STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	14G331	A. BUILDING _____ B. WING _____	05/21/2013

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
GLENWOOD VILLA	3247 GLENWOOD AVENUE ROCKFORD, IL 61101

(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 - Fundamental Survey Inspection of Care	W 000		
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 for 2 of 3 in the sample (R1 and R2) and 1 of 3 outside the sample R4 that all allegations of abuse are reported immediately in accordance with state law. Findings include: Per record review of the Facility Roster dated 5-20-13, R1 functions in the Moderate Range. R2 and R4 functions in the Severe Range. Per record review of the Incident Report dated 1-21-13 is written as follows: Please allow this letter to serve as notification of a peer to peer physical contact that occurred on 1-21-13 at approximately 6:30 P.M. This peer to peer involved R2 and R4. R2 was attempting to help R4 into his wheelchair. R4 did not want his help causing R2 to bite R4 on his right forearm. The fax to public health was dated January 23, 2013. Per record review of the incident dated 2-25-13 is	W 153		

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

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W 153	Continued From page 1 written as follows: Please allow this letter to serve as notification of a peer to peer physical contact that occurred on 2-25-13 at 8:00 P.M. This peer to peer involved R2 and R1. R2 became upset because R1 was moving about in the room and bumping into him with a flashlight into R2's eyes. R2 became agitated biting R1 on top of his left forearm. The fax to public health was dated February 27, 2013. Per record review of the Facility Policy Investigative Committee dated 5/12 is written the facility administrator shall report the matter within 2 hours if the event caused reasonable suspicion resulted in bodily injury to a resident or within 24 hours if the event that caused reasonable suspicion did not result in bodily injury to a resident, and send a written report within 5 working days to the individuals representative and to the Illinois Department of Public Health. Per interview with E1 (Facility Representative) on 5-21-13 at 12:10 P.M. acknowledged that incident reports reported to public health are supposed to be within 24 hours.	W 153		
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. This STANDARD is not met as evidenced by: Based on record review and interview, the facility failed to ensure that a dental consent for 1 of 3 clients, (R1) in the sample which incorporate	W 263		

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W 263	Continued From page 2 standing orders for uses of restrictive techniques is individualized to address specific behavior. Findings include: Per record review of the Individual Service Plan dated 7-23-12, R1 functions in the Moderate Range with a diagnoses of Ushers Syndrome. Per record review of The Medical Immobilization Consent form dated 3-6-13 for the Dental Clinic for R1 was reviewed: It includes but is not limited to the verbiage as follows: "I understand that, if necessary, the following types of immobilization may be used: Staff employing supportive measures Arm and /or leg bands Head stabilization Positioning Devices (ie. foam wedges, towels, blankets, pillows) Mouth Prop Rainbow Wrap Chemical restraint (Drugs administered orally or intravenously)." Per interview with E1 (Facility Representative) on 5-21-13 at 2:30 P.M. E1 stated that all of theses restrictions are not used for R1 but are there for the dental facility to use if the need should arise. E1 stated that this is reviewed by the Behavior Management team and that the least restrictive technique is used first. E1 stated that this is the dental facilities form.	W 263		
W 484	483.480(d)(3) DINING AREAS AND SERVICE The facility must equip areas with tables, chairs, eating utensils, and dishes designed to meet the developmental needs of each client.	W 484		

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W 484	Continued From page 3	W 484		

This STANDARD is not met as evidenced by:
Based on observation and interview the facility failed to ensure for 3 of 3 in the sample (R1, R2,R3) and 3 of 3 outside the sample (R4, R5, and R6) that the facility equips eating utensils designed to meet the developmental needs of each client.

Findings include:

Per record review of the Resident Roster dated 5-20-13, R1 functions in the Moderate range. R2, R4, and R6 function in the Severe range. R3 and R5 function in the Profound range.

During observations on 5-20-13 from 5:30 P.M. to 6:40 P.M. this surveyor observed R1 to R6 all dine without a knife. R4 and R5 dined only with a regular spoon. R1, R2, R3, and R6 dined only with a regular spoon and fork. At 6:10 P.M. R6 was having difficulty cutting her angle food cake and E5 (Direct Support Person) who was feeding R3 as a one to one went to cut R6's angel food cake. E5 at 6:15 P.M. asked for a knife and fork from E2 (Resident Service Director) in order to cut R4's salad.

Per record review of the Qualified Intellectual Disability Progress notes dated April 2013 is written R3 is not able to feed himself and requires staff assistance to help cut his food.

Per interview with E2 (Resident Service Director) on 5-21-13 at 9:00 A.M. when asked if R6 can use a knife, E2 replied yes. When asked if clients

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W 484	Continued From page 4 can use a knife, E2 replied that it depends on the food served if a client would use a knife. E2 acknowledged that on the evening meal of 5-20-13 none of the clients had a knife to use.	W 484		