PRINTED: 12/03/2007 FORM APPROVED OMB NO. 0938-0391

<u> </u>	C. OIL MEDIOMICE	G MEDIO ND CENTICEC				OIND ITO	. 0000-0001
	FOR DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1 '	ULTIPLE	E CONSTRUCTION	(X3) DATE S COMPLI	
			1				С
		14G168	B. WII	NG		ŀ	31/2007
NAME OF P	ROVIDER OR SUPPLIER			STREE	T ADDRESS, CITY, STATE, ZIP CODE	<del></del>	
RELIEF	ONTAINE PLACE				DEBRA LANE, P.O. BOX 225		
				WA	TERLOO, IL 62298		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREF TAG		PROVIDER'S PLAN OF CORRECT (EACH CORRECTIVE ACTION SHOUNDS OF CROSS-REFERENCED TO THE APPR DEFICIENCY)	JLD BE	(X5) COMPLETION DATE
W 227	Continued From pa	ge 78	· w	227			
	July re-admission.	<del>-</del>					;
W9999	FINAL OBSERVAT	ONS	W9	999			
· -	·	1	_				
	LICENSURE VIOLA	TIONS		11			
	350 610a)						
	350.610a) 350.620a)						
	350.700a)1)2)						
	350.750b)3)	:	•	:			
	350.750c)1)3)4)5)						
	350.750d)						
	350.750e)						
	350.3240a)						Ì
	Section 350.610 Ma	nagement Policies					
	a) The facility's gove	erning body shall exercise		1			
		the facility, and shall establish					ļ
	the broad policies as	nd procedures for the facility					
		e, objectives, operation, and					
	the welfare of the re	sidents served.					
	Section 350.620 Res	sident Care Policios		:			
	3e0001 300.0∠0 Ke	sident Care Fullules		:			
	a) The facility shall h	nave written policies and		•			
		ng all services provided by the		,			
	facility which shall be			:			ļ
		dministrator. The policies					
		the staff, residents and the		1			
		policies shall be followed in					į
	operating the facility least annually.	and shall be reviewed at					
	Section 350.700 Ser	ious Incidents and Accidents					
	incident or accident	otify the Department of any which has, or is likely to have, n the health, safety, or		•			

welfare of a resident or residents. Incidents and

DEPAR	TMENT OF HEALTH	AND HUMAN SERVICES				D: 12/03/2007 M APPROVED
CENTE	RS FOR MEDICARE	& MEDICAID SERVICES				D. 0938-0391
•	T OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1	MULTIPLE CONSTRUCTION HLDING	(X3) DATE COMPI	SURVEY
		14G168	B. WII	NG	404	C
NAME OF F	PROVIDER OR SUPPLIER		<u> </u>	STREET ADORESS CITY OTATE TO CO		31/2007
BELLEF	ONTAINE PLACE	·		STREET ADDRESS, CITY, STATE, ZIP CO 98 DEBRA LANE, P.O. BOX 225 WATERLOO, IL 62298	DOE	
2244.15	CUMMADVCTA	TEMENT OF DEFICIENCIES		<u></u>		··-·
(X4) ID PREFIX TAG	(EACH DEFICIENCY	MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREF TAG	, , , , , , , , , , , , , , , , , , , ,	N SHOULD BE	(X5) COMPLETION DATE
W9999	Continued From pa	ge 79	W99	999		
	hospital, police or fi	the services of a physician, re department, coroner, or ler on an emergency basis the Department.			•	
	to the Regional Offic serious incident or a unable to contact th shall be made by a	hall be made by a phone call ce within 24 hours of each accident. If the facility is e Regional Office, notification phone call to the ee complaint registry number.				
		ummary of each serious occurrence shall be sent to in seven days of the				
	Section 350.750 Col Enforcement	ntacting Local Law				
	enforcement authori	mmediately contact local law ties (e.g., telephoning 911 he following situations:				
	3) Sexual abuse member, another res	of a resident by a staff sident, or a visitor.				
	<ul> <li>c) The facility shall d policy concerning loc notification, including</li> </ul>					
		safety of residents in ocal law enforcement				
	Contacting porescue services in acrecommended proce					

		AND HUMAN SERVICES					FORM	12/03/2007 APPROVED 0. 0938-0391
TATEMENT	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) M A. BU			CONSTRUCTION	(X3) DATE S COMPL	SURVEY ETED
		14G168	B. WI	NG			10/	C 31/2007
<b></b>	ROVIDER OR SUPPLIER							
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREF TAC	FIX	÷	PROVIDER'S PLAN OF CORR (EACH CORRECTIVE ACTION S CROSS-REFERENCED TO THE AF DEFICIENCY)	HOULD BE	(X5) COMPLETION DATE
	a potential crime so 5) Facility inves d) Facility staff sha the policy develope	rice concerning preservation of cene; stigation of the situation. If be trained in implementing ad pursuant to subsection (c). also comply with other ents of this Part.	W9	1999	9			
	a) An owner, licens agent of a facility sl resident. (Section 2 These REGULATIO by:  Based on record refailed to implement	ee, administrator, employee or hall not abuse or neglect a						
:	<ol> <li>Failed to ensure R2.</li> <li>Failed to ensure</li> </ol>	the development and Sexual Inappropriateness						

3) Failed to ensure an immediate medical examination for R2.

4) Failed to ensure the gathering of evidence which would facilitate an investigation and assist

		HAND HUMAN SERVICES				FORM	0: 12/03/2007 MAPPROVED 0: 0938-0391
TATEMENT	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1	AULTIPLI ILDING	E CONSTRUCTION	(X3) DATE S COMPL	ETED .
		14G168	B. WI	NG		10/:	C 31/2007
	ROVIDER OR SUPPLIER			98 0	ET ADDRESS, CITY, STATE, ZIP CODE DEBRA LANE, P.O. BOX 225 ATERLOO, IL 62298	:	
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREF TAC	IX .	PROVIDER'S PLAN OF CORR (EACH CORRECTIVE ACTION SI CROSS-REFERENCED TO THE AP DEFICIENCY)	HOULD BE	(X5) COMPLETION DATE
W9999	•	-	W9	999			
	in the potential pros perpetrator of a sex	secution of the alleged xual assault.		;			
	5) Failed to ensure appropriate State A	the notification of the Agencies.					
	6) Failed to ensure written policy/proce Sexual Assault."	the implementation of it's edure "Individual Rape or		•			
	written policy/proce investigating incide	the implementation of it's edure for reporting and ents and allegations of abuse investigative Committee."					
	written policy/proce	the implementation of it's edure "Physical Injury and ledical Emergencies."					
	Findings include:						! ! !
٠	10:30AM the Admir Mental Retardation stated to the survey was there that the that she was going encounter between that they had completermined it was complete surveyor was gi	re facility on 9/17/07 at nistrator, E1, and the Qualified Professional (QMRP), E2, yor that they knew why she emother of R2 informed them to complain about the sexual R1 and R2 this weekend; and eleted their investigation and consensual sex. Upon request iven a copy of R1's and R2's Plans (ISP) and their					

since 2/24/88.

Functional Sexual Assessments.

The "Physical Characteristics" face sheet and the 6/28/07 ISP identify R2 as a 52 year old verbal

ambulatory female who is 5' 5 1/2" tall and weighs 178 lb. R2 has resided at this facility

DEPART	MENT OF HEALTH	I AND HUMAN SERVICES					12/03/2007 APPROVED
CENTER	RS FOR MEDICARE	& MEDICAID SERVICES				OMB NO.	0938-0391
ATEMENT OF DEFICIENCIES ID PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:			1' '	IULTIPI ILDING	LE CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
		14G168	B. Wil	NG		1	C 1/2007
NAME OF P	ROVIDER OR SUPPLIER				EET ADDRESS, CITY, STATE, ZIP CODE		
BELLEF(	ONTAINE PLACE				DEBRA LANE, P.O. BOX 225 ATERLOO, IL 62298		
(X4) ID PREFIX TAG	(EACH DEFICIENC)	TEMENT OF DEFICIENCIES  Y 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 82	W9	999			
	of Moderate Menta Psychosis, Schizop takes 12.5 mg of th Amantadine 10mg effects of the Zypre and, at this time ac is uninterested in be R2's ISP states the a) "is occasionally s She will curse at of will interrupt others' needs known." b) "has a long stand and experiences ac hallucinations. She her door, talking to coming to get her." c) "will talk and laug d) "cannot state wh e) "has trouble com last name." f) "has poor concer	sharp with others and rude. hers calling girls 'bitch'. She conversations to make her  ding diagnosis of psychosis aditory and visual describes people knocking on her, and a man in a black hat  gh with herself."  ere she lives or the address." spleting the last 5 letters of her intration and memory."					
! ! !	•	oraise and approval for					

i) "will often ask 'did I do good?' or "Am I in

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<u>OLIVILI</u>	TO TON MEDIONILE	A MEDIONID CERTICES				OINID IAC	<u> </u>
	T OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) M A. BU		TIPLE CONSTRUCTION NG	(X3) DATE COMPI	SURVEY LETED
		14G168	B. WI	NG_		10/	C <b>31/2007</b>
NAME OF F	ROVIDER OR SUPPLIER			ST	REET ADDRESS, CITY, STATE, ZIP CODE	<u> </u>	
					98 DEBRA LANE, P.O. BOX 225		
BELLEF	ONTAINE PLACE				WATERLOO, IL 62298		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES  MUST BE PRECEDED BY FULL  SC IDENTIFYING INFORMATION)	ID PREF TAC	IX	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 83	W9	999	·		
	trouble?"	_					
	j) "enjoys wearing n	nakeup."			:		!
	The 6/10/07 Function	onal Sexual Assessment,					-
		tates that R2 will follow			!		1
		ns of strangers; does not					
		own genitals; does not					'
		Il as a significant other; does all behavior such as kissing,					
		cant other or multiple persons;					
		sexual intercourse with					:
		with multiple persons; and					i
		d the reason for contraception					:
İ	use.						
ļ		ological Report states that R2 of 40 and an adaptive score			 		
		inths on the Scale of			!		
	Independent Behav						
					<u> </u>  -  -		
	R2's structured Beh	avior Program is for se hallucinations are defined					
		/, including making any					
		atements, laughing with no					:
		eeing people that are not					
		ple that are not there, hearing					•
ļ	voices and seeing o	bjects.					·
1	Determined by revie	w of R2's quarterly psychiatric					
i	evaluations of 5/1/06	3, 7/24/06, 10/16/06, 210 had					
ļ		sychosis is improving and			•		
•	that the present trea	tment was effective.		:	•		
1	However, R2's next	psych evaluation of 4/2/07			1		
		s at times shown indications					[
	<b>U</b> , ,	ve of some of her male fellow					
	residents 710 state	s that "Patient annears more					

psychotic than she was on her last visit. Her

CLIVIL	110 LOIL MEDICHIE	- G MICDIONID SCITTIOLS				CIVID IN	<u>U. 0938-0391</u>
	NT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1, ,	MULTIPLE	E CONSTRUCTION	(X3) DATE	SURVEY LETED
	: 	14G168	B. WIN	NG		10/	C <b>/31/2007</b>
	PROVIDER OR SUPPLIER		•		ET ADDRESS, CITY, STATE, ZIP CODE DEBRA LANE, P.O. BOX 225	<u> </u>	
BELLET	FONTAINE PLACE		!		ATERLOO, IL 62298		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFI TAG	ΊX	PROVIDER'S PLAN OF CORREC' (EACH CORRECTIVE ACTION SHOI CROSS-REFERENCED TO THE APPR DEFICIENCY)	OULD BE	(XS) COMPLETION DATE
W9999	Continued From pa	ige 84	W99	999			·
	have led to the incre	ertain fellow residents might rease of her psychotic nen recommends an increase					
	a 19 year old ambul speech impairment facility on 2/15/07 for facility. He was adn "He was reportedly"	ological Report identifies R1 as alatory verbal male with a who was admitted to this from a local state operated mitted there in August of 2006. It transported to (name of police due to aggressive and or."					
·	MR, Autism, Bi-pola Behavior, Sleep Dep Status Cleft Palate	s diagnoses includes Moderate ar Disorder, Aggressive privation, Speech Disorder, partially repaired, Attention v Disorder, and Oppositional		:			
	This psychological r	report states the following:					i :
	like to be told what to both physically and ophysically and ophysically and ophysical aggression attempts to harm hir others. R1 has reposite stammed it on the floor stamped on decoration punched doors and other also slams his bodiessers. R1 has sea fire extinguisher or residents were being removes his seatbell and kicks seats, and	behavior issues. He does not to do by staff and becomes verbally aggressive. His includes property destruction, mself, and attempts to harmortedly lifted up his bed and loor, broken closet doors, tive room accessories, walls, and punched the VCR ody against walls and et off door alarms and pulled in the van while he and other g transported. He often the van, gets up, pounds it bounces up and down. In that has been at (the facility),					

		HAND HUMAN SERVICES  8 MEDICAID SERVICES					1 APPROVED ). 0938-0391
TATEMEN1	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		AULTIPL	E CONSTRUCTION	(X3) DATE S	SURVEY ETED
		14G168	B. WI	NG		10/:	C 31/2007
IAME OF P	ROVIDER OR SUPPLIER			STREI	ET ADDRESS, CITY, STATE, ZIP CODE		
BELLEF	ONTAINE PLACE			Į.	DEBRA LANE, P.O. BOX 225 ATERLOO, IL. 62298		
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREF TAC	IX	PROVIDER'S PLAN OF CORRE (EACH CORRECTIVE ACTION SH CROSS-REFERENCED TO THE API DEFICIENCY)	OULD BE	(X5) COMPLETION DATE
W9999	staff have had to put to deal with R1's be assessment, R1 but microwave at his with physically aggressive occasion, he took had attempted to formember. He also phood of a staff ment verbal aggression, curse words and rative behavioral progrand Property Destrict This report further sheaviors also include exhibits flirtation grabbed staff inapp Staff also reported completely nude and bathroom at work. Contract somewhat however he is not of the address these be included in his day inappropriate languaggressively acting saying hurtful things directions from staff. The examiners (Z6, that R1 was "extrem distracted, and very According to this reinappropriate during the same propriate during	chaviors. Shortly after this ested two televisions and one orkshop. He has also become we with staff. On one his medication out of his mouth orce it into the mouth of a staff bounded his hands on the onber's vehicle. With regard to R1 has been noted to use cial slurs. R1 is currently on grams: Physical Aggression function."  States: "R1's maladaptive and sexual inappropriateness as behaviors with staff and has propriately in private areas. That R1 was once found and masturbating in the His day training behavior addresses these behaviors training behavior contract are age to female peers and staff, out, hiding in the bathroom, as to peers, and not following form."  27) also identify in this report nely talkative, easily difficult to re-direct."  port "R1 was also sexually testing. Soon after returning	W9	999			
	testing, R1 was obs	or the second time during erved to begin, what looked genital area outside of his					     

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		AND HUMAN SERVICES  & MEDICAID SERVICES			FORM	APPROVED 0.0938-0391
STATEMENT	OF DEFICIENCIES F CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPL A. BUILDING	E CONSTRUCTION	(X3) DATE S COMPL	
		14G168	B. WING		10/3	31/2007
	ROVIDER OR SUPPLIER			ET ADDRESS, CITY, STATE, ZIP CODE	Ē	
BELLEFO	ONTAINE PLACE		L	ATERLOO, IL 62298		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES  MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORR (EACH CORRECTIVE ACTION S CROSS-REFERENCED TO THE AI DEFICIENCY)	HOULD BE	(X5) COMPLETION DATE
W9999	pants and stated 'it him that he would nome about it and a attention to the test and it became apparage was not scratching the area and had an needed to use their explained that he had attempted to rewas unable to be retrestroom and return independently. Whe examiners that he gwhen he masturbat admitted that that we training and facility) incident."  This psychological is following:  a) R1 has a Full Sc. Independence scort the SIB-R.  b) He is socially and known to destroy produced the strong produced in the strong produce	itches.' The examiners told leed to talk to the staff at attempted to re-direct his. R1 did not stop the behavior, arent to the examiners that he himself, but actually rubbing a erection. R1 stated he restroom. The examiners ad just gone to the restroom e-direct him to the task, but R1 e-directed. He went to the ned to the testing area en he returned he told the gets in trouble by the staff es in the restroom, and ras what he just did. (Day staff were informed of this report also identifies the ale IQ of 40 and a Broad e of 7 years and 0 months on disexually inappropriate.	W9999			
u u u u u u u u u u u u u u u u u u u	addition, the degree	estruction of property. In of aggressiveness is grossly any precipitating stressor."		·		

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	OF CORRECTION	I(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		AULTIPLE CONSTRUCTION VILDING	(X3) DATE COMPI	
		14G168	B. WII	NG	   10/	C 31/2007
	PROVIDER OR SUPPLIER  ONTAINE PLACE			STREET ADDRESS, CITY, STATE, ZIP 98 DEBRA LANE, P.O. BOX 225 WATERLOO, IL 62298		172001
(X4) ID PREFIX TAG	(EACH DEFICIENCY	ATEMENT OF DEFICIENCIES  Y MUST BE PRECEDED BY FULL  SC IDENTIFYING INFORMATION)	ID PREF TAG	IX (EACH CORRECTIVE ACT	ION SHOULD BE HE APPROPRIATE	(X5) COMPLETION DATE
W9999	Continued From pa	ge 87	W99	999		
	facility continue imprograms for Physic destruction and that Sexual Inappropriate implemented.  As confirmed by 9/2 E2 and record reviet facility following through to develop the sexual other than a generic July re-admission. There is no evidence followed up to ensure developed.  Per the facility's "Physheet, R1 is 5' 10" to the medications Ser ER 1500 mg. daily.  R1's ISP of 3/12/07 PROGNOSIS the formula whether an ICF/MR placement for R1 at 24-hour supervision due to the substantial life areas of Self-Direct Independent Living, Communication. The communication is to a less restrictive etime. R1 may need at 10 ma	ysical Characteristics" face all and weights 167 lbs.  er Sheet states that R1 takes oquel 800mg. and Depakote states under DISCHARGE llowing:  ity support team) questions 16 facility is an appropriate this time. He requires and active treatment services all limitations displayed in the ection, Learning, Capacity for and Self-Care, e prognosis for R1 to move nvironment is poor at this				

NAME OF PROVIDER OR SUPPLIER  BELLEFONTAINE PLACE    STREET ADDRESS, CITY STATE, ZIP CODE 98 DEBRA LAME, P.O. BOX 225 WATERLOO, IL 62298    WALTERLOO, IL 62298   WATERLOO, IL 62298   PROVIDER'S PLAN OF CORRECTION (EACH DEFICIENCY MUST BE PRECEDED BY FULL TAG   CROSS-REPERINCE OF THE APPROPRIATE   This ISP further states "Functional Sexual   Assessment was completed on 2/15/07. R1 has   Imited knowledge of opposite sex bodily functions. However he is highly sexual(Iy) oriente(.) frequently talking about griffrends, filring, and sex. R1 does masturbate on a   frequent/daily basis rubbing himself raw in the   act. He is appropriate with this behavior and will   go to his room and/or bathroom. He was found   undressed in the restroom masturbating. It is reported he   sometimes leaves the work floor inappropriately   and is found in the restroom masturbating."  This ISP fails to identify R1's maladaptive   behaviors of sexual inappropriateness such as   grabbing staff in their private areas. There is no   evidence that the governing body has followed up to ensure ISP accuracy.  Some of the Sexual assaults/attempts, physical   aggression, and incidents by R1 at the residential (Res.) and the Day Training (DT) sites   documented after the above 3/16/07   psychological report are as follows:  DT site 3/20/07 12:15PM—R1 "grabbed Z6's (DT   staff) breast, started fondling her, trying to kiss   her and holding her close while rubbing his pelvis		T OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1	IULTIPLI	E CONSTRUCTION	(X3) DATE S COMPL	
BELLEFONTAINE PLACE  (X4) I) SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL PROFIDERS PLAN OF CORRECTION SHOULD BE REGULATORY OR LSC IDENTIFYING INFORMATION)  W9999 Continued From page 88 Iack of ability to control that behavior."  This ISP further states "Functional Sexual Assessment was completed on 2/15/07. R1 has limited knowledge of opposite sex bodily functions. However he is highly sexual(ly) oriente(.) frequently talking about girlfriends, filtring, and sex. R1 does masturbate on a frequent/daily basis rubbing himself raw in the act. He is appropriate with this behavior and will go to his room and/or bathroom. He was found undressed in the restroom at day training during a work period masturbating. It is reported he sometimes leaves the work floor inappropriately and is found in the restroom masturbating."  This ISP fails to identify R1's maladaptive behaviors of sexual inappropriateness such as grabbing staff in their private areas. There is no evidence that the governing body has followed up to ensure ISP accuracy.  Some of the Sexual assaults/attempts, physical aggression, and incidents by R1 at the residential (Res.) and the Day Training (DT) sites documented after the above 3/16/07 psychological report are as follows:  DT site 3/20/07 12:15PM—R1 "grabbed Z8's (DT staff) breast, started fondling her, tying to kiss her and holding her close while rubbing his pelvis			14G168				10/	_
W9999  Continued From page 88 lack of ability to control that behavior."  This ISP further states "Functional Sexual Assessment was completed on 2/15/07. R1 has limited knowledge of opposite sex bodily functions. However he is highly sexual(ly) oriente(.) frequently talking about girlfrends, flirting, and sex. R1 does masturbate on a frequent/daily basis rubbing himself raw in the act. He is appropriate with this behavior and will go to his room and/or bathroom. He was found undressed in the restroom at day training during a work period masturbating."  This ISP fails to identify R1's maladaptive behaviors of sexual inappropriateness such as grabbing staff in their private areas. There is no evidence that the governing body has followed up to ensure ISP accuracy.  Some of the Sexual assaults/attempts, physical aggression, and incidents by R1 at the residential (Res.) and the Day Training (DT) sites documented after the above 3/16/07 psychological report are as follows:  DT site 3/20/07 12:15PM—R1 "grabbed Z8's (DT staff) breast, started fondling her, trying to kiss her and holding her close while rubbing his pelvis					98 0	DEBRA LANE, P.O. BOX 225		
lack of ability to control that behavior."  This ISP further states "Functional Sexual Assessment was completed on 2/15/07. R1 has limited knowledge of opposite sex bodily functions. However he is highly sexual(ly) oriente(.) frequently talking about girffriends, flirting, and sex. R1 does masturbate on a frequent/daily basis rubbing himself raw in the act. He is appropriate with this behavior and will go to his room and/or bathroom. He was found undressed in the restroom at day training during a work period masturbating. It is reported he sometimes leaves the work floor inappropriately and is found in the restroom masturbating."  This ISP fails to identify R1's maladaptive behaviors of sexual inappropriateness such as grabbing staff in their private areas. There is no evidence that the governing body has followed up to ensure ISP accuracy.  Some of the Sexual assaults/attempts, physical aggression, and incidents by R1 at the residential (Res.) and the Day Training (DT) sites documented after the above 3/16/07 psychological report are as follows:  DT site 3/20/07 12:15PM-R1 "grabbed Z8's (DT staff) breast, started fondling her, trying to kiss her and holding her close while rubbing his pelvis	PREFIX	(EACH DEFICIENCY	Y MUST BE PRECEDED BY FULL	PREF	TX.	(EACH CORRECTIVE ACTION SH CROSS-REFERENCED TO THE APP	IOULD BE	COMPLETION
against her. At this point Z8 was trying to get out of his hold + Z9 was verbally telling R1 he was not being appropriate. At this point Z9 went to look for assistance from other staff + seeing they were busy with other clients, she came back to find R1's continuing his behavior + Z9 told Z8 to try to move towards the door. At this time, Z8 was able to push his face away from her breast therefore	W9999	This ISP further stated Assessment was collimited knowledge of functions. However oriente(,) frequently flirting, and sex. Rifrequent/daily basis act. He is appropriage to his room and/undressed in the rework period masture sometimes leaves than dis found in the interest of the sexual grabbing staff in the evidence that the goto ensure ISP accurs. Some of the Sexual aggression, and ince (Res.) and the Day documented after the psychological report. DT site 3/20/07 12: staff) breast, started her and holding her against her. At this of his hold + Z9 was being appropriate. If or assistance from busy with other clier R1's continuing his lamove towards the distance from the started than the sta	ates "Functional Sexual completed on 2/15/07. R1 has of opposite sex bodily in he is highly sexual(ly) at talking about girlfriends, at does masturbate on a strubbing himself raw in the late with this behavior and will alter work floor inappropriately restroom at day training during a rebating. It is reported he the work floor inappropriately restroom masturbating."  Intify R1's maladaptive inappropriateness such as air private areas. There is no overning body has followed up racy.  If assaults/attempts, physical addents by R1 at the residential Training (DT) sites the above 3/16/07 are as follows:  15PM-R1 "grabbed Z8's (DT defondling her, trying to kiss a close while rubbing his pelvis point Z8 was trying to get out as verbally telling R1 he was not At this point Z9 went to look other staff + seeing they were nots, she came back to find behavior + Z9 told Z8 to try to loor. At this time, Z8 was able	W9	999			

	T OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	Ι΄ ΄	IULTIPL	E CONSTRUCTION	(X3) DATE COMPI	
		14G168	B. WI	NG		10/	C 31/2007
	PROVIDER OR SUPPLIER		·····	98	ET ADDRESS, CITY, STATE, ZIP CODE DEBRA LANE, P.O. BOX 225 ATERLOO, IL 62298		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREF TAC		PROVIDER'S PLAN OF CORREC (EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APPI DEFICIENCY)	OULD BE	(X5) COMPLETION DATE
W9999	releasing his hold of out of the office lead out of the office lead.  DT site 4/12/07 12: staff "up against the himself up to" her "and another staff cality him off of her.  DT site 4/12/07 12: (female name) sext coordinator intervel building attempting.  DT site 5/23/07 3:1 staff's breast.  DT site 5/30/07 3:0 touched R2's "privated department in had eloped from the "tavern;" he was attered drink; became "disrituming tables over transported and addinatility.  As confirmed by read the facility of lowed notification. According was missing from a staff out of the facility followed notification. According was missing from a staff out of the output of the facility followed notification. According the facility followed notification.	on her + she was able to walk wing R1 in the office."  15PM-R1 "pushed" female wall and was pressing trying to feel" her. Staff "yelled ame out of her room, and got and R1 ran out of the to cross the Route 3 highway.  5PM-R1 attempted to grab  OPM-R1 stated that he are area" the previous day.  proximately 4:54PM-Per local incident report 07-1654, R1 attempting to drink other patrons' ruptive and acting out by and being very vocal." R1 was mitted to a local state operated cord review and 9/17/07 with the QMRP, E2, the public was not notified of this are "technically we had him". There is no evidence that up to ensure public health ling to the police report, R1 isparcher identified his.	W9	999			

		HAND HUMAN SERVICES  E & MEDICAID SERVICES				FOR	ED: 12/03/2007 RM APPROVED O. 0938-0391
	T OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) M A. BU		TIPLE CONSTRUCTION	(X3) DATE	SURVEY PLETED
		14G168	B. WI	NG_		C 10/31/2007	
	PROVIDER OR SUPPLIER			9	REET ADDRESS, CITY, STATE, ZIP CODE 98 DEBRA LANE, P.O. BOX 225 WATERLOO, IL 62298	<u> </u>	, o
(X4) ID PREFIX TAG	(EACH DEFICIENCY	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREF TAG	ΪX	PROVIDER'S PLAN OF CORREC (EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APPI DEFICIENCY)	OULD BE	(X5) COMPLETION DATE
W9999	Continued From pa	ge 90	W9	999			
	As confirmed by e-r and 9/26/07 1:40PM "a meeting to do pro	r Summary, R1 was this facility on 7/10/07.  mail of 6/6/07 9:44AM from Z1, of interview, the DT requested oper planning," but the					
		e that the facility followed up anning for R1 following his					
:	the following: "I think that is great. now until we hear of chance (although sli back. He was trans of) tavern after he racuffed and transport spit, peed on the flowall. His behavior lawould only release h	Z1 of 6/8/07 9:00AM, states  I would hold off on that for f his progress. There is a light) that he won't be coming ported by police from (name an off from here. He was ted to a holding cell where he or, and kicked a hole in the lasted about 2 hours. Police him to pysch ward or (state d parents chose (state)					
  -   	E2 no (ISP) meeting Team (IDT) special s			,			:

E2 stated that they had a discharge meeting at the facility, came back with a few suggestions and were basically told by them that there was no

reason to change his ISP. One of the

TATEMENT OF DEFICIENCIES ND PLAN OF CORRECTION		IDENTIFICATION NUMBER:		IULTIPLE ILDING	CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
	•	14G168	B. WI	1G		10/	C 31/2007
	ROVIDER OR SUPPLIER			98 DE	FADDRESS, CITY, STATE, ZIP CODE EBRA LANE, P.O. BOX 225 ERLOO, IL 62298	Ē	
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES  MUST BE PRECEDED BY FULL  SC IDENTIFYING INFORMATION)	ID PREF TAC		PROVIDER'S PLAN OF CORR (EACH CORRECTIVE ACTION S CROSS-REFERENCED TO THE AF DEFICIENCY)	HOULD BE	(X5) COMPLETION DATE
W9999	sheet meeting note than one staff persot transporting him to E2 stated during a state only new progra ISP (3/12/07) was a program. Per review program is that R1 non-compliance to 7/31/08. The progradefinition of nonconfollowing, "Appropri peers and staff, kees self bodily harm, ref personal/facility beloitems, refrain from I accessories and relearn alternatives to act out with aggress inappropriate behaviors.	per 7/10/07 discharge/transfer s, was that "there be more on in a vehicle when and from activities, etc."  9/26/07 12:32PM interview that am she added to his previous a Compliance behavior w, the long term goal of this will decrease periods of less than four per month by am design has no operational inpliance. It states the ate behavior includes polite to be phands to self, refrain from frain from breaking congings, roommate personal preaking facility furniture and main on property. R1 will call names, tease others, or sion or destruction i.e.	W9				
	aggression and inci- Res. site 7/11/07 by meeting at home. He He reached over an his hand and firmly to himself. He reac my crotch. Again I i explained it is inapp said sorry and aske 9/18/07 10:07AM inf driving the van when	aults/ attempts, physical dents by R1 are as follows:  E4 "I picked R1 up for a le was in the passenger seat. I removed asked him to keep his hands hed over again and grabbed removed his hand and ropriate to touch others. He dithat I not tell Q." Per terview, E4 stated she was in he grabbed her crotch. (One idations for more than one					

		I AND HUMAN SERVICES & MEDICAID SERVICES				FORM	12/03/2007 APPROVED 0938-0391
STATEMENT	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	i	IULTIPL	E CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
		14G168	B. Wil	NG			C <b>1/2007</b>
NAME OF P	ROVIDER OR SUPPLIER				ET ADDRESS, CITY, STATE, ZIP CODE		
BELLEF	ONTAINE PLACE				DEBRA LANE, P.O. BOX 225 ATERLOO, IL 62298		
(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 92	W9:	999			
	staff person in the v	ehicle during transport.)					· ·
		16/07 by E2 states that she her to pick up an R-rated posession.		!			
	DSP that he touche	Progress note states R1 "told d R2 inapropriately. He stated breasts + humped her."					
	states R1 "got upse me against the bath he was asked by thi	30PM-Progress note, by E11, t and came at me and pinned broom door by my arms," when is staff to turn down the music ause his roommate was					
	at R1 "to keep his h working at the same	AM-a client R10 "yelled out" ands to himself as they were a table of the work floor." R10 R1 touched female down		; ;			
,	that staff "asked her said yes. She state as she pointed down	nt Report continues to say if R1 touched her and she d R1 touched her private area n below." Staff asked R1 if he nat he did and that he couldn't					
	documented that R1 her he liked her hair	30PME6's Progress note came into the kitchen telling and eyes then put his head tried to kiss her on her					
		3:30AMProgress note by E6 in the kitchen washing dishes		:			

when R1 came up behind her and thrusted his

CENTE	ATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA				OMB NO. 0938-0391		
	T OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		AULTIPI ILDING	LE CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
		14G168	B. WI	NG		10/	C 31/2007
-	PROVIDER OR SUPPLIER ONTAINE PLACE		<b>1</b>	98	ET ADDRESS, CITY, STATE, ZIP CODE DEBRA LANE, P.O. BOX 225 ATERLOO, IL 62298	<u> </u>	31/2001
(X4) ID PREFIX TAG	(EACH DEFICIENC)	TEMENT OF DEFICIENCIES  MUST BE PRECEDED BY FULL  SC IDENTIFYING INFORMATION)	ID PREF TAG	ıx ;	PROVIDER'S PLAN OF CORREC (EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APPI DEFICIENCY)	OULD BE	(X5) COMPLETION DATE
	R1 informed staff the roommate's teddybe ejaculated on it.  At Church picnic 9/5 documented in a Prinead on her should and back then tried. Res. site 10/2/07 4:16 informed staff that he teddy bear to mastured. Res. site 10/2/07 6:16 identifies R1's behave and the property deat wall pictures and window, pulling blind. Res. site per 10/17/0 note, the 10/22/07 p 10/22/07 interviews R1 had a behavior of property destruction, punching the facility' property, runnining of cars, destroying flow decorations etc.	6:10PMPer Progress note, at they needed to wash ear because he had  6/07 3:45-3:45PME10 ogress note that R1 laid his er and started to rub her arm to unhook her bra.  0-4:12PM progress note, R1 le used R7's (roommate's) rbate on.  457:30PM progress note, viors of calling staff a "bitch" struction of throwing his lamp flipping bed over, punching its etc.  07 6:15-7:15PM progress olice report 07-6787, and per with E5, E8, E10, and Z16, f physical aggression and He was noted to be swindows, leaving the out into the road in front of er pots, halloween		999			
	were in the neighbor debri in the road and They saw R1, 15 fee concrete planter which ground and started k	I phone interview, the police hood on 10/17/07, saw all the the people walking around. It from them holding a large chine then threw to the licking. Z15 stated he me here and he did. He did					

DEPART	MENT OF HEALTH	H AND HUMAN SERVICES					D: 12/03/2007 M APPROVED
CENTER	<b>₹S FOR MEDICARE</b>	& MEDICAID SERVICES				O. 0938-0391	
TATEMENT	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) M A. BU		TIPLE CONSTRUCTION DING	(X3) DATE	SURVEY PLETED
		14G168	B. Wi	ING		10	C / <b>31/2007</b>
NAME OF P	ROVIDER OR SUPPLIER	, <del>_</del>		s <sup>-</sup>	TREET ADDRESS, CITY, STATE, ZIP CODE	<u></u> -	
BELLEFO	ONTAINE PLACE	_			98 DEBRA LANE, P.O. BOX 225 WATERLOO, IL 62298		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREF TAG	FIX	PROVIDER'S PLAN OF CORR (EACH CORRECTIVE ACTION S CROSS-REFERENCED TO THE AF DEFICIENCY)	HOULD BE	(X5) COMPLETION DATE
W9999	Continued From pa	age 94	W9	199	<b>9</b>		
	not resist arrest. He was asked to lay down. He did, and they handcuffed him. Z1 continued that he was a witness to what R1 did last time when he was arrested where he "messed up a holding cell, kicked the wall until it cracked, beat his head continuously against the wall." Z15 stated the facility did not want to press charges, He asked E8 "do you want him to go to the hospital?" and was told yes. R1 was transported to local hospital by ambulance.  According to the 10/17/07 7:50PM Emergency Room (ER) report, R1's primary diagnosis was Aggressive Behavior (Resolved) with orders to follow up with psychiatrist in 1-2 days. R1 was discharged to E2 at 9:40PM. Per phone interview of 10/23/07 4:44PM, E2 stated that the medications given to R1, in the ER, were Haldol, Seroquel and Depakote.						
	Support Person (DS a sex education class months ago in which participated. During and R13 if they had responded, "yeah, nyear old." E8 furthe of his statement and not this should be do she was told she ship statement because or when this occurred. The facility's form G	g this class she had asked R1 I ever had sex and R1 my parents caught me with a 6 er stated that she informed E2 d wanted to know whether or locumented. E8 stated that hould not document his she had no facts of with who ed.					
	E8 states the following "September 15, 200"						

CENIE	RS FUR WEDICARE	a MEDICAID SERVICES				OMR M	<u>J</u> . 0938-0391	
	T OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1 '	HULTIPLE	CONSTRUCTION	(X3) DATE COMPL	SURVEY LETED	
		14G168	B. WI	NG		C 10/31/2007		
NAME OF F	PROVIDER OR SUPPLIER			STREE	T ADDRESS, CITY, STATE, ZIP CODE			
RELIEF	ONTAINE PLACE			98 D	EBRA LANE, P.O. BOX 225			
DELEE.	ONTAINE I EAGE			WA	TERLOO, IL 62298			
(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 95	W9:	399				
	and I asked him. Heroom. I called E3 a said to ask R2 if she have E2 call her. I she said "yes" point I called E2 and told for bruises and her (dime to approx. que had 2 red/bluish specials) on wrist."  E8 stated, per 9/24/9/24/07 4:05PM interphone interview, that facility, R2 came rig 9:24AM. I told R2 juin. E8 stated that Related to tell somebod my stomach. E8 corthe living room and asked him what hap privately." E8 indicated guarding R1 a long	e said he did it privately in his nd told her the above. She was hurt and to call E2 and asked R2 if she was hurt and ing/indicating her pelvic area. her to call E3. I checked R2 left arm had 5 red/bluish spots arter size) on wrist. Right arm ots (dime to approx. quarter  07 10:25AM phone interview, erview and 10/9/07 12:05PM at when she walked into the ht up to her. This was about ust one moment and clocked 2 was extremely nervous and y. R2 stated R1 laid naked on attinued to say that R1 was in she walked over to him and pen. R1 just said "I did it ted that the staff have been time, that R1 is an individual e in the building and that R2						
	administrator, E3, ar wrote down on the G is what we are traine immediately. E8 sta allegation of rape. So keep everyone upbe happened." E8 state	diately called the on call and told her exactly what she GP-15. E8 further stated that and to do, any allegations call atted that she did not make an the stated "I was trying to at and unaware of what had did that when E3 arrived at the						
:	the furnace room an the same clothing. A	nat R1's bed clothing was in d that R2 was still wearing according to E8, E3 indicated not need that. E8 continued,		:				

#### DEPARTMENT OF HEALTH AND HUMAN SERVICES

PRINTED: 12/03/2007

CENTERS FOR MEDICARE	& MEDICAID SERVICES					D. 0938-0391
STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MI A. BUIL	ULTIPLE CONST	RUCTION	(X3) DATE	SURVEY LETED
·	14G168	B. WIN	G		10/	C 31/2007
NAME OF PROVIDER OR SUPPLIER BELLEFONTAINE PLACE			98 DEBRA L	ESS, CITY, STATE, ZIP LANE, P.O. BOX 225 IO, IL 62298	CODE	
PREFIX (EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFI TAG	X (EA	PROVIDER'S PLAN OF ICH CORRECTIVE ACT SS-REFERENCED TO T DEFICIENC	ION SHOULD BE HE APPROPRIATE	(X5) COMPLETION DATE
brown bag. When a facility's abuse and she did not need to policy that she had j E3.  DSP E4 stated, per 10:16AM interviews, the facility from 7:30 staff person calling of staff. E4 indicated the R10, R13, R11, R6, were home.  E4 stated that she wand walking out of the discussion she had said that R1 had laid stated that she was (E4) documented on E4 explained that it hetween 9:159:30A she was really busy to continued to say she finishing breakfast, a meds. E4 stated, due ther in the kitchen, medication room.  E4 continued that R2 and asked "Do I have was shook up and needs."	asked if she referred to the asked if she referred to the neglect policy, E8 stated that refer to the abuse and neglect just been trained (9/14/07) by 9/18/07 10:07AM and 9/26/07, that she was the only staff in 1–9:30AM on 9/15/07 due to a off. Normally there are two that 12 residents, R15, R7, R8, R3, R4, R9, R1 and R2, was clocking out for her shift the room when E8 told her the with R2. "She said that R2 I on top of me naked." E4 not happy with the time she in the PG 15 progress note. The progress note in the progress	W99	99			

assault crossed my mind."

stating at this time, that "everyone makes mistakes." E4 stated "Nothing else but sexual

#### PRINTED: 12/03/2007 DEPARTMENT OF HEALTH AND HUMAN SERVICES FORM APPROVED CENTERS FOR MEDICARE & MEDICAID SERVICES OMB NO. 0938-0391 (X1) PROVIDER/SUPPLIER/CLIA STATEMENT OF DEFICIENCIES (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION **IDENTIFICATION NUMBER:** COMPLETED A. BUILDING B. WING 14G168 10/31/2007 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 98 DEBRA LANE, P.O. BOX 225 **BELLEFONTAINE PLACE** WATERLOO, IL 62298 SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X4) ID ID (X5)(EACH DEFICIENCY MUST BE PRECEDED BY FULL **PREFIX PREFIX** (EACH CORRECTIVE ACTION SHOULD BE COMPLETION REGULATORY OR LSC IDENTIFYING INFORMATION) TAG CROSS-REFERENCED TO THE APPROPRIATE DATE TAG DEFICIENCY) W9999 Continued From page 97 W9999 E4 stated that then R1 decided to take a shower and she asked him not to, but she could not stop him. E4 continued that when he was in the shower, she grabbed all his sheets, the comforter and a pair of underwear that was on the floor that she suspected he had been wearing. E4 stated that she thought she was suppose to gather any clues to decide whether or not it was sexual assault. E4 also stated that she and E8 could not ! find a paper bag big enough to put the linens in so she kind of just wrapped it up and place them in the furnace room which is locked. She stated she told E8 that she placed it there. E4 stated that: she had just been trained on the facility's abuse and neglect policy the day before (9/14/07). E4 stated the only time she spoke with E2 was when she was off the clock and on the driveway. E4 stated that she said to E2 "I think this is real because she has bruises on her wrists." E2 just asked her to jot down R1's whereabouts. E4's only documentation in regards to the incident is as follow: "9/15/07 R1 slept threw (through) the night and came out for 7A meds when asked at 8:15A. After taking meds he stayed in dining area and ate breakfast. He then called his mom around 8:30 and talked for over 10 minutes. He cleaned-up his room for a short time approx. 9A, then spent time in the living room watching a movie from approx. 9:10 until 9:30A."

E4 stated, on 9/18/07 10:07 AM, that she has worked at this facility 9 years and that she did not believe it was consenual sex. E4 continued "I believe R2 was picked because she's easily

	T OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA (X2) MUL IDENTIFICATION NUMBER:  A. BUILDI		MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED		
		14G168	B. WII				C <b>1/2007</b>
	PROVIDER OR SUPPLIER			STREET ADDRESS, CIT 98 DEBRA LANE, P. WATERLOO, IL 6	.O. BOX 225		
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES  Y MUST BE PRECEDED BY FULL  LSC (DENTIFYING INFORMATION)	ID PREF TAG	IX (EACH COR	R'S PLAN OF CORRECT RECTIVE ACTION SHOU RENCED TO THE APPR DEFICIENCY)	JLD BE	(X5) COMPLETION DATE
W9999	would have screament to do, she wants to interested in R2. It read documentation or touched her. It's stated "I think he is taking her arm and and she not even I buring 9/27/07 10: "no one ever asked mooccurrences."  The cook/DSP E7 interview, that she 9/15/07. E7 further at the dining room showed her wrists me." E7 continued AM she took all the local community patook all the resident because E8 was tid she was told by E2 consensual sex an separated. E2 furtisign about keeping dry erase board who want to the same to	f the other women residents med. R2 does what she is told p please. We knew he was He had made comments, I had on where he made comments s documented." E4 further s a predator. I can see him I walking her down the hallway	W9:	999			
	received a phone of from E8. E3 docur E8 "indicated there when she arrived a	n statement identifies that she all, at aproximately 9:40 AM, nented in this statement that was a serious situation," and the facility "E2 was in the statement further says "R2"					

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		IDENTIFICATION NUMBER:		JULTIPLE CONSTRUCTION ILDING		(X3) DATE SURVEY COMPLETED	
		14G168	B. WI	NG	10/	C 31/2007	
	PROVIDER OR SUPPLIER		STREET ADDRESS, CITY, STATE, ZIP CODE 98 DEBRA LANE, P.O. BOX 225 WATERLOO, IL 62298				
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREF TAG		ON SHOULD BE HE APPROPRIATE	(X5) COMPLETION DATE	
	discussed the incide interview statement disussing the incide nurse called. The in E9, the nurse. She & wrote a written state Spoke to R1 with E2 concerned about has operated facility. He shouldn't have done R2's, 9/15/07 10:50 states the following:  "R2 says she was in living room when walked her into his reto go on his bed. He off my clothes and his penis to (too) inslicking my stomach roommate was water licked her privates, it said "Get off" He did on and went to living TV. R1 came out drater. R2 then told Silver Stated R1 "grabbed to his room. He told of them. He pushed top of me. Put his penis to replied to his room, she replied to this before, she replied to the member when.	ent as doumented in her R2 was not upset she was ent very matter of factly. The incident was discussed with came in and did a body check atement regarding such. 2 about the incident. He was aving to go back to a state e said it was wrong & they e it."  AM, statement, written by E2, as sitting on sofa watching TV R1 got up took her hands and froom. R2 said R1 asked her e took off his clothes. "I took ale laid on top of me. He put hide of me. Then he started and private parts. R1's hing TV. R1 indicated R2 her stomach and when she bell. She put same clothes back froom to continue to watch ressed after a few minutes taff."  iew, of 9/17/07 3:16PM, R2 wrists and pulled me straight me to take my clothes off, all me on the bed. He laid on enis in me. I told him to stop It one time thats it." When whether or not R1 had done	W9	999			

	TATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPF IDENTIFICATION			MULTIPL	E CONSTRUCTION	(X3) DATE SURVEY COMPLETED		
		14G168	B. Wi			-	C 10/31/2007	
	PROVIDER OR SUPPLIEF	3	<b></b>	98 (	ET ADDRESS, CITY, STATE, ZIP DEBRA LANE, P.O. BOX 225 ATERLOO, IL 62298		31/2007	
(X4) ID PREFIX TAG	(EACH DEFICIEN	TATEMENT OF DEFICIENCIES CY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREF TAG	ıx	PROVIDER'S PLAN OF ( (EACH CORRECTIVE ACT) CROSS-REFERENCED TO TO DEFICIENCY	ON SHOULD BE HE APPROPRIATE	(X5) COMPLETION DATE	
	walked to my roor down on my bed a her to take off her humping her. I square thought someone were alone. She garden as the stated in the suppose to be in the suppose to be in the stated in the suppose to be in the stated in the suppose to be in the stated in the suppose to be in the suppose to the	my room. I took her hand & we m. I was being sexual. She laid & I took off my clothes. I asked pants and she did. I was ueezed her breast softly. She was coming so we hurried. We got up & got her pants back on. room. I did too. When E8 d E8."  Perview, of 9/17/07 12:20PM, R1 re not boyfriend and girlfriend, be brother and sister. I was e with her." R1 stated that he refore, a long time ago and then hes altogether. R1 also stated on't know how to read."  15/07 12:15PM, by E2, (after ark with other residents and E7) ked about bruising. She is she was laying in bed her are her head. When asked if R1 up over her head and laying on we and that he was moving up	W9:	999				

#### PRINTED: 12/03/2007 DEPARTMENT OF HEALTH AND HUMAN SERVICES FORM APPROVED CENTERS FOR MEDICARE & MEDICAID SERVICES OMB NO. 0938-0391 STATEMENT OF DEFICIENCIES. (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION **IDENTIFICATION NUMBER** COMPLETED A. BUILDING B. WING 14G168 10/31/2007 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 98 DEBRA LANE, P.O. BOX 225 **BELLEFONTAINE PLACE** WATERLOO, IL 62298 SUMMARY STATEMENT OF DEFICIENCIES (X4) ID PROVIDER'S PLAN OF CORRECTION ID (X5) (EACH DEFICIENCY MUST BE PRECEDED BY FULL **PREFIX** (EACH CORRECTIVE ACTION SHOULD BE PREFIX COMPLETION REGULATORY OR LSC IDENTIFYING INFORMATION) TAG CROSS-REFERENCED TO THE APPROPRIATE TAG DATE DEFICIENCY) W9999 Continued From page 101 W9999 anywhere. No complaints." This body check documentation of R2, by E2, fails to identify the bilateral wrist bruising. Per 9/24/07 3:30PM interview, E2 stated that she was not sure whether or not R2 changed her clothing after her body check and prior to the nurse, E9, doing an assessment. E9 stated, during 9/24/07 10:39AM phone interview, that she did not think R2 was wearing her original underwear when she examined her. E9 admitted that this was the first time she ever examined anyone who had sex and that she did not examine R1. Progress note documented by E9, 9/15/07 12:00PM, states: "Asked to examine R2 after sexual intercourse occured." This documentation further states that "Wetness noted in underwear-clear drainage. Redness (size of quarter) noted on the posterior side of the right labia area. Bruising (size of dimes) noted on left anterior arms--5 areas. 2 bruised areas noted on right arm-one size of nickel and one size of dime. R2 stated without questioning 'I told him to stop.' When ask(ed) by QMRP if he stopped she stated 'yes.' Spoken with mother by her request after speaking to QMRP. Explained R2's menstrual cycle pattern and agreed to morning after pill. Dr. Z11 exchanged called at 1:00PM." This nurse's documentation further states that

she spoke with Dr. Z12 and was informed that Z12 could not order the morning after pill; that R2 "has to go to the emergency room." E9 writes that E3 was contacted. E9 continues to document that when E3 returned her call, she stated that E2 would take her to the ER

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	- [ ' '	MULTIPLE CONS	(X3) DATE	(X3) DATE SURVEY COMPLETED	
		14G168	B. WI	NG		10/	C 31/2007
	PROVIDER OR SUPPLIER		I <u>-</u>	98 DEBRA	RESS, CITY, STATE, ZIP CO A LANE, P.O. BOX 225 .OO, IL 62298		
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W9999	called E3 and information prescribe the mornineed to go to the Elher talk to E12 (Exeto her that E12 was Operations) about the because it was taking back to me." (approximate that she did not talk her that he had talk E3 further stated the several times that dime to talk with R2 and talk talk talk with R2 and talk talk with R2 and talk talk talk with R2 and talk talk talk with R2 and talk talk talk talk talk talk talk talk	If phone interview, E9 stated "I med her that Z12 would not ng after pill, that R2 would R. E3 said to hold off and let ecutive Director). E3 indicated is talking to E13 (Director of the incident. I was concerneding a long time for E3 to get	W9	999			
:	12:20PM, by E2, stall "A phone call was medescribing that R2 he She was told that ar (occurred) and that the same that R2 we down her clothes, he to watch TV. She we behavior(,) not upsed discussed her mens of pregnancy. She we to use of the Morning "GO FOR IT." She at suggested that I we	mentation, of 9/15/07 ates the following: hade to R2's mom Z5 ad consensual sex this a.m. h investigation ocurred all the resident stories were ent to the boys room, took ad sex, got dressed and went has described as no change in t told RN did check. We trual cycle and the possibility was asked if she would agree g After Pill where she replied sked questions about the pill build do research and call her arched the pill and is now					

DEPARTMENT OF HEALTH CENTERS FOR MEDICARE				FORM	D: 12/03/2007 M APPROVED
STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIP	PLE CONSTRUCTION	(X3) DATE	LETED
	14G168	B. WING	-	10/	C /31/2007
NAME OF PROVIDER OR SUPPLIER  BELLEFONTAINE PLACE		98	EET ADDRESS, CITY, STATE, ZIP CODE B DEBRA LANE, P.O. BOX 225 /ATERLOO, IL 62298		O II EUU.
PREFIX (EACH DEFICIENCY	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORR (EACH CORRECTIVE ACTION S CROSS-REFERENCED TO THE AF DEFICIENCY)	SHOULD BE	(X5) COMPLETION DATE
W9999 Continued From page	~	W9999			
•	entation by E2 that Z5 was				
that the facility staff the doctors and hos but could not get it. pharmacy that carrie get it there. Z5 said it to R2. Z5 continu being sexually active year old, and should doctor not a nurse.  E8 stated, during a 1 interview, that she w spoken with E13 and on this." E9 told me be a report." E8 con wanted her to re-writ statements that she told E3 "no that stays	If phone interview, Z5 stated said that they had called all spitals for the morning after pill. They then told me of a ed it and if I wanted it I could that she got the pill and gave used that she never knew of R2 e, that she has a mind of a 5 d have been examined by a 10/9/07 12:05PM phone was told by E9 that E3 had d that E13 "wanted no report a she told E3 "that there has to ntinued that E9 told her they te her GP15, to remove the saw the bruises and that E9 s."				
stated "I was in the o about the report. She report in regards to re I assumed at the time re-write the report. I re-look at her report."	pm phone interview, E9 office and E3 was talking be wanted E8 to review the re-writing it about the bruises. be that they wanted E8 to said to her that E8 cannot because there were bruises, documenting the bruises."			·	
that she only asked E	17 1:43PM phone interview E9 about the marks she and ir reports because she "didn't				

Bruising on R2's lower arms was confirmed by E8's and E9s' 9/15/07 documentation, their

#### PRINTED: 12/03/2007 DEPARTMENT OF HEALTH AND HUMAN SERVICES FORM APPROVED **CENTERS FOR MEDICARE & MEDICAID SERVICES** OMB NO. 0938-0391 STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION IDENTIFICATION NUMBER: COMPLETED A. BUILDING С B. WING 14G168 10/31/2007 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 98 DEBRA LANE, P.O. BOX 225 **BELLEFONTAINE PLACE** WATERLOO, IL 62298 SUMMARY STATEMENT OF DEFICIENCIES (X4) ID PROVIDER'S PLAN OF CORRECTION (X5) COMPLETION (EACH DEFICIENCY MUST BE PRECEDED BY FULL PRÉFIX **PREFIX** (EACH CORRECTIVE ACTION SHOULD BE TAG REGULATORY OR LSC IDENTIFYING INFORMATION) CROSS-REFERENCED TO THE APPROPRIATE TAG DATE DEFICIENCY) W9999 | Continued From page 104 W9999 interviews and by photographs provided the surveyor by the police department's Z14. The facility's POLICY NO: 5.52, SUBJECT: Individual Rape or Sexual Assault states the following: "The agency shall provide set procedures to be followed in the event that a rape or sexual assault is suspected to have occurred to an individual." The PROCEDURE for this policy states: A. Any employee of the agency who receives a report or who suspects, that rape or sexual assault has occurred shall immediately notify the designated management staff using the emergency call list and supply all relevant information. B. In cases where rape is suspected or discovered the Administrator shall: 1. Immediately have the individual transported to the emergency room for examination and securing of evidence. 2. Initiate the Investigative committee process, pursuant to Policy and Procedure 5.24 and 3. Notify the appropriate State Agencies pursuant. to Policy and Procedure 5.24 C. The person initiating the report or suspicion shall describe the incident or report on a Progress Note (Form #GP-15) and submit it to the designated management staff.

D. If examination indicates that no rape, sexual assault or injury has occurred, the individual shall be returned to the appropriate site and the investigation is ended, unless the report or

STATEMENT OF DEFICIENCIES

(X1) PROVIDER/SUPPLIER/CLIA

PRINTED: 12/03/2007 FORM APPROVED OMB NO. 0938-0391

(X3) DATE SURVEY

D PLAN OF CORRECTION		IDENTIFICATION NUMBER:  A. BL				COMPLETED	
		14G168	B. WIN	IG		10/3	C 31/2007
	ROVIDER OR SUPPLIER			98	EET ADDRESS, CITY, STATE, ZIP CODE DEBRA LANE, P.O. BOX 225 ATERLOO, IL 62298		
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	investigation. The dishall notify the appropursuant to Policy at E. The chain of evid maintained.  1. Do not bathe the inbathe before medical 2. If the individual har clothing worn at the sexual assault into a 2. The staff member evidence and place. Only one person shat the medical examinate According to 9/24/07 when asked by the sinvestigating, E3 staff.  "That there had been interaction between an inappropriate sex in this interview the finistory of sexual assof one time where he crotch.  b) that she was not a short of staff.  c) that she was not a stripped R1's bed clothed.	hat other issues require esignated management staff opriate State Agencies and Procedure 5.24.  Ilence must be secured and individual or allow her/him to all examiniation. It is changed clothes, put the time of the alleged rape or apper bag (not plastic), or on duty shall handle this it in a locked, secure location. It is in a locked. It is in a locked, secure location. It is in a locked. It is in a locked	W99	999			

(X2) MULTIPLE CONSTRUCTION

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		IDENTIFICATION NUMBER:		X2) MULTIPLE CONSTRUCTION  A. BUILDING			(X3) DATE SURVEY COMPLETED	
		14G168	B. WII			10/:	C 31/2007	
	ROVIDER OR SUPPLIER			98	EET ADDRESS, CITY, STATE, ZIP CODE B DEBRA LANE, P.O. BOX 225 ATERLOO, IL 62298			
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	she had sex prior to did not send R2 to the rabout how she wappear to be injuried transported to the Eby interview with R1 assault."  e) it was consenual Per 9/24/07 1:14PM that neither IDPH in this incident.  The facility's POLIC Investigative Commistates the following: "Staff statements with Progress Note (GP-counter signed by the As confirmed by 9/2 E2 and 10/9/07 1:48 the staff statements present in the facility allegation were not the policy.  E4 confirmed per 9/3 she was the only state incident occurred. Per E4 stated that "no or screaming, no one edescription of occurril don't think anyone incident happened.	cially since we weren't sure if that." E3 indicated that they the ER "because we talked to was feeling and she did not d." E3 continued, "R2 was not ER because it was determined and R2 that it was not sexual sex.  If phone interview, E3 stated for the police were notified of YNO: 5.24 SUBJECT: sittee, PROCEDURE #3,  If be documented on a 15) by management and the person being interviewed.  6/07 4:00PM interview with E3, as of E4 and E8, who were	W99	999				

A BUILDING  C  14G168  B. WING  10/31/20  STREET ADDRESS, CITY, STATE, ZIP CODE  98 DEBRA LANE, P.O. BOX 225  WATERLOO II, 62298	STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1		CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
NAME OF PROVIDER OR SUPPLIER  STREET ADDRESS, CITY, STATE, ZIP CODE  98 DEBRA LANE, P.O. BOX 225			14G168				- 1	
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to E2 in the past on just how far R1 would go. According to E4, E2 asked her if she was afraid of R1 and whether or not she thought R1 would rape her. E4 stated that she questioned his limitations. E4 stated that she "wanted to know" whether R1 was "a teen boy that's just curious and horny, or is he a threat?"  The facility's POLICY NO: 5.24 SUBJECT: Investigative Committee, PROCEDURE B #3, states the following:  "3. If the allegation is one of the following situations the Administrator or designee will contact law enforcement by calling 911 or the local emergency number."  One of these situations, identified in this policy, is "—Sexual abuse of an individual by a staff member, another resident, or a visitor."  This policy further states:  "C. The facility administrator shall report the matter within 24 hours, and send a written report within five (5) working days to the individual's representative and to the Illinois Department of Public Health."  Per 9/24/07 1:14PM phone interview, E3 stated that neither IDPH nor the police were notified of this incident.  According to the local police department report case number 07-8038, on 9/15/07 at approximately 7:00PM, Z13 responded to a complaint of sexual assault made by a family member of R2.  Policy no.5.24 Investigative Committee,		to E2 in the past on According to E4, E2 of R1 and whether rape her. E4 stated limitations. E4 state whether R1 was "a and horny, or is he.  The facility's POLIC Investigative Communicative Communicates the following:  "3. If the allegation situations the Admit contact law enforce local emergency nuture of these situations the situation of these situations."—Sexual abuse of a member, another results policy further sometime within 24 how within five (5) working representative and the Public Health."  Per 9/24/07 1:14PM that neither IDPH not this incident.  According to the local case number 07-603 approximately 7:00F complaint of sexual member of R2.	a just how far R1 would go. 2 asked her if she was afraid or not she thought R1 would that she questioned his ed that she "wanted to know" teen boy that's just curious a threat?"  CY NO: 5.24 SUBJECT: hittee, PROCEDURE B #3, is one of the following histrator or designee will ment by calling 911 or the imber:" ons, identified in this policy, is an individual by a staff esident, or a visitor." tates:  inistrator shall report the urs, and send a written reporting days to the individual's to the Illinois Department of the police were notified of all police department report 38, on 9/16/07 at PM, Z13 responded to a assault made by a family	W9:	999			

<u> </u>	TO TON INCEDIO AND	C MEDIO/ 11D CERTIFICE			· · · · · · · · · · · · · · · · · · ·	CIAID LAC	<u>7. 0330-035</u>
STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		IULTIPLE ILDING	E CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
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	PROVIDER OR SUPPLIER			98 D	T ADDRESS, CITY, STATE, ZIP CODE PEBRA LANE, P.O. BOX 225 TERLOO, IL 62298	1 101	
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W9999	"D. The administra Investigative Commdesignate a chair at E. The committee in the allegations, continuident.  F. Upon completion investigation, a report be presented.  G. The administrate decision as to the attaking into consider recommendations of the "allegation" of 9/9/24/07 1:14 PM photoeness and R1 and staff shoon a 15 minute interess.	tor shall call a meeting of the nittee. The Administrator will and the committee members.  members shall meet to review duct interviews and examine lable that is pertinent to the of the committee out containing the findings shall be propriate action required, ation the findings and the findings and the findings that the committee."  igative Report" of 9/18/07 by ates that the investigators of 15/07 were E2 and E3. Per one interview, E3 who was ator at the time of the alleged the investigative committee self and E9. The summary and	W9:	999			
	again regarding guar	•					

PRINTED: 12/03/2007 FORM APPROVED OMB NO. 0938-0391

(X3) DATE SURVEY

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		ULTIPLE CONSTRUCTION  _DING	COMPL	(X3) DATE SURVEY COMPLETED	
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NAME OF PROVIDER OR SUPPLIER BELLEFONTAINE PLACE			STREET ADDRESS, CITY, STATE, ZIP CO 98 DEBRA LANE, P.O. BOX 225 WATERLOO, IL 62298	ODE		
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that she was not pa committee. E9 explacome and look at R E8 and E4 were not incident."  The investigative real that incident, but neglect statements were not management as performed by 9/18/0 that only E4 was on incident.  Per review of the fact confirmed by 9/18/0 the facility had only 7:309:30AM due to This investigative replacements as performed by 9/18/0 the facility had only 7:309:30AM due to This investigative replacements as recommended 3/1 Report.  c) identify that an IS was not held when Facility on 7/10/07.  d) interview resident	or 1:20PM phone interview of the investigative ained that "I was only asked to 1" and I "was surprised that interviewed about the port also states:  obtained reports "from both only at the time of the alleged ted to identify that staff to taken and documented by a policy no. 5.24. This report of the facility was short of staff, duty at the time of the cility's time card reports and 2:43 PM interview with E2, 1 staff member working from the country and off.	W99	999			

(X2) MULTIPLE CONSTRUCTION

		1 AND HUMAN SERVICES E & MEDICAID SERVICES				FOR	D: 12/03/2007 M APPROVED D. 0938-0391
	T OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1	IULTIPLI	E CONSTRUCTION	(X3) DATE COMP	SURVEY
		14G168	B. WI	NG		10/	C 31/2007
	PROVIDER OR SUPPLIER			98 C	ET ADDRESS, CITY, STATE, ZIP CODE DEBRA LANE, P.O. BOX 225 TERLOO, IL 62298		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES  / MUST BE PRECEDED BY FULL  SC IDENTIFYING INFORMATION)	ID PREF TAG	ıx	PROVIDER'S PLAN OF CORRECTIVE ACTION SHOT CROSS-REFERENCED TO THE APPROPERTY.	ULD BE	(X5) COMPLETION DATE
W9999	Continued From pa	ge 110	W9:	999			:
	SUBJECT: Individual was not implemented was not implemented was not immediated physical examination. The facility's POLIC Physical Injury and Emergencies states agency shall receive service for physical medical emergencies. The definition of negligible to avoid physical habiliness". This policy abuse, neglect, or in staff who witnessed incident, shall report Policy 5.24. The Adnecessary interviews according to Policy 5.	glect per this policy is the goods and services necessary rm, mental anguish, or mental further states "G. In case of giury of unknown origin, the or first became aware of the the incident according to ministrator shall conduct any s, inquiries, or procedures 5.24 and 5.29.					
:	There is no evidence were implemented b	e that policies 5.24 or 5.29 y E3 or E2.					
	E2 and per review of last gyn exam was 7, that R1's medical col sexually transmitted were addressed by the Per a 9/24/07 10:391 she is unaware if R1	3/07 2:43PM interview with 4/3/07 physical exam, R2's /2006. There is no evidence neerns of physical injuries, diseases and pregnancy ne facility. PM interview, E9 stated that or R2 have received any ansmitted diseases or HIV					

(X1) PROVIDER/SUPPLIER/CLIA

STATEMENT OF DEFICIENCIES

PRINTED: 12/03/2007 FORM APPROVED OMB NO. 0938-0391

ATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:			ULTIPLE CONSTRUCTION  LDING		(X3) DATE SURVEY COMPLETED	
		14G168	B. WIN	NG	_   10/	C <b>31/2007</b>
	ROVIDER OR SUPPLIER	,		STREET ADDRESS, CITY, STATE, 98 DEBRA LANE, P.O. BOX 2 WATERLOO, IL 62298	ZIP CODE	0172001
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFII TAG		ACTION SHOULD BE O THE APPROPRIATE	(X5) COMPLETION DATE
	"52 years old white appropriately dresse anxious and appreh the events of last we want me to" She called in to the room She did not accept a events, and portrays she was told, either her mother. She en anymoreMy moth Z10 continues, "Disc	report of 9/17/07, Z10 makes vations:  female, who was clean and ed. she appeared to be ensive and preoccupied with eekend. "My mother does not e described how she was and was told what to do. any responsibility for the sherself as just doing what by the person involved, or by ded with "I won't do it er does not want me to" cussion: I would explore the and it would be beneficial for	W99	999		

(X2) MULTIPLE CONSTRUCTION