

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>IL6013973</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING: _____	(X3) DATE SURVEY COMPLETED  <b>07/21/2022</b>
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NAME OF PROVIDER OR SUPPLIER  <b>FOSTERBURG TERRACE</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>4617 WONDERLAND DRIVE ALTON, IL 62002</b>
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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
Z 000	<b>COMMENTS</b>  Annual Licensure Survey	Z 000		
Z9999	<b>FINDINGS</b>  Statement of Licensure Violations:  1 of 6 350.1010e) 350.1060e) 350.1060j)  Section 350.1010 Service Programs  The facility shall provide, either directly or through arrangements with an outside resource, as needed by the individual resident, all resident living services, training and guidance necessary in the activities of daily living and in the development of self-help skills for maximum independence. These services shall consist of at a minimum the following:  e) Training and Habilitation Services (as defined in Section 350.1060)  Section 350.1060 Training and Habilitation Services  e) An appropriate, effective and individualized program that manages residents' behaviors shall be developed and implemented for residents with aggressive or self-abusive behavior. Adequate, properly trained and supervised staff shall be available to administer these programs.  j) Appropriate records shall be maintained for each resident functioning in these programs. These shall show appropriateness of the program	Z9999	<p style="text-align: center;"><b>Attachment A</b> <b>Statement of Licensure Violations</b></p>	

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X8) DATE
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Z9999	<p>Continued From page 1</p> <p>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>These requirements are not met as evidenced by:</p> <p>Based on observation, record review and interview, the facility failed to develop an active treatment program for 1 of 1 Individual (R1) in the sample who does not attend the day training program consistently.</p> <p>Findings Include:</p> <p>Review of R1's IHP (Individual Habilitation Plan) of 3/16/22 documents, "R1 is an ambulatory verbal male who functions in the Mild Range of Intellectual Disabilities. R1 displays inappropriate behaviors defined as verbal aggression, threats or acts of physical aggression, self-induced vomiting and non-compliance."</p> <p>Proactive measures identified in R1's behavior plan includes, "R1 is an individual who needs to exercise choice and control over his own life. He will become more agitated if he feels that a decision is made without his input. Staff should explain to R1 why they are making request of him, and they should be sure that he understands the request and why it is being made."</p> <p>On 7/11/22 at 10:50 am, E4 (Direct Support Person) stated, "It is a hit or miss whether R1 attends day training that day. Usually it's between 9:30 am-10:00 am before he is ready to leave."</p> <p>Review of R1's Facility Progress Notes from 4/1/22 to current:</p> <p>- "4/1/22 R1 refused to go to workshop again</p>	Z9999		

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Z9999	<p>Continued From page 2</p> <p>today. Been out all week cause he's refusing to go cussing at staff."</p> <p>- "4/5/22 Wouldn't get up when the workshop van came to pick him up for workshop took him around 9."</p> <p>- "4/8/22 Refused to go to workshop or anything else stayed in bed all day."</p> <p>- "4/11/22 Refused to go to workshop, screamed at staff when they asked him to get up and go to workshop. R1 screamed that he wasn't going to workshop that he didn't like it and he was tired and he needed a nap."</p> <p>- "4/12/22 R1 didn't want to get back up out of bed after breakfast but staff finally talked him into getting up and he went to workshop. Got there at 9:10 this morning."</p> <p>- "4/14/22 Refused to get up and go to workshop again today, screaming and yelling saying he wasn't going to workshop and anything else."</p> <p>- "4/19/22 R1 did go to workshop today, but it took staff awhile to talk him into it. R1 cussed at staff, called them names and even tried to hit them. But he did go."</p> <p>- "4/21/22 After breakfast, R1 went to bed and wouldn't get up to go to workshop. He cussed, flipped the bird, screamed at top of his lung saying he wasn't going to workshop and tried to hit staff."</p> <p>- "4/25/22 R1 wouldn't get up and go to workshop today, after staff let him lay in bed about a half hour or so, R1 said he wasn't going to workshop. And he wouldn't do anything else either."</p> <p>- "4/27/22 Refused to get up out of bed after he ate breakfast, said he wasn't going to workshop yelled at staff and refused to do anything else."</p> <p>- "4/28/22 Wouldn't get back up out of bed to go to workshop after breakfast."</p> <p>- "4/29/22 R1 didn't want to go to workshop today, but doubled tag him today and got him to go. Staff took him around 9:30 am R1 did a little</p>	Z9999		

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Z9999	<p>Continued From page 3</p> <p>yelling."</p> <p>No progress notes available for May.</p> <p>-6/15/22 R1 screamed at staff a couple of times when they got him up to brush his teeth and when he got done with that he came back to his room and screamed at staff saying he wasn't going to workshop. But he did."</p> <p>-6/16/22 R1 did a little screaming saying he wasn't going to workshop, but he went."</p> <p>-6/28/22 R1 was cussing at staff and yelling at them because he didn't want to go to workshop."</p> <p>-6/30/22 R1 wouldn't get up for other staff to go to workshop so he stayed home all day in bed."</p> <p>Observation on 7/12/22 and 7/13/22, R1 refused to go to workshop, and staff let him lay in bed all day.</p> <p>Interview with E1 (Administrator) on 7/13/22 at 2:00 pm, E1 was asked, "Do you have an activity treatment schedule for R1 on the day he stays home from workshop." E1 replied, "No."</p> <p style="text-align: center;">(C)</p> <p>2 of 3</p> <p>350.1060c)1) 350.1060h)</p> <p>Section 350.1060 Training and Habilitation Services</p> <p>c) There shall be written training and habilitation objectives for each resident that are:</p> <p>1) Based upon complete and relevant diagnostic and prognostic data.</p>	Z9999		

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Z9999	<p>Continued From page 4</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>These requirements are not met as evidenced by:</p> <p>Based on observation, record review and interview, facility failed to:</p> <p>1) identify in the Individual Habilitation Plan (IHP) utilization of an Epinephrine Pen (epi pen) for a bee sting allergy, affecting 1 individual outside the sample (R10),</p> <p>2) ensure individuals program objectives are specific to the individual's needs, affecting 2 individuals outside the sample (R5, R14).</p> <p>Findings include:</p> <p>1) The 10/6/21 IHP identifies R10 as an individual who functions within the Severe Range for Individuals with Intellectual Disabilities. R10 has addition diagnosis of Autism. R10's IHP identifies allergies including bee sting.</p> <p>R10's Physician's Order Sheet dated 6/1/22 include, "Epinephrine 0.3 mg Auto-Inject, inject as needed for bee sting allergy. May repeat every 5 to 15 minutes x1 as needed."</p> <p>On 7/11/22 at 4:05 pm, R10's epinephrine pen (epi pen) was observed pinned onto the cork board in the medication room at the facility.</p>	Z9999		

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Z9999	<p>Continued From page 5</p> <p>On 7/11/22 at 4:06 pm, E5 (Direct Support Person/DSP) was asked what R10 uses an epi pen for. E5 stated, "For bee stings."</p> <p>On 7/12/22 at 9:25 am, R10 left the facility to go to day training. R10's epi pen was observed to be pinned onto the cork board in the medication room at the facility and did not go with him to day training.</p> <p>On 7/12/22 at 9:39 am, R10's had no epi pen observed to be in the medication room at day training.</p> <p>On 7/12/22 at 9:39 am, Z1 (Day Training Medication Specialist) was asked if R10 was currently at day training. Z1 stated, "Yes." Z1 was asked if they have an epi pen for R10. Z1 stated, "No, we do not. It went back to the facility during COVID and didn't return with him when they started coming back to day training."</p> <p>On 7/12/22 at 9:59 am, E1 (Administrator) was asked when did individuals return to day training since COVID. E1 stated, "May or June of 2021." E1 was asked since the return to day training, has R10 gone 5 days a week. E1 stated, "Yes." E1 was asked what R10 was allergic to and needed an epi pen. E1 stated, "Bee stings." E1 was asked if R10 should have an epi pen at day training while he is there. E1 stated, "Yes." E1 was asked who is responsible to ensure the epi pen is at day training. E1 stated, "The facility." E1 was asked should it be in his IHP that R10 requires an epi pen for bee stings. E1 stated, "Yes."</p> <p>2a) Facility Roster, dated 7/10/22, identifies R5 as an individual who functions within the Mild Range</p>	Z9999		

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Z9999	<p>Continued From page 6 for Individuals with Intellectual Disabilities.</p> <p>R5's IHP, dated 7/10/22 documents, "Language-Current Status: R5 can say some words that those close to him can understand. He will write down something if he wants to tell someone something. He had a speech evaluation in 12/31/19. Per evaluation, patient presented with severe cognitive communication deficit."</p> <p>R5's IHP Medication Program dated 11/1/21 documents, "2) R5 will state the name of the medication (Seroquel). 3) R5 will state the dosage and number of pills to be taken (Seroquel). 4) R5 will state what time the medication is to be taken (Seroquel)."</p> <p>On 7/11/22 at 4:04 pm, E5 held up 2 medication cards and asked R5 which one was his Seroquel. R5 pointed to a card. E5 then asked R5 when do you take it. R5 was unable to answer.</p> <p>On 7/12/22 at 1:46 pm, E1 was asked if R5 can state the name of medication, dose, number of pills he takes and time the medication is administered. E1 stated, "No, we will revise that."</p> <p>2b) Review of R14's IHP (Individual Habilitation Plan) of 10/1/22, R14 is a non-verbal ambulatory male who functions in the Severe Range of Intellectual Disabilities with Mild Cerebral Palsy and Blindness.</p> <p>The 10/1/22 IHP documents, "R14 needs assistance with completing all daily living activities. R14 needs assistance with making purchases. R14 does not recognize or understand the value of money. The team recommended an objective to recognize money."</p>	Z9999		

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Z9999	<p>Continued From page 7</p> <p>Review of R14's money program, "Given 6 or less hand over hand prompts. R14 will identify a PENNY out of an assortment of items."</p> <p>Interview with E1 (Administrator) on 7/12/22 at 1:30 pm, E1 was asked with R14's blindness and functioning level would R14 be successful in completing this money program. E1 responded, "No."</p> <p style="text-align: right;">(C)</p> <p>3 of 6</p> <p>350.1060c)2)</p> <p>Section 350.1060 Training and Habilitation Services</p> <p>c) There shall be written training and habilitation objectives for each resident that are:</p> <p>2) Stated in specific behavioral terms that permit the progress of the individual to be assessed.</p> <p>These requirements are not met as evidenced by:</p> <p>Based on record review and interview, the facility failed to have accurate projected completion dates for the individuals program objectives for 3 of 3 in the sample (R1, R2 and R3).</p> <p>Findings Include:</p> <p>1) Review of the R1's IHP (Individual Habilitation Plan) of 3/16/22, R1 functions in the Mild Range of Instinctual Disabilities. R1 has the following program objectives: -decrease incidents of inappropriate behaviors.</p>	Z9999		



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Z9999	<p>Continued From page 8</p> <p>No start date or target date identified.</p> <ul style="list-style-type: none"> <li>-participate in 3 activities weekly. No start or target date.</li> <li>-pick out and purchase an item. No start date or target date</li> <li>-complete steps 1 of his medication program (Donepezil). No start or target date.</li> <li>-state his address. No start or target date.</li> <li>-complete his hygiene checklist. No start date or target date.</li> </ul> <p>2) Review of R2's IHP (Individual Habilitation Plan) of 1/4/22, R2 functions the Moderate Range of Intellectual Disabilities. R2 has the following program objectives:</p> <ul style="list-style-type: none"> <li>-complete the steps for showering. No start or target date.</li> <li>-decrease incidents of inappropriate behaviors. No start or target date.</li> <li>-walk for a total of 15 minutes. No start or projection date.</li> <li>-Identify one quarter from a field of other coins. No start or target date.</li> <li>-complete her Physical Therapy exercise. No start or target date.</li> </ul> <p>3) Review of R3's IHP (Individual Habilitation Plan) 1/25/22, R3 functions in the Profound Range of Intellectual Disabilities. R3 has the following program objectives:</p> <ul style="list-style-type: none"> <li>-reduce incidents of physical aggression. No start date or target date identified.</li> <li>-will sign the word "eat." No start or target date.</li> <li>-turn on the facet. No start date or target date.</li> <li>-point to a quarter from a set of two. No start date or target date.</li> </ul> <p>On 7/11/22 at 1:30 pm, E1 (Administrator) stated, "I wasn't aware there were no start dates or target dates of the individuals program objectives until I</p>	Z9999		

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Z9999	<p>Continued From page 9</p> <p>just printed them off the computer. I guess we need to fix that."</p> <p style="text-align: right;">(C)</p> <p>4 of 6</p> <p>350.1060a) 350.1060h)</p> <p>Section 350.1060 Training and Habilitation Services</p> <p>a) The facility shall provide training and habilitation services to facilitate the intellectual, sensorimotor, and effective development of each resident in the facility.</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>These requirements are not met as evidenced by:</p> <p>Based on record review and observation, the facility failed to ensure implementation of Individual Habilitation Plan as designed for 1 individual outside the sample who needed prompting to slow down throughout the meal (R14).</p> <p>Findings include:</p> <p>Review of R14's IHP (Individual Habilitation Plan) of 10/1/22, R14 is a non-verbal ambulatory male</p>	Z9999		
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Z9999	<p>Continued From page 10</p> <p>who functions in the Severe Range of Intellectual Disabilities with additional diagnosis of Mild Cerebral Palsy and Blindness. R14 needs assistance with completing all daily living activities. R14 needs prompting to slow down throughout the meal.</p> <p>Observation on 7/11/22 at the evening meal, R14 utilized a high sided dish and a build up spoon. R14 was observed to place large amount of food on spoon and eat a rapid pace. Staff was not observed to Intervene during the meal or prompt R14 to slow down.</p> <p>(B)</p> <p>5 of 6</p> <p>350.1060d) 350.1060e)</p> <p>Section 350.1060 Training and Habilitation Services</p> <p>d) There shall be evidence of training and habilitation services activities designed to meet the training and habilitation objectives set for every resident.</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 supervised staff shall be available to administer these programs.</p> <p>These requirements are not met as evidenced by:</p> <p>Based on record review and interview, the facility</p>	Z9999		

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Z9999	<p>Continued From page 11</p> <p>failed to revise program objectives for 3 of 3 individuals in the sample (R1-R3).</p> <p>Findings Include:</p> <p>1) Review of the R1's IHP (Individual Habilitation Plan) of 3/16/22, R1 functions in the Mild Range of Instinctual Disabilities. R1 has the following program objectives:                      -decrease incidents of inappropriate behaviors.                      -participate in 3 activities weekly.                      -pick out and purchase an item.                      -complete steps 1 of his medication program (Donepezil).                      -state his address.                      -complete his hygiene checklist.</p> <p>2) Review of R2's IHP (Individual Habilitation Plan) of 1/4/22, R2 functions the Moderate Range of Intellectual Disabilities. R2 has the following program objectives:                      -complete the steps for showering.                      -decrease incidents of inappropriate behaviors.                      -walk for a total of 15 minutes.                      -identify one quarter from a field of other coins.                      -complete her Physical Therapy exercise.</p> <p>3) Review of R3's IHP (Individual Habilitation Plan) 1/25/22, R3 functions in the Profound Range of Intellectual Disabilities. R3 has the following program objectives:                      -reduce incidents of physical aggression.                      -will sign the word "eat."                      -turn on the facet.                      -point to a quarter from a set of two.</p> <p>On 7/11/22 at 1:57 pm, E1 (Administrator) was asked if program objectives had been revised for R1, R2, or R3. E1 stated, "No." E1 confirmed programs had not been revised for at least a</p>	Z9999		

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  IL6013973	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED  07/21/2022	
NAME OF PROVIDER OR SUPPLIER  FOSTERBURG TERRACE		STREET ADDRESS, CITY, STATE, ZIP CODE 4617 WONDERLAND DRIVE ALTON, IL 62002		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
Z9999	<p>Continued From page 12 year.</p> <p>(C)</p> <p>6 of 6</p> <p>350.1086b)</p> <p>Section 350.1086 Unnecessary, Psychotropic, and Antipsychotic Drugs</p> <p>b) Psychotropic medication shall not be prescribed without the informed consent of the resident, the resident's guardian, or other authorized representative. (Section 2-106.1(b) of the Act) Additional informed consent is not required for reductions in dosage level or deletion of a specific medication. The informed consent may provide for a medication administration program of sequentially increased doses or a combination of medications to establish the lowest effective dose that will achieve the desired therapeutic outcome. Side effects of the medications shall be described.</p> <p>These requirements are not met as evidenced by:</p> <p>Based on record review and interview, the facility failed to ensure 1 of 3 (R1) in the sample had guardian written consent for the approval of psychotropic medication.</p> <p>Findings Include:</p> <p>Review of R1's IHP (Individual Habilitation Plan) of 3/16/22, R1 is an ambulatory verbal male who functions in the Mild Range of Intellectual Disabilities. R1 displays inappropriate behaviors defined as verbal aggression, threats or acts of physical aggression, self-induced vomiting and</p>	Z9999		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>IL6013973</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING: _____		(X3) DATE SURVEY COMPLETED  <b>07/21/2022</b>
NAME OF PROVIDER OR SUPPLIER  <b>FOSTERBURG TERRACE</b>		STREET ADDRESS, CITY, STATE, ZIP CODE <b>4617 WONDERLAND DRIVE ALTON, IL 62002</b>		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
Z9999	Continued From page 13 non-compliance.  R1 receives Depakote 500 mg BID and Zyprexa 7.5 mg to control his maladaptive behaviors.  Review the guardian consent the last consent sign was on 6/6/21. The consent indicates not to exceed one year.  Interview with E1 on 7/11/22 at 2:30 pm, E1 confirms the consents are expires. E1 stated, "Yes, we need to fix that."  (C)	Z9999		