PRINTED: 10/05/2016 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		
						(C
		14G102	B. WING _			10/04/2016	
NAME OF PI	ROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZIP CODE			
CLEADDD	OOK CENTED			3201 WEST CAMPBELL STREET			
CLEARD	ROOK CENTER			ROLLING MEADOWS, IL 60008	DOWS, IL 60008		
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFI TAG	PROVIDER'S PLAN OF CORRI X (EACH CORRECTIVE ACTION SH CROSS-REFERENCED TO THE API DEFICIENCY)	OULD BE		(X5) COMPLETION DATE
W 000	INITIAL COMMENTS	3	W	000			
	INCIDENT INVESTIG	GATION					
	Incident of 9/5/16 / IL	# 88566					
W 122	483.420 CLIENT PRO	OTECTIONS	W ·	122			
	The facility must ensu protections requirement	ure that specific client ents are met.					
	Based on record revisited to ensure client neglect for 1 of 1 client was allegedly slapped. Care Staff member. * Clients were free from was witnessed being by a Direct Care Staff. * The allegation of all immediately to the Acc. * The allegation of all investigated; * The potential for furprevented when the accontact with R1 for 5-witnessed abuse; * Staff who were train	buse was reported dministrator; buse was thoroughly orther abuse was not accused abuser remained in 10 minutes after the					
	ensuring staff are awa	are abuse will not be sed or suspected abuse					
LABORATORY	 	SUPPLIER REPRESENTATIVE'S SIGNATURE	:	TITLE			(X6) 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.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING			(X3) DATE SURVEY COMPLETED	
		14G102	B. WING				С
NAME OF D	DOVIDED OD CUIDDUED	146102	D. WING		TREET ADDRESS SITV STATE ZID SODE	10/	04/2016
NAME OF PI	ROVIDER OR SUPPLIER				STREET ADDRESS, CITY, STATE, ZIP CODE 1201 WEST CAMPBELL STREET		
CLEARBR	OOK CENTER				ROLLING MEADOWS, IL 60008		
	OLIMANA DV. OT	ATEMENT OF DEFICIENCIES			·	-	0.5
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREF TAG		PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD B CROSS-REFERENCED TO THE APPROPRIA DEFICIENCY)		(X5) COMPLETION DATE
W 122	Continued From page	e 1	W	122			
	immediately, further p	ootential abuse needs to be					
		nvestigation is in progress,					
	and appropriate corre	ective action must be taken.					
	Findings include:						
	Refer to deficiencies	cited under:					
	W149 - The facility m	ust develop and implement					
		rocedures that prohibit					
	mistreatment, neglect	t or abuse of the client.					
	well as injuries of unk immediately to the Ad	tment, neglect or abuse, as nown source, are reported Iministrator and to other e with State law through					
		ust have evidence that all thoroughly investigated.					
		ust prevent further potential stigation is in progress.					
W 149		violation is verified, e action must be taken. TREATMENT OF CLIENTS	W	149			
	policies and procedur	elop and implement written res that prohibit t or abuse of the client.					
	Based on record revi interview, the facility f	not met as evidenced by: iew, observation and failed to follow its policy and abuse for 1 of 1 allegation					

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		(X2) MULT A. BUILDIN	IPLE CONSTRUCTION NG	, ,	(X3) DATE SURVEY COMPLETED		
		14G102	B. WING _			C 10/04/2016	
	ROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZIP COI 3201 WEST CAMPBELL STREET ROLLING MEADOWS, IL 60008	DE	10/04/2010	
(X4) ID PREFIX TAG	(EACH DEFICIEN	STATEMENT OF DEFICIENCIES NCY MUST BE PRECEDED BY FULL R LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PREFIX (EACH CORRECTIVE ACTION SHOU		(X5) COMPLETION DATE	
W 149	witnessed by a staf slapped on his right on 9/5/16. Findings include: The facility policy e Policy," with a revisil reads, but is not licircumstances shall client be tolerated Any person witness observing evidence must report it immet the Administrator's immediately may reand including possil employment. Any ficient is grounds for Any report of abuse client shall be commor the Administrator thorough investigat	affecting R1. R1 was f Registered Nurse, being t cheek by a Direct Care Staff ntitled, "Abuse and Neglect ion date of 9/15 was reviewed. imited to, "Under no I any abuse or neglect of a ing, hearing about or of abuse or neglect of a client diately to the Administrator or designee. Failure to report esult in disciplinary action up to	W 1				
	injury or sexual ass other than by accident R1 was observed of multi purpose room ambulating. When respond, but when direction, R1 was a Service Plan dated the documented dia	ault inflicted on a resident ental means in a facility" n 9/14/16 at 2:00pm in the . R1 was observed to be up asked a question, R1 did not requested by staff to follow ble to do so. R1's Individual 8/9/16 was reviewed. R1 has agnoses of Autistic Disorder, er and Severe Mental					

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	I ` ′	PLE CONSTRUCTION G		(X3) DATE SURVEY COMPLETED	
		14G102	B. WING _			C 0/04/2016	
	ROOK CENTER			STREET ADDRESS, CITY, STATE, ZIP CO 3201 WEST CAMPBELL STREET ROLLING MEADOWS, IL 60008	•	0/04/2010	
(X4) ID PREFIX TAG	(EACH DEFICIE	Y STATEMENT OF DEFICIENCIES ENCY MUST BE PRECEDED BY FULL OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF (EACH CORRECTIVE ACTI CROSS-REFERENCED TO T DEFICIENC	ION SHOULD BE HE APPROPRIATE	(X5) COMPLETION DATE	
W 149	able to communicathrough gestures of Behavior Program R1 has the targete agitation, stealing, food behavior, white place a non-edicleaning liquid, conthe Injury Report at 9:30am was reversed for the report (E4, Find the Red Hall TV rown witnessed a Staff) reach out an face/upper body. bruising, discolorate expressions and in Staff (E6) was placed. The Summary of the summary reads, book september 5th, 20 alleged that E6, Dr. R1 on the left side E4 (Registered Nu against E6 and proon 9/5/16. * At approximately into the Red Hall's member reach out face/upper body. unable to say for comade with the face and the same service with the face wit	document states that R1 is ate his wants and needs with staff and peers. R1's added 9/1/15 was reviewed. It dated 9/1/15 was reviewed. It dated as attempting ble into his mouth, such as logne, perfume or lotions. for R1, dated and timed 9/5/16 viewed. It states that the author Registered Nurse) walked into room, and upon entering the staff member, E6(Direct Care and slap R1 on his left side of his R1 was assessed, and has no tion or signs of injury. Facial movement are at baseline. The limited on Administrative leave. The Incident Report for R1, usuality Assurance Facilitator), its report is dated 9/9/16. The ut is not limited to, "On 216 a nurse at this facility(E4) irect Care Professional slapped of his face/upper body Trse), made the allegation by death of R1's and slap the right side of R1's and slap the righ	W 1	49			

		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	A. BUILDING			COMPLETED		
		14G102	B. WING			C 10/04/2016		
	ROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZIP CODE 3201 WEST CAMPBELL STREET ROLLING MEADOWS, IL 60008		10/04/2010		
(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 COR (EACH CORRECTIVE ACTION S CROSS-REFERENCED TO THE A DEFICIENCY)	SHOULD BE	(X5) COMPLETION DATE		
W 149	Disability Profession Administrator(E1) with statement and sign form and was place effective immediate explained the processor confirmed that it was face where the confirmed that approximate facility saw me, and nursing office as she E7(Shift Supervisor E4 proceeded to the room a few minutes witnessed E6 slap if she had contacte Administrator) and done so yet. I told contact with E1 right phone, she stated the Administrative Leave to a client, Ref. I explained that witnessed E6 slap to speak about what Administrative Leave said the following, I am so sorry, I can three weeks ago. I	Q(Qualified Intellectual nal), E5, and the was notified. The staff wrote a ed the Administrative Leave ed on Administrative Leave ed on Administrative Leave ed on Administrative Leave ed on Her I on 96/16: tember 5, 2016, I arrived at ely 9:05am. E4, a nurse at the dasked if I could come into the ne needed to speak with me. If went into the office as well. Ill us that upon entering R1's is prior to my arrival, she R1 on the cheek. I asked her dE1 or E8(Assistant she stated that she had not her that we needed to get in that away. When E4 got off the that E1 wanted E6 placed on we effective immediately. If us were seated(E4,E5,E6), I was placing him on we due to an allegation of eat, that was reported to me by at it was told to me that E4 R1 on the cheek. I attempted	W 14	49				

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		1 ' '	PLE CONSTRUCTION G	COMPLETED		
		14G102	B. WING _			C 10/04/2016
	ROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZIP CODE 3201 WEST CAMPBELL STREET ROLLING MEADOWS, IL 60008	<u> </u>	10/04/2010
(X4) ID PREFIX TAG	(EACH DEFICIEN	TATEMENT OF DEFICIENCIES CY MUST BE PRECEDED BY FULL R LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORI (EACH CORRECTIVE ACTION S CROSS-REFERENCED TO THE A DEFICIENCY)	HOULD BE	(X5) COMPLETION DATE
W 149	an investigation wou him if he understood stated that he did ar was wrong, and I an tap on the cheek." I would place his state E6 provided the folko QIDP, E5 and nurse * At about 9:25am, bottle by a staff. I g cheek to admonish I said I should not har about that. E3, Quality Assuran on 9/7/16. The rease explained. E6 confiithe only witnesses of the Red TV room. Ewritten statement: * At about 9:25am of 2016, I was working After breakfast, I we clients relaxed. I sa with a blue content. uncommon color for him. I sat down to reand found that it was something that could his cheek to get his Then I pointed to the swipe to signify, "no thave done that, inappropriate. But I'	s a formal procedure and that ald be taking placeI asked deverything I had said. He ad said, "I know what I did a so sorry, I just gave him a asked E6 at that time if he ement in writing. Dwing written statement to see the ement in writing. Dwing written statement to see the ement in writing. Dwing written statement to see the ement in writing. Dwing written statement to see the ement in writing. Dwing written statement to see the ement in writing. Dwing written statement to see the ement in writing. Dwing written statement to see the ement in writing. Dwing written statement to see the ement in writing. Dwing written statement to see the ement in writing. Dwing written statement to see the ement in writing. Dwing written statement to see the ement in writing. Dwing written statement to see the one of the sorry. Dwing written statement to see the ement in writing. Dwing written statement to see the one of the bottle see the writing. Dwing written statement to see the ement in writing. Dwing written statement to see the writing. Dwing written statement in writing. Dwing written statement in seed the see the writing. Dwing written statement in seed the seed the seed that time if he ement in writing. Dwing written statement in seed the seed	W 1	49		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLI A. BUILDING	E CONSTRUCTION	(X3) DATE SURVEY COMPLETED C		
		14G102	B. WING		10/04/2016		
	ROVIDER OR SUPPLIER		,	STREET ADDRESS, CITY, STATE, ZIP CODE 3201 WEST CAMPBELL STREET ROLLING MEADOWS, IL 60008	1 10/04/2010		
(X4) ID PREFIX TAG	(EACH DEFICIEN	STATEMENT OF DEFICIENCIES ICY MUST BE PRECEDED BY FULL R LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTIO (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROP DEFICIENCY)	D BE COMPLETION		
W 149	Continued From pa	ge 6	W 149				
		to save him from drinking unsafe, and turned around to					
		occurring in the Red Hall video surveillance is not					
	abuse made agains nurse stated in writt quickly and that she if contact was made nurse that made the	on gathered, the allegation of at E6 is unsubstantiatedThe en form that it happened so was unable to say for certain to the face or body. The e allegation of physical abuse to injuries were found.					
	intervention strateg	concluding that E6's y was not an approved t abusive. E6 will be retrained n and intervention strategies."					
	confirmed that she witnessed R6 slap I informed that the fa indicates that origin have occurred to the later changed to the stated that when she wrote left side, gave her statement she witnessed, she of R1's face. E4 wat time she indicated the witnessed in her statement she witnessed in her statement she indicated the witnessed in her statement she witnessed in her statement	on 9/14/16 at 2:30pm. E4 was the staff nurse who R1 on 9/5/16. E4 was cility investigative report ally she reported the slap to e left side of R1's face, but e right side of R1's face. E4 e filled out the incident report, but afterwards, when she , and really focused on what realized it was the right side as also made aware that the he abuse to have been attement, differed from the time ement. E4 stated that she					
	never really looked	at her watch when the abuse stated that it really was an					

PRINTED: 10/05/2016 FORM APPROVED OMB NO. 0938-0391

OLIVILIV	O T OIT MEDIO, TILE &	WEDIO/ ND CEITVICEC				CIVID IVE	7. 0000 0001
	DF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	` ′		CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
				_		(c
		14G102	B. WING			l	04/2016
NAME OF P	ROVIDER OR SUPPLIER			S	TREET ADDRESS, CITY, STATE, ZIP CODE		0 . 0
				3:	201 WEST CAMPBELL STREET		
CLEARBR	OOK CENTER			R	OLLING MEADOWS, IL 60008		
(X4) ID	SUMMARY ST	ATEMENT OF DEFICIENCIES	ID		PROVIDER'S PLAN OF CORRECTION		(X5)
PREFIX TAG	(EACH DEFICIENC	Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	PREF		(EACH CORRECTIVE ACTION SHOULD B CROSS-REFERENCED TO THE APPROPRIA		COMPLETION DATE
					DEFICIENCY)		
W 149	Continued From page	e 7	W	149			
	estimate, and maybe						
		f she could summarize what					
	she witnessed that m	orning on 9/5/16. E4 stated					
	she walked into the R	Red Hall TV room just as she					
	witnessed E6 slap R1	1 on his right cheek with his					
		it was a hard hit, and she					
		E4 stated she then left the					
		e other nurse working with					
	her that day what she	e had just witnessed. E4					
	explained that she re	ally did not know exactly					
	what to do, and was a	asking her co-worker for					
	guidance. E4 stated	that her co-worker really did					
	not know what to do	either, so she then went					
	toward the entrance v	wing of the facility, and saw					
	the shift supervisor.	E4 stated that E7(Shift					
	supervisor) really was	s not exactly sure what					
	paperwork needed to	be obtained, so it was at					
	this time that E5 ente	red the building and she told					
	E5 what she had with	nessed. E5 guided her					
	through the process,	and asked her if she had					
	called E1 yet. E4 sta	ted that she had not, so they					
	proceeded to look for	the proper paper work and					
	called E1. E4 explair	ned that E1 instructed her to					
	place E6 on Administ	rative Leave, and make sure					
	he leaves the building	g. E4 stated that it was					
	probably 5-10 minute	s from the time she					
	witnessed the abuse,	until the time they told E6					
	that he was being pla	iced on administrative leave.					
	E4 confirmed that she	e left E6 alone in the TV					
	room, with R1 during	that 5-10 minute time frame,					
	and realizes now that	t she should have removed					
	R1 from the situation	, and made sure E6 was					
	away from any clients	s after she witnessed that					
		it she felt uncomfortable					
	telling E6 that he nee	eded to leave, even though					
	_	hat she was required to do.					
		E5 and her went into the TV					
	room to tell E6 he wa	s being placed on					

Administrative Leave, E6 was in the room

	OF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	I ` ′	(X2) MULTIPLE CONSTRUCTION A. BUILDING			(X3) DATE SURVEY COMPLETED	
			7 BOILE			(С	
		14G102	B. WING				04/2016	
NAME OF PI	ROVIDER OR SUPPLIER		<u> </u>		STREET ADDRESS, CITY, STATE, ZIP CODE	1 10/	0-112010	
0.5455				3	3201 WEST CAMPBELL STREET			
CLEARBR	OOK CENTER			1	ROLLING MEADOWS, IL 60008			
(X4) ID PREFIX TAG	(EACH DEFICIENC	TATEMENT OF DEFICIENCIES BY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREF TAG		PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD B CROSS-REFERENCED TO THE APPROPRI DEFICIENCY)		(X5) COMPLETION DATE	
W 149	two times before he casked why she did not statement, or while significant was never interviting the investigation she was never interviting the investigation she was never interviting the was never interviting the was never interviting the was sked to give a state one because she that she did not tell a because when she had the past, nothing ever E4 stated that E5 considering. E4 stated to sleeping. E4 stated to work here after he had that she realizes that and didn't remove E6 the other residents in about that. E4 stated again, and she doesn even re-trained him of policy. During an interview was even re-trained him of policy. During an interview was leave. E6 stated that assigned to care for he came into the Red drinking from a bottle explained that R1 had drink he can find, who	that E5 had to call his name opened his eyes. E4 was	W	149				
	a chemical, and whe started drinking it, he	n he saw that he had already immediately grabbed the and reviewed what it was						

OLIVILIY	OT OIL WEDION INE G	MEDIO/ ND OLIVIOLO				OWID ITC	7. 0000 000 1
	DF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	l ` ′		CONSTRUCTION	(X3) DATE COMP	SURVEY
				_		1 (c
		14G102	B. WING			1	04/2016
NAME OF P	ROVIDER OR SUPPLIER			S	TREET ADDRESS, CITY, STATE, ZIP CODE	1 10/	0-112010
				3:	201 WEST CAMPBELL STREET		
CLEARBR	ROOK CENTER			R	ROLLING MEADOWS, IL 60008		
(X4) ID	SUMMARY ST	ATEMENT OF DEFICIENCIES	ID		PROVIDER'S PLAN OF CORRECTION		(X5)
PREFIX TAG	(EACH DEFICIENC	Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	PREF TAG		(EACH CORRECTIVE ACTION SHOULD B CROSS-REFERENCED TO THE APPROPRI DEFICIENCY)		COMPLETION DATE
W 149	Continued From page	W	149				
		drinking. E6 stated that	"	170			
		as an energy drink, and not					
		ind, he went over to R1. At					
		king away from him, and					
		he(R1) understood he					
		ds that did not belong to him.					
		ched him with his finger on					
	his right cheek. E6 s	tated that he wanted him to					
	look at him. E6 was i	informed that the nurse who					
		R1's face also reported					
		when she and E5 came					
		ne was being placed on					
		. E6 stated that he did have					
	his eyes closed, but v						
		that he was just thinking					
	trained him, after the	d. E6 was asked if anyone					
		as allowed to return to work.					
		e retrained him. E6 stated					
		work the Saturday after the					
		10/16) and has been working					
		day, and after this interview,					
	will also work the eve	-					
	_	vith E1 on 9/14/16 at 3:00pm,					
		E4 told this writer that on					
	_	6, when both E4 and E5 went					
	to tell E6 that he was						
		for allegedly slapping R1 on					
	_	ad his eyes closed, and					
		ing. E1 was made aware this in her statement, but that					
		6 was in fact sleeping. E1					
	stated that she was n						
		he was going to immediately					
		ministrative Leave. E1 was					
	l ·	t E4 did not tell E1 or anyone					
		t E6 sleeping, because in					
		as saw someone sleeping					

		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULT A. BUILDII	TIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED		
		14G102	B. WING _			C 10/04/2016	
	OOK CENTER	1		STREET ADDRESS, CITY, STATE, ZIP CODE 3201 WEST CAMPBELL STREET ROLLING MEADOWS, IL 60008			
(X4) ID PREFIX TAG	(EACH DEFICIENC	TATEMENT OF DEFICIENCIES CY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFI) TAG	PROVIDER'S PLAN OF COF (EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE DEFICIENCY)	SHOULD BE	(X5) COMPLETION DATE	
W 149	as a consequence, sethis going forward. It is going forward. It is specifics as to who condenied E4's statement would report that state would investigate be addressed. During an interview of Disability Profession E5 stated that when E4 approached her addor, and told her the something with her. she saw E6 slap R1 her if this was report had not called her, so to report this immediate thought this occurred she really can't be something with the series and the series and the series are really can't be somethed to place E6 immediately, so E5 as was in the building. that she witnessed to bedroom, (but E4 and bedroom, (but E4 and bedroom, series and series are series as the series and series are series as the series and series are series as the series and series are series.	reported it, nothing happened to she just stopped reporting E4 did not provide any or when this occurred. E1 nt, but said that if someone ff was sleeping on the job, e that allegation, and it would with E5(Qualified Intellectual al) on 9/15/16 at 10:55am, she arrived at work that day, as she was walking in the at she needed to discuss E5 stated that E4 told her on the right cheek. E5 asked ed to E1 yet. E4 replied she o E5 told E4 that she needed ately. E5 stated that she d at around 9:05 or 9:10, but ure, because she does not the clock when E4 reported d that E1 told E4 that they on Administrative Leave asked E4 where E6 currently E5 stated that E4 told her	W	,			
	Red Hall). E5 stated in the TV room with not believe that E4 where he was with F could potentially abushe needed to remoracility, and away frowith E4 asked him to conference room(who is to be stated in the conference room(who is to be state	It that E4 told her he was still R1. E5 stated that she could yould leave E6 in the facility R1 and other clients, as he use someone else. E5 knew we E6 immediately from the m the clients, so she, along to come with her to the uich is locked, and away from as asked if E6 was sleeping					

CENTER	3 FOR WEDICARE &	MEDICAID SERVICES				OIVID INC	7. 0930-0391
	OF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	` ′		CONSTRUCTION	(X3) DATE COMP	SURVEY
						(С
		14G102	B. WING			10/	04/2016
NAME OF P	ROVIDER OR SUPPLIER	•		S	TREET ADDRESS, CITY, STATE, ZIP CODE		
01 54 555	OOK OFNITED			32	201 WEST CAMPBELL STREET		
CLEARB	ROOK CENTER			R	OLLING MEADOWS, IL 60008		
(X4) ID	SUMMARY ST	ATEMENT OF DEFICIENCIES	ID		PROVIDER'S PLAN OF CORRECTION		(X5)
PRÉFIX TAG	,	Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	PREFI TAG		(EACH CORRECTIVE ACTION SHOULD E CROSS-REFERENCED TO THE APPROPRI		COMPLETION DATE
					DEFICIENCY)		
W 149	Continued From page		W	149			
		e TV room with E4. E5					
		ot be sure, but his eyes were					
	1	d his name a couple of					
		ed them(his eyes). E5 was					
		n the room that E6 was					
	_	s closed. E5 stated that she					
		1 was still in that room, but					
	1	ts were in that room with E6.					
	-	ne did not include that she					
		s eyes closed in her personal					
		I that she did mention that.					
		er the report E3 authored,					
	1	nal statement included. E5					
		art of her statement, but that					
		thored was much longer and ent to retrieve her statement,					
		de that she witnessed E6					
		It also included information					
	1	t in obtaining his charger for					
		eft, even though it had just					
	· ·	n that he needed to leave					
		e no further contact with any					
		n the building. E5 explained					
	that E6 would not list	- · · · · · · · · · · · · · · · · · · ·					
	I .	ger. E5 stated she followed					
	him, and stood between	een him and any other clients					
	I .	contact with E6. E5 stated					
	at one point he starte	ed to talk with another staff					
	member, and attempt	ted to explain to that person					
	that he was being acc	cused of hitting R1, and E5					
	had to again be very	firm with E6, and escorted					
	him out of the building	g, explaining yet again that					
	he is not allowed to d	liscuss this situation with any					
	staff members who w	ork at this facility. E5 was					
	asked why she did no	ot report this information					
	when she was intervi	ewed during this					
	investigative process	. E5 stated that no one					
		r. E5 stated that she was					
	just asked to give a s	tatement.					

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MUL ⁻ A. BUILDI		CONSTRUCTION	` ′	OATE SURVEY OMPLETED	
			7 ti Boilebi	_		، ا	C	
		14G102	B. WING				04/2016	
NAME OF P	ROVIDER OR SUPPLIER			S	TREET ADDRESS, CITY, STATE, ZIP CODE			
01 54 555	OOK OFNITED			3.	201 WEST CAMPBELL STREET			
CLEARB	ROOK CENTER			R	ROLLING MEADOWS, IL 60008			
(X4) ID PREFIX TAG	(EACH DEFICIENC	TATEMENT OF DEFICIENCIES BY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFI TAG		PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD B CROSS-REFERENCED TO THE APPROPRIA DEFICIENCY)		(X5) COMPLETION DATE	
W 149	Continued From pag	e 12	W	149				
	E3 was asked if he wauthored and investig physical abuse towar confirmed that he way presented to this writher statement than winvestigation, and wa allegation that E6 waroom. E3 stated that information was relevinvestigating. E3 state when he interview his shocked about what he was sleeping. So include this in his reprealized that the incidestatements report the he did not determine he realized that the tido not match, and the period of 5-10 minute from the time he was he was escorted out placed on Administrate he did not realize that he determined that E occurred in R1's roor abuse occurred in R1's roor abuse occurred in the stated that he must he E3 was asked if he in than E6. E3 stated thinvestigating allegatic he determined an allehe would be asked b	vant to what he was ted that he asked E6 about it m, and he said he was just was happening, and denied for that reason, he did not bort. E3 was asked if he dent report indicates R1 was neek, yet all of the e right cheek. E3 stated that that fact. E3 was asked if mes reported by E4 and E5 at E6 was left alone for a se with R1 and other clients witnessed slapping R1, until of the building, after being tive Leave. E3 stated that it fact either. E3 was asked if 5 thought the alleged abuse m, while E4 reported that the e Red Hall TV room. E3 have missed that fact as well. Interviewed anyone either that in the past, while he was ons of abuse and neglect, if egation to be substantiated, y the reviewing committee tated that going forward, he						

CENTER	3 FOR MEDICARE &	WEDICAID SERVICES				CIVID IVC	7. 0930 - 0391
	DF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	` '		CONSTRUCTION	(X3) DATE COMP	SURVEY LETED
		440400	D WING			1	C
		14G102	B. WING _			10/	04/2016
NAME OF P	ROVIDER OR SUPPLIER			S1	TREET ADDRESS, CITY, STATE, ZIP CODE		
CLEARBR	OOK CENTER			32	201 WEST CAMPBELL STREET		
OLLANDIN	OOK OLNTER			R	OLLING MEADOWS, IL 60008		
(X4) ID		ATEMENT OF DEFICIENCIES	ID		PROVIDER'S PLAN OF CORRECTION		(X5)
PREFIX	,	Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	PREFI)	((EACH CORRECTIVE ACTION SHOULD B CROSS-REFERENCED TO THE APPROPRI		COMPLETION DATE
TAG	REGULATORT OR I	LOCIDENTIFTING INFORMATION)	TAG		DEFICIENCY)	116	
W 149	Continued From page	e 13	W 1	49			
	interviews unless he	feels he needs an additional					
	· ·	asked if E6 was retrained					
		rork on Saturday, 9/10/16.					
	E3 explained that who	<u> </u>					
	•	signed off on it, E1 informed					
	_	to get E6 back on the					
		of the week. E3 explained					
	that they are short sta	affed, especially on the					
	weekends, so they no	eeded to get E6 back out					
	onto the floor to work	. E3 stated that he asked					
	E1 if some training sh	nould be done before he					
	returns to work, and E	E1 stated yes. E3 stated					
	that normally it is not	his job to retrain, so he was					
	trying to put some info	ormation together for his					
	retraining, but confirm	ned that to date, E6 has not					
	been retrained on abo	use and neglect. E3 was					
	_	been retrained, as E4 was					
		ged abuse immediately to					
	· ·	well as did not remove E6					
		ents, to protect other clients					
		E3 stated that the nursing					
		rained. E3 was asked why					
		nis investigation, that E6 did					
		e the building, and insisted					
	that he go back by the						
		tructed him to leave the					
	_	ne does not know why he did					
		restigation. E3 stated that					
		hen its one staff alleging					
	_	er staff, and there are no				ĺ	
		that E6 denied he hit R1					
	• •	ed him, so that is why he did				ĺ	
14/ /==	not substantiate it as					ĺ	
W 153	483.420(d)(2) STAFF	TREATMENT OF CLIENTS	W 1	53			
	The facility must ensu	ure that all allegations of					
	mistreatment, neglect	-				ĺ	
	injuries of unknown s						

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		' '	IPLE CONSTRUCTION IG	, ,	(X3) DATE SURVEY COMPLETED C	
		14G102	B. WING _			10/04/2016
	ROVIDER OR SUPPLIER		1	STREET ADDRESS, CITY, STATE, ZIP CODE 3201 WEST CAMPBELL STREET ROLLING MEADOWS, IL 60008		
(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 COI ((EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE DEFICIENCY)	SHOULD BE	(X5) COMPLETION DATE
W 153	officials in accordar established proced	administrator or to other nce with State law through ures.	W 1	53		
	Based on record re to report 1 of 1 aller immediately to the	s not met as evidenced by: eview and interview, staff failed gation of abuse reviewed, Administrator, involving R1.				
	at 9:30am was revior of the report(E4, Rethe Red hall TV roor room witnessed as Staff) reach out and face/upper body. Furuising, discoloration expressions and more of the revision of the report (E4, Rethe Red hall TV room of the revision	or R1, dated and timed 9/5/16 ewed. It states that the author egistered Nurse) walked into im, and upon entering the staff member, E6(Direct Care dislap R1 on his left side of his R1 was assessed, and has no on or signs of injury. Facial overment are at baseline.				
	authored by £3(Qu was reviewed. This summary reads, bu September 5th, 20 alleged that £6, Dir	e Incident Report for R1, ality Assurance Facilitator), s report is dated 9/9/16. The t is not limited to, "On 16 a nurse at this facility(E4) ect Care Professional slapped of his face/upper body				
	against E6 and pro on 9/5/16. * At approximately into the Red Hall's member reach out face/upper body. It	se), made the allegation vided the following statement 9:30am this morning, I walked TV room and saw a staff and slap the right side of R1's happened quickly, and I was extain at the time if contact was				

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:			` '	IPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
		14G102	B. WING _			C 0/04/2016
	ROOK CENTER			STREET ADDRESS, CITY, STATE, ZIP CO 3201 WEST CAMPBELL STREET ROLLING MEADOWS, IL 60008	•	0/04/2010
(X4) ID PREFIX TAG	(EACH DEFICIEN	TATEMENT OF DEFICIENCIES CY MUST BE PRECEDED BY FULL R LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF C (EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE DEFICIENCY	ON SHOULD BE HE APPROPRIATE	(X5) COMPLETION DATE
W 153	"Don't do that", and "I'm sorry, I'm sorry. * I spoke with the CD Disability Profession Administrator(E1) w statement and signe form and was placed effective immediated explained the procedent of the confirmed that it was face where the continuous effective immediated explained the procedent of the confirmed that it was face where the continuous effective immediated explained the follow statement provided * On Monday, Septimork at approximate facility saw me and anursing office as she E7(Shift Supervisor) E4 proceeded to tell room a few minutes witnessed E6 slap Fif she had contacted Administrator) and significant with E1 right phone, she stated the Administrative Leave E6 provided the follow QIDP, E5 and nurse at about 9:25am, bottle by a staff. I goheek to admonish I	the staff(E6) responded with, the staff wrote a set the Administrative leave don administrative leave done the staff member, he staff wrote as the right side of the client's act was made. In was included in her on 9/6/16: The staff leave done into the expect of the staff leave with me. The went into the office as well. The staff leave done into the expect of the staff leave her leave done that she had not the staff leave that we needed to get in the staff leave	W	153		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULT A. BUILDII	FIPLE CONSTRUCTION NG		(X3) DATE SURVEY COMPLETED		
		14G102	B. WING _		,	C 10/04/2016	
	ROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZIP COD 3201 WEST CAMPBELL STREET ROLLING MEADOWS, IL 60008	•		
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFI TAG	*	N SHOULD BE E APPROPRIATE	(X5) COMPLETION DATE	
W 153	abuse made against nurse stated in writter quickly and that she if contact was made nurse that made the assessed R1 and no This investigation is intervention strategy method, but was not on proper redirection E4 was interviewed a confirmed that she witnessed R6 slap R could summarize who morning on 9/5/16. Red hall TV room just R1 on his right cheek stated it was a hard IR1. E4 stated she the other nurse work she had just witnesses.	n gathered, the allegation of E6 is unsubstantiatedThe n form that it happened so was unable to say for certain to the face or body. The allegation of physical abuse injuries were found.	W				
	that her co-worker reeither, so she then wo of the facility, and sa stated that E7(Shift's exactly sure what pa obtained, so it was a the building and she witnessed. E5 guide and asked her if she that she had not, so the proper paper work explained that E1 instance.	for guidance. E4 stated ally did not know what to do ent toward the entrance wing w the shift supervisor. E4 upervisor) really was not perwork needed to be this time that E5 entered told E5 what she had d her through the process, had called E1 yet. E4 stated they proceeded to look for the and called E1. E4 tructed her to place E6 on , and make sure he leaves					

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		` '	PLE CONSTRUCTION G	, ,	(X3) DATE SURVEY COMPLETED	
		14G102	B. WING_			C 10/04/2016
	ROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZIP CODE 3201 WEST CAMPBELL STREET ROLLING MEADOWS, IL 60008		10/04/2010
(X4) ID PREFIX TAG	(EACH DEFICIE	STATEMENT OF DEFICIENCIES NCY MUST BE PRECEDED BY FULL R LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORF (EACH CORRECTIVE ACTION S CROSS-REFERENCED TO THE AF DEFICIENCY)	HOULD BE	(X5) COMPLETION DATE
W 153	minutes from the til until the time they to placed on administ she realizes that she is very sorry about. During an interview Disability Profession E5 stated that when E4 approached her door, and told her to something with her she saw E6 slap Roher if this was repoon had not called her, to report this immed E4 that they needed Leave immediately currently was in the told her he was still stated that she couleave E6 in the facion other clients, as he someone else. E5 E6 immediately from the clients, so she, come with him to the locked, and away for During an interview 2:00pm,E3 was as	ated that it was probably 5-10 me she witnessed the abuse, old E6 that he was being rative leave. E4 stated that he reported the abuse late, and that. I with E5(Qualified Intellectual nal) on 9/15/16 at 10:55am, in she arrived at work that day, is as she was walking in the hat she needed to discuss. E5 stated that E4 told her in on the right cheek. E5 asked atted to E1 yet. E4 replied she so E5 told E4 that she needed diately. E5 stated that E1 told in the place E6 on Administrative is so E5 asked E4 where E6 is building. E6 stated that E4 in the TV room with R1. E5 lid not believe that E4 would lity where he was with R1 and could potentially abuse knew she needed to remove in the facility, and away from along with E4 asked him to the conference room(which is	W 1			
	confirmed that he we had been retrained alleged abuse immas well as did not re	ards R1 on 9/5/16. E3 vas. E3 was asked if nursing , as E4 was late reporting the ediately to the Administrator, emove E6 from R1 and other ther clients from potential				

A. BUILDING	_
	C
14G102 B. WING	10/04/2016
NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 3201 WEST CAMPBELL STREET ROLLING MEADOWS, IL 60008	
(X4) ID SUMMARY STATEMENT OF DEFICIENCIES ID PROVIDER'S PLAN OF CORRECTION PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX (EACH CORRECTIVE ACTION SHOULD E TAG CROSS-REFERENCED TO THE APPROPRI DEFICIENCY)	
W 153 abuse. E3 stated that the nursing staff has not been retrained. During an interview with E1(Administrator) on 9/14/16 at 1:35pm, E1 was asked if E4 and the nursing staff had been re-trained on the requirement of reporting all allegations of potential abuse and neglect immediately to the Administrator. E1 stated that she did not want to discipline E4 because she was so upset about what she witnessed, and E4 realizes now that she should have called me right away. W 154 The facility must have evidence that all alleged violations are thoroughly investigated. This STANDARD is not met as evidenced by: Based on record review and interview, the facility failed to ensure 1 of 1 allegation of abuse reviewed, was thoroughly investigated, involving R1. Findings include: The facility policy entitled, "Abuse and Neglect Policy," with a revision date of 9/15 was reviewed. It reads, but is not limited to, "Under no circumstances shall any abuse or neglect of a client be tolerated Any person witnessing, hearing about or observing evidence of abuse or neglect of a client must report it immediately to the Administrator or the Administrator's designee. Failure to report immediately may result in disciplinary action up to and including possible termination of	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULT A. BUILDII	FIPLE CONSTRUCTION NG	(X3)	(X3) DATE SURVEY COMPLETED		
		14G102	B. WING _			C 10/04/2016	
	ROVIDER OR SUPPLIER	1		STREET ADDRESS, CITY, STATE, Z 3201 WEST CAMPBELL STREET ROLLING MEADOWS, IL 600		10/04/2010	
(X4) ID PREFIX TAG	(EACH DEFICIEN	TATEMENT OF DEFICIENCIES CY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFII TAG	PROVIDER'S PLAN X (EACH CORRECTIVE A CROSS-REFERENCED DEFICI	ACTION SHOULD BE TO THE APPROPRIATE	(X5) COMPLETION DATE	
W 154	Continued From pag		W.	154			
		nding of abuse or neglect of a immediate dismissal					
	client shall be commof the Administrator' thorough investigated. Abuse is defined assinjury or sexual assa other than by accide. The Injury Report fo at 9:30am was revie of the report(E4, Rethe Red hall TV room room witnessed a st Staff) reach out and face/upper body. Ribruising, discoloration expressions and mo	neglect or exploitation of a funicated to the Administrator is designee for immediate and on and proper action Any physical or mental full inflicted on a resident intal means in a facility" If R1, dated and timed 9/5/16 wed. It states that the author gistered Nurse) walked into in, and upon entering the aff member, E6(Direct Care slap R1 on his left side of his 1 was assessed, and has no on or signs of injury. Facial vement are at baseline.					
	authored by E3(Qua was reviewed. This summary reads, but September 5th, 2010 alleged that E6, Dire R1 on the left side of E4(Registered Nursa against E6 and prov on 9/5/16. * At approximately Sinto the Red Hall's T	e Incident Report for R1, lity Assurance Facilitator), report is dated 9/9/16. The is not limited to, "On 6 a nurse at this facility(E4) ect Care Professional slapped if his face/upper body e), made the allegation ided the following statement 9:30am this morning, I walked V room and saw a staff nd slap the right side of R1's					
	face/upper body. It	happened quickly, and I was tain at the time if contact was					

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULT A. BUILDII	FIPLE CONSTRUCTION NG		(X3) DATE SURVEY COMPLETED	
		14G102	B. WING _			C 10/04/2016
	ROVIDER OR SUPPLIER	1		STREET ADDRESS, CITY, STATE, ZIP 3201 WEST CAMPBELL STREET ROLLING MEADOWS, IL 60008		10/04/2010
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)		ID PREFI TAG		TION SHOULD BE THE APPROPRIATE	(X5) COMPLETION DATE
W 154	"Don't do that", and "I'm sorry, I'm sorry." * I spoke with the Q Disability Profession Administrator(E1) was tatement and signe form and was placed effective immediately explained the proced confirmed that it was face where the contact with E5, QIDP, the follow statement provided of "On Monday, Septe work at approximate facility saw me and a nursing office as she E7(Shift Supervisor) E4 proceeded to tell room a few minutes witnessed E6 slap R if she had contacted Administrator) and s done so yet. I told h contact with E1 right phone, she stated the Administrative Leave "Once the three of informed E6 that I w Administrative Leave abuse to a client, R1 E4. I explained that witnessed E6 slap R to speak about what Administrative Leave said the following, "N	or body. I immediately said, the staff(E6) responded with, (Qualified Intellectual al), E5, and the as notified. The staff wrote a d the Administrative leave d on administrative leave y. While E5 and I(E4) dure to the staff member, he is the right side of the client's act was made. Ing was included in her on 9/6/16: ember 5, 2016, I arrived at ly 9:05am. E4, a nurse at the asked if I could come into the eneeded to speak with me. went into the office as well. us that upon entering R1's prior to my arrival, she of the stated that she had not er that we needed to get in away. When E4 got off the lat E1 wanted E6 placed on the effective immediately. Us were seated (E4,E5,E6), I as placing him on the due to an allegation of that was reported to me by it was told to me that E4 on the cheek. I attempted	W	154		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		1 ` ′	IPLE CONSTRUCTION NG		(X3) DATE SURVEY COMPLETED	
		14G102	B. WING _			C 10/04/2016
	ROVIDER OR SUPPLIER	1,0.02		STREET ADDRESS, CITY, STATE, ZIP CODE 3201 WEST CAMPBELL STREET ROLLING MEADOWS, IL 60008	ı	10/04/2016
(X4) ID PREFIX TAG	(EACH DEFICIEN	TATEMENT OF DEFICIENCIES CY MUST BE PRECEDED BY FULL R LSC IDENTIFYING INFORMATION)	ID PREFI) TAG	PROVIDER'S PLAN OF CORRECTIVE ACTION SHOWS CROSS-REFERENCED TO THE API DEFICIENCY)	IOULD BE	(X5) COMPLETION DATE
W 154	was a gentle slap, in explained that this is an investigation working if he understood stated that he did ar was wrong, and I an tap on the cheek." I would place his state E6 provided the follo QIDP, E5 and nurse * At about 9:25am, bottle by a staff. I g cheek to admonish I said I should not have about that. E3, Quality Assurant on 9/7/16. The reast explained. E6 confitthe only witnesses of the Red TV room. Explained. E4 confitten statement: * At about 9:25am of 2016, I was working After breakfast, I we clients relaxed. I sawith a blue content. Uncommon color for him. I sat down to read found that it was something that could his cheek to get his Then I pointed to the swipe to signify, "no * It was at this point the nurse on duty care."	promise I did not hit hard, it nore like a tap, please."I is a formal procedure and that ald be taking placeI asked it everything I had said. He ad said, "I know what I did in so sorry, I just gave him a asked E6 at that time if he ement in writing. Dowing written statement to expect the provided that I was sorry Dowing written statement to expect the provided that I was sorry Dowe done that. I was sorry Down the statement in the interview was some that he, R1 and E4 were of this incident that occurred in the provided the following Done the 5th day of September in the red hall of the facility and into the TV room where we R1 drinking from a bottle I was alarmed as blue is an juices. I took the bottle from the ead the content of the bottle is a good drink, and not default and made a side by the side of the side bottle and made a side by	W 1	54		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULT A. BUILDII	FIPLE CONSTRUCTION NG		(X3) DATE SURVEY COMPLETED	
		14G102	B. WING _			C 10/04/2016
	ROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZIP CO 3201 WEST CAMPBELL STREET ROLLING MEADOWS, IL 60008	DE	
(X4) ID PREFIX TAG	(EACH DEFICIEN	TATEMENT OF DEFICIENCIES CY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFII TAG	PROVIDER'S PLAN OF C X (EACH CORRECTIVE ACTIVE CROSS-REFERENCED TO THE DEFICIENCY	ON SHOULD BE HE APPROPRIATE	(X5) COMPLETION DATE
W 154	terms that I meant in could not have tried what I thought was a abuse him. Due to this incident Living (TV) Room, vavailable. Conclusion/Summan Based on information abuse made against nurse stated in writter quickly and that she if contact was made nurse that made the assessed R1 and not the contact was more than the assessed R1 and not the contact was more than the assessed R1 and not the contact was more than the contact was made nurse that made the assessed R1 and not the contact was more than the contact was made nurse that made the assessed R1 and not the contact was more than the contact was made nurse that made the assessed R1 and not the contact was more than the contact was made nurse that made the assessed R1 and not the contact was more than the con	m stating in no uncertain to harm or abuse to R1. If to save him from drinking unsafe, and turned around to occurring in the Red Hall ideo surveillance is not. The ideo surveillance is not is E6 is unsubstantiatedThe en form that it happened so was unable to say for certain to the face or body. The allegation of physical abuse or injuries were found. The ideo occurring in the Red Hall ideo surveillance is not in certain to the face or body. The allegation of physical abuse or injuries were found. The ideo occurring in the Red Hall ideo surveillance is not in the face or body. The allegation of physical abuse or injuries were found.	W			
	confirmed that she witnessed R6 slap Finformed that the facindicates that original have occurred to the later changed to the stated that when she wrote left side, I gave her statement, she witnessed, she of R1's face. E4 wat time she indicated the witnessed in her statement witnessed in her statement.	on 9/14/16 at 2:30pm. E4 vas the staff nurse who R1 on 9/5/16. E4 was cility investigative report ally she reported the slap to e left side of R1's face, but right side of R1's face. E4 e filled out the incident report, out afterwards, when she and really focused on what realized it was the right side s also made aware that the ne abuse to have been tement, differed from the time ment. E4 stated that she				

OLIVILIV	OT OIL WILDIO, WE G	WEDIO/ ND CEITTICE				CIVID ITC	7. 0000 000 I
	OF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	l ` ′		CONSTRUCTION	(X3) DATE COMP	SURVEY
			7 BOILE	_		، ا	С
		14G102	B. WING				04/2016
NAME OF PI	ROVIDER OR SUPPLIER	<u> </u>	ı	S	TREET ADDRESS, CITY, STATE, ZIP CODE	1 10/	04/2010
					201 WEST CAMPBELL STREET		
CLEARBR	OOK CENTER			_	ROLLING MEADOWS, IL 60008		
()(1) ID	CLIMMADV CT	ATEMENT OF DEFICIENCIES	ID		PROVIDER'S PLAN OF CORRECTION		(VE)
(X4) ID PREFIX TAG	(EACH DEFICIENC	Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREF TAG		(EACH CORRECTIVE ACTION SHOULD B CROSS-REFERENCED TO THE APPROPRI DEFICIENCY)		(X5) COMPLETION DATE
W 154	Continued From page	<u> </u>	\	154			
** 101			V V	154			
	_	t her watch when the abuse tated that it really was an					
	estimate, and maybe	-					
		f she could summarize what					
		orning on 9/5/16. E4 stated					
		Red hall TV room just as she					
		1 on his right cheek with his					
		it was a hard hit, and she					
	told E6 not to hit R1.	E4 stated she then left the					
	· ·	e other nurse working with					
		e had just witnessed. E4					
	· ·	ally did not know exactly					
		asking her co-worker for					
	•	that her co-worker really did					
		either, so she then went wing of the facility, and saw					
		E4 stated that E7(Shift					
		s not exactly sure what					
		be obtained, so it was at					
	1	red the building and she told					
		nessed. E5 guided her					
	through the process,	and asked her if she had					
	called E1 yet. E4 sta	ited that she had not, so they					
	I -	the proper paper work and					
	-	ned that E1 instructed her to					
	l ·	rative Leave, and make sure					
	1	g. E4 stated that it was					
	probably 5-10 minute						
		until the time they told E6					
	ļ .	iced on administrative leave. e left E6 alone in the TV					
		that 5-10 minutes time					
	_	ow that she should have					
	,	situation, and made sure					
		ny clients after she witnessed					
	-	d that she felt uncomfortable					
		eded to leave, even though					
		hat she was required to do.					
		E5 and her went into the TV					

	OF DEFICIENCIES F CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	` '	TIPLE CONSTRUCTION	C	X3) DATE SURVEY COMPLETED
			7 . BOILD			С
		14G102	B. WING _			10/04/2016
NAME OF F	ROVIDER OR SUPPLIER	•		STREET ADDRESS, CITY, STATE, ZIP CO	DE .	
CLEADRI	ROOK CENTER			3201 WEST CAMPBELL STREET		
CLEARD	NOOK CENTER			ROLLING MEADOWS, IL 60008		
(X4) ID PREFIX TAG	(EACH DEFICIE	STATEMENT OF DEFICIENCIES NCY MUST BE PRECEDED BY FULL R LSC IDENTIFYING INFORMATION)	ID PREFI TAG	PROVIDER'S PLAN OF CO X (EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE DEFICIENCY	N SHOULD BE E APPROPRIATI	(X5) COMPLETION DATE
W 154	Administrative leav sleeping. E4 stated two times before he asked why she did statement, or while during the investigations she was never intended this witnessed abust asked to give a state one because she that she did not tell because when she the past, nothing extended that E5 conded that E6 come back to wand she is shocked work here after he that she realizes thand didn't remove the other residents about that. E4 state again, and she doe even re-trained himpolicy. During an interview E6 was asked if he summary about whe 9/5/16, when he was Leave. E6 stated that assigned to care for he came into the R drinking from a bottle explained that R1 he drink he can find, who someone else's.	was being placed on e, E6 was in the room d that E5 had to call his name e opened his eyes. E4 was not report that in her she was being interviewed, ative process. E4 stated that rviewed by anyone regarding se. E4 stated she was never tement either, but just wrote hought she should. E4 stated anyone about the sleeping has reported staff sleeping in ver gets done about it anyway. Hould verify that E6 was d that they(Administration) let rork the following weekend, I that they would let someone had abused a client. E4 stated at she reported the abuse late, E6 immediately from R1 and in the facility, and is very sorry ed that E6 has been working esn't think that the facility has n on the Abuse and Neglect I with E6 on 9/14/16 at 2:45pm, could provide a detailed at occurred on the morning of as placed on Administrative hat he was not officially or R1 that morning, but when ed Hall TV room, he saw R1 the that had blue liquid in it. E6 has a behavior of drinking any whether it is his drink or 6 stated that he thought it was hen he saw that he had already	W -	154		

	OF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	` ′	PLE CONSTRUCTION		TE SURVEY MPLETED
		14G102	B. WING		,	C 1 0/04/2016
	ROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZIP COI 3201 WEST CAMPBELL STREET ROLLING MEADOWS, IL 60008	•	0/04/2010
(X4) ID PREFIX TAG	(EACH DEFICIEN	TATEMENT OF DEFICIENCIES CY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CO (EACH CORRECTIVE ACTIO CROSS-REFERENCED TO THI DEFICIENCY)	N SHOULD BE E APPROPRIATE	(X5) COMPLETION DATE
W 154	bottle from his hand, that he was actually when he realized it was chemical of some that time R1 was loo wanted to make sure should not drink lique E6 stated that he too his right cheek. E6 whis right cheek. E6 white also reported that the nurse who we face also reported thand E5 came back to placed on Administrative he did have his eyes what occurred. E6 sthinking about what E1 was informed that the morning of 9/5/1 to tell E6 that he was Administrative Leave the right cheek, E6 happeared to be sleet that E4 did not write E5 could verify that I stated that she was allegation, and that splace E6 back on Adalso made aware that in management about the past, when she hon the job, and she has a consequence, so	e immediately grabbed the and reviewed what it was drinking. E6 stated that was an energy drink, and not kind, he went over to R1. At king away from him, and e he(R1) understood he ids that did not belong to him. Inched him with his finger on was asked if R1 was deaf, or the is neither, but just wanted his attention. E6 stated that was the was sleeping when she to tell him that he was being attive Leave. E6 stated that is closed, but was processing stated that he was just happened. With E1 on 9/14/16 at 3:00pm, at E4 told this writer that on 6, when both E4 and E5 went is being placed on the for allegedly slapping R1 on and his eyes closed and ping. E1 was made aware this in her statement, but that E6 was in fact sleeping. E1	W 15	54		

	OF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	` '	IPLE CONSTRUCTION NG		(X3) DATE SURVEY COMPLETED	
		14G102	B. WING			C 10/04/2016	
NAME OF P	ROVIDER OR SUPPLIER	1.10.102	1	STREET ADDRESS, CITY, STATE, ZIP CO	l DDE	10/04/2016	
				3201 WEST CAMPBELL STREET			
CLEARBR	OOK CENTER			ROLLING MEADOWS, IL 60008			
(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 ((EACH CORRECTIVE ACTIVE) CROSS-REFERENCED TO THE DEFICIENCY	ON SHOULD BE HE APPROPRIA		N
W 154	Continued From page	e 26	W 1	54			
	was made aware of the denied E4's statement would report that staff	when this occurred. E1 his allegation as well. E1 ht, and said that if someone f was sleeping on the job, that allegation, and it would					
	Disability Professional E5 stated that when is E4 approached her as door, and told her that something with her. It she saw E6 slap R1 cher if this was reported had not called her, so to report this immediate thought this occurred she really can't be suremember looking at this to her. E5 stated needed to place E6 or immediately, so E5 as was in the building. Ethat she witnessed the bedroom, (but E4 and alleged abuse occurred Red Hall). E5 stated in the TV room with R not believe that E4 we where he was with R could potentially abus she needed to remove facility, and away from with E4 asked him to	E6 all verified that the ed in the TV room of the that E4 told her he was still R1. E5 stated that she could ould leave E6 in the facility 1 and other clients, as he se someone else. E5 knew e E6 immediately from the in the clients, so she, along come with him to the					
	other clients). E5 was when she entered the	ch is locked, and away from s asked if E6 was sleeping eTV room with E4. E5 of the sure, but his eyes were					

OE: TE: T	OT OIL WILDIO, WE G	WEDIO/ ND CEITTIOEC					7. 0000 000 I
	DF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	` ′		CONSTRUCTION	(X3) DATE COMP	SURVEY PLETED
						(c
		14G102	B. WING			1	04/2016
NAME OF PI	ROVIDER OR SUPPLIER			S	TREET ADDRESS, CITY, STATE, ZIP CODE	1	<u> </u>
				3:	201 WEST CAMPBELL STREET		
CLEARBR	OOK CENTER			R	ROLLING MEADOWS, IL 60008		
(X4) ID	SLIMMARY ST	TATEMENT OF DEFICIENCIES	ID	<u> </u>	PROVIDER'S PLAN OF CORRECTION		(X5)
PREFIX	(EACH DEFICIENC	Y MUST BE PRECEDED BY FULL	PREF	IX	(EACH CORRECTIVE ACTION SHOULD B		COMPLETION
TAG	REGULATORY OR	LSC IDENTIFYING INFORMATION)	TAG		CROSS-REFERENCED TO THE APPROPRIA DEFICIENCY)	ATE	DATE
					,		
W 154	Continued From page	a 27	\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	154			
VV 10-			VV	154			
		d his name a couple of led them(his eyes). E5 was					
		n the room that E6 was					
		s closed. E5 stated that she					
	,	21 was still in that room, but					
		ts were in that room with E6.					
		ne did not include that she					
		s eyes closed in her personal					
	statement. E5 stated	I that she did mention that.					
	This writer showed he	er the report, which had her					
	personal statement included in that specific						
	report. E5 confirmed	that was part of her					
	· ·	e statement she authored					
	_	I more detailed. E5 went to					
		nt, and it did in fact include					
		6 with his eyes closed. It					
		ation of E6 being persistent in					
		for his phone before he left,					
		st been explained to him that ne building, and have no					
		ny other clients or staff in the					
		ed that E6 would not listen,					
		rieve his own charger. E5					
		im, and stood between him					
		who came into close contact					
	with E6. E5 stated at	t one point he started to talk					
	with another staff me	mber, and attempted to					
	explain to that persor	n that he was being accused					
		had to again be very firm					
	i i	d him out of the building,					
		that he is not allowed to					
		with any staff members who					
		E5 was asked why she did					
	not report this information						
		is investigative process. E5					
		ked to interview her. E5					
	stated that she was ju	usi askeu io give a					
	statement.						1

OLIVILIY	OT OIL WEDION INE G	MEDIO/ ND OLIVIOLO				OIVID IVE	7. 0000 000 1
	DF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	` '		CONSTRUCTION	(X3) DATE COMP	SURVEY
				-		(c
		14G102	B. WING			l	04/2016
NAME OF P	ROVIDER OR SUPPLIER	ı		S	TREET ADDRESS, CITY, STATE, ZIP CODE	1 .0,	
				3	201 WEST CAMPBELL STREET		
CLEARBR	ROOK CENTER			R	ROLLING MEADOWS, IL 60008		
(V4) ID	SLIMMARY ST	ATEMENT OF DEFICIENCIES	ID	<u> </u>	PROVIDER'S PLAN OF CORRECTION		(X5)
(X4) ID PREFIX TAG	(EACH DEFICIENC	Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	PREF TAG		(EACH CORRECTIVE ACTION SHOULD B CROSS-REFERENCED TO THE APPROPRIA DEFICIENCY)		COMPLETION DATE
\\\ 1E4	Continued Francis	- 00					
W 154	Continued From page		W	154			
	During an interview w						
		d if he was the staff member					
		vestigated the allegation of					
	physical abuse towar	s. E3 was informed that E5					
		er a much longer version of					
	I -	hat was included in his					
		s asked why he omitted the					
		s found sleeping in the TV					
	room. E3 stated that	· -					
	information was relev	ant to what he was					
	investigating. E3 stat	ted that he asked E6 about it					
	when he interview hir	n, and he said he was just					
		was happening, and denied					
		for that reason, he did not					
	-	ort. E3 was asked if he					
		lent report indicates R1 was					
	slapped on his left ch						
	•	right cheek. E3 stated that that fact. E3 was asked if					
		mes reported by E4 and E5					
		at E6 was left alone for a					
	· ·	es with R1 and other clients					
	· .	witnessed slapping R1, until					
		of the building, after being					
		tive Leave. E3 stated that					
	he did not realize that	t fact either. E3 was asked if					
	he determined that E	5 thought the alleged abuse					
		n, while E4 reported that the					
		e Red Hall TV room. E3					
		ave missed that fact as well.					
		terviewed anyone either					
		nat in the past, while he was					
		ons of abuse and neglect, if					
		egation to be substantiated,					
		y the reviewing committee					
	now asks for stateme	tated that going forward, he					
		feels he needs an additional					
	interviews, unicos He	iccio ne necus an auditional	1				1

	OF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1 ' '	LE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
		14G102	B. WING		C 10/04/2016
	ROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZIP CODE 3201 WEST CAMPBELL STREET ROLLING MEADOWS, IL 60008	1 1010 1120 10
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORREC (EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APP DEFICIENCY)	OULD BE COMPLETION
W 154	include in his investig immediately leave the he go back by the clie when E5 instructed h stated he does not kr to his investigation. I hard, when its one st another staff, and the stated that E6 denied tapped him, so that is it as abuse.	asked why he did not gation, that E6 did not a building, and insisted that ents, to obtain his charger, im to leave the building. E3 now why he did not add that E3 stated that this is just so aff alleging abuse against ere are no witnesses. E3 I he hit R1 hard, but rather is why he did not substantiate	W 15		
W 155	The facility must previous while the investigation. This STANDARD is a Based on record revious failed to ensure preveabuse was implementabuse was witnessed allowed the alleged a contact of R1 and other minutes after the alle. Findings include: The Injury Report for at 9:30am was review of the report(E4, Region the Red hall TV room room witnessed a state Staff) reach out and stace/upper body. R1	rent further potential abuse in is in progress. In ot met as evidenced by: iew and interview, the facility ention of further potential ited after 1 of 1 allegation of d, involving R1. Nursing staff abuser to remain within her potential clients for 5-10 ged abuse was witnessed. R1, dated and timed 9/5/16 wed. It states that the author istered Nurse) walked into in, and upon entering the lift member, E6(Direct Care slap R1 on his left side of his was assessed, and has no in or signs of injury. Facial	W 15		

	DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	` '	IPLE CONSTRUCTION IG	, ,	OATE SURVEY COMPLETED
		14G102	B. WING _			C 10/04/2016
	ROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZIP CODE 3201 WEST CAMPBELL STREET ROLLING MEADOWS, IL 60008		10/04/2010
(X4) ID PREFIX TAG	(EACH DEFICIEN	TATEMENT OF DEFICIENCIES CY MUST BE PRECEDED BY FULL R LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORR ((EACH CORRECTIVE ACTION SHORT CROSS-REFERENCED TO THE APDEFICIENCY)	HOULD BE	(X5) COMPLETION DATE
W 155	The Summary of the authored by E3(Quawas reviewed. This summary reads, but September 5th, 201 alleged that E6, Dire R1 on the left side of E4(Registered Nursagainst E6 and provion 9/5/16. * At approximately sinto the Red Hall's Timember reach out a face/upper body. It unable to say for cemade with the face of "Don't do that", and "I'm sorry, I'm sorry. * I spoke with the CD Disability Profession Administrator(E1) with statement and signer form and was placed effective immediated explained the procession of the provided that it was face where the continuation of the provided to Monday, Septimork at approximate facility saw me and anursing office as she E7(Shift Supervisor).	d on Administrative leave. Incident Report for R1, ality Assurance Facilitator), report is dated 9/9/16. The is not limited to, "On 6 a nurse at this facility(E4) act Care Professional slapped of his face/upper body e), made the allegation ided the following statement 9:30am this morning, I walked of voom and saw a staff and slap the right side of R1's happened quickly, and I was retain at the time if contact was or body. I immediately said, the staff(E6) responded with, (Qualified Intellectual lial), E5, and the las notified. The staff wrote a led the Administrative leave d on administrative leave d on administrative leave y. While E5 and I(E4) dure to the staff member, he is the right side of the client's lact was made.	W 1	55		

TAG102 B. WING NAME OF PROVIDER OR SUPPLIER CLEARBROOK CENTER STREET ADDRESS, CITY, STATE, ZIP CODE 3201 WEST CAMPBELL STREET ROLLING MEADOWS, IL 60008 (X4) ID SUMMARY STATEMENT OF DEFICIENCIES ID PROVIDER'S PLAN OF CORRECTION (X5)		OF DEFICIENCIES F CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	` ′	TIPLE CONSTRUCTION NG	, ,	DATE SURVEY COMPLETED
NAME OF PROVIDER OR SUPPLIER CLEARBROOK CENTER X41 ID PREFIX TAG				A. BOILDII			С
NAME OF PROVIDER OR SUPPLIER CLEARBROOK CENTER SUMMARY STATEMENT OF DEFICIENCIES ROLLING MEADOWS, IL 60008			14G102	B. WING _			_
CLEARBROOK CENTER ROLLING MEADOWS, IL 60008	NAME OF P	ROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZIP COL)E	10.0 0.10
CAJ ID PREFIX CACH DEFICIENCY MUST BE PRECEDED BY FULL TAG PROVIDER'S PLAN OF CORRECTION PREFIX TAG PROVIDER'S PLAN OF CORRECTION PREFIX TAG PROVIDER'S PLAN OF CORRECTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY) W 155 Continued From page 31 Promise definition of the provided of the phone, she stated that she had not done so yet. I told her that we needed to get in contact with £1 right away. When £4 got off the phone, she stated that £1 wanted £6 placed on Administrative Leave effective immediately. * Once the three of us were seated(E4,E5,E6), I informed £6 that I was placing him on Administrative Leave due to an allegation of abuse to a client, R1, that was reported to me by E4. I explained that it was told to me that £4 witnessed £6 slap R1 on the cheek. I attempted to speak about what it meant to be on Administrative Leave when £6 interrupted and said the following, "No, no, please do not do this. I am so sorry, I can't lose my job, I just got it back three weeks ago. I promise I did not hit hard, it was a gentle slap, more like a tap, please."I	CLEADDE	DOOK CENTED			3201 WEST CAMPBELL STREET		
PREFIX TAG (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) W 155 Continued From page 31 room a few minutes prior to my arrival, she witnessed E6 slap R1 on the cheek. I asked her if she had contacted E1 or E8(Assistant Administrator) and she stated that she had not done so yet. I told her that we needed to get in contact with E1 right away. When E4 got off the phone, she stated that E1 wanted E6 placed on Administrative Leave effective immediately. * Once the three of us were seated(E4,E5,E6), I informed E6 that I was placing him on Administrative Leave due to an allegation of abuse to a client, R1, that was reported to me by E4. I explained that it was told to me that E4 witnessed E6 slap R1 on the cheek. I attempted to speak about what it meant to be on Administrative Leave when E6 interrupted and said the following, "No, no, please do not do this. I am so sorry, I can't lose my job, I just got it back three weeks ago. I promise I did not hit hard, it was a gentle slap, more like a tap, please."I	CLEARB	ROOK CENTER			ROLLING MEADOWS, IL 60008		
room a few minutes prior to my arrival, she witnessed E6 slap R1 on the cheek. I asked her if she had contacted E1 or E8(Assistant Administrator) and she stated that she had not done so yet. I told her that we needed to get in contact with E1 right away. When E4 got off the phone, she stated that E1 wanted E6 placed on Administrative Leave effective immediately. * Once the three of us were seated(E4,E5,E6), I informed E6 that I was placing him on Administrative Leave due to an allegation of abuse to a client, R1, that was reported to me by E4. I explained that it was told to me that E4 witnessed E6 slap R1 on the cheek. I attempted to speak about what it meant to be on Administrative Leave when E6 interrupted and said the following, "No, no, please do not do this. I am so sorry, I can't lose my job, I just got it back three weeks ago. I promise I did not hit hard, it was a gentle slap, more like a tap, please."I	PRÉFIX	(EACH DEFICIEN	NCY MUST BE PRECEDED BY FULL	PREFIX	X (EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE	N SHOULD BE APPROPRIATE	COMPLETION
an investigation would be taking placeI asked him if he understood everything I had said. He stated that he did and said, "I know what I did was wrong, and I am so sorry, I just gave him a tap on the cheek." I asked E6 at that time if he would place his statement in writing. E6 provided the following written statement to QIDP, E5 and nurse, E4 on 9/5/16: * At about 9:25am, a client R1, drank from a bottle by a staff. I gave him a gentle tap on his cheek to admonish him. The nurse on duty(E4) said I should not have done that. I was sorry about that. E3, Quality Assurance Facilitator interviewed E6 on 9/7/16. The reason for the interview was	W 155	room a few minutes witnessed E6 slap I if she had contacted Administrator) and done so yet. I told contact with E1 right phone, she stated the Administrative Leaves to a client, RE4. I explained that witnessed E6 slap I to speak about what Administrative Leaves aid the following, I am so sorry, I can three weeks ago. I was a gentle slap, rexplained that this is an investigation wo him if he understoo stated that he did a was wrong, and I are tap on the cheek. I would place his stated the following of the following of the cheek of the following of the cheek. I would place his stated that he did a was wrong, and I are tap on the cheek. I would place his stated the following of th	s prior to my arrival, she R1 on the cheek. I asked her d E1 or E8(Assistant she stated that she had not her that we needed to get in a taway. When E4 got off the hat E1 wanted E6 placed on we effective immediately. If us were seated(E4,E5,E6), I was placing him on we due to an allegation of 1, that was reported to me by the tit was told to me that E4 R1 on the cheek. I attempted at it meant to be on we when E6 interrupted and 1, no, no, please do not do this. It lose my job, I just got it back promise I did not hit hard, it more like a tap, please."I is a formal procedure and that hat hat hat hat hat hat hat hat ha	W	155		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1 ' '	(X2) MULTIPLE CONSTRUCTION A. BUILDING			(X3) DATE SURVEY COMPLETED	
			A. BOILDI	,			С	
		14G102	B. WING			10/	04/2016	
	ROVIDER OR SUPPLIER			3201	ET ADDRESS, CITY, STATE, ZIP CODE WEST CAMPBELL STREET LING MEADOWS, IL 60008			
(X4) ID PREFIX TAG	(EACH DEFICIEN	STATEMENT OF DEFICIENCIES ICY MUST BE PRECEDED BY FULL R 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	
W 155	the Red TV room. It written statement: * At about 9:25am of 2016, I was working After breakfast, I we clients relaxed. I sawith a blue content. uncommon color for him. I sat down to rand found that it was something that coulhis cheek to get his Then I pointed to the swipe to signify, "no thave done that. inappropriate. But I terms that I meant recould not have tried	on the 5th day of September in the red hall of the facility. Ent into the TV room where it wR1 drinking from a bottle. I was alarmed as blue is an injuices. I took the bottle from lead the content of the bottle is a good drink, and not do harm him. Then I touched attention to listen to me.	W	155				
		occurring in the Red Hall rideo surveillance is not						
	abuse made agains nurse stated in writt quickly and that she if contact was made nurse that made the assessed R1 and not this investigation is	ry: on gathered, the allegation of t E6 is unsubstantiatedThe en form that it happened so was unable to say for certain to the face or body. The allegation of physical abuse o injuries were found. concluding that E6's y was not an approved						

	OF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1 ' '	TIPLE CONSTRUCTION NG	· ,	TE SURVEY MPLETED
		14G102	B. WING			C
NAME OF P	ROVIDER OR SUPPLIER	140102		STREET ADDRESS, CITY, STATE, ZIP CC	•	0/04/2016
				3201 WEST CAMPBELL STREET		
CLEARBR	ROOK CENTER			ROLLING MEADOWS, IL 60008		
(X4) ID PREFIX TAG	(EACH DEFICIE	STATEMENT OF DEFICIENCIES NCY MUST BE PRECEDED BY FULL IR LSC IDENTIFYING INFORMATION)	ID PREFI TAG	PROVIDER'S PLAN OF C (EACH CORRECTIVE ACTIC CROSS-REFERENCED TO TH DEFICIENCY	ON SHOULD BE IE APPROPRIATE	(X5) COMPLETION DATE
W 155	on proper redirection E4 was interviewed confirmed that she witnessed R6 slap she could summari morning on 9/5/16. Red hall TV room ju R1 on his right che stated it was a hard R1. E4 stated she the other nurse worshe had just witnes really did not know asking her co-worker either, so she then of the facility, and stated that E7(Shiff exactly sure what probtained, so it was the building and she witnessed. E5 guid and asked her if she that she had not, so the proper paper we explained that E1 in Administrative Leave the building. E4 staminutes from the till until the time they to placed on administ that she left E6 alo during that 5-10 mi now that she shoul	or abusive. E6 will be retrained on and intervention strategies." If on 9/14/16 at 2:30pm. E4 was the staff nurse who R1 on 9/5/16. E4 was asked if ze what she witnessed that E4 stated she walked into the ust as she witnessed E6 slap ek with his left hand. E4 d hit, and she told E6 not to hit then left the TV room, and told rking with her that day what seed. E4 explained that she exactly what to do, and was er for guidance. E4 stated really did not know what to do went toward the entrance wing saw the shift supervisor. E4 a supervisor) really was not be proceeded to be at this time that E5 entered et old E5 what she had ded her through the process, e had called E1 yet. E4 stated of they proceeded to look for ork and called E1. E4 enstructed her to place E6 on we, and make sure he leaves atted that it was probably 5-10 me she witnessed the abuse, old E6 that he was being rative leave. E4 confirmed the in the TV room, with R1 mutes time frame, and realizes d have removed R1 from the es sure E6 was away from any	W	155		

	OF DEFICIENCIES F CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPL A. BUILDING	E CONSTRUCTION	(X3) DATE SURVEY COMPLETED
		14G102	B. WING		C 10/04/2016
	ROVIDER OR SUPPLIER		;	STREET ADDRESS, CITY, STATE, ZIP CODE 3201 WEST CAMPBELL STREET ROLLING MEADOWS, IL 60008	,
(X4) ID PREFIX TAG	(EACH DEFICIEN	STATEMENT OF DEFICIENCIES ICY MUST BE PRECEDED BY FULL R LSC IDENTIFYING INFORMATION)	ID PROVIDER'S PLAN OF CORRECTION PREFIX (EACH CORRECTIVE ACTION SHOULD BE TAG CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)		BE COMPLETION
W 155	needed to leave, even what she was required buring an interview Disability Profession E5 stated that where E4 approached here door, and told her the saw E6 slap Rather if this was reported had not called here to report this immediate thought this occurrence she really can't be remember looking at this to here. E5 state needed to place E6 immediately, so E5 was in the building, was still in the TV respectively where here could not believe the facility where here clients, as he could else. E5 knew she immediately from the clients, so she, alor with him to the confiand away from other During an interview 2:00pm,E3 was asked who authored and in physical abuse tower confirmed that he will had been retrained, alleged abuse immediately as well as did not respect to the same as well as did not t	with E5(Qualified Intellectual nal) on 9/15/16 at 10:55am, a she arrived at work that day, as she was walking in the nat she needed to discuss E5 stated that E4 told her on the right cheek. E5 asked ted to E1 yet. E4 replied she as E5 told E4 that she needed diately. E5 stated that she ad at around 9:05 or 9:10, but sure, because she does not not at the clock when E4 reported and that E1 told E4 that they on Administrative Leave asked E4 where E6 currently E5 stated that E4 told her he from with R1. E5 stated that we that E4 would leave E6 in a was with R1 and other potentially abuse someone needed to remove E6 for efacility, and away from the needed to some one of the facility, and away from the needed to remove E6 for efacility, and away from the needed to remove E6 for efacility, and away from the needed to remove E6 for efacility, and away from the needed to remove E6 for efacility, and away from the needed to remove E6 for efacility, and away from the needed to remove E6 for efacility, and swell in the come for each of the facility is locked,	W 155		

	DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	` <i>'</i>	RIPLE CONSTRUCTION NG	(X3	3) DATE SURVEY COMPLETED
		14G102	B. WING _			C 10/04/2016
	ROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZIP CODE 3201 WEST CAMPBELL STREET ROLLING MEADOWS, IL 60008	<u>'</u>	1070 1120 10
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFI) TAG	PROVIDER'S PLAN OF COR X (EACH CORRECTIVE ACTION : CROSS-REFERENCED TO THE A DEFICIENCY)	SHOULD BE	(X5) COMPLETION DATE
W 155	Continued From page	e 35	W ²	155		
	abuse. E3 stated that been retrained.	at the nursing staff has not				
W 157	483.420(d)(4) STAFF	TREATMENT OF CLIENTS	W	157		
	If the alleged violation corrective action mus	n is verified, appropriate st be taken.				
	Based on record rev failed to ensure appre	not met as evidenced by: iew and interview, the facility opriate corrective action was of 1 allegation of abuse was R1.				
	Findings include:					
	at 9:30am was review of the report(E4, Reg the Red hall TV room room witnessed a sta Staff) reach out and s face/upper body. R1 bruising, discoloration expressions and move	R1, dated and timed 9/5/16 wed. It states that the author distered Nurse) walked into an and upon entering the aff member, E6(Direct Care slap R1 on his left side of his was assessed, and has no an or signs of injury. Facial rement are at baseline.				
	authored by E3(Qual was reviewed. This is summary reads, but is September 5th, 2016 alleged that E6, Direct	Incident Report for R1, ity Assurance Facilitator), report is dated 9/9/16. The is not limited to, "On a nurse at this facility(E4) ct Care Professional slapped his face/upper body				
	, ,	e), made the allegation ded the following statement				

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	` '	(X2) MULTIPLE CONSTRUCTION A. BUILDING		(X3) DATE SURVEY COMPLETED	
		14G102	B. WING			C	
NAME OF P	ROVIDER OR SUPPLIER	143102	J:	STREET ADDRESS, CITY, STATE, ZIP C		0/04/2016	
TO WILL OF TH	NOVIDEN ON CONTENEN			3201 WEST CAMPBELL STREET	002		
CLEARBROOK CENTER			ROLLING MEADOWS, IL 60008				
(V4) ID	(X4) ID SUMMARY STATEMENT OF DEFICIENCIES		ID.		CORRECTION	(X5)	
(X4) ID PREFIX TAG	(EACH DEFICIENC	Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	I	ID PROVIDER'S PLAN OF COF PREFIX (EACH CORRECTIVE ACTION TAG CROSS-REFERENCED TO THE DEFICIENCY)		COMPLETION DATE	
W 157	Continued From pag	e 36	W 1	57			
	into the Red Hall's T' member reach out at face/upper body. It is unable to say for cer made with the face of "Don't do that", and to "I'm sorry, I'm sorry." * I spoke with the Qu Disability Professions Administrator(E1) was statement and signed form and was placed effective immediately explained the proces	Qualified Intellectual (al), E5, and the (al), E5, and the (al), E5, and the (al), E5, and the (b) the Administrative leave (c) on administrative leave (d) While E5 and I(E4) (alure to the staff member, he (d) the right side of the client's					
	statement provided of * On Monday, Septemork at approximated facility saw me and a nursing office as she E7(Shift Supervisor) E4 proceeded to tell room a few minutes witnessed E6 slap R if she had contacted Administrator) and sl done so yet. I told how contact with E1 right phone, she stated the Administrative Leave * Once the three of the informed E6 that I was Administrative Leave abuse to a client, R1	ember 5, 2016, I arrived at y 9:05am. E4, a nurse at the asked if I could come into the needed to speak with me. went into the office as well. us that upon entering R1's prior to my arrival, she 1 on the cheek. I asked her E1 or E8(Assistant he stated that she had not er that we needed to get in away. When E4 got off the at E1 wanted E6 placed on a effective immediately. us were seated(E4,E5,E6), I					

. ,		(X1) PROVIDER/SUPPLIER/CLIA (X2) MULT IDENTIFICATION NUMBER: A. BUILDII		IPLE CONSTRUCTION		(X3) DATE SURVEY COMPLETED	
		14G102	B. WING _			C 10/04/2016	
	ROVIDER OR SUPPLIER	•		STREET ADDRESS, CITY, STATE, ZIP CODE 3201 WEST CAMPBELL STREET ROLLING MEADOWS, IL 60008			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)			PROVIDER'S PLAN OF COR (EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE A DEFICIENCY)	SHOULD BE	(X5) COMPLETION DATE	
W 157	to speak about what Administrative Leave said the following, "It I am so sorry, I can't three weeks ago. I was a gentle slap, mexplained that this is an investigation wou him if he understood stated that he did ar was wrong, and I am tap on the cheek." I would place his state E6 provided the follo QIDP, E5 and nurse * At about 9:25am, bottle by a staff. I gicheek to admonish I said I should not have about that. E3, Quality Assurance on 9/7/16. The rease explained. E6 conflict the only witnesses of the Red TV room. Ewritten statement: * At about 9:25am of 2016, I was working After breakfast, I we clients relaxed. I sawith a blue content. uncommon color for him. I sat down to mand found that it was something that could	it no the cheek. I attempted it meant to be on when E6 interrupted and No, no, please do not do this. I lose my job, I just got it back promise I did not hit hard, it nore like a tap, please."I as a formal procedure and that ald be taking placeI asked I everything I had said. He ad said, "I know what I did in so sorry, I just gave him a asked E6 at that time if he ement in writing.	W	157			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:			(X2) MULTIPL A. BUILDING	E CONSTRUCTION	(X3) DATE SURVEY COMPLETED C		
		14G102	B. WING		10/04/2016		
	ROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZIP CODE 3201 WEST CAMPBELL STREET ROLLING MEADOWS, IL 60008	,		
(X4) ID PREFIX TAG	(EACH DEFICIEN	ARY STATEMENT OF DEFICIENCIES ICIENCY MUST BE PRECEDED BY FULL PR RY OR LSC IDENTIFYING INFORMATION) T		PROVIDER'S PLAN OF CORRECTI (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPRO DEFICIENCY)	D BE COMPLETION		
W 157	swipe to signify, "not * It was at this poin the nurse on duty on the nurse that I meant in could not have tried what I thought was abuse him. Due to this incident Living (TV) Room, wavailable. Conclusion/Summa Based on information abuse made agains nurse stated in writt quickly and that she if contact was made nurse that made the assessed R1 and not the stated in writter well on proper redirection. E4 was interviewed confirmed that she witnessed R6 slap frould summarize with morning on 9/5/16. Red Hall TV room juth R1 on his right chees stated it was a hard R1. E4 stated she is the stated it was a hard R1. E4 stated she is the stated it was a hard R1. E4 stated she is the stated it was a hard R1. E4 stated she is the stated it was a hard R1. E4 stated she is the stated it was a hard R1. E4 stated she is the stated it was a hard R1. E4 stated she is the stated it was a hard R1. E4 stated she is the stated it was a hard R1. E4 stated she is the stated in the stated in the stated it was a hard R1. E4 stated she is the stated in the sta	that I touched his cheek that ame in and said that I should I said I was sorry if it was 'm stating in no uncertain to harm or abuse to R1. I to save him from drinking unsafe, and turned around to occurring in the Red Hall rideo surveillance is not	W 15	7			

OLIVIE	C . CIX III. EDIO/ II KE G	MEDIO ND CEITHICE					7. 0000 000 1
STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		IDENTIFICATION NUMBER:			CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
			150	_		(c
		14G102	B. WING				04/2016
NAME OF PI	ROVIDER OR SUPPLIER	1	I	S	TREET ADDRESS, CITY, STATE, ZIP CODE		
				3:	201 WEST CAMPBELL STREET		
CLEARBROOK CENTER				R	COLLING MEADOWS, IL 60008		
(X4) ID	SUMMARY ST	ATEMENT OF DEFICIENCIES	ID	<u> </u>	PROVIDER'S PLAN OF CORRECTION		(X5)
PRÉFIX	,	Y MUST BE PRECEDED BY FULL	PREF		(EACH CORRECTIVE ACTION SHOULD B		COMPLETION DATE
TAG	REGULATORY OR LSC IDENTIFYING INFORMATION)		TAG		CROSS-REFERENCED TO THE APPROPRIA DEFICIENCY)	5,112	
			-				
W 157	Continued From page	2 39	w	157			
	· -	ed. E4 explained that she					
	•	actly what to do, and was					
		for guidance. E4 stated					
		ally did not know what to do					
	either, so she then we	ent toward the entrance wing					
	of the facility, and sav	v the shift supervisor. E4					
	stated that E7(Shift s	upervisor) really was not					
	exactly sure what par						
	· ·	this time that E5 entered					
	the building and she t						
	_	d her through the process,					
		had called E1 yet. E4 stated					
		hey proceeded to look for					
	the proper paper work						
		tructed her to place E6 on , and make sure he leaves					
		ed that it was probably 5-10					
	_	e she witnessed the abuse,					
		d E6 that he was being					
	-	tive leave. E4 confirmed					
	-	in the TV room, with R1					
		tes time frame, and realizes					
	now that she should h	nave removed R1 from the					
	situation, and made s	ure E6 was away from any					
	clients after she witne	essed that abuse. E4 stated					
		rtable telling E6 that he					
		n though she knew that was					
		d to do. E4 stated that					
		et E6 come back to work the					
		nd she is shocked that they					
	would let someone w						
		stated that she realizes that					
	•	se late, and didn't remove					
		R1 and the other residents rery sorry about that. E4					
		en working again, and she					
		facility has even re-trained					
	him on the Abuse and						

	COT OIL MEDIO, IILE C	WEDIO/ WE CEITTIOLO				CIVID ITC	7. 0000 000 1
STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	, ,	(X2) MULTIPLE CONSTRUCTION A. BUILDING		(X3) DATE SURVEY COMPLETED	
						(С
		14G102	B. WING			10/	04/2016
NAME OF P	ROVIDER OR SUPPLIER			S	TREET ADDRESS, CITY, STATE, ZIP CODE		
CLEADRE	CLEARBROOK CENTER				201 WEST CAMPBELL STREET		
CLEARBROOK GENTER				R	COLLING MEADOWS, IL 60008		
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREF TAG		PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD B CROSS-REFERENCED TO THE APPROPRIA DEFICIENCY)		(X5) COMPLETION DATE
W 157	E6 was asked if he cosummary about what 9/5/16, when he was Leave. E6 stated that assigned to care for he came into the Recordinking from a bottle explained that R1 has drink he can find, who someone else's. E6 a chemical, and when started drinking it, he bottle from his hand, that he was actually owhen he realized it was chemical of some kethat time R1 was look wanted to make sure should not drink liquid E6 stated that he touthis right cheek. E6 we blind. E6 stated that to make sure he had he wanted him to look anyone trained him, a completed, and he was E6 stated that no one that he came back to incident occurred, (9/2) every day up until took will also work the even During an interview we Disability Professional E5 stated that when se E4 approached her adoor, and told her that	with E6 on 9/14/16 at 2:45pm, ould provide a detailed occurred on the morning of placed on Administrative at he was not officially R1 that morning, but when at Hall TV room, he saw R1 that had blue liquid in it. E6 is a behavior of drinking any ether it is his drink or stated that he thought it was in he saw that he had already immediately grabbed the and reviewed what it was drinking. E6 stated that has an energy drink, and not kind, he went over to R1. At king away from him, and he(R1) understood he dis that did not belong to him. In the ched him with his finger on the is neither, but just wanted his attention. E6 stated that k at him. E6 was asked if after the investigation was as allowed to return to work. The retrained him. E6 stated work the Saturday after the 10/16) and has been working day, and after this interview,	W	157			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1 ' '	(X2) MULTIPLE CONSTRUCTION A. BUILDING			(X3) DATE SURVEY COMPLETED	
			A. BOILDI			Ι,	C	
		14G102	B. WING			1	04/2016	
NAME OF PI	ROVIDER OR SUPPLIER			5	STREET ADDRESS, CITY, STATE, ZIP CODE	1 10/	04/2010	
					201 WEST CAMPBELL STREET			
CLEARBROOK CENTER					ROLLING MEADOWS, IL 60008			
(V4) ID	(X4) ID SUMMARY STATEMENT OF DEFICIENCIES		ID	<u> </u>				
(X4) ID PREFIX TAG	(EACH DEFICIEN	ICY MUST BE PRECEDED BY FULL R LSC IDENTIFYING INFORMATION)	PREFI TAG		PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD E CROSS-REFERENCED TO THE APPROPRI DEFICIENCY)		(X5) COMPLETION DATE	
W 157	Continued From page	ge 41	w	157				
	she saw E6 slap R1	on the right cheek. E5 asked						
		ted to E1 yet. E4 replied she						
	-	so E5 told E4 that she needed						
	to report this immed	liately. E5 stated that she						
	thought this occurre	ed at around 9:05 or 9:10, but						
		sure, because she does not						
	_	at the clock when E4 reported						
	this to her. E5 state							
	needed to place E6							
	immediately, so E5							
	was in the building. was still in the TV ro							
	she could not believ							
	the facility where he							
	_	potentially abuse someone						
		needed to remove E6						
		e facility, and away from the						
	clients, so she, alon	ng with E4 asked him to come						
	with him to the conf	erence room(which is locked,						
	and away from othe	er clients).						
	During an interview	with E3 on 9/15/16 at						
	_	ed if he was the staff member						
	who authored and in	nvestigated the allegation of						
	physical abuse towa	ards R1 on 9/5/16. E3						
	confirmed that he w	as. E3 was asked if E6 was						
		turning to work on Saturday,						
		ned that when he completed						
		nd E1 signed off on it, E1						
		ney wanted to get E6 back on						
		end of the week. E3 are short staffed, especially						
		o they needed to get E6 back						
		work. E3 stated that he						
		aining should be done before						
		and E1 stated yes. E3 stated						
		ot his job to retrain, so he was						
	_	nformation together for his						
		rmed that to date, E6 has not						

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:			PLE CONSTRUCTION G	(X3) DATE SURVEY COMPLETED		
		14G102	B. WING_		1	C 04/2016
NAME OF PROVIDER OR SUPPLIER CLEARBROOK CENTER				STREET ADDRESS, CITY, STATE, ZIP CODE 3201 WEST CAMPBELL STREET ROLLING MEADOWS, IL 60008	10/	04/2010
(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 CORR (EACH CORRECTIVE ACTION SH CROSS-REFERENCED TO THE AP DEFICIENCY)	HOULD BE	(X5) COMPLETION DATE
W 157	been retrained on ab asked if nursing had late reporting the alle the Administrator, as from R1 and other cli	use and neglect. E3 was been retrained, as E4 was ged abuse immediately to well as did not remove E6 ents, to protect other clients E3 stated that the nursing	W 1	57		