

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6010474	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 01/10/2024
--	--	---	---

NAME OF PROVIDER OR SUPPLIER GLENWOOD TERRACE-SPRINGFIELD	STREET ADDRESS, CITY, STATE, ZIP CODE 2724 GLENWOOD AVENUE SPRINGFIELD, IL 62704
---	--

(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	COMMENTS Complaint Investigations: 23410608/IL168019 2440249/IL168569	Z 000		
Z9999	FINDINGS Statement of Licensure Violations: 350.620a) 350.1210a) 350.3240a)b) 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 350.1210 Health Services a) Comprehensive resident care plan. A facility, with the participation of the resident and the resident's guardian or resident's representative, as applicable, must develop and implement a comprehensive care plan for each resident that includes measurable objectives and timetables to meet the resident's medical, nursing, mental health, psychosocial, and habilitation needs that are identified in the resident's comprehensive assessment that allows the resident to attain or maintain the highest practicable level of independent functioning and provide for discharge planning to the least restrictive setting based on the resident's care	Z9999		

Illinois Department of Public Health LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE 02/07/24
---	-------	------------------------------

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6010474	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 01/10/2024
--	--	---	---

NAME OF PROVIDER OR SUPPLIER GLENWOOD TERRACE-SPRINGFIELD	STREET ADDRESS, CITY, STATE, ZIP CODE 2724 GLENWOOD AVENUE SPRINGFIELD, IL 62704
---	--

(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 1</p> <p>needs. The assessment shall be developed with the active participation of the resident and the resident's guardian or resident's representative, as applicable. (Section 3-202.2a of the Act)</p> <p>Section 350.3240 Abuse and Neglect</p> <p>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. (Section 2-107 of the Act)</p> <p>b) A facility employee or agent who becomes aware of abuse or neglect of a resident prohibited by Section 2-107 of the Act shall immediately report the matter to the Department and to the facility administrator. (Section 3-610(a) of the Act)</p> <p>These Regulations are not met as evidenced by:</p> <p>Based on record review and interview, the facility failed to protect an individual (R1) from sexual assault by E3 (Direct Support Person/DSP), implement R1's Internet Safety Program and develop a program for inappropriate sexual behavior for R1.</p> <p>Findings include:</p> <p>The 1/31/23 Individual Service Plan (ISP) identifies R1 as a 20-year-old female who functions within the Mild Range for Individuals with Intellectual Disabilities.</p> <p>Facility Individual Rape or Sexual Assault Policy</p>	Z9999		

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6010474	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 01/10/2024
--	--	---	---

NAME OF PROVIDER OR SUPPLIER GLENWOOD TERRACE-SPRINGFIELD	STREET ADDRESS, CITY, STATE, ZIP CODE 2724 GLENWOOD AVENUE SPRINGFIELD, IL 62704
---	--

(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 2</p> <p>dated 10/17 includes, "Abuse: The willful infliction of injury, unreasonable confinement, intimidation, or punishment with resulting harm, pain, or mental anguish. Neglect: Failure to provide goods and services necessary to avoid physical harm, mental anguish, or mental illness. Procedure: C. The person initiating the report or suspicion shall describe the incident or report on a Progress Note (GP-15) and submit it to the designated management staff."</p> <p>Facility Investigative Committee Policy dated 10/23 includes, "The Investigative Committee shall be responsible for the following: Identify, review and determine if alleged violations of any individual's rights, including abuse and neglect, have occurred between the employee and an individual. A. Any home employee or agent who witnesses or suspects a violation of individual rights, reasonable suspicion of a crime, abuse, or neglect as well as injuries of unknown source shall immediately report the matter to home management using the following protocol: 2. In order for the incident to be considered reported, the employee or agent must speak directly to one of the following managers: a)Administrator b) Executive Director c) Chief Executive Officer (CEO)."</p> <p>R1's Risk Assessment dated 1/10/23 under Behavioral Category a "No" is marked for the documented question: "History of False allegations/reports?" Interpersonal and Support Risks Category a "Yes" is marked for the documented question: "Vulnerable to solicitation via personal, telephone, or Internet contact? Follow-Up: R1 is vulnerable to solicitation via personal, telephone, or Internet as Z1 (mother) has stated that R1 has a past history with sending inappropriate messages and pictures via the</p>	Z9999		

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6010474	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 01/10/2024
--	--	---	---

NAME OF PROVIDER OR SUPPLIER GLENWOOD TERRACE-SPRINGFIELD	STREET ADDRESS, CITY, STATE, ZIP CODE 2724 GLENWOOD AVENUE SPRINGFIELD, IL 62704
---	--

(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 3</p> <p>Internet." Functional Sexual Assessment Category a "Yes" is marked for the documented question: "Follows commands/directions of strangers." A "No" is marked for the documented questions: "Stops unwanted sexual attention. Indicates what to do if unwanted attention/assault/rape occurs."</p> <p>R1's Risk Assessment dated 12/26/23 under Behavioral Category a "No" is marked for the documented question: "History of False allegations/reports?" Interpersonal and Support Risks Category a "Yes" is marked for the documented questions: "Difficulty with boundaries? Reluctance or inability to report abuse or potential abuse? Vulnerable to solicitation via personal, telephone, or Internet contact? Follow Up: R1 is able to understand different types of relationships but struggles if a relationship has become inappropriate. R1 is vulnerable to solicitation via personal contact, telephone, and/or internet." Functional Sexual Assessment Category, a "Yes" is marked for documented questions: Engages in sexual behavior such as kissing, fondling with multiple persons? Engages in intercourse with significant other?" A "No" is marked for the documented questions: Stops unwanted sexual attention? Indicates what to do if unwanted attention/assault/rape occurs?"</p> <p>Facility Report dated 12/20/23 includes, "On 12/20/23 E2 (Qualified Intellectual Disabilities Professional/QIDP) found inappropriate text messages on the phone of R1. E2 recognized the other number to be that of E3. When asked about the messages R1 stated that she loved E3 and that they had a sexual relationship."</p> <p>On 12/21/23, a printed copy of text messages</p>	Z9999		

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6010474	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 01/10/2024
--	--	---	---

NAME OF PROVIDER OR SUPPLIER GLENWOOD TERRACE-SPRINGFIELD	STREET ADDRESS, CITY, STATE, ZIP CODE 2724 GLENWOOD AVENUE SPRINGFIELD, IL 62704
---	--

(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 4</p> <p>between R1 and E3 was provided. E1 (Regional Manager) confirmed that these were text message exchanges between R1 and E3. Text message, unknown date, include, "R1: Well, I was hoping to have sex but how are we going to when E8 (DSP) is hear (here)." E3: "Me too da hell I touched that pussy now I'm hungry." E3: "Naw (No) I need to long n it d*** wet from ur (your) p**** type action." R1: "Do you think we could try and do that without getting heard by E8?" Text message dated 11/25/23 include, R1: "Do you want me to change R4?" E3: "Yea if u (you) want too and we not go be n ur (your) room we go use R3 bed since he not here." R1: "Ok. So when do you want me to suck it I can go back there a wait for you." E3: "Damn u ready ready huh." R1: "Yeah or we can do it later." E3: "Naw (No) I'm going back there now give 3 min (minutes)." R1: "Ok."</p> <p>R1's Emergency Department Physician Notes dated 12/20/23 include, "Associated Diagnosis: Sexual assault of adult. History of Present Illness: 20-year-old previously healthy female presents to emergency department for evaluation after having sexual intercourse. R1 is from a group home, and this was with a staff member of the group home."</p> <p>R1's Internet Safety Program Form dated 10/13/23 includes, "Individual's Program Assessment: According to recent staff observation and self-reporting, R1 has received unsafe messages from unknown individuals via her smart phone. The messages include soliciting sexualized photos and/or money from her in addition to asking for personal information."</p> <p>R1's Programmatic Report dated 9/1/23-12/21/23 there is no program documentation for Internet</p>	Z9999		

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6010474	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 01/10/2024
--	--	---	---

NAME OF PROVIDER OR SUPPLIER GLENWOOD TERRACE-SPRINGFIELD	STREET ADDRESS, CITY, STATE, ZIP CODE 2724 GLENWOOD AVENUE SPRINGFIELD, IL 62704
---	--

(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 5</p> <p>Safety.</p> <p>Facility unable to produce evidence of notification of R1's inappropriate sexual behavior to E13 (Administrator/Executive Director) or E14 (CEO).</p> <p>On 12/21/23 at 10:09 am, E5 (Authorized Direct Support Person/ADSP) confirmed she has witnessed inappropriate interaction between R1 and E3 starting back in 7/23. E5 confirmed she would notice when E3 worked, R1 would wear short shorts and tight shirts, R1 would hop up onto counters/tables that were near E3, and E5 saw R1 caress E3's back. E5 then confirmed this was reported to E2 on 7/4/23. E5 then stated, "8/23, I went into (R1's) room to clean. On (R1's) dry erase board was drawn boobs. I (E5) asked (R1) who drew this and (R1) said (E3), (R1) told me when she's (R1) in the shower (E3) puts stuff on here." E5 confirmed this was reported to E1 and E2.</p> <p>On 12/21/23 at 11:10 am, E1 confirmed, although unsure of date, sometime this summer E5 reported that R1 was dressing inappropriately when E3 was at the facility. E1 then confirmed that she spoke with E2 about what E5 reported. E1 confirmed she was unsure if E2 investigated the behavior.</p> <p>On 12/21/23 at 12:22 pm, E2 confirmed she was made aware by E8 (DSP) that R1 would stay up and watch television with E3 and that R1 would lay across the couch. E2 then stated, "(E1) was informed and when I (E2) told (E1) about it, (E1) said staff have been saying they felt uneasy about (E3) and (R1's) relationship." E2 then confirmed that no investigation was done. E2 also confirmed that R1 got a cell phone 10/23. E2 confirmed R1 is not on an internet/communication program. E2</p>	Z9999		

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6010474	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 01/10/2024
--	--	---	---

NAME OF PROVIDER OR SUPPLIER GLENWOOD TERRACE-SPRINGFIELD	STREET ADDRESS, CITY, STATE, ZIP CODE 2724 GLENWOOD AVENUE SPRINGFIELD, IL 62704
---	--

(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 6</p> <p>then confirmed on 12/20/23, she (E2) purchased R1's minutes at a local store. E2 confirmed to add minutes to R1's phone, she (E2) did it through R1's text messaging. E2 stated, "When I (E2) got the message on (R1's) phone with minutes, I (E2) saw inappropriate messages from a cell number that said I want to put this long black dick in you. I (E2) saw another message that said I want you to do what was in that video on social media site." E2 confirmed she (E2) then notified E1 that there were inappropriate text messages on R1's phone and the text's messages were from E3. E2 confirmed R1 is not on a program for inappropriate sexual behavior and only receives the yearly required sex education. E2 then stated, "(R1) will be in 1/24 when her (R1's) ISP is scheduled."</p> <p>On 12/21/23 at 12:46 pm, E8 confirmed sometime on 5/23 is when E8 noticed R1 being overly playful with E3 and E3 was ok with it. E8 stated, "Everyone usually went to bed after night meds and snack. (R1) didn't when (E3) was working. I (E8) said something to (E2) late summer/early fall. (E2) told me (E8) when (R1) moved in, (E3) was already here. (R1) was upset and (E3) would calm (R1) down. I (E8) reported again a couple months ago that (R1) and (E3) were in the living room. (R1) was laying on the couch with a cover and (E3) was near (R1's) feet." E8 confirmed it was reported to E2. E8 stated, "(E2) said it's nothing, I (E2) know (E3), I (E2) trust (E3)."</p> <p>On 12/21/23 at 1:10 pm, E9 (Authorized Direct Support Person/ADSP) confirmed she (E9) witnessed inappropriate interaction between R1 and E3. E9 stated, "In the summertime, unsure of date, (R1) would act strange. Everywhere (E3) went, (R1) went. (R1) would come in the</p>	Z9999		

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6010474	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 01/10/2024
--	--	---	---

NAME OF PROVIDER OR SUPPLIER GLENWOOD TERRACE-SPRINGFIELD	STREET ADDRESS, CITY, STATE, ZIP CODE 2724 GLENWOOD AVENUE SPRINGFIELD, IL 62704
---	--

(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 7</p> <p>medication room with (E3) and sit up on the counter. (R1) didn't do that with any other staff. I (E9) told (E1) this summer about it. I didn't tell (E2) because (E3) was (E2's) friend." E9 confirmed after reporting R1's behavior to E1, R1's behavior didn't change. E9 stated, "If (E3) was around, (R1) would tell me (E9) that she (R1) showered. (R1) didn't do that if (E3) wasn't working, only when (E3) was here. Also, normally after night snack and meds, (R1) would go to bed. But, if (E3) was working, (R1) would stay up. When (E3) would work, (R1) would lay blankets on the floor in the living room and lay down. (R1) would have a night gown on with nothing underneath. (R1) didn't do that when (E3) wasn't working. All this was reported to (E1)."</p> <p>On 12/21/23 at 2:11 pm, R1 confirmed while in the living room on 9/23, E3 touched R1's vagina without consent. R1 stated, "Everyone went to bed and (E3) told me (R1) he (E3) needed to talk to me (R1). I (R1) thought I (R1) was in trouble. (E3) talked about my (R1's) family and (E3) told me (R1) to come here. I (R1) got closer and (E3) touched my (R1) vagina and stuck fingers inside. I (R1) was so scared and stiff I (R1) didn't say no." E3 confirmed when that happened E9 had been working but had already left. E3 confirmed after that is when R1 and E3 had sex. E3 stated, "After that day, (E3) took me (R1) into the staff bathroom. (E3) took my (R1) underwear down and stuck his (E3) penis in." E3 confirmed she did not give consent and stated, "I (R1) was scared and stiff and didn't want him (E3) to." R1 also confirmed having sex the first time, R1 and E3 had sex multiple times throughout the facility.</p> <p>On 12/21/23 at 2:32 pm, E11 (ADSP) confirmed she (E11) witnessed questionable interaction</p>	Z9999		

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6010474	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 01/10/2024
--	--	---	---

NAME OF PROVIDER OR SUPPLIER GLENWOOD TERRACE-SPRINGFIELD	STREET ADDRESS, CITY, STATE, ZIP CODE 2724 GLENWOOD AVENUE SPRINGFIELD, IL 62704
---	--

(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 8</p> <p>between R1 and E3. E11 stated, "(R1) would lay pads on the living room floor next to where (E3) would sit. (R1) wouldn't do that with other staff."</p> <p>On 1/3/24 at 8:11 am, E2 confirmed R1's Internet Safety Program was developed on 10/23 and staff were trained, however the program was not put into the facility computer system for staff to document on, therefore R1's Internet Safety Program was not implemented. E2 stated, "It's my (E2) fault."</p> <p>On 1/3/24 at 8:48 am, E2 confirmed R1's Risk Assessment dated 1/10/23 does document, "R1 is vulnerable to solicitation via personal, telephone or internet as Z1 has stated that R1 has a past history with sending inappropriate messages and pictures via the internet." E2 confirmed R1 was not on a program and when asked if R1 should be, E2 stated, "Sure, I was trying to give R1 the benefit of the doubt, but yes." E2 also confirmed R1 was not currently on a phone program or a program for inappropriate sexual behavior. E2 also confirmed the incident of 12/20/23 was not documented on a progress note (GP-15).</p> <p>(B)</p>	Z9999		