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	14G293	A. BUILDING _____ B. WING _____	02/09/2016

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BRIARBROOK 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)	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 ANNUAL CERTIFICATION SURVEY - FULL INSPECTION OF CARE LICENSURE SURVEY	W 000		
W 136	483.420(a)(11) PROTECTION OF CLIENTS RIGHTS The facility must ensure the rights of all clients. Therefore, the facility must ensure that clients have the opportunity to participate in social, religious, and community group activities. This STANDARD is not met as evidenced by: Based on record review and interview the facility failed to ensure residents had an opportunity to participate in social outings for 4 of 4 individuals in the sample (R1-R4). Findings include: An undated facilty roster shows R1 functions at the level of Mild Intellectual Disability, R2 and R3 function at the level of Moderate Intellectual Disability and R4 functions at the level of Profound Intelletual Disability. Facility outings provided show R1, R3 and R4 were not provided an opportunity for social activity during December 2015. During interview with E1 on 2/3/16 at 1:23pm, E1 stated the facilty could not provide documented outings for any individuals including R1-R4 for the months of September, October and November 2015.	W 136		

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

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W 153	483.420(d)(2) STAFF TREATMENT OF CLIENTS 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. This STANDARD is not met as evidenced by: Based on record review and interview, the facility failed to ensure an incident of peer to peer abuse was reported to the Illinois Department of Public Health (IDPH) for 2 of 2 individuals outside the sample who had an altercation (R9, R10). Findings include: In review of the facilities policy titled "Abuse and Neglect Program" dated revision October 1, 2015, states "Physical Abuse - includes, but is not limited to , hitting, pinching, slapping and kicking and controlling behavior through corporal punishment." In further review of this policy there is a section titled "PEER TO PEER ABUSE." In this section of the policy it states, IDPH will be notified of any abuse. In review of the facility's "General Event Reports" (GER's), on 11/21/15, there was an altercation between R9 and R10 at 6:45 PM. This GER states that R9 and R10 were arguing and R10 pushed R9. There is no evidence that this peer to peer aggression was reported to IDPH. In an interview on 2/2/16 at 11:20 AM, when asked if this incident of peer to peer aggression	W 153		

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W 153	Continued From page 2 was reported to IDPH, E2 (Resident Services Director) stated probably not, I didn't see that they made contact with each other.	W 153		
W 209	483.440(c)(2) INDIVIDUAL PROGRAM PLAN Participation by the client, his or her parent (if the client is a minor), or the client's legal guardian is required unless the participation is unobtainable or inappropriate. This STANDARD is not met as evidenced by: Based on record review and interview, the facility failed to encourage participation of the guardian in the Individual Service Plan (ISP) for 1 of 4 individuals in the sample (R2). Findings include: In review of the ISP dated 9/16/15, R2 has diagnoses of Moderate Intellectual Disabilities, Depression and Paranoia. In review R2's ISP, dated 9/16/15, R2's sister is her guardian. There is no evidence that R2's guardian participated during the interdisciplinary meeting. In an interview on 2/2/16 at 1:30 PM, when asked if R2's guardian consented and participated in her ISP, E2 (Residential Service Director), stated she could find the consent.	W 209		
W 227	483.440(c)(4) INDIVIDUAL PROGRAM PLAN The individual program plan states the specific objectives necessary to meet the client's needs, as identified by the comprehensive assessment	W 227		

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W 227	Continued From page 3 required by paragraph (c)(3) of this section. This STANDARD is not met as evidenced by: Based on record review and interview, the facility failed to develop an objective to address a recommendation from Physical Therapy (PT) and Occupational Therapy (OT) for 1 of 1 individuals in the sample who requires programming (R3). Findings include: In review of the 1/2016 Physician's Order Sheet (POS), R3 is a 20 year old male with diagnoses of Developmental Delay and Orthopedic Impairment. In review of a Therapy Consultation dated 7/13/15 for a new admission evaluation, PT recommended that R3 have Hamstring stretching, frequent standing and walking. OT recommended a home program for finger extension. There is no evidence these programs were initiated for R3. In an interview on 2/3/16 at 2:00 PM, when asked if these programs were initiated for R3, E1 (Administrator) stated, they usually give us the exercise sheets and we put them in the books. E1 further stated that she will get the exercises for R3 from PT and OT.	W 227		
W 248	483.440(c)(7) INDIVIDUAL PROGRAM PLAN A copy of each client's individual plan must be made available to all relevant staff, including staff	W 248		

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W 248	Continued From page 4 of other agencies who work with the client, and to the client, parents (if the client is a minor) or legal guardian. This STANDARD is not met as evidenced by: Based on record review and interview the facility failed to ensure day training sites had current copies of Individual Service Plans (ISP's) for 7 of 13 individuals in the facility who attend day training (R1, R5, R6, R8, R10, R11, R13.) An undated facility roster shows R1, R8, R10, R11 and R13 function at the level of Mild Intellectual Disability, R6 functions at the level of Moderate Intellectual Disability and R5 functions at the level of Moderate Intellectual Disbility. 1) Z1, Qualified Intellectual Disability Person (QIDP) at R5's day training facility was interviewed on 2/2/16 and asked if she had a current ISP for R5. Z1 stated no, the ISP in her files is dated 11/2014. Z1 stated R5's facility had his plan in June or July 2015 and a copy of that ISP was not provider to day training. 2) Z2, QIDP at day training for R1, R6, R8, R10, R11 and R13 reviewed charts and advised she has no current ISP for any of these individuals at Day training. Z2 was asked if there was an outdated copy of ISP's on any of the charts. Z2 stated no. There are no facility ISP's on the individuals charts as they were not provided by the facility.	W 248		
W 252	483.440(e)(1) PROGRAM DOCUMENTATION Data relative to accomplishment of the criteria	W 252		

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W 252	Continued From page 5 specified in client individual program plan objectives must be documented in measurable terms. This STANDARD is not met as evidenced by: Based on record review and interview the facility failed to ensure data was documented for 4 of 4 individuals in the sample (R1-R4). Findings include: 1) An undated facility roster shows R1 is a 29 year old female who functions in the range of Mild Intellectual Disability. R1 has a program for Socialization which is to be documented daily. Review of R1's Socialization data shows the program was documented 9 of 31 times in January 2016, 8 of 31 times in December 2015 and 4 of 30 times in November 2015. R1 has a program for Oral Hygiene which is to be documented daily. R1's Program Documentation sheet shows this program was documented 22 of 31 times in December 2015 and 10 of 30 times in November 2015. R1 has a program for Reading which is to be documented three times weekly. R1's Program Documentation sheet shows this program was documented 1 of 13 times in November 2015. E2, Residential Service Director / Qualified Intellectual Disability Person agreed with these counts of R4's documentation of programs during interview on 2/4/16 at 9:40am.	W 252		

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W 252	Continued From page 6 2) An undated facility roster shows R4 is a 40 year old female who functions in the range of Profound Intellectual Disability. R4 has a program for Exercise which is to be documented on Monday and Friday. R4's Program documentation sheet shows this program was documented 6 of 9 times in January 2016 and 2 of 9 times in November 2015. R4 has a Money Program which is to be documented Monday and Thursday. R4's Money Program documentation sheet shows it was documented 2 of 8 times in November 2015, 5 of 9 times in December 2015 and 6 of 8 times in January 2016. R4 has an Eating Program which is to be run daily. R4's Eating Program Documentation Sheet shows it was run 21 of 31 times in January 2016, 15 of 31 times in December 2015 and 18 of 30 times in November 2015. R4 has a Bathing Program which is to be run daily. R4's Bathing Program Documentation Sheet shows it was run 22 of 31 times in January 2016, 11 of 31 times in December 2015 and 15 of 30 times in November 2015. R4 has an Oral Hygiene Program which is to be run daily. R4's Oral Hygiene Documentation Sheet shows it was run 22 of 31 times in January 2016, 1 of 31 times in December 2015 and 14 of 30 times in November 2015. E2, Residential Service Director / Qualified Intellectual Disability Person agreed with these counts during interview on 2/4/16 at 9:40am.	W 252		

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W 252	Continued From page 7 3. R2's record was reviewed. R2's Individual Service Plan (ISP) of 9/16/15 contains a a oral hygiene program. R2's oral hygiene program has an Initial Date of 11/15 states it is to be run "daily." Per review of R2's data sheet for "Oral Hygiene" for November 2015, shows that data was collected 20 times out of 30 days. The data for December 2015 shows the program was run 25 times out of 31 days. The data for January 2016 shows the program was run 24 times out of 31 days. 4. R3's record was reviewed. R3's ISP of 7/15/15 contains a a oral hygiene program. R3's oral hygiene program has an Initial Date of 11/15 states it is to be run "every evening." Per review of R3's data sheet for "Oral Hygiene" for November 2015, shows that data was collected 11 times out of 30 days. The data for December 2015 shows the program was run 27 times out of 31 days. The data for January 2016 shows the program was run 25 times out of 31 days. In an interview on 2/4/15 at 8:45 AM, when asked how often these oral hygiene programs for R2 and R3 are to be ran, E2 (Resident Services Director), stated, every evening. E2 further stated that staff are not documenting as they should.	W 252		
W 261	483.440(f)(3) PROGRAM MONITORING &	W 261		

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W 261	Continued From page 8 CHANGE	W 261		

The facility must designate and use a specially constituted committee or committees consisting of members of facility staff, parents, legal guardians, clients (as appropriate), qualified persons who have either experience or training in contemporary practices to change inappropriate client behavior, and persons with no ownership or controlling interest in the facility.

This STANDARD is not met as evidenced by:
Based on record review and interview, the facility failed to ensure there were individuals without interest in the facility to approve plans and objectives to control behavior for 2 of 4 individuals in the sample who:
- Requires medications and Behavior Management Programs (BMP) to control inappropriate behavior (R2).
- Requires a pre-sedate medication prior to labwork being drawn (R3).

Findings include:

In review of the 9/16/15 Individual Service Plan (ISP), R2 has diagnoses of Depression and Paranoia.

During record review, R2 has a BMP dated, revised 4/15/15, for her behaviors.

In review of the Physician's Order Sheet (POS), dated 1/2016, R2 receives Lexapro 10 milligrams (mg) daily.

In review of the 1/2016 POS, R3 has diagnoses of Developmental Delay and Moderate

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W 261	Continued From page 9 Intellectual Disabilities. During review of R3's record, there is a physician's order dated 12/7/15 for "Ativan 0.5 mg (milligrams), 1 tab po (by mouth) 1 hour prior to lab draw". In review of the 12/2015 MAR (medication administration record), R3 received the 0.5 mg of Ativan on 12/9/15 at 8:30 AM. The facilities "Treatment Review/Human Rights Committee (TRC/HRC) Meeting Minutes were reviewed for 4/15/15, 7/15/15, 10/21/15 and 1/20/16. There is no evidence of any community members listed for the TRC/HRC meetings. In an interview on 2/3/16 at 1:23 PM, when asked if the facility had community members for there TRC/HRC meetings, E1 (Administrator), stated, "No. I just realized at the January meeting we don't have any."	W 261		
W 262	483.440(f)(3)(i) PROGRAM MONITORING & CHANGE The committee should review, approve, and monitor individual programs designed to manage inappropriate behavior and other programs that, in the opinion of the committee, involve risks to client protection and rights. This STANDARD is not met as evidenced by: Based on record review and interview, the facility failed to ensure the Specially Constituted Committee reviewed, approved and is monitoring	W 262		

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W 262	Continued From page 10 a behavior modifying medication for 1 of 1 individuals in the sample, who requires a pre-sedate medication prior to lab work being drawn (R3). Findings include: In review of the 1/2016 Physician's Order Sheet (POS), R3 has diagnoses of Developmental Delay and moderate Intellectual Disabilities. During review of R3's record, there is a physician's order dated 12/7/15 for "Ativan 0.5 mg (milligrams), 1 tab po (by mouth) 1 hour prior to lab draw". In review of the 12/2015 MAR (medication administration record), R3 received the 0.5 mg of Ativan on 12/9/15 at 8:30 AM. There is no evidence that the Specially Constituted Committee reviewed, and approved this one time dose of Ativan. In an interview on 2/3/16 at 11:15 AM, when asked if the Specially Constituted Committee has reviewed and approved the one time use of Ativan for R3, E1 (Administrator), stated that she was at the meeting, but does not recall being mentioned in the meeting.	W 262		
W 263	483.440(f)(3)(ii) PROGRAM MONITORING & CHANGE The committee should insure that these programs are conducted only with the written informed consent of the client, parents (if the client is a minor) or legal guardian.	W 263		

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W 263	Continued From page 11 This STANDARD is not met as evidenced by: Based on record review and interview, the facility failed to ensure written guardian consent for: 1. A behavior modifying medication for 1 of 1 individuals in the sample, who requires a pre-sedate medication prior to lab work being drawn (R3). 2. A Behavior Management Program (BMP) for 1 of 1 individuals in the sample who requires a BMP for behaviors (R2). Findings include: 1. In review of the 1/2016 Physician's Order Sheet (POS), R3 has diagnoses of Developmental Delay and moderate Intellectual Disabilities. During review of R3's record, there is a physician's order dated 12/7/15 for "Ativan 0.5 mg (milligrams), 1 tab po (by mouth) 1 hour prior to lab draw". In review of the 12/2015 MAR (medication administration record), R3 received the 0.5 mg of Ativan on 12/9/15 at 8:30 AM. There is no evidence of a written guardian consent for the one time dose of Ativan. In review of a guardian list, undated, provided to the surveyor, R3 is his own guardian. In an interview on 2/3/16 at 11:15 AM, when asked if there was written guardian consent for this one time Ativan use for R3, E1 (Administrator), stated that R3 was his own guardian and she verified with E3 (Registered	W 263		

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W 263	Continued From page 12 Nurse) that no consent was obtained. 2. In review of the 9/16/15 Individual Service Plan (ISP), R2 has diagnoses of Depression and Paranoia. During record review, R2 has a BMP dated, revised 4/15/15, for her behaviors. In review of a guardian list, undated, provided to the surveyor, R2 has a guardian. In review of R2's record, the consent for R2's Behavior Programming has not been signed by R2's guardian. The area for guardian signature is blank. There is a handwritten note on this consent that states, "mailed 4/22/15". There is no evidence that R3's guardian has consented to the BMP. In an interview on 2/2/15 at 1:30 PM, when asked if R2's guardian has consented to her BMP, E2 (Resident Services Director) stated, she did not find a signed consent.	W 263		
W 322	483.460(a)(3) PHYSICIAN SERVICES The facility must provide or obtain preventive and general medical care. This STANDARD is not met as evidenced by: Based on record review and interview, the facility failed to ensure a mammogram and a pap smear was completed yearly as ordered by the physician for 1 of 3 females in the sample who require yearly exams (R2).	W 322		

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W 322	Continued From page 13 Findings include: In review of the 1/2016 Physician's Order Sheet (POS), R2 is a 48 year old female with a diagnosis of Moderate Intellectual Disabilities. In review of this 1/2016 POS, R1 has a physicians order for a yearly pap smear. In review of a Consultation Report dated 12/23/14, it indicates that R2 had a pap smear and breast exam completed. This report further indicates that R2 is due for a mammogram and to follow yearly for a breast, pelvic and physical exams. Records indicate the last pap test for R2 was completed on 12/23/14. There is no evidence of a pap test being completed in 2015. Records indicate the last mammogram for R2 was completed on 1/26/12. There is no evidence of a more recent mammogram being completed on R2. In an interview on 2/2/16 at 2:05 PM, when asked if R2 has had a pap smear since 12/23/14 and a mammogram since 1/26/12, E4 (Direct Service Person) stated she did not know if R2 has had a pap smear since 12/23/14, and a mammogram since 1/26/12.	W 322		
W 323	483.460(a)(3)(i) PHYSICIAN SERVICES The facility must provide or obtain annual physical	W 323		

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W 323	Continued From page 14 examinations of each client that at a minimum includes an evaluation of vision and hearing. This STANDARD is not met as evidenced by: Based on record review and interview, the facility failed to ensure an annual hearing screening was completed for 1 of 4 individuals in the sample who require yearly exams (R2). Findings include: In review of the 1/2016 Physician's Order Sheet (POS), R2 is a 48 year old female with a diagnosis of Moderate Intellectual Disabilities. In review of a Consultation Report dated 11/5/14, it indicates that R2 had a yearly Audiological Examination. This report indicates that R2 has "probable mild Sensorineural hear loss bilaterally and is to follow in 1 year (11/2015). There is no evidence that R2 was seen in 2015 for a hearing exam. In an interview on 2/2/16 at 1:45 PM, when asked if R2 has had a hearing exam since 2014, E3 (Registered Nurse) stated, "I was gonna do it."	W 323		
W 440	483.470(i)(1) EVACUATION DRILLS The facility must hold evacuation drills at least quarterly for each shift of personnel. This STANDARD is not met as evidenced by: Based on record review and interview, the facility failed to ensure quarterly evacuation drills were conducted on the second and third shifts for 2015	W 440		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	14G293	A. BUILDING _____ B. WING _____	02/09/2016

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W 440	Continued From page 15 and the first shift for 2016 for 13 of 13 individuals living in the facility (R1-R13). Findings include: In review of the facility submitted roster undated, that validates level of functioning, there are 13 individuals living in the facility. There are 5 individuals function in the mild range of Intellectual Disabilities (R1, R8, R10, R11, R13); 6 individuals function in the moderate range of Intellectual Disabilities (R2, R3, R6, R7, R9, R12); and 2 individuals function in the profound range of Intellectual Disabilities (R4, R5). The facilities evacuation drills were reviewed from 2/2015 to 2/2016. There is no evidence of evacuation drills being conducted on the 2nd shift, 2nd quarter of 2015; 3rd shift, 3rd quarter of 2015; and 1st shift, 1st quarter of 2016. In an interview on 2/2/16 at 11:30 AM, when asked if evacuation drills were conducted for these shifts, E2 (Resident Services Director) stated we are missing these drills. In an interview on 2/2/16 at 11:30 AM, E1 stated that the 1st shift evacuation drill should have been completed by the end of January 2016.	W 440		
W 441	483.470(i)(1) EVACUATION DRILLS The facility must hold evacuation drills under varied conditions. This STANDARD is not met as evidenced by:	W 441		

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W 441	Continued From page 16 Based on record review and interview, the facility failed to ensure drills under varied condition were conducted on the first and second shifts for 2015 for 13 of 13 individuals living in the facility (R1-R13). Findings include: In review of the facility submitted roster undated, that validates level of functioning, there are 13 individuals living in the facility. There are 5 individuals function in the mild range of Intellectual Disabilities (R1, R8, R10, R11, R13); 6 individuals function in the moderate range of Intellectual Disabilities (R2, R3, R6, R7, R9, R12); and 2 individuals function in the profound range of Intellectual Disabilities (R4, R5). The facilities disaster drills were reviewed from 2/2015 to 2/2016. There is no evidence of disaster drills being conducted on the 2nd shift, and only 1 drill was completed on the 2nd shift of 2015. In an interview on 2/2/16 at 1:30 PM, E1 stated that she could not find any other drills being conducted.	W 441		
W 485	483.480(d)(4) DINING AREAS AND SERVICE The facility must supervise and staff dining rooms adequately. This STANDARD is not met as evidenced by: Based on observation, interview and record review the facility failed to adequately supervise individuals at mealtime for 13 of 13 individuals in	W 485		

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W 485	Continued From page 17 the facility (R1-R13). Findings include: An undated facility roster shows there are 13 individuals residing in the facility. Diagnoses include five individuals with Mild Intellectual Disability, six individuals with Moderate Intellectual Disability and two individuals with Profound Intellectual Disability. At 5:18 pm, food was sitting on each individuals' plate on the table. Each plate had a piece of pork, stuffing, corn, buttered bread and a drink. At 5:21 pm, E1, Administrator called the individuals into the kitchen and asked them to wash their hands. Individuals walked into the kitchen from the living area and sat down and began eating their meal upon arrival at the table. E1 was near the hallway bathroom, E6 Direct Service Provider (DSP), was assisting individuals in the living room to the kitchen and E5 (DSP) was in the kitchen. No staff members were in the dining room to supervise the individuals who sat down to eat. An undated Procedures titled "Notes on Family Style Dining" reads, "Staff should supervise dining room adequately to direct self-help dining procedures, assure that each client receives enough food and assure that each resident eats in a manner consistent with program needs including monitoring self service for appropriate portions and according to diet orders."	W 485		

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W 485	Continued From page 18 In an interview on 2/2/16 at 5:28 PM, when asked if it is normal for the individuals to eat without staff present in the dining room, E1 (Administrator) stated, No.	W 485		
W 488	483.480(d)(4) DINING AREAS AND SERVICE The facility must assure that each client eats in a manner consistent with his or her developmental level. This STANDARD is not met as evidenced by: Based on observation, record review and interview the facility failed to teach individuals skills of family style dining and participation in meal preparation and setup for 13 of 13 individuals in the facility (R1-R13). Findings include: An undated facility roster shows there are 13 individuals residing in the facility. Diagnoses include five individuals with Mild Intellectual Disability, six individuals with Moderate Intellectual Disability and two individuals with Profound Intellectual Disability. At 5:02pm, E5, Direct Service Provider (DSP) set the table with plate, forks, spoons and cups. At 5:18pm, food was sitting on each individuals' plate on the table. Each plate had a piece of pork, stuffing, corn, buttered bread and a drink. There were no serving bowls of food to be passed or family style meal offered. At 5:21pm, E1, Administrator called the	W 488		

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W 488	Continued From page 19 individuals into the kitchen and asked them to wash their hands. An undated procedure titled "Notes on Family Style Dining" states, "Residents should be encouraged to participate in family style dining to the best of their abilities (ie butter own bread, serve self with appropriate scoops)". The procedure further states, "Each table should be set with service dish of entree, serving bowls of side items and bread/roll/muffin as menu calls for." The procedure further reads, "Residents should assist in dinner service (ie setting tables, assisting with pouring drinks, cooking programs, clean up, etc.). E1 was interviewed on 2/2/16 at 5:45pm and asked if the staff offered family style dining to the individuals for the supper meal. E1 stated no.	W 488		