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 R-C B. WING IL6005268 05/04/2022 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 221 EAST THIRD STREET **LEBANON TERRACE** LEBANON, IL 62254 SUMMARY STATEMENT OF DEFICIENCIES (X4) ID PROVIDER'S PLAN OF CORRECTION ID (X5) COMPLETE (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX PREFIX (EACH CORRECTIVE ACTION SHOULD BE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG CROSS-REFERENCED TO THE APPROPRIATE TAG DATE DEFICIENCY) {Z 000} COMMENTS {Z 000} 3rd Follow Up to Complaint Survey 2145520/IL136663 {Z9999} **FINDINGS** {Z9999} Statement of Licensure Violations: 350.510 a) 350.760 a) 350.1440 a)e)i) Section 350.510 Administrator a) There shall be an administrator licensed under the Nursing Home Administrators Licensing and Disciplinary Act (III. Rev. Stat. 1987, ch. 111, par. 3651 et seq.) full-time for each licensed facility. The licensee will report any change in administrator to the Department, within five days. Section 350.760 Infection Control a) Policies and procedures for investigating, controlling, and preventing infections in the facility shall be established and followed. The policies and procedures shall be consistent with and include the requirements of the Control of Communicable Diseases Code (77 III. Adm. Code 690) and Control of Sexually Transmissible Diseases Code (77 III. Adm. Code 693). Activities shall be monitored to ensure that these policies and procedures are followed. Section 350.1440 Labeling and Storage of Medications a) All medications for all residents shall be properly labeled and stored at or near the nurses' station in a locked cabinet, in a locked medication room, or in one or more locked mobile medication. Attachment A carts of satisfactory design for such storage. Statement of Licensure Violations

Illinois Department of Public Health

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

TITLE

(X6) DATE

	IT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPL A. BUILDING:		(X3) DATE SURVEY COMPLETED	
IL6005268		B. WING			R-C 05/04/2022	
NAME OF F	PROVIDER OR SUPPLIER	STREET AC	DRESS, CITY, S	STATE, ZIP CODE		
LEBANO	NTERRACE	221 EAS	T THIRD STR N, IL 62254			
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{Z9999}	Continued From pa	ige 1	{Z9999}			
93	cabinet, medicine r	ess code to the medicine oom or mobile medication cart sibility of, and in the				
	possession of, the	persons authorized to handle				
	and stored in their of	of each resident shall be kept priginally received containers.				
	Medications shall n containers, except	ot be transferred between that a licensed nurse, acting resident, may remove			<u>E</u> i	
	previously dispense containers and place	ed medication from original e it in other containers to be when the resident will be out			~	
et .	of the facility at the administration of mais sent out of the faci	time of scheduled edication. When medication cility with the resident, it shall				
	resident, name and	urse with the name of the strength of the medication, inistration and any other tion.				
	This REQUIREMEN	IT is not met as evidenced by:				
	interview the facility	on, record review and failed to meet State and equirements when the ed to:				
	Illinois license for th	ed administrator with a valid e facility, affecting all 14 at the facility (R1-R14),			9 <u>4</u>	20
	(IDPH) when the fac	partment of Public Health illity administrator resigned, iduals residing at the facility				
-		eation Storage Policy, all 14 individuals residing at				

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CO. A. BUILDING: IL6005268 B. WING		(X3) DATE SURVEY COMPLETED	
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NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STAT		R-C 05/04/2022	
	E. ZIP CODE		
LEBANON TERRACE 221 EAST THIRD STREET LEBANON, IL 62254	r		
(X4) ID SUMMARY STATEMENT OF DEFICIENCIES ID PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX TAG REGULATORY OR LSC IDENTIFYING INFORMATION) TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)		
{Z9999} Continued From page 2 {Z9999}			
the facility (R1-R14),			
 4) Implement Medication Administration Policy, affecting 2 of 2 individuals inside the sample (R2, R3) and 1 individual outside the sample (R6) observed during medication pass, 5) Develop an Infection Control Policy, affecting all 14 individuals residing at the facility (R1-R14). 			
Findings include:			
Facility Roster, undated, identifies R1-R11 as individuals who function within the Mild Range for Individuals with Intellectual Disabilities; R12 as an individual who functions within the Moderate Range for Individuals with Intellectual Disabilities; R13 and R14 as individuals who function within the Severe Range for Individuals with Intellectual Disabilities.	** **		
Section 350.510 documents, "Administrator: a) There shall be an administrator licensed under the Nursing Home Administrators Licensing and Disciplinary Act (Ill. Rev. Stat. 1987, ch. 111, par. 3651 et seq.) full-time for each licensed facility. The licensee will report any change in administrator to the Department, within five days."			
1) Facility Plan of Correction with completion date of 4/30/22 includes, "Per the Illinois Department of Financial and Professional Regulations (IDFPR), Temporary Administrator's License have been applied for. Upon receipt license shall be displayed in the home." On 5/2/22 at 6:01 am, E8 (Qualified Intellectual Disabilities Professional/QIDP) Temporary	19 3		

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 R-C IL6005268 B. WING 05/04/2022 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 221 EAST THIRD STREET **LEBANON TERRACE** LEBANON, IL 62254 SUMMARY STATEMENT OF DEFICIENCIES (X4)ID PROVIDER'S PLAN OF CORRECTION (X5) COMPLETE (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX 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}} E8's Temporary Administrator License identifies another facility in Springfield on the license. E8's Temporary Administrator License has an expiration date of 4/13/22. On 5/2/22 at 6:26 am, E6 (Cook) E6 was asked who the facility Administrator was. E4 stated. "E8." On 5/2/22 E1 (Program Specialist) gave surveyors papers including a letter to IDFPR, undated, with a request for E7 (Staff Development) to receive an extension to her Temporary Administrator License and to issue it for the facility. A Certification of Acceptance Form (CA-NHA) with date of 3/18/22 including E7 requesting a temporary Administrator License for facility. Along with a Money Order, dated 3/18/22. with nothing typed or wrote on who the Money Order is for. E7's Temporary Administrator License identifies another facility in Springfield on the license and expired 11/6/21. On 5/2/22 at 8:36 am, Z1 (IDFPR-Office Coordinator) was asked if E8 has obtained her Administrator License. Z1 stated, "No." Z1 was asked if E7 had obtained a Temporary Administrator License. Z1 stated, "Yes, but it expired 11/21." On 5/2/22 an email from Z1 includes, "We have not received E7's application for extension of the license. " On 5/2/22 at 9:45 am, E1 stated that she was on the phone with E7 and that E7 stated, "She has applied for an extension on her license, and it is

Illinois Department of Public Health

for the facility." E1 stated, "E7 has not received

Illinois D	epartment of Public	<u>Health</u>		14 14	I OINI	AFFROVED	
	NT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	i	LE CONSTRUCTION		(X3) DATE SURVEY COMPLETED	
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NAME OF	PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY,	STATE, ZIP CODE		772022	
LEBANC	N TERRACE		THIRD STE N, IL 62254	REET			
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*	request certified ma	vas asked if E7 sent the nil. E1 stated, "E7 said no D Box that it was sent to."					
	the request for a Te License extension a facility was sent from	from Z1 documented that if mporary Administrator and request for change of m E7 it could be waiting for					
No.	system. An email w how long that inform E7 sent the request 3/22, should it be ke	ents to be keyed in the vas sent back to Z1 asking nation takes to be keyed in, if in on the documented date in eyed in the system by now. ck documenting, "I honestly			Ş		
	don't know. I have to (IDFPR-PSA)." On 5/2/22 at 3:22 proshe mailed in the real Administrator Licens facility on 3/18/22 are certified because it if E7's application shows the system by now. Z2 mail all the time for the system of the system	forwarded your question to Z2 m, Z2 was told that E7 said		*.			
		am, Z1 was asked who is Administrator of the facility. ner Administrator)."		390			
	paperwork that docu License expired 2/28 facility notified IDPH stated, "No, E7 thous	n, E1 gave surveyors mented E9's Administrator 3/22. E1 was asked if the when E9 left the facility. E1 ght when E8 applied for a rator License that was the					

linois Department of Public Health :TATE FORM

On 5/2/22 an email from E1 verified E9 left as

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 R-C IL6005268 B. WING 05/04/2022 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 221 EAST THIRD STREET **LEBANON TERRACE** LEBANON, IL 62254 SUMMARY STATEMENT OF DEFICIENCIES (X4) ID PROVIDER'S PLAN OF CORRECTION PRÉFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL (X5) COMPLETE PREFIX (EACH CORRECTIVE ACTION SHOULD BE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG CROSS-REFERENCED TO THE APPROPRIATE TAG DATE **DEFICIENCY**) {Z9999} Continued From page 5 {Z9999} Administrator of the facility 9/20. 3) Facility Medication Storage Policy dated 7/1/16 includes, "The facility shall provide for the storage of mediations in accordance with prevailing standards. Procedure: 1. The Health Service Director shall ensure that all medications administered by the facility staff are: A. Stored under lock and key and otherwise secured as required by federal and state regulations." Section 116.80 includes. "b) Access to medications shall be limited to licensed personnel and authorized direct care staff. " On 5/2/22 at 6:45 am, the medication room key was hung outside the medication room on a hook. No staff was near or insight of the keys. R1. R4, R6, R10 and R11 were sitting at the table near the medication room. On 5/2/22 at 6:47 am, E4 (Direct Support Person/DSP) was asked if he was medication certified. E4 stated, "No." On 5/2/22 at 7:03 am, E3 (DSP) hung the medication room key on a hook outside the medication room. On 5/2/22 at 7:12 am, E4 hung the medication room key on a hook outside the medication room. On 5/2/22 at 12:50 pm, E1 was asked if the medication room key should be hung outside the medication room. E1 stated. "No." 4) Section 116.80 includes, "d) All medications shall be stored in their original containers." a) R6's Physician's Order (PO) dated 5/2/22

includes, "7:00 am medications: Cryselle-28

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	TATEMENT OF DEFICIENCIES ND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6005268			PLE CONSTRUCTION G:	(X3) DATE SURVEY COMPLETED	
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NAME OF	PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY,	STATE, ZIP CODE		10412022
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	· 1		N, IL 62254	<u> </u>		
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{Z9999}	Continued From pa	ge 6	{Z9999}	4.	-	,
	tablet."					
	On 5/2/22 at 6:12 at	m, E3 was inside the				
	medication room an	d there were three medication				
	cups with medicatio	ns already in the cups.				
	R6 entered the roon	e side of the medication cups. n and E3 handed R6 one of				
	the already filled me	dication cups with one pill in				
	the cup. R6 took the	e medication.				
E3 was asked if she pre-popped the medication		pre-popped the medications.		©		
4	E3 stated, "Yes, bed workshop."	ause they leave early for				
121	workshop.					
	b) R3's PO dated 5/	2/22 includes, "7:00 am				
	medications: Amiodi mg, Clozapine 100 r	pine 5 mg, Atorvastatin 10				1
	Glimepiride 4mg, Hy	drochlorothiazide 12.5 mg.		~		, ,
	Januvia 100 mg, Me 50 mg, Multivitamin	toproiol 100 mg, Metoproiol Omeprazole 40 mg."				
		100				
146	On 5/2/22 at 6:15 an	n, E3 grabbed one of the medication already in it,		•		
İ	handed it to R3 and	R3 took the medications in				'
	the cup.	50x				
	c) R2's PO dated 5/2	2/22 includes, "6:00 am				
	medication: Levothyr	oxine 125 mcg."				
	On 5/2/22 at 6:18 am	n, E3 grabbed a medication				
	cup with a medication	n in the cup, handed it to R2				
	and R2 took the med	ication.				
	5) On 5/2/22 at 6:32	am, E6 sat a plastic				
	container of silverwar	re on the table where R6 was				
		R10 was coloring. The table fore R1, R3, R4, R6 sat				
İ	down and began eati	ng breakfast. R1, R3, R4,				
	and R6 were not pror	noted to wash hands hefore			ŀ	

eating.
linois Department of Public Health

PRINTED: 07/06/2022 FORM APPROVED

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: _ R-C B. WING IL6005268 05/04/2022 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE **221 EAST THIRD STREET LEBANON TERRACE** LEBANON, IL 62254 (X4) ID PREFIX SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X5) COMPLETE (EACH DEFICIENCY MUST BE PRECEDED BY FULL (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE PREFIX REGULATORY OR LSC IDENTIFYING INFORMATION) TAG TAG DATE DEFICIENCY) {Z9999} Continued From page 7 {Z9999} On 5/2/22 at 12:50 pm, E1 was asked if tables should be wiped off before meals. E1 stated, "Yes." E1 was asked if individuals should wash hands before meals. E1 stated, "Yes." On 5/2/22, facility was unable to produce evidence of a policy addressing wiping off the tables before meals and individuals washing hands before meals. "B"

tlinois Department of Public Health

Illinois	Department of Public	Health			FORM	APPROVED
	NT OF DEFICIENCIES N OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION (X3)			E SURVEY
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	ı	IL6005268	B. WING			R
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	ON TERRACE		THIRD STR			
		LEBANON	N, IL 62254	. 		
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	2ND FOLLOW UP 1 OF 11/23/21	TO ANNUAL CERTIFICATION				
{Z9999	FINDINGS	.4	{Z9999}			
	Statement of Licens 350.510 a) 350.760 a) 350.1440 a)e)i)	ure Violations:				
	the Nursing Home A Disciplinary Act (III. F 3651 et seq.) full-tim The licensee will rep	n administrator licensed under dministrators Licensing and Rev. Stat. 1987, ch. 111, par. e for each licensed facility.				
	controlling, and preve shall be established and procedures shall include the requireme Communicable Disea 690) and Control of S Diseases Code (77 II	edures for investigating, enting infections in the facility and followed. The policies I be consistent with and ents of the Control of ases Code (77 III. Adm. Code Sexually Transmissible I. Adm. Code 693).		ege Gain		
	properly labeled and station in a locked car room, or in one or mo	r all residents shall be stored at or near the nurses' binet, in a locked medication ore locked mobile medication esign for such storage.		Attachment A Statement of Licensure Violations		

linois Department of Public Health
ABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

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(X6) DATE

AND PLAN	NT OF DEFICIENCIES OF CORRECTION	ES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		LE CONSTRUCTION		(X3) DATE SURVEY COMPLETED	
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NAME OF	PROVIDER OR SUPPLIER	STREET A	DDRESS, CITY,	STATE, ZIP CODE		10412022	
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(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORE (EACH CORRECTIVE ACTION S CROSS-REFERENCED TO THE AL DEFICIENCY)	HOU DE	(X5) COMPLET DATE	
	cabinet, medicine reshall be the responsession of, the and administer drugi) The medications and stored in their of Medications shall nontainers, except as the agent of the previously dispense containers and places at with a resident of the facility at the administration of modern administration of modern and instructions for administructions	ess code to the medicine coom or mobile medication cart sibility of, and in the persons authorized to handle gs, at all times. of each resident shall be kept originally received containers. ot be transferred between that a licensed nurse, acting resident, may remove ad medication from original se it in other containers to be when the resident will be out time of scheduled edication. When medication cility with the resident, it shall arse with the name of the strength of the medication, inistration and any other tion. IT is not met as evidenced by: on, record review and failed to meet State and equirements when the	{Z9999}	DEFICIENCY)			
3	s) Implement Medica	ation Storage Policy, Il 14 individuals residing at			-		

	Department of Public	Health	2		· O. C. I.	
	TATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:			PLE CONSTRUCTION G:	(X3) DATE SURVEY COMPLETED	
		IL6005268	B. WING _		R 05/04/2022	
NAME OF	PROVIDER OR SUPPLIER	STREET AL	DRESS, CITY	, STATE, ZIP CODE	1 03/04/2022	
LEBANO	ON TERRACE	221 EAS	T THIRD ST N, IL 62254	REET	,	
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	the facility (R1-R14)),				
	affecting 2 of 2 indiv	cation Administration Policy, viduals inside the sample (R2, outside the sample (R6) dication pass,				
	5) Develop an Infect all 14 individuals res	tion Control Policy, affecting siding at the facility (R1-R14).				
Ų	Findings include:					
S -	individuals who function individuals with Intellindividual who function Range for Individuals R13 and R14 as individuals	ated, identifies R1-R11 as tion within the Mild Range for lectual Disabilities; R12 as an ons within the Moderate is with Intellectual Disabilities; ividuals who function within or Individuals with Intellectual				
ė,	There shall be an ad the Nursing Home Ad Disciplinary Act (III. F 3651 et seq.) full-tim The licensee will rep	uments, "Administrator: a) ministrator licensed under dministrators Licensing and Rev. Stat. 1987, ch. 111, par. e for each licensed facility. ort any change in Department, within five days."				
	date of 4/30/22 included Department of Finance Regulations (IDFPR)	cial and Professional , Temporary Administrator's pplied for. Upon receipt				
1	Disabilities Profession	n, E8 (Qualified Intellectual nal/QIDP) Temporary was hung at the facility.				

Illinois Department of Public Health FORM APPROVED STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION **IDENTIFICATION NUMBER:** A. BUILDING: _ COMPLETED R IL6005268 B. WING 05/04/2022 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 221 EAST THIRD STREET LEBANON TERRACE LEBANON, IL 62254 SUMMARY STATEMENT OF DEFICIENCIES (X4) ID PROVIDER'S PLAN OF CORRECTION (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX (X5) COMPLETE (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE PREFIX REGULATORY OR LSC IDENTIFYING INFORMATION) TAG TAG DATE DEFICIENCY) {Z9999} Continued From page 3 {Z9999} E8's Temporary Administrator License identifies another facility in Springfield on the license. E8's Temporary Administrator License has an expiration date of 4/13/22. On 5/2/22 at 6:26 am, E6 (Cook) E6 was asked who the facility Administrator was. E4 stated. "E8." On 5/2/22 E1 (Program Specialist) gave surveyors papers including a letter to IDFPR, undated, with a request for E7 (Staff Development) to receive an extension to her Temporary Administrator License and to issue it for the facility. A Certification of Acceptance Form (CA-NHA) with date of 3/18/22 including E7 requesting a temporary Administrator License for facility. Along with a Money Order, dated 3/18/22, with nothing typed or wrote on who the Money Order is for. E7's Temporary Administrator License identifies another facility in Springfield on the license and expired 11/6/21. On 5/2/22 at 8:36 am, Z1 (IDFPR-Office Coordinator) was asked if E8 has obtained her Administrator License. Z1 stated, "No." Z1 was asked if E7 had obtained a Temporary Administrator License. Z1 stated, "Yes, but it expired 11/21." On 5/2/22 an email from Z1 includes, "We have not received E7's application for extension of the license." On 5/2/22 at 9:45 am, E1 stated that she was on the phone with E7 and that E7 stated. "She has applied for an extension on her license, and it is

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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 IL6005268 05/04/2022 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 221 EAST THIRD STREET LEBANON TERRACE LEBANON, IL 62254 SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X4) ID (X5) COMPLETE DATE (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX PREFIX (EACH CORRECTIVE ACTION SHOULD BE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG TAG CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY) {Z9999} Continued From page 4 {Z9999} anything yet." E1 was asked if E7 sent the request certified mail. E1 stated, "E7 said no because it was a PO Box that it was sent to." On 5/2/22 an email from Z1 documented that if the request for a Temporary Administrator License extension and request for change of facility was sent from E7 it could be waiting for the fees and documents to be keyed in the system. An email was sent back to Z1 asking how long that information takes to be keyed in, if E7 sent the request in on the documented date in 3/22, should it be keyed in the system by now. Z1 sent an email back documenting, "I honestly don't know. I have forwarded your question to Z2 (IDFPR-PSA)." On 5/2/22 at 3:22 pm, Z2 was told that E7 said she mailed in the request for Temporary Administrator License to be extended and for the facility on 3/18/22 and that she did not send it certified because it was a PO Box. Z2 was asked if E7's application should have been keyed in the system by now. Z2 stated, "We sign for certified mail all the time for that PO Box. E7's application should have been processed by now if it was sent in 3/18/22." 2) On 5/2/22 at 8:36 am, Z1 was asked who is documented as the Administrator of the facility. Z1 stated, "E9 (Former Administrator)." On 5/2/22 at 1:09 pm, E1 gave surveyors paperwork that documented E9's Administrator License expired 2/28/22. E1 was asked if the facility notified IDPH when E9 left the facility. E1 stated, "No, E7 thought when E8 applied for a Temporary Administrator License that was the notification."

Illinois Department of Public Health

On 5/2/22 an email from E1 verified E9 left as

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 R IL6005268 B. WING 05/04/2022 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 221 EAST THIRD STREET **LEBANON TERRACE** LEBANON, IL 62254 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 5 {Z9999} Administrator of the facility 9/20. 3) Facility Medication Storage Policy dated 7/1/16 includes, "The facility shall provide for the storage of mediations in accordance with prevailing standards. Procedure: 1. The Health Service Director shall ensure that all medications administered by the facility staff are: A. Stored under lock and key and otherwise secured as required by federal and state regulations." Section 116.80 includes, "b) Access to medications shall be limited to licensed personnel and authorized direct care staff. " On 5/2/22 at 6:45 am, the medication room key was hung outside the medication room on a hook. No staff was near or insight of the keys. R1. R4, R6, R10 and R11 were sitting at the table near the medication room. On 5/2/22 at 6:47 am, E4 (Direct Support Person/DSP) was asked if he was medication certified. E4 stated, "No." On 5/2/22 at 7:03 am, E3 (DSP) hung the medication room key on a hook outside the medication room. On 5/2/22 at 7:12 am, E4 hung the medication room key on a hook outside the medication room. On 5/2/22 at 12:50 pm, E1 was asked if the medication room key should be hung outside the medication room. E1 stated, "No." 4) Section 116.80 includes, "d) All medications shall be stored in their original containers." a) R6's Physician's Order (PO) dated 5/2/22

includes, "7:00 am medications: Cryselle-28

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Illinois Department of Public Health FORM APPROVED STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION AND PLAN OF CORRECTION (X3) DATE SURVEY IDENTIFICATION NUMBER: A. BUILDING: COMPLETED IL6005268 B. WING 05/04/2022 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 221 EAST THIRD STREET LEBANON TERRACE LEBANON, IL 62254 SUMMARY STATEMENT OF DEFICIENCIES (X4)ID PROVIDER'S PLAN OF CORRECTION ID (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX (X5)**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} tablet." On 5/2/22 at 6:13 am, E3 was inside the medication room and there were three medication cups with medications already in the cups. Nothing wrote on the side of the medication cups. R6 entered the room and E3 handed R6 one of the already filled medication cups with one pill in the cup. R6 took the medication. E3 was asked if she pre-popped the medications. E3 stated, "Yes, because they leave early for workshop." b) R3's PO dated 5/2/22 includes, "7:00 am medications: Amlodipine 5 mg, Atorvastatin 10 mg, Clozapine 100 mg, Glimepiride 2mg. Glimepiride 4mg, Hydrochlorothiazide 12.5 mg. Januvia 100 mg, Metoprolol 100 mg, Metoprolol 50 mg, Multivitamin, Omeprazole 40 mg." On 5/2/22 at 6:15 am, E3 grabbed one of the medication cups with medication already in it, handed it to R3 and R3 took the medications in the cup. c) R2's PO dated 5/2/22 includes, "6:00 am medication: Levothyroxine 125 mcg." On 5/2/22 at 6:18 am, E3 grabbed a medication cup with a medication in the cup, handed it to R2 and R2 took the medication. 5) On 5/2/22 at 6:32 am, E6 sat a plastic container of silverware on the table where R6 was reading a book and R10 was coloring. The table was not wiped off before R1, R3, R4, R6 sat down and began eating breakfast. R1, R3, R4, and R6 were not prompted to wash hands before

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