STATEMENT	Portment of Public He OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE C A. BUILDING:	ONSTRUCTION	(X3) DATE SURVEY COMPLETED	
		IL6015804	B. WING		R-C 05/20/2024	
NAME OF PI	ROVIDER OR SUPPLIER	1	DDRESS, CITY, STATE	, ZIP CODE	03/20/2024	
MARKLUN	ND SAYERS HOME		WYATT DRIVE A, IL 60134			
(X4) ID PREFIX TAG	(EACH DEFICIENC	TATEMENT OF DEFICIENCIES DY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD B CROSS-REFERENCED TO THE APPROPRI DEFICIENCY)		
Z 000	COMMENTS		Z 000			
	COMPLAINT INVES 2472935/IL171908	TIGATION				
Z9999	FINDINGS		Z9999			
	Statement of Licensu	ure Violations				
	350.610a) 350.610b)					
	Section 350.610 Ma	nagement Policies				
	general direction of t the broad policies an	erning body shall exercise he facility, and shall establish id procedures for the facility e, objectives, operation, and sidents served.				
		g the major operating ity, with staff divisions, the nnel in charge of programs eir lines of authority,				
	These Requirements evidenced by:	s were NOT MET as				
	failed to develop and program with specific protect clients from a	and record review, the facility I implement an abuse c protocols to prevent and abuse or identify when a sed to prevent further abuse.				
	clients (R1-R15) in the identified as high risk	potential to affect 15 of 15 ne facility. All 15 clients are < for abuse, totally dependent e cognitive and physical				
	nent of Public Health DIRECTOR'S OR PROVIDER/	SUPPLIER REPRESENTATIVE'S SIGNATUR	RE	TITLE	(X6) DATE 05/18/24	

	OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CO A. BUILDING:			E SURVEY PLETED
		IL6015804	B. WING		R-C 05/20/2024	
	ROVIDER OR SUPPLIER		DDRESS, CITY, STATE		00	0/20/2024
				,211 0002		
MARKLUN	ID SAYERS HOME	GENEVA	A, IL 60134			
(X4) ID PREFIX TAG	(EACH DEFICIENC	TATEMENT OF DEFICIENCIES CY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN O (EACH CORRECTIVE AC CROSS-REFERENCED TO DEFICIEN	CTION SHOULD BE THE APPROPRIATE	(X5) COMPLETI DATE
Z9999	Continued From pag	e 1	Z9999			
	abilities to protect the	emselves from being abused.				
	Findings Include:					
	is suspected abuse of exploitation, serious that are not the expe condition or disease criminal conduct. An initiated by a Parent, Sexual assault and p	and outline steps when there or neglect, death, financial injuries of unknown origin cted outcome of the Client's process, missing person, or a occurrence report may be Client, Staff or Volunteer. ohysical assault are use, while theft is part of				
	or volunteer who sus of the matters listed a immediately to the ac member in charge of staff member in char IMMEDIATELY repor Administrator or desi contact. The witness written statement sig alleged event. The v to answer all pertinen	dministrator and/or staff the facility at that time. The ge of the facility must then				
	Health):	linois Department of Public				

STATE FORM

STATEMENT	Ppartment of Public He OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE C A. BUILDING:			E SURVEY PLETED
		IL6015804	015804 B. WING		R-C 05/20/2024	
NAME OF PI	ROVIDER OR SUPPLIER	STREET A	ADDRESS, CITY, STATE	, ZIP CODE	• • •	
		1 S 383	WYATT DRIVE			
ARALU	ND SAYERS HOME	GENEVA	A, IL 60134			
(X4) ID PREFIX TAG	(EACH DEFICIENC	TATEMENT OF DEFICIENCIES TY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN O (EACH CORRECTIVE AC CROSS-REFERENCED TO DEFICIEN	TION SHOULD BE	(X5) COMPLET DATE
Z9999	Continued From page	e 2	Z9999			
	accidental means in a	a facility.				
	The facility's abuse policy 7.01 does not contain interventions to protect and prevent abuse for clients identified as at risk for abuse. E1's (Administrator) email correspondence dated 5/7/24 at 11:20 AM, indicates the facility's abuse policy's (7.01) correct revision date is 10/10/23.					
	Nursing) stated, any would trigger further Staff are provided an policy. Incident repo and staff look for tren needs. If any abuse	PM, E1 and E2 (Director of unusual nursing assessment investigation, if needed. nual training on the abuse rts are reviewed quarterly ids and any re-training or neglect is founded, nental action, or termination e issue as relevant.				
	care staff identify a m they verbally report it assesses the client a If there is an injury of something not physic	cal, the nurse starts an nurse manager follows up				
		er) stated if there is an abuse et sent home immediately				
	partially responsible f allegations. She wor there is an abuse alle first and if staff need	M E16 also stated she is for investigating abuse ks with E1 Administrator if egation. The staff notify E1 to be sent home, E16 would llect witness statements.				

STATEMEN	epartment of Public He T OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE C A. BUILDING:		(X3) DATE COMPI	
		IL6015804	5804 B. WING		R-C 05/20/2024	
NAME OF P	ROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, STATE	, ZIP CODE		
		1 S 383 V	WYATT DRIVE			
MARKLU	ND SAYERS HOME	GENEVA	, IL 60134			
(X4) ID PREFIX TAG	(EACH DEFICIENC	TATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OI (EACH CORRECTIVE AC CROSS-REFERENCED TO DEFICIEN	TION SHOULD BE THE APPROPRIATE	(X5) COMPLET DATE
Z9999	Continued From page	e 3	Z9999			
	if necessary. E1 mal abuse is suspected of Intellectual Disabilitie nurse manager does the homes. On 4/21/24 at 3:36 P Disabilities Professio 24-hour staffing is an clients from abuse. E interventions to prote risk for abuse. On 4/23/24 at 3:15 P suspect abuse, they Administrator or desi concern, they will go see abuse, the expect intervene and ensure make sure the reside	conduct follow-up interviews, kes the decision regarding if or occurred. The Qualified as Professional (QIDP) or in-services with the staff in M, E5 (Qualified Intellectual nal) stated, the homes' intervention to protect the E5 could not state any other act the clients who are at high M, E1 also stated that if staff immediately report it to E1, gnee. If staff have a to the nurse about it. If staff ctation is they are going to a the resident is safe and ent is not left alone. When he staff abuser will be				
	abuse allegation, the allegation is investiga allegation is reported staff follow the protoc are safe. The alleged the environment, so t continue. On 4/24/24 at 2:34 P interventions that we this campus, to prote prior to the sexual ab other homes consiste staffing, identification	M, E5 stated if there is an e staff is sent home. The ated, if founded or not. The to the administrator and the col to ensure all the residents d abuser is removed from the situation doesn't M E1 also stated, the re in place at the homes on act the clients from abuse, buse incident in one of the ed of twenty-four-hour a badge access for the staff, common areas. The homes				

	OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE C		(X3) DATE COMP	SURVEY PLETED	
			A. BUILDING.	A. BUILDING:		R-C	
		IL6015804	B. WING			/20/2024	
AME OF PI	ROVIDER OR SUPPLIER	STREET	ADDRESS, CITY, STATE	, ZIP CODE			
IARKLUN	ND SAYERS HOME		WYATT DRIVE A, IL 60134				
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN O (EACH CORRECTIVE AC CROSS-REFERENCED TO DEFICIEN	TION SHOULD BE	(X5) COMPLET DATE	
Z9999	Continued From page 4		Z9999				
		did not have a formal abuse prevention program in place prior to the sexual abuse incident in the other home.					
	did not have interven how to protect and pr clients, identified by t expected for staff to i They also have to ma	M, E1 also stated, the facility tions in the abuse policy on revent abuse in high-risk their risk assessments. It is intervene, if they see abuse. ake sure the client is safe opriate. The policy was just stration.					
	training on the abuse as needed. The prev	M, E1 also stated staff policy is done annually and vious abuse policy focused investigation of abuse, once occurred.					
	Nurse) stated she ha	M, E7 (Licensed Practical s received training on abuse ees something, she would case manager.					
	helps to change, bath clients. If a client has staff call the physicia abuse policy within th	M, E5 (QIDP) stated she ne, dress, and feed the s increased behaviors, the n. She was trained on the ne last couple of months. the policy and sign off on it					
	Practical Nurse) state	M, Z1 (Agency Licensed ed he reviewed the abuse ired. Z1 would report management.					
	Person (PSP)) stated	M, E3 (Personal Support d, he was trained on the ary 2024. If he identifies					

	OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CO A. BUILDING:		(X3) DATE SURVEY COMPLETED	
		IL6015804	B. WING		R-C 05/20/2024	
IAME OF PI	ROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, STATE	, ZIP CODE		
		1 S 383	WYATT DRIVE			
ARALU	ID SAYERS HOME	GENEVA	A, IL 60134			
(X4) ID PREFIX TAG	(EACH DEFICIENC	TATEMENT OF DEFICIENCIES YMUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN O (EACH CORRECTIVE AC CROSS-REFERENCED TO DEFICIEN	CTION SHOULD BE	(X5) COMPLET DATE
Z9999	Continued From page 5 abuse, he would report it right away to the nurse or nurse manager. On 4/16/24 at 4:06 PM, Z2 (Agency, Certified Nursing Assistant, (CNA)) stated, she was trained on the abuse policy. A client can have a change in behaviors and a change in personality. If she identifies abuse, she would report it right away to the nurse or nurse manager.		Z9999			
	Z2, Z3 (Agency CNA Activity Aide) all state system, at all times, e	M, E13 (Registered Nurse),), and E14 (Therapeutic ed, the staff use the buddy except when in the common nt investigation. The staff ne.				
	a second staff to go i The staff received an	M, E13 stated the staff need nto the clients' bedrooms. i in-service a few days ago . Male staff have to be with or the male clients				
	Person) and E12 (Person) extra the staff do the when providing person	M, E10 (Personal Support ersonal Support Person) e buddy system, at all times onal care to the clients, for as an abuse case on the				
	sees anything, he wo	M, E15 (PSP) stated if he ould yell stop, intervene and panic button. He had an				
	Aide) stated she look	M, E4 (Therapeutic Activity s for signs of abuse and ad an in-service on abuse.				
	On 4/29/24 at 3:59 P	M, E6 (PSP) stated if he				

STATEMENT	epartment of Public He FOF DEFICIENCIES DF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE C A. BUILDING:			E SURVEY PLETED
		IL6015804	B. WING		R-C 05/20/2024	
NAME OF PI	ROVIDER OR SUPPLIER	STREET A	ADDRESS, CITY, STATE	E, ZIP CODE	-	
		1 S 383	WYATT DRIVE			
MARKLUN	ND SAYERS HOME	GENEVA	A, IL 60134			
(X4) ID	SUMMARY STATEMENT OF DEFICIENCIES		ID	PROVIDER'S PLAN OF	F CORRECTION	(X5)
PRÉFIX TAG		Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE AC CROSS-REFERENCED TO DEFICIEN	THE APPROPRIATE	COMPLET
Z9999	Continued From pag	e 6	Z9999			
		ould make sure the client is efore, she would just report vice on abuse.				
	sees anything, he wo	M, E11 (PSP) stated if he ould make sure the client is efore, he would just report it. on abuse.				
	indicates R1 has a pr R1's psychological ex- indicates R1 has a m months. R1's risk assessmen following: Sexual abuse risk - F medical care needs t staff. R1 does not de understand sexual be Personal Safety/Sexu non-traditionally and ability to understand safety/sexuality. Mistreatment, Exploit (MEAN) - R1 does not	uality - R1 communicates does not demonstrate the				
	indicates R2 has a pi R2's psychological et indicates R2 has a m R2's risk assessmen following: Sexual abuse risk - F medical care needs t staff. R2 does not de	am Plan (IPP) dated 9/12/23 rofound level of function and xamination dated 1/20/19 uental age at 1 year, 1 month. t dated 9/12/23 indicates the R2 has high personal and hat require the assistance of monstrate the ability to				
nis Departr		ehaviors. uality - R2 communicates does not demonstrate the				

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	OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CO A. BUILDING:		(X3) DATE SURVEY COMPLETED	
		IL6015804	B. WING		R-C 05/20/2024	
NAME OF P	ROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, STATE, 2	ZIP CODE		
			WYATT DRIVE			
MARKLU	ND SAYERS HOME	GENEVA	A, IL 60134			
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF C (EACH CORRECTIVE ACTIO CROSS-REFERENCED TO TH DEFICIENCY	ON SHOULD BE IE APPROPRIATE	(X5) COMPLETE DATE
Z9999	Continued From page	e 7	Z9999	52.1012.101	,	
	ability to understand is safety/sexuality. Mistreatment, Exploit (MEAN) - R2 does no understand MEAN (ir R3's Individual Progra indicates R3 has a pr R3's psychological ex- indicates R3 has a m months. R3's risk assessment following: Sexual abuse risk - R medical care needs ti staff. R3 does not de understand sexual be Personal Safety/Sexu non-traditionally and ability to understand safety/sexuality. Mistreatment, Exploit (MEAN) - R3 does no understand MEAN (ir R4's Individual Progra	most personal ation, Abuse, Neglect, ot demonstrate the ability to ncluding peer to peer). am Plan (IPP) dated 7/19/23 ofound level of function and camination dated 1/1/23 ental age at 0 years, 7 c dated 7/19/23 indicates the c3 has high personal and hat require the assistance of monstrate the ability to shaviors. uality - R3 communicates does not demonstrate the most personal ation, Abuse, Neglect, ot demonstrate the ability to ncluding peer to peer). cam Plan (IPP) dated 1/25/24 ofound level of function and				
	indicates R4 has a m months.	xamination dated 10/30/22 ental age at 0 years, 4 : dated 1/25/24 indicates the				
	Sexual abuse risk - R medical care needs t staff. R4 does not de understand sexual be Personal Safety/Sexu	uality - R4 communicates does not demonstrate the				

STATE FORM

TATEMENT	epartment of Public He FOF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE C A. BUILDING:		(X3) DATE COMP	SURVEY LETED
		IL6015804	B. WING		R-C 05/20/2024	
IAME OF PI	ROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, STATE	, ZIP CODE		
			WYATT DRIVE			
ARKLUN	ND SAYERS HOME	GENEVA	A, IL 60134			
(X4) ID		ATEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN O		(X5)
PREFIX TAG		Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE AC CROSS-REFERENCED TO DEFICIEN	THE APPROPRIATE	COMPLET DATE
Z9999	Continued From page	e 8	Z9999			
	(MEAN) - R4 does no	ation, Abuse, Neglect, ot demonstrate the ability to ncluding peer to peer).				
	indicates R5 has a p R5's psychological ex	am Plan (IPP) dated 3/27/24 rofound level of function and xamination dated 3/1/22 rental age at 0 years, 10				
	following:	t dated 3/27/24 indicates the				
	staff. R5 does not de understand sexual be	hat require the assistance of monstrate the ability to ehaviors. uality - R5 communicates				
		does not demonstrate the				
	(MEAN) - R5 does no	ation, Abuse, Neglect, ot demonstrate the ability to ncluding peer to peer).				
	indicates R6 has a pi	am Plan (IPP) dated 9/6/23 rofound level of function and xamination dated 1/1/23				
	indicates R6 has a m months.	ental age at 0 years, 3.5 t dated 9/6/23 indicates the				
		R6 has high personal and				
		hat require the assistance of monstrate the ability to				
	Personal Safety/Sexu	uality - R6 communicates does not demonstrate the				
	ability to understand safety/sexuality.	most personal				
		ation, Abuse, Neglect, ot demonstrate the ability to				

STATE FORM

	OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING: B. WING		(X3) DATE SURVEY COMPLETED	,
		IL6015804			R-C 05/20/2024	
NAME OF P	ROVIDER OR SUPPLIER	STREET	ADDRESS, CITY, STATE	, ZIP CODE		
		1 S 383	WYATT DRIVE			
MARKLU	ID SAYERS HOME	GENEV	A, IL 60134			
(X4) ID	SUMMARY ST	TATEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF	CORRECTION (2	(X5)
PRÉFIX TAG		Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE AC CROSS-REFERENCED TO DEFICIEN	THE APPROPRIATE DA	MPLET DATE
Z9999	Continued From pag	e 9	Z9999			
	understand MEAN (in	ncluding peer to peer).				
	indicates R7 has a p	am Plan (IPP) dated 5/23/23 rofound level of function and xamination dated 2/9/20				
		ental age at 0 years, 3				
	following:	t dated 5/23/23 indicates the				
	medical care needs t	R7 has high personal and hat require the assistance of				
	understand sexual be					
	Personal Safety/Sexuality - R7 communicates non-traditionally and does not demonstrate the					
	ability to understand safety/sexuality.					
	(MEAN) - R7 does no	tation, Abuse, Neglect, ot demonstrate the ability to ncluding peer to peer).				
	-	am Plan (IPP) dated 8/22/23				
	R8's psychological e indicates R8 has a m	rofound level of function and xamination dated 6/19/22 nental age at 0 years, 1				
		t dated 8/22/23 indicates the				
		R8 has high personal and hat require the assistance of				
		monstrate the ability to				
	Personal Safety/Sex	uality - R8 communicates does not demonstrate the				
	ability to understand safety/sexuality.					
	Mistreatment, Exploi (MEAN) - R8 does no	tation, Abuse, Neglect, ot demonstrate the ability to				
	understand MEAN (in	-				

	epartment of Public He FOF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE C A. BUILDING:			E SURVEY PLETED
		IL6015804	B. WING		R-C 05/20/2024	
	ROVIDER OR SUPPLIER		DDRESS, CITY, STATE			<i>,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,</i>
	NOVIDER OR GOIT EIER			-, 211 OODE		
MARKLU	ND SAYERS HOME		A, IL 60134			
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF (EACH CORRECTIVE AC CROSS-REFERENCED TO	TION SHOULD BE	(X5) COMPLETE DATE
				DEFICIEN	CY)	
Z9999	Continued From page 10		Z9999			
	R9's psychological ei indicates R9 has a m months. R9's risk assessmen following: Sexual abuse risk - F medical care needs t staff. R9 does not de understand sexual be Personal Safety/Sexu non-traditionally and ability to understand safety/sexuality. Mistreatment, Exploit (MEAN) - R9 does not understand MEAN (in R10's Individual Prog 9/19/23 indicates R1 function and R10's pe dated 6/14/20 indicat 1 year, 4 months. R10's risk assessme the following: Sexual abuse risk - F	uality - R9 communicates does not demonstrate the				
	understand sexual be Personal Safety/Sex	demonstrate the ability to ehaviors. uality - R10 communicates does not demonstrate the				
	ability to understand safety/sexuality. Mistreatment, Exploit (MEAN) - R10 does r					
		ram Plan (IPP) dated 1 has a profound level of				

STATE FORM

STATEMENT	epartment of Public He	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE C A. BUILDING:			E SURVEY PLETED
		IL6015804	B. WING		R-C 05/20/2024	
NAME OF PI	ROVIDER OR SUPPLIER	STREET A	ADDRESS, CITY, STATE	E, ZIP CODE		
			WYATT DRIVE	,		
MARKLUN	ND SAYERS HOME	GENEVA	A, IL 60134			
(X4) ID	SUMMARY STATEMENT OF DEFICIENCIES		ID	PROVIDER'S PLAN O		(X5)
PREFIX TAG	(Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE AC CROSS-REFERENCED TO DEFICIEN	THE APPROPRIATE	COMPLET DATE
Z9999	Continued From page	e 11	Z9999			
	dated 4/22/23 indicat 1 year, 9 months. R11's risk assessment the following: Sexual abuse risk - F medical care needs t staff. R11 does not of understand sexual be Personal Safety/Sexu non-traditionally and ability to understand safety/sexuality. Mistreatment, Exploit (MEAN) - R11 does r understand or identify peer). R12's Individual Prog 12/12/23 indicates R function and R12's ped dated 4/22/23 indicates R function and R12's ped dated 4/22/23 indicates R function and R12's ped dated 4/22/23 indicates R function and R12's ped the following: Sexual abuse risk - F medical care needs t staff. R12 does not of understand sexual be Personal Safety/Sexu non-traditionally and ability to understand safety/sexuality. Mistreatment, Exploit (MEAN) - R12 does r understand MEAN (in R13's Individual Prog	uality - R11 communicates does not demonstrate the most personal tation, Abuse, Neglect, not demonstrate the ability to y MEAN (including peer to gram Plan (IPP) dated 12 has a profound level of sychological examination tes R12 has a mental age at nt dated 12/12/23 indicates R12 has high personal and hat require the assistance of demonstrate the ability to ehaviors. uality - R12 communicates does not demonstrate the most personal tation, Abuse, Neglect, not demonstrate the ability to ncluding peer to peer). gram Plan (IPP) dated				
ois Departr		3 has a profound level of sychological examination				

Illinois Department of Public Health STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: ILL6015804		(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPLE C A. BUILDING:		(X3) DATE SURVEY COMPLETED		
		B. WING		R-C 05/20/2024			
AME OF PI	ROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, STATE	, ZIP CODE			
		1 S 383 V	WYATT DRIVE				
IARKLUN	ND SAYERS HOME	GENEVA	A, IL 60134				
(X4) ID	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL		ID			(/(0)	
PREFIX TAG		LSC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE AC CROSS-REFERENCED TO DEFICIEN	THE APPROPRIATE	DATE	
Z9999	Continued From page 12		Z9999				
	dated 5/20/23 indicates R13 has a mental age at						
	0 years, 5 months.						
	R13's risk assessment dated 10/4/23 indicates						
	the following: Sexual abuse risk - R13 has high personal and						
	medical care needs that require the assistance of						
	staff. R13 does not demonstrate the ability to						
	understand sexual behaviors.						
	Personal Safety/Sexuality - R13 communicates						
	non-traditionally and does not demonstrate the						
	ability to understand most personal						
	safety/sexuality. Mistreatment, Exploitation, Abuse, Neglect,						
	(MEAN) - R13 does not demonstrate the ability to						
	understand or identify MEAN (including peer to						
	peer).						
	R14's Individual Proc	ıram Plan (IPP) dated					
	R14's Individual Program Plan (IPP) dated 11/9/23 indicates R14 has a profound level of						
	function and R14's psychological examination						
	dated 10/19/21 indicates R14 has a mental age at						
	0 years, 11 months.						
		nt dated 11/9/23 indicates					
	the following:						
		R14 has high personal and hat require the assistance of					
		emonstrate the ability to					
	understand sexual be	5					
	Personal Safety/Sexuality - R14 communicates						
	non-traditionally and does not demonstrate the						
	ability to understand most personal						
	safety/sexuality.						
	Mistreatment, Exploitation, Abuse, Neglect,						
	(MEAN) - R14 does not demonstrate the ability to understand or identify MEAN (including peer to						
	peer).	,					
	R15's Individual Prog	ıram Plan (IPP) dated					
	4/17/24 indicates R1	5 has a profound level of					
	function and R15's p	sychological examination					

Illinois Department of Public Health STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		(X2) MULTIPLE C		(X3) DATE SURVEY COMPLETED	
		A. BUILDING:		R-C	
	IL6015804	B. WING			5/20/2024
AME OF PROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, STATE	, ZIP CODE		
IARKLUND SAYERS HOME		WYATT DRIVE A, IL 60134			
PREFIX (EACH DEFIC	RY STATEMENT OF DEFICIENCIES IENCY MUST BE PRECEDED BY FULL Y OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF (EACH CORRECTIVE AC CROSS-REFERENCED TO DEFICIEN	CTION SHOULD BE COMPLETI D THE APPROPRIATE DATE	
Z9999 Continued From	page 13	Z9999			
0 years, 5.5 mon R15's risk assess the following: Sexual abuse risk medical care nee staff. R15 does n understand sexua Personal Safety/S non-traditionally a ability to understa safety/sexuality. Mistreatment, Ex (MEAN) - R15 do understand MEA R1's - R15's IPP protect a client fro	ment dated 4/17/24 indicates <- R15 has high personal and ds that require the assistance of ot demonstrate the ability to				