PRINTED: 10/07/2013 FORM APPROVED OMB NO. 0938-0391

	OF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIF	PLE CONSTRUCTION 3		E SURVEY MPLETED
		14G244	B. WING	 	08	C 8/ 01/2013
	ROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZIP CODE #4 HILL MINE ROAD FREEBURG, IL 62243		
(X4) ID PREFIX TAG	(EACH DEFICIENC	TATEMENT OF DEFICIENCIES OF 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 000	INITIAL COMMENTS	3	W 00	00		
W 149	#1343154/ IL64668-\ 483.420(d)(1) STAFF The facility must dev policies and procedu	No Deficiencies Cited W149 and W285 F TREATMENT OF CLIENTS elop and implement written	W 14	1 9		
	Based on record revinterview the facility is written policies to pre 5 of 5 individuals (R2 without provocation is	not met as evidenced by: riew, observation and neglected to implement their event peer to peer abuse for 2, R3, R4, R5 and R10) who where physically abused by 1 by the facility's failure to:				
	of 1 individual (R1) www.walls, throwing items	de adequate supervision for 1 tho has behaviors of hitting t, property destruction and towards staff and peers.				
	safeguards in place to behaviors to ensure	sufficient interventions and to manage R1's inappropriate the safety, welfare and dividuals that reside at the				
	3. Ensure revision to when needed.	R1's behavior program				
	Findings Include:					
	identifies R1 as a 54	an/ ISP (dated 2/14/13) year old individual who re range of intellectual				
ABORATORY	 DIRECTOR'S OR PROVIDER/	SUPPLIER REPRESENTATIVE'S SIGNATUR	<u> </u>	TITLE		(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: IL6012637

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: (X2) MULTIPLE CONSTRUCTION A. BUILDING			(X3) DATE SURVEY COMPLETED			
		14G244	B. WING			C / 01/2013
	ROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZIP CODE #4 HILL MINE ROAD FREEBURG, IL 62243		01/2013
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORREC' (EACH CORRECTIVE ACTION SHOL CROSS-REFERENCED TO THE APPRI DEFICIENCY)	JLD BE	(X5) COMPLETION DATE
W 149	verbal. The ISP states physically aggressive behavior often begins repetitively. R1 will dw When he doesn't get when he wants he wil Also when he is seek they refuse to shake I walls or follow them a satisfied. R1 will also and can become physical peers in the form of hon wanting people to them to tell him that he behavior program to he psychosis." 1. In review of facilities Department of Public there where 4 inciden which R1 was physical peers, stated as follow 7/19/13 - "R1 was aging past R3, who was star room waiting for her rethe back. R1 then ran threw a Kleenex box a scratch on her cheek injuries and had a sm. 7/26/13- "R1 was aging past R4, who was sittle eating breakfast, and his shoulders. R1 the and hit R10 in his baca around to walk away."	ates R1 is ambulatory and s, "R1 continues to have behavior. The aggressive s by R1 asking questions well on one specific item. the answer he wants or I bang on the walls or howl. ing female attention and his hand or hug him, he hits wound until his wants are become quickly agitated sically aggressive towards itting or kicking. R1 dwells shake his hands or wanting he is a good boy. R1 is on a help him control his organic health (6/1/13- 7/31/13) ats and one allegation in ally abusive to five of his	W 14	9		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		I ` ′	E CONSTRUCTION		(X3) DATE SURVEY COMPLETED	
		14G244	B. WING		0.	C 3/ 01/2013
	ROVIDER OR SUPPLIER	1		STREET ADDRESS, CITY, STATE, ZIP CO #4 HILL MINE ROAD FREEBURG, IL 62243		5/01/2013
(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 C (EACH CORRECTIVE ACTIC CROSS-REFERENCED TO TH DEFICIENCY	ON SHOULD BE IE APPROPRIATE	(X5) COMPLETION DATE
W 149	morning." 7/30/13- "Please allo notification of alleger contact that occurred 8:15 am." The reporting and rar room, knocked over in the leg. At 8:15 Al room and R1 came on the back." 7/31/13- "R5 reported Staff did not witnessed R5's arm. There was Behavior Progress Notice in the left of the	ow this letter to serve as d Peer to Peer physical d on 7/30/13 at 8:00 am and rt states, "R1 was agitated a down the hallway into R4's a TV (television) and hit R4 M R4 was sitting in the dining out of the kitchen and hit R4 ed that R1 hit him on the arm. It the incident and checked is no visible injury." Note (7/28/13 at 10:20 AM) beer that occurred in which is shoulder. In interview with E1/1 I Disability Professional on confirmed that this peer to ed to Illinois Department of ated, "It was overlooked." on 7/26/13 at 12:40 PM, R1 by R1. Got hit by box of the difference of the shoulder was afraid of R1,R2	W 149			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTI A. BUILDIN	PLE CONSTRUCTION IG	, ,	(X3) DATE SURVEY COMPLETED	
		14G244	B. WING _			C 08/01/2013
	ROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZIP CODE #4 HILL MINE ROAD FREEBURG, IL 62243	'	0.0.0.1.20.10
(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 COF (EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE A DEFICIENCY)	SHOULD BE	(X5) COMPLETION DATE
W 149	Behavior Program s His psychosis relate agitation that results which includes aggrebehavior (i.e. throwiproperty damage, howelling on a subject Suggested Programbusy. Programming Methors R1 exhibits sympton attempt to direct him When R1 appears to request for an item etc.). The staff will and remind R1 that choice (decaf coffee when the timer goes. The staff will set the engage R1 in deep in relaxation. Once verbal praised and whis choice. If R1 is the specified time, it reinforcer. If R1 is dwelling on acknowledge his que to answer R1 in a more can often be done by value what he is say requests. The staff same aforementions	and Fragile X Syndrome. The states the following: ed behaviors include extreme in aggressive behavior, ression towards peers, bizarre ing himself onto the floor). owling, and excessive oct. In Carryover: R1 will keep ods and Instructions: Before ms of psychosis, staff will in to a reality oriented activity. To be bored or makes a (i.e. decaf coffee, snack, ask R1 to sit down and relax he will get a reinforcer of his in the second, fruit snack, etc.) is off after a specified time. In the timer goes off, R1 will be will receive the reinforcer of unable to sit with his timer for the will not receive the a subject, staff will restion/ comment and attempt thanner that satisfies him. This by letting R1 know that you ying and will try to honor his will then use the timer in the	W 1	49		

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING		(X3) DATE SURVEY COMPLETED		
		14G244	B. WING			C
NAME OF PE	ROVIDER OR SUPPLIER	140244		STREET ADDRESS, CITY, STATE, ZIP CODE	08	3/01/2013
				#4 HILL MINE ROAD		
FREEBUR	G TERRACE			FREEBURG, IL 62243		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	ATEMENT OF DEFICIENCIES / MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRE (EACH CORRECTIVE ACTION SH CROSS-REFERENCED TO THE APP DEFICIENCY)	IOULD BE	(X5) COMPLETION DATE
W 149	express his emotion in The staff will ask R1 if timer and relax. The staff will ask R1 if timer and relax. The staff period peri	area and encourage R1 to an appropriate manner. If he would like to sit with his staff will engage him in deep of this is not successful and alls, staff will redirect him ents and escort him to a mould try to have R1 talk it a pillow, or participate in a alm down. The staff will bould like to sit with a timer to rain engage him in deep of R1 does not respond to staff will physically escort Staff will continue to opears to be redirected to the staff will continue to opears to be redirected to the staff will enter to pear to peer to peer the staff will enter to peer to peer the staff will enter to peer to peer the staff will continue to opears to be redirected to the staff will enter to peer to peer the staff will enter to peer to peer the staff will enter to peer to peer the staff will enter the s	W 1	49		
	7/26/13 at 7:45 AM- "/	Antecedent: KTU Was				

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		l ` ′	PLE CONSTRUCTION G	` '	(X3) DATE SURVEY COMPLETED	
		14G244	B. WING			C 8/01/2013
	ROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZIP CODE #4 HILL MINE ROAD FREEBURG, IL 62243		0/01/2013
(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 COI (EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE DEFICIENCY)	SHOULD BE	(X5) COMPLETION DATE
W 149	R1 ran up behind R1 back. Conclusion:R1 down." 7/28/13 at 10:20 AM with his timer at the orange of his sister) at typed as written) whe in the left shoulder. On the left shoulder. On the left shoulder of his sit with his timer in the residents to leave are considered as a sit with his timer in the residents to leave are considered and sit with his timer room table and threw room. Conclusion: Stroom to calm down wask the other resident confidered as a sit with his timer for coff behavior: He (R1) be wouldn't answer him timer across the room him to the living room was behavior: He became the wall under the mi over and asked him to the living room was considered as a six of the living room was behavior: He became the wall under the mi over and asked him to the living room was considered as a six of the living room was considered as	g room to couch. Behavior: 0 and punched him in the ran to the couch to sit - "Antecedent: R1 was sitting lining room table. Behavior: ver coffee, sunglasses, nd choc choc (hot cocoa/ en he got up and punched R2 conclusion: redirected him to e activity room and ask other ea." "Antecedent: R1 was es, coffee, (hot cocoa), the calling him back. Behavior; at he had to stop bugging he began hitting the dining of his timer across the dining aff redirected him to his when he didn't want to go we	W 1.	49		

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		` ′	PLE CONSTRUCTION G	` '	(X3) DATE SURVEY COMPLETED	
		14G244	B. WING			C 8/01/2013
	ROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZIP CODE #4 HILL MINE ROAD FREEBURG, IL 62243		0/01/2013
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF COF (EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE A DEFICIENCY)	SHOULD BE	(X5) COMPLETION DATE
W 149	sticking his middle fin R10 to leave the dinin deep breaths to calm 7/28/13 at 12:30 PM-questions. R1 knockeroom and hit the wall (Direct Support Persoother room and asked breaths. 7/28/13 at 12:30 PM-room table and picke grabbed the cup. Stathe area and redirect down and took a nap In review of Behavio Maladaptive/ Adaptiv and Progress Notes, documentation of sta R1's behavior progra R1's maladaptive behavior progra R1's maladaptive behavior progra R1's maladaptive behavior at the fa R1 hitting walls. R1 thand stated, "Sunglasses." R1 dur requests for sunglasses "Sunglasses." R1 dur requests for sunglasses back and forth, then vidown on the phone the R1 started to repeate firmly hit the copy materials.	n-R1 hitting the wall and ger up at R10. Staff asked on groom and had R1 take down. R1 in the living room asking at dover rocking chair in living Rocking chair hit a DSP on). R1 redirected to the doto take a few deep R1 was sitting at dining doup cup to throw. Staff fif had the residents leave ed R1 to his room. R1 laid on the residents leave ed R1 to his room. R1 laid on the residents leave ed R1 to his room. R1 laid on the residents leave ed R1 to his room. R1 laid on the residents leave ed R1 to his room. R1 laid on the residents leave ed R1 to his room. R1 laid on the residents leave ed R1 to his room. R1 laid on the residents leave ed R1 to his room. R1 laid on the residents leave ed R1 to his room. R1 laid on the residents leave ed R1 to his room written intinued to monitor R1. Cility on 7/30/13 at 3:40 PM, then came to facility office ess." E2/ Administrator ess." E2/ Administrator ess." E1/ R1 kept repeating ing this time of repeated ess began to sway his body very firmly slammed his fist that was sitting on the desk. dly say "sunglasses" then chine firmly with his right Support Person came to the	W 14	19		

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING		, ,	(X3) DATE SURVEY COMPLETED	
		14G244	B. WING			C 08/01/2013
	ROVIDER OR SUPPLIER	110211		STREET ADDRESS, CITY, STATE, ZIP COI #4 HILL MINE ROAD FREEBURG, IL 62243	DE	08/01/2013
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CO (EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE DEFICIENCY	N SHOULD BE E APPROPRIATE	(X5) COMPLETION DATE
W 149	In an interview with E Person and E3/ Direct at 8:20 AM, both state swaying and blinking behavior. R1's program does no oriented activities" to symptoms of psychos identify precursors that acts of physical aggree others. The program of staff are to "monitor Fredirected to reality." identify how long staff having physical aggree Safety Committee (dashould be re-inserviced and abuse and negled re-inserviced on re-directed to reality. Safety Committee (dashould be re-inserviced and abuse and negled re-inserviced on re-directing Safety Committee (dashould have been avoi was agitated and sho of where R4 was sead in-serviced regarding and neglect policies. Son re-directing R1. Co SST (System Support Psychiatrist for recomm Safety Committee (dasheing referred to SST	8/ Cook/Direct Support t Support Person on 8/31/13 ed that R1 will exhibit R1 his eyes as precursors to of identify types of "reality engage R1 in to deter is. The program does not at R1 may exhibit prior to his ession toward property or does not clearly identify how at until he appears to be The program does not f are to monitor R1 after ession toward his peers. atted 7/29/13) states, "Staff ed regarding documentation bet policies. Staff should be recting R1." atted 7/30/13) states, 3. The second incident ded by staff. Staff knew R1 uld have been more aware ed. Staff was just documentation and abuse Staff should be re-inserviced ontact PAS agent to initiate at Team). Have contacted Z8/ emendations." atted 7/31/13) states, "R1 is and information has been at Staff will be reinserviced	W 1	49		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		1 ' '	(X2) MULTIPLE CONSTRUCTION A. BUILDING		(X3) DATE SURVEY COMPLETED		
		14G244	B. WING _			1	01/2013
	ROVIDER OR SUPPLIER			#4 HIL	ET ADDRESS, CITY, STATE, ZIP CODE LL MINE ROAD EBURG, IL 62243	<u>1 00/</u>	01/2010
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFI) TAG	<	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD B CROSS-REFERENCED TO THE APPROPRI DEFICIENCY)		(X5) COMPLETION DATE
W 149	Continued From page	e 8	W 1	49			
	was no evidence that safeguards to be use revised.	ty Committee reports there interventions and d at the facility had been gram (dated 3/1/13) does					
	not identify behavior program does not ide that he should not be he could use to throw	of throwing items. The entify that if R1 is agitated provided with anything that to endanger the health and als that reside at the facility.					
	There was no eviden Program had been re safeguards and inten- implement to ensure	ce that R1's Behavior vised to clearly state the ventions that staff are to that individuals that reside at physically abused by R1.					
	3:45 PM and 7/31/13 asked if there had be supervision level since peer to peer, E2 state. The staff are providin call and reported, I as you?" When asked a having clear intervent behavior program is fistaff receive training a that she was unable to evidence of training sinterventions that statinappropriate behavior been no changes to be states the facility has SST (System Suppor Z1/ Psychiatrist for further to peer to be states the facility has SST (System Suppor Z1/ Psychiatrist for further to peer to pe	/ Administrator on 7/30/13 at 8 at 1:10 PM when surveyor en any changes to R1's see the 7/19/13 incident of ed, "No changes are needed. g supervision. When staff sked staff "Where were about R1's Behavior Program tions, E2 stated, "The fine." E2 further stated that all the time. E2 confirmed to provide reproducible staff receive regarding ff are to use to manage R1's or. E2 confirmed there have R1's behavior program. E2 contacted the PAS agent for t Team) and has contacted rther recommendations.					
		(dated 7/31/13) E2 wrote, Facility believes that both					

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:			PLE CONSTRUCTION G	, ,	(X3) DATE SURVEY COMPLETED	
		14G244	B. WING			C
	ROVIDER OR SUPPLIER	14G244	B. WING	STREET ADDRESS, CITY, STATE, ZIP CODE #4 HILL MINE ROAD FREEBURG, IL 62243	0	8/01/2013
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORF (EACH CORRECTIVE ACTION S CROSS-REFERENCED TO THE AI DEFICIENCY)	SHOULD BE	(X5) COMPLETION DATE
W 149	Facility Policy W5.24/ (dated 10/10) states: "The agency shall proinvestigate allegation neglect and theft." "Any facility employed suspects a violation of peer-to-peer incidents as injuries of unknow report the matter to father the suspects as injuries of unknow report the matter to father the suspects as injuries of unknow report the matter to father the suspect of the suspe	d supervision are adequate." Investigative Committee Inputly and thoroughly and suspicions of abuse, or agent who witnesses or of resident rights, a buse, or neglect as well a source shall immediately acility management." In at another individual abuse, appropriate action will a the other individuals." OF INAPPROPRIATE Age inappropriate client ployed with sufficient rivision to ensure that the will and human rights of a protected. Inot met as evidenced by: iew, observation and alled to ensure interventions implemented to manage the ividual (R1) to prevent peer of 5 individuals (R2, R3, R4, thout provocation where	W 14			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:			(X2) MULTIPLE CONSTRUCTION A. BUILDING			(X3) DATE SURVEY COMPLETED	
		14G244	B. WING			08	C 5/01/2013
	ROVIDER OR SUPPLIER			#4 H	EET ADDRESS, CITY, STATE, ZIP CODE ILL MINE ROAD EEBURG, IL 62243	1 00	10112013
(X4) ID PREFIX TAG	(EACH DEFICIEN	STATEMENT OF DEFICIENCIES CY MUST BE PRECEDED BY FULL R LSC IDENTIFYING INFORMATION)	ID PREFI TAG	×	PROVIDER'S PLAN OF CORRECTIO (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPI DEFICIENCY)	BE	(X5) COMPLETION DATE
W 285	walls, throwing item physical aggression 2. Ensure there are safeguards in place behaviors to ensure human rights of all infacility. 3. Ensure revision to when needed. Findings Include: Individual Service Pidentifies R1 as a 54 functions at the sevential disability. The ISP services werbal. The ISP state physically aggressive behavior often begin repetitively. R1 will of When he doesn't ge when he wants he walls or follow them satisfied. R1 will als and can become pheers in the form of on wanting people to	ge 10 who has behaviors of hitting is, property destruction and towards staff and peers. It sufficient interventions and to manage R1's inappropriate the safety, welfare and individuals that reside at the individual who ere range of intellectual tates R1 is ambulatory and es, "R1 continues to have behavior. The aggressive inside by R1 asking questions dwell on one specific item. In the answer he wants or will bang on the walls or howl. It is hand or hug him, he hits around until his wants are to become quickly agitated ysically aggressive towards hitting or kicking. R1 dwells to shake his hands or wanting he is a good boy. R1 is on a	W	285			
	psychosis." 1. In review of facilit Department of Publi	help him control his organic ies reportable's to Illinois ic Health (6/1/13- 7/31/13) ents and one allegation in					

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULT A. BUILDII	IPLE CONSTRUCTION NG	(X3)	(X3) DATE SURVEY COMPLETED	
		14G244	B. WING _			C 08/01/2013
	ROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STAT #4 HILL MINE ROAD FREEBURG, IL 62243	E, ZIP CODE	33/3 // 2010
(X4) ID PREFIX TAG	(EACH DEFICIEN	STATEMENT OF DEFICIENCIES ICY MUST BE PRECEDED BY FULL R LSC IDENTIFYING INFORMATION)	ID PREFI) TAG	((EACH CORRECTI CROSS-REFERENC	LAN OF CORRECTION VE ACTION SHOULD BE ED TO THE APPROPRIATE FICIENCY)	(X5) COMPLETION DATE
W 285	peers, stated as followed peers, who was stated and had a stated peers and h	ically abusive to five of his	W 2		ricienci)	
	R5's arm. There was Behavior Progress identifies a peer to p R1 hit R2 in the left					

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1		(X1) PROVIDER/SUPPLIER/CLIA (X2) MULI IDENTIFICATION NUMBER: A. BUILD		IPLE CONSTRUCTION NG		(X3) DATE SURVEY COMPLETED	
		14G244	B. WING _			C 08/01/2013	
NAME OF PROVIDER OR SUPPLIER FREEBURG TERRACE				STREET ADDRESS, CITY, STATE, ZIP COD #4 HILL MINE ROAD FREEBURG, IL 62243	•		
(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 CO (EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE DEFICIENCY)	I SHOULD BE	(X5) COMPLETION DATE	
W 285	peer was not report. Public Health. E1 st. In interview with R2 stated, "Get beat up Kleenex." When ast stated, "No. Don't lil In an interview with when asked if he hor peers stated, "Ju R1 hit me in the bac regarding R1, "Bugs gets annoying." 2. Behavior Program (dated 3/1/13) ident Organic Psychosis a Behavior Program ship behavior (i.e. throwing property damage, howelling on a subject Suggested Program busy. Programming Methom R1 exhibits symptom attempt to direct him	confirmed that this peer to ed to Illinois Department of ated, "It was overlooked." on 7/26/13 at 12:40 PM, R1 by R1. Got hit by box of sed if she was afraid of R1,R2 se to get hit." R10 on 7/30/13 at 12:28, as ever been abused by staff st minding my own business. etc." R10 further stated as people. Hits wall and staff. It if it	W2				
	etc,). The staff will a and remind R1 that	(i.e. decaf coffee, snack,, sk R1 to sit down and relax he will get a reinforcer of his e, cocoa, fruit snack, etc.)					

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W 285	The staff will set the tengage R1 in deep be in relaxation. Once the verbal praised and withis choice. If R1 is urthe specified time, he reinforcer. If R1 is dwelling on a acknowledge his questo answer R1 in a macan often be done by value what he is saying requests. The staff with same aforementioned. If R1 becomes frustried redirect him to a quiest express his emotion in the staff will ask R1 timer and relax. The staff will ask R1 timer and relax. The staff will ask R1 timer and staff sabout his emotions, he relaxation activity to again ask R1 if he will relax. The staff will ask R1 if he will relax the staff intervention, him to a neutral area monitor R1 until he a reality. In review of R1's Bel Maladaptive/ Adaptiv	off after a specified time. imer for fifteen minutes and reathing exercises to assist e timer goes off, R1 will be Il receive the reinforcer of lable to sit with his timer for will not receive the subject, staff will stion/ comment and attempt nner that satisfies him. This letting R1 know that you letting R1 know that letting R1 know that letting R1 know letti	W2	285			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING			(X3) DATE SURVEY COMPLETED	
		14G244	B. WING _			C 98/01/2013	
NAME OF PROVIDER OR SUPPLIER FREEBURG TERRACE				STREET ADDRESS, CITY, STATE, ZIP COD #4 HILL MINE ROAD FREEBURG, IL 62243		0/01/2013	
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES BY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CC (EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE DEFICIENCY)	N SHOULD BE	(X5) COMPLETION DATE	
W 285	incidents: 7/19/13- 7:30 AM- "A room. Behavior: Threwent into dining room standing in med room her and hit her in low Redirected." 7/26/13 at 7:30 AM- telling R3 that he war room. Behavior: Wall closed fisted in uppe Conclusion: Staff redaway from R4." 7/26/13 at 7:45 AM- walking through living R1 ran up behind R1 back. Conclusion:R1 down." 7/28/13 at 10:20 AM with his timer at the R1 began dwelling or (name of his sister) at typed as written) whe in the left shoulder. Sit with his timer in the residents to leave are 7/28/13 at 10:45 AM-dwelling on sunglass new girl, and (sister) When he was told the and sit with his timer room table and threw	egarding the peer to peer Intecedent: Sitting in living by Kleenex box at R2, then h. R3 was getting medication, h doorway, R1 came up to her back. Conclusion: I'Antecedent: Repeatedly hats a hug while in the dining ked past R4 and hit him h back between shoulders. hirected R1 to living room I'Antecedent: R10 was hat groom to couch. Behavior: hat and punched him in the har an to the couch to sit I'Antecedent: R1 was sitting hining room table. Behavior: her coffee, sunglasses, had choc choc (hot cocoa/ her he got up and punched R2 her conclusion: redirected him to he activity room and ask other	W 2	85			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	ı	(X2) MULTIPLE CONSTRUCTION A. BUILDING		(X3) DATE SURVEY COMPLETED	
		14G244	B. WING			C 08/01/2013	
NAME OF PROVIDER OR SUPPLIER FREEBURG TERRACE				STREET ADDRESS, CITY, STAT #4 HILL MINE ROAD FREEBURG, IL 62243	E, ZIP CODE	00/01/2013	
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)		ID PREFIX TAG	((EACH CORRECT CROSS-REFERENC	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)		
W 285	room to calm down wask the other residen 7/28/13 at 11:15 AM- with his timer for coff Behavior: He (R1) be wouldn't answer him timer across the room him to the living room 7/28/13 at 11:30 Am- in the living room was Behavior: He became the wall under the mi over and asked him to take a hot bath. He co to take a bath." 7/28/13 at 12:00/ noo sticking his middle fir R10 to leave the dinititedeep breaths to calm 7/28/13 at 12:30 PM- questions. R1 knocker room and hit the wall (Direct Support Perso other room and asked breaths. 7/28/13 at 12:30 PM- room table and picked grabbed the cup. Stat the area and redirect down and took a nap In review of Behavio	when he didn't want to go we test to leave the area." "Antecedent; R1 was sitting ee at the dining room table. Ecame upset because R10 and he throw (threw) his in. Conclusion: Staff redirect in to watch Channel 2 news." "Antecedent: R1 was sitting teching Channel 2 new. e upset and started hitting rror. Conclusion: Staff went to calm down and maybe go almed down but didn't want on-R1 hitting the wall and inger up at R10. Staff asked ing room and had R1 take in down. R1 in the living room asking ed over rocking chair in living in. Rocking chair hit a DSP on). R1 redirected to the did to take a few deep R1 was sitting at dining did up cup to throw. Staff iff had the residents leave ed R1 to his room. R1 laid in regress Notes/ee Behavior Recording Form	W2	285			

, ,		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		LE CONSTRUCTION	, ,	COMPLETED		
		14G244	B. WING		0:	C 8/01/2013		
NAME OF PROVIDER OR SUPPLIER FREEBURG TERRACE				STREET ADDRESS, CITY, STATE, ZIP CODE #4 HILL MINE ROAD FREEBURG, IL 62243		08/01/2013		
(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 285	R1's behavior progra R1's maladaptive be evidence that staff of Observation at the fa R1 hitting walls. R1 and stated, "Sunglas stated, "No sunglass "Sunglasses." R1 du requests for sunglas back and forth, then down on the phone of R1 started to repeat firmly hit the copy m fist. E8/ Cook/ Direct office and escorted I In an interview with office and escorted I Person and E3/ Direct at 8:20 AM, both state swaying and blinking behavior. R1's program does of oriented activities to symptoms of psycholidentify precursors the acts of physical agglo others. The program staff are to "monitor redirected to reality." identify how long state having physical agglo Safety Committee (of should be re-inservice)	aff intervening or following am as designed to manage shaviors. There was no written continued to monitor R1. acility on 7/30/13 at 3:40 PM, then came to facility office ses." E2/ Administrator ses." R1 kept repeating uring this time of repeated ses began to sway his body very firmly slammed his fist that was sitting on the desk. edly say "sunglasses" then achine firmly with his right to Support Person came to the R1 out of the office. E8/ Cook/Direct Support to Support Person on 8/31/13 ted that R1 will exhibit R1 g his eyes as precursors to not identify types of "reality of engage R1 in to deter sesion. The program does not not at R1 may exhibit prior to his ression toward property or a does not clearly identify how R1 until he appears to be "The program does not fif are to monitor R1 after ression toward his peers. Stated 7/29/13) states, "Staff ded regarding documentation ect policies. Staff should be	W 28					

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULT A. BUILDI	TIPLE CONSTRUCTION NG		(X3) DATE SURVEY COMPLETED	
		14G244	B. WING _			C 08/01/2013	
NAME OF PROVIDER OR SUPPLIER FREEBURG TERRACE				STREET ADDRESS, CITY, STATE, ZIP COI #4 HILL MINE ROAD FREEBURG, IL 62243	DE		
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W 285	"Incident Date: 7/30 could have been aw was agitated and sh of where R4 was se in-serviced regardin and neglect policies on re-directing R1. (SST (System Support Psychiatrist for reconsideration of the Pass Age 8/2/13 on R1's progrechniques." In review of the Saf was no evidence the safeguards to be us revised. 3. R1's Behavior Proprogram does not identify behavior program had been resafeguards and integrated in the implement to ensure the facility will not be line interviews with E	dated 7/30/13) states, /13. The second incident oided by staff. Staff knew R1 ould have been more aware ated. Staff was just g documentation and abuse . Staff should be re-inserviced Contact PAS agent to initiate ort Team). Have contacted Z8/ mmendations." dated 7/31/13) states, "R1 is it and information has been int. Staff will be reinserviced ram and redirection rety Committee reports there at interventions and ed at the facility had been rogram (dated 3/1/13) does r of throwing items. The entify that if R1 is agitated e provided with anything that w to endanger the health and itals that reside at the facility. Ince that R1's Behavior revised to clearly state the rventions that staff are to e that individuals that reside at e physically abused by R1. 2/ Administrator on 7/30/13 at	W	285			
	asked if there had b	3 at 1:10 PM when surveyor een any changes to R1's ace the 7/19/13 incident of					

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W 285	peer to peer, E2 state The staff are providin call and reported, I as you?" When asked a having clear intervent behavior program is f staff receive training a that she was unable t evidence of training s interventions that stat inappropriate behavior been no changes to F states the facility has SST (System Suppor Z1/ Psychiatrist for fu Daily Status Meeting "Facility Comments: If	ed, "No changes are needed. g supervision. When staff sked staff "Where were bout R1's Behavior Program	W 2	285			