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 IL6004428 B. WING 08/25/2022 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 1300 EAST TREMONT STREET HILLSBORO REHAB & HCC HILLSBORO, IL 62049 SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION PRÉFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL (EACH CORRECTIVE ACTION SHOULD BE **PREFIX** REGULATORY OR LSC IDENTIFYING INFORMATION) COMPLETE TAG CROSS-REFERENCED TO THE APPROPRIATE TAG DEFICIENCY) S 000 Initial Comments S 000 Revisit to Annual Health Survey of 7/7/22 S9999 Final Observations S9999 Statement of Licensure Violations: 300.610 a) 300.1210 b) 300.1210 d)6) 300.3210 t) 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 300.1210 General Requirements for Nursing and Personal Care 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. Attachment A Pursuant to subsection (a), general d) Statement of Licensure Violations

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

TITLE

(X6) DATE

Illinois Department of Public Health STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION AND PLAN OF CORRECTION (X3) DATE SURVEY IDENTIFICATION NUMBER: A. BUILDING: _ COMPLETED B. WING IL6004428 08/25/2022 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 1300 EAST TREMONT STREET HILLSBORO REHAB & HCC HILLSBORO, IL 62049 SUMMARY STATEMENT OF DEFICIENCIES (X4)ID PROVIDER'S PLAN OF CORRECTION (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX (X5) COMPLETE PREFIX (EACH CORRECTIVE ACTION SHOULD BE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG CROSS-REFERENCED TO THE APPROPRIATE TAG DATE **DEFICIENCY**) S9999 Continued From page 1 S9999 nursing care shall include, at a minimum, the following and shall be practiced on a 24-hour, seven-day-a-week basis: 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 300.3210 General The facility shall ensure that residents are not subjected to physical, verbal, sexual or psychological abuse, neglect, exploitation, or misappropriation of property. These requirements are not met as evidenced by: Based on interview and record review, the facility failed to ensure staff supervision to prevent a resident-to-resident physical abuse for 2 of 5 residents (R400, R401) reviewed for abuse and supervision in the sample of 24. This failure resulted in R400 sustaining a left hip fracture, as a result of a resident-to-resident physical altercation with R401. Finding include: R400's Minimum Data Set(MDS), dated 7/20/22, documented severely impaired cognition. R400's Progress note dated, 8/19/2022 16:25PM, "SBAR (Situation, Background, Assessment Recommendation) Communication form and progress note," documents; "The resident is experiencing a change in condition. The change in condition the resident is currently experiencing is Fall. I was at desk charting another incident when CNA alerted me on a fall with res (resident).

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6:00AM-2:00PM and two CNAs, with one calling

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	off. On 8/23/22 nurs	sing scheduled was not				
	On 8/22/22 at 2:10 ft Assistant (CNA), statedy (8/19/22) and stated, "I found (R40 (R402). (R24's) daugyelling for a nurse." another CNA assignicalled off, and the nuto state after R400 ft help back on the Deland 8/23/22, into the white meshed banne of a metal door jam, colored stop sign, will These two banners wand R5's door frame. On 8/24/22 at 2:05PN stated she did not se yesterday on 8/23/22 from 8/18/22, but the	M, with entry's on 8/22/22 Dementia area, a visible or was attached to the outside with a symbol of a red th the letters of "STOP." Vere placed on R401's door				
	On 8/24/22 at 2:10Ph residents will walk un	I, V16, CNA, stated the derneath the stop banners.				į.
	stated, on 8/19/22, sher father (R24), whe R401's door on the floprovided comfort mea redirection. V80 states been another resident	M, V80, R24's daughter, le was leaving a visit with n she found R400 outside for. V80 stated she had asures for R400 and R401's d V79, CNA, must have t's room because she was stated, "I hollered, 'Nurse,	2		ii i	

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