DEPARTMENT OF HEALTH AND HUMAN SERVICES CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 05/17/2016 FORM APPROVED OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING			(X3) DATE SURVEY COMPLETED	
14G045		B. WING			C 03/24/2016		
NAME OF PROVIDER OR SUPPLIER CLYDE L. CHOATE MH & DEV CTR			STREET ADDRESS, CITY, STATE, ZIP CODE 1000 NORTH MAIN STREET ANNA, IL 62906				
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)		ID PREFIX TAG	X	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPI DEFICIENCY)	BE	(X5) COMPLETION DATE
W 000	INITIAL COMMENTS		w o	00			
	Incident Investigat	ion					
W 223	Incident of 3/4/16 IL83968 483.440(c)(3)(v) INDIVIDUAL PROGRAM PLAN		W 2	23			
	The comprehensivinclude social deve	e functional assessment must elopment.					
	Based on interview failed to ensure 1 of a need for program	is not met as evidenced by: w and record review the facility of 1 (R1) individual did not have nming to be implemented when sess R1's sexual expression of sexual abuse.					
	Findings Include:						
	documents R1 is a	ity unit roster dated 3/15/16 49 year old female who Level of Intellectual Disability.					
	dated 3/5/16 docur PM, on this date 3/front of thegym by the name (name bedroom on the m was sexual with he her sexually. I aske security to which s had told her lead w do anything about security a doctor w sh** out. I told her then asked me wh	ity Significant Event Report ments, "At approximately 3:20 (15/16, R1 approached me in and stated that an employee e of employee-E3) entered her idnight shift (last night) and er. She (R1) said he touched ed her if she had notified he replied no but indicated she vorkers but nobody wanted to what happened and if I told rould have to be called to check I had to report it anyway. R1 at was the activity tonight"			TITLE		(Ye) DATE

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

Facility ID: IL6000368

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NAME OF PROVIDER OR SUPPLIER CLYDE L. CHOATE MH & DEV CTR				10	TREET ADDRESS, CITY, STATE, ZIP CODE 000 NORTH MAIN STREET NNA, IL 62906	00/2	L4/2010
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)		ID PREFI TAG		PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPI DEFICIENCY)	BE	(X5) COMPLETION DATE
W 223	documents, "No inj (bilateral) breasts of done by MD (physic done by MD (physic Review of the facilit Investigation/Review Mistreatment/Abust documents, "Staff Exchnician) was relindividuals served of Review of R1's interested documents, "What staff- E3) Big guy won (name of anoth Heavy boy. He cam woke me up. Took was naked in my be (sic) about this. He touched by boobs a vagina). When did One o'clock or som say stop? No. Why don't say nothing." During interview on E3 came into my roin R3's room. When R1 stated, "He was During interview on there had not been room at night. R3 a hurt in his room by not afraid of anyone	ty injury report dated 3/5/16 uries or bruising noted to bilater genital areas upon exambian)." ty Administrative wo f Allegations of e/Neglect dated 3/15/16 and E4 (Mental Health moved from contact with on 3/5/16." rview statement dated 3/5/16 happened last night? (name of works on my unit. Used to work er unit) Real short black hair. He to my room last night and my cover of my bed. Asked if I led. He said don't tell nobody looked out in the hall and and right here (points to this happen? On night shift. Hething like that. Did you yell or? He told me to stay quiet and asked if R3 was in his room. He was asleep." 3/21/16 at 3:24 PM R3 stated any female residents in his lso stated no one had been a staff member and he was	W 2	223			

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(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF COR (EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE / DEFICIENCY)	SHOULD BE	(X5) COMPLETION DATE		
W 223	had not been any r who was not supponeither her or her r any male staff. R2 anyone. During interview or he was lead worke alleged event occur for her medications alright until she bear residents laundry by	es with R1. R2 stated there male staff in their room at night psed to be there and that commate had been hurt by stated she was not afraid of a 3/21/16 at 1:25 PM E4 stated or on the morning after the rred. E4 stated he woke R1 up and she appeared to be came upset about another being in the washer. E4 stated about the allegation.	W 22	23				
	on another hallway sexual contact with the staff member s break around 4:00 and talked with sor then sat down in the remainder of the be	n 3/22/16 E3 stated he worked the night R1 alleged E3 had her. E3 stated he did relieve litting with R3 for his lunch AM and stood in R3's doorway me other staff for a few minutes the chair in R3's room for the reak. E3 stated he did not When asked if he had abused tated, "No."						
	summary dated 3/4	ty living area and shift 4/16 11-7 shift documents the g with R3 was relieved for) AM.						
	dated 9/10/15 docu any of the areas of 15 of the sexual ex documents, "This p someone tries to to or asks them to to	cual expression assessment uments R1 was not deficient in sexual expression. Number expression assessment person knows when asked if buch them in their private areas uch someone else and they should say, "No!!!" and get						

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(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
W 223	help from someone During interview on (Public Service Adnon the morning meassessment dated to the fact that she did not implement paure R1 was aware The facility failed to not have a decline i and did not have a implemented after fassaulted her in a page.	a they trust." 3/22/16 at 11:39 AM E6 ministrator) stated, "We noted eting minutes that R1's sexual 9/10/15 was reviewed and due did not have any deficits we programming. We just made of the reporting process." reassess R1 to ensure R1 did n her sexual expression skills need for programming to be R1 alleged E3 had sexually peers room. R1's interview ints R1 stated she did not call	W 2	23			