	STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION (A. BUILDING:			(X3) DATE SURVEY COMPLETED	
		IL6016240	B. WING		R- 05/2	.C :0/2024	
NAME OF F	PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, S	STATE, ZIP CODE			
MARKLU	IND RICHARD HOME		YATT DRIVE	Ē			
(VA) ID	CLIMMADV CTA	TEMENT OF DEFICIENCIES	IL 60134	PROVIDER'S PLAN OF CORRECT	ION	()/[)	
(X4) ID PREFIX TAG	(EACH DEFICIENCY	MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	(EACH CORRECTIVE ACTION SHOU CROSS-REFERENCED TO THE APPRO DEFICIENCY)	LD BE	(X5) COMPLETE DATE	
Z 000	COMMENTS		Z 000				
	Complaint Investiga	ation: 2472934/IL171911					
Z9999	FINDINGS		Z9999				
	Statement of Licens 350.610a) 350.620a)	sure Violations:					
	general direction of the broad policies a	erning body shall exercise the facility, and shall establish and procedures for the facility se, objectives, operation, and					
	a) The facility shall procedures governifacility which shall be involvement of the a shall be available to public. These writte	esident Care Policies I have written policies and ng all services provided by the performulated with the padministrator. The policies to the staff, residents, and the pen policies shall be followed in y and shall be reviewed at					
	This REQUIREMEN	NT is not met as evidenced by:					
	failed to develop an program with specif protect clients from	and record review, the facility d implement an abuse fic protocols to prevent and abuse or to identify when a sed to prevent further abuse.					
	the facility (R1 to R as high risk for abuse and lack the cognition	ial to affect 16 of 16 clients in 16). All 16 clients are identified se, totally dependent on staff ve and physical abilities to from being abused.					

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

(X6) DATE

TITLE

06/17/24

Illinois D	epartment of Public	Health				
	NT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPL A. BUILDING:	E CONSTRUCTION	(X3) DATE COMP	SURVEY LETED
		IL6016240	B. WING		R- 05/2	.C :0/2024
NAME OF I	PROVIDER OR SUPPLIER	STREET ADI	DRESS, CITY, S	STATE, ZIP CODE		
	JND RICHARD HOME		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 CORRECTI (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPRO DEFICIENCY)	D BE	(X5) COMPLETE DATE
Z9999	Continued From pa	ge 1	Z9999			
	Neglect, Mistreatme Unknown Origin with and revision date or "Purpose: To clarify is suspected abuse exploitation, serious that are not the exploitation or disease criminal conduct. A initiated by a Paren Sexual assault and subsumed under all criminal conduct. Policy: Any employ or volunteer who sure of the matters listed immediately to the amember in charge staff member in charge staff	signee by making direct verbal is must provide (Facility) with a signed and dated detailing the witness must do his/ her best ent questions (i.e., who, when, w) regard to any reported Illinois Department of Public all or mental injury or sexual a resident other than by				
		policy 7.01 does not include tect and prevent abuse of				

STATE FORM 6899 TM6212 If continuation sheet 2 of 14

IIIII IOI3 D	epartificiti of Fublic	i icallii				
	IT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPL	E CONSTRUCTION	(X3) DATE	
AND PLAN	OF CORRECTION	IDENTIFICATION NUMBER:	A. BUILDING:		COMP	LETED
					R-	<u>.</u>
		IL6016240	B. WING			0/2024
		1200 102-40	<u> </u>		03/2	0/2024
NAME OF I	PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, S	STATE, ZIP CODE		
MADIZI	IND DICHARD HOME	1 S 410 W	YATT DRIVE	Ē		
WARKL	JND RICHARD HOME	GENEVA,	IL 60134			
(X4) ID	SUMMARY STA	TEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF CORRECTION	ON NC	(X5)
PREFIX	\	MUST BE PRECEDED BY FULL	PREFIX	(EACH CORRECTIVE ACTION SHOUL		COMPLETE
TAG	REGULATORY OR L	SC IDENTIFYING INFORMATION)	TAG	CROSS-REFERENCED TO THE APPROI DEFICIENCY)	PRIATE	DATE
				22.10.2.10		
Z9999	Continued From pa	ge 2	Z9999			
	clients identified as	high risk for abuse.				
	[[] []	and an an date of 05/07/24 at				
		ondence dated 05/07/24 at he facility's abuse policy 7.01				
	correct revision date	, ,				
	Correct revision date	e is 10/10/23.				
	On 04/16/24 at 12:2	28pm, E1 (Administrator) and				
		sing) stated "any unusual				
		t would trigger further				
		led. Staff are provided annual				
		olicy. Incident reports are				
		and we look for any trends				
		needs. If any abuse or neglect				
		ng, developmental action or				
		response to the issue as				
	relevant."					
	On 04/17/24 at 10:5	51am, E1 (Administrator)				
		staff identify a medical				
		, they verbally report it to the				
		ssesses the client and				
		ings. If there is an injury of				
		omething not physical, the				
		dent report. The nurse				
		and does an investigation.				
		-				
)pm, E5 (Nurse Manager)				
		ow the process for abuse				
		the initial report and send it to				
		ency). We have 5 days to				
		ort. In cases of injuries, I will				
		vities of daily living) or				
		ew notes from nurses and				
		rom staff that worked that day				
	•	Supervisor will send the staff ration and DON will be notified				
	immediately."	ration and DON will be notilled				
	iiiiiieuiaieiy.					
	On 04/23/24 at 3:15	5pm, E1 stated, "If staff				

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suspect abuse they immediately report to

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE A. BUILDING: _	CONSTRUCTION		E SURVEY PLETED	
		IL6016240	B. WING		I	R-C 20/2024
NAME OF	PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, S	TATE, ZIP CODE		
MARKL	JND RICHARD HOME	1 S 410 W GENEVA,	YATT 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 COR (EACH CORRECTIVE ACTION S CROSS-REFERENCED TO THE A DEFICIENCY)	SHOULD BE	(X5) COMPLETE DATE
Z9999	Administrator or de concern, they will g see abuse, the exp intervene and ensu make sure the resid abuse is observed removed." On 04/24/24 at 2:34 interventions that we this campus to protoprior to the sexual a other homes consist staffing, identification and cameras in the did not have a form in place prior to the other home. On 04/29/24 at 1:58 "We didn't have it in and prevent abuse their risk assessment for staff to intervene also have to make see 11 as appropriate. Policy specifies this was just to report to specify if staff witned 05/09/24 at 11:07 and neglect policy videntifying and inversal have to have buddy be two staff giving of are only 2 staff work.	signee. If staff have a o to the nurse about it. If staff ectation is they are going to re the resident is safe and dent is not left alone. When the staff abuser will be	Z9999			

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED	
		IL6016240	B. WING		R- 05/2	-C 2 0/2024
NAME OF	PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, S	STATE, ZIP CODE		
MARKII	JND RICHARD HOME	1 S 410 W	YATT DRIVE			
	THE RIGHARD 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 CORRECT (EACH CORRECTIVE ACTION SHOU CROSS-REFERENCED TO THE APPRO DEFICIENCY)	LD BE	(X5) COMPLETE DATE
Z9999	Continued From pa	ge 4	Z9999			
	to avoid abuse." (Se another home)	exual abuse investigation at				
	Professional) stated here now. If I am not a week ago. On 05/I see abuse, I will stated supervisor. The fact training."(Sexual involved on 04/19/24 at 5:01 Disability Profession as needed with a bust an email re: bude and that's when we (Sexual abuse alleg 04/23/24 at 3:51pm something, say som report right away to you suspect someth added, "If you see a away or intervene if the abuser or have	5pm, E9 (Personal Support d, "We use the buddy system of mistaken, we started about 701/24 at 4:01pm, E9 stated "If top it then I will report to my ility trained us during abuse vestigation at another home). 1pm, E4 (Qualified Intellectual nal) stated; "We provide care uddy. Our Administrator sent dy system last Wednesday started the buddy system. gation in another home). 1, E4 stated "If you see nething. In case of abuse, nurse or administrator and if ning, report it right away." E4 abuse, call supervisor right staff can say something to them stop. If staff feel they are vening, they notify supervisor				
	Personal Support P buddy system now, work by themselves and/ or bathing roor	Dam, E12 and E13 (both Professionals) stated; "We do meaning no one is allowed to anywhere in the bedrooms ms. For our night shift breaks e common areas." (Sexual ranother home)				
	Professional) stated buddy system. We something happened	Dam, E14 (Personal Support d; "We work in 2's now, the started recently, I think ed and that is why we started allegation in another home)				

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	STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPL A. BUILDING:	E CONSTRUCTION	(X3) DATE COMP	SURVEY LETED
		IL6016240	B. WING		1	-C 2 0/2024
NAME OF I	PROVIDER OR SUPPLIER	STREET ADI	DRESS, CITY, S	STATE, ZIP CODE		
MADKLI	IND DICHARD HOME		YATT DRIVE			
WARKL	JND RICHARD 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 CORRECT (EACH CORRECTIVE ACTION SHOU CROSS-REFERENCED TO THE APPRO DEFICIENCY)	LD BE	(X5) COMPLETE DATE
Z9999	Continued From pa	ge 5	Z9999			
	Professional) stated now. We always ha be open, we use the some accident happ	Pam, E17 (Personal Support d; "We can't work by ourselves we partners. The doors should e curtains for privacy. I think bened and we are doing this all abuse allegation in another				
	Professional) stated but if I see abuse, I	Sam, E10 (Personal Support d; "I haven't seen any abuse will report it immediately." he knew what to do, E10 I in-service."				
	Professional) stated	Sam, E11 (Personal Support d; "I will report abuse e it." E11 added, "We have "				
	watch clients for ne out abuse. If I see a client then call 911.	Ppm, E6 stated, "We need to w marks, new bruises to rule abuse, I need to remove the " E6 added, "I learned these ad the in-service meetings that				
	Aide) stated; "If you something. If I see a client, report to my	Ipm, E8 (Therapeutic Activity see something, say abuse, I will try to remove the supervisors, and call 911. se through in-service				
	Nursing Assistant) s stop it then report to	Opm Z1 (Agency Certified stated; "If I see abuse, I will the nurse immediately. We in the abuse in-service training.				
	The clients' records	were reviewed, and surveyor				

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MARCOF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 15 410 WYATT DRIVE GENEVA, IL. 60134 GENEVA, IL. 60134 PREFIX TAG SUMMARY STATEMENT OF DEFICIENCIES PREFIX TAG CEACH DEFICIENCY MUST BE PRECEDED BY FULL TAG CONTINUED FRIERIX TAG		STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED	
MARK LUND RICHARD HOME 1 S 410 WYATT DRIVE GENEVA, IL 60134 PROVIDER RAN OF CORRECTION (CA) HORSE CENTER OF DEFICIENCES AND THE COMMENT OF							
MARKLUND RICHARD HOME Number Summary statement of Deficiencies Summary statement of Deficiency L. 60134			IL6016240	B. WING		05/2	0/2024
CAN DESCRIPTION CAN CA	NAME OF I	PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, S	STATE, ZIP CODE		
SUMMARY STATEMENT OF DEFICIENCIES DEFICE PROVIDER'S PLAN OF CORRECTION (PACH CORRECTIVE ACTION SHOULD BE (PACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCE) TO THE APPROPRIATE	MADKII	IND DICHADD HOME	1 S 410 W	YATT DRIVE	1		
PRÉFIX TAG REGULATORY OR LSC IDENTIFYING INFORMATION) Z9999 Continued From page 6 noted the following: 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 that all 16 clients in the home are at risk of being abused. R1 - risk assessment dated 03/08/23 "Personal Safety/sexualityR1 communicates non-traditionally and does not demonstrate the ability to indicate or understand personal safety/sexuality to understand or identify MEAN. Sexual Abuse Risk. R1 doesn't demonstrate the ability to understand personal safety/sexuality. R7's IPP dated 03/07/24 indicates that R1 functions in the Profound range of Intellectual Disabilities and her psychological assessment dated 06/03/18 includes "On the Slosson Intelligence Test, she achieved a mental age of 0 years, 2.5 months and an IQ of 2" R2 - risk assessment dated 05/16/23 "Personal Safety/sexuality. R2 does not communicate traditionally and doesn't demonstrate the ability to fully indicate or understand or identify MEAN. Sexual Abuse Risk:	WANTE	NO KIONAKO NOME	GENEVA,	IL 60134			
noted the following: 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 that all 16 clients in the home are at risk of being abused. R1 - risk assessment dated 03/08/23 "Personal Safety/SexualityR1 communicates non-traditionally and doesn't demonstrate the ability to indicate or understand personal safety/sexuality. MEAN - R1 communicates non-traditionally and does not demonstrate the ability to understand or identify MEAN. Sexual Abuse Risk - R1 doesn't demonstrate the ability to understand or identify MEAN. Sexual Abuse Risk - R1 doesn't demonstrate the ability to understand assexual abuse. R1's IPP dated 03/07/24 indicates that R1 functions in the Profound range of Intellectual Disabilities and her psychological assessment dated 06/03/18 includes "On the Slosson Intelligence Test, she achieved a mental age of 0 years, 2.5 months and an IQ of 2" R2 - risk assessment dated 05/16/23 "Personal Safety/Sexuality; R2 does not communicate traditionally and doesn't demonstrate the ability to fully indicate or understand personal safety/sexuality. MEAN: R2 does not communicate traditionally and does not demonstrate the ability to understand or identify MEAN. Sexual Abuse Risk:R2 doesn't demonstrate the ability to understand or identify MEAN.	PRÉFIX	(EACH DEFICIENCY	/ MUST BE PRECEDED BY FULL	PREFIX	(EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPRO	D BE	COMPLETE
functions in the Profound range of Intellectual Disabilities and her psychological assessment	Z9999	noted the following: >In the clients' risk safety/sexuality, mi abuse. neglect (ME >Individual Program function as well as identified mental aghome are at risk of R1 - risk assessme "Personal Safety communicates nondemonstrate the abpersonal safety/sex MEAN - R1 command does not demounderstand or ident Sexual Abuse Rithe ability to unders R1's IPP dated 03/0 functions in the Prodisabilities and her dated 06/03/18 incl Intelligence Test, styears, 2.5 months at R2 - risk assessme "Personal Safety communicate tradit demonstrate the abunderstand personal MEAN: R2 does and does not demounderstand or ident Sexual Abuse Rithe ability to unders R2's IPP dated 05/1 functions in the Prodisability to unders R2's IPP dated 05/1 functions in the Prodisability to unders R2's IPP dated 05/1 functions in the Prodisability results and the Prodisability to unders R2's IPP dated 05/1 functions in the Prodisability results and the Prodisabil	assessments under personal streatment, exploitation, (AN) and sexual abuse; and in Plan (IPP) indicated level of psychological assessment's ge that all 16 clients in the being abused. Int dated 03/08/23 /SexualityR1 -traditionally and doesn't bility to indicate or understand auality. Interpretationally and doesn't bility to indicate or understand auality. Interpretationally and doesn't bility MEAN. In the sk - R1 doesn't demonstrate betand sexual abuse. In the stand sexual abuse. In the short of the short of the stand and an aug of 1 and an IQ of 2" In the dated 05/16/23 /Sexuality: R2 does not in in all y indicate or all safety/sexuality. In the communicate traditionally instrate the ability to fully indicate or all safety/sexuality. In the communicate traditionally instrate the ability to bility to fully indicate or all safety/sexuality. In the communicate traditionally instrate the ability to bility to fully indicate or all safety/sexual abuse. In the short of th	Z9999			

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NAME OF PROVIDER OR SUPPLIER MARKLUND RICHARD HOME 1 S 410 WYATT DRIVE GENEVA, IL 60134 (X4) ID PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL TAG REGULATORY OR LSC IDENTIFYING INFORMATION) STREET ADDRESS, CITY, STATE, ZIP CODE 1 S 410 WYATT DRIVE GENEVA, IL 60134 PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE	R-C 05/20/2024 (X5) COMPLETE DATE
NAME OF PROVIDER OR SUPPLIER MARKLUND RICHARD HOME 1 S 410 WYATT DRIVE GENEVA, IL 60134 (X4) ID SUMMARY STATEMENT OF DEFICIENCIES ID PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX TAG REGULATORY OR LSC IDENTIFYING INFORMATION) STREET ADDRESS, CITY, STATE, ZIP CODE 1 S 410 WYATT DRIVE GENEVA, IL 60134 PROVIDER'S PLAN OF CORRECTION PREFIX (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE	(X5) COMPLETE
MARKLUND RICHARD HOME 1 S 410 WYATT DRIVE GENEVA, IL 60134 (X4) ID PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL TAG REGULATORY OR LSC IDENTIFYING INFORMATION) 1 S 410 WYATT DRIVE GENEVA, IL 60134 PROVIDER'S PLAN OF CORRECTION PREFIX (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE	COMPLETE
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PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX (EACH CORRECTIVE ACTION SHOULD BE TAG REGULATORY OR LSC IDENTIFYING INFORMATION) TAG CROSS-REFERENCED TO THE APPROPRIATE	COMPLETE
DEFICIENCY)	
Z9999 Continued From page 7 Z9999	
Intelligence Test, she achieved a mental age of 0 years, 4.5 months and an IQ of 2" R3 - risk assessment dated 09/21/23	
"Personal Safety/Sexuality: R3 does not communicate traditionally and doesn't demonstrate the ability to fully indicate or understand personal safety/sexuality. MEAN: R3 does not communicate traditionally and does not demonstrate the ability to understand or identify MEAN. Sexual Abuse Risk:R3 doesn't demonstrate the ability to understand sexual abuse. R3's IPP dated 09/21/23 indicates that R3 functions in the Profound range of Intellectual Disabilities and her psychological assessment dated 08/26/21 includes "On the Slosson Intelligence Test, she achieved a mental age of 1 year 1.5 months and an IQ of 7"	
"Personal Safety/Sexuality:R4 does not communicate traditionally and doesn't demonstrate the ability to fully indicate or understand personal safety/sexuality. MEAN: R4 does not communicate traditionally and does not demonstrate the ability to understand or identify MEAN. Sexual Abuse Risk: R4 doesn't demonstrate the ability to understand sexual abuse. R4's IPP dated 01/24/24 indicates R4 functions in the Profound range of Intellectual Disabilities and her psychological assessment dated 05/12/19 includes " On the Slosson Intelligence Test, she achieved a mental age of 0 years 4.5 months and an IQ of 2" R5 - risk assessment dated 02/09/24 "Personal Safety/Sexuality:R5 does not	

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:			E CONSTRUCTION	(X3) DATE COMP	SURVEY LETED	
			A. BUILDING.		R-	
		IL6016240	B. WING		1	0/2024
NAME OF	PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, S	STATE, ZIP CODE		
MARKL	JND RICHARD HOME	1 S 410 W GENEVA,	YATT DRIVE IL 60134	İ		
(X4) ID PREFIX TAG	(EACH DEFICIENC)	TEMENT OF DEFICIENCIES / MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECT (EACH CORRECTIVE ACTION SHOU CROSS-REFERENCED TO THE APPRO DEFICIENCY)	LD BE	(X5) COMPLETE DATE
Z9999	demonstrate the abunderstand personal MEAN: R5 does and does not demounderstand or ident Sexual Abuse Ri the ability to unders R5's IPP dated 02/0 the Profound range her psychological a includes "On the SI achieved a mental IQ of 7" R6 - risk assessme "Personal Safety demonstrate the abunderstand personal MEAN: R6 is a flacking the necessal occurring and how occurred. Sexual Abuse R/informed about sexunderstanding is in R6's IPP dated 05/0 the Profound range her psychological a includes "On the SI achieved a mental an IQ of 4" R7 - risk assessme "Personal Safety communicate tradit demonstrate the abunderstand personal MEAN: R7 does MEAN: R7 does	polity to fully indicate or all safety/sexuality. Inot communicate traditionally instrate the ability to tify MEAN. Sk:R5 doesn't demonstrate stand sexual abuse. 20/24 indicates R5 functions in a of Intellectual Disabilities and sessment dated 11/05/23 osson Intelligence Test, R5 age of 1 years 1 month and an an an an ent dated 05/11/23 y/Sexuality: R6 does not bility to fully indicate or all safety/sexuality. In the safety/sexuality is to report if any MEAN when it is to report if any MEAN isk: R6 has been talked to exual abuse, however question. 201/24 indicates R6 functions in a of Intellectual Disabilities and sessment dated 10/31/22 osson Intelligence Test, R6 age of 0 years 6 months and an ent dated 10/10/23 y/Sexuality: R7does not ionally and doesn't bility to fully indicate or all safety/sexuality. In an an ent communicate traditionally instrate the ability to instrate instruction in the ability to instrate the ability to instrate instruction in the ability to instrate the ability to instruction in the ability to instruct in the ability to instruct or instruction in the ability to instruct the ability to instruct in the ability to instruct or instruction in the ability to instruct in the ability instruction in the ability in the ability to instruct in the ability instruction in the ability in the	Z9999			

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STATE FORM 6899 TM6212 If continuation sheet 9 of 14

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION (X3) A. BUILDING:		(X3) DATE COMP	SURVEY LETED	
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NAME OF	PROVIDER OR SUPPLIER			STATE, ZIP CODE		
MARKL	JND RICHARD HOME	1 S 410 W GENEVA,	YATT 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 CORRECT (EACH CORRECTIVE ACTION SHOU CROSS-REFERENCED TO THE APPRO DEFICIENCY)	LD BE	(X5) COMPLETE DATE
Z9999	Sexual Abuse R the ability to unders R7's IPP dated 11/1 the Profound range her psychological a includes "On the SI achieved a mental a an IQ of 1" R8 - risk assessme "Personal Safety, communicate tradit demonstrate the ab understand persona MEAN: R8 does and does not demo understand or ident Sexual Abuse Ris the ability to unders R8's IPP dated 06/2 the Profound range her psychological a includes "On the SI achieved a mental a an IQ of 4" R9 - risk assessme "Personal Safety, communicate tradit demonstrate the ab understand persona MEAN: R9 does and does not demo understand or ident Sexual Abuse Ris ability to understand R9's IPP dated 08/2 the Profound range her psychological a	isk:R7 doesn't demonstrate stand sexual abuse. 13/23 indicates R7 functions in of Intellectual Disabilities and ssessment dated 08/27/23 osson Intelligence Test, she age of 0 years 2 months and and dated 06/12/23 /Sexuality:R8 does not ionally and doesn't oility to fully indicate or all safety/sexuality. not communicate traditionally instrate the ability to stand sexual abuse. 12/23 indicates R8 functions in of Intellectual Disabilities and sessment dated 08/07/22 osson Intelligence Test, she age of 0 years, 7 months and and dated 08/10/23 /Sexuality:R9 does not ionally and doesn't oility to fully indicate or all safety/sexuality. not communicate traditionally instrate the ability to fully indicate or all safety/sexuality. not communicate traditionally instrate the ability to sify MEAN. sk: R9 doesn't demonstrate the	Z9999			

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	STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		, ,	E CONSTRUCTION	(X3) DATE COMP	SURVEY LETED
			71. 501251110.		R-C	
		IL6016240	B. WING			0/2024
NAME OF I	PROVIDER OR SUPPLIER	STREET ADI	DRESS, CITY, S	STATE, ZIP CODE		
MARKLU	JND RICHARD HOME		YATT DRIVE	!		
		GENEVA,				
(X4) ID PREFIX TAG	(EACH DEFICIENCY	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPROINT DEFICIENCY)	D BE	(X5) COMPLETE DATE
Z9999	Continued From pa	nge 10	Z9999			
	-	age of 0 years, 3 months and				
	communicate tradit demonstrate the ab understand persona MEAN: R10 does and does not demo understand or ident Sexual Abuse Risthe ability to unders R10's IPP dated 04 in the Profound ran and his psychologic includes On the Sicachieved a mental an IQ of 1"	d/Sexuality:R10 does not cionally and doesn't collity to fully indicate or all safety/sexuality. It is not communicate traditionally constrate the ability to tify MEAN. Sk:R10 doesn't demonstrate stand sexual abuse. d/20/23 indicates R10 functions use of Intellectual Disabilities cal assessment dated 06/17/18 cosson Intelligence Test, he age of 0 years, 2 months and				
	R11- risk assessment dated 07/26/23 "Personal Safety/Sexuality:R11 does not demonstrate the ability to understand most personal safety/sexuality. R11 is at high risk regarding his personal safety/sexuality. MEAN: R11 communicates through non-traditional means and does not demonstrate the ability to understand MEAN (including peer-to-peer). R11 is at high risk for mistreatment, exploitation, abuse, neglect (MEAN) including peer to peer. Sexual Abuse Risk:R11 communicates through non-traditional means and does not demonstrate the ability to understand sexual behaviors. R11 is considered at high risk for sexual abuse. R11's IPP dated 07/26/23 indicates R11 functions in the Profound range of Intellectual Disabilities					
	and his psychologic	cal assessment dated 05/05/19 osson Intelligence Test, he				

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	STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:			E CONSTRUCTION	(X3) DATE COMP	SURVEY LETED
					R-	
		IL6016240	b. WING		05/2	0/2024
NAME OF I	PROVIDER OR SUPPLIER			STATE, ZIP CODE		
MARKLU	IND RICHARD HOME		YATT DRIVE	<u> </u>		
0/4) ID	CLIMMA DV CTA	GENEVA,		DROVIDEDIS DI ANI OF CORRECTIO	DNI .	()(5)
(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 SHOUL CROSS-REFERENCED TO THE APPROF	D BE	(X5) COMPLETE DATE
Z9999	Continued From pa	ge 11	Z9999			
	and an IQ of 3" R12 - risk assessm "Personal Safety communicate tradit	ent dated 08/18/23 /Sexuality:R12 does not ionally and does not willity to indicate or understand				
	personal safety/sexuality. MEAN: R12 does not communicate traditionally and does not demonstrate the ability to understand or identify MEAN. Sexual Abuse Risk:R12 does not demonstrate the ability to understand sexual					
	abuse. R12's IPP dated 08/17/23 indicates R12 functions in the Profound range of Intellectual Disabilities and his psychological assessment dated 07/20/22 includes "On the Slosson Intelligence Test, R12 achieved a mental age of 1 year 4.5 months and an IQ of 9"					
	R13 - risk assessment dated 09/26/23 "Personal Safety/Sexuality:R13 communicates non-traditionally but doesn't demonstrate the ability to indicate or understand personal safety/sexuality. MEAN: R13 does not communicate traditionally and does not demonstrate the ability to understand or identify MEAN. Sexual Abuse Risk:R13 doesn't demonstrate the ability to understand sexual abuse. R13's IPP dated 09/26/23 indicates R13 functions in the Profound range of Intellectual Disabilities and his psychological assessment dated 05/20/23 includes " On the Slosson Intelligence Test, he achieved a mental age of 1 years, 7 months and an IQ of 10"					
	R14 - risk assessm "Personal Safety	ent dated 07/18/23 //Sexuality:R14 does not				

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STATEMENT OF DEFICIENCIES		(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPLE CONSTRUCTION		(X3) DATE SURVEY					
AND PLAN OF CORRECTION		IDENTIFICATION NUMBER:	A. BUILDING:		COMPLETED					
					R-C					
		IL6016240	B. WING		05/2	0/2024				
NAME OF I	PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, STATE, ZIP CODE							
			YATT DRIVE							
MARKLU	JND RICHARD HOME	GENEVA,								
(X4) ID	SUMMARY STA	TEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF CORRECTION	 DN	(X5)				
PREFIX	(EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)		PREFIX	PREFIX (EACH CORRECTIVE ACTION SHOU		COMPLETE				
TAG			TAG	CROSS-REFERENCED TO THE APPROF DEFICIENCY)	PRIATE	DATE				
				,						
Z9999	Continued From page 12		Z9999							
	communicate tradit	ionally and does not								
		ility to indicate or understand								
	personal safety/sex									
	MEAN: R14 does not communicate									
	traditionally and doe	es not demonstrate the ability								
	to understand or identify MEAN.									
Sexual Abuse Risk:R14 does not										
demonstrate the ability to understand sexual										
	abuse.									
	R14's IPP dated 07/18/23 indicates R14 functions									
	in the Profound range of Intellectual Disabilities									
	and his psychological assessment dated 07/11/22 includes "On the Slosson Intelligence Test, he									
	achieved a mental age of 0 years, 6 months and									
	an IQ of 3"	ago or o years, o memme and								
	R15 - risk assessm									
	"Personal Safety/Sexuality:R15									
	communicates non-traditionally but doesn't									
	demonstrate the ability to indicate or understand									
	personal safety/sexuality.									
	MEAN: R15 communicates non-traditionally and does not demonstrate the ability to									
	understand or identify MEAN.									
	Sexual Abuse Risk: R15 doesn't demonstrate									
	the ability to unders	tand sexual abuse.								
	-									
	R16 - risk assessment dated 01/17/24									
	"Personal Safety/Sexuality:R16 does not									
	communicate traditionally and doesn't demonstrate the ability to fully indicate or									
	understand persona									
		s not communicate								
	_	es not demonstrate the ability								
	to understand or ide									
		iskR16 doesn't demonstrate								
	the ability to unders	tand sexual abuse.								
	R16's IPP dated 01	/17/24 indicates R16 functions								
		ge of Intellectual Disabilities								
	and his psychologic	cal assessment dated 08/27/23								

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED						
		IL6016240			R-	C 0/2024					
			DRESS, CITY, STATE, ZIP CODE			0/2024					
1 S 410 WYATT DRIVE											
MARKLUND RICHARD HOME GENEVA, IL 60134											
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)		ID PREFIX TAG	(EACH CORRECTIVE ACTION SHOUL	PROVIDER'S PLAN OF CORRECTION CH CORRECTIVE ACTION SHOULD BE SS-REFERENCED TO THE APPROPRIATE DEFICIENCY) (COMMAND COMMAND CO						
Z9999	Continued From page 13		Z9999								
	includes "On the Slosson Intelligence Test, he achieved a mental age of 0 years, 4 months and an IQ of 2"										
	_	cords showed that there are no the of the 16 clients IPP for the try type of abuse.									
	"B"										

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