STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	` ′	ULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
		14G143	A. BUIL		С	
NAME OF F	PROVIDER OR SUPPLIER	140143		OTDEET ADDRESS OFT OTATE TO SO	•	7/2006
	EE TERRACE			STREET ADDRESS, CITY, STATE, ZIP COI 501 EAST CHESTNUT CARBONDALE, IL 62901	'E	
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES / MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFI) TAG	PROVIDER'S PLAN OF CORX (EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE DEFICIENCY)	SHOULD BE	(X5) COMPLETION DATE
W 149	life choices. This whealth and well being playing situations with 20 correct months." Treatment Training Awareness program. "1. It will be explain will definitely cause death. By ingesting or cloth damage maleading to bowel obtained by the second of th	ill improve (R1's) personal ng. Three instructional role vill be given once a month for Methods for R1's PICA metate: ed to (R1) that PICA behavior health problems and possibly non-food items such as paper ay occur to the bowels by estruction or strangulation. The urge he will report to staff eak with them about his encouraged to repeat the behavior can cause. Choices encouraged to read a book if something to do. up his room and show staff empleted. a story to a friend.". 1 on 07-26-06 at 3:00 P.M., ormal Behavior Intervention of intervene R1's PICA emented prior to 07-06-06. Ocal hospital, in the Unit, at the time of surveyor's	W 1	49		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	, ,		PLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
			A. BUI	LDIN	G	(C
		14G143	B. WIN	IG			7/2006
	ROVIDER OR SUPPLIER			50	EET ADDRESS, CITY, STATE, ZIP CODE D1 EAST CHESTNUT ARBONDALE, IL 62901		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES YMUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREF TAG		PROVIDER'S PLAN OF CORRECT (EACH CORRECTIVE ACTION SHOU CROSS-REFERENCED TO THE APPRI DEFICIENCY)	JLD BE	(X5) COMPLETION DATE
W 149	Continued From pa	ge 33	W	149			
W9999	be returning to this the hospital. Alternation	Physician's request, R1 will not facility upon discharge from ative placement is being ardian and the facility.	W99	999			
	LICENSURE VIOLA	ATION				ļ	
	350.620a) 350.1060a) 350.1060b)1) 350.1060b)2) 350.1060c)1) 350.1060c)2) 350.1060d) 350.1060h) 350.1070 350.3240a) 350.3240d)						
	a) The facility shall procedures governithe facility which shinvolvement of the shall be available to public. These writte	esident Care Policies have written policies and ng all services provided by hall be formulated with the hadministrator. The policies of the staff, residents and the had policies shall be followed in hy and shall be reviewed at					
	Services a) The facility shall habilitation services	raining and Habilitation provide training and to facilitate the intellectual, effective development of each					

	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	A. BUI		IPLE CONSTRUCTION NG	COMPLE	TED
		14G143	B. WI	۱G _			C 7/2006
	ROVIDER OR SUPPLIER			5	REET ADDRESS, CITY, STATE, ZIP CODE 501 EAST CHESTNUT CARBONDALE, IL 62901	00/11	172000
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES 'MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREF TAG		PROVIDER'S PLAN OF CORREC' (EACH CORRECTIVE ACTION SHOIL CROSS-REFERENCED TO THE APPR DEFICIENCY)	ULD BE	(X5) COMPLETION DATE
W9999	which shall: 1) Be based upor and valid instrumer available. 2) Provide the base appropriate program the resident. c) There shall be wobjectives for each 1) Based upon codiagnostic and program the progress assessed. d) There shall be expermit the progress assessed. d) There shall be expermit the progress assessed. d) There shall be expermit the training and half every resident. e) An appropriate, exprogram that manabe developed and is aggressive or self-aproperly trained and available to adminish) There shall be exappropriately qualifipersonnel, and neccarry out the trainin Supervision of deliving services shall be the who is a Qualified Merofessional Section 350.1070 Tappropriately qualifications.	ty. all have individual evaluations the use of empirically reliable ats whenever such tools are asis for prescribing an an of training experiences for ritten training and habilitation resident that are: amplete and relevant gnostic data. affic behavioral terms that a of the individual to be vidence of training and a activities designed to meet activities designed to meet activities and individualized ges residents' behaviors shall amplemented for residents with abusive behavior. Adequate, ad supervised staff shall be aster these programs. vailable sufficient, and training and habilitation and habilitation program. very of training and habilitation are responsibility of a person Mental Retardation Training and Habilitation Staff and ied staff shall be provided in	W9!	999			
		to meet the training and f the residents. At a minimum,					

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) M A. BUI		IPLE CONSTRUCTION IG	(X3) DATE SURVEY COMPLETED		
		14G143	B. WIN	۱G _			C 7/2006
	PROVIDER OR SUPPLIER		•	5	REET ADDRESS, CITY, STATE, ZIP CODE 601 EAST CHESTNUT CARBONDALE, IL 62901		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES 'MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREF TAG		PROVIDER'S PLAN OF CORREC (EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APPR DEFICIENCY)	ULD BE	(X5) COMPLETION DATE
W9999	staffing shall be pro 350.810(b) of this F Section 350.3240 A a) An owner, licens or agent of a facility resident. (Section 2 c) A facility adminis abuse or neglect of report the matter by the resident's repret the Act) d) A facility adminis who becomes awar resident shall also repartment. (Section 1. Provide monitoring behaviors. 2. Develop and impafter the facility reciday training site the material from his shall shall also repartment.	ovided as described in Section Part. Abuse and Neglect ee, administrator, employee shall not abuse or neglect a 2-107 of the Act) (A, B) trator who becomes aware of a resident shall immediately stelephone and in writing to sentative. (Section 3-610 of a trator, employee, or agent re of abuse or neglect of a report the matter to the fon 3-610 of the Act) are not met as evidenced by and file review the facility their policy to prevent neglect of a report them as evidenced by the facility their policy to prevent neglect of a report them as evidenced by the facility their policy to prevent neglect of a report of the Act). The formula of the Act is a report of the facility their policy to prevent neglect of the facility of the	W99	999			

	T OF DEFICIENCIES DF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	A. BUI		IPLE CONSTRUCTION NG	COMPLE	TED
		14G143	B. WI	NG _			C 7/2006
	PROVIDER OR SUPPLIER			5	REET ADDRESS, CITY, STATE, ZIP CODE 501 EAST CHESTNUT CARBONDALE, IL 62901		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREF TAG		PROVIDER'S PLAN OF CORREC (EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APPR DEFICIENCY)	ULD BE	(X5) COMPLETION DATE
W9999	regarding contents X-Rays conducted 6. Inform guardian and reports of string 7. Train staff on spetechnique should be ensure his safety. Findings Include: Per review of R1's 07-01-06 through 0 male who functions Retardation. Other and PICA. Per review of R1's 04-11-06 R1 has an Upon review of R1's 04-04-06 document 150 pounds. Upon entering the f P.M., surveyor was Executive Officer) tweight loss. E1 state to the hospital on 0 had been admitted fecal impaction and surprised if he was stated that they rea on with R1. E1 state in the last month.	t to the local state officials found in R1's abdominal	W99	999			

	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	A. BUILDING COMPLETED		TED		
		14G143	B. WI	1G _			C 7/2006
	PROVIDER OR SUPPLIER		•	5	REET ADDRESS, CITY, STATE, ZIP CODE 101 EAST CHESTNUT CARBONDALE, IL 62901		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES YMUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREF TAG		PROVIDER'S PLAN OF CORREC (EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APPI DEFICIENCY)	OULD BE	(X5) COMPLETION DATE
W9999	this behavior since began tearing mate began tearing mate. Per review of R1's at the facility, R1 won 02-27-90 which resection due to im E1 stated that 06-2 training but they we any of it or not. E1 to watch R1's bowe threads were in his E1 stated that on 0 called and stated the was lying on the pick went to the day training and took him to the time, Z1 (R1's Physhospital for abdominate The Assessment at Physical, dated 06-mentally retarded nos in 1 month and T-shirt 6 days ago, incontinence and fill his rectum." Per review of R1's local hospital, dated documented as bein Documentation con (Kidney's Ureters and demonstrates a dis The stool extends to the control of the stool extends to the control of	reads but had not exhibited 2001 until recently when he rials and eating the threads. Dast hospitalization's, located as admitted to a local hospital resulted in partial bowel paction. 1-06, R1 tore his shirt at day are not sure if he had eaten said that staff were instructed all movements to see if any stools or not. 6-26-06, the day training site and R1 wasn't feeling well and chic table. E1 said that he ning site and picked up R1 doctor. E1 stated that at that sician) admitted R1 to the local nal pain. and Plan on the History and 26-06 states, "36-year-old nale with a 12 - pound weight I likely history of eating a He now presents with stool brous materials hanging out of History and Physical from the das 06-26-06, R1's weight is	W99	999			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) M A. BUI		FIPLE CONSTRUCTION NG	(X3) DATE SURVEY COMPLETED	
		14G143	B. WIN	۱G _			C 7/2006
	PROVIDER OR SUPPLIER		•		REET ADDRESS, CITY, STATE, ZIP CODE 501 EAST CHESTNUT CARBONDALE, IL 62901		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREF TAG		PROVIDER'S PLAN OF CORRE (EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APP DEFICIENCY)	OULD BE	(X5) COMPLETION DATE
W9999	the largest diamete (Centimeters)" Per review of Facsi Department of Publi documentation stat 06-26-06 to (Name diagnosis of Abdom overseeing (R1's) of Count) and CMP (Centimeter) and CMP (Centimeter) and Falso been notified. It will be for the centimeter of Publi documentation is seen and falso been notified. It will be for the centimeter of Publi documentation is seen and falso been notified. It will be for the centimeter of Publi documentation is seen and falso been notified. It will be for the centimeter of Publi documentation is seen and falso been notified. It will be for the centimeter of Publi documentation state (local hospital) at all his discharge on (Office diamontal limits). A 3-was ordered and rebowels. (A Gastroe 17g (grams) BID (to (R1) responded we discharge (Gastroe Miralax 17g. BID ur for follow-up on 07-overseeing (R1's) office (Gastroenterologist guardian) has been	ps of bowel distended by gas, r of which is 9 cm. mile report sent to the Illinois lic Health dated 06-27-06, es, "(R1) was admitted on of local hospital) with a ninal Pain. (Z1) will be are. CBC (Complete Blood Comprehensive Metabolic een ordered an a 3-view of ordered. (R1's) Guardian has been notified, the facility RN (Registered Nurse) have when additional information is orwarded to your office for nal information was ling R1's hospital admission. igned by E1. mile report sent to the Illinois lic Health dated 06-28-06, es, "(R1) was discharged from oproximately 1:45pm. Prior to 6-26-06) R1 had two labs MP both returned WNL (within view Abdominal (06-26-06) evealed hard stool in his interologist) ordered Miralax vice a day) on (06-27-06). Il to this treatment. Upon interologist) prescribed ntil seen by (R1's Physician) will be are in conjunction with of the control of the c	W99	999			

	FOF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) M A. BUI		IPLE CONSTRUCTION NG	COMPLE	TED
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	PROVIDER OR SUPPLIER			,	REET ADDRESS, CITY, STATE, ZIP CODE 501 EAST CHESTNUT CARBONDALE, IL 62901	00,11	17200
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES 'MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREF TAG		PROVIDER'S PLAN OF CORREC' (EACH CORRECTIVE ACTION SHOUNDERSON OF THE APPREDEFICIENCY)	ULD BE	(X5) COMPLETION DATE
W9999	documented regard Documentation is some The rectal exam from physical assessme "The patient refuse rolling the patient of obvious smears of long fibrous materia Tugging on the materia that with the asked why the Health had not received a state of the training the materia that paper." Per interview with Zing Retardation Profession Pro	No additional information was ding R1's condition. igned by E1. In the local hospital during the nt exam on 06-26-06 states, d a rectal exam. However, ver on his side there were brown stool and there is a fall hanging out of the rectum. It is likely a stract very much. It is likely a stract very much. It is likely a	W99	999			

	FOF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1, ,		PLE CONSTRUCTION	(X3) DATE SU COMPLE	
			A. BUII	DIN	G	، ا	C
		14G143	B. WIN	G			7/2006
	PROVIDER OR SUPPLIER			50	EET ADDRESS, CITY, STATE, ZIP CODE 01 EAST CHESTNUT CARBONDALE, IL 62901		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES ' MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFI TAG	X	PROVIDER'S PLAN OF CORREC' (EACH CORRECTIVE ACTION SHOI CROSS-REFERENCED TO THE APPR DEFICIENCY)	JLD BE	(X5) COMPLETION DATE
W9999	Documentation on "Accident/Behavior 06-21-06 states, "(Fanother shirt, his had (minutes) later staff old shirt had been repieces with part of it amount of (bowel minutes) later staff old shirt had been repieces with part of it amount of (bowel minutes) later staff old shirt had been repieces with part of it amount of (bowel minutes) later state that on 06-21-discussed the situal Residential Service concern that because ingested parts of clipper his clinical recombination observed for future behavioral episode ingested part of his its signed by Z3. Z3 also stated that guardian because if Documentation in the state, "Spoke to (Reeling well, was lyill lunch, said he was report this - spoke thad not gotten a minute shirt ripping incompossible ingestion of stated that they saw on "Speculation" the something. I relayed was very upset. (Ref. (Day Training) by (I	off found R1 in the bathroom. The day training site's al/Illness Report" dated R1) had asked a staff for ad a hole in front. Approx. 15 went in to check on (R1). The ipped completely into two to missing. He also had (large) movement) in jeans"	W99	999			

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) N A. BU		PLE CONSTRUCTION G	(X3) DATE SURVEY COMPLETED		
		14G143	B. WII	NG			C 7/2006
	PROVIDER OR SUPPLIER		•	50	EET ADDRESS, CITY, STATE, ZIP CODE 01 EAST CHESTNUT ARBONDALE, IL 62901		
(X4) ID PREFIX TAG	(EACH DEFICIENC)	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREF TAG		PROVIDER'S PLAN OF CORREC (EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APPR DEFICIENCY)	ULD BE	(X5) COMPLETION DATE
W9999	states, "7-3-06 (R1 days for tests & whindicated that (R1) bowels." Document Per interview with E2 stated that after regarding R1's shirn notify R1's physicia E2 continued to say had been put into put the day training site ingesting foreign mutaining site could nor not. E1 informed the suday training site has regards to R1's T-s stated that there was ystem put in place unclear if R1 had at the shirt or not. Per interview with 2Z1 stated that he wincident on 06-21-0T-shirt. Z1 stated that after 06-26-06 until 06-2 monitoring R1 for syomiting, incontined per the physician's stated that the staff with R1 and that R1 stated that R1 stated that R2 stated that R1 and that R2 stated that R1 stated tha	o) was hospitalized for several en I spoke to (E1) he had an "impaction" of his tation is signed by Z3. E2, on 08-01-06 at 12:05 P.M., talking to Z3 on 06-21-06 to being torn in half he did not an nor guardian of the incident. If that no monitoring system place, either at the facility or at the prevent R1 from possibly atterials because the day not confirm if R1 atte the shirt are no formal monitoring at that time because it was ctually ingested material from the individual of the ingested material from at E1 had pieced together the last E1 had pieced together E1 had	W9	999			

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) M A. BU		IPLE CONSTRUCTION IG	(X3) DATE SURVEY COMPLETED		
		14G143	B. WI	NG _			7/2006
	PROVIDER OR SUPPLIER		•	5	REET ADDRESS, CITY, STATE, ZIP CODE 501 EAST CHESTNUT CARBONDALE, IL 62901		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREF TAG		PROVIDER'S PLAN OF CORREC (EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APPR DEFICIENCY)	ULD BE	(X5) COMPLETION DATE
W9999	Continued From pa	ge 42	W9:	999			
	how staff monitored training that occurre the staff to watch R doing all the time. E specific monitoring working with R1. E1 stated that R1's "Sequestered" from in a locked cabinet towel and washclot returned to the dire E1 confirmed that a clothing had been towatch him closely waccess to his room. Per interview with E1 stated that R1's E1 continued to say protect R1 from PIC curtains, the materiathere is carpet on the per review of R1's 104-11-06 document known to borrow of others belongings." E1 continued to say the facility staff had and washcloth in R	and that staff gave him a h when he bathed, which R1 ct care staff after using them. Although R1's personal aken from him and that staff while taking a bath, R1 still has mates clothing. E1 on 07-26-06 at 9:05 A.M., environment is his PICA. If that it would be impossible to CA because there are cloth all on the furniture is cloth and the floor. Individual Program Plan dated tation states, "(R1) has been there belongings, or steal If that on 07-03-06 or 07-04-06 to observed a shredded towel 1's tote bag that he carries to ted that R1 denied shredding					

	T OF DEFICIENCIES DF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	A. BUI		IPLE CONSTRUCTION IG	COMPLE	TED
		14G143	B. WI	1G _			C 7/2006
	PROVIDER OR SUPPLIER			5	REET ADDRESS, CITY, STATE, ZIP CODE 501 EAST CHESTNUT CARBONDALE, IL 62901		172000
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREF TAG		PROVIDER'S PLAN OF CORREC' (EACH CORRECTIVE ACTION SHOI CROSS-REFERENCED TO THE APPR DEFICIENCY)	ULD BE	(X5) COMPLETION DATE
W9999	Per interview with EE1 stated that R1 when the shredded found on 07-03-06 already had a docto 07-05-06 for follow-on 06-21-06. Per review of R1's 07-05-06, document today for a hospital hospitalized becaus incontinence of stowas found to have was found, both on and because he hax-ray. During this hound to have was found, both on and because he hax-ray. During this hound for the month." Assession, probably from eating foreign bodied documented as being the month of the	E1 on 07-25-06 at 2:00 P.M. vas not taken to the doctor towel and washcloth were or 07-04-06 because he or's appointment scheduled for tup of R1 ingesting the T-shirt. Physician's follow-up on a particular tation states, "(R1) presents follow up. He was see of abdominal pain and tol, as well as weight loss. He eaten some form of cloth. This rectal examination of his stool disgnificant impaction on a spitalization he was given and he was seen by (name of a (Gastroenterologist) has put grams (twice a day) for the esment states, "Incontinence of a impaction as a result of es, cloth." R1's weight is ng 136 pounds on 07-05-06. With Z1 on 07-05-06, the coring R1's stools for pieces of addition to monitoring bathing is whereabouts at all times. No	W99	999			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING			COMPLETED		
		14G143	B. WI	NG _			C 7/2006	
NAME OF PROVIDER OR SUPPLIER RAINTREE TERRACE (X4) ID SUMMARY STATEMENT OF DEFICIENCIES PROFILE (FACH DEFICIENCY MUST BE PROCEDED BY FULL)				5	REET ADDRESS, CITY, STATE, ZIP CODE 501 EAST CHESTNUT CARBONDALE, IL 62901	•		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREF TAG		PROVIDER'S PLAN OF CORREC (EACH CORRECTIVE ACTION SHOU CROSS-REFERENCED TO THE APPR DEFICIENCY)	JLD BE	(X5) COMPLETION DATE	
W9999	Upon review of facil Incident/Accident/S states, "07-19-06 S guardian's concern (Z1) ordered hospit accomplish Endoso Upon review of R1' hospital on 07-19-0 "This 36 (year old) presents to (Z1's) of) (weight) loss. (Fof) mental retardati eats his tee shirts). intestinal obstruction Abdominal X-rays of is no free fluid or from the following shift in the colonic marked dilated" throughout the colonic sigmoid colon and Per review of colonic anatomy will cloth fiber impaction colonoscopy state, male with a history past presents with dilated rectum on C inflammation of the Documentation corrections.	lity's, "Follow-Up on situation" form documentation poke with (Z1) pertaining to of lack of tests or evaluation. calization for (R1) to copy/colonoscopy" Is admission report to the local of documentation states, (white male) (patient) of (Z1) office this afternoon (complains Patient) (with) known (history on (and) (history of) pica (pt. Recent admission for on" Idated 07-20-06 state, "There are postoperative caliform of the descending ctum is dilated and contains a col. The sigmoid colon is also "Bowel wall thickening seen on, most prominent in the rectum" Indications of the "This 36-year-old retarded of cloth fiber ingestion in the unexpected weight loss and contain as well as evidence of contain and contain as well as evidence of contain and contain and contain as well as evidence of contain and contain as well as evidence of contain and co	PeW.	999				

AND PLAN OF CORRECTION (X1		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING			COMPLETED		
		14G143	B. WII	۱G _			C 7/2006	
NAME OF PROVIDER OR SUPPLIER RAINTREE TERRACE				5	REET ADDRESS, CITY, STATE, ZIP CODE 501 EAST CHESTNUT CARBONDALE, IL 62901	1 00/11	17200	
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREF TAG		PROVIDER'S PLAN OF CORREC (EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APPR DEFICIENCY)	ULD BE	(X5) COMPLETION DATE	
W9999	cloth to it." "There we (centimeter) blind possending colon and inflamed" "Biop blind pouch and it wovergrowth of bacter contributing to the pursuccessful at atteriber from the recturn of the pursue of R1's Nursing Notes from given laxatives and excreting the cloth. Per interview with EE1 stated that while holes in a blanket. In ingested the material Upon review of Fact Illinois Department from E1, document from (R1's Physicial approximately 10:2 that (a Surgeon) we colostomy yet this edeveloped a blockar me to inform me of (R1) is in stable con However, (R1) was in his bowels" Do Upon review of the Report" as faxed to 10:57 A.M., document states, "At 12:35 and in the pursue of the Report" as faxed to 10:57 A.M., document states, "At 12:35 and in the pursue of the Report" as faxed to 10:57 A.M., document states, "At 12:35 and in the pursue of the Report" as faxed to 10:57 A.M., document states, "At 12:35 and in the pursue of the Report" as faxed to 10:57 A.M., document states, "At 12:35 and in the pursue of the Report" as faxed to 10:57 A.M., document states, "At 12:35 and in the pursue of the Report" as faxed to 10:57 A.M., document states, "At 12:35 and in the pursue of the Report" as faxed to 10:57 A.M., document states, "At 12:35 and in the pursue of the Report" as faxed to 10:57 A.M., document states, "At 12:35 and in the pursue of the Report" as faxed to 10:57 A.M., document states, "At 12:35 and Indiana the pursue of the Report" as faxed to 10:57 A.M., document states, "At 12:35 and Indiana the pursue of the Report" and Indiana the pursue of the Report of the	ol had considerable amount of was a large 10-15 cm. Touch that goes up the ad this is moderately severely osies were taken from the was felt that probably eria in this area may be catient's illness. We were empting to disimpact the cloth m." Physician's Order's and a the local hospital, R1 was enemas which resulted in R1 E1, on 07-26-06 at 3:00 P.M., in the hospital, R1 had torn 2 The hospital is not sure if R1 al or not. Esimile that was sent to the of Public Health, on 08-03-06 ation states, "I received a call	W99	999				

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		IULT ILDIN	FIPLE CONSTRUCTION NG	(X3) DATE SURVEY COMPLETED		
		14G143	B. WI	NG _			C 7/2006	
NAME OF PROVIDER OR SUPPLIER RAINTREE TERRACE				į	REET ADDRESS, CITY, STATE, ZIP CODE 501 EAST CHESTNUT CARBONDALE, IL 62901			
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREF TAG		PROVIDER'S PLAN OF CORRECTIVE ACTION SHOUTH ACTION SHOUTH ACTION SHOUTH ACTION SHOUTH APPOET ACTION SHOUTH APPOET ACTION SHOUTH ACTION	OULD BE	(X5) COMPLETION DATE	
W9999	after the colostomy have an entire towe "Prior to performing been placed under exam was performed successfully remove examined it was despetiveen the size of the local hospital blood pressure, incomplete interview with Entire the local hospital blood pressure, incomplete interview with Entire the local hospital blood pressure, incomplete interview with Entire the local hospital blood pressure, incomplete interview with Entire the local hospital blood pressure, incomplete interview with Entire the local hospital blood pressure, incomplete interview with Entire the local hospital blood pressure, incomplete interview with Entire the local hospital blood pressure, incomplete interview with Entire the local hospital blood pressure. Per interview with Entire the local hospital blood pressure in the local hospital blood pressure. In the local hospital blood pressure in the local hospital blood pressure in the local hospital blood pressure in the local hospital blood pressure. In the local hospital blood pressure in the local hospital blood pressure in the local hospital blood pressure. In the local hospital blood pressure, incomplete in	(R1) is in stable condition . However, (R1) was found to el in his bowels" Ing the colostomy (R1) had sedation and a colo-rectal ed. The obstruction was ed. After the obstruction was termined to be a towel in bath towel and washcloth" E1 on 08-03-06 at 9:20 A.M., for that R1 had been admitted 's Intensive Care Unit with low reased pulse and respirations. E1 on 08-17-06 at 11:15 A.M. from the Intensive Care Unit local hospital's Intermediate er remains at time of surveyor's	W99	999				

AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING			(X3) DATE SURVEY COMPLETED		
		14G143	B. WIN	NG _		08/17	7 /2006	
NAME OF PROVIDER OR SUPPLIER RAINTREE TERRACE				5	REET ADDRESS, CITY, STATE, ZIP CODE 01 EAST CHESTNUT CARBONDALE, IL 62901	00,11	72000	
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES 'MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREF TAG		PROVIDER'S PLAN OF CORREC' (EACH CORRECTIVE ACTION SHOUNDERS) CROSS-REFERENCED TO THE APPR DEFICIENCY)	JLD BE	(X5) COMPLETION DATE	
W9999	(and) eating the sal Hospitalized 6/26/0 Per interview with E E3 stated that R1 h in his bowel moven 04-14-06. E3 stated watch him and had to the facility. E3 st implement a formal reported PICA incide were to monitor for Upon interview with when asked why a been developed and when R1 reported to in his bowel moven type of guy that, if he then he probably did probably did." Upon interview with 07-25-06 at 1:15 P. month ago she receday training site that bathed and was lost visited the day train observe R1. Z2 state concerned about his to discuss R1's weithat he just didn't lot that on 06-26-06 sh found a fax from the shredding his shirt	red for shredding material me - slight wt (weight) loss. 6 - abd (abdominal) pain." E3 on 08-01-06 at 3:00 P.M., ad told her that he had strings nents on 10-27-05, 12-30-05, d that she had told the staff to talked to him when she came ated that she did not program to address R1's dents nor specify that staff strings in R1's stools. E1 on 07-26-06 at 1:00 P.M., monitoring system had not d implemented 04-14-06 o staff that there were strings nents, E1 stated, "(R1) is the ne tells you he did something, dn't, but if he denies it he E22 (R1's guardian) on M., Z2 stated that about a served a telephone call from the at R1 was looking bad, wasn't sing weight. Z2 stated that she hing site on 06-14-06 to ted that she was very s appearance and called E1 ght loss, hygiene and the fact look well. Z2 continued to say the returned to her office and the day training site about R1 on 06-21-06. Z2 said that she did about R1's incident of	W99	999				

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	A. BUI		IPLE CONSTRUCTION IG	COMPLETED	
		14G143	B. WI	1G _			C 7/2006
	NAME OF PROVIDER OR SUPPLIER RAINTREE TERRACE			5	REET ADDRESS, CITY, STATE, ZIP CODE 01 EAST CHESTNUT CARBONDALE, IL 62901		172000
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES 'MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREF TAG		PROVIDER'S PLAN OF CORRECTIVE ACTION SHOUNDS OF THE APPRINCED TO THE APPRI	ULD BE	(X5) COMPLETION DATE
W9999	shredding his shirt. contacted the facilit E2 had taken the in called E1 and aske doctor or for an X-ray that E1 told her tha insisted that R1 be X-rays to determine ingested part of the when R1 was admi impaction. Z2 said that after the started calling Z2 a status. Z2 said that much better, when "(E1) made things are ally were." Z2 stated that crappy job of monit the only way she we incontinence, weigh was by the local dashe was not inform were strings in his at that it occurred and should have been repisodes. Per interview with E21 stated that he we strings in his stools Per interview with E32 started watching weeks ago. E4 con	Z3 informed Z2 that she had by about the incident and that cident very lightly. Z2 then d if E1 had taken R1 to the ay after the incident. Z2 stated the had not. Z2 said that she taken to the hospital for whether or not he had shirt. Z2 stated that this was ted to the hospital for an e 06-21-06 incident E1 lmost every day to report R1's E1 informed her that R1 was in fact he was not. Z2 said, sound better than what they ted that she does not feel that ng and care that he should t the facility, "Did a really oring him (R1)." Z2 said that	W99	999			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) M A. BUI		IPLE CONSTRUCTION NG	COMPLETED	
		14G143	B. WI	1G _			C 7/2006
	PROVIDER OR SUPPLIER		l	5	REET ADDRESS, CITY, STATE, ZIP CODE 501 EAST CHESTNUT CARBONDALE, IL 62901	00/11	172000
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREF TAG		PROVIDER'S PLAN OF CORREC' (EACH CORRECTIVE ACTION SHO) CROSS-REFERENCED TO THE APPR DEFICIENCY)	ULD BE	(X5) COMPLETION DATE
W9999	when R1 finishes in look in the stool at I stated that she was or to break them ap. Per interview with E 08-01-06 at 3:35 P. started monitoring I stated that she was bathroom door and to check to see that help him if he need never told to inspectoilet. E5 continued week in July, R1 was that the staff didn't. Per review of R1's and Weights, docur from 151 pounds 0:07-2006. Upon review of R1's and Weights, docur from 151 pounds 0:07-2006. Upon review of R1's and Weights, docur from 151 pounds 0:07-2006. Upon review of R1's and weights we or-05-06 to 127.9 p. Per review of R1's dated 02-27-1990, "Severe fecal impaintestinal obstruction (eating shredded to R1 is on a "PICA A"PICA Awareness p." By 05-23-06 (R1) we stated that she was a proper shadow of R1 is on a "PICA A"PICA Awareness p."	the bathroom. E4 stated that a the bathroom staff go in and his bowel movements. E4 anever told to touch the stools part when she looked at them. E5 (Direct Support Person) on M., E5 stated that they just R1 the first week of July. E5 a told to stand outside the if R1 had a bowel movement the wiped himself good or to led it. E5 stated that she was set the feces, just to look in the to say that prior to the first las independent by himself and have to watch for anything. Monthly Record of Vital Signs mentation states that R1 went because that R1 went because the following on 07-05-06 documentation ight went from 136 pounds on loounds on 07-18-06. History and Physical Record documentation states, ction versus mechanical lanBehavioral Problem lowels)."	W99	999			

AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) M A. BUII		PLE CONSTRUCTION G	COMPLETED		
		14G143	B. WIN	G_		08/17	7/ 2006
NAME OF PROVIDER OR SUPPLIER RAINTREE TERRACE				5	REET ADDRESS, CITY, STATE, ZIP CODE 01 EAST CHESTNUT CARBONDALE, IL 62901	93.1.	
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFI TAG		PROVIDER'S PLAN OF CORREC (EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APPR DEFICIENCY)	ULD BE	(X5) COMPLETION DATE
W9999	alternative choices inappropriate solution of daily living. Defin Appropriate/Inappropriate/Inappropriate/Inappropriate/Inappropriate/Inappropriate alternative life the understands the This will be demonstant on the understands the This will be demonstant on the understands the This will be demonstant on the understands the Initial will be demonstant on the understands the Initial will be demonstant on the University of the University of the Initial will be demonstant on the University of the Initial will be explain will definitely caused death. By ingesting or cloth damage maleading to bowel obtained to be understant of the Initial will be explain will definitely caused death. By ingesting or cloth damage maleading to bowel obtained to be understant of the Initial will be unde	when presented with potential ons/alternatives in the course ned as: opriate non-pica choices." atte through prompts/role aff the ability to make tive choices by demonstrating value of non-pica behavior. Strated by appropriate es/choices that assure healthy ill improve (R1's) personal ng. Three instructional role will be given once a month for the health problems and possibly a non-food items such as paper ay occur to the bowels by estruction or strangulation. The urge he will report to staff eak with them about his the encouraged to repeat the a behavior can cause. The choices the couraged to read a book if something to do. The presented with potential properties and possibly a non-food items such as paper ay occur to the bowels by estruction or strangulation. The urge he will report to staff eak with them about his	W99	999			

		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) M A. BUI		IPLE CONSTRUCTION IG	(X3) DATE SURVEY COMPLETED	
		14G143	B. WIN				C 7/2006
NAME OF PROVIDER OR SUPPLIER RAINTREE TERRACE			•	5	REET ADDRESS, CITY, STATE, ZIP CODE 601 EAST CHESTNUT CARBONDALE, IL 62901		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)		ID PREF TAG		PROVIDER'S PLAN OF CORREC (EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APPR DEFICIENCY)	(X5) COMPLETION DATE	
W9999	E1 stated that no for Plan to monitor and episodes was imple R1 remains in the le Intermediate Care Lexit from the facility Per Guardian and Fibe returning to this the hospital. Alternation	a story to a friend." 1 on 07-26-06 at 3:00 P.M., ormal Behavior Intervention Intervene R1's PICA emented prior to 07-06-06. 1 ocal hospital, in the Unit, at the time of surveyor's	Pew	999			