

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6002778	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 10/01/2020
--	--	---	---

NAME OF PROVIDER OR SUPPLIER INTEGRITY HC OF ALTON	STREET ADDRESS, CITY, STATE, ZIP CODE 3523 WICKENHAUSER ALTON, IL 62002
--	---

(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
S 000	Initial Comments Complaint 2047758/IL127320- F689 G cited.	S 000		
S9999	Final Observations Statement of Licensure Violations: 300.610a) 300.1210a) 300.1210b) 300.1210d)6) 300.3240a) 300.3240f) Section 300.610 Resident Care Policies a) The facility shall have written policies and procedures, governing all services provided by the facility which 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. These policies shall be in compliance with the Act and all rules promulgated thereunder. These written policies shall be followed in operating the facility and shall be reviewed at least annually by this committee, as evidenced by written, signed and dated minutes of such a meeting. Section 300.1210 General Requirements for Nursing and Personal Care a) Comprehensive Resident Care Plan. A facility, with the participation of the resident and the resident's guardian or representative, as	S9999	Attachment A Statement of Licensure Violations	

Illinois Department of Public Health
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE
Electronically Signed

TITLE

(X6) DATE
10/15/20

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6002778	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 10/01/2020
NAME OF PROVIDER OR SUPPLIER INTEGRITY HC OF ALTON		STREET ADDRESS, CITY, STATE, ZIP CODE 3523 WICKENHAUSER ALTON, IL 62002		
(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
S9999	Continued From page 1 applicable, must develop and implement a comprehensive care plan for each resident that includes measurable objectives and timetables to meet the resident's medical, nursing, and mental and psychosocial needs that are identified in the resident's comprehensive assessment, which allow the resident to attain or maintain the highest practicable level of independent functioning, and provide for discharge planning to the least restrictive setting based on the resident's care needs. The assessment shall be developed with the active participation of the resident and the resident's guardian or representative, as applicable. (Section 3-202.2a of the Act) 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 plan. Adequate and properly supervised nursing care and personal care shall be provided to each resident to meet the total nursing and personal care needs of the resident. Restorative measures shall include, at a minimum, the following procedures: d) Pursuant to subsection (a), general nursing care shall include, at a minimum, the following and shall be practiced on a 24-hour, seven-day-a-week basis: 6) All necessary precautions shall be taken to assure that the residents' environment remains as free of accident hazards as possible. All nursing personnel shall evaluate residents to see that each resident receives adequate supervision and assistance to prevent accidents.	S9999		

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6002778	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 10/01/2020
--	--	---	---

NAME OF PROVIDER OR SUPPLIER INTEGRITY HC OF ALTON	STREET ADDRESS, CITY, STATE, ZIP CODE 3523 WICKENHAUSER ALTON, IL 62002
--	---

(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
S9999	<p>Continued From page 2</p> <p>Section 300.3240 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 facility failed to provide adequate supervision to prevent sexually inappropriate behavior, between cognitively impaired residents for 3 of 3 residents (R1, R3, and R4) reviewed for supervision. This failure resulted in psychosocial harm as a reasonable person would react in a such a situation with feelings of fearfulness, humiliation, anxiety and distress.</p> <p>Findings include:</p> <p>On 9/28/2020 at 1:30 PM, R5 stated, "(R4) took his privates out in his room. The door was open. I told someone who works here but I am not sure who. It was inappropriate and disgraceful."</p>	S9999		

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6002778	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 10/01/2020
--	--	---	---

NAME OF PROVIDER OR SUPPLIER INTEGRITY HC OF ALTON	STREET ADDRESS, CITY, STATE, ZIP CODE 3523 WICKENHAUSER ALTON, IL 62002
--	---

(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
S9999	<p>Continued From page 3</p> <p>On 9/28/2020 at 1:45 PM, R2 stated, "I have not seen any incidents, but I have heard about (R3) and (R4) being sexually inappropriate together more than once. Maybe 3 or 4 times. I have heard it from other residents. The last episode was about a week ago. I heard (R3) walked up to (R4) and dropped his pants. (R4) started orally pleasuring (R3). (R3) is not 'with it'. (R4) mostly stays in his room but he also wanders into rooms."</p> <p>On 9/28/2020 at 2:00 PM, V4, Housekeeping, stated, "I wouldn't go in there (R4's room). (R4) doesn't comprehend really well. I have not seen (R4) or any other residents being inappropriate."</p> <p>On 9/28/2020 at 2:14 PM, V6, Temporary Nurse Aid (TNA) stated, "I was here for the first incident between (R3) and (R4). It took place in (R4)'s room. (R4) was orally pleasuring (R3). (R4) has dementia. (R3) is kind of new to the facility. I reported it to the nurse, I am not sure of her name. (V2), (V3) and (V8) were contacted. We separated them and we check on them frequently."</p> <p>On 9/28/2020 at 2:25 PM, V7, TNA, stated, "I have heard rumors of residents performing sexual favors to each other when they were bunked together (roommates). I did not witness it, I heard about it from (V6). (R4) was giving (oral sex) and (R3) was receiving (oral sex). Both (R3, R4) have dementia. They are on separate halls now. (R4) is in his own room. We have to keep an eye on (R3). (R3) is quick and we have to re-direct him."</p> <p>On 9/28/2020 at 2:34 PM, V8, Certified Nursing Assistant (CNA) Coordinator, stated, "I did hear about the incident, but I was not here. We have a</p>	S9999		

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6002778	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED C 10/01/2020
--	--	--	---

NAME OF PROVIDER OR SUPPLIER INTEGRITY HC OF ALTON	STREET ADDRESS, CITY, STATE, ZIP CODE 3523 WICKENHAUSER ALTON, IL 62002
--	---

(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
--------------------	--	---------------	---	--------------------

S9999	<p>Continued From page 4</p> <p>communication log of what is reported. (V2) Director of Nursing (DON) and (V3), Assistant Director of Nursing (ADON) made us aware the following day. (R3) and (R4) had been roommates. Staff came into the room and found them pleasuring each other. Neither one of them are really cognitive to much, other than self. I don't know if the police were notified but I know the families were."</p> <p>On 9/29/2020 at 9:44 AM, R7 stated, "(R3) and (R4) 'had ahold of each other' in the cafeteria. Everyone knows about it. One day a couple weeks ago, I was in the hall and (R4) was shaking his thing at me."</p> <p>On 9/29/2020 at 11:45 AM, R6 stated, "I heard (R3) and (R4) were having oral sex. (V6) is the one who saw it. It happened outside the kitchen door in the dining room."</p> <p>On 9/29/2020 at 12:28 PM, V12, Licensed Practical Nurse (LPN) stated, "(R3) and (R4) are both 15-minute checks due to the accusation of them having sexual relations in public places. They were roommates at the time of the incident."</p> <p>The Facility's "Staff Interviews" form, undated, documents, "Name: (V8) 1. Have you ever had any concerns with (R3) being sexually inappropriate with another resident? If yes, do you think it is related to his diagnosis?" V8 answered, "Yes and Yes."</p> <p>The Facility's "Staff Interviews" form, undated, documents, "Name: (V14) 1. Have you ever had any concerns with (R3) being sexually inappropriate with another resident? If yes, do you think it is related to his diagnosis?" V14 answered, "Yes and Yes."</p>	S9999		
-------	--	-------	--	--

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6002778	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 10/01/2020
--	--	---	---

NAME OF PROVIDER OR SUPPLIER INTEGRITY HC OF ALTON	STREET ADDRESS, CITY, STATE, ZIP CODE 3523 WICKENHAUSER ALTON, IL 62002
--	---

(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
S9999	<p>Continued From page 5</p> <p>The Facility's untitled, undated form documents, "When I was walking past room 302 I saw (R4) and (R3) in the same bed together. (R4) was performing oral sex. Residents immediately separated. We redirected (R3) to the dining room. Nurse was informed immediately." This form was signed by V6.</p> <p>R3's Face Sheet documents R3 has a diagnosis of dementia.</p> <p>R3's Physician's Order Sheet (POS) documents a telephone order was received on 9/13/2020 to "Place on 15-minute checks to ensure resident safety."</p> <p>R3's Care Plan reviewed 9/21/2020 documents "The resident has a communication problem related to dementia." R3's Care Plan continues documentation, "The resident has impaired cognitive function related to Dementia."</p> <p>R3's Minimum Data Set (MDS) dated 7/21/2020 documents R3 has a Brief Interview for Mental Status (BIMS) score of 11, which indicates R3 has cognitive impairment.</p> <p>R3's Progress Notes dated 9/11/2020 at 6:46 AM, documents, "Resident was noted to have his penis in another resident's mouth. Staff separated residents and moved resident to room 312. ADON notified. Family notified. No injury noted. No distress noted."</p> <p>R3's Progress Note dated 9/13/2020 at 22:20 PM documents, "Resident was observed giving resident oral sex in dining room." R3's Progress note continues, "Resident immediately separated for safety and placed on 15-minute checks."</p>	S9999		

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6002778	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 10/01/2020
--	--	---	---

NAME OF PROVIDER OR SUPPLIER INTEGRITY HC OF ALTON	STREET ADDRESS, CITY, STATE, ZIP CODE 3523 WICKENHAUSER ALTON, IL 62002
--	---

(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
--------------------	--	---------------	---	--------------------

S9999	<p>Continued From page 6</p> <p>R3's Progress Notes dated 9/17/2020 and 9/21/2020 documents that the 15-minute checks were continued.</p> <p>On 9/30/2020 an attempt to interview R3 was unsuccessful. R3 did state, "(R4) Who?"</p> <p>The Facility's Incident Report/ Abuse Notification form documents that on September 10, 2020 staff walked into the dining room and observed (R3) providing oral sex to resident (R4) and that residents were separated immediately. This form continues to document that the administrator was notified, and an investigation was initiated.</p> <p>The Facility's Incident Report/ Abuse Notification form documents, "On September 13, 2020, during routine rounds, staff observed (R3) providing oral sex to resident (R4) in room. Residents were separated immediately." This form continues to document that the administrator was notified, and an investigation was initiated.</p> <p>R3's Behavior Tracking for dated September 2020 documents that R3 is tracked for inappropriate sexual behavior with staff and residents. The document reflects that the frequency of this type of behavior was observed 8 times. There is nothing documented for September 10, 2020 or September 13, 2020.</p> <p>R4's MDS dated 7/27/2020 documents R4 has a short-term memory problem.</p> <p>R4's Progress Notes dated 9/11/2020 at 7:03 AM documents, "Resident noted to have another resident's penis in his mouth. Resident's separated. No distress noted. No injury noted. ADON aware. Family aware."</p>	S9999		
-------	---	-------	--	--

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6002778	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 10/01/2020
--	--	---	---

NAME OF PROVIDER OR SUPPLIER INTEGRITY HC OF ALTON	STREET ADDRESS, CITY, STATE, ZIP CODE 3523 WICKENHAUSER ALTON, IL 62002
--	---

(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
S9999	<p>Continued From page 7</p> <p>R4's Progress Notes dated 9/13/2020 at 5:05 PM documents, "Administrator and ADON notified immediately of sexual incident between resident and resident."</p> <p>R4's Progress Notes dated 9/13/2020 at 21:42 PM documents, "It was reported to this nurse that a resident was observed in the dining room at approximately 5 PM putting his penis in (another) residents' mouth. It continues to state that residents were separated and placed on 15-minute checks for protection of self and others.</p> <p>R4's Care Plan documents that R4 is at risk for abuse/neglect. R4's Care Plan further documents that R4 displays socially inappropriate and maladaptive behaviors related to sexual aggression towards peers. R4's Care Plan documents, "On 9/10/2020, resident was noted by staff to have another resident's penis in his mouth." The intervention listed was to separate the residents. R4's Care Plan further documents, "On 9/13/2020 resident was noted by staff to be putting his penis in another resident's mouth." The interventions listed for this incident include 15-minute checks initiated, police notified, and R4 was sent to the Emergency Room for evaluation.</p> <p>R4's POS documents a telephone order was received on 9/13/2020 to "Place on 15-minute checks to ensure resident safety."</p> <p>R4's Behavior Tracking for dated September 2020 documents that R4 is tracked for inappropriate sexual behavior with staff and residents. The Behavior Tracking reflects 9 incidents related to this behavior, but none were documented for 9/11/2020 or 9/13/2020.</p>	S9999		

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6002778	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 10/01/2020
--	--	---	---

NAME OF PROVIDER OR SUPPLIER INTEGRITY HC OF ALTON	STREET ADDRESS, CITY, STATE, ZIP CODE 3523 WICKENHAUSER ALTON, IL 62002
--	---

(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
--------------------	--	---------------	---	--------------------

S9999	<p>Continued From page 8</p> <p>On 9/29/2020 on continuous observation of R4 were made from 9:00 AM until 9:44 AM. At 9:00 AM R4 was in his room and the door was closed. At 9:44 AM, V7 Temporary Nurse Aid (TNA) opened R4's door, looked in, and stated, "Just checking on you."</p> <p>On 9/29/2020 continuous observations of R4 were made from 11:00 AM until 11:38 AM. During this observation, R4 remained in his room with the door closed. Multiple staff members, including V3, Assistant Director of Nursing (ADON), and V8, Certified Nursing Assistant (CNA) Coordinator, walked by R4's room without performing visual checks on R4.</p> <p>On 9/30/2020 at 11:27 AM, V9, R3's Power of Attorney (POA) stated that he was aware of the incident and "was really surprised." V9 continued to state that R3 would not have been consensual to those activities with a man. V9 was told that the facility would check on the residents every 15 minutes.</p> <p>On 9/30/2020 at 11:50 AM, V6, TNA, stated that R4 is a 15-minute check and that anybody can perform these checks. V6 stated that she does not know where these checks are documented.</p> <p>On 9/30/2020 at 12:30 PM, V11, CNA, stated, "I wasn't there for the 1st incident (in R3 and R4's room), but I witnessed the second incident in dining room. (R4) was sitting in chair by kitchen door, (R3) came up to (R4) and pulled his pants down. (R4) started giving him oral. I yelled 'Stop, no!' and (R3) pulled up pants and ran away. (R3) is pretty fast. I am not really sure if (R3) could consent. I know (R4) is in his right mind but he just doesn't like to talk to females. I did one on</p>	S9999		
-------	---	-------	--	--

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6002778	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 10/01/2020
--	--	---	---

NAME OF PROVIDER OR SUPPLIER INTEGRITY HC OF ALTON	STREET ADDRESS, CITY, STATE, ZIP CODE 3523 WICKENHAUSER ALTON, IL 62002
--	---

(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
S9999	<p>Continued From page 9</p> <p>one with (R3) afterwards. (R3) would try to play with his private areas and I had to tell him that it was not appropriate. I don't know if he knows what he is doing."</p> <p>On 9/30/2020 at 2:00 PM, V2, Regional DON, stated that there was not a specific form that the checks were documented on. V2 and V3 stated that R4 was sent to the hospital and that he did not come back with orders to continue 15-minute checks. At this time, this surveyor located the order in R4's POS, indicating that the order was not discontinued. V2 stated it was a short-term solution and should have just been temporary.</p> <p>On 9/30/2020 at 5:36 PM, V13, Police Officer, stated that he went to the nursing home because a nurse saw two males residents performing oral sex. V13 continued to state that R4 was in the dining room and R3 walked up to him and pulled down his pants. V13 stated that someone from the facility had called the local police station on the Friday before this incident took place and that it was regarding these two residents being sexually inappropriate. V13 continued to state, "I know it happened more than once." V13 stated the facility separated their rooms but, "They still found each other." V13 stated, "I feel like it shouldn't be going on in the facility, especially twice and that is why I called."</p> <p>The (local) Police Department Incident Report dated 9/13/2020, documents that the nurse witnessed R4 place his genitals in R3's mouth and that it has happened on multiple occasions.</p> <p>2. R1's Face Sheet documents R1 has a diagnosis of Cerebral Palsy, Traumatic Brain Injury, Dementia, and Cognitive Communication Deficit.</p>	S9999		

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6002778	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 10/01/2020
--	--	---	---

NAME OF PROVIDER OR SUPPLIER INTEGRITY HC OF ALTON	STREET ADDRESS, CITY, STATE, ZIP CODE 3523 WICKENHAUSER ALTON, IL 62002
--	---

(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
S9999	<p>Continued From page 10</p> <p>R1's MDS dated 7/3/2020 documents R1 has a BIMS score of 2, indicating R1 is severely cognitively impaired and is sometimes understood.</p> <p>On 9/29/2020 at 12:28 PM, V12 stated, "(R1) and (R3) were roommates. (R1) had a traumatic brain injury (TBI) and can't communicate well. (R1) screamed to communicate that (R3) was on his bed. (R1) pointed at (R3) and then pointed to his (R1's) bed."</p> <p>On 9/29/2020 at 10:24 AM, R2 (R1's current roommate) stated, "A couple weeks ago I heard (R3) touched (R1) inappropriately and after that he (R1) didn't want anyone touching him or changing his diaper. It was like he felt violated. The nurse (unsure of which one) told me (R1) was going to be my roommate because he had to get out of that hall (400 hall).</p> <p>On 9/29/2020 at 11:39 AM, V10, Dietary Cook, stated, "I heard (R3) walked into (R1's) room and touched him inappropriately."</p> <p>On 9/30/2020 at 12:30 PM, V11 stated, "(R1's) screaming episode happened the same evening as the (R3) and (R4) thing. The verbal altercation took place in the evening time, sometime after 6. The incident with (R3) and (R4) happened around 5 in the dining room."</p> <p>On 9/29/2020 at 2:30 PM, R8 stated, "(R3) and (R4) were caught s*****g each other. (R3) is a 'F****T' and that is why I don't want him as my roommate."</p> <p>On 9/30/2020 at 3:09 PM, V14, Social Service Director (SSD) stated, "In the morning meeting (R1) was mentioned and it (the screaming</p>	S9999		

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6002778	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 10/01/2020
--	--	---	---

NAME OF PROVIDER OR SUPPLIER INTEGRITY HC OF ALTON	STREET ADDRESS, CITY, STATE, ZIP CODE 3523 WICKENHAUSER ALTON, IL 62002
--	---

(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
S9999	<p>Continued From page 11</p> <p>incident) was brought up and that's why we moved him. (R1) can kind of talk but we don't know how cognitive he is. He (R1) just told nurse (no idea who) or staff that (R3) had tried to touch him. I don't know how he communicated that. It was in the room (R3) is in now. (R3) has dementia. (R3's) brother told me he is a wanderer. I tried to mention that it wasn't a good idea to put him in with (R1). (R8) did not want to be his (R3's) roommate."</p> <p>The Facility's Incident/Abuse Notification dated 9/13/2020 documents that on 9/13/2020, staff responded to a loud voice in R1's room. R1 yelled out towards R3. It continues to document that R1 was relocated to another area for the night with increased monitoring.</p> <p>This failure resulted in psychosocial harm as a reasonable person would react in a such a situation with feelings of fearfulness, humiliation, anxiety and distress.</p> <p>The Facility's Abuse Prevention Policy dated 11/27/2017 documents, "Residents have the right to be free from abuse." The policy continues, "The facility prohibits abuse, neglect, misappropriation of property, and exploitation of its residents, including verbal, mental, sexual or physical abuse." The policy defines sexual abuse as "non-consensual sexual contact of any type with a resident."</p> <p>On 10/1/2020 at 9:03 AM the Facility's policy regarding supervision was requested. No policy was provided.</p> <p>(B)</p>	S9999		