

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6011654	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 07/28/2022
--	--	---	---

NAME OF PROVIDER OR SUPPLIER LAWRENCE PLACE	STREET ADDRESS, CITY, STATE, ZIP CODE 715 SOUTH WASHINGTON STREET LINCOLN, IL 62656
---	---

(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 ANNUAL RE-LICENSURE SURVEY	Z 000		
Z9999	<p>FINDINGS</p> <p>STATEMENT OF LICENSURE VIOLATION:</p> <p>350.1050e)2) 350.1060f) 350.1230b)3) 350.1620d)3)11)15)</p> <p>SECTION 350.1050 Recreational and Activity Services</p> <p>e) An assessment of each resident shall be conducted, which shall include the following:</p> <p>2) Current functional status, including communication status, physical functioning, cognitive abilities, and behavioral issues;</p> <p>SECTION 350.1060 Training and habilitation Services</p> <p>f) There shall be a functional training and habilitation record for each resident, maintained by and available to the training and habilitation staff.</p> <p>SECTION 350.1230 Nursing Services</p> <p>b) Residents shall be provided with nursing services, in accordance with their needs, which shall include, but are not limited to, the following:</p> <p>3) Periodic reevaluation of the type, extent, and quality of services and programming.</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 _____

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6011654	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 07/28/2022
--	--	--	---

NAME OF PROVIDER OR SUPPLIER LAWRENCE PLACE	STREET ADDRESS, CITY, STATE, ZIP CODE 715 SOUTH WASHINGTON STREET LINCOLN, IL 62656
---	---

(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>SECTION 350.1620 Content of Medical Records</p> <p>d) In addition to the information that is specified above, each resident's medical record shall contain the following:</p> <p>3) Nurse's notes that describe the nursing care provided, observations and assessment of symptoms, reactions to treatments and medications, progression toward or regression from each resident's established goals, and changes in the resident's physical or emotional condition.</p> <p>11) Reports of overall reviews and evaluations of each resident's individualized program plan. These reports shall identify the developmental progress and status of each resident, and shall be completed at least semiannually by each professional discipline providing services to the resident.</p> <p>15) Appropriate authorizations and consents.</p> <p>These requirements are not met as evidence by:</p> <p>Based on observation, record review and interview the governing body and management failed to:</p> <p>A. Ensure the appropriateness of guardianship for 1 of 3 in the sample (R1) who is his own guardian to give informed consent.</p> <p>B. Ensure the day training was provided the following:</p> <p>The Individual Service Plan (ISP) with sign in sheet, Inventory of Client Agency Planning</p>	Z9999		
-------	---	-------	--	--

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6011654	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____		(X3) DATE SURVEY COMPLETED 07/28/2022
NAME OF PROVIDER OR SUPPLIER LAWRENCE PLACE		STREET ADDRESS, CITY, STATE, ZIP CODE 715 SOUTH WASHINGTON STREET LINCOLN, IL 62656		
(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>(ICAP), programs, SIB-R's, Risk Assessments, for 3 of 3 individuals in the sample (R1, R2, R3) and 4 individuals out side the sample (R4, R5, R6, R7).</p> <p>C. Ensure 1 of 3 in the sample (R2) has a current physical and hearing assessment who requires annual physical and hearing assessment.</p> <p>D. Ensure nursing assessments and medical concerns are in accordance with their needs when nursing failed to assess 1 of 3 individuals in the sample (R1) who recently had injuries/illnesses from 5/22 to present; and assess 3 of 3 individuals in the sample (R1, R2, R3) who require quarterly nursing assessment.</p> <p>E. Ensure 3 of 3 individuals in the sample (R1, R2, R3) had their Individual Service Plan (ISP) revised annually.</p> <p>F. Ensure written informed guardian consent for behavior modifying medication for 1 of 3 individuals in the sample (R1) who requires behavior modifying medication.</p> <p>Findings include:</p> <p>A. According to R1's Physician Order Sheet (POS), dated 7/2022, documents R1 as a 77 year old male who functions at a Moderate Intellectual Disability Level with current diagnoses of Obsessive Behavior, Anxiety, Onychomycosis, Hypertension, COPD, Hypokalemia, Vitamin D Deficiency, and Anemia. Current psychotropic medications are as followed:</p> <p>Risperidone 0.5mg's twice daily, Fluvoxamine 100mg three time a day,</p>	Z9999		

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6011654	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____		(X3) DATE SURVEY COMPLETED 07/28/2022
NAME OF PROVIDER OR SUPPLIER LAWRENCE PLACE		STREET ADDRESS, CITY, STATE, ZIP CODE 715 SOUTH WASHINGTON STREET LINCOLN, IL 62656		
(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>Lamotrigine 75mg's every night at bedtime.</p> <p>According to R1's Individual Service Plan (ISP), dated 5/20/20, R2 is his own guardian. Under communication R1 could easily be taken advantage of. R1 has minimal reading and writing skills.</p> <p>R1's "Psychiatry" review dated 5/6/22, documents "R1 is a poor historian, R1 has some difficulties with transitions - agitation. Needs more engagement to hand changes well. Is using gerichair or walked most of the day. Continue's to need recent redirection, especially during the evening hours." Under review of systems, documents "insight: poor, Judgement: poor, memory: difficulty recalling biographical information."</p> <p>During observations on 7/26/22, 6:00 AM to 8:30 AM R1 was observed sitting in the living room. He continually asks the same question. He got up a few times and forgot to take his walker with him and he is redirected back to his walker. He was called into breakfast and asked where does he sit, he didn't know. R1 had to be redirected to a chair.</p> <p>During an interview with R1 on 7/26/22, R1 was asked what year he was born. R1 said he could not remember. When asked what year this was, R1 said I don't know. R1 was asked what medications he takes, and R1 responded I don't know.</p> <p>R1's Behavior Modifying Medication consent was reviewed. R1 is limited to what he can write which identifies as a scribbled line.</p> <p>In an interview with E2, Regional Manager/, on</p>	Z9999		

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6011654	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 07/28/2022
--	--	--	---

NAME OF PROVIDER OR SUPPLIER LAWRENCE PLACE	STREET ADDRESS, CITY, STATE, ZIP CODE 715 SOUTH WASHINGTON STREET LINCOLN, IL 62656
---	---

(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>7/26/22, at 1:40 PM, when asked if R1's family is involved E2, Regional Manager stated "Yes they were just here visiting a few weeks ago." Is this Power of Attorney for healthcare legal? E2 stated "I don't know." E2 was asked have you talked with the family about his medication, programs and Power of Attorney? E2 stated "No"</p> <p>There is no evidence of a Power of Attorney for R1 being informed about his healthcare.</p> <p>B. According to the facility submitted roster that validates level of functioning, undated, there are 10 individuals living in the facility. 2 individuals function in the Mild range of Intellectual Disability (R2, R5); 6 individuals function in the Moderate range of Intellectual Disability (R1, R3, R6, R7, R8, R9); and 2 individuals function in the Severe range of Intellectual Disability (R4, R10).</p> <p>During record review at day training R1's ISP with sign in sheet, ICAP, Risk Assessment and SIB-R was not available for 2021.</p> <p>During record review at day training R2's ISP with sign in sheet, Risk Assessment, SIB-R and programs for 2020 was not available. R2's SIB-R and programs were not available for 2021.</p> <p>During record review at day training R3's ISP with sign in sheet, programs including behavior program, ICAP, SIB-R, and Risk Assessment was not available for 2020, 2021, and 2022.</p> <p>During record review at day training R4's ISP with sign in sheet, ICAP, SIB-R and Risk Assessment was not available for 2021.</p> <p>During record review at day training R5's ISP with sign in sheet, Risk Assessment, Programs, and</p>	Z9999		

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6011654	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 07/28/2022
--	--	--	---

NAME OF PROVIDER OR SUPPLIER LAWRENCE PLACE	STREET ADDRESS, CITY, STATE, ZIP CODE 715 SOUTH WASHINGTON STREET LINCOLN, IL 62656
---	---

(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>ICAP was not available for 2021.</p> <p>During record review at day training R6's ISP with sign in sheet, programs, SIB-R, and ICAP was not available for 2021.</p> <p>During record review at day training R7's ISP with sign in sheet and SIB-R for 2020, and ISP with sign in sheet, ICAP, programs, SIB-R and Risk Assessment for 2021 was not available.</p> <p>In an interview with Z1, Qualified Intellectual Disability Professional (QIDP) day training, on 7/26/22 at 11:25 AM, Z1 states "I am still missing individuals ISP's, ICAP's, programs, and SIB-R's and Risk Assessments. I have asked multiple times, emailed the Q at the facility with no response. I has sent follow up emails, with no response. I have not heard back from the facility since March 2022.</p> <p>There is no evidence the facility has provided the DT with updated ISP's, ICAP's, programs, SIB-R's and Risk Assessments.</p> <p>C. According to R2's POS, dated 7/2022, documents R2 as a 29 year old male, who functions at a Mild Intellectual Disability Level with current diagnoses of Phonological Disorder, Enuresis, Myopia, Attention Deficit Hyperactivity Disorder, Oppositional Defiant Disorder, Intermittent Explosive Disorder, Obesity and Constipation.</p> <p>R2's last annual physical and hearing assessment in the chart is dated 9/29/20.</p> <p>There is no evidence of a current physical and hearing assessment for R2.</p>	Z9999		
-------	---	-------	--	--

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6011654	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 07/28/2022
--	--	---	---

NAME OF PROVIDER OR SUPPLIER LAWRENCE PLACE	STREET ADDRESS, CITY, STATE, ZIP CODE 715 SOUTH WASHINGTON STREET LINCOLN, IL 62656
---	---

(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>In an interview on 7/26/22 at 2:00 PM, E4 (Direct Support Person), confirmed R2's physical and hearing assessment is late.</p> <p>D. Per Facility Policy NO: 5.57, Physical Injury and Illness/individual Medical Emergencies: adopted 12/90, revised 10/17, page 2, I, documents "The administrator shall review any progress notes (GP-15) bi-weekly at a minimum, this includes any issues that pose a safety risk to an individual, such as change in condition and unusual incidents (either resulting in observable injury or not resulting in observable injury", K., documents " Any follow-up action or medication prescribed by the physician shall be summarized in the monthly QIDP (Qualified Intellectual Disability Professional) Summary (GP-99) and in the Nursing Notes (GP-35).</p> <p>Per Facility Policy NO: 7.02, Nursing Services; Adopted: 10/84, Revised 02/19, page 2, #4, documents "The Registered Nurse Trainer shall complete individual's health assessments, review monthly physician's orders and lab results, provide consultation with appropriate medical professionals and management staff during routine scheduled and PRN visits to homes."</p> <p>1. According to R1's Physician Order Sheet (POS), dated 7/2022, documents R1 as a 77 year old male who functions at a Moderate Intellectual Disability Level with current diagnoses of Obsessive Behavior, Anxiety, Onychomycosis, Hypertension, COPD, Hypokalemia, Vitamin D Deficiency, and Anemia.</p> <p>Facility provided "Incident Report" dated 5/1/22, documents "R1 was getting him up in the morning and saw that he had a bruise on his left chest."</p>	Z9999		

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6011654	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 07/28/2022
--	--	---	---

NAME OF PROVIDER OR SUPPLIER LAWRENCE PLACE	STREET ADDRESS, CITY, STATE, ZIP CODE 715 SOUTH WASHINGTON STREET LINCOLN, IL 62656
---	---

(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>Facility provided "T-Log". dated 5/11/22, documents "R1 has had 2 falls in the last two days. Ice to back and ribs."</p> <p>R1's "Monthly Nursing Note" dated 5/24/22, documents "R1 was seen on 5/3/22 for a bruise on his left pectoral and left arm and complaints of pain. R1 fell out of bed. There was no injuries and he was able to return to work. R1 was evaluated on 5/11/22 due to rib pain and was sent home from day training."</p> <p>There is no evidence of an accurate nursing assessment of vital signs, bruising size and color. There is no identifying the 2 falls in the last 2 days documented on the "T-Log".</p> <p>There is no evidence of assessments and follow up being done per policy of any issues that pose a safety risk to an individual, such as change in condition and unusual incidents (either resulting in observable injury or not resulting in observable injury.</p> <p>Facility provided "Incident Report" dated 7/11/22, documents "R1 was getting a shower and he went to sit down and no seat was under him so I eased him down to the ground."</p> <p>There is no nursing assessment completed for incident on 7/11/22.</p> <p>In an interview on 7/26/22 at 2:15 PM, E1 (Administrator) confirmed there are no nursing assessments on R1 for the injuries he received.</p> <p>2a. According to R1's Physician Order Sheet (POS), dated 7/2022, documents R1 as a 77 year old male who functions at a Moderate Intellectual Disability Level with current diagnoses of</p>	Z9999		

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6011654	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 07/28/2022
--	--	---	---

NAME OF PROVIDER OR SUPPLIER LAWRENCE PLACE	STREET ADDRESS, CITY, STATE, ZIP CODE 715 SOUTH WASHINGTON STREET LINCOLN, IL 62656
---	---

(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 8</p> <p>Obsessive Behavior, Anxiety, Onychomycosis, Hypertension, COPD, Hypokalemia, Vitamin D Deficiency, and Anemia.</p> <p>R1 has an annual nursing assessments dated 4/25/22.</p> <p>There is no evidence of a current nursing assessment for R1.</p> <p>2b. According to R2's POS, dated 7/2022, documents R2 as a 29 year old male, who functions at a Mild Intellectual Disability Level with current diagnoses of Phonological Disorder, Enuresis, Myopia, Attention Deficit Hyperactivity Disorder, Oppositional Defiant Disorder, Intermittent Explosive Disorder, Obesity and Constipation.</p> <p>R2 has an annual nursing assessment dated 4/25/22.</p> <p>There is no evidence of a current nursing assessment for R2.</p> <p>2c. According to R3's POS, dated 7/2022, documents R3 as a 75 year old male, who functions at a Moderate Intellectual Disability Level with current diagnoses of Schizophrenia Disorder with Paranoia, Atrial Fib, Hip Replacement, Prostate Cancer, Urinary Incontinence, Aggressive Behaviors, Depression, and Osteoarthritis.</p> <p>R3 has an annual nursing assessment dated 4/5/22.</p> <p>There is no evidence of a more current nursing assessment for R3.</p>	Z9999		

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6011654	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 07/28/2022
--	--	--	---

NAME OF PROVIDER OR SUPPLIER LAWRENCE PLACE	STREET ADDRESS, CITY, STATE, ZIP CODE 715 SOUTH WASHINGTON STREET LINCOLN, IL 62656
---	---

(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 9</p> <p>In an e-mail dated 7/27/22, E1 (Administrator) confirmed the nursing assessments are not completed on R1, R2, and R3.</p> <p>E. According to R1's Physician Order Sheet (POS), dated 7/2022, documents R1 as a 77 year old male who functions at a Moderate Intellectual Disability Level with current diagnoses of Obsessive Behavior, Anxiety, Onychomycosis, Hypertension, COPD, Hypokalemia, Vitamin D Deficiency, and Anemia.</p> <p>During record review R1's Individual Service Plan (ISP), is dated 5/20/20.</p> <p>There is no evidence of a more current ISP for R1.</p> <p>According to R2's POS, dated 7/2022, documents R2 as a 29 year old male, who functions at a Mild Intellectual Disability Level with current diagnoses of Phonological Disorder, Enuresis, Myopia, Attention Deficit Hyperactivity Disorder, Oppositional Defiant Disorder, Intermittent Explosive Disorder, Obesity and Constipation.</p> <p>During record review R2's ISP, is dated 2/19/21.</p> <p>There is no evidence of a more current ISP for R2.</p> <p>According to R3's POS, dated 7/2022, documents R3 as a 75 year old male, who functions at a Moderate Intellectual Disability Level with current diagnoses of Schizophrenia Disorder with Paranoia, Atrial Fib, Hip Replacement, Prostate Cancer, Urinary Incontinence, Aggressive Behaviors, Depression, and Osteoarthritis.</p> <p>During record review R3's ISP, is dated 1/17/21.</p>	Z9999		

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6011654	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 07/28/2022
--	--	---	---

NAME OF PROVIDER OR SUPPLIER LAWRENCE PLACE	STREET ADDRESS, CITY, STATE, ZIP CODE 715 SOUTH WASHINGTON STREET LINCOLN, IL 62656
---	---

(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 10</p> <p>There is no evidence of a more current ISP for R3.</p> <p>In an interview on 7/26/22 at 12:30 AM, when asked if there are updated ISP's for R1, R2, and R3, E2 (Regional Manager) stated, "no".</p> <p>F. According to R1's Physician Order Sheet (POS), dated 7/2022, documents R1 as a 77 year old male who functions at a Moderate Intellectual Disability Level with current diagnoses of Obsessive Behavior, Anxiety, Onychomycosis, Hypertension, COPD, Hypokalemia, Vitamin D Deficiency, and Anemia. Current psychotropic medications are as followed:</p> <p>Risperidone 0.5mg's twice daily, Fluvoxamine 100mg three time a day, Lamotrigine 75mg's every night at bedtime.</p> <p>According to R1's Individual Service Plan (ISP), dated 5/20/20, R2 is his own guardian. Under communication R1 could easily be taken advantage of. R1 has minimal reading and writing skills.</p> <p>During observations on 7/26/22, 6:00 AM to 8:30 AM R1 was observed sitting in the living room. He continually asks the same question. He got up a few times and forgot to take his walker with him and he is redirected back to his walker. He was called into breakfast and asked where does he sit he didn't know. R1 had to be redirected to a chair.</p> <p>During an interview with R1 on 7/26/22, R1 was asked what year he was born. R1 said he could not remember. When asked what year this was, R1 said I don't know. R1 was asked what</p>	Z9999		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6011654	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 07/28/2022
--	--	---	---

NAME OF PROVIDER OR SUPPLIER LAWRENCE PLACE	STREET ADDRESS, CITY, STATE, ZIP CODE 715 SOUTH WASHINGTON STREET LINCOLN, IL 62656
---	---

(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 11</p> <p>medications he takes, and R1 responded I don't know.</p> <p>R1's Behavior Modifying Medication consent was reviewed. R1 is limited to what he can write which identifies as a scribbled line.</p> <p>In an interview with E2, Regional Manager, on 7/26/22, at 1:40 PM, when asked if R1's family is involved E2, Regional Manager stated "Yes they were just here visiting a few weeks ago." Is this Power of Attorney for healthcare legal? E2 stated "I don't know." E2 was asked have you talked with the family about his medication, programs and Power of Attorney? E2 stated "No"</p> <p>There is no evidence of a Power of Attorney for R1 being informed about his healthcare.</p> <p>(B)</p>	Z9999		