STATEMEN	epartment of Public IT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:			X3) DATE SURVEY COMPLETED
					R-C
		IL6016232	B. WING		05/20/2024
NAME OF F	PROVIDER OR SUPPLIER		DRESS, CITY, S		
MARKLU	IND DREHER HOME		VYATT DRIVE , IL 60134		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES ' MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROP DEFICIENCY)	BE COMPLET
Z 000	COMMENTS		Z 000		
	Complaint Investiga	ation: 2472821/IL171758			
Z9999	FINDINGS		Z9999		
	Statement of Licens 350.610a) 350.620a) 350.1210a) 350.1210b)2)5) 350.1220j) 350.1230b)3)7) 350.1230d)1)2) 350.1230d)1)2) 350.1610e)1) 350.3220g)1)A-I),2] 350.3240a)				
	general direction of the broad policies a	verning body shall exercise the facility, and shall establish nd procedures for the facility se, objectives, operation, and			
	a)The facility shall h procedures governi facility which shall h involvement of the a shall be available to public. These writte	esident Care Policies have written policies and ng all services provided by the be formulated with the administrator. The policies the staff, residents and the en policies shall be followed in y and shall be reviewed at			
	with the participatio	lealth Services e resident care plan. A facility, n of the resident and the or resident's representative,			
•	tment of Public Health / DIRECTOR'S OR PROVID	ER/SUPPLIER REPRESENTATIVE'S SIG	GNATURE	TITLE	(X6) DATE 06/19/2

STATEME	Department of Public NT OF DEFICIENCIES I OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE A. BUILDING: _	CONSTRUCTION	COM	E SURVEY PLETED
		IL6016232	B. WING		R-C 05/20/2024	
NAME OF	PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, ST	ATE, ZIP CODE		
MARKLU	JND DREHER HOME		/YATT DRIVE IL 60134			
(X4) ID PREFIX TAG	(EACH DEFICIENC)	TEMENT OF DEFICIENCIES / MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF ((EACH CORRECTIVE ACTI CROSS-REFERENCED TO T DEFICIENC'	ON SHOULD BE HE APPROPRIATE	(X5) COMPLET DATE
Z9999	Continued From pa	ge 1	Z9999			
	comprehensive car includes measurable meet the resident's health, psychosocia are identified in the assessment that all maintain the highes independent function discharge planning based on the resider assessment shall be participation of the guardian or resider applicable. (Section b) The facility shall necessary to mainte physical health. The not limited to, the for 2) Nursing set supervision of the h by a registered profe practical nurse. 5) Other profe identified in the com assessment includi psychiatry, gynecole specified in the indi Section 350.1220 F j) The facility shall of any accident, inju- condition that threa welfare of a resider the presence of inc ulcers or a weight for more within a perior	rvices to provide immediate health needs of each resident ressional nurse or a licensed ressional consulting services as hprehensive functional ng, but not limited to, ogy, and other services as vidual program plan. Physician Services notify the resident's physician ury, or change in a resident's tens the health, safety or nt, including, but not limited to, ipient or manifest decubitus poss or gain of five percent or d of 30 days.				

Illinois D	epartment of Public	Health			FORM	APPROVED
STATEMEN	NT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE A. BUILDING:	CONSTRUCTION		E SURVEY PLETED
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		IL6016232	B. WING			-C 20/2024
NAME OF F	PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, S	TATE, ZIP CODE		
MARKII	JND DREHER HOME	1 S 381 V	VYATT DRIVE			
		GENEVA	IL 60134			
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Z9999	Continued From pa	ge 2	Z9999			
	 shall include, but ar The DON shall part 3) Periodic re and quality of servic 7) Modification terms of the resider d) Direct care per are not limited to, th 1) Detecting s maladaptive behavi nursing or psychoso 2) Basic skills needs and problem Section 350.1610 F e) An ongoing resid progression toward established residen 1) The progression significant changes Any significant char 	evaluation of the type, extent, ces and programming. n of the resident care plan, in nt's daily needs, as needed. sonnel shall be trained in, but ne following: signs of illness, dysfunction or for that warrant medical, ocial intervention. required to meet the health				
	Program g) Every woman reshall receive routine evaluations as well (Section 2-104(b) or residents shall be residents shall be r	Medical and Personal Care esident of child-bearing age e obstetrical and gynecological as necessary prenatal care. f the Act) In addition, women eferred immediately for				
	 "Routine ob "necessary prenata minimum, the follov A) Early d B) A com including menstrual 	r pregnancy is suspected. ostetrical evaluations" and I care" shall include, at a ving: iagnosis of pregnancy; prehensive health history, I history, methods of family atient has used, a detailed				

STATEMEN	epartment of Public IT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		CONSTRUCTION	(X3) DATE SURVEY COMPLETED R-C	
		IL6016232	B. WING			20/2024
NAME OF F	PROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, ST	TATE, ZIP CODE		
MARKLU	IND DREHER HOME		WYATT DRIVE , IL 60134			
(X4) ID			ID	PROVIDER'S PLAN OF		(X5)
PRÉFIX TAG		/ MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE ACT CROSS-REFERENCED TO T DEFICIENC	HE APPROPRIATE	COMPLET DATE
Z9999	Continued From pa	ge 3	Z9999			
	record of past pred	nancies, and data on the				
		hat allow the physician to				
	estimate the date o	f delivery;				
		cation of factors in the current				
		to identify the patient at high				
		nal age, vaginal bleeding,				
	edema, urinary infection, exposure to radiation and chemicals, ingestion of drugs and alcohol,					
	and use of tobacco					
		, prehensive physical				
		ing an evaluation of nutritional				
		on of height, weight and blood				
	pressure; examination of the head, breasts,					
	heart, lungs, abdomen, pelvis, rectum, and					
	extremities;					
		llowing laboratory tests, as				
		as possible. Findings obtained				
		d physical examination may				
	evaluations:	for additional laboratory				
	i) Hen	noglobin or hematocrit				
	measurement;					
		alysis, including microscopic				
	examination or cult					
	determination;	od group and Rh type				
	,	ntibody screen;				
		ibella antibody titer				
	measurement;	bolla antibody itol				
	,	/philis screen;				
	vii)	Cervical cytology; and				
	,	Viral hepatitis (HBsAg)				
	testing.					
		sment that, based on the				
		ry and physical examination,				
		risk factors that may require				
		nt, such as cardiovascular age more than 35 years,				
		, or congenital abnormalities;				
		s, the frequency of which will				

Illinois Department of Public Health STATE FORM

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6016232				CONSTRUCTION	(X3) DATE SURVEY COMPLETED R-C 05/20/2024		
AME OF I	PROVIDER OR SUPPLIER	STREET A	EET ADDRESS, CITY, STATE, ZIP CODE				
ARKLU	JND DREHER HOME		, IL 60134				
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF (EACH CORRECTIVE ACT CROSS-REFERENCED TO T DEFICIENC	ION SHOULD BE THE APPROPRIATE	(X5) COMPLET DATE	
Z9999	Continued From pag	ge 4	Z9999				
	factors. A woman w pregnancy shall be first 28 weeks of pre weeks until 36 week thereafter; H) Determination measured fundal he later months, fetal p albumin and glucose level shall be measu trimester. Glucose s women who are 30	e patient's needs and risk vith an uncomplicated seen every four weeks for the egnancy, every two to three as of gestation, and weekly ons of blood pressure, eight, fetal heart rate, and, in resentation, urinalysis for e. Hemoglobin or hematocrit ured again early in the third screening is recommended for years of age or older; nd monitoring of nutritional					
	shall include, at a m A) An initia components of whic i) His menstrual, reproduce emotional, social, fa medications; allergid systems review; ii) Phy height, weight, nutri pressure; head and heart; lungs; breasts external and interna extremities, includin nodes; and iii) Lab screen; hemoglobin and, if indicated, con cervical cytology; ru	tory; any present illnesses; stive, medical, surgical, unily, and sexual history; es; family planning; and sical examination, including tional status, and blood neck, including thyroid gland; s; abdomen; pelvis, including I genitalia; rectum; g signs of abuse; lymph oratory tests, including urine or hematocrit determination mplete blood cell count;					

STATE FORM

	IT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		CONSTRUCTION		E SURVEY PLETED	
		IL6016232	B. WING			R-C // 20/2024	
IAME OF F	PROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, ST	TATE, ZIP CODE			
	IND DREHER HOME	1 S 381 V	WYATT DRIVE				
		GENEVA	, IL 60134				
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Z9999	Continued From pa	ge 5	Z9999				
	 ii) Phy weight, nutritional si thyroid gland; breas external and interna areas as indicated t iii) Lab screen; cervical cyte hemoglobin or hem Section 350.3240 A a) An owner, licens or agent of a facility resident. It is the du agent who becomes neglect to report it a Neglected Long Ter 	eview; emotional history; /sical examination, including tatus and blood pressure; ets; abdomen; pelvis, including al genitalia; rectum; other by the interval history; oratory, including urine ology, unless not indicated; atocrit determinations; and use and Neglect see, administrator, employee r shall not abuse or neglect a uty of any facility employee or a ware of such abuse or as provided in the Abused and the Care Facility Residents ction 2-107 of the Act)					
	This REQUIREMEN	NT is not met as evidenced by	:				
	interviews, the facili 1) Prevent sexual a of one resident (R1 assaulted. R1 is de activities of daily livi consent to any sexu became pregnant, a unknown to the faci given. On 04/09/202 emergency room fo discovered R1 was pain and pre-eclam pregnancy). R1 had	ons, record reviews and ty failed to: buse and failed to protect one) from being sexually pended on staff for all ing and is not capable to ual contact. As a result, R1 and the pregnancy was lity and no prenatal care was 24 R1 was sent to the r abnormal labs. The hospital pregnant and had abdominal psia (potentially dangerous I to undergo a C-section I) to deliver the child.					
	2) Ensure nursing s	ervices monitor 1 of 1 client's					

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,			A. BUILDING:			
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				DEFICIENCY	()	
Z9999	Continued From pa	ige 6	Z9999			
	(R1) gynecological health and failed to monitor a client's change in condition. R1 was admitted to the hospital and found to be 33 weeks pregnant.					
	female clients' men	blement a policy to monitor uses affecting 11 of 11 female ((R1 through R11);				
		ing staff conduct quarterly nts affecting 16 of 16 clients in ugh R16); and				
	protect and prevent identified to be at ri	blement an abuse policy to t potential abuse of clients sk for any type of abuse lients in the facility (R1				
	Findings include:					
	Serious Incident inc description and ass female who was ad On 04/09/24, R1 wa a concern about an and abdominal dist	lic Health Notification of cludes under incident sessment: "R1 is a 41-year-old lmitted to the facility in 2006. as seen at the hospital due to a elevated lab (laboratory) level ention. Upon medical hospital, it was determined				
	05/18/23 showed the whose diagnoses in Disabilities; Quadri Seizures; Scoliosis	gram Plan (IPP) dated hat she is a 41-year-old female ncludes: Profound Intellectual plegia; Rett's Syndrome; ; Unspecified Visual Loss; licrocephaly; and Chronic tion.				

Illinois D	epartment of Public	Health	-			APPROVED
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Z9999	Continued From pa	ge 7	Z9999			
	Further review of R1's IPP showed a psychological evaluation completed on 10/01/2021. On the Slosson Intelligence test, R1 achieved a mental age 0 years, 3.5 months, with an IQ of 2. R1's Speech and Language assessment completed by E7 (Speech Pathologist) on 05/18/23 includes under expressive language; "R1 is nonverbal and has difficulty expressing her wants and needs effectively." Under receptive language and cognition, it includes "She has difficulty demonstrating her understanding of many basic concepts such as object function, size, shape, and categories."					
		Dam, Z2 (Licensed Social I was sent here for evaluation e pregnant."				
	under chief compla (Abdominal pain an began on Friday (04 Caretaker also repo labs recently, Liver	d dated 04/09/24 includes ints; "Abdominal Pain d abdominal bloating which 4/05/24). No vomiting orts patient has had abnormal enzymes elevated)." Under cludes: "Pregnancy (primary)".				
	pelvis with contrast under findings; "Ple obtained as on the in the abdomen and	ized tomography) scan of the dated 04/09/24 includes ase note only a scout film was scout exam a fetus was noted b pelvis consistent with can was not performed."				
linois Denar	04/09/24 includes tl a single viable intra	he abdomen completed on ne following findings: "There is uterine pregnancy with fetal om (beats per minute)The				

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Z9999	Continued From pa	ge 8	Z9999			
	estimated gestational age of the fetus by measurements is approximately 32 weeks and 6 days"					
	A detailed ultrasound conducted 04/10/24 includes the following findings: "Measurements today reveal adequate interval fetal growthgestational age: 33 weeks and 0 days"					
	dated 04/10/24 list l "Pre-eclampsia". Pe "Pre-eclampsia is a With pre-eclampsia pressure, high level indicate kidney dam damage. Pre-eclam weeks of pregnancy pressure had previo range. Left untreate serious - even fatal- mother and baby/ pressure, pre-eclam	complication of pregnancy. A you might have high blood as of protein in urine that hage, or other signs of organ hpsia usually begins after 20 y in women whose blood ously been in the standard ed, pre-eclampsia can lead to - complications for both the Along with high blood hpsia signs and symptoms ased liver enzymes that				
	dated 04/09/24 inclumation malnourished in application in contracted position motion, non-communi- during some contra	I Medicine consult physical udes "General: thin and pearance, arms and legs held on with very limited range of unicative, makes crying sound ctions in response to pain. ctions on monitor. Low o edema."				
	be pregnant on eva distension and elev	it includes "Patient found to luation for abdominal ated LFT's (liver function hificant disability related to her Microcephaly,				

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(X4) ID		TEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF C		(X5)
PRÉFIX TAG		/ MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE ACTIO CROSS-REFERENCED TO TH DEFICIENCY	IE APPROPRIATE	COMPLET DATE
Z9999	Continued From pa	ge 9	Z9999			
	delay, quadriparesis poor nutritional stat visual impairment. (possible pre-term la time" Under recommenda becomes necessar under general anes A progress note from Gynecology physici includes: "Patient n (every) 4min and pa progress note from 04/10/24 at 5:19pm tone) now 150 with	onverbal autism/developmental s with significant contractures, us (part of syndrome), and Contractions on presentation, abor. Cervix is closed at this ations it includes "If delivery y will need cesarean section thesia" m the Obstetrics and an dated 04/10/24 at 3:46pm oting to be contracting q atient moaning" The next the same physician dated includes; "FHT's (fetal heart minimal variability with e decels (decelerations) and				
	one prolonged dece 1.5min with recover FHT's, my recomm with C-section (Ces	el (deceleration) down to 120 x y. Informed mother that given endation would be to proceed parean section) at this time.				
	04/11/24 includes "l (status post) cesare (preterm labor), sus	Il medicine note dated R1 is a 41-year-olds/p ean section at 32w6d for PTL spected severe pre-eclampsia, (fetal heart rate) tracing"				
	Department Physici uncomfortable and "R1 was grimacing abdomen looks dist contracted. No swe	Bam Z3 (Emergency ian) stated; "R1 came in in a lot of pain." Z3 added, and was shifting a lot. Her tended, and she was lling in any of her extremities."				
	she was brought to Z3 answered, "It wa	an appeared pregnant when the Emergency Department. as hard to say she was a CT scan to rule out other				

	epartment of Public			CONCEPTION		
	IT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE A. BUILDING:			E SURVEY PLETED
		IL6016232	B. WING	B. WING		-C 20/2024
	PROVIDER OR SUPPLIER	STREET AL	DDRESS, CITY, ST	TATE, ZIP CODE		
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WARKLU	IND DREHER HOME	GENEVA	, IL 60134			
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Z9999	Continued From pa	ge 10	Z9999			
	 b) Communication page to thing because her liver enzymes were high, and pregnancy was not on the list of things that I was thinking." Surveyor asked how they discovered the pregnancy. Z3 answered, "When they did the CT scan, they saw it then." On 04/11/24 at 9:45am, E1 (Administrator) stated "I know it (pregnancy) happened here (in the facility). Initial assessment of R1 was abdominal distention, which was normal and expected for clients with Rett's syndrome. What triggered us to send her out was that she had elevated liver enzymes." E1 continued "It was because, she has pre-eclampsia. I can tell you right now, nursing missed monitoring her menses when they did the quarterlies (quarterly nursing assessment). Her last physical was May 2023, and she is not due until May (2024) this year. As far as I know, R1 does not go out for home visits. Family will visit here but they don't bring her home." On 04/16/24 at 11:39am, E1 stated "The homes on the campus have not had any sexual abuse allegations within the last year, before the sexual abuse incident at the home." When asked how the clients in the homes are monitored for sexual abuse, E1 stated, "Any unusual nursing assessment would trigger a further investigation, if needed." The abuse policy includes sexual abuse. E1 doesn't know the interventions off the top of her head. 					
	Nurse) stated R1 ha	PM, E17 (Licensed Practical ad an abdominal surgery, a (surgical procedure in which a h an incision (cut) made in the				

Illinois F	Department of Public	Health			FORM	APPROVED
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MARKL	JND DREHER HOME	GENEVA	, IL 60134			
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Z9999	Continued From pa	ge 11	Z9999			
	physician orders to monitor R1's abdom area for blood, and make sure they are nursing report and to breasts or abdomen On 04/17/24 at 4:25 being changed whil Surveyor noted a he part of the abdomen inches in length cov- strips." R1's risk assessme former QIDP (Quali Professional) on 05 personal safety / se what to do if assaul Under Mistreatmen Neglect (MEAN) it i identify physical, ve and neglect. She is is not willing to repor- who to and when to comments it added the ability to unders Under sexual abuse know how to say "n sexual advances. S understanding of behavior. R1 does n abuse/exploitation, personal safety is in On 04/19/24 at 2:46 stated "I was not no menses." Surveyor	keep R1's steri-strips dry, to ninal incision and her vaginal to monitor R1's breasts to e not hard and warm. E17 got there are no concerns with her n. Opm, surveyor observed R1 le she was in her bed. orizontal cut through the lower n approximately between 6-8 vered with wound closure ent completed by E6, R1's ified Intellectual Disability 5/18/23 includes under exuality: Does not indicate t/abuse occurs. t, Exploitation, Abuse and ncludes: R1 is unable to erbal or other types of abuse also not able to report MEAN, or MEAN and does not know o report MEAN. Under : "R1 does not demonstrate stand MEAN" e risk it includes: R1 does not o" and / or prevent unwanted She does not demonstrate appropriate or threatening 1 also does not demonstrate f public / private sexual not know how to avoid sexual not know how to avoid sexual nor can she describe when				

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Z9999	Continued From pa	ige 12	Z9999			
	frame. It's when the	not designated a specific time e nurse noted a change in 's menses, they have to notify "				
	neglect, mistreatme unknown origin poli 10/10/24 (sic). Und clarify and outline s abuse or neglect, d serious injuries of u expected outcome disease process, m conduct. An occurre a Parent, Client, Sta	the facility's suspected abuse, ent of a client or injury of icy and procedure revised er purpose it includes "To teps when there is suspected leath, financial exploitation, unknown origin that are not the of the Client's condition or hissing person, or criminal ence report may be initiated by aff or Volunteer. sexual assaul It are subsumed under abuse, f criminal conduct.				
	member, guardian witnesses or hears must report it imme and/or staff member that time. The staff facility must then IN to the Administrator verbal, contact. The facility with a written detailing the alleged	ides "An employee, family or volunteer who suspects or of the matters listed above ediately to the administrator er in charge of the facility at member in charge of the MMEDIATELY report the matter or designee by making direct e witness must provide the n statement signed and dated d event. The witness must do wer all pertinent questions in ted matter.				
	Abuse is the willful unreasonable confi punishment with re- mental anguish.	edicare/ Medicaid Services)				

STATEMEN	Department of Public NT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		CONSTRUCTION		E SURVEY PLETED
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MARKLU	JND DREHER HOME		WYATT DRIVE			
(X4) ID	SUMMARY STA	TEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF	CORRECTION	(X5)
PRÉFIX TAG		Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE ACT CROSS-REFERENCED TO T DEFICIENC	HE APPROPRIATE	COMPLETE
Z9999	Continued From pa	ige 13	Z9999			
	 any physical or mental injury or sexual assault inflicted on a resident other than by accidentally means in a facility. 					
	showed that this po	ne facility's abuse policy licy does not have any on to protect and prevent high use.				
		nce from E1 on 05/07/24 at at the correct abuse policy's e is 10/10/23.				
	was reviewed. The noted to have mens 01/23 - 01/19 throu 02/23 - 02/17 throu 03/23 - 03/15 throu 04/23 - 04/08 throu 05/23 - 05/22 throu 06/23 - 06/20 throu 07/23 - 07/15 throu 08/23 - 08/09 throu 09/23 - none 10/23 - none 11/23 - none 12/23 - 12/16 noted second shift only. 01/24 - none 02/24 - noted spott 03/24 - none 04/24 - none until 0	gh 01/23 gh 02/20 gh 03/20 gh 04/11 then on 04/14 gh 05/26 gh 06/23 gh 07/18				
		to 34 inches				

Illinois Department of Public Health STATE FORM

6899

UQGL12

If continuation sheet 14 of 37

Illinois D	epartment of Public	Health				APPROVE
	IT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		CONSTRUCTION		E SURVEY PLETED
			A. BUILDING:			
		IL6016232	16232 B. WING			-C 20/2024
NAME OF I	PROVIDER OR SUPPLIER	STREET AI	DDRESS, CITY, S	TATE, ZIP CODE		
MADKII	JND DREHER HOME	1 S 381 V	VYATT DRIVE			
MARAL		GENEVA	, IL 60134			
(X4) ID			ID			(X5) COMPLETE
PREFIX TAG		Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE ACTIC CROSS-REFERENCED TO TH		DATE
				DEFICIENCY)	
Z9999	Continued From pa	ige 14	Z9999			
	05/23 - 32 inches to	34 inches				
		o 41inches (however, the one				
		l inches was completed by an				
		has not worked in the facility				
	since 07/23)	-				
		o 39 inches (same agency				
		iches measurement)				
	08/23 - 31 inches to					
	09/23 - 31 inches to					
	10/23 - 31.5 inches 11/23 - 31.5 inches					
	12/23 - 32.5 inches					
	01/24 - 33 inches to					
	02/24 - 35.25 inche					
	03/24 - 36 inches to					
	04/24 - 37 inches to	o 38 inches				
	Reviewed nurses n	otes from 08/03/23 through				
		wing notes were noted:				
		- physician ordered one time				
		abdominal distention, girth 39				
		s in 90 minutes, physician				
		a. Active bowel sounds x 4				
	quadrants	Decident is noted to have a				
		- Resident is noted to have a n with a girth measuring 39				
		bowel sound in all 4				
		nt is noted to have had a				
		ement today and noted to				
		movements in the past 72				
	hours					
		- Medication was ineffective.				
		m bm (bowel movement) but				
		nuous to be distended.				
		- Client's abdomen continuous				
		stended even though she had m the bisacodyl; suppository.				
		leet enema one time dose				
		's order. Results pending.				
inois Depai	tment of Public Health	1	II.			1

	NT OF DEFICIENCIES OF CORRECTION	Health (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE A. BUILDING:	CONSTRUCTION		E SURVEY PLETED	
		IL6016232	B. WING			R-C 05/20/2024	
NAME OF	PROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, ST	TATE, ZIP CODE			
			WYATT DRIVE				
MARKLU	JND DREHER HOME	GENEVA	, IL 60134				
(X4) ID		TEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF		(X5)	
PREFIX TAG		MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE ACT CROSS-REFERENCED TO T DEFICIENC	HE APPROPRIATE	COMPLET DATE	
Z9999	Continued From page	ge 15	Z9999				
	03/02/24 8:27pm - Client had a medium and a large bm from the fleet enema given earlier this shift. Client also continued (continues) to pass gas after her bm. Abdomen bloating has improved, measuring 36 inches at this time						
	administered for ins 03/04/24 10:49pm - 03/05/24 6:08am -	Results pending Resident had a PRN					
	suppository on previous shift with and XL bm result noted on this night shift 03/06/24 6:22amgirth 36 inches 04/05/24 1:18pm - ultrasound upper right						
	test) - to evaluate fo 04/08/24 3:39pm -	e elevated LFT's (liver function or gallstones and liver disease Resident noted with n; abdominal girth measured					
	at 40 inches. Physic followed by a fleet e Interventions were o	cian ordered suppository enema 1 hour apart. completed. Resident released					
	bowel movement. A while resident was t	as a small and a medium bdominal girth re measured coileted, and abdomen s. Recheck again around 2pm					
	and measured 39 ir ordered STAT (imm	chesPhysician notified and					
	to monitor 04/09/24 10:03am	- This writer contacted with resident blood lab					
		nent. Bowel sound noted in al ninal girth measured 40 to sent resident					
	non-emergency to t evaluation"	he hospital for further					
		between 08/03/23 through ntain information regarding					

STATEMEN	Department of Public NT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		CONSTRUCTION	СОМ	E SURVEY PLETED
	IL6016232		B. WING			20/2024
NAME OF	PROVIDER OR SUPPLIER	STREET AI	DDRESS, CITY, ST	TATE, ZIP CODE		
MARKLU	JND DREHER HOME		WYATT DRIVE , IL 60134			
(X4) ID PREFIX TAG	X (EACH DEFICIENCY MUST BE PRECEDED BY FULL		ID PREFIX TAG	PROVIDER'S PLAN OF C (EACH CORRECTIVE ACTI CROSS-REFERENCED TO TH DEFICIENCY	ON SHOULD BE HE APPROPRIATE	(X5) COMPLETE DATE
Z9999	Continued From pa	ge 16	Z9999			
	05/16/23, 07/15/23, reviewed. The quar includes a year's we these assessments menses except for to On 4/14/24 at 1:55 when the hospital fi 32 weeks pregnant, around 8/10/23. On 04/11/24 at 3:49 Professional/PSP) s something I noticed distended lately. It s ago. Me and the oth we were told by nur toilet for about 30 m stomach feels like a	ng assessments dated 11/15/23 and 02/15/24 were terly nursing review form orth of assessments, and does not mention R1's the 05/16/23 assessment. PM, E1 (Administrator) stated rst called us, they said R1 was . R1's last menses was opm E8 (Personal Support stated; "R1's abdomen was . It feels like it's more started about 2 weeks or so her aides talked about R1, and sing staff to put R1 on the ninutes." E8 then added, "R1's a balloon, it's hard."	5			
	Nursing Assistant/C November through in February, I had n unusually bloated th significant change t they said they talked	NA) stated, "I was off from February. When I came back oticed that R1's stomach was han before I left. It was a big o me. I talked to the PSPs and d about it but didn't know what R1 was her normal self."				
	"I came back to wor here from 10/23 thr back on 04/01." Sur anything different w stated, "Just recent looked different. I g (04/07/24) and she seems heavier and bathed her before, I	1am Z6 (Agency CNA) stated rk here on 04/01. I worked ough 02/24 and then I came rveyor asked Z6 if she noticed ith any of the clients. Z6 ly when I came back, R1 ave her a shower last Sunday looked more bloated. She her stomach felt hard. I but her stomach was not that d if R1's stomach felt different				

	epartment of Public IT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	A. BUILDING:	CONSTRUCTION	(X3) DATE SURVEY COMPLETED R-C	
		IL6016232	B. WING		05/	20/2024
NAME OF F	PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, ST	TATE, ZIP CODE		
MARKLU	IND DREHER HOME		VYATT DRIVE , IL 60134			
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	CORRECTION ON SHOULD BE HE APPROPRIATE Y)	(X5) COMPLET DATE	
Z9999	Continued From page	ge 17	Z9999			
	bigger. I asked my o who I asked. They s said R1 could be co gave her something bathroom." On 04/13/24 at 3:24 "I've noticed the diff I've been here. I not getting bigger. Most or nurse manager, a swallowing air. After toilet and she would moments that she v might need somethin me she has air, so I would burp or pass lessen. Over time th they would measure just tell me to bathe Z7 added, "In my m advocate and nothin lays flat on her bed, and has gotten larg check on her. They they assess her." Z R1's stomach. R1's to the nurse, do you started talking about On 04/13/24 at 1:15 Sunday (04/07/24) I R1's stomach. It wa	Epm Z7 (Agency CNA) stated, erence in R1 over the months ticed that R1's stomach was a of the time I talked to nurses and they told me it's R1 r she eats, we put her on the I go but then she would have would strain, so I thought R1 ing to help her go. They told I ay R1 on her side and she gas, but the bloating doesn't ne bloating got bigger, and e her stomach and they would her and lay her on her side." ind I felt I tried doing a lot to ng is being done. When R1 her stomach would look large er and I told the nurse to always said that it's air after 7 further added, "I did palpate stomach felt hard, and I said i feel this and the nurse t her liver and gallbladder."				
	more extreme beca talked to staff. I can was. Staff said R1's	use she was in her chair. I 't remember which staff that been getting like that and she ses it is possibly gas or				

	Department of Public NT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	A. BUILDING: _	CONSTRUCTION	(X3) DATE SURVEY COMPLETED R-C	
		IL6016232	B. WING		05/	20/2024
NAME OF	PROVIDER OR SUPPLIER	STREET ADI	ORESS, CITY, ST	ATE, ZIP CODE		
MARKLU	JND DREHER HOME	1 S 381 W GENEVA,	YATT DRIVE			
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF C (EACH CORRECTIVE ACTION CROSS-REFERENCED TO TH DEFICIENCY	ON SHOULD BE IE APPROPRIATE	(X5) COMPLET DATE
Z9999	stated, "The nurse is a responsible for more menses. There is a quarterly evaluation menses. The nurse following the month clients. It is not uncert to miss one menses or have dysmenorrh female client misse months, the nurses pregnant or going the believe we have an take action if a fema menses." On 04/17/24 at 4:38 nurse) stated; "I thought she had a t stomach, I didn't fee to staff, "Don't tell might." On 04/20/24 at 7:11 anything is reported supervisor, E5 (Nur E9 if anyone reported answered, "I did gef funny, like slightly d clients do shift from Surveyor asked E9	ge 18 27 am, E2 (Director of Nursing) manage in the home is nitoring female clients' section on the nurses' for the female clients' manager is responsible for ly menses for the female ommon for the female clients is if they are pre-menopausal hea or amenorrhea. If a s her menses for three do testing to see if she is nrough menopause. I don't expectation for the nurses to ale client misses one Bpm, E18 (in house registry ught R1's abdomen was very ts ago (possibly 03/03/24), I at R1 is very quite which is They put her on constipation eyor asked how R1 appeared wered, "She was getting bigger in her tummy. I really umor. When I felt her el any movement. I even joked he she's been sneaking out at am, E9 (Nurse) stated "When I to me, I report to my se Manager)." Surveyor asked ed to her about R1. E9 t a report that R1 was acting ifferent personality but our happy to mad to sad." who reported this to her, rted and did she document it	Z9999			

	Pepartment of Public IT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE A. BUILDING: _	CONSTRUCTION	СОМ	E SURVEY PLETED
		IL6016232	B. WING		R-C 05/20/2024	
NAME OF F	PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, S	TATE, ZIP CODE		
MARKLU	JND DREHER HOME		VYATT DRIVE , IL 60134			
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES ' MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF C (EACH CORRECTIVE ACTI CROSS-REFERENCED TO T DEFICIENCY	ON SHOULD BE HE APPROPRIATE	(X5) COMPLETI DATE
Z9999	Continued From pa	ge 19	Z9999			
	shift. I can't recall w it because she was remember who I rep or Z9 (former Nurse E9 if E18 reported a "E18 said somethin When asked what E describes things dif She told me "R1's a looks pregnant." I fe feel anything, then E5 that E18 said tha normal, but R1 alwa have felt something would have thought reported it to E5, th enema for R1." Sur R1's abdominal girth was gradual, so I di abdominal girth dur big of a shift from th up on the EMAR (e Administration Reco On 4/14/24 at 12:55 Nurse) stated arour the morning shift nu suppository or fleets stomach was larger E5, nurse manager give her a fleets en	opm, E16 (Licensed Practical nd three to four weeks ago,				
	stated the home ne menses. About 6 w R1 delivered the ba	pm Z8 (Family Member) ver told Z8 about R1's missed veeks before last week (when by), R1's stomach looked Z8 asked E5, nurse manager				

	Department of Public	(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPLE	CONSTRUCTION	(X3) DATE	E SURVEY
	OF CORRECTION	IDENTIFICATION NUMBER:	A. BUILDING:			PLETED
		IL6016232	B. WING		R-C 05/20/2024	
NAME OF I	PROVIDER OR SUPPLIER	STREET AL	DRESS, CITY, S	TATE, ZIP CODE		
MARKLU	JND DREHER HOME		, IL 60134			
(X4) ID			ID	PROVIDER'S PLAN OF		(X5)
PREFIX TAG		Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE ACT CROSS-REFERENCED TO T DEFICIENC	HE APPROPRIATE	COMPLET DATE
Z9999	Continued From pa	ige 20	Z9999			
	if there was someth	ning that could be wrong with				
	R1 because her sto	omach looked more bloated.				
		reed that R1's stomach was				
		e (doesn't recall date). E5				
		starting R1's history and				
		physical and the doctor ordered blood work. The blood work results showed that R1's liver				
		rated. Initially, the doctor				
	5	a gallbladder ultrasound.				
		said the doctor wanted R1 to				
		cy room for the test. Z8				
		o the hospital with R1, to be				
		out R1 would also have an				
		ed tomography (CT) scan. Z8				
		waiting for the test. Z8 had				
		tomach and held R1's hand				
		d. Z8 felt something move in				
		er about 3 minutes, the				
		told Z8 that they couldn't finish an identified pregnancy. They	,			
		e abdominal CT scan.				
	On 04/17/24 at 2:30	0pm E5 (Nurse Manager)				
		ursing assessments are				
	5	urse managers." Surveyor				
		ented anything about R1's				
		red, "No, the form doesn't				
		ssessment on it, but I just got				
		regarding the head-to-toe supposed to go with the typed				
		sment form and that includes				
		nt." E5 then added, "I hadn't				
		ises record until February				
		d about it." On 04/23/24 at				
		l, "When I worked one day				
		urse, R1 was distended. I				
		ch and I felt that air. R1's				
		when I was feeling it and hard				
		breath. I didn't feel any				
	movement. I listene	ed for bowel sounds and it was				

STATEMEN	epartment of Public IT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	· /	CONSTRUCTION	СОМ	E SURVEY PLETED
	IL6016232		6232 B. WING			
NAME OF F	PROVIDER OR SUPPLIER	STREET AL	DRESS, CITY, ST	TATE, ZIP CODE		
MARKLU	IND DREHER HOME		VYATT DRIVE , IL 60134			
(X4) ID	SUMMARY STA		ID	PROVIDER'S PLAN OF COF	RECTION	(X5)
PREFIX TAG		YMUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE DEFICIENCY)		COMPLET DATE
Z9999	Continued From pa	ge 21	Z9999			
	movement record for did have bowel move physician and repore movements but is dest suppository. The 3- suppository. I believe measured R1's abd inches." Surveyor a answered, "I have to added, "When I talk new order for suppore mom said, "When I talk new order for suppore stated, "For menses them during quarter there is no menses notified and we con Surveyor asked if R "No." On 4/16/24 at manager in the hom monitoring the fema section on the nurse female clients' last is responsible for for for the female client her menses for thread test to see if she is menopause. E2 do an expectation for t female client misse at 2:08pm, E2 state	drants. I looked up her bowel or the past 72 hours and she vements. I contacted the ted that she had bowel listended and he ordered 11 shift nurse gave the ve they gave the fleet as well. I lominal girth. I think it was 40 sked E5 when this was. E5 to look at the exact date." E5 ted to R1's mom about the ository and fleet enema, R1's was there last time, she re distended." Dam, E2 (Director of Nursing) s, the nurse manager monitors 'ly nursing assessment. When for three months. Physician is duct a pregnancy test." A was tested. E2 answered, 10:27am E2 stated, the nurse he is responsible for ale clients' menses. There is a e's quarterly evaluation for the menses. The nurse manager blowing the monthly menses ts. If a female client misses ts. If a female client misses to take action if a s one menses. On 04/17/24 to the staff in the homes have porting 3 missed menses to				
	rationale for the pra staff a standing ord test after 3 consecu	besn't think they have a actice. The physician gave the er to do a blood pregnancy ative missed menses. A so done if there is a reported				

STATEMENT OF DEFICIENCIES (X1 AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED	
	IL6016232		B. WING			20/2024
NAME OF F	PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, ST	ATE, ZIP CODE		
MARKLU	ND DREHER HOME		IL 60134			
(X4) ID	SUMMARY STA	TEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF C	ORRECTION	(X5)
PRÉFIX TAG		MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE ACTI CROSS-REFERENCED TO TH DEFICIENCY	HE APPROPRIATE	COMPLET DATE
Z9999	Continued From page	ge 22	Z9999			
	notice something the the nurse. The nurse checks to see if any reported. The nurse client's change in co On 04/17/24 2:13pm the nurses do full be quarterly assessme changes in the client staff check for ments clients of childbearind by the nurse manage On 04/11/24 at 9:45 "I know it (pregnand facility). Initial assess distention, which was clients with Rett's sy send her out was the enzymes." E1 contri- has pre-eclampsia. nursing missed mor- did the quarterlies (assessment). Her la- is not due until May know, R1 does not will visit here but the added, "We have id worked in the home 08/06/23 and 09/06, conception." Survey policy on conducting assessments. E1 and	n, E1 (Administrator) stated, bdy assessments on the ints and as needed for it's conditions. The direct care ses daily, on the female ing age. The data is reviewed ger monthly and quarterly. From E1 (Administrator) stated; by) happened here (in the ssment of R1 was abdominal as normal and expected for yndrome. What triggered us to hat she had elevated liver nued; "It was because, she I can tell you right now, hitoring her menses when they quarterly nursing ast physical was May, and she (2024) this year. As far as I go out for home visits, family ey don't bring her home." E1 lentified 8 male staff who a during the time between /23, the time we think during yor asked E1 for the facility's				
	expectations for nur nursing assessmen	rses to conduct quarterly ts." E1 added, "We have ring that time period, so it was				

	epartment of Public						
	IT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		CONSTRUCTION	(X3) DATE SURVEY COMPLETED		
						R-C	
	IL6016232		B. WING		05/	20/2024	
NAME OF F	PROVIDER OR SUPPLIER	STREET AI	DDRESS, CITY, ST	TATE, ZIP CODE			
MARKLU	IND DREHER HOME		VYATT DRIVE				
(X4) ID	SUMMARY STA	TEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF	CORRECTION	(X5)	
PRÉFIX TAG		Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE ACT CROSS-REFERENCED TO DEFICIENC	THE APPROPRIATE	COMPLET DATE	
Z9999	Continued From pa	ge 23	Z9999				
	menses tracking po	olicy. On 04/13/24 at 10:58am,					
		pelieve we have a policy on					
		and reporting procedure. It is					
		that monitors the menses in					
		e physician's monthly round.					
		The physician does complete physical yearly and					
	sees clients monthl	sees clients monthly or more often if they have					
	issues" On 04/17/	24 at 11:50am, E1 presented					
	a menses tracking	policy with last revised date of					
		I, "Staff is not expected to					
		is not in effect in our homes					
	currently."						
		39am, E1 stated; "The homes					
		e not had any sexual abuse					
		e last year, before the sexual					
		e home. When asked how the	•				
		s are monitored for sexual					
		Any unusual nursing					
		trigger a further investigation,					
		ise policy includes sexual					
		know the interventions off the					
	top of her head."						
	On 04/11/24 at 2:35	5pm, E1 stated, "We do not					
		licy on change in condition."					
	On 04/17/24 at 2:06	Spm E1 stated, "The system in					
		cility that there is a change in					
	condition of male or	r female clients will be done by	,				
		port Professional). A finding of					
	something not norm	nal or something unusual will					
		nurse on duty. The nurse on					
		essment and checks on what's	;				
		ted and notifies the physician					
		condition. It is not solely the					
		DP (qualified intellectual					
		nal), therapy aide, of any staff					
		s off, they would reach out to					
		to the nurse. The nurse will					
	then assess the clie	ent's condition.					

	IT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		CONSTRUCTION		E SURVEY PLETED
		IL6016232	B. WING			
NAME OF F	PROVIDER OR SUPPLIER	STREET AI	DDRESS, CITY, ST	ATE, ZIP CODE		
	IND DREHER HOME	1 S 381 V	VYATT DRIVE			
MARALU		GENEVA	, IL 60134			
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES / MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF (EACH CORRECTIVE ACT CROSS-REFERENCED TO DEFICIENC	TION SHOULD BE	(X5) COMPLETI DATE
Z9999	Continued From pa	ge 24	Z9999			
	stated; "I was not no menses." Surveyor be notified of a fem answered, "I have r frame, it's when the	Spm Z4 (Medical Director) otified of R1's changes in her asked Z4 when he needs to ale client's absent menses. Z4 not designated a specific time e nurse noted a change in 's menses, they have to notify t."	L.			
	neglect, mistreatme unknown origin poli 10/10/24 (sic). Und clarify and outline s abuse or neglect, d serious injuries of u expected outcome disease process, m conduct. An occurre a Parent, Client, Sta	the facility's suspected abuse, ent of a client or injury of cy and procedure revised der purpose it includes; "To teps when there is suspected eath, financial exploitation, inknown origin that are not the of the Client's condition or issing person, or criminal ence report may be initiated by aff or Volunteer. sexual assaul It are subsumed under abuse, f criminal conduct.	, t			
	member, guardian of witnesses or hears must report it imme and / or staff memb that time. The staff facility must then IM to the Administrator verbal; contact. The facility with a written detailing the alleged	ides; "An employee, family or volunteer who suspects or of the matters listed above ediately to the administrator per in charge of the facility at member in charge of the IMEDIATELY report the matter or designee by making direct e witness must provide the n statement signed and dated d event. The witness must do ver all pertinent questions in ted metter.				

STATEMEN	epartment of Public IT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		CONSTRUCTION	СОМ	E SURVEY PLETED R-C
		IL6016232	B. WING			20/2024
NAME OF F	PROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, S	TATE, ZIP CODE		
MARKLU	IND DREHER HOME		WYATT DRIVE , IL 60134			
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES ' MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF ((EACH CORRECTIVE ACTI CROSS-REFERENCED TO T DEFICIENC'	ION SHOULD BE HE APPROPRIATE	(X5) COMPLETE DATE
Z9999	Continued From pa	ge 25	Z9999			
	Abuse is the willful i unreasonable confit punishment with res mental anguish. IDPH (Illinois Depar - any physical or me inflicted on a reside means in a facility. Further review of th showed that this po identified intervention risk clients from abu	nement, intimidation or sulting physical harm, pain or "tment of Public Health) Abuse ental injury or sexual assault nt other than by accidentally e facility's abuse policy licy does not have any on to protect and prevent high use.				
		nce from E1 on 05/07/24 at at the correct abuse policy's e is 10/10/23.				
	Manager/Qualified I Professional QIDP) stated, the staff in tI homes. It depends for a particular shift	08 PM, E15 (Group Home Intellectual Disability , of another home on campus his home work in the other on the needs, on the campus . Staff in the other homes can me for staffing reasons as				
	showed a few staff homes on different E13 (Personal Supp observed working ir	bort Professional) was in the facility on 05/02/24 and ing in another home in the				
	observed working ir	d Nursing Assistant) was n the facility on 04/13/24 and ing in another home in the 4/29/24.				

STATEMEN	Pepartment of Public IT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		CONSTRUCTION		E SURVEY PLETED
		IL6016232	B. WING			2-C 20/2024
NAME OF F	PROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, ST	TATE, ZIP CODE		
	JND DREHER HOME	1 S 381 V	WYATT DRIVE			
		GENEVA	, IL 60134			
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES / MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF ((EACH CORRECTIVE ACT) CROSS-REFERENCED TO T DEFICIENC'	ION SHOULD BE HE APPROPRIATE	(X5) COMPLET DATE
Z9999	Continued From pa	ge 26	Z9999			
	"We didn't have it ir and prevent abuse their risk assessme for staff to intervent also have to make s 911 as appropriate. policy specifies this was just to report to specify if staff withe 05/09/24 at 11:07ar and neglect policy w	opm E1 (Administrator) stated in the policy on how to protect in high-risk clients identified by ents." E1 added, "It is expected e (if they see abuse). They sure the client is safe and call " Surveyor asked E1 if the . E1 answered, "The policy o administration. It did not ess or not witnessed." E1 on in stated, "Our previous abuse was more focused on stigation of abuse once abuse				
	for someone workin his home in the mid another home to he On 04/13/24 at 2:40 practice, but it has I would go to another home is short or if t their duties in the he	if it is an acceptable practice ng in another home to leave Idle of the shift to go to It staff provide personal care. Opm, E1 stated "It is not typica happened before that staff r home to help out if the other hat staff has already finished ome where they are id, "Most of our staff float mes on campus."				
	stated, "Now, we had same room when we started last Wedness do it for night shift a sure about the day are with them starting	Iam, E19 and E20, both PSPs ave to have 2 people in the ve provide care. This just sday or something. I know we and I think PM shift. I am not shift. With the nurses we also ng this week and this includes ig clients, we need 2 people				
		lam, E21 (PSP), stated, "Righ e 2 people per client for all	t			

	IT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE A. BUILDING: _	CONSTRUCTION		E SURVEY PLETED
		IL6016232	B. WING			R-C 20/2024
NAME OF F	PROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, ST	ATE, ZIP CODE		
MARKLU	IND DREHER HOME		WYATT DRIVE			
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES ' MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF (EACH CORRECTIVE ACT CROSS-REFERENCED TO T DEFICIENC	ION SHOULD BE THE APPROPRIATE	(X5) COMPLETE DATE
Z9999	Continued From page	ge 27	Z9999			
		Before it was 1 person care 2-person transfer. This just				
	remembered a male came to our home j agency staff bathe o during his shift." E8	2am E8 (PSP) stated, "I e staff from another home ust to help one of our female one of our female clients continued, "If I see abuse, I upervisor immediately."				
	nurse) stated, "Righ giving personal care	29am, E22 (in house registry nt now, we have 2 people with the doors open. All male n a female staff, both male not allowed."	•			
	Nursing Assistant/C working in this hom another home. My u during weekends ar -3pm. On 04/29/24 to do if he witnesses report to charge nur how he knew what t	A3am Z5 (Agency Certified NA) stated, "I have not been e that often. I am usually in usual schedule is 7am-11pm nd on weekdays it's 7am at 3:25pm, when asked what s abuse, Z5 stated; "Just rse immediately." When asked to do if he witnesses abuse, rned it from CNA school."	1			
	Disability Profession suspect abuse, we in the facility then to (Chief Executive Of don't know what pee I told my staff if they supervisor rather th with the abuser." E4	Bpm, E4 (Qualified Intellectual nal) stated; "If I or my staff will notify the supervisor that is to E1 (Administrator) and E12 ficer). If staff see abuse, I ople would do at the moment. y see something to notify the an go into something physical added, "Staff sometimes omes if they are needed."	5			

IL6016232 STREET ADDRESS, CITY, STATE, ZIP CODE MARK LUND DREHER HOME STREET ADDRESS, CITY, STATE, ZIP CODE MARKLUND DREHER HOME 1 S 381 WYATT DRIVE GENEVA, IL 60134	STATEMEN	Pepartment of Public IT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		CONSTRUCTION		
IL6016232 B. WING O5/20/2024 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 1 S 381 WYATT DRIVE GENEVA, IL 60134 (74) ID SUMMARY STATEMENT OF DEFICIENCIES (74) ID SUMMARY STATEMENT OF DEFICIENCIES ID PROVIDER'S PLAN OF CORRECTION (XS) (74) ID REGULATORY OR LSC IDENTIFYING INFORMATION) ID PROVIDER'S PLAN OF CORRECTIVE ACTION SHOULD BE COMPLET 739999 Continued From page 28 Z9999 Support Professional/PSP), stated, "I was one of those suspended because I picked up a shift in the home, but I am lead PSP for another home." 29999 Support Professional/PSP), stated, "I was one of those suspended because I picked up a shift in the home, but I am lead PSP for another home." E14 continued, "If I see any type of abuse, I will yell stop and intervene and call 911, also push the panic button." E14 added, "I learned this through in-services." On 04/29/24 at 4:12pm Z6 (Agency CNA) stated "When I see abuse, I do not intervene. I will call 911 and will use the emergency button and report it immediately because they might hurt me." When asked how she knows about this, Z6 answered, "I learned about these through in-services." On 04/13/24 at 11:41am Z6 stated, "I usually work in this home 5 days a week, for the 3pm -11pm shift then another home during the 7-3pm shift." On 04/29/24 at 4:14pm E11, Therapy Aide, stated, "I usually work in this home 5 days a week, for the 3pm 41pm shift then another home during the 7-3pm shift." On 04/29/24 at 4:14pm E11, Therapy Aide, stated, "IT i see abuse	AND PLAN	OF CORRECTION	IDENTIFICATION NUMBER:	A. BUILDING:		COM	PLETED
MARKLUND DREHER HOME 1S 381 WYATT DRIVE GENEVA, IL 60134 (Y4) 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 (COMPLET DEFICIENCY) (X5) (EACH DEFICIENCY MUST REGULATORY OR LSC IDENTIFYING INFORMATION) ID PREFIX TAG PROVIDER'S PLAN OF CORRECTION (COMPLET DEFICIENCY) (X5) (EACH DEFICIENCY Z9999 Continued From page 28 Z9999 Support Professional/PSP), stated, "I was one of those suspended because I picked up a shift in the home, but I am lead PSP for another home." E14 continued, "If I see any type of abuse, I will yell stop and intervene and call 911, also push the panic button." E14 added, "I learned this through in-services." On 04/29/24 at 4:12pm Z6 (Agency CNA) stated "When I see abuse, I do not intervene. I will call 911 and will use the emergency button and report it immediately because they might hurt me." When asked how she knows about this, Z6 answered, "I learned about these through in-services." On 04/13/24 at 11:41nm Z6 stated, "I usually work in this home 5 days a week, for the 3pm -11pm shift then another home during the 7-3pm shift." On 04/29/24 at 4:114pm E11, Therapy Aide, stated, "If I see abuse, I will say stop, call 911." E13 added, "This is new, Im not sure what the			IL6016232	B. WING			
MARKLUND DREHER HOME GENEVA, IL 60134 (X4) ID PREFIX 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 DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) VS) (EACH CORRECTIVE ACTION SHOULD BE CONSTRETE INCED TO THE APPROPRIATE DEFICIENCY) COMPLET DATE 29999 Continued From page 28 Z9999 Support Professional/PSP), stated, "I was one of those suspended because I picked up a shift in the home, but I am lead PSP for another home." E14 continued, "If I see any type of abuse, I will yell stop and intervene and call 911, also push the panic button." E14 added, "I learned this through in-services." Image: Complete Comp	NAME OF F	PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, ST	TATE, ZIP CODE		
(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 DEFICIENCY EACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE CMPLET DEFICIENCY 29999 Continued From page 28 Z9999 Support Professional/PSP), stated, "I was one of those suspended because I picked up a shift in the home, but I am lead PSP for another home." E14 continued, "If I see any type of abuse, I will yell stop and intervene and call 911, also push the panic button." E14 added, "I learned this through in-services." No 04/29/24 at 4:12pm Z6 (Agency CNA) stated "When I see abuse, I do not intervene. I will call 911 and will use the emergency button and report it immediately because they might hurt me." When asked how she knows about this, Z6 answered, "I learned about these through in-services." On 04/13/24 at 11:41am Z6 stated, "I usually work in this home 5 days a week, for the 3pm -11pm shift then another home during the 7-3pm shift." On 04/29/24 at 4:14pm E11, Therapy Aide, stated, "If I see abuse, I will say stop, call 911." E13 added, "This is new, I'm not sure what the	MARKLU	IND DREHER HOME					
PREFIX TAG (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) PREFIX TAG (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY) COMPLET DATE 29999 Continued From page 28 Z9999 Z9999 Support Professional/PSP), stated, "I was one of those suspended because I picked up a shift in the home, but I am lead PSP for another home." E14 continued, "If I see any type of abuse, I will yell stop and intervene and call 911, also push the panic button." E14 added, "I learned this through in-services." On 04/29/24 at 4:12pm Z6 (Agency CNA) stated "When I see abuse, I do not intervene. I will call 911 and will use the emergency button and report it immediately because they might hurt me." When asked how she knows about this, Z6 answered, "I learned about these through in-services." On 04/13/24 at 11:41am Z6 stated, "I usually work in this home 5 days a week, for the 3pm -11pm shift then another home during the 7-3pm shift." On 04/29/24 at 4:14pm E11, Therapy Aide, stated; "If I see abuse, I will say stop, call 911." E13 added, "This is new, I'm not sure what the	(X4) ID	SUMMARY STA			PROVIDER'S PLAN OF (CORRECTION	(X5)
Support Professional/PSP), stated, "I was one of those suspended because I picked up a shift in the home, but I am lead PSP for another home." E14 continued, "If I see any type of abuse, I will yell stop and intervene and call 911, also push the panic button." E14 added, "I learned this through in-services." On 04/29/24 at 4:12pm Z6 (Agency CNA) stated "When I see abuse, I do not intervene. I will call 911 and will use the emergency button and report it immediately because they might hurt me." When asked how she knows about this, Z6 answered, "I learned about these through in-services." On 04/13/24 at 11:41 am Z6 stated, "I usually work in this home 5 days a week, for the 3pm -11pm shift then another home during the 7-3pm shift." On 04/29/24 at 4:14pm E11, Therapy Aide, stated; "If I see abuse, I will say stop, call 911." E13 added, "This is new, I'm not sure what the					CROSS-REFERENCED TO T	HE APPROPRIATE	COMPLET DATE
 those suspended because I picked up a shift in the home, but I am lead PSP for another home." E14 continued, "If I see any type of abuse, I will yell stop and intervene and call 911, also push the panic button." E14 added, "I learned this through in-services." On 04/29/24 at 4:12pm Z6 (Agency CNA) stated "When I see abuse, I do not intervene. I will call 911 and will use the emergency button and report it immediately because they might hurt me." When asked how she knows about this, Z6 answered, "I learned about these through in-services." On 04/13/24 at 11:41am Z6 stated, "I usually work in this home 5 days a week, for the 3pm -11pm shift then another home during the 7-3pm shift." On 04/29/24 at 4:14pm E11, Therapy Aide, stated; "If I see abuse, I will say stop, call 911." E13 added, "This is new, I'm not sure what the 	Z9999	Continued From pa	ge 28	Z9999			
		those suspended by the home, but I am E14 continued, "If I yell stop and interve panic button." E14 a in-services." On 04/29/24 at 4:12 "When I see abuse 911 and will use the it immediately beca When asked how s answered, "I learne in-services." On 04/ usually work in this 3pm -11pm shift the 7-3pm shift." On 04/29/24 at 4:14 stated; "If I see abu E13 added, "This is	ecause I picked up a shift in lead PSP for another home." see any type of abuse, I will ene and call 911, also push the added, "I learned this through 2pm Z6 (Agency CNA) stated , I do not intervene. I will call e emergency button and report use they might hurt me." he knows about this, Z6 ed about these through /13/24 at 11:41am Z6 stated, "I home 5 days a week, for the en another home during the 4pm E11, Therapy Aide, ise, I will say stop, call 911." s new, I'm not sure what the				
		safety/sexuality, mis abuse. neglect (ME >Individual Program	assessments under personal streatment, exploitation, AN) and sexual abuse; and n Plan (IPP) indicated level of				
 In the clients' risk assessments under personal safety/sexuality, mistreatment, exploitation, abuse. neglect (MEAN) and sexual abuse; and Individual Program Plan (IPP) indicated level of 		identified mental ag the home are at risl	e revealed that all 16 clients in k of being abused.				
 >In the clients' risk assessments under personal safety/sexuality, mistreatment, exploitation, abuse. neglect (MEAN) and sexual abuse; and >Individual Program Plan (IPP) indicated level of function as well as psychological assessment's identified mental age revealed that all 16 clients in the home are at risk of being abused. 			ety/Sexuality:R1 does not ility to understand most				

Illinois D	epartment of Public	Health			FORM	APPROVE
STATEMEN	IT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPLE	CONSTRUCTION		SURVEY
AND PLAN	OF CORRECTION	IDENTIFICATION NUMBER:	A. BUILDING:		СОМ	PLETED
					R	-C
		IL6016232	B. WING	·····	05/2	20/2024
NAME OF I	PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, S	TATE, ZIP CODE		
		1 S 381 V	YATT DRIVE			
MARKLU	IND DREHER HOME	GENEVA,	IL 60134			
(X4) ID			ID	PROVIDER'S PLAN OF CO		(X5)
PREFIX TAG		/ MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE		COMPLETE DATE
				DEFICIENCY)		
Z9999	Continued From pa	ge 29	Z9999			
	-	-				
		es not demonstrate the ability N (including peer to peer).				
		Risk: R1 does not				
		ility to understand sexual				
	behaviors.	,				
		18/23 indicates R1 functions in				
		of Intellectual Disabilities and				
		ssessment dated 10/01/21				
		esson Intelligence test, R1 age 0 years, 3.5 months, with				
	an IQ of 2."	age o years, 5.5 monuts, with				
	R 2 - risk assessme	ent dated 01/04/24				
	"Personal Safe	ty/Sexuality:R2 does not				
		ility to understand most				
	personal safety/sex					
		s not demonstrate the ability				
		N (including peer to peer). Risk:R2 does not				
		ility to understand sexual				
	behaviors.	,				
		04/24 indicates R2 function in				
		of Intellectual Disabilities and				
		ssessment dated 09/19/2020				
		osson Intelligence test, R2 age 1 year, 11.5 months, with				
	an IQ of 12."	age Tyear, 11.5 months, with				
	R3 - risk assessme	nt dated 07/10/23				
		ty/Sexuality:R3 does not				
		ility to understand most				
	personal safety/sex	uality.				
		N (including peer to peer).				
		Risk:R3 does not				
		ility to understand sexual				
	behaviors.	-				
		10/23 indicates R3 functions in				
		of Intellectual Disabilities and				
	her psychological a tment of Public Health	ssessment dated 06/23/21				

Illinois D	epartment of Public	Health			FORM	APPROVED
STATEMEN	IT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE A. BUILDING:			E SURVEY PLETED
		IL6016232	B. WING			-C 20/2024
NAME OF F	PROVIDER OR SUPPLIER	STREET AL	DRESS, CITY, S	TATE, ZIP CODE		
MADKII	JND DREHER HOME	1 S 381 V	VYATT DRIVE			
MARKE		GENEVA	IL 60134			
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES / MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF C (EACH CORRECTIVE ACTION CROSS-REFERENCED TO TH DEFICIENCY	ON SHOULD BE HE APPROPRIATE	(X5) COMPLETE DATE
Z9999	Continued From pa	ge 30	Z9999			
		esson Intelligence test, R3 age 0 years, 10 months, with				
	demonstrate the ab personal safety/sex regarding her person MEAN: R4 co non-traditional mea the ability to unders peer-to-peer). R4 is exploitation, abuse, peer to peer. Sexual Abuse high risk for sexual R4's IPP dated 02/2 the Profound range her psychological a includes On the Slo	ety/Sexuality: R4 does not vility to understand most vality. R4 is at high risk onal safety/sexuality. mmunicates through ns and does not demonstrate tand MEAN (including at high risk for mistreatment, neglect (MEAN) including Risk:R4 is considered at				
	activate a speech-g meaningfulness is o regarding her perso MEAN: R5 is a exploitation, abuse, peer to peer. Sexual Abuse high risk for sexual	ety/Sexuality:R5 is able to generating device, but questionable. R5 is at high risk onal safety/sexuality. at high risk for mistreatment, neglect (MEAN) including Risk:R5 is considered at				
linois Donos	the Profound range her psychological a includes On the Slo	of Intellectual Disabilities and ssessment dated 02/20/22 pson Intelligence Test, R5 age of 0 years, 3.5 months				

Illinois Department of Public Health STATE FORM

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If continuation sheet 31 of 37

	epartment of Public	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		CONSTRUCTION		E SURVEY PLETED
			A. BUILDING:			
		IL6016232	B. WING			R-C 20/2024
NAME OF F	PROVIDER OR SUPPLIER	STREET AI	DDRESS, CITY, ST	TATE, ZIP CODE		
	IND DREHER HOME	1 S 381 V	VYATT DRIVE			
	IND DREHER HOME	GENEVA	, IL 60134			
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES ' MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF ((EACH CORRECTIVE ACTI CROSS-REFERENCED TO TI DEFICIENC\	ON SHOULD BE HE APPROPRIATE	(X5) COMPLETE DATE
Z9999	Continued From page	ge 31	Z9999			
	demonstrate the ab personal safety/sex regarding her perso MEAN:R6 is exploitation, abuse, peer to peer. Sexual Abuse F high risk for sexual R6's IPP dated 03/0 the Profound range her psychological as includes "On the Ske	ety/Sexuality:R6 does not ility to understand most uality. R6 is at high risk onal safety/sexuality. at high risk for mistreatment, neglect (MEAN) including Risk:R6 is considered at				
	demonstrate the ab personal safety/sex regarding her person MEAN:R7 is exploitation, abuse, peer to peer. Sexual Abuse risk for sexual abus R7's IPP dated 08/2 the Profound range her psychological as includes On the Slo achieved a mental a an IQ of 2."	ety/Sexuality:R7 does not ility to understand most uality. R7 is at high risk onal safety/sexuality. at high risk for mistreatment, neglect (MEAN) including Risk:R7 considered at high e. 29/23 indicates R7 functions in of Intellectual Disabilities and ssessment dated 06/13/21 usson Intelligence Test, R7 age of 0 years, 3 months and				
	demonstrate the ab	ility to understand most uality. R8 is at high risk				

Illinois D	Department of Public	Health	1			APPROVED
	NT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE A. BUILDING:			E SURVEY PLETED
		IL6016232	B. WING			2-C 20/2024
NAME OF	PROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, ST	TATE, ZIP CODE		
MARKL	UND DREHER HOME		WYATT DRIVE , IL 60134			
(X4) ID	SUMMARY STA	TEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF	CORRECTION	(X5)
PRÉFIX TAG		' MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE ACT CROSS-REFERENCED TO T DEFICIENC	HE APPROPRIATE	COMPLETE DATE
Z9999	Continued From pa	ge 32	Z9999			
	exploitation, abuse, peer to peer. Sexual Abuse risk for sexual abuse R8's IPP dated 03/2 the Profound range her psychological a includes "On the SI achieved a mental a and an IQ of 15." R9 - risk assessme "Personal Safety/sex MEAN: R9 doe to understand MEA Sexual Abuse demonstrate the ab personal safety/sex MEAN: R9 doe to understand MEA Sexual Abuse demonstrate the ab behaviors. R9's IPP dated 11/1 the Profound range her psychological a includes On the SIc achieved a mental a IQ of 4." R10 - risk assessm "Personal Safety/sex MEAN: R10 d ability to understand peer). Sexual Abuse the ability to understand peer). Sexual Abuse the ability to understand peer).	22/24 indicates R8 functions in of Intellectual Disabilities and ssessment dated 09/19/20 osson Intelligence Test, R8 age of 2 years, 4.5 months nt dated 11/13/23 ety/Sexuality: R9 does not ility to understand most uality. es not demonstrate the ability N (including peer to peer). Risk: R9 does not ility to understand sexual 3/23 indicates R9 functions in of Intellectual Disabilities and ssessment dated 10/19/20 isson Intelligence test, R9 age 0 years, 8 months, with ar ent dated 11/02/23 ety/Sexuality:R10 does not ility to understand most				

Illinois Department of Public Health STATE FORM

UQGL12

If continuation sheet 33 of 37

Illinois D	epartment of Public				1	
	IT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE A. BUILDING:	CONSTRUCTION		E SURVEY PLETED
			A. BUILDING.		_	-
		IL6016232	B. WING			2-C 20/2024
NAME OF I	PROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, S	TATE, ZIP CODE		
	IND DREHER HOME	1 S 381 \	NYATT DRIVE			
		GENEVA	, IL 60134			
(X4) ID PREFIX	(EACH DEFICIENC)	TEMENT OF DEFICIENCIES (MUST BE PRECEDED BY FULL	ID PREFIX	PROVIDER'S PLAN OF (EACH CORRECTIVE ACT	ION SHOULD BE	(X5) COMPLETE
TAG	REGULATORY OR L	SC IDENTIFYING INFORMATION)	TAG	CROSS-REFERENCED TO T DEFICIENC		DATE
Z9999	Continued From pa	ge 33	Z9999			
	06/14/2020 include	s "On the Slosson Intelligence				
	test, R10 achieved	a mental age 0 years, 11				
	months, with an IQ	of 6."				
	R11 - risk assessm	ent dated 06/26/23				
		ety/Sexuality: Although she				
		uch her during her daily care,				
		how to do this with privacy				
		e are cameras in the building ent safety. She is not in an				
		o, nor has she demonstrated				
	she understands th					
		bes not demonstrate the ability	,			
	to understand MEA	-				
		Risk: Although she has to let				
		ring her daily care, the staff do this with privacy and				
	respect	100/00 · · · · · · · · · · · · · · · · ·				
		/26/23 indicates R11 functions				
		ge of Intellectual Disabilities cal assessment dated				
		On the Slosson Intelligence				
		a mental age of 0 years, 3				
	months and an IQ o					
	R12 - risk assessm					
		ety/Sexuality:R12 does not				
		ility to understand most				
		uality. R12 is at high risk				
		nal safety/sexuality. s at high risk for mistreatment,				
		neglect (MEAN) including	'			
	peer to peer.					
		Risk:R12 communicates				
		nal means and does not				
		ility to understand sexual				
		onsidered at high risk for				
	sexual abuse.	/27/23 indicates R12 functions				
		ge of Intellectual Disabilities				
nois Dona	tment of Public Health					

Illinois Department of Public Health STATE FORM

	epartment of Public IT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	· /	CONSTRUCTION	COM	E SURVEY PLETED
		IL6016232	B. WING			R-C 20/2024
NAME OF F	PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, ST	TATE, ZIP CODE		
MARKLU	IND DREHER HOME		VYATT DRIVE , IL 60134			
(X4) ID PREFIX TAG	(EACH DEFICIENC)	TEMENT OF DEFICIENCIES / MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF ((EACH CORRECTIVE ACT CROSS-REFERENCED TO T DEFICIENC	ION SHOULD BE HE APPROPRIATE	(X5) COMPLET DATE
Z9999	Continued From pa	ge 34	Z9999			
	includes "On the SI	cal assessment dated 01/02/20 osson Intelligence Test, R12 age of 1 year, 0 months and				
	demonstrate the ab personal safety/sex MEAN: R13 do to understand MEA Sexual Abuse demonstrate the ab behaviors. R13's IPP dated 06 in the Profound ran and his psychologic includes, "On the S	ety/Sexuality:R13 does not ility to understand most				
	demonstrate the ab personal safety/sex MEAN: R14 do to understand MEA Sexual Abuse demonstrate the ab behaviors. R14's IPP dated 04 in the Profound ran	ety/Sexuality:R14 does not vility to understand most vality. Des not demonstrate the ability N (including peer to peer). Risk: R14 does not vility to understand sexual /16/24 indicates R14 function ge of Intellectual Disabilities				
	includes "On the SI achieved a mental an IQ of 6." R15 - risk assessm "Personal Safe	cal assessment dated 06/14/20 osson Intelligence test, R14 age 0 years, 11 months, with ent dated 12/14/23 ety/Sexuality: R15 does not vility to understand most				

NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE MARKLUND DREHER HOME (X4) ID SUMMARY STATEMENT OF DEFICIENCIES ID PROVIDER'S PLAN OF CORRECTION	STATEMEN	epartment of Public IT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	A. BUILDING: _	CONSTRUCTION	Сомі R	E SURVEY PLETED
MARKLUND DREHER HOME 15 381 WYATT DRIVE GENEVA, IL 6013 (M) ID PREFIX TXG SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL TXG D PREFIX REGULATORY OR LSC IDENTIFYING INFORMATION) D PREFIX TXG PROVIDER'S PLAN OF CORRECTION (EACH DEFICIENCY) O 29999 Continued From page 35 personal safety/sexuality. MEAN: R15 does not demonstrate the ability to understand MEAN (including peer to peer). Sexual Abuse Risk:R15 does not demonstrate the ability to understand sexual behaviors. R15's IPP dated 12/14/23 indicates R15 functions in the Profound range of Intellectual Disabilities and his psychological assessment dated 11/17/21 includes 'On the Slosson Intelligence test, R15 achieved a mental age 0 years, 6 months, with an IQ of 3." R16 - risk assessment dated 06/14/23 "Personal Safety/SexualityR16 does not demonstrate the ability to understand most personal safety/sexuality. R16 is at high risk regarding his personal safety/sexualityR16 does not demonstrate the ability to understand most personal safety/sexuality. R16 is at high risk regarding his personal safety/sexualityR16 communicates through non-traditional means and does not demonstrate the ability to understand sexual behaviors. R16 is considered at high risk for sexual abuse. R16's IPP dated 06/14/23 indicates R16 functions in the Severe range of Intellectual Disabilities and his psychological assessment dated 06/19/22 includes 'On the Slosson Intelligence Test, R16			IL6016232	B. WING		05/2	20/2024
MARKLUND DREHER HOME GENEVA, IL 60134 (%) ID 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 OPRICENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) ID PREFIX TAG PROVIDER'S PLAN OF CORRECTION (EACH OPRICENCY MUST BE PRECEDED BY FULL DEFICIENCY) O 29999 Continued From page 35 personal safety/sexuality. MEAN: R15 does not demonstrate the ability to understand MEAN (including peer to peer). Sexual Abuse Risk:R15 does not demonstrate the ability to understand sexual behaviors. R155 IPP dated 12/14/23 indicates R15 functions in the Profound range of Intellectual Disabilities and his psychological assessment dated 11/17/21 includes "On the Slosson Intelligence test, R15 achieved a mental age 0 years, 6 months, with an IQ of 3." R16 - risk assessment dated 06/14/23 "Personal Safety/SexualityR16 does not demonstrate the ability to understand most personal safety/sexualityR16 is at high risk for mistreatment, exploitation, abuse, neglect (MEAN) including peer to peer. Sexual Abuse Risk:R16 communicates through non-traditional means and does not demonstrate the ability to understand sexual behaviors. R16 is considered at high risk for sexual Abuse. R16's IPP dated 06/14/23 indicates R16 functions in the Severe range of Intellectual Disabilities and his psychological assessment dated 06/19/22 includes "On the Slosson Intelligence Test, R16	NAME OF F	PROVIDER OR SUPPLIER	STREET AL	DDRESS, CITY, S	TATE, ZIP CODE		
PREFIX TAG (EACH DEFICIENCY MUST BE PRECODED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) PREFIX TAG (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERCED TO THE APPROPRIATE DEFICIENCY) or cross-reference to the APPROPRIATE DEFICIENCY) 29999 Continued From page 35 personal safety/sexuality. MEAN: R15 does not demonstrate the ability to understand MEAN (including peer to peer). Sexual Abuse Risk:R15 does not demonstrate the ability to understand sexual behaviors. R15's IPP dated 12/14/23 indicates R15 functions in the Profound range of Intellectual Disabilities and his psychological assessment dated 11/17/21 includes "On the Slosson Intelligence test, R15 achieved a mental age 0 years, 6 months, with an IQ of 3." R16 - risk assessment dated 06/14/23 "Personal Safety/Sexuality:R16 does not demonstrate the ability to understand most personal safety/sexuality. MEAN: R16 is at high risk regarding his personal safety/sexuality. MEAN: R16 is at high risk for mistreatment, exploitation, abuse, neglect (MEAN) including peer to peer. Sexual Abuse Risk:R16 communicates through non-traditional means and does not demonstrate the ability to understand sexual behaviors. R16 is considered at high risk for sexual abuse. R16's IPP dated 06/14/23 indicates R16 functions in the Severe range of Intellectual Disabilities and his psychological assessment dated 06/19/22 includes "On the Slosson Intelligence Test, R16	MARKLU	IND DREHER HOME					
PREFIX TAG (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) PREFIX TAG (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERCED TO THE APPROPRIATE DEFICIENCY) 0 29999 Continued From page 35 29999 (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERCED TO THE APPROPRIATE DEFICIENCY) 0 29999 Dersonal safety/sexuality. MEAN: R15 does not demonstrate the ability to understand MEAN (including peer to peer). Sexual Abuse Risk:R15 does not demonstrate the ability to understand sexual behaviors. R15's IPP dated 12/14/23 indicates R15 functions in the Profound range of Intellectual Disabilities and his psychological assessment dated 11/17/21 includes "On the Slosson Intelligence test, R15 achieved a mental age 0 years, 6 months, with an IQ of 3." R16 - risk assessment dated 06/14/23 "Personal Safety/Sexuality:R16 does not demonstrate the ability to understand most personal safety/sexuality. MEAN: R16 is at high risk for mistreatment, exploitation, abuse, neglect (MEAN) including peer to peer. Sexual Abuse Risk:R16 communicates through non-traditional means and does not demonstrate the ability to understand sexual behaviors. R16 is considered at high risk for sexual abuse. R16's IPP dated 06/14/23 indicates R16 functions in the Severe range of Intellectual Disabilities and his psychological assessment dated 06/19/22 includes "On the Slosson Intelligence Test, R16	(X4) ID	SUMMARY STA	TEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF (CORRECTION	(X5)
personal safety/sexuality. MEAN: R15 does not demonstrate the ability to understand MEAN (including peer to peer). Sexual Abuse Risk:R15 does not demonstrate the ability to understand sexual behaviors. R15's IPP dated 12/14/23 indicates R15 functions in the Profound range of Intellectual Disabilities and his psychological assessment dated 11/17/21 includes "On the Slosson Intelligence test, R15 achieved a mental age 0 years, 6 months, with an IQ of 3." R16 - risk assessment dated 06/14/23 "Personal Safety/Sexuality:R16 does not demonstrate the ability to understand most personal safety/sexuality. R16 is at high risk regarding his personal safety/sexuality. MEAN: R16 is at high risk for mistreatment, exploitation, abuse, neglect (MEAN) including peer to peer. Sexual Abuse Risk:R16 communicates through non-traditional means and does not demonstrate the ability to understand sexual behaviors. R16 is considered at high risk for sexual abuse. R16's IPP dated 06/14/23 indicates R16 functions in the Severe range of Intellectual Disabilities and his psychological assessment dated 06/19/22 includes "On the Slosson Intelligence Test, R16					CROSS-REFERENCED TO T	HE APPROPRIATE	COMPLET DATE
MEAN: R15 does not demonstrate the ability to understand MEAN (including peer to peer). Sexual Abuse Risk:R15 does not demonstrate the ability to understand sexual behaviors. R15's IPP dated 12/14/23 indicates R15 functions in the Profound range of Intellectual Disabilities and his psychological assessment dated 11/17/21 includes "On the Slosson Intelligence test, R15 achieved a mental age 0 years, 6 months, with an IQ of 3." R16 - risk assessment dated 06/14/23 "Personal Safety/Sexuality:R16 does not demonstrate the ability to understand most personal safety/sexuality. Understand most personal safety/sexuality. MEAN: R16 is at high risk regarding his personal safety/sexuality. MEAN: R16 is at high risk for mistreatment, exploitation, abuse, neglect (MEAN) including peer to peer. Sexual Abuse Risk:R16 communicates through non-traditional means and does not demonstrate the ability to understand sexual behaviors. R16 is considered at high risk for sexual abuse. R16's IPP dated 06/14/23 indicates R16 functions in the Severe range of Intellectual Disabilities and his psychological assessment dated 06/19/22 includes "On the Slosson Intelligence Test, R16	Z9999	Continued From pa	ge 35	Z9999			
and an IQ of 15 which places him within the profound range of measured intelligence" Review of all 16 records showed that there are no		personal safety/sex MEAN: R15 dd to understand MEA Sexual Abuse demonstrate the ab behaviors. R15's IPP dated 12 in the Profound ran and his psychologic includes "On the SI achieved a mental a IQ of 3." R16 - risk assessm "Personal Safety/sex regarding his perso MEAN: R16 is exploitation, abuse, peer to peer. Sexual Abuse through non-tradition demonstrate the ab behaviors. R16 is c sexual Abuse through non-tradition demonstrate the ab behaviors. R16 is c sexual abuse. R16's IPP dated 06 in the Severe range his psychological as includes "On the SI achieved a mental a and an IQ of 15 whi profound range of r	A suality. bes not demonstrate the ability N (including peer to peer). Risk:R15 does not bility to understand sexual 2/14/23 indicates R15 functions ge of Intellectual Disabilities cal assessment dated 11/17/21 osson Intelligence test, R15 age 0 years, 6 months, with an ment dated 06/14/23 ety/Sexuality:R16 does not bility to understand most cuality. R16 is at high risk onal safety/sexuality. s at high risk for mistreatment, neglect (MEAN) including Risk:R16 communicates onal means and does not bility to understand sexual onsidered at high risk for 2/14/23 indicates R16 functions a of Intellectual Disabilities and ssessment dated 06/19/22 osson Intelligence Test, R16 age of 2 years, 5.5 months, ich places him within the neasured intelligence"				
interventions in each of the 16 clients IPPs who are identified to be at risk for any type of abuse.							
"A"		"A"					

	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING: B. WING		(X3) DATE SURVEY COMPLETED	
	IL6016232				R-C 05/20/2024
ROVIDER OR SUPPLIER			ATE, ZIP CODE		
ND DREHER HOME					
(EACH DEFICIENC)	MUST BE PRECEDED BY FULL	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIAT DEFICIENCY)		(X5) COMPLET E DATE
	(EACH DEFICIENC)	The provider or supplier or supplice or su	DF CORRECTION IDENTIFICATION NUMBER: A. BUILDING: IL6016232 B. WING ROVIDER OR SUPPLIER STREET ADDRESS, CITY, ST ND DREHER HOME 1 S 381 WYATT DRIVE GENEVA, IL 60134 SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL ID PREFIX	DF CORRECTION IDENTIFICATION NUMBER: A. BUILDING: IL6016232 B. WING ROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE ND DREHER HOME 1 S 381 WYATT DRIVE GENEVA, IL 60134 SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) ID PREFIX TAG PROVIDER'S PLAN OF CROSS-REFERENCED TO	DF CORRECTION IDENTIFICATION NUMBER: A. BUILDING: COMING IL6016232 B. WING 05/2 ROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 05/2 ND DREHER HOME 1 S 381 WYATT DRIVE GENEVA, IL 60134 0134 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