

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6011647	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 11/25/2014
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NAME OF PROVIDER OR SUPPLIER HOMESTEAD HOUSE	STREET ADDRESS, CITY, STATE, ZIP CODE 905 NORTH JEFFERSON WEST FRANKFORT, IL 62896
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Z9999	<p>FINDINGS</p> <p>Statement of Licensure Findings:</p> <p>350.620a) 350.1060e) 350.1060h) 350.1060j) 350.1210 350.1220m) 350.3240a) 350.3240b) 350.3240c) 350.3240d) 350.3240f)</p> <p>Section 350.620 Resident Care Policies</p> <p>a) The facility shall have written policies and procedures governing all services provided by the facility which shall be formulated with the involvement of the administrator. 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.</p> <p>Section 350.1060 Training and Habilitation Services</p> <p>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</p>	Z9999		

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

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Z9999	<p>Continued From page 1</p> <p>supervised staff shall be available to administer these programs.</p> <p>h) There shall be available sufficient, appropriately qualified training and habilitation personnel, and necessary supporting staff, to carry out the training and habilitation program. Supervision of delivery of training and habilitation services shall be the responsibility of a person who is a Qualified Mental Retardation Professional.</p> <p>j) Appropriate records shall be maintained for each resident functioning in these programs. These shall show appropriateness of the program for the individual, resident's response to the program and any other pertinent observations and shall become a part of the resident's record.</p> <p>Section 350.1210 Health Services</p> <p>The facility shall provide all services necessary to maintain each resident in good physical health.</p> <p>Section 350.1220 Physician Services</p> <p>m) A resident who becomes unmanageable shall promptly be examined by a physician or a psychiatrist. A psychologist and members of other appropriate professional disciplines should be consulted, as necessary.</p> <p>Section 350.3240 Abuse and Neglect</p>	Z9999		

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Z9999	<p>Continued From page 2</p> <p>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>b) A facility employee or agent who becomes aware of abuse or neglect of a resident shall immediately report the matter to the facility administrator. (Section 3-610 of the Act)</p> <p>c) A facility administrator who becomes aware of abuse or neglect of a resident shall immediately report the matter by telephone and in writing to the resident's representative. (Section 3-610 of the Act)</p> <p>d) A facility administrator, employee, or agent who becomes aware of abuse or neglect of a resident shall also report the matter to the Department. (Section 3-610 of the Act)</p> <p>f) Resident as perpetrator of abuse. When an investigation of a report of suspected abuse of a resident indicates, based upon credible evidence, that another resident of the long-term care facility is the perpetrator of the abuse, that resident's condition shall be immediately evaluated to determine the most suitable therapy and placement for the resident, considering the safety of that resident as well as the safety of other residents and employees of the facility. (Section 3-612 of the Act)</p> <p>These Regulations were not met as evidenced by:</p> <p>Based on interview and record review the facility</p>	Z9999		

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Z9999	<p>Continued From page 3</p> <p>failed to ensure the rights of all individuals when they failed to ensure that 5 of 5 (R3, R4, and R6-R8) individuals are not subject to peer to peer aggression/abuse from R5, R6, R7, R9 and R10 as evidenced by the facilities failure to:</p> <ul style="list-style-type: none"> *Ensure all incidents of peer to peer aggression are thoroughly investigated with corrective action taken to prevent future potential occurrences. * Review and revise R5, R6, R7, R9, and R10's behavior programs as appropriate based on their continued incidents of physical aggression. * Ensure all staff of the facility are trained and demonstrate ability to implement the behavior plans for individuals who are physically aggressing upon their peers. * Report all incidents of aggression to the guardians and to Illinois Department of Public Health. * Provide reproducible documentation that the Human Rights Committee was aware of incidents of peer to peer aggression/abuse and had the opportunity to review restrictive practices and make recommendations as necessary. *Provide necessary monitoring and supervision to prevent peer to peer aggression/abuse. <p>Findings Include:</p> <p>Review of the facility resident roster (not dated) documents R5, R8, and R10 function at a Mild Level of Intellectual Disability. R3 and R9 function at a Moderate Level of Intellectual Disability. R4, R6, and R7 function at a Severe Level of</p>	Z9999		

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Z9999	<p>Continued From page 4</p> <p>Intellectual Disability.</p> <p>During the entrance conference interview on 11/05/14 at 9:50 AM, E1 (Resident Services Director-RSD) stated the facility had not had any allegations of abuse or neglect since the last annual survey and the only restrictions that were in place was video cameras in the common areas of the facility.</p> <p>During interview on 11/05/14 starting at 3:30 PM, R8 stated her roommate (R9) hit her and she was afraid of R9 at times. When asked if she had made the staff aware of R9 hitting her and that R8 was afraid of R9. R8 stated, "Yes, I told E10 (Direct Support Person-DSP). I also told her I wanted a different roommate."</p> <p>During interview on 11/05/14 at 4:00 PM, E10 (DSP) stated she was not aware of R9 hitting R8. E10 stated she was aware that they argued but it had not gotten physical as far as she knew. It would be documented in the Universal Notes or on an Incident report if anyone had a physical altercation/aggression towards a peer.</p> <p>During interview on 11/05/14 at 4:30 PM, E1 (RSD) stated she was not aware of R9 hitting R8. E1 stated if there was no contact made between the two individuals that the staff may not document a verbal disagreement. E1 also stated she was not aware peer to peer physical aggression had to be reported or investigated.</p> <p>During interview on 11/06/14 at 9:20 AM, E11 (DSP) stated if there was a physical aggression or self injurious behavior by one of the individuals residing at the facility it would be charted in the Universal Note as...See Incident Report. When asked if R9 had hit R8, E11 stated, "They may not</p>	Z9999		

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Z9999	<p>Continued From page 5</p> <p>get along but I have never seen any physical aggression from either one. R9 targets staff not her peers." E11 continued to say R6 grabs arms and pinches people while biting his own arm.</p> <p>During interview on 11/06/14, E1 (RSD) stated the peer to peer incidents would be documented in the Universal Notes and on an incident report. When asked for the incidents of peer to peer aggression/abuse E1 stated she would have to call E6 (Qualified Intellectual Disability Professional) to see if he had them. When asked if they kept copies of the incidents at the facility E1 stated, "Not always."</p> <p>Review of the facility incident reports of peer to peer aggression/abuse document the following incidents:</p> <p>* 7/18/14 R5 pushed R7 towards the swing. Staff was able to separate R5 and R7 with seven verbal prompts. The incident report does not document that the guardians was notified.</p> <p>* 8/2/14 R5 grabbed R7's arm and pulled R7 back to her room. The incident report does not document that the guardians was notified. The incident report does not document that the guardians was notified.</p> <p>* 8/2/14 R5 pushed R7 into the living room and would not let her up for over 15-20 minutes. The incident report does not document that the guardians was notified.</p> <p>* 8/25/14 R5 pushed R7 out of the doorway of the bathroom using both open hands causing R7 to fall to the floor. The incident report does not</p>	Z9999		

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Z9999	<p>Continued From page 6</p> <p>document that the guardians was notified.</p> <p>* 9/6/14 R5 was witnessed by staff slapping R6 with an open hand in R6's temple. The incident report does not document that the guardian was notified.</p> <p>* 9/6/14 R5 guided R7 to her bedroom and pushed R7 onto her bed and held R7 there with her arms above her head. The incident report does not document that the guardian was notified.</p> <p>* 9/17/14 R5 pushed R6 into R7 causing R7 to fall into the grill.</p> <p>* 9/22/14 R5 was observed by staff straddling R6 and hitting him on the left side of his head with a tennis shoe. The incident report does not document that the guardian was notified.</p> <p>* 10/7/14 R5 slapped R6 on the cheek</p> <p>* 9/22/14 R6 grabbed R4's left arm pinching and squeezing with a force times four. Staff times three was able to use CPI (Crisis Prevention Intervention) techniques to assist R6 to his room to calm down.</p> <p>* 10/29/14 R6 grabbed R1's left arm and left a one centimeter bruise.</p> <p>* 8/3/14 R7 put both hands around R8's neck and choked her. Staff was able to get between R7 and R8 with four verbal prompts.</p> <p>* 8/13/14 R9 slapped R8's right leg with an open hand three times then pinched R8's right leg.</p> <p>* 7/20/14 R10 hit R3 causing R3's left eye to swell and bruise.</p>	Z9999		

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Z9999	<p>Continued From page 7</p> <p>Review of the universal notes for R5, R7, and R9 does not document the guardians were notified of any of the incidents.</p> <p>During interview on 11/13/14 at 8:50 AM, E1 (Resident Services Director) stated it should be documented on the incident report or in the universal notes when the guardians are notified. When showed that the incident reports and universal notes did not document guardian notification. E1 stated, "Anytime we have an incident they are supposed to contact the RSD, Administrator, nurse, and the guardian if they have one. When asked if R5, R7, and R9 had guardians E1 confirmed they did. When asked whose responsibility it was to ensure the guardians were notified of incidents E1 stated, "Probably mine, I am thinking they contacted them. Whether they documented it or not, I don't know."</p> <p>E1 stated the following on 11/06/14 at 1:47 PM when asked about individual incident reports of peer to peer aggression/abuse:</p> <p>Incident report dated 8/2/14 documents R5 held R7 in a chair in the living room for 15-20 minutes. "I can't see staff letting him physically hold her down for 15-20 minutes. I think he was standing in front of R7 not holding her. They (DSP-Direct Support Person) should have been more specific. Yes, we go through and review the incident reports and then they get sent to E6 (QIDP-Qualified Intellectual Disability Professional) for him to review."</p> <p>Incident report dated 9/6/14 when R5 held R7 on her bed with her arms held above her head. What actions did the staff/facility take. "I don't know, it</p>	Z9999		
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Z9999	<p>Continued From page 8</p> <p>should be in the Universal Note."</p> <p>There was no documentation found related to the incident report dated 9/6/14 in R5's Universal Note.</p> <p>During interview on 11/06/14 At 3:05 PM, R9 stated she was afraid of R5 at times.</p> <p>During interview on 11/06/14 at 3:06 PM, R8 stated, "R5's the one I am really scared of. Sometimes R6 but you just never know how R5 is going to react."</p> <p>During interview on 11/06/14 at 3:07 PM, R11 stated she was afraid of R5 and R6.</p> <p>What safeguards were put into place after the incident on 8/3/14 when R7 choked R8? "R7 went to the hospital for evaluation the same day as the incident." R7 choked R8 on 8/3/14 per the incident report. R7's Universal Notes document she was evaluated and admitted to the hospital on 9/6/14. A month after the choking incident. "We just tried to address it through R7's behavior plan."</p> <p>Review of R7's Universal Notes document; "9/7/14 late entry for 9/6/14. This writer was contacted at approx (approximately) 11:00 AM by E5 (Direct Support Person-DSP) that R7 had not been to bed the night before and had been walking the hallway yelling and swearing at peers. R7 had also attempted to go after random residents swinging her fist and wallet at them...R7 was physically aggressive toward staff hitting them in the head with her wallet and attempting to swing at them...R7 was transferred to the local hospital emergency room for evaluation. R7 was</p>	Z9999		

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Z9999	<p>Continued From page 9</p> <p>admitted to a local psychiatric hospital on 9/9/14 at 11:30 AM from the local hospital."</p> <p>After the incident on 7/20/14 when R10 hit R3 what did the facility do to ensure the safety of R3. "We just talked with them both."</p> <p>Did the facility put anything in place to ensure the safety of the individuals who were aggressed upon by R5. "R5 was referred to SST (Support Services Team) on 7/7/14."</p> <p>Incident reports document R5's first peer to peer was on 7/18/14 after the facility referred R5 to SST. There is no reproducible evidence of any changes that were made to R5's Behavior Plan after the incidents of peer to peer aggression.</p> <p>1) Review of R5's behavior plan dated 8/21/14 documents:</p> <p>"Maladaptive Behaviors: Refusal to comply with reasonable request. R5 will refuse Personal Care: Shower, shave, changing dirty clothes, deodorant usage. Refusals will elevate which leads to verbal and physical aggression. Cursing hitting grabbing, and taking items away. R5 will attempt to assist staff with redirection of peers during behavioral incidents (i.e. grabbing resident taking to room, shutting door) Leaving the facility with out authorization. R5 has a history of not being easily redirected, he will laugh and continue behaviors at times."</p> <p>Antecedent Conditions: R5 exhibits non compliance which leads to verbal and physical aggression at times when being redirected for the following: 1) ordering peers, 2) refusing ADL's (Activities of daily living), 3) Elopement from the facility when he becomes angry."</p>	Z9999		
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Z9999	<p>Continued From page 10</p> <p>The behavior plan dated 8/21/14 documents under "Behavior Development Techniques: 6. When R5 displays Verbal/Physical aggression staff shall verbally attempt to redirect. If R5 does not comply after being verbally prompted x (times) 3, staff shall intervene using Physical Guidance as the last resort. The least amount of physical guidance as necessary is to be utilized to prevent injury to himself or others utilizing Homestead's House's Physical Guidance Procedure. If R5 is easily redirected staff will provide one on one as to the inappropriateness of his behavior. It shall be explained to R5 that it is not appropriate to order other peers; refuse ADL's or not to comply with a reasonable request."</p> <p>R5's Behavior Data sheets document incidents of physical aggression on 7/27/14, 7/30/14, 8/1/14, 8/8/14, and 8/22/14. There are no documented incidents of physical aggression for September 2014.</p> <p>Review of the Qualified Intellectual Disabilities Professional monthly notes document two incidents of peer to peer aggression with no injuries noted in July 2014. Three peer to peer incidents in August 2014 with no injuries noted, and five peer to peer incidents in September 2014 with no injuries noted.</p> <p>The incident reports reviewed document one peer to peer incident with R5 as the aggressor in July 2014, three in August, four in September and one in October.</p> <p>R5's Behavior Data sheets document no incidents of physical aggression in 9/2014. R5's QIDP monthly notes document five peer to peer incidents in 9/2014. The facility incident reports</p>	Z9999		
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Z9999	<p>Continued From page 11</p> <p>document four peer to peer incidents in 9/2014.</p> <p>R5's QIDP monthly notes document two peer to peer incidents in 7/2014 with only one incident report for 7/2014.</p> <p>R5's Universal Notes document the following:</p> <p>"8/2/14 8:15 PM See incident report." "8/25/14 4:30 PM See incident report." "9/22/14 3:45 PM See incident report." There was no further documentation in R5's Universal notes related to the incidents of peer to peer aggression/abuse. The facility did not have reproducible evidence the behavior program was reviewed or updated to address the peer to peer aggression R5 was exhibiting.</p> <p>2) Review of R6's behavior plan dated 1/23/14 documents:</p> <p>"Description and Rational Target behavior: Frustration Intolerance- Self injurious behavior (SIB) biting self on the wrist or hand; grabbing, pinching others when seeking attention or while being redirected from SIB; Physical aggression placing his arm around others and squeezing.</p> <p>Adaptive Behavior Technique 4. If the behavior escalates to physical aggression, staff will ask him to stop and redirect R6 to a quiet area (or others away from immediate area of harm if more appropriate). R6 will be reminded of the consequences of harming himself or others. If necessary use the least amount of CPI techniques needed and release as soon as possible. After R6 calms, redirect him to an activity and monitor for any recurrences. If physical guidance is required a behavior incident</p>	Z9999		

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Z9999	<p>Continued From page 12 report must be filled out."</p> <p>Review of R6's Behavior Data Sheets document 15 incidents of physical aggression in July 2014, 11 incidents in August, and two in September.</p> <p>Review of the QIDP monthly notes document R6 had two incidents of peer to peer aggression in July 2014, one in August, and two in September.</p> <p>The facility incident reports document R6 had incidents of peer to peer physical aggression/abuse on 9/22/14 and 10/29/14.</p> <p>R6's QIDP monthly notes document two incidents of peer to peer aggression in 7/2014 and 9/2014 and one incident in 8/2014. The facility incident report documents no incidents of peer to peer aggression in 7/2014 and 8/2014 and one incident in 9/2014.</p> <p>R6's Universal notes document; "9/22/14 2:15 PM See incident report." "9/22/14 3:45 PM See incident report." "10/29/14 2:15 PM See incident report."</p> <p>R6's Universal Notes do not document incident reports for the incidents in July or August and the facility did not have reportoducible evidence of incident reports for those incidents.</p> <p>The facility did not have reproducible evidence the behavior program was reviewed or updated to address the peer to peer aggression R6 was exhibiting.</p> <p>Review of R6's Functional Behavior Assessment Results- SST (Support Services Team) recommendations dated 2/2014 document: "Challenging Behaviors: Physical Aggression-</p>	Z9999		

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Z9999	<p>Continued From page 13</p> <p>grabbing, pinching peers, and or staff (typically in the wrist/arm area) choking staff. The results showed the following: Physical Aggression: R6 will engage in this behavior to avoid staff blocking his self-injurious behaviors, and to get food items he wants.</p> <p>Behavioral recommendations: meal time structure and descriptive praise. Under reactive procedures the assessment documents the following interventions for physical aggression: move out of range of hits/blows, avoid touching R6 directly during SIB (self-injurious) behaviors, remind him you will talk to him once he has safe hands in lap, once calm help him get what he wants, or set the timer for when he can get what he wants."</p> <p>3) Review of R7's behavior plan dated 7/17/14 documents:</p> <p>"Behavior Intervention Techniques: 3. If R7 becomes physically aggressive toward staff or peers, staff shall intervene with the least amount of action necessary to prevent injury to herself or others utilizing the facility guidance procedures."</p> <p>Review of R7's Behavior Data sheets document no incidence of physical aggression in July 2014, three incidents in August 2014, and three incidents in September 2014.</p> <p>Review of the QIDP monthly notes document R7 had no incidents in July 2014, four incidents/accidents in August 2014, and four incidents in September 2014.</p> <p>The facility incident reports document one incident of peer to peer aggression/abuse by R7 on 8/3/14. There are no other incident reports for August or September 2014.</p>	Z9999		

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Z9999	<p>Continued From page 14</p> <p>Behavior data sheets document six incidents in 8/2014 and 9/2014. The QIDP monthly notes document eight incidents in 8/2014 and 9/2014. The facility incidents reports document one incident in 8/2014 and none in 9/2014.</p> <p>R7's Universal Notes document:</p> <p>"8/2/14 8:15 PM See incident accident report."</p> <p>4) Review of R9's behavior monitoring plan dated 6/6/14 documents:</p> <p>"Maladaptive Behavior: R9 exhibits non compliance which leads to outbursts of verbal and physical aggression (cursing, yelling, hitting, biting, kicking, and threatening staff).</p> <p>Behavior Intervention Techniques: 2. In the event R9 is physically aggressive towards staff (hitting, biting, kicking, etc.) staff will use the CPI (Crisis Prevention Intervention) support stance to block and move out of the way. If she continues to engage they will call TEAM and get help from their fellow staff to transport R9 to a safe area away from all the other individuals to ensure their safety. This is only to be used as a last resort! Once R9 is calm release the hold and move out of the way. If she engages again staff will block and move. 3. If the behavior continues to escalate, call 911 for help."</p> <p>Review of R9's Behavior Data Sheet documents no incidents of physical aggression in July 2014, one incident in August, and none in September.</p> <p>Review of the QIDP monthly notes document R9 was not involved in any incident/accident for the month of July, August, or September 2014.</p>	Z9999		

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Z9999	<p>Continued From page 15</p> <p>Review of the facility incident reports document R9 had an incident of physical aggression towards a peer on 8/13/14.</p> <p>R9's Behavior data sheets document no incidents in 7/2014 and 9/2014. The Behavior data documents one incident in 8/2014. The QIDP monthly notes document no incidents in 7/2014, 8/2014, or 9/2014. The facility incident reports document an incident on 8/13/14.</p> <p>Review of R9's Universal Notes document R9 had incidents of physical aggression toward staff on 8/6/14 and attempted to hit and bite staff on 10/9/14.</p> <p>During interview on 11/06/14 at 1:47 PM when asked if the facility put anything in place after the incident on 8/13/14 when R9 hit R8. E1 (RSD) stated, "Just followed the behavior plan and contacted SST (Support Services Team)."</p> <p>1. Review of the resident roster (not dated) documents R1 functions at a Mild level of Intellectual Disability.</p> <p>Review of the facility incident report dated 10/29/14 documents R1 was sitting in the office when a peer walked in. R1 told the peer to get out of the office and the peer (R6) grabbed R1's left arm leaving a one centimeter bruise.</p> <p>2. Review of the resident roster (not dated) documents R3 functions at a Moderate level of Intellectual Disability.</p> <p>Review of the facility incident report documents on 7/20/14 at 6:00 AM it was noted R3 had a</p>	Z9999		

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Z9999	<p>Continued From page 16</p> <p>"large amount of bruising around his left eye and some edema. R3's left eye was also noted to be very blood shot. When asked what happened R3 stated R10 did it. When asked why, R3 stated because he was mad. When asked why he was mad R3 stated he didn't know." R3 was evaluated by the physician for the injury to his eye.</p> <p>3. Review of the resident roster (not dated) documents R4 functions at a Severe level of Intellectual Disability.</p> <p>Review of the facility incident report dated 9/22/14 documents R4 was sitting in the living room when a peer (R6) was showing signs of physical aggression, grabbed R4's left arm pinched and squeezed it with force times four. There was bruising and a dime size scratch to R4's left arm.</p> <p>4. Review of the resident roster (not dated) documents R5 functions at a Mild level of Intellectual Disability.</p> <p>Review of the facility incident reports document the following incidents involving R5: On 7/18/14 R5 pushed peer (R6) towards the swing. Staff was able to separate the peers with seven verbal prompts and direct the peer to their room. On 8/2/14 R5 was yelling at a peer (R7) staff attempted to redirect R5 without success. R5 grabbed the peers right arm pulling the peer back to their room. There was no apparent injuries. On 8/2/14 R5 told a peer (R7) he was staff and pushed the peer to the living room. R5 would not let the peer up for 15-20 minutes. On 8/25/14 R5 pushed peer (R7) out of doorway of bathroom using both open hands causing the peer to fall to the floor.</p>	Z9999		

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Z9999	<p>Continued From page 17</p> <p>On 9/6/14 R5 slapped peer (R6) with an open hand on the temple area. On 9/6/14 R5 pushed a peer (R6) to their bedroom and onto their bed. R5 held the peer onto the bed with both arms above the peers head. On 9/17/14 R5 pushed one peer (R6) into another causing the second peer (R7) to fall down causing redness to left thigh area and bruising to left wrist. On 9/22/14 R5 was found straddling peer (R6) hitting him in the head with a tennis shoe. Staff was unable to redirect R5 with 6 verbal prompts. On 10/7/14 R5 slapped R6 in the face.</p> <p>5) Review of the facility resident roster (not dated) documents R8 functions at a Mild level of Intellectual Disability, R9 functions at a level of Moderate Intellectual Disability, and R7 functions at a Severe level of Intellectual Disability.</p> <p>Review of the facility incident report on 8/3/14 documents R7 walked up beside R8 in the hallway put both hands around R8's neck and choked her. Staff was able to get between R7 and R8 with four verbal prompts.</p> <p>The facility incident report dated 8/13/14 documents R9 slapped R8 three times then pinched R8's right leg.</p> <p>The facility did not have reproducible documentation that the incident reports involving peer to peer aggression had been reported to Illinois Department of Public Health (IDPH).</p> <p>The facility did not have reproducible documentation the incident reports involving peer to peer aggression had been investigated.</p>	Z9999		
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Z9999	<p>Continued From page 18</p> <p>During interview on 11/05/14 at 4:30 PM E1 (Resident Services Director) stated she was unaware the peer to peer aggression incidents had to be investigated or reported to IDPH.</p> <p>Review of the facility procedure "Response to Abuse and Neglect dated 8/20/08 documents; "Abuse as any physical injury, sexual abuse, or mental injury inflicted on an individual other than by accidental means....Neglect: The failure to provide adequate medical or personal care or maintenance, which failure results in physical or mental injury to an individual or in the deterioration or an individual's physical or mental condition.</p> <p>Reporting allegations or (sic) abuse, neglect and death; Facility employees will respond by securing appropriate resources, which may include, but are not limited to, police, emergency medical services, emergency room services, and crisis intervention. If an employee witnesses, is told of, or has reason to believe an incident of abuse or neglect or a death has occurred, the employee shall report the allegation to the Public Health hotline. The employee shall report the allegation immediately, but no later than the time frames specified below. The employee shall be deemed the required reporter.</p> <p>1. The investigative report to the Illinois Department of Public Health shall contain a narrative summary of the investigation which shall include: a) A recommendation as to whether the findings of the investigation should be substantiated, unsubstantiated, or unfounded; and b) Any actions taken by this agency as a result of the allegation." 2. The RSD shall maintain a local investigative case file containing</p>	Z9999		
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Z9999	<p>Continued From page 19</p> <p>the investigative report and all investigatory materials. This file shall also include documentation of all corrective actions taken as a result of the case."</p> <p>Review of the SST closing discharge form dated 9/26/14 document under outcomes: "When R9 was referred to SST it was reported her non-compliance was occurring daily and was considered a moderate problem. R9's physical aggression was reported to be occurring daily and was considered by the agency to be a serious problem...SST did not observe any of the referral behaviors during the assessment period and no reports of the referral behaviors were made to SST during their involvement (from 7/7/14 through 9/26/14). Due to R9's referral behaviors being at zero frequency during SST's involvement, no behavior recommendations were made."</p> <p>The discharge noted from SST dated 9/26/14 documents the facility did not report R9 had any incidents of aggression so there were no recommendations made for R9 by SST.</p> <p>5) Review of R10's Behavior Development Program dated 8/21/14 documents:</p> <p>"Behavior Development Techniques: 2. If R10 does not comply remind him that he will not receive his reinforcers on Friday. If it would escalate and lead into physical aggression use CPI defensive techniques. Tell him to stop, it is not nice to place your hands on other people or cause the (sic) harm. Redirect him back to reasonable request. If he complies, thank him and provide verbal praise. 3. If R10 does not stop</p>	Z9999		

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Z9999	<p>Continued From page 20</p> <p>and the physical aggression continues, as a last resort utilize CPI team transport to guide R10 to a quiet area away from others...4. If the situation escalates, contact 911 for help."</p> <p>R10's behavior data sheets do not document physical aggression as a behavior for the months of June-September 2014.</p> <p>The QIDP monthly notes document no incidents/accidents for July and August 2014.</p> <p>The facility incident reports document an incident of peer to peer aggression on 7/20/2014.</p> <p>Review of the facility "Procedure response to abuse and neglect revised 8/20/08" documents abuse as "Any physical injury, sexual abuse, or mental injury inflicted on an individual other than by accidental means." The procedure continues to document neglect as "The failure to provide adequate medical or personal care or maintenance, which failure results in physical or mental injury to an individual or in the deterioration of an individual's physical or mental condition."</p> <p>The facility procedure response to abuse and neglect revised 8/20/08 continues to document the following:</p> <p>If an employee witnesses, if told of, or has reason to believe an incident of abuse or neglect or a death has occurred, the employee shall report the allegation to the Public Health hotline. The employee shall report the allegation immediately, but no later that the time frames specified below. The employee shall be deemed the "required reporter." In addition to reporting to the hotline, they must also report the allegation immediately</p>	Z9999		

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Z9999	<p>Continued From page 21</p> <p>to the RSD or designee....Homestead House will not screen, delete, delay, withhold, limit or otherwise restrict any of the information as contained on the IDPH prescribed reporting form...Homestead House will ensure that instances of abuse or neglect against individuals in our program are reported to the Illinois Department of Public Health...a. When injuries are the result of alleged abuse or neglect, the RSD or designee shall ensure that they are photographed immediately, even if the injury is not evident at the time...The investigative report to the Illinois Department of Public Health shall contain a narrative summary of the investigation which shall include: A recommendation as to whether the findings of the investigation should be substantiated, unsubstantiated, or unfounded; and any actions taken by this agency as a result of the allegation. The RSD shall maintain a local investigative case file containing the investigative report and all investigatory materials."</p> <p>Review of the Quality Assurance Review Committee emergency meeting dated 9/22/14 documents a review of the peer to peer physical aggressive incidents. The following recommendations were made:</p> <p>"1) It was noted that due to R1 and R11 bossing individuals was a contributing factor to R5's getting involved. It was recommended that we implement a reinforcement schedule to assist in alleviating the bossing. The schedule is as follows: R11 and R1 will receive a dollar each morning to take to day training to purchase a soft drink. They will receive seventy five cents if they do not boss peer from the time they get home from day training until 7 PM snack to purchase a soft drink at the soda machine.</p> <p>2) If a incident occurs between two other</p>	Z9999		

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Z9999	<p>Continued From page 22</p> <p>individuals, staff will redirect R5 to another area...Staff will also monitor R5 for up to two hours after an incident between two other peers.</p> <p>3) During the months of July-September R7 was exhibiting verbal outburst and physical aggression towards staff and peers. She had a reduction of Risperdone 0.5 milligrams at 1600 on 1/25/14. Risperdone was reinstated 4/22/14 due to a slight increase in agitation. She was admitted to (name of local psychiatric hospital) on 9/07/14 and was diagnosed with a psychotic break through and was discharged on 9/12/14....R7's incidents of verbal and physical aggression has decreased since her changes in medications and discharge from (name of hospital).</p> <p>4) It was also recommended that staff E2 and E3 (DSP's) be re-trained on all behavior plans and types of validation. It was noted that most of the behaviors were occurring while they were on shift between hours of 4:00 and 6:00.</p> <p>5) It was also identified that on Wednesday and Saturday is when there is a increase in client to client incidents. There will be additional staffing between the hours of 3:00 PM and 6:00 PM on these days. If additional days are identified due to a increase in client to client staff will be added.</p> <p>6) On 9/24/14 there was a staff meeting scheduled at 10:30 AM. All staff were in attendance. Recommendations that were made by the Quality Assurance Team were discussed by E6 (Qualified Intellectual Disability Professional) and E1 (Resident Services Director). Recommendations were implemented as of this date."</p> <p>Review of staff training documents the following training was provided for the facility staff related to the peer to peer incidents:</p> <p>9/10/14 - Behavior training for R5 and R6- the</p>	Z9999		

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Z9999	<p>Continued From page 23</p> <p>notes from this training only addressed R6's Behavior Plan.</p> <p>9/24/14 - de-escalating behaviors and quality assurance.</p> <p>R5's Behavior Plan employee training documents E2, E4, and E5 (DSP's) reviewed and received training for R5's behavior plan dated 8/21/14 on 9/11/14. E5 (DSP) reviewed and received training on R5's behavior plan dated 8/21/14 on 9/16/14 and E9 (DSP) signed the training documents however there is no date documented for E9 (DSP) receiving the training.</p> <p>The facility was unable to provide reproducible evidence that E2 and E3 had been re-trained on all the behavior plans as recommended by the Quality Assurance Team.</p> <p>During interview on 11/13/14 E1 (Resident Services Director) stated when asked about the training for E2 and E3 that the training was completed prior to the September Quality Assurance Meeting and she must have just worded the minutes wrong.</p> <p>Upon review of the Human Rights/Behavior Management Committee Meeting minutes dated 11/10/14 it was noted behavioral interventions were not addressed for the individuals (R5, R6, R7, R9, and R10) identified as having peer to peer aggression.</p> <p>Review of the Human Rights/Behavior Management committee meeting minutes document a meeting was held 11/10/14. When the surveyor asked for the rest of 2014 Human Rights Committee meetings on 11/10/14 at 9:00</p>	Z9999		

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Z9999	<p>Continued From page 24</p> <p>AM E1 stated they are the same meetings as the Quarterly Assurance Review Committee meetings.</p> <p>During interview on 11/12/14 at 3:28 PM, E6 (Qualified Intellectual Disability Professional/Administrator) stated the meeting labeled Quarterly Assurance Review Committee are not the Human Rights/Behavior Management Committee meetings. "That is a different group of individuals who meet at the same time as the IDT (Interdisciplinary Team). I will have E1 (Resident Services Director) get you copies of the Human Rights meeting minutes."</p> <p>During interview on 11/13/14 at 8:50 AM, E1 (Resident Services Director) stated when the surveyor asked to see the Human rights committee meeting minutes for the rest of 2014, "We can't find them." E1 stated the meetings are held at the same time as the annual Interdisciplinary team meetings.</p> <p>Review of the Human Rights/Behavior Management meeting minutes dated 11/10/14 documents E1, E6 (Qualified Intellectual Disability Professional) and E7 (Registered Nurse) were present at the meeting. The signature sign in sheet for the meeting documents E1's name only. The meeting minutes document Z2, Z3, Z4, Z5, and Z6 reviewed the meeting minutes.</p> <p>During interview on 11/13/14 beginning at 8:50 AM, E1 stated when asked if the members who did not attend the meeting had reviewed the meeting minutes and any restrictive techniques put in place, "Z3 is on vacation, Z2 is in Canada, Z4, Z5, and Z6 were aware of the meeting but were unable to attend."</p>	Z9999		
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NAME OF PROVIDER OR SUPPLIER HOMESTEAD HOUSE	STREET ADDRESS, CITY, STATE, ZIP CODE 905 NORTH JEFFERSON WEST FRANKFORT, IL 62896
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Z9999	<p>Continued From page 25</p> <p>During interview on 11/12/14 at 3:28 PM, E6 (QIDP-Qualified Intellectual Disability Professional/ Administrator) stated there were two changes that were made at the Human Rights/Behavior Management meeting that occurred on 11/10/14. The facility was to have a resident council meeting and based on that meeting the facility would determine if R6 should be issued an involuntary discharge. The second change was to call the local authorities during a peer to peer aggression if the situation warranted.</p> <p>During interview on 11/13/14 beginning at 8:50 AM, E1 (Resident Services Director-RSD) stated the following changes were made at the Human Rights/Behavior Management meeting held on 11/10/14; "1. Continue to have SST (Support Services Team) consult for the individuals (R5, R6, and R9) previously evaluated as needing them. 2. Staff are to keep R5 and R6 within eye sight at all times. 3. Bed checks 4. SST to do more training with staff 5. R5 is to start anger management counseling with SST." When asked if SST had been evaluating and treating the individuals prior to the 11/10/14 meeting E1 stated, "yes." When asked if R6 was to be with in eye sight of staff prior to the 11/10/14 meeting E1 stated, "yes."</p> <p>When asked when the staff would be trained by SST E1 stated she was not sure, E8 (general manager) was supposed to be calling them. When asked when the anger management counseling was to start with R5, E1 stated within the past couple of weeks. Review of R5's Behavior Plan dated 8/21/14 documents anger management counseling was ongoing at that time. E1 then stated the only change that occurred at the meeting was R5 was to be within</p>	Z9999		

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Z9999	<p>Continued From page 26</p> <p>line of sight of staff. When asked if they reviewed the individuals behavior plans at the meeting on 11/10/14 and made changes based on the peer to peer aggression that had occurred, E1 stated, "No." E1 (Resident Services Director) stated they had not updated/changed the behavior plans for R5, R6, R7, R9, and R10.</p> <p>During interview on 11/13/14 at 11:35 AM, E6 confirmed the individuals who were identified as having peer to peer aggression behavior plans had not been reviewed and changes had not been put in place at the special meeting held on 11/10/14. The facility had not changed/updated the behavior plans for R5, R6, R7, R9, and R10.</p> <p>350.1225 350.1230b)7) 350.3240a)</p> <p>Section 350.1225 Tuberculin Skin Test Procedures</p> <p>Tuberculin skin tests for employees and residents shall be conducted in accordance with the Control of Tuberculosis Code (77 Ill. Adm. Code 696).</p>	Z9999		

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Z9999	<p>Continued From page 27</p> <p>Section 350.1230 Nursing Services</p> <p>b) Residents shall be provided with nursing services, in accordance with their needs, which shall include, but are not limited to, the following:</p> <p>7) Modification of the resident care plan, in terms of the resident's daily needs, as needed.</p> <p>Section 350.3240 Abuse and Neglect</p> <p>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 Regulations were not met as evidenced by:</p> <p>Based on interview and record review the facility failed to have the following policies in place that have the potential to effect 13 of 13 (R1-R13) individuals residing at the facility:</p> <ol style="list-style-type: none"> 1) immunization and tuberculosis 2) psychotropic medications 3) restraints. <p>Per the resident roster presented on 11/5/2014 identifies 6 residents(R1, R2, R5, R8, R10 and R12) that function within the Mild Level of Individuals with Intellectual Disabilities, 4 residents (R3, R9, R11, R13) that function within the Moderate Level of Intellectual Disabilities, 2 residents (R6 and R7) that function within the Severe Level of Individuals with Intellectual Disabilities and 1 resident (R4) that functions within the Severe/Profound level of Intellectual Disabilities.</p> <p>1) Review of the POS (Physician Order Sheet)</p>	Z9999		

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Z9999	<p>Continued From page 28</p> <p>dated 10/2014 identifies R1 as having an allergy to the tuberculin tine test. R1 has an order on the POS that documents TB (tuberculosis) testing is to be done yearly. Positive reactors are to have a chest x-ray yearly. R1's IPP (Individual Program Plan) dated 4/10/14 identifies R1 as being a positive tuberculosis reactor.</p> <p>Upon review of R1-R4's records on 11/6/2014 the surveyor was unable to locate Immunization records within the residents personal charts.</p> <p>E1, RSD (Residential Service Director) on 11/6/2014 at 2:00 PM was asked to provide a record of immunizations on sampled residents R1-R4. E1 stated "I will have to call the local health department for the records of flu shots given on 9/11/14." E1 then provided documentation on all 13 residents receiving tuberculin tests on 5/21/2013 from a separate filing system inside the RSD's desk.</p> <p>During an interview with E1, RSD (Residential Service Director), on 11/13/2014 at 8:40 AM, when asked where to locate the residents immunization records within the charts? E1 stated "We do not have an immunization record in the charts." E1 was then asked how would someone know of past immunizations given or when a recommended immunization was needed or if there are any contradictions related to the immunizations? E1 stated, "Immunizations are addressed in the physician's history and physical and are kept in the charts. The surveyor reviewed the history and physical on R1-R4 labeled "Physical Examination Report" each document blank entries next to "Date OF LAST TETANUS SHOT, and "Hepatitis B Vaccination Dates". There is no documentation related to a history of immunizations such as influenza, pneumonia,</p>	Z9999		

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Z9999	<p>Continued From page 29</p> <p>tuberculosis, varicella and other identified childhood vaccinations identified on this document. E1 confirms that the history and physical do not address immunizations and was unable to produce a record of immunizations for R1-R13. E1 was then asked for a policy on immunizations, E1 responded "There is no policy on immunizations or tuberculosis."</p> <p>During the continued interview with E1 RSD on 11/13/2014 at 8:40 AM, when asked why R1 was given a Tuberculosis skin test on 5/21/2013 instead of the ordered chest x-ray due to R1 being a positive reactor? E1 stated "The health department at the time said it was ok to give the tuberculin skin test." E1 was unable to produce documentation that R1's primary physician gave written order for R1 to receive the Tuberculin test on 5/21/3013.</p> <p>During a telephone interview with Z1 (Local Health Department Director of Nurses) on 11/13/2014 at 1:05 PM, Z1 was asked why R1 was given an Tuberculin skin test, on 5/21/2014, instead of the ordered chest x-ray related to R1 being a positive TB reactor. Z1 stated, "When we came to give the tests we were not given documentation that R1 was a positive reactor." If we would have been given that information we would not have given R1 the test, we would have sent her for a chest x-ray."</p> <p>2) Review of the facility resident roster (not dated) identifies R1, R3, R4, R7, R8, R9, and R10 all receive psychotropic medications. R10 is identified as functioning at a Mild Level of Intellectual Disability, R3, R4, and R8 are identified as functioning at a Moderate level of</p>	Z9999		

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Z9999	<p>Continued From page 30</p> <p>Intellectual Disability, and R1, R7, and R9 are identified as functioning at a Severe level of Intellectual Disability.</p> <p>The Physician Order sheet (POS) dated 10/30/14 identifies R2 as a 52 year old male that functions within the Mild level of Individuals with Intellectual Disabilities.</p> <p>a) Review of R2's Individual Program Plan (ISP) dated 7/17/14 documents Behavioral Status: Anxiety. The ISP further documents that R2 does not take psychotropic's medications, however listed under current medications documents R2 receives Diazepam 5 milligrams twice daily for anxiety.</p> <p>Review of a consult with R2's primary Physician dated 9/25/2014 documents "History of Present Illness: The patient is 51 year old male who presents with anxiety, Symptoms include anxiety, nervousness and sleep disruption. ... Onset 1 year ago. The symptoms occur frequently. ...Patient Family Member reports a lot has happened throughout the past year and becomes very anxious wanting to discuss increasing medication Diazepam."</p> <p>R2's Behavior Plan dated 7/17/2014 documents Current Diagnosis: Mild Intellectual Disabilities, Epilepsy, Anxiety, Hiatal Hernia, History of West Nile Virus, Gall Bladder removal, Right foot fracture, Perforation of left ear drum, Tumor Removal in left hip.</p> <p>Medications: N/A (not applicable) Side Effects: N/A (not applicable) Medication Reduction Over the past year: N/A (not applicable) Maladaptive Behaviors: Pestering/Insulting peers</p>	Z9999		

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Z9999	<p>Continued From page 31</p> <p>During an interview with E1, RSD (Residential Service Director) on 11/6/2014 at 12:50 PM. when asked if the Diazepam 5 milligrams twice daily for R2's anxiety had been incorporated into a behavior plan E1 stated "no it has not."</p> <p>b) Review of R4's Individual Support Plan (ISP) dated 11/13/2014 documents a diagnosis of Impulse Control Disorder. The ISP further documents R4 takes Haloperidol 1 milligram daily and Carbamazepin 200 milligrams twice daily for behavior.</p> <p>Review of R4's Behavior Plan dated 11/14/2013 only identifies Carbamazepin 200 milligrams twice daily being used to control Maladaptive Behaviors of Physical Aggression- Hitting, threatening to strike others.</p> <p>During an interview with E1, RSD, on 11/6/2014 at 12:50 am, when asked if Haloperidol 1 milligram daily was incorporated into R4's behavior plan E1 stated "No it isn't."</p> <p>During interview on 11/06/14 beginning at 12:50 PM, E1 (RSD) stated the facility did not have a policy on psychotropic medications.</p> <p>3) Review of the facility resident roster (not dated) documents R6 functions at a Severe level of Intellectual Disability.</p> <p>Review of the facility incident report dated 9/22/14 documents, "R6 was showing signs of physical aggression by hitting self in his head and biting left arm. While staff was assisting peers to exit living room for R6's privacy, R6 grabbed a hold of peers left arm pinching and squeezing with force x (times) 4. Staff x (times) 3 was able to use CPI</p>	Z9999		

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Z9999	<p>Continued From page 32</p> <p>(Crisis Prevention Intervention) techniques to assist R6 to his room to calm down."</p> <p>Review of R6's Universal notes dated 9/22/14 document, "See incident report."</p> <p>During interview on 11/06/14 at 2:00 PM, E9 (Direct Support Person) when asked what type of CPI technique was used when R6 was having physically aggressive behaviors demonstrated a physical hold with R6's arms crossed in front of his body and staff holding them in place.</p> <p>During interview on 11/13/14 beginning at 8:50 AM, E1 (Resident Services Director) stated the facility did not have a policy for physical restraints.</p>	Z9999		

Imposed Plan of Correction

W102	Refer to W104, W127, W276, W312, W324		
W104	A) The QIDP will complete monthly QIDP notes to assure that the behavior plan data, incident reports, universal notes and QIDP notes are consistent.	Bill Mattingly Administrator / QIDP	1/10/15
	Staff will be inserviced by the QIDP on proper documentation of behavior plan data, incident reports and universal notes.	Bill Mattingly Administrator / QIDP	1/10/15
	The current Response to Abuse and Neglect policy will be revised to clarify that this policy pertains to employee abuse and neglect and a new policy will be develop for Peer Abuse and Neglect. This policy will include but not be limited to: contacting the guardian and the Illinois Department of Public Health when behavior plans need to be revised and the proper procedure for revising them, proper documentation, use of restraints & CPI and how to write a narrative investigative report.	Bill Mattingly Administrator / QIDP	1/10/15
	Staff will be inserviced by the QIDP on the implementation of the new Peer Abuse and Neglect policy.	Bill Mattingly Administrator / QIDP	1/10/15
	The Behavior Management/Human Rights Policy will be revised to include timeframe for meetings, documentation of minutes and content will be included.	Bill Mattingly Administrator / QIDP	1/10/15

W 104	B)	<p>The QIDP/RN will ensure that a special team meeting will be conducted to update behavioral interventions on residents identified to inflict peer to peer aggression by 11/10/14.</p>	Joe Mattingly QIDP/RN	11/10/14
		<p>QIDP/RN will provide training on residents identified to inflict peer to peer aggression. Training will be provided to staff currently on duty 11/5/14. All staff not on duty will be trained on 11/6/14. Training will include behavior plans and how to intervene on each aggressive resident identified.</p>	Joe Mattingly QIDP/RN	11/6/14
		<p>Staffing will be reviewed by RSD to ensure that there is an appropriate number of staff on shift to implement behavior plans by 11/7/14.</p>	Leeann Owens RSD	11/7/14
		<p>RSD will review documentation daily to ensure bed checks are completed every two hours during hours of sleep to ensure the safety for all residents by 11/7/14</p>	Leeann Owens RSD	11/7/14
	C)	<p>Maintenance will make repairs to the shower, drywall, dining room chairs, hallway entrance floor, recliners, blinds and curtain rods.</p>	KevinJones Maintenance	1/10/15
	D)	<p>The RSD will ensure that toilet paper is readily available to all residents. Replenishing the supply will be added to the midnight staff duties.</p>	Leeann Owens RSD	1/10/15

W104	E)	The Administrator will develop a policy for Immunizations/tuberculosis.	Bill Mattingly Administrator	1/10/15
		The Administrator will develop a policy for restraints.	Bill Mattingly Administrator	1/10/15
		The Administrator will develop a policy for psychotropic medications.	Bill Mattingly Administrator	1/10/15
		Immunization records will be developed for all residents and kept current.	Joe Mattingly, RN/QIDP	1/10/15
		The QIDP will review and revise as necessary all residents Individual Program Plans and/or behavior plans to include the use of psychotropic medications, possible side effects and medication reduction	Bill Mattingly Administrator	1/10/15

W111	<p>1). See POC for W104</p> <p>2). The Accident/Incident Report form will be revised to include a place where staff can document contact of the guardian and Illinois Department of Public Health, if a restraint was used, length of time and any injuries and what actions were taken to assure the immediate safety of other residents.</p> <p>3) The QIDP will take the minutes of the Human Rights Committee, assure their completion and assure they are maintained.</p>	<p>Bill Mattingly, Administrator / QIDP</p> <p>Bill Mattingly, Administrator / QIDP</p>	<p>1/10/15</p> <p>1/10/15</p>
W122 W127	<p>See POC for W104 and W111 See POC for W104 and W111</p> <p>1). Staff was reviewed by the RSD to ensure there is an appropriate number of staff on duty to implement behavior plans.</p> <p>2). Review documentation daily to ensure bed checks are completed every 2 hours.</p> <p>3). QIDP/RN provide training on residents identified to inflict peer to peer aggression to include review of behavior plans and how to intervene on each aggressive resident identified</p> <p>4). Ensure a room change occurs between R8 and R9</p> <p>5). A special meeting was called of the Human Rights/Behavior Management Committee & behavior analyst. Behavior plans were reviewed on residents identified to inflict peer to peer. Recommendations were made as to the revisions and implementation of plans.</p> <p>6). Staff were trained on the implementation of the revised behavior plans on the individuals identified to inflict peer to peer.</p> <p>7). RSD will ensure that the Behavior Management/Human Rights Committee review and or modify behavior plans every 90 days or as needed.</p> <p>8). RSD will report and investigate incidents of peer to peer to IDPH.</p> <p>9). Administrator/QIDP will review each incident of peer to peer</p>	<p>Leeann Owens RSD</p> <p>Leeann Owens RSD</p> <p>Joe Mattingly RN/QIDP</p> <p>Leeann Owens RSD</p> <p>Leeann Owens RSD</p> <p>Leeann Owens RSD</p> <p>Leeann Owens RSD</p> <p>Leeann Owens RSD</p> <p>Bill Mattingly Administrator / QIDP</p>	<p>11/7/14</p> <p>11/7/14</p> <p>11/7/14</p> <p>11/13/14</p> <p>11/13/14</p> <p>11/17/14</p> <p>11/13/14</p> <p>11/7/14</p> <p>11/7/14</p>

W136	R6's behavior will be revised to remove the consequence of outings with his family as part of the behavior plan.	Bill Mattingly, Administrator / QIDP	1/10/15
W148	See POC for W104		
W153	See POC for W104		
W154	See POC for W104		
W159	See POC for W104		
W189	A new employee training program will be implemented with documentation of the training. In addition, any time that an Individual's Program Plan or behavior plan changes, staff will be trained on the implementation and this will be documented.	Bill Mattingly, Administrator / QIDP	1/10/15
W262	See POC for W104 and W111		
W264	See POC for W111		
W276	See POC for W104 The Administrator will put a policy into place to specify the use of CPI (Crisis Prevention Intervention) as a facility approved restraint intervention	Bill Mattingly Administrator / QIDP	1/10/15
W289	See POC for W104		
W295	See POC for W104 and W111		
W299	See POC for W104 and W111		
W303	See POC for W104		
W312	See POC for W104		
W324	See POC for W104		
W327	The RN/QIDP will ensure that annual TB tests are conducted.	Joe Mattingly RN/QIDP	1/10/15
W441	The RSD will make an annual drill schedule for the year 2015 that will assure that the fire drills occur on the proper shifts and at varying times. The RSD will assure that staff have been trained on this schedule and that it is followed.	Leeann Owens, RSD	11/30/14
W445	The RSD will inservice staff on proper evacuation of residents to safe areas during drills and the facility's emergency and disaster plans and procedures. In addition, the RSD will review the drill form when completed and assure there was actual evacuation.	Leeann Owens, RSD	11/30/14

Completion Date: 30 Days Progression
Receipt of Notice