Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	IL6010920	A. BUILDING: ______ B. WING ______	10/14/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
KEPLEY HOUSE	408 EAST WASHINGTON PITTSFIELD, IL 62363

(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 ANNUAL CERTIFICATION SURVEY-EXTENDED INSPECTION OF CARE SURVEY	Z 000		
Z9999	FINDINGS Statement of Licensure Violations (1 of 2) 350.620a) 350.1060e) 350.1230b)7) 350.1620d)4) 350.1620d)12) 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 e) 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. Section 350.1230 Nursing Services	Z9999	Attachment A Statement of Licensure Violations	

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Z9999	Continued From page 1 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: 7) Modification of the resident care plan, in terms of the resident's daily needs, as needed. Section 350.1620 Content of Medical Records d) In addition to the information that is specified, each resident's medical record shall contain the following: 4) An ongoing record of notations describing significant observations or developments regarding each resident's condition and response to treatments and programs. 12) Records of significant behavior incidents, reactions to any family visits and contacts, attendance at programs, and leaves from the facility. These requirements are not met as evidenced by: Based on observation, interview and record review, the facility failed to implement their policy to prevent neglect, when the facility failed to: 1) Develop and implement systematic interventions to manage inappropriate behavior of leaving the building without staff knowledge and crossing a two-lane road with heavy traffic, affecting 1 individual in the sample (R2). 2) Develop intervention for 1 individual in the sample who has incidents of coughing while eating and at risk for choking (R1). Findings include:	Z9999		

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Facility Policy Titled Physical Injury and Illness/Individual Medical Emergencies 5.57, dated 5/19, includes, "Neglect: Failure to provide goods and services necessary to avoid physical harm, mental anguish, or mental illness."

1) R2's ISP (Individual Service Plan) of 4/4/22 identifies R2 is a 48-year old ambulatory verbal resident who functions in the Moderate Range of Intellectual Disabilities with Psychotic and Schizo-Affective Disorder. R2 was admitted to the facility on 1/16/22.

The Behavior Section of the ISP dated 4/4/22 documents, "R2 has a history of challenging behaviors. Those challenging behaviors include self-injurious behaviors, verbal aggression, property destruction, and non-compliance: as well as leaving the facility. So far at the facility, we have witnessed verbal aggression as well as leaving the facility. The purpose of R2's behavior program is to help R2 stop her maladaptive behaviors and learn to cope appropriately. If others build a good relationship with R2, she will listen and calm down. If someone becomes aggressive or agitated with her, she will become more aggressive. A calm, yet strong approach works best with her."

R2's Behavior Program of 4/6/22 documents, "Titled Outburst of Anger/Upset. Program identifies R2 has difficulty expressing herself and will lash out at others verbally or physically, or take off outside, leaving the property."

R2's behavior interventions document, "When R2 is feeling upset, she will find a quiet place to calm herself down. When she is feeling upset, she can go to her room, outside to the swing, or anyplace at the facility that is appropriate, rather than

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having an outburst or running away. If staff observes R2 becoming angry, staff will immediately redirect her to an activity or quiet area where no people are to give her an opportunity to get herself calm."

Review of R2's Risk Assessment Tool of 4/22 documents, "Community Safety Section: R2 is unable to navigate streets, sidewalks, parking lots safety. R2 is unable to access the community interdependently at this time for safety reasons. Staff accompanies R2 when she is in the community to ensure her safety."

Review of R2's Incident Reports of Leaving the Facility from 2/24/22 to 9/22/22 documents 10 incidents when R2 was upset and eloped without staff intervention and Behavior Plan was not implemented:

1) "2/24/22, R2 told her peers that she was going across the street to the convenient store. She did not inform staff on that she was not leaving the grounds. R2 returned to facility with staff and no issues."

2) "3/20/22, R2 walked out of house and cross the street to convenient store, Team Leader followed her, and Team Leader called house to get another staff to help R2 calm down. R2 returned to facility."

3) "4/2/22, R2 got upset with staff and quickly took off to convenient store. Staff went and got her and brought her back to facility."

4) "6/3/22, R2 got upset this afternoon and left the building at one point and went across the street to the convenient store. R2 came back from there with staff and she started crying and yelling she

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wanted to leave."

5) "6/23/22, R2 upset with staff and went back to her room and slammed the door. R2 came back out yelling and crying and took off out the door walking. Staff watched her walking over to convenient store. Staff walked over to get her. R2 was screaming and yelling in store 'you people are treating me bad.' Staff followed her out the store as she was walking and yelling in parking lot walking fast ahead of staff, she crossed the road and walked to the house."

6) "7/15/22, R2 left the facility and walked across the street to convenient store when she was upset. R2 did not inform staff on duty that she was leaving. Once across the street, R2 came back on her own. Due to R2 being upset and crying, a convenient store employee called the police. Police came to facility and talked to R2."

7) "9/5/22, R2 ran away to the convenience store and was standing by the soda coolers and yelling. Convenience store called the police and police called the facility."

8) "9/6/22, R2 started yelling at another individual. Staff intervened and R2 got upset and ran across the street to the convenient store. Administrator went to the store to try and calm her down. Police called facility to make us aware she was causing a scene. Staff observed ambulance pulling into the store. R2 was taken to hospital to be assessed."

9) "9/7/22, While doing programs, an individual saw R2 start heading to convenient store. When staff got there, they tried to calm her down but was refusing to leave. Police were called, R2 refused to calm down and 911 was called. R2

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was taken to the local hospital to be assessed and later returned to the facility."

10) "9/22/22, QIDP and Administrator were on a zoom meeting in the office. R2 was knocking on the door and staff asked her to stop and told her they were in a meeting. R2 started yelling and ran across the street to the convenient store and screaming inside the store. Staff came over and talked her into coming back to the facility."

Interview with E1 (Administrator) on 10/3/22 at 9:50am. E1 was asked if there was anything in R2's plan that stated what staff were to do when R2 leaves the facility. E1 responded, "No." E1 was also asked at 3:45pm if this is R2's most current plan and have there been any revisions to the plan. E1 responded, "This is her most current plan and no revisions have been made to the plan."

Interview with E2 (Qualified Intellectual Disabilities Professional) on 10/3/22 at 3:00pm. E2 was asked if R2's assessment address where R2 is able to safely cross the street during her behaviors. E2 stated, "The assessment does not address her capability of safely crossing the street."

2) The Individual Service Plan (ISP) dated 6/23/22 identifies R1 as an individual who functions within the Severe Range for Individuals with Intellectual Disabilities. R1 has additional diagnosis of Down Syndrome.

R1's ISP, dated 6/23/22 includes, "R1 is on a regular diet. R1 needs to be served food and staff needs to cut his food for him and assist him

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Z9999	Continued From page 6 with eating. R1 does not take appropriate sized portions from serving dishes. R1 sometimes requires extra encouragement to slow down when he eats and drinks." R1's Facility Consultation Report, dated 8/9/22 documents, "Reason for Consultation: Choked. Recommendations: 3. Recommend monitoring." R1's Choking Risk Assessment Tool, dated 8/31/22 includes, "Total Score: 6. Results of Choking Risk Assessment: Total score 6-10 (Moderate choking risk) The individual should have additional clear guidelines and approaches to assisting with eating and drinking clearly identified in the ISP. All staff should be in-serviced of risk of choking. Level of supervision while eating must be established, and documented, in the ISP." R1's Choking Risk Monitoring Tool, dated 8/31/22 documents the following check marks next to; "Puts food in mouth before previous bite has been swallowed. Stuffs food in mouth or excessive size. Eats rapidly." Observation on 10/3/22 from 7:11 am-7:20 am, noted E3 (Direct Support Person/DSP) was standing next to R1 while R1 was shoveling bites of waffles and ham into his mouth without encouraging R1 to slow down. R1 began coughing. E3 then started patting R1 on the back causing R1 to spit out chunks of ham onto his plate. R1 then began shoveling cereal into his mouth. Observation on 10/3/22 at 5:47 pm, facility staff did not cut up R1's donut. R1 ate his donut, which was not cut up, in two bites. R1 then began shoveling baked beans in his mouth while	Z9999		

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E4 (Direct Support Person/DSP) was sitting next to him. E4 did not encourage R1 to slow down. R1 then began shoveling big bite-sized pieces of hamburger and coleslaw into his mouth. R1 then began coughing. E4 started patting R1 on the back.

On 10/5/22 at 9:03 am, E2 (QIDP) was asked for facility electronic incident reports for 10/3/22. E2 stated, "I don't have any for 10/3/22."

On 10/5/22 at 9:20 am, E2 confirmed R1 is not on a program for pacing while eating. E2 was asked if R1 should be on an eating program for pacing. E2 stated, "Yes."

On 10/5/22 at 9:26 am, E5 (Registered Nurse Trainer/RN-T) was asked if staff made her aware of anything that occurred on 10/3/22. E5 stated, "Yes, E3 (DSP)made me aware of R1 coughing during breakfast on 10/3/22." E5 was asked when she was made aware. E5 stated, "10/4/22 at 12:00 am." E5 was asked if she was aware of him coughing during supper on 10/3/22. E5 stated, "No."

On 10/5/22 at 9:33 am, E2 (QIDP) was asked should staff have filled out an electronic incident report for R1 when he began coughing during breakfast and supper on 10/3/22. E2 stated, "Yes." E2 was asked if she was aware that R1 had coughed while eating during breakfast and supper on 10/3/22. E2 stated, "No."

On 10/5/22 at 12:36 am, E1 (Administrator) was asked if the facility has done any staff training on R1 shoveling food while eating. E1 stated, "No."

On 10/5/22 at 1:03 pm, E2 was asked if the nurse should have been notified in a timely manner. E2

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stated, "Yes." E2 was asked what is in a timely manner. E2 stated, "If an individual has a scrape, then by the end of the shift. If it is more than that, once the individual is safe, they should notify immediately."

(B)

Statement of Licensure Violations (2 of 2)

350.620a)
350.1060e)
350.1230b)7)
350.1610h)1)
350.1620d)4)C)

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
e) 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.

Section 350.1230 Nursing Services
b) Residents shall be provided with nursing

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services, in accordance with their needs, which shall include, but are not limited to, the following:
The DON shall participate in:

7) Modification of the resident care plan, in terms of the resident's daily needs, as needed.

Section 350.1610 Resident Record Requirements
h) The records maintained for each resident shall be adequate for:

1) Planning and continuously evaluating each resident's habilitation program

Section 350.1620 Content of Medical Records
d) In addition to the information that is specified, each resident's medical record shall contain the following:

4) An ongoing record of notations describing significant observations or developments regarding each resident's condition and response to treatments and programs.

C) Significant observations or developments regarding resident responses to activity programs, social services, and nursing and personal care shall be recorded as they are noted. If no significant observations or developments are noted for a month, an entry shall be made in the record of that fact.

These requirements are not met as evidenced by:

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

1) develop an appropriate intervention plan for 1 of 1 in the sample (R2) with behaviors of leaving the facility without notifying the staff and crossing a two-lane road with heavy traffic, affecting 1 individual in the sample,

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Continued From page 10

2) develop a formal eating program objectives for 1 of 1 individual in the sample (R1) who had episodes of coughing while eating meals and has been evaluated to be at risk for choking,

3) ensure a Comprehensive Functional Assessment on community safety for 1 of 3 in the sample (R2),

4) consistently and accurately document data for active treatment programs for 3 of 3 individuals in the sample (R1, R2 and R3) to evaluate progress and

5) ensure revision was implemented to R1's money program.

Findings include:

1) Review of R2's ISP (Individual Service Plan) of 4/4/22, R2 is a 48-year old ambulatory verbal female who functions in the Moderate Range of Intellectual Disabilities with Psychotic and Schizo-Affective Disorder. R2 was admitted to the facility on 1/16/22 and is currently her own guardian.

Under the Behavior Section of the ISP documents, "R2 has a history of challenging behaviors. Those challenging behaviors include self-injurious behaviors, verbal aggression, property destruction, and non-compliance: as well as leaving the facility. So far at the facility, we have witnessed verbal aggression as well as leaving. The purpose of R2's behavior program is to help R2 stop her maladaptive behaviors and learn to cope appropriately. If others build a good relationship with R2, she will listen and calm down. If someone becomes aggressive or agitated with her, she will become more

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Z9999	Continued From page 11 aggressive. A calm, yet strong approach works best with her." R2 has had multiple incidents of leaving the facility and crossing the two-lane street, which has heavy traffic, to the local convenient store from 2/24/22 to 9/22/22 when she is upset with the staff/individuals at the facility. Review of R2's Risk Assessment Tool of 4/22 documents, "Community Safety Section: R2 is unable to navigate streets, sidewalks, parking lots safety. R2 is unable to access the community interdependently at this time for safety reasons. Staff accompanies R2 when she is in the community to ensure her safety." Interview with E2 (Qualified Intellectual Disabilities Professional/QIDP) on 10/3/22 at 3:00 pm. E2 was asked does R2's assessment address where R2 is able to safely cross the street during her behaviors. E2 stated, "The assessment does not address her capability of safely crossing the street." Review of R2's Incident Reports of Leaving the Facility from 2-24-22 to 9/22/22 documents 10 incidents of leaving alone and staff not implementing program: 1) "2/24/22, R2 told her peers that she was going across the street to the convenient store. She did not inform staff on that she was not leaving the grounds. R2 returned to facility with staff and no issues." 2) "3/20/22, R2 walked out of house and cross the street to convenient store, Team Leader followed her, and Team Leader called house to get another staff to help R2 calm down. R2	Z9999		

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returned to facility."

3) "4/2/22, R2 got upset with staff and quickly took off to convenient store. Staff went and got her and brought her back to facility."

4) "6/3/22, R2 got upset this afternoon and left the building at one point and went across the street to the convenient store. R2 came back from there with staff and she started crying and yelling she wanted to leave."

5) "6/23/22, R2 upset with staff and went back to her room and slammed the door. R2 came back out yelling and crying and took off out the door walking. Staff watched her walking over to convenient store. Staff walked over to get her. R2 was screaming and yelling in store 'you people are treating me bad.' Staff followed her out the store as she was walking and yelling in parking lot walking fast ahead of staff, she crossed the road and walked to the house."

6) "7/15/22, R2 left the facility and walked across the street to convenient store when she was upset. R2 did not inform staff on duty that she was leaving. Once across the street, R2 came back on her own. Due to R2 being upset and crying, a convenient store employee called the police. Police came to facility and talked to R2."

7) "9/6/22, R2 started yelling at another individual. Staff intervened and R2 got upset and ran across the street to the convenient store. Administrator went to the store to try and calm her down. Police called facility to make us aware she was causing a scene. Staff observed ambulance pulling into store. R2 was taken to hospital to be assessed."

8) "9/5/22, R2 ran away to the convenience store

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and was standing by the soda coolers and yelling. Convenient store called the police and police called the facility."

9) "9/7/22, while doing programs, an individual saw R2 start heading to convenient store. When staff got there, they tried to calm her down but was refusing to leave. Police were called, R2 refused to calm down and 911 was called. R2 was taken to the local hospital to be assessed and later returned to the facility."

10) "9/22/22, QIDP and Administrator were on a zoom meeting in the office. R2 was knocking on the door and staff asked her to stop and told her they were in a meeting. R2 started yelling and ran across the street to the convenient store and screaming inside the store. Staff came over and talked her into coming back to the facility."

R2's Behavior Program of 4/6/22 documents, "Outburst of Anger/Upset. Program identifies R2 has difficulty expressing herself and will lash out at others verbally or physically, or take off outside, leaving the property."

R2's behavior interventions document, "When R2 is feeling upset, she will find a quiet place to calm herself down. When she is feeling upset, she can go to her room, outside to the swing, or anyplace at the facility that is appropriate, rather than having an outburst or running way. if staff observes R2 becoming angry, staff will immediately redirect her to an activity or quiet area where no people are to give her an opportunity to get herself calm."

Interview with E1 (Administrator) on 10/3/22 at 9:50am. E1 was asked if there was anything in R2's plan that stated what staff were to do when

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	IL6010920	A. BUILDING: ______ B. WING ______	10/14/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
KEPLEY HOUSE	408 EAST WASHINGTON PITTSFIELD, IL 62363

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R2 leaves the facility. E1 responded, "No." Interview with E1 at 3:45pm, E1 was asked if this is R2's most current plan and have there been any revisions to the plan. E1 responded, "This is her most current plan and no revisions have been made to the plan."

R2 has the following formal program objectives:
-To learn to identify the Ingrezza pill and the color of it.
-To identify a penny and nickel.
-To decrease Behavior Outburst

Review of R2's program documentation. There is no documentation for the months of July and August for her medication and money program.

Interview with E2 (Qualified Intellectual Disabilities Professional/QIDP) on 10/3/22 at 2:42 pm, E2 stated, "Although her plan was developed on 4/4/22, the program documentation did not start until 9/22."

2) The Individual Service Plan (ISP) dated 6/23/22 identifies R1 as an individual who functions within the Severe Range for Individuals with Intellectual Disabilities. R1 has additional diagnosis of Down Syndrome.

R1's ISP, dated 6/23/22 includes, "R1 is on a regular diet. R1 needs to be served food and staff needs to cut his food for him and assist him with eating. R1 does not take appropriate sized portions from serving dishes. R1 sometimes requires extra encouragement to slow down when he eats and drinks."

R1's Facility Consultation Report, dated 8/9/22 documents, "Reason for Consultation: Choked.

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Recommendations: 3. Recommend monitoring."

R1's Choking Risk Assessment Tool, dated 8/31/22 includes, "Total Score: 6. Results of Choking Risk Assessment: Total score 6-10 (Moderate choking risk) The individual should have additional clear guidelines and approaches to assisting with eating and drinking clearly identified in the ISP. All staff should be in-serviced of risk of choking. Level of supervision while eating must be established, and documented, in the ISP."

R1's Choking Risk Monitoring Tool, dated 8/31/22 documents the following check marks next to; "Puts food in mouth before previous bite has been swallowed. Stuffs food in mouth or excessive size. Eats rapidly."

Observation on 10/3/22 from 7:11 am-7:20 am, noted E3 (Direct Support Person/DSP) was standing next to R1 while R1 was shoveling bites of waffles and ham into his mouth. R1 began coughing. E3 then started patting R1 on the back causing R1 to spit out chunks of ham onto his plate. R1 then began shoveling cereal into his mouth.

Observation on 10/3/22 at 5:47 pm, facility staff did not cut up R1's donut. R1 ate his donut, which was not cut up, in two bites. R1 then began shoveling baked beans in his mouth while E4 (Direct Support Person/DSP) was sitting next to him. R1 then began shoveling big bite sized pieces of hamburger and coleslaw into his mouth. R1 then began coughing. E4 started patting R1 on the back.

On 10/5/22 at 9:20 am, E2 confirmed R1 is not on a program for pacing while eating. E2 was asked

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if R1 should be on an eating program for pacing. E2 stated, "Yes."

R1's ISP dated 6/23/22 documents the need for a Coin ID Program to be documented every Monday and Wednesday, Hand Washing Program, Eating Skills Program, Water Temperature Regulation Program and Self Medication Program to be documented daily.

R1's Coin ID Program was not documented 8 out of 8 times in July, 8 out of 10 times in August, and no documentation was provided for September.

R1's Hand Washing Program was not documented 22 out of 31 times in July, 20 out of 31 times in August, and no documentation was provided for September.

R1's Eating Skills Program was not documented 20 out of 31 times in August and no documentation was provided for June, July or September.

R1's Water Temperature Regulation Program was not documented 10 out of 30 times in September and no documentation was provided for June, July or August.

R1's Self Medication Program was not documented 13 out of 30 times in June, 29 out of 31 times in July, 27 out of 31 times in August, and 6 out of 15 times in September.
R1's Money Program dated 7/29/21 documents, "R1 will identify a penny from a quarter, dime and nickel for 3 consecutive months. Start date: 7/29/21. Target date: 10/31/21."

R1's Money Program dated 10/3/22 documents, "R1 will identify a penny from a quarter, dime and

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nickel for 3 consecutive months. Start date: 10/3/22. Target date: 1/3/23."

On 10/5/22 at 10:04 am, E2 (Qualified Intellectual Disabilities Professional/QIDP) was asked why R1's money program dated 7/29/21 and 10/3/22 have the same objective. E2 stated, "R1 was not able to get past that step last year." E2 confirmed that she has not revised R1's money program since 7/29/21.

3) R3's ISP (Individual Service Plan) of 3/10/22 identifies R3 as an ambulatory verbal female who functions in the Moderate Range of Intellectual Disabilities with Organic Personality Disorder and Bipolar Affective Disorder.

R3 is on the following formal program objectives:
-Identify where the telephone is kept. To be implemented 3 times a week, Program only documented 1 time in the month of July, 3 times in August and 8 out of 12 times in September.

-To identity a nickel. Program to be implemented 3 times in a week. In July, program was documented 1 time for the month, 4 times in August and no documentation was located for September.

-To identify the name of her medication. Program to be implemented daily. Program was documented 3 times in July, 9 out of 31 times in August and 18 out of 30 times in September.

On 10/5/22 at 1:03 pm, E2 (QIDP) confirmed she is aware there is a problem with facility program documentation.

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