

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>IL6006472</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>09/10/2021</b>
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NAME OF PROVIDER OR SUPPLIER  <b>MULBERRY MANOR</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>612 EAST DAVIE STREET, BOX 88 ANNA, IL 62906</b>
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(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
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Z 000	<p><b>COMMENTS</b></p> <p>LICENSURE FOLLOW UP TO ANNUAL SURVEY OF 3/25/21</p> <p>Repeating: 350.620a)</p>	Z 000		
Z9999	<p><b>FINDINGS</b></p> <p><b>REPEAT</b></p> <p>Statement of Licensure Violation:</p> <p>350.620a)</p> <p>Section 350.620 Resident Care Policies</p> <p>a) The facility shall have written policies and procedures governing all services provided by the facility which shall be formulated with the involvement of the administrator. The policies shall be available to the staff, residents and the public. These written policies shall be followed in operating the facility and shall be reviewed at least annually.</p> <p>These requirements were not met as evidenced by:</p> <p>Based on record review and interview, the facility's governing body failed to implement policies and procedures by their failure to:</p> <p>1. Thoroughly investigate an injury of unknown origin for 1 individual outside the sample, (R5).</p> <p>2. Notify the Illinois Department of Public Health regarding peer to peer incidents for 1 individual in the sample, (R1) and 4 individuals outside the sample, (R4-R7).</p>	Z9999	<p style="text-align: center;"><b>Attachment A Statement of Licensure Violations</b></p>	

Illinois Department of Public Health LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
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Z9999	Continued From page 1  3. Ensure residents bathing needs were met for 3 individuals in the sample, (R1-R3).  Findings include:  The facility's policy titled, "Physical Injury" dated 11-08-07 documents in part, "If there is an injury of unknown origin, the administrator and investigator will be notified as soon as the injury is discovered. Following investigation, if the cause of the injury is still unknown, the Department of Public health will be notified within 24 hours."  The facility's policy titled, "Reporting Incidents/Accidents to the Illinois Department of Public Health" dated 10-22-07 documents in part, "Policy Statement: It is the policy of the facility to ensure incidents/accidents which are reportable to the Illinois Department of Public Health (IDPH) are documented and reported in a timely manner. Procedure: B. The following events are reportable only to the IDPH and should be documented on an incident/accident form. 8. Resident to resident."  The facility's policy/procedure titled, "Activities of Daily Living Procedure" dated 9-14-04, documents in part, "Policy: Intimate care is defined as the care tasks associated with bodily functions, body products and personal hygiene, which demand direct or indirect contact with or exposure of the sexual parts of the body, (although other body parts may also be classified as intimate in individuals of diverse cultures). Some examples include, but are not limited to: bathing/showering."  The facility's resident roster dated 7-21-21, documents R1 and R7 function in the Mild Range	Z9999		

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Z9999	<p>Continued From page 2</p> <p>of Intellectual Disabilities, R2 and R5 function in the Severe Range of Intellectual Disabilities, R3, R4 and R6 function in the Profound Range of Intellectual Disabilities. The facility roster identifies R1, R4, R5 and R7 reside on A-wing and R2, R3 and R6 reside on B-wing.</p> <p>1. Review of R5's incident report dated 8-12-21 documents, "Staff noticed blood on R5's sock while in bed. Removed sock and noted abrasion on L pinky toe open and bleeding and closed scabbed abrasion on 2nd, 3rd, 4th L toe." Further review of incident report included a witness statement of an unknown staff person stating how the injury was discovered. The incident report does not provide additional witness statements or include evidence of an investigation conducted to find out how R5 obtained her injury nor does it include notification to the IDPH.</p> <p>Interview with E3/QIDP (Qualified Intellectual Disabilities Professional) on 9-9-21 at 12:20 PM, E3 confirmed there was not an investigation completed for R5's discovered injuries as well as IDPH notification.</p> <p>The facility was unable to provide evidence of a thorough investigation for R5's injury of unknown origin as well as notification to IDPH.</p> <p>2a. Review of R1's incident report dated 8-2-21, documents, "Client stood up from chair when staff walked in peer from day training shoved client causing her to fall and hit her head on the corner of the table."</p> <p>2b. Review of R7's incident report dated 8-21-21, documents, "R6 pushed R7 causing her to fall backward and hit her head on the floor."</p>	Z9999		
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Z9999	<p>Continued From page 3</p> <p>2c. Review of R5's incident report dated 9-3-21, documents, "Peer pinched R5 on back of upper arm and scratched open her skin."</p> <p>Interview with E1/Administrator on 9-8-21 at 4:40 PM, E1 was asked if IDPH was notified regarding the peer to peer incident between R1 and a peer at day training? E1 stated, "No."</p> <p>Interview with E2/Executive Director on 9-9-21 at 10:53 AM, E2 was asked for documentation to show that IDPH was notified for the peer to peer incidents between R6, R7 and between R4, R5? E2 stated, "We don't have either."</p> <p>3a. Review of R1's shower log from 9-1-21 through 9-7-21 documents 4 out of 7 days R1 did not receive a shower.</p> <p>3b. Review of R2's shower log from 7-24-21 through 9-7-21 documents R2 did not receive a shower: 1 out of 8 days in July, 12 out of 31 days in August and 2 out of 7 days in September.</p> <p>3c. Review of R3's shower log from 7-24-21 through 9-7-21 documents R3 did not receive a shower: 5 out of 8 days in July, 26 out of 31 days in August and 6 out of 7 days in September.</p> <p>Interview with E4/QIDP on 9-8-21 at 11:25 AM, E4 stated, "Clients should be receiving showers daily and staff should be documenting everyday that showers are getting done."</p> <p>Interview with E3/QIDP on 9-8-21 at 12:10 PM, E3 was asked for the shower record for R1 who resides A-wing? E3 stated, "I can't find the July and August shower record, maybe they got thrown out."</p>	Z9999		

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