Illinois Department of Public Health (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY (X1) PROVIDER/SUPPLIER/CLIA STATEMENT OF DEFICIENCIES **IDENTIFICATION NUMBER:** COMPLETED AND PLAN OF CORRECTION A. BUILDING: _ B. WING IL6013932 11/09/2020 STREET ADDRESS, CITY, STATE, ZIP CODE NAME OF PROVIDER OR SUPPLIER **4029 ABERDEEN** ABERDEEN TERRACE **ALTON. IL 62002** SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X5) COMPLETE (X4) ID (EACH CORRECTIVE ACTION SHOULD BE (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX PREFIX CROSS-REFERENCED TO THE APPROPRIATE DATE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG TAG DEFICIENCY) Z 000 Z 000 COMMENTS Annual Health Survey Licensure Findings Z9999 Z9999 FINDINGS Licensure Violations 350.620a 350.1210b)c)d) 350.1220j) 350.1230d)1)2) 350.3240a) Section 350.620 Resident Care Policies The facility shall have written policies and a) procedures governing all services provided by the facility which shall be formulated with the involvement of the administrator. 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 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 Attachment A Statement of Licensure Violations following:

Illinois Department of Public Health

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

Illinois Department of Public Health (X3) DATE SURVEY STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION COMPLETED IDENTIFICATION NUMBER: AND PLAN OF CORRECTION A. BUILDING: __ B. WING IL6013932 11/09/2020 STREET ADDRESS, CITY, STATE, ZIP CODE NAME OF PROVIDER OR SUPPLIER **4029 ABERDEEN** ABERDEEN TERRACE **ALTON, IL 62002** PROVIDER'S PLAN OF CORRECTION (X5) COMPLETE SUMMARY STATEMENT OF DEFICIENCIES (X4) ID (EACH CORRECTIVE ACTION SHOULD BE (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX PRÉFIX CROSS-REFERENCED TO THE APPROPRIATE DATE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG TAG DEFICIENCY) Z9999 **Z99**99 Continued From page 1 Nursing services to provide immediate supervision of the health needs of each resident by a registered professional nurse or a licensed practical nurse, or the equivalent. c) Dental services to provide evaluation, diagnosis, treatment and annual review, including care for dental emergencies, administered by or under the supervision of a dentist licensed in the State to practice dentistry or dental surgery. d) Physical and occupational therapy services for purposes of initiating, monitoring and follow-up of individualized treatment programs rendered by or under the supervision of a physician with special training or experience in the specialty or a physical therapist or an occupational therapist. Section 350.1220 Physician Services 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. Section 350.1230 Nursing Services 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.

Illinois Department of Public Health (X3) DATE SURVEY (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION **IDENTIFICATION NUMBER:** COMPLETED A. BUILDING: _ B. WING IL6013932 11/09/2020 STREET ADDRESS, CITY, STATE, ZIP CODE NAME OF PROVIDER OR SUPPLIER **4029 ABERDEEN** ABERDEEN TERRACE **ALTON, IL 62002** PROVIDER'S PLAN OF CORRECTION SUMMARY STATEMENT OF DEFICIENCIES (X5) COMPLETE (X4) ID PREFIX (EACH CORRECTIVE ACTION SHOULD BE (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX DATE CROSS-REFERENCED TO THE APPROPRIATE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG TAG DEFICIENCY) Z9999 Continued From page 2 Z9999 Basic skills required to meet the health needs and problems of the residents. Section 350.3240 Abuse and Neglect a) An owner, licensee, administrator, employee or agent of a facility shall not abuse or neglect a resident. These Regulations were not met as evidenced Based on record review and interview, nursing failed to ensure: 1. thorough monitoring of weight of 1 of 1 individual outside the sample (R4) who fell below his ideal body weight. 2. An assessment was completed for 1 of 1 individual inside the sample (R2) who had an allegation of abuse. Finding include: 1. The Individual Service Plan (ISP) dated 3/25/20 identifies R4 as a 63 year old male who functions within the Profound Range for Individuals with Intellectual Disabilities. R4's ISP has additional information documented, "R4 has significantly limited verbal ability and is unable to express his basic needs and wants around him. R4 has a history of being underweight."

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Facility Policy W7.02 Nursing Services dated 3/19 documents, "The home shall provide nursing services necessary to meet individuals' needs

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED	
		IL6013932	B. WING		11/0	9/2020
NAME OF	PROVIDER OR SUPPLIER			TATE, ZIP CODE		
ABERDE	EN TERRACE	4029 ABE ALTON, IL				
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Z9999	and to comply with following procedure minor illnesses or in If symptoms worser shall be notified for Facility Investigative 8/27/20 documents by E4 (Registered If fall that caused a ceye. While comple noticed 7 other brui unknown bruises. If medial records revision the statements, report and staff staff had a change in cowithin the last three August being the micondition. They also	ge 3 dicensing standards. 5. The is shall be used to report injuries to the R.N. Trainer: d. in at any point, the R.N. Trainer further instructions/follow-up." Committee Minutes dated, "Synopsis: R4 was assessed Nurse Trainer-RNT) due to a contusion (bruise) to the right ting the assessment E4 ses. Investigation: R4 has 7 Staff was interviewed and ewed. Analysis: Upon review medical reports, the RN-T tement, it appears that R4 has indition starting sometime months with the month of tost noticeable change in so noted that he was not it then eventually not even with	Z9999			
	8/27/20 documents addressed in a time communication bet Intellectual Disabilit E4 to address issue to his bumping into his eyes closed, su loss. Retraining wi issues of concern a with the staff and exprise to August he with the summan of the condition around Augrior to August he with addressed in a time.	s of Unknown Origin dated , "R4 did not have issues ely manner due to poor ween the E2 (Qualified ies Professional -QIDP) and es that may have contributed walls and walking around with ch as depression and weight th E4 and E2 on checking on and improving communication ach other. ith E2 on 8/27/20 E2 noticed a change in R4's ugust 1st. E2 stated that R4 vould eat on his own. After if to assist with eating and then				

Illinois Department of Public Health STATE FORM

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED	
		IL6013932	B. WING		11/0	9/2020
	PROVIDER OR SUPPLIER	STREET ADD 4029 ABE ALTON, IL	RDEEN	TATE, ZIP CODE		
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Z9999	8/27/20 documents and less about 3 m not eating at all. Ramount of weight of Facility Statement, "E2 mentioned to mas loosing weight when I was looking E2 did mention that lot of weight, but it It was not until the realize how big of a Facility Medication dated 7/1/20 documents of the facility Medication dated 8/1/20 documents of the facility Medication dated 9/15/20 documents of the facility Medication dated 9	efusing to eat." Ith E6 (House Manager) on: "R4 just started eating less onths ago, and one month ago 4 has also lost a significant ver the past three months." undated, with E4 documents: ne at the end of July that R4, I evaluated him in August at bruising that was reported. It he looked like he had lost a did not sound extremely bad. Investigation that I started to an issue it was." Administration Record for R4 ments: weight 124 Administration Record for R4 ments: weight 112 Administration Record for R4 ments: weight 102 20 at 2:28 pm: E4 was asked been notified sooner of R4's ated: "Yes, any significant beet to be notified was asked if she was aware ed even more weight from her? E4 stated: "No." ed 3/25/20 identifies R2 as a 70 functions within the Severe als with Intellectual Disabilities. diagnosis of depression and	Z9999			

Illinois Department of Public Health (X3) DATE SURVEY (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION STATEMENT OF DEFICIENCIES COMPLETED AND PLAN OF CORRECTION **IDENTIFICATION NUMBER:** A. BUILDING: _ B. WING_ IL6013932 11/09/2020 STREET ADDRESS, CITY, STATE, ZIP CODE NAME OF PROVIDER OR SUPPLIER **4029 ABERDEEN** ABERDEEN TERRACE **ALTON, IL 62002** PROVIDER'S PLAN OF CORRECTION (X5) COMPLETE SUMMARY STATEMENT OF DEFICIENCIES (X4) ID (EACH CORRECTIVE ACTION SHOULD BE (EACH DEFICIENCY MUST BE PRECEDED BY FULL **PREFIX** PREFIX DATE CROSS-REFERENCED TO THE APPROPRIATE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG TAG **DEFICIENCY**) Z9999 Continued From page 5 Z9999 Facility Investigation dated 9/23/20 documents: "On 9/23/20 at approximately, 8:20 am E7 (DSP) was witnessed hitting R2 in the face while attempting to do vitals." Interview on 10/29/20 9:20 am: E1 (Administrator) was asked if a full body assessment by the nurse was done on R2 after the allegation? E1 stated: "No." 1. The Individual Service Plan (ISP) dated 3/25/20 identifies R4 as a 63 year old male who functions within the Profound Range for Individuals with Intellectual Disabilities. R4's ISP also documents: "R4 has significantly limited verbal ability and is unable to express his basic needs and wants around him. R4 has a history of being underweight." Facility Policy 5.57 Physical Injury and Illness/Individual Medical Emergencies dated 5/19 documents: "Neglect: Failure to provide goods and services necessary to avoid physical harm, mental anguish or mental illness." Facility Policy W7.02 Nursing Services dated 3/19 documents: "The home shall provide nursing services necessary to meet individuals' needs and to comply with licensing standards. 5. The following procedures shall be used to report minor illnesses or injuries to the R.N. Trainer: d. If symptoms worsen at any point, the R.N. Trainer shall be notified for further instructions/follow-up." 1a. Facility Investigative Committee Minutes dated 8/27/20 documents: "Synopsis: R4 was assessed by E4 (Registered Nurse Trainer-RNT) due to a fall that caused a contusion (bruise) to

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the right eye. While completing the assessment

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED	
AND PERIOD CONTRACTOR			A. BUILDING.			
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	E4 noticed 7 other 7 unknown bruises medial records reviof the statements, report and staff stated a change in cowithin the last three August being the mondition. They als feeding himself and staff."	bruises. Investigation: R4 has Staff was interviewed and ewed. Analysis: Upon review medical reports, the RN-T tement, it appears that R4 has ndition starting sometime months with the month of lost noticeable change in so noted that he was not dithen eventually not even with				
	on 8/27/20 by E2) of change in R4's con- stated that prior to own. After that he	n Interview (signed and dated documents: "she noticed a dition around August 1st. E2 August, R4 would eat on his needed staff to assist with entually he was refusing to				
	on 8/27/20 by E6-F "R4 just started ea months ago, and o	on Interview (signed and dated douse Manager) documents: ting less and less about 3 one month ago not eating at all. significant amount of weight months."				
	"E2 mentioned to r was loosing weigh when I was looking E2 did mention that lot of weight, but it	undated, with E4 documents: me at the end of July that R4 t, I evaluated him in August g at bruising that was reported. It he looked like he had lost a did not sound extremely bad investigation that I started to an issue it was."				
:	if she should have	/20 at 2:28 pm: E4 was asked been notified sooner of R4's tated: "Yes, any significant	,			

Illinois Department of Public Health		Health	(YO) MULTIPLE	CONSTRUCTION	(X3) DATE SURVEY	
STATEMENT OF DEFICIENCIES (X1) AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION		COMPLETED	
AND PLANOF CORRECTION		A. BUILDING:				
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	immediately." E4 v	was asked if she was aware				
	that R4 had droppe	ed even more weight from				
	August to Septemb	per? E4 stated: "No."				
	Casility Banartable	dated 8/27/20 documents: "R4				
	did not have issues	s addressed in a timely manner				
	due to poor commi	unication between E2				1
	(Qualified Intellecti	ual Disabilities Professional				
	-QIDP) and E4 to a	address issues that may have				
	contributed to his eve	oumping into walls and walking es closed, such as depression				
	and weight loss. F	Retraining with E4 and E2 on				
	checking on issues	s of concern and improving				
	communication wit	th the staff and each other."				
	On 10/29/20 at 9:20 am E1 (Administrator) was					
8	asked for proof of the retraining and E1 stated: "I					
	haven't done it yet					
	4h Facility Overte	erly Nutritional Progress				
	Notation dated 8/3	3/20 documents: "R4 Ideal				
	Weight Range 125-148. Recommendations: by					
	mouth intake grea	ter than 75 percent, monitor				
	weight, labs and a	ppetite."				
	Facility Medication	Administration Record for R4				
	dated 7/1/20 docu	ments; weight 124				
	Facility Medication	Administration Record for R4				
	dated 8/1/20 docu	ments: weight 112				
	Facility Medication	Administration Record for R4				
	dated 9/15/20 doc	uments: weight 102				
	Intake Record for	R4: Missing Meal Intake Data				
	or 93 meals in Au	igust, 35 meals in September,				
	ou means in Octor					
0.00	Interview on 10/28	3/20 at 2:49 pm: Z1 (Dietician)				
	was asked should	I the staff at the facility have be	1			

Illinois Department of Public Health (X3) DATE SURVEY (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION STATEMENT OF DEFICIENCIES COMPLETED AND PLAN OF CORRECTION **IDENTIFICATION NUMBER:** A. BUILDING: _ B. WING IL6013932 11/09/2020 STREET ADDRESS, CITY, STATE, ZIP CODE NAME OF PROVIDER OR SUPPLIER **4029 ABERDEEN** ABERDEEN TERRACE **ALTON. IL 62002** SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X5) COMPLETE (X4) ID (EACH CORRECTIVE ACTION SHOULD BE (EACH DEFICIENCY MUST BE PRECEDED BY FULL **PREFIX** PREFIX CROSS-REFERENCED TO THE APPROPRIATE DATE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG TAG DEFICIENCY) Z9999 Z9999 Continued From page 8 documenting R4's meal intakes. Z1 stated, "Yes." Interview on 10/29/20 at 9:00 am: E2 (QIDP) was asked if she looks at weights when she does her monthly QIDP notes? E2 stated: "Yes." E2 was asked when the last note was done for R4? E2 stated: "1/20." E2 was asked if the QIDP notes would have been done on time would R4's weight loss been caught quicker? E2 stated: "Yes." 1c. Facility Investigate Committee Minutes dated 8/27/20 documents: "8/14/20 R4 followed up with physician for ER visit and weight loss. With concerns to weight loss lab work was ordered, order for ensure at every meal or in between meals." Observation of lunch on 10/28/20 at 12:18 pm: R4 two ground sandwich, one puree cookie and one helping of fruit and a cup of tea. Observation of breakfast on 10/29/20 at 7:00 am: R4 received cheerios in milk, a scoop of sausage and a scoop of waffles, apple juice and 2% milk. Interview on 10/28/20 at 2:53 pm: Z2 (Physician Nurse) was asked when R4 was seen? Z2 stated: "9/18/20. Z2 was asked what R4 was seen for? Z2 stated: "ER follow up." Z2 was asked what R4 was diagnosed with? Z2 stated: "Urinary Tract Infection and weight loss." Z2 was asked if there were any diet orders given? Z2 stated: "Double portions with each meal, power pudding with each meal and ensure with each meal." 2. Facility ISP dated 3/25/20 identifies R2 as a 70 year old male who functions within the Severe Range for Individuals with Intellectual Disabilities.

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R2 has additional diagnosis of depression and

FORM APPROVED Illinois Department of Public Health STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY COMPLETED AND PLAN OF CORRECTION IDENTIFICATION NUMBER: A. BUILDING: _ B WING 11/09/2020 IL6013932 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE **4029 ABERDEEN** ABERDEEN TERRACE **ALTON. 1L 62002** SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X5)(X4) ID (EACH DEFICIENCY MUST BE PRECEDED BY FULL (EACH CORRECTIVE ACTION SHOULD BE COMPLETE **PREFIX** PRÉFIX CROSS-REFERENCED TO THE APPROPRIATE DATE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG TAG DEFICIENCY) Continued From page 9 Z9999 Z9999 organic personality disorder. Facility Roster undated identifies R1 and R3 as a individual who functions within the Mild Range for Individuals with Intellectual Disabilities. Facility Investigation dated 9/23/20 documents: "On 9/23/20 at approximately, 8:20 am E7 (DSP) witnessed E3 (DSP) and R2 throwing the blood pressure cuff back and forth and E3 said to R2: "You need to take your vitals and eat your breakfast. You need to get your butt up." R2 attempted to get up and E7 pushed R2 down twice. After that, E7 moved the chair that R2 was sitting in to face the kitchen table and E7 picked up the back of the chair, forcing R2 to stand up. R2 then walked to the kitchen table and sat down and E7 went to take another client to the bathroom. A few momments after R2 started crying and E3 asked R2 if he was ok and R2 kept motioning that he was hit. R2 then said E7 hit him. E3 then called E1 (Administrator) and reported the incident. E7 was terminated. All staff were to be inserviced on how to report abuse and neglect and all staff were to be inserviced on all policies regarding abuse and neglect including who to call and how to report incidents." Interview on 10/29/20 9:20 am: E1 was asked if a full body assessment by the nurse was done on R2 after the abuse allegation? E1 stated: "No." E1 was asked if the retraining was done? E1 stated: "No, I haven't done it yet." R1 received the following medication at 6:00am medication pass on 10/29/20: Fiber-Lax 625mg,

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1 tablet by mouth once daily taken with 8 ounces of fluid, Furosemide 40mg daily, Sertraline 10mg daily, Vitamin D one capsule once weekly on

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA		(X2) MULTIPLE CONSTRUCTION		(X3) DATE SURVEY COMPLETED		
AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		A. BUILDING:		COMPL	EICU	
		IL6013932	B. WING		11/09	9/2020
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Z9999	Continued From pa	ge 10	Z9999			
	600mg, Reglan 10n KLor0Con 10mg, F Depakote 500mg a Observation of med	10mg once daily, Calcium mg, Prilosecn 40mg, lexeril 5mg, Depakote 125mg, and Ensure Max 3 times a day. dication pass on 10/29/20, R1				
	Person) was not ob ounces of fluids wit	nedication. E5 (Direct Support oserved to give R1 eight h his Fiber-Lax 625mg.				
:	3/25/20 identifies R functions within the	Service Plan (ISP) dated 84 as a 63 year old male who 9 Profound Range for ellectual Disabilities.				
	8/27/20 documents physician for ER vis concerns to weight	Committee Minutes dated s: "8/14/20 R4 followed up with sit and weight loss. With loss lab work was ordered, every meal or in between				
24	Nurse) was asked v "9/18/20. Z2 was a Z2 stated, "ER follo R4 was diagnosed Infection and weigh were any diet order	20 at 2:53 pm: Z2 (Physician when R4 was seen. Z2 stated, asked what R4 was seen for. ow up." Z2 was asked what with. Z2 stated, "Urinary Tract at loss." Z2 was asked if there are given. Z2 stated, "Double meal, power pudding with each with each meal."		**************************************		
		ation Report dated 8/19/20 re/other meal supplement with meals."				
	ground sandwich, of helping of fruit and	/20 at 12:18 pm: R4 two one puree cookie and one a cup of tea. Double portions as ordered. Ensure				

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Illinois Department of Public Health (X3) DATE SURVEY (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION **IDENTIFICATION NUMBER:** COMPLETED A. BUILDING: ___ B. WING 11/09/2020 IL6013932 STREET ADDRESS, CITY, STATE, ZIP CODE NAME OF PROVIDER OR SUPPLIER **4029 ABERDEEN ABERDEEN TERRACE ALTON, IL 62002** SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X5) COMPLETE (X4) ID PREFIX (EACH CORRECTIVE ACTION SHOULD BE (EACH DEFICIENCY MUST BE PRECEDED BY FULL **PREFIX** DATE CROSS-REFERENCED TO THE APPROPRIATE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG TAG DEFICIENCY) Z9999 Continued From page 11 Z9999 suppliment was not given as ordered. Observation on 10/29/20 at 7:00 am: R4 received cheerios in milk, a scoop of sausage and a scoop of waffles, apple juice and 2% milk. Double portions were not provided as ordered. Ensure suppliment was not given as ordered. Interview on 10/28/20 at 2:16 pm: E3 was asked what individuals received ensure? E3 stated: "R1." E3 was asked if R2, R3 or R4 receives ensure? E3 stated: "No." (B)

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