STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	IL6011969	A. BUILDING: _____ B. WING _____	02/15/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CAROLE LANE TERRACE	1641 CAROLE LANE SAUK VILLAGE, IL 60411

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
Z 000	COMMENTS Annual licensure survey.	Z 000		
Z9999	FINDINGS Statement of Licensure Violations 350.1060a) 350.1060d) 350.1060e) Section 350.1060 Training and Habilitation Services a) The facility shall provide training and habilitation services to facilitate the intellectual, sensorimotor, and effective development of each resident in the facility. d) There shall be evidence of training and habilitation services activities designed to meet the training and habilitation objectives set for every resident. e) An appropriate, effective and individualized program that manages residents' behaviors shall be developed and implemented for residents with aggressive or self-abusive behavior. Adequate, properly trained and supervised staff shall be available to administer these programs. This REQUIREMENT IS NOT MET as evidenced by: Based on observation, interview and record review, the facility failed to demonstrate evidence that R1 (1 of 1 client in the sample who do not attend an off-site day program) is receiving ongoing training services provided to him while at the facility and not attending an off-site day program service.	Z9999		

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Z9999	Continued From page 1 Findings include: On 02/14/25 approximately at 10:30 AM, R1 was in his room, in bed with the radio on. Approximately at 11:35 AM, R1 was in a manual wheelchair. R1 used both of his hands to move his wheelchair slowly around the living and dining areas. R1 screamed "help me" a few times while by himself sitting in the wheelchair. R1 was back in bed in his room at 1:00 PM through 3:20 PM. On 02/14/25 at 1:10 PM, E1 (Administrator) stated that R1 was admitted to the facility on 7/27/2020 as listed on the Inspection of care form. R1 did not attend off-site day programs due to the Covid-19 pandemic. The clients in the facility started attending off-site day programs sometime in 2023. R1 continues to not attend an offsite day program because of R1's behaviors and/or need to use a mechanical lift to move R1 in and out of a wheelchair. On 02/14/25 at 2:15 PM, E1 stated that E6 (Regional Trainer) is the company Regional trainer and is the Qualified Intellectual Disability Professional, QIDP, for the facility. E6 completes the QIDP paper work for the clients. The facility does not have a QIDP at this time. On 02/14/25 at 1:50 PM, E5 (Authorized direct support professional, ADSP) stated that no formal instruction was provided to her regarding goals to implement for R1 when he is at home on weekdays E5 stated that R1 likes to watch movies and sports. R1 yells a little at times. R1 needs staff assist for toileting and getting in and out of his bed and wheelchair using a mechanical lift.	Z9999		

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Z9999	Continued From page 2	Z9999		

On 02/14/25 at 1:45 PM, E4 (ADSP) stated that R1 likes to watch tv, sports, likes his radio and talks to his mother. R1 will be in his room after breakfast and lunch, sometimes he sits at the table with staff. We try to get him involved in folding his clothes. Sometimes he does not get along with other clients. No formal instruction was provided to her regarding goals to implement with R1 when he is at home on weekdays. R1 needs staff assist for toileting and moving in and out of the wheelchair/bed.

R1's 08/20/24 Individual Service Plan (ISP) listed the following:
- excited to go to a day program soon.
- behavior program is needed for behaviors of Temper outburst (screaming at others, name calling, cursing and antagonizing others); Physical aggression (striking others, throwing objects and grabbing others); Property destruction (hitting walls, breaking, throwing and tearing objects); SIB, self-injurious behavior, (hit self in face, throwing self to floor, hitting arms).
- home outcome: identify street signed by my home with verbal prompts. Strategy: staff assist me in the home when needed. Method of progress measurement and documentation: I will state the main street I live on.

R1's 8/25/24 Behavior data collection 2024-2025 (ISP program) form listed the following:
- goal/service: to increase adaptive behaviors, to decrease maladaptive behaviors.
- adaptive: staff will sit with R1 daily and talk to him about positive things that happened during his day. Staff will verbally praise R1, instructing him about acceptable and unacceptable behavior at home and at the workshop.
- teaching method(s): Description. Personal consideration: R1 really enjoys watching tv and

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Z9999	Continued From page 3	Z9999		

may refuse at first to do his program, staff should give him time to finish his program and then readdress him. R1 will get angry when he feels like he is being ignored. When R1 gets extremely upset it has been observed that he will start to cause SIB.

R1's January 2025, December 2024 and November 2024 Programmatic Reports documented zero behaviors and zero data for the goal/service to learn his new community area by identifying street signs by his home with verbal prompts.

R1's Clinician Reports included the following documentation of activities:
January 2025 - 9 times stayed in the bedroom watching tv or listening to the news; 3 times participated in activity; 2 times of no entry. Total of 12 entries of activity.
December 2024 - 5 times participated in an activity; 4 times stayed in his bedroom; 2 times home visit with family; 9 times of no entry. Total of 11 entries of activity.
November 2024 - 2 times stayed in his bedroom; 7 times participated in activity; 2 times home visit with family; 10 times of no entry. Total of 11 entries of activity.

(B)