STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	14G080	A. BUILDING _____ B. WING _____	10/13/2011

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SEARLES GROUP HOME	3310 SEARLES AVENUE ROCKFORD, IL 61101

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
W 000	INITIAL COMMENTS Annual Certification - Fundamental Annual Licensure Inspection of Care Complaint #1112966 / IL 54636	W 000		
W 227	483.440(c)(4) INDIVIDUAL PROGRAM PLAN The individual program plan states the specific objectives necessary to meet the client's needs, as identified by the comprehensive assessment required by paragraph (c)(3) of this section. This STANDARD is not met as evidenced by: Based on observation, record review, and interview the facility failed to ensure for one of one in the sample R3 that specific objectives of an incontinence program were identified to meet her needs. Findings include: Per record review of the Individual Service Plan dated 6-15-11, R3 is a 40 year old female who is ambulatory. R3 function in the Profound Range of Mental Retardation. R3's diagnoses includes Cerebral Palsy and Seizure Disorder. During observations on 10-12-11 at 6:30 A.M. R3 was observed getting ready to take a shower next to her bedroom. R5 had a disposable undergarment that was incontinent of urine. R5's bed was in the process of being changed since it had urine.	W 227		

LABORATORY DIRECTOR'S OR PROVIDER/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.

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W 227	Continued From page 1 Per record review of the Psychological Consultation dated 1-20-11 is written R3 is given a chuck at bedtime and is toileted regularly. Per record review of the Individual Service Plan dated 6-15-11 is written R3 is toileted every hour and receives a small edible for bowel movements in the toilet. R3 toilets independently during awake hours and when prompted. R3 is incontinent at night. She sleeps on a Chux and does not wear a disposable. The nighttime incontinence procedure is through the use of Chux R3 will be allowed to sleep through the night as long as skin integrity remains good. Per record review of the Continence Structured Program dated 2-22-11 states that R3 will continue to wear an adult disposable undergarment at night. Before R3 goes to bed PM staff will have her use the toilet then if needed assist R3 in putting on an adult disposable undergarment to wear throughout the night. Per record review of the Resident Assistance / Supervision procedures dated 7-15-11 is as follows: R3 sleeps on a Chux pad at night. The interdisciplinary team is thinking that allowing R3 to sleep though out the night and not get her up for toileting, has a positive effect on her overall mood. Prior to going to bed PM staff will prompt R3 to use the bathroom before getting into bed. Staff will make sure the Chux pads are in place. If R3 is having a hard time to controlling her bowels for the day, she will wear a disposable undergarment to bed.	W 227		

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W 227	Continued From page 2 According to an interview with E2 Resident Service Director and E12 Resident Service Director on 10-12-11 at 12:05 P.M. when asked when is R3 given a disposable undergarment, E2 replied right before bed. When this surveyor showed the documentation in the Individual Service Plan stating R3 does not wear a disposable garment E12 stated I should have caught that and I will have to fix that. Per interview with E13 Direct Service Provider on 10-13-11 at 8:15 A.M. when asked if R3 wears an undergarment, E13 stated that R3 does not. When asked what is your shift mainly E12 stated that she works usually five night shifts per week.	W 227		
W 484	483.480(d)(3) DINING AREAS AND SERVICE The facility must equip areas with tables, chairs, eating utensils, and dishes designed to meet the developmental needs of each client. This STANDARD is not met as evidenced by: Based on observation, record review, and interview the facility failed to ensure for 2 of 2 outside the sample R5 and R6 that eating utensils and dishes designed to meet the developmental needs of each client were available. Findings include: Per record review of the Individual Service Plan dated 4-6-11, R5 is a 33 year old male who is ambulatory with a reverse walker. R5 functions in the Profound Range of Mental Retardation. R5's diagnoses includes Seizure Disorder and	W 484		

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W 484	Continued From page 3 Deletion Syndrome. Per record review of the Face Sheet dated 8-11-11, R6 is 68 year old female who ambulates with a gait belt. R6 functions in the Profound Range of Mental Retardation. R6's list of diagnoses includes Cerebral Palsy and Hyperthyroidism. During observations on 10-11-11 at the facility during the evening meal at 5:30 P.M. R5 was observed to have only an adaptive spoon. R5 was observed to have a regular knife and fork. R6 was observed to have a plate with a raised edge. During observations on 10-11-11 at the facility day training at 11:40 A.M. R6 was observed to dine with a regular paper plate. R6 was observed eating her mechanical soft ham sandwich and using her fingers as an edge of the plate to assist her with her spoon. Per record review of the Individual Service Plan dated 4-6-11 for R5 states he needs and uses the following adaptive equipment posterior walker, wheelchair, earplugs utensils and a trisection plate. R5 needs adaptive equipment dishes, silverware and a mat under his plate. Per interview with E9 (Team Leader) on 10-11-11 at 5:45 P.M. when asked if R5 has an adaptive fork or knife E9 stated that yes he does have a piece that slides onto his fork and knife. E9 stated that she could get that for him. When asked if R6 eats with a raised edge plate, E9 stated yes she does.	W 484		

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W 484	Continued From page 4 Per interview with E12 (Resident Service Director) on 10-12-11 at 12:30 P.M. when asked if R6 eats with a raised edge plate, E12 stated that she does.	W 484		