

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>IL6010219</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>C</b> <b>05/23/2022</b>
--	--	---	---

NAME OF PROVIDER OR SUPPLIER  <b>TAYLOR HOUSE</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>3021 TAYLOR AVENUE SPRINGFIELD, IL 62703</b>
---	--

(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	<b>COMMENTS</b>  Complaint Investigation 2243843/IL146984	Z 000		
Z9999	<b>FINDINGS</b>  Statement of Licensure Violations:  350.620 a) 350.1230 c) 350.1230 d)1)2) 350.1610 e)1) 350.1620 d)3) 350.1840 e) 350.3240 a)  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 350.1230 Nursing Services c) A registered nurse shall participate, as appropriate, in planning and implementing the training of facility personnel. d) Direct care personnel shall be trained in, but are not limited to, the following: 1) Detecting signs of illness, dysfunction or maladaptive behavior that warrant medical, nursing or psychosocial intervention. 2) Basic skills required to meet the health needs and problems of the residents.  Section 350.1610 Resident Record Requirements	Z9999	<b>Attachment A</b> <b>Statement of Licensure Violations</b>	

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

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  IL6010219	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING: _____	(X3) DATE SURVEY COMPLETED  C 05/23/2022
--	---	--	---

NAME OF PROVIDER OR SUPPLIER  TAYLOR HOUSE	STREET ADDRESS, CITY, STATE, ZIP CODE 3021 TAYLOR AVENUE SPRINGFIELD, IL 62703
--	--

(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>e) An ongoing resident record including progression toward and regression from established resident goals shall be maintained.</p> <p>1) The progress record shall indicate significant changes in the resident's condition. Any significant change shall be recorded upon occurrence by the staff person observing the change.</p> <p>Section 350.1620 Content of Medical Records</p> <p>d) In addition to the information that is specified above, each resident's medical record shall contain the following:</p> <p>3) Nurse's notes that describe the nursing care provided, observations and assessment of symptoms, reactions to treatments and medications, progression toward or regression from each resident's established goals, and changes in the resident's physical or emotional condition</p> <p>Section 350.1840 Diet Orders</p> <p>e) A therapeutic diet means a diet ordered by the physician as part of a treatment for a disease or clinical condition, to eliminate or decrease certain substances in the diet (e.g., sodium) or to increase certain substances in the diet (e.g., potassium), or to provide food in a form that the resident is able to eat (e.g., mechanically altered diet).</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.</p> <p>These requirements are not met as evidenced by:</p>	Z9999		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  IL6010219	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING: _____	(X3) DATE SURVEY COMPLETED  C 05/23/2022
--	---	--	---

NAME OF PROVIDER OR SUPPLIER  TAYLOR HOUSE	STREET ADDRESS, CITY, STATE, ZIP CODE 3021 TAYLOR AVENUE SPRINGFIELD, IL 62703
--	--

(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>Based on record review and interview, the facility failed to ensure the health and safety; failed to implement facility policy to prevent neglect; and failed to ensure assessments were conducted, and appropriate interventions were provided in a timely manner for 3 of 3 individuals in the sample (R1, R2, R3). These failures resulted in:</p> <p>&lt; 1 individual in the sample (R1) having three unscheduled ER visits on 1/5/22, 3/1/22 and 4/12/22 related to Hyperglycemia with a serious life threatening diagnosis of Diabetic Ketoacidosis.</p> <p>&lt; 1 individual in the sample (R2) who was prescribed a specially modified diet choking on crackers on 1/29/22, requiring the Heimlich maneuver to be performed by staff.</p> <p>&lt; 1 individual in the sample (R3) having unscheduled ER visits on 1/5/22 and 2/18/22 related to cardiac issues</p> <p>Findings include:</p> <p>The facility submitted a roster validating the level of functioning, undated, identifies 14 individuals living in the facility. Four individuals functions in the Mild range of Intellectual Disabilities, (R2, R12, R13, R14); three individuals function in the Moderate range of Intellectual Disabilities, (R3, R7, R9); five individuals function in the Severe range of Intellectual Disabilities, (R1, R4, R8, R10, R11); and wo individuals function in the Profound range of Intellectual Disabilities, (R5, R6).</p>	Z9999		

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  IL6010219	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  C 05/23/2022
--	---	---	---

NAME OF PROVIDER OR SUPPLIER  TAYLOR HOUSE	STREET ADDRESS, CITY, STATE, ZIP CODE 3021 TAYLOR AVENUE SPRINGFIELD, IL 62703
--	--

(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>1) R1's Physician Order Sheet (POS), dated May 2022, documents R1 functions at a Severe Intellectual Disability Level with current Diagnosis of Autism Disorder, Depression, Diabetes Mellitus, Mixed Receptive/Expressive Language Disorder, and Anxiety Disorder. R1's Diet is general. Current Diabetic orders include: May check blood sugar when patient arrives at workplace if symptomatic. Blood sugar by Finger Stick three times a day call RN if &lt;60 or &gt;400. Humalog Kwikpen Inject subcutaneous, morning and evening per sliding scale: Blood Glucose &lt; 100 - 10 units after meal; Blood Glucose 101 - 199=10 units, 201-249= 12 units, 251 - 299=14 units, 301-349=16 units, 350-399=18 units, 400 - 450= 20 units, 451-500 = 22 units, Call for blood glucose &lt; 50 and &gt; 500 for Diabetes Mellitus. Humulin N Kwikpen 100U/ML, &lt; 0-100 - 10 units regardless of snack (no time noted) Humulin N Kwikpen 100U/ML, Inject 48 units subcutaneous twice daily (Discontinued 4/25/22).</p> <p>R1's 05/2022 POS does not match the 05/2022 Medication Administration Record (MAR).</p> <p>R1's records documents hospitalizations for 1/5/22, 3/1/22, and 4/12/22 all for Diabetic Ketoacidosis (DKA).</p> <p>R1's discharge paperwork from the hospital on 1/7/22 documents, "Diet Carb Controlled Appropriate: 60g/meal. Follow up within 1 week with Endocrinology." Summary of Hospital Course documents: "(R1) is a 28 year old gentleman with a history of Type 1 Diabetes Mellitus and Autism with Depression who presented acutely to the hospital on 1/5 due to Diabetic Ketoacidosis (DKA). (R1) was treated for DKA in the Intensive</p>	Z9999		

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  IL6010219	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING: _____	(X3) DATE SURVEY COMPLETED  C 05/23/2022
--	---	--	---

NAME OF PROVIDER OR SUPPLIER  TAYLOR HOUSE	STREET ADDRESS, CITY, STATE, ZIP CODE 3021 TAYLOR AVENUE SPRINGFIELD, IL 62703
--	--

(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>Care Unit. On discharge he will be on NPH 35 units in the morning. 10 units in the evening as well as Humalog/Admelog 10 units before breakfast and 10 units before dinner he will continue on the same sliding scale as he was on before. I did send a message to his primary endocrinologist to help arrange close follow up in the next week or 2."</p> <p>R1's discharge information documents, " Diabetic Ketoacidosis or DKA is a serious problem, it may happen when you have high blood sugar that is not treated. Your body needs insulin to use the sugar in your bloodstream. Having the right amount of insulin controls, the amount of sugar in your blood. Sugar is in the food you eat. Insulin changes this sugar into energy, which fuels your body. If you do not have the right amount of insulin in your body, it will use fats for energy instead of sugar; low insulin levels can be caused by missing an insulin dose, not following a diabetic diet, being under stress, or having an infection such as a urinary tract or respiratory infection. Ketones are made after your body uses fats for energy. If you continue to not have enough sugar, then more and more ketones will be made. Ketones poison your body by making the blood too acidic. Ketones can be measure in blood or urine, using ketones for energy leads to diabetic ketoacidosis, which is a medical emergency."</p> <p>There is no evidence R1's follow up with Primary Care Physician and Endocrinologist in January of 2022 after hospitalization.</p> <p>On 3/1/22, R1 was vomiting and was sent to the hospital for hyperglycemia and DKA.</p> <p>R1's Endocrinologist note, dated 3/25/22,</p>	Z9999		

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  IL6010219	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING: _____	(X3) DATE SURVEY COMPLETED  C 05/23/2022
--	---	--	---

NAME OF PROVIDER OR SUPPLIER  TAYLOR HOUSE	STREET ADDRESS, CITY, STATE, ZIP CODE 3021 TAYLOR AVENUE SPRINGFIELD, IL 62703
--	--

(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>documents, "Was last seen on 11/09/21, recent hospitalizations for DKA 1/5/22 and 3/1/22. 10/29/21 Hemoglobin A1C (HGBA1C) 6.7, on 3/25/22 (HGBA1C) 9.2. Current treatment includes NPH/Humalog regimen - no nurse to give insulin at lunch time. Caloric intake composed of 3 meals per day."</p> <p>R1's Primary Care Physician note was reviewed from visit on 3/30/22 documents, "Reason for visit is a skin rash on abdomen" There is no mention of his recent hospitalizations on 1/5/22 or 3/1/22.</p> <p>There is no evidence of R1's nursing notes consisting of a rash or skin assessment. There is no clear and concise Nursing notes documenting R1's hospitalizations</p> <p>R1's discharge paperwork from hospital on 4/12/22 to 4/13/22 problem Hyperglycemia due to Diabetic Mellitus.</p> <p>R1's Endocrinologist note, dated 4/22/22, documents, "(R1) has been hospitalized 3 times for DKA/Hyperglycemia in the last 3 months. Last hospitalization 4/12 to 4/14. Recommendation is the facility needs to assure proper insulin injection techniques by trained personnel."</p> <p>There is no evidence of monthly QIDP summaries for review.</p> <p>There is no evidence of Quality Assurance meetings for R1 after each hospitalization to develop a plan of correction to prevent another serious complication from DKA.</p> <p>There is no retraining of staff to ensure proper insulin injections are being performed.</p>	Z9999		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  IL6010219	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____		(X3) DATE SURVEY COMPLETED  C 05/23/2022
NAME OF PROVIDER OR SUPPLIER  TAYLOR HOUSE			STREET ADDRESS, CITY, STATE, ZIP CODE 3021 TAYLOR AVENUE SPRINGFIELD, IL 62703		
(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>2) R2's POS dated May 2022, documents R2 functions at a Moderate Intellectual Disability Level, with current diagnosis of Bipolar Disorder w/Psychotic Features, Hypothyroidism, Diabetes Mellitus Adult Onset, Bells Palsy, Tardive Dyskinesia, Hypercholesterolemia and a History of TIA. POS documents she is on a general diet. Pureed Honey Tick liquids.</p> <p>Facility Incident Report, dated 1/29/22, documents, "(R2) choked on a cracker. She was able to dislodge the food. The facility nurse was made aware of the incident and her doctor was contacted for evaluation Home will follow up with any recommendations."</p> <p>Facility Progress Note GP-15, dated 1/29/22 at 12:15 PM, documents "(R2) started choking while eating tomato soup with soft soaked crackers. When she asked for more crackers, staff gave her a package of 2 crackers. When she started choking, staff attempted the Heimlich maneuver, another staff tried also and was successful in dislodging the cracker." There was no date or time documented when the administrator, the nurse or the QIDP was notified.</p> <p>There is no evidence of R2 being evaluated in the Emergency Room after the Heimlich maneuver was performed twice with 2 different staff members, ensuring lungs are clear and no aspiration present.</p> <p>There is no evidence of R2 receiving a nursing assessment after her choking incident.</p> <p>There is no evidence of a diet book for all the individuals in the facility available for review by Direct Service Professionals (DSP).</p>	Z9999			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  IL6010219	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING: _____	(X3) DATE SURVEY COMPLETED  C 05/23/2022
--	---	--	---

NAME OF PROVIDER OR SUPPLIER  TAYLOR HOUSE	STREET ADDRESS, CITY, STATE, ZIP CODE 3021 TAYLOR AVENUE SPRINGFIELD, IL 62703
--	--

(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>There is no evidence of QIDP monthly summaries for R2 available for review by DSPs.</p> <p>There is no evidence of a Quality Assurance meeting being held for this incident of choking with R2 to help prevent another incident.</p> <p>Interview with E4, Cook, on 5/18/22, at 10:30 AM, E4, stated, "I was taught by word of mouth. I don't now where this diet book is."</p> <p>3) R3's POS, dated May 2022, documents R3 functions at a Mild Intellectual Disability Level, with current diagnosis of Hyperlipidemia, Type 2 Diabetes, Hypertension, Recurrent Cellulitis. Respiratory Failure, and Dysphasia.</p> <p>Facility Incident Report, dated 1/5/22, documents, "(R3) was admitted to the hospital. (R3's) physician had received the results of some recent medical tests and requested that the home take him to the emergency department for admission and evaluation. (R3) was admitted for a Pericardiocentesis because of fluid around his heart. The facility nurse was aware and in contact with the physician."</p> <p>R3's Consultation Report, dated 1/31/22, documents, "Healing well".</p> <p>Facility Incident Report dated 2/19/22, documents, "(R3) sent to hospital with complaint of chest pain, admitted for further evaluation."</p> <p>R3's discharge instructions for 2/22/22 documents, "Follow up with Primary Care Physician in 5 to 7 days. Follow up with cardiologist with a holter monitor and Beta blockade."</p>	Z9999		



Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  IL6010219	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  C 05/23/2022
--	---	---	---

NAME OF PROVIDER OR SUPPLIER  TAYLOR HOUSE	STREET ADDRESS, CITY, STATE, ZIP CODE 3021 TAYLOR AVENUE SPRINGFIELD, IL 62703
--	--

(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>There is no evidence of an accurate nursing assessment was conducted for R3 following each admission to the hospital, or a skin assessment performed for the procedure conducted on 1/5/22 admission.</p> <p>There is no evidence of a follow up appointment being arrange for R3 per discharge instructions with Primary Physician and Cardiologist for halter monitor and beta blockade.</p> <p>There is no evidence of QIDP monthly summaries for R3 available for review.</p> <p>There is no evidence of a Quality Assurance meeting for R3's two visits to the hospital to help prevent another incident.</p> <p>On 5/18/22 at 1:00 PM, an interview was conducted with: E1, Regional Manager; E2, Qualified Intellectual Disability Professional; and E3, Registered Nurse Trainer. They confirmed there are no QIDP summaries, Quality Assurance meetings, or staff training in-services for; R1's recent DKA hospitalizations, R2's choking incident, and R3's cardiac issues with two hospital admissions. E3, Registered Nurse Trainer, confirmed the follow up's were not done for R1 and R3 as ordered. E3 also confirmed R2 did not have any documented evidence of an assessment or treatment at the hospital for her choking incident.</p> <p>Facility policy number 7.02, titled Nursing Services, revised date of 3/19. documents: "The home shall provide nursing services necessary to meet individuals' needs and to comply with licensing standards. All individuals shall receive proper treatment of minor accidents and/or illnesses through the RN Trainer. Purpose: To</p>	Z9999		
-------	--	-------	--	--

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>IL6010219</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING: _____	(X3) DATE SURVEY COMPLETED  <b>C</b> <b>05/23/2022</b>
--	--	--	---

NAME OF PROVIDER OR SUPPLIER  <b>TAYLOR HOUSE</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>3021 TAYLOR AVENUE SPRINGFIELD, IL 62703</b>
---	--

(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 9</p> <p>provide quality health care 24 hours per day to individuals in need. To maintain an optimal level of health to all individuals via RN Trainer interventions. To serve as a primary resource of health care and provide education to direct care personnel and individuals. To ensure supervision as an active process in which the RN Trainer monitors, guides, and evaluates the outcomes of the delegated task or activity. The RN Trainer maintains accountability for the tasks and responsibilities, as subcomponents of the total patient care." #4 page 2 documents, "The RN Trainer shall complete individual's health assessments, review monthly physician's orders and lab results, provide concise documentation, follow up and consultation with appropriate medical professionals and management staff during routines scheduled and PRN visits to home." #5 G. documents "Follow up shall be carried out by the RN Trainer when necessary."</p> <p>Policy: 5.57 titled; Physical Injury and Illness/Individual Medical Emergencies, Revised:5/19. Procedure #7 documents; "Any follow-up action or medication prescribed by the physician shall be summarized in the Monthly QIDP Summary (GP-99) and in the Nursing Notes (GN-35)." Procedure #8 documents; "Any follow-up action or medication prescribed by the physician shall be summarized in the Monthly QIDP Summary (GP-99) and in the Nursing Notes (GN-35)."</p> <p>Policy NO: 5.29, Administration, Quality Assurance Committee, Adopted: 10/84, Revised 03/19, Purpose documents: "The Quality Assurance Committee assists Administration by ensuring practices and policies regarding medication administration, nursing services, home environment and individual safety meet</p>	Z9999		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  IL6010219	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING: _____	(X3) DATE SURVEY COMPLETED  C 05/23/2022
--	---	--	---

NAME OF PROVIDER OR SUPPLIER  TAYLOR HOUSE	STREET ADDRESS, CITY, STATE, ZIP CODE 3021 TAYLOR AVENUE SPRINGFIELD, IL 62703
--	--

(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 10</p> <p>regulatory standards and quality outcomes. 7. QA review all incidents and accidents: including issues that pose a safety risk to an individual, such as a change in condition and unusual incidents (either resulting in observable injury or not resulting in observable injury), ....Committee will implement a plan of corrections when necessary to prevent future incidents or accidents."</p> <p>Facility provided Policy NO: "8.02, Food Service, Menus, Meal Planning, Diets and Diet Modifications, Nutrition, and Therapeutic Diets, dated Revised: 06/19 Page 2, Number 3: documents, "The Qualified Intellectual Disability Professional (QIDP) shall give the diet order information to the cook/Direct Support Personnel (DSP) by completing a diet order form (GP-38). The diet order shall have name of physicians and the signature of the QIDP. Page 2, Number 8: a. General modifications are mechanical soft and pureed; these are designed to minimize or eliminate chewing. Menu/recipe modifications are provided for individuals to meet their dietary/nutritional needs. Training on texture modification is provided to the cook/DSP to meet the unique needs of each individual."</p> <p>(A)</p>	Z9999		