Illinois Department of Public Health

STATEMENT OF DEFICIENCIES		(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPLE CONSTRUCTION		(X3) DATE SURVEY	
AND PLAN OF CORRECTION IDENTIFICATION NUMBER		IDENTIFICATION NUMBER:	A. BUILDING:		COMPLETED	
					1	
	<u> </u>	IL6001226	B. WING		12/1	7/2021
NAME OF	PROVIDER OR SUPPLIER			STATE, ZIP CODE		
BROTHE	R JAMES COURT		JAMES ROA IELD, IL 62			
(X4) ID	SUMMARY STA	TEMENT OF DEFICIENCIES	ID ID	PROVIDER'S PLAN OF CORRECTION		
PREFIX TAG	EACH DEFICIENCY	MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE ACTION SHOUL) CROSS-REFERENCED TO THE APPROPRIES.	ID BE	(X5) COMPLETE DATE
<u></u>				DEFICIENCY)		
Z 000	COMMENTS		Z 000			
	ANNUAL FULL CER	RTIFICATION SURVEY	<u>.</u>			
	ANNUAL LICENSU		47.15			
	INSPECTION OF C	ARE SURVEY		##)		
Z9999	FINDINGS		Z9999			
	Statement of Licens	sure Violations:				
	350.700b)					
	350.700c) 350.1060a)					
	350.1060b)					
	350.1060e) 350.1210					
	350.3240a)				:	
	Section 350.700 Inc	idents and Accidents	187	1		
	b) The facility s	hall notify the Department of				
		shall notify the Department of or accident. For purposes of				
(	this Section, "serious	s" means any incident or				
[	resident that causes	s physical harm or injury to a				
	c) The facility s	hall, by fax or phone, notify				
	the Regional Office v	within 24 hours after each or accident. If the facility is	i			
	unable to contact the	e Regional Office, it shall				
	notify the Departmer	nt's toll-free complaint registry			į	
	summary of each re	shall send a narrative portable accident or incident				
	to the Department wooccurrence.	ithin seven days after the	W)			
**	Section 350.1060 Tr Services	aining and Habilitation				
=	a) The facility sl	hall provide training and		-44 -		
	nabilitation services	to facilitate the intellectual,		Attachment A Statement of Licensure Violations	,	ł

Illinois Department of Public Health

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

Illinois Department of Public Health FORM APPROVED							
STATEMENT OF DEFICIENCIES (X1) PRO AND PLAN OF CORRECTION IDEN		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION			(X3) DATE SURVEY	
		is a control of the c	A. BUILDING:		COMPLETED		
		IL6001226	B. WING		12/	17/2021	
NAME OF	PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY,	STATE, ZIP CODE		1772021	
BROTHE	ER JAMES COURT		JAMES ROA				
			IELD, IL 62	707			
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES  MUST BE PRECEDED BY FULL  SC IDENTIFYING INFORMATION)	PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROVIDENCY)	D BE	(X5) COMPLETE DATE	
<b>Z99</b> 99	Continued From pa	ge 1	Z9999				
	sensor motor, and e resident in the facili	effective development of each ty.					
•	b) Each resident shall have individual evaluations which shall:						
	individualized progra behaviors shall be d	ate, effective and am that manages residents' leveloped and implemented ggressive or self-abusive		12			
	Section 350.1210 H	ealth Services					
	The facility shall pro maintain each reside	vide all services necessary to ent in good physical health.					
	Section 350.3240 A	Abuse and Neglect					
	employee or agent of	censee, administrator, of a facility shall not abuse or (Section 2-107 of the Act)					
	These Regulations v	were not met as evidenced			<u></u>		
	review, the facility fa	on, interview and record iled to implement their policy y their failure to ensure:					
	change of condition,	ians have been informed of a affecting 1 resident outside eloped a pressure sore (R7),					
	2) privacy was provi individuals outside th	ided during care for 3 ne sample (R16, R40, R69),					
	items, affecting 1 of	unable to ingest inedible 1 inside the sample (R3) and 2 (R11) who exhibit PICA					

TIIITOIS L	Jepartment of Public		23			
STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A BUILDING:		(X3) DATE SURVEY COMPLETED	
		IL6001226	B. WING		12/	17/2024
NAME OF	PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY	, STATE, ZIP CODE	121	17/2021
BROTH	BROTHER JAMES COURT 2508 ST.			AD		
	0.0000000000000000000000000000000000000		IELD, IL 62	2707		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES 'MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROVIDENCY)	D BE	(X5) COMPLETE DATE
Z9999	Continued From pa	ge 2	Z9999			
	behavior,					
	4) individuals diet order was followed, affecting 1 of 2 inside the sample (R3) and 1 outside the sample (R11) who are on a pureed diet.					
	5) individuals behaded occurred when they occurred	pisodes of food stealing/PICA				
	include PICA in their or BMP (Behavior M affecting 1 of 1 indiv	CA watchlist had revisions to r ISP (Individual Support Plan) lanagement Program), iduals in the sample (R3) and the sample (R9, R10, R11,				
	1 of 1 individuals in t	eting PICA sweeps, affecting the sample (R3) and 5 ne sample (R9, R10, R11,				
	Findings include:	72				
2	The Resident Functi identifies R7 as an ir the Profound Range Intellectual Disabilitie					
		Log dated 10/30/21 t hip pressure sore; Wound e: 1 cm length by 1 cm width				
÷	document guardian r	am, E2 (Director of sked where would facility notification of a wound? E2 ify the guardians when there		W. A		

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 B. WING IL6001226 12/17/2021 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 2508 ST. JAMES ROAD **BROTHER JAMES COURT** SPRINGFIELD, IL 62707 SUMMARY STATEMENT OF DEFICIENCIES (X4) ID PROVIDER'S PLAN OF CORRECTION ID (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 3 Z9999 On 12/9/21 at 2:52 pm, E2 was asked when there is a change of condition should guardians be notified? E2 stated, "We should have called R7's guardian." Facility Roster (dated 12/2/21) documents R16 functions in the Mild Range of Individuals with Intellectual Disability. R40 functions in the Moderate Range of Intellectual Disabilities. R69 functions in the Profound Range of Intellectual Disabilities. Observations on 12/8/21 at 7:15 AM, R69 came out of the shower room on 300 hall naked. He walked naked down the hall to his room. Interview with Z1/Qualified Intellectual Developmental Professional (QIDP) on 12/9/21 at 1:40 PM, Z1 was asked if R69 should be naked coming from the shower room? Z1 stated, "They should have robes for after their shower." Observations on 12/7/21 at 4:30 PM, while surveyor was walking to 300 hall, R16 was inside the medication room and could be seen through the large windows with his shirt up exposing his abdomen getting insulin. Other individuals and staff were also in the hall and could see R16's abdomen. Observations on 12/8/21 at 7:25 AM, while surveyor was walking to 300 hall, R40 could be seen in the large windows of the medication room with his shirt up exposing his abdomen getting his insulin injection. Other individuals and staff could also see into the medication room when walking by. Interview with E2/Director of Nursing (DON) on

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12/9/21 at 2:55 PM, E2 was asked if individuals

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 B. WING IL6001226 12/17/2021 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 2508 ST. JAMES ROAD **BROTHER JAMES COURT** SPRINGFIELD, IL 62707 SUMMARY STATEMENT OF DEFICIENCIES (X4) ID PROVIDER'S PLAN OF CORRECTION (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX (X5)PREFIX (EACH CORRECTIVE ACTION SHOULD BE REGULATORY OR LSC IDENTIFYING INFORMATION) COMPLETE TAG CROSS-REFERENCED TO THE APPROPRIATE TAG DATE DEFICIENCY) Z9999 Continued From page 4 Z9999 should have privacy while getting insulin in the abdomen as they can be seen through the large windows? E2 stated, "I try to get them to stand so as not to show everything." Facility Policy "Abuse Prevention Policy (undated)," documents in part: "Part III. (page 3) Recognizing Signs and Symptoms of Abuse/Neglect: 2. Neglect is defined as the failure to provide goods and services necessary to avoid physical harm, mental anguish, or mental illness. 3.b. Signs of Actual Physical Neglect: vi) Inadequate provision of care; ix) Leaving someone unattended who needs supervision. V (page 7) Reporting Abuse to State Agencies and Other Entities/Individuals: 1. Should a suspected violation or substantiated incident of mistreatment, neglect, injuries of unknown source or abuse (including resident to resident abuse) be reported, the Facility Administrator, or his/her designee will promptly notify the following persons or agencies (verbally and written) of such incident: a) The Illinois Department of Public Health. 9. The results of the investigation will be recorded in the Final Report and sent to Illinois Department of Public Health. VIII. (page 11) Investigating Unexplained Injuries; Should a resident be observed with unexplained injuries (including bruises, abrasions, and injuries of unknown source). 2. Injury of unknown source is defined as an injury that meets both of the following conditions: a. The source of the injury was not observed by any person or the source of the injury could not be explained by the resident; b. The injury is suspicious because of: i. the extent of the injury; or ii. the location of the injury (e.g. the injury is located in an area not generally vulnerable to

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: \_ B. WING IL6001226 12/17/2021 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 2508 ST. JAMES ROAD **BROTHER JAMES COURT** SPRINGFIELD, IL 62707 SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X4)10(X5) COMPLETE DATE PRÉFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX (EACH CORRECTIVE ACTION SHOULD BE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG CROSS-REFERENCED TO THE APPROPRIATE TAG DEFICIENCY) Z9999 Continued From page 5 Z9999 trauma." Facility "Pica Education (undated)," documents in part: "Pica is an eating disorder where in things that are craved that are nor normally considered food. Materials consumed by patients with pica include dirt, ice, clay, glue, sand, chalk, beeswax. chewing gum, laundry starch, and hair. Causes: Among persons with mental retardation, pica has been explained as the result of an inability to tell the difference between food and nonfood items. Symptoms; Infants and children diagnosed with pica commonly eat paint, plaster, string, hair, and cloth. Older children may eat animal droppings. sand, insects, leaves, pebbles and cigarette butts. Adolescents and adults most often ingest clay or soil. The symptoms of pica vary with the item ingested; Sand or soil is associated with gastric pain and occasional bleeding. Swallowing metal objects my lead to bowel perforation." R3's Individual Support Plan (ISP) dated 1/14/21, documents R3 is a 21 year old male who functions in the Profound Range of Intellectual Disabilities with additional diagnoses of Angelman Syndrome, Seizure Disorder, Constipation, Behavioral Disorder, Anxiety, Attention-deficit hyperactivity disorder (ADHD), Focal Aware Seizures. R3 is on a pureed diet consistency. R3 resides on 300 hall. R3's Behavior Program (undated) documents in part: "Program justification: R3 has a history of self-injurious behavior, food stealing and attention seeking. Program Method and Instructions: When R3 has an incident of behavior staff should

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intervene as they occur. R3 eats his meals in an

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 IL6001226 B. WING 12/17/2021 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 2508 ST. JAMES ROAD **BROTHER JAMES COURT** SPRINGFIELD, IL 62707 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 6 Z9999 alternate dining area for his safety. When R3 gets ahold of food or items that are not on his diet card, staff should immediately clean out R3's mouth of any food they can see. Staff should ensure R3 is not choking. If R3 is choking staff needs to follow choking procedure and immediately locate a nurse. Nursing will intervene and provide assessments. Witness statements and behavior tracking have to be filled out when the situation is safe." R3's medical record review from area hospital on 5/18/21, documents in part; "History of present illness; Patient is a 21 year old male here for evaluation after patient chewed on the end of a pink colored pencil. They were concerned he could have lead poisoning. Pencil is in plastic badgy and appears to be chewed on at the top." R3's medical record review from area hospital on 6/18/21, documents in part; "History of present illness; 21 year old male presenting to the emergency department, via EMS for reports of eating solid food and then vomiting afterwards. EMS reports staff at facility says the patient is on a purely pureed diet. Today they believe he ate a small piece of hamburger." R3's medical record review from area hospital on 6/25/21-6/29/21, documents in part; "Hospital Course; The patient is a 21 year old male admitted on 6/25/21 for evaluation and treatment of persistent nausea and vomiting. He ultimately had an Esophagastroduodenoscopy (EGD). The EGD revealed the presence of examination gloves that had formed a ball and were present at the pyloris resulting in a mechanical balled-valve obstruction physiology. These examination gloves were ultimately removed with difficulty. He continued antibiotic therapy for his aspiration

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STATEMENT OF DEFICIENCIES (X1) PRO

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		PLE CONSTRUCTION 5:	(X3) DATE SURVEY COMPLETED	
		IL6001226	B. WING		12/-	17/2021
NAME OF	PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY,	STATE, ZIP CODE	<u> </u>	<u> </u>
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Z9999	Continued From pa	ge 10	Z9999			
	R3's ISP does not in history.	nclude a PICA behavior or				
	R9's ISP dated 7/8/21, documents R9 functions in the Profound Range of Intellectual Disabilities. R9's ISP does not include a PICA behavior.					:
	R9's POS (Physican Order Sheet) dated 10/21, diagnosis includes PICA.		33			
	functions in the Sev	4/21, documents R10 ere Range of Intellectual SP includes a history of PICA.			¥	×
	R10's POS dated 10 diagnosis.	0/21 includes a PICA				
	R11's ISP dated 1/1 include a PICA beha	4/21, R11's ISP does not avior or history.				ž.
	functions in the Mod	17/20, documents R12 lerate Range of Intellectual SP does not include a PICA				
	functions in the Seve Disabilities. Further prevent PICA and ke	7/20, documents R59 ere Range of Intellectual review R59 wears a binder to eep from pulling G-tube. R59 behavior program for PICA.				
	(QIDP), E3 was aske	at 11:50 AM with tual Disability Professional ed if individuals ISP's are CA? E3 stated, "They are				
	The document states	ep documentation provided: s on bottom of the page, for PICA items are to be			N	

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