| STATEMEN | epartment of Public IT OF DEFICIENCIES OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | | ECONSTRUCTION | (X3) DATE SURVEY COMPLETED | |
|--------------------------|--|--|---------------------|---|-------------------------------|--|
| | | | A. BUILDING: | | R-C | |
| | | IL6005524 | B. WING | | 05/22/2024 | |
| NAME OF F | PROVIDER OR SUPPLIER | STREET A | DDRESS, CITY, S | TATE, ZIP CODE | | |
| MARKLU | | TER 1435 SU ELGIN, I | | Г | | |
| (X4) ID PREFIX TAG | (EACH DEFICIENC) | TEMENT OF DEFICIENCIES / MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION) | ID PREFIX TAG | PROVIDER'S PLAN OF CORRECTIO (EACH CORRECTIVE ACTION SHOULI CROSS-REFERENCED TO THE APPROP DEFICIENCY) | D BE COMPLETE | |
| Z 000 | COMMENTS | | Z 000 | | | |
| | | evisit to survey 05/09/2024, ation 2492930/IL171904 | | | | |
| Z9999 | FINDINGS | | Z9999 | | | |
| | Statement of Licens 350.610a) 350.620a) | sure Violations: | | | | |
| | Section 350.610 M | anagement Policies | | | | |
| | exercise general di establish the broad the facility related to | s governing body shall rection of the facility, and shall policies and procedures for o its purpose, objectives, welfare of the residents | | | | |
| | Section 350.620 R | esident Care Policies | | | | |
| | procedures governi facility which shall to involvement of the shall be available to public. These writte | shall have written policies and ing 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 | 3 | | | |
| | These Regulations | are not met as evidenced by: | | | | |
| | review, the facility fa developed and imp with specific protoc residents from abus resident has been a | on, interview and record ailed to ensure governing body lemented an abuse program ols to prevent and protect se or to identify when a abused to prevent further residents in the facility and | / | | | |
| | tment of Public Health / DIRECTOR'S OR PROVIE | DER/SUPPLIER REPRESENTATIVE'S SIG | GNATURE | TITLE | (X6) DATE 06/20/24 | |

| Illinois D | epartment of Public | | | | | IAPPROVE |
|--------------------------|---|--|---------------------|--|--------------------------------|--------------------------|
| | IT OF DEFICIENCIES OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | | CONSTRUCTION | | E SURVEY PLETED |
| | | IL6005524 | B. WING | | | R-C 22/2024 |
| NAME OF F | PROVIDER OR SUPPLIER | STREET A | DDRESS, CITY, ST | TATE, ZIP CODE | | |
| | | 1435 SU | MMIT STREET | | | |
| MARKLU | | ELGIN, I | L 60120 | | | |
| (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' | ON SHOULD BE HE APPROPRIATE | (X5) COMPLETE DATE |
| Z9999 | Continued From pa | ge 1 | Z9999 | | | |
| | failed to follow phys gynecological exam | sician referral to obtain a after 3 months of missed 1 of 1 resident (R17) in the | | | | |
| | abuse, totally deper | identified as high risk for ndent on staff and lack the cal abilities to protect eing abused. | | | | |
| | Findings include: | | | | | |
| | | Policy and Procedure /05/2023) documents the | | | | |
| | "Purpose: To clarify is suspected abuse exploitation, serious that are not expecte condition or disease criminal conduct. A initiated by a parent Sexual assault and | and outline steps when there or neglect, death, financial s injuries of unknown origin ed outcome of the Client's e process, missing person, or n occurrence report may be t, client, staff, or volunteer. physical assault are buse, while theft is a part of a | | | | |
| | or volunteer who su of the matters listed immediately to the a member in charge | ee, family member, guardian uspects or witnesses or hears d above must reported administrator and/or staff of the facility at that time. The arge of the facility must then ort the matter to the | | | | |
| | administrator or des contact. The witnes with a written stater detailing the alleged his/her best to answ who, when, where, | signee by making direct verbal so must provide (facility name) ment signed and dated d event. The witness must do ver all pertinent questions (i.e. why, and how) in regard to r. Definitions: Abuse is the | | | | |

| ITATEMENT OF DEFICIENCIES ND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6005524 | | | A. BUILDING: _ | | Сом Г | E SURVEY PLETED R-C |
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| | | IL6005524 | B. WING | | 05/ | 22/2024 |
| NAME OF F | ROVIDER OR SUPPLIER | | DRESS, CITY, ST | ATE, ZIP CODE | | |
| MARKLU | ND WASMOND CENT | TER 1435 SUI ELGIN, II | MMIT STREET - 60120 | | | |
| (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 (EACH CORRECTIVE ACT CROSS-REFERENCED TO T DEFICIENC | ION SHOULD BE THE APPROPRIATE | (X5) COMPLET DATE |
| Z9999 | resulting physical has Facility's Abuse Polit interventions to prof residents identified On 4/18/24 at 1:00p (DON) stated that s the staff for complia abuse prevention policy abuse prevention policy abuse prevention policy abuse prevention policy off that they read the policy does not state should be monitored abuse, only what to stated the staff do n signs and symptom only be if the staff s would have to repor On 4/22/2024, at 3: stated "we gave you abuse and neglect". On 4/16/2024, at 12 that abuse can be a verbal, neglect. E49 there is any other kit On 4/17/2024, at 10 Support Person) sta- hitting, physical, emistated, "If I witnesse | jury, unreasonable dation, or punishment with arm, pain, or mental anguish." icy does not include tect and prevent abuse of as high risk for abuse. om E2, Director of Nursing he is not sure how we monitor ance and understanding of the olicy. E2 also stated the staff via the computer on the olicy and the staff must sign e information. E2 stated, the e how often the residents d for signs and symptoms of do if abuse is suspected. E2 not document monitoring for s of abuse every day, it would aw something, and the staff rt it immediately. 30pm E1 (Administrator) u all the policies we have for 2:36pm, E49 (Nurse) stated anything like hitting, physical, 9 also stated, "I am not sure if | Z9999 | | | |

| | epartment of Public | | | | | | |
|---------------|---|--|-----------------|---|-------------------------------|--------------------------|--|
| | NT OF DEFICIENCIES OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | | | (X3) DATE SURVEY COMPLETED | | |
| | | IL6005524 | B. WING | | | R-C 05/22/2024 | |
| | PROVIDER OR SUPPLIER | STREET AL | DDRESS, CITY, S | TATE, ZIP CODE | | | |
| | | 1435 SUI | MMIT STREET | • | | | |
| MARKLU | JND WASMOND CEN | ELGIN, II | 60120 | | | | |
| (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 ACTI CROSS-REFERENCED TO T DEFICIENC | HE APPROPRIATE | COMPLET DATE | |
| Z9999 | Continued From pa | ge 3 | Z9999 | | | | |
| Z9999 | Continued From page 3 On 4/17/2024, at 10:40am, E7 (PSP) stated that if she suspected abuse she would notify the Department of Human Services. E7 added that she does not know exactly who she would tell in the facility, probably the Nurse. E7 also stated the types of abuse are neglect, physical, verbal, exploitation. On 4/17/2027 at 11:10am, E51 (Nurse) stated that she would report abuse to the Nurse Case Manager, and she would document it on a progress note. E51 added that she would then tell the Supervisor. E51 also stated the types of abuse are malignant and intended, like if someone crashes a resident's wheelchair into something to hurt them on purpose or physical harm, rough handling, restraining a resident unnecessarily, verbal abuse, redirecting with a mean tone of voice. E51 also stated the signs and symptoms of abuse are bruises and | | | | | | |
| | that he has not bee neglect and has no abuse and neglect. quizzes and tests re Facility (IPP) Individ 9/5/23) documents Profound Intellectua | a.m., Z5 (Agency PSP) stated in trained on abuse and t taken any class related to Z5 stated that he had to take elated to abuse and neglect. dual Program Plan (dated that R7 is diagnosed with al Disabilities. IPP for R7 | | | | | |
| | month and has an I She does not walk, always needs help Inventory for client score is 18 and req R7's Annual Compr | a mental age of 0-years, 1 IQ (intelligence quotient) of 1. needs assist devices or chair, from another person. R7's and agency planning (ICAP) uires 24-hour supervision. rehensive Risk Assessment s, "Personal Safety/Sexuality: | | | | | |

| STATEME | Department of Public NT OF DEFICIENCIES OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE A. BUILDING: | CONSTRUCTION | COM | E SURVEY PLETED |
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| | | IL6005524 | B. WING | | | R-C 22/2024 |
| NAME OF | PROVIDER OR SUPPLIER | STREET AD | DRESS, CITY, ST | ATE, ZIP CODE | | |
| MARKLU | JND WASMOND CENT | TER 1435 SUN ELGIN, IL | IMIT STREET | | | |
| (X4) ID PREFIX TAG | | | ID PREFIX TAG | PROVIDER'S PLAN OF C (EACH CORRECTIVE ACTIC CROSS-REFERENCED TO TH DEFICIENCY | ON SHOULD BE | (X5) COMPLETI DATE |
| Z9999 | Continued From pa | ge 4 | Z9999 | | | |
| | vocalizations to indi touched at that time non-traditionally and ability to understand safety/sexuality. MI Exploitation, Abuse demonstrate the ab including peer to pe does not demonstra sexual behavior." Facility Individual Pf documents that R6 Intellectual Disabilit has a mental age of IQ (intelligence quo needs assist device from another perso requires 24-hour su Comprehensive Ris reads, "Personal Sa facial expressions, indicate if she does time. R6 is non-veri the ability to unders safety/sexuality. MI demonstrate the ab including peer to pe does not demonstra sexual behavior." Facility Individual Pf documents that R10 Intellectual Disabilit she has a mental ap has an IQ (intelliger not walk, needs ass | EAN (Mistreatment, , Neglect): R7 does not ility to understand MEAN eer. Sexual Abuse Risk: R7 ate the ability to understand rogram Plan (dated 1/10/23) is diagnosed with Profound ies. IPP for R6 reads that she f 0-years, 1 month and has an tient) of 1. She does not walk, es or chair, always needs help n. R6's ICAP score is 18 and upervision. R6's Annual sk Assessment (dated 1/10/23) afety/Sexuality: R6 will use gestures, and vocalizations to not like to be touched at that bal and does not demonstrate tand most personal | | | | |

| Iinois Department of Public TATEMENT OF DEFICIENCIES ND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | | CONSTRUCTION | COM | E SURVEY PLETED |
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| IARKLUND WASMOND CEN | TFR | MMIT STREET | | | |
| | ELGIN, I | | | | (1-1-) |
| PREFIX (EACH DEFICIENC | ATEMENT OF DEFICIENCIES Y 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 |
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| (dated 10/17/23) results and the second provided and the second provided at the second provided provided | 10 will use facial expressions, alizations to indicate if she does need at that time. R10 is es not demonstrate the ability t personal safety/sexuality. not demonstrate the ability to including peer to peer. Sexua oes not demonstrate the ability ual behavior." Program Plan (dated 3/14/23) 1 is diagnosed with Profound ties. IPP for R11 reads that age of 0-years, 4 months and nce quotient) of 2. She does sist devices or chair, always nother person. R11's ICAP quires 24-hour supervision. prehensive Risk Assessment ads, "Personal Safety/Sexuality expressions, gestures, and licate if she does not like to be e. R11 communicates ad does not demonstrate the | | | | |

| Illinois D | epartment of Public | Health | | | FORM | APPROVE |
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| STATEMEN | NT OF DEFICIENCIES OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | . , | CONSTRUCTION | | E SURVEY PLETED |
| | or contraction | BERTH TOATTOA NOMBER. | A. BUILDING: | | | |
| | | IL6005524 | B. WING | | R-C 05/22/2024 | |
| NAME OF I | PROVIDER OR SUPPLIER | STREET AD | DRESS, CITY, ST | TATE, ZIP CODE | | |
| | | 1435 SUM | MIT STREET | | | |
| | JND WASMOND CEN | ELGIN, IL | 60120 | | | |
| (X4) ID PREFIX TAG | (EACH DEFICIENC) | ITEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION) | ID PREFIX TAG | PROVIDER'S PLAN OF C (EACH CORRECTIVE ACTIC CROSS-REFERENCED TO TH DEFICIENCY |)N SHOULD BE IE APPROPRIATE | (X5) COMPLETE DATE |
| Z9999 | Continued From pa | ige 6 | Z9999 | | | |
| | Assessment (dated Safety/Sexuality: F gestures, and voca not like to be touch communicates non demonstrate the ab personal safety/sex demonstrate the ab including peer to pe | Annual Comprehensive Risk 10/3/23) reads, "Personal 15 will use facial expressions, lizations to indicate if she does ed at that time. R15 -traditionally and does not bility to understand most cuality. MEAN: R15 does not bility to understand MEAN eer. Sexual Abuse Risk: R15 ate the ability to understand | | | | |
| | documents that R2 Intellectual Disabilit broad independence of a 2 year, 3-mont than 40. She does or chair, occasiona person. R2's ICAP 24-hour supervision Comprehensive Ris reads, "Personal Sa facial expressions a indicate if she does time. R2 communic does not demonstrate most personal safe not demonstrate the including peer to per | rogram Plan (dated 11/7/23) is diagnosed with Severe ties. IPP for R2 reads that her be score is comparable to that h-old child and her IQ is less not walk, needs assist devices lly needs help from another score is 18 and requires n. R2's Annual sk Assessment (dated 11/7/23) afety/Sexuality: R2 will use and loud vocalizations to a not like to be touched at that cates non-traditionally and ate the ability to understand ty/sexuality. MEAN: R2 does e ability to understand MEAN eer. Sexual Abuse Risk: R2 ate the ability to understand | | | | |
| | documents that R9 Intellectual Disabilit overall age equivale has an IQ of 42. S | rogram Plan (dated 4/4/23) is diagnosed with Profound ties. IPP for R9 reads that her ent is 0 years, 2 months and he does not walk, needs assist ccasionally needs help from | | | | |

| STATEMEN | Department of Public NT OF DEFICIENCIES OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6005524 | (X2) MULTIPLE A. BUILDING: _ B. WING | CONSTRUCTION | Сом Г | E SURVEY PLETED R-C 22/2024 |
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| NAME OF I | PROVIDER OR SUPPLIER | STREET AL | DRESS, CITY, ST | ATE, ZIP CODE | | |
| | | 1435 SUI | MIT STREET | | | |
| | | ELGIN, IL | 60120 | | | |
| (X4) ID PREFIX TAG | (EACH DEFICIENC) | TEMENT OF DEFICIENCIES / MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION) | ID PREFIX TAG | PROVIDER'S PLAN OF CO (EACH CORRECTIVE ACTIO CROSS-REFERENCED TO THI DEFICIENCY) | N SHOULD BE E APPROPRIATE | (X5) COMPLET DATE |
| Z9999 | Continued From pa | ge 7 | Z9999 | | | |
| | requires 24-hour su Comprehensive Ris reads, "Personal Sa facial expressions a indicate if she does time. R9 communic does not demonstra most personal safe not demonstrate the including peer to per does not demonstrate sexual behavior." | B's ICAP score is 18 and upervision. R9's Annual sk Assessment (dated 4/4/23) afety/Sexuality: R9 will use and loud vocalizations to a not like to be touched at that cates non-traditionally and ate the ability to understand ty/sexuality. MEAN: R9 does e ability to understand MEAN eer. Sexual Abuse Risk: R9 ate the ability to understand | | | | |
| | documents that R1 Intellectual Disabilit her overall age equ and has an IQ of le walk, needs assist needs help from an score is 13 and req R13's Annual Comp (dated 7/11/23) rea R13 will use facial e vocalizations to indi touched at that time non-traditionally and ability to understand safety/sexuality. ME demonstrate the abi including peer to pe | | | | | |
| | documents that R4 Intellectual Disabilit has a mental age o | rogram Plan (dated 3/14/23) is diagnosed with Profound ies. IPP for R4 reads that she f 0 years, 1.5 months, and an not walk, needs assist devices | | | | |

| STATEMEN | Department of Public NT OF DEFICIENCIES OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6005524 | | CONSTRUCTION | (X3) DATE SURVEY COMPLETED R-C 05/22/2024 | |
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| NAME OF F | PROVIDER OR SUPPLIER | STREET AL | DRESS, CITY, ST | TATE, ZIP CODE | | |
| | JND WASMOND CEN | 1435 SUI | MMIT STREET | | | |
| | | ELGIN, II | 60120 | | | |
| (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 ACTIC CROSS-REFERENCED TO TH DEFICIENCY | N SHOULD BE | (X5) COMPLET DATE |
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| | person. R4's ICAP 24-hour supervision Comprehensive Ris reads, "Personal Sa facial expressions a she does not like to communicates non- demonstrate the ab personal safety/sex demonstrate the ab including peer to per does not demonstrate sexual behavior." | Ily needs help from another score is 18 and requires n. R4's Annual sk Assessment (dated 3/14/23) afety/Sexuality: R4 will use and vocalizations to indicate if b be touched at that time. R4 -traditionally and does not bility to understand most cuality. MEAN: R4 does not bility to understand MEAN ever. Sexual Abuse Risk: R4 ate the ability to understand rogram Plan (dated 1/11/24) | | | | |
| | documents that R1 Intellectual Disabilit has a mental age o estimated at below assist devices or ch from another perso requires 24-hour su Comprehensive Ris reads, "Personal Sa facial expressions t to be touched at tha non-traditionally and ability to understand safety/sexuality. ME the ability to unders peer. Sexual Abust | is diagnosed with Profound ties. IPP for R1 reads that she f 0 years, 3 months and IQ 20. She does not walk, needs hair, occasionally needs help n. R4's ICAP score is 21 and upervision. R1's Annual sk Assessment (dated 1/10/24) afety/Sexuality: R1 will use to indicate if she does not like at time. R1 communicates d does not demonstrate the | | | | |
| | documents that R14 Intellectual Disabilit her overall age equ | rogram Plan (dated 2/7/23) 4 is diagnosed with Profound ies. IPP for R14 reads that ivalent is 0-years, 3 months v 20. She does not walk, | | | | |

| | IT OF DEFICIENCIES OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | . , | CONSTRUCTION | (X3) DATE SURVEY COMPLETED | | |
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| NU PLAN | OF CORRECTION | IDENTIFICATION NUMBER. | A. BUILDING: | | COMPLE | EIED | |
| | | IL6005524 | B. WING | | | R-C 05/22/2024 | |
| AME OF F | PROVIDER OR SUPPLIER | STREET AL | DRESS, CITY, S | TATE, ZIP CODE | | | |
| | IND WASMOND CEN | 1435 SUI | MMIT STREET | | | | |
| | | ELGIN, II | 60120 | | | | |
| (X4) ID PREFIX TAG | (EACH DEFICIENC) | ATEMENT OF DEFICIENCIES Y 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 | |
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| needs assist de help from anoth 19 and requires Annual Compre 2/7/23) reads, " will use facial e not like to be to communicates demonstrate th personal safety demonstrate th including peer t | | es or chair, occasionally needs person. R14's ICAP score is -hour supervision. R14's nsive Risk Assessment (dated sonal Safety/Sexuality: R14 essions to indicate if she does red at that time. R14 n-traditionally and does not pility to understand most kuality. MEAN: R14 does not pility to understand MEAN eer. Sexual Abuse Risk: R14 rate the ability to understand | | | | | |
| | documents that R8 Intellectual Disabili overall age equival does not walk, nee occasionally needs R8's ICAP score is supervision. R8's A Assessment (dated Safety/Sexuality: R indicate if she does time. R8 communit does not demonstr most personal safe not demonstrate th including peer to per | Program Plan (dated 2/27/24) a is diagnosed with Profound ties. IPP for R8 reads that her ent is 0-years, 3 months. She ds assist devices or chair, a help from another person. 19 and requires 24-hour annual Comprehensive Risk d 2/27/24) reads, "Personal 8 will use facial expressions to a not like to be touched at that cates non-traditionally and ate the ability to understand ety/sexuality. MEAN: R8 does e ability to understand MEAN eer. Sexual Abuse Risk: R8 ate the ability to understand | | | | | |
| | documents that R5 Intellectual Disabili has a mental age c of 1. She does not | Program Plan (dated 1/2/24) is diagnosed with Profound ties. IPP for R5 reads that she of 0-years, 1 month and an IQ walk, needs assist devices or needs help from another | | | | | |

| STATEMEN | epartment of Public | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | | CONSTRUCTION | | E SURVEY PLETED |
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| | or contraction | IDENTIFICIATION NOMBER. | A. BUILDING: | | | |
| | | IL6005524 | B. WING | | | R-C 22/2024 |
| NAME OF F | PROVIDER OR SUPPLIER | STREET A | DDRESS, CITY, ST | TATE, ZIP CODE | | |
| MARKLU | JND WASMOND CEN | TER 1435 SU ELGIN, II | MMIT STREET L 60120 | | | |
| (X4) ID | | TEMENT OF DEFICIENCIES | ID | PROVIDER'S PLAN OF C | | (X5) |
| PREFIX TAG | | Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION) | PREFIX TAG | (EACH CORRECTIVE ACTIO CROSS-REFERENCED TO TH DEFICIENCY | IE APPROPRIATE | COMPLET DATE |
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| | | score is 18 and requires | | | | |
| | 24-hour supervision | n. R5's Annual sk Assessment (dated 1/9/24) | | | | |
| | | afety/Sexuality: R5 will use | | | | |
| | facial expressions a | and loud vocalizations to | | | | |
| | | not like to be touched at that | | | | |
| | | time. R5 communicates non-traditionally and does not demonstrate the ability to understand | | | | |
| | most personal safe | ty/sexuality. MEAN: R5 does | | | | |
| | | e ability to understand MEAN | | | | |
| | | eer. Sexual Abuse Risk: R5 ate the ability to understand | | | | |
| | sexual behavior." | | | | | |
| | Facility Individual P | rogram Plan (dated 4/11/23) | | | | |
| | documents that R3 is diagnosed with Profound | | | | | |
| | | ties. IPP for R3 reads that she | | | | |
| | | f 0-years, 7 months and an IQ walk, needs assist devices or | | | | |
| | | needs help from another | | | | |
| | person. R3's ICAP | score is 24 and requires | | | | |
| | 24-hour supervision | | | | | |
| | | sk Assessment (dated 4/11/23) afety/Sexuality: R3 will use | | | | |
| | facial expressions a | and loud vocalizations to | | | | |
| | | not like to be touched at that | | | | |
| | | ates non-traditionally and ate the ability to understand | | | | |
| | | ty/sexuality. MEAN: R3 does | | | | |
| | | e ability to understand MEAN | | | | |
| | | eer. Sexual Abuse Risk: R3 ate the ability to understand | | | | |
| | sexual behavior." | | | | | |
| | | rogram Plan (dated 8/10/22) | | | | |
| | | 2 is diagnosed with Profound ties. IPP for R12 reads that he | - | | | |
| | | ent is 0-years, 4 months. She | | | | |
| | does not walk, nee | ds assist devices or chair, | | | | |
| | occasionally needs | help from another person. | | | | |

| STATEMEN | Department of Public NT OF DEFICIENCIES OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | | CONSTRUCTION | | E SURVEY PLETED |
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| | | IL6005524 | B. WING | | | R-C 22/2024 |
| NAME OF I | PROVIDER OR SUPPLIER | STREET A | DDRESS, CITY, S | TATE, ZIP CODE | | |
| MARKLU | JND WASMOND CEN | TER 1435 SU ELGIN, I | MMIT STREET L 60120 | | | |
| (X4) ID PREFIX TAG | (EACH DEFICIENC) | TEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION) | ID PREFIX TAG | PROVIDER'S PLAN OF CO (EACH CORRECTIVE ACTIO CROSS-REFERENCED TO TH DEFICIENCY) | N SHOULD BE E APPROPRIATE | (X5) COMPLETE DATE |
| Z9999 | supervision. R12's Assessment (dated Safety/Sexuality: R and loud vocalization like to be touched a communicates non demonstrate the ab personal safety/sex demonstrate the ab including peer to per does not demonstrate sexual behavior." Facility Individual P documents that R4 Intellectual Disability has a mental age of an IQ (intelligence of walk, needs assist help from another p client and agency p and requires 24-ho Comprehensive Ris reads, "Personal Sa facial expressions, indicate if he does time. R47 commun does not demonstrate most personal safe not demonstrate the including peer to per | s 20 and requires 24-hour Annual Comprehensive Risk 8/10/22) reads, "Personal 12 will use facial expressions ons to indicate if she does not | | DEFICIENCY | | |
| | documents that R4 Intellectual Disabilit has a mental age o | rogram Plan (dated 7/11/23) 6 is diagnosed with Profound ties. IPP for R46 reads that he f 0-years, 4 months. He does sist devices or chair, always | | | | |

| | NT OF DEFICIENCIES I OF CORRECTION | Health (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | | CONSTRUCTION | СОМ | E SURVEY PLETED |
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| | | IL6005524 | B. WING | | | R-C 22/2024 |
| NAME OF | PROVIDER OR SUPPLIER | STREET AI | DDRESS, CITY, ST | TATE, ZIP CODE | | |
| MARKL | UND WASMOND CEN | TER 1435 SUI ELGIN, II | MMIT STREET _ 60120 | | | |
| (X4) ID PREFIX TAG | (EACH DEFICIENC) | ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION) | ID PREFIX TAG | PROVIDER'S PLAN OF C (EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE DEFICIENCY | ON SHOULD BE HE APPROPRIATE | (X5) COMPLETE DATE |
| Z9999 | need help from and score is 21 and req R46's Annual Comp (dated 7/11/23) rea R46 will use facial e does not like to be communicates non demonstrate the ab personal safety/sex demonstrate the ab including peer to pe does not demonstra sexual behavior." Facility Individual P documents that R4 Intellectual Disabilit has a mental age o has an IQ (intelligen not walk, needs ass need help from and for client and agend and requires 24-ho Comprehensive Ris reads, "Personal Sa facial expressions, indicate if he does n time. R45 commun does not demonstra most personal safe not demonstrate the including peer to pe does not demonstra sexual behavior." | age 12 other person. R46's ICAP puires 24 hours supervision. prehensive Risk Assessment ds, "Personal Safety/Sexuality: expressions to indicate if he touched at that time. R46 -traditionally and does not oility to understand most cuality. MEAN: R46 does not oility to understand MEAN eer. Sexual Abuse Risk: R46 ate the ability to understand Program Plan (dated 12/5/23) 5 is diagnosed with Profound ties. IPP for R45 reads that he of 0-years and 1.5 months and nce quotient) of 1. He does sist devices or chair, always other person. R45's Inventory cy planning (ICAP) score is 19 ur supervision. R45's Annual sk Assessment (dated 12/5/23) afety/Sexuality: R45 will use gestures, and vocalizations to not like to be touched at that icates non-traditionally and ate the ability to understand ty/sexuality. MEAN: R45 does e ability to understand MEAN eer. Sexual Abuse Risk: R45 ate the ability to understand ty/sexuality. MEAN: R45 does e ability to understand MEAN eer. Sexual Abuse Risk: R45 ate the ability to understand ty/sexuality. MEAN: R45 does e ability to understand MEAN eer. Sexual Abuse Risk: R45 ate the ability to understand ty/sexuality. IPP for R40 reads that he of 0-years and 10 months and nce quotient) of 5. He does | | | | |

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| MARKLU | JND WASMOND CEN | ELGIN, II | 60120 | | | |
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| | for client and agend and requires 24-ho Comprehensive Ris reads, "Personal Sa facial expressions, indicate if he does time. R40 commun does not demonstrate most personal safe not demonstrate the including peer to pe | other person. R40's Inventory cy planning (ICAP) score is 21 ur supervision. R40's Annual sk Assessment (dated 8/8/23) afety/Sexuality: R40 will use gestures, and vocalizations to not like to be touched at that icates non-traditionally and ate the ability to understand ty/sexuality. MEAN: R40 does e ability to understand MEAN eer. Sexual Abuse Risk: R40 ate the ability to understand | | | | |
| | documents that R3 Intellectual Disabilit has a mental age o has an IQ (intelligen not walk, needs ass need help from and for client and agend and requires 24-ho Comprehensive Ris reads, "Personal Sa facial expressions, indicate if he does n time. R39 commun does not demonstra most personal safe not demonstrate the including peer to pe | rogram Plan (dated 12/5/23) 9 is diagnosed with Profound ies. IPP for R39 reads that he f 0-years and 9 months and nce quotient) of 5. He does sist devices or chair, always other person. R39's Inventory cy planning (ICAP) score is 17 ur supervision. R39's Annual sk Assessment (dated 12/5/23) afety/Sexuality: R39 will use gestures, and vocalizations to not like to be touched at that icates non-traditionally and ate the ability to understand ty/sexuality. MEAN: R39 does e ability to understand MEAN eer. Sexual Abuse Risk: R39 ate the ability to understand |) | | | |
| | documents that R4 | rogram Plan (dated 5/2/23) 1 is diagnosed with Profound ies. IPP for R41 reads that he | | | | |

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| (X4) ID PREFIX TAG | (EACH DEFICIENC) | TEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION) | ID PREFIX TAG | PROVIDER'S PLAN OF CC (EACH CORRECTIVE ACTIOI CROSS-REFERENCED TO THE DEFICIENCY) | N SHOULD BE | (X5) COMPLET DATE |
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| | does not walk, need always need help fr Inventory for client score is 27 and req R41's Annual Comp (dated 5/2/23) read R41 will use facial e vocalizations to ind touched at that time non-traditionally an ability to understand safety/sexuality. M demonstrate the abi including peer to pe | of 0-years and 8 months. He ds assist devices or chair, rom another person. R41's and agency planning (ICAP) juires 24-hour supervision. orehensive Risk Assessment s, "Personal Safety/Sexuality: expressions, gestures, and icate if he does not like to be e. R41 communicates d does not demonstrate the d most personal EAN: R41 does not bility to understand MEAN eer. Sexual Abuse Risk: R41 ate the ability to understand | | | | |
| | documents that R3 Intellectual Disabilit has an age range of needs assist device need help from and for client and agend and requires 24-ho Comprehensive Ris reads, "Personal Sa facial expressions, indicate if he does of time. R36 commun does not demonstrate most personal safe not demonstrate the including peer to pe | rogram Plan (dated 7/11/23) 6 is diagnosed with Profound ties. IPP for R36 reads that he of 6 months. He does not walk, es or chair, and occasionally other person. R36's Inventory cy planning (ICAP) score is 19 ur supervision. R36's Annual sk Assessment (dated 7/11/23) afety/Sexuality: R36 will use gestures, and vocalizations to not like to be touched at that icates non-traditionally and ate the ability to understand ty/sexuality. MEAN: R36 does e ability to understand MEAN eer. Sexual Abuse Risk: R36 ate the ability to understand | | | | |
| | | rogram Plan (dated 3/5/24) 2 is diagnosed with Profound | | | | |

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6005524 | | | (X2) MULTIPLE CONSTRUCTION A. BUILDING: | | E SURVEY PLETED | |
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| (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 | has a mental age of of 1. He does not w chair, and occasion person. R42's Inve planning (ICAP) sco supervision. R42's Assessment (dated Safety/Sexuality: R4 gestures, and vocal not like to be touche communicates non- demonstrate the ab personal safety/sex demonstrate the ab including peer to pe does not demonstrate sexual behavior." Facility Individual Pf documents that R44 Intellectual Disabilit has a mental age of of 47. He does not chair, and occasion person. R48's Inve planning (ICAP) sco supervision. R48's Assessment (dated Safety/Sexuality: R4 gestures, and vocal not like to be touche communicates non- demonstrate the ab behavior. MEAN: R ability to understand peer. Sexual Abuse | ies. IPP for R42 reads that he f 0-years, 2 months and an IQ valk, needs assist devices or ally need help from another ntory for client and agency ore is 18 and requires 24-hour Annual Comprehensive Risk 3/7/24) reads, "Personal 2 will use facial expressions, izations to indicate if he does ed at that time. R42 traditionally and does not ility to understand most uality. MEAN: R42 does not ility to understand MEAN er. Sexual Abuse Risk: R42 ate the ability to understand rogram Plan (dated 5/16/23) 3 is diagnosed with Profound ies. IPP for R48 reads that he f 7 years 5 months and an IQ walk, needs assist devices or ally need help from another ntory for client and agency ore is 22 and requires 24-hour Annual Comprehensive Risk 5/16/23) reads, "Personal 48 will use facial expressions, izations to indicate if he does | | | | |

If continuation sheet 16 of 32

| | Department of Public | (X1) PROVIDER/SUPPLIER/CLIA | (X2) MUI TIPI F | CONSTRUCTION | (X3) DATE | E SURVEY |
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| | documents that R3 Intellectual Disabilit has a mental age o of 2. He does not v chair, and occasion person. R35's Inve planning (ICAP) sc supervision. R35's Assessment (dated Safety/Sexuality: R gestures, and voca not like to be touch communicates non demonstrate the ab behavior. MEAN: F ability to understand peer. Sexual Abus demonstrate the ab behavior." | rogram Plan (dated 3/5/24) 5 is diagnosed with Profound ties. IPP for R35 reads that he f 0-years, 3 months and an IQ walk, needs assist devices or nally need help from another entory for client and agency ore is 18 and requires 24-hour Annual Comprehensive Risk 1 3/5/24) reads, "Personal 35 will use facial expressions, lizations to indicate if he does ed at that time. R35 -traditionally and does not bility to understand sexual R35 does not demonstrate the d MEAN including peer to e Risk: R35 does not bility to understand sexual | | | | |
| | documents that R4 Intellectual Disabilit has a mental age o IQ of 1. He does no or chair, and occas person. R49's Inve planning (ICAP) so supervision. R49's | rogram Plan (dated 3/5/24) 9 is diagnosed with Profound ties. IPP for R49 reads that he f 0-years, 2.5 months and an ot walk, needs assist devices ionally need help from another entory for client and agency ore is 18 and requires 24-hour Annual Comprehensive Risk 4.2/7/24) reade | | | | |
| | Safety/Sexuality: Re gestures, and voca not like to be touch communicates non demonstrate the ab behavior. MEAN: F ability to understand peer. Sexual Abus | I 3/7/24) reads, "Personal 49 will use facial expressions, lizations to indicate if he does ed at that time. R49 -traditionally and does not bility to understand sexual R49 does not demonstrate the d MEAN including peer to e Risk: R49 does not bility to understand sexual | | | | |

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| (X4) ID | | | ID | PROVIDER'S PLAN OF (EACH CORRECTIVE ACT | | (X5) COMPLETE |
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| | behavior." | | | | | |
| | | | | | | |
| | Facility Individual Program Plan (dated 8/15/23) documents that R44 is diagnosed with Profound | | | | | |
| | | ties. IPP for R44 reads that he | | | | |
| | | f 0-years, 1.5 months and an | | | | |
| | | ot walk, needs assist devices | | | | |
| | | ionally need help from another | | | | |
| | | entory for client and agency | | | | |
| | | ore is 18 and requires 24-hour | | | | |
| | | Annual Comprehensive Risk | | | | |
| | | l 8/15/23) reads, "Personal 44 will use facial expressions, | | | | |
| | | lizations to indicate if he does | | | | |
| | | ed at that time. R44 | | | | |
| | communicates non | -traditionally and does not | | | | |
| | | pility to understand sexual | | | | |
| | | R44 does not demonstrate the | | | | |
| | | d MEAN including peer to | | | | |
| | • | e Risk: R44 does not | | | | |
| | demonstrate the ac | pility to understand sexual | | | | |
| | | | | | | |
| | Facility Individual P | rogram Plan (dated 1/2/24) | | | | |
| | | 3 is diagnosed with Profound | | | | |
| | | ties. IPP for R43 reads that he | • | | | |
| | | f 0-years, 1.5 months, and an | | | | |
| | | ot walk, needs assist devices | | | | |
| | | ionally need help from another entory for client and agency | | | | |
| | • | ore is 18 and requires 24-hour | | | | |
| | | Annual Comprehensive Risk | | | | |
| | | 1/2/24) reads, "Personal | | | | |
| | | 43 will use facial expressions, | | | | |
| | gestures, and voca | lizations to indicate if he does | | | | |
| | | ed at that time. R43 | | | | |
| | | -traditionally and does not | | | | |
| | | pility to understand sexual | | | | |
| | | 43 does not demonstrate the d MEAN including peer to | | | | |
| | tment of Public Health | | | | | |

| | | Health (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION A. BUILDING: | | (X3) DATE SURVEY COMPLETED | |
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| | peer. Sexual Abuse Risk: R43 does not demonstrate the ability to understand sexual behavior." Facility Individual Program Plan (dated 1/2/24) documents that R34 is diagnosed with Profound Intellectual Disabilities. IPP for R34 reads that he has a mental age of 0-years, 3 months, and an IQ of 2. He does not walk, needs assist devices or chair, and occasionally need help from another person. R34's Inventory for client and agency planning (ICAP) score is 18 and requires 24-hour supervision. R34's Annual Comprehensive Risk Assessment (dated 1/2/24) reads, "Personal Safety/Sexuality: R34 will use facial expressions, gestures, and vocalizations to indicate if he does not like to be touched at that time. R34 communicates non-traditionally and does not demonstrate the ability to understand most personal safety/sexuality. MEAN: R34 does not demonstrate the ability to understand MEAN including peer to peer. Sexual Abuse Risk: R34 does not demonstrate the ability to understand sexual behavior." | | | | | |
| | | | 2 | | | |
| | documents that R3 Intellectual Disabilit has a mental age o of 2. He does not v chair, and occasion person. R37's Inve planning (ICAP) sco supervision. R37's Assessment (dated Safety/Sexuality: R3 | rogram Plan (dated 8/15/23) 7 is diagnosed with Profound ies. IPP for R37 reads that he f 0-years, 3 months, and an IC valk, needs assist devices or ally need help from another ntory for client and agency ore is 18 and requires 24 hour Annual Comprehensive Risk 8/15/23) reads, "Personal 37 will use facial expressions, lizations to indicate if he does | | | | |

| Illinois D | epartment of Public | Health | | | - | APPROVE |
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| | demonstrate the ab including peer to pe does not demonstra sexual behavior." Facility Individual P 9/19/2023 documen profound intellectua Client and Agency I 9/19/2023 indicates equivalent: less tha Assessment dated safety/Sexuality: R | | | | | |
| | ability to understand safety/sexuality. M Exploitation, Abuse Peer to Peer): R16 ability to understand peer. Sexual Abuse | d does not demonstrate the d most personal EAN (Mistreatment, , Neglect (MEAN) including does not demonstrate the d MEAN including peer to e Risk: R16 does not illity to understand sexual | | | | |
| | 5/16/2023 documen profound intellectua Client and Agency I 5/16/2023 indicates equivalent: 0-years Risk Assessment d "Personal Safety/Se non-traditionally and ability to understand safety/sexuality. M | rogram Plan (IPP) dated hts that R55 is diagnosed with al disabilities. Inventory for Planning (ICAP) dated a adaptive behavior overall age and 5 months of age. The ated 5/16/2023 reads, exuality: R55 communicates d does not demonstrate the d most personal EAN (Mistreatment, , Neglect (MEAN) Including | | | | |
| | Peer to Peer): R55 ability to understand peer. Sexual Abus | does not demonstrate the d MEAN including peer to e Risk: R55 communicates d does not demonstrate the | | | | |

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| | ability to understand sexual behavior." | | | | | |
| | Facility Individual Program Plan (IPP) dated 3/14/2023 documents that R54 is diagnosed with profound intellectual disabilities. Inventory for Client and Agency Planning (ICAP) dated 3/14/2023 indicates adaptive behavior overall age equivalent: 0-years and 5 months of age. The Risk Assessment dated 3/14/2023 reads, "Personal safety/Sexuality; R54 communicates non-traditionally and does not demonstrate the ability to understand most personal safety/sexuality. MEAN (Mistreatment, Exploitation, Abuse, Neglect (MEAN) including Peer to Peer): R54 does not demonstrate the ability to understand MEAN including peer to peer. Sexual Abuse Risk: R54 does not demonstrate the ability to understand MEAN including peer to peer. Sexual Abuse Risk: R54 does not demonstrate the ability to understand MEAN including peer to peer. Sexual Abuse Risk: R54 does not demonstrate the ability to understand Sexual behavior." Facility Individual Program Plan (IPP) dated 9/12/2023 documents that R53 is diagnosed with profound intellectual disabilities. Inventory for Client and Agency Planning (ICAP) dated 9/12/2023 indicates adaptive behavior overall age equivalent: 0 years and 5 months of age. The Risk Assessment dated 9/12/2023 reads, "Personal safety/Sexuality; R53 communicates non-traditionally and does not demonstrate the ability to understand most personal safety/sexuality. MEAN (Mistreatment, Exploitation, Abuse, Neglect (MEAN) including Peer to Peer): R53 does not demonstrate the ability to understand MEAN including peer to peer. Sexual Abuse Risk: R53 does not demonstrate the ability to understand MEAN including peer to peer): R53 does not demonstrate the ability to understand MEAN including peer to peer. Sexual Abuse Risk: R53 does not demonstrate the ability to understand MEAN including peer to peer): R53 does not demonstrate the ability to understand MEAN including peer to peer): R53 does not demonstrate the ability to understand MEAN including Peer to Peer): R53 does not demonstrate the ability to under | | | | | |
| | | | | | | |
| | | rogram Plan (IPP) dated that R17 is diagnosed with | | | | |

| | TATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA ND PLAN OF CORRECTION IDENTIFICATION NUMBER: IL6005524 | | (X2) MULTIPLE CONSTRUCTION A. BUILDING: B. WING | | (X3) DATE SURVEY COMPLETED R-C 05/22/2024 | |
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| Z9999 | Client and Agency F indicates adaptive fe equivalent: 0-years Assessment dated safety/Sexuality; R1 non-traditionally and ability to understand safety/sexuality. ME Exploitation, Abuse Peer to Peer): R17 ability to understand peer. Sexual Abuse demonstrate the ab behavior." Facility Individual P 2/6/2024 document profound intellectua Client and Agency F 2/6/2024 indicates a equivalent: 0-years Assessment dated safety/Sexuality; R1 non-traditionally and ability to understand safety/sexuality. ME Exploitation, Abuse Peer to Peer): R18 ability to understand peer. Sexual Abuse demonstrate the ab behavior." | al disabilities. Inventory for Planning (ICAP) dated 8/14/23 behavior overall age 5 months of age. The Risk 8/15/2023 reads, "Personal 17 communicates d does not demonstrate the d most personal EAN (Mistreatment, , Neglect (MEAN) including does not demonstrate the d MEAN including peer to e Risk: R17 does not ility to understand sexual rogram Plan (IPP) dated s that R18 is diagnosed with al disabilities. Inventory for Planning (ICAP) dated adaptive behavior overall age 9 months of age. The Risk 2/6/2024 reads, "Personal 18 communicates d does not demonstrate the d most personal EAN (Mistreatment, , Neglect (MEAN) including does not demonstrate the d most personal EAN (Mistreatment, , Neglect (MEAN) including does not demonstrate the d MEAN including peer to e Risk: R18 does not ility to understand sexual | Z9999 | DEFICIENCY) | | |
| | 2/14/2024 documer profound intellectua Client and Agency F 2/14/2024 indicates | rogram Plan (IPP) dated hts that R52 is diagnosed with al disabilities. Inventory for Planning (ICAP) dated adaptive behavior overall age and 6 months of age. The | | | | |

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| Z9999 | safety/Sexuality; R5 non-traditionally and ability to understand safety/sexuality. ME Exploitation, Abuse Peer to Peer): R52 ability to understand peer. Sexual Abuse demonstrate the ab behavior." Facility Individual Pt 2/13/2024 documer profound intellectua Client and Agency F 2/10/2024 indicates equivalent: 0-years Risk Assessment da safety/Sexuality; R5 non-traditionally and ability to understand safety/sexuality. ME Exploitation, Abuse Peer to Peer): R51 ability to understand peer. Sexual Abuse demonstrate the ab behavior." Facility Individual Pt 11/7/2023 documer profound intellectua Client and Agency F 11/20/2023 indicate age equivalent: 0-year | ated 2/14/24 reads, "Personal 2 communicates 3 does not demonstrate the 3 most personal 5 (Mistreatment, , Neglect (MEAN) including does not demonstrate the 3 MEAN including peer to 6 Risk: R52 does not ility to understand sexual 7 rogram Plan (IPP) dated nts that R51 is diagnosed with 1 disabilities. Inventory for Planning (ICAP) dated adaptive behavior overall age and 5 months of age. The ated 2/14/24 reads, "Personal 1 communicates d does not demonstrate the 1 most personal | | | | |

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| | | IL6005524 | B. WING | | | R-C 05/22/2024 |
| NAME OF F | PROVIDER OR SUPPLIER | STREET A | DDRESS, CITY, ST | ATE, ZIP CODE | | |
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| (X4) ID PREFIX TAG | (EACH DEFICIENCY | TEMENT OF DEFICIENCIES YMUST 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 | Peer to Peer): R50 ability to understand peer. Sexual Abuse demonstrate the ab behavior." Facility Individual P 9/19/2023 documer profound intellectua Client and Agency F indicates adaptive to equivalent: 0-years Assessment dated safety/Sexuality; R1 non-traditionally and ability to understand safety/sexuality. ME Exploitation, Abuse Peer to Peer): R19 ability to understand peer. Sexual Abuse demonstrate the ab behavior." Facility Individual P 3/7/2023 document | EAN (Mistreatment, , Neglect (MEAN) including does not demonstrate the d MEAN including peer to e Risk: R50 does not ility to understand sexual rogram Plan (IPP) dated nts that R19 is diagnosed with d disabilities. Inventory for Planning (ICAP) dated 9/19/23 behavior overall age 5 months of age. The Risk 9/19/2023 reads, "Personal 9 communicates d does not demonstrate the d most personal EAN (Mistreatment, , Neglect (MEAN) including does not demonstrate the d MEAN including peer to e Risk: R19 does not ility to understand sexual rogram Plan (IPP) dated s that R20 is diagnosed with | | | | |
| | Client and Agency F 3/7/2023 indicates a equivalent: 0-years Assessment dated safety/Sexuality; R2 non-traditionally and ability to understand safety/sexuality. M | d does not demonstrate the d most personal | | | | |

| STATEMEN | epartment of Public IT OF DEFICIENCIES OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE A. BUILDING: | CONSTRUCTION | | E SURVEY PLETED |
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| | | IL6005524 | B. WING | | | R-C 22/2024 |
| NAME OF I | PROVIDER OR SUPPLIER | STREET AI | DDRESS, CITY, ST | TATE, ZIP CODE | | |
| MARKLU | IND WASMOND CENT | TER 1435 SUI ELGIN, II | MMIT STREET L 60120 | | | |
| (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 1 DEFICIENC | TION SHOULD BE | (X5) COMPLET DATE |
| Z9999 | Continued From pa | ge 24 | Z9999 | | | |
| | | e Risk: R20 does not ility to understand sexual | | | | |
| | 7/13/2023 documen profound intellectua Client and Agency F 7/11/2023 indicates equivalent: 0-years Assessment 7/11/2 safety/Sexuality; R2 non-traditionally and ability to understand safety/sexuality. ME Exploitation, Abuse Peer to Peer): R21 ability to understand peer. Sexual Abuse | d does not demonstrate the d most personal | | | | |
| | 9/12/2023 documen profound intellectua Client and Agency F 9/12/2023 indicates equivalent: 0-years Assessment dated safety/Sexuality; R2 non-traditionally and ability to understand safety/sexuality. ME Exploitation, Abuse Peer to Peer): R22 ability to understand peer. Sexual Abuse | d does not demonstrate the d most personal | | | | |

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| | | IL6005524 | B. WING | | R-C 05/22/2024 | |
| NAME OF F | PROVIDER OR SUPPLIER | STREET AI | DDRESS, CITY, S | TATE, ZIP CODE | | |
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| (X4) ID PREFIX TAG | (EACH DEFICIENC) | TEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION) | ID PREFIX TAG | PROVIDER'S PLAN OF COF (EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE DEFICIENCY) | SHOULD BE | (X5) COMPLETE DATE |
| Z9999 | 8/8/2023 document profound intellectua Client and Agency I 8/8/2023 indicates equivalent: 0-years Assessment dated safety/Sexuality; R2 non-traditionally an ability to understand safety/sexuality. ME Exploitation, Abuse Peer to Peer): R23 ability to understand peer. Sexual Abus demonstrate the ab behavior." | rogram Plan (IPP) dated ts that R23 is diagnosed with al disabilities. Inventory for Planning (ICAP) dated adaptive behavior overall age 5 months of age. The Risk 8/8/2023 reads, "Personal 23 communicates d does not demonstrate the d most personal | Z9999 | | | |
| | 4/11/2023 documer profound intellectua Client and Agency I 4/11/2023 indicates equivalent: less tha Assessment dated safety/Sexuality; R2 non-traditionally an ability to understand safety/sexuality. ME Exploitation, Abuse Peer to Peer): R24 ability to understand peer. Sexual Abuse demonstrate the ab behavior." | hts that R24 is diagnosed with al disabilities. Inventory for Planning (ICAP) dated a adaptive behavior overall age in 3 months of age. The Risk 4/11/2023 reads, "Personal 24 communicates d does not demonstrate the d most personal EAN (Mistreatment, e, Neglect (MEAN) including does not demonstrate the d MEAN including peer to e Risk: R24 does not bility to understand sexual | | | | |
| | intellectual disabiliti | 5 is diagnosed with profound es. Inventory for Client and CAP) dated 10/3/2023 | | | | |

| NT OF DEFICIENCIES OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (AZ) WULTIPLE | CONSTRUCTION | (X3) DATE | |
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| | | | (X2) MULTIPLE CONSTRUCTION A. BUILDING: | | PLETED |
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| | ELGIN, IL | 60120 | | | |
| (EACH DEFICIENCY | MUST BE PRECEDED BY FULL | ID PREFIX TAG | (EACH CORRECTIVE ACTIO CROSS-REFERENCED TO TH | N SHOULD BE E APPROPRIATE | (X5) COMPLETE DATE |
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| indicates adaptive & equivalent: 0-years Assessment dated safety/Sexuality; R2 non-traditionally and ability to understand safety/sexuality. ME Exploitation, Abuse Peer to Peer): R25 ability to understand peer. Sexual Abuse demonstrate the ab behavior." Facility Individual P 11/2/2022 documer profound intellectua Client and Agency F 11/2/2022 indicates equivalent: 0-years Assessment dated safety/Sexuality; R2 non-traditionally and ability to understand safety/sexuality. ME Exploitation, Abuse Peer to Peer): R26 ability to understand peer. Sexual Abuse | behavior overall age 3 months of age. The Risk 10/3/2023 reads, "Personal 25 communicates d does not demonstrate the d most personal EAN (Mistreatment, , Neglect (MEAN) including does not demonstrate the d MEAN including peer to e Risk: R25 does not ility to understand sexual rogram Plan (IPP) dated nts that R26 is diagnosed with I disabilities. Inventory for Planning (ICAP) dated adaptive behavior overall age 4 months of age. The Risk 11/2/22 reads, "Personal 26 communicates d does not demonstrate the d most personal EAN (Mistreatment, , Neglect (MEAN) including does not demonstrate the d mEAN including peer to e Risk: R26 does not | 29999 | | | |
| Facility Individual P 1/9/2024 document profound intellectua Client and Agency F 1/9/2024 indicates a equivalent: 0-years | s that R27 is diagnosed with Il disabilities. Inventory for Planning (ICAP) dated adaptive behavior overall age 5 months of age. The Risk | | | | |
| | SUMMARY STA (EACH DEFICIENCY REGULATORY OR LS Continued From pa indicates adaptive b equivalent: 0-years Assessment dated safety/Sexuality; R2 non-traditionally and ability to understand safety/Sexuality. ME Exploitation, Abuse Peer to Peer): R25 ability to understand peer. Sexual Abuse demonstrate the ab behavior." Facility Individual P 11/2/2022 document profound intellectual Client and Agency F 11/2/2022 indicates equivalent: 0-years Assessment dated safety/Sexuality; R2 non-traditionally and ability to understand safety/Sexuality; R2 non-traditionally and ability to understand safety/Sexuality. ME Exploitation, Abuse Peer to Peer): R26 ability to understand peer. Sexual Abuse demonstrate the ab behavior." | SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) Continued From page 26 indicates adaptive behavior overall age equivalent: 0-years 3 months of age. The Risk Assessment dated 10/3/2023 reads, "Personal safety/Sexuality; R25 communicates non-traditionally and does not demonstrate the ability to understand most personal safety/sexuality. MEAN (Mistreatment, Exploitation, Abuse, Neglect (MEAN) including Peer to Peer): R25 does not demonstrate the ability to understand MEAN including peer to peer. Sexual Abuse Risk: R25 does not demonstrate the ability to understand sexual behavior." Facility Individual Program Plan (IPP) dated 11/2/2022 documents that R26 is diagnosed with profound intellectual disabilities. Inventory for Client and Agency Planning (ICAP) dated 11/2/2022 indicates adaptive behavior overall age equivalent: 0-years 4 months of age. The Risk Assessment dated 11/2/22 reads, "Personal safety/Sexuality; R26 communicates non-traditionally and does not demonstrate the ability to understand most personal safety/sexuality. MEAN (Mistreatment, Exploitation, Abuse, Neglect (MEAN) including Peer to Peer): R26 does not demonstrate the ability to understand MEAN including peer to peer. Sexual Abuse Risk: R26 does not demonstrate the ability to understand sexual behavior." | ELGIN, IL 60120SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)ID PREFIX TAGContinued From page 26Z9999indicates adaptive behavior overall age equivalent: 0-years 3 months of age. The Risk Assessment dated 10/3/2023 reads, "Personal safety/Sexuality; R25 communicates non-traditionally and does not demonstrate the ability to understand most personal safety/Sexuality. MEAN (Mistreatment, Exploitation, Abuse, Neglect (MEAN) including Peer to Peer): R25 does not demonstrate the ability to understand MEAN including peer to peer. Sexual Abuse Risk: R25 does not demonstrate the ability to understand Sexual behavior."Facility Individual Program Plan (IPP) dated 11/2/2022 documents that R26 is diagnosed with profound intellectual disabilities. Inventory for Client and Agency Planning (ICAP) dated 11/2/2022 indicates adaptive behavior overall age equivalent: 0-years 4 months of age. The Risk Assessment dated 11/2/22 reads, "Personal safety/sexuality, R26 communicates non-traditionally and does not demonstrate the ability to understand most personal safety/sexuality. MEAN (Mistreatment, Exploitation, Abuse, Neglect (MEAN) including Peer to Peer): R26 does not demonstrate the ability to understand MEAN including peer to peer. Sexual Abuse Risk: R26 does not demonstrate the ability to understand Sexual behavior."Facility Individual Program Plan (IPP) dated 11/2/2024 documents that R27 is diagnosed with profound intellectual disabilities. Inventory for Client and Agency Planning (ICAP) dated 11/9/2024 indicates adaptive behavior overall age equivalent: 0-years, 5 months of age. The Risk Assessment dated 19/24 reads, "Personal safety/Sexuality; R27 communicates <td>ELGIN, IL 60120 SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) D PREFIX TAG D PREFIX TAG D PREFIX Colspan="2">CONTINUES INFORMATION) Continued From page 26 Z9999 Indicates adaptive behavior overall age equivalent: 0-years 3 months of age. The Risk Assessment dated 10/3/2023 reads, "Personal safety/Sexuality; R25 communicates non-traditionally and does not demonstrate the ability to understand most personal safety/sexuality. MEAN (Mistreatment, Exploitation, Abuse, Neglect (MEAN) including Peer to Peer): R25 does not demonstrate the ability to understand MEAN including peer to peer. Sexual Abuse Risk: R25 does not demonstrate the ability to understand sexual behavior." 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Inventory for Client and Agency Planning (ICAP) dated 11/2/224 indicates adaptive behavior overall age equivalent</td> <td>Electric Link LE 60120 Summary stratement or Deficiency Must BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) In PREERX TAG PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE PROPORIATE DEFICIENCY) Continued From page 26 Z9999 Indicates adaptive behavior overall age equivalent: O-years 3 Deficiency Indicates adaptive behavior overall age equivalent: O-years 3 Deficiency Deficiency Safety/Sexuality: R25 communicates non-traditionally and does not demonstrate the ability to understand MEAN including Peer to Peer): R25 does not demonstrate the ability to understand MEAN including peer to peer. Sexual Abuse Risk: R25 does not demonstrate the abilitity. Understand sexual behavior." Facility Individual Program Plan (IPP) dated 11/2/2022 documents that R26 is diagnosed with profound intellectual disabilities. 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Sexual Abuse Risk: R26 does not demonstrate the ability to understand sexual b</td> | ELGIN, IL 60120 SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) D PREFIX TAG D PREFIX TAG D PREFIX Colspan="2">CONTINUES INFORMATION) Continued From page 26 Z9999 Indicates adaptive behavior overall age equivalent: 0-years 3 months of age. The Risk Assessment dated 10/3/2023 reads, "Personal safety/Sexuality; R25 communicates non-traditionally and does not demonstrate the ability to understand most personal safety/sexuality. MEAN (Mistreatment, Exploitation, Abuse, Neglect (MEAN) including Peer to Peer): R25 does not demonstrate the ability to understand MEAN including peer to peer. Sexual Abuse Risk: R25 does not demonstrate the ability to understand sexual behavior." Facility Individual Program Plan (IPP) dated 11/2/2022 documents that R26 is diagnosed with profound intellectual disabilities. 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| | IND WASMOND CEN | ELGIN, I | ∟ 60120 | | | |
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| | non-traditionally an | d does not demonstrate the | | | | |
| | ability to understand | | | | | |
| | safety/sexuality. ME | | | | | |
| | | e, Neglect (MEAN) including | | | | |
| | / | does not demonstrate the | | | | |
| | | d MEAN including peer to | | | | |
| | | e Risk: R27 does not bility to understand sexual | | | | |
| | behavior." | Sincy to understand sexual | | | | |
| | benavior. | | | | | |
| | Facility Individual Program Plan (IPP) dated | | | | | |
| | 10/3/2023 documents that R28 is diagnosed with | | | | | |
| | profound intellectual disabilities. Inventory for | | | | | |
| | | Planning (ICAP) dated | | | | |
| | | s adaptive behavior overall age | • | | | |
| | | 4 months of age. The Risk | | | | |
| | | 10/3/23 reads, "Personal | | | | |
| | safety/Sexuality; R2 | d does not demonstrate the | | | | |
| | ability to understand | | | | | |
| | safety/sexuality. M | • | | | | |
| | | e, Neglect (MEAN) including | | | | |
| | | does not demonstrate the | | | | |
| | ability to understand | d MEAN including peer to | | | | |
| | | e Risk: R28 does not | | | | |
| | | oility to understand sexual | | | | |
| | behavior." | | | | | |
| | Facility Individual P | rogram Plan (IPP) dated | | | | |
| | | nts that R29 is diagnosed with | | | | |
| | | al disabilities. Inventory for | | | | |
| | | Planning (ICAP) dated | | | | |
| | | adaptive behavior overall age | | | | |
| | equivalent: 0-years | 5 months of age. The Risk | | | | |
| | | 4/11/24 reads, "Personal | | | | |
| | safety/Sexuality; R2 | | | | | |
| | | d does not demonstrate the | | | | |
| | ability to understand | | | | | |
| | safety/sexuality. ME | AN (Mistreatment, , Neglect (MEAN) including | | | | |
| | tment of Public Health | | | | | |

If continuation sheet 28 of 32

| Illinois D | epartment of Public | Health | | | FORM | APPROVED |
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| STATEMEN | IT OF DEFICIENCIES OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | | | | E SURVEY PLETED |
| | | IL6005524 | B. WING | | R-C 05/22/2024 | |
| NAME OF F | PROVIDER OR SUPPLIER | STREET AD | DRESS, CITY, S | TATE, ZIP CODE | | |
| | | 1435 SUI | MIT STREET | | | |
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| | ability to understand peer. Sexual Abus | does not demonstrate the d MEAN including peer to e Risk: R29 does not illity to understand sexual | | | | |
| | profound intellectual disa Client and Agency Plann 6/6/2023 indicates adapt equivalent: 0-years and s Risk Assessment dated safety/Sexuality; R30 con non-traditionally and doe ability to understand mos safety/sexuality. MEAN (Exploitation, Abuse, Neg Peer to Peer): R30 does ability to understand ME/ peer. | s that R30 is diagnosed with al disabilities. Inventory for Planning (ICAP) dated adaptive behavior overall age and 5 months of age. The ated 6/6/23 reads, "Personal 30 communicates d does not demonstrate the d most personal EAN (Mistreatment, , Neglect (MEAN) including does not demonstrate the d MEAN including peer to the R30 does not demonstrate | | | | |
| | 5/12/2023 documen profound intellectua Client and Agency I 6/16/2023 indicates equivalent: 0 years Risk Assessment d safety/Sexuality; R3 non-traditionally and ability to understand safety/sexuality. ME Exploitation, Abuse Peer to Peer): R31 | d does not demonstrate the d most personal EAN (Mistreatment, , Neglect (MEAN) including does not demonstrate the | | | | |
| | peer. Sexual Abuse | d MEAN including peer to Risk: R31 does not ility to understand sexual | | | | |

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| | behavior." | | | | | |
| | 5/9/2023 document profound intellectua Client and Agency I indicates adaptive I equivalent: 0-years Risk Assessment d safety/Sexuality; R3 non-traditionally an ability to understand safety/sexuality. M8 Exploitation, Abuse Peer to Peer): R32 ability to understand peer. Sexual Abus | d does not demonstrate the d most personal | | | | |
| | 3/14/2023 documen profound intellectua Client and Agency I 3/14/2023 indicates equivalent: 1 years Assessment dated safety/Sexuality; R3 non-traditionally an ability to understand safety/sexuality. ME Exploitation, Abuse Peer to Peer): R33 ability to understand peer. Sexual Abus | d does not demonstrate the d most personal | | | | |
| | Facility does not ha Assessment for R5 tment_of Public Health | ive an IPP and a Risk 6. Email from E1 | | | | |

| STATEMEN | epartment of Public IT OF DEFICIENCIES OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | | CONSTRUCTION | | E SURVEY PLETED | | |
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| | | IL6005524 | B. WING | | | R-C 05/22/2024 | | |
| NAME OF F | PROVIDER OR SUPPLIER | STREET A | DDRESS, CITY, ST | TATE, ZIP CODE | | | | |
| MARKLUND WASMOND CENTER 1435 SUMMIT STREET ELGIN, IL 60120 | | | | | | | | |
| (X4) ID PREFIX TAG | (EACH DEFICIENC) | TEMENT OF DEFICIENCIES Y 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) COMPLETI DATE | | |
| Z9999 | that facility does no Assessment for R5 since 4/4/24 as a tr R1 to R55 were ass any types of abuse to R55 did not have to prevent or protect abuse. R56 does r On 4/15/2024 at 4:0 services staff will of that have a section abuse, and it is par E2 stated, "many o same category for t interventions for ab residents are in the need to do for the r assessment for that On 4/18/24, at 11:1 do not have policy for On 4/24/24, 11:15 at and E2 were inform policy does not com to R56 and prevent E2 nodded their he Surveyor's statemet 2) Progress Notes | 4/23/24 at 1:37 p.m. confirms thave an IPP and Risk 6 because he is at the facility ial "respite" care visit. sessed to be at high risk for . The risk assessments for R1 e any interventions put in place of R1 to R55 from any type of not have risk assessment. 00 p.m., E2 stated, social complete a risk assessment for risk of sexual abuse or t of the IPP for the residents. f our residents fall into the risk of abuse and the use prevention for the e IPP for what the staff would esident based on the risk t resident". 3 a.m., E2 (DON) stated "we for risk assessment for abuse" a.m., during daily status, E 1 ned that the Facility's abuse tain interventions to protect R1 cany type of abuse. E1 and ads "Yes" in agreement to the ent. by E135 (Registered Nurse) | | | | | | |
| | "Physician Note: Cl (Facility Physician) documented mense received today for a | ed 10:30 a.m.) reads, hart reviewed today by E38 due to quarterly report with no es in the last 3 months. Order a gynecology consult." | | | | | | |
| | | tes and medical record did not n of a follow up gynecology | | | | | | |

| | T OF DEFICIENCIES OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | | CONSTRUCTION | | E SURVEY PLETED |
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| | | | A. BUILDING: | | | |
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| IARKLU | ND WASMOND CEN | TER 1435 SUI ELGIN, II | MMIT STREET L 60120 | | | |
| (X4) ID | | | ID | PROVIDER'S PLAN OF CO | | (X5) |
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| Z9999 | Continued From pa | ige 31 | Z9999 | | | |
| | R17's medical reco documentation that regarding R17's ph gynecology consult menses cycle for 3 On 4/23/2024, at 3: stated, "If the reside cycle, all of a sudde menses, E38 would for further follow up On 5/9/2024, at 11: follow up done for F recommendation for also stated R17's g change in condition | 45pm, E38 (Facility Physician) ent, who had a regular menses en started having missed d refer them to a gynecologist o." 39am, E2 stated, there was no R17 following E38's or a gynecological consult. E2 uardian was not notified of the o or about the referral for a v up. E2 stated this issue | | | | |
| | | | | | | |