		AND HUMAN SERVICES				FORM	08/31/2010 APPROVED 0938-0391
	OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) N A. BUI		TIPLE CONSTRUCTION	(X3) DATE SU COMPLE	TED
		14G229	B. WI	NG _			C 5/2010
NAME OF P	ROVIDER OR SUPPLIER				REET ADDRESS, CITY, STATE, ZIP CODE		
VILLAGE	INN-COBDEN				114 ASH STREET COBDEN, IL 62920		
(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)	JLD BE	(X5) COMPLETION DATE
W 331 W9999	twice and after he of of the left eye. Z1 (Eye Specialist) on 02/10/10 at 3:58 seen for erosion of perforation of the ey of his eye. This wo have complained. I sooner" During the may require a "corro of his cornea. FINAL OBSERVAT LICENSURE VIOL/ 350.1060e) 350.1060h) 350.3240a) Section 350.1060 T Services e) An appropriate, e program that mana be developed and i aggressive or self-a properly trained and	v to entropia, requiring surgery developed a bacterial infection was interviewed by telephone P.M. and stated, "R1 was the cornea which is a ye. He had severe entropion uld hurt bad and he should R1 should have been seen his interview Z1 stated that R1 heal transplant" due to erosion	W s		1		
	h) There shall be av appropriately qualif personnel, and nec carry out the trainin Supervision of deliv	vailable sufficient, ied training and habilitation essary supporting staff, to g and habilitation program. very of training and habilitation e responsibility of a person					

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		AND HUMAN SERVICES				FORM	08/31/2010 APPROVED 0938-0391
STATEMENT	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) N A. BU		TIPLE CONSTRUCTION	(X3) DATE SI COMPLE	JRVEY TED
		14G229	B. WII	NG _			C 5/2010
NAME OF P	ROVIDER OR SUPPLIER				TREET ADDRESS, CITY, STATE, ZIP CODE		
VILLAGE	INN-COBDEN				114 ASH STREET COBDEN, IL 62920		
(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 APPI DEFICIENCY)	ULD BE	(X5) COMPLETION DATE
W9999	Continued From pa Professional.	ige 32	W9	999	9		
		ee, administrator, employee / shall not abuse or neglect a					
	These Regulations by:	were not met as evidenced					
	review, the facility f intervention plan wi ensure that individu abuse from an indiv incidents of physica (R2, R5, R6, R7, R affecting 7 of 15 inc	ion, interview and record ailed to implement a behavior ith necessary supervision to uals are not subjected to vidual (R3). This resulted in al abuse to seven individuals 8, R9 and R10) by R3, dividuals living at the facility in at to client abuse has occurred ad to:					
	1) Implement beha to prevent R3 from	vioral interventions necessary abusing his peers;					
	,	avior program after program neffective in preventing him eers; and					
		ary monitoring and supervision als from abuse from R3.					
	Findings include:						
	"Abuse and /or Neg states, "It is the pol safe environment for free from abuse an	and procedures entitled, glect of Individuals" (no date) icy of this facility to provide a or the individuals served that is d neglect." This policy defines " any physical motion or					

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		AND HUMAN SERVICES				FORM	08/31/2010 APPROVED 0938-0391
	OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) M A. BUII		PLE CONSTRUCTION G	(X3) DATE SU COMPLE	TED
		14G229	B. WIN	G			C 5/2010
NAME OF P	ROVIDER OR SUPPLIER				EET ADDRESS, CITY, STATE, ZIP CODE		
VILLAGE	INN-COBDEN				14 ASH STREET OBDEN, IL 62920		
(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 CORREC (EACH CORRECTIVE ACTION SHOI CROSS-REFERENCED TO THE APPR DEFICIENCY)	JLD BE	(X5) COMPLETION DATE
W9999	pinching, etc) by whoccurs. This policy "failure to provide g avoid physical or ps The Physician's Or states that R3 is a s at a moderate level additional diagnose R3 was observed of sitting in a chair at a He was sitting in the E10 (Day Training present at R3's table "R3 sleeps constant him up he becomes him sleep. He has when working in the in the lunch room h way" In reviewing R3's d the following incide 03/04/09 Universal walking through the and hit a peer (unic spray cleaner bottle 05/20/09 Behavior working in the kitch unknown reason. H (unidentified), then (unidentified) in the (weak bleach/H20 (	<ul> <li>ping, punching, kicking, nich bodily harm or trauma also defines Neglect as oods or services necessary to sychological harm."</li> <li>ders sheet dated 01/01/10 50 year old male, functioning of mental retardation with so of Mood Disorder.</li> <li>n 02/10/10 at 10:55 A.M. a table at the day training site. e chair with his eyes closed. Direct Support Staff) was e at this time. E10 stated, tly while at work. If you wake a agitated. We usually just let behaviors here, especially a lunch room. When he works e hits people if they get in his</li> <li>ay training behavioral data, nts were noted:</li> <li>Progress Notes: "When I was a dining room I saw R3 swing lentified ) on the arm with his spray bottle (water) solution). He sprayed kimately) 6x's before this staff</li> </ul>	W99	999	DEFICIENCY		

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		I AND HUMAN SERVICES				FORM	): 08/31/2010 APPROVED ). 0938-0391
STATEMENT	OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) N A. BU		TIPLE CONSTRUCTION	(X3) DATE S COMPL	SURVEY ETED
		14G229	B. WI	NG .		03/(	C 0 <b>5/2010</b>
NAME OF P	ROVIDER OR SUPPLIER				TREET ADDRESS, CITY, STATE, ZIP CODE	-	
VILLAGE	INN-COBDEN				114 ASH STREET COBDEN, IL 62920		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREF TAG	۶IX	PROVIDER'S PLAN OF CORR (EACH CORRECTIVE ACTION S CROSS-REFERENCED TO THE AF DEFICIENCY)	HOULD BE	(X5) COMPLETION DATE
W9999	Continued From pa	ge 34	W9	999	9		
	scratched a peer (u The peer touched the sitting out and it mat 11/16/09 Behavior I cleaning tables, he (unidentified)cleaning is my side. The oth her side, was asked continued yelling out peer, striking out at shoulder" On 02/17/10, R3 was site at 8:15 A.M. R lunch room with two with passing out co	Frequency Sheet: R3 inidentified) on the shoulder. he water glasses he was ade R3 mad" Frequency Sheet: "R3 was did not like the other peer ng tables, he kept stating this her female peer was cleaning d to stop and calm down, he ut, he then ran toward this this peer, hitting her in the as observed at his day training 3 was sitting at a table in the o peers (unknown) assisting ffee for break. There were no he area where R3 was sitting.					
	stated, "R3 (called my glasses. I'm so stated that he had s before he came to t not observed weari interview and told th been broken. (E1 F A.M. that R6 calls F during the interview E1 (Resident Servic interviewed on 02/1 confirmed that R6's E1 stated, "We tool after having them re (R6's) glasses durin	d on 02/17/10 at 8:20 A.M. and R3 by another name) broke cared of him a little bit" R6 seen R3 in the lunch room just talk with the surveyor. R6 was ng his glasses during this he surveyor that they had RSD said on 02/17/10 at 10:20 R3 by the name he mentioned 7.) ces Director/RSD) was 7/10 at 10:20 A.M. and glasses had been broken. K a pair to him this morning epaired. R3 has broken his ng behaviors" During this not provide documentation					

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		AND HUMAN SERVICES & MEDICAID SERVICES				FORM	08/31/2010 APPROVED 0938-0391
	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) N A. BU		TIPLE CONSTRUCTION	(X3) DATE SU COMPLE	
		14G229	B. WI	NG _			5/2010
	ROVIDER OR SUPPLIER			1	REET ADDRESS, CITY, STATE, ZIP CODE		
		TEMENT OF DEFICIENCIES			COBDEN, IL 62920 PROVIDER'S PLAN OF CORRECT		(XE)
(X4) ID PREFIX TAG	(EACH DEFICIENCY	MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREF TAC		(EACH CORRECTIVE ACTION SHOL CROSS-REFERENCED TO THE APPR( DEFICIENCY)	JLD BE	(X5) COMPLETION DATE
W9999	Continued From pa	ge 35	W9	999	Э		
	showing how long F broken.	R6's glasses had been					
		nt Report dated 02/15/10 ad pulled R6's glasses off his ed the glasses.					
	an 40 year old male level of mental reta Orders and Recerti	dated 2009 states that R6 is a functioning at a moderate rdation. R6's Physician's fication sheet states that his Cardiomyopathy, Bilateral and d Heart.					
	Reports and Behav sheets from Septen R6 has been attack	ility's Incident/Accident ior Development Frequency hber 2009 - February 2010, ed by R3 six times (09/24/09, 10/19/09, 10/25/09 and					
	stated, "R3 has bee R6 and breaks his g me this morning. H During this interview	on 02/17/10 at 9:15 A.M. and en hitting on people. He hits glasses. He (R3) started on e (R3) also hits on R10" w R7 stated, "R3" when asked anybody at the facility.					
	Reports and Behav sheets from Januar	ility's Incident/Accident ior Development Frequency y 2009 - October 2009, the of client to client aggression					
	and right ear and al the right leg. R1 su	ined scratches to his face leged that he was kicked in stained bruising to his back confrontation with R3"					

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		AND HUMAN SERVICES				FORM	08/31/2010 APPROVED 0938-0391	
	ATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA ID PLAN OF CORRECTION IDENTIFICATION NUMBER:		(X2) M A. BUI		TIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED		
		14G229	B. WI	NG _			5/2010	
NAME OF P	ROVIDER OR SUPPLIER				REET ADDRESS, CITY, STATE, ZIP CODE			
VILLAGE	INN-COBDEN				114 ASH STREET COBDEN, IL 62920			
(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	Continued From pa 02/26/09 "R2 had h R3"	ige 36 iis fingers bent backwards by	W99	999	9			
	03/16/09 "R11 hit ir	n her left shoulder by R3"						
	sheet dated 03/23/0 dining room when o glasses on cart. R3	Development Frequency 09 states, "R3 was in the other peer (R10) was stacking 3 did not like the way he was to hit R10 on his R upper						
	03/24/09 "R2 was h by R3"	nit twice in the right upper arm						
	R3 last week" (S	ed that he had been kicked by taff illustrated bruising to the ow the knee down to his						
	04/07/09 states, "F wanting him to sha	nent Frequency sheet dated Peer (R2) was agitating R3 ke his hand. R3 instead of grabbed it forcefully and began ting it"						
	04/24/09 "R4 hit or	n right shoulder by R3"						
	04/24/09 states, "R when peer R3 pund There was no prior He did not appear t there with enough f her arm"	hent Frequency sheet dated 4 was looking out the window ched her with clenched fist. provocation for R3's actions! to be angry or upset but he hit force to cause a red mark to hed several times by R3 with						

		AND HUMAN SERVICES & MEDICAID SERVICES				FORM	08/31/2010 APPROVED 0938-0391
	OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) N A. BUI			(X3) DATE SU COMPLE	TED
		14G229	B. WI	NG _		C 03/05/2010	
NAME OF P	ROVIDER OR SUPPLIER				STREET ADDRESS, CITY, STATE, ZIP CODE		
VILLAGE	INN-COBDEN				114 ASH STREET COBDEN, IL 62920		
(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 APPRO DEFICIENCY)	LD BE	(X5) COMPLETION DATE
W9999	Behavior Developm 06/28/09 states, "Pi- dinner plate and cu began stacking the was standing behin R3 yelled, "Stop it F kicked R10 on the I Behavior Developm 06/28/09 states, " 3 monitoring. R7 ca yelled R3 continu washcloth down on staff R3 yelled, "S proceeded to hit R7 before staff was ab away Then begar 08/08/09 "R3 threw the face. See beha Behavior Developm 08/08/09 states, "R unknown reasons. ready to wash table at first table. He (R tried to redirect, this shoved the table to redirect. About tha and threw it hitting I In reviewing R5's N documented. This the Incident Report 09/05/09 "R3 struck Support Person/DS	ent Frequency sheet dated eer (R10) was putting his p on the cart after supper. He cups as he always does. R3 d him and became agitated. R10!" several times - he then eg" nent Frequency sheet dated This staff was sitting at table and sat down. R3 ed to get agitated, slapped his the table. R7 was talking to Shut up R7" He (R3) then r several times on the back le to intervene. R3 walked n laughing" a chair at R5 hitting him in two book on R3" nent Frequency document for 3 became agitated for He had the bucket and was es. Peer (R5) was still sitting 3) became aggressive. Staff s was unsuccessful. R3 wards R5. Staff again tried to t time R3 picked up a chair	W99	999			

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		AND HUMAN SERVICES				FORM	08/31/2010 APPROVED 0938-0391
STATEMENT	OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) N A. BU		PLE CONSTRUCTION G	(X3) DATE SU COMPLE	JRVEY TED
		14G229	B. WII	NG			C 5/2010
NAME OF P	ROVIDER OR SUPPLIER				REET ADDRESS, CITY, STATE, ZIP CODE		
VILLAGE	INN-COBDEN				14 ASH STREET COBDEN, IL 62920		
(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
W9999	Continued From pa	ge 38	W9	999			
	09/24/09 states, "R supper time when p even talking to R3 v Up." He then stom walking away from when peer (R6) wa	nent Frequency sheet dated 3 was setting the table at beer R6 said something, not when he shouted out "Shut ped his feet and began peer R3 was in the kitchen lked through. For reasons 3 punched him in the left					
	09/26/09 states, "R room when peer (R Unprovoked R3 ap him in the R (right)	nent Frequency sheet dated 3 was sitting in the dining 6) entered the room. proached R6 and punched temple knocking him to the ent and Head Injury Report."					
	was noted for the 0 with E1 (RSD) on 0 telephone confirme contained in R6's re been admitted to th	ecord, no Head Injury Report 9/26/09 incident. Interview 3/04/10 at 4:30 P.M. per d that this report was not ecord. E1 stated, "R6 had not e facility yet (on 09/26/09) and ie reports that were done					
	•	putting her plate on cart after (R3) hit her with his fist on ng at this time"					
	10/17/09 states, "R mood - he hit peer AM. Staff redirecte broke peer (R6) gla got peers in differen	nent Frequency sheet dated 3 came down this AM in bad R4 and R6 for no reason this d several x (times) - he (R3) isses when he hit him. Staff int area and then R3 went to ap saying he didn't break					

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		AND HUMAN SERVICES				FORM	08/31/2010 APPROVED 0938-0391
	F OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) N A. BU		LTIPLE CONSTRUCTION	(X3) DATE SU COMPLE	TED
		14G229	B. WII	NG	i		C 5/2010
NAME OF F	ROVIDER OR SUPPLIER	·		S	STREET ADDRESS, CITY, STATE, ZIP CODE	-	
VILLAGE	E INN-COBDEN				114 ASH STREET COBDEN, IL 62920		
(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)	JLD BE	(X5) COMPLETION DATE
W9999	Continued From pa	ige 39	W9	99	99		
	Behavior Developm 10/19/09 states, " (R6). I came into d after R6. Staff step peer (R6) from beir times in the arm an Behavior Developm 10/25/09 states, "R Peer (R6) followed K***A** (name brar leave the kitchen a were trying to get h room). He hit peer his glasses fell on t R3's Psychiatric Pr states, "Increased of nowhere - New f came Someone I aggressive attacks again by the psych recommendations to return back to the p No documentation was referred back to after the 10/17, 10 Further file review if program was not re (Qualified Mental R Professional/QMRF 02/19/10 at 3:20 P. program was revise	hent Frequency sheet dated heard R3 hollering at peer lining room and R3 was going ped in front of R3 which kept ng hit Staff was hit 6 to 7 id shoulder by peer (R3)" hent Frequency sheet dated 3 was working in kitchen. staff in kitchen to get the nd). Peer (R6) was asked to rea. R3 struck him as we im to go back in DRM (dining in the left side of his upper lip, he floor" ogress Notes dated 10/02/09 obysical aggression - still out olks attacked when they ikely to get hurt with these it sounds" R3 was seen iatrist on 10/16/09 with to follow up as needed or osychiatrist in one month. is noted identifying that R3's to the psychiatrist for follow up /19 or 10/25/09 incidents.					

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		AND HUMAN SERVICES				FORM	: 08/31/2010 APPROVED 0938-0391
	F OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) M A. BU		TIPLE CONSTRUCTION	(X3) DATE SI COMPLE	TED
		14G229	B. WI	NG _			C 5/2010
NAME OF P	ROVIDER OR SUPPLIER				TREET ADDRESS, CITY, STATE, ZIP CODE		
VILLAGE	E INN-COBDEN				114 ASH STREET COBDEN, IL 62920		
(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 APP DEFICIENCY)	OULD BE	(X5) COMPLETION DATE
W9999	After R3's daily sch 10/27/09, the follow documented on the Frequency sheet. 11/14/09 "R3 was in tables ready for lun around in the dining writer did not see w R3 was seen by the these notes state, " generally towards p In review of the Inter meeting report date program is included outburst. This prog involve, " striking potential to escalate property destruction that R3 has had two assault as indicated notes from 01/09 th of this program stat measures to reduce "Careful monitoring include, " 3. If R3 makes a self or others or to o redirect to a quiet a 4. If R3 moves to st and/or destroy prop other persons and o area. Attempt to ta	<ul> <li>redule was revised on ving behaviors are noted as a Behavior Development This sheet identifies,</li> <li>In the dining room getting the sch and peer R9 was walking groom and he hit her. This vhere he hit her"</li> <li>Psychiatric on 11/16/09 and 'Still physical aggression - beers"</li> <li>Perdisciplinary Team (IDT) ad 12/03/09, a behavior d to address R3's aggressive gram states that his behaviors gout at self and others with the e to verbal aggression and n" This program identifies enty five incidents of physical d by his monthly progress mough 11/09. Further review tes that the prevention e R3's behaviors include, of R3." Further interventions</li> </ul>	W9	995			

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		AND HUMAN SERVICES				FORM	: 08/31/2010 APPROVED . 0938-0391
STATEMENT	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) M A. BU			(X3) DATE S COMPLE	SURVEY ETED
		14G229	B. WI	NG _			C )5/2010
NAME OF P	ROVIDER OR SUPPLIER				TREET ADDRESS, CITY, STATE, ZIP CODE		
VILLAGE	E INN-COBDEN				114 ASH STREET COBDEN, IL 62920		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES / MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREF TAG	ΞIX	PROVIDER'S PLAN OF CORRE (EACH CORRECTIVE ACTION SH CROSS-REFERENCED TO THE APP DEFICIENCY)	OULD BE	(X5) COMPLETION DATE
W9999	No further intervent behavior program in if R3 actually strike does not specify the needed to prevent if E3 (Qualified Menta Professional/QMRF 02/19/10 at 3:20 P. exception of the scl no changes were m from the prior year. if any methods were program. E3 also s R3's level of staff st after R3's behavior revision of his daily The Behavior Deve for December 2009 12/27/09 "R3 was other peer (R8). Sh became very mad. back He then got and pulled her dow (The facility's roster a 70 year old femal level of mental reta The Incident/Accide states: 02/03/10 "R3 struck his right fist. No inj 02/08/10 "Peer (R9 was cleaning a tabl	tions are included within this dentifying what staff are to do s others. This program also e level of staff supervision R3 from assaulting his peers. al Retardation P) was interviewed on M. and stated, "With the heduling revision (10/27/09), nade to R3's behavior program " E3 stated, "No" when asked e changed in the behavior stated, "No" when asked if upervision had been changed continued even with the schedule on 10/27/09. elopment Frequency document 9 states: trying to get R4's coat from he wouldn't let go. He then He started hitting on her hold of the back of her blouse n to the floor on her butt" r dated 2009 states that R8 is le functioning at a profound rdation.) ent Reports for February 2010 k peer (R7) several times with	W9	998	9		

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		HAND HUMAN SERVICES				FORM	08/31/2010 APPROVED 0938-0391
STATEMEN	T OF DEFICIENCIES DF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) N A. BU		IPLE CONSTRUCTION	(X3) DATE SU COMPLE	JRVEY TED
		14G229	B. WII	NG			C 5/2010
NAME OF F	PROVIDER OR SUPPLIER				REET ADDRESS, CITY, STATE, ZIP CODE		
VILLAGE	E INN-COBDEN				14 ASH STREET COBDEN, IL 62920		
(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 SHOU CROSS-REFERENCED TO THE APPR DEFICIENCY)	ULD BE	(X5) COMPLETION DATE
W9999	roster dated 2009 s	age 42 states that R9 is an 88 year old at a profound level of mental	W9	999			
	investigations are r of client to client ag January 2010. Rec preventative measu	ehavioral incidents, no noted regarding any incidents ggression from January 2009 - cord review did not identify that ures were implemented to dents of client to client abuse					
	Incident/Accident R "R3 was on his way bathroom, when pe immediately ran ov the end of #1 table, right side of face ar	as again attacked by R3. The Report dated 02/15/10 states, y to kitchen after using the eer R6 said "Hi" to him. R3 rer to R6 (who was sitting at ) and hit him (R6) once on hd then used both hands to ff and then twisted the					
	R3's Psychiatric Pr states, "Pt (patient) (year old) lady, bro	s psychiatrist on 02/19/10. ogress Notes dated 02/19/10 assaulting peers still, 88 y/o ke resident glasses punching o (without) provocation. On "					
	R3 had been place 02/16/10. E1 also s have specific policy	0 P.M., E1 (RSD) stated that d on "visual observation" on stated that the facility did not and procedures regarding on and or definitions for levels					
	and stated, "R3 hits	ed on 02/19/10 at 3:55 P.M. s people. He hits the other ack with a coffee cup. R7 gets					

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		I AND HUMAN SERVICES				FORM	08/31/2010 APPROVED 0938-0391
STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE C A. BUILDING			(X3) DATE SURVEY COMPLETED	
		14G229	B. WII	NG	i		C 5/2010
NAME OF PROVIDER OR SUPPLIER					STREET ADDRESS, CITY, STATE, ZIP CODE		
VILLAGE	E INN-COBDEN				114 ASH STREET COBDEN, IL 62920		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES / MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREF TAG		PROVIDER'S PLAN OF CORRECT (EACH CORRECTIVE ACTION SHOL CROSS-REFERENCED TO THE APPR DEFICIENCY)	JLD BE	(X5) COMPLETION DATE
W9999	hit. He (R7) makes (R6) gets hits. He's (R3) knocked R6's E1 and E3 tried to s bother me. I'm luck R3 was observed in facility on 02/19/10 wrapping silverward the kitchen with R3 in close proximity to 3-4 feet away from After R3 was place 02/16/10, R3 attack Incident/Accident R "R7 was in recliner became upset and him in back of head sustained a 1 inch requiring emergend The Behavior Deve 02/21/10 states, "W work at 6:30 A.M., I duty. While I was r R3 was making a c peer (R7) was in liv yelling "E6, he (R3) living room and R3 with his coffee cup, E6 was interviewed 3:10 P.M. and conf to one staff supervi 02/21/10 incident. and when I came in to the kitchen with r	a him (R3) mad. The other boy s (R3) in the kitchen now. He glasses off and broke them. stop him (R3). R3 doesn't ky I didn't get hit by him" In the kitchen area of the at 4:15 P.M. sitting at a table e. Staff (E7) was present in , but was not observed to be o R3. Staff was approximately R3. d on "visual observation" on ked R7 on 02/21/10. The seport dated 02/21/10 states, talking about peers when R3 went in living room and struck d with a coffee cup" R7 gash to the back of his head	W9	99:			

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DEPAR <sup>-</sup> CENTEF	PRINTED: 08/31/2010 FORM APPROVED OMB NO. 0938-0391						
STATEMENT	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) N A. BU		LTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
14G229			B. WI	NG		C 03/05/2010	
NAME OF PROVIDER OR SUPPLIER					TREET ADDRESS, CITY, STATE, ZIP CODE		
VILLAGE INN-COBDEN					114 ASH STREET COBDEN, IL 62920		
(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 CORREC (EACH CORRECTIVE ACTION SHOI CROSS-REFERENCED TO THE APPR DEFICIENCY)	ULD BE	(X5) COMPLETION DATE
W9999	and when I turned I the kitchen and hit stated that she had a year. E6 stated, within arm's length stated, "We were to in the same room v one." The facilities roster are 13 individuals II R4, R5, R7, R8, R9	age 44 d around. I heard R7 yelling back around, R3 had left out of R7." During this interview, E6 I worked at the facility for over "No" when asked if R3 was of staff on 02/21/10. E6 old that he (R3) just had to be with staff, he was not on one to r (no date) identifies that there iving at the facility (R1, R2, 0, R10, R11, R12, R13 and affected by R3's aggression. (A)	W9	999			

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