STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	14G058	A. BUILDING _____ B. WING _____	C 07/25/2013

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
PARENTS & FRIENDS OF THE SLC	**1450 CASEYVILLE AVENUE SWANSEA, IL 62226**

(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 189	Continued From page 29 intervention procedures. E4 (QIDP - Qualified Intellectual Disabilities Professional) was interviewed on 07/12/13 at 2:20 P.M. and confirmed that staff of the facility are not trained in crisis intervention procedures for handling individuals with aggressive behaviors. E4 stated, "No" when asked if the staff working with R1 and/or R2 are currently CPI certified to handle R1's and/or R2's aggressive behavior. E4 went on to state that, "None of the staff are currently certified in CPI due to budget cuts."	W 189		
W9999	FINAL OBSERVATIONS LICENSURE VIOLATIONS 350.620a) 350.1210 350.1230b)6)7) 350.1230d)2) 350.1230g 350.3240a) 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 350.1210 Health Services The facility shall provide all services necessary to	W9999		

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W9999	Continued From page 30 maintain each resident in good physical health. Section 350.1230 Nursing Services b) Residents shall be provided with nursing services, in accordance with their needs, which shall include, but are not limited to, the following: The DON shall participate in: 6) Development of a written plan for each resident to provide for nursing services as part of the total habilitation program. 7) Modification of the resident care plan, in terms of the resident's daily needs, as needed. d) Direct care personnel shall be trained in, but are not limited to, the following: 2) Basic skills required to meet the health needs and problems of the residents. g) Nursing service personnel at all levels of competence and experience shall be assigned responsibilities in accordance with their qualifications. Section 350.3240 Abuse and Neglect a) An owner, licensee, administrator, employee or agent of a facility shall not abuse or neglect a resident. These requirements are not met as evidence by: A) Based on observation, interview and record review, the facility failed to develop and implement written policies and procedures prohibiting abuse, neglect and/or mistreatment of the client to ensure that individuals of the facility are free from client to client abuse from 2 of 2 individuals in the sample (R1 and R2) having documented incidents of physically aggressive behaviors towards other individuals of the facility, affecting 22 individuals outside the sample (R4,	W9999		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
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W9999	Continued From page 31 R6, R7, R8, R9, R10, R11, R12, R13, R14, R16, R17, R18, R19, R20, R21, R22, R24, R26, R27, R30 and R31) who have been subjected to either R1's and/or R2's aggression. The facility failed to ensure that: 1) R1 and R2 were provided with sufficient staff supervision to prevent physical altercations towards their peers and their roommates; 2) All staff working with R1 and R2 are trained in behavior management, crisis intervention techniques to address these individual's aggressive behaviors; and 3) Behavior programs are revised and/or updated to meet the individual's needs as based on the current behavioral needs. B) Based on interview and record review, the facility failed to develop and implement written policies and procedures prohibiting abuse, neglect and/or mistreatment of the client to ensure that individuals of the facility free from client to client abuse from 2 of 2 individuals in the sample (R1 and R2) having documented incidents of physically aggressive behaviors towards 21 individuals outside the sample (R4, R6, R7, R8, R9, R10, R11, R12, R13, R14, R16, R17, R18, R19, R20, R22, R24, R26, R27, R30 and R31) who have been subjected to either R1's and/or R2's aggression as evidenced by: 1) The facility's policy for Client to Client Altercations does not identify what procedures staff are to take to prevent further altercations and/or how individuals will be safeguarded within their living area after client to client abuse has occurred; and	W9999		

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W9999	Continued From page 32 2) The facility failed to maintain a reproducible system for monitoring trends and patterns for monitoring client to client abuse. The facility also has failed to establish a system for prompt monitoring of client to client abuse by their failure to only review client to client altercations after there has been three or more altercations in a two week period. C) Based on interview and record review, the facility failed to provide staff with crisis intervention training which ensures that they are able to meet and manage the behavioral needs of 2 of 2 individuals in the sample (R1 and R2) who has documented incidents of physically aggressive behaviors towards 21 individuals outside the sample (R4, R6, R7, R8, R9, R10, R11, R12, R13, R14, R16, R17, R18, R19, R20, R22, R24, R26, R27, R30 and R31) who have been subjected to either R1's and/or R2's physical aggression. (B)	W9999		