STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	IL6000079	A. BUILDING: _____ B. WING _____	C 07/17/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
PIASA MANOR	110 NORTH ALBY COURT GODFREY, IL 62035

(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 Investigation 2444156/IL173646 2445150/IL175047 2445229/IL175150 Investigation of Facility Reported Incident of 2-2-24, 5-26-24/IL175070	Z 000		
Z9999	FINDINGS Statement of Licensure Violaitons 350.620a) 350.700c) 3501210a) 350.3240a) 350.3240e) 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 c) The facility shall, by fax or phone, notify the Regional Office within 24 hours after each reportable incident or accident. If the facility is unable to contact the Regional Office, it shall notify the Department's toll-free complaint registry hotline. The facility shall send a narrative summary of each reportable accident or incident to the Department within seven days after the	Z9999		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	IL6000079	A. BUILDING: _____ B. WING _____	C 07/17/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
PIASA MANOR	110 NORTH ALBY COURT GODFREY, IL 62035

(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	Continued From page 1	Z9999		

occurrence.

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 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)

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. (Section 2-107 of the Act)

e) Employee as perpetrator of abuse. When an investigation of a report of suspected abuse of a resident indicates, based upon credible evidence, that an employee of a long-term care facility is the perpetrator of the abuse, that employee shall immediately be barred from any further contact with residents of the facility, pending the outcome

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	IL6000079	A. BUILDING: _____ B. WING _____	C 07/17/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
PIASA MANOR	110 NORTH ALBY COURT GODFREY, IL 62035

(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	Continued From page 2	Z9999		

of any further investigation, prosecution or disciplinary action against the employee. (Section 3-611 of the Act)

These requirements were not met as evidence by:

Based on observation, record review, and interview, the facility failed to:

1) implement R1's supervision level, resulting in R1 eloping from the facility six times on 5/11/24, 5/26/24, and 6/30/24.

2) thoroughly investigate incident of R1's elopements on 5/11/24, 5/26/24, 6/30/24 and allegation of abuse by a staff member to R1 on 2/2/24 and 5/26/24.

3) report R1's incident of elopement on 6/30/24 to Illinois Department of Public Health (IDPH).

This has the potential to impact all nine individuals residing at the facility (R1-R9).

Findings include:

Facility Roster, dated 7/8/24, identifies nine individuals reside at the facility (R1-R9).

The 4/22/24 Individual Support Plan (ISP) identifies R1 as an individual who functions within the Profound Range for Individuals with Intellectual Disabilities. R1's ISP includes, "I (R1) am non-verbal."

R1's Behavior Support Plan (BSP) dated 8/4/23 includes, "In the past month, (R1) has begun eloping from the facility creating a dangerous situation for herself (R1) and others. To decrease

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	IL6000079	A. BUILDING: _____ B. WING _____	C 07/17/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
PIASA MANOR	110 NORTH ALBY COURT GODFREY, IL 62035

(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	Continued From page 3	Z9999		

the potential for elopement incidents that pose a safety risk to (R1), staff will increase the amount of supervision being provided to (R1) one-to-one. This means that staff will be with (R1) at all times while she (R1) is awake. Target Behaviors: Elopement: leaving the facility without staff knowledge. Interventions/Methods Specific to Each Target Behavior: Elopement:1. Staff should search the facility for (R1). 2. If (R1) cannot be located on facility grounds, staff should notify their immediate supervisor and treat the situation as a missing person and follow the missing persons policy as trained. 3. Once (R1) is located, staff should check (R1) for injury and notify all parties that she has been located."

R1's Comprehensive Functional Assessment dated 4/13/24 documents a mark next to the word never for the following, " I can ask for directions if I need them. I can choose clothing that is appropriate for the weather. I maintain personal space when talking to others. I am able to state or write my telephone number. I am able to state or write my address. I only get in vehicles with people I know. I walk away from unfamiliar animals. I walk away from strangers who approach me. I am able to identify police when out in the community. I cross the street at the cross walks. I stop and look both ways before crossing the street/railroad tracks. I check for traffic before crossing alleys, driveways, and parking lots. I follow safety signs (Danger). I ask for help when in danger. I ask for directions if lost. I recognize health and safety hazards. I travel safely at home and in my community."

On 7/2/24 at 3:22 pm, E7 (Direct Support Person/DSP) confirmed R1 is non-verbal.

1) Facility Reporting Individual Unusual Incidents

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	IL6000079	A. BUILDING: _____ B. WING _____	C 07/17/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
PIASA MANOR	110 NORTH ALBY COURT GODFREY, IL 62035

(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	Continued From page 4	Z9999		

Policy, dated 3/1/22 includes, "The facility shall ensure that staff are aware of their responsibilities regarding identifying, reporting, managing and resolving all Individual Unusual Incidents involving individuals to ensure all individuals are safe and protected from harm. An unusual incident includes, but is not limited to: any unauthorized leave/elopement of more than 15 minutes of an individual or any attempt of elopement by the individual."

Facility One-to-One Coverage Policy dated 3/1/22 includes, "The facility must provide sufficient direct care staff to manage and supervise individuals in accordance with the Individual Support Plan. The facility shall provide one-to-one staff coverage for individuals who demonstrate an excessive degree of aggression, destructive, suicidal, or self-injurious behavior, elopement risks and/or have severe medical problems."

R1's General Event Report (GER) dated 5/11/24 includes, "Staff stepped away from (R1) to go use the bathroom and while staff was in the bathroom (R1) got out the building."

R1's Electronic Facility Reported Incident Log dated 5/26/24 includes, "(R1) was sitting in the living room and was left alone and (R1) ran out of the home. This happened four times this day."

R1's GER dated 6/30/24 includes, "(R1) had a bath and put on fresh clothes Staff directed (R1) to have a seat in the l.room (room) I (E3/Direct Support Person) went to give the staff a bowl and the alarm went off both staff instantly took off looking for (R1) I (E3) went towards the pond the other staff went towards local gas station I (E3) came back near the home where I (E3) could see

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	IL6000079	A. BUILDING: _____ B. WING _____	C 07/17/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
PIASA MANOR	110 NORTH ALBY COURT GODFREY, IL 62035

(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	Continued From page 5	Z9999		

the individuals and watch for the staff running for (R1). The other staff caught (R1) by the train tracks as the train was coming and a car stopped to let (R1) in the vehicle as well as staff and brought them home."

Railroad Track approximately 0.1 miles from the facility has signs near the track that include, "Trains May Exceed 80 MPH (miles per hour). No Train Horn."

Road next to facility has a sign posted along road that documents, "Speed Limit 40."

Approximately 0.1 miles south of the facility is a pond.

On 7/3/24 at 8:26 am, E3 (DSP) confirmed the street near the facility is busy and stated, "Too busy." E3 also confirmed the train track next to the facility is used by freight and passenger trains. E3 then stated, "They come about every hour."

On 7/2/24 at 12:56 pm, Z1 (Community Member) stated, "We were driving home from church and made a left on the street in front of the facility. We never got past the tracks (railroad tracks) and we see (R1) in the street and cars stopping and driving around (R1). (R1) was walking down the center of the lane going with the traffic. (R1) was walking toward the adjacent road, not wearing shoes. (R1) walked across the tracks. We pulled over and parked. I (Z1) stopped traffic to get (R1) and brought (R1) over to the car wash parking lot. I (Z1) can't remember if the staff got over to me (Z1) before or after the arms of the train track went down and the passenger train came through. It was about a minute before the staff got to us."

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	IL6000079	A. BUILDING: _____ B. WING _____	C 07/17/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
PIASA MANOR	110 NORTH ALBY COURT GODFREY, IL 62035

(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	Continued From page 6	Z9999		

On 7/2/24 at 8:13 am, E4 (DSP) confirmed that R1 has eloped from the facility a few times in the last couple weeks.

On 7/2/24 at 8:03 am, E3 stated, "Sunday (6/30/24) I (E3) just got done giving (R1) a bath, (R1) sat at the kitchen table. I (E3) got into the kitchen next to the frig (refrigerator). I (E3) heard the alarm go off. (R1) usually goes to the pond, so I (E3) went that way. (E5/Medication Technician) found (R1) in a community members car. (R1) was at the train tracks and the arms were coming down. (R1) didn't have shoes on." E3 confirmed she didn't think R1 knows what a train is and when not to cross the railroad tracks. E3 stated, "I asked (E5) if (R1) looked both ways and (E5) said no (R1) was getting ready to cross the tracks as the arm was coming down." E3 confirmed R1 was a one-to-one supervision and there is no assignment on who is responsible for R1's one-to-one supervision and stated, "They don't do that."

On 7/2/24 at 8:27 am, E3 stated, "(R1) loves baths. (R1) will calm down." E3 confirmed that is possibly why when R1 elopes, R1 sometimes goes to the pond. E3 stated, "That's my biggest fear because (R1) loves water so much."

On 7/2/24 at 8:55 am, E5 confirmed R1 eloped on 6/30/24. E5 stated, "I was in the kitchen cooking lunch. (R1) ran out the door. I found (R1) across the railroad tracks at the car wash. I ran across the tracks as the arms were coming down to get to (R1)." E5 then confirmed R1 was not wearing shoes or socks.

On 7/2/24 at 3:22 pm, E7 (DSP) stated, "(R1) doesn't belong here. (R1) runs down to the pond

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	IL6000079	A. BUILDING: _____ B. WING _____	C 07/17/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
PIASA MANOR	110 NORTH ALBY COURT GODFREY, IL 62035

(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	Continued From page 7	Z9999		

and big snapping turtles are there." E7 then confirmed R1 would not know to stay away from snapping turtles and stated, "(R1) doesn't know anything. (R1) would probably try and grab it." E7 confirmed R1 does not know how to cross a road and stated, "(R1's) walked into traffic and doesn't know anything." E7 also confirmed R1 doesn't know how to cross the train tracks and stated, "(R1) just wants to go."

On 7/2/24 at 9:04 am, R1 was in the bathroom on the women's side of the facility. No staff were near R1 or insight of R1. E3 and E4 were in the dining room. E5 was in the medication room.

On 7/2/24 at 3:17 pm, R1 was sitting on the floor in the dining room without staff present.

On 7/2/24 at 4:08 pm, E7 was outside of the facility with R1, R6, and R8. No other staff member was outside.

On 7/3/24 at 1:42 pm, R1 was sitting at the dining room table with no staff present. E1 (Temporary Administrator/Qualified Intellectual Disabilities Professional) was outside the east door of the facility with the east door open. E3 and E4 were in the kitchen.

On 7/3/24 at 1:56 pm, R1 was sitting in the living room on the women's side without staff present. There is a door that opens to the outside in the women's side living room.

On 7/3/24 at 3:59 pm, E7 was outside of the facility with R1, R3, R6, R7, and R8. No other staff present.

On 7/8/24 at 10:08 am, R1 was in the bathroom on the women's side of the facility without a staff

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	IL6000079	A. BUILDING: _____ B. WING _____	C 07/17/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
PIASA MANOR	110 NORTH ALBY COURT GODFREY, IL 62035

(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	Continued From page 8	Z9999		

member present. E3 and E5 were in the kitchen.

On 7/8/24 at 10:21 am, R1 was in the kitchen without staff present. E3 and E5 were in the dining room.

On 7/2/24 11:12 am, E3 confirmed one-to-one means one individual to one staff member. E3 stated, "They didn't define it for me."

On 7/2/24 at 11:14 am, E4 confirmed one-to-one means you must be a shadow to the individual and stated, "Close to (R1) at all times."

On 7/2/24 at 2:10 pm, E5 confirmed R1's supervision level is one-to-one and stated, "Someone has to be within arm's length. (R1's) fast."

On 7/2/24 at 3:52 pm, E1 confirmed one-to-one supervision means staff have to be within eyesight and arm's length of the individual at all times.

On 7/2/24 at 2:49 pm, E1 confirmed there is computer documented monitoring for R1's one-to-one supervision and stated, "15-minute checks on the computer."

Email from E10 (Staff Development) regarding R1's one-to-one documentation includes, "At this time there is no specific documentation for one-to-one supervision."

On 7/2/24 at 2:48 pm, E4 confirmed there is no assignment for R1's one-to-one supervision.

On 7/2/24 at 2:48 pm, E5 confirmed there is no assignment for R1's one-to-one supervision.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	IL6000079	A. BUILDING: _____ B. WING _____	C 07/17/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
PIASA MANOR	110 NORTH ALBY COURT GODFREY, IL 62035

(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	Continued From page 9 On 7/2/24 at 3:15 pm, E7 confirmed she (E7) has not been trained on supervision level. Facility unable to produce evidence of staff training on supervision level. On 7/2/24 at 8:21 am, E3 confirmed she (E3) has not been trained on Individual Support Plan's (ISP) or, if applicable, Behavior Support Plan's (BSP) for R1-R9. On 7/2/24 at 8:22 am, E4 confirmed she (E4) has not been trained on ISP or, if applicable, BSP's for R1-R9. E4 stated, "It's almost like we had to train ourselves on how to deal with (R1)." On 7/2/24 at 3:15 pm, E7 confirmed she (E7) has not been trained on ISP or, if applicable, BSP's for R1-R9. On 7/2/24 at 2:49 pm, E1 confirmed there is no evidence of staff training on individuals (R1-R9) ISP or, if applicable, BSP and stated, "We're looking into getting that set up." 2) Facility Abuse and Neglect Policy dated 3/1/22 includes, "The facility shall be operated in a manner which ensures that individuals are not subject to neglect or to physical, verbal, sexual, psychological abuse or punishment. Procedure: 1. An employee suspecting or witnessing an incident, which may be defined as mistreatment, corporal punishment, threat, exploitation, neglect, abuse or as a serious injury, shall, according to state statues and facility policy: D. Complete a General Events Record. 2. Upon being notified of any incident involving mistreatment, corporal punishment, threat, exploitation, neglect, abuse or serious injury, the Administrator shall: a. Take immediate action to protect the individual served,	Z9999		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	IL6000079	A. BUILDING: _____ B. WING _____	C 07/17/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
PIASA MANOR	110 NORTH ALBY COURT GODFREY, IL 62035

(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	Continued From page 10	Z9999		

including immediately placing the alleged employee on Administrative Leave, pending the outcome of the facility's investigation."

Facility Investigation of Abuse and Neglect Policy dated 3/1/22 includes, "The facility shall establish guidelines for investigation of possible abuse and neglect to ensure consistent application of investigatory procedures. Upon receiving an allegation of abuse and/or neglect, an internal investigation shall immediately commence. The Internal Investigator shall be trained as required by the state, which authorizes him/her to conduct such investigations, if applicable. The Administrator shall ensure that all reports of unusual incidents that are of a serious unknown nature are fully investigated. Procedure: 1. The Administrator shall immediately appoint an in-house investigator to investigate the incident, taking into account any potential conflicts of interest. The investigator shall: B. Conduct interviews of all parties involved, asking 'what', 'who', 'where', 'when', 'why', and 'how' beginning with: 1. the person making the report. 2. the victim. 3. witnesses (witnesses should be kept at the scene and separated, if possible). 4. the accused. C. Take statements. These should include: 1. when the statement was taken. 2. where the statement was taken. 3. by whom the statement was taken. 4. the name of the witness. 5. title of the witness (if applicable). 6. the signature of the interviewer. F. Prepare and submit a written report, including the conclusion of the investigation and recommendations to the Administrator within (5) working days of the incident using the Resolution section of the General Events Record."

Facility Reporting Individual Unusual Incidents dated 3/1/22 includes, "All individuals Unusual

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	IL6000079	A. BUILDING: _____ B. WING _____	C 07/17/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
PIASA MANOR	110 NORTH ALBY COURT GODFREY, IL 62035

(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	Continued From page 11	Z9999		

Incidents are to be reported and the collected information resulting from investigation, thereof shall be utilized to minimize the potential for future incidents. An unusual incident includes, but is not limited to: Suspected abuse or neglect."

a) R1's General Event Report (GER) dated 2/2/24 includes, "(E9/Former Administrator) was on the phone with staff discussing a staff complaint when the staff member asked (E9) was, (E9) made aware of a former staff member slapping (R1). When informed that (E9) was not aware the staff member informed the staff member allegedly slapped (R1) in the face. The date and time this incident took place is unknown. Corrective Actions Taken: Staff member no longer works for the agency. (R1) is one on one at this time. Review Comments: This incident is currently under investigation."

Facility unable to produce evidence of thorough investigation regarding allegation of abuse by staff against R1, reported on 2/2/24.

On 7/3/24 at 1:49 pm, E1 confirmed the facility is unable to produce evidence of a thorough investigation of the allegation reported on 2/2/24 of a staff member slapping R1 on the face.

Facility unable to produce evidence of a suspended staff member during alleged abuse allegation on 2/2/24 of a staff member slapping R1 on the face.

b) R1's General Event Report (GER) dated 5/11/24 includes, "Staff stepped away from (R1) to go use the bathroom and while staff was in the bathroom (R1) got out the building. Review Comments: This incident is currently under

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	IL6000079	A. BUILDING: _____ B. WING _____	C 07/17/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
PIASA MANOR	110 NORTH ALBY COURT GODFREY, IL 62035

(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	Continued From page 12	Z9999		

investigation."

On 7/2/24 at 4:02 pm, E10 confirmed they are unable to produce evidence of a thorough investigation done by the facility regarding R1's elopement on 5/11/24.

c) R1's Electronic Facility Reported Incident Log dated 5/26/24 includes, "(R1) was sitting in the living room and was left alone and (R1) ran out of the home. This happened four times this day and (R1) was later dragged by (R1's) arms back into the home by staff member."

On 7/3/24 at 9:22 am, E8 (Former House Manager) confirmed on 5/26/24 R1 eloped four times from the facility. E8 then confirmed she (E8) could not remember who the staff member was that drug R1 by her (R1) arms into the facility on 5/26/24. E8 also confirmed the incident was reported to E9 and stated, "No investigation was ever done." E8 confirmed a GER was not filled out for the incident and stated, "I wasn't taught to do that."

Staff schedule dated 5/26/24 documents E5 worked from 7:00 am-9:00 am; E13 (Former DSP) worked from 7:10 am-3:04 pm; E16 (Former DSP) worked from 7:00 am-3:00 pm; E17 (Former DSP) worked from 2:55 pm-11:10 pm; E18 (Former DSP) worked from 3:00 pm-11:00 pm; E19 (DSP) worked from 11:07 pm-7:00 am; and E20 (DSP) worked from 10:55 pm-6:59 am.

On 7/2/24 at 3:58 pm, E10 confirmed they have no knowledge of 5/26/24 incident of R1 eloping the facility four times or allegation of a staff member pulling R1 by R1's arms back into the facility.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	IL6000079	A. BUILDING: _____ B. WING _____	C 07/17/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
PIASA MANOR	110 NORTH ALBY COURT GODFREY, IL 62035

(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	Continued From page 13 Facility unable to produce evidence of a thorough investigation of allegation reported to IDPH on 5/26/24 regarding R1 eloping from the facility four times and being drug into the facility by her (R1) arms by a staff member. d) On 7/2/24 at 8:52 am, E3 confirmed E10 was notified of R1 eloping from the facility on 6/30/24. Facility unable to produce evidence of thorough investigation of R1's elopement on 6/30/24. On 7/2/24 at 9:42 am, E1 confirmed she (E1) was the acting Administrator for the facility, and it is the Administrators responsibility to report incidents to IDPH. 3) Facility unable to produce evidence of IDPH notification of R1's elopement on 6/30/24. On 7/2/24 at 9:42 am, E1 confirmed she (E1) was the acting Administrator for the facility, and it is the Administrators responsibility to report incidents to IDPH. (A)	Z9999		