PRINTED: 12/06/2013 FORM APPROVED OMB NO. 0938-0391

	OF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	l ` ′		NSTRUCTION	(X3) DATE COMF	SURVEY PLETED
		14G207	B. WING _				C <b>22/2013</b>
	ROVIDER OR SUPPLIER  DESTATES	•		1577	ET ADDRESS, CITY, STATE, ZIP CODE EAST MYRTLE, P.O. BOX 232 TON, IL 61520	•	
(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 CORRECTION (EACH CORRECTIVE ACTION SHOULD B CROSS-REFERENCED TO THE APPROPRI DEFICIENCY)		(X5) COMPLETION DATE
W 000	INITIAL COMMENTS	3	W	000			
W 149	The facility must devipolicies and procedumistreatment, neglect This STANDARD is Based on interview failed to develop a pitransactions between failed to implement for Maltreatment, Al And Complaint Rescindividuals in the fact Findings Include:  1) A facility expense check written from the total of \$889.28. "Written To" it states expense sheet dated.	relop and implement written ares that prohibit et or abuse of the client.  not met as evidenced by: and record review, the facility olicy regarding financial in staff and residents, and acility policy "Facility System buse, Neglect, Exploitation olition" for 16 of 16 ility. (R1-R16)  e sheet dated 8/9/13 shows a ne 16 residents accounts for Under the section titled E1 [Administrator]. A facility if 9/04/13 shows a check esidents accounts for the en to E1.  ws:	W	149			
LADORATORY	R3-8/9/13=\$55.33, 9 R4-8/9/13=\$198.95, R5-8/9/13=\$41.20, 9 R6-8/9/13=\$31.78, 9 R7-8/9/13=\$34.73, 9	9/4/13=\$22.37 9/4/13=\$28.25 9/4/13=\$31.49 9/4/13=\$75.35	DE		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

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.

Facility ID: IL6011787

	DF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		PLE CONSTRUCTION  IG	(X3	O DATE SURVEY COMPLETED
		14G207	B. WING _			C 11/22/2013
	RALD ESTATES  SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)  149 Continued From page 1 R8-8/9/13=\$61.21, 9/4/13=\$31.79 R9-8/9/13=\$34.73, 9/4/13=\$28.25		STREET ADDRESS, CITY, STATE, ZIP CODE 1577 EAST MYRTLE, P.O. BOX 232 CANTON, IL 61520		11122/2010	
(X4) ID PREFIX TAG	(EACH DEFICIEN	CY MUST BE PRECEDED BY FULL	ID PREFIX TAG	PROVIDER'S PLAN OF CORR (EACH CORRECTIVE ACTION SI CROSS-REFERENCED TO THE AP DEFICIENCY)	HOULD BE	(X5) COMPLETION DATE
W 149	R8-8/9/13=\$61.21, R9-8/9/13=\$34.73, R10-8/9/13=\$43.56, R12-8/9/13=\$43.56, R12-8/9/13=\$46.50, R14-8/9/13=\$17.87, R16-8/9/13=\$17.87, R16-8/9/13=\$31.78, The money was spellunch boxes, coin pure and other type of period of the per	9/4/13=\$31.79 9/4/13=\$14.13 9/4/13=\$14.13 9/4/13=\$31.79 9/4/13=\$20.01 7, 9/4/13=\$0 9/4/13=\$15.37 9/4/13=\$75.35  Int on items such as purses, urses, wristlets, duffle bags resonal items.  The sestional of the start of at R6, R13, and R16 function in ellectual Disability, R3, in in the Severe range of r2, and R14 functions in the	W 1	49		

	DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1 ' '	PLE CONSTRUCTION  IG	' '	DATE SURVEY COMPLETED
		14G207	B. WING			C
	(EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)  1/ 149  Continued From page 2  Facility policys were reviewed. E2 provided a policy titled "Resident Funds" which was undated. It does not contain direction regarding financial transactions between staff and residents. E2 was interviewed on 11/19/13 at 3:20pm. When		STREET ADDRESS, CITY, STATE, ZIP CODE 1577 EAST MYRTLE, P.O. BOX 232 CANTON, IL 61520	<u> </u>	11/22/2013	
(X4) ID PREFIX TAG	(EACH DEFICIEN	CY MUST BE PRECEDED BY FULL	ID PREFIX TAG	PROVIDER'S PLAN OF CORR (EACH CORRECTIVE ACTION SI CROSS-REFERENCED TO THE AF DEFICIENCY)	HOULD BE	(X5) COMPLETION DATE
W 149	Facility policys were policy titled "Resider It does not contain of transactions betwee was interviewed on asked if the policy tit only policy regarding yes. When asked if regarding financial tresidents, E2 stated 11/19/13 at 10:15am staff who are or have transactions betwee stated yes. When as R4 was interviewed undated facility roste the level of Moderate stated during intervie CD bag and purse. It these items. R4 state asked if it came from R4 was asked if she and picked the color R4 stated, "No, [E1] R5 was interviewed undated facility roste the level of Moderate was asked if he got add and uses it for him R5 was asked who pusted, "[E1] did." R5 bag, R5 stated, "No, his bag was a gift, R5 bag was a gift, R6 bag was a gift was a gift was a gift was a gift was	reviewed. E2 provided a at Funds" which was undated. irection regarding financial in staff and residents. E2 11/19/13 at 3:20pm. When led Resident Funds was the president funds, E2 stated the facility has a policy ansactions between staff and no. E2 was interviewed on a when asked if there is any been engaged in financial in staff and residents, E2 sked who, E2 stated E1.  On 11/19/13 at 1142am. An ear indicates R4 functions at the Intellectual Disability. R4 the was asked if she bought the d, "No, [E1] did." R4 was in her money, R4 stated, "Yes" of she went through a catalog is and styles of the new items. did."  On 11/19/13 at 1150am. An ear indicates R5 functions at the Intellectual Disability. R5 and styles of the new items. did."  On 11/19/13 at 1150am. An ear indicates R5 functions at the Intellectual Disability. R5 an ew bag. R5 stated that he is basketball stuff.	W 1	49		

PRINTED: 12/06/2013 FORM APPROVED OMB NO. 0938-0391 (X3) DATE SURVEY

	DF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1 ' '		CONSTRUCTION	(X3) DATE COMP	SURVEY LETED
		14G207	B. WING				22/2013
	ROVIDER OR SUPPLIER			1	TREET ADDRESS, CITY, STATE, ZIP CODE  577 EAST MYRTLE, P.O. BOX 232  CANTON, IL 61520	111/2	22/2013
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFI TAG	x	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD B CROSS-REFERENCED TO THE APPROPRIA DEFICIENCY)		(X5) COMPLETION DATE
W 149	according to an undarshe received a new be proceeded to her room brown and white bag on the front.  R13 was asked if she stated yes. R13 was a out. R13 said no, E1 Residential Service DE2, RSD, was intervise E2 was asked if 16 received items from the \$889.28. E2 stated yes E2 was asked if 15 of items from E1 in Sept Undated facility policy Maltreatment, Abuse, Complaint Resolution "Any act of forcing, coindividual to perform sof another, with or with improper use of an in assets without inform person's money for powas intended to be us monetary, personal, coprofit for the perpetral loss by the individual.  Although facility policy Maltreatment, Abuse, Complaint Resolution for "Exploitation" invo	of Mild Intellectual Disability ted roster. R13 was asked if ag. R13 stated yes and m to get the bag. R13 had a with an embroidered initial asked if she picked the bag (Administrator) and E2, birector (RSD) did.  Bewed on 11/22/13 at 918am. Esidents from the facility the August order totaling es.  If 16 residents purchased tember. E2 stated yes.  If titled "Facility System For Neglect, Exploitation" as ompelling, or coercing an eservices for the advantage thout injury. Illegal or dividual's funds, property, or ed consent or using another urposes other than what it sed, and resulting in or other benefit, gain, or tor; or monetary or personal "  If y "Facility System For Neglect, Exploitation And "recognizes the potential"	W	1149			

	OF DEFICIENCIES F CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULT A. BUILDII	TIPLE CONSTR	UCTION	COM	E SURVEY PLETED
		14G207	B. WING _			- 1	C / <b>22/2013</b>
	IAME OF PROVIDER OR SUPPLIER  EMERALD ESTATES  (X4) ID SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)  W 149 Continued From page 4 which governs financial transactions between staff and residents.  2) A document titled "Notes Regarding [E5,	•	1577 EAST	DDRESS, CITY, STATE, ZIP CODE  F MYRTLE, P.O. BOX 232  , IL 61520			
PRÉFIX	(EACH DEFICIEN	CY MUST BE PRECEDED BY FULL	ID PREFII TAG		PROVIDER'S PLAN OF CORRECTIC (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROP DEFICIENCY)	) BE	(X5) COMPLETION DATE
W 149	which governs finantstaff and residents.  2) A document titled previous direct care 9/13/13 states, E5 "a felt that the residents spent extra money corder type speciality "called the RSD [E2] this situation." It conthat the checks (inclipersonally ordered) Administrator [E1]." Regarding [E5] Coma section "In conclus conclusions. It is signor a signature for Eigen Maltreatment, A And Complaint Rescurs "Exploitation" as "An or coercing an indivite advantage of an Illegal or improper uproperty, or assets wusing another personal loss by the Under the section tit it states, "In the even management level, the section states in the section tit it states, "In the even management level, the section states is the section tit it states, "In the even management level, the section states is the section tit it states, "In the even management level, the section states is the section tit it states, "In the even management level, the section states is the section tit it states, "In the even management level, the section states is the section tit it states, "In the even management level, the section states is the section tit it states, "In the even management level, the section states is the section tit."	d "Notes Regarding [E5, staff] Complaint" dated an employee at [the facility], at the facility shouldn't have on a purchase from [the mail company]." It continues, E5 on 9/12/13 very angry about nitinues, "She was also upset uding what the staff were made out to the The document titled Notes aplaint dated 9/13/13 contains sion" which lists 8 gned by E1 and has a space 2.  Policy titled "Facility System buse, Neglect, Exploitation plution" defines by act of forcing, compelling, dual to perform services for other, with or without injury, see of an individual's funds, without informed consent or in's money for purposes other anded to be used, and by, personal, or other benefit, perpetrator; or monetary or	W -	149			

	DF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1 ' '		E CONSTRUCTION	(X3) DATE COMP	SURVEY LETED
		14G207	B. WING			l	22/2013
	ROVIDER OR SUPPLIER  PESTATES			1	STREET ADDRESS, CITY, STATE, ZIP CODE 577 EAST MYRTLE, P.O. BOX 232 CANTON, IL 61520		
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y 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 APPROPRIA DEFICIENCY)		(X5) COMPLETION DATE
W 149	When asked who the gave two names one asked if either of the callegation against E1 that they were aware the facility.  E3 [Chief Executive Conterviewed by phone When asked if he was financial exploitation of that he thought E1 no he conducted the inverse E3 stated "I personall is another partner that CEO. E3 stated that conduct an investigation of the facility System For M Neglect, Exploitation of the regarding an investigation of the facility System For M Neglect, Exploitation of the individual program opportunities for client self-management.  This STANDARD is real that the state of the self-management is the saked on record revisitation of the self-management.	n 11/19/13 at 2:30pm. CEO of the facility is, E2 of which is E3. When CEO's investigated the staff [Administrator], E2 stated of it but they did not come to  Officer, CEO] was on 11/19/13 at 2:35pm. Is aware of the allegation of made against E1, E3 stated offitied him. When asked if estigation into the allegation, y, no." E3 verified that there t would be considered a the other individual did not ion either.  Inplement facility policy laltreatment, Abuse, And Complaint Resolution ation when the alleged ment level.  IVIDUAL PROGRAM PLAN  INTERIOR TO THE TO		247			

STATEMENT OF C	F DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1 ` ′		E CONSTRUCTION	(X3) DATE COMP	SURVEY LETED
		14G207	B. WING			l	22/2013
NAME OF PRO	OVIDER OR SUPPLIER		1	5	STREET ADDRESS, CITY, STATE, ZIP CODE	1 17.	22/2013
				1	577 EAST MYRTLE, P.O. BOX 232		
EMERALD	ESTATES				CANTON, IL 61520		
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFI TAG		PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BI CROSS-REFERENCED TO THE APPROPRIA DEFICIENCY)		(X5) COMPLETION DATE
	16 residents who residenction at the level of 9 function at the level of 10 function at the level of 11 function at 11 function at 11 function at 12 function at 14 function at 14 function at 16 func	ted facility roster, there are de in this facility. Of those, 3 f Mild Intellectual Disability, of Moderate Intellectual at the level of Severe and 1 functions at the level al Disability.  Lated 8/9/13 has check to E1, Administrator, in the ttached are "Outside Order e products from an mail any for which E1 is a  in the facility, 16 in total, are al purchases for the month range in individual sales	W	247			

	OF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1 ' '		CONSTRUCTION	(X3) DATE COMP	SURVEY LETED
		14G207	B. WING			I	22/2013
	ROVIDER OR SUPPLIER  DESTATES			1	TREET ADDRESS, CITY, STATE, ZIP CODE 577 EAST MYRTLE, P.O. BOX 232 CANTON, IL 61520		
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y 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 APPROPRIA DEFICIENCY)		(X5) COMPLETION DATE
W 247	undated facility roster the level of Moderate was asked if he got a did and uses it for his R5 was asked who pi stated, "[E1] did." R5 bag, R5 stated, "No, his bag was a gift, R5 R13 was interviewed functions at the level according to an undarshe received a new b proceeded to her roof brown and white bag on the front.  R13 was asked if she stated yes. R13 was out. R13 said no, E1 Residential Service DE2, RSD, was intervied E2 was asked if 16 refreceived items from the \$889.28. E2 stated yes E2 was asked if 15 of items from E1 in September 1 in September 1 in September 2 was asked if these stated yes.	In 11/19/13 at 1150am. An indicates R5 functions at Intellectual Disability. R5 new bag. R5 stated that he basketball stuff.  In 11/19/13 at 1150am. An indicates R5 functions at Intellectual Disability. R5 new bag. R5 stated that he basketball stuff.  In 11/19/13 at 90 for him. R5 was asked if he paid for the E1] did." R5 was asked if is stated yes.  In 11/22/13 at 903am. R13 of Mild Intellectual Disability ted roster. R13 was asked if ag. R13 stated yes and m to get the bag. R13 had a with an embroidered initial a paid for her bag. R13 easked if she picked the bag (Administrator) and E2, hirector (RSD) did.  In 11/22/13 at 918am. Easidents from the facility he August order totaling eas.  In 16 residents purchased tember. E2 stated yes.  In 16 residents purchased tember. E2 stated yes.  In 16 residents received		247			

EMERALD ESTATES  1577 EAST MYRTICANTON, IL 618  (X4) ID SUMMARY STATEMENT OF DEFICIENCIES ID PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX (EACH	CITY, STATE, ZIP CODE LE, P.O. BOX 232
NAME OF PROVIDER OR SUPPLIER  EMERALD ESTATES  STREET ADDRESS, 1577 EAST MYRTICANTON, IL 618  (X4) ID SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)  W 247  Continued From page 8  E2 was asked if the residents picked out their own items. E2 stated no.  E2 was asked how the items were selected. E2 stated that herself and E1 went through the catalog and selected items for the residents.  E2 was asked if the residents were asked if they would even like to purchase an item. E2 stated	CITY, STATE, ZIP CODE  LE, P.O. BOX 232  520  OVIDER'S PLAN OF CORRECTION H CORRECTIVE ACTION SHOULD BE REFERENCED TO THE APPROPRIATE  (X5)  COMPLETION DATE
PREFIX REGULATORY OR LSC IDENTIFYING INFORMATION)  PREFIX TAG  PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)  PREFIX TAG  PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)  PREFIX TAG  (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)  PREFIX TAG  (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFY INFORMATION)  PREFIX TAG  (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFY INFORMATION)  PREFIX TAG  (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFY INFORMATION)  PREFIX TAG  (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFY INFORMATION)  PREFIX TAG  (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFY INFORMATION)  PREFIX TAG  W 247	REFERENCED TO THE APPROPRIATE  COMPLETION DATE
E2 was asked if the residents picked out their own items. E2 stated no.  E2 was asked how the items were selected. E2 stated that herself and E1 went through the catalog and selected items for the residents.  E2 was asked if the residents were asked if they would even like to purchase an item. E2 stated	