	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	` '	ILTIPLE CONSTRUCTION	(X3) DATE SU COMPLE	
			A. BUILI	DING		С
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	ROVIDER OR SUPPLIER		\$	STREET ADDRESS, CITY, STATE, ZIP CODE 3006 ALIDA STREET ROCKFORD, IL 61103		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECT (EACH CORRECTIVE ACTION SHOT CROSS-REFERENCED TO THE APPIDEFICIENCY)	ULD BE	(X5) COMPLETION DATE
W 154	reports made to the Health for change of not since survey 1-2. Any incidents or ac E1 replied no will lo Any falls in last 4 m Any bruises or injur replied no When E1 was asked safety committee m was for R9 held in conly done if someth Any incidents to reveal Any other progress found E1 replied no What is the policy for E1 replied the policy for E1 repli	Illinois Department of Public of condition? E1 stated "No 21-10". cidents for the last 4 months? look to see for R9. conths? E1 replied no ries of unknown origin? E1 and when was the most recent neeting held? E1 replied one January 2010. E1 replied it is ning happens. View? E1 replied "no". Inotes or incident reports or physical injury and illness? by is in the book. Inot given any reproducible the held allegations of abuse by ed. IONS ATIONS Pesident Care Policies The producible of the allegations of abuse by ed. INONS Pesident Care Policies The producible of the allegations of abuse by ed. INONS	W 18			
	procedures governi the facility which sh involvement of the	ing all services provided by hall be formulated with the administrator. The policies of the staff, residents and the				

	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	A. BUI		TIPLE CONSTRUCTION NG	(X3) DATE SU COMPLE	TED
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	ROVIDER OR SUPPLIER			;	REET ADDRESS, CITY, STATE, ZIP CODE 3006 ALIDA STREET ROCKFORD, IL 61103	1 00/0	2010
(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 SHOIL CROSS-REFERENCED TO THE APPR DEFICIENCY)	JLD BE	(X5) COMPLETION DATE
W9999	public. These writted operating the facility least annually. Section 350.1060 The Services are appropriate, when the program that manable developed and it aggressive or self-approperly trained and available to administration in the program for the indication that the program and are and shall become a section 350.3240 Are as a properly trained and shall become a section 350.3240 Are as a program for the indication of the	en policies shall be followed in y and shall be reviewed at a graining and Habilitation affective and individualized ges residents' behaviors shall implemented for residents with abusive behavior. Adequate, disupervised staff shall be ster these programs. It is shall be maintained for ioning in these programs, propriateness of the ividual, resident's response to my other pertinent observations in part of the resident's record. Abuse and Neglect shall not abuse or neglect a shall not abuse or neglect a shall not abuse or neglect a shall not abuse or neglect of a report the matter to the con 3-610 of the Act) were not met as evidenced by	W99	999	,		
	failed to ensure over and procedures to	view and interview the facility ersight and implement policies ensure individuals residing at from client to client abuse					

	FOF DEFICIENCIES DF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) M A. BUI		PLE CONSTRUCTION G	(X3) DATE SURVEY COMPLETED	
		14G195	B. WIN	IG _			C 4/2010
	PROVIDER OR SUPPLIER		•	3	REET ADDRESS, CITY, STATE, ZIP CODE 006 ALIDA STREET COCKFORD, IL 61103		
(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	outside the sample Findings include: Per review of the P 2-1-10 through 2-2 female who is verb functions in the Mo Retardation. R3's li Hypertension, Gen Depression. Per review of the P 2-1-10 through 2-2 female who is verb functions in the Mo Retardation. R5's li Anxiety Disorder and According to the re Plan dated 9-3-09, is verbal and ambut Moderate Range of of diagnoses include Type) and Intermitt Per record review of not given to survey The Antecedent Becard dated 1-29-10 behavior, physical and The ABC card date R4 displayed physi R4 returned to the sitting in the seat h	ents in the sample (R3) and 3 (R5, R6, and R8). hysician Order Sheet dated 8-10, R3 is a 50 year old all and ambulatory. R3 derate Range of Mental st of diagnoses includes eralized Anxiety Disorder, and hysician Order Sheet dated 8-10, R5 is a 41 year old all and ambulatory. R5 derate Range of Mental st of diagnoses includes and Bipolar Disorder. view of the Individual Service R4 is a 48 year old male who latory. R4 functions in the f Mental Retardation. R4's list les Bipolar Disorder (Manic ent Explosive Disorder.	W99	999			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	A. BUI		E CONSTRUCTION	(X3) DATE SU COMPLE	TED
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NAME OF PROVIDER OR SUPPLIER OLSON TERRACE			3000	ET ADDRESS, CITY, STATE, ZIP CODE 6 ALIDA STREET CKFORD, IL 61103	33.0	20.10
PREFIX (EACH DEFICIENCY I	EMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL C 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
displayed physical a yelling, threatening, others. R4 came at If fist and said he would threatened R8 and nhit us and beat R8 u stop teasing R8 and saying things to R8 to The ABC card dated R4 was screaming, you non compliance, tea R4 was threatening to beat him up at how wouldn't. R4 was say inappropriate gesture. The ABC card dated R4 was physically agand threatening. R4 middle of them to stothen grabbed my shire peatedly. He was a punching his closed was asked repeated was asked repeated let go of staff's shirt. The ABC card dated R4 was screaming, you so the same at the punching his closed was asked repeated let go of staff's shirt.	8-10 at 9:35 A.M. states R4 aggression, screaming, teasing and provoking R8 and myself with a closed ld hit both of us. He myself saying he was going to up at home. R4 was told to continued to do so. R4 kept to get him upset. 11-8-10 at 11:40 A.M. states yelling, threatening, repeated using and provoking others. R8 saying that he was going me. R4 was told to stop and ying and making res to R8 and myself at lunch. 12-11-10 at 1:40 P.M. states ggressive. R5 walked over by the want her close by and hit ing away. 111-6-09 at 9:30 A.M. states ggressive, screaming, yelling, went after R3. I got in the pop him from hitting her. He int and kicked me in the shins threatening staff and fist into his open hand. He lly to stop chasing R3. He lly to stop kicking staff and to	W99	999			

-	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) M A. BUI		IPLE CONSTRUCTION NG	(X3) DATE SU COMPLE	
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	PROVIDER OR SUPPLIER		•	3	REET ADDRESS, CITY, STATE, ZIP CODE 8006 ALIDA STREET ROCKFORD, IL 61103		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	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)	OULD BE	(X5) COMPLETION DATE
W9999	them and had R3 s The ABC card date screaming, yelling, after R3 with a clos different directions. The ABC card date R4 was physically a threatening, agitatic agitated in the brea over his head threa was told to put the picked up a napkin and tried to upset to and sit down. R4 ph tried to bite and hur. The ABC card date states R4 was screethreatening. When bathroom R4 went by me. R4 came aft threatening to punctable with his peers. The ABC card date states R4 was physyelling, and threate R3 and I stepped be and called me some lunch. The ABC card date R4 was teasing and break R4 was te	fist after her. I got between tay with me. d 1-5-09 states R4 was and threatening. I saw R4 go ed fist. I got them to go in d 11-6-09 at 9:40 A.M. states aggressive, screaming, yelling, on, and stripping. R4 became k room. R4 picked up a chair tening to throw it at R3. R4 chair down. R4 complied. R4 holder threatening to throw it ables. R4 was asked to stop hysically grabbed hold of staff, t staff, pushing staff. d 11-10-09 at 11:40 A.M. aming, yelling, and R3 was coming out of the after her. I asked R3 to stay ter me with a closed fist th me. He then sat down at a	W99	999			

	T OF DEFICIENCIES DF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) N A. BUI		IPLE CONSTRUCTION NG	(X3) DATE SU COMPLE	TED
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	PROVIDER OR SUPPLIER			3	REET ADDRESS, CITY, STATE, ZIP CODE 8006 ALIDA STREET ROCKFORD, IL 61103	00,0-	42010
(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 APPRINCE O	ULD BE	(X5) COMPLETION DATE
W9999	The ABC card date R4 was displaying aggression and agi to hit R3. R4 was a The ABC card date R4 was physically a and was blocked the The ABC card date R4 was displaying screaming, yelling, was upset with ano advances towards at me, picked up a chair. I tried to probwould not listen. R4 removed the chair. grabbed my arms, my arms, drew blocked my arms, drew blocked the chair. I tried to probwould not listen. R4 removed the chair. grabbed my arms, my arms, drew blocked my arms, drew blocked my arms, drew blocked the chair. I tried to probwould not listen. R4 removed the chair. grabbed my arms, drew blocked my arms, drew blocked the chair. Grabbed my arms, drew blocked the chair. The complex and also hit to guess." Z4 stated the is usually when he a reason to it which Z4 stated the ABC behavior form and Rehabilitation Serv Community Services. Per interview with Z5 services) on 2-24-4 working on a behavior on a behav	d 12-10-09 at 2:20 P.M. states behaviors of physical tation. R4 swung at and tried sked to stop. d 12-10-09 at 2:50 P.M. states aggressive. R4 tried to hit R3 en hit staff. d 11-5-09 at 1:40 P.M. states physical aggression, threatening, and agitation. R4 ther consumer. I blocked R4's others. R4 started screaming chair threatening me with the blem solve with R4 but he 4 set chair down and I R4 came towards me and and digging his fingernails into blem. Staff helped me with R4. 24 (Qualified Mental sional at Day training) on M., when asked whether R4 ed, "yes he has hit quite a few R5 and 5 or 6 people if I had as he has been really great at R4 can be fine all day and it gets mad and there is usually a causes physical aggression. card is marked on the a copy is given to Z5 (Director ices), Z7 (Director of	W99	999			

	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	A. BUI		IPLE CONSTRUCTION NG	(X3) DATE SU COMPLE	TED
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	ROVIDER OR SUPPLIER			3	REET ADDRESS, CITY, STATE, ZIP CODE 3006 ALIDA STREET ROCKFORD, IL 61103	00,0	2010
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W9999	of his behavior issurather than here at why, Z5 replied lood program written for agitating peers. A Consultation Repfollows: R4 has been having running off and mode case worker who is He came home upshome. A Consultation RepR4 elopes to see he before they react. The QMRP Summade Dated March 2009 increasing behavior the end of March. For his targeted behavior the end of March is targeting a particular staff. These behavior (Psychiatrist) to incidents of teasing peers, and 5 incide month. Per record review of Program Progress states R4 had 12 in	his behavior. Z5 stated most es are at the facility home day training. When asked at the issues in his behavior him like teasing peers and fort dated 3-27-09 states as g problems with temper, buthy. Pulled a butter knife on a new and frightened of him. Set and had behaviors at fort dated 10-27-09 states that ow far he can push staff ary Program Progress Notes states R4 had an onset of the first from the middle of March to dis behaviors include several aviors, which involved ar resident and a particular fors resulted in a return visit to assess this situation. R4 12 peers, 7 incidents of agitating ints of physical aggression this of the QMRP Summary Notes dated February 2009 incidents of teasing peers, 7 g peers, and 5 incidents of	W99	999			
		of the QMRP Summary Notes dated January 2009					

	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) M A. BUI		IPLE CONSTRUCTION IG	(X3) DATE SU COMPLE	JRVEY TED
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	PROVIDER OR SUPPLIER			3	REET ADDRESS, CITY, STATE, ZIP CODE 8006 ALIDA STREET ROCKFORD, IL 61103		
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W9999	incidents of agitatin Physical aggression. The record review of with a start dated 1 information: Individual Program diagnoses is Bipola Intermittent Explosi include threatening calling names, exportant and/or urinating in thome, self-abusive both staff and peers Program setting is behaviors occur. Programming Meth before a behavior eaggression, R4 shows something is bother mild teasing of peer over his ears and leagitation on his fact signs, staff will appoint they can help him of the escalate to the point ensure the safety of from the immediate R4's behavior as lost to others. If he gets the RSD should be instruction. R4 ofter in the presence of a authority. Staff shows and how he is ab himself and that ho a better decision. R	ident of teasing peers, 2 g peers, and 1 incident of on. of the Behavior Program Form 0-1-09 contains the following Assessment R4's current or Disorder (Manic Type) and ove Disorder. R4's behaviors others, yelling, teasing, osing genitals, disrobing the common areas of the others, shaving his head and hitting	W99	999			

NAME OF PROVIDER OR SUPPLIER OLSON TERRACE SUMMARY STATEMENT OF DEFICIENCIES 2006 ALIDA STREET ROCKFORD, IL 61103 [X4] ID (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) W9999 Continued From page 49 signs of behaviors. Per record review of the Maladaptive Behavior Form dated February 1 to February 28 2010 for teasing and agitation of peers: 2-11-10 from 6:35 A.M. R4 was teasing peers and agitation of peers: 1-25-10 from 5:30 P.M. to 8:00 P.M. R4 was teasing peers, agitating peers, and physical aggression 1-28-10 from 5:30 P.M. to 5:37 P.M. R4 was teasing peers, agitating peers, and physical aggression 1-30-10 from 7:45 P.M. to 7:47 P.M. R4 was teasing peers, agitating peers, and physical aggression 1-30-10 from 7:45 P.M. to 7:47 P.M. R4 was teasing peers, agitating peers, and physical aggression 1-30-10 from 7:45 P.M. to 7:47 P.M. R4 was teasing peers, agitating peers, and physical aggression 1-30-10 from 7:45 P.M. to 7:47 P.M. R4 was teasing peers, agitating peers, and physical aggression 1-30-10 from 7:45 P.M. to 7:47 P.M. R4 was teasing peers, agitating peers, and physical aggression 1-30-10 from 7:45 P.M. to 7:47 P.M. R4 was teasing peers, agitating peers, and physical aggression 1-30-10 from 8:05 P.M. to 8:07 P.M. R4 was teasing peers, agitating peers, and physical aggression 1-30-10 from 8:05 P.M. to 8:07 P.M. R4 was		OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) M	IULTI	IPLE CONSTRUCTION	(X3) DATE SU COMPLE	
NAME OF PROVIDER OR SUPPLIER OLSON TERRACE STREET ADDRESS, CITY, STATE, ZIP CODE 3006 ALIDA STREET ROCKFORD, IL. 61103 (24) ID PREPRIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL TAG) (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) PREFIX TAG PROVIDER'S PLAN OF CORRECTION ENOUGL BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY) W9999 Continued From page 49 signs of behaviors. Per record review of the Maladaptive Behavior Form dated February 1 to February 28 2010 for teasing and agitation of peers: 2-11-10 from 6.45 A.M. to 7:35 A.M. R4 was teasing peers and agitating peers. This form does not identify who the peer or peers being teased or agitated.	AND LANC	O CONTROLLON	IDENTILIOATION NOWIDEN.	A. BUI	LDIN	IG		
OLSON TERRACE X4) ID SUMMARY STATEMENT OF DEFICIENCIES ROCKFORD, IL 61103			14G195	B. WIN	1G _			
PREFIX TAG (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) W9999 Continued From page 49 signs of behaviors. Per record review of the Maladaptive Behavior Form dated February 1 to February 28 2010 for teasing and agitation of peers: 2-11-10 from 6:45 A.M. to 7:35 A.M. R4 was teasing peers and agitating peers. This form does not identify who the peer or peers being teased or agitated. Per record review of the Maladaptive Behavior Form dated January 1 to January 31 2010 for teasing and agitation of peers: 1-25-10 from 5:30 P.M. to 8:00 P.M. R4 was teasing peers, agitating peers, and physical aggression 1-28-10 from 5:30 P.M. to 5:37 P.M. R4 was teasing peers, agitating peers, and physical aggression 1-30-10 from 7:45 P.M. to 7:47 P.M. R4 was teasing peers, agitating peers, and physical aggression 1-30-10 from 7:45 P.M. to 7:47 P.M. R4 was teasing peers, agitating peers, and physical aggression 1-30-10 from 8:05 P.M. to 8:07 P.M. R4 was teasing peers, agitating peers, and physical aggression 1-30-10 from 7:45 P.M. to 7:47 P.M. R4 was teasing peers, agitating peers, and physical aggression 1-30-10 from 8:05 P.M. to 8:07 P.M. R4 was					3	006 ALIDA STREET		
signs of behaviors. Per record review of the Maladaptive Behavior Form dated February 1 to February 28 2010 for teasing and agitation of peers: 2-11-10 from 6:45 A.M. to 7:35 A.M. R4 was teasing peers and agitating peers. This form does not identify who the peer or peers being teased or agitated. Per record review of the Maladaptive Behavior Form dated January 1 to January 31 2010 for teasing and agitation of peers: 1-25-10 from 5:30 P.M. to 8:00 P.M. R4 was teasing peers, agitating peers, and physical aggression 1-28-10 from 5:00 P.M. to 5:06 P.M. R4 was teasing peers agitating peers, and physical aggression 1-30-10 from 5:30 P.M. to 7:47 P.M. R4 was teasing peers, agitating peers, and physical aggression 1-30-10 from 7:45 P.M. to 7:47 P.M. R4 was teasing peers, agitating peers, and physical aggression 1-30-10 from 8:05 P.M. to 8:07 P.M. R4 was teasing peers, agitating peers, and physical aggression	PRÉFIX	(EACH DEFICIENCY	MUST BE PRECEDED BY FULL	PREF		(EACH CORRECTIVE ACTION SHOWN CROSS-REFERENCED TO THE APPR	JLD BE	COMPLÉTION
teasing peers, agitating peers, and physical aggression 1-31-10 from 4:30 P.M. to 4:32 P.M. R4 was teasing peers, agitating peers 1-31-10 from 7:45 P.M. to 8:05 P.M. R4 was teasing peers, agitating peers, and physical aggression This form does not identify the peers who are being teased, agitated, and physical aggression. Per record review of the Maladaptive Behavior Form dated December 1 to December 31 2009 for teasing and agitating peers is a follows: 12-3-09 no time documented R4 was teasing	W9999	signs of behaviors. Per record review of Form dated Februal teasing and agitation 2-11-10 from 6:45 of teasing peers and anot identify who the or agitated. Per record review of Form dated Januar teasing and agitation 1-25-10 from 5:30 of teasing peers, agitat aggression 1-28-10 from 5:00 of teasing peers, agitat aggression 1-30-10 from 7:45 of teasing peers, agitat aggression 1-30-10 from 4:30 of teasing peers, agitat aggression 1-31-10 from 4:30 of teasing peers, agitat aggression 1-31-10 from 7:45 of teasing peers, agitat aggression 1-31-10 from 4:30 of teasing peers, agitat aggression 1-31-10 from 3:45 of teasing peers, agitat aggression 1-31-31 of teasing peers, agitat aggressi	of the Maladaptive Behavior ary 1 to February 28 2010 for on of peers: A.M. to 7:35 A.M. R4 was agitating peers. This form does a peer or peers being teased of the Maladaptive Behavior by 1 to January 31 2010 for on of peers: P.M. to 8:00 P.M. R4 was ating peers, and physical P.M. to 5:37 P.M. R4 was ating peers, and physical P.M. to 7:47 P.M. R4 was ating peers, and physical P.M. to 8:07 P.M. R4 was ating peers, and physical P.M. to 4:32 P.M. R4 was ating peers, and physical P.M. to 8:05 P.M. R4 was ating peers and physical identify the peers who are ted, and physical aggression. Of the Maladaptive Behavior aber 1 to December 31 2009 ating peers is a follows:	W99	999			

	FOF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MU	ILTIPLE CONSTRUCTION	(X3) DATE SU COMPLE	
72		.5	A. BUILI	DING		
		14G195	B. WING	S		C 4/2010
	PROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZIP CODE 3006 ALIDA STREET ROCKFORD, IL 61103		
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W9999	peers. 12-5-09 no time do peers. 12-8-09 no time do peers. 12-12-09 no time do peers. 12-12-09 no time do peers. This form does not being teased or agi Per record review of Form dated Novem for teasing and agit 11-3-09 from 8:00 // peers and agitating 11-5-09 from 7:00 // peers and agitating 11-7-09 from 10:00 teasing peers, agita aggression 11-18-09 from 7:00 teasing peers 11-19-09 from 6:50 teasing peers, agita aggression This form does not being teased, agital Per interview with E on 2-24-10 at 2:55 have been targeting staff person might in Provider.	cumented R4 was teasing cumented R4 was agitating cumented R4 was teasing ocumented R4 was teasing identify the peers who are tated. of the Maladaptive Behavior ber 1 to November 30 2009 ating peers is as follows: A.M. to 8:10 A.M. was teasing peers A.M. to 7:10 A.M. was teasing peers A.M. to 8:05 A.M. was teasing	W999	99		

	T OF DEFICIENCIES DF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) M A. BUI		PLE CONSTRUCTION G	(X3) DATE SI COMPLE	TED
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(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT 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)	ULD BE	(X5) COMPLETION DATE
W9999	she stated "I do not behaviors. What ar supposed to do". Rat the end of Janua also attack staff. Per interview with F stated when asked "Yes but not very owere at the facility asked why the polic replied "they came" Per interview with F she stated that R4 lots of times R4 attacked who shavior program, outside agency to git this month and stated that yes police have been a have been here a compared to the police were at the folice were at the fo	to feel safe when R4 has his the the rest of us (clients) to the rest of us (clients) to stated that R4 attacked R6 ary 2010. R2 stated that R4 R4 on 2-24-10 at 11:15 A.M. do you hit others he stated often." When asked if the police R4 replied "oh yea". When ce came to the facility R4 because of my behavior." R6 on 2-24-10 at 11:30 A.M. did hit her one day. R6 replied acks me and I don't know why. E4 (RSD) on 2-24-10 at 4:50 are asked if R4 has a new "yes they are working with an get ideas and we hope to finish that it next month." R7 on 2-24-10 at 5:07 P.M. R8 hit R3. When asked if the to the facility she stated "they"	W99	999			

	F OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	A. BUI		IPLE CONSTRUCTION	(X3) DATE SU COMPLE	TED
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	PROVIDER OR SUPPLIER			3	REET ADDRESS, CITY, STATE, ZIP CODE 8006 ALIDA STREET ROCKFORD, IL 61103	00,0-	#2010
(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 SHOULD CROSS-REFERENCED TO THE APPR DEFICIENCY)	JLD BE	(X5) COMPLETION DATE
W9999	(Former Direct Supreported being chol reporting the incide but nothing was being the report states the Personnel) spoke wheing told by E7 the damaged her glass being battered by R. The Police Report of was sobbing and sa and battering R3 ar women's wing of the problems. E7 told her R4 became angry a shoulder area and lepunched R3 in the sarea. She advised told the police office choked E7 because Per interview with EP.M. when asked if in December 2009 believe so that was have to ask someon asked if there was a have any police report of the police report of the police of the police of the police of the police report of the police of the pol	proce to a battery complaint. E7 aport Personnel) called and ked by R4. She advised into the management staffing done about the incident. The process of the management staffing done about the incident with officers. She advised only at R4 choked E7 and es. She advised R3 also etc. I dated 12-13-09 states that R3 and that R4 is always bullying and E7. Today R4 was in the efacility and causing and punched E7 in the process of the process	W99	999			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING			COMPLE	TED
		14G195	B. WING			C 03/04/2010	
NAME OF PROVIDER OR SUPPLIER OLSON TERRACE				3	REET ADDRESS, CITY, STATE, ZIP CODE 1006 ALIDA STREET ROCKFORD, IL 61103	1 03/0-	#/2010
(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	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)		W9:	999			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING			(X3) DATE SURVEY COMPLETED	
14G195		B. WING			C 03/04/2010		
NAME OF PROVIDER OR SUPPLIER OLSON TERRACE				3	REET ADDRESS, CITY, STATE, ZIP CODE 3006 ALIDA STREET ROCKFORD, IL 61103	00,0	2010
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)		ID PREFI TAG		PROVIDER'S PLAN OF CORRECTIVE ACTION SHOWN CROSS-REFERENCED TO THE APPR DEFICIENCY)	JLD BE	(X5) COMPLETION DATE
W9999	P.M., when asked in December 2009, knowledge I do not R3, stated "a long t When asked if she "I'm just trying to rebest of my memory" Per interview with EP.M., when surveyoreport, she stated, police report. Whe the facility, she replayed recall the date it was the police report with Easked if there are and R5, she stated for R3, R4, and R5. When asked if the policember 2009, Eabelieve so that was have to ask someon asked if the facility stated, "I don't have Per interview with Eat 5:05 P.M., when facility in December called by a former spresent when they all the information of E1 stated "yes that	Personnel) on 2-24-10 at 2:59 if the police were at the facility stated, "to the best of my recall." When asked if R4 hit ime ago couple months ago." talked to the police, stated, member I do not recall to the . I'm just part time." 66 (DSP) on 2-24-10 at 4:39 or showed E6 the police 'yes this is my name on the n asked if the police were at ied, "yes they were here. I as about R4." 64 (RSD) on 2-24-10, when ny progress notes for R3, R4, there are no progress notes oblice were at the facility in the replied, "I don't recall. I don't a happy month. You would ne else to be sure." When had any police reports, she any police reports." 61 (Administrator) on 2-24-10 asked if the police were at the real stated, "yes they were staff person who was not arrived." When asked if this is on the allegation of 1-20-10,	W99	999			

AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) M A. BUI		PLE CONSTRUCTION G	(X3) DATE SURVEY COMPLETED		
		14G195	B. WING			C 03/04/2010		
NAME OF PROVIDER OR SUPPLIER OLSON TERRACE				30	REET ADDRESS, CITY, STATE, ZIP CODE 006 ALIDA STREET ROCKFORD, IL 61103	,		
(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	(EACH DEFICIENCY MUST BE PRECEDED BY FULL		W99	999				

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 14G195		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) M A. BUII		PLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED		
		B. WIN	G		C 03/04/2010			
NAME OF PROVIDER OR SUPPLIER OLSON TERRACE				STREET ADDRESS, CITY, STATE, ZIP CODE 3006 ALIDA STREET ROCKFORD, IL 61103				
(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 SHOU TAG CROSS-REFERENCED TO THE APPRO DEFICIENCY)		ULD BE	(X5) COMPLETION DATE	
W9999	Abuse by not inves by R4. The surveyor reproducible inform of abuse by R4 wer was also not given	implement the Policy on tigating allegations of abuse or was not given any lation for which the allegations re investigated. The surveyor any information in regards to use by R4 being reported to	W99	999				