Illinois Department of Publishment OF DEFICIENCIES	lic Health			PRINTE	D: 12/0
AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA	(X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION A. BUILDING:		FORM APPR (X3) DATE SURVE	
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a) The facility shall h	nave written policies and	1			
procedures governing	all services provided by the	1			
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The written policies at	ith the Act and this Part.	1		1	
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a) An owner, licens	ee, administrator,	1			
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neglect a resident. (A, B	(Section 2-107 of the	1		IN.	
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b) A facility employe	1	1	Attachment A		
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aware of abuse or neglectimmediately report the	ot of a resident shall		TION OF THE PROPERTY OF THE PR		
immediately report the madministrator. (Section 3				-	
	of the Act).				
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RY DIRECTOR'S OR PROVIDER/SUP	PLIER REPRESENTATIVE'S SIGNATURE				
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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: IL6014658 B. WING 10/27/2020 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE **1660 SOUTH MULFORD CARRIAGE REHAB & HEALTHCARE** ROCKFORD, IL 61108 SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X4) ID (X5) COMPLETE (EACH DEFICIENCY MUST BE PRECEDED BY FULL PRÉFIX **PREFIX** (EACH CORRECTIVE ACTION SHOULD) BE REGULATORY OR LSC IDENTIFYING INFORMATION) CROSS-REFERENCED TO THE APPROPRIATE TAG TAG DATE DEFICIENCY) S9999 Continued From page 1 S9999 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 employee. (Section 3-611 of the Act) These requirements were not meet as evidenced by: Based on observation, interview and record review the facility failed to protect a resident from physical abuse and failed to immediately report an alleged physical abuse involving staff and resident (R1) to the administrator and state agency. These failures resulted in R1's blanket forcefully removed from her, R1's both hands being forcefully held down on her chest against her will, and R1's hair being grabbed and pulled. In addition, the failures resulted in the staff (V5) to continue to care for R1 after alleged physical abuse. Findings include: This applies to 1 of 3 residents (R1) reviewed for Physical Abuse in the sample of 6. R1's electronic medical record accessed on 10/22/2020 shows R1 had diagnoses that include Aneurysm, Metabolic Encephalopathy and Diabetes. On 10/22/2020 at 9:06 AM, R1 was in bed awake. When surveyor asked how she was doing, R1

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Illinois Department of Public Health (X3) DATE SURVEY STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION COMPLETED IDENTIFICATION NUMBER: AND PLAN OF CORRECTION A. BUILDING: _ C B. WING 10/27/2020 IL6014658 STREET ADDRESS, CITY, STATE, ZIP CODE NAME OF PROVIDER OR SUPPLIER 1660 SOUTH MULFORD **CARRIAGE REHAB & HEALTHCARE** ROCKFORD, IL 61108 PROVIDER'S PLAN OF CORRECTION SUMMARY STATEMENT OF DEFICIENCIES (X5) COMPLETE (EACH CORRECTIVE ACTION SHOULD BE (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX PRÉFIX CROSS-REFERENCED TO THE APPROPRIATE DATE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG TAG DEFICIENCY) S9999 Continued From page 2 S9999 stated that man grabbed me, pulled me down and then he pulled my hair! It hurts here (pointing to her head) and here (pointing to her right arm) that man came again, don't let him come near me! Two dark purple bruises were noted on R1's left upper posterior and anterior arm. At 11:40 AM. this surveyor and V6 (Registered Nurse-RN) were again in R1's room. R1 told V6 that her right arm hurts. When V6 asked to rate R1's pain from 0 (no pain) to 10 (worst pain) R1 answered "5" The facility initial report on Physical Abuse sent to the state agency dated 10/21/2020 at 12:00 PM. (a day after the incident) shows, "Allegation of Abuse, Incident Information, Resident alert with confusion, 76 year old. CNA (V4) reported that a CNA (V5) pulled the blanket off of the resident and the resident was moving her arms around and made physical contact with (V5). (V5) allegedly held the resident's arms on the resident's chest and tugged on the resident's hair pulling it. Investigation initiated. 10/22/2020 at 9:15 AM, V4 (Certified Nursing Assistant-CNA) said she witnessed the physical abuse that was done to (R1). V4 (CNA) said on 10/20/2020 between 9 and 10 AM, she was asked by V5 (CNA) to help get up (R1). V4 said when they entered R1's room, R1 was in bed sound asleep. V4 said without saying anything, V5 pulled R1's blanket from R1 as his way of waking R1 up. R1 was awakened and startled. V4 said V5 grabbed R1's hands and forcefully placed R1 hands on R1's chest. R1 was fighting to get both of her hands loose from V5. R1 was cursing V5, "son of a b----, mother f----, let go of me! Let go of my hand! Why are you doing this to me?! Mother f----. V4 stated "I told him to stop, I told him, knock it off! Stop!, let go of her hands!" V4 said V5 ignored her. V4 stated "I felt

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Illinois Department of Public Health FORM APPROVED STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION AND PLAN OF CORRECTION (X3) DATE SURVEY **IDENTIFICATION NUMBER:** A. BUILDING: _ COMPLETED C IL6014658 B. WING 10/27/2020 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE CARRIAGE REHAB & HEALTHCARE 1660 SOUTH MULFORD ROCKFORD, IL 61108 SUMMARY STATEMENT OF DEFICIENCIES (X4) ID PROVIDER'S PLAN OF CORRECTION (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX (X5) PREFIX (EACH CORRECTIVE ACTION SHOULD BE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG COMPLETE CROSS-REFERENCED TO THE APPROPRIATE TAG DATE DEFICIENCY) S9999 Continued From page 4 S9999 (Administrator) and V2 (Director of Nursing-DON) said V8 informed them that V4 just reported an allegation of Physical Abuse regarding R1 and V5. V1 said he immediately interviewed V4 and asked why she waited a day reporting the incident of Abuse. V1 said V5 was allowed to continue to take care of R1 even after the abuse incident because V4 did not report the abuse immediately. V1 said V5 was suspended right away and the police was called. The initial report was sent to the state agency. V2 said Abuse need to be reported immediately so the resident is protected from the accused staff On 10/22/2020 at 11:11 AM, V7 (police officer and complainant) said he was in the facility yesterday (10/21/2020). V7 said a staff battered a resident. V7 said this physical abuse incident was witnessed by another staff. V7 said this CNA vanked the blanket from the resident meaning forcefully removed the resident's blanket. The resident became agitated because of this. Resident called the CNA son of a b---- and mother f----. The CNA pinned both of the resident's hands to her chest, physically restraining the resident's hands. The CNA also grabbed the resident's hair and pulled at it. V7 said their own investigation is ongoing to determine what charges to be filed. This incident was not reported immediately. V7 said who knows what else this CNA did to the resident. On 10/22/2020 at 1:00 PM, V1 (Administrator) said an allegation of physical abuse was reported to him yesterday, 10/21/2020. V1 said the abuse happened the day before (10/20/2020) and it was witnessed by another staff. V1 said he immediately initiated the investigation on

V1 said R1 told him "This guy came to my house, Illinois Department of Public Health

10/21/2020 (A day late). V1 said he spoke to R1.

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Illinois Department of Public Health STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION AND PLAN OF CORRECTION (X3) DATE SURVEY IDENTIFICATION NUMBER. A. BUILDING: COMPLETED C IL6014658 B. WING 10/27/2020 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 1660 SOUTH MULFORD **CARRIAGE REHAB & HEALTHCARE** ROCKFORD, IL 61108 SUMMARY STATEMENT OF DEFICIENCIES (X4) ID PROVIDER'S PLAN OF CORRECTION (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX (X5)PREFIX (EACH CORRECTIVE ACTION SHOULID BE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG COMPLETE CROSS-REFERENCED TO THE APPROPRIATE TAG DATE **DEFICIENCY**) S9999 Continued From page 5 \$9999 grabbed me and pulled my hair." (R1 pointing the back of her hair) V1 said R1 told him her head hurts. V1 said R1 was able to describe the accused staff, (V5) "Tall, dark hair and wears a pony tail." V1 said although R1 has some confusion, R1 was able to describe the accused staff. R1's description fits the accused staff. V1 said the accused staff does wear a pony tail. V1 said the staff (V5) was suspended and the police were called. V1 said R1's family and physician were also notified. V1 said an initial report had been sent to the state agency. V1 said Abuse was never tolerated in the facility. On 10/22/2020 at 11:24 AM, V5 (CNA) said he was R1's CNA on 10/20/2020. V5 said he was told that R1 needed to get up for therapy. V5 said he asked V4 to help him. V5 said when they entered the room, R1 was in bed asleep. V5 said he removed R1's covers. V5 said he took both of R1's hand, held R1's hands by the wrist and placed them on R1's chest. V5 said he held R1's hands so it was easier for him and V4 to take care of R1. V5 said R1 can get combative sometimes. V5 said R1 was trying to swing at him so he continued to hold R1's hands against R1's chest. V5 said he cannot remember if V4 told him to stop. V5 said he cannot recall pulling R1's hair. V5 said after R1 was provided care, R1 went to therapy. V5 said he was R1's CNA from 6 in the morning until 2:30 in the afternoon that day (10/20/2020). V5 said the next day, his assignment was again on R1's hall until around 11 AM. V5 said he was sent home on 10/21/2020 around lunch due to allegation of abuse. On 10/22/2020 at 11:50 AM, V11 (Occupational Therapist-OT) said she was R1's OT on 10/20/2020. V11 said she noticed R1 was sad and seemed upset while receiving therapy on

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On 1 0/22/2020 at 1: 00PM, V2 said she was informed of the physical abuse yesterday 10/21/2020. The incident happened on

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