	T OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) M A. BUII		PLE CONSTRUCTION G	(X3) DATE SU COMPLE	
		14G065	B. WIN	IG _		07/30	0/2010
	PROVIDER OR SUPPLIER STATES		•	Р	EET ADDRESS, CITY, STATE, ZIP CODE O. BOX 706, ENGLE DRIVE TREATOR, IL 61364		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFI TAG		PROVIDER'S PLAN OF CORREC' (EACH CORRECTIVE ACTION SHOI CROSS-REFERENCED TO THE APPR DEFICIENCY)	JLD BE	(X5) COMPLETION DATE
W 186	R7's IPP of 2/19/10 Vocational states the needs cues to stay hand over hand / or complete tasks," "irequiring cognition becomes distressed to his limited ability and hides his face to ignore someone E2 (day training directory or formally or 7/21/10 at 11:14 staff are usually in Monday, Tuesday, Friday there are two other Friday there is While observing a challway, R5 and E4 were observed wall 10:40am., as R5 ar made the comment days we have to put E4 continued, "I confloor, but." E4 states smallest group. At walk by in the hallwed the comment to sur others aren't getting staff, they're not do E4 was interviewed was asked how offer classroom. E4 states.	under the section titled be following: "wanders and on task at hand. He needs he on one assistance to sunable to complete tasks of any complexity. He dand is easily frustrated due," and "avoids eye contact with his hands when he wants whom is speaking to him." Lect care staff) was interviewed fam. E2 was asked how many this classroom. E2 stated that Thursday and every other of the Wednesday and every sone. Clifferent classroom from the Clirector of Day Services) king in the hallway. At and E4 were walking by, E4 to surveyor, "There are some at an extra person in there." and use them on the work ed that R5's classroom is the 10:50am., R5 and E4 again ray. At 10:53am., E4 makes eveyor, "If he is in there the gattention. If I put in another ing what they're supposed to." Id on 7/21/10 at 11:25am. E4 en there were two staff in R5's red 2 to 3 times a week.	W 1				

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA		1ULTI	PLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
AND PLAN C	F CORRECTION	IDENTIFICATION NUMBER:	A. BUI	LDIN	G	COMPLE	IED
		14G065	B. WIN	NG _		07/30	0/2010
NAME OF P	ROVIDER OR SUPPLIER			Р	REET ADDRESS, CITY, STATE, ZIP CODE 2.O. BOX 706, ENGLE DRIVE STREATOR, IL 61364		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREF TAG		PROVIDER'S PLAN OF CORREC' (EACH CORRECTIVE ACTION SHOI CROSS-REFERENCED TO THE APPR DEFICIENCY)	JLD BE	(X5) COMPLETION DATE
W9999	Continued From pa	ge 27	W99	999			
	350.810a) 350.1060e) 350.1060h) 350.1070 350.3240a) Section 350.810 Pe	ersonnel					
	shall be on duty all services that meet residents. At a mini	numbers and qualifications hours of each day to provide the total needs of the mum, there shall be at least twake dressed and on duty at					
	Section 350.1060 T Services	raining and Habilitation					
	program that mana be developed and i aggressive or self-a properly trained and	effective and individualized ges residents' behaviors shall mplemented for residents with abusive behavior. Adequate, d supervised staff shall be ster these programs.					
	personnel, and nec carry out the trainin Supervision of deliv	ied training and habilitation essary supporting staff, to g and habilitation program. very of training and habilitation e responsibility of a person					
	Section 350.1070 T	raining and Habilitation Staff					
		ied staff shall be provided in to meet the training and					

	FOF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	A. BUI		IPLE CONSTRUCTION IG	(X3) DATE SU COMPLE	
		14G065	B. WIN	IG _		07/30	0/2010
NAME OF F	PROVIDER OR SUPPLIER			P	REET ADDRESS, CITY, STATE, ZIP CODE P.O. BOX 706, ENGLE DRIVE STREATOR, IL 61364		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES 'MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREF TAG		PROVIDER'S PLAN OF CORREC (EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APPR DEFICIENCY)	ULD BE	(X5) COMPLETION DATE
W9999	staffing shall be pro 350.810(b) of this F Section 350.3240 A a) An owner, licens or agent of a facility resident. (Section 2 These Regulations by: Based on observati review, the facility f which protected increoccurrence of perindividuals in the saindividual outside the potential to affect 1 sample (R4) and 1 the sample (R7) whas a sample (R7) what a	of the residents. At a minimum, evided as described in Section Part. Abuse and Neglect ee, administrator, employee of shall not abuse or neglect a 2-107 of the Act) were not met as evidenced on, interview and record ailed to set up a structure lividuals and prevented er to peer abuse for 1 of 4 ample (R3) and 1 additional ne sample (R6) with the additional individual in the additional individual outside ten they failed to: action regarding a pattern of ars, re was sufficient supervision abusing his peers. Program Plan/Emergency et" dated 5/20/10, is a 37 year oses of Profound Mental pulse Control Disorder. R5's rogram Plan (IPP) of 5/20/10 tled "Language" states, R5 uation on 3/12/10. The	W99	999			

	FOF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	A. BUI		IPLE CONSTRUCTION NG	(X3) DATE SU COMPLE	
		14G065	B. WIN	1G _		07/30	0/2010
NAME OF F	PROVIDER OR SUPPLIER		•	F	REET ADDRESS, CITY, STATE, ZIP CODE P.O. BOX 706, ENGLE DRIVE STREATOR, IL 61364		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREF TAG		PROVIDER'S PLAN OF CORREC (EACH CORRECTIVE ACTION SHOU CROSS-REFERENCED TO THE APPR DEFICIENCY)	JLD BE	(X5) COMPLETION DATE
W9999	wants and needs Conversation - Una conversation Following Comman understanding of so Responds to Quest does not respond to Existing Speech Pr program (Note (R5) communication pro by shaking hands. goal to learn to com communication pho daily schedule)". Under the section ti 5/20/10 states that aggressive behavio kicking, hitting, pus formal Behavioral In the section titled, "\ "requires constants safety across all en section continues, I environment and ha even with continued Under the section ti IPP of 5/20/10 state Day Training, staff to offer support of a of problem behavio watchful for indicati maladaptive behavio	ble to participate in ds: Demonstrates me functional commands ions - Responds to name o questions ogram - No Existing speech has been on a gram to learn to greet others He will be on a new speech municate by using a oto dictionary and pictorial ttled "Behavior," the IPP of R5, "has developed some ors which include: poking, hing, and pinching. He is on a mplementation plan." Under vocational" it states that R5 supervision to maintain his vironments." The vocational R5 "is easily distracted by his as difficulty remaining on task d prompts." ttled "Level of Supervision" the es, "While at (the facility) or will be within hearing distance idaptive and /or management r. Staff will be conscious and ons that (R5) may display ors. If staff suspects that (R5) aptive behavior, staff will be	W99	999			

	FOF DEFICIENCIES DF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) M A. BU		PLE CONSTRUCTION G	(X3) DATE SURVEY COMPLETED	
		14G065	B. WI	NG _		07/3	0/2010
NAME OF F	PROVIDER OR SUPPLIER		'	Р	EET ADDRESS, CITY, STATE, ZIP CODE O. BOX 706, ENGLE DRIVE TREATOR, IL 61364		
(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	1) Behavior data cowere reviewed. The summary forms conconsequences columinate the incident PHY client, who was the 15 incidents listed in physical altercation 4 incidents listed in physical altercation 5 incidents listed in physical altercation 6 incidents listed in physical altercation 7 incidents listed in physical altercation 8 was reviewed by administrative Reviand among the recincreasing medicate dictionary, a picture activities, and reconsidering medicate the behavioral Implementation Program Start Date the behaviors of "Houshing, poking, picture schedule review of 4/22/10. Section of the behavior of the behavior. The incident report date poked R5 in the rig R3. The incident report date poked R5 in the rig R3. The incident report date poked R5 in the rig R3. The incident report date poked R5 in the rig R3. The incident report date poked R5 in the rig R3. The incident report date poked R5 in the rig R3. The incident report date poked R5 in the rig R3. The incident report date poked R5 in the rig R3. The incident report date poked R5 in the rig R3. The incident report date poked R5 in the rig R3. The incident report date poked R5 in the rig R3. The incident report date poked R5 in the rig R3. The incident report date poked R5 in the rig R4.	ollection summaries for R5 ese Behavior data collection ntained Antecedent-Behavior- umns and a column indicating 'SICALLY involved another other client." In 2/10, R5 had in the column addressing s with peers. In 3/10, R5 had the column addressing s with peers. In 4/10, R5 had the column addressing s with peers. In 4/10, R5 had the column addressing s with peers. y an outside "Clinical and ew Team" (CART) on 4/22/10 commendations were tons, a communication e schedule of his daily rding sleep patterns. R5's mentation Plan" with an "Initial to f "May 2010" addresses itting, slapping, kicking, inching, projectile or target g." The behavior program mmunication dictionary and commended by the CART Under the "Data Tracking" vior plan dated "May 2010" it to report will be written in cases	W9:	999			

	T OF DEFICIENCIES DF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) M A. BUI		PLE CONSTRUCTION 3	(X3) DATE SU COMPLE	
		14G065	B. WIN	IG		07/3	0/2010
NAME OF F	PROVIDER OR SUPPLIER		•	P.	EET ADDRESS, CITY, STATE, ZIP CODE O. BOX 706, ENGLE DRIVE TREATOR, IL 61364		
(X4) ID PREFIX TAG	(EACH DEFICIENC)	TEMENT OF DEFICIENCIES / MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREF TAG		PROVIDER'S PLAN OF CORRECT (EACH CORRECTIVE ACTION SHOU CROSS-REFERENCED TO THE APPR DEFICIENCY)	JLD BE	(X5) COMPLETION DATE
W9999	reduce future abus and R3 "had spent Friday and had got invade other people excited he sometim They were separate programs were disc is signed by E1 (Ac An incident report of was hit in the face farm. Staff got R3 to the room. R3 then hit R5 in the face. training. A form da incident between R titled "Proactive stebehaviors" states the being around (R5) Although staff have sometimes strike of with him." It continus behavior, (R5) was supervision to preven CART recommoredirected back to attention for this besigned by E1. E1 with 1:10pm. When askinvestigated, E1 stated that at the additional staff is gifted. An incident report of was seeking out and day training that do and the investigated of the in	a lot of time together on ten along well. (R3) tends to ses space and when (R5) is nes touches/pokes others. ed and their behavior cussed/followed." This section diministrator). Idated 6/01/10 states that R3 by R5. R3 then grabbed R5's to let go right away and R3 left came back into the room and This incident occurred at day ted 6/01/10 regarding the 5 and R3, under the section the ps to reduce future abusive that, "(R3) often insists on the because they are friends. If warned him that (R5) will be that, (R3)still chooses to interact the section and this incident or staff that the onset of this given additional staff the enthim from harming others. If end and not given thavior. This document was the task at hand and not given thavior. This document was the task at this would have interested the operated yes that this would have interested the operated yes that the behavior.	W99	999			

	FOF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	A. BUI		PLE CONSTRUCTION G	(X3) DATE SU COMPLE	
		14G065	B. WIN	IG _		07/30	0/2010
NAME OF F	PROVIDER OR SUPPLIER		•	Р	REET ADDRESS, CITY, STATE, ZIP CODE O. BOX 706, ENGLE DRIVE TREATOR, IL 61364		
(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	incidents." This incident training room. Signed by E2 (day to Under the section to reduce future abusing the section to reduce future abusing the section to reduce future abusing the section to reduce future at the signed by E2. Und steps to reduce future states, "Staff will at before contact is mention before contact is mention to the section to th	ge 32 rom the room to avoid further ident occurred in the same The incident report form was raining direct care staff). Itled "Proactive steps to ve behaviors" it is blank. lated 6/29/10 states that R5 and slapped him in the face. Intervene R3 slapped R5 in the occurred in the same day incident report form was er the section titled "Proactive are abusive behaviors" it tempt to intervene quicker ade and will continue to follow on Program for (R5) and trator) was interviewed on When asked about any ken to prevent reoccurrence, are to intervene quicker follow the behavior programs. Intervened (R6) and hit her in evened removing (R5) from the toccurred in the same day incident report form was er the section titled "Proactive are abusive behaviors" it recommendations, (R5) is to to the schedule using his a (R5) is able to complete the ne is to be given a choice of be kept on schedule and to out at residents." This section I was interviewed on 7/21/10 asked about any corrective vent reoccurrence, E1 stated, we have the section of the schedule and to out at residents." This section I was interviewed on 7/21/10 asked about any corrective vent reoccurrence, E1 stated,	W99	999			

	FOF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	A. BUI		TPLE CONSTRUCTION NG	(X3) DATE SU COMPLE	
		14G065	B. WIN	1G _		07/30	0/2010
NAME OF F	PROVIDER OR SUPPLIER			F	REET ADDRESS, CITY, STATE, ZIP CODE P.O. BOX 706, ENGLE DRIVE STREATOR, IL 61364		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES 'MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREF TAG		PROVIDER'S PLAN OF CORREC' (EACH CORRECTIVE ACTION SHOI CROSS-REFERENCED TO THE APPR DEFICIENCY)	ULD BE	(X5) COMPLETION DATE
W9999	An incident report of "walked up to a femher in the face. Sta (R5) from the area. engage (R5) in an a incident report for Rwatching a movie of occurred. This incidertaining room. The signed by E2. A "Subetween R5 and R6 section titled "Proact abusive behaviors" recommendations, routine. When he gaggressive towards picture of what is extended the task at hand. He for acceptable behaviors acceptable behaviors when he is (R5) is restless or be block (R5) from oth towards his routine. E1. E1 was interview When asked about prevent reoccurrence routine, show him pachedule. An incident report of "walked up to a femthe face. Staff interfrom the area." The that she was "watch she was hit. This in	t him to his schedule book.	W98	999			

	FOF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	A. BUI		TPLE CONSTRUCTION NG	COMPLE	
		14G065	B. WIN	1G _		07/30	0/2010
NAME OF F	PROVIDER OR SUPPLIER		•	F	REET ADDRESS, CITY, STATE, ZIP CODE P.O. BOX 706, ENGLE DRIVE STREATOR, IL 61364		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES ' MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREF TAG		PROVIDER'S PLAN OF CORREC (EACH CORRECTIVE ACTION SHOI CROSS-REFERENCED TO THE APPR DEFICIENCY)	ULD BE	(X5) COMPLETION DATE
W9999	steps to reduce futustates, "Per CART be redirected back picture communicated completed the schedal choice of rewards schedule so his time likely to strike out a signed by E3 (Qual Professional/Nurse interviewed on 7/22 about any corrective reoccurrence, E1 standard schedule picture be rewards, keep hime. R5 was observed in training on 7/21/10 classroom at that time clients. At 9:47am. from the bathroom. the room. E2 attern leaving. R5 grabbe stated, "we need to holding R5's picture schedule book. R5 pinch E2. E2 stated "use your book to le like." During this time classroom stander incident reports was either watching she was hit by R5. At 9:50am., R5 was piano and prompted tried to leave the room.	er the section titled "Proactive are abusive behaviors" it recommendations, (R5) is to to his schedule using his tion book. Once he has aduled activity he will be given as. (R5) needs to keep on his e is occupied and he is less to others." This form was diffed Mental Retardation at 1:10pm. When asked the action taken to prevent thated, "Per CART use his book, give him a choice of	W99	999			

	FOF DEFICIENCIES DF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) M A. BUI		PLE CONSTRUCTION G	(X3) DATE SURVEY COMPLETED	
		14G065	B. WIN	IG _		07/3	0/2010
NAME OF F	PROVIDER OR SUPPLIER		•	Р	REET ADDRESS, CITY, STATE, ZIP CODE CO. BOX 706, ENGLE DRIVE STREATOR, IL 61364		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	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	R5 so no other clie any staff interaction was still only 1 staff R6, R4, and R7. R again tried to leave At 9:52am., E2 was not pulling. Stop. to grab at E2. At 9 leave the classroor into a computer for scratch E2. E2 waneed to stop." R5 classroom. R5 pul E2's arm again. At no staff interaction the room since R5 staff (E2) and 8 clie At 9:58am., E2 staft classroom that it wone on one with E2 cafeteria area for bon one walking with a table in the cafete At 10:07am., R5 go cafeteria area. He another walk with FE2 until break was taken to the bathrodifferent staff took or returned to the classroom. R5 was prompted to si got to use your boo 10:25am., the second in the se	nts in the room were receiving in since R5 returned. There if (E2) and 8 clients including 5 refused to sit down and the classroom. Is heard to say to R5, "we're Use your book." R5 continued :54am., R5 again attempted to in. At 9:55am., E2 put a video R5. R5 was still attempting to sheard to say to R5, "You again attempted to leave the led at E2 and then attacked this time there had still been with any other individuals in returned. There was still 1	Pew	999			

	FOF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) M A. BUI		TPLE CONSTRUCTION NG	(X3) DATE SU COMPLE	
		14G065	B. WIN	1G _		07/30	0/2010
NAME OF F	PROVIDER OR SUPPLIER		•	F	REET ADDRESS, CITY, STATE, ZIP CODE P.O. BOX 706, ENGLE DRIVE STREATOR, IL 61364		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES 'MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFI TAG		PROVIDER'S PLAN OF CORREC' (EACH CORRECTIVE ACTION SHOI CROSS-REFERENCED TO THE APPR DEFICIENCY)	JLD BE	(X5) COMPLETION DATE
W9999	E2 offered R5 some follow E2 around as others. At 10:28am 10:29am., E4 (Direc R5 to his classroom his movie. R5 head him and said, "You people know what yand said "we are wadown but immediate At 10:32am., R5 sa 10:34am. he was ri E2. E2 prompted R5 continued to foll R5 out of the room individuals. At 10:35am., while classroom from the observed walking b walked by at 10:40a surveyor, "There are an extra person in tuse them on the wo E4 and R5 went batime E2 was readin 10:44am., R5 agair At 10:45am., E4 ret then took him back 10:50am., while observed walking by the hallway. At 10: to surveyor, "If he is getting attention. If not doing what they asked at that time if	ge 36 o come up and sit at the table. e blocks. R5 continued to s she attempted to work with h., R5 left the room. At ctor of Day Services) returned h. E4 prompted R5 to watch ded for the door. E2 blocked need to use your book. Let you want." E4 used R5's book atching a movie." R5 sat ely stood back up again. It down in a recliner. At ght back up again following to sit and watch his movie. ow E2. At that point E4 took leaving E2 with the rest of the observing a different hallway, R5 and E4 were y in the hallway. They again am. E4 made the comment to e some days we have to put here." E4 continued, "I could ork floor, but." At 10:42am., ck into his classroom. At that g to the others in the class. At a slipped out of the classroom out for a walk again. At serving a different classroom out for a walk again. At serving a different classroom 5 and E4 again walked by in 53am., E4 made the comment in there the others aren't I put in another staff, they're ire supposed to." E4 was if the other individuals in R5's e Profound range of Mental	W99	999			

	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) M A. BU		IPLE CONSTRUCTION	(X3) DATE SU COMPLE	
		14G065	B. WI	NG _		07/30	0/2010
NAME OF F	ROVIDER OR SUPPLIER		•	F	REET ADDRESS, CITY, STATE, ZIP CODE P.O. BOX 706, ENGLE DRIVE STREATOR, IL 61364		
(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 SHOU CROSS-REFERENCED TO THE APPRI DEFICIENCY)	JLD BE	(X5) COMPLETION DATE
W9999	towards his classro walked together towahead and had already the time we arrive "He hit me." An incident report of individual that R5 hith that does not live a report states that Z goal when a male of and hit her in the leincident report was E2 was interviewed was asked if R5 en stated, "No." When program says to do engage him in approximate. "E2 was asked in this classroom. I Tuesday, Thursday are two. Wednesday are two. Wednesday are two. Wednesday and someous them." E2 was asked the classroom are in Mental Retardation stated that R5 is "to E4 (Director of Day 7/21/10 at 11:25am strategy to address aggression against	walked away from E4 om. As E4 and surveyor ward R5's classroom, R5 was eady gone into his classroom. Wed, a client was heard to say, dated 7/21/10 identified the it as Z2 (a peer at day training the facility). The incident 2 "was doing her computer client (R5) walked up to her ft side of the head." The	W9:	999			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING		(X3) DATE SURVEY COMPLETED		
		14G065	B. WIN	1G _		07/30	0/2010
NAME OF PROVIDER OR SUPPLIER KNOX ESTATES			•	F	REET ADDRESS, CITY, STATE, ZIP CODE P.O. BOX 706, ENGLE DRIVE STREATOR, IL 61364		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)			ID PROVIDER'S PLAN OF COR PREFIX (EACH CORRECTIVE ACTION : TAG CROSS-REFERENCED TO THE A DEFICIENCY)		JLD BE	(X5) COMPLETION DATE
W9999	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)		W99	999			

		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING			COMPLETED	
		14G065	B. WING		07/30/2010		
NAME OF PROVIDER OR SUPPLIER KNOX ESTATES				F	REET ADDRESS, CITY, STATE, ZIP CODE P.O. BOX 706, ENGLE DRIVE STREATOR, IL 61364		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)		ID PREFI TAG		PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)		(X5) COMPLETION DATE
W9999	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL		W99	999			
	Cover Sheet (unda	gram Plan/Emergency Contact ted) states that R4 functions at of Mental Retardation and					

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		IULT	IPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED		
		14G065				07/30/2010		
NAME OF PROVIDER OR SUPPLIER KNOX ESTATES				F	REET ADDRESS, CITY, STATE, ZIP CODE P.O. BOX 706, ENGLE DRIVE STREATOR, IL 61364			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)		ID PREF TAG		PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)		(X5) COMPLETION DATE	
W9999	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL		W99	999				

		IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING			(X3) DATE SURVEY COMPLETED	
		14G065 B. WIN				07/30/2010		
NAME OF PROVIDER OR SUPPLIER KNOX ESTATES				STREET ADDRESS, CITY, STATE, ZIP CODE P.O. BOX 706, ENGLE DRIVE STREATOR, IL 61364				
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)		ID PREF TAG		PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIAT DEFICIENCY)		(X5) COMPLETION DATE	
W9999	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL		W9!	999				

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPL A. BUILDING		PLE CONSTRUCTION G	(X3) DATE SU COMPLE	JRVEY TED
		14G065	B. WIN	1G _		07/3	0/2010
NAME OF PROVIDER OR SUPPLIER KNOX ESTATES			•	P.	EET ADDRESS, CITY, STATE, ZIP CODE O. BOX 706, ENGLE DRIVE TREATOR, IL 61364		
(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 APPI DEFICIENCY)	OULD BE	(X5) COMPLETION DATE
W9999	R5 and E4 again w 10:53am., E4 mad he is in there the ot I put in another staf they're supposed to E4 (Director of Day 7/21/10 at 11:25am	nallest group. At 10:50am., alked by in the hallway. At e the comment to surveyor, "If hers aren't getting attention. If f, they're not doing what o." Services) was interviewed on a E4 was asked how often f in R5's classroom. E4 stated	Pew	999			