STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	14G132	A. BUILDING _____ B. WING _____	04/20/2010

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
HAMMETT HOUSE	1845 - 1ST AVENUE STERLING, IL 61081

(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 154	Continued From page 22 4- Dated 3-18-10; R2 held a non-verbal client's, (Z10), jacket very tightly in both hands. R2 responded to attempts to get him to release the jacket by sitting down on the ground, pulling the other consumer to the ground. After getting R2 to release Z10's jacket, Z11 checked Z10 and found that he had redness around his neck from his jacket being pulled. During an interview on 4-7-10 at 3:47pm, Facility Representative E2 said that she was not aware of the situation involving R1. During an interview on 4-8-10 at 11:50am, Facility Representative E2 said that she was not aware of the day training incidents. E2 said that most took place before she came on as the Facility Representative for the home. E2 also asked E6 to search for additional documentation in bulk filing but on 4-8-10 at 11:50am, Facility Representative E6 said that he had searched bulk files for additional documentation. Between E2's recent arrival to the home and the facility's inability to find reproducible documentation from the previous Administration, the facility was not able to produce documentation that thorough investigations of all allegations had been done.	W 154		
W9999	FINAL OBSERVATIONS LICENSURE VIOLATIONS 350.620a) 350.1060e) 350.1060j) 350.3240a) 350.3240c) 350.3240d)	W9999		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	14G132	A. BUILDING _____ B. WING _____	04/20/2010

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
HAMMETT HOUSE	1845 - 1ST AVENUE STERLING, IL 61081

(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 23 350.3240f) Section 350.620 Resident Care Policies 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. Section 350.1060 Training and Habilitation Services 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. 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 the program and any other pertinent observations and shall become a part of the resident's record. Section 350.3240 Abuse and Neglect a) An owner, licensee, administrator, employee or agent of a facility shall not abuse or neglect a resident. (Section 2-107 of the Act) c) A facility administrator who becomes aware of abuse or neglect of a resident shall immediately report the matter by telephone and in writing to	W9999		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	14G132	A. BUILDING _____ B. WING _____	04/20/2010

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
HAMMETT HOUSE	1845 - 1ST AVENUE STERLING, IL 61081

(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 24 the resident's representative. (Section 3-610 of the Act) d) A facility administrator, employee, or agent who becomes aware of abuse or neglect of a resident shall also report the matter to the Department. (Section 3-610 of the Act) 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) These Regulations were not met as evidenced by: Based on observation, record review and interview the facility failed to implement their policy to prevent abuse and to ensure that one of four sample clients, R4, was protected from physical abuse by a peer, (R2), which occurred on at least two other occasions without appropriate safeguards put in place. The facility failed to investigate this incident, report this incident to the Department or to promptly notify R4's guardian of this incident. R2's aggression continued, affecting 2 of 15 clients in the facility, (R4 and R10), and the potential to affect 13 additional clients who reside in the facility, (R's 1-3, 5-9, 11-15). Findings include:	W9999		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	14G132	A. BUILDING _____ B. WING _____	04/20/2010

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
HAMMETT HOUSE	1845 - 1ST AVENUE STERLING, IL 61081

(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 25 According to a Behavior Management/Resident Rights Committee minutes form dated 1-4-10, R2 is a 39 year old man whose diagnoses including Moderate Mental Retardation and Intermittent Explosive Disorder with dangerous aggression and Psychotic Disorder with Hallucinations. When R2 returned from work on 4-5-10 at 3:10pm, he spoke to staff and visitors, sat on the sofa and dozed. According to her Individual Service Plan, R4 is a 69 year old woman whose diagnoses include Severe Mental Retardation and Dementia. When R4 returned from work on 4-5-10 at 3:10pm, she used a 4 wheeled walker for ambulation. R4 communicated well despite hearing difficulties that require a hearing aid. During a review of a Progress Note dated 2-26-10, it states; "Residents were leaving the bank when (R2) became very angry and sat on (R4) and punched her in the face. (E1) attempted to protect her but he was able to strike her in the left side of her face. When returning (E1) noticed swelling & redness around her left eye...(E1) then contacted (E2) Administrator. (E1) was instructed to take (R4) to the hospital to have her evaluated." According to the hospital Emergency Department record with an admission date of 2-26-10, it states that R4 was punched in left eye, which resulted in a contusion. R4 was discharged with instructions that included a pain medication and cold packs. During an interview on 4-6-10 at 10:00am, R4's guardian Z2 said that a week after the incident	W9999		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	14G132	A. BUILDING _____ B. WING _____	04/20/2010

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
HAMMETT HOUSE	1845 - 1ST AVENUE STERLING, IL 61081

(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 26	W9999		

occurred on 2-26-10, R4 called her and informed her that she had been punched in the face and had gone to the hospital. Z2 said that she was in Florida at the time, but staff in the home had known to call her brother (R4's co-guardian) to get her number and to have R4 call her on her cell phone. Z2 said that she was not happy that the first she heard about this was a week after it occurred and that R4 was the one to notify her.

During an interview on 4-6-10 at 10:00am R4's guardian, Z2 said that R4 had been attacked on 3 separate occasions by R2. On 10-26-08, in September, 2009 and most recently on 2-26-10 when R4 was punched in the face by R2. Z2 said that she worries about R4 just walking down the hall and R2 attacking her.

During an interview on 4-6-10 at 2:08pm R3, who according to the Inspection of Care Information form dated 5-20-09 is a 27 year old woman whose diagnoses include Moderate Mental Retardation and Down Syndrome, said that "(R2's) bad behavior scares me."

During an interview on 4-6-10 at 1:39pm R11, who according to the Inspection of Care Information form dated 5-20-09 is a 39 year old woman whose diagnoses include Mild Mental Retardation and Down Syndrome, said that she is afraid of a male client at the home. R11 said that he tries to hit staff. R11 did not want to say the person's name because she was afraid of him.

During an interview on 4-7-10 at 2:00pm Direct Service Provider (DSP), E4 said that she was sure that R11 was referring to R2. E4 noted that, "she is afraid of him." E4 also said that R2 tries

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	14G132	A. BUILDING _____ B. WING _____	04/20/2010

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
HAMMETT HOUSE	1845 - 1ST AVENUE STERLING, IL 61081

(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 27 to hit staff. As for other clients, E4 said R2 mostly hits R4. During an interview on 4-7-10 at 2:10pm DSP E1 said that she was with R4 on 2-26-10. "(R4) was terrified, she was terrified." E1 said that she was behind R4 on the van "I threw myself over her so (R2) would hit me and not her, but he'd already gotten her. The residents are very very afraid of him." During an interview on 4-7-10 at 3:11pm R1, who according to the Inspection of Care Information form dated 5-20-09 is a 50 year old man whose diagnoses include Mild Mental Retardation and Parkinson's Disease, said that R2 had pinned R1 against his bedroom door. R1 said he tried to knee R2 to get him away. R1 said it took 2 staff to get R2 off of him. He said nobody should have to put up with being treated that way. During an interview on 4-7-10 at 3:40pm DSP E5 said that she was one of the staff who helped to get R2 off of R1 when R2 pinned R1 up against his door. "(R2) became very aggressive, I kept (R2) from whacking (R1) and he whacked me instead." E5 said that R3, R11 and R4 were afraid of R2. E5 said, "they're very afraid of him...I am too, but I can't let him see that or I'd be dust." During a review of an Incident dated 4-1-10, it notes that R10, who according to the Inspection of Care Information form dated 5-20-09 is a 43 year old man whose diagnoses include Severe Mental Retardation and Autism, had 2 scratches to the left side of his face and one small scratch on his left arm. During an interview with Facility Representative E2 on 4-5-10 at 2:32pm, she said	W9999		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	14G132	A. BUILDING _____ B. WING _____	04/20/2010

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
HAMMETT HOUSE	1845 - 1ST AVENUE STERLING, IL 61081

(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 28 that R2 became aggressive, hit and grabbed at R10. 911 was called and the Police came and talked to R2 in his room. During an interview on 4-8-10 at 12:30pm workshop QMRP Z4 discussed Behavior Incident Reports about which he said that he regularly calls the facility and tells the QMRP. Z4 added "and then they send a copy of the Incident Report home that night." These reports included: 1-Dated 5-7-09; R2 hit a client who lives in the community, "hit (Z5) several times and scratched his right arm." R2 also hit workshop staff Z6 in left arm. 2- Dated 5-26-09; R2 attempted several times to hit Z7, and one time tried to hit Z8 both are clients who live in the community. 3- Dated 5-27-09; R2 "woke up & started yelling - double up his fist threatening to hit another consumer, (Z9), got up from his chair slamming it into table & started after the consumer..." 4- Dated 3-18-10; R2 held a non-verbal client's, (Z10), jacket very tightly in both hands. R2 responded to attempts to get him to release the jacket by sitting down on the ground, pulling the other consumer to the ground. After getting R2 to release Z10's jacket, Z11 checked Z10 and found that he had redness around his neck from his jacket being pulled. During a review of R2's Behavior Program Form dated 3-19-10, it states that "(R2) has a history of physically aggressive behavior." It goes on to list the steps staff are to follow if R2 displays physical aggression:	W9999		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	14G132	A. BUILDING _____ B. WING _____	04/20/2010

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
HAMMETT HOUSE	1845 - 1ST AVENUE STERLING, IL 61081

(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 29 "INFORMAL: Staff will frequently provide (R2) with verbal praise and recognition for positive and appropriate behaviors. Praise should be offered in a neutral tone when (R2) has dealt with a situation without threatening someone. Formal: 1. When (R2) is physically aggressive staff should ask him in a quiet and calm voice if what he is doing is appropriate. It is important to remind (R2) that he feels bad after one of these episodes. 2. If this is unsuccessful staff should ask him if he would like to go to his room where it's quiet and try some relaxation exercises, (breathing slowly, counting to 10, listening to music, etc.) 3. If (R2) refuses to leave a common area staff are to redirect other residents in the vicinity to a different area. 4. If this is still unsuccessful staff will tell (R2) that they are not going to talk to him until he is calm. (R2) likes interacting with staff and wants to talk to them, this will usually calm (R2). 5. If (R2) is physically aggressive and is endangering himself or others staff members shall implement the techniques taught in aggression management and behavior modification in DSP training." During an interview on 4-7-10 at 3:47pm, Facility Representative E2 said that she was not aware of the situation involving R1. During an interview on 4-8-10 at 11:50am, E2 said that she was not aware of the day training incidents. E2 said that most took place before she came on as the Facility Representative for the home. E2 also asked Facility Representative E6 to	W9999		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	14G132	A. BUILDING _____ B. WING _____	04/20/2010

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
HAMMETT HOUSE	1845 - 1ST AVENUE STERLING, IL 61081

(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 30 search for additional documentation in bulk filing but on 4-8-10 at 11:50am, E6 said that he had searched bulk files for additional documentation. Between E2's recent arrival to the home and the facility's inability to find reproducible documentation from the previous Administration, the facility was not able to produce documentation that thorough investigations of all allegations had been done. E6 also said that he could not find R2's behavior documentation for January and February 2010. E6 said that he had rewritten R2's Behavior Program and that R2 had been referred to a behavioral intervention group for assessment. According to R2's ISP dated 8-19-09, R2 "is currently being monitored by (psychiatrist). (R2) is taking Zyprexa 2.5mg daily and Celexa 20mg daily." According to the facility's policy number 5.24 with a revision date of 11/08, it states that "the facility shall establish an Investigative Committee to assist in the protection of individual rights and to provide a liaison between the individual and the administration of the facility." Under the letter "J" it goes on to state, "If the allegation is that another individual committed an act of abuse, appropriate action will be taken to safeguard the other individuals." (A)	W9999		