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: C B. WING IL6016190 11/20/2017 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 6900 NORTH STALWORTH MANOR COURT OF PEORIA **PEORIA, IL 61615** SUMMARY STATEMENT OF DEFICIENCIES (X4) ID PROVIDER'S PLAN OF CORRECTION (X5) COMPLETE PRÉFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX (EACH CORRECTIVE ACTION SHOULD BE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG TAG CROSS-REFERENCED TO THE APPROPRIATE DATE DEFICIENCY) S 000 Initial Comments S 000 Statement of Licensure Violations Complaint Investigation 1726645/IL98104 \$9999 Final Observations S9999 Statement of Licensure Violations Complaint Investigation 1726645/IL98104 1 of 2 Violations 300.610a) 300.1210b) 300.3240a) Section 300.610 Resident Care Policies 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 Attachment A of nursing and other services in the facility. The policies shall comply with the Act and this Part. Statement of Licensure Violations 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.

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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

12/11/17

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: __ C B. WING IL6016190 11/20/2017 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 6900 NORTH STALWORTH MANOR COURT OF PEORIA **PEORIA, IL 61615** (X4) ID SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X5) COMPLETE PRÉFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL (EACH CORRECTIVE ACTION SHOULD BE PREFIX TAG REGULATORY OR LSC IDENTIFYING INFORMATION) CROSS-REFERENCED TO THE APPROPRIATE TAG DATE DEFICIENCY) S9999 | Continued From page 1 S9999 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. Section 300.3240 Abuse and Neglect An owner, licensee, administrator, employee or agent of a facility shall not abuse or neglect a resident. These Regulations were not met as evidenced Based on observation, record review, and interview the facility failed to ensure two residents (R2, R4) were not abused. E5 forcefully restrained R4 and R2 during cares, resulting in

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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: _ IL6016190 B. WING 11/20/2017 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 6900 NORTH STALWORTH MANOR COURT OF PEORIA **PEORIA, IL 61615** SUMMARY STATEMENT OF DEFICIENCIES (X4) ID PROVIDER'S PLAN OF CORRECTION (X5) PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX (EACH CORRECTIVE ACTION SHOULD BE COMPLETE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG CROSS-REFERENCED TO THE APPROPRIATE TAG DATE DEFICIENCY) S9999 Continued From page 3 S9999 measuring three cm. On 11-14-17 at 9:40 a.m., E8 (CNA/Certified Nursing Assistant) stated that E8 witnessed E5 (CNA) hold R4's wrists down on 10-31-17 around 7:00 a.m. E8 stated that while holding R4 down. E5 caused skin tears to R4's left wrist and left arm, and that E5 and R4 both had blood on them. E8 stated that R4 is a tough man and E5 held R4 down tightly by the wrists and arms while providing cares. E8 stated, "Residents (R2, R4) did not like (E5) and would swing at (E5). I would see (E5) hold (R2 and R4's) wrists down. The amount of strength (E5) would use to hold the residents' wrists down would depend on how strong the resident is." 2. On 11-13-17 at 1:15 p.m., R2 had a three cm (centimeter) round dark purple bruise under the left eye, four brown with yellow discolored seven cm bruises with a two cm round bruise below those bruises to the bilateral upper arms and bilateral wrists. These four bruises resembled the fingers and thumb of a hand print. R2's left rib area had a five cm round brown bruise. R2's left elbow had a five cm yellow/brownish bruise. R2's left outer breast had an eight cm light purple bruise. R2's current care plan documents that when R2 displays behavioral symptoms that staff should explain care step by step to assure resident understanding and staff should re-approach R2 at a later time or with a different staff member if R2 appears agitated. R2's Event Report dated 11-3-17 at 4:40 p.m. and signed by Z2 (Agency LPN) documents, "During care a CNA (Certified Nursing Assistant) noted

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several bruises to left upper arm, left elbow, left

PRINTED: 01/09/2018 **FORM APPROVED** Illinois Department of Public Health STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION IDENTIFICATION NUMBER: A. BUILDING: _ COMPLETED C IL6016190 B. WING 11/20/2017 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 6900 NORTH STALWORTH MANOR COURT OF PEORIA **PEORIA, IL 61615** SUMMARY STATEMENT OF DEFICIENCIES (X4) ID PROVIDER'S PLAN OF CORRECTION (X5)PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX (EACH CORRECTIVE ACTION SHOULD BE COMPLETE TAG REGULATORY OR LSC IDENTIFYING INFORMATION) CROSS-REFERENCED TO THE APPROPRIATE TAG DATE DEFICIENCY) S9999 Continued From page 4 S9999 wrist, left eye, right upper arm, left lateral ribs, left outer breast, and right forearm. Color of bruise is black/blue." E5's (CNA) statement dated 11-3-17 at 8:00 p.m. and recorded by E2 (Director of Nursing/DON) documents, "I went in to lay down (R2). No one was with me. (R2) was screaming, pinched my breast, scratched me, and said that I hit her. (R2) dug her nails into me. I tried to stop (R2) from hitting me. I held her lower wrist area. I held both of (R2's) arms so she wouldn't hit me." E8's (CNA) statement dated 11-6-17 and recorded by E2 documents, "(R2) had no bruising before lunch on 11-3-17. After lunch someone from front office got me and said they need help in (R2's) room. (R2) was swinging at (E5). (E5) held (R2's) arms down. (E5) held (R2's) arms down while I changed (R2). I feel like (R2) was scared when I went in to help (E5) with her." On 11-13-17 at 2:15 p.m., E5 stated, "On 11-3-17 close to 1:00 p.m. I was running behind. (R2) fights, curses, and beats me up. (R2) scratches, bites, and pinches me. I checked to see if (R2) was wet and when I checked to see if (R2) was wet (R2's) screaming went from zero to five thousand. (R2) told me 'Get out of here. You hit me.' A social service person came in and asked if I needed help and I said yes. (E8) came in to help me. I had to hold (R2's) arms down to

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black eye."

prevent (R2) from hitting me. (R2) was really peed off at me. I had to hold (R2) down roughly by the wrists to control her. The Director of Nursing called me later that night on 11-3-17 and said she was going to have to educate me on abuse and resident handling because (R2) had a

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FORM APPROVED 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: C !L6016190 B. WING 11/20/2017 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 6900 NORTH STALWORTH MANOR COURT OF PEORIA **PEORIA, IL 61615** SUMMARY STATEMENT OF DEFICIENCIES (X4) ID PROVIDER'S PLAN OF CORRECTION (X5)PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL (EACH CORRECTIVE ACTION SHOULD BE PREFIX COMPLETE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG CROSS-REFERENCED TO THE APPROPRIATE TAG DATE DEFICIENCY) S9999 Continued From page 6 S9999 stated, "On 11-3-17 around 2:30 p.m., (E13/CNA) found bruises on (R2). I did an assessment. The bruises were all fresh and suspicious in nature of abuse to the areas they were located. The bruises on (R2's) arms and wrists looked like hand prints. (R2) knew a staff member did the bruises to her but did not know a name." On 11-14-17 at 1:15 p.m., E6 (CNA) stated, "I worked Thursday 11-2-17 and (R2) did not have bruises that day. When I came in on Saturday 11-4-17 I was like 'Oh my God. Who beat (R2) up? (R2) said somebody hit her. It really upsets me that somebody could do that to (R2). (R2) never gets combative with cares and there is no reason for her bruises." On 11-13-17 at 1:35 p.m. E2 (Director Of Nursing/DON) stated, "(E5) should have made sure (R2) was safe, got help, and re-approached (R2) later. (E5) said she held (R2's) arms down and that caused the left arm bruising. Bruising under the left eye happened I am assuming during this same incident. (R2) did not have any bruises that day prior to this incident. (E5) should not have held (R2's) arms down. (E8) felt like (R2) was scared when she entered the room. (E5) holding (R2's) arms down is abuse." On 11-14-17 at 2:40 p.m., E12 (CNA) stated, "(R2) has good days and bad days. (R2) will say 'Look at my bruises. Somebody hit me.' (R2) is way more on edge and scared since the incident on 11-3-17. It takes a lot more time to take care of her and (R2) is always afraid she will get hurt. There is a big difference with (R2) feeling safe. (R2) always feels unsafe." On 11-13-17 at 1:15 p.m., R2 pointed to the

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bruise under her left eye and wrists and stated. "I

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: ___ B. WING IL6016190 11/20/2017 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 6900 NORTH STALWORTH MANOR COURT OF PEORIA **PEORIA, IL 61615** SUMMARY STATEMENT OF DEFICIENCIES (X4) ID PROVIDER'S PLAN OF CORRECTION (X5) COMPLETE PRÉFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL **PREFIX** (EACH CORRECTIVE ACTION SHOULD BE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG TAG CROSS-REFERENCED TO THE APPROPRIATE DATE DEFICIENCY) S9999 Continued From page 7 S9999 got hit. I am scared I will get hurt again." (B) 2 of 2 Violations 300.610a) 300.3240a)b 300.3240e) Section 300.610 Resident Care Policies 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 300.3240 Abuse and Neglect

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for abuse in a sample of four. These failures

FORM APPROVED 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: _ C B. WING IL6016190 11/20/2017 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 6900 NORTH STALWORTH MANOR COURT OF PEORIA **PEORIA, IL 61615** (X4) ID SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X5) COMPLETE PRÉFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX (EACH CORRECTIVE ACTION SHOULD BE TAG REGULATORY OR LSC IDENTIFYING INFORMATION) TAG CROSS-REFERENCED TO THE APPROPRIATE DATE DEFICIENCY) S9999 Continued From page 9 S9999 resulted in E5 having continued access to residents after physically restraining R4, causing skin tears to R4's upper left arm and left wrist, and later restraining R2's wrists and arms resulting in hand print bruising to both of R2's upper arms and wrists, and causing fear and mental anguish to R2. Findings include: On 11-14-17 at 9:40 a.m., E8 (CNA) stated E8 witnessed E5 holding R4's wrists down on 10-31-17 around 7:00 a.m. resulting in skin tears to R4's wrists and left arm. E8 also stated that E8 witnessed on 11-3-17 around 1:00 p.m. E5 holding R4 down by the arms and wrists roughly and R2 was verbalizing, "Help me. Help me please. Let go of me (yelling at E5)." E8 stated E5 did not let go of R2 and that caused bruising on (R2's) wrists and arms and (R2) being very scared of (E5). E8 stated E8 did not remove E5 from the witnessed abuse towards R2 on 11-3-17, and did not remove E5 from the witnessed abuse towards R4 on 10-31-17. At that time, E8 also stated that she did not report either incident to the Administrator. 1. On 11-14-17 at 1:00 p.m., R4 was sitting in a wheelchair. R4 had a five cm dark purple v-shaped scabbed area to the left upper arm and a three cm dark purple scabbed area to the left wrist. R4's Event Report dated 10-31-17 and signed by

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Z2 (Agency Licensed Practical Nurse/LPN) documents R4 has skin tears to the left arm measuring four cm (centimeters) x three cm and

to the left wrist measuring three cm.

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