		I AND HUMAN SERVICES  8 MEDICAID SERVICES					M APPROVED 0. 0938-0391		
STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION  A. BUILDING  B. WING			(X3) DATE SURVEY COMPLETED C 09/04/2007			
		14G309							
NAME OF PROVIDER OR SUPPLIER				SI	TREET ADDRESS, CITY, STATE, ZIP CODE				
DEARBORN COURT				520 SOUTH DEARBORN STREET KANKAKEE, IL 60901					
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)		ID PREF TAC	ĪΧ	PROVIDER'S PLAN OF CORRECT (EACH CORRECTIVE ACTION SHOU CROSS-REFERENCED TO THE APPR DEFICIENCY)	JLD BE	(X5) COMPLETION DATE		
W 331	Continued From pa	ge 19	W	331	1				
W9999	-assessment. FINAL OBSERVATIONS		W9	999	9		·		
	LICENSURE VIOLA	ATIONS							
	350.620a) 350.3240a) 350.3240e)								
	a) The facility shall I procedures governing facility which shall be involvement of the a shall be available to public. These written	esident Care Policies have written policies and ng all services provided by the ne formulated with the administrator. The policies the staff, residents and the n policies shall be followed in and shall be reviewed at	•						
	agent of a facility she resident. e) Employee as per investigation of a refresident indicates, but that an employee of perpetrator of the attemediately be barrowith residents of the of any further invest disciplinary action as These Requirement by:  Based on interview as	petrator of abuse. When an port of suspected abuse of a lased upon credible evidence, a long-term care facility is the buse, that employee shall led from any further contact of facility, pending the outcome ligation, prosecution or gainst the employee.  Is were not met as evidenced and record review, the facility							
!	failed to implement t	their policy to prevent abuse ensure 1 of 1 clients (R1) was							

DEPARTMENT OF HEALTH AND HUMAN SERVICES

PRINTED: 09/28/2007

1		H AND HUMAN SERVICES E & MEDICAID SERVICES				PRINTED: 09/28/2007 FORM APPROVED OMB NO. 0938-0391		
STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X1) PROVIDER/SUPPLIER/CLIA	[ ' '	MULTIPL	PLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED		
		14G309	B. WI	NG		09/	C <b>/04/2007</b>	
	NAME OF PROVIDER OR SUPPLIER				EET ADDRESS, CITY, STATE, ZIP CODE 0 SOUTH DEARBORN STREET	<del></del>	<u> </u>	
DEAKEC	ORN COURT	·			ANKAKEE, IL 60901			
(X4) ID PREFIX TAG	(EACH DEFICIENCY	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)		ix F	PROVIDER'S PLAN OF CORREC (EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APPR DEFICIENCY)	IVE ACTION SHOULD BE COMPLETION ED TO THE APPROPRIATE DATE		
W9999	Continued From page 20 free from verbal and physical abuse on 8/15/07			999				
	Retardation, Anxiet Affective Disorder. R1, observed and in is ambulatory and v	ner face sheet, is a 64 year old inoses include Mild Mental ty Disorder and Bipolar interviewed 8/17/07 at 12 noon, verbal. R1's 5/5/06 IPP			•			
	record were reviewed psychological evalual obtained an IQ score adaptive score of 6	n Plan) and entire clinical red. According to R1's uation, dated 2/2/06, R1 re of 55. R1 obtained an syears 8 months on an assessment 4/8/06. R1's sister lardian.		THE COLUMN TWO IS NOT				
	2:10pm. E2 was as specifically related the E5 and E6 (both direct stated R1 has a hist However, this has a dmission to the facknows what the truth what R1 has said (related to the fact stated to the fact	was interviewed 8/28/07 at sked if R1 is reliable, to her 8/16/07 allegation that rect care) abused her. E2 story of concocting stories. not occurred since her cility (3/26/07). E2 stated R1 th is. E2 stated she believes regarding her allegation that lly abused her on 8/15/07).						

That's when the teasing started.

On 8/17/07 at 12 noon, R1 was interviewed at her day training program. R1 immediately stated to surveyor, "Had an incident happen to me Wednesday night, August 15th (2007)." In summary R1 recounted the following: After my bath - I got in my pajamas and went to the living room to watch TV. I got tired - I went to my room.

DEPARTMENT OF HEALTH AND HUMAN SERVICES CENTERS FOR MEDICARE & MEDICAID SERVICES							FORM	0: 09/28/2007 MAPPROVED
TATEMENT OF DEFICIENCIES ND PLAN OF CORRECTION  (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  14G309		(X1) PROVIDER/SUPPLIER/CLIA	(X2) M A. BU			E CONSTRUCTION	OMB NO. 0938-0391 (X3) DATE SURVEY COMPLETED	
		B. WI	NG .			C 09/04/2007		
NAME OF PROVIDER OR SUPPLIER  DEARBORN COURT					520	T ADDRESS, CITY, STATE, ZIP CODE SOUTH DEARBORN STREET	<u> </u>	
				L	KAN	NKAKEE, IL 60901		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES  MUST BE PRECEDED BY FULL  SC IDENTIFYING INFORMATION)	ID PREF TAG	IX		PROVIDER'S PLAN OF CORRECTIVE ACTION SHOTH CORRECTIVE ACTION SHOTH CORREST TO THE APPROPRIED TO THE AP	ULD BE	(X5) COMPLETION DATE
W9999	Continued From pa	ge 21	W9	999	9			
	her guardians. R1 sister is her guardia her sister moved. Fand went to the livir to her, "Why are you"Let's go after her." with plastic hangers stated R4 (female phanger.  R1 stated E5 and Edining room chair at roommates gait bether in the chair to the she was able to mo saw that R1 was loot the belt - she broke of me - punched me	5 and E6), told her they were stated she told E5 and E6 her in. E5 and E6 then told her R1 stated she left her bedrooming room to watch TV. E5 said u out here?" E5 stated to E6, "They (E5 and E6) hit mester a hard - on my butt." R1 beer) also hit her with a 6 then put her in a wooden and tied her up with her in the E5 and E6 then dragged be laundry room. R1 stated we her feet and get loose. E6 bese and stated, "She's out of loose." E5 then, "Got on top in the stomach, grabbed my with both hands and head."						
		ruises on my butt, breast, thigh and under my left arm." rt me real bad."						
	and E6) were going my pay check." "Th	nto her closet and stated (E5 to steal all her stuff. "E5 took ey were going to throw my bage. They teased me about the bank."						
	I'il take this mop stic with it." R1 stated, " leave me alone." R	If you don't shut your mouth it and hit you over the head it said in a nice way, please 1 stated she did not see E5 e else at her residence.			The second secon			

## PRINTED: 09/28/2007 DEPARTMENT OF HEALTH AND HUMAN SERVICES FORM APPROVED CENTERS FOR MEDICARE & MEDICAID SERVICES OMB NO. 0938-0391 STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION IDENTIFICATION NUMBER: COMPLETED A. BUILDING C B. WING 14G309 09/04/2007 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE **520 SOUTH DEARBORN STREET DEARBORN COURT** KANKAKEE, IL 60901 SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION ID (X4) ID (X5) (EACH DEFICIENCY MUST BE PRECEDED BY FULL COMPLETION **PREFIX** (EACH CORRECTIVE ACTION SHOULD BE PREFIX REGULATORY OR LSC IDENTIFYING INFORMATION) CROSS-REFERENCED TO THE APPROPRIATE DATE TAG TAG DEFICIENCY) W9999 Continued From page 22 W9999 R1 also made the following statements: "They (E5 and E6) really beated me good - I don't think that's right to do that." "When I went home yesterday (8/16/07), I could hardly talk to (staff), I was stuttering." "I'm glad I won't see the 2 staff (E5 and E6) that beat on me - so they can't tease me and fight with "I'm glad my name is on the list to go. I need to get out of there after what happened there." The facility provided documentation that R1 was interviewed by E8 (nurse) 8/16/07 at 2:55pm. R1, in essence, gave the same information to E8 that she gave to surveyor. R1 did however state, "I heard (E5 and E6) saying bad things about me in the living room - saying I was a devil, a bitch, a bastard, a demon, saying that no one likes me, that I like girls." R2, per review of her face sheet, is a 40 year old female whose diagnoses include Moderate Mental Retardation and Cerebral Palsy with Hydrocephalus. R2, observed and interviewed 8/21/07 at 3:30pm, is non-ambulatory and mobile via wheelchair. R2 is verbal. R2's adaptive behavior assessment was reviewed. R2 obtained a score of 6 years 6 months on the assessment. Per R2's 4/26/07 IPP (Individual Program Plan), "Communicates well" was identified as a strength.

reliable."

E2 (Administrator) was interviewed 8/28/07 at 2:10pm. E2 was asked if R2 was reliable as a witness (to abuse). E2 stated R2 is "very

On 8/21/07 at 3:30pm R2 was interviewed in her bedroom of her residence. R2 verified that R1 is her roommate. R2 was asked if she witnessed

## DEPARTMENT OF HEALTH AND HUMAN SERVICES CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 09/28/2007 FORM APPROVED OMB NO. 0938-0391

TATEMENT OF DEFICIENCIES (X ND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION  A. BUILDING		(X3) DATE SURVEY COMPLETED	
		14G309	B. Wil		O9/04/2007	
	PROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZIP COD 520 SOUTH DEARBORN STREET KANKAKEE, IL 60901		O-11 20 0 1
(X4) ID PREFIX TAG	(EACH DEFICIENCY	ATEMENT OF DEFICIENCIES  Y MUST BE PRECEDED BY FULL  SC IDENTIFYING INFORMATION)	ID PREF TAG	IX (EACH CORRECTIVE ACTION S	SHOULD BE	(X5) COMPLETION DATE
W9999	any unusual incider summary, R2 stated Wednesday night (& for bed when E5 an E5 and E6 choked I belt and clothes har to a dining room changer out." E5 and E6 her closet and put it stated R4 also hit R E5 and E6 told her dand not to tell (of will R2 was asked if E5 other client at the fathowever E5 and E6 (Tuesday 8/14/07). Talk to the police off to cause any trouble The facility provided interviewed by E8 (rin essence, gave the she gave to surveyor E5 grabbed R1 tryin room. E5 also calle picked up a chair and documented R2 state ready for bed." E8 at (resident - R2) then E2 (Administrator) was investigation, and counterted R1 was abused she firmly believes at the summary of the firmly believes at the summar	ants in the last week. In d the following: On 8/15/07) R1 was getting ready and E6 grabbed her. R2 stated R1, hit her with her (R2's) gait negers, pulled her hair, tied her air (with gait belt) and "cussed 6 also took R1's clothes from them in the garbage. R2 R1 with a hanger. R2 stated (R2) to mind her own business itnessed abuse).  For E6 have ever abused any acility. R2 stated. "No," of did tease R1 the night before R2 added she was afraid to ficer because she "didn't want the - it scared me."  If documentation that R2 was nurse) 8/16/07 at 3:15pm. R2, he same information to E8 that for. R2 did, however, state that and to put her in her (bed) and tried to throw it at R1. E8 thed, "(R1) was just getting also documented "Res started crying."  If was interviewed 8/28/07 at asked E2 about the facility's conclusion of the investigation of the police was waiting for the police.	W9:	999		

## PRINTED: 09/28/2007 DEPARTMENT OF HEALTH AND HUMAN SERVICES FORM APPROVED CENTERS FOR MEDICARE & MEDICAID SERVICES OMB NO. 0938-0391 STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION IDENTIFICATION NUMBER: COMPLETED A. BUILDING B. WING 14G309 09/04/2007 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 520 SOUTH DEARBORN STREET **DEARBORN COURT** KANKAKEE, IL 60901 SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X4) ID (X5) COMPLETION (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX (EACH CORRECTIVE ACTION SHOULD BE PREFIX REGULATORY OR LSC IDENTIFYING INFORMATION) DATE CROSS-REFERENCED TO THE APPROPRIATE TAG TAG DEFICIENCY) W9999 | Continued From page 24 W9999 On 8/23/07 at 8:10am, surveyor interviewed Z1 via phone call. Z1 stated that E5 and E6 were interviewed and subsequently arrested on 8/22/07. E5 and E6 were charged with aggravated battery of a senior citizen and unlawful restraint. Z1 stated E6 admitted that E5 battered R1. On 8/17/07 surveyor requested a copy of the facility's policy as it relates to Abuse and Neglect. E1 (QMRP) provided surveyor a copy of a facility policy last revised 10/04. The policy # is 5.24 and the subject area is "Investigative Committee." E2 was interviewed 8/29/07 at 2:00pm via phone. E2 was asked if the Investigate Committee policy was the facility's policy pertaining to incidents of Abuse and Neglect. E2 stated the facility has other policies related to Abuse and Neglect. however the Investigative Committee policy

references and defines Abuse and Neglect.

"The willful infliction of injury, unreasonable confinement, intimidation, or punishment with resulting harm, pain or mental anguish."

Z2 was interviewed via phone 8/29/07 at approximately 11:00am: Z2 stated "(R1) is very traumatized by this (abuse)." Z2 stated when R1

found out about a potential placement opportunity, R1 began to cry and repeated.

The policy defines Abuse as:

"Thank - you, Thank - you."

(A)