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	14G244	A. BUILDING _____ B. WING _____	C 08/01/2013

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W 000	INITIAL COMMENTS COMPLAINT INVESTIGATION #1343075/ IL64570- No Deficiencies Cited #1343154/ IL64668-W149 and W285	W 000		
W 149	483.420(d)(1) STAFF TREATMENT OF CLIENTS The facility must develop and implement written policies and procedures that prohibit mistreatment, neglect or abuse of the client. This STANDARD is not met as evidenced by: Based on record review, observation and interview the facility neglected to implement their written policies to prevent peer to peer abuse for 5 of 5 individuals (R2, R3, R4, R5 and R10) who without provocation where physically abused by 1 of 1 individual (R1), by the facility's failure to: 1. Ensure staff provide adequate supervision for 1 of 1 individual (R1) who has behaviors of hitting walls, throwing items, property destruction and physical aggression towards staff and peers. 2. Ensure there are sufficient interventions and safeguards in place to manage R1's inappropriate behaviors to ensure the safety, welfare and human rights of all individuals that reside at the facility. 3. Ensure revision to R1's behavior program when needed. Findings Include: Individual Service Plan/ ISP (dated 2/14/13) identifies R1 as a 54 year old individual who functions at the severe range of intellectual	W 149		

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

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disability. The ISP states R1 is ambulatory and verbal. The ISP states, "R1 continues to have physically aggressive behavior. The aggressive behavior often begins by R1 asking questions repetitively. R1 will dwell on one specific item. When he doesn't get the answer he wants or when he wants he will bang on the walls or howl. Also when he is seeking female attention and they refuse to shake his hand or hug him, he hits walls or follow them around until his wants are satisfied. R1 will also become quickly agitated and can become physically aggressive towards peers in the form of hitting or kicking. R1 dwells on wanting people to shake his hands or wanting them to tell him that he is a good boy. R1 is on a behavior program to help him control his organic psychosis."

1. In review of facilities reportable's to Illinois Department of Public Health (6/1/13- 7/31/13) there where 4 incidents and one allegation in which R1 was physically abusive to five of his peers, stated as follows:

7/19/13 - "R1 was agitated this morning and ran past R3, who was standing at the/26/13 med room waiting for her medication, and hit her on the back. R1 then ran into the living room and threw a Kleenex box at R2 which resulted in a scratch on her cheek. R3 was also checked for injuries and had a small red mark on her back."

7/26/13- "R1 was agitated this morning and ran past R4, who was sitting at the dining room table eating breakfast, and hit R4 on his back between his shoulders. R1 then ran into the living room and hit R10 in his back, R1 immediately turned around to walk away and R10 turned towards R1 and hit R1 in the back. R1 was redirected away

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from R10 and there were no other incidents that morning."

7/30/13- "Please allow this letter to serve as notification of alleged Peer to Peer physical contact that occurred on 7/30/13 at 8:00 am and 8:15 am." The report states, "R1 was agitated this morning and ran down the hallway into R4's room, knocked over a TV (television) and hit R4 in the leg. At 8:15 AM R4 was sitting in the dining room and R1 came out of the kitchen and hit R4 in the back."

7/31/13- "R5 reported that R1 hit him on the arm. Staff did not witness the incident and checked R5's arm. There was no visible injury."

Behavior Progress Note (7/28/13 at 10:20 AM) identifies a peer to peer that occurred in which R1 hit R2 in the left shoulder. In interview with E1/ Qualified Intellectual Disability Professional on 7/30/13 at 3:25 PM, confirmed that this peer to peer was not reported to Illinois Department of Public Health. E1 stated, "It was overlooked."

In interview with R2 on 7/26/13 at 12:40 PM, R1 stated, "Get beat up by R1. Got hit by box of Kleenex." When asked if she was afraid of R1,R2 stated, "No. Don't like to get hit."

In an interview with R10 on 7/30/13 at 12:28, when asked if he has ever been abused by staff or peers stated, "Just minding my own business. R1 hit me in the back." R10 further stated regarding R1, "Bugs people. Hits wall and staff. It gets annoying."

2. Behavior Program titled "Organic Psychosis" (dated 3/1/13) identifies R1 has diagnoses of

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Organic Psychosis and Fragile X Syndrome. The Behavior Program states the following:

His psychosis related behaviors include extreme agitation that results in aggressive behavior, which includes aggression towards peers, bizarre behavior (i.e. throwing himself onto the floor). property damage, howling, and excessive dwelling on a subject.

Suggested Program Carryover: R1 will keep busy.

Programming Methods and Instructions: Before R1 exhibits symptoms of psychosis, staff will attempt to direct him to a reality oriented activity. When R1 appears to be bored or makes a request for an item (i.e. decaf coffee, snack,, etc,). The staff will ask R1 to sit down and relax and remind R1 that he will get a reinforcer of his choice (decaf coffee, cocoa, fruit snack, etc.) when the timer goes off after a specified time. The staff will set the timer for fifteen minutes and engage R1 in deep breathing exercises to assist in relaxation. Once the timer goes off, R1 will be verbal praised and will receive the reinforcer of his choice. If R1 is unable to sit with his timer for the specified time, he will not receive the reinforcer.

If R1 is dwelling on a subject, staff will acknowledge his question/ comment and attempt to answer R1 in a manner that satisfies him. This can often be done by letting R1 know that you value what he is saying and will try to honor his requests. The staff will then use the timer in the same aforementioned manner.

If R1 becomes frustrated or angry, staff will

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redirect him to a quiet area and encourage R1 to express his emotion in an appropriate manner. The staff will ask R1 if he would like to sit with his timer and relax. The staff will engage him in deep breathing exercises. If this is not successful and R1 begins to hit the walls, staff will redirect him away from other residents and escort him to a quiet area and staff should try to have R1 talk about his emotions, hit a pillow, or participate in a relaxation activity to calm down. The staff will again ask R1 if he would like to sit with a timer to relax. The staff will again engage him in deep breathing exercises. If R1 does not respond to the staff intervention, staff will physically escort him to a neutral area. Staff will continue to monitor R1 until he appears to be redirected to reality.

In review of R1's Behavior Progresss Notes, Maladaptive/ Adaptive Behavior Recording Form and Progress Notes (dated 6/1/13- 7/31/13) states the following regarding the peer to peer incidents:

7/19/13- 7:30 AM- "Antecedent: Sitting in living room. Behavior: Threw Kleenex box at R2, then went into dining room. R3 was getting medication, standing in med room doorway, R1 came up to her and hit her in lower back. Conclusion: Redirected."

7/26/13 at 7:30 AM- "Antecedent: Repeatedly telling R3 that he wants a hug while in the dining room. Behavior: Walked past R4 and hit him closed fisted in upper back between shoulders. Conclusion: Staff redirected R1 to living room away from R4."

7/26/13 at 7:45 AM- "Antecedent: R10 was

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walking through living room to couch. Behavior: R1 ran up behind R10 and punched him in the back. Conclusion:R1 ran to the couch to sit down."

7/28/13 at 10:20 AM - "Antecedent: R1 was sitting with his timer at the dining room table. Behavior: R1 began dwelling over coffee, sunglasses, (name of his sister) and choc choc (hot cocoa/ typed as written) when he got up and punched R2 in the left shoulder. Conclusion: redirected him to sit with his timer in the activity room and ask other residents to leave area."

7/28/13 at 10:45 AM- "Antecedent: R1 was dwelling on sunglasses, coffee, (hot cocoa), the new girl, and (sister) calling him back. Behavior; When he was told that he had to stop bugging and sit with his timer he began hitting the dining room table and threw his timer across the dining room. Conclusion: Staff redirected him to his room to calm down when he didn't want to go we ask the other residents to leave the area."

7/28/13 at 11:15 AM- "Antecedent; R1 was sitting with his timer for coffee at the dining room table. Behavior: He (R1) became upset because R10 wouldn't answer him and he throw (threw) his timer across the room. Conclusion: Staff redirect him to the living room to watch Channel 2 news."

7/28/13 at 11:30 Am- "Antecedent: R1 was sitting in the living room watching Channel 2 new. Behavior: He became upset and started hitting the wall under the mirror. Conclusion: Staff went over and asked him to calm down and maybe go take a hot bath. He calmed down but didn't want to take a bath."

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7/28/13 at 12:00/ noon- R1 hitting the wall and sticking his middle finger up at R10. Staff asked R10 to leave the dining room and had R1 take deep breaths to calm down.

7/28/13 at 12:30 PM- R1 in the living room asking questions. R1 knocked over rocking chair in living room and hit the wall. Rocking chair hit a DSP (Direct Support Person). R1 redirected to the other room and asked to take a few deep breaths.

7/28/13 at 12:30 PM- R1 was sitting at dining room table and picked up cup to throw. Staff grabbed the cup. Staff had the residents leave the area and redirected R1 to his room. R1 laid down and took a nap.

In review of Behavior Progress Notes/ Maladaptive/ Adaptive Behavior Recording Form and Progress Notes, there was no further documentation of staff intervening or following R1's behavior program as designed to manage R1's maladaptive behaviors. There was no written evidence that staff continued to monitor R1.

Observation at the facility on 7/30/13 at 3:40 PM, R1 hitting walls. R1 then came to facility office and stated, "Sunglasses." E2/ Administrator stated, "No sunglasses." R1 kept repeating "Sunglasses." R1 during this time of repeated requests for sunglasses began to sway his body back and forth, then very firmly slammed his fist down on the phone that was sitting on the desk. R1 started to repeatedly say "sunglasses" then firmly hit the copy machine firmly with his right fist. E8/ Cook/ Direct Support Person came to the office and escorted R1 out of the office.

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In an interview with E8/ Cook/Direct Support Person and E3/ Direct Support Person on 8/31/13 at 8:20 AM, both stated that R1 will exhibit R1 swaying and blinking his eyes as precursors to behavior.

R1's program does not identify types of "reality oriented activities" to engage R1 in to deter symptoms of psychosis. The program does not identify precursors that R1 may exhibit prior to his acts of physical aggression toward property or others. The program does not clearly identify how staff are to "monitor R1 until he appears to be redirected to reality." The program does not identify how long staff are to monitor R1 after having physical aggression toward his peers.

Safety Committee (dated 7/29/13) states, "Staff should be re-inserviced regarding documentation and abuse and neglect policies. Staff should be re-inserviced on re-directing R1."

Safety Committee (dated 7/30/13) states, "Incident Date: 7/30/13. The second incident could have been avoided by staff. Staff knew R1 was agitated and should have been more aware of where R4 was seated. Staff was just in-serviced regarding documentation and abuse and neglect policies. Staff should be re-inserviced on re-directing R1. Contact PAS agent to initiate SST (System Support Team). Have contacted Z8/ Psychiatrist for recommendations."

Safety Committee (dated 7/31/13) states, "R1 is being referred to SST and information has been sent to the PAS Agent. Staff will be reinserviced 8/2/13 on R1's program and redirection techniques."

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In review of the Safety Committee reports there was no evidence that interventions and safeguards to be used at the facility had been revised.

3. R1's Behavior Program (dated 3/1/13) does not identify behavior of throwing items. The program does not identify that if R1 is agitated that he should not be provided with anything that he could use to throw to endanger the health and safety of all individuals that reside at the facility. There was no evidence that R1's Behavior Program had been revised to clearly state the safeguards and interventions that staff are to implement to ensure that individuals that reside at the facility will not be physically abused by R1.

In interviews with E2/ Administrator on 7/30/13 at 3:45 PM and 7/31/13 at 1:10 PM when surveyor asked if there had been any changes to R1's supervision level since the 7/19/13 incident of peer to peer, E2 stated, "No changes are needed. The staff are providing supervision. When staff call and reported, I asked staff "Where were you?" When asked about R1's Behavior Program having clear interventions, E2 stated, "The behavior program is fine." E2 further stated that staff receive training all the time. E2 confirmed that she was unable to provide reproducible evidence of training staff receive regarding interventions that staff are to use to manage R1's inappropriate behavior. E2 confirmed there have been no changes to R1's behavior program. E2 states the facility has contacted the PAS agent for SST (System Support Team) and has contacted Z1/ Psychiatrist for further recommendations.

Daily Status Meeting (dated 7/31/13) E2 wrote, "Facility Comments: Facility believes that both

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W 149	Continued From page 9 staff interventions and supervision are adequate." Facility Policy W5.24/ Investigative Committee (dated 10/10) states: "The agency shall promptly and thoroughly investigate allegations and suspicions of abuse, neglect and theft." "Any facility employee or agent who witnesses or suspects a violation of resident rights, peer-to-peer incidents, abuse, or neglect as well as injuries of unknown source shall immediately report the matter to facility management " "If the allegation is that another individual committed an act of abuse, appropriate action will be taken to safeguard the other individuals."	W 149		
W 285	483.450(b)(2) MGMT OF INAPPROPRIATE CLIENT BEHAVIOR Interventions to manage inappropriate client behavior must be employed with sufficient safeguards and supervision to ensure that the safety, welfare and civil and human rights of clients are adequately protected. This STANDARD is not met as evidenced by: Based on record review, observation and interview the facility failed to ensure interventions and safeguards were implemented to manage the behavior of 1 of 1 individual (R1) to prevent peer to peer abuse for 5 of 5 individuals (R2, R3, R4, R5 and R10) who without provocation where physically abused by (R1). 1. Ensure staff provide adequate supervision for 1	W 285		

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of 1 individual (R1) who has behaviors of hitting walls, throwing items, property destruction and physical aggression towards staff and peers.

2. Ensure there are sufficient interventions and safeguards in place to manage R1's inappropriate behaviors to ensure the safety, welfare and human rights of all individuals that reside at the facility.

3. Ensure revision to R1's behavior program when needed.

Findings Include:

Individual Service Plan/ ISP (dated 2/14/13) identifies R1 as a 54 year old individual who functions at the severe range of intellectual disability. The ISP states R1 is ambulatory and verbal. The ISP states, "R1 continues to have physically aggressive behavior. The aggressive behavior often begins by R1 asking questions repetitively. R1 will dwell on one specific item. When he doesn't get the answer he wants or when he wants he will bang on the walls or howl. Also when he is seeking female attention and they refuse to shake his hand or hug him, he hits walls or follow them around until his wants are satisfied. R1 will also become quickly agitated and can become physically aggressive towards peers in the form of hitting or kicking. R1 dwells on wanting people to shake his hands or wanting them to tell him that he is a good boy. R1 is on a behavior program to help him control his organic psychosis."

1. In review of facilities reportable's to Illinois Department of Public Health (6/1/13- 7/31/13) there where 4 incidents and one allegation in

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which R1 was physically abusive to five of his peers, stated as follows:

7/19/13 - "R1 was agitated this morning and ran past R3, who was standing at the/26/13 med room waiting for her medication, and hit her on the back. R1 then ran into the living room and threw a Kleenex box at R2 which resulted in a scratch on her cheek. R3 was also checked for injuries and had a small red mark on her back."

7/26/13- "R1 was agitated this morning and ran past R4, who was sitting at the dining room table eating breakfast, and hit R4 on his back between his shoulders. R1 then ran into the living room and hit R10 in his back, R1 immediately turned around to walk away and R10 turned towards R1 and hit R1 in the back. R1 was redirected away from R10 and there were no other incidents that morning."

7/30/13- "Please allow this letter to serve as notification of alleged Peer to Peer physical contact that occurred on 7/30/13 at 8:00 am and 8:15 am." The report states, "R1 was agitated this morning and ran down the hallway into R4's room, knocked over a TV (television) and hit R4 in the leg. At 8:15 AM R4 was sitting in the dining room and R1 came out of the kitchen and hit R4 in the back."

7/31/13- "R5 reported that R1 hit him on the arm. Staff did not witness the incident and checked R5's arm. There was no visible injury."

Behavior Progress Note (7/28/13 at 10:20 AM) identifies a peer to peer that occurred in which R1 hit R2 in the left shoulder. In interview with E1/ Qualified Intellectual Disability Professional on

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7/30/13 at 3:25 PM, confirmed that this peer to peer was not reported to Illinois Department of Public Health. E1 stated, "It was overlooked."

In interview with R2 on 7/26/13 at 12:40 PM, R1 stated, "Get beat up by R1. Got hit by box of Kleenex." When asked if she was afraid of R1,R2 stated, "No. Don't like to get hit."

In an interview with R10 on 7/30/13 at 12:28, when asked if he has ever been abused by staff or peers stated, "Just minding my own business. R1 hit me in the back." R10 further stated regarding R1, "Bugs people. Hits wall and staff. It gets annoying."

2. Behavior Program titled "Organic Psychosis" (dated 3/1/13) identifies R1 has diagnoses of Organic Psychosis and Fragile X Syndrome. The Behavior Program states the following:

His psychosis related behaviors include extreme agitation that results in aggressive behavior, which includes aggression towards peers, bizarre behavior (i.e. throwing himself onto the floor). property damage, howling, and excessive dwelling on a subject.

Suggested Program Carryover: R1 will keep busy.

Programming Methods and Instructions: Before R1 exhibits symptoms of psychosis, staff will attempt to direct him to a reality oriented activity. When R1 appears to be bored or makes a request for an item (i.e. decaf coffee, snack,, etc,). The staff will ask R1 to sit down and relax and remind R1 that he will get a reinforcer of his choice (decaf coffee, cocoa, fruit snack, etc.)

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when the timer goes off after a specified time. The staff will set the timer for fifteen minutes and engage R1 in deep breathing exercises to assist in relaxation. Once the timer goes off, R1 will be verbal praised and will receive the reinforcer of his choice. If R1 is unable to sit with his timer for the specified time, he will not receive the reinforcer.

If R1 is dwelling on a subject, staff will acknowledge his question/ comment and attempt to answer R1 in a manner that satisfies him. This can often be done by letting R1 know that you value what he is saying and will try to honor his requests. The staff will then use the timer in the same aforementioned manner.

If R1 becomes frustrated or angry, staff will redirect him to a quiet area and encourage R1 to express his emotion in an appropriate manner. The staff will ask R1 if he would like to sit with his timer and relax. The staff will engage him in deep breathing exercises. If this is not successful and R1 begins to hit the walls, staff will redirect him away from other residents and escort him to a quiet area and staff should try to have R1 talk about his emotions, hit a pillow, or participate in a relaxation activity to calm down. The staff will again ask R1 if he would like to sit with a timer to relax. The staff will again engage him in deep breathing exercises. If R1 does not respond to the staff intervention, staff will physically escort him to a neutral area. Staff will continue to monitor R1 until he appears to be redirected to reality.

In review of R1's Behavior Progresss Notes, Maladaptive/ Adaptive Behavior Recording Form and Progress Notes (dated 6/1/13- 7/31/13)

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states the following regarding the peer to peer incidents:

7/19/13- 7:30 AM- "Antecedent: Sitting in living room. Behavior: Threw Kleenex box at R2, then went into dining room. R3 was getting medication, standing in med room doorway, R1 came up to her and hit her in lower back. Conclusion: Redirected."

7/26/13 at 7:30 AM- "Antecedent: Repeatedly telling R3 that he wants a hug while in the dining room. Behavior: Walked past R4 and hit him closed fisted in upper back between shoulders. Conclusion: Staff redirected R1 to living room away from R4."

7/26/13 at 7:45 AM- "Antecedent: R10 was walking through living room to couch. Behavior: R1 ran up behind R10 and punched him in the back. Conclusion:R1 ran to the couch to sit down."

7/28/13 at 10:20 AM - "Antecedent: R1 was sitting with his timer at the dining room table. Behavior: R1 began dwelling over coffee, sunglasses, (name of his sister) and choc choc (hot cocoa/ typed as written) when he got up and punched R2 in the left shoulder. Conclusion: redirected him to sit with his timer in the activity room and ask other residents to leave area."

7/28/13 at 10:45 AM- "Antecedent: R1 was dwelling on sunglasses, coffee, (hot cocoa), the new girl, and (sister) calling him back. Behavior; When he was told that he had to stop bugging and sit with his timer he began hitting the dining room table and threw his timer across the dining room. Conclusion: Staff redirected him to his

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room to calm down when he didn't want to go we ask the other residents to leave the area."

7/28/13 at 11:15 AM- "Antecedent; R1 was sitting with his timer for coffee at the dining room table. Behavior: He (R1) became upset because R10 wouldn't answer him and he throw (threw) his timer across the room. Conclusion: Staff redirect him to the living room to watch Channel 2 news."

7/28/13 at 11:30 Am- "Antecedent: R1 was sitting in the living room watching Channel 2 new. Behavior: He became upset and started hitting the wall under the mirror. Conclusion: Staff went over and asked him to calm down and maybe go take a hot bath. He calmed down but didn't want to take a bath."

7/28/13 at 12:00/ noon- R1 hitting the wall and sticking his middle finger up at R10. Staff asked R10 to leave the dining room and had R1 take deep breaths to calm down.

7/28/13 at 12:30 PM- R1 in the living room asking questions. R1 knocked over rocking chair in living room and hit the wall. Rocking chair hit a DSP (Direct Support Person). R1 redirected to the other room and asked to take a few deep breaths.

7/28/13 at 12:30 PM- R1 was sitting at dining room table and picked up cup to throw. Staff grabbed the cup. Staff had the residents leave the area and redirected R1 to his room. R1 laid down and took a nap.

In review of Behavior Progress Notes/ Maladaptive/ Adaptive Behavior Recording Form and Progress Notes, there was no further

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documentation of staff intervening or following R1's behavior program as designed to manage R1's maladaptive behaviors. There was no written evidence that staff continued to monitor R1.

Observation at the facility on 7/30/13 at 3:40 PM, R1 hitting walls. R1 then came to facility office and stated, "Sunglasses." E2/ Administrator stated, "No sunglasses." R1 kept repeating "Sunglasses." R1 during this time of repeated requests for sunglasses began to sway his body back and forth, then very firmly slammed his fist down on the phone that was sitting on the desk. R1 started to repeatedly say "sunglasses" then firmly hit the copy machine firmly with his right fist. E8/ Cook/ Direct Support Person came to the office and escorted R1 out of the office.

In an interview with E8/ Cook/Direct Support Person and E3/ Direct Support Person on 8/31/13 at 8:20 AM, both stated that R1 will exhibit R1 swaying and blinking his eyes as precursors to behavior.

R1's program does not identify types of "reality oriented activities" to engage R1 in to deter symptoms of psychosis. The program does not identify precursors that R1 may exhibit prior to his acts of physical aggression toward property or others. The program does not clearly identify how staff are to "monitor R1 until he appears to be redirected to reality." The program does not identify how long staff are to monitor R1 after having physical aggression toward his peers.

Safety Committee (dated 7/29/13) states, "Staff should be re-inserviced regarding documentation and abuse and neglect policies. Staff should be re-inserviced on re-directing R1."

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Safety Committee (dated 7/30/13) states, "Incident Date: 7/30/13. The second incident could have been avoided by staff. Staff knew R1 was agitated and should have been more aware of where R4 was seated. Staff was just in-serviced regarding documentation and abuse and neglect policies. Staff should be re-inserviced on re-directing R1. Contact PAS agent to initiate SST (System Support Team). Have contacted Z8/ Psychiatrist for recommendations."

Safety Committee (dated 7/31/13) states, "R1 is being referred to SST and information has been sent to the PAS Agent. Staff will be reinserviced 8/2/13 on R1's program and redirection techniques."

In review of the Safety Committee reports there was no evidence that interventions and safeguards to be used at the facility had been revised.

3. R1's Behavior Program (dated 3/1/13) does not identify behavior of throwing items. The program does not identify that if R1 is agitated that he should not be provided with anything that he could use to throw to endanger the health and safety of all individuals that reside at the facility. There was no evidence that R1's Behavior Program had been revised to clearly state the safeguards and interventions that staff are to implement to ensure that individuals that reside at the facility will not be physically abused by R1.

In interviews with E2/ Administrator on 7/30/13 at 3:45 PM and 7/31/13 at 1:10 PM when surveyor asked if there had been any changes to R1's supervision level since the 7/19/13 incident of

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peer to peer, E2 stated, "No changes are needed. The staff are providing supervision. When staff call and reported, I asked staff "Where were you?" When asked about R1's Behavior Program having clear interventions, E2 stated, "The behavior program is fine." E2 further stated that staff receive training all the time. E2 confirmed that she was unable to provide reproducible evidence of training staff receive regarding interventions that staff are to use to manage R1's inappropriate behavior. E2 confirmed there have been no changes to R1's behavior program. E2 states the facility has contacted the PAS agent for SST (System Support Team) and has contacted Z1/ Psychiatrist for further recommendations.

Daily Status Meeting (dated 7/31/13) E2 wrote, "Facility Comments: Facility believes that both staff interventions and supervision are adequate."