DEPART	MENT OF HEALTH	AND HUMAN SERVICES				APPROVED
CENTER	RS FOR MEDICARE	& MEDICAID SERVICES			OMB NO	. 0938-0391
STATEMENT OF DEFICIENCIES       (X1) PROVIDER/SUPPLIER/CLIA         AND PLAN OF CORRECTION       IDENTIFICATION NUMBER:		• •	TIPLE CONSTRUCTION		E SURVEY IPLETED	
	14G091		B. WING _		09,	/23/2015
NAME OF F	PROVIDER OR SUPPLIER	•		STREET ADDRESS, CITY, STATE, ZIP CODE		
MILESTONE - ELMWOOD EAST				2642 ELMWOOD ROAD ROCKFORD, IL 61103		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)			PROVIDER'S PLAN OF CORREC (EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APPI DEFICIENCY)	ULD BE	(X5) COMPLETION DATE
W 000	INITIAL COMMEN	rs	W 00	00		
	Annual Certification	n - Fundamental				
W 249	Inspection of Care 483.440(d)(1) PROGRAM IMPLEMENTATION			49		
	As soon as the interdisciplinary team has formulated a client's individual program plan, each client must receive a continuous active treatment program consisting of needed interventions and services in sufficient number and frequency to support the achievement of the objectives identified in the individual program plan.					
	Based on observation interview the facility sample clients, R4, when he would disp	s not met as evidenced by: tions, record review and a failed to ensure that 1 of 4 receive needed interventions blay self injurious behaviors.				
	dated 6-3-15, R4 is	dividual service plan, (ISP), a 22 year old man who has al disabilities. R4's diagnosis n.				
	2:50pm R4 hit hims	servations on 9-21-15, at self in the head 3 times. Home proached R4 after the third ed hitting himself.				
	times while he stoo the back living roon	elf in the head a total of 11 d in the hallway adjacent to n area. Direct Support Person				
LABORATORY	URECTOR'S OR PROVID	DER/SUPPLIER REPRESENTATIVE'S SIGI	NATURE	TITLE		(X6) DATE

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

PRINTED: 10/01/2015

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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION       (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:       (X2) MULTIPLE CONSTRUCTION A. BUILDING       (X3) DATE SURVEY COMPLETED         NAME OF PROVIDER OR SUPPLIER       14G091       B. WING       09/23/2015         NAME OF PROVIDER OR SUPPLIER       STREET ADDRESS, CITY, STATE, ZIP CODE       2642 ELMWOOD ROAD ROCKFORD, IL 61103       09/23/2015         (X4) ID PREFX TAG       SUMMARY STATEMENT OF DEFICIENCIES (EACH ODERCENT EACTION SHOULD BE SUMMARY STATEMENT OF DEFICIENCIES (EACH ODERCENT EACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)       ID PREFX TAG       PROVIDER'S PLAN OF CORRECTION (EACH ODRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)       (x5) COMPLETE DATE         W 249       Continued From page 1 E5 was working with a group of clients doing art work at the table in the living room and QIDP E2 was standing in the doorway at the end of the hall watching a client return from the neighboring facility. Nobody responded or intervened while R4 hit himself.       W 249       W 249         At 3:15pm R4 hit himself in the head 2 times while sitting on the sofa in the living room. E5 was still working with the clients at the table doing an art project. E5 said nothing to R4.       W 249       Image: State Action State Ac			AND HUMAN SERVICES			FORM	: 10/01/2015 APPROVED : 0938-0391
NAME OF PROVIDER OR SUPPLIER       STREET ADDRESS, CITY, STATE, ZIP CODE         MILESTONE - ELMWOOD EAST       2642 ELMWOOD ROAD ROCKFORD, IL 61103         (X4) ID PREFIX TAG       SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)       ID PREFIX TAG       PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)       COMPLETM (EACH CORRECTIVE ACTION SHOULD ACTION SHOULD ACTION SHOULD ACTION SHOULD ACTI	STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA		· ,	IPLE CONSTRUCTION	(X3) DATE	(X3) DATE SURVEY	
MILESTONE - ELMWOOD EAST       2642 ELMWOOD ROAD ROCKFORD, IL 61103         Image: Construct of the construction of the			14G091	B. WING		09/:	23/2015
MILESTONE - ELMWOOD EAST       ROCKFORD, IL 61103         (X4) ID PREFIX TAG       SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)       ID PREFIX TAG       PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)       COMPLETM DATE         W 249       Continued From page 1 E5 was working with a group of clients doing art work at the table in the living room and QIDP E2 was standing in the doorway at the end of the hall watching a client return from the neighboring facility. Nobody responded or intervened while R4 hit himself.       W 249         At 3:15pm R4 hit himself in the head 2 times while sitting on the sofa in the living room. E5 was still working with the clients at the table doing an art project. E5 said nothing to R4.       H	NAME OF F	PROVIDER OR SUPPLIER					
PREFIX TAG       (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)       PREFIX TAG       (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)       COMPLETM DATE         W 249       Continued From page 1 E5 was working with a group of clients doing art work at the table in the living room and QIDP E2 was standing in the doorway at the end of the hall watching a client return from the neighboring facility. Nobody responded or intervened while R4 hit himself.       W 249         At 3:15pm R4 hit himself in the head 2 times while sitting on the sofa in the living room. E5 was still working with the clients at the table doing an art project. E5 said nothing to R4.       H 249	MILESTONE - ELMWOOD EAST						
E5 was working with a group of clients doing art work at the table in the living room and QIDP E2 was standing in the doorway at the end of the hall watching a client return from the neighboring facility. Nobody responded or intervened while R4 hit himself. At 3:15pm R4 hit himself in the head 2 times while sitting on the sofa in the living room. E5 was still working with the clients at the table doing an art project. E5 said nothing to R4.	PRÉFIX	(EACH DEFICIENCY	Y MUST BE PRECEDED BY FULL	PREFIX	(EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPROF	D BE	COMPLETION
At 3:20pm R4 hit his head 2 times. E5 and E2 were both in the room again and nobody said anything to R4. R4 then hit his head a third time and E2 approached R4 and said "nice hands" and he quit hitting himself at that point. According to R4's Behavior Development Program dated 7-1-15, it states that if R4 exhibits self injurious behavior, sometimes it means that he is in physical pain and staff should contact the nurse. It notes that sometimes R4 hits himself not to cause injury but for self stimulation purposes. But it also goes on to state that if R4 is hitting himself forcefully place a pillow between his hand and the body part that he is hitting. It also states that he should be given something to keep his hands occupied. R4 was given various toys throughout the evening which varied in their success at keeping his hands occupied. During the aforementioned incidents none of the interventions mentioned in his program were implemented. During an interview on 9-22-15 at 4:20pm Administrator E1 reviewed R4's behaviors and noted that sometimes his hitting himself was not to injure himself. E1 agreed with this surveyor	W 249	E5 was working wit work at the table in was standing in the watching a client re facility. Nobody res R4 hit himself. At 3:15pm R4 hit hi while sitting on the was still working wi an art project. E5 s At 3:20pm R4 hit hi were both in the roo anything to R4. R4 and E2 approached he quit hitting himse According to R4's E Program dated 7-1 self injurious behav he is in physical pai nurse. It notes that not to cause injury I purposes. But it als hitting himself force his hand and the bo also states that he success at keeping the aforementioned interventions menti- implemented. During an interview Administrator E1 re noted that sometim	h a group of clients doing art the living room and QIDP E2 doorway at the end of the hall turn from the neighboring sponded or intervened while inself in the head 2 times sofa in the living room. E5 th the clients at the table doing said nothing to R4. is head 2 times. E5 and E2 om again and nobody said then hit his head a third time d R4 and said "nice hands" and elf at that point. Behavior Development -15, it states that if R4 exhibits rior, sometimes it means that in and staff should contact the t sometimes R4 hits himself but for self stimulation so goes on to state that if R4 is efully place a pillow between ody part that he is hitting. It should be given something to cupied. R4 was given various e evening which varied in their his hands occupied. During d incidents none of the oned in his program were				

If continuation sheet Page 2 of 5

AND PLAN OF CORRECTION IDENTIFICATION NUMBER:			IPLE CONSTRUCTION	(X3) DA	X3) DATE SURVEY COMPLETED			
		B. WING		00	09/23/2015			
NAME OF F	PROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZIP CODE	03	/23/2013		
MILESTONE - ELMWOOD EAST				2642 ELMWOOD ROAD ROCKFORD, IL 61103				
(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) COMPLETIO DATE		
W 249	Continued From pa	age 2 ntervention should have been	W 24	49				
W 263	implemented when	R4 was hitting himself. ROGRAM MONITORING &	W 26	63				
	are conducted only	ould insure that these programs with the written informed nt, parents (if the client is a rdian.						
	Based on record re failed to insure prop	is not met as evidenced by: eview and interview the facility grams were conducted only ent for 1 of 4 sample clients,						
	Findings include:							
	dated 4-2-15, R3 is	dividual service plan, (ISP), a 78 year old woman who ectual disability. R3's diagnosis ar Disorder.						
	was a consent forn	R3's consent records there n in place dated 5-27-14 but more current consent						
W 369	Administrator E1 sa consents, but R3's and R3's consents forms had not beer	v on 9-23-15 at 2:40pm aid that they had sent off R3's guardian had moved to Florida went under the radar. The n received back in time. IG ADMINISTRATION	W 36	59				
		g administration must assure						

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DEPARTMENT OF HEALTH AND HUMAN SERVICES						FORM APPROVED		
CENTERS FOR MEDICARE & MEDICAID SERVICES STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA							0938-0391	
STATEMENT OF DEFICIENCIES       (X1) PROVIDER/SUPPLIER/CLIA         AND PLAN OF CORRECTION       IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING			(X3) DATE SURVEY COMPLETED			
		14G091	B. WING		TREET ADDRESS, CITY, STATE, ZIP CODE	09/2	23/2015	
NAME OF F	PROVIDER OR SUPPLIER				642 ELMWOOD ROAD			
MILESTO	ONE - ELMWOOD EAS	ST			CCKFORD, IL 61103			
(X4) ID		TEMENT OF DEFICIENCIES	ID		PROVIDER'S PLAN OF CORRECTIO		(X5)	
PREFIX TAG		' MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	PREFIX TAG	X	(EACH CORRECTIVE ACTION SHOULE CROSS-REFERENCED TO THE APPROP		COMPLÉTION DATE	
					DEFICIENCY)			
W 369	Continued From no	ao 0	W o	~~~				
VV 309	Continued From pa	ge 3 are administered without error.	W 3	69				
	sen-auministereu, a							
		s not met as evidenced by: ions, record review and						
	interview the facility	failed to ensure that all drugs						
		without error for 1 of 4 sample						
	clients, R1.							
	Findings include:							
		lividual service plan, (ISP),						
		is a 26 year old man who Jal disability. R1's diagnosis						
	also includes autisn	, .						
	Durina evenina me	dication, (med), pass						
		21-15, at 3:25pm R1 was given						
		uded Gas Ex. At 5:20pm R1						
	sat down and ate hi	is evening meai.						
		R1's Physicians Order Sheets						
		ates that R1 is to receive his						
	Gas Ex with his me	ai, one each meal.						
		on 9-22-15 at 4:20pm						
		viewed the information about this surveyor and said she						
	understood.	ins surveyor and sald she						
W 440	483.470(i)(1) EVAC	UATION DRILLS	W 4	40				
	The facility must be	ld evacuation drills at least						
	quarterly for each s							
	This STANDARD is	s not met as evidenced by:						
	Based on record re	eview and interview the facility						
		t drills were held at least						

If continuation sheet Page 4 of 5

PRINTED: 10/01/2015

STATEMENT OF DEFICENCIES       (X1) PROVIDERSUPPLIER (ALL DIAL TIPLE CONSTRUCTION       (X2) MULTIPLE CONSTRUCTION         AND PLAN OF CORRECTION       14G091       (X2) MULTIPLE CONSTRUCTION       (X3) DOTE SUPPLY         MALE OF PROVIDER OR SUPPLIER       3TREET ADDRESS, CITY, STATE JP CODE       2842 ELWWOOD ROAD         MLESTONE - ELMWOOD EAST       STIMELER ADDRESS, CITY, STATE JP CODE       2842 ELWWOOD ROAD         (CAU) DEFICIENCY MUST BE PRECEDED BY FULL       PRETX       CROSS HEREIN OF CORRECTION SHOLD BE CONSENT TAG         (CAU) DEFICIENCY MUST BE PRECEDED BY FULL       PRETX       CROSS HEREIN OF CORRECTION SHOLD BE CORRECTION TAG       COMERTION SHOLD BE CORRECTION TAG       DEFICIENCY         W 440       Continued From page 4 quarterity for 4 of 4 s a sample clients, (R'S 1 + 2, 3 & 1 4) and for 8 clients outside the sample, (R'S 5 thru 1/2) .       W 440         Findings include:       According to the undated Facility Data Sheet supplied by the home, R'S 1, 5 & 11 have smild intellectual disabilities. R'S 2, 3, 6, 7 & 12 have severe intellectual disabilities. Shift sins), but none of them were complete. None of the 4 contained any list of staff or clients who had participated. None had signatures or additional information written on them, (dates, shift, times), but none of them were complete. None of the 4 contained any list of third shift. Without these drills the facility was missing nece			AND HUMAN SERVICES			FORM	10/01/2015 APPROVED 0938-0391
NAME OF PROVIDER OR SUPPLIER     STREET ADDRESS. CITY. STATE, ZIP CODE       MILESTONE - ELMWOOD EAST     2842 ELMWOOD ROAD ROCKFORD, IL 61103       (M_ID PREFX TAG     SUMMARY STATEMENT OF DEFICIENCIES (EACH OFRICENCY MUST BE PRECEDED BY FULL (EACH OFRICENCY MUST BE PRECEDED BY FULL (EACH OFRICENCY AUGTORY OR LSC DENTIFYING INFORMATION)     PROVIDER'S PLAN OF CORRECTION (EACH OFRICENCY AUGTORY OR LSC DENTIFYING INFORMATION)       W 440     Continued From page 4 quarterly for 4 of 4 sample clients, (R's 1, 2, 3 & 4) and for 8 clients outside the sample, (R's 5 thru 12) .     W 440       Findings include:     According to the undated Facility Data Sheet supplied by the home; R's 1, 5 & 11 have mild intellectual disabilities.     W 440       During a review of evacuation drills over the past year, 4 of them had some information written on them, (dates, shifts, times), but none of the any ising necessary drills to cover the drill and signatures or additional information on them. Three were disaster drills dated; 1-5-15, 1-10-15 for third shift. Without these drills the facility was missing necessary drills to cover the drill requirements. One quarter would be missing a fire drill for third shift. And they would be missing a fire drill for third shift. And they would be missing a fire drills thift disaster drills and both first shift disaster drills.       During an interview on 9-21-15 at 5:40pm QIDP E2 reviewed the drills with this surveyor and acknowledged that the information noted above	STATEMENT	STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA			E CONSTRUCTION	(X3) DATE SURVEY	
MILESTONE - ELMWOOD EAST         2642 ELMWOOD ROAD ROCKFORD, LL 61103           PHERN TAG         SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)         ID PREFX TAG         PROVIDENS FUNNOF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)         OWFLETION DATE           W 440         Continued From page 4 quarterly for 4 of 4 sample clients, (R's 1, 2, 3 & 4) and for 8 clients outside the sample, (R's 5 thru 12) .         W 440         W 440           Findings include:         According to the undated Facility Data Sheet supplied by the home; R's 1, 5 & 11 have mild intellectual disabilities.         W 440         W 440           During a review of evacuation drills over the past year, 4 of them had some information written on them, (dates, shifts, times), but none of the 4 ordationed any list of staff or clients who had participated. None had signatures or additional information on them. Three were disaster drills dated: 1-5-15, 1-10-15 & 4-3-15. And one was a fire drill dated 5-6-15 for third shift. And new yould be missing a fire drill for third shift. And they would be missing one of the third shift. And they would be missing a fire drills chift disaster drills and both first shift disaster drills.           During an interview on 9-21-15 at 5:40pm QIDP E2 reviewed that the information not above			14G091	B. WING	 	09/23/2015	
MLESTONE - ELWOOD EAST       POCKFORD, IL 61103         (P4) ID PHEFIX TAG       ISUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)       ID PREFIX TAG       PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)       D PMEFIX TAG       PREFIX (EACH ORRECTION CROSS REFERENCED TO THE APPROPRIATE DEFICIENCY)       COMMETION DATE         W 440       Continued From page 4 quarterly for 4 of 4 sample clients, (R's 1, 2, 3 & 4) and for 8 clients outside the sample, (R's 5 thru 12) .       W 440       W 440         Findings include:       According to the undated Facility Data Sheet supplied by the home; R's 1, 5 & 11 have mild intellectual disabilities and R's 4, 8, 9 & 10 have profound intellectual disabilities.       W 440         During a review of evacuation drills over the past year, 4 of them had some information written on them, (dates, shifts, times), but none of them were complete. None of the 4 contained any list of staff or clients who had participated. None had signatures or additional information on them. Three were disaster drills dated 5:6-15 for third shift. Without these drills the facility was missing necessary drills to cover the drill requirements. One quarter would be missing one of the third shift. And they would be missing one of the third shift. And they would be missing one of the third shift. And they would be missing one of the third shift. And they would be missing one of the third shift. And they would be missing one of the third shift. And they would be missing one of the third shift. And they would be missing one of the third shift. And they would be missing one of the third shift. And they would be missing one of the third shift. And they wou	NAME OF F	PROVIDER OR SUPPLIER					
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quarterly for 4 of 4 sample clients, (R's 1, 2, 3 & 4) and for 8 clients outside the sample, (R's 5 thru 12).         Findings include:         According to the undated Facility Data Sheet supplied by the home; R's 1, 5 & 11 have mild intellectual disabilities.         During a review of evacuation drills over the past year, 4 of them had some information written on them, (dates, shifts, times), but none of them were complete. None of the 4 contained any list of staff or clients who had participated. None had signatures or additional information on them. Three were disaster drills dated; 1-5-15, 1-10-15 & 4-3-15. And one was a fire drill date 56-15 for third shift. Without these drills the facility was missing necessary drills to cover the drill requirements. One quarter would be missing a fire drill for third shift. And they would be missing one of the third shift. And they would be missing one of the third shift. And they would be missing a fire drills.         During an interview on 9-21-15 at 5:40pm QIDP E2 reviewed the drills with this surveyor and acknowledged that the information noted above	PRÉFIX	(EACH DEFICIENCY	Y MUST BE PRECEDED BY FULL	PREFI	(EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROP	) BE	COMPLETION
		Continued From pa quarterly for 4 of 4 s 4) and for 8 clients 12) . Findings include: According to the un supplied by the hom intellectual disabiliti severe intellectual of have profound intel During a review of 6 year, 4 of them had them, (dates, shifts were complete. No of staff or clients wh signatures or additi Three were disaste & 4-3-15. And one for third shift. With missing necessary requirements. One fire drill for third shi one of the third shif shift disaster drills. During an interview E2 reviewed the dri acknowledged that	age 4 sample clients, (R's 1, 2, 3 & outside the sample, (R's 5 thru hdated Facility Data Sheet ne; R's 1, 5 & 11 have mild es. R's 2, 3, 6, 7 & 12 have disabilities and R's 4, 8, 9 & 10 lectual disabilities. evacuation drills over the past d some information written on , times), but none of them one of the 4 contained any list ho had participated. None had onal information on them. or drills dated; 1-5-15, 1-10-15 was a fire drill dated 5-6-15 out these drills the facility was drills to cover the drill e quarter would be missing a ft. And they would be missing t disaster drills and both first	1			

Facility ID: IL6006159

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