STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	IL6006472	A. BUILDING: _____ B. WING _____	03/10/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
MULBERRY MANOR	612 EAST DAVIE STREET, BOX 88 ANNA, IL 62906

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Z 000	COMMENTS Annual Licensure Survey 350.230b)7) 350.681 350.1086b) 350.1210b)5) 350.1240 350.2010a)1) 350.2020a)3) 350.3210d) Facility Reported Incident: IL00187157-No deficiencies cited	Z 000		
Z9999	FINDINGS Statement of Licensure Violations 1 of 6: 350.230b)7) Section 350.230 Information to Be Made Available to the Public by the Licensee b) A facility shall retain the following for public inspection: 7) A copy of the current Consumer Choice Information Report required by Section 2-214 of the Act. (Section 3-210 of the Act) This requirement was not met as evidenced by: Based on record review and interview, the facility failed to provide evidence of the required consumer choice verification information report, affecting all 45 individuals residing at the facility (R1-R45). Findings include: Resident roster provided on 3/4/2025, identifies	Z9999		

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Z9999	Continued From page 1 45 individuals reside at the facility (R1-R45). HEALTH FACILITIES AND REGULATION (210 ILCS 47/) ID/DD Community Care Act. Sec. 3-210. Materials for public inspection includes, "A facility shall retain the following for public inspection: (7) A copy of the current Consumer Choice Information. Report required by Section 2-214." On 3/4/2025 at 10:41 AM, E1 confirmed the facilities Consumer Choice Information Report had not been submitted. "C" Statement of Licensure Violations 2 of 6: 350.681 Section 350.681 Health Care Worker Background Check A facility shall comply with the Health Care Worker Background Check Act and the Health Care Worker Background Check Code. This requirement was not met as evidenced by: Based on record review and interview, the facility failed to screen potential employees to ensure no history of abuse or neglect prior to employment potentially impacting all 45 individuals who reside at the facility (R1-R45). Findings include: Resident roster provided on 3/4/2025, identifies 45 individuals reside at the facility (R1-R45). Staff list provided on 3/4/2025, identifies E9 and E10 (Direct Support Personnel/DSP) as	Z9999		

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Z9999	Continued From page 2 employees of the facility. Staff list documents E9's date of hire as 1/7/2025. E10's date of hire as 1/8/2025. Facility unable to provide evidence of background check completion prior to hire date with Health Care Worker Registry, Illinois Sex Offender Registry, Illinois Department of Corrections Sex Offender Search/Inmate Search/Wanted Fugitives Search, and the Health and Human Services Office of Inspector General for E9 and E10. On 3/4/2025 at 2:42 PM, E3 (Administrative Assistant) stated E9/E10's background checks should have been done prior to starting work at the facility. "C" Statement of Licensure Violations 3 of 6: 350.1086b) Section 350.1086 Unnecessary, Psychotropic, and Antipsychotic Drugs b) Psychotropic medication shall not be prescribed without the informed consent of the resident, the resident's guardian, or other authorized representative. (Section 2-106.1(b) of the Act) Additional informed consent is not required for reductions in dosage level or deletion of a specific medication. The informed consent may provide for a medication administration program of sequentially increased doses or a combination of medications to establish the lowest effective dose that will achieve the desired therapeutic outcome. Side effects of the medications shall be described.	Z9999		

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Z9999	Continued From page 3 These requirements were not met as evidence by: Based on record review and interview, the facility failed to ensure current guardian consent for two of four individuals in the sample of four, (R3, R4) who is prescribed behavior modifying medications. Findings include: R3's Physician Order Sheet (POS) dated 3/1-3/31/25, documents R3 functions in the Moderate Range of Intellectual Disabilities with additional diagnoses of Anxiety, victim of sexual abuse and obesity. R3 currently takes Seroquel 25 milligram (mg) at 7:00 AM and Seroquel 50 mg at 7:00 PM, for anxiety. R3 takes Zoloft 50 mg at 7:00 PM for anxiety. R4's POS dated 3/1/2025-3/31/2025, documents R4 has diagnosis of bipolar disorder, anxiety, and attention deficit/hyperactivity disorder. R4's POS documents R4 is to receive Lithium carb 300 mg every morning, sertraline 100 mg every day, Lithium carb 600 mg at bedtime, olanzapine 15mg at bedtime, alprazolam 1 mg three times a day, and buspirone 20mg three times a day. R4's Medication Administration Record (MAR), dated 3/1/2025-3/31/2025, indicates R4 received Lithium carb 300 mg every morning, sertraline 100 mg every day, Lithium carb 600 mg at bedtime, olanzapine 15 mg at bedtime, alprazolam 1 mg three times a day, and buspirone 20 mg three times a day from 3/1-3/5/2025. The facility was unable to provide a signed guardian consent for R3 and R4's behavior	Z9999		

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Z9999	Continued From page 4 modifying medications. On 3/4/2025 at 2:38 PM E3/Administrative Assistant stated R4's mother is out of the country, and they do not have written consent for R4's behavior modifying medications. On 3/5/25 at 3:50 PM. E2/Administrator/Director of Nursing/DON was asked for R3's consents for the Seroquel and Zoloft. E2 stated, "We got the initial verbal consent on 10/26/25, but we do not have any written consents for R3's behavior medications." "C" Statement of Licensure Violations 4 of 6: 350.1210b)5) Section 350.1210 Health Services b) The facility shall provide all services necessary to maintain each resident in good physical health. These services include, but are not limited to, the following: 5) Other professional consulting services as identified in the comprehensive functional assessment including, but not limited to, psychiatry, gynecology, and other services as specified in the individual program plan. These requirements were not met as evidence by: Based on record review and interview, the facility failed to obtain a gynecological exam for two of four individuals in the sample of four, (R3, R4) who required cervical cancer screening.	Z9999		

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Z9999	Continued From page 5 Findings include: Facility roster provided 3/4/2025, identifies R3, R4 reside at the facility, and documents R4's date of birth as 3/27/1982, and R3's date of birth as 4/22/2001. The facility was unable to provide documentation for R3, R4 the gynecological exam was completed. On 3/6/25 at 1:30 PM, E1/Executive Director was asked if R3 had a gynecological evaluation? E1 stated, "R3 has not had a gynecological examination as they have had a time getting guardians switched over to get consents." On 3/6/2025 at 3:22 PM, E4/Assistant Director of Nursing confirmed R4 had not had a gynecological exam completed. "B" Statement of Licensure Violations 5 of 6: 350.1240a) 350.1240b)3) Section 350.1240 Dental Services a) There shall be comprehensive diagnostic services for all residents which include a complete extra and intra oral examination utilizing all diagnostic aides necessary to properly evaluate the resident's oral condition, within a period of one month following admission unless such an examination was done within six months of admission, and the results are received and reviewed by the facility and are entered in the resident's record.	Z9999		

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Z9999	Continued From page 6 b) There shall be comprehensive treatment services for all residents which include, but are not limited to, the following: 3) A recall system that will assure that each resident is reexamined at specified intervals in accordance with his needs, but at least annually. These requirements were not met as evidence by: Based on record review and interview, the facility failed to ensure dental exam results are received and reviewed by the facility and entered into the resident records for four of four individuals in the sample (R1-R4). Findings include: Facility Roster (provided 3/4/25), indicates R1-R4 reside at the facility. R3's admit date was 10/25/2024. R4's admit date was 10/21/2024. 1) R1's most recent dental exam report is dated 11-22-2023. 2) R2's most recent dental exam report is dated 9-20-2023. Facility could not provide evidence of a more current dental examination for R1 and R2. Facility could not provide evidence of a dental exam within one month of admission for R3 and R4. On 3/6/25 at 4:00 PM, E2/Administrator/Director of Nursing/DON was asked for the dental consults for R1-R4. E2 stated, "They have gone to the dentist, but we cannot get the records right now and they did not give us the consults at the visit."	Z9999		

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Z9999	Continued From page 7 "C" Statement of Licensure Violations 6 of 6: 350.2010a)1) 350.2020a)3) 350.3210d) Section 350.2010 Maintenance a) Every facility shall have an effective written plan for maintenance, including sufficient staff, appropriate equipment, and adequate supplies. Each facility shall: 1) Maintain the building in good repair safe and free of the following: cracks in floors, walls, or ceilings; peeling wallpaper or paint; warped or loose boards; warped, broken, loose, or cracked floor covering, such as tile or linoleum; loose handrails or railings; loose or broken window panes; and any other similar hazards. Section 350.2020 Housekeeping a) Every facility shall have an effective plan for housekeeping including sufficient staff, appropriate equipment, and adequate supplies. Each facility shall: 3) Control odors within the housekeeping staff's areas of responsibility by effective cleaning procedures and by the proper use of ventilation systems. Deodorants shall not be used to cover up persistent odors caused by unsanitary conditions or poor housekeeping practices. Section 350.3210 General d) The facility shall provide adequate storage space for the personal property of the resident.	Z9999		

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Z9999	Continued From page 8 These requirements were not met as evidence by: Based on observation, record review and interview, the facility failed to ensure: 1. Furnishings are maintained to appropriate function and working order impacting two of four individuals in the sample R1, R3 and four individuals outside the sample, R7, R14, R15, R18. 2. Bathrooms are free from urine odor impacting one of one individual in the sample, R1 and two individuals outside the sample, R7, R15. 3. Adequate storage for personal grooming equipment impacting two individuals outside the sample, R41 and R43. Findings include: Resident roster dated 3-4-25, documents R1, R3, R7, R14, R15, R18, R41 and R43 reside in the facility. Maintenance policy of 7-19-07, includes the facility will be kept in good repair, safe and free of the following: cracks in floors, walls, warped or loose boards, warped, broken, lose or cracked floor covering such as tile or linoleum. The facility will maintain all electrical and mechanical systems in functioning condition to include regular inspections of these systems. Housekeeping policy of 7-19-07, includes control of odors will be within the housekeeping staff's responsibility by effective cleaning procedures and through proper ventilation systems. 1. On 3-4-25 at 2:43 PM, in R1's bathroom: Tile is missing on the left side of the toilet near the	Z9999		

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Z9999	Continued From page 9	Z9999		

baseboard. The toilet has brown debris around the base of the toilet where it meets the floor. The floor has yellow stains leading from the toilet along the left side of the wall when facing the toilet. In the corner of the bathroom on the floor on the side of the door where the door hinges are located, there is a large light brown circular discoloration with a piece of the flooring missing.

On 3-5-25 at 4:00 PM, in R1's bathroom: Tile is missing on the left side of the wall behind the toilet near the baseboard. The toilet has a brown debris around the base of the toilet where it meets the floor. In the corner of the bathroom on the floor where the door hinges are located, there is a large light brown circular discoloration with a piece of the flooring missing.

On 3-5-25 at 4:16 PM, in R7 and R15's shared bathroom: The light fixture above the sink has two light bulbs behind a light cover with one of the light bulbs burned out. The baseboard near the floor to the right of the sink is peeling back from the wall. On the left side of the toilet near the baseboard, tile is peeling back from the wall. Tile is missing above the toilet on the left side on the wall as well as behind the toilet on the right side near the baseboard.

On 3-5-25 at 4:22 PM, in R3, R14 and R18's shared bathroom: An approximate 12-inch by 12-inch square piece of tile is missing when standing in front of the sink.

On 3-6-25 between 2:47-2:51 PM, with E5/Maintenance Director: Completed a walk-through in R1's bathroom and the shared bathrooms of R7, R15 and R3, R14, R18. In each of the rooms, E5's attention was brought to the items observed on 3-4-25 and 3-5-25. E5

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confirmed being aware of repairs needed in R1's bathroom and stated, "I did put some foam in the missing tile area behind the toilet, but for the rest, we're gonna have to do some remodel." E5 stated the brown debris located around R1, R7 and R15's toilet, "Could use a good cleaning." E5 denied having knowledge of repairs needed in R3, R7, R14, R15 and R18's bathrooms. E5 stated a walk-through is completed of the facility to see what repairs may be needed and stated, "But I don't go in every room."

2. On 3-4-25 at 2:43 PM, in R1's bedroom and bathroom: The room has a slight urine odor.

On 3-5-25 at 4:00 PM, in R1's bedroom and bathroom: The room has a slight urine odor.

On 3-5-25 at 4:16 PM, in R7 and R15's shared bathroom: The room has a slight urine odor.

3. On 3-5-25 at 4:11 PM, in B-wing bathroom: a plastic box without a lid, contains numerous pieces of hair clippers with large amount of hair within the box. There are two unlabeled hair clippers in the box that are whole.

On 3-5-25 at 4:11 PM, E12/Direct Support Person (DSP) stated the two whole unlabeled clippers in the plastic box belong to R41 and R43. E12 confirmed R41 and R43 use the clippers located in the box that are mixed in with pieces of clippers E12 stated are no longer in use. E12's attention was brought to the large amounts of hair in the box. E12 stated not knowing whether the hair belonged to R41 or R43. E12 confirmed R41 and R43 should have their own box to store their grooming items.

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Z9999	Continued From page 11 "C"	Z9999		