		I AND HUMAN SERVICES				FORM	08/07/2009 APPROVED 0938-0391	
		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) M A. BU		TIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED		
		14G168	B. WI	NG _			C 8/2009	
NAME OF P	ROVIDER OR SUPPLIER				TREET ADDRESS, CITY, STATE, ZIP CODE			
BELLEF	ONTAINE PLACE				98 DEBRA LANE, P.O. BOX 225 WATERLOO, IL 62298			
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES / MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREF TAG		PROVIDER'S PLAN OF CORREC (EACH CORRECTIVE ACTION SHOU CROSS-REFERENCED TO THE APPR DEFICIENCY)	JLD BE	(X5) COMPLETION DATE	
W 149	On 12/30/08, at 4:1 presented a revised stating that this form 12/3/08 accident. The for "All safety belts however, does not that seat belts are we transport and that se protect individuals. FINAL OBSERVAT LICENSURE VIOLA 350.620a) 350.3240a) Section 350.620 Ref a) The facility shall procedures governit the facility which shi involvement of the as shall be available to public. These writte operating the facility least annually. Section 350.3240 A a) An owner, licens or agent of a facility resident. (Section 2 These REGULATIC evidenced by: Based on interview	5 p.m., E1 (Administrator) d "Drivers Inspection Report" n had been revised after the This form has an added check secured". This form, provide a method to ensure working properly prior to seatbelt tension is sufficient to TONS ATIONS esident Care Policies have written policies and ing all services provided by hall be formulated with the administrator. The policies o the staff, residents and the en policies shall be followed in y and shall be reviewed at Abuse and Neglect ee, administrator, employee y shall not abuse or neglect a 2-107 of the Act) DNS were not met as and record review, the facility	W9		9			
	Based on interview	and record review, the facility their system to prevent						

		I AND HUMAN SERVICES				FORM	08/07/2009 APPROVED 0938-0391
STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		(X2) M A. BU		IPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED		
		14G168	B. WI	۱G			C B/2009
NAME OF F	PROVIDER OR SUPPLIER				REET ADDRESS, CITY, STATE, ZIP CODE	•	
BELLEF	ONTAINE PLACE				18 DEBRA LANE, P.O. BOX 225 NATERLOO, IL 62298		
(X4) ID PREFIX TAG	(EACH DEFICIENC)	TEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREF TAG		PROVIDER'S PLAN OF CORREC (EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APPR DEFICIENCY)	JLD BE	(X5) COMPLETION DATE
W9999	neglect for 1 of 1 in injuries received wh agency vehicle with 15 individuals of th The facility failed to 1. Implement their of for neglect when th level of supervision of R1. Facility staff seatbelt was secure transport and that t sufficient to protect braked to avoid a c injuries. R1 expired 2. Ensure a proced securing of seatbel tension prior to tran facility. Findings include: A review of the resid documents that at t were 16 individuals in the profound ran functioning in the ser retardation, and two moderate range of In review of a resid functioned in the m retardation. R1's 1 document that R1 v medical diagnoses Hypertension, Atax	dividuals who expired due to hile being transported in an the potential to affect 15 of e facility (R's 2-16). c bwn policies and procedures e facility failed to provide a to ensure the physical safety failed to ensure that R1's ed at all times while in he tension of the seatbelt was R1. When the agency van ollision, R1 received fatal d on 12/4/08. ure for staff regarding the ts and sufficient seatbelt isporting individuals of the dent roster dated 12/1/08 he time of R1's death there in the facility: one functioning ge of mental retardation, three evere range of mental elve functioning in the mental retardation. ent roster dated 12/1/08, R1 oderate range of mental 1/4/08 physician's orders vas a 79 year old female with of: Hiatal Hernia, Reflux,	W9	999			

Facility ID: IL6010417

If continuation sheet Page 11 of 18

		HAND HUMAN SERVICES E & MEDICAID SERVICES				FORM	08/07/2009 APPROVED 0938-0391
	T OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) M A. BUI		TIPLE CONSTRUCTION	(X3) DATE SU COMPLE	TED
		14G168	B. WIN	NG _			C B /2009
NAME OF P	PROVIDER OR SUPPLIER				TREET ADDRESS, CITY, STATE, ZIP CODE		
BELLEFONTAINE PLACE					98 DEBRA LANE, P.O. BOX 225 WATERLOO, IL 62298		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREF TAG	IX	PROVIDER'S PLAN OF CORRECT (EACH CORRECTIVE ACTION SHOL CROSS-REFERENCED TO THE APPRO DEFICIENCY)	JLD BE	(X5) COMPLETION DATE
W9999	Continued From pa and Osteopenia.	ıge 11	W99	999	9		
	documents R1's ful 51 (Stanford- Binet, her Scales of Indep 8/18/08, R1's overa 6 years/6 months. R1's ISP document language evaluatio speech was intellig program was not re- further documents for mobility and req waking hours. The documents that R1 ranging from 177-1 The cognitive sector R1 had the ability to 10/15/08 Behavior Committee notes d health care power of A 12/3/08 fax from Department states admitted to the hos follow-up note date 12/3/08, at approxim route to a schedule Service Person - D avoid an accident w forward from her set floor and then hittin console." 911 was transported to the h 12/4/08 at 11:05 a.t	Management/Resident Rights locument that R1's sister had of attorney for R1. R1's residential facility to the that on 12/3/08, R1 was spital after a witnessed fall. A ed 12/5/08 states that on mately 10:30 a.m., R1 was in ed appointment. E3 (Direct SP), "took evasive action to with another vehicle. (R1) fell eat, hitting her knees on the og her chest on the center called and R1 was nospital. R1 expired on					

CENTERS FOR MEDICARE & MEDICAID SERVICES			FORM	08/07/2009 APPROVED 0938-0391
AND PLAN OF CORRECTION	(X2) MU A. BUIL		(X3) DATE SURVEY COMPLETED	
14G168 B	B. WIN	G) 01/08	, 3/2009
NAME OF PROVIDER OR SUPPLIER		STREET ADDRESS, CITY, STATE, ZIP CODE		
BELLEFONTAINE PLACE		98 DEBRA LANE, P.O. BOX 225 WATERLOO, IL 62298		
(X4) ID SUMMARY STATEMENT OF DEFICIENCIES PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL F TAG REGULATORY OR LSC IDENTIFYING INFORMATION) F	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECT ((EACH CORRECTIVE ACTION SHOU CROSS-REFERENCED TO THE APPRO DEFICIENCY)	LD BE	(X5) COMPLETION DATE
 W9999 Continued From page 12 was reviewed. Per this report, "driver stated she had to make a sudden stop while pulling out of a parking lot when (R1's) seatbelt gave way and plunged her into the front of the van hitting her head. (R1) stated she was restrained, but felt very loosecomplains of a headachebruising noted to (R) {right} eye." Per review of hospital notes dated 12/3/08 and 12/4/08, the following is documented: R1 was admitted for, "Severe trauma to the chest and neck with internal thoracic hemorrhage and airway tamponade, respiratory failure secondary to thisThe patient had to be intubatedin a motor vehicle accident in which she hit the dashboard with her face, neck and chestas the workup was progressing, she started to get severe stridor and respiratory distressintubated to protect her airway. At first, it was thought that this stridor was caused from swelling and trauma directly to the airwayIt was found that the patient has severe internal bleeding, which is causing tamponade to her airways in the right side of the neck as well as atelectasis and tamponade to the right lung." "Again, this (respiratory failure) is secondary to the bleeding in the chest and the neck from the trauma. Given the severity of this injury I discussed with the familylikely we will wean the patient off the vent (ventilator) and do comfort measures only." A 12/3/08 CT scan of R1's maxillofacial area documents the following: 	W99			

Facility ID: IL6010417

If continuation sheet Page 13 of 18

		I AND HUMAN SERVICES				FORM	08/07/2009 APPROVED 0938-0391
STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:			(X2) N A. BU		TIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
		14G168	B. WI	NG .			C B/2009
NAME OF PROVIDER OR SUPPLIER BELLEFONTAINE PLACE					TREET ADDRESS, CITY, STATE, ZIP CODE 98 DEBRA LANE, P.O. BOX 225		
					WATERLOO, IL 62298		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES / MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREF TAG	ĪΧ	PROVIDER'S PLAN OF CORREC (EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APPR DEFICIENCY)	ULD BE	(X5) COMPLETION DATE
W9999	Continued From pa	ige 13	W9	999	9		
W9999	mouth and anterior prevertebral soft tis abnormalprimary hemorrhageWith accident, hemorrha A 12/3/08 CT scan documents the follo "The epicenter of th of midline with hem trachea anteriorly. effusion with right u lower lobe atelectas A 12/3/08 CT scan following: "There is soft tissue thickening in the ar- subcutaneous hem 12x8 mm. The soft preseptal up over th A 12/3/08 CT of R ⁻ the following: "Large amount of b almost from the lev the way into the che that this is an arteri uncertain." There is a note fror due to the severity	of R1's brain documents the se welling/soft tissue ea of the arytenoids with a atoma right cheek measuring tissue swelling extends right	W9	998	9		
		ded comfort measures only.					

If continuation sheet Page 14 of 18

		I AND HUMAN SERVICES				FORM	08/07/2009 APPROVED 0938-0391
STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		(X2) N A. BU		TIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED		
		14G168	B. WI	NG _			C 8/2009
NAME OF PROVIDER OR SUPPLIER BELLEFONTAINE PLACE			-		TREET ADDRESS, CITY, STATE, ZIP CODE 98 DEBRA LANE, P.O. BOX 225 WATERLOO, IL 62298		
(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 CORRECT (EACH CORRECTIVE ACTION SHOL CROSS-REFERENCED TO THE APPR DEFICIENCY)	JLD BE	(X5) COMPLETION DATE
W9999	Continued From pa	ge 14	W9	999	9		
	Flowsheet" docume administered Morph 19:40 (9:40 p.m.). 11:25 a.m. On 12/30/08, E1 (A surveyor with the fa (Administrator) con p.m.) that E1 was p interview with R2 o interviewed by E4 ((Trainer) on 12/11/0 A 12/3/08 facility G was reviewed. This signed by E3 (DSP 9:35 a.m., R1, R2, a van. R2 was sitting beside R2. R3 was hearing seat belts of front of me braked o signal. I braked to of her seat to her ke hitting head on con	Administrator) and E5 08. P-15 entitled "Progress Notes" s note is handwritten and). This note documents that at and R3 boarded the facility g behind the driver. R1 was s sitting in the front seat." After click we leftA utility truck in & (and) turned w/o (without) avoid collision. (R1) came out nees. And came forward					
	was reviewed. This (Administrator) internext to R1 in the variation of R1 in the variation	s note documents that E1 rviewed R2, who was sitting in. (In review of a resident 8, R2 functions in the severe ardation, requires behavior a guardian. Her 9/18/08 ISP ligence quotient of 40 on the Her 9/3/08 Scales of vior document an overall age					

Facility ID: IL6010417

If continuation sheet Page 15 of 18

		AND HUMAN SERVICES & MEDICAID SERVICES				FORM	08/07/2009 APPROVED 0938-0391	
		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) N A. BU		LTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED		
		14G168	B. WI	NG	j		C B/2009	
NAME OF PROVIDER OR SUPPLIER BELLEFONTAINE PLACE				S	STREET ADDRESS, CITY, STATE, ZIP CODE 98 DEBRA LANE, P.O. BOX 225 WATERLOO, IL 62298			
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREF TAC	-IX	PROVIDER'S PLAN OF CORRECT	JLD BE	(X5) COMPLETION DATE	
W9999	E1 asked R2 if R1 v R2 answered, "Yes This note is signed printed her first nam Another interview b 12/11/08. When as belt, R2 replied, "Ye always buckles R1" When asked if R1 of R2 replied, "No." W seatbelt off by hers However, in a 12/30 p.m., E1 (Administri- transported R1 mar employment and th seatbelt. E1 further peers and staff to c was also document A 12/11/08 interview conducted by E1 (A interview E3 confirm pre-trip inspection f everyone's seat bel heard all seat belts residential facility. day training site, E3 we left (day training across their waists. not fill out a pre-trip "I'm not very good a inspections. I had of pulled it out from in but I didn't fill out th (R1) always helps f beltsomeone alway	was buckled into her seatbelt. , I helped her." by E1 and dated 12/5/08. R2 he on this document also. y E4 and E5 with R2 is dated sked if R2 buckled R1's seat eah." When asked if R2 s seat belt, R2 replied "Yeah." can buckle her own seatbelt, Vhen asked if R2 can take her elf, R2 replied, "I help her." D/08 interview with E1 at 2:40 ator) stated that she had hy times since her at R1 could operate her own r stated that R1 always wants omplete tasks for her. This ed in R1's 8/9/08 ISP. w with E3 (DSP) was administrator). Per this ned that she did not fill out a orm. When asked if ts were on, E3 stated that she click before leaving the After dropping R3 off at his 8 stated, "I looked back before g site) and they were still " E3 was asked why she did inspection form. E3 stated, about filling out pre-trip hecked it because I had front of the garage for them, e reportWhoever sits by	W9	99				

Facility ID: IL6010417

If continuation sheet Page 16 of 18

CENTE	RS FOR MEDICARE	& MEDICAID SERVICES				OMB NO. 0938-0391		
STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:					(X3) DATE SURVEY COMPLETED			
			A. BUI		lG	С		
		14G168	B. WI	NG _			8/2009	
NAME OF P	ROVIDER OR SUPPLIER				REET ADDRESS, CITY, STATE, ZIP CODE			
BELLEF	ONTAINE PLACE				08 DEBRA LANE, P.O. BOX 225 NATERLOO, IL 62298			
(X4) ID PREFIX TAG	(EACH DEFICIENC)	TEMENT OF DEFICIENCIES / MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREF TAG		PROVIDER'S PLAN OF CORREC (EACH CORRECTIVE ACTION SHOU CROSS-REFERENCED TO THE APPR DEFICIENCY)	JLD BE	(X5) COMPLETION DATE	
W9999	man and a woman	ge 16 coming from the side of a d that (R1) had, "come out of	W99	999				
	physically ensured secured for R1, R2 facility; and no evid	ce that E3 visually and that all seatbelts were , and R3 before leaving the ence that E3 ensured that the pelts was sufficient to protect						
	dropping R3 off at h physically ensured were actually secur seatbelts was suffic	s no evidence that after his day training site, E3 that R1's and R2's seatbelts red and that the tension of the cient to protect R1 and R2 day training site and destination.						
	Procedure" was rev Per this policy a pre completed prior to a	e-trip inspection shall be all trips. The Driver's GA-105) is to be completed by						
	interviewed. E2 sta form is to be compl	40 a.m., E2 (QMRP) was ated that a pre-trip inspection eted every time the van is ted a document entitled, Report" - GA-105.						
	are listed for compl windshield and win fire extinguisher, clu turn signals headlig exhaust: - system,	m the following inspections etion: general condition, leaks, dows, windshield wiper, horn, eanliness, lights - stop, tail, hts, water, fuel, oil, brakes; loose muffler, tailpipe; flectors - emergency; vehicle						

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Facility ID: IL6010417

If continuation sheet Page 17 of 18

PRINTED: 08/07/2009

FORM APPROVED

		AND HUMAN SERVICES				FORM	08/07/2009 APPROVED 0938-0391
	STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		(X2) N A. BU		LTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
		14G168	B. WI	NG			C B/2009
NAME OF P	ROVIDER OR SUPPLIER			s	TREET ADDRESS, CITY, STATE, ZIP CODE		
BELLEF	ONTAINE PLACE				98 DEBRA LANE, P.O. BOX 225 WATERLOO, IL 62298		
(X4) ID PREFIX TAG	(EACH DEFICIENC)	TEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREF TAG	۶IX	PROVIDER'S PLAN OF CORRECT (EACH CORRECTIVE ACTION SHOL CROSS-REFERENCED TO THE APPRO DEFICIENCY)	ILD BE	(X5) COMPLETION DATE
W9999	Continued From paregistration and pro	age 17 pof of insurance card.	W9	99	99		
	This form does not that seat belts are proper to transport and that to protect individua The facility policy e Committee" was re neglect is defined a and services neces mental anguish, or On 12/30/08, at 4:1 presented a revised stating that this form 12/3/08 accident. for "All safety belts however, does not that seat belts are of	provide a method to ensure working properly and that erly secured by seatbelts prior at seatbelt tension is sufficient ls. entitles, "Investigative viewed. Under this policy, as, "Failure to provide goods ssary to avoid physical harm,					

Facility ID: IL6010417

If continuation sheet Page 18 of 18