STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  IL6012280			1 ' '	(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED	
				C 03/18/2015			
	PROVIDER OR SUPPLIER  GE TERRACE  SUMMARY STA	STREET AD	1	STATE, ZIP CODE  R STREET			
PREFIX TAG	(EACH DEFICIENC)	Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPRODEFICIENCY)	LD BE	(X5) COMPLETE DATE	
	a) The facility shall procedures governifacility which shall be involvement of the ashall be available to public. These writte operating the facility least annually. Section 350.1210 F. The facility shall promaintain each resid Section 350.1230 N. d) Direct care personare not limited to, the 2) Basic skills required and problems of the Section 350.3240 A. a) An owner, license agent of a facility shresident.  These requirements by:  Based on interview failed to implement neglect when the facility 5.39 Missing	esident Care Policies have written policies and ing all services provided by the performulated with the administrator. The policies of the staff, residents and the en policies shall be followed in any and shall be reviewed at dealth Services ovide all services necessary to lent in good physical health fursing Services onnel shall be trained in, but the following: red to meet the health needs the residents. The policies are services ovide all services necessary to lent in good physical health fursing Services onnel shall be trained in, but the following: red to meet the health needs the residents. The policies are services ovide all services necessary to lent in good physical health fursing Services ovide all services necessary to lent in good physical health fursing Services ovide all services necessary to lent in good physical health fursing Services ovide all services necessary to lent in good physical health fursing Services ovide all services necessary to lent in good physical health fursing Services ovide all services necessary to lent in good physical health fursing Services ovide all services necessary to lent in good physical health fursing Services ovide all services necessary to lent in good physical health fursing Services ovide all services necessary to lent in good physical health fursing Services ovide all services necessary to lent in good physical health fursing Services ovide all services necessary to lent in good physical health fursing Services ovide all services necessary to leath Services ovide all services necessary to leath Services ovide all services ovide al	Z9999	Attachment A Statement of Licensure V			

Illinois Department of Public Health

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

TITLE

(X6) DATE

04/30/15

	NT OF DEFICIENCIES I OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION  A. BUILDING:		(X3) DATE SURVEY COMPLETED	
		7. BOILDIN	J		C	
		IL6012280	B. WING			18/2015
NAME OF	PROVIDER OR SUPPLIER			, STATE, ZIP CODE		
CARTHA	AGE TERRACE		RTH CENTE SE, IL 6232	R STREET		
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Z9999	Continued From pa	ge 1	Z9999			
	a list of consideration further incidents per Committee.  for 1 of 1 individual facility, eloped from	ugh investigation and provide ons relevant to prevention of r policy 5.49 Safety  who while on a trial visit at the the facility and entered a ithout staff being aware of it.				
	Findings Include:					
	Facility Policy 5.24 "Investigative Committee" dated "Revised 11/08" defines Neglect as "Failure to provide goods and services necessary to avoid physical harm, mental anguish, or mental illness."					
3 2 2	states, "The facility supervision for all in be aware of the loca individuals in their cacontact or not. The shall provide reason individual sufficient i judgment to foster g allowing him/her the risk. Where risks of	89 "Missing Individuals" shall provide appropriate dividuals served. Staff shall ation and activities of all are, whether in direct visual proximity of the supervision able safety and yet afford the ndependent activity and rowth and independence by dignity of some reasonable injury are high and likely dual low, staff shall exercise				
	under the section title states, "Visiting indiv visit on 2/6/15 to see appropriate place for [R1] left the building prompting. [R1] elop	nmittee" report dated 2/8/15, ed "Summary Of Incident" idual [R1] had come for a if [the facility] would be an thim to reside. On 2/7/15, several times despite staff ped to a neighbor's house at immediately notified and				

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		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION  A. BUILDING:		(X3) DATE SURVEY COMPLETED	
			A. BUILDING:			
IL6012280		B. WING		03/1	)  8/2015	
NAME OF	PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY,	STATE, ZIP CODE		
CARTHA	GE TERRACE		RTH CENTER GE, IL 6232			
(VA) ID	SLIMMADV STA					
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES  MUST BE PRECEDED BY FULL  SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTI (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPRO DEFICIENCY)	D BE	(X5) COMPLETE DATE
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	another resident's g to [the facility]. The [Qualified Intellectuand the family were terminated and the 2/7/15."	o the neighbor's house with guardian and [R1] came back administrator, the QIDP al Disabilities Professional] notified. The visit was family picked [R1] up on				
	The Safety Committee report lists "Staff Involved" as E3 and E4 [both direct care staff]. E3 was interviewed on 3/05/15 at 2:50pm. When asked approximately when this occurred, E3 stated between 11:00am and 11:30am.					
	2/07/15 and written go in and out of the our sidewalks aroun This happened sever morning. When ask shoes [R1] refused. going to the neighbor back to the facility, s	"General Notes", dated by E3 states that R1 "liked to home and walk up and downed the house and driveway. The eral times throughout the ked to put on a coat and the laso states that after or's home to get R1 to come staff "talked [R1] into coming ttempts, and apologized to it imes."				
	under the section titl states, "Stays in an when expected with Fairly Wellor 3/4 of asked." It also state residential streets, reintersections alone	oads and unmarked Never or Rarelyeven if ndependence score is listed				
	on 3/05/15 at 2:30pn	ne neighborhood of the facility n, the neighbors home that across the street from the				

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STATE FORM 6899 CWJZ11 If continuation sheet 3 of 9

Illinois Department of Public Health

1	NT OF DEFICIENCIES I OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION			(X3) DATE SURVEY COMPLETED	
			A. BUILDING:				
		IL6012280	B. WING			C <b>18/2015</b>	
NAME OF	PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY	, STATE, ZIP CODE			
CARTHA	GE TERRACE	1205 NOR	TH CENTE	R STREET			
OAKIIIA	GE TERRACE	CARTHAC	SE, IL 6232	21			
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES YMUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF C (EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE DEFICIENCY	ON SHOULD BE HE APPROPRIATE	(X5) COMPLETE DATE	
Z9999	Continued From pa	ge 3	Z9999				
	facility with the front door of the neighbors home facing a side street that runs perpendicular to the facility. R1 would have had to go across the street in front of the facility and across the neighbors yard to access the front door.						
	referral packet, R1 I done 4/08/10 with a old and has diagnos Developmental Disc Hyperactivity Disord also states that R1 I	which was part of R1's had a cognitive assessment n IQ score of 40, is 19 years ses of Pervasive order, Attention Deficit ler and Autism Spectrum. It 'is never left alone at home or At school, [R1] has a one on					
	3/05/15 states that I back inside. Staff a shoes on which he r come inside becaus in and go back out w	provided to surveyor by E3 on R1 kept "going outside and sked him to put his coat and refused. Staff asked [R1] to e it was cold. He would come valking around the house up and up and down driveway."					
	3/05/15 states that " [R1] staying in the ho	orovided to surveyor by E4 on Staff was having trouble with ome. He kept going in one er + back in another door."					
***************************************	residents mother [R3 her up, as they were across the street ran me to come get you house and is in our him back to his hous followed. [R1] was s refusing to leave ask brother. Staff and re	nt of 3/05/15 states, "Another B's mother Z1] came to pick walking out the little boy over and said 'my mom told someone escaped from you louse'. Staff [E3] followed e and residents mother [Z1] tanding in the kitchen ing for his grandma and sident's mom [Z1] finally got ome after asking several					

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STATE FORM 6899 CWJZ11 If continuation sheet 4 of 9

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1	LE CONSTRUCTION		(X3) DATE SURVEY COMPLETED  C 03/18/2015	
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NAME OF	PROVIDER OR SUPPLIER		DRESS, CITY.	STATE, ZIP CODE	1 00/	10/2013	
CARTHA	AGE TERRACE		RTH CENTER GE, IL 6232				
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF (EACH CORRECTIVE ACT CROSS-REFERENCED TO 1 DEFICIENCE	TION SHOULD BE THE APPROPRIATE	(X5) COMPLETE DATE	
	times."  E3 [Direct Care Sta at 2:50pm. When a before he left, E3 s shoes or coat." E4 3:10pm. When ask on, E4 [Direct Care to wear coat. He won."  Z1 [R3's mother/wit phone on 3/06/15 a was not wearing a c "sock feet." Z1 state the small sitting are dining room and the R1 said hi to her the area. Z1 stated tha daughters meds for either in the dining rasked where R1 we he went into the dinine came back throu Z1 stated, "No he di out around the hous accompanied E3 ov help bring R1 back.  Z2 [R1's mother] wa 9:31am by phone. Vary injuries from his stated, "No, he just the and a shirt." Z2 stated that it was out. Z2 stated that it was out. Z2 stated that it and "really just started."	aff] was interviewed on 3/05/15 asked if R1 had his shoes on tated, "No, he refused his was interviewed on 3/05/15 at ed if R1 had his shoes or coat Staff] stated, "No, he refused as told to put shoes and socks ness] was interviewed by t 10:03am. Z1 stated that R3 coat or shoes but was in his ed that she and E3 were in a between the door to the eliving room. Z1 stated that en went into the dining room at E3 was helping to get her a home visit and E4 was soom or kitchen area. When ent after he said hi, Z1 stated ing room area. When asked if ight into the living room area, dn't." Z1 stated that he "went ise." Z1 stated that she er to the neighbors house to s interviewed on 3/06/15 at When asked if R1 suffered elopement on 2/07/15, Z2 took off in his pajama shorts ed that his socks were wet. cold and there was snow he had taken off from them	Z9999				

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CWJZ11

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STATEMENT OF DEFICIENCIES		(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIF	LE CONSTRUCTION	(X3) DATE SURVEY	
AND PLAN OF CORRECTION		IDENTIFICATION NUMBER:	A. BUILDING:		COMPLETED	
				C		
IL6012280		IL6012280	B. WING		1	8/2015
NAME OF	PROVIDER OR SUPPLIER	STREET AD	DDESS CITY	STATE, ZIP CODE		
			RTH CENTE			
CARTHA	AGE TERRACE		SE, IL 6232			
(X4) ID	SUMMARY STA	TEMENT OF DEFICIENCIES	1		ON.	T
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Z9999	Continued From pa	ge 5	Z9999			
		got to the facility around				
	7:30am. When ask	ked what training she had				OCCUPANT OF THE PROPERTY OF TH
	received regarding	his abilities or needs, E3				
	stated that he is hy	per and gets in peoples face.				
	E4 was interviewed	on 3/05/15 at 3:10pm. When				
	before When aske	st met R1, E4 stated the night ed what training she had				1
		his abilities or needs, E4				
	stated he was hype	r gets in peoples face, try to				
	keep him away from other individuals.					
	E2 [Facility Represe	entative] was interviewed on				
	3/06/15 at 9:45am.	E2 was asked, if there was a				777
	problem with him le	aving the building several				
	times despite prom	pting should you have been				
	notified regarding in	creased supervision? E2 were those incidents? I think				
	IE1 QIDPI was notif	fied." E1 [Qualified Intellectual				
	Disabilities Professi	onal, QIDP] was interviewed				
	on 3/06/15 at 10:55	am. When asked it she was				
	notified by staff prio	r to R1's elopement, of				
	to increase supervise	oing in and out, for the need				
	to morease supervis	sion for R1, E1 stated no.				
	Facility staff failed to	provide adequate				
	supervision for R1 a	after repeated incidents of R1,				
	who was in the facil	ity on a trial visit, leaving the				
	resulting in him clon	tely dressed on a cold day				
	and getting into a ne	oing from the facility grounds			and a community of the	
	and getting into a neighbors nome.					
Philips	2) Equilibration 5.4	10 110 of the O - many 211 B 211			**************************************	
	Revised data of 11/	19 "Safety Committee" with a 08, under the section titled				
	"Purpose" states "T	the Safety Committee assists				
	Administration by en	nsuring practices and policies			William	
	regarding individual'	s safety meet regulatory				
	standards and qualit	ty outcomes." Under the				
	section titled "Proced	dure" it states, "3. The				

Illinois Department of Public Health

committee will review all documentation

STATE FORM 6899 CWJZ11 If continuation sheet 6 of 9

STATEMENT OF DEFICIENCIS AND PLAN OF CORRECTION  (XS) PROVIDERSUPPLER (ILBO1280)  NAME OF PROVIDER OR SUPPLIER  STREET ADDRESS CITY. STATE_ZIP CODE  1205 NORTH CENTER STREET  CARTHAGE TERRACE  CARTHAGE TERRACE  CARTHAGE, IL 63221  PREVIOUS (ILBOHITATION OF CORRECTION PROVIDERS)  FREGULATORY OR U.SC. IDENTIFYING INFORMATION)  29999 Continued From page 6  associated with the incident/accident. Any pertinent information will be transferred onto the Safety Committee Report."  It also states, "4. The committee shall conduct any necessary interviews or inquiries to identify if patterns or trends exist" "7. The committee will attempt to determine the cause of the injury and provide a list of considerations relevant to prevention of further incidentifs/accidents." The committee will attempt to determine the cause of the injury and provide a list of considerations relevant to prevention of further incidentifs/accidents."  A facility "Safety Committee" report dated 2/8/15, under the section titled "Summary Of Incident" it states. "Visiting individual (RT) had come for a visit on 2/8/15 to see if the facility) would be an appropriate place for him to reside. On 2/7/15, [RT] left the building several times despite staff prompting. [RT] eloped to a neighbor's house at one point. Staff was immediately notified and immediately went to the neighbor's house with another residents guardian and [RT] came back to [the facility]. The administrator, the CIDP [Qualified intellectual Disabilities Professional] and the family pricked [RT] up on 2/7/15."  Under the section titled "Committee Findings" it states. "Staff notified administrator as per protocol as well as family. The visit was terminated in mediately following an incident of [RT] leaving the grounds unauthorized."  Under the section titled "Committee Considerations" it states, "Resident was determined not to be a good fit for [the facility], Resident poses safely issues as the does not want to stay in the facility or on facility grounds.	CTATEME	AT OF DEFICIENCIES	T 0/43			·	
NAME OF PROVIDER OR SUPPLIER  STREET ADDRESS, CITY, STATE, JIP CODE  ASHINAGE TERRACE  SUMMARY STATEMENT OF DEPICENCIES  (EACH DEPICENCY MUST BE PRECEDED BY FULL TAG  REGULATORY OR ISO IDENTIFYING INFORMATION)  PRETRY TAG  TAG  SUMMARY STATEMENT OF DEPICENCIES  (EACH DEPICENCY MUST BE PRECEDED BY FULL TAG  REGULATORY OR ISO IDENTIFYING INFORMATION)  Z9999  Continued From page 6  associated with the incident/accident. Any pertinent information will be transferred onto the Safety Committee Report."  It also states, "4. The committee shall conduct any necessary interviews or inquiries to identify if patterns or trends exist" "7. The committee will attempt to determine the cause of the injury and provide a list of considerations relevant to prevention of further incidents/accidents."  A facility "Safety Committee" report dated 2/8/15, under the section titled "Summary of Incident" it states, "Visiting individual [R1] had come for a visit or 2/6/15 to see if (the facility), would be an appropriate place for him to reside. On 27/15, [RT] left the building several times despite starf prompting. [R1] eloped to a neighbor's house at one point. Staff was immediately notified and immediately went to the neighbor's house at one point. The administrator, the OIDP [Qualified intellectual Disabilities Professional] and the family were notified. The visit was terminated and the family picked [R1] up on 2/7/15."  Under the section titled "Committee Findings" it states, "Staff notified administrator as per protocol as well as family. The visit was terminated immediately following an incident of [R1] leaving the grounds unauthorized."  Under the section titled "Committee Considerations" it states, "Resident was determined not to be a good fit for (the facility), Resident poses safety issues as he does not want to say in the facility or on activity or an activity or and activity.	AND DIAM OF CORDECTION		(X2) MULTIF	PLE CONSTRUCTION			
IL6012280  STREET ADDRESS, CITY, STATE, ZIP CODE  CARTHAGE TERRACE  1205 NORTH CENTER STREET  CARTHAGE TERRACE  SUMMARY STATEMENT OF DEFICIENCIES:  (CA1) ID PREFIX TAG  CROWNER OR AND DEFICIENCY MUST BE PRECEDED BY FULL TAG  CROWNER OR AND DEFICIENCY MUST BE PRECEDED BY FULL TAG  CROSS-REFERENCE TO THE APPROPRIATE  DEFICIENCY)  Z9999  Continued From page 6  associated with the incident/accident. Any periment information will be transferred onto the Safety Committee Report.*  It also states, "4. The committee shall conduct any necessary interviews or inquiries to identify if patterns or trends exist." "7. The committee will attempt to determine the cause of the injury and provide a list of considerations relevant to prevention of further incidents/accidents."  A facility "Safety Committee" report dated 2/8/15, under the section titled "Summary Of Incident" it states, "Visiting individual [R1] had come for a visit on 2/6/15 to see if [the facility] would be an appropriate place for him to reside On 2/7/15, [R1] left the building several times despite staff prompting, [R1] eloped to a neighbor's house at one point. Staff was immediately notified and immediately went to the neighbor's house with another resident's guardian and [R1] came back to [the facility]. The administrator, the OIDP [Qualified Intellectual Disabilities Professional] and the family picked [R1] up on 2/715."  Under the section titled "Committee Findings" it states, "Staff notified administrator as per protocol as well as family. The visit was terminated and immediately following an incident of [R1] leaving the grounds unauthorized.'  Under the section titled "Committee Considerations" it states, "Resident was determined not to be a good if for [the facility or, negative and search and s		O. COMMEDITOR	IDENTIFICATION NUMBER:	A. BUILDING	G:	COMPLETED	
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NAME OF PROVIDER OR SUPPLIER  CARTHAGE I TERRACE  STREET ADDRESS, CITY, STATE ZIP CODE  1205 NORTH CENTER STREET  CARTHAGE, IL 62321  SUMMARY STATEMENT OF DESCRIPTIONS  FREET IN  SECONDARY WISST BE PROCEEDED BY JULY  REGULATORY OR LSC IDENTIFYING INFORMATION)  TAG  Z9999  Continued From page 6  associated with the incident/accident. Any pertrinent information will be transferred onto the Safety Committee Report.  It also states, "4. The committee shall conduct any necessary interviews or inquiries to identify in patterns or trends exist." "7. The committee will attempt to determine the cause of the injury and provide a list of considerations relevant to prevention of further incidents/accidents."  A facility "Safety Committee" report dated 2/8/15, under the section titled "Summary Of Incident" it states, "Visiting individual [R1] had come for a visit on 2/6/15 to see if [the facility] would be an appropriate place for him to reside. On 2/7/15, [R1] left the building several times despite staff prompting. [R1] eloped to a neighbor's house at one point. Staff was immediately notified and immediately went to the neighbor's house with another resident's guardian and [R1] came back to [the facility]. The administrator, the QIDP [Qualified Intellectual Disabilities Professional] and the family picked [R1] up on 2/7/15."  Under the section titled "Committee Findings" it states, "Staff notified administrator as per protocol as well as family. The visit was terminated immediately following an incident of [R1] leaving the grounds unauthorized."  Under the section titled "Committee Considerations" it states, "Resident was determined not to be a good fit for [the facility], Resident poses safety issues as he does not want to stay in the facility or no facility grounds.	IL6012280			B. WING			
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CARTHAGE, IL 62321  SUMMARY STATEMENT OF DEFICIENCIES. TAG  SUMMARY STATEMENT OF DEFICIENCIES. TAG  CECAL DEFICIENCY MUST BE PRECEDED BY FULL. TAG  COntinued From page 6  associated with the incident/accident. Any perfunent information will be transferred onto the Safety Committee Report.*  It also states, "4. The committee shall conduct any necessary interviews or inquiries to identify if patterns or trends exist" "7. The committee will attempt to determine the cause of the injury and provide a list of considerations relevant to prevention of further incidents/accidents."  A facility "Safety Committee" report dated 2/8/15, under the section titled "Summary Of Incident" it states, "Visiting individual [R1] had come for a visit on 2/6/15 to see if [the facility] would be an appropriate place for him to reside. On 2/7/15, [R1] left the building several times despite staff prompting. [R1] eloped to a neighbor's house at one point. Staff was immediately notified and immediately want to the neighbor's house with another resident's guardian and [R1] came back to [the facility]. The administrator, the OIDP [Qualified Intellectual Disabilities Professional] and the family picked [R1] up on 2/7/15."  Under the section titled "Committee Findings" it states, "Staff notified administrator as per protocol as well as family. The visit was terminated immediately following an incident of [R1] leaving the grounds unauthorized."  Under the section titled "Committee Considerations" it states, "Resident was determined not to be a good if for [the facility], resident poses safety issues as he does not want to stay in the facility or not facility or nounds.	CARTHA	GE TERRACE	1205 NOF	RTH CENTE	R STREET		
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determined not to be a good fit for [the facility].  Resident poses safety issues as he does not want to stay in the facility or on facility grounds.		Considerations" it et	ates "Resident was				l
Resident poses safety issues as he does not want to stay in the facility or on facility grounds.		determined not to be	a good fit for Itho facility	Table 1			
want to stay in the facility or on facility grounds.		Resident noses safe	ty issues as he does not				
Visit was terminated 2/7/15 following incident	,	want to stay in the fo	cility or on facility arrays	CONTRACTOR OF THE CONTRACTOR O		Mary Land	I
FIOR WAS CHIMBIEU ZITTE HOMOMING INCINENT	,	lisit was terminated	2/7/15 following in side of				
Administrator was notified immediately as was		Administrator was no	atified immediately as was				

Illinois Department of Public Health

STATE FORM 6899 CWJZ11 If continuation sheet 7 of 9

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l .	NT OF DEFICIENCIES NOF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1	PLE CONSTRUCTION	(X3) DATE S	SURVEY
FIND	Or Corning Hon	IDENTIFICATION NOMBEN.	A. BUILDING	G:	COMPL	_ETED
					c	;
		IL6012280	B. WING		1	8/2015
NAME OF I	PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY,	, STATE, ZIP CODE		
CARTHA	AGE TERRACE		RTH CENTE			
CAITT.	-	CARTHAG	GE, IL 6232			
(X4) ID	SUMMARY STA	ATEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF CORRECTION		(X5)
PREFIX TAG	REGULATORY OR L	Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPRO	LD BE	COMPLETE DATE
		, <del>, , , , , , , , , , , , , , , , , , </del>	IAG	DEFICIENCY)	PRIATE	DATE
Z9999	Continued From pa	age 7	Z9999			
	family. The family	came and picked up [R1]."	-meanward(00000000)			
			- Seattle-		man processor and a second and	
	2a) E2 [Facility Ne]	epresentative] was interviewed am. When asked if the safety	**************************************			
	committee investiga	ation was the only investigation			A PARTY OF THE PAR	
	into this incident, E2	2 stated yes that she did not				
	do a formal investig	gative committee investigation.	- Long Maria Carlos		Addison	
ı	When asked if she	had interviewed all witnesses.	Total Control of the			
	E2 stated that she o	did not interview the family	- Constitution of the Cons			
	member that was in	nere [Z1]. E2 verified that Z1 treet with the staff member	-			
	[E3]. E1 was interv	viewed on 3/06/15 at 9:00am.	-			
	When asked if she	was a part of the safety	Notice and the second			
	committee review, E	E1 stated yes. When asked if	4			
	the safety committee	ee interviewed Z1, E1 stated,	Helphan			
Mo fr	"No we did not."	THE PARTY OF THE P	Militaria			
	E2 was asked if the	e investigation determined	174666			
4	approximately what	t the temperature was outside	The state of the s			
	on that day. E2 stat	ited, "No, but is was cold."	į	The state of the s		
	Where the two staff	investigation determined	1			1
	F2 stated "They we	were when R1 left the house, ere here in the building with a	d d			
	resident getting rear	dy to leave." When asked if	,		1000	
	both of the staff were	re with the resident. E2 stated.	Lanen.			
ĺ	"Yes, both were in th	he building. I'm not sure	ļ		**************************************	
	exactly where both v	were. [E3] was with [R3's]				
	mom [Z1]."	The state of the s		1		
	E2 was asked if bot!	h staff being in the building		1		
١.	was a problem with I	R1 outside, E2 stated, "I don't		****		
1	think it was somethin	ing specific I put in there."		I		
	2b) E2 [Facility Rep	presentative] was interviewed		1	100 H	
(	on 3/06/15 at 9:45an	m. When asked if, as a result		Í		
(	of the investigation in	into R1's elopement on	on the state of th	l		
2	2/07/15, has there be	een any retraining of staff		ı		į
r	regarding supervision	on, E2 stated no. When	Management and an artist and a second and a			
•	asked if the facility of	nas developed a plan to				ļ

prevent a reoccurrance of an incident like this, E2

		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING:		1 ` ′	(X3) DATE SURVEY COMPLETED	
		IL6012280	B. WING		i i	C <b>18/2015</b>	
NAME OF	PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY,	, STATE, ZIP CODE		10/2010	
CARTHA	AGE TERRACE		RTH CENTE GE, IL 6232	R STREET 21			
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES / MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN O (EACH CORRECTIVE AC CROSS-REFERENCED TO DEFICIEN	CTION SHOULD BE O THE APPROPRIATE	(X5) COMPLETE DATE	
	process including "a doing screening in the is in writing somewhave it in writing and the interest of the inte	had to do with the screening add additional staff when the future." When asked if this here, E2 stated, "No I don't ywhere."  Twiewed on 3/06/15 at sked if part of her job duties is to care staff, E1 stated yes. It has been any retraining staff on the doubt there has been any retraining staff on the doubt there has been any result of this incident, E1 to this incident. When is have been put into place to ike this from happening to they train on policies on a ton this specific incident. It has been training since the 1 said yes.  The reviewed. On 2/09/15 the on "Abuse and Neglect".	Z9999				

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