		I AND HUMAN SERVICES				FORM	11/22/2010 APPROVED 0938-0391
STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		(X2) M A. BU		TIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED		
		14G244	B. WI	٩G _			C 2/2010
NAME OF P	ROVIDER OR SUPPLIER				REET ADDRESS, CITY, STATE, ZIP CODE #4 HILL MINE ROAD		
FREEBU	RG TERRACE				FREEBURG, IL 62243		
(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
W 127	review and investig Administrator. > The regional train review and monitor the next 3 months. While the Immediat 7/20/10, the facility the facility has not h implement and eva plan. FINAL OBSERVAT LICENSURE VIOLA 350.620a) 350.670a) 350.670f)3) 350.3240a) 350.3240c) 350.3240e) Section 350.620 Ref a) The facility shall procedures governit the facility which shi involvement of the a shall be available to public. These writted operating the facility least annually. Section 350.670 Period	committee will reconvene to ate all allegations made to the her and Executive Director will investigative committees for remains out of compliance as had the opportunity to fully luate the effectiveness of their TONS ATIONS ATIONS esident Care Policies have written policies and ing all services provided by hall be formulated with the administrator. The policies of the staff, residents and the en policies shall be followed in y and shall be reviewed at	W		7		
	a) Each facility shal	II develop and maintain written					

If continuation sheet Page 32 of 58

					FORM	11/22/2010 APPROVED 0938-0391
	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:				(X3) DATE SU COMPLE	TED
	14G244	B. WI	NG			C 2/2010
NAME OF PROVIDER OR SUPPLIER						
FREEBURG TERRACE				FREEBURG, IL 62243		
(EACH DEFICIENCY	MUST BE PRECEDED BY FULL			(EACH CORRECTIVE ACTION SHOL	JLD BE	(X5) COMPLETION DATE
 personnel policies for operation of the fact include, at a minimulation of this Section. f)3) All facility employersidents shall be the requirements and be who may come unclusted as a fety and dignity of training and comperent section 350.3240 A a) An owner, licenss or agent of a facility resident. (Section 2 c) A facility administ abuse or neglect of report the matter by the resident's repretente the Act) e) Employee as perinvestigation of a represident indicates, I that an employee of the perpetrator of the immediately be bar with residents of the of any further investigations of a 3-611 of the Act) 	that are followed in the sility. These policies shall um, each of the requirements oyees who deal directly with rained on the individual behavioral issues of residents der their care, to ensure the of each client. The employees' tency shall be documented. Abuse and Neglect ee, administrator, employee y shall not abuse or neglect a 2-107 of the Act) strator who becomes aware of a resident shall immediately y telephone and in writing to sentative. (Section 3-610 of repetrator of abuse. When an eport of suspected abuse of a based upon credible evidence, f a long-term care facility is ne abuse, that employee shall red from any further contact e facility, pending the outcome tigation, prosecution or against the employee. (Section	W9	999			
	ion, interview and record					
	S FOR MEDICARE OF DEFICIENCIES F CORRECTION ROVIDER OR SUPPLIER RG TERRACE SUMMARY STA (EACH DEFICIENCY REGULATORY OR L Continued From pa personnel policies f operation of the fac include, at a minim of this Section. f)3) All facility empl residents shall be t requirements and b who may come unc safety and dignity c training and compe Section 350.3240 A a) An owner, licens or agent of a facility resident. (Section 2 c) A facility adminis abuse or neglect of report the matter by the resident's repre- the Act) e) Employee as per investigation of a re resident indicates, I that an employee o the perpetrator of th immediately be bar with residents of the of any further invest disciplinary action a 3-611 of the Act)	IDENTIFICATION NUMBER: 14G244 ROVIDER OR SUPPLIER RG TERRACE SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) Continued From page 32 personnel policies that are followed in the operation of the facility. These policies shall include, at a minimum, each of the requirements of this Section. f)3) All facility employees who deal directly with residents shall be trained on the individual requirements and behavioral issues of residents who may come under their care, to ensure the safety and dignity of each client. The employees' training and competency shall be documented. Section 350.3240 Abuse and Neglect a) An owner, licensee, administrator, employee or agent of a facility shall not abuse or neglect a resident. (Section 2-107 of the Act) c) A facility administrator who becomes aware of abuse or neglect of a resident shall immediately report the matter by telephone and in writing to the resident's representative. (Section 3-610 of the Act) e) Employee as perpetrator of abuse. When an investigation of a report of suspected abuse of a resident indicates, based upon credible evidence, that an employee of a long-term care facility is the perpetrator of the abuse, that employee shall immediately be barred from any further contact with residents of the facility, pending the outcome of any further investigation, prosecution or disciplinary action against the employee. (Section 3-611 of the Act) These Regulations were not met as evidenced	RS FOR MEDICARE & MEDICAID SERVICES Independent of the service of the servic	RS FOR MEDICARE & MEDICAID SERVICES OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: (X2) MUL A. BUILD IDENTIFICATION NUMBER: (X2) MUL A. BUILD ROVIDER OR SUPPLIER Identification NUMBER: (X2) MUL A. BUILD RG TERRACE ID SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) ID Continued From page 32 personnel policies that are followed in the operation of the facility. These policies shall include, at a minimum, each of the requirements of this Section. W999 f(3) All facility employees who deal directly with residents shall be trained on the individual requirements and behavioral issues of residents who may come under their care, to ensure the safety and dignity of each client. The employees' training and competency shall be documented. Section 350.3240 Abuse and Neglect a) An owner, licensee, administrator, employee or agent of a facility shall not abuse or neglect a resident. (Section 2-107 of the Act) c) A facility administrator who becomes aware of abuse or neglect of a resident shall immediately report the matter by telephone and in writing to the resident's representative. (Section 3-610 of the Act) e) Employee as perpetrator of abuse. When an investigation of a report of suspected abuse of a resident indicates, based upon credible evidence, that an employee of a long-term care facility is the perpetrator of the abuse, that employees. (Section 3-611 of the Act) These Regulations were not met as e	RS FOR MEDICARE & MEDICAID SERVICES OF DEFICIENCIES FCORRECTION (x1) PROVIDER/SUPPLER/CLIA IDENTIFICATION NUMBER: (x2) MULTIPLE CONSTRUCTION A BUILDING ROVIDER OR SUPPLER Integration B. WING ROTERACE STREET ADDRESS, CITY, STATE, ZIP CODE #4 HILL MINE ROAD FREEBURG, IL 62243 ROVIDER OR SUPPLER STREET ADDRESS, CITY, STATE, ZIP CODE #4 HILL MINE ROAD FREEBURG, IL 62243 ROUTON OF LSC IDENTIFYING INFORMATION) PROVIDENS PLAN OF CORRECT (EACH CORRECTIVE ACTION SHOL CROSS-REFERENCED TO THE APPRI DEFICIENCY) Continued From page 32 personnel policies that are followed in the operation of the facility. These policies shall include, at a minimum, each of the requirements of this Section. W9999 (f)3) All facility employees who deal directly with residents shall be trained on the individual requirements and behavioral issues of residents who may come under their care, to ensure the safety and dignity of each client. The employees' training and competency shall be documented. Section 350.3240 Abuse and Neglect a) An owner, licensee, administrator, employee or agent of a facility shall not abuse or neglect a resident. (Section 2-107 of the Act) Immediately the Act) e) Employee as perpetator of abuse. When an investigation of a report of suspected abuse of a resident indicates, based upon credible evidence, that an employee of a long-term care facility is the perpetator of the abuse, that employee. (Section 3-611 of the Act) These Regulations were not met as evidenced by: Exection action any further contact	NMENT OF HEALTH AND HUMAN SERVICES FORM SFORM EDICARE & MEDICAID SERVICES OMB NO. or operiodinocities (x1) PROVIDERSUPPLIERCIAN (x2) MULTIPLE CONSTRUCTION A BUILDING a. WING (x3) DATE SI ROTIDER OR SUPPLIER STREET ADDRESS. CITY. STATE, ZIP CODE 07/2 ROTIDER OR SUPPLIER STREET ADDRESS. CITY. STATE, ZIP CODE 07/2 RG TERRACE STREET ADDRESS. CITY. STATE, ZIP CODE 07/2 SUMMARY STATEMENT OF DEFICIENCIES Image: Construction of the facility. These policies shall include, at a minimum, each of the requirements of this Section. Image: Construction of the Construction of Construction of the Construction of the Construction of Construc

If continuation sheet Page 33 of 58

		AND HUMAN SERVICES & MEDICAID SERVICES				FORM	11/22/2010 APPROVED 0938-0391
	OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) M A. BUI		TIPLE CONSTRUCTION	(X3) DATE SU COMPLE	TED
		14G244	B. WI	NG _			C 2/2010
NAME OF F	NAME OF PROVIDER OR SUPPLIER			ST	TREET ADDRESS, CITY, STATE, ZIP CODE		
FREEBU	RG TERRACE				#4 HILL MINE ROAD FREEBURG, IL 62243		
(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)	ILD BE	(X5) COMPLETION DATE
W9999	review, the facility he when the facility ne policy for abuse and to: 1) ensure that the r (E10) to resident (F were consistent wit 2) provide R1 with a possible injuries aft 3) notify R1's guard regarding the 6/28/ 4) provide safeguar supervision of E10 abuse/neglect. 5) investigate R1's board and disemba return to the facility training staff and fa regarding R1's bus 6) investigate allega resident (R1 & R15 guardian. 7) ensure safeguar abuse allegation re the Administrator b These failures have 14 current residents Findings include: 1. In review of an u validates level of fu (14) individuals in th function in the mild R's 1 (6/22/10 Indiv 7, 8, 9, 10 and 11 ft	has failed to prevent abuse glected to implement their d neglect. The facility failed esults of the 6/28/10 staff (1) physical abuse allegation h the evidence obtained. a timely assessment for er the 6/28/10 incident. tian in a timely manner 10 incident. ding of residents through and retraining in consistent known refusals to rk the day training bus to ; and provide a plan for day cility staff to implement boarding refusals. ations of staff (E5 & E10) to) abuse reported by R1's ding of residents after a 7/6/10 garding E5 was reported to y surveyor; e the potential to affect 14 of s of the facility roster that nctioning, there are fourteen he facility. R's 2, 12 and 13 range of mental retardation. idual Service Plan - ISP), 3, 6, unction in the moderate range in. R's 4, 5, 14 and 15	W9	999			

Facility ID: IL6012637

If continuation sheet Page 34 of 58

		AND HUMAN SERVICES & MEDICAID SERVICES				FORM	11/22/2010 APPROVED 0938-0391
	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) N A. BU		TIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
		14G244	B. WI	NG _			C 2/2010
NAME OF PROVIDER OR SUPPLIER					TREET ADDRESS, CITY, STATE, ZIP CODE		
FREEBU	RG TERRACE				#4 HILL MINE ROAD FREEBURG, IL 62243		
(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	Continued From pa	ge 34	W9	999	9		
	R's 1, 2, 3, 4, 5, 6, 7 attend the same da attend another day Mental Retardation 7/6/10, at 2:10 p.m. In an interview with 2:10 p.m., E1 stated resident roster the interviewable (R's 3 further clarified that was admitted on 6/ 7/1/10 or 7/2/10. In review of R1's 6/ and functions in the retardation, with ad Neurological Disord parents are his co-g History and Assess 5 foot, four inches, fall risk and must be walker for ambulation in the past few wee of not wanting to ge leave the day trainin Facility staff have h site to get R1. An undated letter fr to the Department of facility received a re alleging that on 6/2	7, 8, 9, 10, 11, 12 and 14 y training site. R's 13 and 15 training site per E1 (Qualified Professional - QMRP), on E1 (QMRP), on 7/6/10 at d that he had starred on the ndividuals who he felt were 6, 6, 8, 9, 10, 11 & 12). E1 R1 is still on this roster, but 1/10 and was discharged on 22/10 ISP, R1 is 24 years old moderate range of mental ditional diagnoses of ler and Cerebral Palsy. R1's guardians. His 5/20/10 Health ment documents his height at weighing 145 pounds. R1 is a e encouraged to use his on. This ISP further states that ks R1 has displayed incidents et on the bus when it is time to ng site to return to the facility. ad to go to the day training om E2 (Administrator), faxed on 6/29/10, states that the eport from the day training site 8/10, a staff member of the					
	arms, pushed the ir the bus, and cursed letter all residents a	ndividual by the neck and adividual when getting off of at the individual. Per the and staff present were acility concluded that no abuse					

Facility ID: IL6012637

If continuation sheet Page 35 of 58

		I AND HUMAN SERVICES				FORM	11/22/2010 APPROVED 0938-0391
	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) N A. BU		TIPLE CONSTRUCTION	(X3) DATE SU COMPLE	TED
		14G244	B. WII	NG .			C 2/2010
NAME OF P	ROVIDER OR SUPPLIER				TREET ADDRESS, CITY, STATE, ZIP CODE		
FREEBU	RG TERRACE				#4 HILL MINE ROAD FREEBURG, IL 62243		
(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)	ILD BE	(X5) COMPLETION DATE
W9999	Continued From pa occurred, but did re member receive re- management techn The "Investigative (dated 6/29/10, doct and E2 (sister facili investigation. The 6/29/10 facility the day training bus E1 and E2 as to wh of the incident. R's 14 were identified a on the bus. The bu- had gotten off of the the same report, Z3 same day training s was also on the bus In a 7/7/10, 10:26 a driver), Z8 verified to seating map of the facility's 6/29/10 inv individual on the bus (7/6/10, at 2:10 p.m he is currently in a 1 facility after his nurs Z8 also stated, duri 6/28/10, it took abo board the bus at da	ige 35 commend that the staff training on behavior iques. Committee Informal Minutes," ument that E1 (facility QMRP), ty QMRP), conducted the investigation documents that a driver provided information to to was on the bus at the time 1, 2, 3, 4, 5, 9, 10, 11, 12, and as facility individuals who were as driver stated that R6 and R8 e bus prior to the incident. Per 8 (consumer who attends the site, and rides the same bus), s. 	W9		DEFICIENCY)		
	facility. When day bus, the ride was of R1 said he did not did not want to stay to get a facility staff	I't want to go back to the training finally got R1 on the kay, until we got to the facility. want to get off of the bus and at the facility. Z8 asked R8 person. R8 came back with o get off the bus and R1					

Facility ID: IL6012637

If continuation sheet Page 36 of 58

		I AND HUMAN SERVICES				FORM	11/22/2010 APPROVED 0938-0391
STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:			(X2) M A. BU		TIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
		14G244	B. WING				C 2/2010
	ROVIDER OR SUPPLIER		•		TREET ADDRESS, CITY, STATE, ZIP CODE #4 HILL MINE ROAD FREEBURG, IL 62243		
(X4) ID PREFIX TAG	(EACH DEFICIENC)	TEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREF TAG	IX	PROVIDER'S PLAN OF CORREC (EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APPF DEFICIENCY)	ULD BE	(X5) COMPLETION DATE
W9999	refused. E10 put o another hand on his pushed him forward stated she was stati inside the bus and occurred clearly. E the bus motherf E10 stated, "You sl your f mother w had red marks on h bus on his own. Hi steps. Z8 called he concerning the inci Z6 when she return then wrote her repor- chart. Z8 stated the day that R1 began it has taken quite a of the bus when ret stated that E10 was and was yelling at h Z8 further stated th out regarding gettin say why. Per a 6/28/10 hand (day training bus dr the bus upon return facility. Per this rep Person - DSP) grat around the back of forward to the floor mother, and ge should have stayed when you had the o there were red mar This report further s	ne hand under R1's arm and s neck, stood R1 up and d. R1 fell on the floor. Z8 hding by the wheelchair lift could see everything that 10 told R1, "Get the f off of R1 cursed back at E10. hould have went home with when you had the chance." R1 his neck. R1 then exited the s walker was down by the bus er supervisor, left a voice mail dent and talked with Z1 and hed to the day training site. Z8 ort and drew the bus seating at since the second or third attending the day training site, bit of convincing to get him off curning to the facility. Z8 s angry, "very rough" with R1	W9	99:	9		

Facility ID: IL6012637

If continuation sheet Page 37 of 58

		AND HUMAN SERVICES					FORM): 11/22/2010 APPROVED . 0938-0391
STATEMENT OF DEFICIENCIES (AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) I A. BL		TIPLE CONSTRUCTION		(X3) DATE S COMPL	
		14G244	B. WI	NG .			07/2	22/2010
NAME OF F	ROVIDER OR SUPPLIER				TREET ADDRESS, CITY, STATE, ZI	P CODE		
FREEBU	RG TERRACE				#4 HILL MINE ROAD FREEBURG, IL 62243			
(X4) ID PREFIX TAG	(EACH DEFICIENC)	TEMENT OF DEFICIENCIES / MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREF TAC	FIX	PROVIDER'S PLAN OF (EACH CORRECTIVE AC CROSS-REFERENCED TO DEFICIEN	TION SHOU	JLD BE	(X5) COMPLETION DATE
W9999	telling staff that he the residential facili 30 minutes to coax home. Z8 docume occurring since Ma that E10 said, "The this mother be lose my job." Per review of the 6. day training bus dri refusing to get off of facility. The bus dr staff member for as on the bus, grabbe his arm, picking hin should have went h had the chance. Th names of other indi stating that R8 and bus. - Per the 6/29/10 fa that E10 grabbed I fell to the floor. E10 On 7/7/10, 11:45 a. interview with R9. manager), was also moderate range of facility roster), was on 7/6/10, at 2:10 p verbal, speaking in (observations at the p.m4:45 p.m.). R the bus when he sa his neck and push	does not want to go back to ity. Sometimes it takes up to R1 to get on the bus to go ints that this behavior has been y 24, 2010. Z8 further stated y need to do something with fore I end up hurting him and /29/10 facility investigation, the ver stated that R1 was of the bus upon arrival at the iver asked R8 to get a facility sistance. E10 came out, got d R1 by his neck and under in up, while telling him he nome to his mother when he he bus driver also supplied the ividuals that were on the bus, R6 had already gotten off the excility investigation, R9 stated R1's neck, pushed R1 and R1 0 also called R1 a mother im., surveyor conducted an Z6 (day training case o present. R9 functions in the mental retardation (undated reported as interviewable E1 o.m.), and is ambulatory and complete sentences e facility on 7/6/10 from 1:25 9 confirmed that he was on aw E10 grab R1 on the back of R1, who fell to the floor of the ng at R1. R9 stated, "(E10) is	W9	999				

Facility ID: IL6012637

If continuation sheet Page 38 of 58

		I AND HUMAN SERVICES				FORM	11/22/2010 APPROVED 0938-0391
STATEMENT	STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		(X2) N A. BU		TIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
		14G244	B. WI	NG			C 2/2010
NAME OF P	ROVIDER OR SUPPLIER				TREET ADDRESS, CITY, STATE, ZIP CODE		
FREEBU	RG TERRACE				#4 HILL MINE ROAD FREEBURG, IL 62243		
(X4) ID PREFIX TAG	(EACH DEFICIENC)	TEMENT OF DEFICIENCIES / MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREF TAG	ΊX	PROVIDER'S PLAN OF CORREC (EACH CORRECTIVE ACTION SHOI CROSS-REFERENCED TO THE APPR DEFICIENCY)	JLD BE	(X5) COMPLETION DATE
W9999	Continued From pa	ige 38	W9	999	9		
	- Per the 6/29/10 facility investigation, R4 stated that when R1 was on the bus, E10 pushed R1 and R1 fell. R1 also said F to E10.						
	On 7/7/10, at 12:19 p.m., surveyor conducted an interview with R4. Z6 (day training case manager), was also present. R4 functions in the moderate range of mental retardation (undated facility roster), is verbal, speaking in complete sentences, and requires a wheelchair for mobility (observations at the facility on 7/6/10 from 1:25 p.m4:45 p.m.). R4 stated that R1 used to live at the facility, but went home to live with his mother. Without further questioning from the surveyor R4 spontaneously said, "(E10) knocked him down a little bit." R4 explained that E10 got on the bus and got R1 off the bus. R4 said she saw E10 push R1, "(R1) fell down." E10 was, "being loud." E10 told R1 if he did not get off the bus he would kick him off and that is why R1 does not like E10 anymore. All of this made me feel, "very bad."						
	R1's seat belt off an	It to get off the bus. E10 took nd shoved R1. E10 grabbed o the ground, and was mad at					
	interview with R3 manager) was also moderate range of facility roster), was on 7/6/10, at 2:10 p verbal, speaking in (observations at the	1 p.m., surveyor conducted an Z6 (day training case present. R3 functions in the mental retardation (undated reported as interviewable (E1 p.m.), is ambulatory and complete sentences e facility, on 7/6/10, from 1:25 8 stated that he knows R1, as					

Facility ID: IL6012637

If continuation sheet Page 39 of 58

		AND HUMAN SERVICES				FORM	11/22/2010 APPROVED 0938-0391
	OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) M A. BU		TIPLE CONSTRUCTION	(X3) DATE SU COMPLE	
		14G244	B. WI	NG .			2/2010
NAME OF F	ROVIDER OR SUPPLIER				TREET ADDRESS, CITY, STATE, ZIP CODE		
FREEBU	RG TERRACE				#4 HILL MINE ROAD FREEBURG, IL 62243		
(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 SHOI CROSS-REFERENCED TO THE APPR DEFICIENCY)	JLD BE	(X5) COMPLETION DATE
W9999	he used to live at the further questioning, you hear what (E10 that R1 would not g supposed to. E10 seatbelt and threw him. Ever since the the facility. R1 did E10 got, "real mad, on the bus." R1 cri what E10 did to him they called (E2), ar homeFriday was - Per the 6/29/10 fat that E10 was helpin R11 then stated, how when R1 said the fa- pushed on the bus. facility interview that clarified). On 7/7/10, 11:21 at interview with R11. manager) was present moderate range of facility roster), is an in complete senten facility, on 7/6/10 fm is reported as interv 2:10 p.m.). R11 stated R1 off of the bus. Et his knees. R1 curs (E10) was yelling at	the facility. R3 then, without spontaneously stated, "Did b) did to him (R1)?" R3 stated let off the bus when he was got mad, unbuckled R'1s him to the floor and kicked en R1 has not been back to not want to live at the facility. I was sitting right behind R1 ed at the house, "cause of nwhen (E10) got in the house ad she made (E10) go his first day back at work." cility investigation, R11 stated bg R1 and not being mean. owever, that E10 yelled at R1 word and that R1 was (There is no evidence in the at who pushed R1 was further the mental retardation (undated nbulatory and verbal, speaking ces (observations at the om 1:25 p.m4:45 p.m.), and viewable (E1, on 7/6/10, at ated that R1 used to live at the and that E10 works at my that E10 got on the bus to get E10 pushed R1 and R1 fell to ed at E10 using the f word. t R1, stating, "He woke up the sed the f word. E10 makes	W9	999	9		

If continuation sheet Page 40 of 58

		AND HUMAN SERVICES				FORM	11/22/2010 APPROVED 0938-0391
	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) N A. BU			(X3) DATE SU COMPLE	TED
		14G244	B. WII	NG _			C 2/2010
NAME OF P	ROVIDER OR SUPPLIER				TREET ADDRESS, CITY, STATE, ZIP CODE		
FREEBU	RG TERRACE				#4 HILL MINE ROAD FREEBURG, IL 62243		
(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	day training consum facility, but rides the individuals. Per the black man got on th with the walker, wh Z3 stated that the b arm. On 7/7/10, 9:54 a.r interview with Z3. Z present. Z3 commu and the assistance she knows R1. Z3 in an affirmative ma Surveyor asked Z3 Z3 again shook her affirmative manner. something happen by pushing both arr from her body. Sim man" and signed "(indicated through s into her, pointing to touching her arm. V talking, Z3 signed s explained at this tim and her hearing aid Z3 would be able to Z8 was on or off the was on the bus, not the bus. As the inte appeared to becom Z4 (7/7/10 at 10:10 caseload and is, "v Z4 stated she was interviewed Z3 last	ge 40 acility investigation, Z3 is a ner who does not live at the e same bus as the facility e interview, Z3 stated that a ne bus and pushed the boy o was also wearing glasses, oy with the walker fell into her m., surveyor conducted an Z4 (day training QMRP) was inicated with sign, gestures of Z4. Surveyor asked Z3 if shook her head up and down, anner and signed, "long time." if she rode the bus with R1. thead up and down, in an Surveyor asked Z3 if ed on the bus. Z3 gestured ms out away and then down nultaneously Z3 signed "black R1) fell down." Z3 further ign and gesture that R1 fell her lap and knees and When asked if anyone was the could not hear. (Z4 ne that Z3 is hard of hearing is broken. If it were working, o hear.) When asked whether e bus, Z3 indicated that Z8 tin her seat, but at the door of erview progressed, Z3 be increasingly agitated. a.m.) stated that Z3 is on her ery crediblevery observant." present when E1 and E3 week, and that Z3's interview nt with the interview of last	W9	999	9		

If continuation sheet Page 41 of 58

DEPARTMENT OF HEALTH AND HUMAN SERVICES							
CENTERS FOR MEDICARE & MEDICAID SERVICES							
STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CON					
AND PLAN OF CORRECTION		A. BUILDING					

PRINTED:	11/22/2010
FORM /	APPROVED
OMB NO	0938-0391

	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) N A. BUI		IPLE CONSTRUCTION	(X3) DATE SU COMPLE	
		14G244	B. WI				C 2/2010
NAME OF F	ROVIDER OR SUPPLIER			STF	REET ADDRESS, CITY, STATE, ZIP CODE	0172	
FREEBU	RG TERRACE				4 HILL MINE ROAD FREEBURG, IL 62243		
(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	week (6/29/10 com stated that during la almost crying and v interview progresses - In review of the 6/ there is no evidence (QMRP), on 7/7/10 was not listed as be the interview with th Therefore, R7 was In a 7/14/10, 10:05 Z8 stated that R7 w 6/28/10 incident. R1 give his name to the On 7/7/10, at 2:51 interview with R7. I range of mental reta roster), and is ambu gestures and one-tw (observations at the p.m4:45 p.m.). R1 R7 shook his head "Yeah." When aske his head up and do said, "No more." W with him, R7 shook said, "Yeah." R7 w happened on the bu down and said, "Ye spontaneously, use gestured outward a manner. While ges (E10)floor." Surv floor - E10 or R1. F	pleted by E1 and E3). Z4 ast week's interview, Z3 was vas increasingly upset as the ed. 29/10 facility investigation, e that R7 was interviewed. E3 at 3:05 p.m., stated that R7 eing on the bus that day during ne day training busdriver. not interviewed. a.m. phone interview with Z8, vas on the bus during the 7 does not talk, so Z8 did not e facility for the investigation. p.m. surveyor conducted an R7 functions in the moderate ardation (undated facility ulatory, communicating with	W9	999			

Facility ID: IL6012637

If continuation sheet Page 42 of 58

CENTER	RS FOR MEDICARE	AND HUMAN SERVICES & MEDICAID SERVICES				FORM OMB NO.	11/22/2010 APPROVED 0938-0391
	OF DEFICIENCIES F CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) N A. BU		LTIPLE CONSTRUCTION	(X3) DATE SU COMPLE	
		14G244	B. WI	NG	B		
	ROVIDER OR SUPPLIER			S	TREET ADDRESS, CITY, STATE, ZIP CODE #4 HILL MINE ROAD FREEBURG, IL 62243		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREF TAC	ΞIX	PROVIDER'S PLAN OF CORREC	ULD BE	(X5) COMPLETION DATE
W9999	Continued From pa	ge 42	W9	99	99		
	stated that R1 does and that E10 helper was not listening to bus driver said she the bus if he did no On 7/7/110, at 12:0 an interview with R manager) was press moderate range of facility roster), is an of a walker, and is sentences (observa from 1:25 p.m4:48 (E1, on 7/6/10, at 2 she knows R1. R6 down manner and s of the bus." R6 the late. Spontaneousl came out to help ge want to go home((R1)." R6 stated th and back. R6 could not.	29/10 facility investigation, R6 a not want to get off the bus d with R1. R6 stated that R1 the bus driver and that the was going to kick R1 off of t get off the bus next time. 00 p.m., surveyor conducted 6. Z6 (day training case ent. R6 functions in the mental retardation (undated nbulatory with the assistance verbal, speaking in complete ations at the facility on 7/6/10 5 p.m.), and is interviewable :10 p.m.). R6 was asked if shook her head in an and stated, "He (R1) got kicked off n stated that R1 makes us y, R6 stated, "That day (E10) et him off the busdoesn't E10) got mad and pushed at E10 grabbed R1 by his arm d not remember if R1 fell or					
	day training bus dri	typed report states that the ver's interview validated that ten off the bus before the					
	Z8 stated that R6 w the incident occurre feet from the bus an E10 and R1. Z8 fu wheelchair lift was	a.m. phone interview with Z8, vas already off the bus when ed. R6 was standing about 15 nd would have easily heard rther stated that the down and this would allow R6 bus aisle, E10 and R1. Z8					

Facility ID: IL6012637

If continuation sheet Page 43 of 58

		AND HUMAN SERVICES				FORM	11/22/2010 APPROVED 0938-0391
STATEMEN	F OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) N A. BU		TIPLE CONSTRUCTION	(X3) DATE SU COMPLE	TED
		14G244	B. WI	NG _			C 2/2010
NAME OF F	PROVIDER OR SUPPLIER				REET ADDRESS, CITY, STATE, ZIP CODE		
FREEBU	RG TERRACE				#4 HILL MINE ROAD FREEBURG, IL 62243		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREF TAC		PROVIDER'S PLAN OF CORRECT (EACH CORRECTIVE ACTION SHOL CROSS-REFERENCED TO THE APPR DEFICIENCY)	JLD BE	(X5) COMPLETION DATE
W9999	said that R6 would windows, but could in his seat. - The 6/29/10 faciliti interview with R10. interview states that made her feel unco The handwritten no interview state, "wa (on 7/7/10, at 3:05) were her handwritte On 7/7/10, at 12:48 Z6 (day training cas R10 functions in the retardation (undate and verbal (observa from 1:25 p.m4:45 E1 on 7/6/10, at 2:1 (E10) had to help g (E10) got on the bu pulled him uphard what was said. - The 6/29/10 faciliti interview with R2. facility on 7/6/10, at hearing aids). The asked if anything m the facility. "No" is of There is no further that R2 was further process. On 7/7/10, at 4:20 p in her room at the fa- in and surveyor spec-	ge 43 also be able to see in the bus probably not see R1 if seated y investigation documents an The typed portion of the t when asked if anything mfortable, R10 replied "no." tes pertaining to R10's it on bus, smiled a lot." E3 p.m.), confirmed that these en notes from the interview. p.m., R10 was interviewed. se manager) was present. e moderate range of mental d facility roster), is ambulatory ations on 7/6/10, at the facility 5 p.m.), and is interviewable (0 p.m.). R10 stated that et (R1) off the bus, "Yeah, s(R1) hit (E10)(E10) d" R10 could not remember y investigation documents an (Per observations at the 5:300 p.m., R2 has bilateral report states that she was hade her feel uncomfortable at documented as the reply. evidence in the facility's report assisted in the interview	W9	999			

Facility ID: IL6012637

If continuation sheet Page 44 of 58

CENTER STATEMENT		AND HUMAN SERVICES & MEDICAID SERVICES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) M A. BU		TIPLE CONSTRUCTION	FORM OMB NO. (X3) DATE SU COMPLE	TED
		14G244	B. WI	NG			C 2/2010
NAME OF P	ROVIDER OR SUPPLIER				TREET ADDRESS, CITY, STATE, ZIP CODE #4 HILL MINE ROAD		
FREEBU	RG TERRACE				FREEBURG, IL 62243		
(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	Continued From pa her head side to sid appearing to indica On 7/8/10, at 10:02 accompanied surve bus that transports and forth to the resi to show surveyor w was able to acknow could show surveyor bus. When asked i R2 shook her head side and shrugged felt that R2 could no There were no furth - The 6/29/20 faciliti interview with R12. the interview states waited in line. Whe uncomfortable at th as the reply. On 7/7/10, between separate attempts v interview R12. R12 anniversary," and c surveyors questions could not provide a were no further atter - The 6/29/10 faciliti interview with R14.		W9		DEFICIENCY)		
	interview R14, after	to get off the bus. 10, surveyor attempted to his return to the facility in the ild not respond to surveyor.					

If continuation sheet Page 45 of 58

		I AND HUMAN SERVICES				FORM	11/22/2010 APPROVED 0938-0391
STATEMENT	OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) N A. BU			(X3) DATE SU COMPLE	TED
		14G244	B. WI	NG			C 2/2010
NAME OF P	ROVIDER OR SUPPLIER				TREET ADDRESS, CITY, STATE, ZIP CODE		
FREEBU	RG TERRACE				#4 HILL MINE ROAD FREEBURG, IL 62243		
(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	Continued From pa	ge 45	W9	999	9		
	 The 6/29/10 facilities interview with R5. was mad at E10 and When asked if shees facility, "no" is the constraint of the state of the state	y investigation documents an Per the report, R5 said that R1 d she did not know why. ever felt uncomfortable at the documented response. a.m., surveyor conducted an Z4 (day training QMRP) was yes when asked if she knew d "yes" when asked if R1 used and if R1 lives there now. hing occurred on the bus hook her head up and down, The surveyor felt that R5 could le interview. There were no interview R5. y investigation documents an Per the interview, R1 would so the bus driver told her to . R8 stated that E10 got on and that E10 told R1 it was us and asked R1 to get off the nterview sheet that asks if a elt uncomfortable at the facility sponse as, "no."					
	exiting the bus, con the actual incident of talking to R1, trying -Per the 6/29/10 fac	that all she saw was R1 firming that she did not see occur. At that time, E10 was to get him in the house. cility investigation, there is no rview with Z11. In a 7/7/10,					

If continuation sheet Page 46 of 58

		AND HUMAN SERVICES				FORM	11/22/2010 APPROVED 0938-0391
	FOF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) N A. BU		TIPLE CONSTRUCTION	(X3) DATE SU COMPLE	TED
		14G244	B. WI	NG _			C 2/2010
NAME OF F	ROVIDER OR SUPPLIER	·			TREET ADDRESS, CITY, STATE, ZIP CODE		
FREEBU	RG TERRACE				#4 HILL MINE ROAD FREEBURG, IL 62243		
(X4) ID PREFIX TAG	(EACH DEFICIENC)	TEMENT OF DEFICIENCIES / MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREF TAC	IX	PROVIDER'S PLAN OF CORRECT (EACH CORRECTIVE ACTION SHOU CROSS-REFERENCED TO THE APPR DEFICIENCY)	JLD BE	(X5) COMPLETION DATE
W9999	10:26 a.m. interview she drew the bus m training consumer of facility residents. In a 7/15/10, 12:13 (Day Training Prog that Z11 is still on the individuals get off of home in the afternor Z11 was interviewe 9:20 a.m. Z4 (day for the interview. P Z11 is blind, but sp Z11 acknowledged they ride the same said, "Something ha (R1) fell on the bus done talking, and to - The 6/29/10 faciliti interview with R1 o R1 stated that E10 and was nice to him want to live at the fap portion of the interv R1 was, "very nerve On 7/6/10 at 12:10 surveyor. Per obse ambulatory, but has have his walker wit glasses and could s When asked how s R1 stated that E10 R1 stated that E10	w with Z8, Z8 confirmed that hap and that Z11 is a day who rides the same bus as the p.m. phone interview with Z1 ram Director), Z1 confirmed he bus when the facility of the bus upon their return on. ed by surveyor on 7/8/10, at training QMRP) was present Per observations at this time, eaks in complete sentences. that he knows R1 and that bus. Spontaneously, Z11 appened to (R1) on the bus. ." Z11 then stated he was o ask staff. by investigation documents an n 6/29/10. Per the interview helped him get off of the bus n. R1 also said that he did not acility. The handwritten riew with R1 documents that	W9	999			

Facility ID: IL6012637

If continuation sheet Page 47 of 58

		I AND HUMAN SERVICES				FORM	11/22/2010 APPROVED 0938-0391
	FOF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) N A. BU		TIPLE CONSTRUCTION	(X3) DATE SU COMPLE	TED
		14G244	B. WII	NG			C 2/2010
	ROVIDER OR SUPPLIER				TREET ADDRESS, CITY, STATE, ZIP CODE #4 HILL MINE ROAD FREEBURG, IL 62243		
(X4) ID PREFIX TAG	(EACH DEFICIENC)	TEMENT OF DEFICIENCIES / MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREF TAG	٦IX	PROVIDER'S PLAN OF CORREC (EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APPF DEFICIENCY)	ULD BE	(X5) COMPLETION DATE
W9999	hand was on my ne didn't push my shirt head hurthit my h floorback of head his head at the hair "One day didn't war out and got megr get off bus" Whi inner fold of his elb did thispulled me talking, R1 pointed his knee. "(R9), my mefell down(E1 oncewhen got ins couch." "(E5) got mad wher showerI hit (E5) the floor two times. "(R15) wouldn't get namesthey grabb loud." R1 identified perpetrators. When did not immediately liked E1 (facility QN was the other staff In an interview with 11:27 a.m., R1's gu a hand printed linee R1's guardian state following informatic Per the note, R1 si and kicked him in th has pushed R1 to t his head and back	eck and my headnope he tfell to floorreal hardmy leadhit my head on the l." R1 pointed to the back of line while he was talking. Int to get off bus(E10) came abbed my arm and told me to le talking, R1 pointed to the ow. "Still in my seat when he up(E10) kicked me." While to the back of his leg behind y roommate was sitting by 0) has kicked me more than side (E10) yelled at mesat on h told me to get in the I was mad(E5) leveled me to hit my head againon floor." in showercalled them bad bed him and he screamed real E10 as one of the m asked who "they" were R1 y respond. R1 then stated he MRP). R1 then stated (E5)	W9	99	9		

Facility ID: IL6012637

If continuation sheet Page 48 of 58

		I AND HUMAN SERVICES				FORM	11/22/2010 APPROVED 0938-0391
	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) N A. BU		TIPLE CONSTRUCTION	(X3) DATE SU COMPLE	TED
		14G244	B. WII	NG _			C 2/2010
NAME OF P	ROVIDER OR SUPPLIER				TREET ADDRESS, CITY, STATE, ZIP CODE		
FREEBU	RG TERRACE				#4 HILL MINE ROAD FREEBURG, IL 62243		
(X4) ID PREFIX TAG	(EACH DEFICIENC)	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	Continued From particle floor in the bath names by E5 and E - The 6/29/10 faciliti interview with E10 of bus driver wanted E unbuckled R1's sea R1 to raise him up. the floor. The bus of bus. R1 was mad a of the bus he sat out hour and then came laundry. This is wh and stated that he way On 7/9/10 at 12:00 E10. E10 stated the to help get R1 off of arrival back to the f was coming down to bus, put my arms u of the seat. R1 stated other consumer wh foot in the aisle and got up on his own, his walker and wen he then helped R4	nge 48 room. He has been called 10. y investigation documents an on 6/29/10. Per this report the 10 to get R1 off the bus. E10 at, put both of his arms under When he did this R1 fell to driver was getting R4 off of the and cursing. When R1 got off utside in front for about an e in and worked on his ten E2 (Administrator) called was suspended. p.m., surveyor interviewed at on 6/28/10, he was asked f the day training bus after its acility. When he went out R4 the wheelchair lift. I got on the nder R1's and got him up out ted he didn't want to go. The o is in a wheelchair had her d R1 tripped over her foot. R1 exited the bus on his own, got t into the facility. E10 stated into the house. R1 did come	W9		DEFICIENCY)		
	-The 6/29/10 facility the bus driver was was exiting the bus conclusion that R1 get off of the bus at was agitated. We (bus driver was ope E10 came to get R	a while. E10 denied raising his at R1. y investigation concluded that outside of the bus when R1 s. E1 and E3 came to the "was agitated about having to nd was cursing because he (E1 & E3) both feel that the rating the wheelchair lift when 1 off the bus. We (E1 & E3) seating chart and concluded					

Facility ID: IL6012637

If continuation sheet Page 49 of 58

		I AND HUMAN SERVICES				FORM	11/22/2010 APPROVED 0938-0391
	OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) N A. BU		TIPLE CONSTRUCTION	(X3) DATE SU COMPLE	TED
		14G244	B. WII	NG			C 2/2010
NAME OF F	ROVIDER OR SUPPLIER				TREET ADDRESS, CITY, STATE, ZIP CODE #4 HILL MINE ROAD		
FREEBU	RG TERRACE				FREEBURG, IL 62243		
(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	pushed from where looked like it. We fe was sitting next to ((R1) tripped and fel (E10) picked him up The facility's 6/29/1 documents that Z8 but does specify wh was with this task. E1 and E3, Z8 state wheelchair lift wher facility has no evide interview. There is 6/29/10 report as to conclusion. Addition a.m. interview with driver was at the do view the incident. On 7/8/10, at 10:30 Z8 to the day trainin The wheelchair lift ib bus entry door. Z8 and demonstrated to standing when the on the wheelchair lift behind the lift there sitting in the second the other side of the seats, with room fo utilize wheelchairs of From any seat on the seat. Sur wheelchair lift wher during the incident.	ents that claim that (R1) was they were sitting may have eel that the other person that R1) in the wheelchair, which I over the wheelchair when	W9	99:			

If continuation sheet Page 50 of 58

		I AND HUMAN SERVICES				FORM	11/22/2010 APPROVED 0938-0391
	T OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) N A. BU			(X3) DATE SI COMPLE	TED
		14G244	B. WI	NG	i		C 2/2010
NAME OF F	PROVIDER OR SUPPLIER			S	STREET ADDRESS, CITY, STATE, ZIP CODE		
FREEBU	IRG TERRACE				#4 HILL MINE ROAD FREEBURG, IL 62243		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES / 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)	JLD BE	(X5) COMPLETION DATE
W9999	Per the undated let regarding the 6/28/ committee conclude would recommend behavior managem E10's personnel file E10 is 6 foot, 2 inch pounds. R1's 6/22/10 ISP, a document that he is weights 145 pounds The 10/04 "Investig policy defines Negli goods and services harm, mental angui The 10/04 "Investig policy defines Abus injury, unreasonabl punishment with re- anguish." The Investigative C the following: "A. To determine if alleged rights, including abus occurred. B. To inv professional and im individuals from fur	ter to the Department 10 incident, the investigative ed that no abuse occurred, but that E10 receive re-training in itent techniques. was reviewed. Per the file, nes tall and weighs 244 and his 5/2010 health history is 5 foot 4 inches tall and s. pative Committee" facility ect as, "Failure to provide is necessary to avoid physical ish, or mental illness." pative Committee" facility ish, or mental illness." pative Committee facility ish, or mental illness." pative Committee facility ish, or mental infliction of e confinement, intimidation, or sulting harm, pain, or mental committee is responsible for o identify, review and d violations of any individual's use and neglect, have vestigate allegations in a inpartial manner. C. To protect	W9	99			

If continuation sheet Page 51 of 58

		I AND HUMAN SERVICES				FORM	11/22/2010 APPROVED 0938-0391
	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) N A. BU		TIPLE CONSTRUCTION	(X3) DATE SU COMPLE	TED
		14G244	B. WI	NG _			C 2/2010
NAME OF P	ROVIDER OR SUPPLIER				REET ADDRESS, CITY, STATE, ZIP CODE		
FREEBU	RG TERRACE				#4 HILL MINE ROAD FREEBURG, IL 62243		
(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	there is a handwritt bus driver, dated 6/ training to the facilit Per this report, the	e facility's investigation packet, en report from the day training /28/10. The fax date (from day ty) is 6/28/10. bus driver writes, "(E10)	W9	999)		
		r his arm and around the back tood up and pushed him "					
	being checked for i	e, there is no evidence of R1 njuries on 6/28/10, after the formed of the alleged physical					
	(Administrator), E2 assessment could b asked if there migh had not been yet fil not." When asked check individuals for fall, E2 stated, "We	e.m. interview with E2 was notified that no injury be found in R1's file. Surveyor t be such documentation that ed. E2 replied, "Probably if she would expect staff to or injury after a fall or alleged II, let's just put it this f to check him (R1) out for					
	Minutes" state, "An reported on 6/28/10	tigative Committee Informal investigation of the incident regarding (R1) was 10 by E1 and E3 (QMRP's).					
	went to (daytraining the bus driver. The checked (R1) over	On 6/29/10 (E1) and (E3) b) to interview residents and e end of the report states, "We for bruises and marks behind e lower part of his body, and					
	The facility failed to	assess R1 for injuries in a					

If continuation sheet Page 52 of 58

		I AND HUMAN SERVICES				FORM	11/22/2010 APPROVED 0938-0391
	OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) M A. BU			(X3) DATE SU COMPLE	TED
		14G244	B. WII	NG _			C 2/2010
NAME OF P	ROVIDER OR SUPPLIER				TREET ADDRESS, CITY, STATE, ZIP CODE		
FREEBU	RG TERRACE				#4 HILL MINE ROAD FREEBURG, IL 62243		
(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	Continued From pa	ge 52	W9	999	9		
		r the allegation of physical d regarding E10 abusing R1.					
	Medical Emergenci individuals served b timely and effective injuriesin the ever an injury, staff on d and observe the indi information necess make further judger Under the 7/04 "Nu it states that all indi treatment of minor nursing services ne individual's needs. 3. The facility's 6/2	ysical Injury and Illness es" facility policy it states that by the agency shall receive medical service for physical int that an individual sustains uty shall conduct observation dividual to determine basic ary for nurses or physicians to ments. rsing Services" facility policy, viduals shall receive proper accidents and shall provide ecessary to meet the 9/10 "Investigative Committee locuments that the 6/28/10					
	verbal abuse by E1 reported by the day (Administrator), on	6/28/10.					
	11:27 a.m., R1's gu training staff), was notified her of the a abuse of R1. R1's	R1's guardian, on 7/26/10, at lardian stated that Z6 (day the person who had first illeged physical and verbal guardian stated that she ation in a phone call in the 28/10.					
	E1 (facility QMRP), approximately 5:00	ew, R1's guardian stated that called her on 6/29/10, at p.m., to notify her of the d verbal abuse of her son					

If continuation sheet Page 53 of 58

		I AND HUMAN SERVICES				FORM	11/22/2010 APPROVED 0938-0391	
		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) N A. BU		TIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED		
14G244			B. WI	NG .		C 07/22/2010		
NAME OF PROVIDER OR SUPPLIER			•		TREET ADDRESS, CITY, STATE, ZIP CODE #4 HILL MINE ROAD	•		
FREEBURG TERRACE					FREEBURG, IL 62243			
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES / MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREF TAG	ĪΧ	PROVIDER'S PLAN OF CORRE (EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APP DEFICIENCY)	OULD BE	(X5) COMPLETION DATE	
W9999	Continued From page 53 (R1).		W9	999	9			
	(Administrator), E2	.m. interview with E2 confirmed that R1's guardian the facility until 6/29/10.						
	Medical Emergenci individuals served b timely and effective injuries. "The QMR	Injury and Illness/Individual es" facility policy states that by the agency shall receive medical service for physical RP shall notify the guardian gnated by the individual of the s possible."						
	(DSP), the facility's Department states committee does no does recommend the re-training on beha	/28/10 allegation against E10 undated letter to the that the investigative t find any abuse occurred, but nat the staff member receive vior management techniques dual's safety during escorting.						
	Minutes", dated 6/2 "Recommendations	gative Committee Informal 9/10, states, 5 from the investigator were as ke aggression management						
	at 11:55 a.m., E2 s	E2 (Administrator), on 7/8/10, tated that E10 would receive ea at the next staff training, ed for 8/5/10.						
	stated that E10 retu When asked, E2 sta been "formally" imp	m. interview with E2, E2 urned to work on 7/2/10. ated that no safeguards have elemented to monitor E10 work. E2 stated that other						

Facility ID: IL6012637

If continuation sheet Page 54 of 58

		I AND HUMAN SERVICES				FORM	11/22/2010 APPROVED 0938-0391	
STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUP		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) M A. BU		TIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED		
14G244			B. WII	NG _		C 07/22/2010		
NAME OF P	ROVIDER OR SUPPLIER				IREET ADDRESS, CITY, STATE, ZIP CODE			
FREEBU	RG TERRACE				#4 HILL MINE ROAD FREEBURG, IL 62243			
(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	neglect. These staff regarding E10. The 7/04 "Staff Trais states that staff share orientation to enable individual's needs a effectively. The put the safety and well- facility and to provide working with the inde on going in-service 5. R1's 6/22/10 ISF (R1) has displayed on the bus when it is training). On one of (day training) to get On 7/7/10, at 8:20 a coordinator), stated of the day training s worked with R1 whe residential facility p stated that when R2 there were no issue bus to and from ress R1, "was perfectly w Since he has reside exhibiting behaviors bus to go home. R there." Z5 states th On 7/7/10, at 10:10	ave been trained in abuse and f would report any problems ining and Orientation" policy all receive training and e them to respond to and wants appropriately and rpose of training is to ensure being of all individuals in the de appropriate training to staff dividual. "Staff shall receive training as needed." P states, "The past few weeks, incidents of not wanting to get is time to leave from (day recasion, staff had to go to t (R1)." a.m., Z5 (production I she has been an employee site since 5/2005, and that she en he resided at another rior to living at the facility. Z5 1 resided at the other facility, es with R1 getting on or off the idential to day training, that willing." ed at the facility, he has been s of not wanting to get on the 1 states, "I don't want to live hat R1 would not say why. a.m., Z4 (day training QMRP)	W9	9998				
		4 stated she is often present 1 to board the bus in the						

If continuation sheet Page 55 of 58

CENTE	RS FOR MEDICARE	AND HUMAN SERVICES	- T			FORM . OMB NO.	11/22/2010 APPROVED 0938-0391	
STATEMENT OF DEFICIENCIES () AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) N A. BU			(X3) DATE SURVEY COMPLETED C		
		14G244	B. WI	NG _		07/22/2010		
NAME OF F	ROVIDER OR SUPPLIER				TREET ADDRESS, CITY, STATE, ZIP CODE			
FREEBU	RG TERRACE				#4 HILL MINE ROAD FREEBURG, IL 62243			
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES / MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREF TAC		PROVIDER'S PLAN OF CORRECT (EACH CORRECTIVE ACTION SHOU CROSS-REFERENCED TO THE APPRO DEFICIENCY)	LD BE	(X5) COMPLETION DATE	
W9999	afternoon to go hor there were no prob about two (2) week want to go back to refuse to get up out staff to get him mot go back to the form with his roommate. On 7/7/10, at 11:05 supervisor) was inten- helps individuals ge basis and is usually getting on the bus a the bus. R1 will no don't want to go to R1 would begin to not wanting to go h many days regardin been going on for a old roommate tried but that does not he On 7/7/10, at 9:32 a Director) was interv observed R1 refusi remember only one occurred. Z2 states become upset rega- home. 20-30 minute get R1 to get on the On 7/7/10, at 10:26 that on 6/28/10, it to get R1 to board the home. R1 kept say to the facility. Whe R1 on the bus, the	ne to his residence. At first, lems getting on the bus. After s, R1 began saying he did not the facility. R1 would just t of his seat. It would take 2-3 ivated. R1 states he wants to er residential facility, and be a.m., Z2 (program erviewed. Z2 stated that she et ready to go home on a daily of the bus monitor. R1 hates and is "always" the last one on t tell us why, just says, "I just (facility)." As early as lunch, worry about and talk about ome. Z2 has seen him cry ng this same issue. This has it least three (3) weeks. His to help and encourage him,	W9	999	9			

Facility ID: IL6012637

If continuation sheet Page 56 of 58

		AND HUMAN SERVICES					FORM	: 11/22/2010 APPROVED . 0938-0391
STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) N A. BU		TIPLE CONSTRUCTION		(X3) DATE SURVEY COMPLETED	
		14G244	B. WI	NG			C 07/22/2010	
NAME OF PROVIDER OR SUPPLIER					TREET ADDRESS, CITY, ST/ #4 HILL MINE ROAD	ATE, ZIP CODE		
FREEBU	RG TERRACE				FREEBURG, IL 62243	3		
(X4) ID PREFIX TAG	(EACH DEFICIENC)	TEMENT OF DEFICIENCIES / MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREF TAC	۶IX	(EACH CORRECT CROSS-REFERENC		OULD BE	(X5) COMPLETION DATE
W9999	Continued From pa	ige 56	W9	99	9			
	the bus and did not further stated that F regarding getting o why. Z8 added that that R1 began atten has taken quite a b of the bus when ref On 7/7/10, at 8:45 a was conducted. R training again on 5/ had medical issues consistently crying, recalling only one of this type of behavio to come to the day to the facility. Whe say, "Are you gonn If E1 was going to b down. Now that R there have been no R1's mother has be forth daily. In a 7/21/10, 9:40 a (Administrator), wh facility had not com- regarding R1's refut the bus. E2 further with his former roor residential facility, a for his non-complia disembarking the b	a want to stay at the facility. Z1 R1 would "bawl" his eyes out ff of the bus, but would not say it since the second or third day hding the day training site, it it of convincing to get him off surning to the facility. a.m. a confidential interview 1 began attending the day (24/10, explaining that R1 had a and surgery. R1 has been refusing to get on the bus, day when he did not display or. E1 (facility QMRP) has had training site and drive R1 back n E1 would arrive, R1 would a be there when I get home?" be there, R1 would settle 1 is back home with his family, o problems with his behavior. een transporting him back and a.m. phone interview with E2 en asked, E2 stated that the ducted an investigation is als to board and disembark is stated that R1 wanted to live mmate and friend at another and that this was the reason nce in boarding and us. When asked, E2 stated a regarding the bus issue did						
	investigation. In the same intervie	ags that would require a facility ew, E2 confirmed that the lemented a program plan for						

Facility ID: IL6012637

If continuation sheet Page 57 of 58

		AND HUMAN SERVICES				FORM	11/22/2010 APPROVED 0938-0391
	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) M A. BU		IPLE CONSTRUCTION	(X3) DATE SU COMPLE	JRVEY TED
		14G244	B. WI	NG _		C 07/22/2010	
NAME OF P	ROVIDER OR SUPPLIER				REET ADDRESS, CITY, STATE, ZIP CODE		
FREEBU	RG TERRACE				#4 HILL MINE ROAD FREEBURG, IL 62243		
(X4) ID PREFIX TAG	(EACH DEFICIENC)	TEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREF TAC		PROVIDER'S PLAN OF CORREC (EACH CORRECTIVE ACTION SHOI CROSS-REFERENCED TO THE APPR DEFICIENCY)	JLD BE	(X5) COMPLETION DATE
TAG W99999	Continued From par facility and day train boarding/disembar The 10/04 "Investig policy defines Negling goods and services harm, mental angun 6. On 7/6/10, at 4: stated that she had phone. No date way recollect the date. conversation, R1's allegations of abus mother. R1 told his member (E5) had he E10 had knocked he to surveyor, "I told and I would investig E2 further stated the allegations, she had notes, and there way staff, with no evide dates. Regarding to stated the only inclust staff and E1 (facility behavior in the batt knocked a hole in the reviewing the program.	age 57 ning staff regarding R1's king bus refusals. gative Committee" facility ect as, "Failure to provide s necessary to avoid physical ish, or mental illness." 15 p.m., E2 (Administrator) I spoken to R1's mother on the as provided and E2 could not During this phone mother notified E2 of two (2) e that R1 had related to his s mother that a female staff hit him. R1 also stated that him off of the toilet. E2 stated her to please put it in writing	W9		DEFICIENCY)	OPRIATE	DATE
		V 7					

Facility ID: IL6012637

If continuation sheet Page 58 of 58