DEPARTMENT OF HEALTH AND HUMAN SERVICES CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 04/12/2014 FORM APPROVED OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		PLE CONSTRUCTION G		(X3) DATE SURVEY COMPLETED	
		14G217	B. WING _		_	C 09/10/2012	
NAME OF PROVIDER OR SUPPLIER CAROLE LANE TERRACE				STREET ADDRESS, CITY, ST 1641 CAROLE LANE SAUK VILLAGE, IL 604		1 09/10/2012	
(X4) ID PREFIX TAG	(EACH DEFICIENC	TATEMENT OF DEFICIENCIES BY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	(EACH CORRECTION CROSS-REFEREIT	S PLAN OF CORRECTION CTIVE ACTION SHOULD BE NCED TO THE APPROPRIA DEFICIENCY)		
W 000	INITIAL COMMENTS	3	w o	00			
W 148	#1292775/IL58995 483.420(c)(6) COMM CLIENTS, PARENTS The facility must noti parents or guardian of changes in the client limited to, serious illin or unauthorized abse This STANDARD is	fy promptly the client's of any significant incidents, or solution including, but not less, accident, death, abuse,	W 1	48		9/20/12	
	does not have evider guardian notification hospitalized and move Findings include: According to facility a 5/16/12, R1, a 21 years.	admission records dated ar old female, was admitted mergency basis from a local					
	increasing physical at R1 was hospitalized returned to the facility physical aggression is not associated with to the hospital and refacility moved R1 to a corporation.	dent reports document aggression displayed by R1. in June 2012, and then by. On 7/29/12, R1 displayed to a neighborhood child who in the facility. She was sent sturned within one hour. The canother facility within the					
	9/10/12 at 1:00 p.m.	or was interviewed on E2 said R1 was only at the					
ABORATORY	DIRECTOR'S OR PROVIDER/	SUPPLIER REPRESENTATIVE'S SIGNATUR	RE	TITLE		(X6) DATE	

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

(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.

Facility ID: IL6011969

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIP A. BUILDING	LE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
		14G217	B. WING		C 09/10/2012
	AME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 1641 CAROLE LANE SAUK VILLAGE, IL 60411			00/10/2012	
(X4) ID PREFIX TAG	(EACH DEFICIEN	TATEMENT OF DEFICIENCIES CY MUST BE PRECEDED BY FULL LISC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPR DEFICIENCY)	BE COMPLETION
W 148	aggressive behavior A staff was injured, the R1 was hospitalized to the hospital she was a private room. E2 sto move R1 to a smathave a private room hospital. E1, Residentail Servinterviewed on 9/10/19 guardian was notified said she took the guardian contact is reconversations with the transfers to facilities there was document conversations but not 483.440(b)(5)(ii) ADIDISCHARGE At the time of the disprovide a post-disch assist the client to acconversation to acconversatio	days and she had another , attacking a peer on 7/31/12. hree fingers were broken. E2 said that when R1 went vas generally calm if placed in said the decision was made aller facility where she could when discharged from the rices Director, was 12 at 10:55 a.m. E1 said the d of the facility changes . E1 ardian to one of the other dian could see it. E1 said the not documented. tor was interviewed on E2 said he had many ne guardian regarding and hospitalizations. E2 said ation of some of the	W 14		9/20/12

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:			(X2) MULTIF	PLE CONSTRUCTION G	(X3) DATE SURVEY COMPLETED	
		14G217	B. WING		C 09/10/2012	
NAME OF PROVIDER OR SUPPLIER CAROLE LANE TERRACE				STREET ADDRESS, CITY, STATE, ZIP CODE 1641 CAROLE LANE SAUK VILLAGE, IL 60411	, 00/10/2012	
(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 CORREC (EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APPI DEFICIENCY)	OULD BE COMPLETION	
W 205	Continued From pag	ge 2	W 20	05		
	5/16/12, R1, a 21 yet to the facility on an elementary to the facility increasing physical a R1 was hospitalized returned to the facility physical aggression is not associated with to the hospital and refacility moved R1 to corporation. E2, Executive Direct 9/10/12 at 1:00 p.m. the other facility as a home with younger i E2 said R1 was only and she had anothe	admission records dated are old female, was admitted emergency basis from a local al records did not contain a psychiatric information. This stantiated during interview Services Director (9/10/12 at Executive Director				
	three fingers were b went to the hospital placed in a private ro was made to move f she could have a pri					

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		14G217	B. WING_			C 09/10/2012	
	ROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZIP CODE 1641 CAROLE LANE SAUK VILLAGE, IL 60411		09/10/2012	
(X4) ID PREFIX TAG	(EACH DEFICIENC	TATEMENT OF DEFICIENCIES CY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	DED BY FULL PREFIX (EACH CORRECTIVE ACTION SHOUL		SHOULD BE	(X5) COMPLETION DATE	
W 205	interviewed on 9/10/ a discharge plan was was moved to home Executive Director w 1:00 p.m. E2 said R facility was trying to corporation, to meet	12 at 10:55 a.m. E1 said that is not developed because R1 is within the corporation. E2, is interviewed on 9/10/12 at 11 was moved because the find a placement within the her needs. E2 said a not developed when R1 was	W 2	205			