showed on 10/3-10/7 documentation was not completed by the first shift (6:00am-2:00pm) The midnight shift (10:00pm-6:00am), no documentation for 10/1/21, 10/20/21 and 10/21/21.</p> <p>d) Review of R9's ISP (Individual Service Plan) of 7/22/21, R9 is a 36 year old male who functions in the Profound Range of Intellectual Disabilities with Autistic Disorder. R9 exhibits the following behaviors: Aggression towards peers, attempted aggression toward peers, Aggression toward staff, banging head on environment, breaking items, harsh body rocking, kicking bedroom wall, removing decor from the environment, removing padding/mats from bedroom wall/floor, running away from staff, screaming, taking items that</p>	Z9999		

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6000947	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 10/29/2021
--	--	---	---

NAME OF PROVIDER OR SUPPLIER BEVERLY FARM FOUNDATION	STREET ADDRESS, CITY, STATE, ZIP CODE 6301 HUMBERT ROAD GODFREY, IL 62035
--	---

(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	<p>Continued From page 7</p> <p>don't belong to him, tearing up bedding</p> <p>R9 is same room supervision during waking hours when out of his bedroom at home and uses a door alarm to alert staff when he has left his room.</p> <p>Review of R9's 30 Minute Monitoring Record on 10/25/21 showed there is no second shift (2:00pm-10:00pm) documentation for 10/14, 10/18, 10/23 and 10/24. First shift (6:00am-2:00pm) had no documentation for 10/15, 10/19 and 10/24.</p> <p>During interview with E3 (Unit Director) on 10/27/21 at 9:10am, E3 stated the supervisors are responsible for checking the monitoring sheet at the end of their shifts and the QIDPs (Qualified Intellectual Disabilities Professionals) are responsible for reviewing the monitoring sheets at least monthly.</p> <p>4) Facility Door Alarm Policy dated 10/20/20 documents, "Procedure: When residents are home, alarms will remain 'on' unless staff are in visual sight of the door while the alarm is in the 'off' position. Staff will verify which door alarm was activated by referring to the alarm panel. Staff will verify why the alarm was activated and take necessary action when indicated. The alarm panel will be reset after verification of who entered or exited the home."</p> <p>During observation on 10/25/21 at 8:20 am, Herring Cottage Door Alarm was going off. E8 (DSP) walked over to the panel and disarmed the alarm. E8 then looked at E10 (DSP) and said, "I don't know what alarm was going off." E10 responded back to E8 by saying, "I don't know" and E10 kept walking down the hallway.</p>	Z9999		
-------	--	-------	--	--

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6000947	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 10/29/2021
--	--	---	---

NAME OF PROVIDER OR SUPPLIER BEVERLY FARM FOUNDATION	STREET ADDRESS, CITY, STATE, ZIP CODE 6301 HUMBERT ROAD GODFREY, IL 62035
--	---

(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 (Repeat A)	Z9999		