	epartment of Public		-		FURI	MAPPROV
	NT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		E CONSTRUCTION	(X3) DAT COM	E SURVEY
		IL6013320	B. WING		12	/21/2021
NAME OF F	PROVIDER OR SUPPLIER	STREET AL	DRESS, CITY, S	STATE, ZIP CODE	112	21/2021
BRIARB	ROOK PLACE	228 BRIA	RBROOK DR	RIVE		
	OLD MADY OT		ORIA, IL 616			
(X4) ID PREFIX TAG	(EACH DEFICIENC)	NTEMENT OF DEFICIENCIES / MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORF (EACH CORRECTIVE ACTION S CROSS-REFERENCED TO THE AI DEFICIENCY)		(X5) COMPLET DATE
Z 000	COMMENTS		Z 000			
	LICENSURE FOLL 08/13/21	OW UP TO COMPLAINT	•			
	2125359/IL136467					
Z9999	FINDINGS		Z9999			
	Statement of Licens	sure Violations				
	350.620a) 350.3240a) 350.3240f)					
	Section 350.620 Re	sident Care Policies				
	procedures governin facility which shall b involvement of the a shall be available to public. These writter	have written policies and ng all services provided by the e formulated with the administrator. The policies the staff, residents, and the policies shall be followed in and shall be reviewed at	7			
	Section 350.3240 Al	ouse and Neglect				
	a) An owner, license agent of a facility sha esident (Section 2-1	e, administrator, employee or all not abuse or neglect a 07 of the Act)				
i r t i	nvestigation of a rep esident indicates, ba hat another resident s the perpetrator of t	trator of abuse. When an port of suspected abuse of a ased upon credible evidence, of the long-term care facility the abuse, that resident's mediately evaluated to				
0	letermine the most s	suitable therapy and sident, considering the safety	<i>∕</i> ≭	Attachment A Statement of Licensure Vk	olations	
is Departm DRATORY D	ent of Public Health RECTOR'S OR PROVIDE	R/SUPPLIER REPRESENTATIVE'S SIGN		TITLE		(X6) DATE

	IT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1	E CONSTRUCTION		E SURVEY PLETED
		IL6013320	B. WING		12/21/20	
NAME OF I	PROVIDER OR SUPPLIER	STREET AL	DRESS, CITY, S	TATE, ZIP CODE		
BRIARBI	ROOK PLACE		RBROOK DR			
(X4) ID PREFIX TAG	(EACH DEFICIENC)	TEMENT OF DEFICIENCIES (MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CC (EACH CORRECTIVE ACTIO CROSS-REFERENCED TO THE DEFICIENCY)	N SHOULD BE E APPROPRIATE	(X5) COMPLETE DATE
Z99 99	Continued From pa	ge 1	Z9999			
	of that resident as v residents and emplo 3-612 of the Act)	vell as the safety of other oyees of the facility (Section				
	These regulations v	vere not met as evidenced by:				
	review the facility fa	on, interview and record iled to implement their written glect when they failed to:				
	resulting in resident	ing abuse by a peer (R1) s who are subjected to verbal buse or mental anguish; and				
	meeting to review R revise his intervention several episodes of	Interdisciplinary Team) 1's needs and overall plan or on methods after R1 had physical and verbal in property damage and				
	behaviors have affer R11, R12, R13) of 1 facility who were inter to affect 4 (R2, R5, I	a not interviewable but reside				
	Findings include:					
-	the survey shows the function at the level of (R2, R3, R4, R6, R8, two function at the le Disability (R1, R7), a	oster provided at the start of ere are 10 individuals who of Mild Intellectual Disability , R9, R10, R11, R12, R13), evel of Moderate Intellectual and one functions at the level ual Disability (R5). R2, R5 al and unable to be				

Ilinois Department of Public Health STATE FORM

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If continuation sheet 2 of 10

	NT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		E CONSTRUCTION		ATE SURVEY
F.,		IL6013320	B. WING		1	2/21/2021
NAME OF	PROVIDER OR SUPPLIER	STREET AD	DRESS. CITY, S	TATE, ZIP CODE	<u>_</u>	<u> [] [] [] [] [] [] [] [] [] [] [] [] [] </u>
	ROOK PLACE		RBROOK DR			
			ORIA, IL 616			
(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 CC (EACH CORRECTIVE ACTIO CROSS-REFERENCED TO THI DEFICIENCY)		(X5) COMPLETE DATE
Z9999	Continued From pa	age 2	Z9999			
	October 2021 state	·				
	residents have the sexual, physical an punishment, involu	icy of this facility that all right to be free from verbal, of mental abuse, corporal ntary seclusion,				
0.0	Residents are not to corporal punishmer property or neglect	f property and neglect. o be subjected to abuse, nt, and misappropriation of by anyone, including, but not				
	limited to, facility sta consultants or volur	aff, other residents, nteers, staff of other agencies t, family members or legal				
-	"Failure to provide g	definition of Neglect as, goods and/or services physical harm, mental llness."				
	willful infliction of inj confinement, intimid	definition of Abuse as, "The jury, unreasonable dation, punishment with arm, pain or mental anguish."				
1	"The use of oral, wri that willfully includes terms to residents o	definition of Verbal Abuse as, itten or gestured language s disparaging or derogatory or their families, or within their gardless of their age, ability to bility."				
	A section of this polic states, "It is the polic of peer to peer physi will be addressed by	cy titled "Peer to Peer Abuse" cy of the facility that incidents ical, verbal or sexual abuse the IDT of the persons ting at the facility have the				
r	right to expect that the nent of Public Health	hey will not be abused by a				

Illinois Department of Public Health

	VT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		ECONSTRUCTION		SURVEY
		∤L601332 0	8. WING		10	
NAME OF	PROVIDER OR SUPPLIER	· · · · · · · · · · · · · · · · · · ·		STATE, ZIP CODE	12/2	21/2021
			RBROOK DF			
BRIARB	ROOK PLACE		DRIA, IL 616			
(X4)·ID	SI IMMARY STA	TEMENT OF DEFICIENCIES	1			
PREFIX TAG	(EACH DEFICIENC)	(MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	id Prefix Tag	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPRO DEFICIENCY)	DBE	(X5) COMPLETE DATE
Z99 99	Continued From pa	ge 3	Z9999			1
	peer."					
	updated and approv	agement Plan was last ved by the committee in as the following behavior				20
	Physical Aggression	ר:				
	 2) Staff will direct/rearea for their safety 3) Staff will not approximately 3) Staff will not approximately 4) Staff will ask that transport (R1) to the 5) Staff will follow the contact RSD (Resid verbally report incided instructions. 6) Staff will docume 	o call 911 immediately. move any peers from the roach (R1) unless he is visibly ency Personnel are on site. the Emergency Personal				
	begin to direct/remo for their safety. 2) Staff will not ente closer than 6 feet. 3) Staff will ask (R1) take 3 deep breaths a) If (R1) is non-con increased agitation steps 3-6 under Phy 4) Staff will continue positive tone and giv breaths and attempt 5) Staff will ask (R1)	npliant and continues to show - staff is to call 911 and follow vsical Aggression. - to talk with (R1) in a calm ve praise for taking deep ing to calm himself down to go to his room or go				к Х
	outside and walk to					
	ment of Public Health					

STATE FORM

Illinois Department of Public Health

	T OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPLE	CONSTRUCTION	(Y2) DAT	
	OFCORRECTION	IDENTIFICATION NUMBER:	A. BUILDING:			e survey Ipleted
				<u></u>		
		IL.6013320	B. WING		12	21/2021
	E OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE				21/2021	
			RBROOK DR			
BRIARBI	ROOK PLACE		ORIA, IL 616			
(X4) ID	SUMMARY STA	TEMENT OF DEFICIENCIES		PROVIDER'S PLAN OF C	ORRECTION	(76)
PREFIX TAG	(EACH DEFICIENCY REGULATORY OR L	Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE ACTIC CROSS-REFERENCED TO TH DEFICIENCY	DN SHOULID BE	(X5) COMPLE DATE
Z9999	Continued From pa	ige 4	Z9999			
	a) Staff will visually	monitor (R1) while outside for				
i	his safety and the s	afety of others but will not				
	enter his personal s					
	6) When (R1) has a	calmed down (he will state to				
	staff that he is ok) of	staff will approach him in a				
	calm positive mann	er and discuss what upset				
	him. Staff will give r	positive reinforcements to (R1)				
	for using his coping	skills and being able to calm				
	himself down.					
		e chain of command and				
	contact RSD to ver	bally report incident and				
	receive further instr	uctions.				
	8) Staff will docume	ent on behavior tracking sheet.				
	ABehavior Data Re	eport dated 12/05/21 from				
		om until 8:00pm and written by				
	E2 (Direct Support	Person/DSP) states, "All of the				
	residents were sittir	ng in the dining area for				
		(R12) who won the football				
	game(R12) replie	d that Chicago lost and (R1)				
	threw his food and t	old (R12) 'B***h, you don't				
	know what you're ta	Iking about.' He stormed out				
	and went to his roor	n. I was cleaning up the mess				
	he made when (R11	, R1's roommate) came to				
	me and said that (R	1) was in the room throwing				
	items at him and de	stroying their room. I told				
	(RTT) to stay in the	dining area. I went to (R1's)				
		on the door. He said 'Come				
		vith a calm voice until (R12)				
	called ber b*****e or	ndry room and he blew up. He ad threatened to punch her in	1			
	the face lacked him	n to calm down and he replied				
	'F**k you too ' He as	sked me to close his door and				
	before I could be thr	rew a can of deodorant at me.				20
	I called the RSD to i	nform her what was going on.				
	She asked to speak	with him. He talked for about				
	5 minutes about hav	ving his own room and moving				
	out, then he just ble	w up again. He threw the				
		k the RSD too.' He kept				
	asking me to call the					1

STATE FORM

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE A. BUILDING:	ECONSTRUCTION	(X3) DAT COM	E SURVEY
				B. WING		12/21/2021
NAME OF	NAME OF PROVIDER OR SUPPLIER		DRESS, CITY, S	TATE, ZIP CODE		
	ROOK PLACE		RBROOK DR			
			ORIA, IL 616			
(X4) ID PREFIX TAG	(EACH DEFICIENCY)	TEMENT OF DEFICIENCIES 'MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF (EACH CORRECTIVE ACT CROSS-REFERENCED TO T DEFICIENC	ION SHOULD BE THE APPROPRIATE	(X5) COMPLET DATE
Z9999	Continued From pa	ge 5	Z9999		10 SH	<u>† </u>
	workshop. He flippe out all the dresser d across the room and closet door and sna staff tried talking to about 5 minutes the throwing objects aga A Behavior Data Re 12/06/21 between th 8:00am and written arrived (R1) was yel going to (word was of When I asked him w that (R11) is being m out of his room and tearing the cable cor into the room where which I entered and the hinges, the dress dresser, shoes, cloth place. R11 was still i to holler, curse, throw R11. I asked R1 to le the common area wi down then finally we slept through the wha around 6am doing th but this time he took R11 in the common a took the closet door went outside yelling a did last night. He refu	d stay with a person from ad his television over, pulled rawers and threw them d he punched holes in the tched them down. Another him. He calmed down for n he started crying and ain." port from an event on he hours of 7:00am and by E3 (DSP) states, "When I ling and shouting that he was comitted by writer) (R11). what was going on he yelled hean to him and that he wants that (R11) blamed him for rd to R11's TV. I then went (R11) and (R1) reside in, all the closet doors were off ser drawers were out of the hes and trash was all over the n his bed while R1 continued w things and verbally abuse eave the room and come to th this writer. He did calm in to bed around 12am. He ole night then he got up the same thing all over again, shoes and threw them at area then went to his room, and put it in the hallway. R1 and crying in which he also used his meds, he said he n with R11. He is now ursing. This writer tried to efused and went to do his				
	A Behavior Data Rep					

Illinois	Department	of Public	Health

	NT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE A. BUILDING;			E SURVEY PLETED	
		IL6013320 B. WING				12/21/2021	
NAME OF F	PROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, ST	TATE, ZIP CODE			
BRIARBI	ROOK PLACE		ARBROOK DRI ORIA, IL 6161				
(X4) ID PREFIX TAG	(EACH DEFICIENC)	MUST BE PRECEDED BY FULL	ID PREFIX TAG	PROVIDER'S PLAN OF CO (EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE DEFICIENCY)	N SHOULD BE	(X5) COMPLET DATE	
Z9 999	6:30am (and) asked was told that is was was the 22nd. Staff so we just left it alor started throwing thi word, black b*****s kill everyone in the didn't want to be he everyone lying to hi throwing things and the police was calle R4 was interviewed asked if she was pr has been physically stated, "(R1) has m R4 stated that R1's day." R4 stated that	PLACE 228 BRIAL EAST PEC SUMMARY STATEMENT OF DEFICIENCIES EACH DEFICIENCY MUST BE PRECEDED BY FULL EGULATORY OR LSC IDENTIFYING INFORMATION) nued From page 6 //21 states, "(R1) got up this morning about m (and) asked staff what was the date. He old that is was the 13th but he insisted that it he 22nd. Staff kept telling him that it wasn't, just left it alone in which he got upset and d throwing things, cursing, calling us the "N" black b*****s and said that he was going to eryone in the house. He also stated that he want to be here and that he was tired of one lying to him. After a few minutes of him ing things and insulting people with threats, blice was called." as interviewed on 12/16/21 at 2:30pm and l if she was present in the home when R1 een physically or verbally aggressive. R4 l, "(R1) has major behaviors and attitude." ated that R1's behaviors occur "nearly every R4 stated that she "sometimes is physically e to eat due to the chaos and being too red." vas interviewed on 12/16/21 at 2:15pm. R11 I R1 was upset about a football game so he is computer and left his bedroom. R11 I Tore the television cable from the wall ureatened him with a plastic football." R11					
	stated R1 was upset took his computer a stated R1 "tore the it and threatened him stated R1 "ripped th punched holes in th bedroom wall." R11 items including a ce with compact disc p "chews him out on t threatens him and th him. R11 was asked stated, "Yea, I don't	At about a football game so he and left his bedroom. R11 television cable from the wall with a plastic football." R11 e closet doors off and em as well as put holes in the stated R1 broke personal ramic angel and a new radio layer. R11 stated R1 also he bus." R11 stated R1 prows stuff (shoes, etc.) at l if he is afraid of R1. R11 feel safe."					
	stated that staff insti	on 12/16/21 at 2:30pm. R9 igate R1 by not leaving him ests and yelling at him or					

	Department of Public NT OF DEFICIENCIES I OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		ECONSTRUCTION		E SURVEY IPLETED
		IL6013320	B. WING		12/	21/2021
NAME OF	PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, S	TATE, ZIP CODE		
3RIARB	ROOK PLACE		RBROOK DR ORIA, IL 616			
(X4) ID	SUMMARY STA	TEMENT OF DEFICIENCIES		PROVIDER'S PLAN OF (000000000	
PRÉFIX TAG	(EACH DEFICIENCY	MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE ACTI CROSS-REFERENCED TO T DEFICIENC	ION SHOUL D BE	(X5) COMPLET DATE
Z9999	Continued From pa	ge 7	Z9999			
	behaviors it triggers scream which upset was asked if he is a defend myself." R9 behaviors "upset all R3 was interviewed stated, "(R1) argues the kitchen." R3 also (R11's) room and m was asked if she was "Yea." R10 was interviewed asked if she was afr of, I am. I try to stay R1 has hit her in the weeks ago on the bu R13 (newly admitted a few weeks prior to interviewed on 12/16 how things were at th outbursts frequently. him at first, now I jus or not say sometime "It's not right that we room and then we al because he acts up.' E2 (DSP) was intervi 3:53pm. E2 was ask stated R1 has behav stated R1's behavior yelling, threatening a	iewed on 12/16/21 at ed about R1's behaviors. E2 iors "almost every day." E2 s consist of throwing things, nd destroying property.				
	and asked about R1'	ewed on 12/16/21 at 4:05pm s behaviors. E4 stated they e increased and consist of				

AND PLAN C	T OF DEFICIENCIES DF CORRECTION ROVIDER OR SUPPLIER COOK PLACE	228 BRIA	A. BUILDING: B. WING		(X3) DATE COMPI	
BRIARBR (X4)ID	SUMMARY STA	STREET AD 228 BRIA	B. WING			
BRIARBR (X4)ID	SUMMARY STA	STREET AD 228 BRIA	I			
BRIARBR (X4)ID	SUMMARY STA	228 BRIA			12/2	1/2021
(X4) ID	SUMMARY STA			STATE, ZIP CODE		-11
	SUMMARY STA	FAST DE	RBROOK DR ORIA, IL 616			
		TEMENT OF DEFICIENCIES	T		<u> </u>	
TAG	(EACH DEFICIENCY REGULATORY OR L	Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTIC (EACH CORRECTIVE ACTION SHOUL) CROSS-REFERENCED TO THE APPROF DEFICIENCY)		(X5) COMPLETE DATE
Z9999	Continued From pa	ge 8	Z9999			
I I I I I I I I I I I I I I I I I I I	him, throwing items destroying property and staff are afraid stated that many re- behaviors and throw R8 was interviewed asked if she has wit behaviors. R8 state things like a football is scared of R1. R8 have to call police d R12 was interviewed was afraid of R1. R1 when R1 is there. H he's going to kill us. During observations surveyor observed F approximately nine I door and three gash	ng people of stealing from , yelling, hitting staff and . E4 was asked if residents of R1. E4 stated, "Yes." E4 sidents won't eat due to R1's ving food. on 12/16/21 at 4:10pm and nessed R1's aggressive d R1 "acts out over the silliest game." R8 was asked if she stated, "Yes." R8 stated staff ue to R1's behaviors. d at 4:10pm and stated she l2 stated, "I don't want to eat e hits, throws stuff and says He acts out every day." on 12/15/21 at 11:15am, this R1's bedroom. There were noles in the wooden closet es to the drywall next to the				
C T aa 00 (() A fc n D () R R E E	closet. The original survey of accepted plan of cor 09/10/21. This plan of Residential Service Administrator as those or compliance of the nonthly and as need During interview on 1 Senior Vice Preside RSD) and E6 (previo esigned their positio	date of 09/03/21 had an rection submitted on of correction listed the RSD Director) and/or facility se responsible for monitoring accepted plan at least led. 12/17/21 at 11:50 am, E1 nt) confirmed E5 (previous bus Administrator) had				

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STATEMEI AND PLAN	NT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:			(X3) DAT COM	E SURVEY
		IL6013320	B. WING		12/	21/2021
	PROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, ST	TATE, ZIP CODE		
BRIARB	ROOK PLACE		ARBROOK DRI			
	· · · · · · · · · · · · · · · · · · ·		EORIA, IL 6161	11		
(X4) ID PREFIX TAG	(EACH DEFICIENC)	TEMENT OF DEFICIENCIES / MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF (EACH CORRECTIVE ACT CROSS-REFERENCED TO T DEFICIENC	ION SHOULD BE	(X5) COMPLET DATE
Z9999	Continued From pa	ge 9	Z9999			<u>† </u>
	IDT held for R1 afte month of Decembe	er his recent behaviors in the r 2021.				5
	(B)					
ľ						
		2. 2.				
			235.			
] [
						3
						24
						l .