

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>IL6012090</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>C</b> <b>12/21/2022</b>
--------------------------------------------------	----------------------------------------------------------------------------	-----------------------------------------------------------------------	-----------------------------------------------------------------

NAME OF PROVIDER OR SUPPLIER  <b>BRAUNS TERRACE</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>1115 EAST WASHINGTON STREET GREENVILLE, IL 62246</b>
-----------------------------------------------------------	------------------------------------------------------------------------------------------------------

(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	<b>COMMENTS</b>  Complaint Investigation 2249639/IL153982	Z 000		
Z9999	<b>FINDINGS</b>  Statement of Licensure Violations:  350.620 a) 350.750b)2) 350.3240f)  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 350.750 Contacting Local Law Enforcement b) The facility shall immediately contact local law enforcement authorities (e.g., telephoning 911 where available) in the following situations: 2) Physical abuse involving physical injury inflicted on a resident by another resident, except in situations where the behavior is associated with dementia or developmental disability;  Section 350.3240 Abuse and Neglect 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	Z9999	<b>Attachment A Statement of Licensure Violations</b>	

Illinois Department of Public Health  
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>IL6012090</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING: _____	(X3) DATE SURVEY COMPLETED  <b>C</b> <b>12/21/2022</b>
NAME OF PROVIDER OR SUPPLIER  <b>BRAUNSTERRACE</b>		STREET ADDRESS, CITY, STATE, ZIP CODE <b>1115 EAST WASHINGTON STREET GREENVILLE, IL 62246</b>		
(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>and placement for the resident, considering the safety of that resident as well as the safety of other residents and employees of the facility. (Section 3-612 of the Act)</p> <p>These requirements are not met as evidenced by:</p> <p>Based on observation, record review and interview, the facility failed to develop and implement written policies and procedures by not revising interventions on a Behavior Intervention Plan (BIP) for one of one individual in the sample, (R2) who physically abused a peer, potentially affecting the other 11 individuals residing in the facility, (R3-R13).</p> <p>Findings include:</p> <p>Facility resident roster (undated) identifies R2 and R7 as functioning in the Mild Range of Intellectual Disabilities, R1, R3-R5, R8-R11, R13 as functioning in the Moderate Range of Intellectual Disabilities, R6 as functioning in the Profound Range of Intellectual Disabilities and R12 as functioning in the Severe Range of Intellectual Disabilities.</p> <p>The facility's policy titled, "Investigative Committee" dated 4-2019 documents, "POLICY: The home shall establish an Investigative Committee to assist in the protection of individual rights and to provide a liaison between the individual and the administration of the home...PROCEDURE: A. Any home employee or agent who witnesses or suspects a violation of individual rights, peer-to-peer incidents...shall immediately report the matter to home management...3. If the allegation is one of the following situations, the administrator or designee will contact law enforcement by calling 911 or the</p>	Z9999		

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  IL6012090	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  C 12/21/2022
NAME OF PROVIDER OR SUPPLIER  BRAUNS TERRACE		STREET ADDRESS, CITY, STATE, ZIP CODE 1115 EAST WASHINGTON STREET GREENVILLE, IL 62246		
(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  local emergency number: When reasonable suspicion that a crime has been committed. Within 2 hours if the events that cause the reasonable suspicion results in serious bodily injury to an individual. Within 24 hours if the events that cause the reasonable suspicion do not result in serious bodily injury to an individual."  R2's BIP dated 7-11-22 documents, "Behavior-Physical Aggression may be defined as hitting, kicking, or destruction of property. Outbursts are considered severe in nature and at times put R2 and others at risk. Maladaptive behaviors to eliminate include: verbal outbursts, losing self control when angry...Preventative measures: Staff should help engage R2 in meaningful activities such as exercising, working on his bike, fidget items, etc., to help keep his mind off negative thoughts. Physical aggression: Conclusion: Describe staff interventions, coping skills used, adaptive, etc."  Review of R1 and R2's incident reports dated 12-1-22 at 8:05 AM, verifies R1 was on the day training bus when R2 said good morning to R1 who did not respond. R2 then ran on the bus, grabbed R1 and placed his arm around R1's neck in an attempt to try and pull him out of his seat. Staff E6/Direct Support Person (DSP) then used a two arm support on R2 until the individual released R1. The incident report includes, "In event of illness, injury...complete the following: Body part affecting: Back of neck. How affected: Red in color. Size and location of affected area: Across back of neck, skin slightly red."  Behavior note for R2 dated 12-1-22 documents, "R2 was outside getting ready to get on the bus for workshop. R2 said good morning to another individual. That individual did not respond. R2	Z9999		

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  IL6012090	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING: _____	(X3) DATE SURVEY COMPLETED  C 12/21/2022
--------------------------------------------------	---------------------------------------------------------------------	------------------------------------------------------------------------	---------------------------------------------------

NAME OF PROVIDER OR SUPPLIER  BRAUNS TERRACE	STREET ADDRESS, CITY, STATE, ZIP CODE 1115 EAST WASHINGTON STREET GREENVILLE, IL 62246
----------------------------------------------------	----------------------------------------------------------------------------------------------

(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>became angry, ran on the bus, and grabbed the other individual around the neck. Staff intervened. Staff separated the two individuals. R2 got off the bus and remained home from workshop. R2 came in the house and calmed."</p> <p>Interview on 12-13-22 with E4/Qualified Intellectual Disabilities Professional (QIDP) at 11:40 AM, E4 confirmed that when an individual has a behavior, a behavior note is made for the incident. E4 was shown the comment section on R2's behavior note that documents staff intervention. E4 was asked if R2's behavior note should describe what interventions were used as a result of R2's verbal outburst and physical aggression towards R1 on 12-1-22 as stated in his BIP? E4 confirmed R2's behavior note does not describe interventions used for R2 after the peer to peer incident and stated, "I see what you mean, yes."</p> <p>Interview on 12-13-22 with E5/Clerk at 2:15 PM, E5 confirmed she was present at the facility during the peer-to-peer incident between R1 and R2 then stated, "R2 was standing on the front porch and kept yelling at R1, 'Good morning, good morning!' Then R2 yelled, 'when someone says good morning, you say it back,' but he had some cuss words in that too. R2 yelled until R1 was on the bus, then R2 ran from the porch to the bus and that's when I got E6/DSP and E7/Regional Trainer because I knew something was going to happen. Then we all got on the bus and seen R2 with his arm around R1's neck." E5 was then asked where were you when R2 was on the porch yelling at R1? E5 stated, "I was inside by the window, so I could see what was going on out the window and R2 was yelling so loud you could hear everything he was saying." E5 then stated, "After the incident, R1 went ahead to work</p>	Z9999		

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>IL6012090</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING: _____	(X3) DATE SURVEY COMPLETED  <b>C</b> <b>12/21/2022</b>
--------------------------------------------------	----------------------------------------------------------------------------	------------------------------------------------------------------------	-----------------------------------------------------------------

NAME OF PROVIDER OR SUPPLIER  <b>BRAUNS TERRACE</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>1115 EAST WASHINGTON STREET GREENVILLE, IL 62246</b>
-----------------------------------------------------------	------------------------------------------------------------------------------------------------------

(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>and R2 stayed home. Then, sometime in the morning, we get a call from day training that R1 was complaining of neck pain, so E6 picked him up and brought him to the emergency room. After that, R1 was brought to the police department by his family."</p> <p>Emergency room visit note for R1 dated 12-1-22 at 5:18 PM documents, "Reason for visit: Neck pain. Diagnoses: Strain of neck muscle, strain of shoulder." The note further documents, "When you strain the muscles in your neck, the injury is called a cervical muscle strain. What are the causes...a sudden, forceful movement of the neck area...?"</p> <p>R2's police report dated 12-1-22 at 6:25 PM, verifies R1's Z1/step-mother and Z2/Father brought R1 to the police department to report that their son had been attacked today on the bus at the group home...Z1 advised that approximately six months ago, there was another physical altercation where R2 broke R1's toe...They all requested charges for battery be filed against R2...E1/Administrator advised that they have already notified IDPH (Illinois Department of Public Health), and R2's case workers as well as his family...She explained that they will be launching an investigation in the morning, and considering further steps to ensure that these incidents do not happen again.</p> <p>Investigative committee report notes dated 12-2-22 regarding the physical abuse of R1 by R2 on 12-1-22 documents, "Findings: The investigative committee has determined that staff responded appropriately and reported per policy. This investigation is complete at this time unless new information is brought to the committee. Recommendations: None at this time."</p>	Z9999		

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  IL6012090	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  C 12/21/2022
--------------------------------------------------	---------------------------------------------------------------------	-----------------------------------------------------------------------	---------------------------------------------------

NAME OF PROVIDER OR SUPPLIER  BRAUNSTERRACE	STREET ADDRESS, CITY, STATE, ZIP CODE 1115 EAST WASHINGTON STREET GREENVILLE, IL 62246
---------------------------------------------------	----------------------------------------------------------------------------------------------

(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>Review of note (undated) by E1/Administrator documents, "I spoke with Z3/Guardian to R2 on 12-2-22, where he agreed to keep R2 until Sunday morning when he went on vacation for week. I let him know at that time that if there was any indication that there would be an issue between him and R1, he would be relocated..."</p> <p>Interview with E5/Clerk on 12-13-22 at 11:35 AM, E5 stated, "On the day of the incident, R1 was brought back to the home only after R2 was picked up by his dad. R1's family did not want to drop him off here until they knew R2 was not in the home. So, once R2 was gone with his dad, R1 was brought back home. R2 returned home the morning of 12-4-22. R1 and R2 were together all day that day, until R1's dad found out R2 was back home. Then they picked up R1 for one night and he returned home after work on 12-5-22 and has been home ever since in the presence of R2."</p> <p>Interview with E1/Administrator on 12-7-22 at 11:05 AM, E1 confirmed no changes have been made to R2's BIP as a result of the physical aggression against R1 on 12-1-22.</p> <p>Interview with E3/QIDP on 12-13-22 at 11:45 AM, E3 was asked what have you done since the peer-to-peer incident of 12-1-22 between R1 and R2 to ensure that this does not happen again? E3 stated, "We've been monitoring them." E3 was asked how can you prove that you've been monitoring these residents? "We have SST (Special Support Services) that have been seeing R2." E3 was then asked is this something new that was put into place as a result of the incident of 12-1-22? E3 stated, "No, he has been seeing SST prior to the incident." E3 was asked, what</p>	Z9999		

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  IL6012090	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____		(X3) DATE SURVEY COMPLETED  C 12/21/2022
NAME OF PROVIDER OR SUPPLIER  BRAUNS TERRACE			STREET ADDRESS, CITY, STATE, ZIP CODE 1115 EAST WASHINGTON STREET GREENVILLE, IL 62246		
(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  measures have you put into place since the peer to peer incident on 12-1-22 between R1 and R2? E3 then confirmed no interventions have been put into place to address the physical aggression of R2 against R1 since the 12-1-22 incident.  Interview with E3/QIDP on 12-13-22 at 2:50 PM, E3 was asked if the police department was called as a result of the peer-to-peer incident between R1 and R2 on 12-1-22? E3 stated, "No, because R1's family made a police report."  Interview with E5/Clerk on 12-13-22 at 3:15 PM, E5 was asked what, if any, changes have been put into place since R2 attacked R1 on 12-1-22? E5 stated, "We're just monitoring them." Do you document this monitoring? E5 stated, "No, we're just keeping an eye on them." E5 was asked to show the surveyor R1's bedroom. E5 stated, "R1's room is on the same hall as R2, but there haven't been any issues with that."  Interview with R1 on 12-6-22 at 3:50 PM, R1 was asked if R2 comes into his room? R1 stated, "Yes, I'm scared to tell him no, he might get mad at me again."  Observation on 12-13-22 include: -3:54 PM: R1 and R2 were in the day room standing approximately 6 inches from each other with E3/QIDP and E5/Clerk leaving and entering the room walking towards either the dining room or the facility office area. -3:56 PM: R1 was standing in between the hall and the day room area when R2 walked from the client bedrooms, past R1 and into the day room area. -3:58 PM: E5 was observed to assist other individuals while R1 and R2 were standing together face to face in the day room.	Z9999			

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  IL6012090	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING: _____	(X3) DATE SURVEY COMPLETED  C 12/21/2022
--------------------------------------------------	---------------------------------------------------------------------	------------------------------------------------------------------------	---------------------------------------------------

NAME OF PROVIDER OR SUPPLIER  BRAUNS TERRACE	STREET ADDRESS, CITY, STATE, ZIP CODE 1115 EAST WASHINGTON STREET GREENVILLE, IL 62246
----------------------------------------------------	----------------------------------------------------------------------------------------------

(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  (B)	Z9999		