STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	IL6013833	A. BUILDING: _____ B. WING _____	C 03/14/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
TORRENCE PLACE	2601 223RD STREET SAUK VILLAGE, IL 60411

(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 Facility Reported Incident of January 21, 2022/IL143110 Facility Reported Incident of February 10, 2022/IL143110	Z 000		
Z9999	FINDINGS Statement of Licensure Violations I of II. 350.620 a) 350.620 b)5) 350.670 f)1)2) 350.810 a) 350.1235 a)3)4)5) 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. b) These policies shall include: 5) A written statement concerning admission, transfer, and discharge of residents including categories of residents accepted and not accepted, residents that will be transferred or discharged, and other policies of the facility. Section 350.670 Personnel Policies f) Orientation and In-Service Training 1) All new employees, including student interns, shall complete an orientation program covering, at a minimum, the following: general facility and resident orientation; job orientation, emphasizing allowable duties of the new	Z9999	**Attachment A** **Statement of Licensure Violations**	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	IL6013833	A. BUILDING: _____ B. WING _____	C 03/14/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
TORRENCE PLACE	2601 223RD STREET SAUK VILLAGE, IL 60411

(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 1	Z9999		

employee; resident safety, including fire and disaster, emergency care and basic resident safety; the importance of nutrition in general healthcare; and understanding and communicating with the type of residents being cared for in the facility. In addition, all new direct care staff, including student interns, shall complete an orientation program covering the facility's policies and procedures for resident care services before being assigned to provide direct care to residents. The employee's training and competency shall be documented.

2) All employees, except student interns, shall attend in-service training programs pertaining to their assigned duties at least annually. These in-service training programs shall include the facility's policies, skill training and ongoing education to enable all personnel to perform their duties effectively. The in-service training sessions regarding personal care, nursing and restorative services shall include information on the prevention and treatment of decubitus ulcers. In-service training concerning dietary services shall include information on the effects of diet in treatment of various diseases or medical conditions and the importance of laboratory test results in determining therapeutic diets. Written records of program content for each session and of personnel attending each session shall be kept.

Section 350.810 Personnel

a) Sufficient staff in numbers and qualifications shall be on duty all hours of each day to provide services that meet the total needs of the residents. At a minimum, there shall be at least one staff member awake dressed and on duty at all times.

Section 350.1235 Life-Sustaining Treatments

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	IL6013833	A. BUILDING: _____ B. WING _____	C 03/14/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
TORRENCE PLACE	2601 223RD STREET SAUK VILLAGE, IL 60411

(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 2 a) Every facility shall respect the residents' right to make decisions relating to their own medical treatment, including the right to accept, reject, or limit life-sustaining treatment. Every facility shall establish a policy concerning the implementation of such rights. Included within this policy shall be: 3) procedures for providing life-sustaining treatments available to residents at the facility; 4) procedures detailing staff's responsibility with respect to the provision of life-sustaining treatment when a resident has chosen to accept, reject, or limit life-sustaining treatment, or when a resident has failed or has not yet been given the opportunity to make these choices; 5) procedures for educating both direct and indirect care staff in the application of those specific provisions of the policy for which they are responsible. This REQUIREMENT is not met as evidenced by: A. Based on observation, record review and interview, the Governing Body failed to implement policies to ensure residents receive basic life support and develop policies and procedures to ensure residents rights are protected when the facility fail to: 1) Ensure resident's right to receive Cardiopulmonary Resuscitation in an emergency to potentially prevent death. 2) Ensure all staff that provide direct resident care receive Cardiopulmonary Resuscitation Training. 3) Ensure sufficient staff is available to respond to emergencies. This resulted in delay of providing basic life support procedures for a resident who died. 4) Develop a written policy and procedure for residents' transfers to other intermediate care facilities.	Z9999		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	IL6013833	A. BUILDING: _____ B. WING _____	C 03/14/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
TORRENCE PLACE	2601 223RD STREET SAUK VILLAGE, IL 60411

(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 3 B. Based on record review and interview, the facility failed to initiate Cardiopulmonary Resuscitation (CPR) for 1 of 1 client found unresponsive (R2) and died; failed to give clear directives to staff (E3) regarding performing CPR. The Findings Include: 1. R2's record on 2/14/22. R2 was a 63-year-old male admitted to the facility 27 years ago with several diagnoses including Seizures, Cerebral Atrophy, Peripheral Vascular Disorder, Depression, Bipolar Disorder with Psychotic Features. His father is listed as his guardian. R2 was 5 feet 8 inches and 180.6 pounds, ambulatory and communicated verbally. R2's activity and social activities indicate he visits his parents most weekends. R2's physician order sheet dated 2/1/22 signed by Z1 (physician) listed several diagnoses including Seizures, History of Deep Vein thrombosis, Hypokalemia, Iron deficiency Anemia, Cerebral Atrophy, Depression, and Moderate intellectual level of functioning. The same record identified R2's advanced directives as a full code. R2 did not have a do not resuscitate (DNR) order. Facility incident report dated 2/10/22 at 9:20pm written by E10 (Direct Support Person/DSP) states, "R12 came up front and said R2 was on the floor in the bathroom. I got up and went to the bathroom, he was on the floor. He was not responding, so I called 911." Local Emergency Medical Service Report dated 2/10/22 written by Z15 (EMS) documented the following: 9:20pm call in for unit 9:21pm unit notified	Z9999		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	IL6013833	A. BUILDING: _____ B. WING _____	C 03/14/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
TORRENCE PLACE	2601 223RD STREET SAUK VILLAGE, IL 60411

(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 4 9:21pm in route 9:25pm on scene 9:26pm patient contact Emergency Medical Services (EMS) report dated 2/10/22 at 9:21pm written by Z15 EMS states R2 found at location of facility "Patient dead at scene-resuscitation attempted without transport." Narrative In summary, dispatched to above location for the 63-year-old male for the fall. Upon arrival staff stated she was unaware if patient was breathing. Per staff she said she found patient approximately 10 minutes prior to arrival with no change in current condition. Patient contact was made. Patient found on the ground face down next to the toilet in the bathroom. No obvious signs of trauma noted. Patient was rolled over onto his back and found to have no pulse and was apneic. Patient presents with a distended abdomen and distended neck veins. CPR was initiated by crew at 9:27pm. Patient placed on monitor and found to be asystole. IO (Intraosseous) access obtained in the right distal tibia. Normal saline bolus of 0.9% of normal saline initiated. Ventilations started with BVM (Bag Valve Mask) on 100% oxygen. 1 milligram of epinephrine administered via IO." "Medical control contacted for cessation of resuscitation efforts which was granted per Z16 (MD /medical doctor) at 9:53pm. Following discontinuation of resuscitation measures per medical control, crew accompanied Police Department to talk to staff member, while talking to police, staff member stated she never actually found the patient. she stated she was alerted to him being on the ground by another resident." R12 was interviewed on 2/14/22 at 1:15pm. R12's room is next door to R2's room. R12 has a direct	Z9999		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	IL6013833	A. BUILDING: _____ B. WING _____	C 03/14/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
TORRENCE PLACE	2601 223RD STREET SAUK VILLAGE, IL 60411

(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 5 view to the bathroom where R2 was found, if R2's door is open. R12 stated, he saw R2 when he walked in the bathroom and fell, ran to him (R2), and then ran to get E3 (DSP). E3 came to the bathroom. R12 stood in the doorway of the bathroom, and R2 was trying to say something. E3 left, R12 didn't know where E3 went. R12 stayed there by the bathroom. R12 became emotional and started crying. On 3/3/22 at 11:30am R12 reported, he did not see R2 fall in the bathroom. R2 was already on the floor when R12 saw him. Interview with R14 on 2/15/22 at 2pm. R14 was R2's roommate before R2 expired. As surveyor was making observations of R2's bedroom and bathroom R14 states, R2 was right there in his bed, that is his bed, that is his TV, that is the bathroom over there where R2 was on the floor. R2 was trying to say something, but R14 didn't know what R2 was trying to say. R2's eyes were open. R2 was trying to say something. R12 went and got staff. Observations were made on 2/15/22 at 2:10pm of R2's bedroom and the bathroom where he was found on the floor. R2's bed, chest, recliner and television are still in place. R2's bed is near the window of the room he shares with R14. R14 is present during surveyor's observations and follows surveyor to the bathroom which is 4 feet directly across from R2's bedroom. R14 states "That is where he was. R2 was on the floor. The bathroom is 8 feet long by 6 feet wide with ceramic tile and 4 feet directly across from R2's bedroom. Inside the bathroom the toilet is facing the opening door. There is a large open space upon entering the bathroom that is unobstructed.	Z9999		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	IL6013833	A. BUILDING: _____ B. WING _____	C 03/14/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
TORRENCE PLACE	2601 223RD STREET SAUK VILLAGE, IL 60411

(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 6	Z9999		

Observation of the facility's first aid kit on 3/3/22 at 12:39pm. The first aid kit is kept in the medication room and contains wound dressing, tape, and other first aid supplies.

Review of staff schedule and employee time and attendance punch history for 2/10/22 (day of R2's death) both confirm one staff scheduled onsite in the home at the time of R2's death.

The surveyor interviewed E3 (Direct Support Person/DSP) by telephone on 2/16/22 at 2pm. According to E3, she was the only staff in the home when R2 was found unresponsive. E3 states when she came on duty 2/10/22 at 2:30pm, the staff in the home at the time were E4 (Administrative Assistant), E11 (Trainer and QIDP Qualified Intellectual Disability Professional), E12 (DSP) and E8 (DSP) but they all left by 6:30-6:45pm. E3 states, I don't know what time it was. I know I had passed 8pm meds, had gotten clothes out the dryer, and was folding them. When R12 came to me and told me R2 was on the floor, I was in the living room. I said where? I went to the bathroom and was trying to check R2 out. I shook his shoulders and called his name. When I shook his shoulders, my hand was wet. It looked like vomit. His eyes made contact with me. I looked at him. I would have called for help; I have been working by myself a lot. I told them it's difficult. Everybody left the house by 6:30pm. The surveyor asked clarification on everybody. E3 stated, the staff. E3 reported, she looked around, the toilet was behind him. I was trying to push him back. I checked him for a pulse on his wrist. He seemed like he had one, I'm going to say he had a pulse. I don't go around checking pulses every day. He was a heavy man. I didn't want to ask another resident to help. He (R2) uttered something out of his mouth. Then I got

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	IL6013833	A. BUILDING: _____ B. WING _____	C 03/14/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
TORRENCE PLACE	2601 223RD STREET SAUK VILLAGE, IL 60411

(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 7	Z9999		

up and went to the other room (the living room). I had to go back there to call 911. I had to get the house phone. Then after I called 911. I called E6 (Administrator) then I looked for the AED (automated external defibrillator) and the COVID mask. I didn't see a first aid kit. E6 was asking me questions on the phone as I was looking for the mask. The office door was locked I opened the medicine room and found the emergency box, but it didn't have anything in it. I was looking for CPR AED device first aid kit. I then ran around the corner because R7 was going out the door and I had to get her back. I was on the phone with E6 (Administrator) I can remember when R7 got out the door. I was looking for this stuff. I did hear E6 (Administrator) say, did you do CPR? I said No. Surveyor asked E3 was R2 still in the bathroom on the floor during the time you were getting R7 back in the house, looking for materials you mentioned and on the telephone with the E6 (Administrator)?" E3 spoke in a loud tone "Yes, I need help, I need Help." E3 was asked if at any time did, she return to the bathroom to check on R2. E3 states no because by that time the paramedics were there and coming in. I asked the paramedics should I have given R2 CPR.

Interview with E8 DSP on 2/15/22 at 2:20pm. E8 worked the day R2 passed away. "R2 was talking, he came to breakfast, lunch, and dinner. I worked 6a to 6pm. I saw him last at the dining room table and he was getting up."

Interview with Facility's CPR trainer E11, by telephone on 2/28/22 at 1:30pm. According to E11, she trains all staff for the facility, "During CPR class students are instructed during the check call segment that when calling 911 and put the phone on speaker in order to continue the call

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	IL6013833	A. BUILDING: _____ B. WING _____	C 03/14/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
TORRENCE PLACE	2601 223RD STREET SAUK VILLAGE, IL 60411

(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 and assist the individual hands free. Facility policy number 5.32 titled "Individual Death within home" dated 3/2021, "1. In the event of a presumed death of an individual in the home an employee shall: a. Immediately call 911. b. Perform CPR (cardiopulmonary resuscitation) unless a DNR (do not resuscitate) is in place) c. Once EMS (emergency medical services) arrives, notify the QIDP (qualified Intellectual Disability Professional) or Administrator. 2. "Once the death is confirmed, the QIDP or Administrator shall immediately notify a. coroner b. Individual's physician c. individual's guardian and/or family and d. applicable funeral director." Interview with Z11 (representative from American Red Cross CPR division) on 2/28/22 at 9:44am by telephone. Z11 states credentials as Registered Nurse and Advanced CPR Instructor Educator. The American CPR manual is updated every 5 years. The most recent CPR manual was released in 2020." "If you are alone and a person is found unresponsive, 911 should be called immediately at that point put the phone down if you have time, you can put the phone on speaker anywhere and stay on with 911. If the person has breaths and a pulse, they should be put in the recovery position on their side with their arm above their head and make sure airway is clear. You souls stay with the person unless you have an AED you can run and get that otherwise if alone you should stay with the person while waiting on 911 in case they stop breathing or pulse stops, and you have to administer CPR right away. Facility Policy number 5.57, titled "Physical Injury and Illness/Individual Medical Emergencies" dated 5/2019 states "Individuals served by the	Z9999		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	IL6013833	A. BUILDING: _____ B. WING _____	C 03/14/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
TORRENCE PLACE	2601 223RD STREET SAUK VILLAGE, IL 60411

(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 9 agency shall receive timely and effective medical services for physical injuries and illnesses and medical emergencies." "Neglect: Failure to provide goods and services necessary to avoid physical harm, mental anguish or mental illness." "Procedure A. As soon as the injury or illness is determined to be a medical emergency, the DSP (Direct Support Person) is to call 911 and follow the steps in 1 of this policy." Step 1 in the same policy states "A. Notify the local emergency services to transfer, (use 911 or local emergency number), B. Follow the instructions of operator if available, and administer CPR/First Aid, as needed." "2. The Qualified Intellectual Disability Professional (QIDP) shall notify the guardian and/or relative designated by the individual of the situation as soon as possible" Facility policy number 7.19 titled "DNR orders" dated 2/2018 "2. Each individual residing in the home will be provided life sustaining treatments unless documentation of a living will, durable power of attorney for health care has provided indicating orders for limited resuscitation DNR." "All staff are provided training in CPR/First Aid following acceptable best practice through an established training program when hired and annually thereafter." 2. Facility's resident list on 2/10/22 indicated a census of 15 residents. E15 (DSP) did not have a CPR card. E15's hire date is 1/6/22. According to Facility's February schedule, E15 works the night shift and worked the following dates for this facility without CPR training: 2/6, 2/12, 2/13,2/14, 2/21 and 2/26/22.	Z9999		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	IL6013833	A. BUILDING: _____ B. WING _____	C 03/14/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
TORRENCE PLACE	2601 223RD STREET SAUK VILLAGE, IL 60411

(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 10 Interview with E15 by telephone on 2/17/22 at 3:20pm. E15 confirmed he was hired 1/6/22, " No, I have not had CPR" and states he missed the CPR class on 1/8/22 Surveyor inquired to E11 (CPR trainer) on 2/17/22 at 3:21pm of why was E15 was working with residents without CPR training. E15 states, "E15 is not yet CPR certified" "the schedule will reflect he does not work alone." The facility failed to follow their policy to provide "training in CPR/First Aid" "when hired and annually thereafter". 3. Facility's staff schedule, employee time and attendance punch history for 2/10/22 (day of R2's death) both indicate one staff, E3 Direct Support Person (DSP) scheduled for 2nd shift (2:30pm to 10:30pm) and onsite in the home at the time of R2's death. The staff schedule and staff punch history for January and February, indicate the following days of one staff working the 2nd shift, 1/5-1/8/22. 1/11- 1/14/22, 1/21- 1/24/22, 2/4 and 2/5/22, 2/9 and 2/10/22. Facility policy number 5.51 dated 12/2015 titled "Staff Replacement" indicated: 1. It is the responsibility of the Administrator/Qualified Intellectual; Disability Professional (QIDP)/House Manager to find replacements for staff calling in sick or needing off for approved leave. All changes in schedule must go through the Administrator /QIDP for approval. 2. Part-time staff will be used first to replace staff. In the event part time staff are not available, full-time staff will be utilized.	Z9999		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	IL6013833	A. BUILDING: _____ B. WING _____	C 03/14/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
TORRENCE PLACE	2601 223RD STREET SAUK VILLAGE, IL 60411

(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 11 E4 (Administrator Assistant) on 2/15/22 at 11:30am. E4 stated on 2/10/22 when R2 passed away, the staff Z12 (DSP) was scheduled to work 3p to 8p did not show. E3 was asked if there were any attempts to replace Z12 DSP and if she was aware E3 DSP would be working alone. E4 confirmed there were no attempts made to replace Z12 which left a 15 to 1 staff resident ratio. The surveyor interviewed E3 (Direct Support Person/DSP) by telephone on 2/16/22 at 2pm. E3 stated, on the second shift when she works alone, she has to pass 8pm meds to all 15 residents, give showers, help residents in pajamas, put in a load of clothes, fold the clothes, and keep an eye on R7, who keeps leaving out the side door. Interview E4 (Administrative Assistant) on 2/17/22 at 1:55pm. E4 was asked why there is 1 staff on the staff schedule for second shift to provide service for 15 residents. E4 states there is an open shift for 3:30pm to 11:30pm " a girl was hired Z12, DSP but she never came" Interview E4 (Administrator Assistant) on 2/17/22 at 2:15pm. E4 was asked what assistance each resident requires? The following information was provided: R2 - independent assistance with bath. R3 - assistance in all Activities of daily living (ADL) including showers and incontinence R4 - assistance during bath R5 - independent assistance during bath R6 - assistance in ADL can feed self R1 - assistance in all ADL including shower R14 - independent R13 - Independent	Z9999		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	IL6013833	A. BUILDING: _____ B. WING _____	C 03/14/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
TORRENCE PLACE	2601 223RD STREET SAUK VILLAGE, IL 60411

(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 12 R10 - independent R11 - assistance in all ADL including showers and incontinent R15 - Independent R9 - Independent R8 - assistance with all ADL R7 - assistance with all ADL R12 - Independent 4. Telephone interview with E6 (Administrator) on 2/22/22 at 4:30pm. E6 was asked about staffing for the second shift on this day. While E6 was discussing staffing she indicated she had 7 residents in the home now. The facility had a census of 14 residents on 2/14/22 when surveyor came onsite to the facility. E6 (Administrator and Executive Director) states, "We identified we have a staffing issue as part of the investigation with R2 and we are not able to move staff from their homes because they are needed. So, we began the process of contacting the guardians and explaining to them and getting their permission to transfer the individuals." Administrator presented upon request on 2/23/22 at 11:00am a list of residents who have been transferred to affiliated facilities: a. R1 transferred on 2/13/22 b. R3 transferred on 2/13/22 c. R4 transferred on 2/19/22 d. R6 transferred on 2/12/22 e. R7 transferred on 2/15/22 f. R8 transferred on 2/14/22 g. R9 transferred on 2/13/22 h. R10 transferred on 2/12/22 Interview with E6, Administrator and Executive Director on 2/23/22 at 11:50am. E6 states the resident transfers are temporary. "If the guardians want them to return and the individuals	Z9999		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	IL6013833	A. BUILDING: _____ B. WING _____	C 03/14/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
TORRENCE PLACE	2601 223RD STREET SAUK VILLAGE, IL 60411

(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 13 are ready to return the individuals are able to return, it is also determined by staffing. We can't bring them back without sufficient staffing." Telephone interview with Z10 (Facility's ombudsman) on 2/24/22 at 11:40am. Z10 stated she was not notified of R2's death on 2/10/22, allegations of physical abuse against R1 on 1/21/22, or resident transfers to other facilities. Z10 states she was at the facility last quarter, and she would need to know about "these things, I have to let my supervisor know about this. I do have a message from E6 (Administrator) from yesterday." Review of facility's policies on 2/23/22. The facility failed to have a resident transfer policy in place to give directions to staff of: a. Time frame of notification to Parent, Guardian, Power of Attorney of resident transfer, the type of consent verbal and written. Time frame written consent will be obtained after verbal. b. Who should be notified of resident transfer example; Physician, Ombudsman, IDPH, etc. c. What factors will determine resident facility transfer. d. Determination and conditions for Permanent or temporary transfer. e. Considerations of distance from transferred facility and visitor travel consideration. f. Who decides resident transfer Individual Habilitation Team, Administrator or other. "A" Statement of Licensure Violations II of II: 350.620 a) 350.3240 a)b)c)e)f)	Z9999		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	IL6013833	A. BUILDING: _____ B. WING _____	C 03/14/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
TORRENCE PLACE	2601 223RD STREET SAUK VILLAGE, IL 60411

(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 14 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 350.3240 Abuse and Neglect a) An owner, licensee, administrator, employee or agent of a facility shall not abuse or neglect a resident. b) A facility employee or agent who becomes aware of abuse or neglect of a resident shall immediately report the matter to the facility administrator. c) A facility administrator who becomes aware of abuse or neglect of a resident shall immediately report the matter by telephone and in writing to the resident's representative. e) Employee as perpetrator of abuse. When an investigation of a report of suspected abuse of a resident indicates, based upon credible evidence, that an employee of a long-term care facility is the perpetrator of the abuse, that employee shall immediately be barred from any further contact with residents of the facility, pending the outcome of any further investigation, prosecution or disciplinary action against the employee. f) Resident as perpetrator of abuse. When an investigation of a report of suspected abuse of a resident indicates, based upon credible evidence, that another resident of the long-term care facility is the perpetrator of the abuse, that resident's condition shall be immediately evaluated to determine the most suitable therapy and placement for the resident, considering the safety of that resident as well as the safety of other	Z9999		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	IL6013833	A. BUILDING: _____ B. WING _____	C 03/14/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
TORRENCE PLACE	2601 223RD STREET SAUK VILLAGE, IL 60411

(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 15 residents and employees of the facility. This REQUIREMENT is not met as evidenced by: Based on record review and interview, the facility failed to promptly notify the client's guardian of any significant incidents. This occurred for 1 of 1 resident (R1) in the sample with allegations of staff to resident physical abuse. The Findings Include: The facility policy number 5.24 dated 04/2019 and titled Physical Injury indicates: A. Any home employee or agent who witnesses or suspects a violation of individual rights, peer to peer incidents, reasonable suspension of a crime, abuse, or neglect, shall immediately report the matter to home management. 2. In order for the incident to be considered reported the employee or agent shall speak directly to one of the following managers: Administrator, Executive Director or Chief Executive Director. 4. The employee or agent shall write a detailed, factual statement regarding the incident on a progress note (GP-15) prior to leaving the shift. According R1's Individual Service Plan (ISP) dated 11/4/21, R1 is a 31-year-old with profound intellectual functioning, an intellectual quotient of less than 36 who is ambulatory and has minimal verbal communication. R1 diagnoses include Autism, Aggressive Behavior, Seizure Disorder and Fragile X Syndrome. Facility Incident report dated 1/21/22 at 1pm written by E5 (Direct Support Person/DSP) documents time of occurrence 7:30 "E1 (DSP)	Z9999		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	IL6013833	A. BUILDING: _____ B. WING _____	C 03/14/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
TORRENCE PLACE	2601 223RD STREET SAUK VILLAGE, IL 60411

(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 16	Z9999		

hitting R1 in the back and head multiple times." E5 documents the incident occurred at 7:30am on 1/21/22 however; the incident was not documented or reported until 1:15pm (6 hours) later. E5 did not report incident to the Administrator as facility's policy requires.

The facility reported incident dated 1/21/22 at 1pm documents, staff reported R1 hit R10. E1 (Direct Support Person/DSP) intervened between R1 and R10. According to the incident report, R1 (nonverbal), R10 (nonverbal), R13, R12, R14, R15, E5 (DSP), and E16 (Administrator and Investigator) were all interviewed about witnessing R1 hit R10, and they all said no.

According to timecard review, E5 punched out at 9:32am and left her shift without notification to the Administrator or completing an incident report as Facility's policy requires.

R1 of nurse's note dated 1/21/22 at 11:30 am by E7 (Licensed Practical Nurse/LPN) includes R1 was examined post allegation of abuse "from head to toe and did not have bruises, discoloration or any injuries, vital signs were taken and were within normal limit."

R1's second nurse assessment was conducted for R1 on 1/24/22 by E9 (Registered Nurse.) The time of assessment is not documented. E9 documents, performed skin assessment to R1. No visible bruising on face, neck, legs, abdomen, chest or back. No grimacing upon palpation.

Interview with E6 (Administrator) on 2/2/22 by telephone, E6 states E1 (DSP) was terminated on 1/31/22 because she did not follow policy and did not follow R1's behavior plan when she put her hands on his shirt to guide him in the kitchen. On

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	IL6013833	A. BUILDING: _____ B. WING _____	C 03/14/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
TORRENCE PLACE	2601 223RD STREET SAUK VILLAGE, IL 60411

(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 17 2/2/22 E6 states she is looking to discipline E5 and terminate E2 (DSP) because they did not follow facility protocol but is currently still evaluating their actions. E6 (Administrator) on 2/14/22 at 11:30am, confirmed E2 (DSP) and E5 (DSP) did not follow facility policy for reporting allegations of resident abuse. E6 (Administrator) was asked why was staff E2 terminated. E6 states E2 (DSP) was terminated because E6 questioned her, and she did not report the alleged abuse in a timely manner and was terminated on 2/3/22. E6 states E1 (DSP) was terminated on 1/31/22. R3 on 2/14/22 at 12:15pm states she was sitting in the living room on 1/21/22 and witnessed the allegation of abuse from E1 (DSP) to R1. R3 states R1 started acting out "hollering and stuff." "E1 (DSP) is good with him. And he was hitting on E1 trying to pull her leg. E1 did not hit R1, she guided him by his shirt to his seat in the dining room because it was breakfast time, and he was ok." The surveyor interviewed E6 (Administrator) on 2/14/22 at 11:30am. E6 was asked if there is evidence that R1's guardian was notified of the allegation of physical and verbal abuse from E1(DSP) to R1. E6 was not able to produce guardian notification. "C"	Z9999		