PRINTED: 01/12/2015 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 IL6003503 12/05/2014 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 1101 EAST STATE STREET **BRIA OF GENEVA** GENEVA, IL 60134 (X4) ID SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION ID (X5)(EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX COMPLETE **PREFIX** (EACH CORRECTIVE ACTION SHOULD BE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG TAG CROSS-REFERENCED TO THE APPROPRIATE DATE DEFICIENCY) S9999 Final Observations S9999 STATEMENT OF LICENSURE VIOLATIONS: 300.1210b) 300.1210d)3) 300.1220b)1) 300.3240a) 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: 3) Objective observations of changes in a resident's condition, including mental and emotional changes, as a means for analyzing and determining care required and the need for further medical evaluation and treatment shall be made by nursing staff and recorded in the resident's medical record.

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Services

service personnel.

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

Section 300.1220 Supervision of Nursing

b) The DON shall supervise and oversee the nursing services of the facility, including:

1) Assigning and directing the activities of nursing

TITLE

(X6) DATE

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STATEMENT OF DEFICIENCIES		(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED	
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	Section 300.3240 A	buse and Neglect				-Leavening in
		ee, administrator, employee or				
		nall not abuse or neglect a				***************************************
	resident.					
						0.000000
	The above requirem	nents are not met as				
	evidenced by:	ients are not met as				VVA
	oridonidod by.	and the second s				
	Based on observation	on, record review and				
	interview the facility failed to ensure the residents					
de grande and a	(R1, R2, R4 and R5) are free from mistreatment					
	and verbal abuse from E3 (Nurse). As a result of this failure, R1 sustained anxiety and feelings of					
	being upset and afraid of E3. This applies to four					
	of four residents (R1, R2, R4 and R5) evaluated for mistreatment in the sample of 15 residents.					
	Findings include:					
	On 40/0/44 at 44:45 ANA 50 (OU SA)			december 1		
	On 12/3/14 at 11:15 AM E3 (Staff Nurse) was in R1's room to give her medication. E3 began talking loudly to R1 and stated, "I am going to tell					
		u in front of these nice people				
		erring to Surveyors present in				
		d, "I do everything for you," in				
		hile standing over R1's bed				
	and pointing finger a	at her. R1 became upset and		And the state of t		
		well. E3 continued to yell at		SOCIAL PROPERTY AND ADMINISTRATION OF THE PROPERTY		
Commission	R1 about how R1 do	es not recognize everything				
	E3 does for her and	it is not her problem. Both			77.00.400.400	
		d to escalate. At this time			and the same of th	
		and asked E3 to speak to				
		E3 continued to say 'no', she			785 A Maria	
		his and I (E3) need to be				
		her loud talking. Then E3				l
		with surveyor and was still				
		heard, I want to tell my side."				
		surveyor they could talk in				
	private so as not to o	disrupt or frighten other				1

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AND PLAN	NOF CORRECTION	IDENTIFICATION NUMBER:	A. BUILDING):	СОМ	PLETED	
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		IL6003503	B. WING		12/	05/2014	
NAME OF	PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY,	STATE, ZIP CODE			
BRIA OF	GENEVA	1101 EAS GENEVA,	T STATE ST IL 60134	TREET			
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	residents.						
	like that she yells ar first came here I wa to her so I just don't medication because	e I don't want to provoke her." incident that happened made					
	to E1 (Administrator	PM R1 stated she had talked by about E3 on 12/4/14 AM. st shouldn't be taking care of					
	the E3's behavior of stated she removed and begun an initial	am surveyors notified E1 of mistreatment towards R1. E1 E3 from all residents' contact investigation and the incident bis Department of Public					
	about E3 treating the (Z1) which she (E1) the written concern a (E3) is rude and con	eceived, a written concern e residents, from R2's family became aware on 12/2/14. In Z1 alleged "in my opinion she idescending which I did not ese people are too old to ay enough."					
	was written up for did communication with 12/10/13), yelling and	d documentation to show E3 rect patient care and families (7/16/13 and d needs to present a calm, ment for patients and staff 2).					
	stated there was a fa	M, E5 (Social Services) amily complaint about E3 t unsure of the exact date.	VOLUME AND				

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED	
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		IL6003503	D. WING		12/0	05/2014
NAME OF I	PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY,	STATE, ZIP CODE		
BRIA OF	GENEVA	1101 EAS GENEVA,	T STATE ST IL 60134	TREET		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES 'MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOUL) CROSS-REFERENCED TO THE APPRODEFICIENCY)	D BE	(X5) COMPLETE DATE
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	E5 stated it was during a care plan meeting the family complained E3 was too loud and talked too fast. E5 stated she has heard other staff talk about how loud she is but that everyone felt, "That's just how she is." On 12/3/14 R5 stated he does not have a problem with any nurse except one. R5 stated he did not want to give the nurses name. R5 stated the nurse works day shift and was here earlier but now is gone for the day. R5 stated "I don't know why but I won't miss her." (E3 was sent home that day by E1(administrator) pending an investigation). R5 stated the nurse is "loud and not very nice."					
	9:00 am scheduled declined to take one E3 told R4 loudly an "you have a right to care of nursing hom doctor prescribed m continued to say her to take it. E3 told (Reliving for several year)	am E3 administered R4's medications. At this time R4 of her medications (steroid). In depointing finger at her (R4) refuse, but you are under the e doctor and the facility edication for you." R4 relung doctor did not want her 4), "aren't you lucky, you are ars after lung cancer." This hall way and there were other ext to R4.				
	today and I should k myself. I don't hide negative, that is how my culture. I was to emotions down but t happened in the pas	PM, E3 stated, "I was upset eep my personal stuff to my emotions positive or I was raised that is part of Id in the past to keep my his is not how I am. This at because I misunderstood apologized for her behavior				

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On 12/5/14 at 3:00 PM E1 stated she was going

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1	PLE CONSTRUCTION 5:	(X3) DATE SURVEY COMPLETED	
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	to terminate E3, but job at the facility effe	t E3 decided to resign to her fective 12/5/14.				
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