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: B. WING IL6005268 10/24/2022 STREET ADDRESS, CITY, STATE, ZIP CODE NAME OF PROVIDER OR SUPPLIER **221 EAST THIRD STREET LEBANON TERRACE** LEBANON, IL 62254 SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X4) ID (X5)(EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX PREFIX (EACH CORRECTIVE ACTION SHOULD BE COMPLETE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG CROSS-REFERENCED TO THE APPROPRIATE DATE TAG **DEFICIENCY**) Z 000 **COMMENTS** Z 000 Annual Certification Z9999 **FINDINGS** Z9999 Statement of Licensure Violations I of II: 350.620a) 350.700a) 350.700b) 350.700c) 350.3240a) Section 350.620 Resident Care Policies 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 Section 350.700 Incidents and Accidents a) The facility shall maintain a file of all written reports of each incident and accident affecting a resident that is not the expected outcome of a resident's condition or disease process. A descriptive summary of each incident or accident affecting a resident shall also be recorded in the progress notes or nurse's notes of that resident b) The facility shall notify the Department of any serious incident or accident. For purposes of this Section, "serious" means any incident or accident that causes physical harm or injury to a resident. c) The facility shall, by fax or phone, notify the Regional Office within 24 hours after each Attachment A Statement of Licensure Violations reportable incident or accident. If the facility is unable to contact the Regional Office, it shall notify the Department's toll-free complaint registry

Illinois Department of Public Health
LABORATORY 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: COMPLETED A. BUILDING: _ IL6005268 **B. WING** 10/24/2022 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE **221 EAST THIRD STREET** LEBANON TERRACE LEBANON, IL 62254 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 TAG REGULATORY OR LSC IDENTIFYING INFORMATION) CROSS-REFERENCED TO THE APPROPRIATE TAG DEFICIENCY) **Z9999** Continued From page 1 Z9999 hotline. The facility shall send a narrative summary of each reportable accident or incident to the Department within seven days after the occurrence. Section 350.3240 Abuse and Neglect a) An owner, licensee, administrator, employee or agent of a facility shall not abuse or neglect a resident. It is the duty of any facility employee or agent who becomes aware of such abuse or neglect to report it as provided in the Abused and Neglected Long Term Care Facility Residents Reporting Act. This REQUIREMENT is not met as evidenced by: Based on record review and interview the facility failed to implement their policy to prevent neglect for 1 of 1 individual (R2) in the sample who was hospitalized for consuming a non-consumable item. The facility failed to thoroughly investigate an incident requiring hospitalization and surgery due to R2 ingesting an inedible item. The facility also failed to report the final results of their investigation to Illinois Department of Public Health (IDPH) within 5 working days for 1 of 1 individual inside the sample (R2) who consumed an inedible item requiring hospitalization and surgery. Findings include: Facility Abuse and Neglect Policy 3.402 dated 4/1/17 documents, "The facility shall be operated in a manner which ensures that individuals are not subjected to neglect or to physical, verbal, sexual, psychological abuse or punishment." R2's Individual Support Plan (ISP) dated 2/23/22 identifies R2 as an individual who functions within

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:			(X2) MULTIPLE CONSTRUCTION A. BUILDING:			(X3) DATE SURVEY COMPLETED	
91		IL6005268	B. WING		10/2	10/24/2022	
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	the Severe Range to Disabilities.	for Individuals with Intellectual					
	documents, "Targe Non-Consumable Consuming objects Interventions/Metho Behavior: Eating Norder to combat eateam has determined."	Objects is defined as that are not to be consumed. Ods Specific to Each Target on-Consumable Objects: In ting consumable objects, the ed it to be necessary to do a by to ensure that there are no		in the second se		7	
	incident in which shadecoration that was exhibited behaviors items in the past; hwarranted removal hospitalization as it will ensure that this way of doing a swe in every 30 minutes that she is not at risincidents in which I consume non-cons	23/22 documents, "R2 had an the ingested a metal leaf off of a sin her room. R2 has never so of ingesting non-consumable towever, this incident of the object through was lodged in throat. Staff sides not happen again by the pof the area in which R2 is and document it to ensure sk. Staff will document all R2 is observed attempting to sumable items on a behavior tell as this will be added to her riors."					
	Behaviors: Eating I defined as consum consumed. Interve Each Target Behav Objects: In order to objects, the team I necessary to do a	19/22 documents, "Target Non-Consumable Objects is ling objects that are not to be entions/Methods Specific to vior: Eating Non-Consumable o combat eating consumable has determined it to be sweep of the facility to ensure bjects that can be easily	<u>(i)</u>				

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Illinois Department of Public Health STATE FORM

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED	
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	"Event time 1:10 ar R2 went back to be R2 vomits liquid an temperature was dowith her heart rate womited at 6 a.m. in R2's temperature with 107 pulse. The number R2 to go to the came in. R2 was to R2 is being admitted have surgery due to intestine. Follow Up	port dated 7/1/22 documents, in, After going to the bathroom id. A few minutes pass where d bits of food. R2's seemed normal by the nurse slightly elevated. R2 again in the bed. For the second time was 98 F, 139 sys, 103 dia, and se deemed it was necessary hospital when morning staff aken to the hospital by staff. It is do to the hospital to potentially of an object blocking her small of documented on 7/11/22: R2 the hospital at 7:30 pm on				
	Note dated 7/1/22 (Computerized Ton obstruction with ing	gency Department) Provider documents, "CT nography) shows small bowel gested foreign material. Insult. NG (Nasogastric) tube			25	
	7/1/22 documents, that showed a sma foreign body at the taken to the operat foreign body. The eviscerated, and the found along with the enterotomy was marked.	ative Procedure) Note dated "R2 has COT scan performed ill-bowel obstruction with a site of transition. R2 was ing room for removal of this small bowel was then be point of obstruction was be foreign body. A transverse ade just proximal to this area dy was grasped and removed tomy."				# · · · · · · · · · · · · · · · · · · ·
	"R2 has mid abdor	ote dated 7/1/22 documents, ninal incision closed with th a adherent dressing gauze				#! #0

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: B. WING IL6005268 10/24/2022 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE **221 EAST THIRD STREET LEBANON TERRACE** LEBANON, IL 62254 SUMMARY STATEMENT OF DEFICIENCIES (X4) ID PREFIX PROVIDER'S PLAN OF CORRECTION (X5) COMPLETE (EACH DEFICIENCY MUST BE PRECEDED BY FULL **PREFIX** (EACH CORRECTIVE ACTION SHOULD BE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG CROSS-REFERENCED TO THE APPROPRIATE DATE TAG DEFICIENCY) Z9999 Continued From page 4 Z9999 and tape. Small amount of sanguineous drainage noted. 14 french NG tube to left nare at 65 cm and set to low intermittent suction." Facility Follow-Up dated 7/1/22 documents. "3:22 pm-E4 (Direct Support Person/DSP) shared that he did not see R2 consume anything. 3:50 pm-E5 (DSP) stated that she did not see R2 eat anything that was not consumable as she worked midnight. E5 shared that she just saw her vomiting and followed her training. E5 stated that she contacted the nurse and monitored R2 as instructed before she went to the hospital. 7:38 pm-Received a phone call from E1 (Program Service Specialist/PSS) stating that R2 had swallowed a hair tie. The hair tie was a plastic hair tie that had been used to put her hair in a ponytail that was purchased by Z1 (guardian) E1 was instructed to train staff to ensure that there are no hair ties placed in R2's hair as the hair tie that was found was the hair tie that she was wearing the morning prior to the incident." Facility Training Record dated 7/1/22 documents. "Topic(s): Sweep of Facility for R2 in Time Tracking (Morning, Evening, Over Night) Please make sure you are checking her room and areas she may be sitting at. Document as well in facility electronic medical records time tracking." Interview on 10/13/22 at 9:42 am, E6 (Qualified Intellectual Disabilities Professional/QIDP) was asked for proof of a five-day final investigation which addressed R2's incident of swallowing an inedible item was sent to IDPH. E6 stated, "I don't have confirmation." Interview on 10/13/22 at 10:05 am, E4 (DSP) was asked in regard to R2's surgery in July, due to swallowing a hair tie, were you asked questions

PRINTED: 11/22/2022 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: B. WING IL6005268 10/24/2022 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE **221 EAST THIRD STREET LEBANON TERRACE** LEBANON, IL 62254 SUMMARY STATEMENT OF DEFICIENCIES (X4) ID PREFIX PROVIDER'S PLAN OF CORRECTION (X5)(EACH DEFICIENCY MUST BE PRECEDED BY FULL (EACH CORRECTIVE ACTION SHOULD BE **PREFIX** COMPLETE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG CROSS-REFERENCED TO THE APPROPRIATE DATE TAG **DEFICIENCY**) Z9999 Continued From page 5 Z9999 by anyone at the facility regarding the incident. E4 stated, "No." E4 was then asked to confirm that no one asked you any questions about how it happened or asked you for a written statement. E4 stated, "Exactly." Interview on 10/13/22 at 10:12 am, E1 (Program Service Specialist/PSS) confirmed R2 is supposed to have sweeps done every 30 min. E1 was asked when she did in-service staff regarding R2 is not to have hair ties, the in-service form that was given to surveyor does not address that in the topic. E1 stated, "I didn't put it on the form for that day." Interview on 10/13/22 at 10:15 am, E5 (DSP) was asked when R2 swallowed a hair tie, did anyone contact you for a statement or request a written statement from you. E5 stated, "No." E5 was asked, have you been in-serviced that R2 is not to have hair ties. E5 stated, "Not that I know of. No." E5 was then asked if R2 was on PICA Sweeps/Room Sweeps. E5 stated, "Yes." E5 was asked what you have been instructed to look for when you do those. E5 stated, "Look in her hands and also make sure she isn't chewing on anything." R2's Time Tracking Sweep of Facility dated 7/22 there is no documentation on: 7/13/22 from 2:30 pm-11:00 pm, 7/15/22 from 3:00 pm-11:00 pm. 7/16/22 from 1:30 pm-11:00 pm, 7/17/22 from 12:00 am-6:30 pm, 7/18/22 and 7/19/22 from 3:00 pm-11:00 pm, 7/21/22 from 3:00 pm-11:00 pm, 7/22/22 and 7/23/22 from 12:00 am-6:30 am

12:00 am-6:30 pm.

and 3:00 pm-11:00 pm, 7/25/22 from 12:00 am-6:30 am, 7/27/22 from 12:00 am-6:30 pm, 7/30/22 from 3:00 pm-11:00 pm, 7/31/22 from

(X3) DATE SURVEY

Illinois Department of Public Health (X1) PROVIDER/SUPPLIER/CLIA

STATEMENT OF DEFICIENCIES

AND PLAN OF CORRECTION		IDENTIFICATION NUMBER: A. BUILDING:			COMPLETED	
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×	10/1/22-10/16/22 to 10/1/22 from 11:00 6:30 am-11:00 pm, am, 10/8/22 from 7 from 1:30 am-2:30 am-2:30 pm, 10/15	Sweep of Facility dated here is no documentation on: am-2:30 pm, 10/2/22 from 10/7/22 from 2:30 am-5:30 :00 am-2:30 pm, 10/10/22 pm, 10/11/22 from 6:00 /22 from 6:00 am-2:30 pm.				
	Eating/drinking ined incidents document Interview on 10/17/ asked what change BSP since last year	22 at 10:47 am, E1 (PSS) was as have been made to R2's to ensure that she doesn't object? E1 stated, "What do	, st		2	

(X2) MULTIPLE CONSTRUCTION

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION IDENTIFICATION NUMBER: COMPLETED A. BUILDING: IL6005268 B. WING 10/24/2022 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE **221 EAST THIRD STREET LEBANON TERRACE** LEBANON, IL 62254 SUMMARY STATEMENT OF DEFICIENCIES (X4) ID PROVIDER'S PLAN OF CORRECTION (EACH DEFICIENCY MUST BE PRECEDED BY FULL (X5) COMPLETE PRÉFIX PREFIX (EACH CORRECTIVE ACTION SHOULD BE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG CROSS-REFERENCED TO THE APPROPRIATE TAG DATE DEFICIENCY) Z9999 Continued From page 7 Z9999 Interview on 10/17/22 at 11:10 am, E6 (Qualified Intellectual Disabilities Professional/QIDP) was asked what changes have been made to R2's BSP to ensure she does not eat inedible items. E6 stated, "I'm not saying nothing has been changed. She has short term and long-term objectives." Surveyor told E6 that there wasn't any short term or long-term objectives on R2's BSP that address PICA. E6 stated, "Ok." Email dated 10/19/22, E3 (Administrator) was asked if she could provide the investigative Report 3.403-A for R2 for the incident of 7/1/22. E3 responded via email on 10/19/22, "The incident on 7/1/2022 was written and submitted as a Change in Condition, and therefore no investigative report was completed." Statement of Licensure Violations II of II: 350.1050f) 350.1060e) 350.1060f) 350.1060i) 350.1620d)4) Section 350.1050 Recreational and Activities Services f) The activity staff shall participate in the development of an individualized habilitation plan addressing needs and interests of the residents including activity/recreational goals and/or interventions. Section 350.1060 Training and Habilitation e) An appropriate, effective and individualized program that manages residents' behaviors shall

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PRINTED: 11/22/2022 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: _ B. WING IL6005268 10/24/2022 STREET ADDRESS, CITY, STATE, ZIP CODE NAME OF PROVIDER OR SUPPLIER **221 EAST THIRD STREET LEBANON TERRACE** LEBANON, IL 62254 SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X4) ID (X5)(EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX PREFIX (EACH CORRECTIVE ACTION SHOULD BE COMPLETE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG CROSS-REFERENCED TO THE APPROPRIATE DATE TAG **DEFICIENCY**) Z9999 Continued From page 8 Z9999 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. f) There shall be a functional training and habilitation record for each resident, maintained by and available to the training and habilitation staff. 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. Section 350.1620 Content of Medical Records d) In addition to the information that is specified above, each resident's medical record shall contain the following: 4) An ongoing record of notations describing significant observations or developments regarding each resident's condition and response to treatments and programs. This REQUIREMENT is not met as evidenced by: Based on observation, record review and interview, the facility failed to implement an Active Treatment Schedule for individuals who do not attend an Outside Day Training for 2 individuals (R6,R7) outside the sample. The facility failure to ensure individuals and guardians participate in the development of the ISP (Individual Support Plan) for 3 (R1, R2, R3) individuals in the

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sample. The facility failed to develop an appropriate intervention plan for 1 of 1 in the sample (R2) with behaviors of eating and

ingesting inedible items and to provide individual with choices throughout the day (R3 and R14). The facility also failed to consistently and

PRINTED: 11/22/2022 **FORM APPROVED** Illinois Department of Public Health (X1) PROVIDER/SUPPLIER/CLIA STATEMENT OF DEFICIENCIES (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION IDENTIFICATION NUMBER: COMPLETED A. BUILDING: _ IL6005268 10/24/2022 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 221 EAST THIRD STREET **LEBANON TERRACE** LEBANON, IL 62254 SUMMARY STATEMENT OF DEFICIENCIES (X4) ID PROVIDER'S PLAN OF CORRECTION (X5) COMPLETE (EACH DEFICIENCY MUST BE PRECEDED BY FULL PRÉFIX PREFIX (EACH CORRECTIVE ACTION SHOULD BE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG CROSS-REFERENCED TO THE APPROPRIATE TAG DATE DEFICIENCY) Z9999 Continued From page 9 Z9999 accurately document data for active treatment programs for 3 of 3 individuals in the sample (R1, R2, R3) to evaluate progress. Findings Include: 1) R6's ISP of 9/14/21, identifies R6 has a 26-year-old ambulatory verbal male who functions in the Mild Range of Intellectual Disabilities with Autistic Disorder. R6's ISP documents, "R6 enjoys working on computer, playing games on the Internet and listening to music. He prefers to lay in bed most days and play video games on his electronic devices." Interview with E1 (Program Service Specialist) on 10/12/22 at 9:30 am, E1 stated, "R6 guit the Day Training about a month ago and refused to return." Observation on 10/12/22, R6 was observed in his room from 9:00 am until lunch time and then returned to his room until dinner time. Interview with R6 at 9:45 am, R6 was asked what you do all day. R6 responded, "I entertain myself by playing game on my phone." 2) R7's ISP of 4/19/22, identifies R7 as a 30-vear-old female who functions in the Mild Range of Intellectual Disabilities with Bipolar Disorder and Schizophrenia. R7's ISP

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day training programing."

documents, "Due to inappropriate behaviors at the day training, R7 does not currently attend a

Observations on 10/12/22 and 10/13/22, R7 was

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with her heart rate slightly elevated. R2 again

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION

STATEMENT OF DEFICIENCIES		(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPLE	E CONSTRUCTION		(X3) DATE SURVEY	
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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 C (EACH CORRECTIVE ACTI CROSS-REFERENCED TO TO DEFICIENCY	ON SHOULD BE HE APPROPRIATE	(X5) COMPLETE DATE	
Z9999	Continued From pa	ge 12	Z9999			7.5 T	
	vomited at 6 a.m. in R2's temperature with 107 pulse. The nurse for R2 to go to the loame in. R2 was to R2 is being admitted have surgery due to intestine. Follow Up	on the bed. For the second time was 98 F, 139 sys, 103 dia, and se deemed it was necessary hospital when morning staff aken to the hospital by staff. It is to the hospital to potentially of an object blocking her small of documented on 7/11/22: R2 the hospital at 7:30 pm on		Se e		~ **	
	Service Specialist/F have been made to ensure that she do	22 at 10:47 am, E1 (Program PSS) was asked what changes R2's BSP since last year to esn't swallow an inedible "What do you want us to do."	155		#. **	16 15	
XX	Intellectual Disabilit asked what change BSP to ensure she E6 stated, "I'm not changed, she has sobjectives." Surve	22 at 11:10 am, E6 (Qualified ties Professional/QIDP) was as have been made to R2's does not eat inedible items. saying nothing has been short term and long-term eyor told E6 that there was no erm objectives on R2's BSP E6 stated, "Ok."	;		gr.	S	
0,0	identifies R3 has a				2 5	\$\$	
e /	attend many of the to me. I enjoy outin to music on my hea painted and relaxin	is, "I need encouragement to activities and outings offered gs once I go. I enjoy listening adphones, having my nails g in my room. At this time, I guardian, I would like to retire		38	19	H	

FORM APPROVED Illinois Department of Public Health (X3) DATE SURVEY STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION AND PLAN OF CORRECTION IDENTIFICATION NUMBER: COMPLETED A. BUILDING: _ B. WING 10/24/2022 IL6005268 STREET ADDRESS, CITY, STATE, ZIP CODE NAME OF PROVIDER OR SUPPLIER **221 EAST THIRD STREET LEBANON TERRACE** LEBANON, IL 62254 PROVIDER'S PLAN OF CORRECTION (X5) COMPLETE DATE SUMMARY STATEMENT OF DEFICIENCIES (EACH CORRECTIVE ACTION SHOULD BE (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX PREFIX REGULATORY OR LSC IDENTIFYING INFORMATION) CROSS-REFERENCED TO THE APPROPRIATE TAG TAG **DEFICIENCY**) Z9999 Z9999 Continued From page 13 from workshop, and he has agreed that this is ok." R3 has an Activity Schedule during day training "8:30 am-9:00 am - Leisure Activity 9:00 am-10:00 am - Structured Activity if desired 10:00 am-11:00 am-Leisure Activity 11:00 am-12:00 pm-Lunch 12:00 pm-1:00 pm-Leisure Activity 1:00 pm-2:00 pm-Structured Activity 2:00 pm-3:00 pm-Programming/Leisure Activity" Observation on 10/12/22, R3 was in her bed from 9:00 am-10:25 pm. Came out and sat on the couch and watch TV. At 1:30 pm, participated in a half hour van and went back to bed until dinner at 5:00 pm. Observation on 10/13/22, R3 was observed asleep in bedroom and then came out at 10:00 am and sleep on the couch. No activities were provided by staff on 10/12 and 10/13. Interview with Z2 (Guardian) on 10/12/22 at 9:45 am, Z2 stated, R3 has requested to retire from Day Training, and I stand by her decision. Z2 was asked if he expect the facility to continue to provide R3 with Active Treatment. Z2 replied. "Yes." 2) R14's ISP of 6/9/22, R14 is identified as a nonverbal ambulatory female who functions in the Moderate Range of Intellectual Disabilities, R14's ISP documents, "R14 enjoys folding laundry and will go into the kitchen and put the dishes away."

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Observation on 10/12/22-10/13/22, R14 was not provided any activities or given choices by staff and was seen throughout the day sleeping on the

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: B. WING IL6005268 10/24/2022 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 221 EAST THIRD STREET **LEBANON TERRACE** LEBANON, IL 62254 SUMMARY STATEMENT OF DEFICIENCIES (X4) ID PROVIDER'S PLAN OF CORRECTION (X5) (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX PREFIX (EACH CORRECTIVE ACTION SHOULD BE COMPLETE REGULATORY OR LSC IDENTIFYING INFORMATION). TAG CROSS-REFERENCED TO THE APPROPRIATE TAG DATE DEFICIENCY) Z9999 Continued From page 14 Z9999 couch or in her bedroom. E. 1a) R2's Individual Support Plan (ISP) dated 2/23/22 identifies R2 as an individual who functions within the Severe Range for Individuals with Intellectual Disabilities. R2's ISP, dated 2/23/22 documents, "R2 had an incident in which she ingested a metal leaf off of a decoration that was in her room. R2 has never exhibited behaviors of ingesting non-consumable items in the past; however, this incident warranted removal of the object through hospitalization as it was lodged in throat. Staff will ensure that this does not happen again by way of doing a sweep of the area in which R2 is in every 30 minutes and document it to ensure that she is not at risk. Staff will document all incidents in which R2 is observed attempting to consume non-consumable items on a behavior event record as well as this will be added to her maladaptive behaviors." R2's BSP (Behavior Support Plan) dated 7/19/22 documents, "Target Behaviors: Eating Non-Consumable Objects is defined as consuming objects that are not to be consumed. Interventions/Methods Specific To Each Target Behavior: Eating Non-Consumable Objects: In order to combat eating consumable objects, the team has determined it to be necessary to do a sweep of the facility to ensure that there are no objects that can be easily ingested." Facility Incident Report dated 7/1/22 documents. "Event time 1:10 am, After going to the bathroom

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R2 went back to bed. A few minutes pass where

R2 vomits liquid and bits of food. R2's

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