STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		TIPLE CONSTRUCTION ING	(X3) DATE SURVEY COMPLETED	
		14G049	B. WING			C
NAME OF F	PROVIDER OR SUPPLIER	140049	B. WING	STREET ADDRESS, CITY, STATE, ZIP CODE	06/	05/2013
	'S SQUARE LIVING	CENTER		239 SOUTH CHERRY GALESBURG, IL 61401		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)		ID PROVIDER'S PLAN OF CORRECT PREFIX (EACH CORRECTIVE ACTION SHOUTH ACTI		ILD BE	(X5) COMPLETION DATE
W 149	the dining area with their person. > All day training st supervision of resid	result in choking do not leave a food in their mouths or on aff will be inserviced on lents requiring dietary	W 1	49		
	who have been ide	pecial emphasis on residents ntified as being at risk of pehavior that could result in				
	staff monitoring of a program has agree regarding the monit day training program has also agreed to monitoring policy. S placed upon ensuring choking or have a base	contact day training to discuss residents. They day training d to initiate training for its staff toring of residents while at the m. The day training program re-inservice its staff on its special emphasis will be ng that residents at risk for behavior that could result in their persons.				
W9999	05/24/13 at 6:45 procompliance as the		W 99	99		
	LICENSURE VIOL	ATIONS:				
	350.620a) 350.1210 350.1230b)3)5)6)7) 350.1230d)2) 350.1230g					

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING			(X3) DATE SURVEY COMPLETED	
		14G049	B. WING			06/0	05/ 2013
	PROVIDER OR SUPPLIER	CENTER		2	STREET ADDRESS, CITY, STATE, ZIP CODE 239 SOUTH CHERRY GALESBURG, IL 61401	00/0	30/2010
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)			ID PROVIDER'S PLAN OF CORRECT PREFIX (EACH CORRECTIVE ACTION SHOL TAG CROSS-REFERENCED TO THE APPRO DEFICIENCY)		BE	(X5) COMPLETION DATE
W9999	Continued From pa 350.3240a)	ge 25	W99	999			
	a) The facility shall procedures governifacility which shall be involvement of the a shall be available to public. These writte	esident Care Policies have written policies and ing all services provided by the performulated with the administrator. The policies to the staff, residents and the en policies shall be followed in any and shall be reviewed at					
		Health Services ovide all services necessary to lent in good physical health.					
	services, in accorda shall include, but ar The DON shall part 3) Periodic reevalua quality of services a 5) Training in habits activities of daily liv 6) Development of resident to provide the total habilitation 7) Modification of the fithe resident's dail d) Direct care personare not limited to, the 2) Basic skills required and problems of the g) Nursing service prompetence and expenses.	pee provided with nursing ance with their needs, which he not limited to, the following: cicipate in: ation of the type, extent, and and programming. It is in personal hygiene and ing. It is a written plan for each for nursing services as part of a program. It is needs, as needed. It is needs, as needed. It is needs in program in terms in the following: It is needs in the following: It is needed.					

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING			(X3) DATE SURVEY COMPLETED	
		14G049	B. WING			06/0) 0 5/2013
	PROVIDER OR SUPPLIER	CENTER		2	TREET ADDRESS, CITY, STATE, ZIP CODE 39 SOUTH CHERRY GALESBURG, IL 61401		0,2010
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)		ID PREFI TAG	X	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPE DEFICIENCY)	BE	(X5) COMPLETION DATE
W9999	agent of a facility sh resident.	Abuse and Neglect ee, administrator, employee or nall not abuse or neglect a	W 99	999			
	by: Based on observati interview the facility system to prevent r whose 05/21/13 che training site resulted failed to: 1) Ensure R1 had s	on, record review and has failed to implement their neglect for 1 of 1 individual oking incident at the day d in death (R1) when then sufficient safeguards and to prevent him from choking					
	individuals who req while eating for safe for eating too fast o behaviors which ma	ient safeguards for 11 of 11 uire some level of monitoring ety and who are on programs or other unsafe eating ay result in choking or other and attend the day training					
	Findings include:						
	January 17, 2013, F has diagnoses which	ndividual Service Plan dated R1 is a 37 year old male who ch include Autistic Disorder, sorder and Profound ies.					

	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MUL	TIPLE CONSTRUCTION NG	COM	(X3) DATE SURVEY COMPLETED	
		14G049	B. WING	<u>-</u>		C / 05/2013	
	PROVIDER OR SUPPLIER Y'S SQUARE LIVING	CENTER		STREET ADDRESS, CITY, STATE, ZIP COE 239 SOUTH CHERRY GALESBURG, IL 61401		30,2010	
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES 'MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRE ((EACH CORRECTIVE ACTION SHOOLD TO THE API DEFICIENCY)	OULD BE	(X5) COMPLETION DATE	
W9999	R1's ISP reports "(Figure during the summer with his bucket of pichanged to colder with facility and on occaprogram." It goes or inside the building a ask staff for more picomes inside to ear or snack from the wide of the first states he has "profolanguage deficits." In non-verbal. A section of R1's IS "Functional Skills" in and requires a form R1 is said to require supervision when direquires staff assist food. A section of R1's ISD Day Training reads own lunch but requires and to throw a "Primary Needs" "Needs to increase Program/Joint" lister R1's ISP has a "Profolation of R1's ISD pausing between at each meal for 20	R1) arrives to day training months where he sits outside apers. Once the weather veather he stays at his living sion attends the winter in to state that R1 comes at day training on occasion to aper, pop or his snack. R1 his lunch and purchase popending machine. BP titled "Communication" bund expressive/receptive also states that R1 is BP titled "Dietary" and eads he is on a general diet hal program for eating skills. The same table level of sining. It also states R1 cance in cutting large pieces of BP under Functional Skills - At "Eating Skills: (R1) eats his ires verbal prompts to clean	W 99	99			

	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	` '		LE CONSTRUCTION	` ´COM	E SURVEY PLETED
		14G049	B. WING				C 05/2013
	PROVIDER OR SUPPLIER	CENTER		S 2	TREET ADDRESS, CITY, STATE, ZIP CODE 39 SOUTH CHERRY GALESBURG, IL 61401		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES 'MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFI TAG		PROVIDER'S PLAN OF CORRECTIO (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROP DEFICIENCY)	BE	(X5) COMPLETION DATE
W9999	mealtime." An "Eating Skills As states the following for R1: "requires verequires verbal prof (R1) is on a formal bites at each meal." A "Resident Progre completed by Z1, pobvious difficulty unsimple commands." A Facility policy title Investigative Comm 03/21/12 has a secreads, "Neglect: Faservices necessary mental anguish, or A "Program Progreand dated 5/21/13 a Training) phoned sto (local) ER (Emerchoking episode." A "Program Progreand dated 5/21/13 a ER called, reported A "Nutritional Assestates of the called, reported Swallowing, Chewir Dietary Clerk reads"	a this program for R1 is "Any seessment" dated 10/27/12 under "Consumption Skills" rbal prompts in this area. He mpts to slow his rate of eating. program to pause between sees Note" dated 12/30/12 and hysician, reads, "(R1) has iderstanding and following dat "Administrator's nittee" most recently revised tion titled "Definitions" and to avoid physical harm, mental illness." ses Note" written by nursing at 12:15pm reads, "DT (Day ated resident was being sent gency Room) d/t (due to) a ses Note" written by nursing at 12:45pm reads, "Hospital (R1) has expired."	W99	999			

	FOF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	` '		E CONSTRUCTION	COM	E SURVEY PLETED
		14G049	B. WING				C 05/2013
	PROVIDER OR SUPPLIER Y'S SQUARE LIVING	CENTER		2	TREET ADDRESS, CITY, STATE, ZIP CODE 39 SOUTH CHERRY GALESBURG, IL 61401	,	
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES 'MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFI TAG		PROVIDER'S PLAN OF CORRECTIO (EACH CORRECTIVE ACTION SHOULE CROSS-REFERENCED TO THE APPROP DEFICIENCY)) BE	(X5) COMPLETION DATE
W9999	on an eating skills provides at each meal. revised to ensure the and drink items with to provide verbal properties. This Adde Director of Rehabilis Training. A fax to the Department written by E2, Director of Rehabilis Training. A fax to the Department written by E2, Director of Rehabilis Training. The report which stream and prompted to say R1 went outset the laid down." Date face was blue in constatements differ fron DTII, who was said the building after lust E2's report to the Dipassed away while. An Emergency room section titled "Disposition on arrival." During observation surveyor was show and where he was I distance was appropriated."	ta a rapid rate and is currently brogram to pause in between His eating program will be nat (R1) will consume his food in staff sitting at the same table compts and assistance as endum was provided by Z4, tation Services at Day ment dated 5/22/13 and tor of Quality Assurance, only choked on his sandwich attending his (day training) ates R1 was monitored while indicated to swallow his food goes on side where he "initially sat and y training staff noted that his lor and called 911. These om the statement given by Z3, to have witnessed R1 leave inch. epartment also states R1 at the hospital. m report dated 5/21/13 has a desition" and states: "Deceased on 5/24/13 at 11:30am, this in where R1 exited the building aying in the grass. This	W99	999			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	` '		E CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
		14G049	B. WING				C 05/2013
	PROVIDER OR SUPPLIER			S1 23	TREET ADDRESS, CITY, STATE, ZIP CODE 39 SOUTH CHERRY 6ALESBURG, IL 61401	00/0	05/2013
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREF TAG		PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPE DEFICIENCY)	BE	(X5) COMPLETION DATE
W9999	The report states E 12:03 pm and left thospital at 12:23 pm. The "Dispatch Rea Complaint" is Card Apnea. The "Initial Assess "Completely obstruas "Cyanotic, cool." R1's heart rhythm of (Pulseless Electrical dilated bilaterally. A Narrative section "Dispatched for a non a sandwich not "Staff members rellaying on the ground mouth, the pt was I The narrative also dislodge food from know the last time." Narrative charting in unresponsive, Skin completely obstruction: agonal say "slight cyanosis thoracic region." Under a section title.	the call which was received at 13 involving R1. EMS arrived on the scene at he scene enroute to the m. son" is Choking, "Chief iac Arrest, Airway Obstruction, ment" for Airway reads, cted." R1's skin was recorded	W99	999			

	TEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X2) MULTIPLE CONSTRUCTION (X2) MULTIPLE CONSTRUCTION (X3) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) PROVIDER/SUPPLIER/CLIA (X3) MULTIPLE CONSTRUCTION (X3) PROVIDER/SUPPLIER/CLIA (X3) MULTIPLE CONSTRUCTION (X4) PROVIDER/SUPPLIER/CLIA (X5) MULTIPLE CONSTRUCTION (X5) PROVIDER/SUPPLIER/CLIA (X5) MULTIPLE CONSTRUCTION (X5) PROVIDER/SUPPLIER/CLIA (X5) MULTIPLE CONSTRUCTION (X6) PROVIDER/SUPPLIER/CLIA (X6) PROVIDER/SUPPLIER/SUPPL		` '			COMPLETED	
		14G049	B. WING		0	C 6/05/2013	
	PROVIDER OR SUPPLIER Y'S SQUARE LIVING	CENTER		STREET ADDRESS, CITY, STATE, ZIP COE 239 SOUTH CHERRY GALESBURG, IL 61401		0/00/2010	
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES 'MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFI TAG		HOULD BE	(X5) COMPLETION DATE	
W9999	of food from orophathe mouth and oral food and fluid were A section titled "Vita not able to obtain a respirations during A report from the E R1 was taken dated "Chief Complaint/H states the patient we pulse. It also states cardiorespiratory and a section titled "Phy" "Heart sounds abset (blood pressure) no respiration, fixed dilla a section titled "Clir unsuccessful cpr (coresuscitation), pt (phy 12:48 pm." A section titled "Dison arrival." A note from "Nurse 5/21/13 at 12:31 stareported "Copious a were cleared from the diagnosis is "Castates the coroner in During an interview."	arynx, suction was applied to pharynx, copious amounts of removed from the airway. als" shows that the EMS was pulse or spontaneous the course of their call. mergency Department where d 5/21/13 has a section titled, istory of Present Illness" which as triaged at 12:31 with no R1 was in "full rest." ysical Examination" states, ent. No palpable pulse. No bpo pulse no spontaneous ated pupils, no heart sounds." nical Impression" states, "1. eardio pulmonary atient) pronounced dead at position" states: "Deceased Documentation" dated ates that Z5 (Paramedic) amounts of bread and cheese the patient's airway." eath" from the hospital states ardiac Arrest (Choking)" and	W99	99			

	FOF DEFICIENCIES DF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	A. BUILDING		(X3) DATE SURVEY COMPLETED	
		14G049	B. WING		Of	C 5/ 05/2013
	PROVIDER OR SUPPLIER Y'S SQUARE LIVING	CENTER		STREET ADDRESS, CITY, STATE, ZIP CODE 239 SOUTH CHERRY GALESBURG, IL 61401		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORREC ((EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APPI DEFICIENCY)	ULD BE	(X5) COMPLETION DATE
W9999	had been determine findings. Z6 stated with choking on food During an interview Paramedic, was as call involving R1. Z5 stated yes, they before noon for a p Z5 stated as they p was some staff near the ambulance that Z5 went on to say t color. Z5 stated R1 was lated and staff was attem the ground. R1 was breathing and choke Z5 stated when she some food on the ground which the staff airway. Z5 stated it sandwich. When Z5 airway, she found ability to breathe. Z5 stated she performer etrieved "quite a bit to pull food from R1 laryngoscope to op continued to attemportable suction. Z5 stated a staff me compressions and	ed based upon his autopsy his "findings are consistent d." on 5/24/13 at 10:25 am, Z5, ked if she participated in the had been called out just atient choking on a sandwich. ulled up to the scene, there ar R1 and she could see from R1 was "obviously cyanotic." hat R1 was deep purple in aying outside behind a building apting abdominal thrusts on said to be unresponsive, not	W99	99		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	` ′		LE CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
		14G049	B. WING	i			C 05/2013
	PROVIDER OR SUPPLIER Y'S SQUARE LIVING	CENTER		2	STREET ADDRESS, CITY, STATE, ZIP CODE 239 SOUTH CHERRY GALESBURG, IL 61401		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)			ID PROVIDER'S PLAN OF CORRECTION PREFIX (EACH CORRECTIVE ACTION SHOULD BE TAG CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)		BE	(X5) COMPLETION DATE
W9999	R1's airway and me sandwich was broumouth including "bit chunks were 1/2 do Z5 stated R1 had represent by the sand no pullifor him. Z5 was then asked stated she doesn't couldn't get anyone Z2, Float Trainer/D 5/23/13 at 3:50pm while he ate his lung She further stated schewed his food ar Z2 stated lunch time later to eat at arour 5-10 minutes to eat Z2 stated "both sard I ensured he swalld went out." Z2 was asked if she sandwiches how he one sent in his lunc obstruction and destated, "I have no in Z3, DTII, was internand asked if she were were to the sandwiches how he one sent in his lunc obstruction and destated, "I have no in Z3, DTII, was internand asked if she were sand with the sandwiches how he one sent in his luncobstruction and destated, "I have no in Z3, DTII, was internand asked if she were sand with the sandwiches how he one sent in his luncobstruction and destated, "I have no in Z3, DTII, was internand asked if she were sandwiches how he one sent in his luncobstruction and destated, "I have no in Z3, DTII, was internand asked if she were sandwiches how he one sent in his luncobstruction and destated, "I have no in Z3, DTII, was internand asked if she were sandwiches how he one sent in his luncobstruction and destated, "I have no in Z3, DTII, was internand asked if she were sandwiches how he were san	much food was retrieved from outh. Z5 approximated 1/2 of a ight from R1's airway and g chunks". Z5 stated "Two ollar size at least." To response, no spontaneous se during the time she cared Thow long R1 was down. Z5 know and further stated, "I et to tell me." river, was interviewed on and asked if she sat with R1 ich on 5/21/13. Z2 stated yes. She sat right by R1 and he and paused between bites. The is 11:30 am and R1 came in and 11:40. Z2 stated R1 took the stated in the stated and owed and chewed before he ewatched R1 consume both a got another sandwich like the which resulted in his airway atth outside in the yard. Z2	W99	399			

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		14G049	B. WING			06/0	05/ 2013
	PROVIDER OR SUPPLIER Y'S SQUARE LIVING	CENTER		2	STREET ADDRESS, CITY, STATE, ZIP CODE 139 SOUTH CHERRY GALESBURG, IL 61401		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)			ID PROVIDER'S PLAN OF CORRECT PREFIX (EACH CORRECTIVE ACTION SHOU TAG CROSS-REFERENCED TO THE APPRO DEFICIENCY)		BE	(X5) COMPLETION DATE
W9999	stated after R1 was the back porch whe seen R1 didn't have have crumbs on his times of her observ Z7, Trainer/Driver, 3:20 pm and asked was choking. Z7 stated at approx at the back of Unit blue and not breath Z7 asked why R1 w R1 had choked on R1 was noted to hat the "pieces were like" Z7 further stated, "Tongs to pull out brewas the size of 1/2 pieces like pea size Z7 was asked how choked on outside. Z7 was asked how she got there about left with him around not breathing during Z8, Trainer/Driver, 3:34 pm and asked	and Z2 to run his program. Z3 is finished eating he came to be anything in his mouth but did a face. Z3 was unable to recall ations. Was interviewed on 5/23/13 at if she was present when R1 ated she is 1 of 2 individuals ded to Z3's calls for help. Attimately 11:55 am she arrived 14 and seen R1 who was limp, sing. Was not breathing. Z7 stated food. Z7 was asked what food the been choking on. Z7 stated are chewed bread and cheese." The ambulance people used and cheese, one piece dollar and there were smaller at 11:55 am and the food he Z7 said she didn't know. Iong R1 was down. Z7 stated at 11:55 am and the ambulance at 12:20 pm. Z7 stated R1 was go that time. Was interviewed on 5/23/13 at if she was present when R1 in/13. Z8 stated yes, she had	W99	999			

	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING				(X3) DATE SURVEY COMPLETED	
		14G049	B. WING			06/0	05/ 2013	
	PROVIDER OR SUPPLIER Y'S SQUARE LIVING			2	STREET ADDRESS, CITY, STATE, ZIP CODE 239 SOUTH CHERRY GALESBURG, IL 61401	00/0	33/2013	
(X4) ID PREFIX TAG	(EACH DEFICIENC)	NTEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)		ID PROVIDER'S PLAN OF CORRECT PREFIX (EACH CORRECTIVE ACTION SHOU TAG CROSS-REFERENCED TO THE APPRO DEFICIENCY)		BE	(X5) COMPLETION DATE	
W9999	Z8 stated at approparrived a bystander R1 was in a sitting limp. Z8 states the Z8 was asked what meals. Z8 stated, "stuffs food." Z8 was asked how know. Z8 further stated thable to intubate becairway. Z8 was asked what mouth or airway. Z5 sandwich - yellowis size. Z8 continued pieces of food with out additional food. Z3 states R1 went across the yards to Z3 was asked if R1 stated, "I don't know Z3 stated she did not this day for an unknown was not noted to be states she called R didn't turn around was stated R1 went Z3 stated R1 went Z4 state	time R1's Unit ate lunch. Z8 and 11 am. cimately 11:55 am when she was holding R1 from behind. position on the ground but bystanders "wife" called 911. t R1's supervision level was at 1:1 because he eats fast and he got food outside. Z8 did not e EMS members were not cause of food blocking R1's type of food was seen in R1's stated it looked like pieces of hin color and about 1/2 dollar that staff pulled out smaller finger sweeps and EMS pulled down the steps and walked his bucket while she followed. had anything in his hands. Z3 w, I can't say for sure." Tot usually follow R1 but did on nown reason. Z3 states R1 e coughing or gagging. Z3 1's name two times and he	W99	999				

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		14G049	B. WING				C 05/2013
NAME OF PROVIDER OR SUPPLIER ST MARY'S SQUARE LIVING CENTER				23	REET ADDRESS, CITY, STATE, ZIP CODE SO SOUTH CHERRY ALESBURG, IL 61401		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFI TAG		PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPF DEFICIENCY)	BE	(X5) COMPLETION DATE
W9999	his mouth when he airway become obs matching the descr Z3 stated she didn' Z3 was asked again in his hands. Z3 did During an observat 11:22 am, it was obresidents and 2 staresidents at one take residents at anothe The remainder of the finished and had be and sitting along a was asked on 5 residents were sitting they were done eat table so there is less During interview on Unit 12's lunch begobservation, most residents were sitting they were done eat table so there is less During interview on Unit 12's lunch begobservation, most residents were sitting they were done eat table so there is less During interview on Unit 12's lunch begobservation, most residents after during that R1 typically minutes after the redidn't like to eat with	e was sure R1 had nothing in left her area, how did his structed with a sandwich iption of what he had for lunch. It know. In if she noted R1 had anything I not know. It ion of Unit 12 on 5/24/13 at it is served there were 13 iff members. There were 3 is in the with a staff member and 2 in table with a staff member. The residents were said to be seen removed from the table wall. It is a staff member and 2 in table with a staff member. The residents were said to be seen removed from the table wall. It is a staff member and 2 in table wall. It is a staff member. The residents were said to be seen removed from the secongestion. It is a staff member and 2 in table wall. It is a staff member and 3 in table wall. It is a staff member and 3 in the staff member and 4 in a staff member and 5/23/13 at 3:34 in around 11 am. It is a staff member and 2 in table wall. It is a staff member and 2 in table wall. It is a staff member and 3 in table wall. It is a staff member and 2 in table wall. It is a staff member and 2 in table wall. It is a staff member and 3 in table wa	W99	999			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING			(X3) DATE SURVEY COMPLETED	
		14G049	B. WING				C 0 5/2013
NAME OF PROVIDER OR SUPPLIER ST MARY'S SQUARE LIVING CENTER				2	STREET ADDRESS, CITY, STATE, ZIP CODE 39 SOUTH CHERRY GALESBURG, IL 61401	1 00/1	J3/2013
(X4) ID PREFIX TAG	(EACH DEFICIENCY	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFI TAG		PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROP DEFICIENCY)	BE	(X5) COMPLETION DATE
W9999	recording, a female requested an ambudeath." The 911 dispatcher choking on. When a question someone sandwich." At 1 minute 12 sects sound that appeare and a female voice "sweep." The dispatcher ask female caller report ground." After direction of the bystander instructed chest. This was 1 m. The female caller reslowly" when asked At 1 minute 47 sects background stated again and sweep. The 911 dispatcher caller to push, give to roll him over. At 2 minutes 32 sects ambulance sirens of background. The 9	ed. According to the bystander called 911 and plance for "a kid choking to asked what the subject was the female caller relayed the in the background said "a conds into the call, there was a ed to be slapping of bare skin in the background said ed if R1 was standing and the ted no, he was "lifeless on the ed on the staff to push on R1's ninute 28 seconds into the call. The ported that food was "coming to by the dispatcher. The she was going to sit him up to continued instructing the a good quick thrust and finally conds after the call began, could be heard in the 11 dispatcher advised to keep as even if he wasn't breathing	W99	999			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING			(X3) DATE SURVEY COMPLETED	
		14G049	B. WING	_			C 0 5/2013
	PROVIDER OR SUPPLIER Y'S SQUARE LIVING	CENTER		:	STREET ADDRESS, CITY, STATE, ZIP CODE 239 SOUTH CHERRY GALESBURG, IL 61401		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFI TAG		PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPI DEFICIENCY)	BE	(X5) COMPLETION DATE
W9999	Continued From pa		W99) 99			
	and a female voice	ous voices in the background saying, "Come on (R1), Come s additionally a female crying and.					
		onds after the call began, a background could be heard hinistering CPR.					
	At 3 minutes 38 sec EMS arrived.	conds, the call ended as the					
		terviewed on 5/24/13 at 12:03 was present for the choking 3. Z9 said yes.					
	was walking into a he heard a woman	t he witnessed. Z9 stated he neighboring business when call for help and seen her teps toward a man laying in					
		ne female and stated the man ark blue when he got there with					
	Z9 went on to state 911 which she did.	he asked Z10, witness, to call					
	R1 or didn't act like didn't know CPR bu	staff didn't know what to do for they knew CPR. Z9 stated he ut attempted abdominal thrusts mp and laying on the ground.					
	ambulance was pul	not begin by staff until the lling up. This statement t can be heard on the 911					

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		14G049	B. WING	i			C 05/2013
NAME OF PROVIDER OR SUPPLIER ST MARY'S SQUARE LIVING CENTER					STREET ADDRESS, CITY, STATE, ZIP CODE 239 SOUTH CHERRY GALESBURG, IL 61401		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES / MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREF TAG		PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPE DEFICIENCY)	BE	(X5) COMPLETION DATE
W9999	Continued From pa	ge 39	W99	999	9		
		There was no reason R1 eft out there. There was no ave died."					
	5/23/13 at 3:10 pm purpose of putting (which prompts him	or (PD), was interviewed on and asked "What was the (R1) on an eating program to pause between bites?" E3 ause, it could cause choking.					
	to prevent R1 from	t measures were put in place choking. E3 stated the facility prompt R1 to pause and for able supervision.					
	put on a formal eat due to R1's behavio	/24/13 at 2 pm why R1 was ing program. E3 stated it was ors, that he was sometimes waiting to eat, to help prepare se between bites.					
	risk. E3 stated, "Ye	was considered to be high s, since he is same table ald indicate he is at increased					
	January 17, 2013, I has diagnoses which	ndividual Service Plan dated R1 is a 37 year old male who ch include Autistic Disorder, sorder and Profound ies.					
	training on 5/21/13	l after an incident at day when he was found outside of lding with a sandwich from his is airway.					
	R1 had an "Addend	lum" dated 1/8/13 which					

AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		A. BUILDING			COMPLETED	
		14G049	B. WING			C 06/05/2013
	PROVIDER OR SUPPLIER	CENTER		STREET ADDRESS, CITY, STATE, ZIP CO 239 SOUTH CHERRY GALESBURG, IL 61401		50/00/2010
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORF (EACH CORRECTIVE ACTION S CROSS-REFERENCED TO THE A DEFICIENCY)	SHOULD BE	(X5) COMPLETION DATE
W9999	on an eating skills phites at each meal. revised to ensure the and drink items with to provide verbal prineeded." E3, Program Direct 5/23/13 at 3:10 pm purpose of putting which prompts him stated if he didn't perband to a formal eating the didner of the complaint with his tray and to pause E3 was asked if R1 risk. E3 stated, "Ye (supervision) it wourisk." Per a 5/22/13 insert decrease her rate of the complaint with the compla	t a rapid rate and is currently program to pause in between His eating program will be nat (R1) will consume his food in staff sitting at the same table compts and assistance as or (PD), was interviewed on and asked "What was the (R1) on an eating program to pause between bites?" E3 ause, it could cause choking. 1/24/13 at 2 pm why R1 was ang program. E3 stated it was pros, that he was sometimes waiting to eat, to help prepare se between bites. 1/24/13 was considered to be high sometimes, since he is same table all indicate he is at increased wice R4 is on a program "to of food consumption." 1/24/15 on a program "to of food consumption."	W99	·		
	prompt him to slow	vice R7 is on a program to down and eat at a slow rate. vice R8 is on a program "for				
	impulsive eating an	d cued to slow."				

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		14G049	B. WING	_			C 0 5/2013
	PROVIDER OR SUPPLIER	CENTER		:	STREET ADDRESS, CITY, STATE, ZIP CODE 239 SOUTH CHERRY GALESBURG, IL 61401		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFI TAG		PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPI DEFICIENCY)	BE	(X5) COMPLETION DATE
W9999	Continued From pa	ge 41	W99	999	e e e e e e e e e e e e e e e e e e e		
	Per a 5/22/13 inser monitor her "rate of	vice R9 is on a program to consumption."					
		vice R10 is on a program due er and putting too much food					
		vice R11 is on a program at at a rapid rate, stuff his					
	Per a 5/22/13 inser "eating too quickly."	vice R12 is on a program for					
		vice R13 is on a program consume food and/or drink					
	because he "will att others and will stuff	vice R14 is on a program tempt to take meal items from f his mouth with an excessive 14) will also eat too quickly, ly."					
	formal programs ar the facility has not e high risk while eatir	idents have been placed on nd given a level of supervision, ensured residents who are at ng do not obtain food outside imes or outside of their rea.					
	03/21/12 has a sec reads, "Neglect: Fa	nittee" most recently revised tion titled "Definitions" and ilure to provide goods and to avoid physical harm,					

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		14G049	B. WING			C 06/05/2013	
NAME OF PROVIDER OR SUPPLIER ST MARY'S SQUARE LIVING CENTER				STREET ADDRESS, CITY, STATE, ZIP CO 239 SOUTH CHERRY GALESBURG, IL 61401		00/03/2013	
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFI TAG		HOULD BE	(X5) COMPLETION DATE	
W9999	Continued From pa	ge 42 (A)	W99	99			