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Illingis 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: __ IL6007660 B. WING 10/12/2021 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE **1233 NORTH SIXTH STREET** QUINCY TERRACE **QUINCY, IL 62301** SUMMARY STATEMENT OF DEFICIENCIES (X4) ID PROVIDER'S PLAN OF CORRECTION (X5) COMPLETE (EACH DEFICIENCY MUST BE PRECEDED BY FULL PRÉFIX PREFIX (EACH CORRECTIVE ACTION SHOULD BE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG CROSS-REFERENCED TO THE APPROPRIATE TAG DATE DEFICIENCY) Z 000 **COMMENTS** Z 000 **COMPLAINT SURVEY** 212**7**234/IL138757 Z9999 FINDINGS Z9999 Statement of Licensure Violations: 350.620a) 350.1060e) 350,1060h) 350.3240a) Section 350.620 Resident Care Policies a) The facility shall have written policies and procedures governing all services provided by the facility which shall be formulated with the involvement of the administrator. The policies shall be available to the staff, residents and the public. These written policies shall be followed in operating the facility and shall be reviewed at least annually. Section 350.1060 Training and Habilitation Services An appropriate, effective and individualized program that manages residents' behaviors shall be developed and implemented for residents with aggressive or self-abusive behavior. Adequate, properly trained and supervised staff shall be available to administer these programs. There shall be available sufficient, Attachment A appropriately qualified training and habilitation Statement of Licensure Violations personnel, and necessary supporting staff, to carry out the training and habilitation program.

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

TITLE

(X6) DATE

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failed to develop and implement an ISP/Individual Service Plan with behavior interventions for 1

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agency who receives a report or who suspects. that rape or sexual assault has occurred shall immediately notify the designated management staff using the emergency call list and supply all relevant information. C. The person initiating the

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guardian.

Disorder, Seizure Disorder and Depressive Disorder who functions at the Severe Level of Intellectual Disability. R1 serves as his own

R1's ISP documents, "Communication:

have good understanding."

Priorities/Strengths-I have great speech (and) I

R1's ISP does not identify R1 having a history of

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kicking him. (R1) started getting upset with him. (R2) came inside and punched the hallway wall."

A handwritten note dated 9/23/21 and provided to surveyor by E2 documents, "(R1) came to QIDP and explained that he was getting upset with (R2). It seems (R2) has been invading (R1's)

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STATEMENT OF DEFICIENCIES (X1) PR

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION (X3 A. BUILDING: | | (X3) DATE | X3) DATE SURVEY COMPLETED | |
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| | PROVIDER OR SUPPLIER | | DRESS, CITY, I TH SIXTH : | , STATE, ZIP CODE STREET | | | |
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| (X4) ID PREFIX TAG | (EACH DEFICIENCY | TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC 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 | doesn't like it. (R1) will try to walk away QIDP advised (R1) this and to be consi Community Day Se Note-General signe dated 9/28/2021 at surveyor by E2/QID Disability Profession "Intervention: (R1) how he was doing, at to talk. I asked if he the bus, bc(because He replied no he ha asked what he meanight (R2) touched higroin area at (facility I'm embarrassed to told any staff; he sai (E2) his QIDP (Qual Professional) at (Fawith (E2) on a speasome questions aboknow that he needs if this incident happes say no, scream, yell, nothing wrong; he dembarrassed. Plantype up the info that event occurred at (F | bing (R1's) head and (R1) doesn't want to hit him and but (R2) will follow him. to tell (R2) no when he does stent with this." rvice provider Progress d by Z1 (Case Manager, DT), 11:10 AM and provided to P (Qualified Intellectual hal) on 10/1/21 documents, walked by my office: I asked and he replied that he wanted wants (R2) to sit by him on e) (R2) wants to sit by him. s been touchy, touchy. I hns? (R1) replied that last him and he pointed to his v). He said he didn't like and talk about it. I asked if he d he did not. Then we called ified Intellectual Disability cility). Assessment: Talked ker phone. He asked (R1) hut the incident. We let (R1) to let staff know immediately, ens again. He also needs to I stressed that (R1) did | Z9999 | | | | |
| 轍 | ISP dated 1/29/2021 male with diagnoses | identifies R3 as 69 year old including Hypertension and functions at the Mild Level lities. | | 8 // | | | |

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| Z'9999 | documents, "QIDP understaffed and the gel but some of our as staff are trying to it is a difficult task for continue to monitor. The facility was una had been put in place inappropriate and understand the facility was una progress Note (GP related to the allegation and unwanted sexual to the facility was una had been put in place unwanted sexual to the facility was una R1's allegation(s) of reported to E1/Adm or the Chief Execution During telephone in PM, E1/Administrate aware of the allegation (R2) was infatus ever reported to me allegations had been responded, "No. It was the staff of the staff | Event Report dated 9/29/2021 and staff at (Facility) are very e individuals here are trying to personalities are clashing, we help the individuals bond but or staff at this point, we will be staff at this point, we will be to provide evidence a plance to monitor R2 for nwanted sexual interaction. The ble to provide evidence a end of the following th | Z9999 | | | | |
| llinois Depar | at 10:37 AM, Z1 sta Wednesday, 9/28/20 him. (R1) said, (R2 | ted, "On Tuesday or I, (R1) told me (R2) touched has been touchy, touchy.' I, (I) asked (R1) if (R2) | | | | | |

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right now."

house and (E2) told me to walk away." R1 then demonstrated how R2 touched R1. R1 then stated, "Tired of (R2) following me, touching me." R1 was asked if he ever told (R2) he could touch him. R1 responded, "No. I tell him no. It is bad

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| Z9999 | Continued From page 8 | | Z9999 | | | |
| | at 11:30 AM usling device, R2 was ask the facility. R2 resp then asked if he like yes and typed, "(R2 he could tell me abbrown skin, big (R1 underwear." R2 waresponded, "Yes. (FR1 said it was ok to responded, "No, but touched R1 with his responded, "(R1's) | an electronic communication an electronic communication and electronic | | | | |
| | beginning at 12:24 laware of the allegat R1 inappropriately. Tuesday (9/28/21) v (R1) told us (Z1 and touching him on his me a note. Got the read it yesterday (9/28/21) there had been any R1 from the sexual responded, "No." (Funtil Friday (Octobe here with one staff, take care of individuals residing how often the facility responded, "Workin Maybe two times a vevenings." E2 was evenings." E2 was | R2's) 30 day staffing isn't due r 8, 2021). E2 stated, "We are trying to cook, pass meds, | | | | |

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everyone."

laundry, bathing individuals, keeping an eve

Facility staff schedules for 9/26/21 document 1 staff was scheduled to work 7:30 AM to 3:30 PM. 1 staff was scheduled to work 3:30 PM and 1 staff was scheduled to work 11:30 PM to 9:30 AM. Facility staff schedules for 9/29/21 document 1

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individuals."

(A)

meals, clean-up, laundry and keeping an eye on