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 C IL6008577 B. WING 10/06/2023 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE **600 BORDEN** SHELTERED VILLAGE WOODSTOCK, IL 60098 SUMMARY STATEMENT OF DEFICIENCIES (X4) ID PROVIDER'S PLAN OF CORRECTION (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX (X5)PREFIX (EACH CORRECTIVE ACTION SHOULD BE COMPLETE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG TAG CROSS-REFERENCED TO THE APPROPRIATE DATE **DEFICIENCY**) Z 000 COMMENTS Z 000 Complaint Survey: 2316832/IL163315 29999 FINDINGS Z9999 Statement of Licensure Violations 350.620a) 350.1210b) 350.1060h) 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 350.1210 Health Services b) The facility shall provide all services necessary to maintain each resident in good physical health. Section 350.1060 Training and Habilitation Services h) There shall be available sufficient. appropriately qualified training and habilitation personnel, and necessary supporting staff, to carry out the training and habilitation program. Attachment A Supervision of delivery of training and habilitation Statement of Licensure Violations services shall be the responsibility of a person who is a Qualified Mental Retardation Professional. Illinois Department of Public Health

STATE FORM

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

TITLE

(X8) DATE

Illinois Department of Public Health STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DAT	FORM APPROV (X3) DATE SURVEY COMPLETED	
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	1) Have a system is discrepancy in the notice of the first day training and the present at the day training. Take action to result of 1 client (R1) who will training, was not presult of 1 clients exit the butter of 1 clients exit the 1 clients exit t	and record review, the facility n place to identify a umber of clients scheduled he number of clients who	2333			
F & (F	nventory for Client are assessment (ICAP) do not severe mental retrouvalent to 2 years a functions intellectually hild) acility incident Report /18/23 at 2:30 PM and Registered Nurse), incom the day program is pund on the bus, at the	d Agency Planning ated 9/21/22 indicates R1 ardation and an overall age and 10 months (R1 as a 2 year, 10-month-old t and nurse's note dated d written by E10 dicate E10 received a call site indicating R1 was				
al ro Da	hen arrival to the day ert and was sent via t om, for further evalue	program site. R1 was 911 to the emergency ation.				

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PRINTED: 11/07/2023

Illinois Department of Public Health FORM APPROVED STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION (X2) MULTIPLE CONSTRUCTION IDENTIFICATION NUMBER (X3) DATE SURVEY A. BUILDING: COMPLETED HL6008577 B. WING 10/08/2023 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE SHELTERED VILLAGE 600 BORDEN WOODSTOCK, IL 60098 SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX PROVIDER'S PLAN OF CORRECTION REGULATORY OR LSC IDENTIFYING INFORMATION) TAG PREFIX (X5) (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE COMPLETE TAG DEFICIENCY) 29999 Continued From page 2 Z9999 all the clients go to the same day training site. We have one day training site. Since we have so many clients, we split them up into A and B groups. They go to day training on opposite days. For transport to the day training site, two, day training staff (bus driver & one additional staff) come to the facility to get the clients for day training. Facility staff help load the clients on the bus. Facility staff check off the clients' names as they leave the facility and get on the bus. Facility staff don't get on the bus. Direct Support Persons (DSP), staff help load the clients on the bus. Day training staff (bus driver and one additional staff) unload the bus and other day training staff, whoever is available, help them unload the clients from the bus. Staff check off the names of the clients as they get off the bus. We have an excused list of clients that are not going to day training. Staff who does the check off list for the clients getting on the bus, at the facility, gives the excused client list to the bus driver, at the end, of the second load. We have two buses. Each bus takes two loads of clients to day training. The clients that are not assigned to the wheelchair bus can go on the walker bus. There is no set list for the walker bus (clients that walk independently). It is whoever is up front and waiting for the bus, at the time, of bus loading. If there is not room on the walker bus, they ride the wheelchair bus (clients that use wheelchairs). The walker bus will hold twelve clients that are able to walk up onto the bus. On 8/18/23 at 2:30 PM, E8 (Director of Nursing) came into my office and said, "You are not going to be happy." E8 said a client was left on the bus. E8, E4 (Social Service Director), and E2 called E3 (Day training site Director). E3 told us that when the staff pulled the bus up to load the clients to bring them back to the facility, staff found R1 on the bus. R1 was incontinent of Illnois Department of Public Health

PRINTED: 11/07/2023

Illinois Department of Public Health FORM APPROVED STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION (X2) MULTIPLE CONSTRUCTION IDENTIFICATION NUMBER (X3) DATE SURVEY A. BUILDING: COMPLETED C IL6008577 **B. WING** 10/06/2023 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE SHELTERED VILLAGE **600 BORDEN** WOODSTOCK, IL 60098 SUMMARY STATEMENT OF DEFICIENCIES (X4) ID (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX ID PROVIDER'S PLAN OF CORRECTION TAG REGULATORY OR LSC IDENTIFYING INFORMATION) PREFIX (EACH CORRECTIVE ACTION SHOULD BE (X5)CROSS-REFERENCED TO THE APPROPRIATE TAG DATE DEFICIENCY) Z9999 Continued From page 3 Z9999 urine. The staff cleaned R1 up. E2, E8, and E4 discussed sending R1 to the emergency room from the day training site. R1 went to the local hospital, for an evaluation. R1 received a diagnosis of heat exposure. R1 got evaluated and came back to the facility on the same day. R1 should not have been left on the bus, at the day training site. During an interview conducted on 8/22/232 at 10:04 AM, E1 (Administrator) stated, we own the day training site. Facility and day training staff are our employees. We own all the vehicles and buses too. We have assigned bus drivers. During an interview conducted on 8/22/23 at 11:21 AM, E7 (Direct Support Person) stated on Friday 8/18/23, I was assigned to the bus check off. We have a list of clients going to day training, each day. I call the clients' names and they get up and go out the door to load the bus. As the clients go out the door, we put a check mark by their name. I don't recall if I walked any clients to the bus, that day. Most of the clients can walk themselves. We do have some clients in wheelchairs. During an interview conducted on 8/22/23 at 11:37 Am, E5 (Direct Support Person) stated, on Friday, 8/18/23, I was driving the bus to the facility, to pick up the clients to drive them to the day program. I do two trips on one of the two buses, in the morning and in the evening. It was on the second trip, I returned to the day program, to drop off the clients. I called everyone off the bus by faces. I stood up and apparently R1 was leaning down forward, in his seat, on the bus. I didn't see him. I didn't tell R1 to come off the bus. I parked the bus in the employee parking lot, at the day program. I walked a couple of seats, in Illinois Department of Public Health

Illinois Department of Public Health STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION AND PLAN OF CORRECTION (X3) DATE SURVEY DENTIFICATION NUMBER A. BUILDING: COMPLETED C IL6008577 B. WING 10/06/2023 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE SHELTERED VILLAGE **600 BORDEN** WOODSTOCK, IL 60098 SUMMARY STATEMENT OF DEFICIENCIES (X4) IO 1D 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 4 Z9999 the front, of the bus, to check for clients. I should have walked the entire bus to check for clients. R1 was on the driver's side of the bus, in the second seat, from the back, of the bus, by the window. Normally after we pick the clients up. and get back to the day program, one staff stands outside the bus and directs the clients in the building. I stay on the bus and call the clients out of their seats. Another staff does check off when the clients get off the bus. After I parked the bus, I went into the day program and started working. I checked my assignment and started toileting the clients. During an interview conducted on 8/22/23 at 11:48 AM, E6 (Direct Support Person) stated, on Friday, 8/18/23 morning, we were loading everyone to get on the bus to go to day training. I opened the door and helped some of the clients walk to the bus. I assisted R1 to the bus. We got everybody on the bus. I grabbed the soda pop, to take to day training. E5 (DSP) was on the bus. accepting the clients on the bus. We drove the clients to day training. I usually help the clients get off the bus. I helped them get off the bus. As they were getting off the bus, no staff was checking them off. After the person that I thought was the last client to get off the bus, I asked E5 if that was all the clients. He said yeah. During an interview conducted on 8/22/23 at 12:17 PM, E3 (Day Training Director) stated on Friday, 8/18/23, I wrote EX on the excused list by R1's name. I had the excused list and I was updating the electronic attendance for who was present that day at day training. When I got to R1's name, I thought, I hadn't seen him that day. I asked one other staff, E9 (Qualified Intellectual Disabilities Professional), if she had seen R1 today and she said no. I then went to the work

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		CHOCIES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION			
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			20000				
	there I went back	he generally sits. He wasn't				>	
	excused by R1's n	to my office. I put EX for ame. Usually when the clients				7	
	come to day training	g, the staff on the bus and				•	
	Other staff in the hu	ilding help them get into the					
į	building. As the die	ents come in the building,					
- Landage sandage freight transport month of the sandard transport page and	when staff see then	n, staff check them off. There				es de	
	is no one staff assic	gned to check them off, in the					
	building, I check th	e excused list and if cliente					
	cont have an EX by	Viheir name, it is assumed	- 1			,	
	they are at day train	ling. The driver of the bus Es				also dilatery many	
	should have checke	d the entire has to make sure					
	all the clients were (off the bus once the hus was					
	parked. R1 should	not have been left on the his	1				
	We dropped the bal	l.					
	During an interview	conducted on 8/22/23 at					
	TI:U3 AM, E4 (Socia	Services Director) stated t					
[]	investigate the incide	ents. On Friday afternoon					
	o/ 10/23, around 2:3(PM. E8 dot a cell bulled E2	1				
	BITC E4 INTO THE ONIC	e and told F2 and F4 about					
	ine situation. E8 sai	id, when the staff at day					
1	raining were loading	I the clients on the hus to					
	come to the facility fi	rom day training, R1 was					
: : : :	ound on the bus, on	the driver's side, in the					
	MODOW ES Was the	back of the bus, next to the	-				
	and F4 immediately	bus driver, that day. E2, E8,	1				
	raining site and talke	y called over to the day ed to E3. It was determined	1		distribution of		
	hat we should call 0	11 to have R1 evaluated in			177 - 60,000		
	he emergency room	. At the time we were talking	- 1				
te	E3. E4 checked th	e weather on her phone. It					
V	vas 78 degrees in W	oodstock, IL. E3 said R1			1		
, , , n	iso urinated on hims	elf. The day training staff					
TH.	ook nim to the bathr	00M, changed him, and gave					
fá	iiii some water to di	TRK. R1 came back to the			observation is		
	acility later that even	ing. E4 spoke to the purse			a p		
	TO BUILDE LECHION WING	BD K1 returned from the			horoiteals are		
n	ospital. I ne hospita	dave R1 intravenous fluide			4 404		
: 2	IIO IOOK DIAAA Wark	The hospital paperwork	1	ar and a second and	i i		

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er er reteringsbetten er uner de ere værerenn dytygten somsken, er	exposure. E4 is in to investigation. E6 was morning. E4 saw th	ceived treatment for heat the process of her alked R1 onto the bus, that lat on the camera. E6 road on s driver and clients to the day				distrib ¹ T ² cannot deller community
	Day training site bus 8/18/23, indicates a next to R1's name.	s check off, at the Facility on handwritten X documented			^	* Additional agreement
	Day training bus ass indicates E5 and E6 PM walker buses, or	ignment for Monday - Friday, are assigned to the AM and n Friday.				man G-GSAN-manual
1	Facility excused list - B - dated 8/18/23 inc documented by R1's	- facility to day training site - dicates a handwritten EX, name				T provides
Муранананана	sneet dated 8/18/23	eft on a bus (not running)				Total Mark of the American American Total American
	arrived at 3:32 PM ar R1's visit diagnosis we external causes of in occurrence of the ext	ted 8/18/23 - indicate R1 nd was admitted at 3:36 PM. vas heat exposure (primary) - jury - bus as the place of ternal cause. ote dated 8/18/23 at 6:03				error of Automatata orac Agantaparana pink panagana
i	PM, indicates - R1, w sitting on a bus, for 6 njury.	tho was accidentally left hours. There is no visible				
F	systems (ROS) becar Physical exam: R1 is not ill-appearing, toxid sweating heavily). R	not in acute distress and is c appearing, or diaphoretic 11's skin is warm and do				
C	Assessment/Plan: Risability. R1's exament of Public Health	1 has severe mental shows no injury and R1's			AmminorAminop + 44.	

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE A. BUILDING:	E CONSTRUCTION		E SURVEY IPLETED
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	laboratory results were normal. R1 was given one liter (1000 milliliters (ml)) of 0.9% normal saline, intravenously and R1 urinated. Clinical impression - heat exposure R1 was discharged on 8/18/23 at 7:24 PM Nurse note dated 8/18/23 at 8PM written by E10, indicates R1 returned to the facility. R1 received a diagnosis of heat exposure. R1 received a fluid bolus at the hospital. The conclusion section, on the facility's final incident report investigation, dated 8/25/23 and written by E4 indicates: Conclusion: The facility is in agreement that R1 did not disembark from the day training bus when it arrived at the day program site on Friday, 8/18/23. All staff involved in this unfortunate incident, acknowledge that by completing further steps to check the bus as well as calling the facility to verify the location of R1 on 8/18/23 may have been key, to preventing this regretful situation.					
	training site shall en transportation of clie residence to the dev training site shall en are available for trai wheelchair vehicles, ensure that no indivi	ed 12/16 documents: Day sure the timely and safe ents from their place of relopmental training site. Day sure that appropriate vehicles				
	transportation for cli-	shall provide van and bus ents residing at the facility check off clients as they enter				

Illinois Department of Public Health STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION AND PLAN OF CORRECTION (X3) DATE SURVEY IDENTIFICATION NUMBER A. BUILDING: COMPLETED C IL6008577 B. WING 10/06/2023 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 600 BORDEN SHELTERED VILLAGE WOODSTOCK, IL 60098 SUMMARY STATEMENT OF DEFICIENCIES (X4) ID PROVIDER'S PLAN OF CORRECTION (EACH DEFICIENCY MUST BE PRECEDED BY FULL PRÉFIX (X5) **PREFIX** (EACH CORRECTIVE ACTION SHOULD BE REGULATORY OR LSC IDENTIFYING INFORMATION) COMPLETE DATE TAG TAG CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY) Z9999 Continued From page 8 Z9999 the van or bus to ensure an accurate client exit count. 3. Facility shall call and inform day training site if dients are not attending day training or shall arrive later that day. 4. Day training site shall complete a client checklist upon arrival from the facility 5. Day training site shall complete a client checklist upon departure from day training site to the facility. (B) Illinois Department of Public Health

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