

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6008882	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 10/22/2019
--	--	--	---

NAME OF PROVIDER OR SUPPLIER PARENTS & FRIENDS OF THE SLC	STREET ADDRESS, CITY, STATE, ZIP CODE 1450 CASEYVILLE AVENUE SWANSEA, IL 62226
---	--

(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	<p>COMMENTS</p> <p>ANNUAL LICENSURE</p> <p>INSPECTION OF CARE</p> <p>Statement of Licensure Violations</p>	Z 000		
Z9999	<p>FINDINGS</p> <p>Licensure 1 of 2 350.1060e) 350.1210 350.1220j) 350.1230b)7) 350.1230d)1) 350.1230d)2) 350.3240a</p> <p>Section 350.1060 Training and Habilitation Services e) An appropriate, effective and individualized program that manages residents' behaviors shall be developed and implemented for residents with aggressive or self-abusive behavior. Adequate, properly trained and supervised staff shall be available to administer these programs.</p> <p>Section 350.1210 Health Services The facility shall provide all services necessary to maintain each resident in good physical health. These services include, but are not limited to, the following:</p> <p>Section 350.1220 Physician Services j) The facility shall notify the resident's physician of any accident, injury, or change in a resident's condition that threatens the health, safety or welfare of a resident, including, but not limited to, the presence of incipient or manifest decubitus</p>	Z9999	<p>Attachment A Statement of Licensure Violations</p>	

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

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6008882	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 10/22/2019
--	--	--	---

NAME OF PROVIDER OR SUPPLIER PARENTS & FRIENDS OF THE SLC	STREET ADDRESS, CITY, STATE, ZIP CODE 1450 CASEYVILLE AVENUE SWANSEA, IL 62226
---	--

(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	<p>Continued From page 1</p> <p>ulcers or a weight loss or gain of five percent or more within a period of 30 days.</p> <p>Section 350.1230 Nursing Services b) Residents shall be provided with nursing services, in accordance with their needs, which shall include, but are not limited to, the following: The DON shall participate in: 7) Modification of the resident care plan, in terms of the resident's daily needs, as needed.</p> <p>d) Direct care personnel shall be trained in, but are not limited to, the following: 1) Detecting signs of illness, dysfunction or maladaptive behavior that warrant medical, nursing or psychosocial intervention. 2) Basic skills required to meet the health needs and problems of the residents.</p> <p>Section 350.3240 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 requirements were not met as evidenced by:</p> <p>Based on record review, observation and interview the Condition of Governing Body is not met when the facility's governing body failed to:</p> <p>1. Immediately update doctor on change in condition, affecting 2 of 5 in the sample and 1 outside the sample. (R4, R5 and R42).</p> <p>2. Immediate intervention/assessment of individual who choked and ensure staff is following diet recommendation, affecting 1 of 1 individuals outside the sample who had the Heimlich performed (R34).</p>	Z9999		
-------	--	-------	--	--

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6008882	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 10/22/2019
--	--	---	---

NAME OF PROVIDER OR SUPPLIER PARENTS & FRIENDS OF THE SLC	STREET ADDRESS, CITY, STATE, ZIP CODE 1450 CASEYVILLE AVENUE SWANSEA, IL 62226
---	--

(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	<p>Continued From page 2</p> <p>3. Thoroughly assess individual, affecting 1 of 1 in the sample with a recent bruise of unknown origin (R4).</p> <p>4. Ensure individuals receive active treatment across all environments. (R4, R6).</p> <p>5. Ensure all programs are documented. (R4, R6, R7, R9, R13).</p> <p>6. Ensure the active treatment programs were monitored by the QIDP (R1, R4, R6, R7, R8, R9, R11, R12, R13, R31).</p> <p>7. Ensure individuals were provided with opportunity of choices in activities (R4, R6, R7, R19, R39, R40, R45, R51, R54, R55).</p> <p>8. Ensure individuals received training consistent with their current IPP (R9).</p> <p>9. Ensure self medication programs are being implemented by nurses as reflected in the IPP (R4, R6, R7).</p> <p>Findings include:</p> <p>1. Policy and Procedure for Client Change of Status dated 11/17/11: "It is the policy of the facility that the physician will be contacted as soon as possible when there is a significant change in the client's condition. Significant changes are defined as a change in clients vitals signs, increase or decrease in behavior even if behavior is documented or tracked, or injury which requires emergency room treatment or treatment by a physician, and any change in clients medical or physical condition."</p>	Z9999		
-------	--	-------	--	--

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6008882	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 10/22/2019
--	--	---	---

NAME OF PROVIDER OR SUPPLIER PARENTS & FRIENDS OF THE SLC	STREET ADDRESS, CITY, STATE, ZIP CODE 1450 CASEYVILLE AVENUE SWANSEA, IL 62226
---	--

(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	<p>Continued From page 3</p> <p>> The Individual Program Plan (IPP) dated 11-29-18, identifies R5 as a 46 year old male who functions within the Mild Range for Individuals with Intellectual Disabilities. R5 has additional diagnosis of bipolar disorder with psychosis, major depressive disorder, anxiety disorder, functional dyspepsia, and autism. R5's communication skills: "R5 can speak in simple sentences, but mostly responds in short phrases." R5's supervision has R5 "independent in bed mobility and transfers." R5's motor skills: "R5's posture is within normal limits His tone is within normal limits to his bilateral upper and lower extremities. His sitting balance is normal to good, and his standing balance is good. He ambulates independently without any assistive devices." R5's activities for daily living: "R5 ascend and descend stairs independently."</p> <p>Medical Certificate of Death for R5 dated 9-6-19: "Cause of death: severe sepsis and bowel perforation with peritonitis."</p> <p>Hospitalist History & Physical dated 9-3-19: "CT (Cat Scan) abdomen/pelvis shows: Sigmoid colon volvulus (Wikipedia definition: loop of intestine twists around itself and the mesentery that supports it, resulting in a bowel obstruction) without pneumatosis coli (Hindawi definition: is a rare condition of the gastrointestinal tract involving extraluminal gas confined within the bowel wall) or portal venous gas (Radiopaedia definition: is the accumulation of gas in the portal vein and its branches). Small amount of free fluid in the pelvis but no intraperitoneal free air. The rectum is collapsed. There is moderate to severe distension of the descending colon and transverse colon.</p> <p>Interview on 9-25-19 at 9:30 AM: E13 (Shift Lead</p>	Z9999		
-------	--	-------	--	--

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6008882	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 10/22/2019
--	--	---	---

NAME OF PROVIDER OR SUPPLIER PARENTS & FRIENDS OF THE SLC	STREET ADDRESS, CITY, STATE, ZIP CODE 1450 CASEYVILLE AVENUE SWANSEA, IL 62226
---	--

(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	<p>Continued From page 4</p> <p>DSP) was asked what is R5's normal daily activity? E13 stated, "R5 is normally walking around, doing karate and sitting on roommates bed." E13 was asked if R5 normally would have been able to answer questions appropriately? E13 stated, "yes." E13 was asked when she first noticed a R5's change in condition. E13 stated, "Saturday (8-31-19)." E13 was asked what R5 was doing? E13 stated, "R5 was in bed all day asleep, full of urine, R5's shirt was yellow and brownish in color from the urine. R5 missed breakfast. R5 got up once and sat on peers bed, but had his head down and didn't respond. I put him in the shower and after he laid in bed all day, R5 didn't eat lunch." E13 was asked if she notified the nurse? E13 stated, "yes, the unnamed nurse kept coming in checking him." E13 was asked how R5 was acting Sunday (9-1-19)? E13 stated, "Same as Saturday. The unnamed nurse came over. I don't think they thought too much of it." E13 was asked how R5 was on Monday (9-2-19)? E13 stated, "I was off Monday." E13 was asked how R5 was on Tuesday (9-3-19)? E13 stated, "I went in his room before breakfast. R5 was in his bed that was full of urine. I tried to get him up and he was real drowsy. I tried to get him out of bed, he sat up leaned over. I gave him a shower. R5 sat at the table didn't do nothing. I tried to feed him, he didn't open his mouth. Unnamed nurse was aware. He got worse by Tuesday. Unnamed nurse told us to lay him down and monitor him. I told the unnamed nurse R5's stomach felt hard and felt a lump."</p> <p>Interview on 9-25-19 at 9:43 AM: E14 (DSP) was asked if he worked on the weekend (8-31-19 or 9-1-19) before R5 was sent to the hospital on 9-3-19? E14 stated, "I was off Saturday and Sunday. Friday (8-30-19) R5 was laying around</p>	Z9999		
-------	---	-------	--	--

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6008882	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 10/22/2019
--	--	---	---

NAME OF PROVIDER OR SUPPLIER PARENTS & FRIENDS OF THE SLC	STREET ADDRESS, CITY, STATE, ZIP CODE 1450 CASEYVILLE AVENUE SWANSEA, IL 62226
---	--

(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	<p>Continued From page 5</p> <p>most of the day. R5 didn't eat breakfast. R5 took his meds and then went and laid down. I was off at 10 AM." E14 was asked how R5 was acting Monday (9-2-19)? E14 stated, "wasn't acting his normal self." E14 was asked how R5 was on Tuesday (9-3-19)? E14 stated, "he didn't come out."</p> <p>Interview on 9-25-19 at 9:45 AM: E15 was asked how R5 was on Monday (9-2-19)? E15 stated, "Dinner time I fed him a little and he didn't eat a lot." E15 was asked how R5 was on Tuesday (9-3-19)? E15 stated, "R5 laid around."</p> <p>In review of the nurses notes, no note place in R5's chart regarding R5's change in condition on 8-30-19, 8-31-19 or 9-1-19. No nurses note in R5's chart to show MD notification on 8-30-19, 8-31-19 or 9-1-19.</p> <p>Nurses note dated 9-3-19 at 8:50 am: "R5 observed lethargic this morning. Not able to hold himself up which is unusual for this resident. Pale in color. R5 is not eating meals reported by staff. Abdomen round and distended. E11(medical director) made aware of change in condition. New order to send R5 to hospital. Family/mom made aware."</p> <p>R5's nurses note dated 9-4-19 at 3:30 pm: "Spoke with family stating client passes away due to sepsis at 2:53 pm. Medical director and administrator made aware." Late entry nurses note placed in chart after facility was notified of R5's death: "9-3-19 8:50 am late entry: several attempts made to E11 (medical director) via mediprocity (encrypted/HIPPA compliant text messaging system) and phone to inquire about sending R5 to hospital. E11 contacted at 8:50 am."</p>	Z9999		
-------	--	-------	--	--

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6008882	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 10/22/2019
--	--	---	---

NAME OF PROVIDER OR SUPPLIER PARENTS & FRIENDS OF THE SLC	STREET ADDRESS, CITY, STATE, ZIP CODE 1450 CASEYVILLE AVENUE SWANSEA, IL 62226
---	--

(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	<p>Continued From page 6</p> <p>Death Report dated 9-4-19: Nothing noted in death report on change in condition from 8-30-19, 8-31-19 or 9-1-19. "On 9-3-19 at 7:55 am staff reported R5 was not eating, couldn't keep his eyes open, had trouble walking straight, he was not himself and his stomach looked big and lumpy. The nurse attempted multiple times to contact the Medical Director (E11) via phone and Mediprocity. At approximately 8:50 AM E11 responded with new orders to transfer R5 to hospital."</p> <p>Interview on 9-24-19 at 11:42 AM: E11 (medical director) was asked if she would expect the nurse to update her immediately on a change in condition with an individual? E11 stated, "yes."</p> <p>Interview on 10-3-19 at 2:42 PM: E25 (LPN) was asked if E11 answers calls back quickly? E25 stated, "yes."</p> <p>Interview on 10-3-19 at 3:39 PM: E1 (Administrator) was asked if E11 (medical director) doesn't answer the phone right away and the nurses feel that the patient needs sent out, what are the nurses suppose to do? E1 stated, "they use their nursing judgement and send them out if they feel they need to go out, then notify the doctor when they call back."</p> <p>Interview on 10-3-19 at 3:39 PM: E25 (LPN) was asked what is she suppose to do if she feels that an individual needs sent out and E11 doesn't answer the phone call right away? E25 stated, "We are to use our nursing judgement and send them out to the emergency room if we think they need to be sent. When E11 calls back we let her know what was going on and that we sent that individual to the emergency room." E25 was</p>	Z9999		
-------	--	-------	--	--

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6008882	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 10/22/2019
--	--	---	---

NAME OF PROVIDER OR SUPPLIER PARENTS & FRIENDS OF THE SLC	STREET ADDRESS, CITY, STATE, ZIP CODE 1450 CASEYVILLE AVENUE SWANSEA, IL 62226
---	--

(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	<p>Continued From page 7</p> <p>asked if E11 was ok with you guys doing that? E25 stated, "Yeah, E11 has never had a problem with that."</p> <p>Interview on 9-26-19 at 10:30 AM: Z2 (MD) was asked if R5 was having symptoms on Saturday (8-31-19), Sunday (9-1-19) and Monday (9-2-19) of lethargy and not eating, should R5 have been sent out sooner and would the outcome have been different for R5? Z2 stated, "yes if R5 had those symptoms, he should have been sent out sooner. I don't know if the outcome would have been different."</p> <p>> The 4-4-19 IPP identifies R4 as a 65 year old male who functions within the Mild Range for Individuals with Intellectual Disabilities.</p> <p>Observation on 9-23-19 at 4:15 PM: R4 sitting in day room at the end of the couch. Blood tinged sputum seen by surveyor on the floor next to where R4 was sitting. R4 stood up and walked into his room where his bed sheets had a large circle of dried blood in the middle. In the bathroom area there was blood tinged sputum and paper towels underneath the sink. Inside the bathroom there was blood tinged sputum around the toilet. R4's beard had blood tinged sputum on beard near bottom lip. DSP made nurse aware. Nurse in room looking at R4.</p> <p>Interview on 9-24-19 at 8:30 AM: E1 (Administrator) was asked what the doctor said about R4's bleeding? "I'm not sure."</p> <p>Nurses note 9-24-19 at 8:50 AM: "MD made aware of nose bleed that occurred on 9-23-19."</p> <p>MD was not made aware of change in condition until surveyor notified facility of medical concerns;</p>	Z9999		
-------	---	-------	--	--

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6008882	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 10/22/2019
--	--	---	---

NAME OF PROVIDER OR SUPPLIER PARENTS & FRIENDS OF THE SLC	STREET ADDRESS, CITY, STATE, ZIP CODE 1450 CASEYVILLE AVENUE SWANSEA, IL 62226
---	--

(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	<p>Continued From page 8</p> <p>then the facility contacted the physician.</p> <p>> The 12-6-19 IPP identifies R42 as a 38 year old female who functions within the Profound Range for Individuals with Intellectual Disabilities.</p> <p>Nurses note dated 9-30-19 at 1:30 PM: "R42 had emesis."</p> <p>Nurses note dated 9-30-19 at 2:35 PM: "R42 had watery orange tinged emesis."</p> <p>Interview on 10-1-19 at 11:15 AM: E28 (Licensed Practical Nurse) was asked, "If a patient on hospice and a change in condition occurs, do you update hospice or doctor?" E28 stated, "hospice." E28 was asked if they updated hospice on any change in condition? E28 stated, "yes." E28 was asked if that update would be in the nurses notes? E28 stated, "yes."</p> <p>No nurses notes identified that facility updated doctor on R42's change in condition.</p> <p>2. The 11-29-19 IPP identifies R34 as a 41 year old male who functions within the Mild Range for Individuals with Intellectual Disabilities. R34 has additional diagnosis of aphasia.</p> <p>Nurses note dated 9-9-19: "DSP (Direct Support Person) called for help. R34 choking on dinner. Heimlich maneuver performs. Food dislodged. R34 continues to attempt to clear his throat. Heimlich maneuver performed again, bread dislodged. R34 alert, breathing, unlabored and no acute signs or symptoms of distress. R34 taken to the emergency room for eval and treat per facility protocol. Doctor aware and power of attorney aware."</p>	Z9999		
-------	---	-------	--	--

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6008882	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 10/22/2019
--	--	---	---

NAME OF PROVIDER OR SUPPLIER PARENTS & FRIENDS OF THE SLC	STREET ADDRESS, CITY, STATE, ZIP CODE 1450 CASEYVILLE AVENUE SWANSEA, IL 62226
---	--

(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	<p>Continued From page 9</p> <p>R34's IPP Nutrition dated 11-29-18: "The Occupational Therapist (OT) recommends that R34 has a mechanical soft diet with foods cut into small pieces. The dietician stated that his regular diet may be appropriate as long as he is supervised."</p> <p>Occupational Therapy Progress/Addendum Note recommendation dated 9-30-19: "Ensure all foods be cut into small pieces."</p> <p>Interview on 9-30-19 at 10:59 AM: E2 (Quality Assurance) was asked if E34 has been evaluated by anyone since his choking from 9-9-19? E2 stated, "OT is going to, but hasn't yet."</p> <p>Interview on 9-30-19 at 4:16 PM: E27 (OT) was asked when did you get notified about R34's choking? E27 stated, "I just found out today."</p> <p>Interview on 10-1-19 at 8:39 AM: E1 was asked if she felt that someone intervened immediately after R34's choking? E1 stated, "Nothing was done immediately, E2 should have called OT after incident immediately."</p> <p>Observation on 10-1-19 at 5:33 PM: R34 was served a whole piece of meat with gravy. R34 did not have assistance of staff to cut up meat. R34 began cutting meat with fingers into bigger than bite size pieces and placed the meat into his mouth. No staff intervened throughout the time he ate his meat.</p> <p>Interview on 10-2-19 at 11:00 AM: E1 was asked what the staff was suppose to do with R34's food? E1 stated, "The staff is to cut up R34's meat for him."</p> <p>3. Note dated 9-20-19: "R4 is not cognitively</p>	Z9999		
-------	---	-------	--	--

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6008882	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 10/22/2019
--	--	---	---

NAME OF PROVIDER OR SUPPLIER PARENTS & FRIENDS OF THE SLC	STREET ADDRESS, CITY, STATE, ZIP CODE 1450 CASEYVILLE AVENUE SWANSEA, IL 62226
---	--

(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	<p>Continued From page 10</p> <p>intact. R4 has a large bruise on the lateral aspect of the right thigh that resembled potentially handprint and was multicolored bruise."</p> <p>Observation on 9-23-19 at 4:15 PM: R4 has a bruise to right upper leg near hip. Bruise is the size of an orange and is purple in color. E12 (DSP) aware.</p> <p>Nurses note dated 9-23-19 at 2:45 PM: "Called to house by DSP stating R4 had fallen. R4 has a 3 cm hematoma to right side of forehead and an abrasion to the top of head." Facility did not note in chart bruise to right hip.</p> <p>Interview on 9-24-19 at 10:00 AM: E9 (ADON) If there is an injury (fall, bruise or injury of unknown origin) what is the protocol for nurses? E9 stated, "they are to do a head to toe assessment, notify doctor and guardian, incident follow up for three days, if head injury they are to do neurochecks for 72 hours, if an injury is noted a nurses note is to be done every shift until healed." E9 was asked how often full body skin checks are done on residents at the facility? E9 stated, "weekly."</p> <p>Nurses note dated 9-24-19 at 9:30 AM: "Purple bruise with yellow discoloration noted to right upper lateral thigh."</p> <p>Interview on 9-24-19 at 10:45 AM: E1 was asked if she would have expected someone during a shower to notice a bruise? E1 stated, "yes."</p> <p>Interview on 9-24-19 at 11:00 AM: E10 (DSP) was asked when was the last time you gave R4 a shower? E10 stated, "Sunday." E10 was asked if he noticed a bruise on R4's right hip during the shower? E10 stated, "I didn't see a bruise on his right hip."</p>	Z9999		
-------	---	-------	--	--

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6008882	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 10/22/2019	
NAME OF PROVIDER OR SUPPLIER PARENTS & FRIENDS OF THE SLC		STREET ADDRESS, CITY, STATE, ZIP CODE 1450 CASEYVILLE AVENUE SWANSEA, IL 62226		
(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	<p>Continued From page 11</p> <p>Interview on 9-24-19 at 2:51 PM: E12 (DSP) was asked what they were suppose to do if they find a bruise on a individual? E12 stated, "report to the nurse and AOD (Administrator on Duty)."</p> <p>Treatment Record dated 09/2019: "Weekly skin checks-Friday 9/20/19: skin W/D/I (wet/dry/intact)." No notation made by facility of bruise to right hip.</p> <p>4. Follow up report undated: "On 7-1-19 at approximately 8:40 AM R4 fell in his bathroom and sustained a laceration to his head."</p> <p>Incident/Injury Report dated 9-9-19: "R4 fell back in chair in dining room striking back of head on floor."</p> <p>Injury Report dated 9-30-19: "Reported by DSP that she found R4 sitting on the floor by the sink in the bathroom. Stated R4 was attempting to get up when she found him. R4 stated he bumped his head."</p> <p>Interview on 10-2-19 at 11:20 AM: E1 was asked if there were interventions in place after falls for R4 on 7-1-19, 9-9-19 or 9-30-19? E1 stated, "no."</p> <p>5. The Facility Policy: Mistreatment of Residents (dated 3/4/14), All allegation of abuse, mistreatment, and/or neglect of a resident are thoroughly and vigorously investigated and, when indicated, reported to the appropriate law enforcement agency. All alleged instances of abuse, mistreatment, and/or neglect are reported to the Administrator or a designed in their absence.</p> <p>Review of R1's IPP (Individual Program Plan) of</p>	Z9999		

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6008882	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 10/22/2019
--	---	---	--

NAME OF PROVIDER OR SUPPLIER PARENTS & FRIENDS OF THE SLC	STREET ADDRESS, CITY, STATE, ZIP CODE 1450 CASEYVILLE AVENUE SWANSEA, IL 62226
--	--

(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	<p>Continued From page 12</p> <p>4/11/19, R1 is a 24 year old ambulatory verbal female who functions in the Mild Range of Intellectual Disability with additional diagnosis of Stroke in Utero, Cerebral Palsy and Severe Anxiety.</p> <p>Interview of the Facility Investigation of 9/7/19, R1 reported to E16 (Administrator on Duty) that E4 (Direct Support Person) yelled at her. Per R1 the occurrence took place on the evening shift of 9/6/19. The Administrator was notified and E4 was removed from duty pending the outcome of the investigation.</p> <p>E2 (Quality Assurance) interviewed E3 (DSP) concerning the alleged incident. E3 stated she did not hear E4 yell or act inappropriate with R1, however E3 did over hear E3 being verbally inappropriate with R2 and R3 on that evening.</p> <p>Review of R2's IPP of 1/31/19, R2 is a verbal non-ambulatory female who functions in the Mild Range of Intellectual Disabilities. R3 is a verbal ambulatory male who also functions in the Mild Range of Intellectual Disabilities occurring to his IPP of 6/13/19.</p> <p>During the investigation, R1 also comment that E4 "don't only yelled at her but also pulled her arm." There is no evidence that nursing assessed R1 for a possible injury.</p> <p>Interview with E1 (Interim Administrator) on 9/23/19, E1 was not informed by E2 concerning an alleged verbal allegation of R2 and R3.</p> <p>6. Safety Precautions policy revised 5/26/2010 documents, "9. All exits, fire alarms, fire extinguishers and fire doors are never to be</p>	Z9999		
-------	---	-------	--	--

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6008882	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 10/22/2019
--	--	---	---

NAME OF PROVIDER OR SUPPLIER PARENTS & FRIENDS OF THE SLC	STREET ADDRESS, CITY, STATE, ZIP CODE 1450 CASEYVILLE AVENUE SWANSEA, IL 62226
---	--

(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	<p>Continued From page 13</p> <p>blocked with equipment, garbage, boxes, etc.:</p> <p>On 9/30/19 at 7:12 AM and at 3:55 PM and again on 10/1/19 at 7:55 AM, House 3 kitchen door was open with an orange safety cone holding it in place and the door to laundry room was open with a wooden wedge holding it open. Both doors have a paper sign hanging that states, "This is a Fire Door-Do Not Block Open."</p> <p>On 10/2/19 at 2:40 PM, E26, Maintenance, was asked if fire doors should be propped open. E26 replied, "No. Fire doors are supposed to be closed-not propped open."</p> <p>7. R9's Individual Program Plan (IPP), dated 3/7/19, identifies R9 as functioning at the Profound Level of Individuals with Intellectual Disabilities. R's IP further documents, Training Plan Page. Priority #5. (R9) will use his knife to cut his food into bite size pieces.</p> <p>On 9/30/19 at 7:15 AM, R9 was served cereal in a bowl, two sausage patties, and toast on a plate. R9 was provided only a spoon to eat with. R9 was observed eating the sausage patties with his fingers without staff intervention or being provided a knife to cut his sausage into bite size pieces.</p> <p>On 9/30/19 at 5:00 PM, R9 was served pulled pork over biscuit, au grantin potatoes, spinach, and fresh orange slices. R9 was noted to have a fork, knife and a spoon however R9 only used his spoon, taking large heaping bites to eat his meal without any verbal prompts from staff to use his knife to cut his food into bite size pieces.</p> <p>R9's Behavior Program Summary, dated 3/19, documents Behavior Problem: (R9) has a diagnosis of Autism and displays anxiety, which</p>	Z9999		
-------	--	-------	--	--

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6008882	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 10/22/2019
--	--	---	---

NAME OF PROVIDER OR SUPPLIER PARENTS & FRIENDS OF THE SLC	STREET ADDRESS, CITY, STATE, ZIP CODE 1450 CASEYVILLE AVENUE SWANSEA, IL 62226
---	--

(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	<p>Continued From page 14</p> <p>can lead to agitation, aggression and attempting to leave the area unsupervised. Operational Definition: Anxiety is defined as rocking in his chair, jumping up and running from his chair and sucking his thumb. Documentation: Staff will document all incidents of anxiety, aggression and leaving the area unsupervised on ABC documentation sheets. Method: 1. Staff should monitor (R9) for signs of anxiety (rocking in his chair, sucking his thumb) and attempt to find out what is making him anxious. Staff will speak to him in a low voice, attempting to comfort him offering him items for that comfort him. (R9) may take himself to his room to calm down on his own and if he does staff should check on him every 30 minutes. 2. If (R9) is unable to lessen his anxiety, and becomes agitated, staff will take him to a quiet area in the house and engage him with a bouncing a ball playing patty cake, building with mega blocks, or any quiet activity.</p> <p>On 9/30/19 at 8:00 AM, R9 was noted in the living area sitting on the couch sucking his right thumb and rocking very hard back and forth nearly hitting his head against the wall behind him. E23, Direct Support Person (DSP) was seated at a desk nearby R9 without providing any intervention to R9's rocking behavior.</p> <p>On 9/30/19 between 8:45 AM and 9:00 AM, R9 again was sitting on the couch in the living area rocking back and forth and right thumb sucking. E23 DSP and E22 DSP, were both present in the living area. E23 changed the television channel however did not provide any intervention for R9's rocking and thumb sucking behavior.</p> <p>On 9/30/19 at 3:00 PM, R9 again was noted seated on the couch in the living area rocking back and forth very hard with his head nearly missing the wall behind him. E6 DSP, was seated</p>	Z9999		
-------	--	-------	--	--

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6008882	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 10/22/2019
--	--	---	---

NAME OF PROVIDER OR SUPPLIER PARENTS & FRIENDS OF THE SLC	STREET ADDRESS, CITY, STATE, ZIP CODE 1450 CASEYVILLE AVENUE SWANSEA, IL 62226
---	--

(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	<p>Continued From page 15</p> <p>at the desk nearby without providing any intervention for R9's rocking behavior.</p> <p>8. R45's IPP (Individual Program Plan) of 11/29/19, R45 is a 47 year old non ambulatory female who functions in the Mild Range of Intellectual Disabilities with Bilateral Blindness and Seizure Disorder.</p> <p>R45's IPP states R45 enjoys being around her peers and she likes to listen to the television and singing. R45 also enjoys playing blocks and legos and going to the gym for group activities. R45 loves to be the center of attention and she enjoys receiving 1:1 attention from staff.</p> <p>Observation on 9/30/19 from 3:30pm-5:00pm, the only activity R45 was given was to hold a baby book.</p> <p>9. R51's IPP (Individual Program Plan) of 1/24/19, R51 is a 56 year old ambulatory non-verbal male who function in the Moderate Range of Intellectual Disabilities.</p> <p>R51's IPP states R51 enjoys participating in the following in-house activities: parties, coloring, kickball, puzzles, blocks, watching television and movies with peers, looking at magazines and sitting outside with peers.</p> <p>Observation on 9/30/19 from 3:30pm-5:00pm, R51 was observed pacing the inside of the facility while holding a magazine. No other activity was offered too R51.</p> <p>10. R54's IPP (Individual Program Plan) of 1/15/19, R51 is a 59 year old non-verbal female who utilizes a wheelwalker.</p>	Z9999		

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6008882	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 10/22/2019	
NAME OF PROVIDER OR SUPPLIER PARENTS & FRIENDS OF THE SLC		STREET ADDRESS, CITY, STATE, ZIP CODE 1450 CASEYVILLE AVENUE SWANSEA, IL 62226		
(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	<p>Continued From page 16</p> <p>R51's IPP states, R51 participates in the following in-activities activities: arts and crafts, coloring, listening to music, watching television and movies with peers, looking at magazines, sitting outside with peers and 1:1 staff socialization.</p> <p>Observation on 9/30/19 between 3:30pm-5:00pm, R51 was observed sitting on the side of the television (unable to see the screen) without no activities provided.</p> <p>11. R55s IPP (Individual Program Plan) of 1/17/19, R55 is a non-ambulatory non-verbal female who functions in the Profound Range of Intellectual Disabilities with additional diagnosis of Cerebral Palsy and Quadriplegia.</p> <p>R55's IPP states R55 enjoys parties, Watching Television with peers, listening to music, puzzles, sitting outside with peers and 1:1 staff attention.</p> <p>Observation on 9/30/19 between 3:30pm-5:00pm, R55 was observed sitting toward the back of the room holding hair brush. No staff interaction except to feed her an afternoon snack.</p> <p>12. Facility Roster undated identifies R39 as an individual who functions within the Profound Range for Individuals with Intellectual Disabilities.</p> <p>Observation on 9-30-19 at 3:40 PM: No active treatment with staff sitting at staff desk.</p> <p>13. The 4-25-19 ISP identifies R40 as a 52 year old male who functions within the Profound Range for Individuals with Intellectual Disabilities.</p> <p>Observation on 9-30-19 at 11:03 AM: R40 sitting at table sleeping.</p>	Z9999		

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6008882	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 10/22/2019
--	--	---	---

NAME OF PROVIDER OR SUPPLIER PARENTS & FRIENDS OF THE SLC	STREET ADDRESS, CITY, STATE, ZIP CODE 1450 CASEYVILLE AVENUE SWANSEA, IL 62226
---	--

(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	<p>Continued From page 17</p> <p>14. An IPP (Individual Program Plan) dated 3/14/19 identifies R6 as 62 year old with diagnoses including Osteoporosis, Hyperlipidemia and Depression who functions at the Moderate Level of Intellectual Disability.</p> <p>R6's IPP documents, "He (R6) currently does not attend a day training program and has at At-Home training program." R6's IPP documents, "At Home Training Goals: Domestic-(R6) will complete 2 domestic chores of his choice, Puzzle Play/Art-(R6) will remain in engaged with an art/puzzle project for 15 minutes and Exercise-(R6) will exercise 10 minutes with needed breaks."</p> <p>On 9/30/19 from 8:15 AM until 9:23 AM, 11:03 AM until 12:10 PM and 3:26 PM until 4:48 PM and again on 10/1/19 from 7:55 AM until 9:07 AM, R6 was pacing around the house and not engaged in an activity.</p> <p>15. An IPP dated 6/16/19 identifies R7 as 69 year old male with diagnoses including Anxiety and Hypertension who functions at the Moderate Level of Intellectual Disability.</p> <p>On 9/30/19 from 8:15 AM until 9:23 AM, 11:03 AM until 12:10 PM and 3:26 PM until 4:48 PM and again on 10/1/19 from 7:55 AM until 9:07 AM, R7 was sitting in a wheel chair in the living room. R7 was not engaged in any activities.</p> <p>16. R19 is identified on (POS) Physician Order Sheets dated 9/19 as a 46 year old female with diagnoses including Diabetes Mellitus.</p> <p>On 9/30/19 from 8:15 AM until 9:23 AM, 11:03 AM until 12:10 PM and 3:26 PM until 4:48 PM</p>	Z9999		
-------	---	-------	--	--

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6008882	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 10/22/2019
--	--	---	---

NAME OF PROVIDER OR SUPPLIER PARENTS & FRIENDS OF THE SLC	STREET ADDRESS, CITY, STATE, ZIP CODE 1450 CASEYVILLE AVENUE SWANSEA, IL 62226
---	--

(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	<p>Continued From page 18</p> <p>and again on 10/1/19 from 7:55 AM until 9:07 AM, R19 was laying in her bed and not engaged in any activity.</p> <p>On 9/30/19 at 11:07 AM, E15, DSP (Direct Support Person) and E30, DSP were in House 3, sitting at a desk in the living area. E30 was asked if there were activities planned for the day. E30 responded, "(I am) not sure-will need to check, usually work in building 7." E15 was asked if there were activities planned for the day. E15 responded, "No. Not really." E15 was asked if there were any activities available. E15 responded there were puzzles, games and coloring books available if residents asked for them.</p> <p>17. Review of the IPP (Individual Program Plan) dated 3/28/19 documents R11 as a 54 year old female who functions in the Moderate Range of Intellectual Disabilities with additional diagnoses of Seizure Disorder, Gastroesophageal Reflux Disease (GERD), Major Depressive Disorder and Anxiety Disorder.</p> <p>R11's IPP identifies the following programs: -Increase her auditory comprehension by answering yes/no questions. -Complete good daily oral hygiene. -Make purchases from the vending machine. -Engage in exercise for approximately 20 minutes. -State the reason for her Seroquel.</p> <p>Record review on 10/1/19; no QIDP (Qualified Intellectual Disabilities Professional) summary notes found after 2/2019.</p> <p>18. The IPP (Individual Program Plan) dated 9/5/19, identifies R12 as a 68 year old female</p>	Z9999		
-------	---	-------	--	--

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6008882	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 10/22/2019
--	--	--	---

NAME OF PROVIDER OR SUPPLIER PARENTS & FRIENDS OF THE SLC	STREET ADDRESS, CITY, STATE, ZIP CODE 1450 CASEYVILLE AVENUE SWANSEA, IL 62226
---	--

(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	<p>Continued From page 19</p> <p>who functions in the Profound Range of Intellectual Disabilities with additional diagnoses of Cerebral Palsy, Dysphasia, Esophageal Reflux, Gastritis, Adynamic Ileus and Constipation.</p> <p>R12's IPP identifies the following programs: -Increase her receptive language by holding her hand out to staff when requested. -Take her medication in applesauce. -Tolerate gum brushing. -Eat 100% of her meal.</p> <p>Record review on 10/1/19; no QIDP summary notes found after 2/2019.</p> <p>19. Review of R13's IPP (Individual Program Plan) of 6/13/19, R13 is a 38 year old verbal ambulatory male who functions in the Mild Range of Intellectual Disabilities with additional diagnosis of Insulin Dependent Diabetes.</p> <p>R13 has the following formal program objectives: Will assess his financial funds before going out on a community outing, Complete his oral hygiene care, Ask for unsalted fries when out in the community.</p> <p>R1 and R13's last monthly reviews by the QIDP (Qualified Intellectual Disabilities Professional) were completed in the month of April 2019.</p> <p>Interview with E1 (Interim Administrator) on 9/30/19, E1 confirmed no monthly reviews have been completed R1 and R13 since April 2019.</p> <p>20. IPP dated 1/24/19, documents R31 functions in the Profound Range of Intellectual Disability with additional diagnosis of Cerebral Palsy, Epilepsy, Cataracts, Scoliosis, Myopia, Mild Mixed Hemiplegia. History of Fibrocystic Breast</p>	Z9999		
-------	--	-------	--	--

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6008882	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 10/22/2019
--	--	--	---

NAME OF PROVIDER OR SUPPLIER PARENTS & FRIENDS OF THE SLC	STREET ADDRESS, CITY, STATE, ZIP CODE 1450 CASEYVILLE AVENUE SWANSEA, IL 62226
---	--

(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	<p>Continued From page 20</p> <p>Disease. Osteoporosis, Gait Disorder, Hypertension. IPP Training Plan documents: Priority 1. Self Medication 2. Nutrition 3.Oral Hygiene 4. Speech Language Stimulation</p> <p>Review of QIDP monthly notes reveals the last monthly QIDP not was completed in February of 2019. No reproducible evidence of monthly QIDP notes for March-September 2019.</p> <p>(B)</p> <p>Licensure 2 of 2</p> <p>350.1210 350.1220j) 350.1230b) 350.3240a</p> <p>Section 350.1210 Health Services The facility shall provide all services necessary to maintain each resident in good physical health. These services include, but are not limited to, the following:</p> <p>Section 350.1220 Physician Services j) The facility shall notify the resident's physician of any accident, injury, or change in a resident's condition that threatens the health, safety or welfare of a resident, including, but not limited to, the presence of incipient or manifest decubitus ulcers or a weight loss or gain of five percent or more within a period of 30 days.</p> <p>Section 350.1230 Nursing Services b) Residents shall be provided with nursing services, in accordance with their needs, which</p>	Z9999		
-------	---	-------	--	--

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6008882	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 10/22/2019
--	--	---	---

NAME OF PROVIDER OR SUPPLIER PARENTS & FRIENDS OF THE SLC	STREET ADDRESS, CITY, STATE, ZIP CODE 1450 CASEYVILLE AVENUE SWANSEA, IL 62226
---	--

(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	<p>Continued From page 21</p> <p>shall include, but are not limited to, the following: The DON shall participate in:</p> <p>Section 350.3240 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)</p> <p>These requirements were not met as evidenced by:</p> <p>Based on observation, interview and record review nursing failed to:</p> <ol style="list-style-type: none"> 1. Immediately update doctor on change in condition, affecting 2 of 5 in the sample and 1 outside the sample who had change in conditions. (R4, R5 and R42). 2. Immediate intervention/assessment of individual who choked and ensure staff is following diet recommendation, affecting 1 of 1 individuals outside the sample who had the Heimlich performed (R34). 3. Thoroughly assess individual, affecting 1 of 1 in the sample with a recent bruise of unknown origin (R4). <p>Findings include:</p> <ol style="list-style-type: none"> 1. Policy and Procedure for Client Change of Status dated 11/17/11: "It is the policy of the facility that the physician will be contacted as soon as possible when there is a significant change in the client's condition. Significant changes are defined as a change in clients vitals signs, increase or decrease in behavior even if behavior is documented or tracked, or injury which requires emergency room treatment or 	Z9999		
-------	---	-------	--	--

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6008882	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 10/22/2019
--	--	---	---

NAME OF PROVIDER OR SUPPLIER PARENTS & FRIENDS OF THE SLC	STREET ADDRESS, CITY, STATE, ZIP CODE 1450 CASEYVILLE AVENUE SWANSEA, IL 62226
---	--

(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	<p>Continued From page 22</p> <p>treatment by a physician, and any change in clients medical or physical condition."</p> <p>> The Individual Program Plan (IPP) dated 11-29-18, identifies R5 as a 46 year old male who functions within the Mild Range for Individuals with Intellectual Disabilities. R5 has additional diagnosis of bipolar disorder with psychosis, major depressive disorder, anxiety disorder, functional dyspepsia, and autism. R5's communication skills: "R5 can speak in simple sentences, but mostly responds in short phrases." R5's supervision has R5 "independent in bed mobility and transfers." R5's motor skills: "R5's posture is within normal limits His tone is within normal limits to his bilateral upper and lower extremities. His sitting balance is normal to good, and his standing balance is good. He ambulates independently without any assistive devices." R5's activities for daily living: "R5 ascend and descend stairs independently."</p> <p>Medical Certificate of Death for R5 dated 9-6-19: "Cause of death: severe sepsis and bowel perforation with peritonitis."</p> <p>Hospitalist History & Physical dated 9-3-19: "CT (Cat Scan) abdomen/pelvis shows: Sigmoid colon volvulus (Wikipedia definition: loop of intestine twists around itself and the mesentery that supports it, resulting in a bowel obstruction) without pneumatosis coli (Hindawi definition: is a rare condition of the gastrointestinal tract involving extraluminal gas confined within the bowel wall) or portal venous gas (Radiopaedia definition: is the accumulation of gas in the portal vein and its branches). Small amount of free fluid in the pelvis but no intraperitoneal free air. The rectum is collapsed. There is moderate to severe distension of the descending colon and</p>	Z9999		
-------	--	-------	--	--

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6008882	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 10/22/2019
--	--	---	---

NAME OF PROVIDER OR SUPPLIER PARENTS & FRIENDS OF THE SLC	STREET ADDRESS, CITY, STATE, ZIP CODE 1450 CASEYVILLE AVENUE SWANSEA, IL 62226
---	--

(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	<p>Continued From page 23</p> <p>transverse colon.</p> <p>Interview on 9-25-19 at 9:30 AM: E13 (Shift Lead DSP) was asked what is R5's normal daily activity? E13 stated, "R5 is normally walking around, doing karate and sitting on roommates bed." E13 was asked if R5 normally would have been able to answer questions appropriately? E13 stated, "yes." E13 was asked when she first noticed a R5's change in condition. E13 stated, "Saturday (8-31-19)." E13 was asked what R5 was doing? E13 stated, "R5 was in bed all day asleep, full of urine, R5's shirt was yellow and brownish in color from the urine. R5 missed breakfast. R5 got up once and sat on peers bed, but had his head down and didn't respond. I put him in the shower and after he laid in bed all day, R5 didn't eat lunch." E13 was asked if she notified the nurse? E13 stated, "yes, the unnamed nurse kept coming in checking him." E13 was asked how R5 was acting Sunday (9-1-19)? E13 stated, "Same as Saturday. The unnamed nurse came over. I don't think they thought too much of it." E13 was asked how R5 was on Monday (9-2-19)? E13 stated, "I was off Monday." E13 was asked how R5 was on Tuesday (9-3-19)? E13 stated, "I went in his room before breakfast. R5 was in his bed that was full of urine. I tried to get him up and he was real drowsy. I tried to get him out of bed, he sat up leaned over. I gave him a shower. R5 sat at the table didn't do nothing. I tried to feed him, he didn't open his mouth. Unnamed nurse was aware. He got worse by Tuesday. Unnamed nurse told us to lay him down and monitor him. I told the unnamed nurse R5's stomach felt hard and felt a lump."</p> <p>Interview on 9-25-19 at 9:43 AM: E14 (DSP) was asked if he worked on the weekend (8-31-19 or</p>	Z9999		
-------	--	-------	--	--

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6008882	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 10/22/2019
--	--	---	---

NAME OF PROVIDER OR SUPPLIER PARENTS & FRIENDS OF THE SLC	STREET ADDRESS, CITY, STATE, ZIP CODE 1450 CASEYVILLE AVENUE SWANSEA, IL 62226
---	--

(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	<p>Continued From page 24</p> <p>9-1-19) before R5 was sent to the hospital on 9-3-19? E14 stated, "I was off Saturday and Sunday. Friday (8-30-19) R5 was laying around most of the day. R5 didn't eat breakfast. R5 took his meds and then went and laid down. I was off at 10 AM." E14 was asked how R5 was acting Monday (9-2-19)? E14 stated, "wasn't acting his normal self." E14 was asked how R5 was on Tuesday (9-3-19)? E14 stated, "he didn't come out."</p> <p>Interview on 9-25-19 at 9:45 AM: E15 was asked how R5 was on Monday (9-2-19)? E15 stated, "Dinner time I fed him a little and he didn't eat a lot." E15 was asked how R5 was on Tuesday (9-3-19)? E15 stated, "R5 laid around."</p> <p>In review of the nurses notes, no note place in R5's chart regarding R5's change in condition on 8-30-19, 8-31-19 or 9-1-19. No nurses note in R5's chart to show MD notification on 8-30-19, 8-31-19 or 9-1-19.</p> <p>Nurses note dated 9-3-19 at 8:50 am: "R5 observed lethargic this morning. Not able to hold himself up which is unusual for this resident. Pale in color. R5 is not eating meals reported by staff. Abdomen round and distended. E11(medical director) made aware of change in condition. New order to send R5 to hospital. Family/mom made aware."</p> <p>R5's nurses note dated 9-4-19 at 3:30 pm: "Spoke with family stating client passes away due to sepsis at 2:53 pm. Medical director and administrator made aware." Late entry nurses note placed in chart after facility was notified of R5's death: "9-3-19 8:50 am late entry: several attempts made to E11 (medical director) via mediprocity (encrypted/HIPPA compliant text</p>	Z9999		
-------	---	-------	--	--

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6008882	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 10/22/2019
--	--	---	---

NAME OF PROVIDER OR SUPPLIER PARENTS & FRIENDS OF THE SLC	STREET ADDRESS, CITY, STATE, ZIP CODE 1450 CASEYVILLE AVENUE SWANSEA, IL 62226
---	--

(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	<p>Continued From page 25</p> <p>messaging system) and phone to inquire about sending R5 to hospital. E11 contacted at 8:50 am."</p> <p>Death Report dated 9-4-19: Nothing noted in death report on change in condition from 8-30-19, 8-31-19 or 9-1-19. "On 9-3-19 at 7:55 am staff reported R5 was not eating, couldn't keep his eyes open, had trouble walking straight, he was not himself and his stomach looked big and lumpy. The nurse attempted multiple times to contact the Medical Director (E11) via phone and Mediprocity. At approximately 8:50 AM E11 responded with new orders to transfer R5 to hospital."</p> <p>Interview on 9-24-19 at 11:42 AM: E11 (medical director) was asked if she would expect the nurse to update her immediately on a change in condition with an individual? E11 stated, "yes."</p> <p>Interview on 10-3-19 at 2:42 PM: E25 (LPN) was asked if E11 answers calls back quickly? E25 stated, "yes."</p> <p>Interview on 10-3-19 at 3:39 PM: E1 (Administrator) was asked if E11 (medical director) doesn't answer the phone right away and the nurses feel that the patient needs sent out, what are the nurses suppose to do? E1 stated, "they use their nursing judgement and send them out if they feel they need to go out, then notify the doctor when they call back."</p> <p>Interview on 10-3-19 at 3:39 PM: E25 (LPN) was asked what is she suppose to do if she feels that an individual needs sent out and E11 doesn't answer the phone call right away? E25 stated, "We are to use our nursing judgement and send them out to the emergency room if we think they</p>	Z9999		
-------	--	-------	--	--

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6008882	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 10/22/2019
--	--	--	---

NAME OF PROVIDER OR SUPPLIER PARENTS & FRIENDS OF THE SLC	STREET ADDRESS, CITY, STATE, ZIP CODE 1450 CASEYVILLE AVENUE SWANSEA, IL 62226
---	--

(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	<p>Continued From page 26</p> <p>need to be sent. When E11 calls back we let her know what was going on and that we sent that individual to the emergency room." E25 was asked if E11 was ok with you guys doing that? E25 stated, "Yeah, E11 has never had a problem with that."</p> <p>Interview on 9-26-19 at 10:30 AM: Z2 (MD) was asked if R5 was having symptoms on Saturday (8-31-19), Sunday (9-1-19) and Monday (9-2-19) of lethargy and not eating, should R5 have been sent out sooner and would the outcome have been different for R5? Z2 stated, "yes if R5 had those symptoms, he should have been sent out sooner. I don't know if the outcome would have been different."</p> <p>> The 4-4-19 IPP identifies R4 as a 65 year old male who functions within the Mild Range for Individuals with Intellectual Disabilities.</p> <p>Observation on 9-23-19 at 4:15 PM: R4 sitting in day room at the end of the couch. Blood tinged sputum seen by surveyor on the floor next to where R4 was sitting. R4 stood up and walked into his room where his bed sheets had a large circle of dried blood in the middle. In the bathroom area there was blood tinged sputum and paper towels underneath the sink. Inside the bathroom there was blood tinged sputum around the toilet. R4's beard had blood tinged sputum on beard near bottom lip. DSP made nurse aware. Nurse in room looking at R4.</p> <p>Interview on 9-24-19 at 8:30 AM: E1 (Administrator) was asked what the doctor said about R4's bleeding? "I'm not sure."</p> <p>Nurses note 9-24-19 at 8:50 AM: "MD made aware of nose bleed that occurred on 9-23-19."</p>	Z9999		
-------	--	-------	--	--

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6008882	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 10/22/2019
--	--	---	---

NAME OF PROVIDER OR SUPPLIER PARENTS & FRIENDS OF THE SLC	STREET ADDRESS, CITY, STATE, ZIP CODE 1450 CASEYVILLE AVENUE SWANSEA, IL 62226
---	--

(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	<p>Continued From page 27</p> <p>MD was not made aware of change in condition until surveyor notified facility of medical concerns; then the facility contacted the physician.</p> <p>> The 12-6-19 IPP identifies R42 as a 38 year old female who functions within the Profound Range for Individuals with Intellectual Disabilities.</p> <p>Nurses note dated 9-30-19 at 1:30 PM: "R42 had emesis."</p> <p>Nurses note dated 9-30-19 at 2:35 PM: "R42 had watery orange tinged emesis."</p> <p>Interview on 10-1-19 at 11:15 AM: E28 (Licensed Practical Nurse) was asked, "If a patient on hospice and a change in condition occurs, do you update hospice or doctor?" E28 stated, "hospice." E28 was asked if they updated hospice on any change in condition? E28 stated, "yes." E28 was asked if that update would be in the nurses notes? E28 stated, "yes."</p> <p>No nurses notes identified that facility updated doctor on R42's change in condition.</p> <p>2. The 11-29-19 IPP identifies R34 as a 41 year old male who functions within the Mild Range for Individuals with Intellectual Disabilities. R34 has additional diagnosis of aphasia.</p> <p>Nurses note dated 9-9-19: "DSP (Direct Support Person) called for help. R34 choking on dinner. Heimlich maneuver performs. Food dislodged. R34 continues to attempt to clear his throat. Heimlich maneuver performed again, bread dislodged. R34 alert, breathing, unlabored and no acute signs or symptoms of distress. R34 taken to the emergency room for eval and treat</p>	Z9999		
-------	---	-------	--	--

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6008882	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 10/22/2019
--	--	---	---

NAME OF PROVIDER OR SUPPLIER PARENTS & FRIENDS OF THE SLC	STREET ADDRESS, CITY, STATE, ZIP CODE 1450 CASEYVILLE AVENUE SWANSEA, IL 62226
---	--

(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	<p>Continued From page 28</p> <p>per facility protocol. Doctor aware and power of attorney aware."</p> <p>R34's IPP Nutrition dated 11-29-18: "The Occupational Therapist (OT) recommends that R34 has a mechanical soft diet with foods cut into small pieces. The dietician stated that his regular diet may be appropriate as long as he is supervised."</p> <p>Occupational Therapy Progress/Addendum Note recommendation dated 9-30-19: "Ensure all foods be cut into small pieces."</p> <p>Interview on 9-30-19 at 10:59 AM: E2 (Quality Assurance) was asked if E34 has been evaluated by anyone since his choking from 9-9-19? E2 stated, "OT is going to, but hasn't yet."</p> <p>Interview on 9-30-19 at 4:16 PM: E27 (OT) was asked when did you get notified about R34's choking? E27 stated, "I just found out today."</p> <p>Interview on 10-1-19 at 8:39 AM: E1 was asked if she felt that someone intervened immediately after R34's choking? E1 stated, "Nothing was done immediately, E2 should have called OT after incident immediately."</p> <p>Observation on 10-1-19 at 5:33 PM: R34 was served a whole piece of meat with gravy. R34 did not have assistance of staff to cut up meat. R34 began cutting meat with fingers into bigger than bite size pieces and placed the meat into his mouth. No staff intervened throughout the time he ate his meat.</p> <p>Interview on 10-2-19 at 11:00 AM: E1 was asked what the staff was suppose to do with R34's food? E1 stated, "The staff is to cut up R34's</p>	Z9999		
-------	---	-------	--	--

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6008882	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 10/22/2019
--	--	--	---

NAME OF PROVIDER OR SUPPLIER PARENTS & FRIENDS OF THE SLC	STREET ADDRESS, CITY, STATE, ZIP CODE 1450 CASEYVILLE AVENUE SWANSEA, IL 62226
---	--

(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	<p>Continued From page 29</p> <p>meat for him."</p> <p>3. Note dated 9-20-19: "R4 is not cognitively intact. R4 has a large bruise on the lateral aspect of the right thigh that resembled potentially handprint and was multicolored bruise."</p> <p>Observation on 9-23-19 at 4:15 PM: R4 has a bruise to right upper leg near hip. Bruise is the size of an orange and is purple in color. E12 (DSP) aware.</p> <p>Nurses note dated 9-23-19 at 2:45 PM: "Called to house by DSP stating R4 had fallen. R4 has a 3 cm hematoma to right side of forehead and an abrasion to the top of head." Facility did not note in chart bruise to right hip.</p> <p>Interview on 9-24-19 at 10:00 AM: E9 (ADON) If there is an injury (fall, bruise or injury of unknown origin) what is the protocol for nurses? E9 stated, "they are to do a head to toe assessment, notify doctor and guardian, incident follow up for three days, if head injury they are to do neurochecks for 72 hours, if an injury is noted a nurses note is to be done every shift until healed." E9 was asked how often full body skin checks are done on residents at the facility? E9 stated, "weekly."</p> <p>Nurses note dated 9-24-19 at 9:30 AM: "Purple bruise with yellow discoloration noted to right upper lateral thigh."</p> <p>Interview on 9-24-19 at 10:45 AM: E1 was asked if she would have expected someone during a shower to notice a bruise? E1 stated, "yes."</p> <p>Interview on 9-24-19 at 11:00 AM: E10 (DSP) was asked when was the last time you gave R4 a shower? E10 stated, "Sunday." E10 was asked</p>	Z9999		

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6008882	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 10/22/2019
--	--	--	---

NAME OF PROVIDER OR SUPPLIER PARENTS & FRIENDS OF THE SLC	STREET ADDRESS, CITY, STATE, ZIP CODE 1450 CASEYVILLE AVENUE SWANSEA, IL 62226
---	--

(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	<p>Continued From page 30</p> <p>if he noticed a bruise on R4's right hip during the shower? E10 stated, "I didn't see a bruise on his right hip."</p> <p>Interview on 9-24-19 at 2:51 PM: E12 (DSP) was asked what they were suppose to do if they find a bruise on a individual? E12 stated, "report to the nurse and AOD (Administrator on Duty)."</p> <p>Treatment Record dated 09/2019: "Weekly skin checks-Friday 9/20/19: skin W/D/I (wet/dry/intact)." No notation made by facility of bruise to right hip.</p> <p>4. Follow up report undated: "On 7-1-19 at approximately 8:40 AM R4 fell in his bathroom and sustained a laceration to his head."</p> <p>Incident/Injury Report dated 9-9-19: "R4 fell back in chair in dining room striking back of head on floor."</p> <p>Injury Report dated 9-30-19: "Reported by DSP that she found R4 sitting on the floor by the sink in the bathroom. Stated R4 was attempting to get up when she found him. R4 stated he bumped his head."</p> <p>Interview on 10-2-19 at 11:20 AM: E1 was asked if there were interventions in place after falls for R4 on 7-1-19, 9-9-19 or 9-30-19? E1 stated, "no." (B)</p>	Z9999		
-------	---	-------	--	--