PRINTED: 02/18/2015 FORM APPROVED OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTI A. BUILDIN	IPLE CONSTRUCTION	(X3	(X3) DATE SURVEY COMPLETED	
		14G251	B. WING _			02/05/2015
	ROVIDER OR SUPPLIER CENTER SERVICES			STREET ADDRESS, CITY, STATE, ZIP COD 8345 SOUTH AUSTIN AVENUE BURBANK, IL 60459	E	
(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 CO (EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE DEFICIENCY)	N SHOULD BE	(X5) COMPLETION DATE
W 000	INITIAL COMMENTS	3	W 0	00		
	Annual Licensure an	d Certification survey				
	Fundamental Survey					
W 242	Inspection of Care 483.440(c)(6)(iii) IND	DIVIDUAL PROGRAM PLAN	W 2	42		
	those clients who lac skills essential for pri (including, but not lim personal hygiene, de bathing, dressing, gro of basic needs), until	Im plan must include, for k them, training in personal vacy and independence nited to, toilet training, ental hygiene, self-feeding, coming, and communication it has been demonstrated elopmentally incapable of				
	Based on record red facility failed to incorp a skill acquisition traid dental hygiene needs	not met as evidenced by: view and interview, the corate into the program plan ning plan to address the s of 2 of 2 (R1 and R2) in the g standing ongoing dental				
	Findings include:					
	with a mild level of in dental report dated 1 tartar, gum disease, floss better." The rec	, include a 54 year old male tellectual functioning. A 0/14/14 states, "Heavy need cleaning. Brush and ord failed to have a program nal to address R1's dental				
	Record review for R2	2, include a 40 year old male				
ABORATORY	DIRECTOR'S OR PROVIDER/	SUPPLIER REPRESENTATIVE'S SIGNATUR	E.	TITLE		(X6) DATE

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

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: IL6012561

, ,		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING			(X3) DATE SURVEY COMPLETED	
		14G251	B. WING _			02/05/2015	
NAME OF PROVIDER OR SUPPLIER GARDEN CENTER SERVICES				STREET ADDRESS, CITY, STATE, 8345 SOUTH AUSTIN AVENUE BURBANK, IL 60459	ZIP CODE	32.33.20.3	
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFII TAG	(EACH CORRECTIVE CROSS-REFERENCED	N OF CORRECTION E ACTION SHOULD BE D TO THE APPROPRIAT CIENCY)	(X5) COMPLETION DATE	
W 242	with a moderate level dental report dated 1/2 plague and calculus, gingivitis, teeth scaled brush teeth daily." The reviewed for the last a program objective that (two months ago) whe will brush teeth thorous Another dental report later) was reviewed, to plaque, heavy subgin	of intellectual functioning. A /16/2013 states "heavy	W2	242			
W 252	Operations) and E3 (Intellectual Developm 2/5/15 at 11:35am. E "staff trying every mo hard, he just doesn't and E3 also confirme plan to address the dR1 and R2. The survive regarding the goal obtime a day since R2 eagreed the goal shout 483.440(e)(1) PROG Data relative to accorspecified in client individuals. This STANDARD is a standard provided that the standard provided the standard provided that the standard provided the standard provided the standard provided the standard provided the standard pro	RAM DOCUMENTATION Implishment of the criteria evidual program plan ocumented in measurable evidenced by:	W2	252			
		iew and interview, the facility					

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	, ,	E CONSTRUCTION		E SURVEY IPLETED
		14G251	B. WING		0:	2/05/2015
NAME OF PROVIDER OR SUPPLIER GARDEN CENTER SERVICES				STREET ADDRESS, CITY, STATE, ZIP CODE 3345 SOUTH AUSTIN AVENUE BURBANK, IL 60459		
(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 SH CROSS-REFERENCED TO THE APP DEFICIENCY)	OULD BE	(X5) COMPLETION DATE
W 252	which reflected actual 3 of 4 clients (R1, R2) Findings Include: 1) Record review formale with a mild lever R1 have 5 program of a) R1 will state the cowith 45% accuracy for 6 oc R1 will independent Friday evening with 4 d) R1 will correctly comount from mock traccuracy for 3 month instead practice cour changed after July to amount in 3 amounts months" e) R1 will correctly comount in 3 amounts worksheet with 40% The program objective the month of July, Augoal c, regarding R1' dusting his bedroom. The program objective for the months of Septor the R1 to learn to 3 amounts of "fake" in The program objective The months of Take The program objective The The The The The The The The The Th	were recorded in a manner al individual performance for al, and R3) TR1 include an 40 year old al of intellectual functioning. Objectives listed: Orrect dosage of Lisinopril or 6 consecutive months weekly for 20 minutes with consecutive months. Intly dust his bedroom each 40% accuracy." Ount change to the dollar ansactions with 50% as. Goal discontinued "will inting fake money. Goal of fake money 50% for 3 correctly count dollar accuracy for 3 months are failed to include data for a gust, or September 2014 for s independence goal of a correctly count to a dollar in money. We failed to include data for our failed to include data failed to i	W 252			

		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE A. BUILDING _	CONSTRUCTION	(X3) DATE SURVEY COMPLETED		
		14G251	B. WING		02/05/2015		
NAME OF PROVIDER OR SUPPLIER GARDEN CENTER SERVICES			8	TREET ADDRESS, CITY, STATE, ZIP CODE 345 SOUTH AUSTIN AVENUE BURBANK, IL 60459	1 02:00:20:0		
(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 CORRECT (EACH CORRECTIVE ACTION SHOU CROSS-REFERENCED TO THE APPRO DEFICIENCY)	LD BE COMPLETION		
W 252	Continued From pag	e 3	W 252				
	male with a moderate	R2 includes a 40 year old e level of intellectual 9 program objectives listed					
	a) Choose coupon from Sunday paper for use with 50% accuracy b) Will state Paxil is for his mood when asked 50% accuracy for 6 months c) Put clean clothes away on his own 50% for 6 months on laundry days. d) with prompting R2 will exercise for 15 minutes						
	twice week with 75% e) write alphabet in caccuracy for 3 month	accuracy. apital letters at 45%					
	45% accuracy	I brush teeth thoroughly at his heartburn medication is					
	Protonix at 50% accu	uracy for 6 months e dollar amount the money s or activities at 50%					
		bedsheets independently at					
t	6 months for progran	ves failed to include data for n objective for R2 choosing and for R2 stating to take d when asked.					
	Operations) and E3 (11:35am regarding the objectives and the sate evidence of review of above findings. E3 st	nducted with E1 (Director of (case Manager) on 2/5/15 at the clients accomplishing their tame goals continuing without the travision, both confirmed the stated some of the goals					
	were accomplished.	anged once the objectives					

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING			(X3) DATE SURVEY COMPLETED	
		14G251	B. WING			02/	05/2015
	ROVIDER OR SUPPLIER CENTER SERVICES		•	83	TREET ADDRESS, CITY, STATE, ZIP CODE 845 SOUTH AUSTIN AVENUE URBANK, IL 60459		
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL .SC IDENTIFYING INFORMATION)	ID PREFI TAG	х	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD B CROSS-REFERENCED TO THE APPROPRIA DEFICIENCY)		(X5) COMPLETION DATE
W 252	R3's chart did not have month of September a regarding shopping list cleaning sink. In add data available for the and January 2015 for On 2/5/15, at 11:30 a Disabilities Profession a new hire and has befor only 1 month and lack of data for the material According to E3, the I January 2015 data for was not available due.	y 2014 to January 2015. Ye data available for the 2014 for objectives st money, face washing, and ition, R3's chart did not have month of December 2014 the paying goal objective. Im., E3, Qualified Intellectual hal (QIDP) stated that she is seen working for the facility do not know why there is a bonth of September 2014. December 2014 and or the paying goal objective at to the staff changes.		252			
	was not available due to the staff changes. 483.440(e)(2) PROGRAM DOCUMENTATION The facility must document significant events that are related to the client's individual program plan and assessments. This STANDARD is not met as evidenced by: Based on record review and interview, the facility failed to ensure follow up regarding health condition were documented for 2 of 2 individual in the sample who had changes in their health condition (R4, R5). Findings include: 1. R4's Facility Dental Examination dated 5/21/14 reads, "Exam results / Findings: #5 - Do [cavities] Recommendations: #5 - Do [restoration]". R4's chart did not have further documentation regarding dental follow up after the 5/21/14 visit with the dentist.						

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(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFI TAG		ACTION SHOULD BE O THE APPROPRIATE	(X5) COMPLETION DATE	
W 253	On 2/5/15, at 11:00 a a follow up done afte 5/21/14, E4, Director "[R4]'s on a waiting libecause he has seve sedation." E4 stated when she placed R4 On 2/5/15, at 11:30 a Operations) confirme have documentation up after dental consu 2. General Event Re reads, "[R5] was walk living / dining room at doorway." According redness on his left kn 8:09 p.m. GER dated 1/19/15 rd shaving [R5] staff not closing his eyes when finished [R5] open[ed little dizzy. Staff called answer, then staff too it around staff so she [R5] fell and hit his cabinet [where] the bid side of forehead." According note by E4 [R5] when he goes of him sit in the living rocirculatory system to	.m., when asked if there was r R4's appointment on of Nursing (DON) stated, st for the restoration are behaviors; he needs she does not remember on the waiting list. .m., E1 (Director of d that R4's chart does not on R4's dental health follow litation on 5/21/14. port (GER) dated 12/29/14 king down the hall toward the	W	253			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		1 ' '	PLE CONSTRUCTION G	(X3) DATE SURVEY COMPLETED		
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NAME OF PROVIDER OR SUPPLIER GARDEN CENTER SERVICES				STREET ADDRESS, CITY, STATE, ZIP CODE 8345 SOUTH AUSTIN AVENUE BURBANK, IL 60459	1 02/00/2010	
(X4) ID PREFIX TAG	(EACH DEFICIENC	TATEMENT OF DEFICIENCIES CY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORREC (EACH CORRECTIVE ACTION SHOU CROSS-REFERENCED TO THE APPR DEFICIENCY)	JLD BE COMPLETION	
W 253	regarding R5's smok On 2/5/15, at 1:30 p. discussion regarding	ive further documentation king protocol. i.m., E1 confirmed that a R5's smoking protocol was	W 25	53		
W 255	documentation".	however, we "don't have	W 25	55		
	least by the qualified professional and rev but not limited to situ	ised as necessary, including, lations in which the client has ted an objective or objectives				
	Based on record revisited to assure data learning objectives with progress or lack of	orrect dosage of Lisinopril				
	with 45% accuracy f b) R1 will walk twice 45% accuracy for 6 0	or 6 consecutive months weekly for 20 minutes with				

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W 255	amount from mock tr accuracy for 3 month instead practice cour changed after July to amount in 3 amounts months" e) R1 will correctly of worksheet with 40% The program objective dosage of Lisinopril a had exceeded this go consecutive months The program objective for 20 minutes states objective for 5 of the revision to the goal. The program objective dust his bedroom she this goal 4 of 6 month The program objective the month of July, Au goal c, regarding R1' dusting his bedroom The program objective for the R1 to learn to 3 amounts of "fake" in The program objective the month of Decemble arning to correctly of worksheets.	ansactions with 50% as. Goal discontinued "will anting fake money. Goal ansactions with 50% as. Goal discontinued "will ating fake money. Goal and a correctly count dollar ansactions of fake money 50% for 3 complete single digit accuracy for 3 months. The for R1 stating the correct at 45% accuracy states R1 and at more than 95% for six with revision to the goal. The for walking twice weekly and R1 had failed to reach the and months tracked without The for R1 to independently and a failed to reach and swithout program revisions. The failed to include data for a gust, or September 2014 for a sindependence goal of The failed to include data and the failed to include data for and the failed to include data for and the failed to include data for and and the failed to include	W 25	55		

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W 255	a) choose coupon frowith 50% accuracy b) Will state Paxil is for 50% accuracy for 6 in c) Put clean clothes a months on laundry day with prompting R2 twice week with 75% e) write alphabet in caccuracy for 3 month f) with prompting will 45% accuracy g) R2 will state that h Protonix at 50% accuracy for 6 month i) R2 will count to the needed for purchases accuracy for 6 month i) R2 will change his 150% accuracy for 6 c. R2 exceeded his program objective. R2 exceeded his goals of 5 months at 100% program objective. R2 exceeded his goals items for 5 of 5 consequences for 5 of 5 consequences for 5 of 5 consequences. An interview was controlled the form of the controlled for the controlled form of the contr	of intellectual functioning. bjectives listed as follows: m Sunday paper for use or his mood when asked nonths away on his own 50% for 6 ays. will exercise for 15 minutes accuracy. apital letters at 45% s brush teeth thoroughly at is heartburn medication is iracy for 6 months e dollar amount the money s or activities at 50% s bedsheets independently at	W	255			

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W 255	evidence of review or above findings. E3 sta	me goals continuing without revision, both confirmed the ated some of the goals anged once the objectives	W 2	55		