STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	14G039	A. BUILDING _____ B. WING _____	C 12/09/2015

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BROTHER JAMES COURT	**2508 ST. JAMES ROAD SPRINGFIELD, IL 62707**

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
W 000	INITIAL COMMENTS COMPLAINT INVESTIGATION #1546689/IL82004	W 000		
W 149	483.420(d)(1) STAFF TREATMENT OF CLIENTS The facility must develop and implement written policies and procedures that prohibit mistreatment, neglect or abuse of the client. This STANDARD is not met as evidenced by: Based on observation, record review and interview, the facility failed to ensure their Abuse and Neglect Policy was followed by: - Direct Care Staff reporting immediately to the Administrator an allegation of physical abuse. - Evidence of a Direct Care Staff Supervisor being trained on the facility's Abuse/Neglect Policy. - Evidence of a nursing exam and documentation of the exam in the individuals record. For 1 of 1 individuals who an allegation of abuse by an employee, was alleged, (R1). Findings include: R1 per the 8/11/15 Individualized Program Plan (IPP), is a 29 year old male with diagnoses of severe Intellectual Disabilities, Down Syndrome, Visual Impairment, Deafness, and OCD (Obsessive Compulsive Disorder. In review of a facility investigation of abuse faxed to the Illinois department of Public Health, dated 12/6/15, it states E1 (Administrator was notified of an allegation of abuse by E3 (Licensed Practical Nurse - LPN). This report states that E3 slapped R1 after R1 pushed E3.	W 149		1/8/16

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE 12/21/2015

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.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	14G039	A. BUILDING _____ B. WING _____	C 12/09/2015

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BROTHER JAMES COURT	**2508 ST. JAMES ROAD SPRINGFIELD, IL 62707**

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
W 149	Continued From page 1 Per review of the facility's policy titled, "Policy and Procedure Regarding Abuse and Neglect" dated 1/29/13, it states: "It is the duty of any employee or agent of "facility" who becomes aware of such abuse or neglect to report it immediately to the Administrator." In review of E5's (Direct Service Person - DSP) statement dated 12/6/15 at 2:45 PM., it states R1 hit E3 (LPN), E3 told R1 not to hit after E3 hit R1. E6 (DSP)'s statement states that between 2:45 PM to 3:30 PM, E3 (LPN) hit R1. In an interview on 12/8/15 at 1:40 PM, E5 (DSP) stated this incident occurred between 3:00 - 4:00 PM. E5 stated that E3 (LPN) was in the hall and R1 hit E3, then E3 hit R1 in the right arm. E5 further stated that E3 followed R1 in the hall telling him "it's not nice to hit."E5 stated that her and E6 (DSP) saw this incident and reported it to E7 (Supervisor) immediately. E5 stated that E7 told them he did not see anything, so they E5 and E6 went into a room to discuss what to to do. E5 stated that E6 texted E4 (Residential Services Director - RSD) between 3:00 - 4:00 PM. In an interview on 12/8/15 at 1:10 PM, E4 (RSD) stated she received a text from E6 at 4:10 PM, to call her. E4 stated she called the facility at 4:18 PM, and spoke with E7 (Supervisor) and was told only of scheduling issues. At 4:57 PM, E4 stated she received another text from E6 making the allegation that a nurse hit R1. E4 stated she then called E1 (Administrator) and reported it. In an interview on 12/8/15 at 10:50 AM, E1 (Administrator) stated she received a call from E4 (RSD) reporting an allegation of abuse. E1	W 149		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	14G039	A. BUILDING _____ B. WING _____	C 12/09/2015

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BROTHER JAMES COURT	**2508 ST. JAMES ROAD SPRINGFIELD, IL 62707**

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
W 149	Continued From page 2 stated that she was notified around 5:35 PM, and arrived around 5:40 PM to start the investigation. In review of the facility's video of the hallway, at approximately 3:18 PM, the video shows E5 (DSP) and E6 (DSP) in the hallway and E7 (Supervisor) and E3 (LPN) near the TV room. R1 came by E3 and hit her. E3 followed R1 to the snack room and then left the unit. In an interview with E7 (Supervisor) on 12/8/15 at 2:35 PM, E7 stated that E5 and E6 (DSP's) came to him after their break to ask me if I saw anything and what they should do. E7 stated he told them to write a statement and put it in the E1's (Administrator) box. When asked what to do when an allegation is reported to him, E7 stated, I do now. Call the Administrator. There is no evidence of R7 (Supervisor) having Abuse/Neglect training prior to this incident. In an interview on 12/9/15 at 8:55 AM, E8 (Human Resource Director), when asked when E7 (Supervisor) was trained on the facility's Abuse/Neglect Policy, E8 stated they were unable to find any training for E7. In further review of the facility's Abuse/Neglect Policy dated 1/29/13, it states, "The charge nurse on duty shall personally examine the resident immediately if any allegation of abuse or neglect is raised regarding the resident. The nurse shall document in the nurse's notes the residents condition at the time of the examination." There is no evidence of an examination of R1 on 12/6/15 after an allegation of abuse was reported.	W 149		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	14G039	A. BUILDING _____ B. WING _____	C 12/09/2015

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BROTHER JAMES COURT	**2508 ST. JAMES ROAD SPRINGFIELD, IL 62707**

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
W 149	Continued From page 3 In an interview on 12/9/15 at 9:48 AM, when asked if R1 was examined after the allegation of abuse, E2 (Director of Nurses) stated she was unable to find any documentation of an exam. In an interview on 12/9/15 at 11:10 AM., when asked if an exam was completed on R1 after the allegation of abuse, E1 (Administrator) stated, No.	W 149		