

STATE OF ILLINOIS
DEPARTMENT OF PUBLIC HEALTH
STATEMENT OF VIOLATIONS AND PLAN OF CORRECTION
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HICKORY ESTATES

Facility Name

0030510

I.D. Number

ROUTE 250 WEST, SUMNER, IL 62466

Address, City, State, Zip

18196

Reviewed By

APRIL 22, 2011

Date of Survey

COMPLAINT

Type of Survey

10074, 10083

Surveyed By

As a result of a survey conducted by representative(s) of the department, it has been determined the following violations occurred.

IMPORTANT NOTICE:

THE STATE AGENCY IS REQUESTING DISCLOSURE OF INFORMATION THAT IS NECESSARY TO ACCOMPLISH THE STATUTORY PURPOSE AS OUTLINED UNDER PUBLIC ACT 83-1530. DISCLOSURE OF THIS INFORMATION IS MANDATORY. THE FORM HAS BEEN APPROVED BY THE FORMS MANAGEMENT CENTER.

“A” VIOLATION(S):

350.620a)

Section 350.620 Resident Care Policies

350.810e)

350.1210b)

350.1210c)

350.1220j)

350.1230d)

350.1240a)

350.1240b)

350.1240e)

350.1240f)

350.1420a)

350.1810b)

350.1850)

350.1880a)

350.1880e)

350.1880f)

350.2020a)

350.3240a)

350.3240d)

350.3260e)

350.3260g)

350.3260h)

350.3260k)

350.3740a)

350.3750)

350.3760k)

350.3760l)

350.3770b)

a) The facility shall have written policies and procedures governing all services provided by the facility which shall be formulated with the involvement of the administrator. The policies shall be available to the staff, residents and the public. These written policies shall be followed in operating the facility and shall be reviewed at least annually.

Section 350.810 Personnel

e) The facility shall provide a Resident Services Director who is a Qualified Mental Retardation Professional as defined in Section 350.330, who is assigned responsibility for the coordination and monitoring of the residents overall plan of care. The administrator or an individual on the professional staff of the facility may fill this assignment to assure that residents' plans of care are individualized, written in terms of short and long range goals, understandable and utilized; their needs are met through appropriate staff interventions and community resources; and residents are involved, whenever possible, in the preparation of their plan of care.

Section 350.1210 Health Services

The facility shall provide all services necessary to maintain each resident in good physical health. These services include, but are not limited to, the following:

b) Nursing services to provide immediate supervision of the health needs of each resident by a registered professional nurse or a licensed practical nurse, or the equivalent.

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c) Dental services to provide evaluation, diagnosis, treatment and annual review, including care for dental emergencies, administered by or under the supervision of a dentist licensed in the State to practice dentistry or dental surgery.

Section 350.1220 Physician Services

j) The facility shall notify the resident's physician of any accident, injury, or change in a resident's condition that threatens the health, safety or welfare of a resident, including, but not limited to, the presence of incipient or manifest decubitus ulcers or a weight loss or gain of five percent or more within a period of 30 days.

Section 350.1230 Nursing Services

d) Direct care personnel shall be trained in, but are not limited to, the following:

- 1) Detecting signs of illness, dysfunction or maladaptive behavior that warrant medical, nursing or psychosocial intervention.
- 2) Basic skills required to meet the health needs and problems of the residents.
- 3) First aid in the presence of accident or illness.

Section 350.1240 Dental Services

a) There shall be comprehensive diagnostic services for all residents which include a complete extra and intra oral examination utilizing all diagnostic aides necessary to properly evaluate the resident's oral condition, within a period of one month following admission unless such an examination was done within six months of admission, and the results are received and reviewed by the facility and are entered in the resident's record.

b) There shall be comprehensive treatment services for all residents which include, but are not limited to, the following:

- 1) Provision for dental treatment.
- 2) Provision for emergency treatment on a 24 hour, seven days a week basis, by a qualified dentist.
- 3) A recall system that will assure that each resident is reexamined at specified intervals in accordance with his needs, but at least annually.

e) There shall be a formal arrangement for providing qualified and adequate dental services to the facility, including care in dental emergencies on a 24 hour, seven days-a-week basis.

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f) There shall be available sufficient, appropriately qualified dental personnel, and necessary supporting staff, to carry out the dental services program. All dentists providing services to the facility shall be fully licensed to practice in the State of Illinois. All dental hygienists providing services to the facility shall be licensed to practice in the State of Illinois.

Section 350.1420 Compliance with Licensed Prescriber's Orders

a) All medications shall be given only upon the written, facsimile or electronic order of a licensed prescriber. The facsimile or electronic order of a licensed prescriber shall be authenticated by the licensed prescriber within 10 calendar days, in accordance with Section 350.1610. All such orders shall have the handwritten signature (or unique identifier) of the licensed prescriber. (Rubber stamp signatures are not acceptable.) These medications shall be administered as ordered by the licensed prescriber and at the designated time.

Section 350.1810 Director of Food Services

b) A minimum of eight hours of consulting time per month shall be provided for facilities with 50 or fewer residents. An additional four minutes of consulting time per month shall be provided per resident over 50 residents, based on the average daily census for the previous year.

Section 350.1850 Meal Planning

Each resident shall be served food to meet the resident's needs and to meet physician's orders. The facility shall use this Section to plan menus and purchase food in accordance with the following Recommended Dietary Allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.

Section 350.1880 Menus and Food Records

a) Menus, including menus for "sack" lunches or between meal or bedtime snacks, shall be planned at least one week in advance. Food sufficient to meet the nutritional needs of all the residents shall be prepared for each meal. When changes in the menu are necessary, substitutions shall provide equal nutritive value and shall be recorded on the original menu, or in a notebook marked "Substitutions", that is kept in the kitchen. If a notebook is used to document substitutions, it shall include the date of the substitution; the meal at which the substitution was made; the menu as originally written; and the menu as actually served.

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e) Supplies of staple food for a minimum of a one week period and of perishable foods for a minimum of a two day period shall be maintained on the premises. These supplies shall be appropriate to meet the requirements of the menu.

f) Records of all food purchased shall be kept on file in the facility for not less than 30 days.

Section 350.2020 Housekeeping

a) Every facility shall have an effective plan for housekeeping including sufficient staff, appropriate equipment, and adequate supplies.

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)

d) A facility administrator, employee, or agent who becomes aware of abuse or neglect of a resident shall also report the matter to the Department. (Section 3-610 of the Act)

Section 350.3740 Personnel

a) The Resident Services Director shall be responsible for ensuring that all recommendations in the individual plan of care are carried out as stated in the plan. The Resident Services Director shall spend at least two hours per week per resident in the performance of these duties.

Section 350.3260 Resident's Funds

e) The facility shall provide, in order of priority, each resident, or the resident's guardian, if any, or the resident's representative, if any, or the resident's immediately family member, if any, with a written itemized statement at least quarterly, of all financial transactions involving the resident's funds. (Section 2-101(4) of the Act)

g) The facility shall keep any funds received from a resident for safekeeping in an account separate from the facility's funds, and shall at no time withdraw any part or all of such funds for any purpose other than to return the funds to the resident upon the request of the resident or any other person entitled to make such request, to pay the resident his allowance, or to make any other payment authorized by the

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resident or any other person entitled to make such authorization. (Section 2-101(6) of the Act)

h) The facility shall deposit any funds received from a resident in excess of \$100 in an interest bearing account insured by agencies of, or corporations chartered by, the State or federal government. The account shall be in a form which clearly indicates that the facility has only a fiduciary interest in the funds and any interest from the account shall accrue to the resident. (Section 2-101(7) of the Act)

k) The facility shall place any monthly allowance to which a resident is entitled in that resident's personal account, or give it to the resident, unless the facility has written authorization from the resident or the resident's guardian, or if the resident is a minor, his parent, to handle it differently. (Section 2-101(9) of the Act)

Section 350.3750 Consultation Services and Nursing Services

Residents needing nursing care shall be admitted to an ICF/DD of 16 Beds or Less only if the facility has adequate professional nursing services to meet the resident's needs. Arrangements shall be made through formal contract for the services of a licensed nurse to visit as required. A responsible staff member shall be on duty at all times who is immediately accessible, and to whom residents can report injuries, symptoms of illness, and emergencies (see Section 350.810(a)). The consultant nurse shall provide consultation on the health aspects of the individual plan of care and shall be in the facility not less than two hours per month.

Section 350.3760 Medication Policies

k) All medications taken by residents in this type of facility must be administered by a nurse or physician licensed to practice in Illinois unless the medication is self-administered by the resident. Facility staff shall not administer medication to residents unless the staff person is a properly licensed nurse or physician.

l) Medication may be administered by non-licensed direct care staff who have been trained and authorized in accordance with 59 Ill. Adm. Code 116 (Administration of Medication in Community Settings).

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Section 350.3770 Food Services

b) If the person responsible for the food services is not a dietitian he or she shall consult with a dietitian no less than two hours per month.

These Regulations were not met as evidenced by:

Based on record review, interview and observation, the facility has failed to prevent abuse and neglect when the facility failed to implement their policy for abuse and neglect, and there has been no action to correct the situation, for 14 of 14 individuals of the facility (R's 1-4 & 6-15), and one additional individual who expired on 2/24/11 (R5). Specifically:

1. Facility staff failed to notify the Department regarding the on-going lack of fiscal and operational oversight, resulting in abuse and neglect of 14 of 14 residents (R's 1-4 & 6-15), and one additional individual who expired on 2/24/11 (R5).
2. The facility governing body failed to provide fiscal and operational oversight for 14 of 14 individuals of the facility (R's 1-4 & 6-15) and one additional individual who expired on 2/24/11 (R5), resulting in:
 - a) unpaid utility bills and threats to disconnect service at the facility.
 - b) lack of professional staff services to ensure active treatment and health care - Qualified Mental Retardation Professional, Registered Nurse and Registered Dietician.
 - c) lack of adequate food supplies to ensure uninterrupted implementation of Physician ordered diets and Registered Dietician menus.
 - d) interruption of medical and dental care.
 - e) inadequate supply of personal items for facility residents.
 - f) decreased facility sponsored outings.
 - g) lack of supplies for medication, laundry and kitchen maintenance.
 - h) exploitation of residents' monies - ie., lack of personal choice regarding money management; personal monies utilized for facility transactions; lack of accurate accounting of personal funds; lack of quarterly accounting to individual and/or guardian; and, Medicaid recipient funds utilized for facility responsible items.
 - i) lack of evidence that staff can provide for the health and safety of residents by ensuring evidence of current Cardiopulmonary Resuscitation and First Aid certification.
 - j) lack of fiscal oversight to ensure that floor surfaces promote safe mobility.

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3. The facility failed to provide nursing and/or dietary services for 14 of 14 individuals of the facility (R's 1-4 & 6-15), and one additional individual who expired on 2/24/11 (R5), resulting in:
- a) lack of on-going nursing assessment, follow-up recommendations for staff, and communication with the registered dietician and physician regarding R3's change in health status, (on-going refusals of food and liquids, weight loss and subsequent hospitalization), for 1 of 1 individual of the facility who is ten pounds under her ideal body weight, and was hospitalized on 3/29/11 for Dehydration (R3).
 - b) lack of monitoring to ensure R2's dietary recommended/Physician ordered nutritional liquid supplements are provided, for 1 of 1 individual with Anorexia and Alzheimer's Dementia, whose Physician ordered a liquid nutritional supplement three times daily, on 4/12/10.
 - c) lack of an adequate food supply to meet the dietary recommended/physician ordered nutritional needs of 11 of 14 facility residents (R's 1, 2, 4, 6, 8, 9, 11, 12, 13, 14 & 15).
 - d) lack of availability of prescribed medications, on-going assessment, follow-up and recommendations for staff, regarding the monitoring of R4's incontinence, perineal/buttocks area and feet, for 1 of 1 individual of the facility who has a diagnosis of Incontinence and Diabetes, and requires a wheelchair for mobility (R4).
 - e) lack of quarterly health status reviews for 14 of 14 individuals of the facility (R's 1-4 & 6-15), and for 1 individual who expired on 2/24/11 (R5).
 - f) non-licensed personnel administering Insulin injections for 1 of 1 individual of the facility who requires twice daily Insulin injections (R1);
 - g) non-licensed personnel administering resident medications without Registered Nursing oversight for 14 of 14 individuals of the facility (R's 1-4 & 6-15).
4. the failure to provide for assessment, intervention and medication consents regarding R3's self-abusive behaviors, for 1 of 3 in the sample (R3).
5. The facility failed to provide for assessment and notification to R2's Psychiatrist regarding R2's wish to die statement, for 1 of 3 in the sample (R2).

Findings include:

Based on record review, interview and observation, the facility has failed to prevent abuse and neglect when the facility failed to implement their policy for abuse and neglect, and there has been no action to correct the situation, for 14 of 14 individuals of the facility (R's 1-4 & 6-15), and one additional individual who expired on 2/24/11 (R5), when:

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1. Facility staff failed to notify the Department regarding the on-going lack of fiscal and operational oversight, resulting in abuse and neglect of all residents (R's 1-4 & 6-15), and one additional individual who expired on 2/24/11 (R5).

On 3/17/2011, Z4 (Illinois Department Public Health Long Term Care - Acting Developmental Disabilities Section Chief), received a phone call from a community person, alleging that the facility owner has not been paying the facility's utilities, staff are not receiving paychecks, and staff are buying food for the residents' meals.

Interviews with E1 (Assistant Administrator) on 3/18/11, at 11:34 a.m., 12:13 p.m., 1:15 p.m., and 2:00 p.m.; 3/22/11, at 10:35 a.m., and 11:40 a.m.; 3/23/11, at 8:30 a.m., 9:05 a.m., and 12:30 p.m.; 3/24/11, at 12:15 p.m., 1:10 p.m., and 2:00 p.m.; 3/29/11 phone interview at 10:58 a.m.; 3/30/11, at 1:31 p.m., confirmed the following:

The facility's financial difficulties began approximately 6-9 months ago. The facility is behind in paying their water, gas and electric bills, with threats from the electric company to discontinue service; the Registered Nurse/Qualified Mental Retardation Professional (RN/QMRP) resigned 2/11/11, and neither position has been replaced; the Registered Dietician has not returned to the facility since 2/23/11 due to lack of payment; staff members have been buying food for the facility, consequently, Physician's orders and Registered Dietician menus for special diets have not been implemented; outings, medical and dental appointments have been canceled due to lack of money to fuel the facility van; staff have purchased over the counter medications with their personal monies; staff have bought medication, laundry and kitchen supplies in order to meet residents' needs; and, floor surfaces have not been maintained in order to promote safe mobility for individuals with increased mobility needs. All of the above issues have evolved due to the facility's financial difficulties.

Additional interviews with E1 on same above dates, confirmed that residents' personal choices regarding money management have not been identified and documented in their Individual Program Plans (IPP's); residents' personal monies have been utilized for facility transactions, resulting in overdraft charges to the residents' accounts with no method to reimburse residents; there is no system to provide an accurate accounting of residents' personal funds; there is no quarterly accounting of residents' funds to the individual and/or guardian; and Medicaid recipient funds have been utilized for facility responsible items.

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In an interview with E1 (Assistant Administrator) on 3/18/11 at 1:15 p.m., E1 stated that the higher functioning individuals are "scared." E1 further stated that she had not lied to them about the facility's financial troubles, and concern that the facility may close. E1 further stated, "I was sitting here yesterday thinking...when is the time to call IDPH (Illinois Department of Public Health)...when is enough enough?" E1 stated she kept hoping that one of the utility companies, or another source would contact IDPH, so she would not have to.

2. The facility governing body failed to provide fiscal and operational oversight for 14 of 14 individuals of the facility (R's 1-4 & 6-15), and one additional individual who expired on 2/24/11 (R5). that resulted in:

- a) unpaid utility bills and threats to disconnect service at the facility.
- b) lack of professional staff services to ensure active treatment and health care - Qualified Mental Retardation Professional, Registered Nurse and Registered Dietician.
- c) lack of adequate food supplies to ensure uninterrupted implementation of Physician ordered diets and Registered Dietician menus.
- d) interruption of medical and dental care.
- e) inadequate supply of personal items for facility residents.
- f) decreased facility sponsored outings.
- g) lack of supplies for medication, laundry and kitchen maintenance.
- h) exploitation of residents' monies - ie., lack of personal choice regarding money management; personal monies utilized for facility transactions; lack of accurate accounting of personal funds; lack of quarterly accounting to individual and/or guardian; and, Medicaid recipient funds utilized for facility responsible items.
- i) lack of evidence that staff can provide for the health and safety of residents by ensuring evidence of current Cardiopulmonary Resuscitation and First Aid certification.
- j) lack of fiscal oversight to ensure that floor surfaces promote safe mobility.

2a) Provide fiscal oversight that ensures uninterrupted service in the facility utilities.

Z1 (concerned citizen), was interviewed on 3/18/11, at 10:02 a.m. Z2 (ISP/SIU) was present. Z1 stated that within the past few months he became aware of the facility's financial difficulties, "around town, not sure how." Z1 stated that he recently advanced E2 (Owner/Administrator) \$12,000.00, in order for the facility to meet payroll, further stating that E2 returned a week or two later, asking for \$24,000.00. Z1 stated that on 11/9/2010, he assisted E1 in obtaining a bank loan for the \$24,000.00.

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E2 (Owner/Administrator) was interviewed on 3/18/11, at 10:52 a.m. Z2 (ISP/SIU) was present. E2 confirmed that he received personal financial assistance from Z1 in the amount of \$12,000.00, and additional assistance from Z1 in obtaining a \$24,000.00 bank loan, for a total of \$36,000.00. E2 stated that regarding the facility utilities, they are approximately 5-6 months behind, owing approximately \$15,000.00.

E1 (Assistant Administrator), was interviewed on 3/18/11 at 12:13 p.m. Z2 (ISP/SIU) was present. E1 stated that, regarding the water bill, E2 had gone to the city council meeting a couple of months ago and had agreed to pay the current water bill, plus \$225.00 per month to catch up on the overdue bill. On 3/21/11, the water company was going to pull the meter, with a 2 hour notice. E2 went to the city council meeting last Tuesday, agreeing to pay the current water bill, plus \$250.00 per month regarding the overdue portion of the bill. The total bill is approximately \$4,600.00.

In the same interview, E1 stated that the gas bill is \$817.68, being approximately 2-3 months behind, but that Z1 sent \$450.00 towards that bill today. E1 stated she called the gas company, and confirmed that the check had been received today (3/18/11).

In the same interview, E1 stated that the electric bill is \$7,600.00, and the due date for the total amount was 3/17/11. On that day the electric company put up red disconnect signs, but the electricity was not disconnected.

On 3/18/11, at 2:00 p.m., E1 stated that E2 had called her. E2 had been in contact with the electric company and arrangements had been made regarding the bill. At 2:42 p.m., E1 stated she had talked with the electric company and no payment had been made, but there was no order to cut service at least until Monday (3/21/11), or Tuesday (3/22/11), if they did not get to it Monday.

In a 3/18/11, 4:15 p.m., surveyor phone conversation with IDPH supervisor, IDPH supervisor had spoken with the electric company per phone. The electric company stated to IDPH supervisor that electric service will be disconnected on 3/21/11, or 3/22/11, if they are not able to get to it until then. Surveyor notified E1 and E2 of this communication on 3/18/11 at the daily status meeting, immediately following the phone conversation.

On 3/21/11, in a 9:41 a.m. phone interview with E2, E2 stated that an agreement had been made with the electric company, and that power will not be shut off today at the facility. Per the agreement, E2 will provide a payment of \$1,250.00 to the electric company by 3/28/11, with the remaining balance in negotiations.

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Per the 3/21/11 notification from the electric company to the facility it states, "Per our conversation this morning, (electric company) has agreed to postpone the non-pay disconnection on the above account provided that Hickory Estates pays \$1250 by Monday March 28. In addition to the payment, (E2) agrees to call (electric company) Credit Department Monday March 28 to discuss payment arrangements for the remaining balance of \$6351.84. Without firm arrangements on the balance, the service could be subject to disconnection again upon the due date of the current notice which is March 30."

On 3/28/11, at 2:30 p.m., surveyor received a voice mail from E2 stating that he had made the \$1,250.00 payment to the electric company on this date. A copy of the letter from the electric company was provided for the surveyor.

During the daily status meetings of 3/29/11 (per fax and phone), and 3/31/11 (at facility), surveyor requested evidence of what arrangements had been made with the electric company, to avoid being subjected, "to disconnection again upon the due date of the current notice which is March 30." As of 3/31/11, when surveyor left the facility at 4:00 p.m., E2 had not presented any evidence of an arrangement with the electric company regarding how the remaining balance would be resolved.

During daily status meetings (per phone and fax) of 4/5/11, 4/6/11, 4/7/11, 4/8/11, 4/12/11, 4/14/11, 4/15/11, 4/19/11, 4/20/11 and 4/21/11, surveyor requested evidence of an agreement between the electric company and E2 (Owner/Administrator).

On 4/8/11, the Department received a facsimile from E2, stating, "Several attempts have been made by (E2) for Hickory Estates...to establish a firm payment agreement...Due to a heavy schedule with customers other than us, a firm arrangement or agreement could not be finalized. It is Hickory Estate's intention to include the agreement with it's abatement plan."

As of the survey exit date (4/22/2011), no evidence of an arrangement between the electric company and facility to provide for the remaining balance was received.

In the 4/21/11 unaccepted plan for removal of the Immediate Jeopardy (from E2 Owner/Administrator), it states, "Hickory Estates, with assistance from appropriate day training programs, is in the process of finalizing a payment agreement among such as they are involved with HCFS payments. This agreement shall be presented to the Illinois Department of Human Services for review. This agreement shall be respectfully (sic) submitted with optimistic anticipation that DHS will allow the "Hold" status for facility payments be lifted,

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to enable Hickory Estates to Resume to it's (sic) regular expedited payment status. When the facility begins receiving payment, outstanding payables to utility companies will be made."

2b) Provide fiscal oversight that ensures the services of staff required to provide for the health and active treatment of individuals.

E1 (Assistant Administrator) was interviewed on 3/18/11, at 12:13 p.m. Z2 (ISP/SIU) was present. E1 stated that E10 functioned as Qualified Mental Retardation Professional and Registered Nurse Consultant (QMRP/RN), until 2/11/11, which was E10's last day as a full time staff. At this time, E1 called E10 on the phone and verified this statement, again verifying this statement when she hung up the phone. E1 stated that since that date the facility has not had a QMRP or Registered Nurse Consultant on staff. E1 further stated that E10 is also employed at a nursing home, but has continued to come to the facility in a nursing capacity. When her cell phone is off and when she is out of town, there is no one to call. E1 stated that E11 (Licensed Practical Nurse - LPN) had served as an on call nurse, but retired about three months ago.

E10 was interviewed on 3/21/11, at 8:50 a.m. E10 stated she was employed 30 hours a week as QMRP/RN, and had given a two week notice to the facility prior to this date. Since 2/14/11, she has actually been logging about 6 hours a week at the facility, all in a nursing capacity. E10 further stated that it has been "seldom" when the facility has not been able to get in touch with her, but there have been times when the facility has called and could not get her. E10 stated that there is no new contract with the facility regarding a nursing consultant arrangement. E10 further confirmed that while acting in the capacity of QMRP/RN at the facility, she was and is currently employed at a nursing home in another town. On 3/24/11, at 9:30 a.m., regarding her employment, E10 stated, "I don't know...I'm just here...technically I'm not here anyway...just donating my time if absolutely need me...I turned in my resignation 2/11/11...for both positions, only to be the RN on call. E11 (LPN) is on call if (the facility) can't get me."

However, in an interview with E11 (LPN), on 3/31/11, at 10:50 a.m., E11 stated that she was employed with the facility until 5/1/10, and has not acted in a working capacity since this date. E11 stated that if there was an emergency, the facility would call her. E11 does not have a current working contract.

E1 was interviewed on 3/22/11, at 11:40 a.m. E1 stated that the Registered Dietician was scheduled to be at the facility on 2/23/11, but did not come due to the facility not paying this consultant. E1 presented a dietary consult report dated 1/26/11, stating that this was the last registered dietician's facility consult. Additionally, there is a handwritten note on this same report, stating that the next

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dietary consult will be 2/23/11. Per review of R2 and R3's personal chart (both of whom have on going dietary issues), R2 has not had a dietary consult since 11/17/10, and R3 has not had a dietary consult since 12/17/10.

Z1 (concerned citizen), was interviewed on 3/18/11, at 10:02 a.m. Z2 (ISP/SIU) was present. Z1 stated that he called E1 (Assistant Administrator), on 3/17/2011. E1 told Z1 that facility staff had not received payroll 3-4 weeks ago.

E2 (Owner/Administrator) was interviewed on 3/18/11, at 10:52 a.m. Z2 (ISP/SIU) was present. E2 stated that there are thirteen (13) staff on the facility payroll, and that staff get paid every other Friday. March/2011 payroll dates would be 3/4 and 3/18. E2 stated that on the last payroll (3/4/11) there was a numerical error. E2 thought there was enough money to meet payroll, but some checks were returned for insufficient funds. E2 further stated that some staff were not caught up for the 3/4/11 payroll until today (3/18/11).

E1 was interviewed on 3/18/11, at 12:13 p.m. E1 stated that E6, 7 & 12's (Direct Service Persons - DSP) paychecks for 3/4/11 had bounced and were re-issued on 3/18/11. Z1 (ISP/SIU) was present.

E6 (DSP) was interviewed on 3/22/11, at 12:25 p.m. E6 stated that her 3/4/11 paycheck bounced, but was made good on 3/18/11. Prior to March, there were a couple of times that she was asked to hold onto the paycheck for a few days before cashing.

2c) Provides fiscal oversight that ensures an adequate food supply and allows for uninterrupted implementation of Physician ordered diets and Registered Dietician recommendations/menus.

In review of 2/11 physician's orders, R's 1, 2, 4, 6, 8, 9, 11, 12, 13, 14 and 15 have specially ordered physician diets.

Z1 (concerned citizen) was interviewed on 3/18/2011, at 10:02 a.m. Z2 (ISP/SIU) was present. Z1 stated that in a 3/17/11 phone conversation with E1 (Assistant Administrator), E1 stated that E2 (Owner/Administrator) does not have enough funds to buy food for the individuals at the facility, and employees of the facility were providing food from their personal funds.

E2 (Owner/Administrator) was interviewed on 3/18/11, at 10:52 a.m. Z2 (ISP/SIU) was present. E2 stated that in speaking with E1 (Assistant Administrator), E1 informed E2 that staff have been purchasing food for the individuals at the facility. E2 stated that he was not comfortable with this and is in the process of reimbursing staff.

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E1 (Assistant Administrator) was interviewed 3/18/11 at 12:13 p.m. Z2 (ISP/SIU) was present. E1 stated that the food issues began at least six to nine months ago, and continued until today. There has always been food, as Z3 and her son have brought in food. Staff, including E1, have brought in food. E's 5, 8, 9 and 10 (DSP's) have all spent their own money on food, and not all have been reimbursed by E2 (Owner/Administrator). E9 is an employee who receives food for herself from the local food bank. E9 has brought some of that food in for the residents also. E1 stated that the facility had ordered their food for the past 3-4 years from a provider in Indiana, until a couple of months ago when the facility's credit was discontinued. E1 stated that the facility does not owe this company any money now, and that now the facility just purchases their food locally.

E1 further stated that physician ordered menus have not been followed due to the facility's financial issues, and all individuals of the facility have physician ordered diets. E1 stated that R2, has a physician's order for a (nutritional liquid supplement), has lost a lot of weight, and has not received the supplement for the past 6-8 months, again due to the facility's financial difficulties. E1, on 3/22/11 at 10:20 a.m., stated the initial order for the supplement was 4/12/10, three times a day. E1 further stated that initially she bought the supplement herself, but then stopped buying it, not sure exactly when. E5 (DSP), on 3/21/11, at 9:30 a.m., stated that R2 is now getting his physician ordered nutritional liquid supplement, as she purchased some for him on 3/19/11 (after this was brought to the attention of the facility by surveyor during the daily status meeting on 3/18/11).

E5, on 3/21/11 at 8:09 a.m., confirmed that she has purchased food for individuals of the facility with her own money, including basics such as bread and eggs. She has been reimbursed for some of her expenditures, but not all.

E10, on 3/21/11, at 8:50 a.m., stated the food supply problems started about 6 months ago. E10 stated she has bought breakfast items, including bread, eggs and breakfast meats. E10 stated she had been reimbursed for some of her expenditures.

E8, on 3/21/11 at 9:45 a.m., stated she has bought food for the facility with her own money, probably over the last three months. Food items purchased include bread, canned goods, hamburger and pork, milk and spices. She stated that she just bought food yesterday (3/20/11), and has not been reimbursed for any of her expenditures.

2d) Provide fiscal oversight that ensures uninterrupted maintenance of health care through completion of medical and dental appointments.

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E1 was interviewed on 3/18/11, 12:13 p.m. Z2 (ISP/SIU) was present. E1 stated that the facility has to cancel doctor appointments due to there being no money to purchase fuel for the facility van. E1 stated that E5 (DSP) and herself have taken individuals to medical appointments using their personal vehicles and gas. E1 further stated that the facility currently has no credit to allow fuel purchase for the facility van.

E5 (DSP) was interviewed on 3/21/11 at 8:09 a.m. E5 stated that the following medical/dental appointments have been canceled in the last 2-3 weeks due to the issue of monies for fuel for the facility van:

R4 & R8 - dental scheduled for 3/10/11

R14 - 3/13/11 - routine medical scheduled every 3 months

R's 7, 9, 11 & 14 - 3/13/11 Psychiatric appointments

R's 2 & 12 - 3/22/11 - routine medical scheduled every 3 months

R's 4, 8 & 12 - 3/22/11 - Psychiatric appointments

In this same interview, E5 stated that on 3/10/11, she took R3 to her Physician, then to her Psychiatrist on 3/16/11, in her personal vehicle, as there was no fuel for the facility van. E5 stated that R3 was having "lots of behaviors" and it was an "emergency," explaining that R3's face was raw from her rubbing her face.

E1 was interviewed on 3/18/11, at 12:13 p.m. Z2 (ISP/SIU) was present. E1 stated that E10 (past QMRP/RN) put gasoline in the facility van after 2/11/11, "after (E10) quit." E1 showed surveyor a 2/15/11 gasoline receipt in the amount of \$62.90. E1 added that E10 has filled up the van "a couple of times" with her personal money.

E10 was interviewed on 3/21/11 at 8:50 a.m. E10 confirmed that she had filled the facility van with fuel on 2/15/11, and has filled it 3-4 times. E10 stated she thought she was reimbursed once for some odd \$70.00. E10 further stated that E2 (Owner/Administrator) had them cancel medical/dental appointments for a week, thinking this was around the week of March 7-11, due to the lack of money to fill the facility van.

E8 was interviewed on 3/21/11 at 9:45 a.m. E8 stated that she has purchased fuel for the van, "a few times, when got critical."

In a 3/23/11, 9:05 a.m., interview with E1 (Assistant Administrator), E1 stated that the dentist will no longer see any of the facility individuals until their bills are paid, "...and that's pretty much all of them."

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On 3/23/11, at 9:25 a.m., E5 (DSP) stated that R's 2, 3, 6, 7, 8, 9, 10, 11, 12 & 15 were all individuals who cannot return to the dentist until their bills are paid.

2e) Provide fiscal oversight that ensures an adequate supply of personal use items for individuals of the facility.

E5 was interviewed on 3/21/2/11, 8:09 a.m. E5 stated that she has bought incontinence briefs for R's 3 & 4, who are current residents. She also purchased incontinence pads for R5 who is now deceased since 2/24/11 (per R5's death certificate).

E7 was interviewed on 3/23/11 at 7:10 a.m. E7 stated that she bought incontinence briefs one time for R4.

E1 was interviewed on 3/23/11 at 9:05 a.m. E1 stated that she bought incontinence briefs and incontinence pads for R's 3 & 4. She stated she talked to E2 (Owner/Administrator) who asked her if she could cover the cost, that she would be reimbursed. E1 stated that as of this date, she has not been reimbursed.

Additionally, E1 (Assistant Administrator), on 3/24/11 at 2:00 p.m., confirmed that R's 4 & 5 have been charged from their own account for incontinence briefs and incontinence pads.

2f) Provide fiscal oversight that ensures the availability of facility transportation for community outings.

E5 was interviewed on 3/21/11, at 9:30 a.m. E5 stated that outings for the individuals have been affected due to the lack of funds to purchase fuel for the facility van, stating this has been an issue for the past 3-4 months. Individuals used to go to the university in the adjacent state, as they could bowl for \$1.00 a game. Due to having no fuel for the van, individuals have not attended this activity in 2011. Additionally, individuals used to go to the movies in an adjacent town about 12 miles away. Fuel for the van and the price of movies going up were cited as the cause of not going.

On 3/23/11, at 8:00 a.m., E5 stated that individual outings are documented by the facility. Individual outings from 1/1/11 through 3/23/11 were reviewed with E5 and documented as follows:

R5 - van ride on 10/19/10 - next outing documented is 2/17/11 for ice cream
R8 - none recorded for 1/11; shopping on 2/12; none recorded for 3/11 as of 3/23/11

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R1 - church on 1/16 and 2/13 - Per above interview with E5, the church picks up individuals/facility does not transport

R3 - church on 1/2, 1/16 & 2/13; 1/26/11 - shopping; - none recorded for 3/11

R10 - 2/18 - town; 3/6 - church; 3/12 - could not decipher

R11 - none listed for 2011

R12 - 1/2, 1/16, 2/13, 2/27 - church; 3/13 and 3/19 - eat out

R9 - walks to her high school equivalency classes in town; and home visit in March - no other outings listed

R4 - none for 1/11 and 2/11; 3/11 lists a doctor appointment

R13 - home with family every other weekend, does not go on outings from facility per choice (above interview)

R14 - does not like to go out in groups, would go out to eat 1/1 (per above interview) - no outings documented

R15 - 1/2, 2/26 - church; none listed for 2/11; 3/8 and 3/19 out to shop and eat

R2 - none recorded for 1/11, 2/11; 3/19 - eat out;

R6 - none recorded - thinks she walks up to convenience store almost every night (per above interview)

R8 - none for 1/11 and 3/11; 2/12 - outing recorded, but not able to decipher

R7 - 1/16 - church; 2/13 - church; eat out - 3/18;

In a 3/22/11, 12:25 p.m. interview with E6 (DSP), E6 stated that outings for individuals are down, and individuals do not get to do as much as they did before, citing fuel for the van as the cause.

2g) Provide fiscal oversight that ensures an adequate supply of medication, laundry and kitchen cleaning supplies.

E1 was interviewed on 3/18/11 at 12:13 p.m. Z2 (ISP/SIU) was present. E1 stated that facility staff have also had to buy detergent for the facility.

E5 was interviewed on 3/21/11 at 8:09 a.m. E5 stated she has bought laundry soap, dish soap, fabric softener sheets, and medication cups for the facility.

E8 was interviewed on 3/21/11 at 9:45 a.m. E8 stated that she has purchased laundry detergent and dish detergent for the facility.

2h) Protect individuals from financial exploitation, when the facility failed to provide and implement a reproducible system that:

- Ensures residents' personal choices regarding money management are identified and documented..

- Ensures residents' personal monies are not utilized for facility transactions.

- Ensures a system that provides an accurate accounting of residents' personal funds.

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- Ensures a system that provides a quarterly accounting of individuals' funds to the individual and/or guardian.

-Ensures that Medicaid recipient funds are not utilized for items for which the facility is responsible.

In review of an undated facility roster that validates level of functioning, there are fourteen (14) individuals who reside in the facility. R's 6, 7, 9 and 10 function in the mild range of mental retardation; R's 1, 8, 12, 14 and 15 function in the moderate range of mental retardation; and R's 2, 3, 4 and 13 function in the severe range of mental retardation.

In an undated facility document that validates guardianship, and confirmed by E1 (Assistant Administrator on 3/18/11, at 11:45 a.m., R's 1, 2, 3, 8, 10, 11, 12, 13 & 15 have legal guardians. R4 has a power of attorney for health care. R's 6, 7, 9 and 14 do not have guardians.

- In an interview with E1 (Assistant Administrator) on 3/24/11 at 1:10 p.m., E1 stated that none of the residents have personal checking accounts. E1 further stated that all of the residents have told her they do not want a personal checking account. When asked, E1 stated this information has never been documented in any resident's file, and she could not provide any reproducible evidence that this is/was reviewed with residents on an annual basis per each resident's Individual Program Plan (IPP).

E1 was interviewed regarding resident funds on 3/22/11 at 10:35 a.m. E1 explained that all resident funds (\$30.00 per month Supplemental Security Income {SSI} allowance, and their paychecks from the day training site), are deposited into one account (#2009850). E1 further explained that residents are allowed to keep their monies earned from the day training site, up to \$20.00 a month. If the day training income is over \$20.00 for a resident, the remainder of the money goes toward the resident's rent. The bank account is a non-interest bearing account, and there are no individual checking accounts for residents. Each resident has a separate ledger sheet. E1 (Assistant Administrator) and E2 (Owner/Administrator) are the only persons who can sign checks on this account. There is a facility account at the same bank (#2009818). E1 (Owner/Administrator) is the only person who can sign checks on this account.

In review of resident files, the facility has obtained consent for the management of funds for all residents. E1, on 3/29/11 during phone interview at 10:58 a.m., stated that the facility handles monies for all of the residents of the facility.

In review of the monthly bank services statements for resident accounts (#2009850), there is an automatic withdrawal in the amount of \$875.00 on

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9/27/10, with a service charge of \$7.50. In an interview with E1 (Assistant Administrator), on 3/23/11 at 12:30 p.m., E1 stated that she thought that the \$875.00 was automatically withdrawn from the residents' account (#2009850) and deposited in the facility account (#2009818), due to the facility account being overdrawn. E1 called the bank to verify this, and after phone call stated that she was correct.

Resident account statements from 6/1/10 through 3/22/11 document a total of \$1,015.00 in overdraft and service charges to the residents' account. In a phone interview with E1 (Assistant Administrator), on 3/30/11 at 1:31 p.m., E1 again confirmed that only she and E2 (Owner/Administrator) can sign checks on the residents' bank account. E1 stated that there is no system in place to ensure that residents are, or have been, reimbursed regarding the overdraft charges incurred by E1 (Assistant Administrator) and E2 (Owner/Administrator) on the residents' account.

On 3/23/11, at 8:30 a.m., E1 (Assistant Administrator) stated that E2 (Owner/Administrator) asked her last week if there is any money laying around that he could deposit in the facility account. E1 stated that after that, about the last 3-4 weeks, she has not been depositing the residents' funds into the resident accounts. E1 stated she just cashes their checks and puts the monies into separate envelopes for each resident. (E1 picked up a handful of mailing envelopes and showed the surveyor). E1 further stated that E2 does not know that she is holding the residents' monies in this manner, and she is doing this so that E2 will not use resident monies.

-On 3/24/11 at 2:00 p.m., E1 reviewed the resident ledger with surveyor from 6/1/10 through 3/10/11, checks 2417 through 2501.

In a 3/22/11, 10:35 a.m., interview with E1, E1 stated that the facility does not require that individuals validate in any way that they have received their personal monies. Regarding receipts for purchases. E1 stated that there are receipts, "around here somewhere...in a bag."

Each check stub documents the date that the check was written, and the amount of the check.

- There are 16 checks written to "cash," "resident money programs," "petty cash fund," and "residents acct. programs," totaling \$3,096.00. (For example, check #2457, dated 10/1/10, and signed by E1 (Assistant Administrator), for the amount of \$450.00 was for, "October allowance," with no further explanation). Surveyor requested receipts for the above expenditures. As of the survey exit date (4/22/11), no receipts were presented.

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- There are 35 checks written for "shopping," haircuts and permanents, personal purchases, "res (resident) purchases," food for parties, catalog orders, camp, trips, resident Christmas exchange, and postage, totaling \$2,466.32. (For example, check # 2461, dated 11/2/10, and signed by E1 (Assistant Administrator), is for \$213.23 made out to (store name), with no further explanation. E1 stated (same interview as above), that R5 loved shoes (deceased as of 2/24/11 - death certificate), and that this single expenditure was for a pair of shoes. Surveyor requested receipts for the above expenditures. E1 presented receipts for #2460 (catalog order of 118.79) and #2478 (catalog order for \$151.44). As of the survey exit date (4/22/11), no further receipts were presented.

- Surveyor requested quarterly accounting of financial transactions for individuals of the facility. E1, on 3/24/11 at 9:30 a.m., stated that she could not find any documentation for quarterly accounting to residents or their guardians. E1 stated that she does not perform this task on a regular basis, "...is not on my list as a regular procedure." E1 further stated that she would provide such information if requested by a resident or guardian.

- In an interview with E1 (Assistant Administrator), on 3/18/11 at 11:34 a.m., E1 stated all residents of the facility (R's 1-4 & 6-15) are Medicaid recipients. R5, who passed away on 2/24/11 (death certificate) was also a Medicaid recipient. Z2 (ISP/SIU) was present for this interview.

On 3/24/11, at 2:00 p.m., E1 (Assistant Administrator) explained the resident ledger to surveyor (from 6/2010 through 3/10/11). Between 6/2010 and 3/10/11, there are 3 checks (#'s 2468, 2454 & 2430) written to a local pharmacy from the residents' account, totaling \$764.59.

At this time (3/24/11, at 2:00 p.m.), surveyor requested receipts for the pharmacy expenditures. It was not until 3/25/11 that E1 presented a fax from the pharmacy, dated 3/24/11. In a phone interview with E1, on 3/30/11, at 12:30 p.m., E1 stated that this information was not in the facility when surveyor requested receipts, and that she had called the pharmacy on 3/24/11 to obtain this full accounting of how the residents' funds were spent.

Review of the pharmacy's journal listing from 7/5/10 - 11/19/10 documents the following:

R's 1-11 and R's 13 and 14 have been charged for over the counter medications, vitamins, prescription medications and blood glucose monitoring equipment.

- Between 6/20/10 and 3/10/11, R5 (deceased on 2/24/11 - death certificate) was charged for \$41.00 on 8/17/10, and \$41.00 again on 12/30/10, for a seat belt

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alarm. In an interview with E1 on 3/23/11, at 3:00 p.m., E1 confirmed that the seat belt alarm was for her wheelchair.

- Between 6/20/10 and 3/10/11, there are two checks written to the facility dentist, totaling \$240.00. E1 (interview as above) thought the first check for \$44.00 was for R12, but was not sure. Regarding the other check for \$196.00, E1 stated she had copies of dental bills, but did not know how to decipher what residents paid for their dental bills per this check.

- Between 9/10/10 and 2/1/11, there are four Physician bills paid for R1 out of the residents' account, totaling \$51.88. Per E1 (interview as above), R1 sees a Physician in the adjacent state on a regular basis. E1 thought that the charges are probably the difference between the two states' Medicaid system.

- On 8/31/10, there is a check (#2447) for \$164.00. The check stub documents the purchase of incontinence briefs. On 3/25/11 at 12:20 p.m., E1 stated that she reimbursed the residents' account from the facility account on this date after surveyor entry to this complaint and concerns were expressed regarding individuals paying for their own incontinence supplies).

There are additional charges to the resident account for incontinence briefs as follows:

11/12/10 - for R5, in the amount of \$18.54

1/17/11 - for R4 and R5, in the amount of \$61.59 - (reimbursed said amount into residents' account on 3/25/11, as per above interview with E1)

2/21/11 - incontinence briefs in the amount of \$46.00 - no documentation for which resident - (reimbursed said amount into residents account on 3/25/11, per E1, above interview).

3/10/11 - incontinence briefs in the amount of \$22.34 - no documentation for which resident - (reimbursed on 3/25/11, as per above interview with E1).

On 3/24/11 at 2:00 p.m., E1 (Assistant Administrator) confirmed that she had signed the above checks on the residents' account for their personal needs, and was aware of residents paying for their own supplies, dental and Physician visits, wheelchair alarms, blood glucose supplies, prescription and prn (as needed) medications.

2i) Provide reproducible evidence that staff can provide for the health and safety of residents, by maintaining current certification in Cardio Pulmonary Resuscitation (CPR), and First Aid Training.

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The following medical diagnoses are documented in review of 2/11 physician's orders:

R1 - Diabetes and is Insulin dependent

R3 - History of Anemia & Aortic Systolic Murmur, Esophagea Motility Issues, Hypertension

R4 - Diabetes, Obesity, Edema and Sleep Apnea

R6 - Hypertension, Obesity, Anemia and Gastroesophageal Reflux Disease (GERD)

R8 - Hyperlipidemia and Anemia

R9 - Diabetes, Hyperlipidemia, Morbid Obesity,

R11 - Hypertension, GERD

R12 - Obesity, Increased Triglycerides and GERD

R13 - Obesity, Congestive Heart Failure (CHF), Cardio Pulmonary Disease (COPD), Congenital Heart Problems and Pulmonary Hypertension

R14 - Hyperlipidemia, Hiatal Hernia and GERD

R15 - Obesity

In review of personnel files for current staff who provide direct care services , there was no evidence of current Cardio Pulmonary Resuscitation (CPR) or First Aid training for the following staff: E's 1, 5, 6, 7, 8, 9, 10, 13, 14, 15 and 16.

In an interview with E10, on 3/25/11, at 1:40 p.m., E10 stated that she thought staff were trained in CPR and First Aid in August and December of 2010. E10 stated they received training at a local hospital in an adjacent town, and would call to get the verification. E10 stated that staff are to maintain current certification. As of the survey exit date (4/22/11), no verification was received for any facility employee.

2j) Provide fiscal oversight to ensure that floor surfaces promote safe mobility.

In review of an undated facility roster that validates level of functioning, there are 14 individuals who reside at this facility. During observations at the facility on 3/18/11 at 4:00 p.m., three individuals were observed to have increased mobility needs. R4 requires a wheelchair for mobility, staff assistance getting into and out of her wheelchair and recliner, and staff assistance when ambulating very short distances. R9 requires a wheeled walker for her mobility needs. R3 (74 years old per her 1/19/11 Inventory for Client and Agency Planning - (ICAP), requires a gait belt when being assisted to and from the bus, and walks throughout the facility in a slow, hunched forward manner. R3 also utilizes handrails throughout the facility when ambulating.

During the above observation time, it was noted that the facility's floors are covered with carpet in the living room, the office area and both of the facility

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hallways (which are entry ways into individuals' rooms). The carpet in the facility hallways was observed to be buckling upwards in many areas.

In an interview with E1 (Assistant Administrator), on 3/24/11 at 12:15 p.m., E1 confirmed that the carpet concerns had been cited on the 11/22/10 Department survey, and again on the 1/13/11 follow-up survey. E1 confirmed that the concerns with the carpet buckling have not been addressed.

3. The facility failed to provide nursing and/or dietary services for 14 of 14 individuals of the facility (R's 1-4 & 6-15), and one additional individual who expired on 2/24/11 (R5), resulting in:

a) lack of on-going nursing assessment, follow-up recommendations for staff, and communication with the registered dietician and physician regarding R3's change in health status, (on-going refusals of food and liquids, weight loss and subsequent hospitalization), for 1 of 1 individual of the facility who is ten pounds under her ideal body weight, and was hospitalized on 3/29/11 for Dehydration (R3).

b) lack of monitoring to ensure R2's dietary recommended/Physician ordered nutritional liquid supplements are provided, for 1 of 1 individual with Anorexia and Alzheimer's Dementia, whose Physician ordered a liquid nutritional supplement three times daily, on 4/12/10.

c) lack of an adequate food supply to meet the dietary recommended/physician ordered nutritional needs of 11 of 14 facility residents (R's 1, 2, 4, 6, 8, 9, 11, 12, 13, 14 & 15).

d) lack of availability of prescribed medications, on-going assessment, follow-up and recommendations for staff, regarding the monitoring of R4's incontinence, perineal/buttocks area and feet, for 1 of 1 individual of the facility who has a diagnosis of Incontinence and Diabetes, and requires a wheelchair for mobility (R4).

e) lack of quarterly health status reviews for 14 of 14 individuals of the facility (R's 1-4 & 6-15), and for 1 individual who expired on 2/24/11 (R5).

f) non-licensed personnel administering Insulin injections for 1 of 1 individual of the facility who requires twice daily Insulin injections (R1);

g) non-licensed personnel administering resident medications without Registered Nursing oversight for 14 of 14 individuals of the facility (R's 1-4 & 6-15).

3a) In review of R3's 3/2011 physician's orders, R3 functions in the severe range of mental retardation, with a history of Anemia, Hypertension, Gastroesophageal Reflux Disease (GERD), Anxiety, Tardive Dyskinesia, Esophageal Motility Issues and Urinary Incontinence. Her 1/19/11 Inventory for Client and Agency Planning (ICAP) documents her actual age of 74, with an overall functioning level of 2 years and 1 month. Her 1/21/10 Slosson Intelligence Test documents an intelligence quotient of 15, further documents diagnoses of Dementia and

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Depression, and that R3 can communicate basic needs and wants using simple words, gestures and pointing.

R3's 12/17/10 dietary evaluation documents an ideal body weight of 130, plus or minus 10 pounds (120-140 pounds). Her weight on this day (same dietary evaluation), is 118 pounds. Recommendations are to continue the current diet and refer to the dietician if there are changes.

R3's monthly weight chart documents her January/11 weight as 115; February/11 weight as 112 and 1/2; March/11 weight as 110 pounds (10 pounds under her ideal body weight).

In review of R3's nursing notes from 1/26/11 through 3/25/11, there is no evidence that R3's ongoing weight loss was monitored or assessed by facility nursing, that the Registered Dietician or R3's Physician was notified, or that any monitoring protocol was initiated regarding R3's food and liquid intake. (The last dietary note of 12/17/10 recommends to encourage R3's fluid intake, as related to her increased BUN (blood urea nitrogen).

In a 3/25/11, 1:00 p.m., interview with E10 (former QMRP/RN), E10 confirmed that all of R3's nursing notes were in her personal file, that nursing notes do not reflect any assessment, follow-up, or recommendations to staff regarding R3's on-going weight loss from 1/26/11 through 3/25/11, nor they reflect notification of the Registered Dietician or Physician during the above time period. E10 confirmed during this interview that she had not notified the Dietician or Physician of R3's continued weight loss since the Dietician's last visit of 12/17/10.

Per record review, there is no evidence of a dietary consult since 12/17/10. On 3/25/11 at 11:30 a.m., E1 confirmed that R3 has not had a dietary consult since 12/17/10. On 3/22/11 at 11:40 a.m., E1 stated that the Registered Dietician was scheduled to be at the facility on 2/23/11, but did not come due to the facility not paying this consultant. E1 confirmed also that there was no evidence that the Registered Dietician had been contacted regarding R3's continual weight loss since the dietician's last visit of 12/17/10.

A 3/28/11 nursing note by E10 documents that R3 has been more lethargic and needs more assistance with her ADL's (activities of daily living). A call was made to the Psychiatrist who adjusted R3's behavior medications. There is no evidence of a nursing assessment for R3 in this nursing note.

It was not until 3/28/11 (second 3/28/11 nursing note), that E10 spoke with R3's Physician regarding her weight loss and decreased appetite. At this time R3 received an order for Megace 200mg, po, BID (twice daily), and a liquid

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nutritional supplement TID (three times daily). There is no evidence of a nursing assessment for R3 in this second 3/28/11 nursing note.

In an interview with E10, on 3/31/11 at 12:45 p.m., E10 stated she was in the facility on 3/28 and 3/29/11, but did not assess R3.

Per a 3/29/11 hospital report, R3 was admitted on this date for Dehydration. The notes state that R3's BUN was almost 40. (Hospital laboratory reports of 3/29/11 document the reference range for BUN is 7-18).

3b) In review of R2's 10/22/10 Individual Program Plan (IPP), R2 functions in the severe range of mental retardation. His 10/21/10 Inventory for Client and Agency Planning (ICAP), document an overall functioning level of 4 years and 6 months. Additional medical diagnosis includes Down Syndrome. 12/21/10 psychiatric notes document a diagnosis of "Anorexia, due to Dementia." His 2/22/11 psychiatric report states that R2 continues to show decline in function and memory - Alzheimer's type.

R2's 9/26/10 dietary assessment states that his (IBW) is 102 pounds, plus or minus 10 pounds (92-112). At this assessment R2's weight is listed at 113 pounds. His current weight (monthly weight chart) for 3/11 is 103 pounds.

R2's 10/22/10 IPP documents that R2 had a physician's order on 4/12/10 for a liquid nutritional supplement TID (three times a day), for poor eating.

R2's 2/2011 physician's orders document a physician ordered diet as follows: "Regular, LCS (low concentrated sweets), increase fiber, 2% milk BID (twice daily), offer extra BKA (breakfast) protein, Health Shakes @ (at) lunch, 1 cup whole milk, give (liquid nutritional supplement), in a.m." (The liquid supplement is a separate and additional product from the Health Shakes).

In an interview with E1 (Assistant Administrator), on 3/18/11, at 12:13 p.m., with Z2 (ISP/SIU) present, E1 stated that R2 does not currently receive his Physician ordered liquid nutritional supplement, and has not received it for approximately 6-8 months.

In an interview with E1 and E2 (Owner/Administrator), on 3/22/11 at 11:05 a.m., E1 stated that when the Physician initially ordered the liquid nutritional supplement, back in 4/10, the facility was buying the product, but then stopped buying it. Neither E1 nor E2 could remember when the facility stopped buying the product. Additionally, E1 and E2 verified that the facility has not required that facility staff provide documentation that R2's health shakes and additional

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liquid nutritional supplement are provided on a daily basis, as per the physician's order. E1 and E2 agreed that there is no way to verify how long R2 has not been receiving the liquid nutritional supplement, and no way to verify that R2 is receiving the Health Shakes at lunch.

In review of R2's personal file, the last dietary review is dated 11/18/10. In an interview with E1, on 3/22/11 at 11:40 a.m., E1 confirmed that the last visit by the dietician was 11/18/10. E1 further stated that the dietician was scheduled to be at the facility on 2/23/11, but did not come due to the facility not paying this consultant.

3c) R's 1, 4 and 9 have a diagnosis of Diabetes (facility document presented to surveyor on 3/23/11). R1 (3/11 physician's orders) requires Insulin twice daily).

In review of 2/11 physician's orders, R's 1, 2, 4, 6, 8, 9, 11, 12, 13, 14 and 15 have specially ordered physician diets. In a 3/18/11, 12:13 p.m., interview with E1 with Z3 (ISP/SIU) present, E1 stated that due to the facility's financial difficulties that started approximately 6-9 months ago, and due to staff buying food out of their own personal monies, physician ordered diets and facility menus have not always been followed.

3d) In review of R4's 2/11 physician's orders, R4 functions in the severe range of mental retardation, with additional diagnoses of Obesity, Down Syndrome, Sleep Apnea, and Onychomycosis. Her 9/26/10 dietary evaluation states that R4 has Diabetes, and the 2/11 physician's orders document that R4 receives Metformin 500 mg, BID (twice daily). This dietary evaluation also documents R4's weight at 198 pounds, with a height of 5 foot, IBW listed at 100 pounds (plus or minus 10 pounds).

R4's 10/21/10 ICAP documents an overall functioning level of 1 year and 10 months. Her 10/22/10 psychological states that R4 can express her needs and wants, but usually parrots what is being communicated to her or responds to questions by stating "yes" or "no" without comprehending the question. This report also documents a diagnosis of Edema.

During observations at the facility on 3/18/11, at 4:00 p.m., R4 is able to bear weight when standing, take small steps with staff support when transferring from chair to wheelchair, or vice versa.

An undated document from the facility that lists individuals who are incontinent of bowel and bladder, validates that R4 is incontinent of bladder.

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In review of 2/10/10 nursing notes for R4, she was seen by her Physician regarding a red rash all over her buttocks and legs. R4 was prescribed Diflucan 100 mg., by mouth, BID, and Lotrisone Cream TID, to buttocks and perineal area.

Review of R4's medication administration record (MAR) reflects there is no documentation that R4 received her a.m. Lotrisone Cream from March 1 through March 21/11. Beginning 3/11/11, staff have documented that there is no Lotrisone Cream in stock.

On 3/22/11 at 2:30 p.m., surveyor notified E1 (Assistant Administrator) regarding the status of R4's Lotrisone Cream. At this time, E1 looked through her "communication book" and stated that there had been no notification from staff regarding R4's medication not being available. E1 then stated that the medication would be ordered on this day.

In an interview with E7 (DSP), on 3/23/11 at 7:10 a.m., E7 stated there was no Lotrisone Cream for R4, but that it would be in this afternoon.

In an interview with E7, on 3/23/11 at 7:10 a.m., E7 confirmed that there was no cream for R4's feet. At this time, surveyor observed R4's feet with E7 present. R4's feet appeared to be dry, reddish in color, with numerous small cracks all around the perimeter of both feet where the sole of the foot meets the sides of the foot. E7 stated that the foot cream had helped a lot, that the dry, cracked areas had covered the whole top of R4's feet prior to the implementation of the cream.

On 4/1/11, R4's MAR was again reviewed. She was supposed to be treated with the cream in the morning, after bath, and in the evening. There was no documentation for R4 receiving her a.m. Lotrisone Cream from 3/12/11 through 3/31/11 in the morning or evening. R4's cream is documented as having been applied on 3/22, 23, 24 and 25 after her bath, but no documentation for a bedtime application. There is a circle around the 26th and 27th date indicating that there is no medication available, per E7 on 3/23/11, at 7:10 a.m.). The back of the MAR states no medication available for 3/28, 29 and 30. There is no documentation for 3/31.

Additionally, R4 has a 2/11 physician's order for Clotrimazole 1% 30 gm. to feet BID. A review of her 3/11 MAR documents that the cream was not administered in the a.m. for 3/20, 21, 22 and 23, as there was no medication available. However, the medication is documented as administered at 5:00 p.m. for the same dates.

E5, on 3/21/11 at 8:09 a.m., stated that R4 wears incontinence briefs at all times.

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R4's 10/22/10 IPP documents that R4 has a formal goal at the day training site for no toileting accidents. Per this goal, staff will ask R4 if she needs to use the restroom every two hours throughout the day while at day program.

In an interview with E1, on 3/24/11, at 2:00 p.m., E1 stated that there are no residents in the facility on toileting schedules.

In review of nursing notes from 2/10/11 through 3/17/11, there is no evidence of nursing assessing or providing follow-up to ensure healing regarding R4's buttocks, perineal area, or feet, and no recommendations regarding R4's known incontinence issues. This was confirmed with E10, on 3/24/11 at 9:30 a.m. E10 further stated that she had completed visual assessments for R4, but had not documented such. E10 stated, regarding R4, she would expect to be notified of, "redness, swelling, discharge, etc." regarding R4's skin issues. E10 further stated that there had been no nursing provision for staff to monitor or document R4's healing progress, further stating that staff are good at telling her and we just use, "word of mouth."

3e) In review of an undated facility roster that validates level of functioning, there are fourteen (14) individuals who reside in the facility. R's 6, 7, 9 and 10 function in the mild range of mental retardation; R's 1, 8, 12, 14 and 15 function in the moderate range of mental retardation; and R's 2, 3, 4 and 13 function in the severe range of mental retardation. R5 who expired on 2/24/11 (per death certificate), functioned in the moderate range of mental retardation (undated facility roster).

During a record review for R3, the most current quarterly health status review was dated 8/24/10. During record reviews for R's 1, 2, 4 and 5, no quarterly health status reviews were found.

On 3/25/11, at 1:40 p.m., in an interview with E10 (former QMRP/RN), E10 stated that she had not completed nursing quarterlies for any residents (R's 1-15) since August of 2010, that she had been in the facility, "just meeting basic needs...no time for quarterlies."

3f) E1 (Assistant Administrator), was interviewed on 3/18/11 at 12:13 p.m. Z2 (ISP/SIU) was present. E1 stated that E10 functioned as Qualified Mental Retardation Professional and Registered Nurse Consultant (QMRP/RN) until 2/11/11, which was E10's last day as a full time staff. At this time, E1 called E10 on the phone to verify the date, again verifying this statement when she hung up the phone. E1 stated that since 2/11/11, the facility has not had a QMRP or RN consultant on staff. E1 further stated that E10 is also employed at a nursing home, but has continued to come to the facility and function in a nursing capacity. When her cell phone is off and when she is out of town, there is no one to call.

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E1 stated that E11 (Licensed Practical Nurse - LPN) had served as an on call nurse, but retired about three months ago.

E10 (former QMRP/RN) was interviewed on 3/21/11, at 8:50 a.m. E10 stated she was employed 30 hours a week as QMRP/RN until 2/11/11, and had given a two-week notice to the facility prior to this date. Since 2/14/11, she has actually been logging about 6 hours a week at the facility, all in a nursing capacity. E10 further stated that it has been "seldom" when the facility has not been able to get in touch with her, but there have been times when the facility has called and could not get her. E10 stated that since her 2/11/11 resignation, there has been no new contract with the facility regarding new employment of a nursing consultant. E10 further confirmed that while acting in the capacity of QMRP/RN at the facility, she was and currently is also employed at a nursing home in another town. On 3/24/11 at 9:30 a.m., regarding her employment, E10 stated, "I don't know...I'm just here...technically I'm not here anyway...just donating my time if absolutely need me...I turned in my resignation 2/11/11...for both positions, only to be the RN on call. E11 (LPN), is on call if (the facility) can't get me."

However, in an interview with E11 (LPN), on 3/31/11, at 10:50 a.m., E11 stated that she was employed with the facility until 5/1/10, and has not acted in a working capacity since that date. E11 stated that if there was an emergency, the facility would call her. E11 does not have a current working contract.

3g) In a 3/18/11, 12:13 p.m., interview with E1 (Assistant Administrator), E1 confirmed that R1 requires daily insulin injections for her Diabetes.

In review of R1's 2/11 physician's orders, R1 has a diagnosis of Diabetes, and is Legally Blind. This order documents that R1 receives Novolin N injections, 15 units every a.m., and 3 units every p.m.

In an interview with E8 (DSP), on 3/22/11, at 10:45 a.m., E8 stated that regarding R1's Insulin injections, E10 would fill the syringes. The syringes would be stored in the refrigerator until ready for use. The staff that is monitoring the medication administration would place the dose in the cartridge and set the spring for R1, as R1 could probably not see well enough to do this portion of the task. E8 stated that R1 can push the button, after the above tasks are completed.

In review of 2/11 physician's orders for R's 1-4 and 6-15, all receive physician prescribed medications.

E1's 3/18/11, 12:13 p.m. interview, and E10's 3/21/11, 8:50 a.m., above interviews validate that the facility has not had a contractual Registered Nurse on staff since 2/11/11.

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In accordance with State Law Rule 116, it states:

116.40a) "Only a nurse-trainer may delegate and supervise the task of medication administration to direct care staff."

116.30b) "All registered professional nurses seeking approval to be nurse-trainers to provide medication administration training to non-licensed staff shall: 1) Be licensed as a registered professional nurse or advanced practice nurse in Illinois. 2) Possess two years of clinical registered professional nursing experience within the last five years, at least one of which shall preferably have been in developmental disabilities. 3) Have successfully completed the DHS Nurse-Trainer Training Program.

116.50b) "Non-licensed staff shall not administer any medication in an injectable form."

4. The facility failed to provide for assessment, intervention and medication consents regarding R3's self-abusive behaviors, for 1 of 3 in the sample (R3).

In review of R3's 2/22/11 physician's orders, R3 functions in the severe range of mental retardation. Additional medical diagnoses include Dementia and Anxiety. Her 1/21/10 Slosson documents her intelligence quotient (IQ) as 15, and she has an additional diagnosis of Depression. Her 1/19/11 ICAP documents her actual age as 74 years, and her overall functioning level at 2 years and 1 month. A 3/18/11 facility document verifies that R3 has a legal guardian.

Nursing notes dated 3/4/11 document that the workshop had called, stating R3's nose and lip were bleeding and they could not get it to stop. R3 was taken to the emergency room for treatment and returned home. Nursing notes, dated 3/10/11, state R3 had a very large amount of blood on her bed sheets. "(R3) had wiped her face so much it is bloody all over." 3/16/11 nursing notes document R3's increase in anxiety and behaviors, and she will see the Psychiatrist this same day.

3/16/11 psychiatric notes for R3 document repetitive behaviors of hand washing and toilet flushing, and an excoriated face to the point of active bleeding.

In an interview with E5, on 3/31/11 at 10:45 a.m., E5 stated that after returning from the day training site, R3 would be sitting on the couch, get up, go to the bathroom, wash her hands and flush the toilet, "maybe fifty (50) trips back and forth to the bathroom from the couch." This has been going on the last couple of weeks and getting worse.

In a 3/31/11, 11:00 a.m., interview with E6 (DSP), E6 stated that R3 has been agitated "really bad." R3, when home, continually walks from the living room to the bathroom. When in the bathroom, R3 will sit on the toilet, flush the toilet 2-3

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times in a row and wash her hands, repeating this behavior over and over. This behavior has gotten "really bad" this last week. E6 also noted that this behavior was causing R3's hands to be cracked and in "awful" condition. E6 further stated that R3 will not allow us to apply lotion to them.

In an interview with E10 (former RN/QMRP), on 3/31/11 at 12:45 p.m., E10 stated that R3's agitation began about 6 months ago. This agitation expressed itself in the form of slapping her face and thighs, hiking her pants, pulling down at her shirt, and the constant rubbing of her hands and toilet flushing. E10 stated that the facility was just "watching" her behaviors, confirming that no behavioral data had been collected and no program implemented.

In review of R3's 2/11 physician's order sheet, 3/11 progress notes, 3/4 and 3/10/11 quarterly medication review, and 3/11 nursing notes, it documents that R3's Ativan was discontinued on 3/10/11, and Xanax was prescribed. On 3/16/11, the psychiatrist prescribed Depakote 250. Between 3/10/11 and 3/28/11, the dosages of Xanax and Depakote were modified in dosage and times of dosage.

The Quarterly Medication Reviews for R3, dated 3/4/11 and 3/10/11, document that there is a behavior plan in place for R3. However, in an interview with E10, on 3/31/11 at 12:45 p.m., E10 confirmed that the facility has not developed a behavior program prior to the implementation of behavioral medications. Additionally, E10 confirmed that no guardian consent was obtained for the Xanax and Depakote, and the the medications were prescribed for behavior control purposes.

5. The facility failed to provide for assessment and notification to R2's Psychiatrist regarding R2's wish to die statement, for 1 of 3 in the sample (R2).

In review of R2's 10/22/10 Individual Program Plan (IPP), R2 functions in the severe range of mental retardation. His 10/21/10 Inventory for Client and Agency Planning (ICAP) documents an overall functioning level of 4 years and 6 months. Additional medical diagnosis includes Down syndrome. 12/21/10 psychiatric notes of 12/21/10 document a diagnosis of "Anorexia, due to Dementia." His 2/22/11 psychiatric report states that R2 continues to show decline in function and memory - Alzheimer's type. His 2/22/11 Psychiatric consult has added a diagnosis of Depression.

Per his 10/22/10 psychological report, R2 communicates in short sentences and is able to communicate his needs and wants.

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In an interview with E1 (Assistant Administrator), on 3/21/11 at 10:28 a.m., E1 stated that over the past weekend, Z5 (Case Coordination Agency) had told E1 that R3 had stated to her (Z5), "I just want to die."

In an interview with E1 (Assistant Administrator), on 3/22/11 at 11:20 a.m., E1 stated that R2's last psychiatric visit was 2/22/11. E1 further stated that she had not notified the psychiatrist of R2's statement regarding his wish to die.

Facility policies were reviewed. All policies were undated unless otherwise noted.

Regarding "PROCEDURES FOR REPORTING AND INVESTIGATING ALLEGATIONS OF RESIDENT ABUSE/MISTREATMENT/NEGLECT," it states, "A resident, staff member, or anyone suspecting abuse, mistreatment or neglect of residents should report the suspected incident immediately to the QMRP/Resident Services Director and Administrator/Operations Manager...The facility will notify The Department of Public Health within 24 hours of any report of resident abuse, mistreatment, or neglect."

An undated facility policy entitled, "Physician Services," states "The facility will notify the resident's physician of any accident, injury, or change in a resident's condition that threatens the health, safety, or welfare of a resident...."

Regarding "HEALTH SERVICES," it states, "Hickory Estates will provide all services necessary to maintain each resident in good physical health. These services include, but are not limited to, the following:..Nursing services to provide immediate supervision of the health needs of each resident by a registered professional nurse or a licensed practical nurse or the equivalent....Dental services to provide evaluation, diagnosis, treatment and annual review, including care for dental emergencies, administered by or under the supervision of a dentist licensed in the State to practice dentistry or dental surgery."

Regarding "Resident Health Records", it states, "Nurses' notes that will contain observations of significant responses to treatments, medications, etc., made by nursing personnel."

Regarding a 5/1/00 facility policy entitled, "Medication Administration-Delegation to Authorized Direct Care Staff," it states, "It is the policy of (Hickory Estates) to allow authorized direct care staff to administer medications as allowed by state law. The delegation of medication administration will occur only under the direction of a state-approved registered nurse trainer and after required education is completed...The authorized direct care staff may not administer any medication in the following forms. Medications in these forms must be

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administered by a licensed nurse. 9.1 Injectable medication - 9.2 Suppository medication."

Under "DENTAL SERVICES," it states, "A recall system that will assure that each resident is re-examined at specified intervals in accordance with his needs, but at least annually."

Regarding "RESIDENTS RIGHTS," it states, "May manage his personal financial affairs, or is given at least a quarterly accounting of his financial transactions made on his behalf should the facility accept his written delegation of this responsibility to the facility for any period of time in conformance with State Law."

Regarding, "RESIDENT'S FUNDS," it states, "The facility will maintain and allow each resident access to written record of all financial arrangements and transactions involving the individual resident's funds. The facility will provide each resident or his representative with a written itemized statement at least QUARTERLY of all financial transactions involving the resident's funds."

Regarding "Other Records," it states, "If purchases are made for a resident from these personal monies proper receipts will be kept and proper notations made in a separate bookkeeping system. These will be available for the resident or his representative's review, insofar as his account is involved."

Regarding, "FOOD SERVICE," it states, "Medically prescribed diets shall be recorded in the resident's record and served as ordered...Supplies shall be appropriate to meet the requirements of the menu."

Regarding "DIET REQUIREMENTS," it states, "All modified diet orders are planned, and approved by our Dietician Consultant, who also services on our Interdisciplinary Team."

Regarding "PERSONNEL," it states, "Hickory Estates will provide a Resident Services Director (QMRP), who is assigned responsibility for the coordination and monitoring of the residents overall plan of care...to assure that...their needs are met through appropriate staff interventions and community resources...Hickory Estates will provide dietary personnel...Hickory Estates will provide a RN Consultant 2 hours monthly."

Regarding, "RECREATIONAL AND ACTIVITIES SERVICES," it states, "Recreational and activity services will be coordinated (with) other services and programs provided the residents, in order to make fullest possible use of the facility's resources and to maximize benefits to the residents."

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Regarding "THERAPEUTIC COMMUNITY ACTIVITIES PROGRAM PLAN," it states, "The Therapeutic Community Activities Program is designed to promote, increase and maintain growth in community activities."

(A)