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 IL6002398 04/18/2023 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE **1817 CRESENT DRIVE DAVIES SQUARE PEKIN. IL 61554** SUMMARY STATEMENT OF DEFICIENCIES (X4) ID PROVIDER'S PLAN OF CORRECTION (X5) COMPLETE (EACH DEFICIENCY MUST BE PRECEDED BY FULL (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE PREFIX PREFIX REGULATORY OR LSC IDENTIFYING INFORMATION) TAG TAG DATE **DEFICIENCY**) COMMENTS Z 000 Z 000 Complaint Investigations: 2522400/IL157864 2322422/IL157883 Facility Reported Incident of 3/20/23/IL157988 Facility Reported Incident of 10/11/22/IL157989 Z9999 **FINDINGS** Z9999 Statement of Licensure Violations: 350.620a) 350.1010 350.1060a) 350.1210b)5) 350.3300k) Section 350.620 Resident Care Policies 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. 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 Attachment A in the activities of daily living and in the Statement of Licensure Violations development of self-help skills for maximum independence.

Illinois Department of Public Health

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

TITLE

(X6) DATE

PRINTED: 05/17/2023 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: IL6002398 04/18/2023 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE **1817 CRESENT DRIVE DAVIES SQUARE PEKIN, IL 61554** SUMMARY STATEMENT OF DEFICIENCIES (X4) ID PROVIDER'S PLAN OF CORRECTION (X5) COMPLETE (EACH DEFICIENCY MUST BE PRECEDED BY FULL PRÉFIX (EACH CORRECTIVE ACTION SHOULD BE PREFIX REGULATORY OR LSC IDENTIFYING INFORMATION) CROSS-REFERENCED TO THE APPROPRIATE TAG' TAG DATE **DEFICIENCY**) Z9999 Continued From page 1 Z9999 Section 350.1060 Training and Habilitation Services The facility shall provide training and habilitation services to facilitate the intellectual. sensorimotor, and effective development of each resident in the facility. Section 350.1210 Health Services The facility shall provide all services necessary to maintain each resident in good physical health. These services include, but are not limited to, the following: Other professional consulting services as identified in the comprehensive functional assessment including, but not limited to, psychiatry, gynecology, and other services as specified in the individual program plan. Section 350.3300 Transfer or Discharge The planned involuntary transfer or discharge shall be discussed with the resident. the resident's representative and person or agency responsible for the resident's placement. maintenance, and care in the facility. The explanation and discussion of the reasons for involuntary transfer or discharge shall include the facility administrator or other appropriate facility representative as the administrator's designee. The content of the discussion and explanation shall be summarized in writing and shall include the names of the individuals involved in the discussions and made a part of the resident's clinical record. (Section 3-408 of the Act)

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: IL6002398 B. WING 04/18/2023 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE **1817 CRESENT DRIVE DAVIES SQUARE** PEKIN, IL 61554 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) CROSS-REFERENCED TO THE APPROPRIATE TAG TAG DATE **DEFICIENCY**) Z9999 Continued From page 2 Z9999 These requirements were not met as evidenced Based on observation, record review and interview the facility failed to ensure resident had a planned, safe discharge, including necessary services and resident input (R1); failed to provide a reasonable amount of time and an orderly, planned discharge to ensure identified medical and safety needs were met; neglected to identified needs of R1 when R1 was abandoned in a local Emergency Department: failed to identify behavioral needs in a Comprehensive Functional Assessment (CFA) for R1 who was involuntarily discharged for inappropriate sexual behavior. These failures affected one (R1) of one individual in the facility who was involuntarily discharged to a Hospital Emergency Room resulting in placement in a homeless shelter. An Individual Service Plan (ISP) dated 11/08/22 identifies R1 as a 27-year-old with diagnoses which include Mild Intellectual Disability, Autism. Attention Deficit Disorder, Mood Disorder and Reactive Attachment Disorder, An Individual Profile General Data/Face Sheet documents R1 was admitted to the facility on 11/16/2016. R1's ISP has the following identified risks: (R1) does not budget money independently and (R1 is) vulnerable to exploitation. (R1 is) unable to use a stove or microwave. (R1 is) unable to wash dishes, clean out a refrigerator and perform simple household tasks such as replacing fuses or setting the thermostat. (R1 is) unable to care for minor wounds, take a temperature and notify a doctor when an appointment is needed. (R1 is)

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vulnerable to financial exploitation if (R1) were to

manage finances independently.

**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 IL6002398 04/18/2023 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE **1817 CRESENT DRIVE DAVIES SQUARE PEKIN. IL 61554** 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 CROSS-REFERENCED TO THE APPROPRIATE REGULATORY OR LSC IDENTIFYING INFORMATION) DATE TAG TAG **DEFICIENCY**) Z9999 Continued From page 3 Z9999 The Individual Risk Assessment Tool for R1 dated 11/08/22 and completed by the facility, under a section titled "Functional Sexual Assessment" asks "Currently displays or has a history of inappropriate sexual behavior(s)". This area is marked "No" with the written statement, "(R1) has a good understanding of functional sexual health. There are no concerns at this time. R1 has a Behavior Management Plan (BMP) for behaviors which include pacing, repetitive questions. repetitive phone calls and agitation." R1 does not have a formal or informal program for inappropriate sexual behavior in his ISP or BMP. The ISP identifies needs for R1 including the need for group home services. "The RN Trainer completed the Self-Administration Medication Assessment on 02/18/22 and noted that (R1) requires staff supervision and assistance for medication administration, "A section titled "Supervision and Support Needs" documents the following: "The Community Support Team has concluded that a 16-bed ICF (Intermediate Care Facility) is an appropriate placement for me at this time. I require 24-hour supervision and active treatment services due to substantial limitations displayed in the life areas of: learning, self-care and capacity for independent living. The prognosis for me to move to a less restrictive environment is poor at this time due to the above mentioned substantial

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limitations in four life areas."

On 03/29/23 at 10:27am E2, Qualified Intellectual Disability Professional (QIDP), was interviewed. E2 confirmed participation in R1's November 8. 2022 ISP. E2 was asked if R1 required active treatment programs in order to gain skills to

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 IL6002398 04/18/2023 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE **1817 CRESENT DRIVE DAVIES SQUARE PEKIN, IL 61554** SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X4) ID (X5) (EACH DEFICIENCY MUST BE PRECEDED BY FULL PRÉFIX PREFIX (EACH CORRECTIVE ACTION SHOULD BE COMPLETE REGULATORY OR LSC IDENTIFYING INFORMATION) CROSS-REFERENCED TO THE APPROPRIATE TAG DATE TAG **DEFICIENCY**) Z9999 Continued From page 4 Z9999 become independent. E2 stated, "Yes." E2 was asked if R1's identified inappropriate sexual behaviors were addressed in R1's ISP or if there was a program in place for R1. E2 stated, "No." On 03/30/23 at 11:38am E1 (Executive Director/Administrator) was interviewed. E1 was asked what documents are reviewed to determine appropriateness for admission, E1 stated, "Medications, diagnoses, behavioral issues, service plan." E1, was asked if R1's Psychological Evaluation from 2016 and Social History filled out by Z2 were reviewed. E1 stated. "Yes." E1 confirmed during the facility investigation E1 found the potential issues with sexual inappropriateness which were not addressed in his CFA or in programming.

A Psychological Evaluation dated 01/27/16 under a section titled "Clinical Interview" documents (Z1, R1's adoptive mother) reported that (R1) seems often unable to learn or retain new information. especially related to learning the connection between choices and consequences. (Z1) reported believing that (R1) knows right from wrong, but in the moment, does not seem to apply what he knows to his decision-making. For example, (Z1) reported that (R1) has tried to use their credit card for dating sites, has made inappropriate comments to women on (social media sites), and collects girls' clothing, which he used to obtain from the girls at home, but reports he is now getting from the discarded clothing at a local resale shop.

A "Summary" written by Z2, (Psych. D) in R1's Psychological Evaluation documents, "(R1) demonstrates significant difficulty with judgement and insight, making inappropriate and unhealthy decisions regarding sexual behavior and

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 IL6002398 04/18/2023 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE **1817 CRESENT DRIVE DAVIES SQUARE PEKIN, IL 61554** SUMMARY STATEMENT OF DEFICIENCIES (X4) ID PROVIDER'S PLAN OF CORRECTION (X5) COMPLETE PRÉFIX (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 5 Z9999 comments." A Social History completed by Z1, R1's Adoptive Mother, prior to admission and dated 11/02/16 asked the question, "Has your loved one experienced difficulty with any of the following in the past?" The question of "Sexual inappropriateness" and "Wandering" were left blank. Police report number 21-02358 dated 07/22/21 from a local Police Department and provided by E1, Executive Director/Administrator, was reviewed after E1 stated R1 had a previous incident with an eight-year-old in the neighborhood involving an inappropriate text. The police report documented, "(E1) did not have a print out of the text, but she was able to tell me what the text said. It read, next time we play the lightning bug game, don't sit on my lap I want you to sit on my face." A second police report, number 23-01330 dated 03/20/23 was reviewed and documents the officer was called to the group home regarding an adult resident (R1) grooming an underage girl to commit sexual acts. The report documents E2, Qualified Intellectual Disability Professional (QIDP), saw a chat conversation between R1 and someone who identified as a 13-year-old girl. E2 stated in the chat, R1 identified as a 13-year-old as well. E2 stated R1 asked the girl if R1 was with her right now if she would "let him lick her panties" and if she would "sit on his face?" E2 further stated there were different files on R1's computer which

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had numerous pictures of underage girls in their

**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 B. WING IL6002398 04/18/2023 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE **1817 CRESENT DRIVE DAVIES SQUARE PEKIN. IL 61554** 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) CROSS-REFERENCED TO THE APPROPRIATE TAG. TAG DATE DEFICIENCY) Z9999 Continued From page 6 Z9999 underwear. An untitled summary written by E1 documents concerns discussed with E2 regarding R1's behavior. These concerns include "past incidents of staff finding underwear belonging to female individuals that live in the home in (R1's) bedroom, recent concerns of (R1) hiding in the bushes out front of the house watching the neighborhood children at the bus stop, and the incident that occurred in July of 2021 when it was reported by a community member that (R1) was texting and hanging around an 8yo (eight year old) airl in the community." Local Emergency Room records dated 03/21/23 under a section titled "Assessment and Plan" state the following: "27-year-old male with history of autism lives at a group (home) who was dropped off here by the staff expecting that we should place him somewhere after he was apparently found to have some child pornography in his laptop and they inappropriately dismissed him from his group home." It further states, "Patient has no needs from the emergency department; there is no immediate psychiatric issue and there is no need for further evaluation. from here." Hospital records show they attempted to reach R1's group home for pick up after his discharge

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come pick R1 up

at the following dates and times:

03/21/23 at 6:30pm, left a message with the E1, Executive Director/Administrator and let her know (R1) was discharged and someone will need to

03/21/23 at 6:59pm, attempted to call (R1's group

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|                          | OF CORRECTION  | (X1) PROVIDER/SUPPLIER/CLIA<br>IDENTIFICATION NUMBER:  | A. BUILDING         | LE CONSTRUCTION  | (X3) DATE SURVEY<br>COMPLETED |
|--------------------------|--|--|---------------------|--|-------------------------------|
| W                        | III  | IL6002398  | B. WING             | <u> </u>   | 04/18/2023                    |
| NAME OF I                | PROVIDER OR SUPPLIER   |  |                     | STATE, ZIP CODE  |                               |
| DAVIES                   | SQUARE   | 1817 CRE<br>PEKIN, IL  | SENT DRIV<br>61554  | <b>E</b>   | \$P                           |
| (X4) ID<br>PREFIX<br>TAG | (EACH DEFICIENCY   | TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)  | ID<br>PREFIX<br>TAG | PROVIDER'S PLAN OF CORRECTI<br>(EACH CORRECTIVE ACTION SHOUL<br>CROSS-REFERENCED TO THE APPRO<br>DEFICIENCY) | D BE COMPLETE                 |
| Z9999                    | Continued From pa  | ge 7   | Z9999               |  |                               |
| w =                      |  | now that the patient has been d they need to pick R1 up and  | -                   |  | 50<br>10<br>20                |
| # 0 #                    | Intellectual Disability<br>home) who advised<br>(paperwork was dro<br>stated Z3 (employe   | , spoke with E2, Qualified y Professional at (R1's group `safety of their other clients upped off with patient). (E2) e of a regional planning upposed to be finding   | =4                  |  |                               |
|                          | placement for patie  |  | #<br>#:             | 27 27 4  | 19                            |
|                          | documents, "(Z6, O<br>complaint with IDPH<br>Health) for (R1's gro<br>(patient) on hospital  | mbudsman) has filed a I (Illinois Department of Public Dup home) dumping pt . Per (Z6), the home stated the pt back and will accept the  | 3                   |  |                               |
| €                        |  | n, a note documents, "Pt<br>the rescue mission via cab   | 20<br>1             |  | 10                            |
| egen <sup>er</sup>       | 03/22/23 document, and left multiple me  | ed "Collateral Contact" on<br>"Called (R1's group home)<br>ssages for (E1) regarding<br>hing and medications today.  |                     |  | 25                            |
| 200                      |  | **************************************   |                     |  | 19                            |
| 2                        | 03/25/23 at 11:00an not warrant a psych Emergency Departn discharged. Z4 state contact the facility a several times with n was made with the a | anager, was interviewed on n. Z4 explained that R1 did latric evaluation per the nent Physician and had been ad attempts were made to and E1 via text and phone or esponse. Z4 stated contact appropriate individuals for ce the facility had provided | S.                  | \$ 0<br>\$ 0   |                               |

Illinois Department of Public Health STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: (X3) DATE SURVEY COMPLETED (X2) MULTIPLE CONSTRUCTION A. BUILDING: \_ B. WING\_ IL6002398 04/18/2023

NAME OF PROVIDER OR SUPPLIER

STREET ADDRESS, CITY, STATE, ZIP CODE

1817 CRESENT DRIVE

| DAVIES S                 | SQUARE 1817 CRE   | ESENT DRIV<br>_ 61554 | /E   | AS  | * 6                                    |                          |
|--------------------------|---|-----------------------|------|---|--|--------------------------|
| (X4) ID<br>PREFIX<br>TAG | SUMMARY STATEMENT OF DEFICIENCIES<br>(EACH DEFICIENCY MUST BE PRECEDED BY FULL<br>REGULATORY OR LSC IDENTIFYING INFORMATION)  | ID<br>PREFIX<br>TAG   | 4    | PROVIDER'S PLAN<br>(EACH CORRECTIVE<br>CROSS-REFERENCED<br>DEFJCI | ACTION SHOULD BE<br>TO THE APPROPRIATE | (X5)<br>COMPLETE<br>DATE |
| Z9999                    | Continued From page 8   | Z9999                 |      |   |  | 6                        |
| 1 <u>2</u><br>2.         | R1 with an Involuntary Discharge. Z4 stated R1 intended to appeal the discharge and the facility did not leave clothing or medication at the Emergency Room for R1.   |                       |      |   | 끝<br>5                                 | :.<br>                   |
| A 70                     | Z4 further stated on 03/22/23, assistance with placement in a local homeless shelter was made for R1 pending permanent placement in a setting appropriate to R1's needs.  | a                     |      |   |  |                          |
| 7 92 F                   | Z3, Homeless Shelter Coordinator, was interviewed on 03/29/23 at 12:57pm and confirmed R1 had been living in the shelter since 03/22/23 where he came from a local emergency department. Z3 went outside to locate R1 for an interview. | 53                    | Siz. | *   |  |                          |
| gr 5a<br>⊗               | R1 was observed on 03/29/23 at 1:03pm at the shelter to be wearing a green sweatshirt, black pants and tennis shoes.  |                       |      |   | # 45<br># Eb                           |                          |
| ***                      | R1 was interviewed on 03/29/23 during observations and stated the following: "(The facility) took me to the hospital Tuesday, a week ago, and dumped me like an animal." R1 was   |                       |      |   | n n                                    | ¥ !                      |
|                          | asked if the facility left medications or belongings at the Emergency Department. R1 stated, "No." R1 stated some belongings and medications were received "the day after" when Z2 requested them.                                      | V                     | 8    |   |  | 912                      |
| N<br>Si                  | R1 was asked if the group home was assisting in finding placement. R1 stated, "No, (Z4) is."  |                       | -    |   | 120 ts                                 | ķ.                       |
| ø                        | On 03/30/23 at 11:00 am E1 was asked if the pros and cons of transferring R1 were evaluated and documented with a rational of the final decision were documented in R1's record. E1 stated, "No, not in (R1's) chart."                  | 1 4                   | 5    |   | W                                      | 2.                       |

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|                | OF CORRECTION  | (X1) PROVIDER/SUPPLIER/CLIA<br>IDENTIFICATION NUMBER:  | A. BUILDING   | LE CONSTRUCTION   | (X3) DATE | PLETED           |
|----------------|--|--|---------------|---|-----------|------------------|
|                | . A  | IL6002398  | B. WING       |   | 04/1      | 18/2023          |
| NAME OF E      | PROVIDER OR SUPPLIER   | STREET AL  | DRESS CITY    | STATE, ZIP CODE   | (4)       | 2                |
| . 0            |  |  | ESENT DRIV    |   |           |                  |
| DAVIES S       | SQUARE   | PEKIN, II  |               |   |           |                  |
| (X4) ID        | SUMMARY STA  | TEMENT OF DEFICIENCIES   | ID            | PROVIDER'S PLAN OF CORRECT  | TION      | (X5)             |
| PREFIX<br>TAG  |  | / MUST BE PRECEDED BY FULL<br>SC IDENTIFYING INFORMATION)  | PREFIX<br>TAG | (EACH CORRECTIVE ACTION SHOT<br>CROSS-REFERENCED TO THE APPR<br>DEFICIENCY) |           | COMPLETE<br>DATE |
| Z9999          | Continued From pa  | ge 9   | Z9999         | 20  |           | 1                |
| 8 6 9          | developmental, bel   | inal summary of R1's<br>navioral, social, health and<br>ere developed. E1 stated, "I   | M)<br>Pā      | %<br>38   |           | ν.               |
|                |  | summary of needs were lity upon discharge. E1 stated,  |               | 0<br>0 5  |           | N                |
|                | which will assist R1   | oost discharge plan of care<br>to adjust to a new<br>rovided. E1 stated, "No, I did  |               |   |           | 1                |
|                | Functional Assessr<br>R1's inappropriate   | 's CFA (Comprehensive<br>nent) assessed and addressed<br>sexual behaviors. E1 stated, "I<br>ssments included all relevant<br>d have included."   |               |   |           |                  |
|                | prepare for transfer   | easonable amount of time to<br>or discharge was provided to<br>"(The facility) gave the time<br>riate."  |               |   |           |                  |
|                | and written by Z7, I spoke with (E1) over (R1's) placement. (contacted (R1's) particular to take (R1) into the was concerned for residents if they were (E1) that I understoalso concerned now removed, he may another ways. I asked | per 2301330 dated 04/04/23 Police Detective, documents, " er the phone in reference to E1) advised she had arents but they were not willing eir home. (E1) expressed she the safety of the other are to allow (R1) to stay. I told and her concerns and I was at that (R1's) media had been act out those sexual urges in I (E1) about (R1's) placement I (the facility) was now looking | :=:           |   |           | \$ .W (2)        |
| III:- ala Dasa |  | nergency discharge to have   |               | W <sup>*</sup>  | 77        |                  |

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|                          | T OF DEFICIENCIES<br>OF CORRECTION   | (X1) PROVIDER/SUPPLIER/CLIA<br>IDENTIFICATION NUMBER:  | (X2) MULTIPL<br>A. BUILDING: | E CONSTRUCTION  | (X3) DATE SURVEY<br>COMPLETED | ſ       |
|--------------------------|--|--|------------------------------|---|-------------------------------|---------|
| 4                        | - " · S  | IL6002398  | B. WING                      |   | 04/18/2023                    | 3       |
| NAME OF F                | PROVIDER OR SUPPLIER   | STREET ADI   | ORESS, CITY,                 | STATE, ZIP CODE   |                               | - 2     |
| DAVIES S                 | SOUARE   |  | SENT DRIV                    | E **  |                               |         |
| DAVILO                   | gn 0 4.  | PEKIN, IL  | 61554                        |   |                               |         |
| (X4) ID<br>PREFIX<br>TAG | (EACH DEFICIENCY   | TEMENT OF DEFICIENCIES  MUST BE PRECEDED BY FULL  SC IDENTIFYING INFORMATION)  | ID<br>PREFIX<br>TAG          | PROVIDER'S PLAN OF CORRE (EACH CORRECTIVE ACTION SH CROSS-REFERENCED TO THE APP DEFICIENCY) | OULD BE COMPL                 | LETE    |
| Z9999                    | Continued From pa  | ge 10  | Z9999                        | a příx  | _ (5)                         |         |
| ₩<br>₩                   | stated they were go<br>local hospital) for a<br>possibly serving hir<br>discharge at the ho<br>for this, as I did not  | ferent group home. (E1) also<br>sing to be taking (R1) to (a<br>psychiatric evaluation and<br>n with the emergency<br>spital. I expressed my concern<br>want (R1) to end up without<br>omeless in (the city)."   | 4                            |   |                               |         |
| 10<br>E %                | (program coordinat expressing concern  | ents a conversation with Z8, or for R1's placement), or for (R1) possibly being left maladaptive behavior that is.   | 20                           |   |                               |         |
| 8 S                      | on 03/29/23 at 12:5<br>coordinator), asked<br>appointment with R<br>the overhead call. Z<br>shelter "does not so   | s at the local homeless shelter 7pm, Z3, (homeless shelter if this surveyor had an 1 after R1 did not respond to 23 further stated that the upervise them (individuals by can come and go as they  | 77                           |   |                               | e u     |
| 4<br>V 54)               | shelter and intervie "(The facility) took i week ago, and durn stated the facility to there because he h computer. R1 furth have talked to me a wrong. (The facility | 03/29/23 at 1:03pm at the wed. R1 stated the following: me to the hospital Tuesday, a sped me like an animal." R1 lid him he could no longer live ad pornography on his er stated, "(The facility) could about it and told me it was ) could have helped me with | 43<br>85                     |   |                               | k<br>st |
| Illinois Dece            | and I spoke with (R<br>fine. He is still (in the<br>are letting him stay<br>told us that he is ge  | on 04/04/23, E1 wrote, "(E2) 11) and he stated he is doing he homeless shelter) and they until he has placement. He etting to watch (local baseball he ball diamond behind the   | #<br>Si                      |   |                               | 20      |

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA

| STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER: |   | 1 ' '   | (X2) MULTIPLE CONSTRUCTION  A. BUILDING: |  |                |  |
|---|---|---|--|--|----------------|--|
|   |   | 12 N  | A. BOILDING.                             | 22 F   |                |  |
| IL6002398   |   |   | B. WING                                  |  | 04/18/2023     |  |
| NAME OF I   | NAME OF PROVIDER OR SUPPLIER STREET ADD                           |   |  | STATE, ZIP CODE  | E V a          |  |
| DAVIES  | SQUARE  | 1817 CR<br>PEKIN, I   | ESENT DRIV<br>L. 61554                   | E  |                |  |
| (X4) ID<br>PREFIX<br>TAG  | (EACH DEFICIENC   | ATEMENT OF DEFICIENCIES BY MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)   | ID<br>PREFIX<br>TAG                      | PROVIDER'S PLAN OF CORRECT<br>(EACH CORRECTIVE ACTION SHOU<br>CROSS-REFERENCED TO THE APPRO<br>DEFICIENCY) | LD BE COMPLETE |  |
| <b>Z9</b> 999   | Continued From pa   | age 11  | Z9999                                    |  |                |  |
|   | following: "Upon the physician, psychological the home shall have | e states under "Policy" the<br>ne direction of a qualified<br>ogist, and/or designated staff,<br>ve the right to discharge to an<br>ace an individual for whom such | A 20                                     |  |                |  |
| 6   | 5 9 7   | Policy 6.12 is as follows: than state homes:  |  |  | 3.83           |  |
| .734  |   | pport Team (CST), thorough ines that individual requires or placement.  | 9,2                                      | 74 SS  |                |  |
|   | Professional) contact screening) agent a for placement. The       | I Intellectual Disability acts PAS (Pre-admission and jointly explore possibilities a QIDP will document this in the sis of the ISP and the monthly                 | <b>9</b>                                 | W <sub>X</sub> & &   |                |  |
| ,   | family, if appropria  | individual, guardian and/or<br>ite about placement possibilitie<br>uthorization for Release of  | S  | # # P  |                |  |
| 22  | listed below for po   | ares appropriate information as<br>tential receiving home and<br>staffing using Discharge   |  | 12 Tu  | 27             |  |
|   | established once a<br>home and the Dep<br>(DHS) will be cont      | states a discharge date will be<br>an individual is accepted at a<br>partment of Human Services<br>acted for approval of the move<br>I is received, nursing will    |  | © ×  | s              |  |

Illinois Department of Public Health

D67411

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: \_ B. WING IL6002398 04/18/2023 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE **1817 CRESENT DRIVE DAVIES SQUARE PEKIN, IL. 61554** SUMMARY STATEMENT OF DEFICIENCIES (X5) COMPLETE PROVIDER'S PLAN OF CORRECTION (X4) ID (EACH DEFICIENCY MUST BE PRECEDED BY FULL **PREFIX** (EACH CORRECTIVE ACTION SHOULD BE PRÉFIX REGULATORY OR LSC IDENTIFYING INFORMATION) TAG CROSS-REFERENCED TO THE APPROPRIATE DATE TAG **DEFICIENCY**) Z9999 Continued From page 12 Z9999 contact pharmacy to discontinue medication delivery and contact the physician with the discharge date. Accounting will make arrangements to close the individual's banking account and the QIDP will determine if any funds need to be retained to meet outstanding debts. The QIDP notified the individual of the discharge date and a discharge staffing is held. Facility policy 5.24 titled "Investigative Committee" defines Neglect as, "Failure to provide goods and services necessary to avoid physical harm, mental anguish, or mental illness." (A)