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 IL6000079 B. WING 01/24/2022 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 110 NORTH ALBY COURT **PIASAMANOR** GODFREY, IL 62035 SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL (X4) ID PROVIDER'S PLAN OF CORRECTION PRÉFIX (X5) COMPLETE DATE (EACH CORRECTIVE ACTION SHOULD BE **PREFIX** REGULATORY OR LSC IDENTIFYING INFORMATION) TAG TAG CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY) Z 000 COMMENTS Z 000 Annual Health Survey Z9999 FINDINGS Z9999 Statement of Licensure Violations: 350.1060e) 350.1210 350.1840b) Section 350.1060 Training and Habilitation Services e) An appropriate, effective and individualized program that manages resident 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. Section 350.1210 Health Services The facility shall provide all services necessary to maintain each resident in good physical health. Section 350.1840 Diet Orders b)Physicians shall write a diet order, in the medical record, for each resident indicating whether the resident is to have a general or a therapeutic diet. The diet shall be served as Attachment A ordered. Statement of Licensure Violations

nois Department of Public Health

30RATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

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 B. WING IL6000079 01/24/2022 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 110 NORTH ALBY COURT PIASAMANOR GODFREY, IL 62035 (X4) ID PREFIX SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX (EACH CORRECTIVE ACTION SHOULD BE REGULATORY OR LSC IDENTIFYING INFORMATION) COMPLETE TAG CROSS-REFERENCED TO THE APPROPRIATE TAG DATE DEFICIENCY) Z9999 Continued From page 1 Z9999 These Requirements are Not Met evidenced by: Based on record review, observation, and interview, the Qualified Intellectual Disabilities Professional failed to ensure: Staff were trained on proper diets (R1) hadto intervene when an individual is coughing during a meal (R6). Active Treatment provided for 2 individuals who are not currently enrolled in a Day Training Program (R1 and R4). A Behavior Program was developed for 2 individuals with identified behaviors (R3 and R4), failed A Complete Comprehensive Functional Assessment was developed (R3 and R4). Failed to ensure and provide 2 individuals (R1 and R4) who are currently not enrolled in a day training with an active treatment program that will meet their needs during the day training hours, also, facility failed to develop behavior plans for 1 individual in the sample (R3) and 1 outside the sample (R4) who demonstrate inappropriate behaviors, also, facility failed to ensure complete comprehensive functional assessments were developed for 1 inside the sample (R3) and 1 outside (R4). Findings Include: 1. R1 is identified on the Physician Order Sheets (POS) dated January 2022, as functioning in the Mild Range of Intellectual Disability and is edentulous (without teeth). R1's POS also identifies that R1 is to receive a Regular Mechanical Soft Diet. Observations on 1/18/22 from 2:00 PM-5:45 PM and 1/19/22 from 7:30 AM-3:30 PM, R1 was home while peers attended day training. R1 was observed to be laying in bed watching television.

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behavior of elopement.

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	non-verbal female v Range of Intellectual diagnosis of Autism, Compulsive Disorder Disorder. R4's ISP indicates I behaviors and you we doors, turning off lightable. I do not like long	do have some OCD type vill observe me shutting hts or pushing chairs to the ud situations or loud people.					
- 1		he facility on 4/19/21.					
ir h	ndividuals proceeded Day Training bus. The acreased with every	22 at 3:20pm, several do to enter the facility from the evolume in the facility one talking at once. R4 threw the started to scream and hit					
E	2 (House Manage) s nvironment creates t	stated " a change in the behaviors for R4.					
1114	bservation on 1/19/2 ing room, exhibiting ehaviors).	22, R4 was observed in the SIB (Self -Injurious			270		
Int ke	terview with E2 on 1 eping data on R4's	/19/22, "Is the facility SIB. E2 answered "No"					
da	Behavioral Support F E3 (Administrator). te on the plan. nt of Public Health	Plan was written on 1/16/22 There is no implementation					

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