PRINTED: 04/08/2015 FORM APPROVED OMB NO. 0938-0391

	OF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	` '		CONSTRUCTION	LETED
		14G224	B. WING _			C 18/2015
	ROVIDER OR SUPPLIER BE TERRACE			120	REET ADDRESS, CITY, STATE, ZIP CODE 05 NORTH CENTER STREET ARTHAGE, IL 62321	10,2010
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES BY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	x	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		
	COMPLAINT INVES	TIGATION				
W 122	#1521135/IL75411 483.420 CLIENT PR	OTECTIONS	W	122		
	The facility must ensi protections requirement	ure that specific client ents are met.				
	Based on interview a	not met as evidenced by: and record review, the facility neir system to prevent ility failed to:				
	individual who was o	te supervision when an n a trial visit (R1) eloped entered a neighbor's house				
		th investigation and provide is relevant to prevention of				
	facility, eloped from t	rho while on a trial visit at the he facility and entered a nout staff being aware of it.				
	Findings Include:					
	Refer to deficiencies	cited at:				
	W149-Policies and P neglect	rocedures that prohibit				
	state law	orities in accordance with			TITLE	(YE) DATE

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

TITLE

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: IL6012280

	OF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1 ' '		CONSTRUCTION	(X3) DATE COMP	SURVEY LETED
		440004		_		1	
		14G224	B. WING			03/	18/2015
	ROVIDER OR SUPPLIER			1:	TREET ADDRESS, CITY, STATE, ZIP CODE 205 NORTH CENTER STREET CARTHAGE, IL 62321		
(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
W 122	Continued From page	÷ 1	w	122			
	W154-Must have evid are investigated	dence all alleged violations					
W 149	W157-Must take corre 483.420(d)(1) STAFF	ective action. TREATMENT OF CLIENTS	W	149			
	policies and procedur	elop and implement written res that prohibit t or abuse of the client.					
	policy 5.39 Missing In	e supervision as specified in dividuals when an individual it (R1) eloped from the neighbors house					
		h investigation and provide s relevant to prevention of policy 5.49 Safety					
	facility, eloped from th	ho while on a trial visit at the ne facility and entered a nout staff being aware of it.					
	Findings Include:						
	dated "Revised 11/08 to provide goods and	nvestigative Committee" " defines Neglect as "Failure services necessary to avoid I anguish, or mental illness."					

	OF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTI A. BUILDIN	PLE CONSTRUCTION G		DATE SURVEY COMPLETED
		14G224	B. WING _			C 03/18/2015
	ROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZIP CODE 1205 NORTH CENTER STREET CARTHAGE, IL 62321	' E	00/10/2010
(X4) ID PREFIX TAG	(EACH DEFICIEN	STATEMENT OF DEFICIENCIES NCY MUST BE PRECEDED BY FULL R LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF COI (EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE DEFICIENCY)	SHOULD BE	(X5) COMPLETION DATE
W 149	states, "The facility supervision for all in be aware of the local individuals in their of contact or not. The shall provide reason individual sufficient judgment to foster gallowing him/her the risk. Where risks of benefits to the individual sufficient judgment to foster gallowing him/her the risk. Where risks of benefits to the individual sufficient judgment to foster gallowing him/her the risk. Where risks of benefits to the individual sufficient supervision. A facility "Safety Counder the section till states, "Visiting indivisit on 2/6/15 to seappropriate place for [R1] left the building prompting. [R1] eldone point. Staff was immediately went to another resident's go to [the facility]. The [Qualified Intellectuand the family were terminated and the 2/7/15." The Safety Committias E3 and E4 [both interviewed on 3/05 approximately when between 11:00am and states and states are states a	39 "Missing Individuals" shall provide appropriate adividuals served. Staff shall ation and activities of all care, whether in direct visual proximity of the supervision able safety and yet afford the independent activity and growth and independence by a dignity of some reasonable injury are high and likely idual low, staff shall exercise." Sommittee" report dated 2/8/15, the "Summary Of Incident" invidual [R1] had come for a se if [the facility] would be an or him to reside. On 2/7/15, go several times despite staff oped to a neighbor's house at a immediately notified and to the neighbor's house with guardian and [R1] came back administrator, the QIDP al Disabilities Professional] a notified. The visit was family picked [R1] up on tee report lists "Staff Involved" direct care staff]. E3 was 6/15 at 2:50pm. When asked in this occurred, E3 stated	W 1	49		
		by E3 states that R1 "liked to				

	OF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	I ' '	(X2) MULTIPLE CONSTRUCTION A. BUILDING		(X3) DATE SURVEY COMPLETED	
		14G224	B. WING _		,	C 03/18/2015	
	ROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZIP COD 1205 NORTH CENTER STREET CARTHAGE, IL 62321	•	00/10/2010	
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)		ID PREFI) TAG	PROVIDER'S PLAN OF CO ((EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE DEFICIENCY)	N SHOULD BE	(X5) COMPLETION DATE	
W 149	our sidewalks arour This happened sever morning. When ask shoes [R1] refused going to the neighbor back to the facility, shack after several at the neighbor several neighbor several neighbors yard to at the neighbor several packet, R1 I done 4/08/10 with a old and has diagnose Developmental Disordalso states that R1 in the neighbor several neighbor several packet, R1 I done 4/08/10 with a old and has diagnose developmental Disordalso states that R1 in the neighbor several ne	home and walk up and down and the house and driveway. Beral times throughout the seed to put on a coat and a litimes that after or's home to get R1 to come staff "talked [R1] into coming ttempts, and apologized to all times." Or assessment dated 2/11/14, aled "Community Living Skills" unfenced yard for ten minutes out wandering awayDoes and the time may need to be sees, "Crosses nearby loads and unmarked and unmarked and unmarked and unmarked and unmarked across the street from the seed door of the neighbors home that y across the street from the seed and to go across the facility and across the facility and across the coess the front door. Which was part of R1's mad a cognitive assessment in IQ score of 40, is 19 years	W 1	49			

	OF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING			X3) DATE SURVEY COMPLETED	
		14G224	B. WING			C 03/18/2015	
	ROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZIP CODE 1205 NORTH CENTER STREET CARTHAGE, IL 62321	<u> </u>	03/10/2013	
(X4) ID PREFIX TAG	(EACH DEFICIEN	TATEMENT OF DEFICIENCIES CY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRE (EACH CORRECTIVE ACTION SH CROSS-REFERENCED TO THE APP DEFICIENCY)	OULD BE	(X5) COMPLETION DATE	
W 149	Continued From pag	ge 4	W 14	49			
	3/05/15 states that F back inside. Staff as shoes on which he r come inside because in and go back out wand down sidewalks A written statement 3/05/15 states that " [R1] staying in the hidoor and out the oth E3's written statemer residents mother [R3 her up, as they were across the street ranme to come get you house and is in our him back to his hous followed. [R1] was strefusing to leave ash brother. Staff and rehim to come back hottimes."	provided to surveyor by E3 on R1 kept "going outside and sked him to put his coat and efused. Staff asked [R1] to e it was cold. He would come valking around the house up and up and down driveway." provided to surveyor by E4 on Staff was having trouble with ome. He kept going in one er + back in another door." Int of 3/05/15 states, "Another B's mother Z1] came to pick walking out the little boy a over and said 'my mom told someone escaped from you nouse'. Staff [E3] followed se and residents mother [Z1] standing in the kitchen king for his grandma and esident's mom [Z1] finally got ome after asking several					
	at 2:50pm. When as before he left, E3 sta shoes or coat." E4 v 3:10pm. When aske on, E4 [Direct Care s	Asked if R1 had his shoes on lated, "No, he refused his was interviewed on 3/05/15 at d if R1 had his shoes or coat Staff] stated, "No, he refused as told to put shoes and socks					
	phone on 3/06/15 at	ness] was interviewed by 10:03am. Z1 stated that R3 oat or shoes but was in his					

	DF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	` '	` '		(3) DATE SURVEY COMPLETED	
		14G224	B. WING			C 3/18/2015	
	ROVIDER OR SUPPLIER BE TERRACE			STREET ADDRESS, CITY, STATE, ZIP CODE 1205 NORTH CENTER STREET CARTHAGE, IL 62321		0.10.2010	
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF COR (EACH CORRECTIVE ACTION S CROSS-REFERENCED TO THE A DEFICIENCY)	SHOULD BE	(X5) COMPLETION DATE	
W 149	the small sitting area dining room and the R1 said hi to her ther area. Z1 stated that daughters meds for a either in the dining roasked where R1 wen he went into the dinin he came back throug Z1 stated, "No he did out around the house accompanied E3 over help bring R1 back. Z2 [R1's mother] was 9:31am by phone. Wany injuries from his stated, "No, he just to and a shirt." Z2 stated that it was out. Z2 stated that it was out. Z2 stated that hand "really just started." Sawas interviewed of asked when did your morning when she god 7:30am. When asked received regarding his stated that he is hype E4 was interviewed of asked when she first before. When asked received regarding his stated he was hyper keep him away from E2 [Facility Represent	d that she and E3 were in between the door to the living room. Z1 stated that in went into the dining room E3 was helping to get her in home visit and E4 was soom or kitchen area. When it after he said hi, Z1 stated ing room area. When asked if into the living room area, lin't." Z1 stated that he "went e." Z1 stated that she into the neighbors house to sinterviewed on 3/06/15 at length of the into the neighbors house to so when asked if R1 suffered elopement on 2/07/15, Z2 bok off in his pajama shorts ed that his socks were wet. Cold and there was snow the had taken off from them ind doing that." On 3/05/15 at 2:50pm. When first meet R1, E3 stated that but to the facility around disabilities or needs, E3 er and gets in peoples face. On 3/05/15 at 3:10pm. When met R1, E4 stated the night what training she had is abilities or needs, E4 gets in peoples face, try to	W 14	9			

	OF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	` ′	E CONSTRUCTION		TE SURVEY MPLETED
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	ROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZIP COD 1205 NORTH CENTER STREET CARTHAGE, IL 62321		3/10/2013
(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 CO (EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE DEFICIENCY)	I SHOULD BE	(X5) COMPLETION DATE
W 149	times despite promp notified regarding in stated, "How soon w [E1 QIDP] was notifi Disabilities Profession 3/06/15 at 10:55a notified by staff prior problems with R1 go to increase supervis Facility staff failed to supervision for R1 a who was in the facili building inappropriat	aving the building several ting should you have been creased supervision? E2 vere those incidents? I think ed." E1 [Qualified Intellectual onal, QIDP] was interviewed am. When asked it she was to R1's elopement, of oing in and out, for the need ion for R1, E1 stated no. In provide adequate fter repeated incidents of R1, ty on a trial visit, leaving the rely dressed on a cold day ing from the facility grounds	W 149			
	Revised date of 11/0 "Purpose" states, "T Administration by en regarding individual's standards and qualit section titled "Procec committee will review associated with the i pertinent information Safety Committee R It also states, "4. Th any necessary interv patterns or trends ex attempt to determine provide a list of cons prevention of further	incident/accident. Any n will be transferred onto the				

	OF DEFICIENCIES F CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1 ` ′	I' '		ATE SURVEY DMPLETED
		14G224	B. WING			C 03/18/2015
	ROVIDER OR SUPPLIER	· · · · · · · · · · · · · · · · · · ·		STREET ADDRESS, CITY, STATE, ZIP CODE 1205 NORTH CENTER STREET CARTHAGE, IL 62321		03/10/2013
(X4) ID PREFIX TAG	(EACH DEFICIEN	TATEMENT OF DEFICIENCIES CY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORREC (EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APPF DEFICIENCY)	OULD BE	(X5) COMPLETION DATE
W 149	states, "Visiting indivisit on 2/6/15 to see appropriate place for [R1] left the building prompting. [R1] elop one point. Staff was immediately went to another resident's gut to [the facility]. The [Qualified Intellectua and the family were terminated and the f 2/7/15." Under the section tit states, "Staff notified protocol as well as faterminated immediated [R1] leaving the grounder the section tit Considerations" it states to stay in the favority was terminated Administrator was not family. The family committee investigatinto this incident, E2 do a formal investigatinto that was hed member that was hed	ed "Summary Of Incident" it ridual [R1] had come for a e if [the facility] would be an or him to reside. On 2/7/15, several times despite staff ped to a neighbor's house at a immediately notified and the neighbor's house with puardian and [R1] came back administrator, the QIDP II Disabilities Professional] notified. The visit was amily picked [R1] up on led "Committee Findings" it I administrator as per amily. The visit was sely following an incident of unds unauthorized."	W 14	9		

PRINTED: 04/08/2015 FORM APPROVED OMB NO. 0938-0391 (X3) DATE SURVEY

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING			(X3) DATE SURVEY COMPLETED	
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		14G224	B. WING			03/	18/2015
	ROVIDER OR SUPPLIER			1	STREET ADDRESS, CITY, STATE, ZIP CODE 205 NORTH CENTER STREET CARTHAGE, IL 62321		
(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
W 149	When asked if she was committee review, E1 the safety committee "No we did not." E2 was asked if the irrapproximately what the on that day. E2 state When asked if the invested where the two staff we E2 stated, "They were resident getting ready both of the staff were "Yes, both were in the exactly where both we mom [Z1]." E2 was asked if both was a problem with R think it was something the investigation in 2/07/15, has there be regarding supervision asked if the facility hap revent a reoccurrant stated yes. That it hap rocess including "addoing screening in the is in writing somewher have it in writing anyw E1 [QIDP] was intervit 10:45am. When asked	wed on 3/06/15 at 9:00am. as a part of the safety stated yes. When asked if interviewed Z1, E1 stated, expecting the safety restigation determined are temperature was outside d, "No, but is was cold." restigation determined ere when R1 left the house, e here in the building with a reto leave." When asked if with the resident, E2 stated, e building. I'm not sure ere. [E3] was with [R3's] staff being in the building at outside, E2 stated, "I don't g specific I put in there." essentative] was interviewed . When asked if, as a result to R1's elopement on en any retraining of staff a, E2 stated no. When as developed a plan to be of an incident like this, E2 and to do with the screening at additional staff when be future." When asked if this are, E2 stated, "No I don't where." ewed on 3/06/15 at ed if part of her job duties is care staff, E1 stated yes.	W	149			

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X2) MULTIPLE CONSTRUCTION (X3) MULTIPLE CONSTRUCTION (X4) PROVIDER/SUPPLIER/CLIA (X5) MULTIPLE CONSTRUCTION (X6) MULTIPLE CONSTRUCTION (X7) PROVIDER/SUPPLIER/CLIA (X7) PROVIDER/SUPPLIER/CLIA (X8) MULTIPLE CONSTRUCTION (X8) MULTIPLE CONSTRUCTION (X9) MULTIPLE CONSTRUCTION (X1) PROVIDER/SUPPLIER/CLIA (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) MULTIPLE CONSTRUCTION (X4) PROVIDER/SUPPLIER/CLIA (X5) MULTIPLE CONSTRUCTION (X6) PROVIDER/SUPPLIER/CLIA (X7) PROVIDER/SUPPLIER/CLIA (X7) PROVIDER/SUPPLIER/CLIA (X7) PROVIDER/SUPPLIER/CLIA (X8) PROVIDER/SUPPLIER/CLIA (X8) PROVIDER/SUPPLIER/CLIA (X9) PROVIDER/SUPPLIER/CLIA (X9) PROVIDER/SUPPLIER/CLIA (X1) PROVIDER/SUPPLIER/CLIA (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X1) PROVIDER/SUPPLIER/CLIA (X2) PROVIDER/SUPPLIER/CLIA (X3) PROVIDER/SUPPLIER/CLIA (X4) PROVIDER/SUPPLIER/CLIA (X5) PROVIDER/SUPPLIER/CLIA (X6) PROVIDER/SUPPLIER/CLIA (X7) PROVIDER/SUPPLIER/CLIA (X7) PROVIDER/SUPPLIER/CLIA (X7) PROVIDER/SUPPLIER/CLIA (X7) PROVIDER/SUPPLIER		(X3) DATE SURVEY COMPLETED			
		14G224	B. WING		03/18/2015
	ROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZIP CODE 1205 NORTH CENTER STREET CARTHAGE, IL 62321	1 00/10/2010
(X4) ID PREFIX TAG	(EACH DEFICIENC	TATEMENT OF DEFICIENCIES BY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRE (EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APP DEFICIENCY)	OULD BE COMPLETION
W 149	training on policies be incident. When asked retraining done as a stated, "Not specific asked what changes prevent something lil again, E1 stated that regular basis but not When asked if there incident of 2/7/15, E7. Training records wer facility held training of facility policies include Evacuation/Disaster water system failure, Gathering/Mustering was held for policies again. E3 [Direct Care Staff at 4:15pm. When as retraining regarding set [Direct Care Staff at 4:20pm. When as retraining regarding set [Direct Care Staff at	retraining staff on and no but there has been ut not on this specific and if there has been any result of this incident. "When have been put into place to be this from happening they train on policies on a on this specific incident. The has been training since the lasaid yes. The reviewed of 2/09/15 the on "Abuse and Neglect", ling 5.24, 5.39, Policy and Procedures, hot seizure monitoring, and Areas. On 2/27/15 training including 5.24 and 5.39 The was interviewed on 3/05/15 ked if she had received any supervision, E3 stated no. The ATMENT OF CLIENTS are that all allegations of the or abuse, as well as source, are reported diministrator or to other se with State law through	W 14		

	OF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	` '	IULTIPLE CONSTRUCTION (3		(X3) DATE SURVEY COMPLETED	
		14G224	B. WING_			C 03/18/2015	
	ROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZIP CODE 1205 NORTH CENTER STREET CARTHAGE, IL 62321	I	03/10/2013	
(X4) ID PREFIX TAG	(EACH DEFICIENC	TATEMENT OF DEFICIENCIES BY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORR (EACH CORRECTIVE ACTION SH CROSS-REFERENCED TO THE AP DEFICIENCY)	HOULD BE	(X5) COMPLETION DATE	
W 153	Based on interview failed to report to the possible neglect in a Administrative Code notify the departmen in which an individual eloped from the facil house (R1) for 1 of 1 neighboring house. Findings Include: Illinois Administrative facility administrator, becomes aware of a shall also report the A facility "Safety Corunder the section title states, "Visiting indivisit on 2/6/15 to see appropriate place for [R1] left the building prompting. [R1] elop one point. Staff was immediately went to another resident's gut to [the facility]. The according to [Qualified Intellectual and the family were terminated and the facility form titled "2/7/15." A facility form titled "2/7/15 and written is states that R1 "liked and walk up and dow	not met as evidenced by: and record review, the facility Department an incident of ecordance with Illinois 350.3240 when they failed to t of an incident of elopement il in the facility on a trial visit ity and entered a neighbors individual who eloped to a	W 1	53			

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	DF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	` ′		CONSTRUCTION	(X3) DATE COMP	SURVEY LETED
		14G224	B. WING				C 18/2015
	ROVIDER OR SUPPLIER			1:	TREET ADDRESS, CITY, STATE, ZIP CODE 205 NORTH CENTER STREET CARTHAGE, IL 62321	1 03/	10/2015
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)		PREFIX (EACH CORRECTIVE ACTION SHOULD		PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIA DEFICIENCY)		(X5) COMPLETION DATE
W 153	put on a coat and sho states that staff "talke after several attempts neighbor several time." A written statement properties of the state of the statement properties of	morning. When asked to bes [R1] refused." It also d [R1] into coming back is, and apologized to the staff was having trouble with me. He kept going in one of the residents mother door." Tovided to surveyor by E3's nother residents mother et opick her up, as they little boy across the street of mom told me to come get d from you house and is in plollowed him back to his mother [Z1] followed. [R1] to then refusing to leave a and brother. Staff and nally got him to come back overal times." Tovided to surveyor by E3's nother residents mother and brother up, as they little boy across the street of mom told me to come get d from you house and is in plollowed him back to his mother [Z1] followed. [R1] to then refusing to leave a and brother. Staff and nally got him to come back overal times." Tovided to surveyor by E4 on the street of	W				
W 154		TREATMENT OF CLIENTS e evidence that all alleged hly investigated.	W	154			

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		` ′	LE CONSTRUCTION	(X3) DATE SURVEY COMPLETED		
		14G224	B. WING			C 3/18/2015
NAME OF PROVIDER OR SUPPLIER CARTHAGE TERRACE			STREET ADDRESS, CITY, STATE, ZIP CODE 1205 NORTH CENTER STREET CARTHAGE, IL 62321		03/16/2013	
(X4) ID PREFIX TAG	(EACH DEFICIEN	STATEMENT OF DEFICIENCIES ICY 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 APPR DEFICIENCY)	ULD BE	(X5) COMPLETION DATE
W 154	Continued From pa	ge 12	W 15	4		
	Based on interview failed to conduct a to 1 individual who who eloped from the fact house without staff. Findings Include: A facility "Safety Counder the section tit states, "Visiting indivisit on 2/6/15 to se appropriate place for [R1] left the building prompting. [R1] eloone point. Staff was immediately went to another resident's go to [the facility]. The [Qualified Intellecture and the family were	and record review, the facility horough investigation for 1 of ile on a trial visit at the facility, flity and entered a neighbors being aware of it. (R1) mmittee" report dated 2/8/15, cled "Summary Of Incident" vidual [R1] had come for a e if [the facility] would be an or him to reside. On 2/7/15, g several times despite staff uped to a neighbor's house at a immediately notified and of the neighbor's house with guardian and [R1] came back administrator, the QIDP al Disabilities Professional] notified. The visit was family picked [R1] up on				
	2/07/15 and written states that R1 "liked and walk up and do house and driveway times throughout th put on a coat and states that staff "tall"	"General Notes", dated by E3 [Direct Care Staff] It to go in and out of the home wn our sidewalks around the v. This happened several e morning. When asked to hoes [R1] refused." It also ked [R1 into coming back after and apologized to the neighbor				
	A written statement	provided to surveyor by E4 on				

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		` '	PLE CONSTRUCTION IG	, ,	(X3) DATE SURVEY COMPLETED		
		14G224	B. WING _			C 03/18/2015	
NAME OF PROVIDER OR SUPPLIER CARTHAGE TERRACE				STREET ADDRESS, CITY, STATE, ZIP CODE 1205 NORTH CENTER STREET CARTHAGE, IL 62321		03/18/2015	
(X4) ID PREFIX TAG	(EACH DEFICIEN	TATEMENT OF DEFICIENCIES CY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORE (EACH CORRECTIVE ACTION S CROSS-REFERENCED TO THE AI DEFICIENCY)	SHOULD BE	(X5) COMPLETION DATE	
W 154	[R1] staying in the hidoor and out the oth door and out the oth An adaptive behaviounder the section titl states, "Stays in an when expected with Fairly Wellor 3/4 of asked." It also state residential streets, reintersections alone-asked." The broad is as 4 years 1 month. Per an undated ISP referral packet, R1 hidone 4/08/10 with an old and has diagnos Developmental Diso Hyperactivity Disord also states that R1 "in the community. A one aid every day." Under the section tit states, "Staff notified protocol as well as faterminated immediated [R1] leaving the ground Under the section tit Considerations" it states determined not to be Resident poses safe want to stay in the fat Visit was terminated Administrator was not stay in the fat Visit was terminated Administrator was not stay in the fat Visit was terminated Administrator was not stay in the fat Visit was terminated Administrator was not stay in the fat Visit was terminated Administrator was not stay in the fat Visit was terminated Administrator was not stay in the fat Visit was terminated Administrator was not stay in the fat Visit was terminated Administrator was not stay in the fat Visit was terminated Administrator was not stay in the fat Visit was terminated Administrator was not stay in the fat Visit was terminated Administrator was not stay in the fat Visit was terminated Administrator was not stay in the stay of the visit was terminated Administrator was not stay in the stay of the visit was terminated Administrator was not stay in the stay of the visit was terminated Administrator was not stay in the stay of the visit was terminated Administrator was not stay of the visit was terminated Administrator was not stay of the visit was terminated Administrator was not stay of the visit was terminated Administrator was not stay of the visit was terminated Administrator was not stay of the visit was terminated Administrator was not stay of the visit was terminated Administrator was not stay of the visit was terminated Administrator was not stay of the vi	Staff was having trouble with ome. He kept going in one er + back in another door." It assessment dated 2/11/14, ed "Community Living Skills" unfenced yard for ten minutes out wandering awayDoes of the time may need to be s, "Crosses nearby oads and unmarked Never or Rarelyeven if independence score is listed which was part of R1's ad a cognitive assessment in IQ score of 40, is 19 years es of Pervasive order, Attention Deficit er and Autism Spectrum. It is never left alone at home or it school, [R1] has a one on led "Committee Findings" it I administrator as per amily. The visit was sely following an incident of unds unauthroized."	W 1	54			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING			(X3) DATE SURVEY COMPLETED	
		14G224	B. WING		0:	C 3/18/2015	
NAME OF PROVIDER OR SUPPLIER CARTHAGE TERRACE				STREET ADDRESS, CITY, STATE, ZIP CODE 1205 NORTH CENTER STREET CARTHAGE, IL 62321			
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRE (EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APP DEFICIENCY)	OULD BE	(X5) COMPLETION DATE	
W 154	3/06/15 at 9:45am. V committee investigati into this incident, E2 do a formal investigar. When asked if she has E2 stated that she did member that was her did go across the stre [E3]. E1 was intervied When asked if she was committee review, E1 the safety committee. "No we did not." E2 was asked if the inapproximately what the two staff when asked if the inapproximately what the safety committee. "They were stated, "They were resident getting ready both of the staff were." Yes, both were in the	e 14 Intative] was interviewed on When asked if the safety on was the only investigation stated yes that she did not tive committee investigation. In ad interviewed all witnesses, do not interview the family re [Z1]. E2 verified that Z1 ret with the staff member rewed on 3/06/15 at 9:00am. In as a part of the safety restricted that Z1 stated yes. When asked if interviewed Z1, E1 stated, restigation determined retemperature was outside red, "No, but is was cold." Investigation determined rere when R1 left the house, refer in the building with a resident, E2 stated, restricted building. I'm not sure refer. [E3] was with [R3']	W 15	4			
W 157	was a problem with F think it was somethin 483.420(d)(4) STAFF	staff being in the building R1 outside, E2 stated, "I don't g specific I put in there." TREATMENT OF CLIENTS In is verified, appropriate	W 15	7			
	corrective action mus						

		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULT A. BUILDII	MULTIPLE CONSTRUCTION ILDING		(X3) DATE SURVEY COMPLETED	
		14G224	B. WING _			C 03/18/2015	
	ROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZIP CODI 1205 NORTH CENTER STREET CARTHAGE, IL 62321			
(X4) ID PREFIX TAG	(EACH DEFICIEN	STATEMENT OF DEFICIENCIES CY MUST BE PRECEDED BY FULL R LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF COI (EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE DEFICIENCY)	SHOULD BE	(X5) COMPLETION DATE	
W 157			W	157			
	states that R1 "liked and walk up and do house and driveway times throughout the put on a coat and sh states that staff "talk several attempts, ar several times" Per an undated ISP referral packet, R1 h	by E3 [Direct Care Staff] to go in and out of the home wn our sidewalks around the This happened several e morning. When asked to noes [R1] refused." It also ted [R1 into coming back after and apologized to the neighbor which was part of R1's nad a cognitive assessment in IQ score of 40, is 19 years					

. ,		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1 ' '	IULTIPLE CONSTRUCTION LDING		(X3) DATE SURVEY COMPLETED	
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NAME OF PROVIDER OR SUPPLIER CARTHAGE TERRACE			STREET ADDRESS, CITY, STATE, ZIP CODE 1205 NORTH CENTER STREET CARTHAGE, IL 62321		03/18/2015		
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W 157	Hyperactivity Disordalso states that R1 in the community. A one aid every day." Under the section to states, "Staff notifie protocol as well as terminated immedia [R1] leaving the growing the growing the investigation into has there been any supervision, E2 staffacility has developed reoccurrance of an yes. That it had to including "add addit screening in the fut writing somewhere, in writing anywhere E1 [QIDP] was interested in the first of the supervision of direct when asked if there recommendation for supervision, E1 staffarining on policies incident. When ask retraining done as a stated, "Not specific asked what change prevent something in the second process."	ses of Pervasive order, Attention Deficit der and Autism Spectrum. It "is never left alone at home or At school, [R1] has a one on titled "Committee Findings" it d administrator as per family. The visit was ately following an incident of unds unauthroized." The entative was interviewed on the whole asked if, as a result of the entation of the enta	W 1	57			

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W 157	regular basis but not of the regular basis bu	on this specific incident. was interviewed on 3/05/15 ked if she had received any upervision, E3 stated no. was interviewed on 3/05/15 ked if she had received any upervision, E4 stated no.	W 1	57		