PRINTED: 12/07/2015 FORM APPROVED OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	` ′		E CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
		14G293	B. WING			R 11/06/2015	
	PROVIDER OR SUPPLIER			22	REET ADDRESS, CITY, STATE, ZIP CODE 88 BRIARBROOK DRIVE AST PEORIA, IL 61611		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFI TAG		PROVIDER'S PLAN OF CORRECTIO (EACH CORRECTIVE ACTION SHOULE CROSS-REFERENCED TO THE APPROP DEFICIENCY)	BE	(X5) COMPLETION DATE
{W 000}	INITIAL COMMEN	TS	{W 00	00}			
{W 249}	TO SURVEY DATE 483.440(d)(1) PRO As soon as the inte formulated a client's each client must re treatment program interventions and s and frequency to su	RTIFICATION FOLLOW UP E OF 03/19/15 GRAM IMPLEMENTATION ordisciplinary team has so individual program plan, ceive a continuous active consisting of needed ervices in sufficient number apport the achievement of the din the individual program	{W 2	49}			12/5/15
	REPEAT Based on record re failed to ensure thre sample (R1, R2, R4 a frequency which wachieve their goals.) Findings include: 1) A Roster provide Director, at the beg is a 48 year old fem of Moderate Intelled.	ed by E2, Residential Service inning of the survey shows R2 nale who functions at the level ctual Disability. s active treatment program					
ABODATOR	hair with 1 or less v trials. The Active Tr	inse the shampoo out of her verbal prompts in 100% of reatment records documents	2NIATI IDE		TITLE		(X6) DATE

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

11/13/2015

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

Facility ID: IL6013320

AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING			(X3) DATE SURVEY COMPLETED		
		14G293	B. WING		11	R / 06/2015	
NAME OF PROVIDER OR SUPPLIER BRIARBROOK PLACE				STREET ADDRESS, CITY, STATE, ZIP CO 228 BRIARBROOK DRIVE EAST PEORIA, IL 61611		700/2010	
(X4) ID PREFIX TAG	(EACH DEFICIENCY	NTEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF COR ((EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE A DEFICIENCY)	SHOULD BE	(X5) COMPLETION DATE	
{W 249}	this program was respetember and 3 or September and 3 or Personal ID - Addres address) with one of trials. This program Friday. The Action documents this properties of 11/4/15 at 12:21 Personal ID could respected in 11/4/15 at 12:21 Personal ID could respected in 12 could respected in 12 could respected in 14/4/15 at 12:21 Personal ID could respected in 15/4/15 at 12:21 Personal ID could respect in 15/4/15 at 12:21 Personal	un 10 out of 30 days in out of 31 days in October. ess: (R2) will state (her or less verbal prompts in 100% am should be run on Monday tive Treatment records gram was run 4 times in oportunities). E1, Vice tions stated during interview pm a record of R2's October not be located. dentify the nickel and its value all prompts in 25% of trials. This n on Monday and Thursdays. Ecords document this program is 8 opportunities) in September 9 opportunities in October. will brush her teeth 5 seconds with 3 or fewer 15% of trials which are to be eatment records document this 5 of 30 times in September		.9}			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING			(X3) DATE SURVEY COMPLETED	
		14G293	B. WING			R 11/06/2015	
NAME OF I	PROVIDER OR SUPPLIER	110,200			STREET ADDRESS, CITY, STATE, ZIP CODE	11/0	J0/2013
BRIARBI	ROOK PLACE				228 BRIARBROOK DRIVE EAST PEORIA, IL 61611		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)		PREFIX (EACH CORRECTIVE ACTION SHOU		PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPI DEFICIENCY)	BE	(X5) COMPLETION DATE
{W 249}	Continued From pa	ge 2	{W 24	49	}		
	Director, at the beg	d by E2, Residential Service inning of the survey shows R1 ale who functions at the level Disability.					
	Chart review of R1's shows the following	s active treatment program					
	less verbal prompts be run daily. Active	olete her oral hygiene with 1 or is for 75% of trials which are to Treatment records document un 9 of 31 times in October.					
	Cooking: (R1) will assist in preparing one side dish for dinner with 3 prompts or less in 25% of trials to be run on the weekends. Active Treatment records show this program was run 4 of 9 opportunities in October.						
	use them in the cor to be run on Monda	ead a list of works and then rect sentence 25% of the time by and Wednesday. Active have documented this in October.					
	write the dollar amoverbal prompts in 7 Tuesday and Thurs show this program	on the signature line and bunt in numbers with 1 or less 5% of trials to be run on day. Active Treatment records was documented as being run er and zero times in October.					
	activity of her choose less verbal prompts daily. Active Treatm	will participate in 1 group sing 2 out of 7 days with 2 or s in 75% of trials to be run ent records show this mented as being run 12 of 31					

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	14G293		B. WING			R 11/06/2015	
	PROVIDER OR SUPPLIER			2	STREET ADDRESS, CITY, STATE, ZIP CODE 228 BRIARBROOK DRIVE EAST PEORIA, IL 61611		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	PREFIX (EACH CORRECTIVE ACTION SHOL		PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROP DEFICIENCY)	BE	(X5) COMPLETION DATE
{W 249}	Director, at the begins a 39 year old ferm of Profound Intellect Chart review of R4's shows the following Money: (R4) will possigned/verbal promy Thursday. Active Tredocumented this probetween September Communication: (Rand then sign the ware documented to the hallway 2 compounds and Friday have documented to between September and 4 Exercise: (R4) will wave documented to between September Eating: (R4) will not food in her mouth wat daily. Active Treatment this program was rubber Bathing: (R4) will draw Ba	d by E2, Residential Service inning of the survey shows R4 rale who functions at the level trual Disability. Is active treatment program: Int to the penny with 4 or less pts to be run on Monday and eatment records have ogram was run two times r 16 and October 31. 4) will speak the word "drink" rord drink to be run on day. Active Treatment records his program was run 5 times	{W 2	49)			
	this program was ru Oral Hygiene: (R4) toothbrush to be rur	will place toothpaste on her n daily. Active Treatment his program was run 6 of 31					

AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		` '	TIPLE CONSTRUCTION ING		(X3) DATE SURVEY COMPLETED	
14G293		B WING		4.	R 11/06/2015	
NAME OF F	PROVIDER OR SUPPLIER	140200		STREET ADDRESS, CITY, STATE, ZIP COD		1/06/2015
BRIARBI	ROOK PLACE			228 BRIARBROOK DRIVE EAST PEORIA, IL 61611		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRE X (EACH CORRECTIVE ACTION SH CROSS-REFERENCED TO THE API DEFICIENCY)	IOULD BE	(X5) COMPLETION DATE
{W 249}	Treatment records R4. E1 concurred it these programs we	th E1 on 11/4/15, the Active were reviewed for R1, R2 and is unable to be determined if re implemented with the	{W 24	49}		
{W 252}	Data relative to acc specified in client in	GRAM DOCUMENTATION omplishment of the criteria dividual program plan documented in measurable	{W 25	52}		12/5/15
	REPEAT Based on record re failed to ensure acti	ee of four residents in the				
	Director, at the beg is a 48 year old fem of Moderate Intelled Chart review of R2's shows the following	s active treatment program				
	hair with 1 or less v trials. The Active Tr	erbal prompts in 100% of eatment records documents un 10 out of 30 days in				

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14G293		B. WING			R / 06/2015		
NAME OF PROVIDER OR SUPPLIER BRIARBROOK PLACE				STREET ADDRESS, CITY, STATE, ZIP CO 228 BRIARBROOK DRIVE EAST PEORIA, IL 61611		00/2010	
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{W 252}	September and 3 o Personal ID - Addre address) with one of trials. This progra and Friday. The Act documents this pro September (of 8 op President of Operation 11/4/15 at 12:21 Personal ID could r Coin ID - (R2) will id with 4 or less verbal program is to be run Active Treatment rewas run 3 times (of and 2 times out of 9 or 1 verbal prompts in 2 run daily. Active Treatment records and 11 of 31 times Reading: (R2) will of the alphabet with 5 trials to be run Tues Treatment records run 2 of 10 times in in October. Self Medication: (R: cards with hand over less verbal prompts at 8pm. Active treatment records run 2 of 10 times in in October.	ut of 31 days in October. ess: (R2) will state (her or less verbal prompts in 100% am should be run on Monday tive Treatment records gram was run 4 times in portunities). E1, Vice tions stated during interview pm a record of R2's October not be located. dentify the nickel and its value all prompts in 25% of trials. This in on Monday and Thursdays. Ecords document this program 8 opportunities) in September 9 opportunities in October. will brush her teeth 5 seconds with 3 or fewer 5% of trials which are to be eatment records document this 5 of 30 times in September	{W 25	52}			

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NAME OF PROVIDER OR SUPPLIER BRIARBROOK PLACE				STREET ADDRESS, CITY, STATE, ZIP 228 BRIARBROOK DRIVE EAST PEORIA, IL 61611	CODE	11/0	JO/2015
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES 'MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFI TAG		ON SHOULD IE APPROPR	BE	(X5) COMPLETION DATE
{W 252}	Director, at the beg is a 28 year old fem of Mild Intellectual I. Chart review of R1's shows the following Oral: (R1) will compless verbal prompts be run daily. Active this program was runced to be run on the treatment records of 9 opportunities in the cort to be run on Monda Treatment records program was not runced to be run on Monda Treatment records program w	d by E2, Residential Service inning of the survey shows R1 ale who functions at the level disability. Is active treatment program: I olete her oral hygiene with 1 or for 75% of trials which are to Treatment records document in 9 of 31 times in October. I ssist in preparing one side 3 prompts or less in 25% of the weekends. Active show this program was run 4 october. I october. I october. I october of the time y and Wednesday. Active have documented this	{W 2	52}			

AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		` '		LE CONSTRUCTION	COMPLETED		
14G293 B. V			B. WING	B. WING			R 06/2015
NAME OF PROVIDER OR SUPPLIER BRIARBROOK PLACE			1	2	STREET ADDRESS, CITY, STATE, ZIP CODE 228 BRIARBROOK DRIVE EAST PEORIA, IL 61611	11/	00/2013
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREF TAG		PROVIDER'S PLAN OF CORRECTIO (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROP DEFICIENCY)) BE	(X5) COMPLETION DATE
{W 252}	Director, at the beg is a 39 year old fem of Profound Intelled Chart review of R4's shows the following Money: (R4) will posigned/verbal prom Thursday. Active Tr documented this pr between September Communication: (Rand then sign the ward then sign the ward then sign the ward documented to the hallway 2 comp Monday and Friday have documented to between September Eating: (R4) will not food in her mouth ward daily. Active Treatments program was referenced.	d by E2, Residential Service inning of the survey shows R4 rale who functions at the level tual Disability. In active treatment program: Int to the penny with 4 or less pts to be run on Monday and eatment records have ogram was run two times r 16 and October 31. 4) will speak the word "drink" rord drink to be run on day. Active Treatment records his program was run 5 times		52}	,		
	this program was ru Oral Hygiene: (R4) toothbrush to be ru	Treatment records document in 6 of 31 times in October. will place toothpaste on her in daily. Active Treatment his program was run 6 of 31					

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{W 252}	Treatment records R4. E1 verified the these indivdiuals' A	ge 8 th E1 on 11/4/15, the Active were reviewed for R1, R2 and lack of documentation for ctive Treatment records during ember and October.	{W 25	52}		