Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1	LE CONSTRUCTION	(X3) DATE COM	(X3) DATE SURVEY COMPLETED	
Congress		IL.6011431	B. WING			C /05/2023	
	PROVIDER OR SUPPLIER	1026 NOF EFFINGH		STATE, ZIP CODE ANT STREET		1012020	
(X4) ID PREFIX TAG	(EACH DEFICIENC)	TATEMENT OF DEFICIENCIES CY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)		(X5) COMPLET DATE	
Z 000	COMMENTS		Z 000			10 0 0 0 0 0	
	Annual Licensure S Facility Reported In 3-27-23/IL159185	Survey ncident of 2-8-23 and	3		8		
Z 9999	FINDINGS	,	Z9999	::	1		
10	Statement of Licens	sure Violations:		J 23	8		
	350.620a) 350.1060a) 350.1060c)2) 350.1060d) 350.1210b) 350.1230b)5) 350.1230d)2)						
 	a) The facility shall procedures governing facility which shall be involvement of the a shall be available to public. These writte	lesident Care Policies I have written policies and ing all services provided by the performulated with the administrator. The policies of the staff, residents and the pen policies shall be followed in and shall be reviewed at					
5	Section 350.1060 Tr Services	raining and Habilitation					
h	a) The facility shall provide training and habilitation services to facilitate the intellectual, sensor motor, and effective development of each resident in the facility.		¥ 3	Attachment A Statement of Licensure Vio	plations		
C	c) There shall be write objectives for each re	itten training and habilitation resident that are:					

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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: IL6011431 B. WING 05/05/2023 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE **1026 NORTH MERCHANT STREET** WETHERELL PLACE EFFINGHAM, IL 62401 SUMMARY STATEMENT OF DEFICIENCIES (X4) ID PROVIDER'S PLAN OF CORRECTION (X5) (EACH DEFICIENCY MUST BE PRECEDED BY FULL PRÉFIX PREFIX (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE COMPLETE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG TAG DATE DEFICIENCY) Z9999 Continued From page 1 Z9999 2) Stated in specific behavioral terms that permit the progress of the individual to be assessed. d) There shall be evidence of training and habilitation services activities designed to meet the training and habilitation objectives set for every resident. Section 350.1210 Health Services b) The facility shall provide all services necessary to maintain each resident in good physical health. Section 350.1230 Nursing Services b) Residents shall be provided with nursing services, in accordance with their needs, which shall include, but are not limited to, the following: The DON shall participate in: 5) Training in habits in personal hygiene and activities of daily living. d) Direct care personnel shall be trained in, but are not limited to, the following: 2) Basic skills required to meet the health needs and problems of the residents. These requirements are not met as evidenced by: A. Based on observation, record review and interview, the facility failed to prevent choking incidents at day training by their failure to: 1. Implement safe eating programs (R1 and R2), 2. Ensure adequate supervision of clients at risk

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for choking during the lunch meal (R1 and R2), 3. Ensure staff were trained to implement safe

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: IL6011431 B. WING 05/05/2023 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE **1026 NORTH MERCHANT STREET** WETHERELL PLACE EFFINGHAM, IL 62401 SUMMARY STATEMENT OF DEFICIENCIES (X4) ID PROVIDER'S PLAN OF CORRECTION (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 TAG DATE DEFICIENCY) Z9999 Continued From page 2 Z9999 eating programs (R1 and R2) and 4. Follow corrective action as outlined in the safe eating rules program following choking incidents (R1 and R2) B. Based on record review and interview, the facility failed to follow their Investigation Policy. affecting two of two individuals in the sample of three who had incidents of choking during the lunch meal at day training (R1 and R2).

Findings include:

Review of the facility's resident roster dated 2023. documents R1 functions in the Moderate Range of Intellectual Disabilities and R2 functions in the Profound Range of Intellectual Disabilities.

The safe eating rules for R1 and R2 provided 4-28-23 includes the following:

-Sit up straight, feet on floor

food, finish meal with a drink

- -Cut food in small, bite-size pieces and take small bites
- Chew, swallow, then swallow a second time -Do a chin tuck with all liquids after each bite of
- -Sit in upright position for 30 minutes after meal
- 1. R1's PO (physician order) dated 4-2023, documents R1 is prescribed a soft and bite sized diet with thin liquids.

Review of R1's day training ISP (Individual Service Plan) provided by Z1/Program Coordinator dated 1-11-23 includes, "Communication strengths and needs: Staff monitor me at mealtimes to ensure I am safe eating. Day training provides continuous staff support for me. Administrator will assure the provision of designated ongoing supports in the

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record all vitals-blood pressure, pulse.

R1's choking risk assessment tool dated 1-31-22, identifies R1 as a moderate choking risk with a score of 6 and includes at this level of risk, a consideration should be given for a referral to a dietitian and/or speech and language therapist and documents in part: The individual should

respirations and temperature."

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choking is administered (back blows and

refer to the next step-#6. 5. DSP will do a follow-up in 4 hours. On the progress

abdominal thrusts), R2 must be transported to ER via ambulance for evaluation. Otherwise, DSP will

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NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE WETHERELL PLACE 1026 NORTH MERCHANT STREET EFFINGHAM, IL 62401 (X4) ID SUMMARY STATEMENT OF DEFICIENCIES EFFINGHAM, IL 62401 (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) Z9999 Continued From page 10 Interview with Z1/Program Coordinator on 5-2-23 at 11:52 AM: Z1 was asked if there are any other supporting documents for the choking incidents involving R1 and R2, nurses notes, DSP notes? Z1 stated, "All there is-is the incident report." Z1 was asked if the day training investigated as to the reasons why R1 and R2 experienced a	OOLAN EXTEN	(X2) MULTIPLE CONSTRUCTION A. BUILDING:		STATEMENT OF DEFICIENCIES (X1) F AND PLAN OF CORRECTION IE	
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Interview with Z1/Program Coordinator on 5-2-23 at 11:52 AM: Z1 was asked if there are any other supporting documents for the choking incidents involving R1 and R2, nurses notes, DSP notes? Z1 stated, "All there is-is the incident report." Z1 was asked if the day training investigated as to the reasons why R1 and R2 experienced a	REFIX (EACH CORRECTIVE ACTION SHOULD BE COM TAG CROSS-REFERENCED TO THE APPROPRIATE DE	PREFIX	MUST BE PRECEDED BY FULL	(EACH DEFICIENCY	PREFIX
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choking episode during their meal? Z1 stated, "No, but thinking about it, we probably should have done a follow-up to look into it." Interview with E3/RNT on 5-2-23 at 1:26 PM, E3 was asked if DSP staff at day training should be following the steps of the safe eating rules program in reference to steps taken when a choking incident occurs, which include: taking vital signs-blood pressure, pulse, respirations and temperature? E3 stated, "If that's what it says, then yes." E3 was asked if R1 and R2 should've been taken to the ER as stated in the safe eating program after a choking incident? E3 stated, "I included that because when they are at home in the evenings and weekends, that's all that would be available to them is the ER, but at day training during the day, they would be able to be taken to the clinic rather than waiting in the ER for an Xray." E3 confirmed this directive does not state that in R1 and R2's records. E3 was then asked if you would have expected day training staff to have allowed R2 to eat after R2's choking episode? E3 stated, "No" and was asked if there is a potential R2 could have had another choking episode during the time staff allowed him to eat? E3 stated, "Yes." Interview with E1/Regional Manager on 4-28-23 at 11:41 AM, E1 was asked if R1 and R2 were considered to consult with the dietician and or speech therapy as outlined on R1 and R2's	999	29999	ogram Coordinator on 5-2-23 is asked if there are any other ints for the choking incidents it. nurses notes, DSP notes? is-is the incident report." Z1 by training investigated as to and R2 experienced a ring their meal? Z1 stated, out it, we probably should up to look into it." NT on 5-2-23 at 1:26 PM, E3 taff at day training should be of the safe eating rules in the safe eating should be of the safe eating rules. If that's what it says, sked if R1 and R2 should've in the safe eating king incident? E3 stated, "I see when they are at home in the ekends, that's all that would its the ER, but at day training would be able to be taken to a waiting in the ER for an this directive does not state records. E3 was then asked if ected day training staff to eat after R2's choking. "No" and was asked if there all have had another choking ime staff allowed him to eat?	Interview with Z1/Pat 11:52 AM: Z1 was supporting docume involving R1 and R: Z1 stated, "All there was asked if the dathe reasons why R2 choking episode du "No, but thinking abhave done a follow-Interview with E3/R was asked if DSP s following the steps program in reference choking incident occital signs-blood pretemperature? E3 staten yes." E3 was abeen taken to the Eprogram after a choincluded that becauthe evenings and who have evenings and who have evening the day, they the clinic rather than Xray." E3 confirmed that in R1 and R2's you would have exphave allowed R2 to episode? E3 stated, is a potential R2 corepisode during the test than the test th	29999

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

AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		1 ' '	:		COMPLETED		
iL6011431			B. WING		C 05/05/2023		
NAME OF I	PROVIDER OR SUPPLIER	STREET AS	DRESS, CITY, S	STATE, ZIP CODE			
				ANT STREET			
WETHER	RELL PLACE		AM, IL 6240				
(X4) ID				PROVIDER'S PLAN OF CORRECT	ION)N (X5)	
PREFIX TAG	(EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX (EACH CORRECTIVE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG CROSS-REFERENCED				ACTION SHOULD BE TO THE APPROPRIATE ENCY)		
Z9999	Continued From pa	ge 11	Z9999				
		E1 confirmed R1 and R2 to been considered for these					
	Z4 was asked how	etitian on 5-1-23 at 1:00 PM, soon should the facility have after each choking episode					
-	for R1 and R2? Z4 s dietitian know as so	stated, "They should've let the on as possible, so that they				10),	
Sis.	evaluation to see if soft and bite sized of	t up to have a swallow they are still safe to eat at a consistency." Z4 was then					
	put R1 and R2 at ris	ility did not do this, could this sk for a choking incident at since the facility is unaware if					
	stated, "Yes, they ea	safe for them to eat? Z4 at too fast. The facility can their consistency as well."				:	
	7-2003 includes, "N	regarding investigations dated eglect: Failure to provide necessary to avoid physical					
	harm, mental anguis	sh, or mental illness. Purpose: mmittee shall be responsible To identify, review and		ı			
75	rights, including abu	violations of any individual's use and neglect, have ne employee and an			,		
	professional and im individuals from furt	estigate allegations in a partial manner. C. To protect her harm. 4. The employee or			,		
	regarding the incide report or incident re	tailed, factual statement nt on a progress note/incident port if applicable, prior to Staff statements will be					
	and counter signed interviewed. F. Upor investigation, a repo	n completion of the committee ort containing the findings shall					
	be presented. G. Th	e administrator shall make	N.				

Illinois Department of Public Health (X1) PROVIDER/SUPPLIER/CLIA STATEMENT OF DEFICIENCIES (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY IDENTIFICATION NUMBER: AND PLAN OF CORRECTION COMPLETED A. BUILDING: _ IL6011431 B. WING 05/05/2023 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE **1026 NORTH MERCHANT STREET WETHERELL PLACE** EFFINGHAM, IL 62401 (X4) ID SUMMARY STATEMENT OF DEFICIENCIES 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) CROSS-REFERENCED TO THE APPROPRIATE TAG TAG DATE **DEFICIENCY**) Z9999 Continued From page 12 Z9999 the final decision as to the appropriate action required, taking into consideration the findings and recommendations of the committee." (B)