STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION  (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION  A. BUILDING:		COMPLETED		
		IL6015788	B. WING		R-	C <b>0/2024</b>
NAME OF I	PROVIDER OR SUPPLIER		DDECC CITY (	CTATE ZID CODE	03/2	0/2024
		15406 WY	/ATT DRIVE	STATE, ZIP CODE		
MARKLU	IND VAN DER MOLEN	I HOME GENEVA,				
(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 SHOUL CROSS-REFERENCED TO THE APPROI DEFICIENCY)	D BE	(X5) COMPLETE DATE
Z 000	COMMENTS		Z 000			
	Complaint Investiga	ation: 2472931/IL171906				
Z9999	FINDINGS		Z9999			
	Statement of Licens 350.610a) 350.620a)	sure Violations:				
	general direction of the broad policies a	erning body shall exercise the facility, and shall establish nd procedures for the facility se, objectives, operation, and				
	a) The facility shall procedures governifacility which shall be involvement of the a shall be available to public. These writte	esident Care Policies I have written policies and ng all services provided by the performulated with the administrator. The policies the staff, residents and the pen policies shall be followed in y and shall be reviewed at				
	This REQUIREMEN	NT is not met as evidenced by:				
	failed to develop an program with specif protect clients from client has been abu	and record review, the facility d implement an abuse fic protocols to prevent and abuse or to identify when a sed to prevent further abuse.				
	the facility (R1 to R	ial to affect 16 of 16 clients in 16). All 16 clients are identified , totally dependent on staff,				

Illinois Department of Public Health
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE 06/17/24

STATEMEN	NT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	, ,	E CONSTRUCTION	(X3) DATE COMP	SURVEY LETED
					R-C	
		IL6015788	B. WING		05/2	0/2024
NAME OF	PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, S	STATE, ZIP CODE		
MARKLI	JND VAN DER MOLEI	N HOME	ATT DRIVE			
		GENEVA,	IL 60134			
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPRO DEFICIENCY)	D BE	(X5) COMPLETE DATE
Z9999	Continued From pa	ige 1	Z9999			
	and lack the cognitive and physical abilities to protect themselves from being abused.					
	Findings include:					
	Neglect, Mistreatm Unknown Origin wirevision date of 10/ "Purpose: To clarify is suspected abuse exploitation, serious that are not the expcondition or diseas criminal conduct. A initiated by a Paren Sexual assault and subsumed under a criminal conduct. Policy: Any employ or volunteer who stoof the matters listed immediately to the member in charge staff member in	y and outline steps when there e or neglect, death, financial is injuries of unknown origin bected outcome of the Client's e process, missing person, or in occurrence report may be it, Client, Staff or Volunteer. physical assault are buse, while theft is part of ee, family member, guardian uspects or witnesses or hears diabove must report it administrator and/or staff of the facility at that time. The arge of the facility must then ort the matter to the signee by making direct verbales must provide (Facility) with a igned and dated detailing the witness must do his/her best ent questions (i.e., who, when, w) in regard to any reported.				

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA

		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED	
			A. BOILDING.			0
		IL6015788	B. WING			-C <b>20/2024</b>
NAME OF	PROVIDER OR SUPPLIER	STREET AL	DDRESS, CITY, S	STATE, ZIP CODE		
MARKLU	JND VAN DER MOLEN	N HOME	YATT DRIVE , IL 60134			
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CO (EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE DEFICIENCY)	N SHOULD BE	(X5) COMPLETE DATE
Z9999	Continued From pa	nge 2	Z9999			
	interventions to pro clients identified as	tect and prevent abuse of high risk for abuse.				
	11:20 AM indicates correct revision dat					
	Nursing) stated "an would trigger furthe are provided annua Incident reports are look for any trends any abuse or negle	8 PM, E1 and E2 (Director of ay unusual nursing assessment investigation if needed. Staff al training on abuse policy. It reviewed quarterly, and we and any re-training needs. If not is founded, re-training, on or termination is the ue as relevant."				
	stated if direct care concern or an injury nurse. The nurse a documents the find unknown origin or solurse starts an inci	1 AM, E1 (Administrator) e staff identify a medical y, they verbally report it to the ssesses the client and lings. If there is an injury of something not physical, the dent report. The nurse o and does an investigation.				
	stated she is respondincident reports. If some pending managers, Director administrator. The client, writes down report, collects with staff home pending manager collects a The nurse manage notes. The client is the incident. The actions and the state of the state o	PM, E22 (Nurse Manager) nsible for accident and something is reported to the ts reported to all the nurse of Nursing (DON), and nurse on duty assesses the the details, initiates the initial tess statements, and sends investigation. The nurse dditional witness statements. I looks at 72 hours of nurse's monitored for 72 hours after dministrator, DON, and nurse of if abuse is founded or not.				

Illinois Department of Public Health

STATE FORM 6899 2SCZ12 If continuation sheet 3 of 13

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION  (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE A. BUILDING: _		(X3) DATE SURVEY COMPLETED		
		IL6015788	B. WING		<b>I</b>	R-C <b>20/2024</b>
	PROVIDER OR SUPPLIER JND van der Molen	N HOME 15406 WY	DDRESS, CITY, ST YATT DRIVE IL 60134	FATE, ZIP CODE		
(X4) ID PREFIX TAG	(EACH DEFICIENC)	TEMENT OF DEFICIENCIES / MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CO (EACH CORRECTIVE ACTIO) CROSS-REFERENCED TO THE DEFICIENCY)	N SHOULD BE E APPROPRIATE	(X5) COMPLETE DATE
Z9999	On 4/23/24 at 3:15 abuse they immedidesignee. If staff hat the nurse about it. I expectation is they ensure the resident resident is not left a observed the staff at On 4/24/24 at 10:33 manager) stated "if abuse of a resident immediately per powhoever is in chargimmediately reported or obvious abuse is or physical injury or sexual intercourse, can help intervene you do so."  On 4/24/24 at 2:34 interventions that we this campus to protoprior to the sexual at other homes, consistaffing, identification and cameras in the did not have a form in place prior to the other home.  On 04/29/24 at 1:55 have it in the policy abuse in high-risk cassessments." E1 at to intervene (if they to make sure the cl	PM, E1 stated "if staff suspect ately report to Administrator or ave a concern, they will go to f staff see abuse, the are going to intervene and is safe and make sure the alone. When abuse is abuser will be removed."  5 AM, E3 (Group home one witnesses/suspects in he or she should report it licy to administration or ge of the shift, and it should be additionally to administration. If blatant is witnessed for example a slap or caught in the act of having it's a straight 911 call. If you to prevent further injury, then				

Illinois Department of Public Health

STATE FORM 2SCZ12 If continuation sheet 4 of 13

STATEMEN	IT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		E CONSTRUCTION	(X3) DATE COMP	SURVEY LETED	
		IL6015788				R-C <b>05/20/2024</b>	
NAME OF I	PROVIDER OR SUPPLIER			STATE, ZIP CODE	05/2	0/2024	
MARKLU	IND VAN DER MOLEN	15406 WY	ATT DRIVE				
(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 SHOUL CROSS-REFERENCED TO THE APPRODEFICIENCY)	D BE	(X5) COMPLETE DATE	
Z9999	specifies this. E1 at to report to administ witness or not witness of annually and as nedected. The previous polici investigation of abutoccurred.  On 4/15/24 at 5:57 (Agency Certified Not that they each recent neglect. Z1, Z2 and immediately report bruise of unusual of those reports in the have not noticed and clients.  On 4/16/24 at 3:15 training on abuse and neglect, he is not an hygiene/personal can hygiene/personal can hygiene/personal can home to do repairs the hallway).  On 4/16/24 at 3:22 Support Profession (PSP) stated that the abuse and neglect. or emotional changusual.	nswered, "The policy was just stration. It did not specify if staff essed."  7 AM, telephone interview with stated: 7 policy and training are done eded. 9 focused on identification and ise once it is identified or has  PM, Z1 (Nurse), Z2 and Z3 lurse Assistant/CNA) stated ived training on abuse and I Z3 stated that they are to to Administrator if there is a rigin. Z1 added that he's made a past. Z2 and Z3 stated they nything to report about the  PM, E6 (Nurse) stated that nd neglect has been received.  PM, E4 (Maintenance staff) ved training on abuse and llowed to (provide are) do client care, he is in the (patching and painting wall in  PM, E5 (Activity staff/Personal al, PSP), Z4 (CNA) and E7 ney have received training on They are to report any bruise e on clients that is not their	Z9999	DETICIENCY)			
	On 4/16/24 at 3:27	PM, Z4 (Agency CNA) stated					

Illinois Department of Public Health

STATE FORM 2SCZ12 If continuation sheet 5 of 13

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION  A. BUILDING:			(X3) DATE SURVEY COMPLETED	
		IL6015788	B. WING			R-C <b>20/2024</b>
NAME OF	PROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, S	STATE, ZIP CODE		
MARKLI	JND VAN DER MOLEN	I HOME	YATT DRIVE			
	T	GENEVA	, IL 60134	DDOWDEDIO DI ANI OF	000000000000000000000000000000000000000	
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES  ' MUST BE PRECEDED BY FULL  SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF (EACH CORRECTIVE ACT CROSS-REFERENCED TO T DEFICIENC	ION SHOULD BE HE APPROPRIATE	(X5) COMPLETE DATE
Z9999	Continued From pa	ge 5	Z9999			
	he received abuse	and neglect training.				
	received abuse and keep an eye out for bruise on the body emotional for the cl	PM, E7 (PSP) stated he I neglect training. E7 is to something for example any or crying (normal versus ient).  at 4:36 PM, E5 (Activity Staff),				
		Z3 (Agency CNA), and E16 y have received training on policy.				
		PM, E16 (PSP) stated that he abuse and neglect.				
	that she received tr	PM, E12 (Lead PSP) stated aining on abuse and neglect. y attention to little details and u see something.				
	(Activity Staff), Z3, Z stated there has to room with clients ex meds. There has to with patient care in where cameras are	at 5:15 PM, E9 (Nurse), E5 Z4 and Z5 (Agency CNA) be at least two staff in the ven for the nurse to pass to be two people at all times the rooms and bathrooms not present. Doors have to be urtains. (Sexual abuse ther home).				
	(Agency CNA) state personal care to the that has been in pla an ongoing investig another home). (Se another home).	I AM, E18 (PSP) and Z3 ed two people provide e clients. This is a new system ace for two weeks because of ation for sexual abuse (in exual abuse investigation in				
	On 4/23/24 at 3:15	PM, E1 stated "If staff suspect	<u>:</u>			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION  (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION  A. BUILDING:			(X3) DATE SURVEY COMPLETED	
		IL6015788	B. WING		l l	R-C <b>20/2024</b>
NAME OF	PROVIDER OR SUPPLIER	STREET ADI	DRESS, CITY, S	STATE, ZIP CODE		
MARKL	JND VAN DER MOLEN	N HOME 15406 WY GENEVA,	ATT DRIVE IL 60134			
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES YMUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF COF (EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE DEFICIENCY)	SHOULD BE	(X5) COMPLETE DATE
Z9999	abuse they immediate designee. If staff hat the nurse about it. I expectation is they ensure the resident resident is not left at observed the staff at (Sexual abuse inveton the complex of the complex	ately report to Administrator or ave a concern, they will go to f staff see abuse, the are going to intervene and is safe and make sure the alone. When abuse is abuser will be removed." stigation in another home).  PM E15 (Group home at she received abuse and aff should know not to abuse the buddy system. If you see ything, report it to the nurse or a have to report it to (another diately remove the client from ort the staff to nurses or administrator E1. All agency know the policy. (Sexual in another home).  PM, Z4 (Agency CNA) stated e" when asked about tect clients from all types of the policy are doing and am harm before you report" how she found out what to do on to protect clients from all  PM, E18 (PSP) stated are resident then call 911, yes ust to report" when asked how is new intervention to protect	Z9999			

Illinois Department of Public Health STATE FORM

		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED	
			A. BOILDING.		R-	-C
		IL6015788	B. WING			0/2024
NAME OF	PROVIDER OR SUPPLIER	STREET AL	DRESS, CITY, S	STATE, ZIP CODE		
MARKL	JND VAN DER MOLE	NHOME	YATT DRIVE , IL 60134			
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORREC' (EACH CORRECTIVE ACTION SHOI CROSS-REFERENCED TO THE APPR DEFICIENCY)	JLD BE	(X5) COMPLETE DATE
Z9999	"observe how staff what we see" when the training on abuse the training on abuse Records of the clied Program Plan (IPP section that lists the Slosson Intelligence evaluate the mental the IPP is the summassessment (ARA) their annual IPP. The response to each some The sections including Fisk (SAR).  R1's IPP on 6/06/22 Profound Intellectude 4/04/23 achieved months, Intelligence 6/06/23, PSS: R1 who body language to in be touched at that the ability to unders safety/sexuality. Mister ability to unders not demonstrate the behaviors.  R2's IPP on 10/05/19 year and 0 months, PSS: R2 will use favocalizations/some she does not like to does not demonstrate the does not demonstrate the stafe of the same she does not demonstrate the does not demonstrate the does not demonstrate the same she does not like to does not demonstrate the does not demonstrate the same she does not like to does not demonstrate the does not demonstrate the same she does not like to does not demonstrate the does not demonstrate the same she does not like to does not demonstrate the does not demonstrate the same she does not like to does not demonstrate the does not demonstrate the does not demonstrate the same she does not demonstrate the	treat clients, be mindful of asked what she learned from se and neglect policy.  Ints include an Individual and that has a Psychological edate and result of the latest edate and result of the summary of every client's ection are included in the IPP. The Personal Safety/Sexuality ent, Exploitation, Abuse, Neglect ever to Peer and Sexual Abuse ever to Peer and Sexual Abuse ever to Peer and Sexual Abuse edate if she does not like to be fine. R1 does not demonstrate estand most personal EAN: R1 does not demonstrate estand MEAN. SAR: R1 does edate the ability to understand sexual everbalizations to indicate if the be touched at that time. R2 ate the ability to understand ety/sexuality. MEAN: R2 does				

Illinois Department of Public Health

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION  (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPL A. BUILDING:	E CONSTRUCTION		(X3) DATE SURVEY COMPLETED	
		IL6015788	B. WING			-C <b>20/2024</b>
	PROVIDER OR SUPPLIER JND VAN DER MOLE!	15406 W	ODRESS, CITY, S YATT DRIVE , IL 60134	STATE, ZIP CODE		
(X4) ID PREFIX TAG	(EACH DEFICIENC)	TEMENT OF DEFICIENCIES / MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF ( (EACH CORRECTIVE ACTI CROSS-REFERENCED TO T DEFICIENC'	ON SHOULD BE HE APPROPRIATE	(X5) COMPLETE DATE
Z9999	SAR: R2 does not of understand sexual R3's IPP on 6/13/23 PID. SIT on 10/01/2 years and 2.5 month PSS: R3 will use fall language to indicate touched at that time the ability to understand the ability to understand the ability to understand the series of	demonstrate the ability to				

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION  (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:			(X2) MULTIPL A. BUILDING:	E CONSTRUCTION		(X3) DATE SURVEY COMPLETED	
		IL6015788		B. WING		l l	-C <b>20/2024</b>
	PROVIDER OR SUPPLIER  JND VAN DER MOLEN	N HOME		ATT DRIVE	STATE, ZIP CODE		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES ( MUST BE PRECEDED BY FU SC IDENTIFYING INFORMATION		ID PREFIX TAG	PROVIDER'S PLAN OF ( (EACH CORRECTIVE ACT CROSS-REFERENCED TO T DEFICIENC	ION SHOULD BE HE APPROPRIATE	(X5) COMPLETE DATE
Z9999	PID. SIT on 11/05/2 years and 4.5 mont PSS: R6 will use fa vocalizations to ind touched at that time the ability to unders safety/sexuality. ME the ability to unders not demonstrate the behaviors.  R7's IPP on 01/23/2 PID. SIT on 5/20/23 year and 3 months, PSS: R7 will use fa vocalizations to ind touched at that time the ability to unders safety/sexuality. ME the ability to unders not demonstrate the behaviors.  R8's IPP on 4/09/24 PID. SIT on 01/01/2 years and 3 months PSS: R8 will allow sher. R8 does not deunderstand most per MEAN: R8 does not demonstrate the understand most per MEAN: R8 does not demonstrate the lateral sheet and sheet	23 achieved mental age ths, IQ of 2. ARA on 01/cial expressions and locate if she does not like. R6 does not demonstrand most personal EAN: R6 does not demonstrand MEAN. SAR: R6 de ability to understand set and most personal expressions and locate if she does not like. R7 does not demonstrand most personal EAN: R7 does not demonstrand most personal EAN: R7 does not demonstrand mean MEAN. SAR: R7 de ability to understand set and MEAN. SAR: R7 de ability to understand set and mean mental age appeared to the stand mean most personal expressions and locate if she does not demonstrand most personal expressions and locate if she does not demonstrand mean most personal expressions and locate if she does not demonstrand mean most personal expressions and locate if she does not demonstrand mean most personal expressions and locate if she does not demonstrand mean most personal expressions and locate if she does not demonstrand mean most personal expressions and locate if she does not demonstrand most personal expressions and locate if she does not like the ability to understand set ability to understand set ability to demonstrate the ability to d	/08/24, ud e to be trate constrate does sexual vel of of 1 /24, ud e to be trate constrate does sexual el of e of 0 /24, ly touch of the constrate does sexual el of e of 0 /24, ly touch of the constrate does sexual el of e of 0 /24, ly touch of the constrate does sexual el of e of 0 /24, ly touch of the constrate does sexual el of e of 0 /24, ly touch of the constrate does sexual el of e of 0 /24, ly touch of the constrate does sexual el of e of 0 /24, ly touch of the constrate does expected el of e of 0 /24, ly touch of the constrate does el of e of 0 /24, ly touch of the constrate does el of e of 0 /24, ly touch of the constrate does el of e of 0 /24, ly touch of the constrate does el of e of 0 /24, ly touch of the constrate does el of e of 0 /24, ly touch of the constrate does el of e of 0 /24, ly touch of the constrate does el of e of 0 /24, ly touch of the constrate does el of e of 0 /24, ly touch of the constrate does el of e of 0 /24, ly touch of the constrate does el of e of 0 /24, ly touch of the constrate does el of e of 0 /24, ly touch of the constrate does el of e of 0 /24, ly touch of the constrate does el of e of 0 /24, ly touch of the constrate does el of e of 0 /24, ly touch of the constrate does el of e of 0 /24, ly touch of the constrate does el of e of 0 /24, ly touch of the constrate does el of e of e of 0 /24, ly touch of the constrate does el of e of 0 /24, ly touch of the constrate does el of e of 0 /24, ly touch of the constrate does el of e of 0 /24, ly touch of the constrate does el of e of 0 /24, ly touch of the constrate does el of e of 0 /24, ly touch of the constrate does el of e of 0 /24, ly touch of the constrate does el of e of 0 /24, ly touch of the constrate does el of e of 0 /24, ly touch of the constrate does el of e of 0 /24, ly touch of 0 /24, ly touch of 0 /24	Z9999			
	understand MEAN. demonstrate the abbehaviors.	SAR: R8 does not oility to understand sexu	ıal				
	Severe Intellectual 02/09/20 achieved months, IQ of 20. A use words, facial ex	24 states functioning let Disability (SID). SIT on mental age of 3 years a RA on 02/13/24, PSS: expressions, and loud icate if she does not like	and 2.5 R9 will				

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION  A. BUILDING:		(X3) DATE SURVEY COMPLETED		
			7. BOILDING.		R-	.с
		IL6015788	B. WING		1	0/2024
NAME OF I	PROVIDER OR SUPPLIER	STREET ADI	ORESS, CITY, S	STATE, ZIP CODE		
MARKLU	IND VAN DER MOLEI	N HOME 15406 WY. GENEVA,	ATT DRIVE			
(X4) ID	SUMMARY STA	ATEMENT OF DEFICIENCIES	IL <b>60134</b>	PROVIDER'S PLAN OF CORRECTION		(X5)
PREFIX TAG	(EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)		PREFIX TAG	(EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPRO DEFICIENCY)	D BE	COMPLETE DATE
Z9999	Continued From pa	age 10	Z9999			
	the ability to fully co safety/sexuality. Mi the ability to unders	e. R9 does not demonstrate omprehend personal EAN: R9 does not demonstrate stand MEAN. SAR: R9 does e ability to understand sexual				
	PID. SIT on 02/13/2 years and 1 month, PSS: R10 will indicatouched at that time the physical ability MEAN: R10 does dunderstand MEAN.	23 states functioning level of 22 achieved mental age of 3 , IQ of 19. ARA on 7/11/23, ate if he does not want to be e. R10 does not demonstrate for personal safety/sexuality. Idemonstrate the ability to SAR: R10 does not bility to understand sexual				
	PID. SIT on 8/27/23 years and 4 months PSS: R11 will use f vocalizations to ind touched at that time the ability to unders safety/sexuality. MI demonstrate the ab	oility to understand MEAN.  demonstrate the ability to				
	SID. SIT on 8/07/23 years and 2 months PSS: R12 will say it touched. R12 does understand most pome MEAN: R12 does nunderstand MEAN.	a/24 states functioning level of a achieved mental age of 4 s, IQ of 26. ARA on 01/09/24, f he does not want to be not demonstrate the ability to ersonal safety/sexuality. Not demonstrate the ability to SAR: R12 does not spility to understand sexual				

Illinois Department of Public Health STATE FORM

behaviors.

STATEMENT OF DEFICIENCIES (X AND PLAN OF CORRECTION		(X1) PROVIDER/S IDENTIFICATI	UPPLIER/CLIA ION NUMBER:	, ,	E CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
				71. 501251110.		R	-C
		IL601578	8	B. WING			20/2024
NAME OF	PROVIDER OR SUPPLIER		STREET AD	DRESS, CITY, S	STATE, ZIP CODE		
MARKLU	JND VAN DER MOLE	N HOME	15406 WY GENEVA,	ATT DRIVE IL 60134			
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICI Y MUST BE PRECED SC IDENTIFYING IN	ED BY FULL	ID PREFIX TAG	PROVIDER'S PLAN OF CORREC (EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APP DEFICIENCY)	OULD BE	(X5) COMPLETE DATE
Z9999	9 Continued From page 11		Z9999				
	R13's IPP on 5/02/PID. SIT on 4/25/19 years and 0 month PSS: R13 will say it touched. R13 seen safety/sexuality situ understands conveyocalization, answer pointing, body lang MEAN: R13 does of understand MEAN. the ability to understand MEAN. the ability to understand MEAN. SIT on 4/30/19 years and 6.5 mon PSS: R14 will indict touched. R14 does personal safety/sexisted does not demonstrate MEAN. SAR: R14 dability to understand R15's IPP on 8/03/PID. SIT on 5/12/19 years and 6.5 mon PSS: R15 will use to vocalizations to indict touched at that time the shift to the data.	9 achieved mens, IQ of 13. ARA for he does not was aware of most actions. Communications. Communications and interesting yes/no questions and facial demonstrate the stand sexual believed mens at eithe does not seem aware vality situations at the ability to does not demond sexual behavior as achieved mens at a content of the does not demond sexual behavior as achieved mens action of the does not demond sexual behavior actions are the ability to does not demond sexual behavior actions action of the does not demond sexual behavior actions	atal age of 2 A on 5/02/23, ant to be st personal unication: R13 eracts via estions, I expression. e ability to s demonstrate haviors.  coning level of stal age of 0 A on 5/10/23, ot want to be re of most s. MEAN: R14 ounderstand estrate the iors.  coning level of stal age of 0 A on 8/03/23, ns and loud not like to be st demonstrate				
	the ability to unders safety/sexuality. MI demonstrate the all SAR: R15 does no understand sexual R16's IPP on 02/20	EAN: R15 does bility to understat demonstrate the behaviors.	not and MEAN. ne ability to tioning level of				
	SID. SIT on 11/05/2 years and 6 month PSS: R16 will say i	23 achieved me s, IQ of 34. AR <i>A</i>	ntal age of 5 A on 02/20/24,				

Illinois Department of Public Health

STATE FORM 2SCZ12 If continuation sheet 12 of 13

NAME OF PROVIDER OR SUPPLIER  STREET ADDRESS, CITY, STATE, ZIP CODE  MARKLUND VAN DER MOLEN HOME  (X4) ID PREFIX TAG  (EACH DEFICIENCY MUST BE PRECEDED BY FULL TAG  TAG  COMPLETE DATE  Z9999  Continued From page 12  touched. R16 seems aware of most personal safety/sexuality situations. MEAN: R16 does demonstrate the ability to understand MEAN. SAR: R16 does demonstrate the ability to understand sexual behaviors.  None of the IPPs of the 16 clients in the home included interventions for the identified risk for any type of abuse.  "B"		TATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA IND PLAN OF CORRECTION IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION  A. BUILDING:			COMPLETED	
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