DEPART	MENT OF HEALTH AN	ID HUMAN SERVICES				FORM	APPROVED
CENTER	S FOR MEDICARE &	MEDICAID SERVICES				OMB NC	D. 0938-0391
	DF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	` '		DNSTRUCTION	(X3) DATE COMF	SURVEY PLETED
		14G033	B. WING _				C 22/2016
NAME OF PI	ROVIDER OR SUPPLIER			STRE	EET ADDRESS, CITY, STATE, ZIP CODE	1	
				114	NORTH ORCHARD DRIVE		
ELISABET	TH LUDEMAN DEV. CTR.			PAR	RK FOREST, IL 60466		
(X4) ID		ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL	ID		PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD E	-	(X5) COMPLETION
PREFIX TAG	•	SC IDENTIFYING INFORMATION)	PREFIX TAG	`	CROSS-REFERENCED TO THE APPROPRI		DATE
					DEFICIENCY)		
W 000	INITIAL COMMENTS		wo	000			
	Incident Report Inves	stigation					
	Incident of 8/4/16 / IL:	#87652					
W 104	483.410(a)(1) GOVE	RNING BODY	W 1	04			
	The governing body r	nust exercise general policy,					
		direction over the facility.					
		, , , , , , , , , , , , , , , , , , ,					
	Based on interview a failed to ensure: 1. Incident of 8/4/16 v the sample with a hist objects and is on one abdomen x-ray that for coin was identified as 2. Relevant x-ray report report for R1 were ma 3. Notification to staff when in-services were regarding environment	ort and discharge summary aintained in R1's record. who were not in the facility					
	1. Per Facility Policy a and Investigating Inci Abuse and Neglect, n an employee or center medical or personal of that as a consequence injury, emotional distr person's maladaptive	#107 (Rev. 1/12) Reporting dents and Allegations of neglect "means the failure of er to provide adequate care or maintenance, and ee, causes a person pain, ress, or results in either a behavior or the son's physical or mental					
LABORATORY	DIRECTOR'S OR PROVIDER/S	SUPPLIER REPRESENTATIVE'S SIGNATURE	 E		TITLE		(X6) DATE

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

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.

PRINTED: 08/25/2016

	-	D HUMAN SERVICES					FORM): 08/25/2016 1 APPROVED
STATEMENT C	DF DEFICIENCIES CORRECTION	MEDICAID SERVICES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	· ,		CONSTRUCTION		(X3) DATE COMP	LETED
		14G033	B. WING				08/	C 22/2016
NAME OF P	ROVIDER OR SUPPLIER			S	TREET ADDRESS, CITY, STATE, ZIP (CODE		
				1.	14 NORTH ORCHARD DRIVE			
ELISABET	H LUDEMAN DEV. CTR.				ARK FOREST, IL 60466			
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES / MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREF TAG		PROVIDER'S PLAN OF (EACH CORRECTIVE ACT CROSS-REFERENCED TO DEFICIENC	TION SHOULD B		(X5) COMPLETION DATE
W 104	substantial risk of pos Per Facility Policy # 3 Protection Supervision Levels of Supervision Supervision - the pers reach and under the of staff person at all time responsibility for this of the person is dressing sleeping. This applies out of home locations toileting, dressing, bat feasible since staff mut the safety and protect The only way one-to-of provided at a distance when there is stipulation the text of the person Program which has be Behavior Intervention Per Facility's Reportat of event on 8/4/16, Or ordered x-rays of R1's provider to consider to supervision. On 8/5/10 had a metallic foreign quadrant of the abdor medical personnel write transported to local ho x-ray/second opinion. a rounded metallic for the appearance of a manother x-ray to check had no foreign bodies had no pica incident in	person's health or safety at sible injury, harm or death." 84 (Rev. 5/15) Client n Of Persons Served, III. C.4. One-to-one on must be within arms lirect vision of an assigned as who has sole one person; including while g, toileting, bathing, and to all in-home locations and . Total privacy during thing, and sleeping is not ust be within arms reach for ion of the person or others. One supervision can be e greater than arms length is on specifically addressed in s Behavior Intervention een approved by the Committee. ble Event Five Day Review n 8/4/16 medical personnel s stomach from x-ray owering his level of 6 x-ray results exhibited R1 object in the left upper nen (zipper). On 8/5/16 ote orders for R1 to be ospital for another R1's x-ray results displayed eign structure which had netallic coin. On 8/8/16, x, result exhibited that R1 in his abdomen. R1 has	W	104				

Facility ID: IL6002802

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CENTER STATEMENT (AND PLAN OF NAME OF P ELISABET (X4) ID	S FOR MEDICARE & I DF DEFICIENCIES CORRECTION ROVIDER OR SUPPLIER TH LUDEMAN DEV. CTR. SUMMARY ST/	D HUMAN SERVICES MEDICAID SERVICES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 14G033	A. BUILDING B. WING S	E CONSTRUCTION STREET ADDRESS, CITY, STATE, ZI 14 NORTH ORCHARD DRIVE PARK FOREST, IL 60466 PROVIDER'S PLAN (EACH CORRECTIVE A	FOR OMB N((X3) DATE COM 08 IP CODE	D: 08/25/2016 M APPROVED O. 0938-0391 E SURVEY PLETED C 5/22/2016
PREFIX TAG		SC IDENTIFYING INFORMATION)	TAG	CROSS-REFERENCED T DEFICIE	TO THE APPROPRIATE	DATE
W 104	or mistreatment involve On 8/15/16 approximal presented documental on 8/5/16 through 8/9 supervision accountal sweeps and accountal individuals served. Per Center Director) all fa in-serviced. At 3:00 P from R1's house were contact with individual the facility investigation (E15 through E19 were to provide 1:1 supervite 8/4/16). 2. R1 is an individual disability and identifie (eating inedibles), pice inedibles) and rectal of 7/11/16 Behavior Inter BIP and 5/5/16 Individe reports "in 9/2015, R1 abdomen for liver eval from the scan were for digestive tract. The for described as buttons object and a ribbon-like The Inter Disciplinary and decided to increa (LOS) to Visual Obset to 1:1 (one to one) Su he was discovered wii clothes) while on visu (Human Rights Commit was recommended	ar to be any abuse/neglect yed. ately at 12:00 PM, facility ition of in-services provided /16 regarding 1:1 bility form, environmental ability and supervision of er E1 (Acting Assistant cility staff have been M, E1 validated that 5 staff e re-assigned to jobs without Is in the facility as result of on of the 8/4/16 event of R1 re the last five staff assigned sion to R1's x-ray on with profound intellectual d target behaviors of pica a attempts (attempts to eat digging/smearing per the rvention Plan (BIP). R1's dual Support Plan (ISP) had a CT scan of his luation. An incidental finding reign objects in his	W 104			

Facility ID: IL6002802

If continuation sheet Page 3 of 19

	-	ID HUMAN SERVICES				FORM	08/25/2016 APPROVED
STATEMENT (S FOR MEDICARE & DF DEFICIENCIES CORRECTION	MEDICAID SERVICES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE A. BUILDING	CONSTRUCTION		(X3) DATE S COMPLE	
		14G033	B. WING			C 08/2:	2/2016
NAME OF P	ROVIDER OR SUPPLIER		s	TREET ADDRESS, CITY, STATE	E, ZIP CODE		
ELISABE	TH LUDEMAN DEV. CTR.			14 NORTH ORCHARD DRIVE PARK FOREST, IL 60466	E		
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL .SC IDENTIFYING INFORMATION)	ID PREFIX TAG	(EACH CORRECTI CROSS-REFERENCE	LAN OF CORRECTION VE ACTION SHOULD BE ED TO THE APPROPRIAT FICIENCY)		(X5) COMPLETION DATE
W 104	Team Meeting) on 6/2 initiate a gradual redu slightly less restrictive could be fully initiated found a foreign object Discharge Summary of "foreign body ingestion 3 buttons and a recta 9/29/15. A button like Passed a ribbon like No BRBPR (bright re No peritoneal signs. C finding on outpatient of evaluation, possibly a Abdomen X-ray on 10 radiopaque foreign bo R1's record did not co 10/17/15 until it was p E2 on 8/16/16 approx validated this copy wa system database and personnel. E2 validator record. R1's record did not co summary on 9/30/15. provided copy to surv approximately at 10:3 obtained a copy from this copy should have 3. Per Facility's Repo Review of event on 8/ personnel ordered x-r	ion. In an STM (Special 29/16, the IDT decided to action of R1's LOS to one e than a 1:1. Before this an x-ray was done that t in his digestive tract. on 9/30/15 includes report on: colonoscopic removal of ngular metallic (sic) object foreign body noted on KUB. object (not radiopaque) with d blood per rectum) today. On admission incidental CT abdomen for liver a razor. 0/17/15 conclusion - no ody noted. ontain the x-ray report on provided by Lead physician timately at 2:00 PM. E2 as searched by E2 from the by asking other medical ed it should be in R1's ontain the dishcarge Lead physician E2 eyor on 8/17/16 10 AM. E2 validated she physician E22. E2 validated	W 104				

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	-	ID HUMAN SERVICES MEDICAID SERVICES				FORM): 08/25/2016 APPROVED). 0938-0391
STATEMENT C	DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE A. BUILDING	ECONSTRUCTION		(X3) DATE COMP	SURVEY LETED
		14G033	B. WING		_		C 22/2016
NAME OF PF	ROVIDER OR SUPPLIER		S	STREET ADDRESS, CITY, S	TATE, ZIP CODE		
ELISABET	H LUDEMAN DEV. CTR.			14 NORTH ORCHARD DF PARK FOREST, IL 6046			
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL .SC IDENTIFYING INFORMATION)	ID PREFIX TAG	(EACH CORRE CROSS-REFERE	S PLAN OF CORRECTION CTIVE ACTION SHOULD BI NCED TO THE APPROPRIA DEFICIENCY)		(X5) COMPLETION DATE
W 104	Continued From page	2 4	W 104				
		6 x-ray results exhibited R1					
	•	object in the left upper nen (zipper). On 8/5/16					
		ote orders for R1 to be					
	transported to local ho						
		R1's x-ray results displayed					
		reign structure which had					
		netallic coin. On 8/8/16, k, result exhibited that R1					
	-	in his abdomen. R1 has					
	had no pica incident in						
		multiple pica attempts.					
	or mistreatment involv	ar to be any abuse/neglect ved.					
		ately at 12:00 PM, facility					
		ation of in-services provided					
	on 8/5/16 through 8/9	bility form, environmental					
		ability and supervision of					
	•	er E1 (Acting Assistant					
	Center Director) all fa						
		M, E1 validated that 5 staff					
		e re-assigned to jobs without Is in the facility as result of					
		on of the 8/4/16 event of R1					
		re the last five staff assigned					
	to provide 1:1 supervi 8/4/16).	sion to R1's x-ray on					
	Telephone interview w Program Coordinator	vith R1's Habilitation E21 on 8/16/15 from 3:15					
	-	validate E21 left for vacation					
	on 8/4/16 through 8/1	5/16 and has not been					
		end in-service training. E21					
		d from others that R1 had a					
	metallic object found i	in his abdomen.					
	On 8/16/16 at 4:10 PM	M E3 validated that Quality					

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	-	ID HUMAN SERVICES MEDICAID SERVICES			FOR	D: 08/25/2016 M APPROVED D. 0938-0391
STATEMENT C	DF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	· ,	CONSTRUCTION	(X3) DATE COMF	SURVEY PLETED
		14G033	B. WING			C / 22/2016
NAME OF P	ROVIDER OR SUPPLIER		s	TREET ADDRESS, CITY, STATE, ZIP CODE		
ELISABET	'H LUDEMAN DEV. CTR.			14 NORTH ORCHARD DRIVE ARK FOREST, IL 60466		
(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 CORREC (EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APPF DEFICIENCY)	ULD BE	(X5) COMPLETION DATE
W 104 W 149	staff from 8/5/16 throu	nt is responsible for in-services provided to	W 104			
VV 149	The facility must deve policies and procedur	lop and implement written	VV 149			
	Based on observation review, the facility fail implemented procedur in-services regarding body ingestion when: 1. R1's, 1 of 1 individu one-to-one supervision ingesting foreign body showed a zipper tab a 2. Staff broke the dire 1 individual in the sam ingesting foreign body level, R1, on 8/16/16. 3. R1 was observed w dime-sized hole on th workshop on 8/16/16. 4. A jagged wood pied the window of the wor attends. Findings include: 1.2.3.4. Per Facility P Reporting and Investi	are recently reviewed during preventing potential foreign and has history of y, abdomen x-ray on 8/4/16 and metallic coin. act visual observation for 1 of nple who has a history of y and is on 1:1 supervision wearing socks with e way to the on-site are was found on 8/16/16 by rkshop classroom R1				
		and Neglect, neglect "means byee or center to provide personal care or				

Facility ID: IL6002802

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	-	ID HUMAN SERVICES MEDICAID SERVICES				FORM	D: 08/25/2016 MAPPROVED D. 0938-0391
STATEMENT (DF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	, <i>i</i>		E CONSTRUCTION		SURVEY PLETED
		14G033	B. WING				22/2016
NAME OF P	ROVIDER OR SUPPLIER		•	S	STREET ADDRESS, CITY, STATE, ZIP CODE		
ELISABE	TH LUDEMAN DEV. CTR.				114 NORTH ORCHARD DRIVE PARK FOREST, IL 60466		
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREF TAG		PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD E CROSS-REFERENCED TO THE APPROPRI DEFICIENCY)		(X5) COMPLETION DATE
W 149	a person pain, injury, results in either a perso or the deterioration of mental condition, or p safety at substantial r or death." Per Facility Policy # 3 Protection Supervision Levels of Supervision Supervision - the perso reach and under the or staff person at all time responsibility for this of the person is dressing sleeping. This applies out of home locations toileting, dressing, ba feasible since staff me the safety and protect The only way one-to-oprovided at a distance when there is stipulat the text of the person Program which has be Behavior Intervention R1 is an individual wit disability and identifie (eating inedibles), pic inedibles) and rectal of 7/11/16 Behavior Inte BIP and 5/5/16 Individ reports "in 9/2015, R1 abdomen for liver eva from the scan were for digestive tract. The for	at as a consequence, causes emotional distress, or son's maladaptive behavior a person's physical or blaces a person's health or isk of possible injury, harm 884 (Rev. 5/15) Client n Of Persons Served, III. c.4. One-to-one son must be within arms direct vision of an assigned es who has sole one person; including while g, toileting, bathing, and s to all in-home locations and c. Total privacy during thing, and sleeping is not ust be within arms reach for tion of the person or others. one supervision can be e greater than arms length is ion specifically addressed in 's Behavior Intervention een approved by the Committee. th profound intellectual ed target behaviors of pica a attempts (attempts to eat digging/smearing per the rvention Plan (BIP). R1's dual Support Plan (ISP) 1 had a CT scan of his aluation. An incidental finding preign objects in his	W	149			

Facility ID: IL6002802

If continuation sheet Page 7 of 19

	-	D HUMAN SERVICES MEDICAID SERVICES				FORM	D: 08/25/2016 MAPPROVED D. 0938-0391
STATEMENT O	DF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	, í		E CONSTRUCTION	(X3) DATE COMP	SURVEY PLETED
		14G033	B. WING				C 22/2016
NAME OF PI	ROVIDER OR SUPPLIER		•	S	TREET ADDRESS, CITY, STATE, ZIP CODE	•	
ELISABET	'H LUDEMAN DEV. CTR.				14 NORTH ORCHARD DRIVE PARK FOREST, IL 60466		
(X4) ID PREFIX TAG	(EACH DEFICIENC)	TEMENT OF DEFICIENCIES / MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFI TAG		PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD B CROSS-REFERENCED TO THE APPROPRI/ DEFICIENCY)		(X5) COMPLETION DATE
W 149	The Inter Disciplinary and decided to increa (LOS) to Visual Obset to 1:1 (one to one) Su he was discovered wi clothes) while on visu (Human Rights Commit was recommended due to continued atter while on 1:1 supervisi Team Meeting) on 6/2 initiate a gradual redu slightly less restrictive could be fully initiated found a foreign object Abdomen X-ray on 8/ radiopaque foreign bo abdomen. Abdomen X-ray on 8/ a metallic coin in the r colon. Abdomen X-ray on 8/ foreign body left upper lower quadrant. Abdomen CT scan on metallic density object small bowel, measurin transversely. Impress foreign body within the Consider ingested raz radiopacity projected	te object (not radiopaque). Team (IDT) met on 9/24/15 se his level of supervision vation. This was increased pervision on 9/30/15 when th pica items (string from al observation. At the HRC hittee) Meeting on 10/19/15, to continue 1:1 supervision mpts being documented on. In an STM (Special 9/16, the IDT decided to ction of R1's LOS to one than a 1:1. Before this an x-ray was done that in his digestive tract. 8/16 findings- no dies in the projection of the 5/16 findings - suggestive of egion of the ascending 4/16 results - metallic r quadrant, zipper in the left 9/22/15 findings - A thin t is present in the right, mid ng up to 2.4 cm ion: 2. Metallic-density e small bowel lumen.		149			

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	-	D HUMAN SERVICES MEDICAID SERVICES				FORM	D: 08/25/2016 MAPPROVED D. 0938-0391
STATEMENT (DF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	· /		E CONSTRUCTION	(X3) DATE COMP	SURVEY PLETED
		14G033	B. WING				C 22/2016
NAME OF P	ROVIDER OR SUPPLIER		•	S	TREET ADDRESS, CITY, STATE, ZIP CODE	-	
ELISABE	TH LUDEMAN DEV. CTR.				14 NORTH ORCHARD DRIVE PARK FOREST, IL 60466		
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREF TAG		PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPF DEFICIENCY)	BE	(X5) COMPLETION DATE
W 149	Continued From page	8	w	149			
	"foreign body ingestio 3 buttons and a rectar 9/29/15. A button like Passed a ribbon like of NO BRBPR (bright re No peritoneal signs. Of finding on outpatient of evaluation, possibly a Abdomen X-ray on 10 radiopaque foreign bod 9/24/15 Special Team R1's unscheduled hos supervision increase of showed a foreign obje system. R1 was sent and at 12 midnight on hospital with diagnosi The plan of treatment successful expulsion lightly.' R1 already ha behavior and data sho pica in over 6 months 10/1/15 STM regardin reports "Additional X-1 taken to assess the p as it moved, and addi subsequently identifier rectum. On 9/29/15 a and performed, during were removed from R listed as stable on 9/3 discharge back to the	razor. b/17/15 conclusion - no bdy noted. Meeting (STM) regarding spital visit/level of reports "the CT scan ected found in R1's digestive to local emergency room 9/23/15 admitted into the s of foreign body ingestion. for R1 is to promote the of the object naturally via 'go d a BIP with pica as target bws no incidents of actual ." ag R1's post hospitalization rays of R1's abdomen were osition of the foreign body tional foreign bodies were d in the small bowel and colonoscopy was ordered g which the foreign bodies 1's rectum. R1 was then 60/15 and was cleared for					

Facility ID: IL6002802

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	-	ID HUMAN SERVICES MEDICAID SERVICES					FORM): 08/25/2016 APPROVED 0. 0938-0391
STATEMENT (DF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	· ,		CONSTRUCTION		(X3) DATE COMP	SURVEY LETED
		14G033	B. WING _				08/	C 22/2016
NAME OF P	ROVIDER OR SUPPLIER			ST	TREET ADDRESS, CITY, STATE, ZIP	CODE		
				11	4 NORTH ORCHARD DRIVE			
ELISABE	TH LUDEMAN DEV. CTR.			P/	ARK FOREST, IL 60466			
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	¢	PROVIDER'S PLAN OI (EACH CORRECTIVE AC CROSS-REFERENCED TO DEFICIEN	TION SHOULD BE THE APPROPRIA		(X5) COMPLETION DATE
W 149	of event on 8/4/16, Or ordered x-rays of R1's provider to consider la supervision. On 8/5/1 had a metallic foreign quadrant of the abdor medical personnel wr transported to local ha x-ray/second opinion. a rounded metallic for the appearance of a r another x-ray to check had no foreign bodies had no pica incident i However, he has had There does not appea or mistreatment involv Per R1's 8/12/16 Beh supervision meaning length and under the person at all times wh R1 only, including wh bathing and sleeping. and out of home locat environmental sweep minutes and document sheetsSweeps are of are no inedible object paper, buttons, lint an On 8/15/16 approxima presented documenta on 8/5/16 through 8/9 supervision accountal sweeps and accountal individuals served. Per Center Director) all fa	n 8/4/16 medical personnel s stomach from x-ray owering his level of 6 x-ray results exhibited R1 object in the left upper men (zipper). On 8/5/16 ote orders for R1 to be ospital for another R1's x-ray results displayed reign structure which had metallic coin. On 8/8/16, k, result exhibited that R1 s in his abdomen. R1 has n the past six months. multiple pica attempts. ar to be any abuse/neglect ved. avior Drill, "one-to-one that R1 must be within arms direct vision of an assigned to has sole responsibility for ile (R1) is dressing, tilting, This applies to all in-home tions. Pica Sweeps - s will be done every 30 nted on Pica Sweep done to ensure that there s especially metal objects, id strings from clothing." ately at 12:00 PM, facility ation of in-services provided /16 regarding 1:1 bility form, environmental ability and supervision of er E 1 (Acting Assistant	W 1	49				

Facility ID: IL6002802

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	-	D HUMAN SERVICES MEDICAID SERVICES				FORM	D: 08/25/2016 MAPPROVED D. 0938-0391
STATEMENT C	F DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	· /		E CONSTRUCTION	(X3) DATE COMF	SURVEY PLETED
		14G033	B. WING				C 22/2016
NAME OF PF	ROVIDER OR SUPPLIER			S	TREET ADDRESS, CITY, STATE, ZIP CODE	•	
				11	14 NORTH ORCHARD DRIVE		
ELISABEI	H LUDEMAN DEV. CTR.			P	PARK FOREST, IL 60466		
(X4) ID PREFIX TAG	(EACH DEFICIENC)	TEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFI TAG	x	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPF DEFICIENCY)	BE	(X5) COMPLETION DATE
W 149	Continued From page from R1's house were contact with individua the facility investigation On 8/16/16 in house 6 AM through 10:10 AM supervision by E9, Te with E9 and E10 (Tecc living/dining area of he within arms length of visual supervision of F observed looking to th R1 was seated facing seated in another cha her knees to the right Approximately at 10:1 E11 (Technician 2) wa workshop. During this noted to have holes a holes. R1 arrived in he with E9. Surveyor lood left upon entry into the sill had a large missin remaining loose piece noted. Surveyor asked and was able to very jagged piece of wood inches long and abour reported the loose wo validated with surveyor should not have holes E9 to ensure R1 wear stated that those are of E9 did not assist R1 w E4 also validated that	10 re-assigned to jobs without ls in the facility as result of on of the 8/4/16 event of R1. 6 from approximately 9:45 l, R1 was provided the 1:1 chnician 2. Surveyor spoke hnician 3) who were in the puse 6. E9 was observed R1 but did not provide direct R1 at all times. E9 was he side of or away from R1. the door and E9 was ir facing the windows with		149			
		ne called Head Engineer / and saw the issue that will					

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	-	ID HUMAN SERVICES MEDICAID SERVICES			FORM	D: 08/25/2016 M APPROVED D. 0938-0391
STATEMENT (DF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		E CONSTRUCTION	(X3) DATE COMF	E SURVEY PLETED
		14G033	B. WING			C / 22/2016
NAME OF P	ROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZIP CODE		
ELISABET	TH LUDEMAN DEV. CTR.			114 NORTH ORCHARD DRIVE PARK FOREST, IL 60466		
(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 CORREC (EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APP DEFICIENCY)	OULD BE	(X5) COMPLETION DATE
W 149	Continued From page	• 11	W 149			
	assigned. E12 validat received regarding er E9, E10, E11 all valid received regarding int to every 30 minutes to to be ingested is in th maintaining arms leng supervision. Telephone interviews Habilitation Program from 3:15 PM through on a 1:1 supervision I night as described in E21 validate that R1 st that have holes. E20 1:1 staff breaks direct supervision is not pro validated that R1 doe ingesting wood but th window in R1's works been picked up by sta environmental sweep for vacation on 8/4/16 not been notified of not training. At Daily Status Meetin Acting Assistant Cent Residential Services I 8/15/16 at 3:30 PM th E18 and E19) were re without contact with ir investigation of the 8/ through E19 were the	with Psychologist E20 and Coordinator E21 on 8/16/15 a 3:45 PM validate that R1 is evel at all times of day and R1's BIP and ISP. E20 and should not have worn socks and E21 validate that once visual of R1 then R1's 1:1 vided. E20 and E21 s not have a history of e loose wood piece by the hop classroom should have aff who performed . E21 validated that he left b through 8/15/16 and has eved to attend in-service				

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	-	D HUMAN SERVICES				FO	ED: 08/25/2016 RM APPROVED
		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	, í		E CONSTRUCTION	(X3) DA	NO. 0938-0391 TE SURVEY MPLETED
		14G033	B. WING			0	C 8/22/2016
NAME OF PROVIDER OR SUPPLIER				S	TREET ADDRESS, CITY, STATE, ZIP CODE		
ELISABETH LUDEMAN DEV. CTR.					14 NORTH ORCHARD DRIVE PARK FOREST, IL 60466		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	ITEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFI TAG	x	PROVIDER'S PLAN OF CORRECT (EACH CORRECTIVE ACTION SHOU CROSS-REFERENCED TO THE APPRO DEFICIENCY)	LD BE	(X5) COMPLETION DATE
W 149 W 249	on 8/16/16 at 4:10 PM the individual provided broken by staff who is 1:1 supervision is not E14 validated that R1 socks that have holes picked up the loose w classroom in the work E3 validated that Qua is responsible for ensu- in-services provided to 8/9/16. 483.440(d)(1) PROGF As soon as the interdi formulated a client's in each client must recei- treatment program co- interventions and serv- and frequency to supp objectives identified in plan. This STANDARD is m Based on observation review, the facility failed interventions to ensur- occurs for 1 of 1 indivi- known history of inges Findings include: Per Facility Policy #10	r E3, E1 and E14 validated I that when direct vision of d with 1:1 supervision is at arms length, then the maintained. E3, E1 and should not have worn and staff should have ood by the window in R1's shop. lity Assurance Department uring E21 gets the o staff from 8/5/16 through RAM IMPLEMENTATION sciplinary team has ndividual program plan, ve a continuous active nsisting of needed rices in sufficient number oort the achievement of the ot met as evidenced by: n, interview and record ed to implement identified e no foreign body ingestion dual in the sample with sting foreign objects, R1.		249			
		07 (Rev. 1/12) Reporting and s and Allegations of Abuse					

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	-	ID HUMAN SERVICES MEDICAID SERVICES				RINTED: 08/25/2016 FORM APPROVED MB NO. 0938-0391
STATEMENT OF DEFICIENCIES (X1) PROVIDE		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	, <i>i</i>	PLE CONSTRUCTION		3) DATE SURVEY COMPLETED
14G033		14G033	B. WING			C 08/22/2016
NAME OF PI	ROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STA	TE, ZIP CODE	
				114 NORTH ORCHARD DRIV	/E	
ELISABETH LUDEMAN DEV. CTR.				PARK FOREST, IL 60466	i	
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	(EACH CORREC CROSS-REFERENC	PLAN OF CORRECTION TIVE ACTION SHOULD BE CED TO THE APPROPRIATE EFICIENCY)	(X5) COMPLETION DATE
W 249	Continued From page and Neglect, neglect 1 employee or center to or personal care or m consequence, causes emotional distress, or maladaptive behavior person's physical or m person's health or saf possible injury, harm R1 is an individual wit disability and identifie (eating inedibles), pict inedibles) and rectal of 7/11/16 Behavior Inte BIP and 5/5/16 Individ reports "in 9/2015, R1 abdomen for liver eva from the scan were for digestive tract. The for described as buttons object and a ribbon-lif The Inter Disciplinary and decided to increa (LOS) to Visual Obset to 1:1 (one to one) Su he was discovered wi clothes) while on visu (Human Rights Comm it was recommended due to continued atter while on 1:1 supervisi Team Meeting) on 6/2 initiate a gradual redu slightly less restrictive	e 13 "means the failure of an provide adequate medical aintenance, and that as a a person pain, injury, results in either a person's or the deterioration of a nental condition, or places a tety at substantial risk of or death." The profound intellectual d target behaviors of pica a attempts (attempts to eat digging/smearing per the rvention Plan (BIP). R1's dual Support Plan (ISP) had a CT scan of his duation. An incidental finding oreign objects in his reign objects were and a rectangular metallic ke object (not radiopaque). Team (IDT) met on 9/24/15 se his level of supervision rvation. This was increased upervision on 9/30/15 when th pica items (string from al observation. At the HRC nittee) Meeting on 10/19/15, to continue 1:1 supervision mpts being documented on. In an STM (Special 29/16, the IDT decided to oction of R1's LOS to one e than a 1:1. Before this an x-ray was done that	W 24	DE		
	Abdomen X-ray on 8/	-				

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	-	D HUMAN SERVICES MEDICAID SERVICES				FORM): 08/25/2016 APPROVED 0. 0938-0391	
STATEMENT O	DF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING			(X3) DATE SURVEY COMPLETED		
		14G033	B. WING		C 08/22/2016			
NAME OF PROVIDER OR SUPPLIER				STREET ADDRESS, CITY, STA	TE, ZIP CODE			
ELISABETH LUDEMAN DEV. CTR.				114 NORTH ORCHARD DRIN PARK FOREST, IL 60466				
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES / MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	(EACH CORREC CROSS-REFERENC	PLAN OF CORRECTION TIVE ACTION SHOULD BI CED TO THE APPROPRIA EFICIENCY)		(X5) COMPLETION DATE	
W 249	Continued From page	14 dies in the projection of the	W 249					
	abdomen.							
		5/16 findings - suggestive of egion of the ascending						
	Abdomen X-ray on 8/- foreign body left uppe lower quadrant.	4/16 results - metallic r quadrant, zipper in the left						
	metallic density objec small bowel, measurin transversely. Impress foreign body within the Consider ingested raz radiograph demonstra radiopacity projected	ion: 2. Metallic-density e small bowel lumen.						
	"foreign body ingestio 3 buttons and a rectar 9/29/15. A button like Passed a ribbon like o NO BRBPR (bright re							
	Abdomen X-ray on 10 radiopaque foreign bo)/17/15 conclusion - no ody noted.						
	R1's unscheduled hos supervision increase							

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	MENT OF HEALTH AN S FOR MEDICARE & I					FORM): 08/25/2016 APPROVED). 0938-0391
		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	· /		CONSTRUCTION	(X3) DATE COMP	SURVEY LETED
		14G033	B. WING			C 08/22/2016	
NAME OF PI	ROVIDER OR SUPPLIER			S	TREET ADDRESS, CITY, STATE, ZIP CODE	-	
ELISABETH LUDEMAN DEV. CTR.					14 NORTH ORCHARD DRIVE ARK FOREST, IL 60466		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)			x	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD E CROSS-REFERENCED TO THE APPROPRI DEFICIENCY)		(X5) COMPLETION DATE
W 249	and at 12 midnight on hospital with diagnosi The plan of treatment successful expulsion of lightly.' R1 already ha behavior and data sho pica in over 6 months 10/1/15 STM regardin reports "Additional X taken to assess the pr as it moved, and addi subsequently identifie rectum. On 9/29/15 a and performed, during were removed from R listed as stable on 9/3 discharge back to the Per Facility's Reportat of event on 8/4/16, Or ordered x-rays of R1's provider to consider lo supervision. On 8/5/10 had a metallic foreign quadrant of the abdor medical personnel wro transported to local ho x-ray/second opinion. a rounded metallic for the appearance of a m another x-ray to check had no foreign bodies had no pica incident in However, he has had	to local emergency room 9/23/15 admitted into the s of foreign body ingestion. for R1 is to promote the of the object naturally via 'go d a BIP with pica as target ows no incidents of actual ." g R1's post hospitalization rays of R1's abdomen were osition of the foreign body tional foreign bodies were d in the small bowel and colonoscopy was ordered g which the foreign bodies 1's rectum. R1 was then 00/15 and was cleared for facility. ble Event Five Day Review n 8/4/16 medical personnel s stomach from x-ray owering his level of 6 x-ray results exhibited R1 object in the left upper nen (zipper). On 8/5/16 ote orders for R1 to be ospital for another R1's x-ray results displayed eign structure which had netallic coin. On 8/8/16, k, result exhibited that R1 in his abdomen. R1 has n the past six months. multiple pica attempts. ar to be any abuse/neglect	W	249			

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	-	D HUMAN SERVICES MEDICAID SERVICES					FORM): 08/25/2016 APPROVED). 0938-0391	
STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X1) PROVIDER/SUPPLIER/CLIA	. ,	(X2) MULTIPLE CONSTRUCTION A. BUILDING			(X3) DATE SURVEY COMPLETED		
		14G033	B. WING			C 08/22/2016			
NAME OF P	ROVIDER OR SUPPLIER			S	TREET ADDRESS, CITY, STATE, ZIP CODE				
				1'	14 NORTH ORCHARD DRIVE				
ELISABETH LUDEMAN DEV. CTR.				P	ARK FOREST, IL 60466				
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PROVIDER'S PLAN OF CORRECTION PREFIX (EACH CORRECTIVE ACTION SHOULD BE TAG CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)					(X5) COMPLETION DATE	
W 249	Per R1's 8/12/16 Beh supervision meaning length and under the person at all times wh R1 only, including wh bathing and sleeping, and out of home locat environmental sweep minutes and documer sheetsSweeps are of are no inedible object paper, buttons, lint an On 8/15/16 approxima presented documental on 8/5/16 through 8/9 supervision accountal sweeps and accountal sweeps and accountal individuals served. Per Center Director) all fa in-serviced. At 3:00 P from R1's house were contact with individua the facility investigation On 8/16/16 in house of AM through 10:10 AM supervision by E9, Te with E9 and E10 (Tec living/dining area of h within arms length of visual supervision of F observed looking to th R1 was seated facing seated in another cha her knees to the right Approximately at 10:1 E11 (Technician 2) wa	avior Drill, "one-to-one that R1 must be within arms direct vision of an assigned to has sole responsibility for ile (R1) is dressing, tilting, This applies to all in-home tions. Pica Sweeps - s will be done every 30 nted on Pica Sweep done to ensure that there s especially metal objects, d strings from clothing." ately at 12:00 PM, facility tition of in-services provided /16 regarding 1:1 bility form, environmental ability and supervision of er E 1 (Acting Assistant cility staff have been M, E1 validated that 5 staff e re-assigned to jobs without Is in the facility as result of on of the 8/4/16 event of R1. 6 from approximately 9:45 1, R1 was provided the 1:1 chnician 2. Surveyor spoke hincian 3) who were in the ouse 6. E9 was observed R1 but did not provide direct R1 at all times. E9 was ne side of or away from R1. the door and E9 was ir facing the windows with		249					

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	-	D HUMAN SERVICES MEDICAID SERVICES				FORM	2: 08/25/2016 1 APPROVED 2: 0938-0391	
STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		. ,	CONSTRUCTION		(X3) DATE SURVEY COMPLETED			
		14G033	B. WING		_	C 08/22/2016		
NAME OF PI	ROVIDER OR SUPPLIER		ST	TREET ADDRESS, CITY, STA	ATE, ZIP CODE			
ELISABETH LUDEMAN DEV. CTR.				4 NORTH ORCHARD DRI ARK FOREST, IL 6046				
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	(EACH CORREC CROSS-REFEREN	PLAN OF CORRECTION CTIVE ACTION SHOULD BE ICED TO THE APPROPRIA DEFICIENCY)		(X5) COMPLETION DATE	
W 249	noted to have holes a holes. R1 arrived in h- with E9. Surveyor loo left upon entry into the sill had a large missin remaining loose piece noted. Surveyor aske and was able to very jagged piece of wood inches long and abou reported the loose woo validated with surveyo should not have holes E9 to ensure R1 wear stated that those are of E9 did not assist R1 w E4 also validated that loose wood piece unti attention. E4 stated si E13 who was close by be addressed. Technician E12 was in assigned. E12 validat received regarding en E9, E10, E11 all validat received regarding into to every 30 minutes to to be ingested is in the maintaining arms leng supervision. Telephone interviews Habilitation Program of from 3:15 PM through on a 1:1 supervision in night as described in E21 validate that R1 s	nd loose fibers from the ouse 13 and was seated ked at the first window to the e classroom. This window g piece of wood and a e with jagged edge was d E11 about the loose piece easily pull out the loose that measured about 2.5 t 1/2 inch in diameter. E11 od to Instructor E4. E4 or at 10:30 AM that R1 is in his clothes. E4 directed rs socks without holes. E9 one of R1's best socks and with dressing this morning. Is he was unaware of the il surveyor brought it to her he called Head Engineer y and saw the issue that will in the classroom where R1 is ed that in-service was wironmental sweeps. E4, ated that in-services were crease environmental sweep o ensure no potential items e environment and	W 249					

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	-	ID HUMAN SERVICES MEDICAID SERVICES				FORM	08/25/2016 APPROVED 0938-0391	
STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING			(X3) DATE SURVEY COMPLETED			
		14G033	B. WING		C 08/22/20			
NAME OF PROVIDER OR SUPPLIER			S	TREET ADDRESS, CITY, STATE, Z	ZIP CODE			
ELISABETH LUDEMAN DEV. CTR.				14 NORTH ORCHARD DRIVE ARK FOREST, IL 60466				
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	(EACH CORRECTIVE CROSS-REFERENCED	NOF CORRECTION ACTION SHOULD BE TO THE APPROPRIATE IENCY)	E	(X5) COMPLETION DATE	
W 249	1:1 staff breaks direct supervision is not pro- validated that R1 doe- ingesting wood but the window in R1's works been picked up by sta- environmental sweep for vacation on 8/4/16 not been notified of ne- training. At Daily Status Meetin Acting Assistant Cent Residential Services I 8/15/16 at 3:30 PM th E18 and E19) were re- without contact with ir investigation of the 8/- through E19 were the provide 1:1 supervision Acting Center Directo on 8/16/16 at 4:10 PM the individual provided broken by staff who is 1:1 supervision is not E14 validated that R1 socks that have holes picked up the loose w classroom in the work E3 validated that Qua- is responsible for ensi	t visual of R1 then R1's 1:1 wided. E20 and E21 is not have a history of e loose wood piece by the shop classroom should have aff who performed b. E21 validated that he left 5 through 8/15/16 and 8/16/16, eed to attend in-service and so 8/15/16 and 8/16/16, the Director E1 and Director E14 validated on that five staff (E15, E16, E17, e-assigned to facility jobs individuals as a result of their 4/16 event of R1 (E15 e last five staff assigned to for to R1's x-ray on 8/4/16). For E3, E1 and E14 validated A that when direct vision of d with 1:1 supervision is a at arms length, then the maintained. E3, E1 and I should not have worn a and staff should have yood by the window in R1's schop.	W 249					

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