STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION       (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:       (X2) MULTIPLE CONSTRUCTION A. BUILDING       (X3) DATE SURVEY COMPLETED         NAME OF PROVIDER OR SUPPLIER       14G275       B. WING       10/05/2016         NAME OF PROVIDER OR SUPPLIER       STREET ADDRESS, CITY, STATE, ZIP CODE 421 NORTH ROCHESTER STREET LANARK, IL 61046       421 NORTH ROCHESTER STREET LANARK, IL 61046       (X3) DATE SURVEY COMPLETED		-	AND HUMAN SERVICES	FRINTED. 10/13/2016 FORM APPROVED					
AND PLAN OF CORRECTION       IDENTIFICATION NUMBER:       A BULDING       COMPLETED         14G275       B. WING       STREET ADDRESS, CITY, STATE, ZIP CODE       10/06/2016         CORDON JONES TERRACE       STREET ADDRESS, CITY, STATE, ZIP CODE       STREET ADDRESS, CITY, STATE, ZIP CODE       COMPLETED         (X4) ID       SUMMAY STATEMENT OF DEPICTION OF THE PRECEDED TO YELL       STREET ADDRESS, CITY, STATE, ZIP CODE       COMPLETED         (X4) ID       SUMMAY STATEMENT OF DEPICTION OF THE PRECEDED TO YELL       CONSERPECTION SHOLD DEPICTION       COMPLETED         (X4) ID       SUMMAY STATEMENT OF DEPICTION OF THE PRECEDED TO THE ADDRESS, CITY, STATE, ZIP CODE       COMPLETED       COMPLETED         (X4) ID       SUMMAY STATEMENT OF DEPICTION OF TAXAN AND CONTRECTION       COMPLETED       CONSERPECTION SHOLD DEPICTION         (X4) ID       RESULATORY OR LISC.IDENTIFYING INFORMATION)       PLOT       CONSERPECTION SHOLD DEPICTION         (X4) ID       RESULATORY OR LISC.IDENTIFYING INFORMATION)       PLOT       CONSERPECTION SHOLD DEPICTION         (X4) ID       Annual Licensure       W 000       INITIAL COMMENTS       W 000         INTER TANDARD is not met as evidenced by:       Based on observations and interviews the facility failed to ensure that 1 of 1 client outside the sample, (R5), maintained his dignity whose diagnosis includes seizure discreder.       During observations on 10-3-16 at 3:07pm when R5 returned from the									
NAME OF PROVIDER OR SUPPLIER     STREET ADDRESS, CITY, STATE, 2/P CODE       GORDON JONES TERRACE     421 NORTH ROCHESTES STREET       MUDANARY STATEMENT OF DEFICIENCES     In PROVIDERS PURCHARD FOR DEFICIENCES       PHEEX TAG     EACH DEFICIENCES     In PROVIDERS PURCHARD FOR DEFICIENCES       MUDAN     ISSUMARY STATEMENT OF DEFICIENCES     In PROVIDERS PURCHARD FOR DEFICIENCES       MUDAN     Interview of LSC IDENTIFYING INFORMATION     PREVIEW       W 000     INITIAL COMMENTS     W 000       Annual Certification - Fundamental     Annual Certification - Fundamental       Annual Licensure     Inspection of Care       W 268     483.450(a)(1)(i) CONDUCT TOWARD CLIENT     W 268       This STANDARD is not met as evidenced by: Based on observations and interviews the facility failed to ensure that 1 of 1 client outside the sample, (RS), maintained his dignity when he went out in public sitting on a chucks absorbent pad.       Findings include:       According to the May 12, 2016 Inspection of Care form, it states that R5 is a 77 year oid man who has moderate intellectual disability and whose diagnosis includes seizure discorder.       During observations on 10-3-16 at 3:07pm when R5 returned from his workshop and on 10-4-16 at 8:20am when he got on his bus to go to work for the day, R5 was sitting on a chucks absorbent pad that was visible, On 10-4 the pad was tucked in more than it was on the previous day, but it could still be seen at the corners of the cushion he was sitting on in his whelechair.				` '					
NAME OF PROVIDER OR SUPPLER     STREET ADDRESS. CITY. STREET 2/P CODE       GORDON JONES TERRACE     421 NORTH ROCHSTER STREET       MARK, LI SIGUE     ANARK, LI SIGUE       (PAU)D     SUMMARY STATEMENT OF DEFICIENCES       PHEFIX     (EACH DEFICIENCES VIST BE APPROPRIATE       (EACH DEFICIENCES VIST BE APPROPRIATE     PROVIDERS AND OF CORRECTION       (EACH DEFICIENCES VIST BE APPROPRIATE     PROVIDERS AND OF CORRECTION       (EACH DEFICIENCE VIST BE APPROPRIATE     PROVIDERS AND OF CORRECTION       (EACH DEFICIENCE)     WOOD       W 000     INITIAL COMMENTS     W 000       Annual Certification - Fundamental     Annual Licensure       Inspection of Care     W 268       Y 268     As3.450(q(1)(1)) CONDUCT TOWARD CLIENT     W 268       This STANDARD is not met as evidenced by:     Based on observations and interviews the facility failed to ensure that 1 of 1 client outside the sample, (R5), maintained his dignity when he went out in public sitting on a chucks absorbent pad.       Findings include:     According to the May 12, 2016 Inspection of Care form, it states that R5 is a 77 year old man who has moderate intellectual disability and whose diagnosis includes selzure discorder.       During observations on 10-3-16 at 3:07pm when R5 returned from his workshop and on 10-4-16 at 3:30pm Facility       During an interview on 10-4-16 at 3:30pm Facility			14G275	B. WING		10/	10/05/2016		
GORDON JONES TERRACE       LANARK, IL 61046         (%) JD PREFX TAG       SUMMARY STATEMENT OF DEFICIENCIES IEACH DEFICIENCY MUST BE PRECEDED BY FULL REQUEATIONY OR LSD IDENTIFYING INFORMATION)       JD PREFX TAG       PROVIDERS PLAN OF CORRECTIVE ACTION SHOULD BE CROSS-REFERENCE TO THE APPROPRIATE DEFICIENCY       COMPLETON DEFICIENCY         W 000       INITIAL COMMENTS       W 000         Annual Certification - Fundamental       Annual Licensure         Inspection of Care       W 268         483.450(a)(1)(i) CONDUCT TOWARD CLIENT       W 268         These policies and procedures must promote the client.       W 268         This STANDARD is not met as evidenced by: Based on observations and interviews the facility failed to ensure that 1 of 1 client outside the sample, (R5), maintained this dignity when he went out in public sitting on a chucks absorbent pad.         Findings include:       According to the May 12, 2016 Inspection of Care form, it states that R5 is a 77 year old man who has moderate intellectual disability and disposis include seizure disorder.         During observations on 10-3-16 at 3:07pm when R5 returned from his workshop and on 10-4-16 at 8:20am when he got on his bus to go to work for the day, R5 was sitting on a chucks absorbent pad that was visitib. On 10-4 the pad was tucked in more than it was on the previous day, but it could still be seen at the corners of the cushion he was sitting on in his wheelchair.         During an interview on 10-4-16 at 3:30pm Facility	NAME OF F	PROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZIP CODE		10/00/2010		
PRECINT TAG       IEACH DEFICIENCY MUST BE PRECEDED BY FULL       PRECINCY       IEACH CORRECTVE ACTION SHOULD BE       COMPLETING         W 000       INITIAL COMMENTS       W 000       INITIAL COMMENTS       W 000         Annual Certification - Fundamental       Annual Certification - Fundamental       W 268         W 268       483.450(a)(1)(i) CONDUCT TOWARD CLIENT       W 268         This STANDARD is not met as evidenced by:       Based on observations and interviews the facility failed to ensure that 1 of 1 client outside the sample, (R5), maintained his dignity when he went out in public sitting on a chucks absorbent pad.         Findings include:       According to the May 12, 2016 Inspection of Care form, it states that R5 is a 77 year old man who has moderate intellectual disability and whose diagnosis includes seizure disorder.         During observations on 10-3-16 at 3:07pm when R5 returned from his workshop and on 10-4-16 at 8:20m when the ord on the dust to the outside the day. R5 was sitting on a chucks absorbent pad.         During dustricudes seizure disorder.       During dustricudes seizure disorder.         During dustricudes on the porvious day, but it could still be seen at the corrers of the cushion he was sitting on in his wheelchair.         During an interview on 10-4-16 at 3:30pm Facility	GORDON	I JONES TERRACE							
Annual Certification - Fundamental         Annual Licensure         Inspection of Care         W 268         483.450(a)(1)(i) CONDUCT TOWARD CLIENT         W 268         These policies and procedures must promote the growth, development and independence of the client.         This STANDARD is not met as evidenced by:         Based on observations and interviews the facility failed to ensure that 1 of 1 client outside the sample, (R5), maintained his dignity when he went out in public sitting on a chucks absorbent pad.         Findings include:         According to the May 12, 2016 Inspection of Care form, it states that R5 is a 77 year old man who has moderate intellectual disability and whose diagnosis includes seizure disorder.         During observations on 10-3-16 at 3:07pm when R5 returned from his workshop and on 10-4-16 at 8:20am when he got on his bus to go to work for the day, R5 was sitting on a chucks absorbent pad that was visible. On 10-4 the pad was tucked in more than it was on the previous day, but it could still be send at the corners of the cushion he was sitting on in his wheelchair.         During an interview on 10-4-16 at 3:30pm Facility	PRÉFIX	(EACH DEFICIENCY MUST BE PRECEDED BY FULL		PREFIX	(EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPRO	D BE	D BE COMPLETION		
Annual Licensure       Inspection of Care         W 268       483.450(a)(1)(i) CONDUCT TOWARD CLIENT       W 268         These policies and procedures must promote the growth, development and independence of the client.       W 268         This STANDARD is not met as evidenced by: Based on observations and interviews the facility failed to ensure that 1 of 1 client outside the sample, (R5), maintained his dignity when he went out in public sitting on a chucks absorbent pad.       Findings include:         According to the May 12, 2016 Inspection of Care form, it states that R5 is a 77 year old man who has moderate intellectual disability and whose diagnosis includes seizure disorder.       During observations on 10-3-16 at 3:07pm when R5 returned from his workshop and on 10-4-16 at 8:20am when he got on his bus to go to work for the day, R5 was sitting on a chucks absorbent pad that was visible. On 10-4 the pad was tucked in more than it was on the previous day, but it could still be seen at the corners of the cushion he was sitting on in his wheelchair.         During an interview on 10-4-16 at 3:30pm Facility	W 000	INITIAL COMMENTS		W OC	00				
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		R5 returned from h 8:20am when he go the day, R5 was sit pad that was visible in more than it was could still be seen a	is workshop and on 10-4-16 at ot on his bus to go to work for ting on a chucks absorbent e. On 10-4 the pad was tucked on the previous day, but it at the corners of the cushion						
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE TITLE (X6) DATE		Representative E2	acknowledged that R5's						

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.

## PRINTED: 10/13/2016

	CENTERS FOR MEDICARE & MEDICAID SERVICES           TATEMENT OF DEFICIENCIES         (X1) PROVIDER/SUPPLIER/CLIA		(X2) MULTIPLE CONSTRUCTION A. BUILDING			OMB NO. 0938-039 (X3) DATE SURVEY COMPLETED	
		IDENTIFICATION NUMBER:					
		14G275	B. WING		10/05/2016		
NAME OF	PROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZIP CODE			
GORDO	N JONES TERRACE			421 NORTH ROCHESTER STREET LANARK, IL 61046			
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES / MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORREC (EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APPR DEFICIENCY)	JLD BE	(X5) COMPLETION DATE	
W 268	Continued From pa	ge 1	W 20	68			
		bad should not have been that she would fix this					
W 352	483.460(f)(2) COM DIAGNOSTIC SER	PREHENSIVE DENTAL VICE	W 3	52			
		ntal diagnostic services amination and diagnosis annually.					
	Based on record re failed to ensure for that a comprehensi	s not met as evidenced by: eview and interview the facility one of four in the sample (R4) ve dental diagnostic service kamination and diagnosis annually.					
	Findings include:						
	dated 7-12-16, R4 f	of the Individual Service Plan Functions in the Profound I Disability. R4's diagnosis Palsy.					
	dated 7-12-16 is wr completed on 8-25- moderate plaque ar	of the Individual Service Plan itten dental exam was 14. She was noted as having nd calculus. The concurrent o have annual dental exams.					
		f the Physician Order Sheet gh 9-30-16 is written dental					
		f the General Notes dated ue to no dental consent her was canceled.					

FORM CMS-2567(02-99) Previous Versions Obsolete

If continuation sheet Page 2 of 3

		AND HUMAN SERVICES				FORM	10/13/2016 APPROVED 0938-0391	
STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING			(X3) DATE SURVEY COMPLETED			
14G275			B. WING			10/05/2016		
NAME OF F	PROVIDER OR SUPPLIER				TREET ADDRESS, CITY, STATE, ZIP CODE			
GORDON	N JONES TERRACE		421 NORTH ROCHESTER STREET LANARK, IL 61046					
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)			х	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROP DEFICIENCY)	BE	(X5) COMPLETION DATE	
W 352	Continued From page 2		w a	352				
	Per interview with E3 (QIDP) on 10-4-16 at 11:50 A.M. acknowledged that the last dental exam for R4 was on 8-25-14.							

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Facility ID: IL6012942

If continuation sheet Page 3 of 3