STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	14G242	A. BUILDING _____ B. WING _____	10/12/2012

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
LYNWOOD ESTATES	301 RODDY ROAD SALEM, IL 62881

(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 368	Continued From page 17 R15's current Physician's Orders state that R15 has the following medications to be given at 8:00 a.m.: Aspirin 81 milligrams, Alprazolam 0.25 milligrams, Omeprazole 20 milligrams and Oyster Shell 500 milligrams. Upon review of the Medication Administration Record on 09/20/12 at 6:30 a.m., surveyor noted that R15's 09/20/12, 8:00 a.m., medication had already been marked as given. During interview with E3 on 09/20/12 at 7:00 a.m., E3 confirmed that she had given the 8:00 a.m. medications earlier than the physician had ordered. E3 stated, "She (R15) used to leave earlier and we gave the (medication) then. We need to change that (the time ordered by the physician)."	W 368		
W9999	FINAL OBSERVATIONS LICENSURE VIOLATIONS: 350.620a) 350.1060e) 350.1230d)1) 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	W9999		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	14G242	A. BUILDING _____ B. WING _____	10/12/2012

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
LYNWOOD ESTATES	301 RODDY ROAD SALEM, IL 62881

(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 18 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. Section 350.1230 Nursing Services d) Direct care personnel shall be trained in, but are not limited to, the following: 1) Detecting signs of illness, dysfunction or maladaptive behavior that warrant medical, nursing or psychosocial intervention. Section 350.3240 Abuse and Neglect f) Resident as perpetrator of abuse. When an investigation of a report of suspected abuse of a resident indicates, based upon credible	W9999		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	14G242	A. BUILDING _____ B. WING _____	10/12/2012

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
LYNWOOD ESTATES	301 RODDY ROAD SALEM, IL 62881

(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 19 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 REQUIREMENTS WERE NOT MET AS EVIDENCED BY: Based on observation, interviews and record review the facility failed to put safeguards in place to prevent peer to peer abuse when R3: 1) punched a peer (R8) on the back as she was walking in the dining room, 2) hit his room mate (R6) in the forehead causing a red mark and 3) punched a peer (R7) in the nose causing a nosebleed. The facility failed to: 1) Provide necessary monitoring and supervision to prevent peer to peer abuse; 2) Develop and implement a system to ensure that peer to peer abuse does not continue; 3) Evaluate the safety of others from R3 due to his increased episodes of aggression and inappropriate behaviors towards other residents. 4) Revise R3's behavior program as based on his continued aggression towards his peers.	W9999		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	14G242	A. BUILDING _____ B. WING _____	10/12/2012

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
LYNWOOD ESTATES	301 RODDY ROAD SALEM, IL 62881

(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 20	W9999		

This failure to put safeguards in place to prevent peer to peer abuse ultimately resulted in R3 hitting R5 in the nose causing a traverse fracture to R5's nasal bones. This failure affects 4 of 15 residents who reside in the facility.

Findings Include:

Per review of R3's current Physician's Order Sheet dated 09/16/12 through 10/15/12, R3 is a 50 year old male who functions at a Severe level of Mental Retardation. R3's current Physician's Order Sheet continues to state that R3 has the following diagnoses: Bi-Polar Disorder, Impulse Disorder, Maladaptive Aggressive Disorder.

R3's Inventory for Client and Agency Planning (ICAP) dated 05/20/12 states that R3 has an overall age equivalency of 3 years and 4 months.

R3's Psychological assessment dated 07/28/11 states that R3 has an Intelligence Quotient of 21.

R3's 05/20/12 ICAP also states that R3 has maladaptive behaviors which include being hurtful to peers one to three times a month.

R3's Individual Program Plan dated 05/24/12 states that R3 was admitted to this facility on 04/25/12.

R3's 05/24/12 Individual Program plan continues to say that R3 requires a Behavior Intervention Program because R3 exhibits: "...Behaviors that interfere with normal daily routines with possible causes - physical aggression such as hitting and

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	14G242	A. BUILDING _____ B. WING _____	10/12/2012

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
LYNWOOD ESTATES	301 RODDY ROAD SALEM, IL 62881

(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 21	W9999		

slapping. Behaviors that are a threat to others - physical aggression towards peers such as hitting and slapping. Behaviors or conditions that require restrictive programming and behavior modifying medication - Physical aggression; Risperidone 4.5 (milligrams) daily."

1) Per review of R5's current Physician's Order Sheet dated 09/16/12 through 10/15/12, R5 is a 63 year old male who has diagnoses of: Major Depression with Psychotic features, Chronic Kyphoscoliosis, Chronic Schizophrenia, Aggression, Dementia, is Legally Blind and functions at a Moderate level of Mental Retardation.

Upon entrance to the facility on 09/19/12 at 10:20 a.m., E1 (Resident Service Director) informed surveyor that there had been an incident on 09/08/12 in which R3 hit R5 in the nose resulting in R3 fracturing R5's nose.

E1 then showed surveyor the video surveillance recording that was taken at the time of the incident which shows the residents sitting in the dining room prior to the noon meal. R3 was sitting at the end of the table and R5 was sitting on R3's left. The video showed no interaction between R3 and R5. R3 abruptly jumped up from his chair and hit R5 in the nose with his fist. R5 grabbed his nose and R3 sat back down in his chair. E9 and E10 (Direct Support Persons) were in the dining room at the time of the incident. The video recording showed that both E9 and E10 had their backs to R3 and did not witness the incident.

Upon review of the facility's incident/accident report dated 09/08/12 at 12:00 p.m.,

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	14G242	A. BUILDING _____ B. WING _____	10/12/2012

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
LYNWOOD ESTATES	301 RODDY ROAD SALEM, IL 62881

(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 22	W9999		

documentation states, "Resident was hit in the nose by a peer in the dining room during the afternoon meal. Resident was assessed and sent to (Emergency Room) for evaluation. Returned home with (diagnosis) of fractured nose."

During interview with E1 on 09/19/12 at 10:25 a.m., E1 said that at the time of the incident, R3 was under same room supervision, which means that staff are to have their eyes on him at all times. E1 continued to say that at the time of the incident, staff were not implementing R3's Behavior Intervention Plan because they had their backs to him. E1 continued to say that staff was not able to maintain constant visual contact with R3 when they had their backs to him. E1 also said that unless the staff were constantly observing R3, there is no way to prevent R3 from hitting his peers.

R3's 09/01/12 Behavior Intervention Program that was in place at the time of the 09/08/12 incident states:

"1) When (R3) becomes visibly excited, he will often follow staff demanding items (such as yelling "money, money, money", "soda", "pop" or "I get," etc.). At times, he will respond to another staff intervening and requesting that he come with them. Staff will attempt to engage him in an alternate activity of his choice. (R3) enjoys having a hand towel to hold on his lap which he holds in one hand and it appears to help him to remain calm when he is feeling anxious."
"2) Staff will speak to (R3) in a calm and soothing tone, even if he continues to yell demanding items. Then staff will redirect him to the step he is currently working on to focus his attention onto a

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	14G242	A. BUILDING _____ B. WING _____	10/12/2012

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
LYNWOOD ESTATES	301 RODDY ROAD SALEM, IL 62881

(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	W9999		

task. If he does hit staff, he will not earn a soda at snack time that evening, but will receive the beverage that is on the menu at snack time."
"3) If he becomes more upset (he will usually appear restless and make a whinning sound, and he is not responding to redirection, staff may request that he go to another area of the house to calm down...)" "Staff will remain with him providing visual supervision until he is calm to make sure that he does not hurt himself/others..."
"4) Staff are not targeting verbal aggression..."
"5) If (R3) becomes physically aggressive staff will intervene immediately providing one on one staff supervision, will keep peers out of close proximity to (R3), and will call the Resident Services Director to ensure everyone's safety..."

Per interview with E1 on 10/02/12 at 9:35 a.m., E1 stated that same room supervision had been implemented for R3 on 06/04/12 but was not put in his 09/01/12 Behavior Intervention Program.

Documentation within the facility's in service training log dated 06/04/12, shows that all staff were trained regarding R3 being on, "Constant visual supervision during all waking hours..."

During interview with E1 on 09/19/12 at 10:25 a.m., E1 stated that after the 09/08/12 incident in which R3 fractured R5's nose she had revised R3's Behavior Intervention Program to include, "Due to recent aggressive incidents, (R3) will be provided with direct one on one staff supervision. He will remain at least an arms length away from peers to ensure everyone's safety..."

2) Per review of R7's current Physician's Order Sheet dated 09/16/12 through 10/15/12, R7 is a

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	14G242	A. BUILDING _____ B. WING _____	10/12/2012

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
LYNWOOD ESTATES	301 RODDY ROAD SALEM, IL 62881

(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 55 year old female who functions at a Severe level of Mental Retardation. R7's diagnoses include: Encephalopathy, Legally Blind, Cerebral Palsy, Spastic Quadriplegia and Severe Scoliosis of Thoracic Spine. R7 requires the use of a wheelchair and staff assistance for all ambulation. During review of the facility's incident and accident report dated 06/02/12 at 1:50 p.m., documentation states that R7 was sitting in her wheelchair and "Another resident walked up and punched her (R7) in the nose." Documentation continues to say that R7 sustained a nosebleed from the hit to the nose. Per review of R3's Progress Notes dated 06/02/12, documentation states, "I heard a resident yelling (and) when we got into the dining room, another clients nose was bleeding and she said that (R3) had hit her. We sent him to his room and told him that hitting wasn't nice and he needed to stop hitting." 3) Per review of R6's current Physician's Order Sheet dated 09/16/12 through 10/15/12, R6 is a 61 year old male who functions at a Mild level of Mental Retardation. During review of the facility's incident and accident report dated 05/30/12 at 5:25 a.m., documentation states, "I (E6) (Direct Support Staff) heard (R6) yell from a neighboring room "Ow, ow, ow, ow." Documentation continues to say that when staff went into the bedroom, R6 was lying in bed and R3 was standing approximately 2 feet away from R6's bed with his back to R6. Documentation states, "R6 was rubbing his forehead and had sort of grimace."	W9999		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	14G242	A. BUILDING _____ B. WING _____	10/12/2012

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
LYNWOOD ESTATES	301 RODDY ROAD SALEM, IL 62881

(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	W9999		

When asked what had happened, R6 pointed to R3 and said, "He hit me." Documentation states that R6 had a large oval red mark on his forehead.

Per review of the facility's Progress Notes for R3 dated 05/30/12 at 5:30 a.m., documentation states, "I heard a yell from (R3's) room and went in. (R3) was standing with his back to the resident (his room mate (R6) who was laying on the bed covered up, rubbing his forehead. The expression on his face told me something was wrong. I asked what was the matter and he said (R3) had hit him. He had a red spot on his forehead about an inch wide, two inches long. I told the other resident (R6) to go to the kitchen and get some coffee - then I told (R3) that we can't hit anyone here (at) anytime."

Documentation in R3's Progress Notes dated 05/30/12 at 5:30 a.m. continues to say, "After I helped his room mate (R6) safely exit the bedroom and into the dining room, I heard smashing and breaking sounds coming from (R3's) room again. I went and told him he needed to stop throwing things but he continued for five minutes, took a ten minute break and began again for another ten minutes. I peeked through the door and told him he needed to calm down, to stop throwing things, that he was going to break the window, etc.. He quit a little after 6 and went into the dining room and not a peep was heard from him the rest of the (morning)... This documentation is signed by E6 (Direct Support Person).

Per interview with E4 (Direct Support Person) on 09/20/12 at 3:50 p.m., E1 stated that E6 should

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	14G242	A. BUILDING _____ B. WING _____	10/12/2012

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
LYNWOOD ESTATES	301 RODDY ROAD SALEM, IL 62881

(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		

not have left R3 by himself in his bedroom while he was throwing things. E1 also said that R3 and R6 have been room mates since R3 was admitted to this facility on 04/26/12 and that there were no room changes even after R3 hit R6 in the forehead on 05/30/12. The facility failed to provide necessary supervision to prevent R3 from striking R6 again and also failed to revise R3's Behavior Program to include Property Destruction.

There is no evidence that the facility put safeguards in place after R3 hit R6 in the forehead.

4) Per review of R8's current Physician's Order Sheet dated 09/16/12 through 10/15/12, R8 is a 67 year old female who functions at a Severe level of Mental Retardation.

During review of the facility's incident and accident report dated 05/13/12 at 4:30 p.m., R8 walked past the table where R3 was sitting. R3, "got up and started punching her (R8) in the back..."

During interviews with E6 on 09/20/12 at 10:00 a.m., E6 stated that R3 was the resident who was punching R8 in the back.

Documentation in the facility's "Progress Notes" dated 05/13/12 at 4:30 p.m. states that R8 sustained a small red mark in the center of her back as a result of being hit by R3.

The facility failed to provide necessary supervision to prevent R3 from continuing to aggress his peers.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	14G242	A. BUILDING _____ B. WING _____	10/12/2012

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
LYNWOOD ESTATES	301 RODDY ROAD SALEM, IL 62881

(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	W9999		

R3's Behavior Intervention Program (dated 04/26/12) that was in effect at the time of the incidents regarding R6, R7 and R8 states, "Behavior - Physical aggression." R3's 04/26/12 Behavior Intervention Program continues to say:

"1) When (R3) becomes upset, staff members will begin to try to calm him down by talking to him and asking him what is upsetting him..."
"2) Staff will assess the environment (is it loud, is it quiet, is it active, did someone say something to him, etc."
"3) If he becomes upset and states that he needs medication or needs to go to the hospital, staff members will take his vitals..." "(Staff will find something for to do to help calm him down."
"4) When (R3) begins to yell at others, staff will ask him to go to another area of the house where it is quiet, to calm down..." "Staff will remain with him until he is calm to make sure that he does not hurt himself or bother items in the area. He should remain in the quiet area with staff until he has become calm."
"5) Staff will ask (R3) to talk to them and explain what is causing him to be so upset..."
"6) If (R3) becomes physically aggressive staff will intervene immediately and will keep peers out of close proximity to (R3) to ensure everyone's safety..."

Per interview with E1 on 09/19/12 at 10:25 a.m., E1 stated that she became the Residential Service Director for this facility on 07/23/12 and that there was no documentation to show that R3's Behavior Intervention Program had been revised after any of the incidents regarding R6, R7 and R8. E1 continued to say that the facility

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	14G242	A. BUILDING _____ B. WING _____	10/12/2012

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
LYNWOOD ESTATES	301 RODDY ROAD SALEM, IL 62881

(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	W9999		

failed to provide effective staff supervision to prevent additional instances of peer to peer abuse and that no room changes have been made since R3 hit R6 in the head on 05/30/12 while R6 was in bed.

There is no evidence that the facility put effective safeguards in place to prevent R3 from doing harm to R5, R6, R7 and R8.

During observations of the evening meal on 09/19/12 at 5:20 p.m., surveyor observed R3 to be sitting at the end of the table. E5 (Direct Support Person that was assigned 1:1 to R3 was sitting to R3's left. When the meal was placed on the table, E5 was noted to get up from her chair, move to the other end of the table and assist with helping other residents at the table with family style dining.

Per interview with E1 on 09/19/12 at 5:25 p.m., E1 stated that R3's Behavior Intervention Plan was not being followed when E5 left R3's side and moved out of arm's distance from R3 to assist other residents.

The facility failed to ensure that constant visual monitoring and supervision are occurring and that R3 is within arm's distance at all times as per his Behavior Program.

During observations during the evening meal on 09/19/12 at 5:30 p.m., R3 was noted to be sitting at the end of the dining room table. R3 took a drink of his orange colored drink, put the glass on the table, started yelling, got up and quickly went into the kitchen and opened the refrigerator door. Direct Care Staff stated that R3 was looking for

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	14G242	A. BUILDING _____ B. WING _____	10/12/2012

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
LYNWOOD ESTATES	301 RODDY ROAD SALEM, IL 62881

(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 tea but that none was made. When staff were unable to provide tea, R3 began to demand a soda. R3 continued to yell loudly, ran to the medication room and began hitting the door. E1 unlocked the medication room door and R3 entered and sat in a chair. Per interview with E1 (Residential Service Director) on 09/19/12 at 5:40 p.m., E1 said that R3 had gotten upset because there was not tea in his glass. E1 continued to say that R3 is on a program that if he doesn't hit anyone, he will get a (soda) at snack time. E1 said that R3's money is kept in the medication room for (soda). E1 continued to say that she can usually calm R3 down, but that the rest of the staff cannot. (B)	W9999		