| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | 14G266 | A. BUILDING _____ B. WING _____ | C 04/29/2016 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| **ASHTON TERRACE** | **307 ALAN STREET ASHTON, IL 61006** |

| (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<br><br>COMPLAINT INVESTIGATION<br><br>CO# 1612120 / IL# 84911 | W 000 | | |
| W 104 | 483.410(a)(1) GOVERNING BODY<br><br>The governing body must exercise general policy, budget, and operating direction over the facility.<br><br>This STANDARD is not met as evidenced by:<br>Based on record review and interview, the governing body failed to ensure:<br><br>a) Staff are not smoking or vaping in the home, or within 15 feet of the facility; that their smoking policy covered not only regular smoking, but vaping(electronic cigarettes), and that staff are aware of the regulations regarding this type of cigarette;<br>b) Staff were not bringing their own family members in to visit in the home, and their visitor's policy addressed this issue;<br>c) The Disciplinary policy was followed through, as per their own policy. This affects 12 of 12 clients who reside in the facility, (R1-R12).<br><br>Findings include:<br><br>1. During a telephone interview with E10(Direct Care Staff) on 4/22/16 at 1:45pm, E10 stated that E13 has an electronic cigarette and vapes on the third shift. E10 stated that he has physically seen him blow big clouds of smoke on the third shift, in the kitchen. E10 stated that this happened about two weeks ago. E10 stated that | W 104 | | |

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

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | 14G266 | A. BUILDING _____ B. WING _____ | C 04/29/2016 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| **ASHTON TERRACE** | **307 ALAN STREET ASHTON, IL 61006** |

| (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 104 | Continued From page 1<br>another staff already reported it to E3(Asst Administrator) so she is aware.<br><br>During an interview with E13 on 4/26/16 at 8:30am, E13 was asked if he ever smokes in the facility. E13 stated that he quit smoking two years ago, but instead vapes. E13 stated that he never vapes in the home, but right outside of the home. E13 was asked if he goes out by the dumpster, which is the approved 15 feet from the facility. E13 stated that he doesn't have to vape there. He stated he vapes right outside of the kitchen door, and looks into the window. E13 stated that you can step outside to vape anywhere.<br><br>During an interview with E2(Administrator) and E3 on 4/26/16 at 10:00am, both Administrative staff were asked if they were aware that E13 vapes right outside of the kitchen, instead of smoking in the designated smoking area, which is 15 feet away from the facility. E3 stated that E13 just informed her after my conversation with him, that he was not aware that he could not vape right outside of the kitchen door. E2 stated that they are in the process of updating their smoking policy, and currently, their policy does not address electronic cigarette smoking at the facility, but rather, just addresses the restriction of electronic cigarettes on agency vehicles.<br><br>The Smoking policy, (portion which addresses electronic cigarettes), undated one piece of paper, was reviewed. The policy states that there is no smoking within any of their homes/facilities. If a staff member does smoke, it can only be in the designated areas that are 15 feet from the facility. All tobacco products and electronic cigarettes in any form cannot be used while on | W 104 | | |

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | 14G266 | A. BUILDING _____ B. WING _____ | C 04/29/2016 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| **ASHTON TERRACE** | **307 ALAN STREET ASHTON, IL 61006** |

| (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 104 | Continued From page 2<br>board any agency vehicle that is used to transport clients. This policy does not address the parameters of electronic cigarettes within or around the facility, just on vehicles used to transport clients.<br><br>2. The one page summary dated April 21, 2016, of an allegation of abuse and neglect that was called in from a citizen who resides in the neighborhood that the facility is located in, was reviewed. The allegation states that on the afternoon of April 19th, a female staff member who works at the facility had a bag of pills brought to the house from her husband and little girl. The citizen was concerned because the man and little girl were in the home for 45 minutes to an hour, and that they dropped off pill bottles. The reports states that the staff member was E9(Direct Care Staff), and that after E3(Asst Administrator/Qualified Intellectual Disability Professional) spoke with E9 she discovered that E9's husband and daughter came to the home to drop off medication, and that she had prior approval for them to step inside so the little girl could meet the clients.<br><br>The Staff Meeting from 4/19/16 was reviewed. One of the bullet points on the agenda was regarding visitors. The agenda states that you can have family members stopping to drop something off and that they/or their children can come in briefly to the common areas to say hello. The agenda goes on further to state that the visitors should remain in the common areas of the house(unless invited by someone to see their room) and they should not be sitting down or staying for any great length of time.<br><br>During a telephone interview with E9 on 4/26/16 | W 104 | | |

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | 14G266 | A. BUILDING _____ B. WING _____ | C 04/29/2016 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| **ASHTON TERRACE** | **307 ALAN STREET ASHTON, IL 61006** |

| (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 104 | Continued From page 3<br>at 9:10am, E9 was asked if she ever had her family members come and visit in the facility while she was working. E9 stated that her husband dropped off some Aleve for her knee pain, and that he came into the home with her daughter to say hi. She stated that is was only for 5 minutes or so. E9 stated that all of the clients were home that day. E9 stated that E3 stated that it was ok to bring family members in to visit. E9 stated that she did not realize that it was wrong to have family members visiting in the clients' home while she was working.<br><br>During a telephone interview with E11(Direct Care Staff) on 4/26/16 at 8:45am, E11 was asked if she has ever witnessed any family members of staff visiting in the home while working. E11 stated that when she would work the overnite shift, almost every Friday when she came to work, E10's wife was in the home visiting. E11 stated that she did not think anything of it, so she never reported it. E11 stated that she did not think this was something that needed to be reported.<br><br>During an interview with E2(Administrator) and E3 on 4/26/16 at 10:00am, E3 was asked if she promotes the visitation of staff's family members while on work time. E3 stated that she was just looking at it as a family kind of feeling, with the facility being located in a small community, and that it is a good way for the clients to be integrated into the community. E3 stated that she really had not thought about client confidentiality, or possibly their privacy or rights being compromised while the family members of staff are visiting. E3 stated that they are pretty laid back about this issue, and the clients love kids, which they really don't get to see that much. E3 stated that she was not aware that E10 was | W 104 | | |

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | 14G266 | A. BUILDING _____ B. WING _____ | C 04/29/2016 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| **ASHTON TERRACE** | **307 ALAN STREET ASHTON, IL 61006** |

| (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 104 | Continued From page 4 | W 104 | | |

having his wife visit every Friday evening while he was working. E3 stated that she was only aware of one time, when E12(Direct Care Staff) reported that E10 had his wife visit one time while he was working second shift. E3 stated she asked E10 if his wife visited, but E10 denied it happened.

The Visitor policy with a revision date of 4/7/09 was reviewed. The visitor policy does not address if staff family members can or cannot visit in the home. There is a statement that does state that access to any of their facilities is limited to persons who have official business with an employee/or Kreider, or are parents or guardians present for the purpose of visiting a client or resident located at the facility. Under this statement, a staff's family member would not fall under the description of someone allowed to visit.

During an interview with E2 on 4/26/16 at 12:00pm, E2 stated that they will update their visitor policy, and make sure all staff are aware that their family members are not allowed to visit with the clients while they are working.

3. During a telephone interview with E11(Direct Care Staff) on 4/26/16 at 8:45am, E11 reported to this surveyor that E10(Direct Care Staff) was smoking outside of the kitchen window. E11 stated that this happened about 1 month ago. E11 stated that she reported it to the AOD(Administrator of Duty). E3 stated that she would talk to E10. He was smoking an actual cigarette, not an electronic cigarette.

During a telephone interview with E8(Direct Care Staff) on 4/26/16 at 9:10am, E8 reported that E10 was observed smoking a cigarette as he was

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | 14G266 | A. BUILDING _____ B. WING _____ | C 04/29/2016 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| **ASHTON TERRACE** | **307 ALAN STREET ASHTON, IL 61006** |

| (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 104 | Continued From page 5<br>opening the front door, exiting from the facility. E8 stated this was observed about one month ago. E8 stated she thought it was a Sunday day shift. E10 came in at 10:00am that day, and E8 witnessed this before she left for the day. E8 stated that she called the AOD. E8 stated that she knew that she should report this, because no one should be smoking anywhere but in the designated area.<br><br>During an interview with both E2 and E3 on 4/26/16 at 10:00am, both Administrative staff were asked if any staff have ever reported that E10 has been smoking outside of the facility, but not in the designated area, once outside of the kitchen window, and once while exiting out of the front door. E3 stated that E10 has been reported as smoking, once on 3/15/16, in the backyard, and once on 4/3/16, lighting a cigarette by the front door. E3 was asked what type of discipline or report was made regarding his lack of following the smoking policy. E3 stated that she does not have anything formal. E3 presented this surveyor with a sticky note that has the two dates written down, with a small notation of discussed smoking in backyard, and lighting a cigarette front door. E3 stated that she basically counseled E10 about his smoking. E3 stated that he denied smoking by the front door on 4/3/16. E3 stated that she does not have any formal documentation that she investigated this further, or any type of discipline action against. E10. E3 was asked if they have a discipline policy. E2 presented presented this surveyor with a one piece document regarding discipline, which is under Article 10. This policy states that the employer will endeavor to assess discipline in a progressive and corrective manner...and that disciplinary action or measures will include the following, | W 104 | | |

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | 14G266 | A. BUILDING _____ B. WING _____ | C 04/29/2016 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| **ASHTON TERRACE** | **307 ALAN STREET ASHTON, IL 61006** |

| (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 104 | Continued From page 6<br>(a) verbal warning<br>(b) written warning<br>(c) suspension.<br><br>During an interview with E3 on this same date at 1:45pm, E3 stated that she really did not give a verbal warning. She counseled E10 about the smoking, but he denied the second occurrence. E3 stated that counseling is really a discipline, but nothing is documented other than my sticky note. E3 stated that maybe she should be a little harder with her discipline, but she was giving the staff member the benefit of the doubt. | W 104 | | |
| W 125 | 483.420(a)(3) PROTECTION OF CLIENTS RIGHTS<br><br>The facility must ensure the rights of all clients. Therefore, the facility must allow and encourage individual clients to exercise their rights as clients of the facility, and as citizens of the United States, including the right to file complaints, and the right to due process.<br>This STANDARD is not met as evidenced by:<br>Based on record review and interview, the facility failed to ensure the rights of the residents who reside in the facility were maintained, when staff brought their own family members in the home to visit while they were working, compromising their right to privacy. This affects 12 of 12 clients who reside in the home(R1-R12).<br><br>Findings include:<br><br>The one page summary dated April 21, 2016, of an allegation of abuse and neglect that was called in from a citizen who resides in the neighborhood that the facility is located in, was reviewed. The allegation states that on the afternoon of April | W 125 | | |

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | 14G266 | A. BUILDING _____ B. WING _____ | C 04/29/2016 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| **ASHTON TERRACE** | **307 ALAN STREET ASHTON, IL 61006** |

| (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 125 | Continued From page 7<br>19th, a female staff member who works at the facility had a bag of pills brought to the house from her husband and little girl. The citizen was concerned because the man and little girl were in the home for 45 minutes to an hour, and that they dropped off pill bottles. The reports states that the staff member was E9(Direct Care Staff), and that after E3(Asst Administrator/Qualified Intellectual Disability Professional) spoke with E9 she discovered that E9's husband and daughter came to the home to drop off medication, and that she had prior approval for them to step inside so the little girl could meet the clients.<br><br>The Staff Meeting from 4/19/16 was reviewed. One of the bullet points on the agenda was regarding visitors. The agenda states that you can have family members stopping to drop something off and that they/or their children can come in briefly to the common areas to say hello. The agenda goes on further to state that the visitors should remain in the common areas of the house(unless invited by someone to see their room) and they should not be sitting down or staying for any great length of time.<br><br>During a telephone interview with E10(Direct Care Staff) on 4/22/16 at 1:45pm, E10 stated that E9 had both her husband and daughter come into the home for at least 30 minutes. E10 stated that he felt this was not normal for family members of staff to be visiting while working, especially as they stayed for quite a while. E10 stated that he reported this to E3 the Monday after they visited. He stated this occurred on a Sunday, but he could not remember which Sunday. E10 stated that the child was 5 or less, and felt it was inappropriate for E9's family to be visiting clients which they did not even know. | W 125 | | |

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | 14G266 | A. BUILDING _____ B. WING _____ | C 04/29/2016 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| **ASHTON TERRACE** | **307 ALAN STREET ASHTON, IL 61006** |

| (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 125 | Continued From page 8<br><br>During a telephone interview with E9 on 4/26/16 at 9:10am, E9 was asked if she ever had her family members come and visit in the facility while she was working. E9 stated that her husband dropped off some Aleve for her knee pain, and that he came into the home with her daughter to say hi. She stated that is was only for 5 minutes or so. E9 stated that all of the clients were home that day. E9 stated that E3 stated that it was ok to bring family members in to visit. E9 stated that she did not realize that it was wrong to have family members visiting in the clients' home while she was working.<br><br>During a telephone interview with E11(Direct Care Staff) on 4/26/16 at 8:45am, E11 was asked if she has ever witnessed any family members of staff visiting in the home while working. E11 stated that when she would work the overnite shift, almost every Friday when she came to work, E10's wife was in the home visiting. E11 stated that she did not think anything of it, so she never reported it. E11 stated that she did not think this was something that needed to be reported.<br><br>During an interview with E2(Administrator) and E3 on 4/26/16 at 10:00am, E3 was asked if she promotes the visitation of staff's family members while on work time. E2 stated that when the concerned citizen called in the situation of a staff's family member coming in to visit and drop of bottles of pills, at first they were concerned with the issue of the pill bottles. After they figured out who the staff member was, they spoke with E9, and she told them that her husband came over to drop off her Allegra for her allergies. She said her daughter just wanted to meet the clients so she brought her husband and daughter in to visit for a | W 125 | | |

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | 14G266 | A. BUILDING _____ B. WING _____ | C 04/29/2016 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| **ASHTON TERRACE** | **307 ALAN STREET ASHTON, IL 61006** |

| (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 125 | Continued From page 9<br>while. E3 stated that she was just looking at it as a family kind of feeling, with the facility being located in a small community, and that it is a good way for the clients to be integrated into the community. E3 stated that she really had not thought about client confidentiality, or possibly their privacy or rights being compromised while the family members of staff are visiting. E3 stated that they are pretty laid back about this issue, and the clients love kids, which they really don't get to see that much. E3 stated that she was not aware that E10 was having his wife visit every Friday evening while he was working. E3 stated that she was only aware of one time, when E12(Direct Care Staff) reported that E10 had his wife visit one time while he was working second shift. E3 stated she asked E10 if his wife visited, but E10 denied it happened. E3 stated that she did not have a formal investigation regarding this issue. | W 125 | | |
| W 153 | 483.420(d)(2) STAFF TREATMENT OF CLIENTS<br><br>The facility must ensure that all allegations of mistreatment, neglect or abuse, as well as injuries of unknown source, are reported immediately to the administrator or to other officials in accordance with State law through established procedures.<br><br>This STANDARD is not met as evidenced by:<br>Based on record review and interview, the facility failed to ensure 3 of 3 allegations of abuse and neglect reported during interviews during this survey process were reported to administrative staff, and failed to ensure 2 of 2 allegation of known abuse and neglect were reported to Public Health, affecting 12 of 12 clients who reside in the | W 153 | | |

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | 14G266 | A. BUILDING _____ B. WING _____ | C 04/29/2016 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| **ASHTON TERRACE** | **307 ALAN STREET ASHTON, IL 61006** |

| (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 153 | Continued From page 10<br>facility(R1-R12).<br><br>Findings include:<br><br>1. During a telephone interview with E10(Direct Care Staff) on 4/22/16 at 1:45pm, E10 told this surveyor that he has heard that staff take socks and toys(small bears) away from R1. E10 stated that E11(Direct Care Staff) told him that she took away R1's bears, but told E3(Asst Administrator/Qualified Intellectual Disability Professional) about it, so she(E3) is aware. E10 stated that he himself never took things away from R1. E10 was asked if he reported this information to his supervisor. E10 stated that he did not. He said he did not directly observe it, just heard about it from E11, so he did not report it. He stated E3 is already aware.<br><br>During a telephone interview with E11 on 4/26/16 at 8:45am, E11 was asked if she or any other staff have ever taken socks or small toys(bears) away from R1. E11 stated that she has never taken anything away from R1. E11 stated that she never told E3 that she took items away from R1. E11 did state that a few months ago R1's bear was found behind a comforter in another clients room, hidden deep in a corner. E11 stated that there is no possible way R1 could have placed the bear in such a hidden place. E11 stated that R1 was looking for the bear for a week, and was upset because he could not find it. E11 stated that she does not know how the bear got in the place it was, but that someone had to place the bear there, and it could not have been R1 who did that. E11 stated that obviously some staff person did it. E11 stated no one can figure out who did it though. E11 stated that she did not report this suspicion to Administration. | W 153 | | |

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | 14G266 | A. BUILDING _____ B. WING _____ | C 04/29/2016 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| **ASHTON TERRACE** | **307 ALAN STREET ASHTON, IL 61006** |

| (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 153 | Continued From page 11<br><br>During an interview with E13(Direct Care Staff) on 4/26/16 at 8:30am, E13 was asked if he has ever witnessed anyone taking socks or small toys(bears) away from R1. E13 stated that he has never seen any one taking things away from R1, but that he knows someone is doing that. E13 stated that R1's socks are sometimes found way up on top of a cabinet, and there is no way R1 could place or get his socks up that high. R1 could never reach up there. E13 was asked if he has reported his suspicion to anyone. E13 stated that he has not.<br><br>R1's Behavior Program dated 1/15/16 was reviewed. R1 has documented target behaviors of disruptiveness, inappropriate wearing of clothing, wandering, taking others' belongings, and aggression. R1's potential reinforcers are music, socks and stuffed animals, among others. The program does not dictate to remove items that R1 prefers(such as socks or small stuffed animals) as part of his program plan.<br><br>During an interview with both E2(Administrator) and E3 on 4/26/16 at 10:00am, both Administrative staff were asked if they had any staff report to them that staff are suspecting that some staff person is taking socks and small stuffed toys away from R1. Both E2 and E3 stated that no staff have reported to either of them this allegation. E3 stated that she was aware that for a short time R1's bear was missing, and that staff found the bear in another clients room. But no staff told her or alleged that another staff person took the bear away and hid it from R1. E2 stated that sometimes R1 can fling his socks around as well as his bears, so possibly the socks that were found on top of the cabinet | W 153 | | |

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | 14G266 | A. BUILDING _____ B. WING _____ | C 04/29/2016 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| **ASHTON TERRACE** | **307 ALAN STREET ASHTON, IL 61006** |

| (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 153 | Continued From page 12 | W 153 | | |

were flung up there by R1. E2 and E3 stated that they would begin to investigate this allegation, now that they are aware.

2. During a telephone interview with E10 on 4/22/16 at 1:45pm, E10 told this surveyor that one morning, when he was coming into work, E13 was outside in the parking lot, digging for night crawlers, instead of being in the facility, watching the clients. E10 stated that on night shift, there is only one person working, so when E13 left the building to dig for worms, no one would be in the facility to watch the clients. E10 stated that he reported this to E3, but a little late. E10 stated that he did not know the exact date, but thought it was around March 5th. E10 stated that another employee saw him doing it as well, E11. E10 stated that E11 should have reported it, but she didn't, so a month later he reported it. E10 stated that when he told E3, she said she would look into it. E10 stated nothing happened once he reported it.

During a telephone interview with E11 on 4/26/16 at 8:45am, E11 stated that she did see E13 out in the parking lot when she was arriving for work one day. E11 stated that E10 was there too, and also witnessed E13 out in the parking lot. E11 confirmed that no one was in the home watching the clients, because it was night shift, and there is only one staff member on duty for that shift. E11 said that as soon as E13 saw us arrive, he went back into the home, so she did not report it. E11 said she knew for sure he was digging for night crawlers, because he had a cup full of worms in his hands.

During an interview with E13 on 4/26/16 at 8:30am, E13 was asked if he ever goes digging

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | 14G266 | A. BUILDING _____ B. WING _____ | C 04/29/2016 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| **ASHTON TERRACE** | **307 ALAN STREET ASHTON, IL 61006** |

| (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 153 | Continued From page 13 | W 153 | | |

for worms. E13 stated that he does not dig for them, but rather waits for it to get light outside, and then looks for worms. E13 was asked if he does this out in the parking lot. E13 stated that he does this out in the back yard, where there is a slab of concrete. E13 stated that sometimes the worms will be on top of the concrete. E13 stated that he uses the worms for fishing, and to feed a small turtle he has.

During an interview with E3 and E2 on 4/26/16 at 10:00am, both Administrative staff were asked if they ever received an allegation that E13 goes out into the parking lot, leaving the clients unsupervised during the over night shift, to dig for worms. Both staff stated that they are not aware of this allegation.

E2 explained that when the night staff is hired, it is explained to them that they are not allowed to leave the facility, or go outside of the building for any amount of time, as they are the only staff working that shift. E2 stated that they have not had any staff tell us that E13 digs for worms, and leaves the facility unsupervised. E2 stated that now that they are informed, they can begin an investigation.

3. During a telephone interview with E11 on 4/26/16 at 8:45am, E11 told this surveyor that E10's wife would be in the home almost every Friday evening as she came to work. E11 stated that she really didn't think too much of it, so she never reported it to Administration. E11 stated she did not even realize that this would be something she should report. E11 explained that E10 can be intimidating, which is probably why she would not report E10. E3 would have to deal with this situation.

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | 14G266 | A. BUILDING _____ B. WING _____ | C 04/29/2016 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| **ASHTON TERRACE** | **307 ALAN STREET ASHTON, IL 61006** |

| (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 153 | Continued From page 14<br><br>During an interview with E2 and E3 on 4/26/16 at 10:00am, both Administrative staff were asked if any staff reported to either of them that E10 would bring his wife into the facility during the second shift while he was working, many Friday evening shifts. E3 stated that a while back(January 29th) a former staff, E12 had reported that E10's wife had come to visit him on the second shift. E3 stated that she asked E10 if this occurred, and he denied it. E3 stated a lot of gossip was going on at the time, and E12 actually ended up being terminated. E3 stated that she was not aware that almost every Friday, E10 has his wife in the facility. E3 was asked if she has any formal investigation regarding the allegation that E12 had reported back on January 29th. E3 stated that she did not even do an investigation, rather, she asked E10 if his wife was here, and he denied it, so she did not go any further with this allegation.<br><br>4. During an interview with E13 on 4/26/16 at 8:30am, E13 stated that E10 is not the hardest worker. E13 stated that he has come to work at least three times and found him sleeping when he came into the facility. E13 stated that he left the first two times go, and didn't report that he was sleeping, but on the third time, he reported it, because not only was he sleeping, but the clients were soaked, and he was tired of him not doing his job. E13 stated not only were the clients depends soaked, but the bed pads and the sheets were soaked too. E13 stated he wouldn't get the laundry done either, which is also part of his job. E13 stated that the third time he found E10 asleep, he called E3. E3 told him that he needed to write it all out, and called the AOD(Administrator on Duty). E13 stated that | W 153 | | |

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | 14G266 | A. BUILDING _____ B. WING _____ | C 04/29/2016 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| **ASHTON TERRACE** | **307 ALAN STREET ASHTON, IL 61006** |

| (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 153 | Continued From page 15 | W 153 | | |

nothing has happened since he reported this. E13 stated that E11 also found him asleep one time, and she actually took a picture of him sleeping on her cell phone. E13 stated that E10 and his wife can get people fired. He's heard that they have had people fired from other jobs in the area. E13 stated that the last time he found E10 asleep, R1 was up in the living room, sleeping in a chair. E13 stated you never want to leave R1 unsupervised, because he will go into other clients rooms, and go through their closets, and throw everyone's clothes onto the floor.

During a telephone interview with E11 on 4/26/16 at 8:45am, E11 was asked if she has ever seen any staff members asleep in the home, when they are on duty. E11 stated that she has not. E11 denied that she has a picture of E10 asleep in the home.

During an interview with E2 and E3 on 4/26/16 at 10:00am, both Administrative staff were asked if any staff ever reported to them that E10 has been found asleep in the home, and has left clients with soaked depends, bed pads, and sheets. E2 stated that they did have this reported, and they looked into it. E3 stated that it was really E13's word against E10's word, so we really couldn't prove it. E3 stated that E10 told her that he just closed his eyes. E2 stated that they do have a report they could give to me to review regarding this allegation. E2 was asked if this was reported to Public Health. E2 stated that is was not reported, because they really didn't look at it as an allegation.

The one page report dated 3/15/16 was reviewed. This report was authored by E2. The report reads that E13 reported that E10 is not fulfilling

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | 14G266 | A. BUILDING _____ B. WING _____ | C 04/29/2016 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| **ASHTON TERRACE** | **307 ALAN STREET ASHTON, IL 61006** |

| (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 153 | Continued From page 16 | W 153 | | |

his job requirements by not toileting clients on the overnight, being asleep in the chair and leaving laundry. In addition, this same report states that E10 has alleged that E13 vaps in the facility. E10 denies sleeping at any time, but that he may have closed his eyes. The report states that the vaping issue has been addressed, since the policy is relatively new. E3 confirmed that this allegation, as well as E13 vaping in the home, have not been reported to Public Health.

5. During an interview with E14 on 4/22/16 at 2:15pm, E14 stated that she has one more piece of information that she should share with me, since I requested all incidents and allegations of abuse and neglect. This report was not presented to me upon initial request when I entered the complaint investigation with E1(Residential Director) at 10:40am. E14 explained that an anonymous caller called and reported that she saw a family member bring in a bottle of pills to a female staff who works in the home. The caller later identified herself, and stated that the staff's husband and daughter went into the facility with the bottle of pills, and were in the facility at least 45 minutes. E14 presented an investigative summary to this surveyor. E14 stated that staff admitted that her husband had brought Allegra into the home for her allergies. E14 stated that E2 had called this person back, and she was the one who completed the report.

The report dated April 21, 2016 was reviewed. It states that on April 19th, 2016, E14 received a call from a citizen and reported that a staff member working in the facility received a bag of pill bottles from her husband and little girt, and that they both entered the home with the staff member and remained inside the home for at

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | 14G266 | A. BUILDING _____ B. WING _____ | C 04/29/2016 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| **ASHTON TERRACE** | **307 ALAN STREET ASHTON, IL 61006** |

| (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 153 | Continued From page 17<br>least 45 minutes to an hour. The report continues that E2 called the woman back on the 20th, and the caller stated they were both in the home 15-20 minutes. E3 later spoke with the staff who had her husband bring in the pills for her, and she admitted that she brought her family members into the facility, but only for about 10 minutes. E2 was asked if this allegation was reported to Public Health. E2 stated that she did not report this to Public Health, as she did not realize this was something she needed to report. | W 153 | | |
| W 154 | 483.420(d)(3) STAFF TREATMENT OF CLIENTS<br><br>The facility must have evidence that all alleged violations are thoroughly investigated.<br><br>This STANDARD is not met as evidenced by:<br>Based on record review and interview, the facility failed to ensure 2 of 2 known allegations of abuse and neglect were thoroughly investigated, affecting 12 of 12 clients who reside in the facility(R1-R12).<br><br>Findings include:<br><br>1. During a phone interview with E10(Direct Care Staff) on 4/22/16 at 1:45pm, E10 told this surveyor that about two Sunday's ago, E9(Direct Care Staff) had her husband and child in the home visiting for about 30 minutes. I reported this to E3(Asst. Administrator/Qualified Intellectual Disability Professional) the following Monday. E10 stated that E3 explained to him that she told staff that if you are going to have your family members visit, that the visit should be brief, and keep it in the common areas. E10 stated he didn't think it was right to bring family members in | W 154 | | |

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | 14G266 | A. BUILDING _____ B. WING _____ | C 04/29/2016 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| **ASHTON TERRACE** | **307 ALAN STREET ASHTON, IL 61006** |

| (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 154 | Continued From page 18 | W 154 | | |

while you are supposed to be working, and that it really isn't right for the clients either. E9's daughter is pretty young and her husband doesn't even know the clients.

During an interview with E14 on 4/22/16 at 2:15pm, E14 stated that she had a situation to present to me, regarding an anonymous call they received from a concerned citizen. This information was not presented to me upon entry into the facility when I requested any allegations of abuse and neglect, incidents, accidents or reportables, from E1(Residential Director) on this same date at 10:40am. E14 stated that the citizen later identified herself as a neighbor close to the facility. She alleged that a female staff member's husband and daughter brought in a bottle of pills, and stayed inside the facility for 45 minutes to an hour. This information was passed onto E2(Administrator) who called the citizen back, after she provided her name and number, and her story changed. E14 stated they determined who the staff member was, and spoke with her. E9 admitted that her husband and daughter did come to the facility, and dropped off her Allegra, for her allergies. E9 stated her husband and daughter were only in the home for 10 minutes or so, and then smoked a cigarette outside with her husband before they both left.

The one page untitled summary, dated April 21, 2016 was reviewed. This summary is authored by E2. The summary reports that a citizen called on April 19, 2016, and stated a woman working in this facility received a bag of pill bottles from her husband and little girl. The citizen was concerned because the man and little girl went into the facility, and were inside the home for 45

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | 14G266 | A. BUILDING _____ B. WING _____ | C 04/29/2016 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| **ASHTON TERRACE** | **307 ALAN STREET ASHTON, IL 61006** |

| (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 154 | Continued From page 19 | W 154 | | |

minutes to an hour. The report continues that on April 20, 2016, E2 called the citizen back, and she then stated the man and little girl were inside 15-20 minutes. E3 spoke with E9 and E9 admitted that her husband and daughter stopped by around 11:00am, with Allegra for her allergies. E9 stated that she had prior approval for them to step inside so her little girl could meet the clients. E9 stated that she was only inside for 10 minutes. The report summarizes that due to the inconsistencies of the story, and account given by staff, there was no need for further action at this time. There are no interviews attached to this summary, indicating if E2 or E3 interviewed any other staff or clients regarding this allegation. There is no documentation verifying that this allegation was reported to Public Health.

During a phone interview with E9 on 4/26/16 at 9:10am, E9 confirmed that her husband and daughter did come to the home to drop off Aleve for her knee. E9 explained that she hurt her knee about one week ago, and she needed some Aleve for the discomfort. E9 stated that her husband and daughter did come into the home, but stayed in the living room, and were only there for about five minutes. E9 stated that she spoke with her supervisor after they visited, and told me that maybe I shouldn't do that. E9 stated that she did not know that it was wrong. E9 stated that she did not have prior permission to do so before they came to the facility, as the report summary indicates. The summary also indicates that Allegra was dropped off for allergies, when E9 stated Aleve was dropped off for knee pain. The report also has inconsistencies with the amount of time the husband and daughter remained in the home; anywhere from 5 minute to as long as one hour. No other staff members were

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | 14G266 | A. BUILDING _____ B. WING _____ | C 04/29/2016 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| **ASHTON TERRACE** | **307 ALAN STREET ASHTON, IL 61006** |

| (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 154 | Continued From page 20<br>interviewed to determine how long the husband and daughter were actually in the home.<br><br>During an interview with both E2 and E3 on 4/26/16 at 10:00am, E2 and E3 were asked about the discrepancies with their report and the interviews as stated above. E3 stated that she thought it was Allegra, not Aleve, but they sound the same. E3 stated she should have taken notes to make sure she had the right information. E2 stated that they did not interview any other staff or clients. E2 stated she did not report this because she didn't think she had to report this. She really did not look at this as an allegation of abuse or neglect. E3 stated that they have never really had a policy regarding family members of staff visiting the clients. E3 stated she never really thought of that as a violation of their rights or confidentiality. E2 stated that they will have to change their visitors policy, so staff are clear to understand their family members cannot visit inside the home while they are working.<br><br>2. During a phone interview with E13(Direct Care Staff) on 4/26/16 at 8:30am, E13 reported to this surveyor that E10 is not the hardest worker. E13 stated that he has found him sleeping when he has come in to work the overnight shift. E13 stated that laundry would not be done either. The clients were soaked(in urine) through their depends, onto the bed pad and through to the sheets. The first two times I found him sleeping I didn't say anything. The third time I called E3, and she told me to call the AOD(Administrator on Duty). E13 stated that he wrote it all out, but nothing has really happened since. E13 stated that E11(Direct Care Staff) actually took a picture of him sleeping on her cell phone. The other staff and I that work here have heard that E10 and his | W 154 | | |

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | 14G266 | A. BUILDING _____ B. WING _____ | C 04/29/2016 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| **ASHTON TERRACE** | **307 ALAN STREET ASHTON, IL 61006** |

| (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 154 | Continued From page 21 | W 154 | | |

wife have got other people fired before from other jobs. E13 stated that this is a small community, and people talk. That is why he waited to say something, but after the third time, E13 stated he just got tired of cleaning up after him. E13 was asked if any clients were up, while E10 was found sleeping when he came to work. E13 stated that one time R1 was asleep up in a chair in the living room. E13 stated that you can never be asleep in the facility while taking care of the clients. R1 could go into every other clients rooms, and throw all of their clothing around.

During an interview with E2 and E3 on 4/26/16 at 10:00am, both administrative staff where asked if they ever received an allegation of staff sleeping on the job, or clients found soaked when the next staff member started their shift. E2 stated that they did have an issue with E10, with him being accused of sleeping on the job. E2 was asked if this allegation was reported to Public Health. E2 stated that it was not reported. E2 stated they spoke with E10, and he said he was just resting his eyes. E2 stated that it really was just E10's word against E13's word. E2 was asked if she has a report regarding this allegation. E2 stated she did, and presented this surveyor with a one page summary dated 3/15/16.

The report states that it was brought to E2 and E3's attention that E10 is not fulfilling his job duties by not toileting clients on the overnight, being asleep in the chair, and leaving laundry. This complaint was reported by E13. The report indicates that after talking with E10, E10 stated it was E13 who does not do the laundry, and leaves things for other staff to do. E10 stated that he does sit down, but has never slept, but may have closed his eyes. He also said he does his bowel

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | 14G266 | A. BUILDING _____ B. WING _____ | C 04/29/2016 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| **ASHTON TERRACE** | **307 ALAN STREET ASHTON, IL 61006** |

| (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 154 | Continued From page 22<br>and bladder as required. E10 stated that because the dryer does not dry well, laundry gets backed up. This report also indicates that E10 reported that E13 vaps in the house, but that this issue has also been addressed. That is the end of their report. There is no indication that any other staff were interviewed, to see if they too have found E10 asleep in the home, or if clients were soaked during his shift.<br><br>During an interview with E2 on 4/26/16 at 12:00pm, E2 was asked if any other clients or staff have been interviewed regarding this allegation. E2 stated that she spoke with E11, and R10, and both stated they have never witnessed E10 sleeping. E2 stated that she only interviewed these two people, and did not check with anyone else. E2 stated that it would just be E10's word against E13's word. E2 was asked if she has the interviews from E11 or R10, and if they are included in the report. E2 confirmed that they were just done verbally. She has nothing else to show regarding this concern. | W 154 | | |
| W 188 | 483.430(d)(4) DIRECT CARE STAFF<br><br>When there are no clients present in the living unit, a responsible staff member must be available by telephone.<br><br>This STANDARD is not met as evidenced by:<br>Based on observation and interview, the facility failed to ensure contact information was posted at the facility,which would provide a number to call when clients are not present in the living unit, affecting 12 of 12 clients who reside in the facility(R1-R12). | W 188 | | |

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | 14G266 | A. BUILDING _____ B. WING _____ | C 04/29/2016 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| **ASHTON TERRACE** | **307 ALAN STREET ASHTON, IL 61006** |

| (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 188 | Continued From page 23<br>Findings include:<br><br>Upon arrival to the facility on 4/22/16 at 9:30am, no clients or staff were present in the living unit. There was no information posted on any area of the home, indicating who or how to contact a responsible staff member by telephone. This surveyor placed a call to my supervisor, who provided a contact number for the Day Training facility which this provider also runs. A call was placed to this Day Training site, and information was requested to speak with someone who is responsible for this living facility. The secretary who answered the phone would not give any telephone number out, and stated she would have someone contact me, after I provided her with a telephone number. After waiting 30 more minutes without a return call, I called for the Day Training address, and drove to the Day Training site.<br><br>During an interview with E1(Residential Director) on 4/22/16 at 10:40am, E1 was informed that the facility does not have contact information posted anywhere at the facility, in the event staff and clients are not present at the facility. E1 stated that their should be a placard up at the home. E1 stated he was not aware it was no longer posted, but that he would make sure one was posted immediately. | W 188 | | |