		AND HUMAN SERVICES & MEDICAID SERVICES				FORM	02/26/2008 APPROVED 0938-0391
	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) M A. BU		IPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
		14G039	B. WI	NG _			
NAME OF P	ROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZIP CODE			
BROTHE	R JAMES COURT				2500 ST. JAMES ROAD SPRINGFIELD, IL 62707		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREF TAG		PROVIDER'S PLAN OF CORRECT (EACH CORRECTIVE ACTION SHOL CROSS-REFERENCED TO THE APPR DEFICIENCY)	JLD BE	(X5) COMPLETION DATE
W 340 W9999	stated "Oh, Ok, we'll get it out here". E7 then assisted R10 to another restroom directly outside of the dining room.		W : W9	340 999			
	LICENSURE VIOLA	ATIONS					
	350.620a) 350.1060a) 350.1060b)1)2) 350.1060e) 350.1060h) 350.3240a) 350.3240f)						
	a) The facility shall procedures governi the facility which sh involvement of the a shall be available to public. These writte	esident Care Policies have written policies and ng all services provided by all be formulated with the administrator. The policies o the staff, residents and the in policies shall be followed in y and shall be reviewed at					
	Services a) The facility shall habilitation services sensorimotor, and e resident in the facili b) Each resident sh which shall: 1) Be based upon the and valid instrument available. 2) Provide the basis	all have individual evaluations he use of empirically reliable ts whenever such tools are					

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		I AND HUMAN SERVICES				FORM	: 02/26/2008 APPROVED . 0938-0391
	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) M A. BU		TIPLE CONSTRUCTION	(X3) DATE S COMPLE	ETED
		14G039	B. WI	NG _			C <b>3/2007</b>
NAME OF P	ROVIDER OR SUPPLIER				REET ADDRESS, CITY, STATE, ZIP CODE		
BROTHE	R JAMES COURT				2500 ST. JAMES ROAD SPRINGFIELD, IL 62707		
(X4) ID PREFIX TAG	(EACH DEFICIENC)	TEMENT OF DEFICIENCIES / MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREF TAC		PROVIDER'S PLAN OF CORRE (EACH CORRECTIVE ACTION SH CROSS-REFERENCED TO THE API DEFICIENCY)	IOULD BE	(X5) COMPLETION DATE
W9999	program that mana be developed and i aggressive or self-a properly trained and available to adminis h) There shall be a appropriately qualif personnel, and neo carry out the trainin Supervision of deliv services shall be the who is a Qualified M Professional. Section 350.3240 A a) An owner, licens or agent of a facility resident. f) Resident as perp investigation of a re- resident indicates, that another resident is the perpetrator o condition shall be in determine the most placement for the re- of that resident as w residents and empl These Regulations the following: Based on interview 1) Neglected to rea	effective and individualized ges residents' behaviors shall mplemented for residents with abusive behavior. Adequate, d supervised staff shall be ster these programs. available sufficient, ied training and habilitation essary supporting staff, to g and habilitation program. very of training and habilitation e responsibility of a person Mental Retardation	W9	999			

		AND HUMAN SERVICES				FORM	02/26/2008 APPROVED 0938-0391
	FOF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) M A. BU		TIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
		14G039	B. WI	NG			C <b>3/2007</b>
NAME OF P	ROVIDER OR SUPPLIER		•		TREET ADDRESS, CITY, STATE, ZIP CODE		
BROTHE	R JAMES COURT				2500 ST. JAMES ROAD SPRINGFIELD, IL 62707		
(X4) ID PREFIX TAG	(EACH DEFICIENC)	TEMENT OF DEFICIENCIES / MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREF TAG		PROVIDER'S PLAN OF CORRECT (EACH CORRECTIVE ACTION SHOL CROSS-REFERENCED TO THE APPR DEFICIENCY)	JLD BE	(X5) COMPLETION DATE
W9999		ige 36 between R2 and R3.	W99	999	9		
	procedure on "Abus which states, "Crite whether abuse or n but are not limited t abuse or neglect, s which may include, sexual penetration 3) Neglected to im procedure on "Abus which states "(The evidence that all all neglect are thoroug prevent further pote investigation is in p 4) Neglected to im procedure on "Abus	plement the facility policy and se And Neglect" section 33 vailable relevant witnesses					
	Findings Include:						
	states the following walked in the North writer saw resident the handicap railing resident (R3) was s pants down moving Writer asked the gu face + the other res started to yell." The continues, "Writer w restroom. I then no	Incident Report" of 3/25/07 At 8:05pm., the "writer restroom in the Atrium when (R2) bent over holding onto g with his pants down and standing behind him with his g in a back + forth motion. Lys to stop, (R2) fell on his sident (R3) turned around and e incident report narrative waited until both men left the otified both supervisors on ied and resident (R2) was					

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		AND HUMAN SERVICES				FORM	02/26/2008 APPROVED 0938-0391
	OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) M A. BU		TIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED C	
		14G039	B. WII	NG			3/2007
NAME OF P	ROVIDER OR SUPPLIER				TREET ADDRESS, CITY, STATE, ZIP CODE		
BROTHE	R JAMES COURT				2500 ST. JAMES ROAD SPRINGFIELD, IL 62707		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES / MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREF TAG		PROVIDER'S PLAN OF CORRECT (EACH CORRECTIVE ACTION SHOL CROSS-REFERENCED TO THE APPRO DEFICIENCY)	ILD BE	(X5) COMPLETION DATE
W9999	Continued From pa	-	W9	99	9		
	The description of t the nurse is include It states, "Anal area bruising. Resident asked if other resid 'no.' Kept saying 'l' would not look @ w down." Per written stateme 4/4/07 by E8 (direct incident), R3 was b a back and forth mo slight moaning sour The facility policy a Neglect," section 9 determining whether suspected include, Direct observation ( (2) Sexual abuse, 5	he physical examination by ed on the incident report form. a red without open areas, (R2) stated 'it hurt.' Writer ent got inside him, he stated m sorry, I'm sorry.' Resident vriter eye to eye, held head ent provided to the surveyor on t care who witnessed the ehind R2 "moving very fast in otion. I heard (R2) making a					
	Neglect," under "Inv Neglect" section 30 and will have evide of abuse and negle and must prevent fut the investigation is states, "All available interviewed if possi R3, per current Indi (IHP) of 1/27/07, is	nd procedure on "Abuse and vestigation of Abuse and states, "(The facility) must nce that all alleged incidents ct are thoroughly investigated, urther potential abuse while in progress." Section 33 e relevant witnesses shall be ble." vidualized Habilitation Plan a 47 year old male who d range of Mental Retardation.					

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CENTER	<u>RS FOR MEDICARE</u>	& MEDICAID SERVICES				OMB NO.	0938-0391	
-	OF DEFICIENCIES F CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	` ´	(X2) MULTIPLE CONSTRUCTION A. BUILDING			(X3) DATE SURVEY COMPLETED	
			B. WIN			(	2	
		14G039	D. WI	.0 _		04/13	3/2007	
NAME OF P	ROVIDER OR SUPPLIER				REET ADDRESS, CITY, STATE, ZIP CODE			
BROTHE	R JAMES COURT				2500 ST. JAMES ROAD SPRINGFIELD, IL 62707			
	SUMMARY STA	TEMENT OF DEFICIENCIES	ID		PROVIDER'S PLAN OF CORRECT		(X5)	
(X4) ID PREFIX TAG	(EACH DEFICIENC)	Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	PREF TAG		(EACH CORRECTIVE ACTION SHOU CROSS-REFERENCED TO THE APPR DEFICIENCY)	JLD BE	COMPLETION DATE	
W9999	Continued From pa	ige 38	W99	999				
	Under the diagnosis section it states that R3 is diagnosed with Impulse Control Disorder and a history of sexual aggression.							
	"needs to be monitude behavior. He has a He kicks furniture whas a history of tou and breast which is continues, R3 "bull and staff. He can be	or" section, the IHP states, R3 ored for his aggressive several maladaptive behaviors. when agitated or angry. (R3) ching others on the shoulders currently not a problem." It ies and threatens his peers become physically abusive if moved from the situation."						
	3/28/07 lists Diagno Retardation, Obses Secondary Depress Impairment. The as, Physical Abuse Kicking, Swearing he will hurt others,	ior Intervention Plan of oses of Mild Mental sive Compulsive Disorder, sion, and Organic Brain Maladaptive Behavior is listed - Hitting , Slapping, or - Cursing, Threats - Saying and Inappropriate Touching - eers, R3 may shake hands						
	completed by Z1, S Recommendations behaviors and ensu potential sexual ag assessment of 8/2/ "currently has no re issues of inappropr Under general com "Psychiatrically, he to his impulse contrivery severe. He has His QMRP believes	: "1. Continue to monitor ure safety of others from gression." Psychiatric 06 completed by Z1 states R3 eported problems. He had two iate touching of other people."						

DEPARTMENT OF HEALTH AND HUMAN SERVICES

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PRINTED: 02/26/2008 FORM APPROVED

		HAND HUMAN SERVICES E & MEDICAID SERVICES				FORM	APPROVED
	F OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) M A. BU		TIPLE CONSTRUCTION	OMB NO. 0938 (X3) DATE SURVEY COMPLETED C 04/13/200	TED
		14G039	B. WI	NG _			
					TREET ADDRESS, CITY, STATE, ZIP CODE 2500 ST. JAMES ROAD		
BROTHE	R JAMES COURT				SPRINGFIELD, IL 62707		
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREF TAG	IX	PROVIDER'S PLAN OF CORREC (EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APPR DEFICIENCY)	JLD BE	(X5) COMPLETION DATE
W9999	Continued From pa	age 39	W99	999	9	FORM APP OMB NO. 093 (X3) DATE SURVE COMPLETED C 04/13/20	
	by Z1, states R3 "h the past 12 months whatsoever." It cor have abated." Und to decrease Zyprex closely for behavior exacerbation, sexu E9 was interviewed verified that the red Zyprexa had gone Z1 (Psychiatric Cor 4/04/07 at 12:20pr was used for "impu issues." Z1 stated there was nothing t Z1 stated that R3 h Z1 stated that R3 e Z1 stated that R3 e Z1 stated that R3's well controlled, that made to taper the r	as been completely stable for as been completely stable for a without any problems ntinues, "Sexual ideations der recommendations it states ka to 5 mg daily and "Monitor ral problems, psychiatric ral aggression." d on 4/3/07 at 3:50pm. E9 commendation to decrease the into effect on 3/09/07. Insultant) was interviewed on n. Z1 stated that the Zyprexa ilse control not at all for sexual that according to the data to suggest sexual aggression. mas "No real sexual pathology." exhibits normal sexual urges. Impulse Control Disorder was t is why the decision was medication. Z1 felt that this aggressive act, it was an					
	3:10pm. When ask R3 was currently of on same room support monitored in the att safeguards had be sexual aggression consent, E1 stated history of forcing hi behavior is consen about R3's diagnos	was interviewed on 4/3/07 at ked what level of supervision n, E1 stated that R3 was not ervision, but that he was rium area. When asked what en put in place to prevent against those unable to that R3 does not have a imself on others, that the sual. When asked specifically sis of history of sexual ted that R3 engages in					

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CENTE	RS FOR MEDICARE	E & MEDICAID SERVICES				OMB NO	. 0938-
-	FOF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) N A. BUI		IPLE CONSTRUCTION	(X3) DATE SU COMPLE	
		14G039	B. WI	NG			C I <b>3/2007</b>
	ROVIDER OR SUPPLIER			2	REET ADDRESS, CITY, STATE, ZIP CODE 2500 ST. JAMES ROAD SPRINGFIELD, IL 62707		
(X4) ID PREFIX TAG	PRÉFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL TAG REGULATORY OR LSC IDENTIFYING INFORMATION)			IX i	PROVIDER'S PLAN OF CORRE (EACH CORRECTIVE ACTION SH CROSS-REFERENCED TO THE APF DEFICIENCY)	OULD BE	(X COMPL DA
W9999	functioning individu an incident of touc functioning individu E1 was interviewed stated that there has change was put in supposed to be in Revision/Input Forn "Hold an IDT meet aggression, (R3) w to (R3) about stayi be in the atrium wit on one-on-one sup staff about monitor R3's behavior plan "Supervision Level Movement supervi and the outside gro accompanied by st person. (R3) is en to stay near Wing a he is going if he is	n and doesn't do it with low uals, that there has never been hing with anyone but higher	W9	999			

E1 stated that when it was discovered that R2 did not have a guardian, the sexual incident was determined to be consensual and they didn't need to restrict R3. R2, per current Individualized Habilitation Plan

(IHP) of 10/26/06, is a 50 year old male who functions in the severe range of mental retardation. R2's Psychological Report of 3/17/04 states that he has Downs Syndrome. The Psychological Report states that on 3/17/04,

FORM CMS-2567(02-99) Previous Versions Obsolete

is present."

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PRINTED: 02/26/2008 FORM APPROVED NO. 0938-0391

(X5) COMPLETION DATE

## DEPARTMENT OF HEALTH AND HUMAN SERVICES

Event ID: SHFM11

CENTER	RS FOR MEDICARE	AND HUMAN SERVICES					FORM OMB NO.	02/26/2008 APPROVED 0938-0391
	OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) N A. BU			LE CONSTRUCTION	(X3) DATE SU COMPLE	
		14G039	B. WI	NG	;			3/2007
	ROVIDER OR SUPPLIER			S	250	ET ADDRESS, CITY, STATE, ZIP CODE 00 ST. JAMES ROAD RINGFIELD, IL 62707		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES / MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREF TAC	=IX		PROVIDER'S PLAN OF CORREC (EACH CORRECTIVE ACTION SHOI CROSS-REFERENCED TO THE APPR DEFICIENCY)	JLD BE	(X5) COMPLETION DATE
W9999	R2 scored an IQ of found in 2001. The continues that, "Bot adaptive behavior s decline. His compo- years and 5 months months." Under Re is important to atter skills that he still ha the decline in intelli R2's current IHP st adaptive behavior a scored 4 years and titled "Communicat" simple spoken dired and asks simple qu R2 is his own guard to whether the Inter this is appropriate. Per R2's most rece assessment, R2 is items he can buy in of money, give exac something that cos an unfenced yard for wandering away. F can identify some of tell the value of tho identify bills. On 4/3/07 at 2:20pt Interdisciplinary Te- guardianship status a document titled "/ Surrogate Physicia dated 11/14/06 and	ge 41 22 compared with an IQ of 28 e Psychological Report th measured intelligence and show some further slight osite age score in 2001 was 6 s and is now 5 years and 3 ecommendations it states, "It npt to help him maintain those is while he appears to be on gence and adaptive behavior." ates that on his most recent assessment of 10/20/06, R2 9 months. Under the section ion" it states that R2 follows ctions, names familiar objects estions." The IHP states that dian. There is no indication as rdisciplinary Team (IDT) feels ent adaptive behavior unable to judge how many a store with a given amount ct amount of money to buy t less than a dollar, or stay in or 10 minutes without R2's current IHP states that he coins though he is unable to se coins, he is unable to se coins, he is unable to se a sappropriate. E1 provided Appointment of Health Care in Certificate." The form is I states, "After personally o is a resident at (the facility),	W9	999	99			

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		AND HUMAN SERVICES				FORM	: 02/26/2008 APPROVED . 0938-0391
	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) M A. BU		TIPLE CONSTRUCTION	(X3) DATE S COMPLI	ETED
		14G039	B. WI	NG .			C <b>3/2007</b>
NAME OF P	ROVIDER OR SUPPLIER				TREET ADDRESS, CITY, STATE, ZIP CODE		
BROTHE	R JAMES COURT				2500 ST. JAMES ROAD SPRINGFIELD, IL 62707		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREF TAG	ĪΧ	PROVIDER'S PLAN OF CORRE (EACH CORRECTIVE ACTION SH CROSS-REFERENCED TO THE APF DEFICIENCY)	OULD BE	(X5) COMPLETION DATE
W9999		-	W9	999	9		
	medical certainty the capacity to make the cause, nature of the surmised as follows states he has an IC years 4 months. The his residential facility making capacity is was never signed. E1 stated that IDT If guardianship but has Per the facility policy and Neglect," criter whether abuse or in direct observation of sexual abuse, which limited to any sexual conduct. The facility policy a Neglect", under "Inv						
	evidence that all all neglect are thoroug prevent further pote investigation is in p E1 was asked on 4 had done an invest between R3 and R2 thorough investigat consensual." Durin 11:30am., E1 state facility took safegua	leged incidents of abuse and ghly investigated, and must ential abuse while the progress. /4/07 at 2:10pm., if the facility igation into the sexual contact 2. E1 stated, "We didn't do a					

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		AND HUMAN SERVICES				FORM	02/26/2008 APPROVED 0938-0391
	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) N A. BU		TIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
		14G039	B. WI	NG _		C 04/13/2007	
	ROVIDER OR SUPPLIER			:	TREET ADDRESS, CITY, STATE, ZIP CODE 2500 ST. JAMES ROAD SPRINGFIELD, IL 62707	-	
(X4) ID PREFIX TAG	(EACH DEFICIENC)	TEMENT OF DEFICIENCIES / MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREF TAC	ΞIX	PROVIDER'S PLAN OF CORREC (EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APPP DEFICIENCY)	ULD BE	(X5) COMPLETION DATE
W9999	was interviewed bu guardian we didn't R2 was his own gu choices. The facility policy a Neglect" under "Inv Neglect" states that	inge 43 Avestigation. E1 stated that R3 it since R2 was his own interview him. E1 stated that ardian and made his own and procedure on "Abuse and restigation of Abuse and t all available relevant interviewed if possible. (A)	W9	995	9		

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