Illinois D	epartment of Public	Health			FORM APPROVE	
STATEMEN	T OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
		U 0046700	B. WING		R-C	
		L6015796			05/20/2024	
				TATE, ZIP CODE		
MARKLU	ND TOMMY HOME	GENEVA,	IL 60134			
(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 CORRECTIO (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPROF DEFICIENCY)	D BE COMPLETE	
Z 000	COMMENTS		Z 000			
	COMPLAINT INVE 2472929/IL#17190					
Z9999	FINDINGS		Z9999			
	Statement of Licen	sure Violations:				
;	350.610a) 350.610b)					
	Section 350.610 M	lanagement Policies				
	general direction of the broad policies a	verning body shall exercise f the facility, and shall establish and procedures for the facility se, objectives, operation, and esidents served.				
	organization showi programs of the fac administrative pers	established a table of ng the major operating cility, with staff divisions, the onnel in charge of programs their lines of authority, l communication.				
	These Requiremer evidenced by:	ts were NOT MET as				
	failed to develop ar program with speci protect clients from	and record review, the facility ad implement an abuse fic protocols to prevent and abuse or identify when a used to prevent further abuse.				
	clients (R1-R16) in identified as high ri	potential to affect 16 of 16 the facility. All 16 clients are sk for abuse, totally dependent ne cognitive and physical				
	tment of Public Health ′ DIRECTOR'S OR PROVII	DER/SUPPLIER REPRESENTATIVE'S SIG	NATURE	TITLE	(X6) DATE 06/17/24	

	IT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE A. BUILDING: _	CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
		IL6015796	B. WING			R-C 20/2024
NAME OF F	PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, ST	IATE, ZIP CODE		
MARKLU	JND TOMMY HOME		IL 60134			
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES / MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF C (EACH CORRECTIVE ACTI CROSS-REFERENCED TO TH DEFICIENCY	ON SHOULD BE HE APPROPRIATE	(X5) COMPLET DATE
Z9999	Continued From pa	ge 1	Z9999			
	abilities to protect th	nemselves from being abused.				
	Findings Include:					
	Neglect, Mistreatme Unknown Origin wit	7.01 - Suspected Abuse, ent of a Client or Injury of h last revision date of t the following:				
	10/10/24, document the following: Purpose: To clarify and outline steps when there is suspected abuse or neglect, death, financial exploitation, serious injuries of unknown origin that are not the expected outcome of the Client condition or disease process, missing person, of criminal conduct. An occurrence report may be initiated by a Parent, Client, Staff or Volunteer. Sexual assault and physical assault are subsumed under abuse, while theft is part of criminal conduct.	or neglect, death, financial s injuries of unknown origin bected outcome of the Client's e process, missing person, or an occurrence report may be t, Client, Staff or Volunteer. physical assault are				
	or volunteer who su of the matters listed immediately to the a member in charge staff member in charge staff member in char IMMEDIATELY repo Administrator or de contact. The witnes written statement si alleged event. The to answer all pertine	vee, family member, guardian ispects or witnesses or hears d above must report it administrator and/or staff of the facility at that time. The arge of the facility must then ort the matter to the signee by making direct verbal ss must provide (facility) with a igned and dated detailing the witness must do his/her best ent questions (i.e. who, when, w) in regard to any reported				
	Health): Abuse - any physica	Illinois Department of Public al or mental injury or sexual a resident other than by n a facility.				

<u>Illinois D</u>	epartment of Public	Health				IAPPROVE	
	IT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		CONSTRUCTION		E SURVEY PLETED	
AND PLAN	OF CORRECTION	IDENTIFICATION NUMBER.	A. BUILDING:			PLETED	
		IL6015796	B. WING			R-C // 20/2024	
NAME OF F	PROVIDER OR SUPPLIER	STREET AI	DRESS, CITY, ST	ATE. ZIP CODE			
MARKLU	IND TOMMY HOME		, IL 60134				
(X4) ID		TEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF		(X5)	
PREFIX TAG		Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE ACT CROSS-REFERENCED TO T DEFICIENC	THE APPROPRIATE	COMPLET DATE	
Z9999	Continued From pa	ige 2	Z9999				
	interventions to pro	policy 7.01 does not contain tect and prevent abuse for high risk for abuse.					
	5/7/24 at 11:20 AM,) email correspondence dated , indicates the facility's abuse ect revision date is 10/10/23.					
	Nursing) stated, an would trigger furthe Staff are provided a policy. Incident rep and staff look for tre needs. If any abus re-training, develop	8 PM, E1 and E2 (Director of y unusual nursing assessment r investigation, if needed. annual training on the abuse borts are reviewed quarterly ends and any re-training e or neglect is founded, mental action, or termination he issue as relevant.					
	care staff identify a they verbally report assesses the client If there is an injury something not phys	1 AM, E1 also stated if direct medical concern or an injury, it to the nurse. The nurse and documents the findings. of unknown origin or sical, the nurse starts an e nurse manager follows up igation.					
		ger) stated if there is an abuse get sent home immediately					
	partially responsible allegations. She we there is an abuse a first and if staff nee	PM E8 also stated she is e for investigating abuse orks with E1 Administrator if llegation. The staff notify E1 d to be sent home, E8 would collect witness statements. E8					
		nduct follow-up interviews, if					

STATEMEN	Department of Public IT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		CONSTRUCTION		E SURVEY PLETED
		IL6015796	B. WING		R-C 05/20/2024	
NAME OF F	PROVIDER OR SUPPLIER	STREET AI	DDRESS, CITY, ST	ATE, ZIP CODE		
MARKLU	IND TOMMY HOME		WYATT DRIVE , IL 60134			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)		ID PREFIX TAG	PROVIDER'S PLAN OF (EACH CORRECTIVE ACT CROSS-REFERENCED TO DEFICIENC	TION SHOULD BE THE APPROPRIATE	(X5) COMPLET DATE
Z9999	Continued From pa	ge 3	Z9999			
	necessary. E1 makes the decision regarding if abuse is suspected or occurred. The qualified intellectual disabilities professional (QIDP) or nurse manager does in-services with the staff in the homes.					
	On 4/21/24 at 3:36 PM, E17 (Qualified Ir Disabilities Professional (QIDP)) stated, homes' 24-hour staffing is an intervention protect the clients from abuse. E17 coul state any other interventions to protect the who are at high risk for abuse.	ional (QIDP)) stated, the ffing is an intervention to rom abuse. E17 could not rventions to protect the clients				
	suspect abuse, they Administrator or de concern, they will g see abuse, the exp intervene and ensu make sure the resid	PM, E1 also stated that if staff y immediately report it to the signee. If staff have a o to the nurse about it. If staff ectation is they are going to re the resident is safe and dent is not left alone. When the staff abuser will be				
	abuse allegation, th allegation is investig allegation is reporte staff follow the prote are safe. The alleg	PM, E17 stated if there is an the staff is sent home. The gated, if founded or not. The ed to the administrator and the ocol to ensure all the residents ged abuser is removed from the situation doesn't				
	interventions that w this campus, to pro- prior to the sexual a other homes consis staffing, identification and cameras in the	PM E1 also stated, the vere in place at the homes on tect the clients from abuse, abuse incident in one of the sted of twenty-four-hour on badge access for the staff, common areas. The homes al abuse prevention program				

If continuation sheet 4 of 14

STATEMEN	epartment of Public IT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE A. BUILDING: _	CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
		IL6015796	B. WING			-C 20/2024
NAME OF F	PROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, ST	ATE, ZIP CODE		
MARKLU	IND TOMMY HOME		WYATT DRIVE			
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES / MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF C (EACH CORRECTIVE ACTION CROSS-REFERENCED TO TH DEFICIENCY	ON SHOULD BE HE APPROPRIATE	(X5) COMPLET DATE
Z9999	Continued From pa	ge 4	Z9999			
	in place prior to the other home.	sexual abuse incident in the				
	did not have interve how to protect and clients, identified by expected for staff to They also have to n	PM, E1 also stated, the facility entions in the abuse policy on prevent abuse in high-risk v their risk assessments. It is o intervene, if they see abuse. nake sure the client is safe ropriate. The policy was just histration.				
	training on the abus as needed. The pro	AM, E1 also stated staff se policy is done annually and evious abuse policy focused d investigation of abuse once i occurred.	t			
	stated, that she rec neglect. E3 was tak proper protocol for Nurse Assistant) an Person) both stated	PM, E3 (Registered Nurse) eived training on abuse and ught the differences and the notification. E6 (Certified ad E5 (Personal Support d that they received training on and were taught if you see buld say something.				
	Aide) stated, she he incontinence briefs	PM, E4 (Therapeutic Activity elps change the clients' and gives baths as needed. abuse in August, 2023. If you tell the nurse.	I			
	Assistant) stated sh read the in-service	PM, E6 (Certified Nursing ne was trained on abuse. She hand out on abuse and off on it. If you see abuse, manager.				
nois Depar	On 4/19/24 at 4:27 tment of Public Health	PM, E9 (Personal Support				

	epartment of Public					
	IT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		CONSTRUCTION		E SURVEY PLETED
			-		R	-C
		IL6015796	B. WING			20/2024
NAME OF F	PROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, ST	TATE, ZIP CODE		
MARKIU	IND TOMMY HOME		WYATT DRIVE			
		GENEVA	, IL 60134			
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES ' MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF (EACH CORRECTIVE ACT CROSS-REFERENCED TO T DEFICIENC	ION SHOULD BE THE APPROPRIATE	(X5) COMPLETE DATE
Z9999	Continued From pa	ge 5	Z9999			
		ed the staff work in a buddy believes the buddy system sday.				
	have to be present personal care in are the bedrooms and b	PM, E9 (PSP) stated two staff when they give the clients eas without cameras, like in pathrooms. It is a new f sexual abuse that happened				
		PM, E13 (PSP) stated if the opening, they intervene and report it.				
	has worked in the h have used the budo The staff check the	PM, E15 (PSP) stated she nome for two weeks. The staff dy system since she started. residents for injuries that buse. She learned about the h an in-service.				
		PM, E16 (PSP) stated if she buld stop it and report it.				
	11/21/23 indicates F function and R1's p dated 1/1/23 indicat years, 6 months.	gram Plan (IPP) dated R1 has a profound level of sychological examination tes R1 has a mental age at 4				
	R1's risk assessme the following: Sexual abuse risk -	nt dated 11/21/23 indicates				
	non-traditionally, ha relies on staff for all	Is high medical needs, and I needs. R1 does not ility to understand sexual				
	abuse.	-				
	communicate yes a	xuality - R1 is able to nd no with head nod gestures ation device. R1 does not				

Illinois Department of Public Health STATE FORM

O45B12

If continuation sheet 6 of 14

Illinois D	epartment of Public	Health				APPROVED
	IT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE A. BUILDING:			E SURVEY PLETED
		IL6015796	B. WING			-C 20/2024
NAME OF F	PROVIDER OR SUPPLIER	STREET AL	DRESS, CITY, S	TATE, ZIP CODE		
				,		
MARKLU	JND TOMMY HOME	GENEVA	, IL 60134			
(X4) ID		TEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF ((X5)
PREFIX TAG		Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE ACTI CROSS-REFERENCED TO T DEFICIENC	HE APPROPRIATE	COMPLETE DATE
Z9999	9 Continued From page 6 Z99		Z9999			
	understand persona Mistreatment, Explo (MEAN) - R1 does	oility to fully indicate or al safety/sexuality. oitation, Abuse, Neglect, not demonstrate the ability to tify MEAN, including peer to				
	10/19/23 indicates I function and R2's p dated 2/16/19 indica years, 2 months. R2's risk assessme the following: Sexual abuse risk - general concepts of staffing and friends and relies on staff f Personal Safety/Se non-traditionally but inappropriate bodily Mistreatment, Explo (MEAN) - R2 does	xuality - R2 communicates t does have knowledge of				
	indicates R3 has a R3's psychological indicates R3 has a months. R3's risk assessme following:	gram Plan (IPP) dated 5/25/23 profound level of function and examination dated 3/20/21 mental age at 0 years, 6.5 ent dated 5/25/23 indicates the				
	medical care needs staff. R3 does not understand sexual Personal Safety/Se	xuality - R3 communicates d does not demonstrate the				

Illinois Department of Public Health STATE FORM

O45B12

If continuation sheet 7 of 14

Illinois D	epartment of Public	Health			TORM	APPROVED
	IT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE A. BUILDING:	CONSTRUCTION		E SURVEY PLETED
		IL6015796	B. WING			e-C 20/2024
NAME OF F	PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, S	TATE, ZIP CODE		
		1 S 385 V	VYATT DRIVE			
MARKLU	IND TOMMY HOME	GENEVA	, IL 60134			
(X4) ID		TEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF ((X5)
PREFIX TAG	· ·	/ MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE ACTI CROSS-REFERENCED TO T DEFICIENC	HE APPROPRIATE	COMPLETE DATE
Z9999	Continued From pa	ge 7	Z9999			
	(MEAN) - R3 does	bitation, Abuse, Neglect, not demonstrate the ability to tify MEAN, including peer to				
	indicates R4 has a R4's psychological indicates R4 has a months. R4's risk assessme following: Sexual abuse risk - medical care needs staff. R4 does not understand sexual Personal Safety/Se non-traditionally and ability to understand safety/sexuality. Mistreatment, Explo (MEAN) - R4 does	xuality - R4 communicates d does not demonstrate the				
	indicates R5 has a R5's psychological indicates R5 has a months. R5's risk assessme following: Sexual abuse risk - medical care needs staff. R5 does not c	gram Plan (IPP) dated 6/22/23 severe level of function and examination dated 2/16/19 mental age at 3 years, 9.5 ent dated 6/22/23 indicates the R5 has high personal and that require the assistance of demonstrate the ability to				
	non-traditionally via	benaviors. xuality - R5 communicates a device or head nods, but ate the ability to understand				

	Department of Public	Health (X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPLE	CONSTRUCTION	(X3) DATE	SURVEY
AND PLAN	OF CORRECTION	DENTIFICATION NUMBER:			COMPLETED	
		IL6015796	B. WING			-C 20/2024
NAME OF I	PROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, S	TATE, ZIP CODE		
MARKLU	JND TOMMY HOME		, IL 60134			
(X4) ID		TEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF ((X5)
PREFIX TAG		/ MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE ACTI CROSS-REFERENCED TO T DEFICIENC	HE APPROPRIATE	COMPLETE DATE
Z9999	Continued From pa	ge 8	Z9999			
	most personal safety/sexuality. Mistreatment, Exploitation, Abuse, Neglect, (MEAN) - R5 does not demonstrate the ability to understand or identify MEAN, including peer to peer.					
	12/19/23 indicates I function and R6's p dated 3/20/21 indica years, 7 months. R6's risk assessme the following: Sexual abuse risk - ability to understand Personal Safety/Se non-traditionally and ability to understand safety/sexuality. Mistreatment, Explo (MEAN) - R6 does	gram Plan (IPP) dated R6 has a profound level of sychological examination ates R6 has a mental age at 0 ent dated 12/19/23 indicates R6 does not demonstrate the d sexual behaviors or abuse. xuality - R6 communicates d does not demonstrate the d most personal bitation, Abuse, Neglect, not demonstrate the ability to ify MEAN, including peer to				
	10/26/23 indicates I function and R7's p dated 5/12/19 indica years, 10 months. R7's risk assessme the following: Sexual abuse risk - needs that require t does not demonstra sexual abuse.	gram Plan (IPP) dated R7 has a severe level of sychological examination ates R7 has a mental age at 3 ent dated 10/26/23 indicates R7 has high medical care the assistance of staff. R7 ate the ability to understand				
	non-traditionally and ability to understand Mistreatment, Explo	xuality - R7 communicates d does not demonstrate the d personal safety/sexuality. bitation, Abuse, Neglect, not demonstrate the ability to				

Illinois Department of Public Health STATE FORM

Illinois D	epartment of Public	Health			FORM	APPROVED
	IT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		ECONSTRUCTION		E SURVEY PLETED
			A. BUILDING:			
		IL6015796	B. WING			2-C 20/2024
NAME OF F	PROVIDER OR SUPPLIER	STREET AL	DRESS, CITY, S	TATE, ZIP CODE		
MARKIL	IND TOMMY HOME		VYATT DRIVE			
		GENEVA	IL 60134			
(X4) ID PREFIX TAG	(EACH DEFICIENC)	TEMENT OF DEFICIENCIES / MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF ((EACH CORRECTIVE ACT CROSS-REFERENCED TO T DEFICIENC	ION SHOULD BE THE APPROPRIATE	(X5) COMPLETE DATE
Z9999	Continued From pa	ge 9	Z9999			
	understand or identify MEAN, including peer to peer.					
	indicates R8 has a R8's psychological indicates R8 has a months. R8's risk assessme following: Sexual abuse risk - medical care needs staff. R8 does not understand sexual Personal Safety/Se not demonstrate the personal safety/sex Mistreatment, Explo (MEAN) - R8 does	xuality - R8 is verbal but does e ability to understand most				
	indicates R9 has a R9's psychological indicates R9 has a months. R9's risk assessme following: Sexual abuse risk - needs that relies or have some commu assistance with exp Personal Safety/Se not demonstrate the personal safety/sex Mistreatment, Explo (MEAN) - R9 may b	bitation, Abuse, Neglect, be able to express some				
lineia Der	portions of MEAN, overall safety and v tment of Public Health	but is dependent on staff for vellbeing.				

Illinois Department of Public Health STATE FORM

STATEMEN	Pepartment of Public IT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE A. BUILDING:			E SURVEY PLETED
		IL6015796	B. WING			R-C 20/2024
NAME OF I	PROVIDER OR SUPPLIER	STREET AI	DDRESS, CITY, S	TATE, ZIP CODE		
MARKLU	IND TOMMY HOME					
			, IL 60134	PROVIDER'S PLAN OF	CORRECTION	()(5)
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES ' MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	(EACH CORRECTIVE ACT CROSS-REFERENCED TO T DEFICIENC	TION SHOULD BE	(X5) COMPLETI DATE
Z9999	Continued From pa	ge 10	Z9999			
	11/7/23 indicates R function and R10's dated 12/5/20 indica 0 years, 8.5 months R10's risk assessm the following: Sexual abuse risk - medical care needs staff. R10 does not understand sexual a Personal Safety/Se demonstrate the ab personal safety/sex Mistreatment, Explo (MEAN) - R10 comp and does not demo understand or ident	ent dated 11/7/23 indicates R10 has high personal and that require the assistance of demonstrate the ability to abuse. xuality - R10 does not ility to fully understand uality. pitation, Abuse, Neglect, municates non-traditionally nstrate the ability to ify MEAN.				
	7/13/23 indicates R function and R11's dated 2/13/22 indica 2 years, 1 month.	ogram Plan (IPP) dated 11 has a profound level of osychological examination ates R11 has a mental age at ent dated 7/13/23 indicates				
	Sexual abuse risk - that he relies on sta	Sexual abuse risk - R11 has medical care needs that he relies on staff for. R11 does not demonstrate the ability to understand sexual				
	Personal Safety/Se a non-traditional wa the ability to fully ind safety/sexuality.	xuality - R11 communicates in y and does not demonstrate dicate or understand personal pitation, Abuse, Neglect,				
	(MEAN) - R11 does	not demonstrate the ability to ify MEAN (including peer to				

epartment of Public T OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	, ,			E SURVEY PLETED
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	IL6015796	D. WING		05/2	20/2024
ROVIDER OR SUPPLIER					
ND TOMMY HOME					
(EACH DEFICIENC)	Y MUST BE PRECEDED BY FULL	ID PREFIX TAG	(EACH CORRECTIVE ACT CROSS-REFERENCED TO	FION SHOULD BE THE APPROPRIATE	(X5) COMPLET DATE
Continued From pa	age 11	Z9999			
indicates R12 has a and R12's psycholo 1/11/22 indicates R years, 10.2 months R12's risk assessm following: Sexual abuse risk - that he relies on sta demonstrate the ab abuse Personal Safety/Se non-traditionally an ability to fully indica safety/sexuality. Mistreatment, Explo (MEAN) - R12 does	a profound level of function ogical examination dated 12 has a mental age at 0 a ment dated 2/6/24 indicates the R12 has medical care needs aff for. R12 does not oility to understand sexual exuality - R12 communicates d does not demonstrate the ite or understand personal oitation, Abuse, Neglect, s not demonstrate the ability to				
12/13/23 indicates function and R13's dated 6/13/21 indic 3 years, 8 months. R13's risk assessm the following: Sexual abuse risk - medical care needs staff. R13 does no understand sexual Personal Safety/Se verbally but does no understand most po Mistreatment, Explo (MEAN) - R13 does	R13 has a severe level of psychological examination ates R13 has a mental age at nent dated 12/13/23 indicates R13 has high personal and that require the assistance of t demonstrate the ability to behaviors. exuality - R13 communicates ot demonstrate the ability to ersonal safety/sexuality. oitation, Abuse, Neglect, s not demonstrate the ability to				
	ROVIDER OR SUPPLIER ND TOMMY HOME SUMMARY STA (EACH DEFICIENC' REGULATORY OR L Continued From pa R12's Individual Pro- indicates R12 has a and R12's psycholo 1/11/22 indicates R years, 10.2 months R12's risk assessm following: Sexual abuse risk - that he relies on sta demonstrate the at abuse Personal Safety/Se non-traditionally an ability to fully indica safety/sexuality. Mistreatment, Exple (MEAN) - R12 does understand or idem peer) R13's Individual Pro- 12/13/23 indicates function and R13's dated 6/13/21 indic 3 years, 8 months. R13's risk assessm the following: Sexual abuse risk - medical care needs staff. R13 does no understand sexual Personal Safety/Se verbally but does n understand most p Mistreatment, Exple (MEAN) - R13 does understand most p Mistreatment, Exple (MEAN) - R13 does understand most p Mistreatment, Exple (MEAN) - R13 does understand most p	DF CORRECTION IDENTIFICATION NUMBER: IL6015796 IL6015796 ROVIDER OR SUPPLIER STREET AI ND TOMMY HOME IS 385 M SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) Continued From page 11 R12's Individual Program Plan (IPP) dated 2/6/24 indicates R12 has a profound level of function and R12's psychological examination dated 1/11/22 indicates R12 has a mental age at 0 years, 10.2 months. R12's risk assessment dated 2/6/24 indicates the following: Sexual abuse risk - R12 has medical care needs that he relies on staff for. R12 does not demonstrate the ability to understand sexual abuse Personal Safety/Sexuality - R12 communicates non-traditionally and does not demonstrate the ability to fully indicate or understand personal safety/sexuality. Mistreatment, Exploitation, Abuse, Neglect, (MEAN) - R12 does not demonstrate the ability to understand or identify MEAN (including peer to peer) R13's Individual Program Plan (IPP) dated 12/13/23 indicates R13 has a severe level of function and R13's psychological examination dated 6/13/21 indicates R13 has a mental age at 3 years, 8 months. R13's risk assessment dated 12/13/23 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 verbally but does not demonstrate the ability to understand most personal safety/sexuality.	DF CORRECTION IDENTIFICATION NUMBER: A. BUILDING: IL6015796 B. WING ROVIDER OR SUPPLIER STREET ADDRESS, CITY, S ND TOMMY HOME 1 S 385 WYATT DRIVE GENEVA, IL 60134 SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) ID PREFIX TAG Continued From page 11 Z9999 R12's Individual Program Plan (IPP) dated 2/6/24 indicates R12 has a profound level of function and R12's psychological examination dated 1/11/22 indicates R12 has a mental age at 0 years, 10.2 months. Z9999 R12's risk assessment dated 2/6/24 indicates the following: Sexual abuse risk - R12 has medical care needs that he relies on staff for. R12 does not demonstrate the ability to understand sexual abuse Personal Safety/Sexuality - R12 communicates non-traditionally and does not demonstrate the ability to fully indicate or understand personal safety/sexuality. Mistreatment, Exploitation, Abuse, Neglect, (MEAN) - R12 does not demonstrate the ability to understand or identify MEAN (including peer to peer) R13's Individual Program Plan (IPP) dated 12/13/23 indicates R13 has a severe level of function and R13's psychological examination dated 6/13/21 indicates R13 has a mental age at 3 years, 8 months. R13's risk assessment dated 12/13/23 indicates the following: 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	DF CORRECTION IDENTIFICATION NUMBER: A.BUILDING: IL6015796 B. WING ROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE ND TOMMY HOME 15 386 WYATT DRIVE GENEVA, IL 60134 SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MIST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) D PREPIX TAG Continued From page 11 Z9999 R12's Individual Program Plan (IPP) dated 2/6/24 indicates R12 has a profound level of function and R12's psychological examination dated 11/11/22 indicates R12 has a mental age at 0 years, 10.2 months. R12's risk assessment dated 2/6/24 indicates the following: Sexual abuse risk - R12 has medical care needs that he relies on staff for. R12 does not demonstrate the ability to understand sexual abuse Personal Safety/Sexuality - R12 communicates non-traditionally and does not demonstrate the ability to fully indicate or understand personal safety/sexuality. R13's Individual Program Plan (IPP) dated 12/13/23 indicates R13 has a severe level of function and R13's psychological examination dated 6/13/21 indicates R13 has a mental age at 3 years, 8 months. R13's risk assessment dated 12/13/23 indicates R13 has a mental age at 3 years, 8 months. R13's risk assessment dated 12/13/23 indicates the following: Sexual abuse risk - R13 has 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 verbally but does not demonstrate the ability to understand sexual behaviors. <t< td=""><td>OF CORRECTION IDENTIFICATION NUMBER: A BUILDING: COM IL6015796 B. WING B. WING F ROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 13 385 WYATT DRIVE GENEVA, IL 60134 SUMMARY STATEMENT OF DEFICIENCY MUST BE PRECEDED BY FULL PREFIX PROVIDER'S PLAN OF CORRECTION SHOULD BE REGULATORY OR LSC DIENTIFYING INFORMATION) ID PREFIX CROSS-REFERENCED TO THE APPROPRIATE Continued From page 11 Z9999 Z9999 COSS-REFERENCED TO THE APPROPRIATE Continued From page 11 Z9999 Z9999 R12's Individual Program Plan (IPP) dated 2/6/24 CROSS-REFERENCED TO THE APPROPRIATE Deficiency Deficiency COSS-REFERENCED TO THE APPROPRIATE Sexual abuse risk - R12 has a motion dated 1/11/122 indicates R12 has a motion dated Personal Safety/Sexuality - R12 communicates R12 is risk assessment dated 2/6/24 indicates the following: Sexual abuse risk - R12 has medical care needs Hat her relies on staff for. R12 does not demonstrate the ability to understand sexual abuse Personal Safety/Sexuality - R12 communicates R13's individual Program Plan (IPP) dated 12/13/23 indicates R13 has a mental age at 3 years, 8 months. R13's prohogical examination dated R13's risk assessment dated 12/13/23 indicates the following: Sexual abuse risk - R13 has high personal and medical care needs that require the</td></t<>	OF CORRECTION IDENTIFICATION NUMBER: A BUILDING: COM IL6015796 B. WING B. WING F ROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 13 385 WYATT DRIVE GENEVA, IL 60134 SUMMARY STATEMENT OF DEFICIENCY MUST BE PRECEDED BY FULL PREFIX PROVIDER'S PLAN OF CORRECTION SHOULD BE REGULATORY OR LSC DIENTIFYING INFORMATION) ID PREFIX CROSS-REFERENCED TO THE APPROPRIATE Continued From page 11 Z9999 Z9999 COSS-REFERENCED TO THE APPROPRIATE Continued From page 11 Z9999 Z9999 R12's Individual Program Plan (IPP) dated 2/6/24 CROSS-REFERENCED TO THE APPROPRIATE Deficiency Deficiency COSS-REFERENCED TO THE APPROPRIATE Sexual abuse risk - R12 has a motion dated 1/11/122 indicates R12 has a motion dated Personal Safety/Sexuality - R12 communicates R12 is risk assessment dated 2/6/24 indicates the following: Sexual abuse risk - R12 has medical care needs Hat her relies on staff for. R12 does not demonstrate the ability to understand sexual abuse Personal Safety/Sexuality - R12 communicates R13's individual Program Plan (IPP) dated 12/13/23 indicates R13 has a mental age at 3 years, 8 months. R13's prohogical examination dated R13's risk assessment dated 12/13/23 indicates the following: Sexual abuse risk - R13 has high personal and medical care needs that require the

Illinois D	epartment of Public		1			APPROVED
STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE A. BUILDING: _		(X3) DATE SURVEY COMPLETED	
		IL6015796	B. WING			R-C 05/20/2024
NAME OF F	PROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, ST	TATE, ZIP CODE		
		1 S 385 \	WYATT DRIVE			
MARKLU	IND TOMMY HOME	GENEVA	, IL 60134			
(X4) ID			ID	PROVIDER'S PLAN OF C		(X5)
PREFIX TAG		/ MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE ACTIO CROSS-REFERENCED TO TH DEFICIENCY	IE APPROPRIATE	COMPLETE DATE
Z9999	Continued From page 12		Z9999			
	 indicates R14 has a severe level of function and R14's psychological examination dated 11/6/22 indicates R14 has a mental age at 4 years, 8 months. R14's risk assessment dated 3/4/24 indicates the following: Sexual abuse risk - R14 has high medical needs and relies on staff for all needs. R14 does not demonstrate the ability to understand sexual abuse. Personal Safety/Sexuality - R14 is verbal but does not demonstrate the ability to indicate or understand personal safety/sexuality. Mistreatment, Exploitation, Abuse, Neglect, (MEAN) - R14 does not demonstrate the ability to understand per to peer) R15's Individual Program Plan (IPP) dated 12/7/23 indicates R15 has a severe level of function and R15's psychological examination 					
	dated 11/11/21 india 0 years, 11 months R15's risk assessm the following: Sexual abuse risk -	cates R15 has a mental age at				
	demonstrate the ab abuse. Personal Safety/Se demonstrate the ab understand persona Mistreatment, Explo	ility to understand sexual xuality - R15 does not ility to fully indicate or al safety/sexuality. bitation, Abuse, Neglect,				
	and does not demo understand or ident	ify MEAN				
	2/22/24 indicates R	ogram Plan (IPP) dated 16 has a profound level of psychological examination				

Illinois Department of Public Health STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION ILL6015796			(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED	
		B. WING			R-C 05/20/2024	
NAME OF F	PROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, ST	TATE, ZIP CODE		
MARKLU	IND TOMMY HOME		WYATT DRIVE , IL 60134			
(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) COMPLET DATE
Z9999	Continued From page 13 dated 7/10/21 indicates R16 has a mental age at 0 years, 3 months. R16's risk assessment dated 2/22/24 indicates the following: Sexual abuse risk - R16 has high personal and medical care needs that require the assistance of staff. R16 does not demonstrate the ability to understand sexual behaviors. Personal Safety/Sexuality - R16 communicates non-traditionally and does not demonstrate the ability to understand most personal safety/sexuality. Mistreatment, Exploitation, Abuse, Neglect, (MEAN) - R16 does not demonstrate the ability to understand or identify MEAN (including peer to peer).					
	protect a client fron	lo not contain interventions to n abuse and to prevent abuse it risk for any type of abuse. (B)				