Illinois Department of Public Health STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION **IDENTIFICATION NUMBER:** COMPLETED A. BUILDING: \_\_ C B. WING IL6006050 02/20/2019 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE **500 6TH STREET** MENDOTA LUTHERAN HOME MENDOTA, IL 61342 SUMMARY STATEMENT OF DEFICIENCIES (X4) ID PROVIDER'S PLAN OF CORRECTION (X5)(EACH DEFICIENCY MUST BE PRECEDED BY FULL PRÉFIX (EACH CORRECTIVE ACTION SHOULD BE PREFIX COMPLETE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG TAG CROSS-REFERENCED TO THE APPROPRIATE DATE DEFICIENCY) S 000 Initial Comments S 000 Facility Reported Incident of 2/9/2019/IL109525 S9999 Final Observations S9999 Statement of Licensure Violation: Section 300.610a) Section 300.1210 b) Section 300.1220 b)2) Section 300.3240 a) Section 300.610 Resident Care Policies The facility shall have written policies and a) procedures governing all services provided by the facility. The written policies and procedures shall be formulated by a Resident Care Policy Committee consisting of at least the administrator, the advisory physician or the medical advisory committee, and representatives of nursing and other services in the facility. The policies shall comply with the Act and this Part. The written policies shall be followed in operating the facility and shall be reviewed at least annually by this committee, documented by written, signed and dated minutes of the meeting. Section 300.1210 General Requirements for Attachment A Nursing and Personal Care Statement of Licensure Violations b) The facility shall provide the necessary care and services to attain or maintain the highest practicable physical, mental, and psychological well-being of the resident, in accordance with each resident's comprehensive resident care

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

Electronically Signed

TITLE

(X6) DATE 03/08/19

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FORM APPROVED Illinois Department of Public Health STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION IDENTIFICATION NUMBER: COMPLETED A. BUILDING: C B. WING IL6006050 02/20/2019 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE **500 6TH STREET MENDOTA LUTHERAN HOME** MENDOTA, IL 61342 SUMMARY STATEMENT OF DEFICIENCIES (X4) ID PROVIDER'S PLAN OF CORRECTION (X5)PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL (EACH CORRECTIVE ACTION SHOULD BE COMPLETE PRFFIX TAG REGULATORY OR LSC IDENTIFYING INFORMATION) DATE CROSS-REFERENCED TO THE APPROPRIATE TAG DEFICIENCY) S9999 Continued From page 2 S9999 directs staff, "(The facility) prohibits abuse, neglect, mistreatment, involuntary seclusion. exploitation, misappropriation of resident property, theft and/or crime for all of its residents. (The facility) maintains a living environment that fosters the reporting of concerns and problems that may indicate abuse and that protect each and every one of its residents." The facility report, Final Investigation Report. dated 2/13/19 documents, "It was reported to (V1/Administrator) on 2/9/19 that there was an altercation between (V4/Certified Nursing Assistant) and (R1)...Facility feels that the allegations of abuse are substantiated. (V4/Certified Nursing Assistant) has been terminated." On 2/191/19 at 11:00 A.M., V5, Registered Nurse stated, "I worked on 2/9/19 from 6:45 AM until 7:15 PM. V3, Certified Nurse Aide (CNA) came to me before supper. She told me she was troubled by an interaction between R1 and V4. CNA. V3 said V4 had been in the room by herself, getting R1 up and ready for supper. V3 said she heard yelling from R1's room and went in the room. V3 said R1 was spitting on V4. V3 also stated that V4 had pulled up (R1's) sweater to cover (R1's) mouth to prevent (R1) from spitting again on V4. I told V3 that she needed to call and report the incident to the Administrator. She is our Abuse investigator. I got a call around 5:40 PM from V2, Director of Nurses (DON). (V2) told me to do a skin check on (R1). I did the skin check and then documented it in R1's chart. By then, there was bruising on R1's hand. I

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called R1's family and told them about the bruises. I told them the bruises happened during a combative episode before supper. I talked to V4/CNA. I could tell she was frustrated. R1 was

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**FORM APPROVED** Illinois Department of Public Health STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION IDENTIFICATION NUMBER: COMPLETED A. BUILDING: C B. WING\_ IL6006050 02/20/2019 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE **500 6TH STREET MENDOTA LUTHERAN HOME** MENDOTA, IL 61342 (X4) ID SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X5)(EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX PREFIX (EACH CORRECTIVE ACTION SHOULD BE COMPLETE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG CROSS-REFERENCED TO THE APPROPRIATE DATE TAG DEFICIENCY) S9999 Continued From page 3 S9999 calm at that time. R1 was upset about (R1's). hand and arm. R1 kept saying, 'Look at my arm. Look at my arm'." On 2/19/19 at 12:30 P.M., V2, DON stated "V3, CNA, called me around 3:45 PM, that afternoon. (V3) was very upset. (V3) was crying. (V3)said there had been an incident of abuse concerning R1 and V4. I told (V3) to hang up and to call V1, Administrator, immediately. I called (V1) a short time later to verify that (V3) had called her. About ½ hour later, I called V3 back to talk with her, because she had been so upset. V3 told me she had heard (R1) scream twice and ran into (R1's) room. V3 said V4 was being rough with R1 while she was rolling (R1) to get a brief and pants on (R1). V3 also said that V4, swung R1 around to a sitting position, roughly. She said V4 was screaming at R1. She said at that time, (R1) started spitting at V4. V4 pulled (R1's) sweater up over (R1's)nose and mouth. V4 left the building at 4:00 pm. V4 had stayed over to cover two hours of the next shift. V1 came into the building and conducted the investigation. We terminated V4 due to the bruising on R1, the covering of R1's nose and mouth and the rough treatment of R1 by V4." On 2/19/19 at 1:10 P.M., V3, CNA stated, "I was working the afternoon of February ninth. I was just getting ready to go into a room to help another CNA (Certified Nursing Assistant), when I heard a blood-curdling scream. I yelled down the Center hall and asked if anyone knew where it came from. It wasn't a normal cry that you hear. You could tell someone was hurt by that scream.

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Right then, I heard the same scream and I could tell it came from R1's room. I ran into (R1 's) room and V4, CNA was in there. V4 said, '(R1) is having behaviors.' R1 was very upset, (R1) was

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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	
		IL6006050	B. WING			C 20/2019
NAME OF	PROVIDER OR SUPPLIER	STREET ADI	DRESS, CITY, S	TATE, ZIP CODE		
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S9999	as white as a ghost and (R1) wouldn't tayelling, 'Get her awarolled up against V4 up (R1's) brief and (the other side of the towards me, very roupset. (R1) was yell what she did to me. (R1's) arm and (R1' (R1's) fingers back. (R1's) pants up. The sitting position and garm. (R1) was yellinhas an injured shou spitting at V4. V4 grand pulled it up ove put her other hand to saying,' Go ahead. couldn't catch (R1's can't do that.' V4 ke grab my gait belt to get (R1) in the wheel and slammed (R1) is a stuffed dog that (R1's) dog that (R1) Libby. The stuffed dipper on it and it has from the collar. V4 pat (R1), hitting (R1) marks that the metafinally left the room avolve (R1) was saying, 'My arm, My V5/RN told me I bet happened. I called to (V2) told me to call (V2) told me to call (V2) told me to call (V3)	ge 4  (R1's) eyes were very large ake them off of V4. R1 was ay from me.' V4 had (R1)  (R1's) pants. I went around to be bed and V4 flipped (R1) over oughly. I could tell V4 was ling, 'Look at my arm. Look 'I could see red marks on s) hand. I think she bent V4 was aggressively pulling en she jerked (R1) up to a grabbed (R1) under (R1's) and crying because (R1) lder. At that time, (R1) started abbed (R1's) sweater vest (R1's) nose and mouth and behind (R1's) head. V4 kept Try and spit on me now.' (R1) breath. I told V4,' Stop, you pt on taunting (R1). I went to help stand (R1) so we could el chair and V4 jerked (R1) up nto the wheel chair. (R1) has R1) loves. It reminds (R1) of had. (R1) loves to talk about og is a purse with a metal as metal dog tags hanging bicked the dog up and threw it in the face. I could see red all tags left on (R1's) face. V4 and I took (R1) up to e (RN) and told her what a cradling (R1's) arm and arm. She hurt my arm.' the call and report what he (V2/Director of Nurses). (V1/Administrator). I called V1 write a statement and put it	S9999			

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Illinois Department of Public Health STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION IDENTIFICATION NUMBER: COMPLETED A. BUILDING: C B. WING IL6006050 02/20/2019 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE **500 6TH STREET** MENDOTA LUTHERAN HOME **MENDOTA, IL. 61342** SUMMARY STATEMENT OF DEFICIENCIES (X4) ID PROVIDER'S PLAN OF CORRECTION PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL **PREFIX** (EACH CORRECTIVE ACTION SHOULD BE COMPLETE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG TAG CROSS-REFERENCED TO THE APPROPRIATE DATE DEFICIENCY) S9999 Continued From page 5 S9999 On 2/19/19 at 2:50 P.M., V1, Administrator, stated, "I received a phone call from V3, CNA on 2/9/19 around 4:00 P.M. V3, CNA, was very upset and said she had an allegation of abuse to report. I told her she had done the right thing by calling me and to write out a statement and place it under my door. I came into the facility and V2. DON, had called V4 to come back in and write a statement. V4 came in around 5:00pm and I spoke with her and told her we would be suspending her pending an investigation. Once we investigated and got (V3's) statement, we substantiated the abuse against (R1), by V4, CNA and terminated V4, CNA," On 2/20/19 at 9:45 A.M., R1 was seated in a wheel chair, at the North Hall nurse's station, R1 was confused, talkative and cooperative. A deep purple bruise was present to the top of R1's right hand from the base of R1's right thumb. extending to R1's right wrist and over to the second digit. A deep purple bruise was also noted between the 4th and 5th digit of R1's right hand. (B)