PRINTED: 01/03/2017 FORM APPROVED OMB NO. 0938-0391

FORTY-FOU (X4) ID PREFIX TAG W 000 IN	(EACH DEFICIENC) REGULATORY OR L	TEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	B. WING ID PREFI TAG	ST 14 DI	FREET ADDRESS, CITY, STATE, ZIP CODE 179 SOUTH 44TH STREET ECATUR, IL 62521 PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD	08/2	C 26/2016 (X5)
FORTY-FOU (X4) ID PREFIX TAG W 000 IN	SUMMARY STA SUMMARY STA (EACH DEFICIENCY REGULATORY OR L	ACE ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFI	14 DI	179 SOUTH 44TH STREET ECATUR, IL 62521 PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD	N	
FORTY-FOU (X4) ID PREFIX TAG W 000 IN	SUMMARY STA SUMMARY STA (EACH DEFICIENCY REGULATORY OR L	TEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	PREFI	14 DI X	179 SOUTH 44TH STREET ECATUR, IL 62521 PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD		(X5)
(X4) ID PREFIX TAG	SUMMARY STA (EACH DEFICIENCY REGULATORY OR L	TEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	PREFI	X DI	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD		(X5)
PRÉFIX TAG	(EACH DEFICIENC) REGULATORY OR L	Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	PREFI	х	PROVIDER'S PLAN OF CORRECTION		(X5)
PRÉFIX TAG	(EACH DEFICIENC) REGULATORY OR L	Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	PREFI		(EACH CORRECTIVE ACTION SHOULD		
		TS			CROSS-REFERENCED TO THE APPROPI DEFICIENCY)	RIATE	COMPLETION DATE
C	OMDLAINT INIVE	10	W C	000			
#- #-	1664720 / IL#878 1664732 / IL#878		W 1	49			9/30/16
ро	olicies and proced	evelop and implement written dures that prohibit ect or abuse of the client.					
Bi int 1 c an ba	ased on observat terview the facility of 1 individual (R nd ecchymosis on	s not met as evidenced by: tion, record review and refailed to ensure the safety of 1) who sustained a hematoma the anterior chest, upper domen area extending to the					
Fir	ndings include:						
da Int of Re	ated 7/1/2016, R1 tellectual Disabilit Epilepsy, Hypoth	Physician Order Sheet (POS), functions at a Profound by level with current diagnosis syroidism, Gastro-Esophageal synstipation, and Edema					
protection	ovided dated 7/28 e am and was foun 7/28/16 "Severe mid way down oth breasts. Swel aurple/blue bruising or Ate 100% of br	fication of incident report 8/16, R1 was being dressed in and to have bruising. E3 noted bruising to left underneath to elbow across chest and ling noted left axcila. In grin color. Alert VS 132/70, 72, reakfast this morning. Neuros mits, able to move left arm of pain."					

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.

09/06/2016

DEPARTMENT OF HEALTH AND HUMAN SERVICES CENTERS FOR MEDICARE & MEDICAID SERVICES (Y1) PROVIDED (STATEMENT OF DEFICIENCIES (Y1) PROVIDED (STATEMENT)

	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		IPLE CONSTRUCTION NG	COM	MPLETED
		14G302	B. WING _			C / 26/2016
	PROVIDER OR SUPPLIER FOURTH STREET PLA	ACE		STREET ADDRESS, CITY, STATE, ZIP CODE 1479 SOUTH 44TH STREET DECATUR, IL 62521		
(X4) ID PREFIX TAG	(EACH DEFICIENC)	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 APP DEFICIENCY)	OULD BE	(X5) COMPLETION DATE
W 149	8/23/16, at 11:30 A took R1 to the eye before we left. She discoloration anywh Day training. I cam residents up. I was when the night DSF R1 was having a se R1 had bruising un called the administration notify them and let and see her first this home from day traiday." E2 was aske be evaluated? E2: In an interview with (LPN), on 8/18/16, did they call you ab yes, 5:55, on the 9t looked like finger my grabbed her arm. I report but was told couldn't write that, i know for sure what report but as the dakept growing and g blended in." E3 was a stated "no". In an interview with 8, Direct Staff Pers was asked if there their shift and they seemed fine. They	E2, House Advocate, on M, E2 stated "On 7/27/16, I doctors and I changed her edid not have any bruising or here. Then I dropped her off at he in to help with getting in the other part of the house of start to yell for me. I thought eizure. When I went in there der her left arm and breast, I rator and nurse before 6 am to the nurse she needed to come ng this morning. I kept her ning and monitored her all d did she go to the hospital to stated "I took her on the 1st". E3, Licenses Practical Nurse, at 12:55 PM, E3 was asked out the bruising? E3 stated h, I was there by 7AM. It harks on her like someone had wrote it on the first incident by the administrator that I t was subjective and I didn't had happened. I wrote a new any went on her bruising just etting larger. The marks had as asked did you take pictures? staff, E4, E5, E 6, E 7 and E onnel (DSP), each of them was an incident or fall during all stated no, nothing she were all asked if R1 fell on get herself up and they all	W 14	49		

	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	` '		E CONSTRUCTION		E SURVEY PLETED
		14G302	B. WING	_			C 26/2016
	PROVIDER OR SUPPLIER FOURTH STREET PLA			14	TREET ADDRESS, CITY, STATE, ZIP CODE 479 SOUTH 44TH STREET DECATUR, IL 62521		20/2010
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES 'MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFI TAG		PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPE DEFICIENCY)	BE	(X5) COMPLETION DATE
W 149	on 8/18/16 at 2:10 f would try to get up fit. She does not us thought the one in the belt buckle but it was bruising." R1 was observed in room and no evider bruising had resolved 24, Director of day picture of R1 taken 8/18/16, at 2:03 PM bruises like this even line an interview with Intellectual Disabilit 8/23/16 at 2:10 PM, the gait belt on her take it off. I asked assessment and try The doctor couldn't next week on the 4th meeting on Monday send her to urgent ashe got worse or if condition they were Room." E1 was as out the first day to be tend to let the nurse Registered Nurse T Saturday 7/30/16 to they see any chang did."	5, DSP of day training SAT 1, PM, stated "no falls, I think she but I don't think she could do ually have any bruises. I he front looked like the gait as hard to tell with all the day training SAT 1 class note of bruising on 8/18/16, ed. vocational service, provided on 7/29/16. Z4 stated on I, "R1 has never had any	W 1	49			

	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	` '		ONSTRUCTION	COM	E SURVEY PLETED
		14G302	B. WING				C 26/2016
	PROVIDER OR SUPPLIER	ACE		1479	ET ADDRESS, CITY, STATE, ZIP CODE SOUTH 44TH STREET ATUR, IL 62521	1 00//	20/2010
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES / MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFI TAG		PROVIDER'S PLAN OF CORRECTIO (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROP DEFICIENCY)) BE	(X5) COMPLETION DATE
W 149	7/30/16, E9 wrote "Makes eye contact. chest. Right chest/purple-diffuse like it chest less dark - facupper sternum to be Both shoulders has chest axillary area. palpatation- 0 hard. areas. Moves left ano indications of pascratches. No oper Continues to suppostanding. No change or behaviors. Will reft precordial regio or trauma reported. chest abdomen per the left chest wall, we pectorals musculated to a state "Reas and bruise, suspect Hematoma and Eccleft flank, left should arm, upper abdome the side, left chest, Recommend follow ensure resolution ounderlying breast p. In a telephone inter RN, on 8/23/16 at 1	resting in recliner with legs up. Bruising on entire upper breast area dark is resolving. Left breast ding bruise. Bruise goes from elow breast down left arm. Is slightly firm raised area at left No indications of pain with Bruising is fading - yellow in arm. PROM completed with Lin. No abrasions noted. No in areas. Appetite good. In the entire weight when ges in Level of Consciousness monitor. paper work provided dated noted to have bruising in the in, left flank. No history of fall (Under DATA: page 1) CT vis 8/2/16: Large hematoma in which appears to be within left ure; measures approximately. summary/instructions dated and for Admission: hematoma ted abuse. Left Chest Wall chymosis to upper back to the der, left upper arm, right upper en, right abdomen extending to and both breasts. -up chest CT in 6-8 weeks to f this and exclude any	W 1	49			

NAME OF PROVIDER OR SUPPLIER FORTY-FOURTH STREET PLACE STREET ADDRESS, CITY, STATE, ZIP CODE	EY O
NAME OF PROVIDER OR SUPPLIER FORTY-FOURTH STREET PLACE STREET ADDRESS, CITY, STATE, ZIP CODE 1479 SOUTH 44TH STREET DECATUR, IL 62521 (X4) ID PREFIX TAG SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) PREFIX TAG PROVIDER'S PLAN OF CORRECTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY) W 149 Continued From page 4 stated that she felt her daughter was safe and the owner has started an investigation." W 149 In a telephone interview with Z2, RN, on 8/23/16 at 11:40 am, Z1 stated "I was the nurse that admitted her to the floor. We suspected elder abuse and turned it in because no one could explain the bruising. Some of the paperwork said non-traumatic because they didn't know if she had any injury. The group home worker and mother said she has not fallen recently or had a	
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explanation of the hematoma. The bruises were on the bra line area of the chest and breast around her back and left side of her abdomen. She had a lot of bruising that was purple. There was some old bruising as well. We couldn't ask her because she doesn't talk. She didn't seem to respond to the pain." In an interview with E1, Administrator on 8/24/16, at 12:30 PM, E1 was asked why it took you so long to send her to the ER to be evaluated? E1 stated "I tend to let the nurse's handle medical stuff. The RN came out Saturday early at 6:30 AM, to assess her." E1 was asked why you sent her back to day training on Friday 7/29/16, without knowing for sure that the bruising did not come from day training? E1 stated "I received something back from day training saying that she didn't have a fall or and incidents there". E1 was asked why she did not do the investigation herself at day training until 8/3/16? E1 responded "That is how we have always done it. They usually do the investigation there and send me a report". E1 was asked what is the conclusion of this investigation? E1 stated "We have no definitive explanation. We can only think the gait belt was	

	OF DEFICIENCIES F CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	` '	ΓIPLE CONSTRU NG				E SURVEY IPLETED
		14G302	B. WING					C 26/2016
	PROVIDER OR SUPPLIER	<i>I</i> CE			RESS, CITY, STATE, ZII I 44TH STREET I L 62521	PCODE		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES / MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFI TAG	(EAC	ROVIDER'S PLAN OF C CH CORRECTIVE ACTI S-REFERENCED TO TI DEFICIENCY	ON SHOULD HE APPROPI	BE	(X5) COMPLETION DATE
W 149	is pushed into her of had a seizure and s	ge 5 ay training the table she sits at causing the bruising or that she some how caused the bruising. but we are going to monitor	W 1	49				
W 153	The facility must en mistreatment, negle injuries of unknown immediately to the a	resure that all allegations of ect or abuse, as well as source, are reported administrator or to other nice with State law through ures.	W 1	53				9/30/16
	Based on record refailed to report an in	s not met as evidenced by: eview and interview the facility njury of unknown source for 1 who sustained suspicious er chest area.						
	Findings include:							
	dated 7/1/2016, R1 Intellectual Disabilit of Epilepsy, Hypoth	Physician Order Sheet (POS), functions at a Profound y level with current diagnosis yroidism, Gastro-Esophageal instipation, and Edema						
	provided dated 7/28 the am and was for on 7/28/16 "Severe arm mid way down both breasts. Swel Purple/blue bruising	rication of incident report 3/16, R1 was being dressed in und to have bruising. E3 noted bruising to left underneath to elbow across chest and ling noted left axiliary. In color. Alert VS 132/70, 72, reakfast this morning.						

	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		FIPLE CONSTRUCTION NG	(X3) DATI	E SURVEY IPLETED
		14G302	B. WING			C 26/2016
	PROVIDER OR SUPPLIER FOURTH STREET PLA			STREET ADDRESS, CITY, STATE, ZIP CODE 1479 SOUTH 44TH STREET DECATUR, IL 62521	1 00//	20/2010
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES YMUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTIC ((EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPROF DEFICIENCY)	D BE	(X5) COMPLETION DATE
W 154	are within normal lir with no indication of No evidence that the In an interview with at 2:10 PM, E1 was that you faxed the in after the incident be office? E1 stated "I confirmation where be able to get a cop Other than that I do 483.420(d)(3) STAF The facility must haviolations are thoroun this STANDARD is Based on record refailed to do a thorounknown origin for sustained a large hwithin the left pecto Findings include: According to R1's F dated 7/1/2016, R1 Intellectual Disabilit of Epilepsy, Hypoth Reflux Disease, Co Unspecified. According to a notif provided dated 7/28	mits, able to move left arm f pain." is report was sent to IDPH. E1, Administrator, on 8/23/16 asked do you have any proof nitial report to us in 24 hours ecause we don't have it in our faxed it, but I don't have the I sent it to. The owner might by from his itemized bills. In the any proof." FTREATMENT OF CLIENTS are evidence that all alleged ughly investigated. Is not met as evidenced by: Eview and interview the facility ugh investigation of an injury of 1 of 1 individual (R1) who ematoma in the left chest wall,	W 1			9/30/16

DEPARTMENT OF HEALTH AND HUMAN SERVICES CENTERS FOR MEDICARE & MEDICAID SERVICES (Y1) PROVIDED (STATEMENT OF DEFICIENCIES (Y1) PROVIDED (STATEMENT)

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		14G302	B. WING _			C / 26/2016
	PROVIDER OR SUPPLIER FOURTH STREET PLA	ACE		STREET ADDRESS, CITY, STATE, ZIP CODE 1479 SOUTH 44TH STREET DECATUR, IL 62521		, , ,
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRE (EACH CORRECTIVE ACTION SHI CROSS-REFERENCED TO THE APP DEFICIENCY)	OULD BE	(X5) COMPLETION DATE
W 154	arm mid way down both breasts. Swel Purple/blue bruising 80. Ate 100% of brare within normal li with no indication of In an Investigation/statement provided faxed to MRI Investincident/injury: states shoulder/arm area, specific questions/incident/injury: "An /shift worked? Obs R1? Transfer using front/back? Any fathat could be related statement/findings: director of DT, she They reported R1 coin the room. No issess does not have a shacross her hips." E8/3/16.	bruising to left underneath to elbow across chest and ling noted left axcila. g in color. Alert VS 132/70, 72, reakfast this morning. Neuros mits, able to move left arm f pain. Information Request by facility dated 7/28/16, tigation under description of the serve and its area." Under unquires regarding y seizure activity? Last date serve any issues/concerns with g gait belt during shift? Belt in lls? etc Anything observed do to bruising noted?" Under E1 writes "I contacted checked with room staff. It did not fall or have any issues sues with transportation, R1 oulder seat belt, it is a lap belt training on 7/29/16.	W 15	54		
	at 12:30 PM, E1 wa an investigation rep E1 stated "I called director, she was g staff. That's the wa was asked how can training that caused safe to go back the	E1, Administrator, on 8/24/16 as asked why did you just send port to fill out by Day training? over there and talked with the oing to go down and interview ay we have always done it." E1 in you be sure it was not day do the bruising and that she was a very next day on 7/29/16? E1 in them and they said no one				

	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		TIPLE CONSTRUCTION NG	(X3) DAT	TE SURVEY MPLETED
		14G302	B. WING			C / 26/2016
	PROVIDER OR SUPPLIER FOURTH STREET PLA	ACE		STREET ADDRESS, CITY, STATE, ZIP CODE 1479 SOUTH 44TH STREET DECATUR, IL 62521		, , ,
(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 SHOUTH COROSS-REFERENCED TO THE APP DEFICIENCY)	OULD BE	(X5) COMPLETION DATE
W 154	reported anything, I	ge 8 guess I was not sure." ce of safeguarding R1 during	W 1	54		