STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	IL6008726	A. BUILDING: _____ B. WING _____	C 02/20/2015

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SOUTH LAWN SHELTERED CARE	512 SOUTH FRANKLIN BUNKER HILL, IL 62014

(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 #1540756/IL 74933	S 000		
S9999	Final Observations Statement of licensure violations 330.710a) 330.780a)b)c) 330.785a)b)3)c)1)4)5)d)e) 330.4240a)c)e)f) 330.1710c)f) Section 330.710 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 with the involvement of the administrator. The written policies shall be followed in operating the facility and shall be reviewed at least annually by the Administrator. The policies shall comply with the Act and this Part. Section 330.780 Incident and Accidents a) The facility shall maintain a file of all written reports of each incident and accident affecting a resident that is not the expected outcome of a resident's condition or disease process. A descriptive summary of each incident or accident affecting a resident shall also be recorded in the progress notes or nurse's notes of that resident. b) The facility shall notify the Department of any serious incident or accident. For purposes of this Section, "serious" means any incident or accident that causes physical harm or injury to a resident.	S9999	Attachment A Statement of Licensure Violations	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	IL6000392	A. BUILDING: _____ B. WING _____	C 02/25/2015

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
HIGHLAND OAKS	2750 WEST HIGHLAND AVENUE ELGIN, IL 60123

(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 Resident council minutes for December 2014 and January 2015 had no complaints about administration of the facility. AW	S9999		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	IL6008726	A. BUILDING: _____ B. WING _____	C 02/20/2015

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SOUTH LAWN SHELTERED CARE	512 SOUTH FRANKLIN BUNKER HILL, IL 62014

(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	S9999		

requiring local law enforcement notification;
4) Seeking advice concerning preservation of a potential crime scene;
5) Facility investigation of the situation.
d) Facility staff shall be trained in implementing the policy developed pursuant to subsection (c).
e) The facility shall also comply with other reporting requirements of this Part.
(Source: Added at 26 Ill. Reg. 4859, effective April 1, 2002)

Section 330.4240 Abuse and Neglect

a) An owner, licensee, administrator, employee or agent of the facility shall not abuse or neglect a resident.

c) A facility Administrator who becomes aware of abuse or neglect of a resident shall immediately report the matter to by telephone and in writing to the resident's representative.

d) A facility Administrator, employee, or again who becomes aware of abuse or neglect of a resident shall also report the matter to the department.

e) 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 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.

f) Resident as Perpetrator of abuse. When an investigation of a report of suspected abuse of a

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	IL6008726	A. BUILDING: _____ B. WING _____	C 02/20/2015

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SOUTH LAWN SHELTERED CARE	512 SOUTH FRANKLIN BUNKER HILL, IL 62014

(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 resident indicates, based on credible evidence, that another resident of the long-term care facility in 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 330.1710 c) Record entries shall meet the following requirements: f) An ongoing resident record including progression toward and regression from established resident goals shall be maintained. 1) The progress record shall indicate significant changes in the resident's condition. Any significant change shall be recorded upon occurrence by the staff person observing the change. These requirement were not met as evidenced by: Based on interviews, record review and observations, the facility failed to identify/monitor/report and investigate abusive behavior by a resident to other residents and an employee to residents for 6 of 7 residents (R1, R3, R4, R5, R6 and R7) reviewed for abuse in a sample of 10. Findings include: 1. According to the Medical Record Face Sheet, R1 was admitted to the facility on 5/3/10 with diagnoses of Depression and Anxiety. A Psychiatric Progress Note, dated 1/26/15 documents R1 to be alert and oriented, judgment "fair."	S9999		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	IL6008726	A. BUILDING: _____ B. WING _____	C 02/20/2015

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SOUTH LAWN SHELTERED CARE	512 SOUTH FRANKLIN BUNKER HILL, IL 62014

(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		

On 2/13/15 at 1:20pm, E3 Activity Director, provided a roster of residents residing in the facility that were interviewable, one of which was R1.

On 2/13/15 at 1:45 PM, E3 was interviewed. E3 stated on 2/3/15, while transporting R7, R4, and R5 and other residents in the van, she overheard a discussion regarding an incident where R1 was "made to go outside to have sex with (R2)" and that R3 had witnessed it. E3 stated she immediately informed E2, Owner/Administrator, upon returning to the facility on 2/3/15 and went down to talk with R1. E3 said R1 told her that R2 made her go outside the back door to have sex and that she told him she didn't want to. R1 told E3 that she didn't want it to happen again. E3 stated R1 was unable to give a date/time when it occurred but said R1 said it was warm outside.

E3 stated on 2/13/15 that stated she has witnessed R2 pushing R1 against the wall and gyrating against her in the dining area at times and has seen heavy petting at the table between the two with R1's breast being exposed. E3 also stated that she took R1 for a drive one day after R2 held her in a corner and wouldn't let her go because she was so upset. E3 was unable to provide dates and times for any of the above mentions but provided other residents names who had also witnessed this behavior. E3 stated R1 has been staying in her room rather than come out for activities in an attempt to avoid R2 due to his intimidation of her. E3 described R1 as someone who would be compliant with males. E3 on 2/13/15 at 1:20 PM stated that R2 has volatile behaviors and that many residents are afraid of him because of his episodes of yelling and screaming. E3 stated the Police Chief, Z1

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	IL6008726	A. BUILDING: _____ B. WING _____	C 02/20/2015

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SOUTH LAWN SHELTERED CARE	512 SOUTH FRANKLIN BUNKER HILL, IL 62014

(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		

and the Ombudsman, Z6 had been in on 2/11/15 in regards to the same sexual incident.

R1's Nurse's Notes back to 2011 were reviewed from 2011 to present and found to have no reference to any sexual incident occurring between R1 and R2. Physician/psychiatric progress notes reviewed for this time period also fail to document any reference to this and include no documentation as to her risk of manipulation or risk of assault/abuse. Nurse's Notes, 5/22/13 and 8/26/13, do document that R1, in the past has had multiple episodes of aggression and increased agitation toward other residents.

On 2/13/15 at 2:00 PM, R1 stated "R2" gets mad, throws fits, and has her have sex with him. R1 stated she has had sex with R2 in the backyard and the shed. R1 stated she told him she didn't want to but he made her. R1 stated she could not recall the date or time of the incident but did recall it was warm outside. R1 also stated she told the Police Chief (Z1) that she didn't want to have sex with R2 anymore also. R1 said she told E2 Administrator/Owner that R2 had sex with her and that R2 "get so mad" if she doesn't do what he wants. R1 stated that sex makes her anxious and she wants the whole thing to end and go back to the way is use to be. R1 stated she stays in her room so she doesn't have to deal with him as she is afraid of him.

On 2/13/2015, at 2:20 PM, R3, also identified as interviewable by E3 was interviewed. R3 confirmed that she saw R1 and R2 having sex outside. R3 stated she started out the back door of the women's hall to have a smoke one day about 1 PM and saw R2 having sex with R1 outside. R3 stated she didn't continue outside but backed back into the building. R3 stated that R2

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	IL6008726	A. BUILDING: _____ B. WING _____	C 02/20/2015

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SOUTH LAWN SHELTERED CARE	512 SOUTH FRANKLIN BUNKER HILL, IL 62014

(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		

is sometimes up day and night and that he will come to the back door of the women's hall and bang on the door until R1 answers it. R3 couldn't recall the date of the incident but stated that it was warm outside. R3 stated she is also afraid of R2 and that he calls R1 bad names in the dining room with little to no staff attention. R3 stated R2 is always after R1 when in the dining area. R3 stated she did not report this incident but did discuss it with other residents.

On 2/13/15 at 2:50 PM, E5, Aide, stated she works 2:00 PM to 8:00 PM, 5 days a week, and has not ever seen anyone have inappropriate behaviors in the dining room. E5 also stated "I don't know nothing" when asked if she knew anything about a sexual incident or any sexual inappropriate sexual behavior in public between R1 and R2. E5 did state she has told R2 to go to his room and calm down but wouldn't elaborate on his behaviors.

On 2/13/15 at 4 PM, R7, identified as interviewable by E3, stated she is afraid of R2 and that he is verbally abusive to everyone.

On 2/13/15 at 5:30 PM, Z1, Police Chief, stated he was notified of the allegation by the Ombudsman. He went in the facility to investigate a sexual incident involving R1 and R2 on 2/11/15. He stated R1 admitted to him that the assault did occur and that she didn't want it to happen again. Z1 stated R1 did not know the date but stated it was warm outside. Z1 also asked R2 about the incident and was told that he did not hurt or make R1 do anything she didn't want to. Z1 stated he talked briefly with E1, Administrator/Owner on 2/11/15 but did not inform him of the details pending his investigation.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	IL6008726	A. BUILDING: _____ B. WING _____	C 02/20/2015

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SOUTH LAWN SHELTERED CARE	512 SOUTH FRANKLIN BUNKER HILL, IL 62014

(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	S9999		

On 2/17/15 at 10:00 AM, R5 stated that R2 does have "fits" and that E1 and E2, Administrators/Owners, are aware of it. R5 stated R2 intimidates everyone including R1 and that he does it to get what he wants. R5 stated R1 couldn't refuse him even if she wanted to and that she thinks R1 is "vulnerable." R5 stated that R1 doesn't come out of her room as she used to, especially in the evening due to being afraid of R2. R5 stated she was also afraid of R2 due to his aggressive behaviors. R5 stated that often E1 will reward R2 with cigarettes, money or shirts to get him to behave.

On 2/17/15 at 10:00 AM, R4 in interview stated that R2 will go after R1 in the dining room and try to "get on her." R4 described R2's behavior as causing chaos since he came and that if make her blood pressure go up when he behaves like that. R4 states the staff does not know how to deal with R2 and that the owners give him cigarettes and money to get him to settle down. R4 stated at times he will put his arms around her and hovers over her, whispering nonsense in her eat which she does not like.

On 2/17/15 at 2:50 PM, R6 was interviewed and stated he is afraid of R2 because he heard the last person who got in his way, ended up in the hospital. R6 stated R2 screams and hollers about everything and now eats in his room because he can't behave in the dining room.

On 2/17/14 at noon, R2 was not seen in the dining room and remained in his room with the door shut. R2, E2 stated, would not be interviewable because he doesn't make sense when spoken to.

On 2/17/15 at 2:10 PM, E7 Aide stated she's

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	IL6008726	A. BUILDING: _____ B. WING _____	C 02/20/2015

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SOUTH LAWN SHELTERED CARE	512 SOUTH FRANKLIN BUNKER HILL, IL 62014

(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		

heard a few residents say they are afraid of R2. E7 stated it was probably because he has a stooped posture and he seems to hover over a person and get into their personal space.

R2's admission sheet identifies him to be a 44 year old male admitted to the facility on 4/24/14 with diagnoses of Schizophrenia, Seizures, and anxiety among others. R2's Background check dated 4/30/14 lists a misdemeanor for not following an order of protection. According to E2, on 2/17/15 at 3:30pm, the facility has no plan of care for managing R2's behaviors that has measurable goals.

Psychiatric Progress Notes dated 12/18/14 documents "has a lot of anger issues. Has girlfriend that he won't allow anyone to look at without blowing up at them. Fighting all the time with almost everyone" and on 1/26/15, "Just ^ (increased) Vistaril to TID (three times a day) from BID (twice daily). Seems to have helped. Gets out of control when he breaks up c (with) girlfriend et (and) takes it out on everyone."

Both the R1's and R2's Medical Doctor, Z2, was contacted on 2/17/15 at 1:05 pm and psychiatrist nurse, Z4, on 2/17/15 at 1:20 pm. Neither was aware of any incident of a sexual nature.

R2's Nurse's notes document agitation on 2/11/15 at 8am "res (resident) very agitated et paranoid this morning." On 1/20/15 at 10:30am, the nurses notes document "this writer voiced concerns of res moods outburst et @ (at) X's (times) disruptive behaviors." On 1/12/15 (no time) "resident was loud et disruptive c staff et other residents." There are no entries into the nurse's notes identifying R2's intimidating behaviors or sexual inappropriateness and no

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	IL6008726	A. BUILDING: _____ B. WING _____	C 02/20/2015

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SOUTH LAWN SHELTERED CARE	512 SOUTH FRANKLIN BUNKER HILL, IL 62014

(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	S9999		

goals. The facility has failed to develop a plan for managing R2's behaviors in an effort to ensure R1's safety and the safety of others residing in the facility according to their policy and failed to monitor that plan for improvement and/or regression.

On 2/17/15 at 3:30 pm, E2 stated she is aware of R2's aggressive behaviors but wasn't told by E3 on 2/3/15 of a sexual incident occurring between R1 and R2. E2 did state that Z1 informed E1 about it on 2/11/15 when he came in with the Ombudsman. E2 stated she knew something may have happened as when R1 returned from a home visit following Thanksgiving, she received a call from a family member stating they would prefer R1 not have a relationship like that but she didn't investigate it further. E2 stated she told both R1 and R2 to stay on their own halls and she may move R1 closer to the nurses station. E2 stated she could move R2 out but her census is low and she's already losing another male resident for theft at a local car wash. E2 stated she has not notified R1's family as she doesn't know what to tell them nor did she notify the department because she doesn't know what happened. E2 stated she has not investigated the incident herself. E2 confirmed that R2 does scream and cuss and throws a fit if he doesn't get his way.

Resident Council Minutes dated 11/26/14 documents "too much screaming + yelling at meal time." "Always a big fight @ dinner." Minutes dated 12/26/14 document always a big fight at dinner time and E5 (Aide) won't come out of the kitchen." Minutes dated 12/30/14 document R2 "causing too many arguments + making people feel too nervous to eat." Minutes dated 2/4/15 document "residents are afraid of

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	IL6008726	A. BUILDING: _____ B. WING _____	C 02/20/2015

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SOUTH LAWN SHELTERED CARE	512 SOUTH FRANKLIN BUNKER HILL, IL 62014

(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 10	S9999		

(R2) He goes off because he thinks we are talking about him... He stares a @ them until they make eye contact + then "raise hell, screaming yelling, threats, "will give paper work to E2.) They were also complaining because R2 pins R1 against wall + acts like they are having sex. Residents complain because E1 and E2 don't do anything about it."

On 2/17/15 at 3:30 PM, E2 confirmed that she gets these notes. As of 2/17/15 at 3:30 PM, the facility has failed to put into place a plan to protect residents, including R1, from intimidation behaviors from R2.

The facility policy entitled "Resident to Resident Abuse" documents that all forms of abuse, including resident to resident, must be reported immediately to the nursing supervisor, the director of Nursing, and to the administrator. The policy continues to document that staff will monitor for aggressive/inappropriate behaviors towards other residents, family members, visitors, or to the staff and occurrences will be promptly reported to name above. The policy documents that if such is observed/accused, the facility will implement the following actions. a) remove aggressor from the situation, b) temporarily separate the resident form other residents as a therapeutic intervention to help lower the agitation until the interdisciplinary team (IDT) can develop a plan of care to meet the needs of the resident c) council the resident to determine cause of behaviors, d) notify each resident's representative, attending physician, and medical director of the incident, e) evaluate the circumstances leading up to the incident, f) Develop a plan of care that includes interventions to prevent further occupancies, g) inform all staff involved in the care of the resident of the care

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	IL6008726	A. BUILDING: _____ B. WING _____	C 02/20/2015

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SOUTH LAWN SHELTERED CARE	512 SOUTH FRANKLIN BUNKER HILL, IL 62014

(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 11	S9999		

plan and to promptly report behavioral changes to the charge nurse, h) document in the resident's clinical record all interventions and their effectiveness, i) Consult psychiatric services for assistance in assessing the resident and developing a care plan for intervention and management as necessary or as may be recommended by the attending physician or IDT. j) Complete an incident report and document the incident, findings, and any corrective measures taken in the resident's medical/clinical record, k) transfer the resident if deemed by the IDT and medical director as being a danger to him/herself, and/or to others for psychiatric evaluations and l) report incidents, findings and corrective measures to appropriate agencies as outlined in our facility's abuse reporting policy.

On 2/19/2015, at 10:30 AM, a request was made for an employee to resident abuse policy was made to E2 via telephone. E2 stated her polices regarding abuse are laxed but she would fax one if she found it. As of 12:00 PM, no policy was received.

2. Resident Council Minutes dated 2/4/15 document "(E5) is verbally abusive to residents" and "shuts break window in their faces. Does not assist in problem solving c resident." "It's not my job + no one is gonna do anything anyway."

On 2/13/15 at 2:30 pm, R3 stated that E5 is verbally abusive to everybody and makes them wait for pills and such and alleged that E5 withheld her Tylenol one afternoon on 2/6/15. Medication Administration Record for February 2015 (MAR) documents R3 to have an order for PRN (as needed) Tylenol every 4 hours with none recorded as being given on the afternoon of 2/6/15.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	IL6008726	A. BUILDING: _____ B. WING _____	C 02/20/2015

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SOUTH LAWN SHELTERED CARE	512 SOUTH FRANKLIN BUNKER HILL, IL 62014

(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 12 On 2/13/15 at 4:05pm, R7 stated E5 "is a witch" but gets the job done. On 2/17/15 at 2:50pm, R6 stated E5 pulls covers off him at night without prior warning and that she cusses at him at times. Anonymous interviews with 3 other residents on 2/17/15 confirm that E5 often hollers and yells at residents when working. The Facility's Policy, not dated, "Policy on Abuse Involving an Employee" documents "When the facility becomes aware of the resident being abused by an employee, the facility will immediately notify the employee, instructing them not to report to work until the facility has completed an investigation and determined disciplinary action. E5 continues to be employed by the facility. E5 was observed in the facility working on 2/13/2015. (B)	S9999		