STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	IL6007140	A. BUILDING: _____ B. WING _____	C 07/01/2020

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LITTLE VILLAGE NRSG & RHB CTR	2320 SOUTH LAWNDALE CHICAGO, IL 60623

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S 000	Initial Comments Licensure Complaint Investigation: 2082296 / IL00122718 2083555 / IL00121367	S 000		
S9999	Final Observations Statement of Licensure Violations: Abuse and Neglect Section 300.3240 a)An owner, licensee, administrator, employee or agent of a facility shall not abuse or neglect a resident. This requirement is not met as evidence by: Based on interviews and records reviewed the facility failed to prevent V12 (staff member) from hitting a resident (R3) resulting in right lateral back pain and bruising. This failure affected 1 of 3 residents (R3) reviewed for abuse. Findings include: On 6/30/20 at 9:43AM R3 said on the day V12, Certified Nursing Assistant (CNA) hit him he had an altercation earlier with V12 in the hallway. R3 said V12 would not let him go into his room so he put his hands on V12 to push him out of the way. R3 said he then entered his room and laid down in his bed. Later around 3:30 or 4:00PM, while in his room, R3 said he heard V12 tell his room mate R4 to go into the bathroom. V12 then	S9999	Attachment A Statement of Licensure Violations	

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approached R3 at his bed and hit him in the belly, chest, and gestured along the right side of his rib cage / torso region. R3 said V12 hit him multiple times. V12 said the only witness was his roommate R4.

According to R3's face sheet R3 is 61 years old with diagnosis including, but not limited to, Bipolar Disorder, Chronic Obstructive Pulmonary Disease, and Schizoaffective Disorder. According to Comprehensive Assessment R3's Cognitive Assessment from 4/13/20 indicates he is cognitive intact.

On 6/30/20 at 9:49AM R4 said he was laying in bed when V12 entered his room and asked him to step into the bathroom. R4 said from the bathroom he heard the sound of "hitting" and R3 was yelling, then I heard V12 leave the room. I went back to my bed. R4 said about 20 minutes passed and V12 came back into the room and he saw V12 hit R3, I didn't see where. I left the room and didn't tell anyone what happened.

On 6/30/20 at 10:10AM V10, CNA, said R4 answers questions appropriately and understands what is going on around him. At 2:17PM V10 said R3 only needs cues and reminders, but can dress and takes self to the bathroom. R4 only needs monitoring. V10 said she has not known R3 or R4 to be incontinent. R3 and R4 only require a few seconds of interaction for reminding or monitoring.

On 6/30/20 at 10:15AM V1, Administrator, said she was notified of R3's allegation by phone and initiated an investigation and suspended V12. V1 said she was told that R3 had a behavior episode on 4/25/20 with V12 so she watched the

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S9999	Continued From page 2 surveillance video that showed R3 "charging" and swinging at V12. The episode deescalated and R3 went into his room and V12 went down the hall. I watched the video from between 3:30 and 4:00PM for 4/25/20 the time R3 indicated V12 entered his room. The time frame V12 gave me was accurate compared to what I saw on the video. I saw V12 enter the room and leave once via the room door. R4, roommate, told me that about 20 minutes later V12 had return to the room and I was able to see this on the video. The rooms are set up to share bathrooms with the neighboring room. It is possible V12 entered the neighboring room and entered V12's room from the bathroom. I would not be able to see that on the video. R4 told me the first time V12 was in the room he told him to go into the bathroom and he did and then he heard commotion. V12 denied being aggressive while in V12's room. V1 said R3 and R4 are independent with cares and the call light was not on in the video. V12 may have been getting vital signs, but V1 said she did not see him carrying a blood pressure cuff or stethoscope on the video. V1 said R4 reported he heard noises like the CNA beating V12. V1 said she asked V12 why he entered R3's room alone following the altercation that had been reported earlier that shift and he said just to check on them. V1 said no other reason to explain the bruising could be found during the investigation and V12 was terminated. V1 said R3 is alert and orientated and R4 is alert and not known to fabricate stories. On 6/30/20 at 10:50AM V8, Psychiatric Rehabilitation Service Director, said he followed up with R3 after he returned from the hospital and he complained of pain to him. V8 said R3 is alert and oriented. V8 said with so much consistency its hard to say R3 and R4 made up the allegation.	S9999		

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On 6/30/20 at 2:40PM V9, Doctor, said R3 talks to me a lot, he remembers me for taking care of him with his urinary problems. If he told you something and the story is consistent its likely he is telling the truth. He is not demented or confused that he would misconstrue situations.

On 7/1/20 at 9:33AM V9 said the pneumothorax would not cause bruising to occur because it was a minimal pneumothorax. V9 said being physically assaulted would not have caused the pneumothorax to occur but could cause bruising.

On 7/1/20 at 10:30AM V13, Nurse, said on 4/25/20 V12 told me R3 was yelling at him. When I found R3 he was outside smoking and gave no complaints. He was his normal self. The next shift I worked, I was told by V2, Director of Nursing (DON), that R3 had a bruise on him. I put a Lidocaine patch on him and gave him extra strength Acetaminophen for the pain around 6AM. The Lidocaine patch was for pain on the right side of his back. He never told me what caused the bruise, he said nothing happened. The bruise was purple and reddish in color, a couple of funny looking spots. The bruising was located on his back close to his rib cage off to the right side. The area did not resemble an open hand. A contusion is a bruise from an object.

On 7/1/20 at 11:17AM V2, DON, said R3 was sent to the hospital because he was having pain and shortness of breath on the night of 4/26/20. Around 12:30 at night the hospital doctor called me and told me that R3 said staff had hit him a couple of days ago. I was told he had bruising to his ribs. R3 returned to the facility on 4/27/20. Later on, 4/27/20 the hospital called back to request R3 return due to chest x-ray results

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showed pneumothorax. He was sent back to the hospital but returned to the facility a few hours later. R3 is alert and oriented to person, place, time, and know staff names and faces. I was told an x-ray was being done due to the contusion and allegation of being hit. When he returned, I saw the bruising it was red and blue on the right side of R3's lower ribs it was a large area about the size of a closed hand. R3 had not fallen or had an altercation with another resident. V2 said R3 stated to her the bruising was caused by V12 hitting him in that area. A Lidocaine patch was being used for pain in his right side, he was in pain. It was hard for him to lay down. V2 said the only documentation of the bruise being present is in the progress notes. The bruising resolved around 5/6/20, 9 days after allegation. R3 had never accused anyone of doing anything to him.

Review of R3's hospital History and Physical record dated 4/26/20 reads: per the patient he complains of right lateral upper back pain at the site of a bruise. He states 2-3 days ago he was hit by an employee at the nursing home. No pains outside of the location of the bruise. Alert and oriented to person, place, and time. Skin appearance ecchymosis. Presenting for right sided posterior thoracic pain at the side of a bruise. Patient states this was caused by an altercation at the nursing home.

R3's hospital History and Physical record for 4/27/20 notes he (R3) reports someone hit him at the nursing home. Medical Problems list includes Contusion and Contusion of rib on right side.

R3's facility Progress Notes dated 4/27/20 read "resident assessed post arrival, bruising and redness noted to right lower ribs." Note written by V14, Nurse, who was unable to be reached by

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S9999	Continued From page 5 phone and no longer works at the facility. Final Incident Report dated 5/1/20 for R3 reads resident was interviewed by V1 on 4/27/20 and R3 was able to provide the name of the staff member that was allegedly physically aggressive with him. Nurse assessed R3 upon return from hospital with bruising and redness noted to the right lower ribs. R3's Plan of Care dated 4/27/20 from hospital note Problem: contusion of rib on right side. Patient Visit Information sheet dated 4/27/20 reads you were seen today for contusion of rib on right side. R3's facility Care Plan reads R3 is at risk for any type of abuse or aggression secondary to his diagnosis of Bipolar disorder. On 4/25/20 R3 was involved in episode of verbal / physical abuse / aggression. In service record dated 3/11/20 lists topic: Free from Abuse and Neglect. V12's signature is listed. Inservice states in part the resident's right to be free from verbal, sexual, physical, and mental abuse. Review of the types of abuse, reporting to the Stage agency, investigating the occurrence and protecting the residents. The staff was also in serviced in deescalating verbally aggressive behaviors to prevent physical abuse from occurring. In service record signed by V1 as in service provider. The facility Abuse Prevention Policy dated 02/20 states, in part, the facility affirms the right of our residents to be free from abuse or mistreatment. The facility prohibits abuse and mistreatment of residents. The purpose of this policy is to assure that the facility is doing all that is within its control	S9999		

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S9999	Continued From page 6 to prevent occurrences of abuse and mistreatment of residents. Abuse means any physical or mental or sexual assault inflicted upon a resident other than by accidental means. Violation (A)	S9999		