

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6010425	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED R 09/22/2022
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NAME OF PROVIDER OR SUPPLIER THELMA TERRACE	STREET ADDRESS, CITY, STATE, ZIP CODE 1450 VIRGINIA AVENUE WOOD RIVER, IL 62095
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(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 45 Day Follow Up to Annual Certification on 7/28/22	{Z 000}		
{Z9999}	<p>FINDINGS</p> <p>Statement of licensure Violations:</p> <p>350.620a)</p> <p>Section 350.620 Resident Care Policies</p> <p>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.</p> <p>These Regulations were not met as evidenced by:</p> <p>Based on observation, record review and interview, the facility failed to implement their abuse/neglect policy, potential to affect all 8 females residing in the facility (R1, R2, R6, R8, R9, R10, R14, R15), when the facility failed to:</p> <ol style="list-style-type: none"> 1) update R4's Individual Support Plan (ISP) and Behavior Program, 2) ensure R4 was in line of sight of staff while in the common area, 3) provide evidence of in-service of R4's Behavior Program, as stated on facility Plan of 	{Z9999}	<p>Attachment A Statement of Licensure Violations</p>	

Illinois Department of Public Health LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
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{Z9999}	<p>Continued From page 1</p> <p>Correction.</p> <p>Findings include:</p> <p>Facility Investigative Committee Policy 5.24, revised 4/19 documents, "Neglect: Failure to provide goods and series necessary to avoid physical harm, mental anguish, or mental illness."</p> <p>Facility Roster, revised 5/20, identifies R6, R8, R9, R10 as individuals who function within the Mid Range for Individuals with Intellectual Disabilities and R1, R3, R14, R15 as individuals who function within the Moderate Range for Individuals with Intellectual Disabilities.</p> <p>1)Facility Plan of Correction with completion date of 8/31/22 documents, "Individual service plans have been prepared, and updated as required for all individuals."</p> <p>R4's ISP, dated 8/24/21 documents, "I have a history of inappropriate interactions with some female individuals."</p> <p>R4's Behavior Program: Inappropriate Behaviors dated 9/3/21.</p> <p>On 9/19/22 at 1:30 pm, E1 (Assistant Administrator) was asked if R4 had a current ISP. E1 stated, "I am seeing the dates as you are seeing."</p> <p>On 9/20/22 at 11:05 am, E3 (Administrator) was asked why R4's ISP and Behavior Plan have not been updated as identified in facilities Plan of Correction. E3 stated, "I believe R4's ISP has been updated. R4's Behavior Plan, I talked to the Qualified Intellectual Disabilities Professional (QIDP) about and I'm unsure if she changed</p>	{Z9999}		

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{Z9999}	<p>Continued From page 2</p> <p>anything."</p> <p>Facility unable to produce an updated ISP or Behavior Plan for R4.</p> <p>2) R4's Behavior Program: Inappropriate Behaviors, dated 9/3/21 documents, "It has been witnessed that R4 will exhibit inappropriate behavior when interacting with others. R4 has a history of this but he has recently engaged in severely inappropriate behavior. Due to this severely inappropriate behavior, he has been approved for a line-of-sight restriction and has remained on this restriction over the last year. In addition to this, he must not interact with one specific female resident at all. Inappropriate behavior will be defined as yelling, hitting, sexual gestures, sexual comments, violating his line-of-sight restriction, interacting with the designated individual who he is to not have contact with, touching females, and sitting too close to females."</p> <p>Observation on 9/19/22 at 4:05 pm, R4 was in the dining room with R6 and R9. R3 was sitting in the living room. No staff within line of sight.</p> <p>Observation on 9/19/22 at 4:22 pm, R4 was sitting in the living room with R3, R9, R14, and R15 with no staff within line of sight.</p> <p>Observation on 9/19/22 at 4:27 pm, R4 was sitting in the living room with R3, R8, R14, and R15 with no staff within line of sight.</p> <p>3) Facility Plan of Correction with completion date of 8/31/22 documents, "All staff have been re-educated on (R4's) behavior plan to ensure appropriate supervision, which include line of sight supervision, and intervention, which</p>	{Z9999}		

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{Z9999}	<p>Continued From page 3</p> <p>includes redirection, in the event of unwanted behaviors."</p> <p>Facility unable to produce documentation of in-service with staff on the re-education of R4's behavior plan.</p> <p>Interview on 9/20/22 at 8:55 am, E4 (Assistant Administrator) confirmed what in-services were provided to surveyors, is what has been done. E4 confirmed Plan of Correction completion date was 8/31/22 and stated, "Our next meeting is scheduled for 9/27/22."</p> <p>Interview on 9/20/22 at 11:05 am, E3 was asked if facility in-serviced staff on R4's behavior plan. E3 stated, "I don't see it in here." (B)</p>	{Z9999}		
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