STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	14G219	A. BUILDING _____ B. WING _____	03/24/2015

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
MILESTONE - SUN VALLEY	**3351 SUN VALLEY 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)	(X5) COMPLETION DATE
W 000	INITIAL COMMENTS Annual Certification - Fundamental Survey Annual Licensure Inspection of Care	W 000		
W 125	483.420(a)(3) PROTECTION OF CLIENTS RIGHTS The facility must ensure the rights of all clients. Therefore, the facility must allow and encourage individual clients to exercise their rights as clients of the facility, and as citizens of the United States, including the right to file complaints, and the right to due process. This STANDARD is not met as evidenced by: Based on observation, record review, and interview the facility failed to ensure for one of four in the sample (R1) the rights of the client during the use of a video monitor. Findings include: Per record review of the Client Roster dated 3-23-15, R1 is a 30 year old male who functions in the Moderate Range of Intellectual Disability. R1's diagnoses includes Seizure Disorder and Autistic Features. During observations on 3-23-15 at 1:30 P.M. this surveyor observed a video monitor of R1's bed in the medication room. R1 was not presently in the bed. This surveyor asked E5 (Direct Support Person) what was this video monitor and E5 promptly turned the monitor off and stated that the monitor was for R1 sleeping at night to	W 125		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE

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W 125	Continued From page 1 monitor for seizures. Per interview with E2 (Resident Service Coordinator) on 3-24-15 at 10:10 A.M. stated that she was not sure if the video camera was approved by the Human rights committee. E2 stated that the family brought it and installed it. When asked how often is the camera used, E2 stated that it is used when he is in his room sleeping and when he is awake we typically do not have it on.	W 125		
W 153	483.420(d)(2) STAFF TREATMENT OF CLIENTS The facility must ensure that all allegations of mistreatment, neglect or abuse, as well as injuries of unknown source, are reported immediately to the administrator or to other officials in accordance with State law through established procedures. This STANDARD is not met as evidenced by: Based on record review and interview the facility failed to ensure for one of four in the sample R4 that all allegations of abuse are reported immediately in accordance with state law established procedures. Findings include: Per record review of the Client Roster dated 3-23-15 is written R4 is a 30 year old male who functions in the Profound Range of Intellectual Disability. R4's diagnoses includes Seizure Disorder and Attention Deficit Disorder. Per record review of the Chronological Progress Notes dated 1-26-15 for R7 is as follows. While	W 153		

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W 153	Continued From page 2 watching television in the living room with R7's peer (R4) came and told E5 (Direct Support Person) that R7 hit R4's arm. Staff seen R7 walking fast down to her room. Two other peers R3 and R6 told staff that R7 hit R4. Staff did not see R7 hit peer R4. But R7 did go to her quiet area on her own. When staff reminded R7 that it is not nice to hit her peers, R7 stated "I'm not lying. I did not hit R4". Later R7 came to staff E4 (DSP) and asked to talk. R7 kept repeating can I tell you what happened, its not my fault and when R7 says that over and over again she is usually telling a falsehood. R 7 wanted to call the administrator on duty and E4 (DSP) told R7 that staff would call the administrator on duty and take care of her being upset. E2 (Resident Service Coordinator) notified. Per interview with E1 (Administrator) on 3-23-15 at 2:50 P.M. when asked if this peer to peer allegation was reported, E1 stated that it was not reported.	W 153		
W 154	483.420(d)(3) STAFF TREATMENT OF CLIENTS The facility must have evidence that all alleged violations are thoroughly investigated. This STANDARD is not met as evidenced by: Based on record review and interview the facility failed to ensure for one of four in the sample R4 that all allegations of abuse are thoroughly investigated. Findings include: Per record review of the Client Roster dated 3-23-15 is written R4 is a 30 year old male who	W 154		

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W 154	Continued From page 3 functions in the Profound Range of Intellectual Disability. R4's diagnoses includes Seizure Disorder and Attention Deficit Disorder. Per record review of the Chronological Progress Notes dated 1-26-15 for R7 is as follows. While watching television in the living room with R7's peer (R4) came and told E5 (Direct Support Person) that R7 hit R4's arm. Staff seen R7 walking fast down to her room. Two other peers R3 and R6 told staff that R7 hit R4. Staff did not see R7 hit peer R4. But R7 did go to her quiet area on her own. When staff reminded R7 that it is not nice to hit her peers, R7 stated "I'm not lying. I did not hit R4". Later R7 came to staff E4 (DSP) and asked to talk. R7 kept repeating can I tell you what happened, its not my fault and when R7 says that over and over again she is usually telling a falsehood. R 7 wanted to call the administrator on duty and E4 (DSP) told R7 that staff would call the administrator on duty and take care of her being upset. E2 (Resident Service Coordinator) notified. Per interview with E1 (Administrator) on 3-23-15 at 2:50 P.M. when asked if this peer to peer allegation was investigated, E1 stated that it was not.	W 154		
W 262	483.440(f)(3)(i) PROGRAM MONITORING & CHANGE The committee should review, approve, and monitor individual programs designed to manage inappropriate behavior and other programs that, in the opinion of the committee, involve risks to client protection and rights.	W 262		

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W 262	Continued From page 4 This STANDARD is not met as evidenced by: Based on observation, record review, and interview the facility failed to ensure for four of four in the sample (R1, R2, R3, and R4) four of four outside the sample (R5, R6, R7, and R8) that the committee review and approve the use of video cameras involving risks to client protection and rights. Findings include: Per record review of the Client Roster dated 3-23-15, R1 and R5 function in the Moderate Range of Intellectual Disability, R2 and R6 function in the Severe Range of Intellectual Disability. R3, R4, R7, R8 function in the Profound Range of Intellectual Disability. During observations on 3-23-15 at 1:30 P.M. this surveyor observed in the medication room camera monitors for the outside of the home area of exits and a video monitor of R1's bedroom bed. R1 was not in his bed. Per interview with E2 (Resident Service Coordinator) on 3-24-15 at 10:08 A.M. when asked if the Human Rights Committee approved the use of video cameras, E2 stated that they did not obtain human rights committee consent for the exterior cameras. E2 stated that they had talked about R1's video monitor of his bed but they did not get it approved by the human rights committee.	W 262		
W 340	483.460(c)(5)(i) NURSING SERVICES Nursing services must include implementing with other members of the interdisciplinary team, appropriate protective and preventive health	W 340		

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W 340	Continued From page 5 measures that include, but are not limited to training clients and staff as needed in appropriate health and hygiene methods. This STANDARD is not met as evidenced by: Based on observation and record review the facility failed to ensure for one of four in the sample (R3) that nursing services train staff and clients in appropriate health and hygiene methods. Findings include: Per record review of the Client Roster dated 3-23-15, R3 is a 43 year old female who functions in the Profound Range of Intellectual Disability. R3's diagnoses includes Cerebral Palsy and Bi-Polar Type. During observations on 3-23-15 at 5:40 P.M. R3 was observed to pour milk from a container for most of the clients. R3 ran out of milk and stated that she needed more. E4 (Direct Support Person) was stated to R3 to get more milk from the refrigerator. R3 threw away the empty container of milk into the garbage and got another container. R3 did not sanitize her hands in doing so. At 5:46 P.M. R3 was observed to drop her fork onto the floor. E4 (DSP) prompted R3 to get another fork. R3 picked up the fork from the floor and put it away into the washing area. R3 did not sanitize her hands prior to getting another fork. At 5:47 P.M. R3 was observed touching her food on her plate with her fingers. Per interview with E4 (Direct Support Person) on 3-23-15 at 5:55 P.M. when asked if R3 should have been prompted to clean her hands when	W 340		

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W 340	Continued From page 6 she put her hands in the garbage and picked up her fork from the floor, E4 acknowledged that R3 should have cleaned her hands and took her to the bathroom to do so.	W 340		
W 440	483.470(i)(1) EVACUATION DRILLS The facility must hold evacuation drills at least quarterly for each shift of personnel. This STANDARD is not met as evidenced by: Based on record review and interview the facility failed to ensure for four of four in the sample (R1, R2, R3, and R4) and four of four outside the sample (R5, R6, R7, and R8) that all evacuation drills are held quarterly for each shift of personnel. Findings include: Per record review of the Client Roster dated 3-23-15, R1 and R5 function in the Moderate Range of Intellectual Disability, R2 and R6 function in the Severe Range of Intellectual Disability. R3, R4, R7, R8 function in the Profound Range of Intellectual Disability. Per record review of the Fire Drill Checklist for third shift personnel is as follows: 6-6-14 at 1:09 A.M. and 12-16-14 at 4:00 A.M. The facility did not provide this surveyor for a third shift personnel fire drill for the months of July, August, September, October, and November 2014. Per interview with E1 (Administrator) on 3-23-15 at 2:10 P.M. stated that the facility missed the drill in September 2014.	W 440		