DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	14G263	A. BUILDING ______ B. WING ______	C 06/27/2016

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
HICKORY STREET PLACE	**3905 EAST HICKORY STREET DECATUR, IL 62521**

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
W 000	INITIAL COMMENTS COMPLAINT INVESTIGATION #1662131/IL84924	W 000		
W 120	483.410(d)(3) SERVICES PROVIDED WITH OUTSIDE SOURCES The facility must assure that outside services meet the needs of each client. This STANDARD is not met as evidenced by: Based on file review, staff interview & observations it was determined the facility failed to assure outside services meet the needs of 1 of 1 (R6) individuals in the sample. Findings include: 1. Review of facility investigation of 5/2/16 it was reviewed that the residential facility conducted an investigation in regards to client safety involving an incident involving R6 on 4/20/16 and it was reported to the residential facility on 4/25/16. It was observed that R6 was in a training room at the day training provider sitting in her wheel chair with a gait belt incorrectly placed (placed high on her chest above her breasts). In addition it was observed that R6 was restrained in the wheel chair with another plastic belt which was buckled in the back of her wheel chair out of R6's reach and limited her ability to release the plastic belt. It was reported despite the restraint belts, R6 was observed to be sliding out of the wheel chair with her bottom off the chair. Day training staff were alerted multiple times from members of a State review agency with a late response to R6's situation. It was noted after multiple attempts to	W 120		

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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	14G263	A. BUILDING ______ B. WING ______	C 06/27/2016

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
HICKORY STREET PLACE	**3905 EAST HICKORY STREET DECATUR, IL 62521**

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
W 120	Continued From page 1 inform day training staff of R6's safety issue; R6 was repositioned in her wheel chair. Review of facility investigation of 5/2/16; Facility informed by Illinois Department of Public Health (IDPH) on 4/25/16 that R6 was observed at the day training provider with her wheel chair containing a blue belt that was threaded through the wheel chair seat and was demonstrated to be difficult to remove and not part of the wheel chair. The belt was noted to be difficult to remove due to being placed/tied into the wheel chair arm. Observations noted R6 was on the floor on a mat wearing a gaitbelt during the observations. Investigation noted R6 would not have been able to remove the belt independently if placed in the chair and the belt was secured by a staff member. The facility was informed by IDPH that a complaint regarding resident rights/client behavior had been received by the department and a complaint investigation had been initiated. The facility investigation concluded that the complaint investigation was completed on 5/2/16 and the facility determined the allegation to be founded/substantiated. The facility conducted interviews with day training staff, residential staff members, clients and file reviews of day training/residential facility notes. The blue belt observed on R6's wheelchair was determined to be a blue water proof gait belt previously utilized at the residential facility and placed on R6's wheelchair by residential staff members. The investigation noted residential staff members placed the blue gait belt on R6's wheelchair for approximately two weeks prior to the reported incident (4/7/16-4/19/16) to address issues with R6 having urinary incontinence at the residential facility in the mornings. Day training staff noted R6 to be sent to the day training with the blue belt	W 120		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	14G263	A. BUILDING ______ B. WING ______	C 06/27/2016

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
HICKORY STREET PLACE	3905 EAST HICKORY STREET DECATUR, IL 62521

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
W 120	Continued From page 2 present on her wheelchair as placed by the residential staff members. Staff members confirmed that R6 utilized the blue belt as part of her requirements for the daily use of a gait belt to assist with transportation & programming at the day training provider. Investigation noted that day training staff would have transferred R6 from the bus to her wheel chair each programming day and residential staff members noted seeing the blue belt on R6's wheel chair upon return to the residential facility in the afternoon. It was determined that Z1 (DT Staff) stated that R6 was observed wearing the blue belt one day (no date stated) and assumed it was something new and day training staff began utilizing the blue belt for R6. Residential staff noted in the investigation that they assumed day training staff utilized the blue belt for R6 and continued to send the belt for R6 daily. Z1 stated that she was aware of the blue belt for R6 on 4/18/16 and emailed the residential facility requesting a copy of a physician order for the blue belt. Z1 followed up with the residential facility on 4/22/16 and was instructed to remove the belt as there was no physician order and the blue belt was a belt to be utilized in the shower and not to be used on R6. Investigation noted R6 has a lap belt attached to her wheel chair and utilizes a gait belt for safety when out of the wheel chair. R6 is a safety risk due to severe forward flexed trunk, impulsive gait and determination of high fall risk. R6 is able to ambulate on the inside of the residential facility and on even surfaces. R6 has a current physician order for "Contact Guard Assistance" on uneven/outdoor surfaces. R6 is to ambulate throughout her day & evening and her wheel chair is ordered for long distance and/or ataxic gait	W 120		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	14G263	A. BUILDING ______ B. WING ______	C 06/27/2016

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
HICKORY STREET PLACE	**3905 EAST HICKORY STREET DECATUR, IL 62521**

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
W 120	Continued From page 3 PRN only. The facility noted R6 should not be secured to her wheel chair as there is no justification for securing her to her wheel chair at this time. When R6 displays leaning, sliding from her chair, etc., R6 should be provided assistance to an alternative position. The residential facility concluded that the day training provider will be notified of the results of the internal investigation and a meeting will be scheduled to review the findings of the investigation and the specific measures to be completed with the day training staff to ensure adequate communication across both environments to ensure R6's safety at the day training provider site(s) & R6 is never to be secured to her wheel chair utilizing a gait belt or any other unauthorized device. Review of day training abuse/neglect policy (no date stated). Neglect: an employee's agency's, or facility failure to provide adequate care, maintenance, or medical services that causes an individual pain, injury or emotional distress, results in either an individual's maladaptive behavior or the deterioration of an individual's physical condition or mental condition, or places an individual's health or safety at substantial risk. Reporting: all employees are required to report any instances of defined misconducts to their supervisor immediately upon becoming aware of the misconduct Review of facility investigation noted no reproducible evidence that the day training staff reported the safety concerns pointed out by the State review agency and the residential facility investigation did not provide a review of the safety concerns observed at the day training agency by the State review staff members in relation to R6.	W 120		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	14G263	A. BUILDING ______ B. WING ______	C 06/27/2016

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
HICKORY STREET PLACE	3905 EAST HICKORY STREET DECATUR, IL 62521

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
W 120	Continued From page 4	W 120		

Review of day training staff "behavioral incident reports" concerning R6.
1. 4/5/16-2:50PM: R6 stood up with gait belt on and fell to the floor; R6 does not want her gait belt on and will fall to the floor and staff have a hard time getting R6 up to her chair. R6 is observed to slide down in her chair and goes under her seat belt. Staff note lifting R6 is lifting dead weight. Staff have to constantly state to R6 to remain in her seat and leave her seat belt alone.
2. 4/7/16-3:15PM: R6 will take her seat belt off and slide as far down in the seat so the belt is loose. R6 refuses to help staff sit up in the chair.
3. 4/12/16-(no time stated): R6 refused to participate in any activities all week, R6 has wined all week & doesn't want anything to do with anything.
4. 4/19/16-(no time stated): R6 was sliding out of her chair; R6 got up and walked outside.
5. 4/20/16-(no time stated): R6 was falling out of her seat; staff put her on a mat and she got up by herself and walked out the door.

Observation of R6 on 4/25/16 @ 12:45pm; R6 was observed to be sitting on a mat on the floor in a programming room with Z2 (staff member) sitting in a chair approximately 8-10 feet away from R6. R6 was attempting to get up from the mat and was observed to be wearing a gait loosely around her waist. Staff member was observed to get up from the chair and assist R6 to a standing position. Staff member was noted to attempt to pull up R6 by the gait belt. It was noted that R6 refused to get up to a standing position & Z1 instructed staff member to leave R6 on the mat.
R6's wheel chair was observed sitting in the corner of the programming room. It was observed

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	14G263	A. BUILDING ______ B. WING ______	C 06/27/2016

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
HICKORY STREET PLACE	**3905 EAST HICKORY STREET DECATUR, IL 62521**

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
W 120	Continued From page 5	W 120		

that a blue/plastic gait belt was present on R6's wheel chair. It was attempted to remove the plastic belt for inspection but the belt was noted to be very difficult to remove due to the belt being tied into one of the wheel chair arms/lower section by the seat. Z1 stated the belt has been in placed for several weeks and was placed there for R6 by the residential facility. Staff report that due to safety concerns R6 had been removed from the day training bus route. It was reported R6 would remove her seat belt during transportation and became a safety issue while riding the day training transport.

Facility investigation noted Z3 (DT staff member) reported on 4/26/16 that R6 is sent to the day training provider with the gait belt present on her wheel chair in the morning. Z3 reported R6 came into the program room (no date stated) with the gait belt on and day training staff assumed it was R6's new gait belt. Z3 reported that the gait belt was on R6 all the time until Z1 came into the room to report it was to be PRN when R6 was up ambulating (no date stated for PRN instruction).

Interview with E2 (Facility Administrator) on 6/9/16 @ 1:30PM. E2 confirmed the facility investigation and the findings of substantiated resident rights/client behavior. E2 stated the facility confirmed that current day training provider with direct integration from residential staff members placed a blue/plastic gait belt on R6 to provide measures that would ensure R6's placement in her wheel chair. E2 confirmed safety issues associated with observations at the day training provider requiring cancellation of day training transportation and subsequent training with day training staff to address specific training measures for R6 and in addition training to

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	14G263	A. BUILDING ________ B. WING ________	C 06/27/2016

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
HICKORY STREET PLACE	3905 EAST HICKORY STREET DECATUR, IL 62521

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
W 120	Continued From page 6 ensure staff adequately communicate with day training supervisors and across both environments to ensure future instances of violations of client rights do not arise and no individual from the residential facility is secured to a wheel chair, chair or any other position with a gait belt.	W 120		
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 and interview, the facility failed to follow its policies and procedures to prevent neglect for 1 of 1 clients (R6) in the sample when the facility failed to screen and train employees to prevent neglect when they allowed behavioral management techniques without committee approval & failed to ensure facility safe guards ensure client safety in all environments. Findings include: 1. Facility policy for abuse & neglect (revised 1/03) states: Neglect: any failure by a facility or employee to carry out required and appropriate clinical services, habilitation or treatment. Any act or omission by a facility or employee that endangers an individual's health or safety or fails to respond to an obvious or immediate need of an individual regardless of whether or not there is an injury. Review of R6's last IDT (Interdisciplinary Team Meeting) dated 4/7/16. R6 is a 55 year old female	W 149		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	14G263	A. BUILDING ______ B. WING ______	C 06/27/2016

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
HICKORY STREET PLACE	**3905 EAST HICKORY STREET DECATUR, IL 62521**

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
W 149	Continued From page 7 with a diagnosis of Profound intellectual functioning and requires assistance with daily living skills & requires assistance with mobility/transportation (gait belt & wheel chair). R6 has been reviewed for the use of a lap tray on her wheel chair during transport due to reported incidents of removing seat belt during transport. R6 has documented incidents of decreased participation & interaction requiring an increase in staff supervision and increased access to her wheel chair. Review of facility investigation of 5/2/16 it was reviewed that the residential facility conducted an investigation in regards to client safety involving an incident involving R6 on 4/20/16 and it was reported to the residential facility on 4/25/16. It was observed that R6 was in a training room at the day training provider sitting in her wheel chair with a gait belt incorrectly placed (placed high on her chest above her breasts). In addition it was observed that R6 was restrained in the wheel chair with another plastic belt which was buckled in the back of her wheel chair out of R6's reach and limited her ability to release the plastic belt. It was reported despite the restraint belts, R6 was observed to be sliding out of the wheel chair with her bottom off the chair. Day training staff were alerted multiple times from members of a State review agency with a late response to R6's situation. It was noted after multiple attempts to inform day training staff of R6's safety issue; R6 was repositioned in her wheel chair. Review of facility investigation of 5/2/16; Facility informed by Illinois Department of Public Health (IDPH) on 4/25/16 that R6 was observed at the day training provider with her wheel chair containing a blue belt that was threaded through	W 149		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	14G263	A. BUILDING ______ B. WING ______	C 06/27/2016

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
HICKORY STREET PLACE	3905 EAST HICKORY STREET DECATUR, IL 62521

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
W 149	Continued From page 8 the wheel chair seat and was demonstrated to be very difficult to remove and not part of the wheel chair. The belt was noted to be very difficult to remove due to being placed/tied into the wheel chair arm. Observations noted R6 was on the floor on a mat wearing a gaitbelt during the observations. Investigation noted R6 would not have been able to remove the belt independently if placed in the chair and the belt was secured by a staff member. The facility was informed by IDPH that a complaint regarding resident rights/client behavior had been received by the department and a complaint investigation had been initiated. The facility investigation concluded that the complaint investigation was completed on 5/2/16 and the facility determined the allegation to be founded/substantiated. The facility conducted interviews with day training staff, residential staff members and file reviews of day training/residential facility notes. The blue belt observed on R6's wheelchair was determined to be a blue water proof gait belt previously utilized at the residential facility and placed on R6's wheelchair by residential staff members. The investigation noted residential staff members placed the blue gait belt on R6's wheelchair for approximately two weeks prior to the reported incident (4/7/16-4/19/16) to address issues with R6 having urinary incontinence at the residential facility in the mornings. Day training staff noted R6 to be sent to the day training with the blue belt present on her wheelchair as placed by the residential staff members. Staff members confirmed that R6 utilized the blue belt as part of her requirements for the daily use of a gait belt to assist with transportation & programming at the day training provider.	W 149		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	14G263	A. BUILDING ______ B. WING ______	C 06/27/2016

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
HICKORY STREET PLACE	**3905 EAST HICKORY STREET DECATUR, IL 62521**

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
W 149	Continued From page 9 Investigation noted that day training staff would have transferred R6 from the bus to her wheel chair each programming day and residential staff members noted seeing the blue belt on R6's wheel chair upon return to the residential facility in the afternoon. It was determined that Z1 (DT Staff) stated that R6 was observed wearing the blue belt one day (no date stated) and assumed it was something new and day training staff began utilizing the blue belt for R6. Residential staff noted in the investigation that they assumed day training staff utilized the blue belt for R6 and continued to send the belt for R6 daily. Z1 stated that she was aware of the blue belt for R6 on 4/18/16 and emailed the residential facility requesting a copy of a physician order for the blue belt. Z1 followed up with the residential facility on 4/22/16 and was instructed to remove the belt as there was no physician order and the blue belt was a belt to be utilized in the shower and not to be used on R6. Investigation noted R6 has a lap belt attached to her wheel chair and utilizes a gait belt for safety when out of the wheel chair. R6 is a safety risk due to severe forward flexed trunk, impulsive gait and determination of high fall risk. R6 is able to ambulate on the inside of the residential facility and on even surfaces. R6 has a current physician order for "Contact Guard Assistance" on uneven/outdoor surfaces. R6 is to ambulate throughout her day & evening and her wheel chair is ordered for long distance and/or ataxic gait PRN only. The facility noted R6 should not be secured to her wheel chair as there is no justification for securing her to her wheel chair at this time. When R6 displays leaning, sliding from her chair, etc., R6 should be provided assistance to an alternative position. The residential facility concluded that the day	W 149		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	14G263	A. BUILDING ______ B. WING ______	C 06/27/2016

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
HICKORY STREET PLACE	**3905 EAST HICKORY STREET DECATUR, IL 62521**

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
W 149	Continued From page 10 training provider will be notified of the results of the internal investigation and a meeting will be scheduled to review the findings of the investigation and the specific measures to be completed with the day training staff to ensure adequate communication across both environments to ensure R6's safety at the day training provider site(s) & R6 is never to be secured to her wheel chair utilizing a gait belt or any other unauthorized device. Review of day training abuse/neglect policy (no date stated). Neglect: an employee's agency's, or facility failure to provide adequate care, maintenance, or medical services that causes an individual pain, injury or emotional distress, results in either an individual's maladaptive behavior or the deterioration of an individual's physical condition or mental condition, or places an individual's health or safety at substantial risk. Reporting: all employees are required to report any instances of defined misconducts to their supervisor immediately upon becoming aware of the misconduct Review of facility investigation noted no reproducible evidence that the day training staff reported the safety concerns pointed out by the State review agency and the residential facility investigation did not provide a review of the safety concerns observed at the day training agency by the State review staff members in relation to R6. Review of day training staff "behavioral incident reports" concerning R6. 1. 4/5/16-2:50PM: R6 stood up with gait belt on and fell to the floor; R6 does not want her gait belt on and will fall to the floor and staff have a hard time getting R6 up to her chair. R6 is observed to slide down in her chair and goes under her seat	W 149		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	14G263	A. BUILDING ______ B. WING ______	C 06/27/2016

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
HICKORY STREET PLACE	**3905 EAST HICKORY STREET DECATUR, IL 62521**

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
W 149	Continued From page 11 belt. Staff note lifting R6 is lifting dead weight. Staff have to constantly state to R6 to remain in her seat and leave her seat belt alone. 2. 4/7/16-3:15PM: R6 will take her seat belt off and slide as far down in the seat so the belt is loose. R6 refuses to help staff sit up in the chair. 3. 4/12/16-(no time stated): R6 refused to participate in any activities all week, R6 has wined all week & doesn't want anything to do with anything. 4. 4/19/16-(no time stated): R6 was sliding out of her chair; R6 got up and walked outside. 5. 4/20/16-(no time stated): R6 was falling out of her seat; staff put her on a mat and she got up by herself and walked out the door. Review of R6's clinical record at the residential facility on 4/25/16. It was noted there was no reproducible evidence that the facility had received/followed up on the day training incident reports concerning R6. Observation of R6 on 4/25/16 @ 12:45pm; R6 was observed to be sitting on a mat on the floor in a programming room with Z2 (staff member) sitting in a chair approximately 8-10 feet away from R6. R6 was attempting to get up from the mat and was observed to be wearing a gait loosely around her waist. Staff member was observed to get up from the chair and assist R6 to a standing position. Staff member was noted to attempt to pull up R6 by the gait belt. It was noted that R6 refused to get up to a standing position & Z1 instructed staff member to leave R6 on the mat. R6's wheel chair was observed sitting in the corner of the programming room. It was observed that a blue/plastic gait belt was present on R6's wheel chair. It was attempted to remove the plastic belt for inspection but the belt was noted	W 149		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	14G263	A. BUILDING ______ B. WING ______	C 06/27/2016

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
HICKORY STREET PLACE	**3905 EAST HICKORY STREET DECATUR, IL 62521**

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
W 149	Continued From page 12	W 149		

to be very difficult to remove due to the belt being tied into one of the wheel chair arms/lower section by the seat. Z1 stated the belt has been in placed for several weeks and was placed there for R6 by the residential facility. Staff report that due to safety concerns R6 had been removed from the day training bus route. It was reported R6 would remove her seat belt during transportation and became a safety issue while riding the day training transport.

Facility investigation noted Z3 (DT staff member) reported on 4/26/16 that R6 is sent to the day training provider with the gait belt present on her wheel chair in the morning. Z3 reported R6 came into the program room (no date stated) with the gait belt on and day training staff assumed it was R6's new gait belt. Z3 reported that the gait belt was on R6 all the time until Z1 came into the room to report it was to be PRN when R6 was up ambulating (no date stated for PRN instruction).

Interview with E1 (Residential Service Director) on 4/25/16 @ 2:30PM. E1 stated that R6 does not utilize a blue belt for gait belt purposes/use. E1 reports that communication with the day training provider on 4/22/16, Z1 requested a physician order for her new gait belt. E1 asked Z1 if it was the blue one and was informed it was in relation to the blue one. E1 instructed Z1 she did not have an order for the blue belt and it needed to be removed from R6. E1 reported that R6 is being provided transportation to the day training provider by the residential facility due to day training concerns regarding R6 removing her seat belt during transportation. E1 noted R6 had a tray on her wheel chair but since has been removed due to R6 removing the device herself.
R6 was then observed returning to the residential

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	14G263	A. BUILDING ______ B. WING ______	C 06/27/2016

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
HICKORY STREET PLACE	**3905 EAST HICKORY STREET** **DECATUR, IL 62521**

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
W 149	Continued From page 13 facility at 3:00PM. It was observed and confirmed by E1 that this is the routine for R6 at the present time. R6 was observed to be assisted out of a facility vehicle with one staff member driving/assisting R6 during transport. R6's wheel chair was removed from the vehicle and it was observed that a blue/plastic gait belt accompanied R6's wheel chair. E1 remarked that R6 should not be using that belt as it belonged to a former resident that past away in the previous year. E1 confirmed that R6 is transported to and from the day training provider utilizing one staff person during transport. E1 confirmed that R6 has the ability to unbuckle a seat belt in the current facility vehicle. When asked E1 was unable to state or provide information concerning safety issues for staff members to follow if R6 would remove the seat belt during transport. E1 stated staff would verbally state to R6 to leave the seat belt alone during transport. Review of statement provided by E1 on 4/25/16. E1 confirmed conversation with day training provider on 4/22/16 in relation to a blue belt utilized as a gait belt for R6. E1 also stated she found no abuse or neglect at the facility or the day training provider. However it was stated that E1 felt there was confusion regarding R6 utilizing a gait belt. Interview with E2 (Facility Administrator) on 6/9/16 @ 1:30PM. E2 confirmed the facility investigation and the findings of substantiated resident rights/client behavior. E2 stated the facility confirmed that current day training provider with direct integration from residential staff members placed a blue/plastic gait belt on R6 to provide measures that would ensure R6's placement in her wheel chair. E2 confirmed	W 149		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	14G263	A. BUILDING ______ B. WING ______	C 06/27/2016

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
HICKORY STREET PLACE	**3905 EAST HICKORY STREET** **DECATUR, IL 62521**

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
W 149	Continued From page 14 safety issues associated with observations at the day training provider requiring cancellation of day training transportation and subsequent training with day training staff to address specific training measures for R6 and in addition training to ensure staff adequately communicate with day training supervisors and across both environments to ensure future instances of violations of client rights do not arise and no individual from the residential facility is secured to a wheel chair, chair or any other position with a gait belt. E2 also confirmed the issue of client safety in regard to the residential facility providing one to one transport for R6 to and from the day training provider. It was established prior to IDPH departure on 4/25/16 that the facility would remove and dispose of the blue gait belt utilized for R6 & would require increase supervision (2:1 staff ratio) for R6's transportation to and from the day training provider and any other transportation that R6 would require. E2 confirmed that R6 would require additional review for safety procedures at the residential and day training facilities.	W 149		
W 189	483.430(e)(1) STAFF TRAINING PROGRAM The facility must provide each employee with initial and continuing training that enables the employee to perform his or her duties effectively, efficiently, and competently. This STANDARD is not met as evidenced by: Based on file review, staff interview & observations it was determined the facility failed to provide continuing training that assures employees meet the needs of 1 of 1 (R6) individuals in the sample.	W 189		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	14G263	A. BUILDING ______ B. WING ______	C 06/27/2016

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
HICKORY STREET PLACE	3905 EAST HICKORY STREET DECATUR, IL 62521

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
W 189	Continued From page 15	W 189		

Findings include:

1. Review of facility investigation of 5/2/16 it was reviewed that the residential facility conducted an investigation in regards to client safety involving an incident involving R6 on 4/20/16 and it was reported to the residential facility on 4/25/16. It was observed that R6 was in a training room at the day training provider sitting in her wheel chair with a gait belt incorrectly placed (placed high on her chest above her breasts). In addition it was observed that R6 was restrained in the wheel chair with another plastic belt which was buckled in the back of her wheel chair out of R6's reach and limited her ability to release the plastic belt. It was reported despite the restraint belts, R6 was observed to be sliding out of the wheel chair with her bottom off the chair. Day training staff were alerted multiple times from members of a State review agency with a late response to R6's situation. It was noted after multiple attempts to inform day training staff of R6's safety issue; R6 was repositioned in her wheel chair.

Review of facility investigation of 5/2/16; Facility informed by Illinois Department of Public Health (IDPH) on 4/25/16 that R6 was observed at the day training provider with her wheel chair containing a blue belt that was threaded through the wheel chair seat and was demonstrated to be difficult to remove and not part of the wheel chair. The belt was noted to be difficult to remove due to being placed/tied into the wheel chair arm. Observations noted R6 was on the floor on a mat wearing a gaitbelt during the observations. Investigation noted R6 would not have been able to remove the belt independently if placed in the chair and the belt was secured by a staff

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	14G263	A. BUILDING ______ B. WING ______	C 06/27/2016

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
HICKORY STREET PLACE	3905 EAST HICKORY STREET DECATUR, IL 62521

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
W 189	Continued From page 16 member. The facility was informed by IDPH that a complaint regarding resident rights/client behavior had been received by the department and a complaint investigation had been initiated. The facility investigation concluded that the complaint investigation was completed on 5/2/16 and the facility determined the allegation to be founded/substantiated. The facility conducted interviews with day training staff, residential staff members, clients and file reviews of day training/residential facility notes. The blue belt observed on R6's wheelchair was determined to be a blue water proof gait belt previously utilized at the residential facility and placed on R6's wheelchair by residential staff members. The investigation noted residential staff members placed the blue gait belt on R6's wheelchair for approximately two weeks prior to the reported incident (4/7/16-4/19/16) to address issues with R6 having urinary incontinence at the residential facility in the mornings. Day training staff noted R6 to be sent to the day training with the blue belt present on her wheelchair as placed by the residential staff members. Staff members confirmed that R6 utilized the blue belt as part of her requirements for the daily use of a gait belt to assist with transportation & programming at the day training provider. Investigation noted that day training staff would have transferred R6 from the bus to her wheel chair each programming day and residential staff members noted seeing the blue belt on R6's wheel chair upon return to the residential facility in the afternoon. It was determined that Z1 (DT Staff) stated that R6 was observed wearing the blue belt one day (no date stated) and assumed it was something new and day training staff began utilizing the blue belt for R6. Residential staff	W 189		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	14G263	A. BUILDING ______ B. WING ______	C 06/27/2016

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
HICKORY STREET PLACE	**3905 EAST HICKORY STREET DECATUR, IL 62521**

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
W 189	Continued From page 17	W 189		

noted in the investigation that they assumed day training staff utilized the blue belt for R6 and continued to send the belt for R6 daily. Z1 stated that she was aware of the blue belt for R6 on 4/18/16 and emailed the residential facility requesting a copy of a physician order for the blue belt. Z1 followed up with the residential facility on 4/22/16 and was instructed to remove the belt as there was no physician order and the blue belt was a belt to be utilized in the shower and not to be used on R6.
Investigation noted R6 has a lap belt attached to her wheel chair and utilizes a gait belt for safety when out of the wheel chair. R6 is a safety risk due to severe forward flexed trunk, impulsive gait and determination of high fall risk. R6 is able to ambulate on the inside of the residential facility and on even surfaces. R6 has a current physician order for "Contact Guard Assistance" on uneven/outdoor surfaces. R6 is to ambulate throughout her day & evening and her wheel chair is ordered for long distance and/or ataxic gait PRN only. The facility noted R6 should not be secured to her wheel chair as there is no justification for securing her to her wheel chair at this time. When R6 displays leaning, sliding from her chair, etc., R6 should be provided assistance to an alternative position.
The residential facility concluded that the day training provider will be notified of the results of the internal investigation and a meeting will be scheduled to review the findings of the investigation and the specific measures to be completed with the day training staff to ensure adequate communication across both environments to ensure R6's safety at the day training provider site(s) & R6 is never to be secured to her wheel chair utilizing a gait belt or any other unauthorized device.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	14G263	A. BUILDING ______ B. WING ______	C 06/27/2016

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
HICKORY STREET PLACE	3905 EAST HICKORY STREET DECATUR, IL 62521

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
W 189	Continued From page 18 Interview with E2 (Facility Administrator) on 6/9/16 @ 1:30PM. E2 confirmed the facility investigation and the findings of substantiated resident rights/client behavior. E2 stated the facility confirmed that current day training provider with direct integration from residential staff members placed a blue/plastic gait belt on R6 to provide measures that would ensure R6's placement in her wheel chair. E2 confirmed safety issues associated with observations at the day training provider requiring cancellation of day training transportation and subsequent training with day training staff to address specific training measures for R6 and in addition training to ensure staff adequately communicate with day training supervisors and across both environments to ensure future instances of violations of client rights do not arise and no individual from the residential facility is secured to a wheel chair, chair or any other position with a gait belt.	W 189		