

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6012017	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 09/18/2019
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NAME OF PROVIDER OR SUPPLIER ROSEWOOD CARE CENTER OF EAST PEORIA	STREET ADDRESS, CITY, STATE, ZIP CODE 900 CENTENNIAL DRIVE EAST PEORIA, IL 61611
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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
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S 000	Initial Comments Facility Reported Incident of 9/9/2019/IL115871	S 000		
S9999	Final Observations Statement of Licensure Violation: Section 300.3240 Abuse and Neglect a) An owner, licensee, administrator, employee or agent of a facility shall not abuse or neglect a resident. (A, B) (Section 2-107 of the Act) b) A facility employee or agent who becomes aware of abuse or neglect of a resident shall immediately report the matter to the facility administrator. (Section 3-610 of the Act) c) A facility administrator who becomes aware of abuse or neglect of a resident shall immediately report the matter by telephone and in writing to the resident's representative. (Section 3-610 of the Act) d) A facility administrator, employee, or agent who becomes aware of abuse or neglect of a resident shall also report the matter to the Department. (Section 3-610 of the Act) e) Employee as perpetrator of abuse. When an investigation of a report of suspected abuse of a resident indicates, based upon credible evidence, that an employee of a long-term care facility is the perpetrator of the abuse, that employee shall immediately be barred from any further contact with residents of the facility, pending the outcome of any further investigation, prosecution or disciplinary action against the	S9999	<h2>Attachment A</h2> <h3>Statement of Licensure Violations</h3>	

Illinois Department of Public Health LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE Electronically Signed	TITLE	(X6) DATE 10/07/19
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S9999	<p>Continued From page 1</p> <p>employee. (Section 3-611 of the Act)</p> <p>(Source: Amended at 15 Ill. Reg. 554, effective January 1, 1991)</p> <p>This requirement was not met as evidenced by:</p> <p>Based on interview and record review the facility failed to prevent a resident's wallet from disappearing for one of one resident (R5) reviewed for misappropriation of personal property in a sample of one.</p> <p>Findings include:</p> <p>Facility Abuse Prevention Policy, revised 11/2016, documents: This facility believes that each resident has the right to be free from misappropriation of property; residents must not be subjected to abuse by anyone, including but no limited to facility staff; abuse is willful infliction and willful, as used in this definition of abuse means the individual must have acted deliberately; Misappropriation of Property is the deliverate misplacement, exploitation, or wrongful, temporay or permanent use of a resident's belongings without the resident's consent; during orientation of new employees as well as periodically thereafter, the Facility conducts training on sensitivity to resident needs, including abuse, neglect and misappropriation of resident property, as well as reporting and investigation obligations; and the Facility desires to prevent misappropriation of property; the staff is obligated to report the abuse to the Facility's Abuse Coordinator so that the appropriate authorities can be notified and the matter can be investigated; and the Facility has established policies in place for reporting allegations and incidents of abuse to authorities that meet state,</p>	S9999		
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S9999	<p>Continued From page 2</p> <p>federal and municipal requirements, and the Abuse Coordinator will contact the resident's representative and physician.</p> <p>Facility Final Investigation Report, dated 9/9/19, documents that on 9/9/19, R5 reported a wallet missing. The investigation documented that the wallet was present at 8:00 pm and the next morning, at 9:30 am the wallet was missing. The incident was investigated and reported to the State Licensing Agency and Law Enforcement Agencies on 9/9/19.</p> <p>On 9/17/19, at 2:30 pm, R5 (alert and oriented) stated, "At 8:00 pm, I had my wallet and cell phone in my bed under my covers, but when I woke up the next morning, my wallet was gone. We looked everywhere but could not find it. I had my Social Security Card, Drivers License, credit card and about five dollars in my wallet. I contacted my bank to report my card missing and they told me that it had been charged approximately thirty some dollars for a prison prepaid phone card, thank gosh that is all I had in my bank account at the time.</p> <p>On 9/18/19, at 2:00 pm, V1 (Administrator) stated, "I investigated it and could not prove if it was a staff member, another resident or visitor, but regardless, it did show up missing and has not been found."</p> <p>(C)</p>	S9999		