PRINTED: 05/08/2014 FORM APPROVED OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	A. BUILDIN		(X3) DATE SURVEY COMPLETED		
		14G310	B. WING _			1	C / <b>22/2014</b>
NAME OF PROVIDER OR SUPPLIER  BOYD AVENUE HOME				110 S	ET ADDRESS, CITY, STATE, ZIP CODE OUTH BOYD AVENUE OY, IL 61310	,	
(X4) ID PREFIX TAG	(EACH DEFICIEN	TATEMENT OF DEFICIENCIES CY MUST BE PRECEDED BY FULL R LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	<	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD B CROSS-REFERENCED TO THE APPROPRI DEFICIENCY)	3E	(X5) COMPLETION DATE
W 000	INITIAL COMMENT	S	wo	000			
W 149	The facility must develop policies and procedumistreatment, negled.  This STANDARD is Based on record refailed to develop and and procedures that neglect or abuse for who was the recipied behavior.  Findings include:  According to his 10-(PCP), R1 is a 62 year intellectual disability includes; visual and also profoundly deaf According to his 11-old man who has a second control of the procedure	4/IL69395 F TREATMENT OF CLIENTS  velop and implement written ures that prohibit ct or abuse of the client.  not met as evidenced by: view and interview the facility d implement written policies prohibit mistreatment, and of 3 sample clients, R1 int of R3's inappropriate  2-13 Person Centered Plan, ear old man who has a severe and whose diagnosis auditory hallucinations. R1 is	W 1	149			
ADODATOS	Form dated 3-22-14 it states that E6 was bathroom and she h room saying "stop it" bathroom and said tentered the living room.	In Incident/Accident Report that was written by DSP E6, assisting a client in the leard a client in the living then the client came to the o her (R2's name). When E6 om she saw R1 and R2 sitting			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: IL6013635

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:			(X2) MULT A. BUILDIN	IPLE CONSTRUCTION  IG		(X3) DATE SURVEY COMPLETED		
		14G310	B. WING _			C <b>04/22/2014</b>		
NAME OF PROVIDER OR SUPPLIER  BOYD AVENUE HOME				STREET ADDRESS, CITY, STATE, ZIP CODE 110 SOUTH BOYD AVENUE AMBOY, IL 61310				
(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 COF ( (EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE DEFICIENCY)	SHOULD BE	(X5) COMPLETION DATE		
W 149	R1's hand onto R2's undone. E6 then st look on his face" so situation and escort wash his hands.  E6 goes on to descrigo to his bedroom a his room. About 10 his room with his pa had his penis in his room and sat down; up.  During a review of F1-15-14, it describes as Inappropriate Se exposing or touching area or in the comm touching others in sexual actipeers into his bedro reasons).  The plan lists many note that R2 should too close to a peer on the touch that R2 must plan was not implem R1 from R2's behave.  On 4-21-14 at 4:15g was setting the table and hugged R3. DS E5 repeated this threattention at all and continuation in the second content of the table and hugged R3. DS E5 repeated this threattention at all and content of the second content of the table and hugged R3. DS E5 repeated this threattention at all and content of the table and hugged R3. DS E5 repeated this threattention at all and content of the table and hugged R3. DS E5 repeated this threattention at all and content of the table and hugged R3. DS E5 repeated this threattention at all and content of the table and hugged R3.	ad R1's wrist and was holding a penis. R2 had his pants ates that R1 "had a terrified she removed R1 from the ed him to the bathroom to ribe R2's anger when asked to nd R2 was throwing things in minutes later R2 came out of nts around his ankles and hand. R2 entered the living he refused to pull his pants  R2's Behavior Plan dated as one of R2's target behaviors axual Behavior, defined as; genital areas in a common funity, attempting to or opropriately, making nts, attempting to engage vity (such as luring staff or om for inappropriate  interventions. It includes the be redirected if he is sitting on the sofa. The plan also be monitored closelythis nented sufficiently to protect	W 1	49				

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		14G310	B. WING			C <b>04/22/2014</b>		
	ROVIDER OR SUPPLIER		STREET ADDRESS, CITY, STATE, ZIP CODE  110 SOUTH BOYD AVENUE  AMBOY, IL 61310			04/22/2014		
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W 149		eal on 4-21-14 DSP E5 sat ored him closely. R2 went to	W	149				
W 186	his room after eating a dining room at 5:08pr unusual for him to get	and when E5 returned to the n she said that it was not listless after eating and any down. E5 said then R2 the night.	W	186				
	staff to manage and s accordance with their Direct care staff are d on-duty staff calculate	individual program plans.						
	Based on observation interview the facility fadirect care staff to ma	not met as evidenced by: ns, record review and ailed to provide sufficient nage and supervise 1 of 3 accordance with his IPP appropriate behavior						
	Findings include:							
	(PCP), R1 is a 62 year intellectual disability a	-13 Person Centered Plan, or old man who has a severe and whose diagnosis uditory hallucinations. R1 is						
		6-13 PCP, R2 is a 62 year evere intellectual disability						

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION  (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULT A. BUILDIN	IPLE CONSTRUCTION  NG		(X3) DATE SURVEY COMPLETED		
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W 186	explosive disorder.  During a review of a Form dated 3-22-14 it states that E6 was bathroom and she hroom saying "stop it bathroom and said tentered the living roon the couch. R2 h R1's hand onto R2's undone. E6 then st look on his face" so situation and escort wash his hands.  E6 goes on to descrigo to his bedroom a his room. About 10 his room with his pahad his penis in his room and sat down; up.  During observations with 5 clients. At 4:: table. E5 was work helped a client in the shower. R2 walked without using his wadining room area R2 floor bruising his known immediately and he reminded him to hol when he set the tab	s includes; intermittent  In Incident/Accident Report I that was written by DSP E6, I assisting a client in the I leard a client in the living I then the client came to the I o her (R2's name). When E6 I om she saw R1 and R2 sitting I and R1's wrist and was holding I spenis. R2 had his pants I sates that R1 "had a terrified I she removed R1 from the I she R2's anger when asked to I not R2 was throwing things in I minutes later R2 came out of I nts around his ankles and I hand. R2 entered the living I he refused to pull his pants I on 4-21-14 two staff worked I opm R2 was setting the I ing in the kitchen and E4 I e back of the house with his I to the front of the house, I liker. As he returned to the I learn to the table for support I learn to the house without I staff was not aware that I was not aware that I was firent of the house without	W 1	86			

		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULT A. BUILDIN	IPLE CONSTRUCTION  NG	O	X3) DATE SURVEY COMPLETED
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W 186	R2 said he didn't feel his room. As soon as R5 grabbed the scoop himself an extra scoo R1 then grabbed the another scoop as wel the difficulty when she took the pan of meat the door before escor was not sufficient state either to manage and accordance with their	mopping with R4. At 5:08pm well so E5 escorted R2 to a they left the dining room of from a pan and served p of meat beyond his diet. Scoop and served himself I beyond his diet. E5 noted the was alone and then she into the kitchen and locked the thing R2 to his room. There of available on this occasion supervise them in	W 1			
W 243	As soon as the interd formulated a client's i each client must rece treatment program cointerventions and seriand frequency to sup	isciplinary team has ndividual program plan, ive a continuous active	****			
	Based on record revifailed to ensure 1 of 3 sufficient intervention identified in his behave.  Findings include:  According to his 11-2	6-13 PCP, R2 is a 62 year evere intellectual disability				

		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING			(X3) DATE SURVEY COMPLETED		
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NAME OF PROVIDER OR SUPPLIER  BOYD AVENUE HOME				STREET ADDRESS, CITY, STATE, ZIP CO 110 SOUTH BOYD AVENUE AMBOY, IL 61310	•	14/22/2014		
(X4) ID PREFIX TAG			(EACH DEFICIENCY MUST BE PRECEDED BY FULL		ID PREFIX TAG	PROVIDER'S PLAN OF ( (EACH CORRECTIVE ACTI CROSS-REFERENCED TO TI DEFICIENC'	ION SHOULD BE HE APPROPRIATE	(X5) COMPLETION DATE
W 249	Form dated 3-22-14 it states that E6 was bathroom and she had room saying "stop it" bathroom and said to entered the living room the couch. R2 had R1's hand onto R2's undone. E6 then state look on his face" so situation and escorted wash his hands.  E6 goes on to descrigo to his bedroom and his room. About 10 his room with his part had his penis in his had his penis had his penis had his penis had his had his had his had his had his had his had h	In Incident/Accident Report I that was written by DSP E6, assisting a client in the eard a client in the living I then the client came to the other (R2's name). When E6 om she saw R1 and R2 sitting ad R1's wrist and was holding penis. R2 had his pants ates that R1 "had a terrified she removed R1 from the ed him to the bathroom to  The R2's anger when asked to ad R2 was throwing things in minutes later R2 came out of ants around his ankles and and. R2 entered the living the refused to pull his pants  2's Behavior Plan dated one of R2's target behaviors call Behavior, defined as; g genital areas in a common unity, attempting to or propriately, making ants, attempting to engage vity (such as luring staff or	W 24	49				

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W 249	entries listing R2's be *3-1-R2 very bossy. van during an outing. *3-4-as staff approac R2 was facing the do *3-5-yelling & banging. *3-11-yelling and scre *3-12-tried to hit peer *3-12-masturbating w *3-14-bossing peers. *3-15-bossing peers. *3-15-bossing peers. door open *3-21-shaking everyo *3-22-masturbating in his glasses *3-24-poured coffee of at & went after peer *3-26-bossing peers. open *3-28-cussing & raisin  On 4-21-14 at 4:15pn was setting the table and hugged R3. DSF E5 repeated this threattention at all and diready to return to sett finally disengaged.  During the evening m next to R2 and monito his room after eating	2's Monthly Behavior 2014 there are numerous shaviors, including; He was masturbating on the hed his open bedroom door or masturbating g his walker eaming at a peer twice vith his door open & standing very close to  Masturbating in room with these hand a van during outingbroke on floorthrew chairyelled Masturbating with door	W	249			

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		I ' '	PLE CONSTRUCTION  G	(X3	(X3) DATE SURVEY COMPLETED		
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W 249	unusual for him to ge	t listless after eating and ay down. E5 said then R2	W 2	49			