Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	IL6003263	A. BUILDING: ______ B. WING ______	C 11/21/2020

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
TOWER HILL HEALTHCARE CENTER	759 KANE STREET SOUTH ELGIN, IL 60177

(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 Investigation 2078929/IL128602	S 000		
S9999	Final Observations Statement of Licensure Violations (Violation 1 of 2) 300.610a) 300.1210b) 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. 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 Nursing and Personal Care 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	S9999		

Illinois Department of Public Health
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	IL6003263	A. BUILDING: ______ B. WING ______	C 11/21/2020

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
TOWER HILL HEALTHCARE CENTER	759 KANE STREET SOUTH ELGIN, IL 60177

(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	S9999		

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.

Section 300.3240 Abuse and Neglect

a) An owner, licensee, administrator, employee or agent of a facility shall not abuse or neglect a resident. (Section 2-107 of the Act)

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)

These requirements are not met as evidenced by:

Based on observation, interview, and record review the facility failed to ensure two residents were protected from being physically assaulted by another resident with a history of aggressive behaviors. This failure resulted in R9 punching R14 in the face and punching R15 in his chest. This applies to 2 of 3 resident (R14, R15) reviewed for abuse in the sample 15.

Findings include:

The facility's Abuse Investigation dated October 29, 2020, documents (R9) was found coming out of another resident's room (R14, R15) and was

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	IL6003263	A. BUILDING: ____ B. WING ____	C 11/21/2020

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
TOWER HILL HEALTHCARE CENTER	759 KANE STREET SOUTH ELGIN, IL 60177

(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 2 alleged to have been physically aggressive towards two other residents hitting (R14) in the face and hitting R15 in his chest. V17 (Certified Nursing Assistant/CNA) heard yelling coming from R14 and R15's room. R14 is alert, oriented, and bed bound. R14 reported (R9) came into his room and hit (R15) first on his chest then came towards him swinging at his face. R15 is alert and oriented and reported (R9) entered his room and hit him on the left side of his chest. On November 20, 2020 at 1:30PM, R14 was lying in his bed. R14 said, "I was attacked." R14 said (R9) came into his room and punched him in the face. R14 said, "He gave me a good one." R14 said he was scared and couldn't defend himself. R14 said (R9) also hit his roommate (R15). On November 20, 2020 at 3:45 PM, V17 (CNA) said on October 29, 2020 she heard R14 and R15 yelling for help. V17 said she saw R9 leaving R14 and R15's room. V17 said R14 and R15 both were upset when she entered the room. R14 and R15, both alert and oriented residents, reported R9 hit them. R14 reported (R9) hit him in his face. R15 reported (R9) hit him in his chest. V17 said after the incident R9 punched her several times in the head, stomach, and shoulder. V17 said R9 has a history of wandering and aggressive behaviors. On November 20, 2020 at 1:00 PM, V2 (Interim Director of Nursing/DON) confirmed R9 punched R14 and R15. V2 said R9 used to reside in that room and has wandering behaviors. V2 said R14 reported "it was a free for all" and R9 was hitting them all over the place. V2 said R9 then punched V17 (CNA) repeatedly in her stomach, face and shoulder.	S9999		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	IL6003263	A. BUILDING: ______ B. WING ______	C 11/21/2020

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
TOWER HILL HEALTHCARE CENTER	759 KANE STREET SOUTH ELGIN, IL 60177

(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 3	S9999		

R9's face sheet shows he is a 68 year old resident with diagnoses including vascular dementia with behavioral disturbances, restlessness, and agitation.

R9's Minimum Data Set assessment dated October 7, 2020 shows his cognition is impaired and displays verbal behaviors towards others that occur 4 to 6 days per week.

R9's Wandering Risk Assessment dated October 7, 2020 shows he is a high wandering risk.

R9's current care plan shows he has a history of physical and verbal aggression towards staff and co-residents with interventions include for staff to intervene before agitation escalates.

The facility's Abuse Prevention Program Facility Procedures (undated) Policy states, "Establishing a Resident Sensitive Environment... The facility desires to prevent abuse, neglect, exploitation, mistreatment and misappropriation of resident property by establishing a resident sensitive and resident secure environment."

(B)

(Violation 2 of 2)

300.610a)
300.1210b)
300.1210d)6)
300.3240a)

Section 300.610 Resident Care Policies

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	IL6003263	A. BUILDING: ______ B. WING ______	C 11/21/2020

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
TOWER HILL HEALTHCARE CENTER	759 KANE STREET SOUTH ELGIN, IL 60177

(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 4	S9999		

a) The facility shall have written policies and 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 Nursing and Personal Care

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.

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.

Section 300.3240 Abuse and Neglect

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	IL6003263	A. BUILDING: ______ B. WING ______	C 11/21/2020

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
TOWER HILL HEALTHCARE CENTER	759 KANE STREET SOUTH ELGIN, IL 60177

(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 5	S9999		

a) An owner, licensee, administrator, employee or agent of a facility shall not abuse or neglect a resident. (Section 2-107 of the Act)

These requirements were not met as evidenced by:

Based on observation, interview, and record review the facility failed to ensure safety interventions were in place for a resident who has a history of falls with injury. This failure resulted in R10 falling in her room and sustaining a right hip fracture. This applies to 1 of 3 residents (R10) reviewed for safety in the sample of 15.

Findings include:

R10's face sheet shows diagnoses including displaced fracture of the neck of right femur, abnormalities of gait and mobility, lack of coordination, weakness, difficulty walking, Alzheimer's and dementia.

R10's Minimum Data Set dated July 1, 2020 shows her cognition is severely impaired, has behaviors of wandering occurring 1 to 3 days, and is a one person assistance with transfers, bed mobility, and walking.

R10's current care plan shows R10 is at risk for falls related to gait/balance problems, diagnoses of muscle weakness, and dementia. R10's care plan shows she has a history of falls. R10's interventions include to have bilateral fall prevention floor mats, offer assistance to the bathroom every two hours, and provide a safe environment, free from clutter, and adequate lighting.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	IL6003263	A. BUILDING: ____ B. WING ____	C 11/21/2020

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
TOWER HILL HEALTHCARE CENTER	759 KANE STREET SOUTH ELGIN, IL 60177

(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 6	S9999		

R10's nurse's notes dated February 15, 2020 shows R10 was found on the floor bleeding from her face. R10 was sent out to the local hospital and returned with sutures to her lip and sustained facial fractures.

R10's Fall Risk Assessment dated February 16, 2020 shows she is a high risk for falls. The facility did not reassess R10's fall risk assessment after this date.

On November 20, 2020 at 10:15 AM and 1:40 PM, R10 was lying in her bed. R10 did not have floor mats beside her bed. R10 was in a three person room with her bed in the middle. R10's room was cluttered. Multiple dressers were against the wall, and a chair was against the wall across from her bed. A wheelchair was beside her bed to the right, and her bedside table was to the left of her bed leaving minimal walkway in between her bed and her roommate's beds.

The facility's undated Incident Report documents on September 14, 2020 at 3:30 AM, (R10) was observed on the floor in a sitting position facing her bed. The nurse immediately assessed and found no bruising, swelling or deformity, or sign of injury. At 9:30 AM, R10 had complaints of pain, stating she had a fall overnight. R10 was sent to the emergency room and found to have a displaced fracture of the neck of her right femur and required surgical intervention.

The nurse's note dated September 14, 2020 (entered in at 2:43 PM approximately 13 hours later) documented V13 (Registered Nurse/RN) was called to check on (R10) at 330 AM. R10 was sitting on the chair in her room and was assisted by another nurse from a sitting position on the floor on the side of her bed with both legs

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	IL6003263	A. BUILDING: ____ B. WING ____	C 11/21/2020

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
TOWER HILL HEALTHCARE CENTER	759 KANE STREET SOUTH ELGIN, IL 60177

(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 7 extended. Denies hitting her bed and reports no pain or discomfort. R10's range of motion is in place with no shortening/lengthening and she is able to bear weight on both legs. R10 said she was going to the toilet and lost her balance getting out of bed. (R10) was assessed for signs of injury with none noted. The nurse's note dated September 14, 2020 at 8:45 AM, shows V14 (Licensed Practical Nurse/LPN) documented she medicated R10 for severe pain to her right lower extremity. At 8:50 AM, V14 documented she was alerted by the CNA (R10) was complaining of right leg pain. R10 was lying supine in her bed with her lower body twisted to the left with her right leg bent at 90 degrees. V14 asked R10 if she could move her right leg. R10 said "No, not anymore." V15 notified the physician with orders received for a STAT x-ray. At 10:24 AM orders were received to send R10 to the local hospital. At 3:43 PM, V14 documented R10 was admitted to the local hospital with a right hip fracture. The hospital records dated September 14, 2020 documents "This is an 88 year old female resident with a history of dementia and reportedly had a fall earlier today and is complaining of right hip pain. (R10) has significant dementia and is unable to provide any reliable history. (R10) complains of pain with attempted gentle passive range of motion and with log rolling. The x-ray shows an impacted sub-capital fracture of the right femoral neck and R10 requires urgent surgical repair of her right hip." On November 20, 2020 at 1:35 PM, R13 (R10's roommate) said on September 14, 2020 around 3 AM, she was woken up by R10 screaming. R13 said when she woke up, she saw R10 lying on the	S9999		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	IL6003263	A. BUILDING: ______ B. WING ______	C 11/21/2020

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
TOWER HILL HEALTHCARE CENTER	759 KANE STREET SOUTH ELGIN, IL 60177

(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 8	S9999		

floor next to the chair against the wall. R13 said she called for help and two staff members came in and lifted her on to the chair against the wall and left the room. R13 said R10 was left on the chair screaming in pain for a while until her nurse came in. R13 said two other staff members came in later and lifted her from the chair to her bed. R13 said R10 was in pain during that night.

On November 20, 2020 at 2:43 PM, V15 (RN) said he was one of the nurse's on September 14, 2020. V15 said another resident was yelling out for help. V15 said he came into R10's room and she was on the floor screaming and crying. V15 said he helped R10 off the floor with another staff member and lifted her up and placed her in the chair. V15 said V13 (R10's nurse) was not in the building when R10 fell. V15 said he reported to V13 when she came back in the building of R10' fall and told her to do a further assessment.

On November 21, 2020 at 8:35 AM, V13 (RN) said on September 14, 2020 she was on break when R10 fell. V13 said V15 notified her of R10's fall. V13 said when she entered R10's room she was sitting on the chair upset. V13 said she asked R10 if she hit her head or if she was having pain. V13 said R10 is only alert to herself and could not recall the events of the fall. V13 said R10 did not want to go back to bed and she left R13 sitting in the chair. V13 said when she came back to R10's room she was in her bed. V13 said she did assess R10's range of motion or if she could bear weight. V13 said R10 is not a fall risk and can get up by herself to use the bathroom.

On November 20, 2020 at 2:38 PM, V14 (LPN) said she was R10's dayshift nurse on September 14, 2020. V14 said V13 reported to her R10 had

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	IL6003263	A. BUILDING: ______ B. WING ______	C 11/21/2020

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
TOWER HILL HEALTHCARE CENTER	759 KANE STREET SOUTH ELGIN, IL 60177

(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 9 fall during her shift and said she was refusing pain meds. V14 said she was alerted by a CNA of R10 complaining of pain. V14 said she entered R10's room and she was complaining of pain to her right hip. V14 said R10 could not move her right leg. V14 said she notified the physician and R10 was sent out to the local hospital. On November 20, 2020 at 1:00 PM, V2 (Interim Director of Nursing/DON) said for residents who have a fall, staff should notify the physician and assess the resident. V2 said if a resident sustains an injury they should be sent out to the local hospital. V2 said residents who are a fall risk should have fall interventions in place. The facility's Falls-Clinical Protocol Policy revised March 2018 states, "The physician will help identify individuals with a history of falls and risk factors for falling... In addition the nurse shall assess and document/report the following: a. vitals, b. recent injury, especially fracture or head injury c. observing for change in normal range of motion...f. pain...based on the preceding assessment, the staff and physician will identify pertinent interventions to try to prevent subsequent falls..." (B)	S9999		