

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

PRINTED: 02/10/2010
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 14G198	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 09/29/2009
NAME OF PROVIDER OR SUPPLIER SUTTON HOUSE			STREET ADDRESS, CITY, STATE, ZIP CODE 4241 LINCOLNSHIRE DRIVE MOUNT VERNON, IL 62864		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE	
W 227	Continued From page 31 04/11/09 (no time stated) "R1 did a # 2 on her bedroom floor today..." 04/11/09 (no time stated) "... R1 was hitting and spitting at staff cause staff tried keeping her in living room because her bed has to be made from her doing #2 on it..." 03/15/09 7:30 A.M. "... she (R1) was leaning over her bed with her pants down and she was peeing on the floor..." E4 (Direct Care Staff) was interviewed on 09/10/09 at 3:04 P.M. and stated, "...R1 has gone down due to the Alzheimer. She eats her bowel movements, and she fights you when you try to shower her..." E6 (2nd Shift Direct Care Staff) was interviewed on 09/10/09 at 2:58 A.M. and stated, "...R1 has really gone down with the Alzheimer... She also has been having bowel movements on her self..." R1's IHP dated 08/20/09 does not contain objectives or methods to address her behaviors of inappropriate toileting and/or her attempts of coprophagia (eating one's own feces). E1 (QMRP) was interviewed on 09/18/09 and stated, "No" when asked if R1's current plan addressed her behaviors of defecating in inappropriate places and or her attempts at coprophagia.	W 227			
W9999	FINAL OBSERVATIONS 350.620a) 350.1060e)	W9999			

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

PRINTED: 02/10/2010
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 14G198	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 09/29/2009
NAME OF PROVIDER OR SUPPLIER SUTTON HOUSE			STREET ADDRESS, CITY, STATE, ZIP CODE 4241 LINCOLNSHIRE DRIVE MOUNT VERNON, IL 62864		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE	
W9999	<p>Continued From page 32</p> <p>350.1060h) 350.1060j) 350.3240a) 350.3240f)</p> <p>Section 350.620 Resident Care Policies</p> <p>a) The facility shall have written policies and procedures governing all services provided by the facility which shall be formulated with the involvement of the administrator. The policies shall be available to the staff, residents and the public. These written policies shall be followed in operating the facility and shall be reviewed at least annually.</p> <p>Section 350.1060 Training and Habilitation Services</p> <p>e) An appropriate, effective and individualized program that manages residents' behaviors shall be developed and implemented for residents with aggressive or self-abusive behavior. Adequate, properly trained and supervised staff shall be available to administer these programs.</p> <p>h) There shall be available sufficient, appropriately qualified training and habilitation personnel, and necessary supporting staff, to carry out the training and habilitation program. Supervision of delivery of training and habilitation services shall be the responsibility of a person who is a Qualified Mental Retardation Professional.</p> <p>j) Appropriate records shall be maintained for each resident functioning in these programs. These shall show appropriateness of the program for the individual, resident's response to</p>	W9999			

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

PRINTED: 02/10/2010
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 14G198	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 09/29/2009
NAME OF PROVIDER OR SUPPLIER SUTTON HOUSE			STREET ADDRESS, CITY, STATE, ZIP CODE 4241 LINCOLNSHIRE DRIVE MOUNT VERNON, IL 62864		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE	
W9999	<p>Continued From page 33</p> <p>the program and any other pertinent observations and shall become a part of the resident's record.</p> <p>Section 350.3240 Abuse and Neglect</p> <p>a) An owner, licensee, administrator, employee or agent of a facility shall not abuse or neglect a resident. (Section 2-107 of the Act)</p> <p>f) Resident as perpetrator of abuse. When an investigation of a report of suspected abuse of a resident indicates, based upon credible evidence, that another resident of the long-term care facility is the perpetrator of the abuse, that resident's condition shall be immediately evaluated to determine the most suitable therapy and placement for the resident, considering the safety of that resident as well as the safety of other residents and employees of the facility. (Section 3-612 of the Act)</p> <p>These Regulations were not met as evidenced by:</p> <p>Based on observation, interview and record review, client to client abuse has occurred and the facility neglected to take actions to protect the individuals and prevent reoccurrence for 10 of 15 current individuals of the facility (R1, R4, R6, R7, R8, R10, R11, R12, R13 and R14) and for 1 of 1 prior resident (R17) who have been subjected to abuse by R2, having the potential to impact all the other individuals of the facility (R3, R5, R9, R15 and R16). The facility failed to:</p> <p>1) evaluate the appropriateness of R2 being R6's roommate after R2's continued aggression against R6;</p>	W9999			

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

PRINTED: 02/10/2010
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 14G198	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 09/29/2009
NAME OF PROVIDER OR SUPPLIER SUTTON HOUSE			STREET ADDRESS, CITY, STATE, ZIP CODE 4241 LINCOLNSHIRE DRIVE MOUNT VERNON, IL 62864		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE	
W9999	<p>Continued From page 34</p> <p>2) provide necessary staff monitoring and supervision to prevent client to client abuse;</p> <p>3) evaluate the safety of others from R2 while in the community due to his incidents of aggression and inappropriate behaviors towards other clients, staff and child in the community;</p> <p>4) revise R2's behavior program based on his continued aggression towards his peers; and</p> <p>5) implement a system to assure that client to client abuse is investigated and that safeguards and corrective actions are taken to prevent further incidents of abuse.</p> <p>Findings include:</p> <p>The Physician's Order Medication and Treatments sheet dated 07/16/09 thru 08/15/09 states that R2 is a 45 year old male who functions at a profound level of mental retardation. This sheet also states that R2 was admitted to the facility on 08/13/08.</p> <p>The facility's 2009 Guardian information sheet identifies that there are fifteen other individuals living at the facility ranging in age from 19 to 61 years of age. The facility's undated Resident Roster identifies that these individuals function from a severe level of mental retardation to a mild level of mental retardation.</p> <p>1) The facility failed to evaluate the appropriateness of R2 being R6's roommate.</p> <p>The Incident/Accident Report dated 09/01/09 states, "... R6 went to his bedroom at 9:40 P.M. and turned his light, TV, fan on, etc. As R6 was</p>	W9999			

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

PRINTED: 02/10/2010
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 14G198	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 09/29/2009
NAME OF PROVIDER OR SUPPLIER SUTTON HOUSE			STREET ADDRESS, CITY, STATE, ZIP CODE 4241 LINCOLNSHIRE DRIVE MOUNT VERNON, IL 62864		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE	
W9999	<p>Continued From page 35</p> <p>flipping through the channels, R2 got up out of bed and hit him on the back of his left shoulder. R6 sustained a "large knuckle printed red mark on his left back shoulder...."</p> <p>R6 was interviewed on 09/10/09 at 3:45 P.M. and stated, "R2 is my room mate. He just comes after me. The other night I was getting ready for bed and he put a knuckle imprint in my back. I had to sleep on the couch. He has been hitting other peers.... I am pretty much afraid of him. Staff told me if he attacks me while I sleep, I should get up and tell them. I wait until he goes asleep before I go to "his" room.... I told my mom.... The last couple of weeks, it's me he's (R6 has) been targeting...."</p> <p>E7 (Direct Care Staff) was interviewed on 09/10/09 at 3:23 P.M. and stated, "... R2 has been targeting his roommate, R6. R6 and R2 are still room mates. R6 doesn't defend himself, he takes out running. One day last week (09/01 or 09/02) I worked 'til 11 P.M. R2 had hit R6 in his back and R6 was afraid to go to his room. R6 had a large red fist mark on his back. R6 had to sleep on the couch because R2 kept on trying to fight staff and wouldn't let anybody in (the room) This incident is documented in R2's Behavior Notes...."</p> <p>R2's Behavior Notes for 09/01/09 state, "R2 ran down (the) hall around 4 P.M. ran towards a male peer he tried to hit him but the male seen him coming and ran away. Staff redirected him to his room (but he didn't stay).... 8:30 P.M. R2's room mate (R6) went into room to get ready for bed and R2 got up from bed and hit room mate in left shoulder (R2 left lg (large) red mark.).... Staff went back into room to see if R2 had calmed</p>	W9999			

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

PRINTED: 02/10/2010
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 14G198	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 09/29/2009
NAME OF PROVIDER OR SUPPLIER SUTTON HOUSE			STREET ADDRESS, CITY, STATE, ZIP CODE 4241 LINCOLNSHIRE DRIVE MOUNT VERNON, IL 62864		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE	
W9999	<p>Continued From page 36</p> <p>down (9:15 P.M.) so his room mate (R6) could come back in and go to bed, but R2 kept being aggressive. RSD (Resident Services Director E1) said for R2's room mate (R6) to sleep on the couch tonight...."</p> <p>The Facility's Investigative Summary for Peer on Peer Aggression dated 09/02/09 states,</p> <p>"Brief Summary of Incident - R6 entered his bedroom at 9:40 P.M. turning on his lights.... As R6 was flipping through the channels, R2 got up out of bed and hit him on the back... R6 then reported to staff what happened....</p> <p>Possible Trends/Patterns - R2 has attempted to hit R6 on a few occasions lately...</p> <p>Interventions - Staff will talk with R6 about his previous behaviors towards R2 so that he will understand cause and effect.... Staff ensured R2 was calm before R6 was allowed to enter the room again to avoid any further aggressions."</p> <p>No documentation is contained within this investigative report identifying that the facility evaluated the appropriateness of R2 being R6's room mate after this incident.</p> <p>R2's Behavior Notes identify that on 09/02/09, R2 was taken to his room (shared with R6) due to his aggressive behaviors towards staff from 3:30 P.M. to 9:00 P.M. On 09/03/09, R2 was physically assisted to his room due to his attempt to hit an (unidentified) peer at 3:35 P.M., 5:30 P.M. and 7:30 P.M. On 09/05/09 (no time specified) R2 was taken to his room after going after an unidentified male and a female peer.</p>	W9999			

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

PRINTED: 02/10/2010
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 14G198	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 09/29/2009
NAME OF PROVIDER OR SUPPLIER SUTTON HOUSE			STREET ADDRESS, CITY, STATE, ZIP CODE 4241 LINCOLNSHIRE DRIVE MOUNT VERNON, IL 62864		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE	
W9999	<p>Continued From page 37</p> <p>(On 09/16/09 at 3:45 P.M., E1 (QMRP) stated if the person is not hit, staff do not document the individual's name(s).)</p> <p>The Incident/Accident Reports from 01/09 to present identify that R6 has been a victim of abuse by R2. These reports state:</p> <p>09/07/09 4:30 P.M. R6 was helping staff put up meds when R2 got up and came after R6. R2 was taking swings at him and when R6 tried to get away a metal med box that R6 was carrying was knocked out of his hands and dropped onto his knee and leg. R6 sustained a red mark and bruising to his left knee after the incident;</p> <p>09/07/09 3:30 P.M. R6 was hit in the right shoulder by R2;</p> <p>*An Investigative Summary report states that on 08/29/09, "...R2 walked up to (R6) his peer/roommate and hit him on arm as he was watching TV (television) on (the) couch in the living room...." This report also states that, "...R6 was antagonizing him (R2) periodically throughout the week. R2 may be getting back at him (R6) for making him upset...."</p> <p>08/08/09 R6 was sitting on the couch reading the paper when R2 hit him on his left cheek with his fist. R6 received Tylenol for complaints of a headache;</p> <p>07/07/09 R6 was sitting on the love seat when R2 hit him on the back right side of his shoulder. After staff redirection, R2 "cornered" R6 against the wall and hit him in his left arm; and</p> <p>07/03/09 R6 sustained red marks after he was hit three times in his right upper shoulder and the top of his back by R2.</p> <p>E1 (QMRP/Qualified Mental Retardation Professional) was interviewed on 09/11/09 and</p>	W9999			

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

PRINTED: 02/10/2010
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 14G198	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 09/29/2009
NAME OF PROVIDER OR SUPPLIER SUTTON HOUSE			STREET ADDRESS, CITY, STATE, ZIP CODE 4241 LINCOLNSHIRE DRIVE MOUNT VERNON, IL 62864		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE	
W9999	<p>Continued From page 38</p> <p>stated, "I investigated the incident of 09/01/09 regarding R2 and R6. R6 has been teasing R2 and that is upsetting for him (R2)...." When E1 was asked if R2 and R6 were still roommates after this incident, E1 stated, "Yes." During this interview, E1 confirmed that no roommate changes had been made for R2 and R6 prior to 09/10/09. E1 also confirmed that the facility failed to evaluate the appropriateness of R2 being R6's roommate after R2's continued aggression against R6.</p> <p>2) The facility failed to provide necessary staff monitoring and supervision to prevent client to client abuse.</p> <p>The facility's roster identifies that four individuals (R4, R5, R6 and R13) function at a mild level of mental retardation, seven individuals (R3, R7, R8, R9, R10, R15 and R16) function at a moderate level, four individuals (R11, R12 and R14) function at a severe level and R2 functions at a profound level.</p> <p>During this survey, R3, R4, R5, R6, R7, R8, R10, R12, R13, R14, R15 and R16 were interviewed and attempts were made to interview R1 and R11 without success. Six of twelve individuals (R3, R4, R5, R6, R8 and R16) interviewed expressed fear of R2.</p> <p>a) An attempt was made to interview R11 on 09/10/09 at 1:06 P.M. R11 would only echo the surveyor's questions when asked. The Incident/Accident Reports from 01/09 to present identify that R11 has been a victim of R2's abuse. These reports state:</p> <p>01/07/09 R11 sustained a red mark on the right</p>	W9999			

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

PRINTED: 02/10/2010
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 14G198	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 09/29/2009
NAME OF PROVIDER OR SUPPLIER SUTTON HOUSE			STREET ADDRESS, CITY, STATE, ZIP CODE 4241 LINCOLNSHIRE DRIVE MOUNT VERNON, IL 62864		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE	
W9999	Continued From page 39 side of his neck after being hit with an open hand by R2; 01/28/09 R11 sustained a red mark to the left side of his forehead after being hit by R2 while in the med room; 02/12/09 R11 sustained red marks to the back of his neck and to his right side after he was hit by R2 with an open hand; 02/16/09 R11 sustained redness to the right side of his head/face after being hit by R2 with an open hand; 02/24/09 R11 was hit in the back of the head by R2 while at DT; 03/30/09 R11 sustained a red mark on his right upper arm after being hit by R2; 05/10/09 R11 was hit in the right ear area by R2; 05/11/09 R11 alleged that R2 hit him in his back; 05/15/09 R11 sustained redness to the right side of his neck and shoulder area after R2 hit him for no apparent reason. Under the section marked Future Intervention to Prevent Incident it states, "(R11) peer now has to stay with two staff at all times to keep other peer from hitting him." 05/19/09 R11 sustained a light red mark to his lower right arm after being hit by R2. Under the section marked Future Intervention to Prevent Incident it states, "1-1, staff shadowing for quick intervention." 06/01/09 R11 sustained a red mark on his right ear and neck after being hit by R2. Under the section marked as Comments, it states, "R11 is doing well. Staff shadow R11 to keep him safe, but he does not have restricted (restriction) R11 appears to be obsessed with this peer, as does his peer, R11 enjoys talking and being around his peer (R2), despite being a target early after admission." 09/08/09 It is referenced that R2 came from his room and went after a male peer (unidentified) in	W9999			

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

PRINTED: 02/10/2010
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 14G198	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 09/29/2009
NAME OF PROVIDER OR SUPPLIER SUTTON HOUSE			STREET ADDRESS, CITY, STATE, ZIP CODE 4241 LINCOLNSHIRE DRIVE MOUNT VERNON, IL 62864		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE	
W9999	<p>Continued From page 40</p> <p>the dining room and the male peer ran outside to get away from R2. R2 then went into the med room after another peer (R11). R11 was pinched and hit on his left shoulder by R2, leaving two red marks.</p> <p>b) R4 was interviewed on 09/10/09 at 12:55 P.M. and stated, "R2 has hit me.... One time I was getting up for breakfast and he just came after me for no reason. Another time, I was watching TV and he slapped me in my face and bent my glasses for no reason. If he has a behavior, I stay out of his reach.... When he first came he was good, now he's just so bad. He attacks people and half of our staff...." R4 was then asked, "If R2 came in the living room while you were sitting there, what would you do?" R4 stated, "If he came in, I'd get up and run. When R4 was asked why she would run, she stated, "Cause you might get hit!" R4 was then asked, "Are you afraid of R2 or is it that you just don't care to be around R2?" R2 replied, "Both!"</p> <p>The Incident/Accident Reports from 01/09 to present identify that R4 has been a victim of R2's abuse. These reports state:</p> <p>01/02/09 R4 was hit in the right eye twice by R2, requiring an ice pack for redness; 01/29/09 R4 was hit on the upper left side of her back by R2; 01/30/09 R4 was hit in the back by R2; 02/14/09 R4 was sitting on the couch talking to another peer when R2 came up to her and started hitting her on the face, sustaining redness and swelling of her nose; 04/05/09 R4 was going into the dining room and R2 came from hall and hit her in her right upper arm. Staff redirected and R2 ran to the living</p>	W9999			

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

PRINTED: 02/10/2010
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 14G198	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 09/29/2009
NAME OF PROVIDER OR SUPPLIER SUTTON HOUSE			STREET ADDRESS, CITY, STATE, ZIP CODE 4241 LINCOLNSHIRE DRIVE MOUNT VERNON, IL 62864		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE	
W9999	<p>Continued From page 41</p> <p>room and hit another female peer (R1); 04/09/09 R4 hit on both shoulders by R2; and 06/07/09 R4 was talking with staff when R2 jumped off the couch and started hitting and grabbing her. R4 sustained scratches and red marks on her shoulder and her legs. R2 also broke her necklace and bent her glasses.</p> <p>c) At 3:39 P.M. on 09/10/09, R7 was observed coming from down the hallway towards the QMRP's office. R2 was present in the hallway near the QMRP's office and the dining room. R2 reached out his arms towards R7 and R7 turned sharply to the right, going behind the surveyor to avoid R2.</p> <p>R7 was interviewed on 09/10/09 at 3:40 P.M. and stated that she had turned to avoid R2 because, "I don't want to be hit... I don't like R2...."</p> <p>The Incident/Accident Reports identifies that R7 has been a victim of R2's abuse twice during the month of August, 2009. These reports state:</p> <p>08/03/09 While on an outing, R7 was seated behind the passenger seat of the van when she was hit twice in the back of the head by R2; and 08/13/09 R7 sustained a red mark after being hit in the cheek with a closed fist by R2.</p> <p>d) R14 was interviewed on 09/10/09 at 1:07 P.M. and stated, "R2's been hitting people and staff. I like R2 but I don't want him to get ahold of my wheelchair. He jerks it and plays with my hair and he pinches (demonstrates how he pinches), like that.... I'm not afraid of R2. He hit me in my nose. I don't like that...." R14 was then asked, "If R2 came in the living room while you were sitting there, what would you do?" R14 stated, "I would</p>	W9999			

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

PRINTED: 02/10/2010
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 14G198	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 09/29/2009
NAME OF PROVIDER OR SUPPLIER SUTTON HOUSE			STREET ADDRESS, CITY, STATE, ZIP CODE 4241 LINCOLNSHIRE DRIVE MOUNT VERNON, IL 62864		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE	
W9999	<p>Continued From page 42 leave."</p> <p>The Incident/Accident Reports from 01/09 to present identify that R14 has been the victim of R2's abuse. These reports state:</p> <p>05/04/09 11:40 A.M. while at DT, R14 was slapped on the back of her head by R2 for no reason. At 12:40 P.M., R14 was punched in the chest, nose and pinched in her arm causing her to cry after being hit by R2;</p> <p>05/28/09 R14 was found to have a bruise on her left shoulder and a scratch on the left middle side of her back after she alleged that she was hit by R2; and</p> <p>06/09/09 R14 sustained a red right ear after being hit by R2 while at DT.</p> <p>e) R8 was interviewed on 09/10/09 at 12:50 P.M. and stated, "... R2 has been hitting.... He comes after me for no reason....Yeah, I'm scared of him...." R8 was then asked, "If R2 came in the living room while you were sitting there, would you sit by him?" R8 stated, "Don't want to sit by him, don't want to go on an outing with him. He hits certain ones, like E5 and E6 (staff). He's trying to go after his roommate, R6."</p> <p>The Incident/Accident Reports from 01/09 to present identify that R8 has been the victim of R2's abuse. These reports state:</p> <p>04/05/09 R8 was sitting on the sofa and R2 ran in and began hitting R8 in the face with his fist. R8 sustained a red mark on her left ear and left jaw area;</p> <p>04/13/08 R8 was hit in her left arm by R2 with his fist; and</p> <p>08/03/09 R8 was seated in the second seat</p>	W9999			

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

PRINTED: 02/10/2010
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 14G198	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 09/29/2009
NAME OF PROVIDER OR SUPPLIER SUTTON HOUSE			STREET ADDRESS, CITY, STATE, ZIP CODE 4241 LINCOLNSHIRE DRIVE MOUNT VERNON, IL 62864		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE	
W9999	<p>Continued From page 43</p> <p>behind the driver's seat while on an outing when R2 hit her two times on her lower left hip and her side.</p> <p>f) On 09/10/09, R1 was observed at the offsite day training program sitting in a wheelchair. Attempts were made to interview R1 at 1:15 P.M., but R1 continued screaming and attempting to leave her classroom area. The Incident/Accident Reports from 01/09 to present identify that R1 has been the victim of R2's abuse. These reports state:</p> <p>04/05/09 R1 was hit in the face by R2. She had red marks on her cheeks and nose after R2 came into the living room and hit her in the face three times;</p> <p>04/18/09 R2 used R1's hand to hit herself in the head and then he pinched her in the right leg; and</p> <p>09/03/09 R1 sustained a large red mark to her knee after being kicked in her right knee by R2 while he was being assisted to his room.</p> <p>g) An attempt was made to interview R10 on 09/10/09 at 12:20 P.M. R10 stated, "...there's a lot of fighting," however R10 could not provide any specifics. The Incident/Accident Reports from 01/09 to present identify that R10 has been the victim of R2's abuse. These reports state:</p> <p>01/10/09 R10 was hit on the right arm and right leg by R2 after he became upset and took it out on R10;</p> <p>01/17/09 R10 sustained a red mark on the top of her head after being hit in the head by R2;</p> <p>03/16/09 R10 was slapped on the nose by R2.</p> <p>R12 was interviewed on 09/10/09 at 3:40 P.M.</p>	W9999			

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

PRINTED: 02/10/2010
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 14G198	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 09/29/2009
NAME OF PROVIDER OR SUPPLIER SUTTON HOUSE			STREET ADDRESS, CITY, STATE, ZIP CODE 4241 LINCOLNSHIRE DRIVE MOUNT VERNON, IL 62864		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE	
W9999	<p>Continued From page 44</p> <p>and stated, "Not like R2, (he's) not okay" when asked if anyone had hit her or bothered her. R12 stated, "He's (R2 has) been bothering me. Calls me poopy. (I) Don't like that." The Incident/Accident Reports from 01/09 to present identifies that R12 has been the victim of R2's abuse. These reports state:</p> <p>02/15/09 R12 sustained a bruise to her upper right arm after R2 pinched her in her arm. 03/15/09 R12 was pinched on the right side of her face and her upper arm by R2 04/06/09 R12 was pinched on her left cheek 05/11/09 R12 sustained a red mark and a bruise after being pinched by R2 on her upper right arm</p> <p>h) R3 was interviewed at 12:40 P.M. and would only answer direct questions asked. When R3 was asked if she had ever seen anyone hit anybody at home, R3 stated, "Yes." When asked who hits, R3 stated, "R2." R3 was then asked, "If R2 came in the living room while you were sitting there, what would you do?" R2 stated, "Get up." When R2 was asked why she would get up, she stated, "Don't trust him." R2 stated, "Afraid he might hit me," when she was asked why she didn't trust R2.</p> <p>R5 was interviewed on 09/10/09 at 12:35 P.M. and stated, "... R2 kind of scares me. He hasn't hit me yet. When he hits, staff punish him and put him in his room. I just stay away from him...."</p> <p>R16 was interviewed at 10:45 A.M. and stated that he was afraid of someone at the facility. When asked if it was a staff or a client that he was afraid of, R16 stated, "Client." When asked why he was afraid of this client, R16 stated, "He hits me and calls me names. He hits people...."</p>	W9999			

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

PRINTED: 02/10/2010
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 14G198	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 09/29/2009
NAME OF PROVIDER OR SUPPLIER SUTTON HOUSE			STREET ADDRESS, CITY, STATE, ZIP CODE 4241 LINCOLNSHIRE DRIVE MOUNT VERNON, IL 62864		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE	
W9999	<p>Continued From page 45</p> <p>When R16 was asked the client's name, R16 stated that he wasn't sure. When asked to give a physical description of this person, R16 stated that the individual was tall. After a moment R16 stated, "R2, R2 is his name. I don't like him. He's mean. I stay away from him."</p> <p>Further review of the The Incident/Accident Reports identify that R17 (prior resident) was subjected to abuse from R2. These reports state:</p> <p>01/17/09 R17 was hit on the nose by R2; and 02/07/09 R17 was hit in her left eyebrow by R2.</p> <p>R2's Universal Notes dated 02/24/09 state, "R2 pinched a female peer on her face and bit her on L (left) hand. Incident reports completed." On 09/16/09 at 3:45 P.M., E1 (QMRP) stated that the female peer was R17 and that the facility did not have a copy of the Incident/Accident report.</p> <p>3) The facility has failed to evaluate the safety of others from R2 while in the community due to his incidents of aggression.</p> <p>a) The Incident and Accident Reports dated 08/03/09 identify that while on an outing, R2 attacked R7 and R8 while in the van. These reports state, "...pulled up next to soda machine to buy them all sodas. Heard female peers screaming and turned around and male peer in last seat of the silver van was hitting a female peer in back of her head twice and female peer scooted up close to front seat to get away.... so I immediately got in the van and drove back to *** (facility name) for the safety of the girls...."</p> <p>The facility's Investigative Summary of this incident, dated 08/04/09 states,</p>	W9999			

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

PRINTED: 02/10/2010
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 14G198	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 09/29/2009
NAME OF PROVIDER OR SUPPLIER SUTTON HOUSE			STREET ADDRESS, CITY, STATE, ZIP CODE 4241 LINCOLNSHIRE DRIVE MOUNT VERNON, IL 62864		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE	
W9999	<p>Continued From page 46</p> <p>"Brief Summary of Incident During an outing in facility van, R2 became excited and hit two peers sitting in front and next to him in van. They had just pulled up to buy sodas. R2 was excited sitting in last seat of van....</p> <p>Interventions Continue to implement R2's daily schedule and routines. Staff are trained and aware of possible antecedents that are prevalent before R2 becomes aggressive, so that they can prevent aggressions."</p> <p>No documentation is noted in the facility's summary regarding what safeguards are to be used to protect other individuals and staff from further potential abuse while riding in and or driving the facility van.</p> <p>b) R2 had an aggressive incident towards staff on 03/13 while on a community outing. The Incident/Accident Report states: "While walking around the store, R2 walked up to staff and punched her in L (left) eye, (R) right cheek, kicked her in both legs, punched her in chest and side until staff could use CPI (Crisis Prevention Institute) hold on the floor for 3 min. (minutes). Once he seemed calm we went to the register to pay and went to the van. When I opened the van door he punched staff in the back, he got in the seat, turned back towards the staff and swung at her again. (On 09/16/09 at 3:45 P.M., E1 (QMRP) stated that R4, R5 and R8 and two staff were also present on the outing.)</p> <p>This report also states, "Future intervention to prevent further incidents. 1-1 w/ (with) R2 about behaviors. Talk to HR/BM (Human Rights/Behavior Management) about program</p>	W9999			

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

PRINTED: 02/10/2010
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 14G198	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 09/29/2009
NAME OF PROVIDER OR SUPPLIER SUTTON HOUSE			STREET ADDRESS, CITY, STATE, ZIP CODE 4241 LINCOLNSHIRE DRIVE MOUNT VERNON, IL 62864		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE	
W9999	<p>Continued From page 47 restrictions."</p> <p>No documentation is noted in the facility's summary regarding what safeguards are to be used to protect other individuals and staff from further potential abuse when out in the community.</p> <p>E3 (2nd Shift Direct Care Staff) was interviewed on 09/10/09 at 3:04 P.M. and stated, "...When R2 is aggressive and requires CPI, it generally takes two staff, sometimes three (staff) to intervene...."</p> <p>E4 (Food Service Staff) was interviewed on 09/10/09 at 10:30 A.M. and stated, "...It generally takes two to three staff to intervene when R2 is aggressive...."</p> <p>E6 (2nd Shift Direct Care Staff) was interviewed on 09/10/09 at 2:58 P.M. and stated, "...Most times it takes two staff to intervene when R2 is aggressive...."</p> <p>R2's behavior program dated 01/12/09 does not identify that further restrictions and or staffing considerations were included in his program after the 03/13/09 incident.</p> <p>c) The Behavior Tracking Recording Form for September 2008 identifies that R2 had an incident of inappropriate grabbing on 09/06/08 when he grabbed, "a small boys hand" and refused to let go while at a restaurant in the community.</p> <p>E1 was interviewed by telephone on 09/23/09 at 3:00 P.M. and stated that she knew about the incident but was unable to find the Incident/Accident report for the 09/06/08 incident.</p>	W9999			

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

PRINTED: 02/10/2010
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 14G198	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 09/29/2009
NAME OF PROVIDER OR SUPPLIER SUTTON HOUSE			STREET ADDRESS, CITY, STATE, ZIP CODE 4241 LINCOLNSHIRE DRIVE MOUNT VERNON, IL 62864		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE	
W9999	Continued From page 48 4) The facility failed to revise R2's behavior program based on his continued aggression towards his peers. R2's Physician's Order Medication and Treatments sheet dated 07/16/09 thru 08/15/09 states that he was admitted to the facility on 08/13/08. The facility's Incident Report(s) and Behavior Tracking Recording Form(s) from September 2008 to December 2008 identify the following: September: R2 had five incidents of aggression towards his peers (9/2, 9/9, 9/20, 9/22 and 9/30 and one incident of grabbing "a small boys hand" and refusing to let go while in the community at a restaurant on 09/06/08. October: R2 had eleven incidents of aggression towards his peers 10/8, 10/12, 10/15, 10/18, 10/19, 10/19, 10/21, 10/22, 10/22, 10/22 and 10/26 November 2008: R2 had ten incidents of aggression towards his peers on 11/11, 11/13, 11/18, 11/25, 11/27, four incidents on 11/28 and one incident on 11/30; and December 2008: R2 had eight incidents of aggression towards his peers on 12/5, 12/7, 12/9 12/18, 12/20 and three incidents on 12/28. On 01/6/09 the facility's specially constituted committee met and reviewed R2's aggressive behavior. Recommendations were made to, "...Implement more structured scheduling to avoid disrupting his schedule while decreasing	W9999			

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

PRINTED: 02/10/2010
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 14G198	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 09/29/2009
NAME OF PROVIDER OR SUPPLIER SUTTON HOUSE			STREET ADDRESS, CITY, STATE, ZIP CODE 4241 LINCOLNSHIRE DRIVE MOUNT VERNON, IL 62864		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE	
W9999	<p>Continued From page 49 aggressions."</p> <p>R2's behavior intervention plan was updated on 01/12/09 to include a behavior/routine daily schedule.</p> <p>After this update, R2's behavior documentation, QMRP Reports and Incident Reports from January 2009 to September 9, 2009 identify that his aggression continued. The following is noted:</p> <p>January 2009: R2 had eleven incidents of aggression towards his peers on 01/2 (two incidents with one involving R4), 01/04 (R6), 01/07 (R11), 01/10 (R10), 01/17 (two incidents involving R17 and R10), 01/21 (R2), 01/28 (R11), 01/29 (R4) and 01/30 (R4);</p> <p>February 2009: R2 had eight incidents of aggression towards his peers on 02/03 (hit peer at day training leaving a hand print on his face), 02/07 (R17), 02/12 (R11), 02/14 (R4), 02/15 (R12), 02/16 (R11) and 02/24 (two incidents involving R11 and R17). The QMRP Report states that R2 had nine incidents of physical aggression;</p> <p>March 2009: R2 had eight incidents of aggression towards his peers on 03/02 (two incidents where he went after an unidentified male peer and grabbed an unidentified female peer), 03/09 (male peer not identified), 03/15 (R12), 03/16 (one incident where he attempted to hit an unidentified peer and one incident with R10), 03/17 (swinging at an unidentified female peer) and 03/30 (R11). R2's Universal Notes dated 03/03/09 identifies that he became aggressive with staff and that staff, "...had to hold door closed..." at 3:20 and at 4:00 P.M.. The</p>	W9999			

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

PRINTED: 02/10/2010
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 14G198	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 09/29/2009
NAME OF PROVIDER OR SUPPLIER SUTTON HOUSE			STREET ADDRESS, CITY, STATE, ZIP CODE 4241 LINCOLNSHIRE DRIVE MOUNT VERNON, IL 62864		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE	
W9999	<p>Continued From page 50</p> <p>QMRP Report states that R2 had seven incidents of physical aggression;</p> <p>April 2009: R2 had eights incident of aggression towards his peer on 04/05 (three incidents involving R1, R4 and R8), 04/06 (R12), 04/09 (R4), 04/12 (chased an unidentified peer), 04/13 (R8) and 04/18 (two incidents involving R1). The QMRP Report states that R2 had three incidents of physical aggression;</p> <p>May 2009: R2 had nine incidents of aggression towards his peer on 05/04 (R4), 05/10 (R11), 05/11 (two incidents involving R12 and R11), 05/15 (R11), 05/19 (R11), 05/26 (R14) and 05/29 (two incidents of hitting peers at day training). The QMRP Report states that R2 had three incidents of physical aggression;</p> <p>June 2009: R2 had four incidents of aggression towards his peers on 06/01 (R11), 06/07 (R4), 06/09 (R14) and 06/25 when he attempted to hit an unidentified peer. The QMRP Report states that R2 had four incidents of physical aggression;</p> <p>July 2009: R2 had three incidents of aggression towards his peers on 07/03 (R6), 07/07 (R6), 07/24 (R13) and 07/27 when he was attempting to hit his peers. The QMRP Report states that R2 had thirteen incidents of physical aggression.</p> <p>August 2009: R2 had four incidents of aggression towards his peers on 08/03 (R7 and R8), 08/08 (R6), 08/13 (R7) and 08/29 (R6); and</p> <p>September 2009: R2 had eight incidents of aggression towards his peers on 09/01 (R6), 09/03 (R1), 09/05 (went after an unidentified male and female peer), 09/07 (two incidents</p>	W9999			

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

PRINTED: 02/10/2010
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 14G198	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 09/29/2009
NAME OF PROVIDER OR SUPPLIER SUTTON HOUSE			STREET ADDRESS, CITY, STATE, ZIP CODE 4241 LINCOLNSHIRE DRIVE MOUNT VERNON, IL 62864		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE	
W9999	<p>Continued From page 51 involving R6) and 09/08 (three incidents involving an unidentified male peer, R11 and R6).</p> <p>R2's Behavior Program/Routine/Daily Schedule dated 09/01/09 was reviewed. This program was found to be the same plan, without revision as compared to R2's Behavior Program dated 01/12/09.</p> <p>E1 (QMRP) was interviewed on 09/18/09 at 11:15 A.M. and confirmed that R2's behavior program had not been revised as based on his continued aggression. E1 stated, "None," when asked what is the difference between R2's 09/01/09 Behavior Program and R2's 01/12/09 Behavior Program.</p> <p>5) The facility failed to implement a system to assure that client to client abuse is investigated and that corrective action is taken to prevent further incidents of abuse.</p> <p>The facility's policy and procedures for Client Protections (no date) states, "... 20. THE FACILITY SHALL BE RESPONSIBLE TO INSURE THAT NO RESIDENT IS SUBJECTED TO PHYSICAL, VERBAL, SEXUAL, NEGLECT OR PSYCHOLOGICAL ABUSE OR PUNISHMENT.</p> <p>- Abuse refers to ill treatment; violation, revilement, malignment or exploitation of an individual whether purposeful or due to carelessness, inattentiveness or omission of the perpetrator.</p> <p>- Verbal abuse includes any spoken, written or gestural language and psychological abuse includes humiliation, harassment and threats of punishment or deprivation, sexual coercion and</p>	W9999			

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

PRINTED: 02/10/2010
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 14G198	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 09/29/2009
NAME OF PROVIDER OR SUPPLIER SUTTON HOUSE			STREET ADDRESS, CITY, STATE, ZIP CODE 4241 LINCOLNSHIRE DRIVE MOUNT VERNON, IL 62864		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE	
W9999	<p>Continued From page 52</p> <p>intimidation.</p> <p>- Physical abuse refers to any physical motion by which bodily harm or trauma occurs. This includes corporal punishment as well as the use of any restrictive, intrusive procedure to control inappropriate- behavior...</p> <p>- Neglect refers to any failures by facility to carry out required/appropriate services, habilitation or treatment as ordered by authorized personnel. Neglect means failure to provide goods or services necessary to avoid physical or psychological harm..."</p> <p>Further review of this policy identifies that there are instructions (procedures) for completing an Abuse/Neglect Reporting Form. These instructions state, "...Any person who witnesses or becomes aware of allegations of abuse/neglect must immediately begin to implement the items of the Abuse/Neglect Reporting Form" and "Checklist for Report of Abuse/Neglect."</p> <p>This checklist states:</p> <p>"1. Instruction given to prevent possibility of further abuse/neglect: ... If the perpetrator is not an employee, attempts should be made to prevent the person from access to the alleged victim.... 4. Attending physician contacted: The resident's physician should be contacted for recommendations as soon as possible... 7. Instruct witnesses to write personal statements: Instruct staff witnesses to write statements as soon as possible... 8. General information: ...It is the responsibility of the RSD in coordinations with the administrator to generate a final written report. This written report of the results shall be generated within 5 days of the incident, and if the violation is verified, the appropriate corrective</p>	W9999			

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

PRINTED: 02/10/2010
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 14G198	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 09/29/2009
NAME OF PROVIDER OR SUPPLIER SUTTON HOUSE			STREET ADDRESS, CITY, STATE, ZIP CODE 4241 LINCOLNSHIRE DRIVE MOUNT VERNON, IL 62864		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE	
W9999	<p>Continued From page 53 actions shall be taken..."</p> <p>The facility's Investigative Summary reports identify that investigations were completed for peer to peer abuse occurring in August 2009 (08/03, 08/08, 08/13 and 08/29) and September 2009 (09/03, 09/07 and 09/08). These reports do not identify that R2 was prevented from access to his peer, that R2's physician was notified, and/or that witness statements were done and included in the investigations.</p> <p>E4 (Direct Care Staff) was interviewed on 09/10/09 at 3:04 P.M. and stated, "...We've had behavioral issues with R2. Last week it was everyday...." E4 was asked how staff safeguard the other individual after being hit by R2. E4 stated, "We watch him and whoever he targets. He's (R2 is) just all over...." E4 stated, "Yes" when asked if she considered R2's aggression against his peers abuse. E4 also stated that staff complete an incident report when R2 is aggressive towards peers and staff.</p> <p>During the interview with E7 (Direct Care Staff) on 09/10/09 at 3:23 P.M., E6 was asked how staff safeguard the other individual(s) after being hit by R2. E6 stated, "We watch them and keep an eye on him (R2) and the one he attacked." E6 stated, "Yes" when asked if she considered R2's aggression against his peers abuse. E6 stated, "... R2 has been targeting his roommate, R6. R6 and R2 are still room mates. R6 doesn't defend himself, he takes out running...."</p> <p>E1 (QMRP) was interviewed on 09/18/09 at 11:15 A.M. to explain the facility's policy and procedures on abuse. E1 stated, "Prior to August 8th, 2009 we were not investigating peer</p>	W9999			

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

PRINTED: 02/10/2010
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 14G198	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 09/29/2009
NAME OF PROVIDER OR SUPPLIER SUTTON HOUSE			STREET ADDRESS, CITY, STATE, ZIP CODE 4241 LINCOLNSHIRE DRIVE MOUNT VERNON, IL 62864		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE	
W9999	<p>Continued From page 54</p> <p>to peer abuse. We started reporting peer to peer abuse in July or August of 2009. We just implemented this system.... We are now doing a formal investigation for every incident of peer on peer abuse...." E1 was asked how the facility safeguards other individuals from R2 after an incident of abuse, as per the facility's policy for Client Protections. E1 stated, "We watch or shadow R2 and keep an eye on the person that he is targeting. This policy (Client Protections) is not specific to the resident as a perpetrator of abuse. We are not using this policy for peer on peer abuse."</p> <p>During this interview, E1 confirmed that the facility has failed to implement a system to assure that client to client abuse is investigated and that safeguards and corrective actions have been taken to prevent further incidents of abuse.</p> <p>(A)</p>	W9999			