

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>IL6011860</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>09/16/2014</b>
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NAME OF PROVIDER OR SUPPLIER  <b>SUTTON HOUSE</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>4241 LINCOLNSHIRE DRIVE MOUNT VERNON, IL 62864</b>
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(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) COMPLETE DATE
Z9999	<p><b>FINDINGS</b></p> <p>Statement of Licensure Violations:</p> <p>350.620a) 350.1060j) 350.1210 350.3240a) 350.3240f)</p> <p>Section 350.620 Resident Care Policies</p> <p>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.</p> <p>Section 350.1060 Training and Habilitation Services</p> <p>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.</p> <p>Section 350.1210 Health Services</p> <p>The facility shall provide all services necessary to maintain each resident in good physical health.</p>	Z9999		

Illinois Department of Public Health  
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE \_\_\_\_\_ TITLE \_\_\_\_\_ (X6) DATE **09/25/14**

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Z9999	<p>Continued From page 1</p> <p>Section 350.3240 Abuse and Neglect</p> <p>a) An owner, licensee, administrator, employee or agent of a facility shall not abuse or neglect a resident. (Section 2-107 of the Act)</p> <p>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)</p> <p>These Regulations were not met as evidenced by:</p> <p>Based on observation, interview and record review, the Regulations are not met as evidenced by the facility's failure to address and to ensure that individuals of the facility are not subjected to peer to peer abuse and/or subjected to the continued behavioral outbursts of 1 individual (R5), affecting 7 of 9 individuals of the facility (R2, R6, R7, R8, R9, R10 and R11) who verbally expressed fear of R5. This failure potentially affects all individuals of the facility (R1-R4, R6 - R12) as a result of the facility's failure to:</p>	Z9999		

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Z9999	<p>Continued From page 2</p> <ol style="list-style-type: none"> <li>1. Move R7 prior to 09/03/14 from the bedroom that he shared with R5;</li> <li>2. Increase R5's level of supervision while awaiting behavioral assistance;</li> <li>3. Modify R5's behavior plan after established methods proved to be ineffective in addressing his behavior;</li> <li>4. Provide sufficient competent and trained staffing on third shift to meet R5's behavioral needs for CPI (Crisis Prevention Institute) techniques requiring more than one staff person;</li> <li>5. Secure an immediate evaluation by R5's psychiatrist to assist in determining the most suitable therapy and placement for R5, considering his safety as well as the safety of the individuals and employees of the facility instead of waiting for the next scheduled appointment;</li> <li>6. Maintain reproducible records of monitoring R5's behaviors for trends and patterns as per the facility's policy and procedures to ensure the safety of other individuals of the facility.</li> <li>7. Provide documentation that individuals placed in restraints are checked every thirty minutes for (R5) requiring CPI (Crisis Prevention Institute) techniques to address his behavior.</li> </ol> <p>Findings include:</p> <p>After his initiation of Ativan 1 mg (milligram) TID (three times daily) on 08/23/14, R5's behaviors continued which included physical aggression</p>	Z9999		

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Z9999	<p>Continued From page 3</p> <p>towards property in the hallway of the facility and within his bedroom shared by R7. R7 remained within this bedroom shared with R5 and was not relocated until questioned by the surveyors on 09/03/14. Interview with R7 identified that he was being subjected to R5's continued aggression to his property and threats of abuse. Observation of R5's bedroom confirmed that R5 had kicked large holes in the bedroom wall and that R7's personal possessions remained in the bedroom he shared with R5 on 09/03/14. During interviews with R2, R6, R8, R9, R10 and R11, all of these individuals expressed fear of R5. R8 stated that she was scheduled to move from the facility on 09/03/14 and stated, "I feel sorry for the people (R1, R2, R3, R4, R6 and R12) that have to stay here (at the facility) and put up with him (R5)". During interviews with staff of the facility, staff confirmed that the individuals of the facility are fearful of R5. Review of R5's behavior program for aggression (verbal/physical/property destruction) at the facility identifies a start date of 02/01/14 and the behavior program used at Day Training is dated 01/16/14. There is no evidence that either of these programs have been revised to address R5's continued aggressive behaviors even though he required CPI nine times within the past four months, with one hold technique lasting in excess of one hour and a half for calm. R5 has also sustained a fractured pinkie finger and cuts and bruises to his hands and feet as a result of his aggression. The facility's August - September 2014 schedule identifies that only one staff person is scheduled for the third shift and per interview, two to three staff are required to perform CPI on R5 when he becomes aggressive. The facility's policy for monitoring trends and patterns identifies that peer on peer aggression as well as behavioral changes are to be monitored and reviewed with action taken to</p>	Z9999		
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Z9999	<p>Continued From page 4</p> <p>ensure the safety of the other individuals of the facility. As of 09/03/14, the facility could not provide any trend/pattern assessments for R5 a even though R5 has had continued documented behaviors requiring CPI.</p> <p>The facility's undated policy of Client Protections; Protection of Client's Rights - Definition and Safeguards states, "THE FACILITY SHALL BE RESPONSIBLE TO INSURE THAT NO RESIDENT IS SUBJECTED TO PHYSICAL, VERBAL, SEXUAL, NEGLECT, EXPLOITATION, OR PSYCHOLOGICAL ABUSE OR PUNISHMENT BY AN EMPLOYEE, STAFF OR OTHER AGENCIES THAT SERVICE THE RESIDENTS, FAMILY MEMBERS/GUARDIANS, VOLUNTEERS, OUTSIDE CONSULTANTS OR OTHER INDIVIDUALS.</p> <p>a. Abuse refers to ill treatment; violation, revilement, malignment or exploitation of an individual whether purposeful or due to carelessness, inattentiveness or omission of the perpetrator.</p> <p>b. Verbal abuse includes any spoken, written or gestural language and psychological abuse includes humiliation, harassment and threats of punishment or deprivation, sexual coercion and intimidation.</p> <p>c. Physical abuse refers to any physical motion by which bodily harm or trauma occurs...</p> <p>e. Neglect refers to any failures by the facility to carry out required/appropriate services, habilitation or treatment as ordered by authorized personnel. Neglect means the failure to provide goods or services necessary to avoid physical or psychological harm".</p>	Z9999		

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Z9999	<p>Continued From page 5</p> <p>During interview on 9/2/14 at 12:45 PM, R7 stated, "My roommate (R5) doesn't like me too much. He (R5) tore my whole room up, tore my guitar up to." When asked when this occurred R7 stated it happened last week. R7 continued to say he had been sleeping and R5 attempted to hit him and they (staff) pulled him (R5) down on the floor and held him there. When asked if he was afraid of R5 he stated, "Yes I am scared of him. I was told staff was going to move him but they haven't yet".</p> <p>On 9/2/14 at 4:35 PM, E2 (Medical Team Leader/MTL) was interviewed and stated, "R7 makes stories up at times". E2 went on to say that R5 had not torn up R7's room and that his guitar was fine. When asked if R5 had hit R7, E2 stated, "No". Subsequent interview with E2 (MTL) on 09/03/14 at 2:40 P.M. E2 stated, "R5 does not have physical aggression towards other residents just objects and staff. Per continued interview with E2 at 3:30 P.M. she stated, "R5 was R7's room mate but R7 moved because of R5's behavior". When E2 was asked when R7 moved, she stated, "Well it's official today but he started sleeping in the room across the hall last weekend". When asked when this had occurred, she stated that she did not know. E2 stated, "I wasn't here when he asked to be moved and not sleep in there (in the bedroom he shared with R5). I think it would have been 08/31/14. E2 was then asked what action the facility had taken to ensure the safety of the individual's of the facility and she stated, "Well, R5 has had a medication change (08/23/14) and he has been referred to the Support Services Team". When asked if R5's supervision level had been increased due to his continued behavior, E2 stated, "No, R5 is always to be in the line of sight of staff". E2 was then</p>	Z9999		

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Z9999	<p>Continued From page 6</p> <p>asked if this level of supervision was maintained for R5 during sleeping hours to ensure the safety of his roommate and she stated, "No".</p> <p>Interview with E4 (DSP/Direct Support Person 3rd Shift) on 9/4/14 at 6:00 P.M. confirmed that R7 had been sleeping off an on in another bedroom. E4 stated, "R7 would sleep in a different room every once in awhile. I am not sure why, but he would be asleep when I came in on duty."</p> <p>R5's bedroom was observed on 09/03/14 at 12:50 P.M. with E3 (FSS/Food Service Supervisor). It was noted that several plastic storage cubes and a tall, chest of drawers were positioned against the bedroom wall separating R5's and R2's and R4's bedroom. Missing paint patches were noted behind these items. Upon further inspection, after moving the storage crates, a large hole measuring approximately 3 feet by 1 foot and 1/2 was noted. Two thick metal wires were exposed, running horizontally through the wall. It was also noted that only a single dry wall separated the two bedrooms as confirmed per Z1 (R2's guardian) on 09/03/14. Behind the dresser, a similar gaping hole was noted. E3 confirmed that R5 had damaged the walls of the bedroom. It was also noted that clothing and various other items were strewn across the closet and bedroom floor. E3 stated, "He (R5) does this every day. He's always tearing up his room". When exiting the bedroom, another large gaping hole measuring approximately 18 inches by 18 inches was noted. Yellow insulation was exposed within this hole. E3 again confirmed that R5 had caused the damage sometimes this weekend.</p> <p>During a telephone interview on 09/03/14 at 9:30 A.M. with Z1( R4's guardian), she stated, "Yes" when asked if she had any concerns with the</p>	Z9999		

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Z9999	<p>Continued From page 7</p> <p>facility. She (Z1) stated, "I ' m really concerned about R4. There is an individual there who threatens the safety of the other residents. I have talked with E2 (Medical Team Leader) and she knows what going on. I generally pick R4 up on Fridays and I am always dropping in at the facility. I have been at the facility when R5 has been running down the road and staff had to call the police for assistance due to his behaviors. I was there on Sunday (08/31/14) and he was kicking holes in the wall on the men's hall. He put a big hole in the hall and now there's exposed insulation showing from the hole. He also has put large holes in the walls of his bedroom. Right now, he has done so much damage there is only one dry wall separating him from R4's bed. I just can't believe they (the facility) allows him to continue these behaviors at the expense of the other residents. I once had to assist staff to get the other residents into their bedrooms, away from R5 while he was having a behavior. I have seen R12 start screaming when R5 came near her while she was sitting in the dining room waiting to eat. I don't recall the date, but staff had taken the residents to a dance and R5 was home at the facility. He (R5) had a behavior and staff (unidentified) had to hold the door to keep him (R5) in his bedroom. I called 911 for staff and had staff talk with the dispatcher while I held the phone to the closed door. I have told them (facility staff) that if R5 doesn't leave, then I will move R4 out But, I don't think that R4 should have to move out of his home because of R5's behavior. R5 should have to move".</p> <p>R8 and R9 were interviewed on 09/03/14 at 10:18 A.M. outside, at the facility and stated, "R5" when asked by the surveyor if anyone bothered them at the facility. When asked why R5 bothers them, R8 stated, "He (R5) kicks and curses and beats</p>	Z9999		



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Z9999	<p>Continued From page 8</p> <p>up on staff. They (staff) make us go to our room when he is having a behavior. R9 then stated, "R5 usually has behaviors on the men's hall or in his bedroom. He's also had behaviors in the dining room of the facility. He upsets me". After R9 said this, R8 stated, "I'm scared of him". R9 then agreed and said, "Yes, I'm scared of him when he's mad. He'll come after you". R8 and R9 both stated that they were glad that they were moving out of the facility. R8 then stated, "I feel sorry for the people that have to stay here (at the facility) and put up with him (R5)".</p> <p>R10 and R11 were interviewed on 09/03/14 at 10:35 A.M. outside, at the facility and R10 stated, "R5" when asked by the surveyor if she was scared of anyone at the facility. When asked why she (R10) was afraid of R5, she stated, "He has behaviors. Kicking and cursing. He's kicked me once and I told E5 (Direct Support Person/DSP) and R5 got in trouble. R5 used to kick the staff's cars. R7 was his room mate up until last night. I'm kinda scared of him, just a little bit and staff tries to keep him away from us". R11 was then asked if she was afraid of anyone and she stated, "Yes". When asked who she was afraid of, she stated, "R5. He scares me. He tries to kick you."</p> <p>R2 was interviewed on 09/03/14 at 10:40 A.M. in his bedroom at the facility and stated, "R5" when asked if he was scared of anyone at the facility. R2 stated, "R5, he kicks". When asked if he had been kicked, R2 stated, "No, he kicked somebody else. I stay away from him. He scares me at night when he is kicking and screaming. He beats on that wall (pointing to the wall between his bedroom and R5's bedroom). I heard it. It's loud when he kicks it. I can hear it all the way here". R2 then pointed to his bed which is located on the opposite side of the room from the</p>	Z9999		
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Z9999	<p>Continued From page 9</p> <p>wall.</p> <p>R6 was interviewed on 09/03/14 at 11:15 A.M. at the offsite day training program and stated, "R5" when asked by the surveyor if she was scared of anyone at the facility. When asked why she (R6) was afraid of R5, she stated, "He tries to get me. I stay away from him. He's kicked me in my leg and he's been kicking me". When R6 asked if anyone knows about him kicking her, she stated, "E2 (Medical Team Leader) knows. He (R5) kicks me here (at the offsite day training program) too. I wish he would move away. I'm stuck there (at the facility). When asked if staff stay with R5, R6 stated, "No, he (R5) goes all over the place by himself. He kicks the walls in his bedroom but he doesn't stay in his bedroom all the time". R6 went on to state that she sleeps on the men's end of the facility and that, "R5 put a hole in wall the other day. When he kicks the wall, it scares me. I'm having nightmares. He (R5) just gets me upset and shaky".</p> <p>E5 (DSP) was interviewed on 09/03/124 at 5:20 P.M. and stated, "R5 needs a lot of attention. When he's bored his behaviors increase. R5 can be aggressive. When CPI is required, it takes two to three staff to handle him. When asked how many staff generally work 3rd shift, E5 stated, "One". E5 went on to confirm that R7 was R5's roommate. E5 stated, "I think R5 needs one to one staff supervision. He is aggressive, is self injurious and will run outside and beat on the walls of the facility or beat on cars in the parking lot. He has caused damage to people's cars".</p> <p>E6 (DSP) was interviewed on 09/03/14 at 5:32 P.M. and stated that she had worked at the facility since July of 2014. E6 stated, "They (other staff) said R5 used to be worse. He has tried to charge</p>	Z9999		

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Z9999	<p>Continued From page 10</p> <p>me, other staff and residents". When E6 was asked if the residents were afraid of R5, she stated, "They act like they're scared of R5. I know they don't like it when he acts out". E6 was asked how many staff R5' requires when requiring CPI and she stated, "At least two". E6 stated, "Yes" when asked if she had worked the 11-7 midnight shift before. During this interview E6 confirmed that only one staff works the midnight shift and would not be able to handle R5 if he required CPI during this shift.</p> <p>Review of the Employee Sign-In schedule for the August 2014 - September, 2014 it is noted that only one staff is scheduled to work the midnight shift which runs from 11:00 P.M. - 9:00 A.M. It is also noted that another staff is not scheduled to come into the facility until 6:00 A.M. or 7:00 A.M.</p> <p>During the interview with E2 (MTL) on 09/03/14 at 3:30- P.M., E2 confirmed that only one staff is scheduled for third shift. E2 stated, "One" when asked how many staff does the facility have on the midnight shift. E2 also stated that R5 did not receive any type of exceptional level of supervision at nights to ensure that his roommate and other individuals of the facility are not subjected to his behaviors. E2 stated, "Well, no not then" when asked if R5 remains in the line of sight of staff at night when he's in his bedroom.</p> <p>The Physician's Order sheet dated for August 2014 identifies that R5 is a 22 year old male who functions at a Mild Level of Intellectual Disability. R5's diagnoses includes, Autism, Seizure Disorder, Landau-Kleffner Syndrome, Irritability associated with Autistic disorder, and Insomnia.</p> <p>Review of R5's Behavior Plan with a start date of 02/01/14 identifies that he has a long term goal to</p>	Z9999		

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NAME OF PROVIDER OR SUPPLIER  <b>SUTTON HOUSE</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>4241 LINCOLNSHIRE DRIVE MOUNT VERNON, IL 62864</b>
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(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) COMPLETE DATE
Z9999	<p>Continued From page 11</p> <p>prevent physical aggression. The procedure for this goal states, "Staff will observe R5's behavior daily. If R5 makes negative statements, staff will redirect to a positive activity. R5 is not usually physically aggressive, and can often be re-directed successfully. Staff will use minimal prompts as necessary to de-escalate obsessive, anxious, and aggressive behaviors. If R5 continues negative verbalizations, staff will ask him to go to a quiet safe area (dining room table) for time to calm down and 1:1 counseling or redirection to a positive activity. Once he is calm, staff will help R5 re-engage in his previous activity or help initiate an appropriate activity. Staff will provide verbal praise for all efforts. Maladaptive behaviors should be noted in the behavior log and incident reports in a timely manner. If R5 continues to escalate and becomes physically aggressive, Crisis Prevention Intervention (CPI) may need to be implemented as a last resort, in order to protect R5 and others around him.</p> <p>Review of R5's Behavior Recording Forms and Incident/Accident Reports from August 2014 - April 2014 identified the following incidents:</p> <p>Behavior Recording Form 08/27/14 7 P.M. "R5 became angry and started kicking Sutton House walls, leaving holes in his bedroom".</p> <p>Behavior Recording Form 08/31/14 11 A.M. "R5 demanded staff to help him find it". (A picture that he couldn't find.) "R5 became angry and punched holes in the hallway wall and his bedroom".</p> <p>Incident Accident Report 08/14/14 8:30 A.M. "R5 became upset when he was unable to find an items in his bag... R5 refused to calm down and was kicking Sutton House walls and kicked staff vehicles. He tried kicking staff but staff dodged</p>	Z9999		

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>IL6011860</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>09/16/2014</b>
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NAME OF PROVIDER OR SUPPLIER  <b>SUTTON HOUSE</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>4241 LINCOLNSHIRE DRIVE MOUNT VERNON, IL 62864</b>
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(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) COMPLETE DATE
Z9999	<p>Continued From page 12</p> <p>kick. No contact made. R5 beat on windows on Sutton House and Staff's vehicle windows with right fist. He eventually calmed down and went to workshop".</p> <p>Incident Accident Report 08/09/14 4:00 P.M. "R5 became agitated, kicking Sutton House property... CPI technique hold used for 20 - 25 min. (minutes)".</p> <p>Behavior Recording Form 08/09/14 9:30 (not specified if A.M. or P.M.) R5 was in the bathroom wetting cast. R5 began kicking at staff and property. R5 was CPI and was given time to self to calm down".</p> <p>Behavior Recording Form 08/09/14 4:30 P.M. R5 was in the living room asking staff for a soda and began kicking at living room door and charging at staff and residents (unidentified). R5 was CPI for safety and redirected to room to calm down.</p> <p>Incident/Accident Report 08/01/14 7:00 P.M. "R5 became anxious and agitated while waiting to attend outing. he went outside and hit the exterior of the facility with a closed hand. This behavior resulted in swelling and discoloration to (R) pinky finger... R5 was taken to ER (Emergency Room) for further examination. X-rays completed of (R) wrist and (R) hand. X-rays revealed a fracture of the right "pinky" finger..."</p> <p>Incident/Accident Report 07/31/14 8:40 A.M. "R5 became upset when staff were asking him to take a few things our of his bag... He tried to hit and kick staff. He then went outside and hit a staff's car, hit the brick wall with his (R) (right) wrist and then hit the brick wall with his left fist. He also kicked brick wall with both feet. He cursed staff</p>	Z9999		

Illinois Department of Public Health

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NAME OF PROVIDER OR SUPPLIER  <b>SUTTON HOUSE</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>4241 LINCOLNSHIRE DRIVE MOUNT VERNON, IL 62864</b>
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Z9999	<p>Continued From page 13</p> <p>and hit staff with (L) fist on the back and kicked staff... R5 has scrape and some bruising to (R) inner wrist 3 in (inches) long. 3rd knuckle on (L) hand has small scrape (1/2 in)..."</p> <p>Incident/Accident Report 07/31/14 8:00 A.M. "R5 got upset while speaking with/Dad and began to kick, head butt, pull staff".</p> <p>Behavior Recording Form 07/22/14 8 P.M. R5 had returned home from his 7 PM outing. R5 became very obsessive over game systems, games..."</p> <p>Incident Accident Report 07/19/14 9:15 P.M. "R5 became very aggressive and proceeded to kick 2 holes in his bedroom wall resulting in 2 small cuts on his foot because he was barefoot".</p> <p>There are no documented incidents on R5's Behavior Recording Form for the month of June, 2014 even though there are three documented incidents of aggressive behaviors requiring CPI noted within the Incident Report sheets for June 2014.</p> <p>Incident Accident Report 06/24/14 4:00 P.M. "R5 became angry when he was unable to get ahold of his dad on the phone. He then kicked staff and proceeded to scratch and try to bite staff. Staff used CPI technique hold for approx. 30 minutes until calm".</p> <p>Incident Accident Report 06/05/14 8:45 A.M. "... R5 became angry with staff and starting (started) kicking staff. Staff used CPI techniques "hold" for approximately 1 hr (hour) until R5 calmed".</p> <p>Incident Accident Report 06/05/14 6:30 P.M. " ... he (R5) got upset when he was unable to copy a</p>	Z9999		

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>IL6011860</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>09/16/2014</b>	
NAME OF PROVIDER OR SUPPLIER  <b>SUTTON HOUSE</b>		STREET ADDRESS, CITY, STATE, ZIP CODE <b>4241 LINCOLNSHIRE DRIVE MOUNT VERNON, IL 62864</b>		
(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) COMPLETE DATE
Z9999	<p>Continued From page 14</p> <p>picture right like he wanted. he began kicking staff and cussing at them.. CPI technique hold was used for approx. (approximately) 1 and 1/2 hrs (hours).</p> <p>There are no documented incidents on R5's Behavior Recording Form for the month of May, 2014.</p> <p>Behavior Recording Form 04/30/14 R5 walked out of the kitchen upset and began kicking walls then proceeded outside to cars. R5 was CPI and redirected to a bath.</p> <p>Incident Accident Report 04/22/14 4:30 P.M. "R5 was angry because he had misplaced his Easter candy and could not find it. He went outside and kicked the picnic table. Staff tried to redirect R5. He tried kicking staff and staff used CPI technique hold for approx. 30-45 min..."</p> <p>Behavior Recording Form 04/12/14 8:30 P.M. R5 was obsessive over a cookie cake and began kicking a wall and charging at staff. Kicked staff with contact. R5 was CPI and redirected to bed.</p> <p>Record review did not identify that a restraint record is maintained by the facility. During the Daily Status Meeting on 09/04/14, E2 (Medical Team Leader/MTL) stated that the Incident Accident Report forms are used by the facility as a restraint record. E2 went on to state that R5 is checked upon release for any injuries. When E2 was asked if the the facility had reproducible evidence that R5 was checked by staff every thirty minutes and a record of those checks are maintained while he is restrained, she stated, "No".</p>	Z9999		

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>IL6011860</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>09/16/2014</b>
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NAME OF PROVIDER OR SUPPLIER  <b>SUTTON HOUSE</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>4241 LINCOLNSHIRE DRIVE MOUNT VERNON, IL 62864</b>
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Z9999	<p>Continued From page 15</p> <p>The facility's 06/13/12 policy for Health Status Monitoring states, "10. The RSD (Resident Services Director) will review incident/accident reports and behavior sheet to determine if any trends/patterns are developing in regards to injuries, falls, peer on peer aggression or behavioral changes. 11. Suspected trends/patterns will be reviewed by IDT (Interdisciplinary Team) members and a plan of action, if needed, will be initiated to help insure safety".</p> <p>As of 09/03/14, the facility could not provide any trend/pattern assessments for R5 a even though R5 has had continued documented behavioral incident requiring CPI from April 2014 - September 2014. E1 (Administrator) verified that the facility only had one Trend Pattern Assessment form for R5. This form dated 08/04/14 was submitted to the surveyors via fax and the form was noted to contain R5's name. No other information has been completed on the form. During the Daily Status Meeting on 09/04/14, E1 and E2 (MTL) confirmed that the facility did not have reproducible evidence showing that R5's behaviors are being tracked by the facility and a plan of action has been developed to ensure the safety of the other individuals of the facility.</p> <p>Per continued interview with E2 (MTL) on 09/04/14 at 2:00 P.M., E2 stated that R5 had been seen by the psychiatrist in August 2014 and that he had been started on Ativan 1 mg. TID on 08/23/14. E2 went on to state that R5 was scheduled to be seen for a thirty day follow-up appointment with the psychiatrist. When E2 was asked if the psychiatrist and/or R5's physician had been notified for an immediate evaluation due to R5's continued behaviors, continued need</p>	Z9999		



Illinois Department of Public Health

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Z9999	Continued From page 16  for two-three staff for CPI and to assist in determining if his present placement was appropriate, she stated, "No, but I will call on in the morning and make an appointment with R5's psychiatrist".  (A)	Z9999		

*Imposed*  
PLAN OF CORRECTION  
SUTTON HOUSE  
Survey date 9/16/14

Tag #	Plan of Corrective Action	Completion Date
W102	<p>Facility QIDP has completed Trend/Pattern assessments for R5 on 8/4/14, 9/4/14 and 9/18/14. These assessments include current interventions that have been implemented as well as past interventions that were incomplete at the time of survey. Facility QIDP will be responsible to insure that trend/pattern assessments will be completed on a timely basis to insure that a definitive plan of action is developed and implemented to insure the safety of all residents at Sutton House.</p> <p>Facility Administrator has increased the level of supervision for R5 to a 1:1 on a 24 hour basis effective 9/3/14. This level of supervision will remain until such time that behavioral assistance and or a move to a more appropriate setting can be secured. Facility QIDP will be responsible to insure this level of supervision will be maintained to protect the safety of all individuals living in the home.</p> <p>The behavior plan for R5 has been revised to reflect current safeguards that were put in place during the time of survey. Instruction and training has been provided to Facility employees regarding the changes to R5 behavior plan. Facility QIDP will be responsible to monitor R5 behavior care plan and create changes in accordance with any increases in R5 behaviors. On 9/10/14 Facility employees were trained to call 911 for immediate assistance for all behavior which becomes unmanageable for staff.</p>	

*20 days from  
Receipt of Notice*

Imposed POC

Facility QIDP will be responsible to evaluate the personal living arrangements and room selection based upon behavioral situations that may arise in the home. Facility QIDP will make changes with the consent of guardians being obtained for any and all changes. R7 had begun sleeping in a room separate from R5 prior to the survey process on 8/29/14. The remainder of R7 belongings were moved to his new bedroom on 9/5/14. This facility will continue to ask residents during resident council meetings if they have any congregate living issues. Based upon these identified issues, QIDP will speak with these individuals to determine appropriate steps to take to insure resident safety and accommodate room changes if necessary. Facility continues to follow established policy regarding client protections. All persons grievances against the home will be submitted to and reviewed by Sutton House QIDP. All said grievances will be addressed within 5 days. The guardian of R4 has requested that R4 be moved to the other end of the facility so that R4 is no longer on the other side of the wall adjacent to R5. This request was accommodated on 9/5/14.

Effective 9/4/14, Facility Administrator has provided scheduled coverage of 3<sup>rd</sup> shift 1:1 supervision of R5. Facility employees have been trained on their responsibilities in regards to the 1:1 duties as well as updates to R5 behavior plan. Facility QIDP will continue to maintain this level of supervision for R5 until the successful completion of the fade plan objectives. At such time R5 1:1 supervision will be reduced as directed by the individual objectives achieved. Facility QIDP will be responsible to insure that these safety measures are secured.

Completion Date:  
20 Days from Receipt of Notice

## Imposed Poc

Facility Medical Team Leader scheduled a psychiatric evaluation of R5 with his Psychiatrist to determine appropriate therapy and placement. At the time of the scheduled evaluation on 9/9/14 R5 was being evaluated at Good Samaritan Hospital in Mt. Vernon, Illinois due to behavioral episode in which it was necessary to call 911. R5 was accepted for an in-patient psychiatric evaluation at St. John's Hospital in Springfield, Illinois and was transferred there on 9/9/14. Facility QIDP obtained daily updates regarding R5 during his hospitalization at St. John's Hospital. Following some medication changes and resulting behavioral progress R5 was discharged from St. John's Hospital on 9/18/14. Facility QIDP gained consent from R5 Guardian to move to another facility on 9/17/14. R5 was admitted to a CILA provider on 9/18/14 and was discharged from Sutton House.

W104

Facility QIDP has completed Trend/Pattern assessments for R5 on 8/4/14, 9/4/14 and 9/18/14. These assessments include current interventions that have been implemented as well as past interventions that were incomplete at the time of survey. Facility QIDP will be responsible to insure that trend/pattern assessments will be completed on a timely basis to insure that a definitive plan of action is developed and implemented to insure the safety of all residents at Sutton House.

Facility Administrator has increased the level of supervision for R5 to a 1:1 on a 24 hour basis effective 9/3/14. This level of supervision will remain until such time that behavioral assistance and or a move to a more appropriate setting can be secured. Facility QIDP will be responsible to insure this level of supervision will be maintained to protect the safety of all individuals living in the home.

Completion Date  
20 Days From Receipt  
of Notice

## Imposed POC

The behavior plan for R5 has been revised to reflect current safeguards that were put in place during the time of survey. Instruction and training has been provided to Facility employees regarding the changes to R5 behavior plan. Facility QIDP will be responsible to monitor R5 behavior care plan and create changes in accordance with any increases in R5 behaviors. On 9/10/14 Facility employees were trained to call 911 for immediate assistance for all behavior which becomes unmanageable for staff.

Facility QIDP will be responsible to evaluate the personal living arrangements and room selection based upon behavioral situations that may arise in the home. Facility QIDP will make changes with the consent of guardians being obtained for any and all changes. R7 had begun sleeping in a room separate from R5 prior to the survey process on 8/29/14. The remainder of R7 belongings were moved to his new bedroom on 9/5/14. This facility will continue to ask residents during resident council meetings if they have any congregate living issues. Based upon these identified issues, QIDP will speak with these individuals to determine appropriate steps to take to insure resident safety and accommodate room changes if necessary. Facility continues to follow established policy regarding client protections. All persons grievances against the home will be submitted to and reviewed by Sutton House QIDP. All said grievances will be addressed within 5 days. The guardian of R4 has requested that R4 be moved to the other end of the facility so that R4 is no longer on the other side of the wall adjacent to R5. This request was accommodated on 9/5/14.

Completion Date:  
20 days from  
Receipt of Notice

# Imposed Pac

Effective 9/4/14, Facility Administrator has provided scheduled coverage of 3<sup>rd</sup> shift 1:1 supervision of R5. Facility employees have been trained on their responsibilities in regards to the 1:1 duties as well as updates to R5 behavior plan. Facility QIDP will continue to maintain this level of supervision for R5 until the successful completion of the fade plan objectives. At such time R5 1:1 supervision will be reduced as directed by the individual objectives achieved. Facility QIDP will be responsible to insure that these safety measures are secured.

Facility Medical Team Leader scheduled a psychiatric evaluation of R5 with his Psychiatrist to determine appropriate therapy and placement. At the time of the scheduled evaluation on 9/9/14 R5 was being evaluated at Good Samaritan Hospital in Mt. Vernon, Illinois due to behavioral episode in which it was necessary to call 911. R5 was accepted for an in-patient psychiatric evaluation at St. John's Hospital in Springfield, Illinois and was transferred there on 9/9/14. Facility QIDP obtained daily updates regarding R5 during his hospitalization at St. John's Hospital. Following some medication changes and resulting behavioral progress R5 was discharged from St. John's Hospital on 9/18/14. Facility QIDP gained consent from R5 Guardian to move to another facility on 9/17/14. R5 was admitted to a CILA provider on 9/18/14 and was discharged from Sutton House.

W122

Facility QIDP has completed Trend/Pattern assessments for R5 on 8/4/14, 9/4/14 and 9/18/14. These assessments include current interventions that have been implemented as well as past interventions that were incomplete at the time of survey. Facility QIDP will be responsible to insure that trend/pattern assessments will be completed on a timely basis to insure that a definitive plan of action is developed and implemented to insure the safety of all residents at Sutton House.

Completion Date:

20 Days from Receipt  
of Notice

# Imposed POC

Facility Administrator has increased the level of supervision for R5 to a 1:1 on a 24 hour basis effective 9/3/14. This level of supervision will remain until such time that behavioral assistance and or a move to a more appropriate setting can be secured. Facility QIDP will be responsible to insure this level of supervision will be maintained to protect the safety of all individuals living in the home.

The behavior plan for R5 has been revised to reflect current safeguards that were put in place during the time of survey. Instruction and training has been provided to Facility employees regarding the changes to R5 behavior plan. Facility QIDP will be responsible to monitor R5 behavior care plan and create changes in accordance with any increases in R5 behaviors. On 9/10/14 Facility employees were trained to call 911 for immediate assistance for all behavior which becomes unmanageable for staff.

Facility QIDP will be responsible to evaluate the personal living arrangements and room selection based upon behavioral situations that may arise in the home. Facility QIDP will make changes with the consent of guardians being obtained for any and all changes. R7 had begun sleeping in a room separate from R5 prior to the survey process on 8/29/14. The remainder of R7 belongings were moved to his new bedroom on 9/5/14. This facility will continue to ask residents during resident council meetings if they have any congregate living issues. Based upon these identified issues, QIDP will speak with these individuals to determine appropriate steps to take to insure resident safety and accommodate room changes if necessary. Facility continues to follow established policy regarding client protections. All persons grievances against the home will be submitted to and reviewed by Sutton House QIDP. All said grievances will be addressed within 5 days. The guardian of R4 has requested that R4 be moved to the other end of the facility so that R4 is no longer on the other side of the wall adjacent to R5. This request was accommodated on 9/5/14.

Completion Date:  
20 Days from Receipt of  
Notice

# Imposed POC

Effective 9/4/14, Facility Administrator has provided scheduled coverage of 3<sup>rd</sup> shift 1:1 supervision of R5. Facility employees have been trained on their responsibilities in regards to the 1:1 duties as well as updates to R5 behavior plan. Facility QIDP will continue to maintain this level of supervision for R5 until the successful completion of the fade plan objectives. At such time R5 1:1 supervision will be reduced as directed by the individual objectives achieved. Facility QIDP will be responsible to insure that these safety measures are secured.

Facility Medical Team Leader scheduled a psychiatric evaluation of R5 with his Psychiatrist to determine appropriate therapy and placement. At the time of the scheduled evaluation on 9/9/14 R5 was being evaluated at Good Samaritan Hospital in Mt. Vernon, Illinois due to behavioral episode in which it was necessary to call 911. R5 was accepted for an in-patient psychiatric evaluation at St. John's Hospital in Springfield, Illinois and was transferred there on 9/9/14. Facility QIDP obtained daily updates regarding R5 during his hospitalization at St. John's Hospital. Following some medication changes and resulting behavioral progress R5 was discharged from St. John's Hospital on 9/18/14. Facility QIDP gained consent from R5 Guardian to move to another facility on 9/17/14. R5 was admitted to a CILA provider on 9/18/14 and was discharged from Sutton House.

W127

Facility QIDP has completed Trend/Pattern assessments for R5 on 8/4/14, 9/4/14 and 9/18/14. These assessments include current interventions that have been implemented as well as past interventions that were incomplete at the time of survey. Facility QIDP will be responsible to insure that trend/pattern assessments will be completed on a timely basis to insure that a definitive plan of action is developed and implemented to insure the safety of all residents at Sutton House.

Completion Date:  
20 days from receipt  
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Imposed POC

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The behavior plan for R5 has been revised to reflect current safeguards that were put in place during the time of survey. Instruction and training has been provided to Facility employees regarding the changes to R5 behavior plan. Facility QIDP will be responsible to monitor R5 behavior care plan and create changes in accordance with any increases in R5 behaviors. On 9/10/14 Facility employees were trained to call 911 for immediate assistance for all behavior which becomes unmanageable for staff.

Facility QIDP will be responsible to evaluate the personal living arrangements and room selection based upon behavioral situations that may arise in the home. Facility QIDP will make changes with the consent of guardians being obtained for any and all changes. R7 had begun sleeping in a room separate from R5 prior to the survey process on 8/29/14. The remainder of R7 belongings were moved to his new bedroom on 9/5/14. This facility will continue to ask residents during resident council meetings if they have any congregate living issues. Based upon these identified issues, QIDP will speak with these individuals to determine appropriate steps to take to insure resident safety and accommodate room changes if necessary. Facility continues to follow established policy regarding client protections. All persons grievances against the home will be submitted to and reviewed by Sutton House QIDP. All said grievances will be addressed within 5 days. The guardian of R4 has requested that R4 be moved to the other end of the facility so that R4 is no longer on the other side of the wall adjacent to R5. This request was accommodated on 9/5/14.

20 Completion Date  
Days from Receipt  
of Notice

Imposed POC

Effective 9/4/14, Facility Administrator has provided scheduled coverage of 3<sup>rd</sup> shift 1:1 supervision of R5. Facility employees have been trained on their responsibilities in regards to the 1:1 duties as well as updates to R5 behavior plan. Facility QIDP will continue to maintain this level of supervision for R5 until the successful completion of the fade plan objectives. At such time R5 1:1 supervision will be reduced as directed by the individual objectives achieved. Facility QIDP will be responsible to insure that these safety measures are secured.

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W149

Facility QIDP will be responsible to review all resident behaviors. Any behavior that is deemed to be a pattern will be tracked. Based upon this tracking, QIDP along with assistance of the Behavior Management Committee/ Human Rights Committee will develop a suitable plan of action to insure the safety of all individuals. Facility Administrator will oversee to insure that this review is completed on an as needed and on-going basis.

Completion Date:

20 Days from receipt of Notice

# Imposed POC

W158 Effective 9/4/14, Facility Administrator has provided scheduled coverage of 3<sup>rd</sup> shift 1:1 supervision of R5. Facility employees have been trained on their responsibilities in regards to the 1:1 duties as well as updates to R5 behavior plan. Facility QIDP will continue to maintain this level of supervision for R5 until the successful completion of the fade plan objectives. At such time R5 1:1 supervision will be reduced as directed by the individual objectives achieved. Facility QIDP will be responsible to insure that these safety measures are secured.

W186 Effective 9/4/14, Facility Administrator has provided scheduled coverage of 3<sup>rd</sup> shift 1:1 supervision of R5. Facility employees have been trained on their responsibilities in regards to the 1:1 duties as well as updates to R5 behavior plan. Facility QIDP will continue to maintain this level of supervision for R5 until the successful completion of the fade plan objectives. At such time R5 1:1 supervision will be reduced as directed by the individual objectives achieved. Facility QIDP will be responsible to insure that these safety measures are secured.

W301 Facility QIDP will be responsible to insure that staff members check, acknowledge and document every 30 minutes individuals who are placed in a CPI hold. Staff will document these 30 minute checks on the CPI Restraint Form. Staff members will write the exact time of each 30 minute check while the individual is in a consecutive and time encompassing CPI hold which extends beyond each 30 minute interval. Facility QIDP will insure that all facility employees receive this training on an annual basis during their CPI Training. Facility QIDP will provide this initial training regarding the 30 minute checks to all facility employees on 10/2/14.

Completion Date:

20 Days from receipt of  
Notice

# Imposed Doc

W303

Facility QIDP will create a CPI Restraint Check and Usage Form. This form will instruct staff regarding the 30 minute check system as well as identify the individual requiring CPI, the date and time. All facility employees will be trained on the appropriate usage of this form to insure these checks are performed and documented. QIDP will monitor to insure that these forms are correctly documented and maintained for the facility.

Completion Date:  
20 Days from Receipt  
of Notice