		H AND HUMAN SERVICES 8 MEDICAID SERVICES				FORM): 09/27/2001 APPROVED - 0938-0391
	T OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) M		E CONSTRUCTION	(X3) DATE S COMPL	SURVEY
		14G371	B. WIN	G		08/0	7/2007
NAME OF PROVIDER OR SUPPLIER WHISPERING OAKS				201	ET ADDRESS, CITY, STATE, ZIP CODE SPRING STREET SICLARE, IL 62982		
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y 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
W 149	medication increased. G. Psychologist was recommendations included in revised. H. Education will be on completion of didentified in (RV's) resident, what predictions were taken to 7/27/07. 2. The following quibeen implemented practice does not reactive does not reactive does not reactive warrant. B. Nurse Consultar monthly reviews of compliance with about the Immenocompliance conthe facility has not fand has not had an effectiveness. FINAL OBSERVAT	arding (R2's) response to ses at least weekly. Its consulted for possible on 7/26/07 by QMRP and were behavior plan. The provided by QMRP to all staff ocumentation of any behaviors behavior plan to include sipitated the behavior and what to prevent recurrence by ality assurance programs have to ensure that the alleged eccul. The Regional VP will conduct (R2's) behavior plans as behaviors at or Regional VP will conduct (R2's) behavior plan to ensure every stated objectives. T/27/07." diate Jeopardy is removed, atinues at the time of exit since fully implemented their plant opportunity to evaluate it's	W99				
	350.1060b)1)2) 350.1060c)1)2)						

DEPARTMENT OF HEALTH AND HUMAN SERVICES CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 09/27/2007 FORM APPROVED OMB NO. 0938-0391

TATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:			(X2) M	IULTIF	PLE CONSTRUCTION	(X3) DATE SURVEY		
		A. BUI	LDING	3	COMPLETED			
	14G371		B. WII	VG		08/07/2007		
NAME OF PROVIDER OR SUPPLIER WHISPERING OAKS				20	EET ADDRESS, CITY, STATE, ZIP CODE 01 SPRING STREET OSICLARE, IL 62982			
(X4) ID PREFIX TAG	(EACH DEFICIENCY	NTEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREF TAG		PROVIDER'S PLAN OF CORRECT (EACH CORRECTIVE ACTION SHOWN CROSS-REFERENCED TO THE APPR DEFICIENCY)	JLD BE	(X5) COMPLETION DATE	
W9999	350.1060d)e) 350.1060h)j) 350.3240a)f) Section 350.1060 The Services a) The facility shall habilitation services sensorimotor, and cresident in the facility by Each resident shall: 1) Be based upon the analysis appropriate program the resident. c) There shall be we objectives for each the progress of the dynamic and prognostic data and prognostic data and prognostic data and program that manabe developed and in aggressive or self-approperly trained and available to administ the shall be a finabilitation record for the shal	raining and Habilitation provide training and to facilitate the intellectual, effective development of each ity, hall have individual evaluations the use of empirically reliable hats whenever such tools are so for prescribing an mof training experiences for ritten training and habilitation resident that are: hall the and relevant diagnostic a. To behavioral terms that permit individual to be assessed. Vidence of training and as activities designed to meet collitation objectives set for effective and individualized ges residents' behaviors shall implemented for residents with habusive behavior. Adequate, disupervised staff shall be ster these programs. functional training and or each resident, maintained the training and habilitation	W9	999				

	TH AND HUMAN SERVICES					D: 09/27/2007 M APPROVED	
CENTERS FOR MEDICAR TATEMENT OF DEFICIENCIES NO PLAN OF CORRECTION				TIPLE CONSTRUCTION	OMB NO. 0938-0391 (X3) DATE SURVEY COMPLETED		
	14G371	B. WI	NG .		08/	07/2007	
NAME OF PROVIDER OR SUPPLIEF			s	TREET ADDRESS, CITY, STATE, ZIP COD			
WHISPERING OAKS				201 SPRING STREET ROSICLARE, IL 62982			
PREFIX (EACH DEFICIEN	TATEMENT OF DEFICIENCIES CY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREF TAG		PROVIDER'S PLAN OF CORE (EACH CORRECTIVE ACTION S CROSS-REFERENCED TO THE AI DEFICIENCY)	SHOULD BE	(X5) COMPLETION DATE	
	ified training and habilitation	W9	999	9			
carry out the train Supervision of de services shall be who is a Qualified Professional.	ing and habilitation program. ivery of training and habilitation the responsibility of a person the Mental Retardation						
each resident fund These shall show for the individual, program and any	ords shall be maintained for ctioning in these programs. appropriateness of the program resident's response to the other pertinent observations a part of the resident's record.						
a) An owner, licen	Abuse and Neglect see, administrator, employee or shall not abuse or neglect a						
investigation of a resident indicates, that another reside is the perpetrator condition shall be determine the mosplacement for the	petrator of abuse. When an eport of suspected abuse of a based upon credible evidence, ent of the long-term care facility of the abuse, that resident's immediately evaluated to st suitable therapy and resident, considering the safety well as the safety of other						
residents and emp	oloyees of the facility.						
review, the facility to prevent neglect that residents are abuse. The facility place when R2's a	tions, interviews and record failed to implement their policy when they neglected to ensure not subjected to psychological failed to put safeguards in ggressive behaviors increased viduals in the home R2's						

		AND HUMAN SERVICES & MEDICAID SERVICES				FORM	APPROVED 0938-0391
STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		t i	IULTIPLE ILDING	E CONSTRUCTION	(X3) DATE SURVEY COMPLETED		
		14G371	B. WII	иG		08/0	7/2007
•	ROVIDER OR SUPPLIER						
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL BC IDENTIFYING INFORMATION)	ID PREF TAG	ıx	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 10	W9	999			
	others to feel fearfu R9, R10 and R11.) thorough document aggressiveness included behavior was, which	and hitting others caused I of R2, including R6, R7, R8, The facility failed to ensure ation of R2's physical uding what R2's actual resident was targeted, occurred as a result of R2's ness.					
	Findings Include:			:			
	07-2007, R2 is a 58 at a Moderate level	Physician's Order Sheet dated year old male who functions of mental retardation. Other ntermittent Explosive Disorder on.		1		:	
	R2"s behavior progr reviewed.	am dated 07-20-06 was		÷		; ;	
		is defined as: "Hitting, hers' arms and nose."			•	:	
		opriate behavior is defined as: others' on the buttocks."		; ; ;			
	in R2's behavior probehaviors could be behaviors could resibingself". Document	ces of behavior as described gram states, "(R2's) disrupting to others. (R2's) alt injury to others and ntation is signed by E1 fied Mental Retardation					
	reports during task 2 noted that R2 had 6	acility's Incident and Accident of the survey, surveyor incidents of physical other residents living in the until 07-01-07.		:		:	

		I AND HUMAN SERVICES				FORM	D: 09/2//2007 MAPPROVED D: 0938-0391
STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		MULTIPLI	E CONSTRUCTION	(X3) DATE : COMPL	SURVEY
		14G371	B. WI	NG		08/	07/2007
	PROVIDER OR SUPPLIER	-		201	ET ADDRESS, CITY, STATE, ZIP CODE SPRING STREET SICLARE, IL 62982		
(X4) ID PREFIX TAG	(EACH DEFICIENC)	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREF TAC	IX	PROVIDER'S PLAN OF CORRI (EACH CORRECTIVE ACTION SH CROSS-REFERENCED TO THE AP DEFICIENCY)	HOULD BE	(X5) COMPLETION DATE
W9999	Continued From pa	ge 11	W9	999			
	Documentation of I	R2's physical aggression					
	functions at a Proforetardation. Per R5 Planning (ICAP) sc 1 year 4 months), "	s Inventory of Client Agency ore, R5 functions at an age of Kicked in stomach" by R2.					
	at a Profound level	4 year old male who functions of mental retardation. ICAP onths), "Slapped in face" by					
	at a Moderate level	5 year old male who functions of mental retardation. ICAP nonth), "Slapped in mouth" by					
	4. 06-23-07 - R7 (53 year old male who functions at a Moderate level of mental retardation. ICAP score of 7 years 3 months), "Punched in the face" by R2.						
	5. 06-24-07 - R6 "P	unched in face" by R2.					
functions at a M	functions at a Mild I ICAP score of 9 year	year old female who evel of mental retardation. irs 6 months), "Slapped on					
	Tracking" sheet for indicates that R2 ha aggression from 07 Documentation doe physical aggression	f the facility's, "Behavior 07-2007, documentation is had 14 episodes of physical -08-07 through 07-21-07. is not include what type of was actually displayed, what avior, which client R2 was		:			

		AND HUMAN SERVICES				FORM	J: USIZ/IZUU/ /I APPROVED
TATEMEN	RS FOR MEDICARE T OF DEFICIENCIES DEFICIENCIES	& MEDICAID SERVICES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) N		IPLE CONSTRUCTION	(X3) DATE S	
		14G371	B. WI	NG_		08/	07/2007
NAME OF F	PROVIDER OR SUPPLIER				REET ADDRESS, CITY, STATE, ZIP CODE		0112001
WHISPE	RING OAKS				ROSICLARE, IL 62982		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES 'MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREF TAG	IX	PROVIDER'S PLAN OF CORRE (EACH CORRECTIVE ACTION SH CROSS-REFERENCED TO THE APP DEFICIENCY)	OULD BE	(X5) COMPLETION DATE
W9999	Continued From pa	ge 12	W9	999	:		
		ve towards or if the client as a result of R2's physical					
	Per review of R8's "Face Sheet, R8 has a diagnosis of Moderate mental retardation with an adaptive ICAP score of 4 years and 9 months. She is 82 years old and requires a wheelchair for all mobility.						
	07-26-07 at 10:45 A afraid of R2. When stated, "Because he he'll hit me again. V bunch of people, me	t the local day training site on .M. R8 stated that she was asked why she was afraid, R8 whit me. Never know when ery dangerous too. Hits a e, (R4). They cry too." R8 at it hurt when R2 hits her.					
. }	functions at a Mode	adaptive ICAP score of 7					
	R7 stated that he was to say that R2 hits h	7 on 07-25-07 at 5:07 P.M., as afraid of R2. R7 continued im on the buttocks and in the when R2 hits him, he tells the R2 to his room.					
	Per record review, R9 is a 40 year old female who functions at a Moderate level of mental retardation with an adaptive ICAP score of 6 years and 5 months.						
	R9 stated that she v	9 on 07-25-07 at 4:00 P.M., vas afraid of R2. R7 continued oped my skinny butt. Hurt. butt."					

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: (X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING STREET ADDRESS, CITY, STATE, ZIP CODE 201 SPRING STREET ROSICLARE, IL 62982 (X4) ID SUMMARY STATEMENT OF DEFICIENCIES ID PROVIDER'S PLAN OF CORRECTION (X5)			I AND HUMAN SERVICES & MEDICAID SERVICES				C		APPROVED . 0938-0391
NAME OF PROVIDER OR SUPPLIER WHISPERING OAKS X3 10	STATEMEN	T OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA	[]				(X3) DATE SURVEY	
WHISPERING OAKS ### CONTINUED OF THE CO		14G371		B. WI	ING	3		08/0	7/2007
(XX) ID SUMMARY STATEMENT OF DEFICIENCIES [PACH OFFICIENCY] PREFIX TAG SUMMARY STATEMENT OF DEFICIENCIES [EACH OEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) PREFIX TAG (PACH CORRECTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY) W9999 Continued From page 13 Per interview with R6 on 07-26-07 at 4:30 P.M., R6 stated that he was afraid of R2. R6 stated that R2 hits him in the face, "once in a while." R6 stated that he tells staff and they make him go to his room. Per interview with R11 (R2's roommate) on 07-25-07 at 3:52 P.M., R11 stated that it, "Bothers me when (R2) hits people - I've told him a thousand times that it's not right. Hit me on the bottom once - hurt. Not really afraid of him - kind of get angry with him even if he hits other people." Per interview with R1 on 07-25-07 at 3:56 P.M., R1 stated that R2, "Twisted my arm and about broke it. weeks ago. His (R9) (R6) and (R11)." R1 stated that she did not tell anyone when R2 twisted her arm. Per interview with Z1 on 07-26-07 at 11:00 A.M., at the local day training site, Z1 stated that R2 is, "Not as bad here as he is at home, mostly he just teases and pokes and picks at others. R10 is termified of him." Per interview with R10 on 07-26-07 at 11:20 A.M., when asked if there was anyone at home that she was afraid of R0, R10 nodded her head up and down to indicate yes. Surveyor asked her who she was afraid of R0, R10, shook her head up and down to indicate yes. Surveyor asked her who she was afraid of R0, R10, shook her head up asked if she was afraid of R0, R10, shook her head up asked if she was afraid of R2, R10 shook her head yes to indicate yes. When asked why she was afraid of R2, R10 nodded yes when asked if R2 had hit her on	NAME OF F	PROVIDER OR SUPPLIER			15		DE SC		
PREFIX TAG REGULATORY OR LSC IDENTIFYING INFORMATION) Per interview with R6 on 07-26-07 at 4:30 P.M., R6 stated that he tells staff and they make him go to his room. Per interview with R11 (R2's roommate) on 07-25-07 at 3:52 P.M., R11 stated that it, "Bothers me when (R2) hits people - "Ive told him a thousand times that it's not right. Hit me on the bottom once - hurt. Not really afraid of him - kind of get angry with him even if he hits other people." Per interview with R1 on 07-25-07 at 3:56 P.M., R1 stated that R2, "Twisted my arm and about broke it - weeks ago. Hits (R9) (R6) and (R11)." R1 stated that R2, "Twisted my arm and about broke it - weeks ago. Hits (R9) (R6) and (R11)." R1 stated that she did not tell anyone when R2 twisted her arm. Per interview with R10 on 07-26-07 at 11:00 A.M., at the local day training site, 21 stated that R2 is, "Not as bad here as he is at home, mostly he just teases and pokes and picks at others. R10 is terrified of him." Per interview with R10 on 07-26-07 at 11:20 A.M., when asked if there was anyone at home that she was afraid of R10 nodded yes safraid of R4 or R11, R10 shook her head to indicate no. When asked if she was afraid of R2, R10 shook her head yes to indicate yes. When asked why she was afraid of R2, R10 pointed to her buttocks and left side of her face. R10 nodded yes when asked if R2 had hit her on	WHISPE	RING OAKS							
Per interview with R6 on 07-26-07 at 4:30 P.M., R6 stated that he was afraid of R2. R6 stated that R2 hits him in the face. "Once in a while." R6 stated that he tells staff and they make him go to his room. Per interview with R11 (R2's roommate) on 07-25-07 at 3:52 P.M., R11 stated that it, "Bothers me when (R2) hits people. "I've told him a thousand times that it's not right. Hit me on the bottom once - hort. Not really afraid of him - kind of get angry with him even if he hits other people." Per interview with R1 on 07-25-07 at 3:56 P.M., R1 stated that R2, "Twissted my arm and about broke it - weeks ago. Hits (R9) (R6) and (R11)." R1 stated that R2, "Twisted my arm and about broke it - weeks ago. Hits (R9) (R6) and (R11)." R1 stated that she cid not tell anyone when R2 twisted her arm. Per interview with Z1 on 07-26-07 at 11:00 A.M., at the local day training site, Z1 stated that R2 is, "Not as bad here as he is at home, mostly he just teases and pokes and picks at others. R10 is terrified of him." Per interview with R10 on 07-26-07 at 11:20 A.M., when asked if there was anyone at home that she was afraid of, R10 nodded her head up and down to indicate yes. Surveyor asked her who she was afraid of and she shrugged her shoulders. When asked if she was afraid of R2, R10 shook her head yes to indicate yes. When asked if hy she was afraid of R2, R10 pointed to her buttocks and left side of her face. R10 nodded yes when asked if R2 had hit her on	PREFIX	(EACH DEFICIENCY	MUST BE PRECEDED BY FULL	PRE	FIX	((EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE A	SHOULE	BE	COMPLETION
Upon interview with E1 on 07-25-07 at 2:20 P.M.	W9999	Per interview with R R6 stated that he w R2 hits him in the fastated that he tells is his room. Per interview with R 07-25-07 at 3:52 P. me when (R2) hits produced that he tousand times that bottom once - hurt. of get angry with him Per interview with R R1 stated that R2, "broke it - weeks ago R1 stated that she of twisted her arm. Per interview with Z at the local day train "Not as bad here as teases and pokes a terrified of him." Per interview with R when asked if there was afraid of, R10 m to indicate yes. Sun afraid of and she sh asked if she was afr her head to indicate afraid of R2, R10 sh yes. When asked w pointed to her buttook R10 nodded yes whithe face and buttook the receiver with R10 nodded yes whithe face and buttook R10 nodded yes w	R6 on 07-26-07 at 4:30 P.M., ras afraid of R2. R6 stated that ace, "once in a while." R6 staff and they make him go to R11 (R2's roommate) on M., R11 stated that it, "Bothers becople - I've told him a tit's not right. Hit me on the Not really afraid of him - kind meven if he hits other people." R1 on 07-25-07 at 3:56 P.M., Twisted my arm and about D. Hits (R9) (R6) and (R11)." did not tell anyone when R2 1 on 07-26-07 at 11:00 A.M., hing site, Z1 stated that R2 is, is he is at home, mostly he just and picks at others. R10 is 10 on 07-26-07 at 11:20 A.M., was anyone at home that she hodded her head up and down veyor asked her who she was rugged her shoulders. When raid of R4 or R11, R10 shook in the was afraid of R2, R10 cks and left side of her face. en asked if R2 had hit her on ks.	W9	9999	99			

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CENTERS FOR MEDICARE & MEDICAID SERVICES							M APPROVED D. 0938-0391	
	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		MULTIPL ILDING	E CONSTRUCTION	(X3) DATE SURVEY COMPLETED		
		14G371	B. WII	NG		08/	07/2007	
	ROVIDER OR SUPPLIER			1	ET ADDRESS, CITY, STATE, ZIP COE SPRING STREET			
				RO	SICLARE, IL 62982			
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREF TAG		PROVIDER'S PLAN OF COR (EACH CORRECTIVE ACTION : CROSS-REFERENCED TO THE A DEFICIENCY)	SHOULD BE	(X5) COMPLETION DATE	
W9999	that the residents we subjected to R2's per that R2's behaviors last 3 months. E1 sepsychiatrist this mowere increased. E1 safeguards had been from hitting or slapp said that she has no	ge 14 ne facility has done to ensure tho live in the facility are not hysical aggression, E1 stated have gotten worse over the aid that R2 was taken to the rning and that his medications continued to say that no en put into place to prevent R2 bing other residents. E1 also of reviewed or revised R2's this physical aggression has	W9	999	•			

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