PRINTED: 03/04/2015 FORM APPROVED OMB NO. 0938-0391

	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	` '	PLE CONSTRUCTION IG		E SURVEY IPLETED
		14G295	B. WING _		02/	10/2015
NAME OF F	PROVIDER OR SUPPLIER PLACE			STREET ADDRESS, CITY, STATE, ZIP CODE 50 ADLOFF LANE SPRINGFIELD, IL 62703		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES / MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECT (EACH CORRECTIVE ACTION SHOU CROSS-REFERENCED TO THE APPRO DEFICIENCY)	ILD BE	(X5) COMPLETION DATE
W 000	INITIAL COMMENT	ΓS	W 00	0		
W 153	Inspection of Care	n Survey- Fundamental FF TREATMENT OF CLIENTS	W 15	3		
	mistreatment, negle injuries of unknown immediately to the	esure that all allegations of ect or abuse, as well as a source, are reported administrator or to other ace with State law through ures.				
	Based on interview failed to report serio Department of Publications	s not met as evidenced by: y and record review the facility bus injuries to the Illinois lic Health (IDPH) for 3 of 3 the sample (R3, R8, R14) as ile.				
	Finding Include:					
	identifies R1 as an the Moderate range Disabilities (IID). R Extrapyramidal mod Brain Syndrome, Do	Person Centered Plan (PCP), individual who functions within of Individuals with Intellectual also has the diagnoses of vement disorder, Organic ementia with disturbance of ble psychosis, Depression, ss, Bipolar, OCD,				
	Training (DT) docur walking without wal to R1 and assister t mad"The inciden	Opm incident report from Day ments "staff witnessed R1 ker when staff started to go to the walker R1 began to get it report documents that "R1 ng face mostly top lip and two				
LABORATOR'	DIRECTOR'S OR PROVID	DER/SUPPLIER REPRESENTATIVE'S SIGN	NATURE	TITLE		(X6) DATE

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

Facility ID: IL6013445

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(X4) ID PREFIX TAG	(EACH DEFICIENC)	TEMENT OF DEFICIENCIES / MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFI TAG		PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPRO DEFICIENCY)	D BE	(X5) COMPLETION DATE
W 153	front teeth appear thome for observation The 11/10/14 facility date of 11/3/14 doc without walker at D was picked up from care with a diagnost contusion, and den The 11/10/14 nursing teeth were loose." On 2/3/15 at 11:00 interviewed. E1 contuments been called into Illiming Health, (IDPH). E1 they had not sent it On 2/4/15 at 2:45 For confirmed "we call unknown origin, per Room, (ER), visits. We should probably buildings call in mothere. We are discussive without the state of the s	o be loose. R1 was taken on as to incident report". By Progress Note with an entry uments; "R1 was walking T, fell and hit face on floor. R1 o DT and taken to Express his of facial contusion, chest tal trauma". The note documents "her 2 front of the proof of the pr		153			
	identifies R8 as fun range of Individuals (IID). R8's is diagn Compulsive Disord Tardive Dyskenesia Disorder. The PCF	son Centered Plan (PCP) ctioning within the Profound with Intellectual Disabilities osed with Obsessive er (OCD) with aggression, a, Dementia, Anxiety, Affective rincludes R8 is on a et with ground meats and					
	documents; "while	Opm Incident Report eating lunch R8 started on back until food was out and					

	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING			(X3) DATE SURVEY COMPLETED	
		14G295	B. WING		 	02/-	10/2015
NAME OF	PROVIDER OR SUPPLIER PLACE			5	TREET ADDRESS, CITY, STATE, ZIP CODE 0 ADLOFF LANE PRINGFIELD, IL 62703		
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W 153	form R8 was eating Intellectual Disabilit random checks to e program". The 1/12/15 Quarte Assessment docume choked while eating The 4/25/14 Chokin completed E9 (Reg dated on 11/23/14 "Back thrust resulted needs to be closely pacing program". The 4/16/14 Speec Evaluation confirms patterns and particito rapid feeding stymechanical soft sol recommended. The 11/24/14 facility date of 11/23/14 do documented "R8 chwas coughing. Starout food". The 11/24/14 Quart by Z2 (Dietician) do Feeds self with sup On 2/3/15 at 11:00 interviewed. E1 cobeen called into Illir Health, (IDPH). E1 they had not sent it	nvestigation noted on Incident to rapidly Q (Qualified ies Professional) should do ensure compliance with pacing erly Nursing Systems nented; "On 1-23-14 R8 g". Ing Risk Assessment istered Nurse (RN)), entry "Choked on lunch. Coughing. In R8 spitting out food. R8 monitored at meals. Is on a h-Language Pathology R8 has history of rapid eating pates in pacing program. Due le and dentition status, ids with ground meat is y Progress Note with entry cuments, per E9 (RN), noked while eating lunch. R8 ff gave back thrust and R8 spit erly Nutritional Assessment ocuments "Watch closely. Progress Note with entry cuments and R8 spit erly Nutritional Assessment ocuments "Watch closely. Progress Note with entry cuments and R8 spit erly Nutritional Assessment ocuments "Watch closely. Progress Note with entry cuments and R8 spit erly Nutritional Assessment ocuments "Watch closely. Progress Note with entry had not nois Department of Public stated "if there is no fax sheet into IDPH". Sicians Order Sheet (POS), notioning within the Profound with Intellectual Disabilities opathy with significant Cervical	W 1	53			

	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING		` '	(X3) DATE SURVEY COMPLETED	
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NAME OF F	PROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZIP CODE 50 ADLOFF LANE SPRINGFIELD, IL 62703			
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W 153	"picked up R14 and blood coming from The 11/9/14, 10:586 Express Care docu of the skin known a condition. It must be On 2/3/15 at 11:00 interviewed. E1 co been called into Illir Health, (IDPH). E1 they had not sent it On 2/4/15 at 2:45 F confirmed "we call in unknown origin, per Room, (ER), visits We should probably buildings call in mo here. We are discussed.	In Incident Report documents; If put in shower chair and saw right toe." If am discharge report from ments; "You have an infection is cellulitisThis is a serious be watched closely". AM E1 (Administrator) was infirmed that this injury had not nois Department of Public stated "if there is no fax sheet into IDPH". If ME1 was interview. E1 in (to IDPH) injuries of the peer, and Emergency in the other reand we are calling in less insing it. I guess that we use the ER visits because it is	W 1	53			
W 156	INCIDENTS POLIC documents "An ununot limited to Injuactivity which could Operating Procedudocuments;. "Upor involving serious or Notify the Public He Springfield, IL with-483.420(d)(4) STAFThe results of all into the administrator		W 1	56			

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W 156		days of the incident.	W 15	6		
	Based on interview failed to report the serious injuries to t Public Health for 3 R3 fell resulting in contusions, and de	s not met as evidenced by: v and record review the facility results of investigations of the Illinois Department of of 3 individuals (R1, R8, R14). Thest contusions, facial and R14 had injury to right toe reatment.				
	Finding Include:					
	identifies R1 as an the Moderate range Disabilities (IID). R Extrapyramidal mo Brain Syndrome, D	Person Centered Plan (PCP), individual who functions within of Individuals with Intellectual 1 also has the diagnoses of vement disorder, Organic ementia with disturbance of ble psychosis, Depression, ss, Bipolar, OCD,				
	Training (DT) docu walking without wal to R1 and assister mad"The incider fell on the floor hitti front teeth appear thome for observation 2/4/15 @ 2:45p IDPH) injuries of ur and Emergency Roin Prompt Care. Without wall in the other builting without walking without and the state of the	Opm incident report from Day ments "staff witnessed R1 ker when staff started to go to the walker R1 began to get at report documents that "R1 ng face mostly top lip and two to be loose. R1 was taken on as to incident report". If we call in (to aknown origin, peer to peer, som, (ER), visitswe don't call the should probably call in light gare discussing it.				

-	OF DEFICIENCIES DF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	` '		DNSTRUCTION 		TE SURVEY MPLETED
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NAME OF I	PROVIDER OR SUPPLIER PLACE			50 AE	ET ADDRESS, CITY, STATE, ZIP CODE DLOFF LANE INGFIELD, IL 62703		
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W 156	guess that we use I because it is quicke No investigation wa 2) The 5/22/14 Per identifies R8 as fun range of Individuals (IID). R8's is diagn Compulsive Disord Tardive Dyskenesia Disorder. The PCF Mechanical Soft Dienectar thick liquids. Incident Report dat states "while eating chokingtapping airway was clear. 2/4/15 @ 2:45pm Einterviewed. E1 states under the computation of the comput	Express care for the ER visits or and more cost effective." Its submitted to IDPH. Is submitted to IDPH. Is son Centered Plan (PCP) Is submitted to IDPH. Is son Centered Plan (PCP)		56			

	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING		` '	(X3) DATE SURVEY COMPLETED	
		14G295	B. WING		02/	10/2015	
ADLOFF	PROVIDER OR SUPPLIER PLACE			STREET ADDRESS, CITY, STATE, ZIP CODE 50 ADLOFF LANE SPRINGFIELD, IL 62703			
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES ' MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PREFIX (EACH CORRECTIVE ACTION SHOU		(X5) COMPLETION DATE	
W 159	blood coming from The 11/9/14, 10:58a Express Care docu of the skin known a condition. It must be On 2/4/15 at 2:45 P confirmed "we call i unknown origin, per Room, (ER), visits We should probably buildings call in mothere. We are discut Express care for the quicker and more convestigation was set 483.430(a) QUALIF PROFESSIONAL Each client's active integrated, coordinate qualified mental retained mental retained mental retained to the facility has coordinate and more treatment program/appropriate for 2 incomments R7 as a functions within the with Intellectual Dis	I put in shower chair and saw right toe." am discharge report from ments; "You have an infection s cellulitisThis is a serious be watched closely". ME1 was interview. E1 in (to IDPH) injuries of the topeer, and Emergency in we don't call in Prompt Care. It was are calling in less assing it. I guess that we use the ER visits because it is cost effective." No aubmitted to IDPH. FIED MENTAL RETARDATION Treatment program must be atted and monitored by a cardation professional. It is not met as evidenced by: ion, interview and record as failed to consistently into each client's active is to assure service delivery is dividual within the sample (R7 dual outside the sample (R14) erson Centered Plan (PCP) in 49 year old male who in Profound range of Individuals abilities (IID). R7 is also stic Disorder, SIB and	W 1				

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING			(X3) DATE SURVEY COMPLETED	
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W 159	money from other of 12:00pm E2 was in E2 was asked why separate book from that R7's money go "educational goal, a E2 stated that "edu 4:00pm Monday th Data sheets for R7 Educational Progragoal was only atter completed. E1 brought in a data program and stated data sheet docume attempted 9 days (unscheduled days not completed. Another data sheet stamp dated "JAN-program was attern 27 days, but not co On 02/04/15 @ 4:3 interviewed in the sasked how program E3 stated this woul notes". When asked be reviewed, E3 stawas asked who was	Objective Outcome to identify objects. On 02/05/15 @ Interviewed in the staff office. R7's goal was kept in a in his other goals. E2 stated oal was considered an and kept in a separate book". Incational goals would be run at rough Saturday". It's money program from the im Book documents that this inpted on 02/03/15, but not that a sheet for R7's money dit was January's data. This ents R7's money program was seven scheduled days and 2 (Sunday)) out of 27 times, but it for R7's money program Incational goals would be run at rough Saturday.	W 15	9		
	documents that R1	erson Centered Plan (PCP) 1 is a 70 male who functions I range of Individuals with				

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W 159	Intellectual Disabilit diagnosed with Cor Constipation and H R11 has a Service will be provided me Movement for treat reduce episodes of The most recent co Service Objective is and indicates R11 h the entire month for was completed (09, 09/29/14). The most recent da "program book" has documented. E3 (0 sheets in the program month (February, 2 indicates that R11 h for the month (02/0 02/04/15) and that been completed. The February, 2015 R11 documents tha movement on 02/03 on R11's Service O On 02/04/15 @ 4:3 interviewed in the sasked who reconcil Vitals Book -with-the Program Book, where this would be monthly Q notes". notes could be revia available".	ies (IID). R11 is also inpulsive Disorder, Autism, emorrhoids. Objective that documents "R11 dicated Tucks following Bowelment of hemorrhoids to rectal digging". Impleted data sheet for this is stamp dated "SEP2014" in three bowel movements which the Service Objective (01/14; 09/13/14; and atta collection sheet in the		59			

-	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULT A. BUILDII	TIPLE CONSTRUCTION NG		TE SURVEY MPLETED
		14G295	B. WING _		02	/10/2015
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W 159	functions within the with Intellectual Dis with Congenital Hy Quadraparesis and On 02/03/15 @ 12: Person Centered F was noted that R14 feed himself a Reg thickened liquids us nosey cup, a high cand a Dycem blue feed R14, and that napkin. R14's PCP dated 0 Status states R14: encourages R14 to of each meal" "u encourage self feed adaptive equipmen follow speech theral (R14) continue to divided plate on top handled angled spoand nosey cups for have the staff feed (hand-over-hand) a feeding self independently drinks spoon". R14's documents: "Staff vindependently drinks and meal tim On 02/03/15 @ 5:: was observed in the was observed to hard the staff self was observed to	a 53 year old male who e Profound range of Individuals sabilities (IID) and is diagnosed drocephalus, Spastic I Bells Palsy. 30pm R14 Day Training (DT) Plan (PCP) was reviewed. It I was on an eating program to ular Pureed diet with Honey sing adaptive equipment (a divided plate, a built up spoon, mat). DT staff stated that they his program is to use a 12/21/14 - B) My Nutritional "likes to be fed by staff. Staff of feed himself at the beginning tilize adaptive equipment, ding" "Continue to utilize at the equipment, of guidelines for consistency, use my adaptive equipment; of dycem mat, built-up con to use in the Lt. (left) hand a liquids" "I (R14) prefer to me with manipulation and have regressed in terms of indently". R14's PCP Program a documents: "R14 will training program of picking up Service Objective Outcome will encourage R14 to a from 'nosey' cup during	W 1	59		

	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING			(X3) DATE SURVEY COMPLETED	
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W 159	feeding R14. Staff honey-thickened liq and feed R14. Staff swallow, however, or R14 to eat independ On 02/04/15 @ 4:3 interviewed in the sasked how program E3 stated this would notes". When asked be reviewed, E3 staff was asked who was program when objet replied "I am".	It-up angled spoon and was would use the spoon to scoop uids from R14's nosey cups if frequently reminded R14 to did not assist or encouraging dently. Opm E3 (QIDP) was taff office. When E3 was a implementation is monitored, d be done "in the monthly Q ed if the monthly Q notes could ated "they're not available". E3 is responsible for changing a ctives were not being met. E3	W 1				
W 249	As soon as the inte formulated a client's each client must rectreatment program interventions and so and frequency to so objectives identified plan. This STANDARD is Based on observative the facility facentered Program objectives for 2 individuals.	rdisciplinary team has individual program plan, ceive a continuous active consisting of needed ervices in sufficient number apport the achievement of the in the individual program in the individual program is not met as evidenced by: ion, interview and recorduled to implement Person (PCP) service and program viduals within the sample (R7 dual outside the sample (R14).	W 2	49			
	· ·	erson Centered Plan (PCP) for					

	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	, ,	IPLE CONSTRUCTION IG		TE SURVEY MPLETED
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W 249	functions within the with Intellectual Dis diagnosed with Aut congenital hydroce R7 has a Program money from other of 12:00pm E2 was in 2 was asked why F separate book from that R7's money go "educational goal, a E2 stated that "edu 4:00pm Monday the Data sheets for R7 Educational Progragoal was only attencompleted. E1 brought in a dat program and stated data sheet docume attempted 9 days (sunscheduled days not completed. Another data sheet stamp dated "JAN-program was attem 27 days, but not co	s a 49 year old male who Profound range of Individuals abilities (IID). R7 is also istic Disorder, SIB and phalus. Objective Outcome to identify objects. On 02/05/15 @ terviewed in the staff office. E to the control of the control				

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W 249	Movement for treat reduce episodes of The most recent of Service Objective is and indicates R11 If the entire month for was completed (09 09/29/14). The most recent da "program book" had documented. E3 (15 sheets in the program onth (February, 22 indicates that R11 If for the month (02/00 02/04/15) and that been completed. The February, 2015 R11 documents the movement on 02/0 and inconsistent with data sheet. On 02/04/15 @ 4:3 interviewed in the sasked who reconcited Vitals Book -with-tithe Program Book, where this informate "in the monthly Q monthly Q notes con "they're not availab of R14 describes If functions within the with Intellectual Districtions of the program of t	edicated Tucks following Bowel ament of hemorrhoids to a rectal digging". Imment of hemorrhoids to a rectal digging". Immediated "SEP2014" had three bowel movements are which the Service Objective (01/14; 09/13/14; and at a collection sheet in the seno Month or Year QIDP) stated that the "data am books are for the current (2015)". This data sheet has had no bowel movement (11/15; 02/02/15; 02/03/15 & no Service Objectives have as Bowel Movement Record for at R11 did have a bowel (3/15 which was not recorded the R11's Service Objective (4) Sopm E3 (QIDP) was staff office. When E3 was less the BM record from the he service objective data from E3 stated "I do". When asked iton would be found E3 stated outes". When asked if the ould be reviewed, E3 stated	W 24	9		

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W 249	PCP was reviewed an eating program Pureed diet with Ho adaptive equipment a built up spoon, ar staff stated that the program is to use a The January, 2015 R14 documents his seconds. Divided Regular/pureed W/On 02/03/15 @ 5:3 meal was observed place was observed place was observed three nosey cups. picked up the adapteeding R14. Staff honey-thickened liquid feed R14. Staff honey-thickened liquid feed R14. Staff honey-thickened liquid feed R14 swallow, however, R14 to eat independently be continue his formal his spoon". R14's Staff windependently drink snack and meal times of the continue his formal his spoon". R14's Staff windependently drink snack and meal times of the continue his formal his spoon". R14's Staff windependently drink snack and meal times of the continue his formal his spoon". R14's Staff windependently drink snack and meal times of the continue his formal his spoon". R14's Staff windependently drink snack and meal times of the continue his formal his spoon".	Bells Palsy. 30pm R14 Day Training (DT) It was noted that R14 was on to feed himself a Regular oney thickened liquids using to (nosey cup/s, a divided plate, and a Dycem blue mat). DT y feed R14, and that his a napkin following meals. Physician's Order Sheet for a diet orders as "May have Plate, Dycem, Built up spoon, Honey thick liquids". Bopm the facility's evening I in the Dining area. R14's at the built-up spoon and was would use the spoon to scoop guids from R14's nosey cups of frequently reminded R14 to did not assist or encouraging dently. 2/21/14 B) My Nutritional "likes to be fed by staff. Staff feed himself at the beginning tilize adaptive equipment, ding". R14's PCP Program documents: "R14 will training program of picking up Service Objective Outcome will encourage R14 to a from 'nosey' cup during	W 249			

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		14G295	B. WING	B. WING		02/10/2015	
NAME OF F	PROVIDER OR SUPPLIER			5	TREET ADDRESS, CITY, STATE, ZIP CODE O ADLOFF LANE PRINGFIELD, IL 62703	,	
(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 257	least by the qualifier professional and result to sit failing to progress to after reasonable efforts. This STANDARD is	ram plan must be reviewed at d mental retardation vised as necessary, including, tuations in which the client is oward identified objectives forts have been made.	W 2	57			
	Based on observation, interview and record review the facility failed to review and revise the Person Centered Plan (PCP) for 1 of 1 individuals within the sample (R7) and 1 of 1 individuals outside the sample (R14) when they consistently failed to progress toward identified Program and Service Outcome Objectives.						
	Findings Include:	even Contained Plan (PCP) for					
	R7 describes R7 as functions within the with Intellectual Dis	erson Centered Plan (PCP) for a a 49 year old male who Profound range of Individuals abilities (IID). R7 is also stic Disorder, SIB and ohalus.					
	money from other of 12:00pm E2 was in 2 was asked why R separate book from that R7's money go "educational goal, a E2 stated that "educational that 4:00pm Monday that Data sheets for R7' Educational Progra	Objective Outcome to identify objects. On 02/05/15 @ terviewed in the staff office. E 7's goal was kept in a his other goals. E2 stated al was considered an and kept in a separate book". cational goals would be run at rough Saturday". s money program from the m Book documents that this apted on 02/03/15, but not					

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	ADLOFF PLACE			STREET ADDRESS, CITY, STATE, ZIP CODE 50 ADLOFF LANE SPRINGFIELD, IL 62703		, 52.10.2010	
(X4) ID PREFIX TAG	X (EACH DEFICIENCY MUST BE PRECEDED BY FULL		ID PREFIX TAG	PROVIDER'S PLAN OF COF (EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE DEFICIENCY)	SHOULD BE	(X5) COMPLETION DATE	
program and stated in data sheet document attempted 9 days (see unscheduled days (Sonot completed. Another data sheet for stamp dated "JAN2 program was attempted 27 days, but not come On 02/04/15 @ 4:30pte interviewed in the state asked how program in E3 stated this would notes". When asked be reviewed, E3 stated was asked who was		ta sheet for R7's money dit was January's data. This ents R7's money program was seven scheduled days and 2 (Sunday)) out of 27 times, but tfor R7's money program2015" documents R7's money proted 14 scheduled days out of empleted.	W 28	57			
	for R14 describes functions within the with Intellectual Diswith Congenital Hy Quadraparesis and On 02/03/15 @ 12 PCP was reviewed an eating program Pureed diet with He adaptive equipment plate, a built up spont staff stated that program is to use a The January, 2015 documents R14's of	30pm R14 Day Training (DT) It was noted that R14 was on to feed himself a Regular oney thickened liquids using at (a nosey cup, a high divided bon, and a Dycem blue mat). It they feed R14, and that his					

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W 257	R14's PCP Program documents: "R14 w program of picking Objective Outcome encourage 14 to indicup during snack a R14's IPP dated 02 Status states R14: encourages R14 to of each meal" "urencourage self feed adaptive equipment follow speech theral I (R14) continue to divided plate on top handled angled spoand nosey cups for have the staff feed (hand-over-hand) a feeding self independency cups. The faup the adaptive buifeeding R14. Staff honey-thickened liqued and feed R14. Staff honey-thickened liqued R14 to eat independence R14 to eat indepe	Honey thick liquids". In Objective Outcome rill continue his formal training up his spoon". R14's Service documents: "Staff will dependently drink from 'nosey' and meal times". Idependently equipment, dring "Continue to utilize to utilize adaptive equipment; and py guidelines for consistency. Use my adaptive equipment; and for dycem mat, built-up and to use in the Lt. (left) hand liquids" "I (R14) prefer to me with manipulation and have regressed in terms of and three accility staff at the table picked and three accility staff at the table picked and use the spoon to scoop uids from R14's nosey cups of frequently reminded R14 to did not assist or encouraging dently. Identify and the facility evening meal encouraging dently.	W 28				

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W 369	Based on observative review; the facility medications without the sample (R1) at sample (R6 and R). Findings Include: 1) R1 is a 59 year within the Moderat Intellectual Disabil diagnosed with Os and Dementia. On 02/04/15 the 8 administration was 8:45am. It was no R1 received two C (Direct Support Statwo calcium supple head verifying this R1's Medication A documents that R1 was "D/C (disconting documents that Cato be started on 02 Telephone Order of Attending Physicia 500 w/D200 1 tab Electronic Order from the sample for the sample of the sam	is not met as evidenced by: ation, interview, and record failed to administer ut error for 1 individual outside and two individuals within the 11). Told female who functions are range of Individuals with atities (IID). R1 is also ateoporosis, Bipolar Disorder attorned during the observation that alcium supplements. E10 aff) was asked if R1 received aments, and E10 shook her	W 3	· ·		
	03/06/14 documer functions within the with Intellectual Di	entered Plan (PCP) dated hts that R11 is a 70 male who be Profound range of Individuals sabilities (IID). R11 is also compulsive Disorder, Autism, and				

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W 369	how the facility recoin R11's Phenobark "this was my error a signed off on it". On 02/04/15 @ 10: Nurse-Trainer) was Phenobarbital 15M instead of down. Elooked at the bottle On 02/04/15 @ 2:0 that "the actual errowhen R11's Phenobeen given and wa 30ml". When asked if she notified, E9 stated contacted me". 3) The 2/1/15 Medi (MAR) indicates R6 functions within the Intellectual Disabilitidiagnosed with Psy R6 is prescribed Zi (mg), at 6:00am and Unit dose bubble pmedication should MAR also specifies "taken with food". On 2/5/15 at 9:40ai Trainer) was interviapplesauce is given medication not a sr	Opm E3 (QIDP) was asked onciled the 2-2-15 discrepancy oital 15ML (60mg). R3 replied and I called the Nurse who osam E9 (Registered asked why R11's L (60mg) count went up 9 stated "I don't knowI and thought it was 100cc". Opm E9 informed surveyors or had occurred on 01/29/15 oarbital 15ML (60mg) had not a documented incorrectly as d if she (E9) was notified of the nit occurred, E9 said "no". (E9) should have been 'yes they should have cation Administration Record is a 20 year female who Mild range of Individuals with the (IID). R6 is also rehosis. Prasidone HCL 60 milligrams of 8:00pm for Psychosis. The ack specifies that this be "taken with food". The that this medication should be the E9 (Registered Nurse (RN) ewed. E9 confirmed that only in to R6 with her PM	W 36			

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W 369	was conducted with confirmed that Zipra with food. On 2/4/15 at 4:05 P with E2 (Residentia R6 was given a sna	ge 19 1 Z1 (Pharmacist). Z1 2 asidone should be be given M an interview was conducted I Manager). E2 was asked if 1 lick at 8:00pm. E2 stated "no 1 one, she is on a 1500 calorie	W3	369		