STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) M A. BUI		PLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
		14G181	B. WIN	IG			C 2/2009
	ROVIDER OR SUPPLIER TERRACE		•	80	EET ADDRESS, CITY, STATE, ZIP CODE 01 MARKET STREET VANSVILLE, IL 62242		
(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 SHOI CROSS-REFERENCED TO THE APPR DEFICIENCY)	JLD BE	(X5) COMPLETION DATE
W 153	and/or verbally agg Documentation of F aggression includes the bed, trying to ta pushing, cursing, na belongings and tak During interview wir Director) on 07/31/0		W	153			
W9999	shall be on duty all services that meet residents. Section 350.1060 T Services e) An appropriate, e program that manabe developed and i aggressive or self-aproperly trained and	ATIONS	W98	9999			

	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) M	ULTI	PLE CONSTRUCTION	(X3) DATE SU COMPLE	
			A. BUI	LDIN	G) C
		14G181	B. WIN	IG _			2/2009
	ROVIDER OR SUPPLIER TERRACE			80	EET ADDRESS, CITY, STATE, ZIP CODE 01 MARKET STREET VANSVILLE, IL 62242		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFI TAG		PROVIDER'S PLAN OF CORRECT (EACH CORRECTIVE ACTION SHOU CROSS-REFERENCED TO THE APPR DEFICIENCY)	JLD BE	(X5) COMPLETION DATE
	personnel, and nec carry out the trainin Supervision of deliv services shall be th who is a Qualified M Professional Section 350.3240 A a) An owner, licens	ied training and habilitation essary supporting staff, to g and habilitation program. very of training and habilitation e responsibility of a person Mental Retardation Abuse and Neglect ee, administrator, employee y shall not abuse or neglect a					
	f) Resident as perpinvestigation of a reresident indicates, I that another resider is the perpetrator of condition shall be indetermine the most placement for the reof that resident as very serious placement.	etrator of abuse. When an eport of suspected abuse of a based upon credible evidence, and of the long-term care facility of the abuse, that resident's ammediately evaluated to a suitable therapy and esident, considering the safety well as the safety of other oyees of the facility. (Section					
	by: Based on observation review the facility facility facility for 9 of 15 re (R1, R2, R3, R4, R4, R4) when they failed to:	were not met as evidenced on, interviews and record alled to ensure individuals' esidents residing in this facility 6, R7, R10, R12 and R13)					
		ate and took her roommate's					

	FOF DEFICIENCIES DF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) M A. BUI		IPLE CONSTRUCTION NG	(X3) DATE SU COMPLE	TED
		14G181	B. WIN	1G _			C 2/2009
	PROVIDER OR SUPPLIER			8	REET ADDRESS, CITY, STATE, ZIP CODE 801 MARKET STREET EVANSVILLE, IL 62242	00/12	2/2003
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREF TAG		PROVIDER'S PLAN OF CORRECTIVE ACTION SHOUNDS OF THE APPRINCED TO THE APPRI	JLD BE	(X5) COMPLETION DATE
W9999	abuse to continue. 2) Put systems in pothers, when 1 of 1 displaying increase verbal aggression to the facility (R2, R3, R13) thereby creations. 3) Ensure adequate with a known histor staff's knowledge to others (R1). Findings Include: Upon review of R1's dated 07/01/09 through the facility of the	lace to prevent harm to resident in the facility began d incidents of physical and oward other residents living in R4, R6, R7, R10, R12 and ng an environment of fear. Esupervision of a resident y of leaving the facility without or prevent harm to herself and specifically prevent harm to herself and other diagnosis include: psychosis, Chronic Mental	W99	999			

	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) M A. BUI		IPLE CONSTRUCTION	(X3) DATE SU COMPLE	TED
		14G181	B. WI	NG _			C 2/2009
	PROVIDER OR SUPPLIER		•	8	REET ADDRESS, CITY, STATE, ZIP CODE 101 MARKET STREET EVANSVILLE, IL 62242		
(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 SHO CROSS-REFERENCED TO THE APPR DEFICIENCY)	ULD BE	(X5) COMPLETION DATE
W9999	with psychotic feature. R1's ICAP (Inventor Planning) dated 08 at an overall age emonths. Review of R1's psy 11/17/04, R1 has a Documentation with say, "(R1) is a pote her physical aggres to self due to her in basic, protect herse SIB (self injurious bangry." During review of the Review/Human Rig Minutes/Quarterly I dated 07/07/09, do a threat to herself a aggressive behavior Upon review of R1' dated 08/27/08, R1 on 08/01/08. Prior to home with her pare community placem. R1's Individual Serrontinues to say the 260 pounds and is During observation until 4:00 p.m., R1 the facility at will. R	rening for Bi-Polar disorder ures. Try for Client and Agency /08/08 states that R1 functions quivalent of 1 year and 11 The chological evaluation dated in Intelligence Quotient of 25. In this report continues to intial danger to others due to ession. She is seen as a danger lability to provide for her own elf from harm and engages in behavior) on occasion when the facility's "Treatment ghts Committee Meeting infection Control Review" cumentation states, "She is and others especially with her for." Individual Service Plan was admitted to this facility to this admission R1 resided at ents. This is R1's first ent. Vice Plan dated 08/27/08 at R1 weighs approximately	W99	999			

	F OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	A. BUI		IPLE CONSTRUCTION NG	(X3) DATE SU COMPLE	TED
		14G181	B. WIN	IG _		08/12	2/ 2009
	PROVIDER OR SUPPLIER			8	REET ADDRESS, CITY, STATE, ZIP CODE 301 MARKET STREET EVANSVILLE, IL 62242		2.200
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFI TAG		PROVIDER'S PLAN OF CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPR DEFICIENCY)	JLD BE	(X5) COMPLETION DATE
W9999	residents. R1 stood when talking and pot the arm to get surve staff when they tried. Per review of R1's I Program dated 08/2 facility R1 was put of Self-Injurious behaving aggression. On 11/2008, R1's biggression aggression dated 1 "1. If (R1) begins to signs of aggression dated 1 "1. If (R1) begins to signs of aggression ask her if something and to a skills (sitting outside breathing, etc.). Prarequest. 2. If (R1) continues display aggressive attempt, staff will cafrom the immediate willing to go to a quipulate willing to go to	in front of staff and other extremely close to surveyor oked surveyor several times in eyors attention. R1 ignored d to redirect her. Behavior Development 2008, upon admission to the on behavior programs for: vior, hallucinations and verbal ehavior programs were ggression. Agement program for 1/2008 states: become agitated or shows towards others, staff need to g is wrong or if she wants ask her to participate in coping e, going to a quiet place, deep aise (R1) if she complies with to display or attempt to behavior after one such almly remove the residents area or ask (R1) if she is iet area away from the others easible for the situation and to s safety. least intrusive means	W99	999			

	F OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	A. BU		TIPLE CONSTRUCTION NG	(X3) DATE SU COMPLE	
		14G181	B. WI	NG _			C 2/2009
	PROVIDER OR SUPPLIER			8	REET ADDRESS, CITY, STATE, ZIP CODE 801 MARKET STREET EVANSVILLE, IL 62242		
(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 SHO CROSS-REFERENCED TO THE APPR DEFICIENCY)	ULD BE	(X5) COMPLETION DATE
W9999	monitored and staff she is ready to return after the 10 minutes. Staff will continue has calmed down, in 6. If at any time (R1 unmanageable, has intervention technic herself or others, st RSD/QMRP and/or 7. Staff will docume on the BER (Behave documentation and complete an Accide 8. Staff will docume Administration Reccycle due to the his between increased menstruation." Upon review of R1's programs, R1's aggressive until 06/200 Changes in R1's 06 program for aggres. "1. At any time (R1) aggressive staff neand ask her to partibreathing, etc.). If reshould give (R1) vecally aggression again until facility did not revising aggression again until should give in the staff of	will re-approach and ask if rn to the group or coping skills is. to to complete step 3 until (R1) not to exceed 30 minutes. I)'s behavior becomes exceeded 30 minutes of ques, or she causes harm to aff will immediately notify the nursing. In all incidents of aggression ior Event Record) If injury occurs staff are to ent/incident report. In the MAR (Medication ord) book (R1)'s menstrual tory of possible correlation aggression and Is behavior management gression program was not 19. If 20/09 revised behavior sion state: I shows signs of becoming ed to firmly ask her to stop cipate in coping skills (deep edirection is successful staff	W9	999			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) N A. BU		IPLE CONSTRUCTION IG	(X3) DATE SURVEY COMPLETED		
		14G181	B. WII	NG _			C 2/2009
	ROVIDER OR SUPPLIER			8	REET ADDRESS, CITY, STATE, ZIP CODE 01 MARKET STREET EVANSVILLE, IL 62242		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES 'MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG		PROVIDER'S PLAN OF CORREC (EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APPR DEFICIENCY)	ULD BE	(X5) COMPLETION DATE
W9999	Continued From pa	ge 43	W9	999			
	R1 physically abuse roommate's person A) Review of R3's p 07/01/09 through 0' year old female who of mental retardation include: Impulse Corolling Disorder due to State Hearing Loss. Documentation with Event Record and 0 06/01/09 through 0' 06/08/09 - 7:20 p.m (R1)'s room and sa (R3) in the corner of yelling and (R1) had (CLOTHES DOLLS DRESSER) in her and started gett (voice) and would mate and put them mins. I got most of to her." (Report type 06/11/09 - 5:25 p.m she got all of her roput them on riping (a "I heard yelling went to w that she had her roommate of the room and she was d all of her thing (s) THINGS FROM HER arms. I asked what was going at the thing (s) she had was ting mad yelling in deep voise not give them back to her room in her clothes basket after 5 her room mates thing(s) back					
	her room mates thin (Tried) to get her to	ng (s) alone she refused Tryed come do a game in the m she refused". (Report typed					

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION IDENTIFICATION NUMBER:		CONSTRUCTION	(X3) DATE SURVEY COMPLETED				
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		14G181	B. WIN	IG			2/2009
	PROVIDER OR SUPPLIER TERRACE			801 N	TADDRESS, CITY, STATE, ZIP CODE MARKET STREET NSVILLE, IL 62242		
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFI TAG		PROVIDER'S PLAN OF CORREC (EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APPI DEFICIENCY)	OULD BE	(X5) COMPLETION DATE
W9999	up in a very aggres clothes and was as get her to take ther aggressive to me. In me and other reside took the wet clothe (laundry) room. (Restarted eating brea residents's (residenshe went to the land (tried) to take the washer my self and times not to take the unable to she finall landruy (laundry) rointo there she was refused she started and trying to push pushed on other stalleg between the drimany trys (tries) to she did finally more (dining) room and get (knife) off of the take aggissive (aggress away and she start around with the knift and myself got it and the missed and start around with the knift and myself got it and the floor hitting her for about 1 min. The room when I went I fliped (flipped) over (R3)'s bed and tool	age 44 n "This morning (R1) woke sive mood. She wet on her sked to take them off. When I in off she began to a little more she started cusing (cursing) at ents she was asked to stop. I is down to the landuary (1) come to the dining room and kfast then quickly took another not's) food off their plate. Then druy (laundry) room and tryed wet clothes back out of the dother staff Asked her many nem out we tryed (tried) thing notion else where But she was y sat on the floor in front of the boom and tryed (tried) to crawl asked again to stop she down the highest hight highest highest highest highest hi	W99	999			

	FOF DEFICIENCIES DF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) M A. BUI		IPLE CONSTRUCTION	(X3) DATE SU COMPLE	TED
		14G181	B. WIN	1G _			C 2/2009
	PROVIDER OR SUPPLIER TERRACE			8	REET ADDRESS, CITY, STATE, ZIP CODE 01 MARKET STREET EVANSVILLE, IL 62242	00/12	2/2003
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES 'MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREF TAG		PROVIDER'S PLAN OF CORRECTIVE ACTION SHOWN CROSS-REFERENCED TO THE APPR DEFICIENCY)	ULD BE	(X5) COMPLETION DATE
W9999	her room mate (R3) heard her room mate room then and saw (grabbed) her room (like in a head lock) room mate's shoes floor. I quickly got (it was unacceptable others. two other st room mate out of the take the shoes back says, "A female per and pulled her to the female peer as being written). 07/05/09 - 11:30 a. (dining) room and st to go and change her went with her to her room she got very at to stop she did I he off she then got up clothes back others clothes to the wash room mates (R3) clout of the dresser I asked her to stop dresser and tryed (over the bed to the there trying to swing leave the room she and hit me again"		W99	999			

	F OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	A. BUI		IPLE CONSTRUCTION NG	(X3) DATE SU COMPLE	TED
		14G181	B. WIN	1G _		08/12	C 2/2009
	PROVIDER OR SUPPLIER			8	REET ADDRESS, CITY, STATE, ZIP CODE 301 MARKET STREET EVANSVILLE, IL 62242	00,12	12000
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFI TAG		PROVIDER'S PLAN OF CORRECT (EACH CORRECTIVE ACTION SHOU CROSS-REFERENCED TO THE APPR DEFICIENCY)	JLD BE	(X5) COMPLETION DATE
W9999	room and stayed the with baby dolls and her not to draw on to continued and would (Report typed as with the state of the other side of the shoether own (Report typed as with the shoether side of the others, E1 stated the placed on 15 minute minute checks as, see what she's doing there have been not aggression since the initiated. Per interview with the when asked about the others on 07/20 aware of the incide been put in place as said nothing additional control of the other of the incide been put in place as said nothing additional control of the other of the incide been put in place as said nothing additional control of the other of the incide been put in place as said nothing additional control of the other of the incide been put in place as said nothing additional control of the other of the incide been put in place as said nothing additional control of the other of the incide been put in place as said nothing additional control of the other of the incide been put in place as said nothing additional control of the other o	hit my arm she walked to her ere for about 5 min. came was drawing on them asked them they was not hers she d not let me have the dolls". ritten). I "(R1) and her room mate om The room mate yelled I on things and (R1) had her sinned) on her bed trying to se shoes from her I told her to she did her room mate moved the room (R1) started to pick mate tryed (tried) walking 1) started swing at her with mate ran out the room". ritten). Ith E1 on 07/22/09 at 1:00 what had been put in place to rming her room mate and sat on 07/13/09, R1 was e checks. E1 described the 15 staff are to check on her eng." E1 continued to say that the episodes of peer to peer to peer the 15 minute checks were E1 on 07/23/09 at 2:00 p.m., the incident in which R1 had seed on the bed and was taking /09, E1 said that she was not and the tryonomy of the tryonomy of the tryonomy of the tryonomy of the original had been implemented ute checks continued. E1 also	W99	999			

	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MI	JLTI	PLE CONSTRUCTION	(X3) DATE SU COMPLE	
			A. BUIL	DIN	G) C
		14G181	B. WIN	G			2/2009
	ROVIDER OR SUPPLIER TERRACE			80	EET ADDRESS, CITY, STATE, ZIP CODE 01 MARKET STREET VANSVILLE, IL 62242		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES / MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFI TAG	X	PROVIDER'S PLAN OF CORRECT (EACH CORRECTIVE ACTION SHOU CROSS-REFERENCED TO THE APPR DEFICIENCY)	JLD BE	(X5) COMPLETION DATE
W9999	Continued From pa	ige 47	W99	99			
	R3 was R1's room	ntation sent to surveyor by E1, mate from 05/30/09 until time R10 was placed as R1's					
	sheet dated 07/01/056 year old female level of mental reta	0's current physician's order 09 through 07/31/09, R10 is a who functions at a Profound rdation. Other diagnosis, Cataracts both eyes and y.					
	Per interview with E E1 stated that R10	E1 on 07/23/09 at 2:00 p.m., is blind.					
		e facility's Behavior Event 0/09 documentation states:					
	"(R10) went by hee (R10)".	re (her) (R1) she pushed her					
		facility's General Event 5/09 documentation states:					
	the kitchen and (R1	m "(R10) was walking into I) was standing in the kitchen alking out and pushed (R10)					
	07/31/09 at 3:50 p.i through the night at starts talking and p	interview with E10 on m., E10 stated that R1 gets up nd turns the bedroom light on, utting on clothes. E10 said up, this wakes her roommate					
		erview with E7 on 07/23/09 at d that she has observed R1					

		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) M A. BUI		PLE CONSTRUCTION	(X3) DATE SU COMPLE	
		14G181	B. WIN	IG			C 2/2009
	PROVIDER OR SUPPLIER TERRACE		•	80	EET ADDRESS, CITY, STATE, ZIP CODE 1 MARKET STREET /ANSVILLE, IL 62242		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES 'MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFI TAG		PROVIDER'S PLAN OF CORREC' (EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APPR DEFICIENCY)	ULD BE	(X5) COMPLETION DATE
W9999	being physically ag living in the facility. pushes everyone. It week in June 2009 bed in the bedroom about the middle of were eating in the cand R10, grabbed another staff person more able residents wheelchair for all mout of the way. E7 shome. E7 said, "He the van and drive hR1 is, "Very aggres or what it is, if she way to get it." Eafraid of R1 and tha R1 comes near her her. She broke (R3 stuff. R3 just screar collection of china of When they put R4 icried every night ar until R1 was asleep she has told E1 abound E1 says that the redirect her. 2) The facility failed prevent harm to oth increased abusive that R1 is a facility failed prevent harm to oth increased abusive that R2 is a facility failed of the facility failed prevent harm to oth increased abusive that R2 is a facility failed of the facility failed prevent harm to oth increased abusive that R2 is a facility failed of the	gressive to the other residents E7 said that R1 hits and E7 also said that about the first R1 had R3 pinned on her E7 continued to say that T3 June, while the residents dining room, R1 pushed R3 a butter knife and pointed it at the E7 said that she told the E8 to get R4 (who uses a pobility) and R10 (who is blind) as aid that E1 was then called at E7 solution was to put (R1) in the er around." E7 also stated that E8 is sive, it doesn't matter who it is evants it she'll move you out of E7 said that the residents are E8 that R10 gets aggitated anytime E8. (R12) told me she's afraid of E9 to be and R1 broke them. In with R1 (as roommates), R4 and wouldn't go to the room E9 continued to say that but R1's aggressive behaviors it is her (R1)'s home - try and E1 to put systems in place to hers when R1 began to display	W999	999			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) M A. BUI		IPLE CONSTRUCTION IG	(X3) DATE SURVEY COMPLETED	
		14G181	B. WIN	1G _		C 08/12/2009	
	PROVIDER OR SUPPLIER			8	REET ADDRESS, CITY, STATE, ZIP CODE 001 MARKET STREET EVANSVILLE, IL 62242	00/12	272003
(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)	ULD BE	(X5) COMPLETION DATE
W9999	Schizophrenia, Verperipheral edema, I Pain, Hyperlipidemi 2. Per review of R4 dated 07/01/09 throold female who funder the search of the searc	lude: Hypertension, tous Insufficiency with Diabetes Mellitus type II, Joint a and Gouty Arthritis. Is physician's order sheet ough 07/31/09, R4 is a 55 year octions at a Profound level of R4 has diagnosis which berebral Palsy, Depression Is physician's order sheet is a 43 year old female who evel of mental retardation. Inde: Schizophrenia, Bi-Polar oression and Affective R7's physician's order sheet ough 07/31/09, R7 is a 58 year ons at a Profound level of Other diagnosis include: jor Motor Seizures and guage Disorder. It's General Event Records to Records dated 06/01/09 ourveyor noted the following	W99	999			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING			(X3) DATE SURVEY COMPLETED	
		14G181	B. WIN	IG _		C 08/12/2009	
	PROVIDER OR SUPPLIER			8	REET ADDRESS, CITY, STATE, ZIP CODE 01 MARKET STREET EVANSVILLE, IL 62242	00,11	1,2000
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES 'MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFI TAG		PROVIDER'S PLAN OF CORRECT (EACH CORRECTIVE ACTION SHOU CROSS-REFERENCED TO THE APPR DEFICIENCY)	JLD BE	(X5) COMPLETION DATE
W9999	upset this evening take her clothes aw Staff tried several ticlothes away from (R6)" 07/05/09 - 8:35 a.m and was try to put hasked her to stop mher. She then turne resident's plate and take the food off it was got arressive (aggressive) swinging her fist at asked her to stop scounter getting her asked her again to down the counter of the floor she laid the got up and went to took one other resident take another but was could take it. Then skitchen and tryed (elses food". (Report typed as work) 107/06/09 5:30 a.m. (cursing) at staff try (Report typed as work) 15 a.m staff stated that (R1)	i "(R1) was getting (R6) very because she kept trying to ray and wearing them herself. It mes to intervene and take (R1) and give them back to i "(R1) came into the kitchen her hand on the oven burner I hany times trying to redirect d and went over to a I tryed (tried) many time (s) to we moved the plate then she ressive) with I trying to hit me me other staff walked over he refused then bent over the hair in food and ketchup We stop. She slid backwards roping (dropping) her self to re (there) for about 5 min. then the dinning (dining) room and dent's food and tryed (tried) to as stop (stopped) before she she walked back into the tried) to get get someone ort typed as written). Intation in R1's Behavior the facility's General Event - "Taking clothes causing ing to hit staff residents".	W99	999			

AND PLAN OF CORRECTION IDENTIFICATION NUMBER: A. BUILDING B. WING		
IR WING	,	
14G181 B. WING 08/12	08/12/2009	
NAME OF PROVIDER OR SUPPLIER ELLNER TERRACE STREET ADDRESS, CITY, STATE, ZIP CODE 801 MARKET STREET EVANSVILLE, IL 62242		
(X4) ID SUMMARY STATEMENT OF DEFICIENCIES ID PROVIDER'S PLAN OF CORRECTION PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE	
W9999 Continued From page 51 07/08/09 - 2:19 p.m "A peer came home with a box of items, (R1) tried to take it from him, he then yelled at her and she hit him in the face even though staff was interving (intervening). While re-directing (R1) she hit staff in the head and arms, (R1) was walking towards her room and then turned and hit a different peer in the face" (E1 identified the peer with the box as being R2 and the second peer that she hit in the face as being R7). (Report typed as written). Continuing documentation in R1's Behavior Event Record and the facility's General Events Report state: 07/08/09 - 2:25 p.m "(R7) was slapped in the face by a peer" (Peer was identified by E6 as being R1). During a confidential interview on 07/23/09 at 10:30 a.m., surveyor was informed that this staff had observed R1 slap R7, "last week". The confidential source stated, "(R1) knocked the crap out of him (R7)." The source continued to say that she has witnessed R1 grab R4's wheelchair and try to dump her out of it. The source also stated that R1 wears everybody's clothes and tears them and constantly walks away from the facility. The confidential interviewee also said that sometimes R1 gets away from staff when outside. The source said that E1 and E2 are both aware of R1's behaviors. 07/19/09 - 9:51 a.m "ried to attack another resident's food"		

14G181 B. WING	C 8 /12/2009
	(/1 <i>7/7</i> /1009
NAME OF PROVIDER OR SUPPLIER ELLNER TERRACE STREET ADDRESS, CITY, STATE, ZIP CODE 801 MARKET STREET EVANSVILLE, IL 62242	12/2009
(X4) ID SUMMARY STATEMENT OF DEFICIENCIES PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL TAG REGULATORY OR LSC IDENTIFYING INFORMATION) X4) ID PROVIDER'S PLAN OF CORRECTION PREFIX (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
W9999 O7/19/09 - 2:45 p.m "(R1) wanted to go for a walk again for the 20th time today and when staff said "give me a minute" at which point she grabbed the back of another resident's wheelchair and lifted back wheels trying to "dump" resident out of it!" O7/25/09 - 1:50 p.m "(R1 attempted to grab another resident in (wheelchair) (at) facility. Staff threw themselves between the 2 residents to prevent injuries and staff member was pushed (and) hit by (R1)" During interview with R2 on O7/22/09 at 3:30 p.m., when asked if there was anyone at the facility that he was afraid of, R2 replied, "(R1)." R2 stated that R1 hits everyone. R2 continued to say that he saw R1 hit R4 in the arm. R2 said, "Lucky she hit her in the arm, if she hit her in the neck - that's a good way to kill somebody - that's what I'm afraid of - shell' kill someboody and whomps them. Hits even (R7) - can't guarentee what I'd do if she hurt (R7). That's the thing about it, (R7) couldn't fight back, not even sure (R3) could." "Hits staff too - upsets me." "Hits about everyone here - hurts - she hits hard. Told staff if she ever hit me again, I would call state police" R2 requested the IDPH hotline number from surveyor so he could call if he needed to. Per interview with R6 on 07/22/09 at 4:05 p.m., when asked if there was anyone at the facility that she was afraid of, R6 nodded to indicate "Yes." When asked who, R6 stated, "(R1)." Surveyor asked R6 why she was afraid of R1 and R6 stated, "Never know when she's going to jump on you and do stuff - broke in the bathroom	

AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) N A. BU		IPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED		
		14G181	B. WI	B. WING		C 08/12/2009	
	ROVIDER OR SUPPLIER			8	REET ADDRESS, CITY, STATE, ZIP CODE 801 MARKET STREET EVANSVILLE, IL 62242	00/12	1/2003
(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 SHO CROSS-REFERENCED TO THE APPR DEFICIENCY)	ULD BE	(X5) COMPLETION DATE
W9999	and beat me on the shoulders. Shut my my room all the tim ripped up most of n and stuff - staff don (R1) was trying to k other girls. Staff sai up - they didn't tell takes my stuff too - had hair stuff missii half my dresses an During interview wip.m., when asked it facility that R5 was (R1)'s a mean one, Belongs out of here her. She's scary - n going to do next. H Hits hard." "E1 ar she hits people - do - she still hits." B) R1's Peer to Peemidnight shift where documented in the and Behavior Even 03/06/09 - 2:00 a.m sleeping tryed (tried (Report typed as w 03/06/09 - 5:00 a.m set ask her to chan clothes on then neewould not let out of calmed down also the floor and bed refuse floor and	e face and chest and hand in the door. Comes in e - goes through my stuff - ny clothes. Calls me names, B i't do nothing. One time she can be siss me - I don't like kissing to they was going to write her ther to stop or nothing. She my tv remote batteries, I've ng - shoes - books. I found do clothes in (R1)'s closet." Ith R5 on 07/22/09 at 3:55 if there was anyone at the afraid of, R5 said, "That that (R1)'s a mean one. Ith R5 on what that girl's its staff and residents both. Ind E2 (Administrator) know's on't know what they do about it the er aggression during the er only 1 staff is available as facility's General Event Report at Records: In - "Very loud while others are do to redirect several times."	W99	999			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) M A. BUI		IPLE CONSTRUCTION IG	(X3) DATE SURVEY COMPLETED		
		14G181	B. WIN	B. WING		C 08/12/2009	
	ROVIDER OR SUPPLIER			8	REET ADDRESS, CITY, STATE, ZIP CODE 801 MARKET STREET EVANSVILLE, IL 62242	00/1/	12003
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFI TAG		PROVIDER'S PLAN OF CORRECTIVE ACTION SHOUND CROSS-REFERENCED TO THE APPR DEFICIENCY)	JLD BE	(X5) COMPLETION DATE
W9999	want her to hit then this moring went be got here very rude typed as written). 03/06/09 - 3:24 a.m others are trying to bed would not do it would not do it it told she did not care try not listen to me bei trying to sleep. mak (Report typed as w 03/15/09 - 5:30 a.m causing (cursing) a stuff out of her dres laundry basket bein typed as written). 03/20/09 - 2:00 a.m in laddies (lady's) b bathroom then she pussing (pushing) spush staff down car residents calling na going on sinch (sintryed (tried) several	(were) up (upset) i did not a she was not in a good mood ack to sleep before day staff to residents and staff". (Report a "Being very loud while sleep. ask her to go back to ask please lower her voice d her others trying to sleep ed (tried) to redirect her would any very loud while others king all kinds of noises to."	W99	999	,		
	(fell) between hallw	pack check her out shes ok frll ray door on laddies (lady's) red (tried) hitting me pushing ped as written).					
	chair in bathroom a room refused to do	n "(R1) throught (threw) the lisk her to stop fo (go) to her so tryed (tried) many different r got mad hit staff pushed staff					

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) M A. BUI		IPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED			
		14G181	B. WIN	۱G _		C 08/12/2009		
	PROVIDER OR SUPPLIER			8	REET ADDRESS, CITY, STATE, ZIP CODE 801 MARKET STREET EVANSVILLE, IL 62242			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)		ID PREF TAG		PROVIDER'S PLAN OF CORREC (EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APPR DEFICIENCY)	ULD BE	(X5) COMPLETION DATE	
W9999	them to shut up by times to quit or to glissten (listen) to state (tried) to do for her upset at (R1) callinate to the other rewhile they are trying nice to residents or (also) fell trying to pladdies (lady's) hall cussing still going of the the thinks of the thinks o	names cussing at others telling word ask several different to to er (her) rm (room) did not aff refused everything i tries got another resident very g her names (R1) was very esidents yelling screaming got osleep she was not very others including staff aso bush me fell in between liway she is ok check her out on it 333 am very rude she funny to." (Report typed as in "Started up again hitting ang) at residents tryed (tried) to obt (not) work others got upset em names tryed (tried) to hit stopped) them." (Report typed all interview with E10 on m., E10 stated that R1 gets up ween 11:00 p.m. and 4:00 R1 gets up at least 3 to 4 stays up for a couple of hours attinued to say that when other go to the bathroom, they that if R1 is up, then R1 starts the residents. iew, E10 stated, "The afe with her (R1). She's very staff and fear for the	W99	999				

AND PLAN OF CORRECTION (X1		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	, ,	X2) MULTIPLE CONSTRUCTION A. BUILDING			(X3) DATE SURVEY COMPLETED	
		14G181	B. WIN	IG _		C 08/12/2009		
	ROVIDER OR SUPPLIER			8	REET ADDRESS, CITY, STATE, ZIP CODE 801 MARKET STREET EVANSVILLE, IL 62242	00/12	2200	
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES 'MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFI TAG		PROVIDER'S PLAN OF CORREC' (EACH CORRECTIVE ACTION SHOI CROSS-REFERENCED TO THE APPR DEFICIENCY)	JLD BE	(X5) COMPLETION DATE	
W9999	Continued From pa	ge 56	W99	999				
		nin R1's Behavior Event al Event Report dated 7/24/09 state:						
	07/01/09 - 7:05 p.m against wall to get of	i "(R1) pushed staff outside."						
	assisting (R4) wher go for a walk. It was so I told her we cou	n "I was in the bathroom n (R1) came in and wanted to s rainning (raining) at the time oldn't. I bent down to pick up (R1) hit me in the side of the old as written).						
	dishes and (R1) wa	n "I was in the kitchen doing nted to go for a walk. I told because it was raining. She side."						
	07/05/09 - 12:45 p.in the leg."	m "She punched me (staff)						
	07/07/09 - 5:20 p.m wall."	"(R1) pushed staff into the						
	(helping) (R1) get o	"staff was helpping ne pair of close (clothes) on ing staff on the leg" (Report						
	attempts to get her off. Staff tried to rec reason. Staff gave about her choices.	to take her layers of clothes direct (R1), talk to her and her time to 10 minutes to think When staff came back (R1) rm and attempted to grab staff						

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) M A. BUI		IPLE CONSTRUCTION IG	(X3) DATE SURVEY COMPLETED		
		14G181	B. WIN	IG _		C 08/12/2009		
	PROVIDER OR SUPPLIER TERRACE			8	REET ADDRESS, CITY, STATE, ZIP CODE 101 MARKET STREET EVANSVILLE, IL 62242			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)		ID PREF TAG		PROVIDER'S PLAN OF CORREC (EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APPF DEFICIENCY)	OULD BE	(X5) COMPLETION DATE	
W9999	the hallway, I started punched me in the punched me in the 07/12/09 - 1:00 p.m room was getting u (swinging) punched shoulder hit me and get in between her the arm got her sat got a dust pan she the dust pan. tryed typed as written). 07/13/09 - 4:35 p.m with her clothes I tryhelp her she got ve (slapped) me in the me again but anoth to another room." (I 07/17/09 - 5:45 a.m staff re-directed her of clothing, she was 07/17/09 - 5:30 p.m staff, cursing, slapp floor refusing to get tried to pick up pord swing against front through window in 1 07/18/09 - 10:10 a.t take food out of the whas (was) being rebecame aggressive (Report typed as with the start of the star	a"(R1) approached staff in the doto speak to (R1) and she jaw" a "(R1) in the dinning (dining) pset came at me swining I me in the left arm in the right I my head staff tryed (tried) to and myself other staff got in in a chair. went to the kitchen hit other staff in the head with to hit me again" (Report a "Was asked to help (R1) yed (tried) when I started to ry aggressive and slaped arm 2x tryed (tried) to slap er staff came in and she went Report typed as written). a "(R1) became upset when refrom wearing multiple layers is hitting staff and cussing". a "(R1) was "flipping off" in the swing with her feet, pushed door, and tried to shove it front room!. m "(R1) was attempting to refrigator (refridgerator) and endirected by staff she in hitting staff several times"	W99	999				

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) M A. BUI		TIPLE CONSTRUCTION NG	(X3) DATE SURVEY COMPLETED	
		14G181	B. WIN	NG _		C 08/12/2009	
	PROVIDER OR SUPPLIER		•	8	REET ADDRESS, CITY, STATE, ZIP CODE 801 MARKET STREET EVANSVILLE, IL 62242		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)		ID PREF TAG		PROVIDER'S PLAN OF CORREC (EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APPE DEFICIENCY)	ULD BE	(X5) COMPLETION DATE
W9999	paperwork, when (I on her foot and the applying pressure to 07/19/09 - 1:07 p.m smacked me in the did that (R1) said co 07/19/09 - 1:10 p.m help with her hair (I (walked) over to he when I got in front of my leg" (Report to 07/23/09 - 7:05 a.m (R1) tried to take the that it was inapproporte (other) people staff." (Report types Upon review of R1' with Z3 (Psychiatris states, "Presenting and aggressive bet "She grabbed sho became aggressive (the) shoes away fredesire to eat and fir exchange for being (piece) of chocolated Documentation on dated 07/20/09 at 1 to (Z3's) office (R1) arm. I asked her to At (Z3)'s office she She put them on he she was a sure of the same and the same approximation on dated 07/20/09 at 1 to (Z3's) office she She put them on he same approximation on the same approximation on dated 07/20/09 at 1 to (Z3's) office she She put them on her same approximation on the same approximation on dated 07/20/09 at 1 to (Z3's) office she She put them on her same approximation on the same approximation of the same approximation	n dining room, filling out R1) walked over and stepped n "smashed" her foot by o it." I "walked up to me and face. when asked why she uz." I "I ask (R1) if she needed R1) said yes I then walk of her she then started kicking yped as written). I "staff came in with a soda, e soda, staff explained to (R1) orieate (inappropriate) to take (s) things - (R1) then hit	W99	999			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) M A. BUI		IPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED		
		14G181	B. WIN	1G _		C 08/12/2009		
	PROVIDER OR SUPPLIER		•	8	REET ADDRESS, CITY, STATE, ZIP CODE 801 MARKET STREET EVANSVILLE, IL 62242			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)		ID PREF TAG		PROVIDER'S PLAN OF CORREC (EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APPR DEFICIENCY)	OULD BE	(X5) COMPLETION DATE	
W9999	back seat on the way was pulling out of the steering wheel and During interview with p.m., R12 stated the she was asleep and by R1 and E3 (Dires said that E3 was said on't call me names and was standing be continued to say, "I hit (E3) again." Per interview with FR11 stated that R1 bothers him when sto say, "Hit (E3) the say, "Hit (E3) the say, "Hit (E3) the facility initiated on 07/13/09. E1 said every 15 minutes to continued to say the not done at day trained in the say aggressive that there had not be peer aggression from the checks were initiated. Per interview with E when asked if the 1	(Z3). I asked her to sit in the ay home. She refused. As I he driveway she grabbed the hit the dumpster" th R12 on 07/22/09 at 2:20 at approximately 1 week ago, d awakened about 4:00 a.m. ct Support Staff) arguing. R12 bying, "Don't hit me again - s." R12 stated that she got up by the telephone. R12 was going to call 911 if she always hits people and that it she hits others. R11 continued hen walked off out the door. to stop hitting staff - she verybody's food - I don't like ved out - that's what I want." th E1 (Residential Service of at 1:00 p.m., E1 stated that every 15 minute checks for R1 of that staff are to check on R1 of see what she is doing. E1 at the 15 minute checks are ning because R1 does not behaviors there. E1 stated the nay incidents of peer to m R1 since the 15 minute	W99	999				

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		14G181	B. WIN	IG _		08/12/2009		
	PROVIDER OR SUPPLIER		•	8	REET ADDRESS, CITY, STATE, ZIP CODE 801 MARKET STREET EVANSVILLE, IL 62242			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)			ID PROVIDER'S PLAN OF COMPREFIX (EACH CORRECTIVE ACTION TAG CROSS-REFERENCED TO THE DEFICIENCY)		ON SHOULD BE E APPROPRIATE		
W9999	Continued From pa	ge 60	W99	999				
	documentation on 0 "(R4)'s right hand we by a peer at worksh." Documentation on dated 07/07/09 at 8 staff stated that (R1 chair then grabbed her head." During interview wir 07/22/09 at 1:10 p.1 they have noticed a aggressions toward confidential staff also hit peer R2. Per confidential into 1:10 p.m., E9 state increase in R1's agother residents living to say that R1 has stated.	R1's Behavior Event Record (15:15 a.m. states, "Workshop (15) was pushing (R4) in her (R4)'s arm and pulled it over (R4)'s arm						
	supervision of a res leaving the facility v	I to ensure adequate sident with a known history of without staff's knowledge to rself and others (R1).						
	dated 08/05/08 doc does not move out vehicle, does not w	s Resident Ability Assessment cumentation states that R1 of the path of an emergency alk away from strangers who rom a car/street and does not ost.						

		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	A. BUILDING			(X3) DATE SURVEY COMPLETED	
		14G181	B. WI	۱G _			C 2/2009
NAME OF PROVIDER OR SUPPLIER ELLNER TERRACE				8	REET ADDRESS, CITY, STATE, ZIP CODE 01 MARKET STREET EVANSVILLE, IL 62242		2000
(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 SHO CROSS-REFERENCED TO THE APPR DEFICIENCY)	ULD BE	(X5) COMPLETION DATE
W9999	Per review of R1's Program for Leavin 07/2009, document "1. Anytime that sta are to check to see (as per policy). If (Romonitor her to ensurproperty. 2. At any time (R1) staff is to redirect (Rowith an activity or wenjoys i.e. helping if floor, drawing etc with request. 3. If (R1) does not we staff, staff will attem the behavior and mi.e. if she wants to ginside to see if any along, or that the of then "we" can take 4. If (R1) continues staff is to go with heat all times; because for cars and will go 5. This process shoreturned to the facil During review of the Review/Human Rig Minutes/Quarterly I dated 07/07/09, doc (R1) asked staff to asked (R1) to wait a helping a peer. (R1 school without wait	Behavior Management g the Designated Area dated ation states: Iff hear any door alarm they who is coming in or going out at 1 is going out they need to are that she is not leaving the begins to leave the property, at 1 by asking her to help them with a domestic duty that she in the kitchen, mopping the Praise (R1) is she complies Want to follow a directive from any to determine the cause of odify the situation if possible, go for a walk ask her to come peers would like to walk ther staff need to know first a walk, etc To leave the designated area, er as they need to be with her e she does not always watch onto others property. Build continue until (R1) has ity property" The facility's, "Treatment the Committee Meeting infection Control Review" cumentation states, "6/19/09 take her for a walk, staff a few minutes while they were in went for a walk around the	W9s	999			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	, ,	X2) MULTIPLE CONSTRUCTION A. BUILDING		COMPLETED	
		14G181	B. WIN	IG _			C 2/2009
NAME OF PROVIDER OR SUPPLIER ELLNER TERRACE				8	REET ADDRESS, CITY, STATE, ZIP CODE 801 MARKET STREET EVANSVILLE, IL 62242	1 00/12	
(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 SHOI CROSS-REFERENCED TO THE APPR DEFICIENCY)	ULD BE	(X5) COMPLETION DATE
W9999	07/25/09 - 1:20 p.m staff she went into and tryed (tried) to staff tryed (tried) telesoda then she got uput myself between her hands into the farms many time (s) custemers (custom into the salad Bar a her weight on me fimin. she got into the staff she came in pushed and smack typed as written). During confidential a.m., the confidential source for her in the van. To continued to say the going on, I talk to the R1." Upon review of the documentation sho care staff were discontinued to say the facility without such a client was in identified the "client"	port documentation states: a "(R1) was on a walk with the (name of local restaurant) get behide the cook station ling her not to they got her a up started going for the food I her and the food and she put food anyway she smacked my trying to get the other ers) food push (pushed) me trying to get the other ers) food push (pushed) me trying to get the other ers) food push (pushed) me trying to get the other ers) food push (pushed) me trying to get the other ers) food push (pushed) me trying to get the other ers) food push (pushed) me trying to get the other and the facility and the facility and the facility and end the facility. The said that staff had to go look the confidential source at E1 and E2, "Know what's them on a regular basis about facility's disciplinary reports, we that on 03/07/09 two direct siplined regarding R1 leaving staff's knowledge. Tes, "On 3-7 you did not know the neighbors yard" (E1	W99	999			

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		14G181	B. WIN	B. WING			C 08/12/2009	
NAME OF PROVIDER OR SUPPLIER					REET ADDRESS, CITY, STATE, ZIP CODE	1 00/12		
ELLNER	TERRACE				801 MARKET STREET EVANSVILLE, IL 62242			
(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 SHOU CROSS-REFERENCED TO THE APPR DEFICIENCY)	JLD BE	(X5) COMPLETION DATE	
W9999	7-12 you did not kn walk arouind the sc "client" as being R1 On 07/23/09, docur person's "Disciplina 7-23 you did not ressounded, and a clie without your knowle "client" as R1). During interview wir p.m., E1 stated that outside, staff saw h was across the stree On 07/23/09 at 4:45 reviewing incidents disciplinary reports facility without staff surveyor that E2 had during waking hour facility without staff say that the 1:1 is of doesn't go for walks that 1:1 is not to be "Typically sleeps al dark." During same intervifacility followed their regarding R1's abushave done it soone physical and mental Documentation on dated 07/20/09 at 6	y Action Notice" states, "On ow that a client went for a chool" (E1 identified the	W99	999				

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	14G181		B. WING			C 08/12/2009		
NAME OF PROVIDER OR SUPPLIER ELLNER TERRACE			•	8	REET ADDRESS, CITY, STATE, ZIP CODE 101 MARKET STREET EVANSVILLE, IL 62242			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)			ID PROVIDER'S PLAN OF CO PREFIX (EACH CORRECTIVE ACTION TAG CROSS-REFERENCED TO THE DEFICIENCY)		ULD BE	(X5) COMPLETION DATE	
W9999	her at sidewalk. (R' first thing she bega community and know threw (through) a lavery upset asking she had already kill staff tryed (tried) to being unseccesful. back after much enkick rock (s) on peotite car owner MAD upset and told staff (from) her car. cuss walk. Tryed (Tried) to redirect her homafter 45 min. she camany thing (s) to go with me it was very (Report typed as where with 207/29/09 at 11:50 a goes outside to go Z2's garden and ha flowers. Z2 also sai rocks at her son's colose to the facility she was sitting outs coming up the streether yard and cut the walking towards the was with R1 at this her car and went to direct care staff that church. Z2 continues look for R1 in Z2's of the middle of the stablocks from the facility shows from the facility she was sitting towards the was with R1 at this her car and went to direct care staff that church. Z2 continues look for R1 in Z2's of the middle of the stablocks from the facility shows sitting towards the was with R1 at this her car and went to direct care staff that church. Z2 continues look for R1 in Z2's of the middle of the stablocks from the facility shows sitting the staff that church. Table R1 in Z2's of the middle of the stablocks from the facility shows sitting the staff that church sta	I) became very out of control. In to go up to people in the lock on them. She walked ady's flowers and lady was taff to keep her out of them (killed) many of her flowers. redirect her many time (s) (unsuccessful). while walking couragement she began to oples car makeing (making) !!!!!!!!!!!!!!!!!!!!!!!!!!!!!!!!!!!!	W9:	999				

		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	A. BUI		IPLE CONSTRUCTION IG	(X3) DATE SURVEY COMPLETED	
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NAME OF PROVIDER OR SUPPLIER ELLNER TERRACE			•	8	REET ADDRESS, CITY, STATE, ZIP CODE 801 MARKET STREET EVANSVILLE, IL 62242	93.11	
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)			ID PROVIDER'S PLAN OF CORRECT PREFIX (EACH CORRECTIVE ACTION SHOT TAG CROSS-REFERENCED TO THE APPROPRIES OF THE APPROPRI		JLD BE	(X5) COMPLETION DATE
W9999	were going for a rid and they were able Z2 also said, "If I hawould have known continued to say the facility take a group that staff, "Have a hof the street with a During interview wi 07/28/09 at 10:55 a before last" at appr R1 walking across E11 (Direct Suppor her. Z4 continued to disregarding E11 to him. Z4 stated that at the curb and star R1 wanted Z4's sur Z4 continued to say as a bribe to get R1 R1 that when they sunglasses. Z4 said walking back to the around and began "Walked across (naslow down or look f was alot of traffic the Z4 stated that when told Z4 to call the fashe called the facili E11 could not get F himself. Z4 continuand E11 went around into the street would into the street would not the street with the street would be said to street would be supplied to said the facili E11 could not get F himself. Z4 continuand E11 went around them. Z4 stated, her. I was concerned out into the street would be said to said the street would be supplied to said the said the facili E11 could not get F himself. Z4 continuand E11 went around the street would be supplied to said the said	e. Z2 said R1 got into the car to get her back to the facility. adn't been outside - nobody where she had gone." Z2 at she sees the staff at the of residents for walks and hard time keeping her (R1) out group." th Z4 (Community Person) on h.m., Z4 stated that, "Sunday oximately 5:00 p.m., she saw the street from the facility and the Person) was trying to catch to say that R1 was totally elling her to stop and wait for she knows R1 so she met her ted talking to her. Z4 said that haglasses and Z4 told her no. If that she used the sunglasses are back to the facility by telling got home, she could see the did that she and R1 began facility when R1 turned walking away. Z4 said that R1, ame of street) and didn't even or traffic." Z4 said that there are day including motorcycles. In R1 crossed the street, E11 acility to help him. Z4 said that thy and told a staff person that the street at day including motorcycles. In R1 crossed the street, E11 acility to help him. Z4 said that thy and told a staff person that the street at day including motorcycles. In R1 crossed the street, E11 acility to help him. Z4 said that the street at day including motorcycles. In R1 crossed the street, E11 acility to help him. Z4 said that the street at day including motorcycles. In R1 crossed the street, E11 acility to help him. Z4 said that the street at day including motorcycles. In R1 crossed the street, E11 acility to help him. Z4 said that the street at day including motorcycles. In R1 crossed the street, E11 acility to help him. Z4 said that there are the street at that time, R1 acility to help him. Z4 said that the street at that time, R1 acility to help him. S4 said that the street at the	W99	999			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) M A. BUI		IPLE CONSTRUCTION NG	(X3) DATE SURVEY COMPLETED	
		14G181	B. WIN	1G _			C 2/2009
NAME OF PROVIDER OR SUPPLIER ELLNER TERRACE			•	8	REET ADDRESS, CITY, STATE, ZIP CODE 801 MARKET STREET EVANSVILLE, IL 62242		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)		ID PROVIDER'S PLAN OF CORRE PREFIX (EACH CORRECTIVE ACTION SH TAG CROSS-REFERENCED TO THE APP DEFICIENCY)		OULD BE	(X5) COMPLETION DATE	
W9999	clothing and Leavin 08/08/08 through 0 that 08/2008, R1 has specified behaviors gradually increased episodes of Aggres documentation sho 63 episodes, 20 ep 32 episodes of layer. Per interview with E1 stated that the cof episodes of Halla and that there were hallucinations than. The facility failed to R1's physically abuther roommate's per allowing the abuse place to prevent had displaying increase verbal aggression to the facility (R2, R3, R13) thereby creati and 3) Ensure adecknown history of leaknowledge to prevent R1 from infinity she began to display physical, verbal and peers, thereby creating the facility also fails supervision of R1 were readed to the state of the s	allucinations, Layering of g designated area dated 7/23/09, documentation shows ad no episodes of any of the . The targeted behaviors have I as R1 had 19 documented sion in June 2009. July 2009, ws that R1's Aggression is at isodes of Hallucinations and ring of clothing.	W99	999			