FORM APPROVED Illinois Department of Public Health STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION AND PLAN OF CORRECTION (X3) DATE SURVEY IDENTIFICATION NUMBER: A. BUILDING: COMPLETED IL6008064 B. WING 07/07/2021 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE **490 WEST 16TH PLACE APERION CARE CHICAGO HEIGHTS** CHICAGO HEIGHTS, IL 60411 SUMMARY STATEMENT OF DEFICIENCIES (X4)ID PROVIDER'S PLAN OF CORRECTION (EACH DEFICIENCY MUST BE PRECEDED BY FULL PRÉFIX (X5) COMPLETE PREFIX (EACH CORRECTIVE ACTION SHOULD BE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG CROSS-REFERENCED TO THE APPROPRIATE TAG **DEFICIENCY**) S 000 Initial Comments S 000 Complaint investigation: 2194581/ IL135496 Facility Reported Incident FRI of June 14, 2021/IL134945 Final Observations S9999 S9999 Licensure Violations: 300.610 a) 300.1210 b) 300.1210 c) 300.1210 d)6) 300.2210 b) 6), 7) Section 300.610 Resident Care Policies a) The facility shall have written policies and procedures governing all services provided by the facility. The written policies and procedures shall be formulated by a Resident Care Policy Committee consisting of at least the administrator, the advisory physician or the medical advisory committee, and representatives of nursing and other services in the facility. The policies shall comply with the Act and this Part. The written policies shall be followed in operating the facility and shall be reviewed at least annually by this committee, documented by written, signed and dated minutes of the meeting. Section 300.1210 General Requirements for Nursing and Personal Care b) The facility shall provide the necessary care

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

each resident's comprehensive resident care

and services to attain or maintain the highest practicable physical, mental, and psychological well-being of the resident, in accordance with

TITLE

Attachment A Statement of Licensure Violations

(X6) DATE

PRINTED: 08/02/2021 **FORM APPROVED** Illinois Department of Public Health STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION AND PLAN OF CORRECTION **IDENTIFICATION NUMBER:** (X3) DATE SURVEY A. BUILDING: _ COMPLETED C IL6008064 B. WING 07/07/2021 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 490 WEST 16TH PLACE **APERION CARE CHICAGO HEIGHTS** CHICAGO HEIGHTS, IL 60411 (X4) ID SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX **PREFIX** (EACH CORRECTIVE ACTION SHOULD BE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG COMPLETE CROSS-REFERENCED TO THE APPROPRIATE TAG DATE DEFICIENCY) S9999 Continued From page 1 S9999 plan. Adequate and properly supervised nursing care and personal care shall be provided to each resident to meet the total nursing and personal care needs of the resident. c) Each direct care-giving staff shall review and be knowledgeable about his or her residents' respective resident care plan. d) Pursuant to subsection (a), general nursing care shall include, at a minimum, the following and shall be practiced on a 24-hour, seven-day-a-week basis: 6) All necessary precautions shall be taken to assure that the residents' environment remains as free of accident hazards as possible. All nursing personnel shall evaluate residents to see that each resident receives adequate supervision and assistance to prevent accidents. Section 300.2210 Maintenance b) Each facility shall: 6) Maintain the grounds and other buildings on the grounds in a safe, sanitary and presentable condition. 7) Maintain the grounds free from refuse, litter, insect and rodent breeding areas. This REQUIREMENT is not met as evidenced by: I. Based on interview and record review, the facility failed to supervise smoking breaks to ensure residents properly dispose of smoking material and failed to ensure residents identified as supervised smokers are not in the procession

of smoking contraband. These facility failures apply to 5 of 5 (R6, R10, R11, R12 and R13) residents reviewed for unsafe smoking in a sample size of sixteen. As a result, on 6/14/2021 R6 who is assessed as an unsafe smoker could possess smoking materials and smoked in an

Illinois Department of Public Health STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION AND PLAN OF CORRECTION (X3) DATE SURVEY IDENTIFICATION NUMBER: A. BUILDING: _ COMPLETED IL6008064 B. WING 07/07/2021 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE **490 WEST 16TH PLACE** APERION CARE CHICAGO HEIGHTS CHICAGO HEIGHTS, IL 60411 SUMMARY STATEMENT OF DEFICIENCIES (X4) ID PROVIDER'S PLAN OF CORRECTION (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX (X5) COMPLETE **PREFIX** (EACH CORRECTIVE ACTION SHOULD BE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG CROSS-REFERENCED TO THE APPROPRIATE TAG DATE DEFICIENCY) S9999 Continued From page 2 S9999 unauthorized smoking area (resident room) and started a fire in the room with his roommate (R2). II. Based on observation, interview and record review the facility failed to follow the smoking policy by not prohibiting residents from keeping smoking material, properly disposing of smoking material and smoking unsupervised in non-designated areas. This failure affected 8 of 8 (R1, R6, R10, R11, R12, R13, R15, and R17) residents reviewed for unsafe smoking in a sample size of twenty-one. Findings include: R6 R6 was admitted with the diagnosis of Schizoaffective Disorders and Homicidal Ideations. Brief interview for mental status dated 5/31/21 documents: R6 has a score of fifteen which indicated cognitively intact. Smoking Safety Risk assessment dated 5/21/21 documents: R6 had a minimal problem begging, borrowing, trading items and panhandles for smoking material. R6 requires supervision with smoking and is not able to store smoking material. Behavior note dated 6/14/21 documents a fire was noted in R6 room. R6 said, if he couldn't sleep and why should anyone else. Initial Reportable dated 6/14/21 documents: Smoke coming from R6's room. Fire noted on R6's bed sheets. Care plan dated 5/21/21 documents R6 is a smoker, instructed about the facility policy on smoking: locations, times and safety concerns. Change in condition dated 6/14/21 documents: R6 set fire to bed. Behavior changes: Verbal aggression (cursing and screaming) and danger to self or others. Transfer form dated 6/14/21 documents: Reason for transfer: behavior

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STATEMENT OF DEFICIENCIES (X1) PR

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION A. BUILDING: | | | (X3) DATE SURVEY | |
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| (X4) | ID SUMMARY STA | SUMMARY STATEMENT OF DEFICIENCIES | | PROVIDER'S PLAN OF CORRE | CTION | | |
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| S99 | 99 Continued From page | ge 3 | S9999 | | | | |
| | symptoms (agitation and psychosis) R6 had fire setting behaviors. Census dated 6/9/21 document: R6 was in room with the fire. | | | (2) | | | |
| | cigarette butts/buds | m and 1:29pm, multiple were observed on the ground ng patios during a smoking | | NC. | | | |
| | Director) said, it was was put out pretty que blackened area on the | 6pm, V3 (Maintenance s a small fire in R6's room that uickly. V3 measured the he bed frame and floor, both by 8 cm long. V3 said, the rea is from the fire. | | 28 | | | |
| ī | be alert and orient to said, I was smoking walked to my bathroo but it must have still some ashes as I wal I walked out of my ro I heard staff yell fire I sheets and the tile ur burnt. I save the ciga | m, R6 who was assessed to person, place and time, a cigarette in my room. I om to put the cigarette out, been lit. I must have dropped ked back from the bathroom. From then a few minutes later located in my room. The bed inder the bed sheet was wrette and lighter, I found on noking break to smoke later. | | | | | |
| | Assistant) said, I put were on fire and melt blaze was on the cov | out the fire. The bed sheets cing to the floor. The fire that was partly on the great and physical before the fire. | | | Ī | To | |
| | a fire on the foot portion the room during the fit to see into the room a | n, V6 (Nurse) said, there was ion of R6's bed. R2 was in ire, the smoke was too thick and we were not able to f R6's mattress was burnt. | | | | | |

FORM APPROVED Illinois Department of Public Health STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION **IDENTIFICATION NUMBER:** COMPLETED A. BUILDING: _ C IL6008064 07/07/2021 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE **490 WEST 16TH PLACE** APERION CARE CHICAGO HEIGHTS CHICAGO HEIGHTS, IL 60411 SUMMARY STATEMENT OF DEFICIENCIES (X4) ID PROVIDER'S PLAN OF CORRECTION (X5) COMPLETE (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX **PREFIX** (EACH CORRECTIVE ACTION SHOULD BE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG CROSS-REFERENCED TO THE APPROPRIATE TAG DATE DEFICIENCY) S9999 Continued From page 4 S9999 The fire department said, the fire was set on purpose based on the location of the fire. Fire Department report dated (6/14/21) documents: Fire alarm activated: facility reported furniture burning in R6's room. The mattress burned at the foot end. R6 reported, he was smoking in the room. Smoking Safety Policy dated 11-28-12 documents: To provide safe and healthy living environment. The facility will be designated area for approved for smoking by resident. The facility prohibits resident from keeping smoking material in his/her possession for health, safety and security reasons. The facility restrict access to smoking products, matches and lighters for person deemed unsafe R13 R13 was admitted with the diagnosis of Schizoaffective Disorder, Bipolar type. R13's brief interview for mental status dated 4/12/21 documents a score of ten which indicates moderately impaired. Smoking Safety Risk assessment dated 6/15/21 documents: R13 has a minimal problem with general awareness and orientation to understand the facility safe smoking policy, potential for causing injury to self or other from smoking in unauthorized areas or careless use of smoking material. R13 has a severe problem with following the facility smoking policy. requires supervision and is not able to store

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smoking material. Nursing note dated 6/15/21 documents: R13 was caught in another room with male peer smoking weed. R13 was redirected not to smoke that kind of thing again. Progress note dated 6/15/21 documents: R13 was caught in R12's room passing R12 a lit joint to. Care plan

Illinois Department of Public Health STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION AND PLAN OF CORRECTION (X3) DATE SURVEY **IDENTIFICATION NUMBER:** A. BUILDING: _ COMPLETED IL6008064 B. WING 07/07/2021 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 490 WEST 16TH PLACE **APERION CARE CHICAGO HEIGHTS** CHICAGO HEIGHTS, IL 60411 SUMMARY STATEMENT OF DEFICIENCIES (X4) ID PROVIDER'S PLAN OF CORRECTION (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX (X5) COMPLETE PREFIX (EACH CORRECTIVE ACTION SHOULD BE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG CROSS-REFERENCED TO THE APPROPRIATE TAG DEFICIENCY) S9999 Continued From page 5 S9999 initiated on 8/30/18 documents: R13 smoked in an unauthorized area (bedroom) on 1/21/21 and 4/28/21. R13 was caught smoking contraband in another resident's room. Intervention: R13 requires supervision while smoking, smoking supplies stored in the activity room and if behavior occurs address, counsel and remind of facility policy. Inappropriate smoker form dated 6/15/21: Smoking in an unauthorized area: Smoking drugs automatic three-day ban. On 6/16/21 at 1:34pm, R13 who was assessed to be alert and orient to person, place and time said, I was not allowed to smoke today, because I got caught smoking in R12's room. R13 refused to elaborate on where the smoking paraphernalia Smoking Safety Policy dated 11-28-12 documents: To provide safe and healthy living environment. The facility will have a designated area approved for smoking by resident. The facility prohibits resident from keeping smoking material in his/her possession for health, safety and security reasons. The facility restricts access to smoking products, matches and lighters for person deemed unsafe. R12 R12 was admitted with the diagnosis of Paranoid Schizophrenia. Brief interview for mental status dated 5/27/21 documents a score of fifteen which indicated cognitively intact. Smoking Safety Risk assessment dated 6/12/21 documents: R12 requires supervision with smoking and is not able to store smoking material. Social service note dated 6/15/21 documents: R12 was caught in the midst of accepting a lit joint of marijuana. Inappropriate smoker form dated 6/15/21:

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R10 was admitted with the diagnosis of

Schizophrenia. Social service lookback summary dated 3/24/21 documents R10 was observed receiving smoking paraphernalia from others through a window on 1/5/21. I will not smoke without supervision. Brief interview for mental

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| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | | | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION A. BUILDING: B. WING | | | (X3) DATE SURVEY COMPLETED C 07/07/2021 | | |
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| | S 9999 | Continued From page | ge 7 | S9999 | | | | _ | |
| | | score of thirteen wh Social service note R10 was observed a room. Smoking Safe 6/14/21 documents: with general behavior smoking materials, a self or others from a or careless use of a smoking policy and a trading, borrowing, be smoking material. R smoking and is not a material. | 1 documents: R10 has a ich indicates cognitively intact. dated 6/17/21 documents: smoking in another resident's ety Risk assessment dated R10 has a minimal problem or, seeking out/pursues potential for causing injury to moking in unauthorized area moking material, following the a moderate problem with begging and panhandles for 10 requires supervision with able to store smoking | | | | | | |
| | | floor and the smell o room BBB. Two dark | am, ashes were noted on the fresh smoke was noted in brown cigarettes butts, five butts with white dots noted served on the floor. | | | | | | |
| | | On 6/17/21 at 10:53a Tech), said, I saw five floor. | am, V17 (Mental Health e to six cigarette butts on the | | , m | | | | |
| | 9 | I smelled smoke in rehide in between the conext to the window. I notice a pair of jeans (maintenance) and I noticed a lite cigarett admitted to smoking where they got the lighter. ashes on the floor. | pulled the pants out and e on the pants. R10 and R11 in the room. I don't know ther or cigarette from. We I only saw the buds and | | | | | | |
| | | On 6/17/21 at 11:15a fresh smell of smoke | m, a pair of blue jeans with a was noted with a small | | | | | | |

FORM APPROVED Illinois Department of Public Health STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION IDENTIFICATION NUMBER: A. BUILDING: COMPLETED IL6008064 B. WING 07/07/2021 NAMEOF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 490 WEST 16TH PLACE **APERION CARE CHICAGO HEIGHTS** CHICAGO HEIGHTS, IL 60411 SUMMARY STATEMENT OF DEFICIENCIES (X4)ID PROVIDER'S PLAN OF CORRECTION PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL (X5) **PREFIX** (EACH CORRECTIVE ACTION SHOULD BE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG CROSS-REFERENCED TO THE APPROPRIATE TAG DATE DEFICIENCY) S9999 Continued From page 8 S9999 burned area on the left upper leg near the front pants pocket measuring 5cm. On 6/17/21 at 11:30am, R10 who was assessed to be alert and orient to person, place and time, said, I was smoking. We got caught smoking. R11 got the cigarette off the ground on the smoke patio. On 6/17/21 at 5:18pm/5:19pm, V18 (PRSC)/V19 (PRSC) both said, they did not do a room search for R10/R11. On 6/17/21 at 6:08pm V7 (Social Service Director) said, I didn't directly assign anyone to do a room search. We don't have any resident who are assessed to smoke independently or hold their smoking material. I don't know if staff found the lighter in room BBB. There is no smoking allowed in the building. On 6/17/21 at 6:23pm, V1 (Administrator) said. no one is assessed to smoke independently or to have smoking material. During smoking breaks, staff is observing for residents breaking off filters, smoking difficulties with dumping their ashes or holding the cigarette. I wasn't given anything from the room search. On 6/17/21 at 6:37pm, V20 (Activity Director), said the mental health tech monitors the resident

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brown filters.

filter.

for picking up cigarette butts and pocketing them. We provide the cigarettes with the dark brown

On 6/17/21 at 7:30pm, observed over 100 cigarette butts outside the window of room BBB, along with an empty package of cigarettes and a lighter. Cigarettes butts had both light and dark

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On 6/17/21 at 11:57am, V2 (Director of Nursing)

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Communication dated 6/20/21 documents: R17

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA

| AND PLAN OF CORRECTION IDENTIFICATION NUMBER: | | IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION A. BUILDING: | | (X3) DA | (X3) DATE SURVEY COMPLETED | |
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| APERIO | ON CARE CHICAGO HE | | T 16TH PLA | | | | |
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| S 9999 | Continued From pa | ge 12 | S9999 | | 140 | 15 | |
| | interview for mental documents a score cognitively intact. Sr assessment dated 5 minimal problem wititems, panhandles following the facility supervision with smoking material. So 6/17/21 documents: (PRSC) and V20 (acceptation bathroom which was odor. V7 (PRSD) for unauthorized smoking weed with a note dated 6/12/21 dosmoke, asked R1 to found a lit cigarette. I across the cigarette or a lighter. Care plan R1 was an inapproprious ession of smoking unauthorized area/un caught smoking in the was caught in peer be an odd odor. I admitted Interventions (6/12/21 inappropriate smoking unauthorized suspected/substantial On 6/22/21 at 3:29 pm. | status dated 4/29/21 of fifteen which indicated moking safety risk i/8/21 documents: R1 has a h begging, borrowing, trades or smoking material, safely smoking policy, requires oking and not able to store ocial service noted dated R1 was caught by V15 stivity director) in a peer's smoke filled with a distinct und additional evidence of ag. R1 admitted smoking dated 6/17/21 R1 was caught another peer. Social service ocuments: Staff smelled leave the bathroom and R1 reported, he just came and denied having any more in dated 6/12/21 documents: iate smoker as evidence by any materials, smoking in lauthorized times. R1 was be bathroom. (6/17/21) R1 athroom filled with smoke of ed to smoke weed. I) uphold consequences for g, (6/17/21) search R1 and contraband material if d is ted. | | | | | |
| | be alert to person, pla | nce and time said, I smell the m and was smoking with the | | | | | |

Illinois Department of Public Health STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION AND PLAN OF CORRECTION (X3) DATE SURVEY **IDENTIFICATION NUMBER:** A. BUILDING: __ COMPLETED C IL6008064 B. WING 07/07/2021 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE **490 WEST 16TH PLACE** APERION CARE CHICAGO HEIGHTS CHICAGO HEIGHTS, IL 60411 SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (EACH DEFICIENCY MUST BE PRECEDED BY FULL PRÉFIX (X5) COMPLETE (EACH CORRECTIVE ACTION SHOULD BE **PREFIX** REGULATORY OR LSC IDENTIFYING INFORMATION) TAG CROSS-REFERENCED TO THE APPROPRIATE TAG DATE DEFICIENCY) S9999 Continued From page 13 S9999 On 6/22/21 at 4:10pm, V15 (PRSC) said, R1 and R15 were smoking weed in the bathroom of room R12's room. The smoke was fresh and filled the bathroom. R1 and R15 had just finished smoking. We did not find the lighter nor would either resident report where they got the weed. Smoking Safety Policy dated 11-28-12 documents: To provide safe and healthy living environment. The facility will designate an area approved for smoking by residents. The facility prohibits resident from keeping smoking material in his/her possession for health, safety and security reasons. The facility restricts access to smoking products, matches and lighters for persons deemed unsafe. R15 R15 was admitted with the diagnosis of Schizophrenia and Borderline Personality disorder. Brief interview for mental status dated 5/2/21 documents a score of fifteen which indicated cognitively intact. Smoking assessment dated 6/16/21 documents: R15 has a minimal problem for causing injury to self or others from smoking in unauthorized areas or careless use of smoking material, with hazardous behavior and following the facility smoking policy. R15 requires supervision with smoking and is not able to store smoking materials. R15 has a history of smoking unauthorized. Smoking assessment dated 6/17/21 documents: R15 admitted to smoking unauthorized. Smoking assessment 6/18/21 documents: R15 was caught smoking unauthorized. Social service note dated 6/17/21 documents: R15 and another peer was found in another peer's bathroom filled smoke with an odd odor. Contraband was retrieved from R1's room.

Illinois Department of Public Health STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION AND PLAN OF CORRECTION (X3) DATE SURVEY **IDENTIFICATION NUMBER:** A. BUILDING: _ COMPLETED C IL6008064 B. WING 07/07/2021 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 490 WEST 16TH PLACE **APERION CARE CHICAGO HEIGHTS** CHICAGO HEIGHTS, IL 60411 (X4) ID SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (EACH DEFICIENCY MUST BE PRECEDED BY FULL PRÉFIX (X5) COMPLETE (EACH CORRECTIVE ACTION SHOULD BE **PREFIX** REGULATORY OR LSC IDENTIFYING INFORMATION) TAG TAG CROSS-REFERENCED TO THE APPROPRIATE DATE DEFICIENCY) S9999 Continued From page 14 S9999 R15 reports, taking a puff off some weed. Nursing note dated 6/17/21 documents: R15 was caught smoking in the room with another peer. Social service note dated 6/18/21 documents: R15 was found smoking weed in his room. Contraband was confiscated. R15's care plan dated 6/17/21 documents: I am a smoker. I have a history of suspected inappropriate smoking evidence by smoking in my room. I was caught in a peer's bathroom smoking. I admitted to taking a puff of peer's "weed". R15's care plan dated 6/18/21 documents: I was caught allegedly smoking weed. On 6/22/21 at 3:46pm, R15 who was assessed to be alert and oriented to person place and time, refused to elaborate on smoking or where the smoking contraband came from. On 6/22/21 at 4:10pm, V15 (PRSC) said, R15 was smoking weed in R12's bathroom. The smoke was fresh and filled the bathroom. R15 had just finished smoking. We did not find the lighter nor would either resident report where the contraband came from. Smoking Safety Policy dated 11-28-12 documents: To provide safe and healthy living environment. The facility will designate an area approved for smoking by residents. The facility prohibits residents from keeping smoking materials in his/her possession for health, safety and security reasons. The facility restricts access to smoking products, matches and lighters for persons deemed unsafe. "A"