Illinois Department of Public Health

	STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION  (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION  A. BUILDING:		(X3) DATE SURVEY COMPLETED	
		IL6001234	B. WING		09/2	26/2014
NAME OF	PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY,	STATE, ZIP CODE	1	
BRYAN I	MANOR		T MCCORD			
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES  MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPRODEFICIENCY)	D BE	(X5) COMPLETE DATE
Z9999 FINDINGS		Z9999				
	LICENSURE VIOLA	ATIONS:	TOO CONTINUES AND ASSESSMENT OF THE PROPERTY O			
	350.620a) 350.1060e) 350.1080a) 350.1610b)					
	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.					
	Services e) An appropriate, e program that manag be developed and ir aggressive or self-a	raining and Habilitation  ffective and individualized ges residents' behaviors shall applemented for residents with busive behavior. Adequate, supervised staff shall be ter these programs.				
	but not limited to, leg hand mitts, soft ties bars and lap trays, a meet the definition of in a sheet so tightly cannot move; bed ra from getting out of b	Į.				

Illinois Department of Public Health

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE (X6) DATE

10/22/14

Illinois L	Department of Public	Health				
	NT OF DEFICIENCIES NOF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIF A. BUILDING	PLE CONSTRUCTION G:		E SURVEY IPLETED
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NAME OF	PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY,	STATE, ZIP CODE		
BRYAN I	MANOR		T MCCORE			
			IA, IL 6280	01		
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Z9999	Continued From page	ge 1	Z9999			
A	from rising. Adaptive a physical restraint. clothing that trigger that a resident is least themselves, restrict should not be considered the facility and shall part.  Section 350.1610 Residered to the facility shall keep current, completimes to those persons.	the wall prevents the resident be equipment is not considered. Wrist bands or devices on electronic alarms to warn staff aving a room do not, in and of freedom of movement and dered as physical restraints. It is followed in the operation of comply with the Act and this esident Record Requirements are an active medical record his resident record shall be sete, legible and available at all annel authorized by the diet to the Department's				
	Based on interview a failed to ensure that governing the manage behavior specifies all interventions and that designated on a hieraranging from least reand failed to have re	are not met as evidenced by: and record review, the facility their policies and procedures gement of inappropriate client I facility approved at these interventions are archy of implementation strictive to most intrusive producible documentation d in restraint are checked at				
	least every thirty mini restraint checks and for 15 of 15 individua R25, R27, R31, R33,	utes and a record of those usage are kept as evidenced Is of the facility (R8, R21, R35, R38, R45, R47, R52, R56) having restraints				

A. 15 of 15 individuals of the facility (R8, R21, Illinois Department of Public Health STATE FORM

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AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPL A. BUILDING:	E CONSTRUCTION		E SURVEY IPLETED	
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NAME OF	PROVIDER OR SUPPLIER	2150 EAS	DDRESS, CITY, S ST MCCORD LIA, IL 6280	STATE, ZIP CODE		
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Z9999	R25, R27, R31, R33 R53, R54, R55 and (physical holds (R27 full chest vest (R21 R33, R35 and R38) R52, R53, R54, R55 a behavior; and  B. 39 of 39 individual R17-R47, R49-R51 for the control of inal Findings include:  A. During the intervie and E2 (Social Serviat 12:45 P.M., E1 an R31 and R45 have p address their physical R25, R52, R53, R54, piece pajamas used behaviors and/or rechelmet to prevent injuiced; R47 and R21 has	ge 2  8, R35, R38, R45, R47, R52, R56) having restraints  7, R31, R45), helmet (R56), and R47), gloves/mitts (R8, and one piece pajamas (R25, and R56) utilized to address  Ils (R1, R2, R3, R12, R14, of the facility receiving drugs peropriate behavior(s).  Ew with E1 (Administrator) ces Coordinator) on 09/23/14 d E2 confirmed that R27, hysical holds used to ally aggressive behaviors; R55 and R56 have one to address their self injurious tal digging; R56 uses a cury from crawling out of the ave a full, chest vest with ties bed rails used to prevent	Z9999	DEFICIENC		
	them from crawling o and R38 use mitts ar injurious behaviors.	ut of the bed; and R33, R35 nd/or gloves to address self				
	FACILITY PRACTICE Restraints, Subject: Nehysical Restraints so Physical restraints wintegral part of an indeffort to manage and which they are utilized therapeutic interventice.	on CLIENT BEHAVIOR AND ES dated 8/26/2014, Section: Non-emergency use of tates, ill be used only as an ividual's program plan in eliminate the behavior for d. The use of restraints as a on will be based on an dividual's capabilities, and				

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(X3) DATE SURVEY

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES

(X1) PROVIDER/SUPPLIER/CLIA

AND PLAN	OF CORRECTION	IDENTIFICATION NUMBER:	A. BUILDING:		COMPLETED	
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NAME OF	PROVIDER OR SUPPLIER	2150 EAS	DRESS, CITY, S T MCCORD LIA, IL 62801	TATE, ZIP CODE		
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Z9999	trials of lesser restr proven ineffective. Obe used to treat the symptoms or as plated as ordered by the perofessional assess.  This policy states,  "6) Anyone utilizing monitored every 30 use of mechanical of 6a) Staff must documonitored at least 6b) The Individual Forequency of monitored at least 6b) The Restraint Forequency of monitored at least 6b) The Restraint Forequency of monitored at least 6b) The Individual Forequency of monitored at least 6b) The Restraint Forequency of monitored at least 6b) The Individual Forequency of monitored at least 7b and 15b an	ictive alternatives that were (Physical restraints shall only individual's medical anned therapeutic intervention hysician and based upon sments.) "  mechanical restraints must be minutes by staff trained in the restraints.  Imment that the individual is every 30 minutes.  Program Plan must specify the oring.  Record for Planned/Approved nust be completed every time	Z9999			

(X2) MULTIPLE CONSTRUCTION

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BRYAN MANOR		T MCCORD	
NAME OF PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, STATE, ZIP CODE	
	IL6001234	B. WING	09/26/2014
STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING:	(X3) DATE SURVEY COMPLETED
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BRYAN N	MAN()R	T MCCORD .IA, IL 62801	1	
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Z9999	Continued From page 4	Z9999		A CONTRACTOR OF THE CONTRACTOR
	such as lotion rubbed onto his hands/forearms. Method # 2, If the behavior does not subside, R27 will be taken to his room until calm. R27 will be assisted to his room via wheelchair. Method #3, Staff will attempt to de-esclate the behaviors by evaluating him for toileting needs, needing to lie down, wanting a drink, pain, etc. If signs of distress or pain are observed, staff will call for assistance of supervisor and two staff members (depending on the severity of the behavior). One person will then get the mat from the 100 wing mechanical room the other staff members will continue to redirect by blocking R27's hands from hitting self by placing open palms onto R27's forearms (using only enough pressure to keep his hands down) placed on until the mat is attained and additional staff has arrived. Method #5, The mat will be placed on the floor (ensuring there aren't any items near that could cause injury), place the helmet on his head and gently transfer R27 onto the mat in a natural position with his back flat on the mat. One staff will keep the helmet on his head preventing him fro head butting floor and/or staff by gently holding the helmet on each side of his head with flat palms (applying only enough pressure to keep his head stable and the helmet in place). The other two staff will hold R27's wrist/forearms with open palms onto the matt, applying only enough pressure to prevent him from striking his face/head or staff. If R27 is kicking or knocking his ankles/knees together, additional staff will hold R27's ankles (as directed with wrists/forearms). * Staff will restrain R27 for a maximum of 10 minutes being switched out, to prevent staff from becoming fatigued. Floor supervisor will remain present for entire process. Method #6, If R27's physically aggressive behavior or self-injurious behavior continues beyond 15 minutes, staff will immediately contact			
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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION  (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:			(X2) MULTIPLE CONSTRUCTION  A. BUILDING:		(X3) DATE SURVEY COMPLETED	
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Z9999	nurse to consult wit medical intervention continue physical rebehavior subsides. injurious behavior or received after 30 m to the ER (emerger evaluation".  R27's Behavior Interpretation of a charting states,  1. write down the m 2. write beginning a check R27 every the record of the restrain of the restrain of the was hitting and the later was calm a attention of a check R27 every the later was calm a attention of a check R27 every the record of the restrain of the later was calm a commentation for commentation for the supper then stall had another DSP the supervisor and mat at 7:15 P.M. and and got up and were E5 (QIDP) was interpower than a commentation of a (Administrator) has	th physician for possible in. Method #7, Staff will estraining technique until Method #8, If severe self continues and orders were not ninutes, R27 will be transported incy room) per ambulance for ervention Record, procedures and end times of behavior  er instructions contained within the indicate that staff are to nirty minutes and maintain a sint.  behavioral documentation in the material and able to getup. He went and arted hitting himself and me so (direct support person) go get nurse. We put him back on and an 8:45 P.M. he was calm	Z9999			
		not been implemented as of				

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yet". When E5 was asked if the facility checks

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Z9999	any individual every restrained, she state the restraint every to Review of R31's Pro	thirty minutes when ed, "No, we check and release wo hours for fifteen minutes".	Z9999			
	attempt R31 is still p will physically redires staff assist R31 with members will make redirection of hands, kicking, etc.) using of redirect. Method #6 and /or the ADL( act	in identifies," If after a third obysically aggressive, 2 staff of R31 limbs while other 2 the ADL. The 2 staff sure to demonstrate safe (feet (episodes of hitting, open hands to physically, Once R31 has calmed down with of daily living) is ffer verbal praise for his				
	restraint record is ma	v does not identify that a sintained and/or that R31 is minutes when physically				
; ; ; ; ; ;	Aggression/Self-injur R45 becomes Metho strike out or hit anoth staff will immediately other person to preveaway, staff will call fo assist R45 to his bed QMRP(QIDP-Qualified Professional) or progethe program implementations as a program implementation of R45 is restrained. Enolding his 4 extremited strikes are strained.	gram dated 9/15/2014: ious behavior, Method #1, If d #4, If R45 attempts to per individual who lives here, step between R45 and the ent injury. If he does not walk r assistance and physically room. A supervisor, nurse, ed Intellectual Disabilities ram manager must direct entation. Method #5, If R45 us or aggressive behavior: e must stay in visual contact of Assist to mat, with 4 staff ities so that R45 cannot kick, others, He should lay on his				

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	NT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPI	LE CONSTRUCTION		SURVEY
AND PLAN	OF CORRECTION	IDENTIFICATION NUMBER:	A. BUILDING		COMF	PLETED
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NAME OF	PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY,	STATE, ZIP CODE		
BRYAN I	MANOR		T MCCORD			
J.(.,		CENTRAL	IA, IL 6280	1		
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Z9999	Continued From pa	ge 7	Z9999			
	back, Staff will hold insure safe redirect only be enough preand injury. Method a repositioned, or use cannot be held in excontinues to be agit physician must be compared to the continues to be agit physician must be compared to the continues to be agit physician must be compared to the continues to be agit physician must be compared to the continues to be agit physician must be compared to the continues to be agit physician must be continued interview.  Further record review restraint record is must record is must record in the continue to the continue to the continue to the continued interview to the continued interview of the continued interview of the continued interview of the continued to the continued interview of the continued inter	limbs with open hands to ion f.) The holding should ssure to prevent movement #6, R45 must be allowed to the bathroom if needed. He excess of 1 hour. If he ated after 1 hour, his called for further directions. It staff must monitor and status throughout the excess of 1 hour with E1 (Administrator) and coordinator) on 09/23/14 at identified that R21 utilizes a go the night time hours to keep to fobed. E2 went on to say nosis of Dementia and ardian for use of the vest. It is est which ties him to the bed, we with E1 and E2, E2 also utilizes a full chest vest ent her from crawling out bed. It is presented the surveyors in the surveyors in the surveyors.	Z9999			
	observed to secure was attached to eac that only a nurse applies to the bed frame 4/28/2014 states, "A	n vest. This vest was in the back and a cloth tie h side of the vest. E1 stated plies the vest and secures the e. Review of R47's plan dated pplication of Vest. Method the vest when R47 is in				

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bed". No further methods are included within this

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Z9999	plan to identify what demonstrate prior to and/or what behavior the removal of the NR47 had a behavior the full, cloth vest a rails of her bed, she Per continued intervistated that R56 weat behavior of crawling time hours. R56 has Restrictive Program agree with the IDT's members regarding when in bed to avoid of bed". When aske record identifying the every thirty minutes, In reviewing R56's reguardians dated 09/states, " R56 does to the risk of become trying to crawl out of piece pajamas or 2 her feet". When E2 pajamas were addrestated, "No". During on 09/23/14 at 12:48 R52, R53, R54 and pajamas when in be sheets identifies:  *Review of R55's Preprevention of Self-III	t behaviors that R47 is to the application of the vest ors are to be demonstrated for yest. When E2 was asked if a program records for use of the night which is tied to the bed e stated, "No".  View with E1 and E2, E2 are a helmet to address her gout of bed during the night as Review of R56's Consent for ming dated 09/08/14 states, "I as (Interdisciplinary Team's) the usage of a soft helmet at the individuals are checked at the individuals are checked at E2 stated, "No".  Lecord, a letter to R56's 108/14 was noted which and use blankets in bed due ing tangled in them while are bed. Instead she wears, one piece pajamas and socks on was asked if R56's one piece pajamas and socks on was ask	Z9999				

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	Reduction of Self In One-Piece pajamas be applied by DSP (R54 is in his room fisleep".  *Review of R53's Preferaining from more R53 wearing pants when at home to debe modified".  *Review of R52's Preferaining of one piece At all down times in R52 in dressing in hem.  *Review of R25's Prevention of Self-Irgarment. Method #1 downtime, staff will a one-piece pajamas.  No documentation wrest, R53, R54 and R55's restraint records are piece pajamas and checked every 30 method.  The Individual Proground 1/09/14, identifies Infunctions at a Profound Disabilities. R8's IP wears gloves at all timeleased every 2 hore R8's IPP further stat conditions that requirement and or medications:	rogram dated 12/9/2013:  a (with socks to them) are to (Direct Support Person) when or downtime and hours of rogram dated 4/28/2014:  a thing small clothing items." with socks sewn into them eter him from the behavior to rogram dated 6/22/2014:  be outfit/thermals. Method #1 bed/bedtime staff will assist his one piece thermal (s)'.  rogram dated 7/01/2014:  anjury using one piece At bedtime and /or assist R25 in dressing in his expected to identify that a maintained for the one that these restraints are	Z9999			

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Z9999	Continued From page	ge 10	Z9999			
	wear bilateral hand implemented'	gloves at all times was	NAME OF THE PROPERTY OF THE PR			
		on 09/16/14 from 4:08 PM as wearing gloves bilaterally ne.				
	Disability Profession 3:26 PM, E5 confirm	the glove release every two				
	documentation does individuals are moni staff when placed in	33, R35 and R38's behavioral so not identify that the stored every thirty minutes by restraints and that a record maintained by the facility as by:				
	is observed demons mentioned behavior using a soothing/call gloves that are to be					
	development: refrain Method #1 While in the R35 a variety of active throw around her, or listening to music). If shows signs of agitation her a replacement active immediately and combit without becoming up	ed 9/15/2014: Behavior ing from Anxiety/Agitation. The day area, staff will offer vities (her favorite having a a head wrap/scarf and R35 becomes bored and tion/anxiety, staff will offer ctivity. If she calms down apletes the stated time period set, staff will document a e continues to become				

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BRYAN N	MANOR		T MCCORE .IA, IL 6280			
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Z9999	Continued From page 11		Z9999			
	failed. Method #2 If herself, staff will not apply mitts Mitts are for 15 minutes; and *R38's Program dat left hand fingerless Method #1 R35 is to glove at all times. The every 2 hours for 15 Further review of R3 documentation does individuals are checked.	ement activities the trial will be R35 begins scratching tify the nurse immediately to a to be released every 2 hours ed 9/14/2014: Application of glove RE: Scratching. In wear a left hand fingerless the glove is to be released in minutes.  B3, R35 and R38's restraint a not identify that these ked every thirty minutes and a cks are maintained as per				
	B) The Psychiatrist-Iprovided by the facilindividuals receive nR1 -Ativan and PaxiR2 - Depakote, RispR3 -AbilifyR20- Lexapro. R12- BusparR14- Risperdal and R17- Ativan, ZoloftR18- Abilify, Tegreto R19- Celexa, DepakR21- Ativan, Celexa R22- LexaproR23- Risperdal, LexaR24- Risperdal, RitaR25- RisperdalR25- RisperdalR26- RisperdalR27- Geodone, AtivaR28- Buspar	Celexa I, Ativan kote apro				

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R29- Depakote, Risperdal

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Z9999	Continued From page 12		Z9999			
	R30- Zoloft, Depakote R31- Haldol R32- Risperdal R33- Celexa R34- Zyprexa, Trazadone R35- Celexa R36- Celexa R37- Seroquel R38- Paxil R39- Depakote R40- Seroquel, Buspar, Ativan R41- Risperdal, Zoloft R42- Risperdal R43- Risperdal, Effexor, Ativan, Haldol R44- Buspar, Celexa R45- Abilify Lexapro, Klonopin, Risperdal, Revia R46- Risperdal R47- Celexa, Risperdal R49- Buspar R50- Ativan, Effexor R51- Zyprexa					
V 2000 ASSASSAS	FACILITY PRACTIC identify medications designate this behav	on CLIENT BEHAVIOR AND ES dated 8/26/2014 does not as a specific intervention and vioral, chemical intervention blementation, ranging from ost intrusive.				
		(B)				

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