

State of Illinois
Department of Human Services
Accreditation, Licensure and Certification
SURVEY REPORT FORM

SECTION I. AGENCY INFORMATION

NAME		ALC SECTION
Streator Unlimited, Inc		Springfield
ADDRESS	CITY/STATE/ZIP	
305 N. Sterling	Streator IL 61364	

SECTION II. PROGRAM INFORMATION

DATE(S) OF SURVEY	SURVEYOR NAME(S)
5/24-26/2016	Jennifer Wernsman & Eric Mitchell

PROGRAM(S) SURVEYED (CHECK ALL APPROPRIATE) SURVEY REVIEW COMPLAINT REVIEW

COMMUNITY INTEGRATED LIVING ARRANGEMENTS (115) - CONTACT PERSON _____

Site(s) Visited	Level Award	% Compliance

DEVELOPMENTAL TRAINING (119) - CONTACT PERSON Lynn Fukar

Site(s) Visited	Level Award	% Compliance
305 N. Sterling, Streator IL 61364	2	98%

MEDICAID COMMUNITY MENTAL HEALTH SERVICES (132) - CONTACT PERSON _____

Site(s) Visited	Level Award	% Compliance

AGENCY NAME:

DATE OF INSPECTION

Streator Unlimited, Inc.

5/24-26/2016

RULE: 119.230 b)4) A)

COMMENT/EXPLANATION:

In 1 of 4 records reviewed (EF) the vocational goal in the Individual Service Plan (ISP) was not measurable.

RULE: 119.235 d)

COMMENT/EXPLANATION:

In 2 of 4 records reviewed (AB, EF) the individual rights were not completed in a timely manner.

AB - 4/1/15 ; 4/29/16

EF - started DT 7/25/15 ; rights completed 8/21/15.

RULE: 119.260 f)2) B)

COMMENT/EXPLANATION:

In 3 of 14 staff records reviewed (JW, KC, DR) the annual Health Care Worker Registry check (HCWRP) was not completed.

* This was corrected during the review *

RULE: 119.260 i)1)

COMMENT/EXPLANATION:

In 2 of 4 records reviewed (TK, AB) there was another consent name in the ISP; therefore confidentiality was not ensured.

RULE:

COMMENT/EXPLANATION:

AGENCY NAME:

DATE OF INSPECTION

Streator Unlimited, Inc. | 5/24-26/2016

RULE: _____
COMMENT/EXPLANATION:

RULE: _____
COMMENT/EXPLANATION:

RULE: _____
COMMENT/EXPLANATION:

All violations must be corrected. A written Plan of Correction compliant with the Criteria for Submission of a Plan of Correction must be submitted to this Department on or before:

NA

Failure to submit the required Plan of Correction by that date is grounds for revocation or non-renewal of your agency's license/certificate.

Please submit the Plan of Correction to: Tracy Adden
Department of Human Services
Bureau of Accreditation, Licensure and Certification
401 North 4th Street, 2nd Floor
Springfield, Illinois 62702

All citations in the above report have been presented during the Exit Conference on 5/26/16 at which I was present.

[Signature]
(Authorized Organization Representative or Designee Signature)

5/26/16
(Date)

[Signature]
(Lead Surveyor Signature)

5/26/16
(Date)