STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	IL6002935	A. BUILDING: _____ B. WING _____	C 12/02/2019

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
EXCEPTIONAL CR & TRAINING CTR.	2601 WOODLAWN ROAD STERLING, IL 61081

(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) COMPLETE DATE
Z 000	COMMENTS Complaint 1916556 / IL115492	Z 000		
Z9999	FINDINGS Statement of Licensure Violation: 1 of 1 violation: 390.620a) 390.1010a) 390.3240a) Section 390.620 Resident Care Policies a) The facility shall have written policies and procedures governing all services provided by the facility which shall be formulated with the involvement of the administrator. These written policies shall be formulated with the involvement of the medical advisory committee and representatives of nursing and other services in the facility. The policies shall be available to the staff, residents and the public. These written policies shall be followed in operating the facility and shall be reviewed at least annually Section 390.1010 Service Programs a) The facility shall provide, either directly or through arrangements with an outside resource, as needed by the individual resident, all services necessary to maintain and promote good physical health and development Section 390.3240 Abuse and Neglect a) An owner, licensee, administrator, employee or agent of a facility shall not abuse or neglect a resident. (Section 2-107 of the Act) These Regulations were not met as evidenced	Z9999	**Attachment A** **Statement of Licensure Violations**	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	IL6002935	A. BUILDING: _____ B. WING _____	C 12/02/2019

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
EXCEPTIONAL CR & TRAINING CTR.	2601 WOODLAWN ROAD STERLING, IL 61081

(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) COMPLETE DATE
Z9999	Continued From page 1 by: Based on record review and interview the facility failed to: 1) implement policy to prevent neglect for 1 of 1 individual in the sample who sustained neck fractures, shoulder blade fracture and brain bleed due to fall from wheelchair without seatbelt attachment on 9/4/19 (R2) 2) ensure Facility had a policy to assess for wheelchair safety (R2) to prevent his fall on 9/4/19 which resulted in multiple fractures and brain bleed 3) ensure thorough investigation was conducted for R2's fall incident on 9/4/19 when they failed to identify that: (1) R2's wheelchair safety during transport was not addressed and (2) R2 had a shoulder blade fracture as a result of the fall. 4) wheelchair safety measures were put in place to prevent R2's fall on 9/4/19 that resulted in multiple fractures and brain bleed for R2 even though he was at risk for falls and fractures Findings include: Based on record review and interview, the facility failed to ensure nursing services for 1 (R2) of 1 individual who was identified to be at risk for falls and fractures; 1) developed a safety plan for R2 while in the wheelchair even though he was at risk for falls and fracture. R2 had a fall from his wheelchair on 9/4/19 during an outing that resulted in a brain bleed, neck fractures, and shoulder blade fracture.	Z9999		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	IL6002935	A. BUILDING: _____ B. WING _____	C 12/02/2019

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
EXCEPTIONAL CR & TRAINING CTR.	2601 WOODLAWN ROAD STERLING, IL 61081

(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) COMPLETE DATE
Z9999	Continued From page 2	Z9999		

2) had documentation on the monitoring and progression of unknown injury that happened 3 days before the fall on 9/4/19.

Findings include:

Facility Policy for Reporting Abuse / Neglect Allegations (undated) documents, "If an allegation would meet the definition of abuse or neglect... by rules of DPH (department of Public Health), the Administrator or Designee shall: a. ensure the immediate care and protection of the victim; b. obtain medical examinations, when applicable, and fully document the findings... Processing Investigative Reports: 1. The Administrator or Designee will maintain a local investigative case file containing - copies of all investigatory materials. This includes all evidence, such as photographs, written statements and records."

Facility Policy for Reporting Abuse / Neglect Allegations (undated) defines, "Neglect: An employee's, agency's, or facility's failure to provide adequate medical care, personal care, or maintenance, and that, as a consequence, causes an individual pain, injury, or emotional distress, results in either an individual's maladaptive behavior or the deterioration of an individual's physical condition or mental condition, or places an individual's health or safety at substantial risk of possible injury, harm or death."

Facility Nurse note (dated 9/4/19) for R2 documents, "received call from staff on activity outing stating that resident had put self to ground while sitting in wheelchair. 2 lacerations to forehead with minimal bleeding and an abrasion to the nose were reported. Instructed staff to transfer resident to Emergency Room (ER) for evaluation... called Hospital A for update. R2

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	IL6002935	A. BUILDING: _____ B. WING _____	C 12/02/2019

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
EXCEPTIONAL CR & TRAINING CTR.	2601 WOODLAWN ROAD STERLING, IL 61081

(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) COMPLETE DATE
Z9999	Continued From page 3	Z9999		

being transferred to Hospital B... for further evaluation..." Facility Progress Note (dated 9/5/19) reads, "contacted Hospital B... diagnosis: brain bleed and broken neck... Facility Progress Note (dated 9/6/19) reads, "...nurse report, subdural hemorrhage [brain bleed] with no treatment needed... Has a C1-C2 [neck] fracture and has a cervical collar to wear..."

Facility Correspondence [Incident Report sent to Public Health] (dated 9/12/19) documents, "R2 was on a concrete, wheelchair accessible area at the park, the ground appeared to be level, but may have a slight incline. Staff was pushing his chair from behind and was unable to intervene when he leaned forward too far."

On 10/23/19, at 11:15 a.m., E7 stated that he was with R2 on his outing on 9/4/19. According to E7, he "was pushing R2 in his wheelchair and he kept moving, trying to reposition himself. He bent over to reach down to pull his socks and I stopped. When I stopped, he fell head first..."

On 10/23/19, at 11:15 a.m. E7 (DSP) and on 10/24/19, at 10:00 a.m, E8 (Activity Director) confirmed that R2 was not wearing a seatbelt while seated in his wheelchair when he was on his outing on 9/4/19.

On 10/24/19, at 10:30 a.m., E6, Qualified Intellectual Disabilities Professional (QIDP) stated that R2 did not wear a seatbelt while seated in his wheelchair during his outing on 9/4/19 because his wheelchair does not have a seatbelt attachment.

Incident Report sent to Public Health (dated 9/12/19) documents that the fall on 9/4/19 (where R2 did not have a seatbelt attachment to his

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	IL6002935	A. BUILDING: _____ B. WING _____	C 12/02/2019

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
EXCEPTIONAL CR & TRAINING CTR.	2601 WOODLAWN ROAD STERLING, IL 61081

(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) COMPLETE DATE
Z9999	Continued From page 4	Z9999		

wheelchair) resulted in brain bleed and neck fractures.

On 10/23/19, at 11:15 a.m. E7 (DSP) and on 10/24/19, at 10:00 a.m, E8 (Activity Director) confirmed that R2 was not wearing a seatbelt while seated in his wheelchair when he was on his outing on 9/4/19.

R2's 2012 Individual Service Plan documents, "monitor for falls and fractures". Facility Correspondence [Incident Report] to Public Health (dated 9/12/19) documents Admission history indicated R2 has congenital anomaly of C1-C2 vertebrae of his spine. There is no bony structure to connect them. Imaging study done in 11/2005 showed acute fracture of T-10 with significant degenerative spine disease; spinal fusion surgery was done. He also had a hip fracture some time prior to 5/2010. Also, "that R2's behavior of leaning forward to adjust his socks is "a known repetitive, ritualistic movement of R2's Obsessive Compulsive Disorder (OCD). Blindness, hearing impaired... osteoporosis, congenital anomaly of the spine and Pervasive Developmental Disorder... R2 has no history of falling from his chair when leaning forward to adjust his socks (a known repetitive, ritualistic movement of R2's OCD). R2 has independent repositioning skills and often chooses to sit forward in his wheelchair."

Physical Therapy Developmental Re-assessment (dated 11/19/12) documents, " ...sits forward on edge of wheelchair seat ... unable to tolerate seat belt... Adaptive Equipment - Manual Wheelchair ... adaptations: uncontoured seat, contoured back with built-in curved trunk laterals, flip back solid armrests, no footrests, unable to tolerate seat belt ... Recommendations: consider wheelchair

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	IL6002935	A. BUILDING: _____ B. WING _____	C 12/02/2019

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
EXCEPTIONAL CR & TRAINING CTR.	2601 WOODLAWN ROAD STERLING, IL 61081

(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) COMPLETE DATE
Z9999	Continued From page 5 evaluation for improved positioning and mobility ..." R2's PT assessment (7/1/15) documents, "sits forward on wheelchair seat... Primary means of mobility: dependent in manual wheelchair for long distances, propels with feet for short distances." Individual Service Plan (2018), Fall Risk Assessment (2018 and 2019), and Facility Program Care Plan (2018 and 2019) did not assess for R2's need for seatbelt usage despite his known OCD behavior of bending down to pull up his socks and leaning forward on edge of wheelchair seat recorded in his 9/12/19 incident report. Facility Fall Risk Assessment (dated 8/24/18 and 9/4/19) lists, "disoriented x 3, diminished safety awareness, legally blind, requires use of assistive device [wheelchair], perceptual - impaired hearing, impaired vision, dizziness / vertigo... orthopedic - joint pain; arthritis; fracture of hip; missing limb; osteoporosis..." The Assessments (from 2018 and 2019) conclude that R2 is at risk for falls and has impaired safety awareness and recommended continue current plan of care. R2's Fall Risk Assessments from 2018 and 2019 did not have any information on whether R2 is safe to sit and move in his wheelchair without a seatbelt attachment. Post Fall Investigation (dated 9/6/19, signed by E2 (Quality Assurance)) documents that R2 fell from his wheelchair on 9/4/19 during a community outing in the park. The Investigation documents that R2 was not wearing a seatbelt while in his wheelchair. According to the Investigation report, "at around 7 p.m., R2 was repositioning himself in his wheelchair; as he was bending / reaching to	Z9999		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	IL6002935	A. BUILDING: _____ B. WING _____	C 12/02/2019

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
EXCEPTIONAL CR & TRAINING CTR.	2601 WOODLAWN ROAD STERLING, IL 61081

(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) COMPLETE DATE
Z9999	Continued From page 6	Z9999		

touch his socks, he fell forward from his wheelchair. Staff attempted to intervene to prevent the fall but were unable to prevent R2 from falling from his chair... R2 was transported directly to Hospital A emergency room (ER) for further evaluation... At 9:45 p.m. facility nurse called for an update and was informed R2 was being transported [by aircraft] to Hospital B for further evaluation." On 10/23/19, at 11:15 a.m. E7 (DSP) and on 10/24/19, at 10:00 a.m, E8 (Activity Director) confirmed that R2 was not wearing a seatbelt when he was on his outing on 9/4/19.

Facility Investigation (dated 9/12/19) did not address whether R2 should have worn a seatbelt while in wheelchair during his outing on 9/4/19 when he fell from his wheelchair and sustained brain bleed, neck fractures and shoulder blade fracture.

On 10/28/19, at 12:45 p.m., when asked if the facility investigation addressed the usage of seatbelt for R2, whether he should have worn seatbelt on his outing on 9/4/19 when he fell and sustained multiple fractures and brain bleed, E2 (Quality Assurance) stated, "I didn't feel the need for us to justify not restraining someone when he has adequate posture."

On 10/28/19, at 12:55 p.m., E2 confirmed that the facility investigation did not identify that a wheelchair safety assessment was not done for R2 since his last PT assessment done on 7/1/15.

Facility Progress Note (dated 9/5/19) reads, "contacted Hospital B... diagnosis: brain bleed and broken neck... Facility Progress Note (dated 9/6/19) reads, "...nurse report, subdural hemorrhage with no treatment needed... Has a

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	IL6002935	A. BUILDING: _____ B. WING _____	C 12/02/2019

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
EXCEPTIONAL CR & TRAINING CTR.	2601 WOODLAWN ROAD STERLING, IL 61081

(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) COMPLETE DATE
Z9999	Continued From page 7 C1-C2 [neck] fracture and has a cervical collar to wear..." Hospital C Record (dated 9/5/19) [from Emergency Helicopter Service] for R2 documents, "Patient was transported [by aircraft] for the care of a specialist or for availability of equipment... patient was sent for radiology testing which revealed a SAH [subarachnoid hemorrhage], small SDH [subdural hematoma], "questionable" C1 vertebral [neck] body fracture, and right comminuted scapula [shoulder blade] fracture... Patient moved from ER (emergency room) cart to aircraft stretcher... Patient was loaded / secured into aircraft for transport... Assessment: Head findings: multiple contusions and abrasions has approximate size of a ping pong ball hematoma [medicinenet.com - localized swelling that is filled with blood caused by a break in the wall of a blood vessel] to the right forehead with abrasion, not active bleeding noted. Also abrasion to nose. Neck findings: rigid C-collar in place". Hospital A Record (dated 9/4/19) CT [computed tomography] documents, "Exam description: CT Cervical Spine, Clinical History: Neck Trauma, Impression: Nondisplaced fracture through the base of the dens, Nondisplaced fracture through bilateral C1 lamina, Comminuted fracture of the right scapula [shoulder blade], partially imaged." Hospital A Record (dated 9/4/19) XR [x-ray] documents, "Exam description: XR chest single view, Clinical History: Chest pain, Impression: Comminuted, mildly displaced fracture of the right scapula." Medical Definition documents comminuted fracture as "when the bone breaks into several pieces".	Z9999		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	IL6002935	A. BUILDING: _____ B. WING _____	C 12/02/2019

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
EXCEPTIONAL CR & TRAINING CTR.	2601 WOODLAWN ROAD STERLING, IL 61081

(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) COMPLETE DATE
Z9999	Continued From page 8	Z9999		

Review of hospital B record after visit summary (provided by facility) (printed 9/6/19) for R2 documents, "closed nondisplaced fracture of second cervical vertebrae with routine healing".

Facility discharge instructions (printed 9/6/19) and (dated 9/8/19) from hospital B regarding R2's treatment for fall from 9/4/19, did not have information on R2's right scapula [shoulder blade] fracture. Facility Investigation reports and R2's record did not have X-ray reports from R2's ER visit on 9/4/19 at Hospital A.

On 10/28/19, at 12:30 p.m., E1 (Administrator) stated she was not aware of R2's right shoulder blade fracture and confirmed that it was not in the hospital discharge instructions they received from Hospital B. E1 added that they did not obtain X-ray reports from Hospital A because "it is difficult to get papers from them" and "it usually takes 30 days." On 10/28/19, at 11:15 a.m., E3, Director of Nursing (DON) stated he "was not aware of any other fracture" for R2 other than the brain bleed and the neck fracture after his fall from wheelchair on 9/4/19 in the park.

On 10/28/19, at 12:55 p.m., E2 (Quality Assurance) confirmed that she did not address R2's shoulder blade fracture documented in Xray report (dated 9/4/19) from Hospital A because the discharge reports they received from Hospital B did not have information on R2's shoulder blade fracture. E2 stated R2's shoulder blade fracture was not in the investigation because they were not aware of it.

Nurses Notes (dated 9/6/19, timed 5:05 p.m.) reads, "R2 returned to facility per Ambulance from Hospital B accompanied by 2 Emergency Medical Technician's (EMT's). R2 transferred to

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	IL6002935	A. BUILDING: _____ B. WING _____	C 12/02/2019

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
EXCEPTIONAL CR & TRAINING CTR.	2601 WOODLAWN ROAD STERLING, IL 61081

(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) COMPLETE DATE
Z9999	Continued From page 9	Z9999		

his bed with assistance of 4. C-collar in place [on neck]. Diagnosis of Urinary Tract Infection (UTI), and subarachnoid hemorrhage, closed nondisplaced fracture of second cervical vertebrae [neck] with routine healing, closed stable burst of first cervical vertebrae [neck] with routine healing." [Medical Definition defines subarachnoid hemorrhage as a type of bleeding stroke that happens between brain and the membrane that surrounds it. It can happen when artery is damaged and starts to bleed).

According to Facility nurses notes (from 9/4/19 to 9/17/19) R2 returned from hospital on 9/6/19; R2 was hospitalized again on 9/8/19 and 9/14/19. According to nurses notes, R2 did not return to facility after his hospitalization on 9/14/19. Certificate of Death documents that R2 died on 9/17/19, cause of death is noted as, "sepsis and pneumonia".

Hospital A Preliminary Radiology Report (dated 9/4/19) documents, "Exam: CT Cervical Spine without contrast, Impression: There is a fracture of the base of the dens. There is also fracture of the posterior-lateral the C1 vertebral body. Questionable fracture of the right lateral mass of C1 vertebral body. Comminuted fracture of the right scapula [shoulder blade] noted."

Skin Integrity Events (dated 9/6/19) documented the following skin integrity issues "caused by the fall [from 9/4/19)" after R2's return from the hospital:
"right eye - purplish-black bruise, swollen, mild pain (9/6/19)
left thumb, right thumb entire thumb - purplish-black, swollen, mild pain(9/6/19)
entire right hand - purplish-black, swollen, mild pain (9/6/19)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	IL6002935	A. BUILDING: _____ B. WING _____	C 12/02/2019

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
EXCEPTIONAL CR & TRAINING CTR.	2601 WOODLAWN ROAD STERLING, IL 61081

(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) COMPLETE DATE
Z9999	Continued From page 10	Z9999		

abrasion - 2nd knuckle on right 2nd finger (9/6/19)
abrasion - 2nd knuckle 3rd finger (9/6/19)
abrasion bridge of nose - 1 centimeter (cm) x 1 cm (9/6/19)
abrasion mid forehead - 2 cm x 1 cm (9/6/19)
abrasion right forehead - 2 cm x 0.5 cm (9/6/19)
left eye bruise, upper lid and lower lid - purplish black, swollen, mild pain (9/7/19)

Facility Correspondence[Incident Report sent to Public Health] dated 9/12/19 documents, "Admission history indicated R2 has congenital anomaly of C1-C2 vertebrae of his spine. There is no bony structure to connect them. Imaging study done in 11/2005 showed acute fracture of T-10 with significant degenerative spine disease; spinal fusion surgery was done. He also had a hip fracture some time prior to 5/2010."

Facility Fall Management Program (dated 1/15/18) requires, "Fall prevention is achieved through an interdisciplinary approach of managing risk factors and implementing appropriate interventions to reduce risk for falls. Nursing staff and family members, as well as support staff in a facility (housekeeping, maintenance, etc.) are equally important and can provide insight into managing falls ... Develop a plan of care which can include general and / or specific interventions to reduce falls risk."

Facility Fall Event (dated 10/17/18) notes that R2 had a fall on 10/17/18. The Event report reads, "R2 was being transferred and threw himself backwards. His head hit the side of the bed causing a laceration... Sent to Hospital A due to laceration, returned to facility with 6 staples to back of head." Progress Notes (dated 10/17/18) reads, "an approximate 7 cm x 3 cm laceration to

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	IL6002935	A. BUILDING _____ B. WING _____	C 12/02/2019

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
EXCEPTIONAL CR & TRAINING CTR.	2601 WOODLAWN ROAD STERLING, IL 61081

(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) COMPLETE DATE
Z9999	Continued From page 11 the back of his head..." Facility Fall Event (dated 2/27/18) notes that R2 had a fall on 2/27/18. The Event report reads, "R2 fell out of wheelchair and hit back of head during transfer per self with standby assistance." Progress Notes dated (2/27/18) reads, "R2 sent to Emergency Room (ER) with staff... returned to facility. 1.5 centimeter (cm) linear laceration to back of head with 2 staples in place..." February 2018 Safety / QA (Quality Assurance) Meeting (dated 3/21/18) reads, "no change to care plan..." Functional Service Assessment (dated 8/28/19) reads, "Ambulation / Physical Ability - dependent on total assistance. Needs assistance to transfer, needs caregiver to push wheelchair to vacate the premises... Transportation - total dependence. Physical assistance needed to get in/out of vehicles. Needs someone to arrange all transportation and to accompany when out of the building... Vision - R2 is blind..." Facility Individual Service Plan (dated 9/5/18) documents, "R2 is nonverbal... requires total assistance with all community-based activities... R2 is at risk for falls due to impaired safety awareness... R2 requires a safety belt when transferred in facility vehicles for safety. R2 requires half assist rails, bed lowered, mat on floor... air mattress while in bed... R2 is non-ambulatory, wheelchair mobile, but cannot see where he is going... R2 is totally dependent on staff to keep him safe... R2 utilizes a standard wheelchair with armrests. He does not utilize a wheelchair tray. He does not use a safety or position belt. He is able to transfer from his wheelchair with minimal assistance from staff for safety... Mobility: Severe deficits noted. Regression anticipated due to aging process...	Z9999		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	IL6002935	A. BUILDING: _____ B. WING _____	C 12/02/2019

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
EXCEPTIONAL CR & TRAINING CTR.	2601 WOODLAWN ROAD STERLING, IL 61081

(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) COMPLETE DATE
Z9999	Continued From page 12	Z9999		

R2 will continue participation in wheelchair propulsion and positioning treatments to maintain these skills and promote his comfort and safety. Staff will use proper positioning and transfer techniques."

Monthly QA (Quality Assurance) Safety meeting minutes (dated 12/4/18, 3/7/19, and 5/22/19), Nursing Quarterly Review (dated 6/13/18, 11/21/18, 2/22/19, 6/7/19) and Physical exam (dated 8/20/19) did not address whether R2 is safe to sit in his wheelchair without a seatbelt with the known ritualistic OCD behavior of bending down to fix socks or sitting at the edge of his wheelchair seat while in transit.

On 10/24/19, at 10:30 a.m., E6 (QIDP) stated that R2 uses a "standard wheelchair that did not have a footrest, tray, chest strap or seatbelt. R2 does not have a seatbelt attached to his wheelchair because he was able to transfer himself. Whenever he's on an outing, he did not have a belt, staff would push him. Staff would tell him to hold his feet up while staff pushes the wheelchair." E6 added that R2 has a "known OCD behavior of bending down to pull up his socks while on his wheelchair whether he's moving or staff is pushing him." According to E6, R2 "sits with his buttocks close to the front of the wheelchair and has a tendency to lean forward." When asked if the usage of seatbelt was discussed in interdisciplinary team meeting, E6 stated "I don't know if it was discussed prior to 2014, but after I have started in 2014 it has not been discussed."

On 10/22/19, at 2:30 p.m., E1 (Administrator) and on 10/23/19, at 3:30 p.m., E3 (DON) stated that the facility does not have a policy or a protocol for wheelchair. Wheelchair

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	IL6002935	A. BUILDING: _____ B. WING _____	C 12/02/2019

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
EXCEPTIONAL CR & TRAINING CTR.	2601 WOODLAWN ROAD STERLING, IL 61081

(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) COMPLETE DATE
Z9999	Continued From page 13	Z9999		

assessments are done through Physical therapy assessment if someone recommends it. For R2, it was not recommended by anyone because he does not have a history of falls related to his OCD behaviors. E1 and E3 stated that R2 did not receive a Physical Therapy (PT) assessment for seatbelt usage while in wheelchair because R2 does not tolerate seatbelt as noted in his PT assessment (7/1/15) and they didn't feel the need for him to have a seatbelt. E1 confirmed that R2 had 2 falls in 2018 related to behaviors where he purposely threw himself down and had to receive staples on his head after the falls. E1 confirmed that the last Physical Assessment was done for R2 on 7/1/15.

Incident Report sent to Public Health (dated 9/12/19) documents that the fall on 9/4/19 (where R2 did not have a seatbelt attachment to his wheelchair) resulted in brain bleed and neck fractures. Hospital A Record for X-ray results (dated 9/4/19) documents that R2 had a comminuted fracture to right scapula [shoulder blade]. Medical Definition documents comminuted fracture as "when the bone breaks into several pieces".

R2's Plan of Care (dated 8/30/19) listed the following approach for "falls" category: "stand pivot as needed, use proper transferring and lifting techniques. Plan of Care (dated 8/30/19) listed the following approach for impaired physical mobility / osteoporosis for R2: Careful handling during ROM via hands on through out daily activities. Use proper lifting and transferring techniques." R2's Plan of Care did not have a plan on how to keep R2 safe while on a wheelchair even though R2 had known repetitive movements of bending down to fix his socks or sitting at the edge of his wheelchair seat while in

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	IL6002935	A. BUILDING: _____ B. WING _____	C 12/02/2019

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
EXCEPTIONAL CR & TRAINING CTR.	2601 WOODLAWN ROAD STERLING, IL 61081

(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) COMPLETE DATE
Z9999	Continued From page 14	Z9999		

transit. R2's Plan of Care also did not address his lack of tolerance of seatbelt usage and did not assess whether he needs a seatbelt while moving in his wheelchair.

On 10/24/19, at 3:30 p.m., E3, Director of Nursing (DON) stated that R2's fall risk assessment addressed his safety when he transfers to and from wheelchair. E3 confirmed that the assessment does not have any information on whether R2 should or should not be wearing a seatbelt. E3 confirmed that the facility does not have a safety plan for R2's wheelchair because "that's done by Physical Therapy if there are reports that there is a decline."

Skin Integrity Events (dated 9/1/19) for R2 reads, " bruise, right side of forehead, black-blue, yellowish green (bruise is dime-sized blue in the middle with yellow surrounding..."

Progress Notes (dated 9/1/19) reads, "blue and yellow bruise noted to right side of forehead when this nurse went to feed R2..."

No further nursing documentation was available regarding the progression of R2's bruise on his forehead, whether it was healing or not healing, whether the bruise got worse or better.

On 10/24/19, at 10:15 a.m., E3 confirmed that R2's bruise (identified on 9/1/19) that was of unknown origin did not have any other documentation that it was monitored for progress. This unknown injury on R2's right forehead happened 3 days prior to R2's fall on 9/4/19, which resulted in multiple fractures and brain bleed.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	IL6002935	A. BUILDING: _____ B. WING _____	C 12/02/2019

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
EXCEPTIONAL CR & TRAINING CTR.	2601 WOODLAWN ROAD STERLING, IL 61081

(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) COMPLETE DATE
Z9999	Continued From page 15 (A)	Z9999		