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| S 000 | Initial Comments<br><br>First Complaint Certification Revisit to Survey date 4/14/22, Complaint 2242763/IL145567 | S 000 | | |
| S9999 | Final Observations<br><br>Statement of Licensure Violations:<br><br>300.610a)<br>300.1210b)<br>300.1220b)3)<br>300.3210t)<br>300.3240f)<br><br>Section 300.610 Resident Care Policies<br><br>a) 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.<br><br>Section 300.1210 General Requirements for Nursing and Personal Care<br><br>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 | S9999 | **Attachment A**<br>**Statement of Licensure Violations** | |

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| S9999 | Continued From page 1<br>care needs of the resident.<br><br>Section 300.1220 Supervision of Nursing Services<br><br>b) The DON shall supervise and oversee the nursing services of the facility, including:<br><br>3) Developing an up-to-date resident care plan for each resident based on the resident's comprehensive assessment, individual needs and goals to be accomplished, physician's orders, and personal care and nursing needs. Personnel, representing other services such as nursing, activities, dietary, and such other modalities as are ordered by the physician, shall be involved in the preparation of the resident care plan. The plan shall be in writing and shall be reviewed and modified in keeping with the care needed as indicated by the resident's condition.<br><br>Section 300.3210 General<br><br>t) The facility shall ensure that residents are not subjected to physical, verbal, sexual or psychological abuse, neglect, exploitation, or misappropriation of property.<br><br>Section 300.3240 Abuse and Neglect<br><br>f) Resident as perpetrator of abuse. When an investigation of a report of suspected abuse of a resident indicates, based upon credible evidence, that another resident of the long-term care facility is 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 | S9999 | | |

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| S9999 | Continued From page 2<br>residents and employees of the facility. (Section 3-612 of the Act)<br><br>These requirements were not met as evidenced by:<br><br>Based on observation, interview and record review the Facility failed to implement interventions to prevent resident to resident abuse for 2 of 4 residents (R15 and R16) reviewed for abuse in the sample of 9. This failure resulted in R16 hitting R15. R15 was sent to the hospital and sustained a black eye and possible recurrent acute fracture with minimal depression in the mid right lateral nasal bone with adjacent right paranasal soft tissue swelling.<br><br>Findings include:<br><br>On 5/10/2022 at 11:11 AM, R15 was in her room sleeping on her back. There was a small discolored brownish colored area the size of dime to her right eye.<br><br>R15's Physician Order Sheet (POS) document a diagnosis of paranoid schizophrenia and anxiety disorder.<br><br>R15's Minimum Data Set (MDS) dated 3/28/2022 document R15 was moderately impaired for cognition levels for activities of daily living.<br><br>On 5/13/2022 at 11:01 AM, R15 stated "I got beat up. Somebody came into my room, pushed me out of bed and beat me up. I was sleeping. She is still here."<br><br>R15's Care Plan dated 4/16/2022 document | S9999 | | |

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| S9999 | Continued From page 3<br>"(R15) was physically aggressed by another resident."<br><br>On 5/10/2022 at 3:25 PM, V48, Licensed Practical Nurse (LPN) stated, "I remember putting (R15) to bed, making sure her mat was on the floor. Another resident (R16) entered her room. Normally, (R15) will put her call light on and then she will yell, this time however she was yelling but she did not put on her call light, and I thought that was strange and we were in the middle of a shift change. I asked the CNAs to go and check on (R15). (V23, Certified Nurse's Aide/CNA) and (V49, CNA) went to go and check on (R15). (V23) came back and told me there was an incident. When I went into (R15's) room I found her on the floor. She was bleeding from her nose, had a beginning of a black eye, and on her right side had a small abrasion to her scalp. I assessed her and (R15) told me (R16) had hit her and kicked her. I immediately separated the two of them and had staff take (R16) to the dining room and have her assessed. (R15) was sent out to the hospital. We had adequate staffing that night. I know there was recently some room changes and I think (R16) was confused and thought (R15) was in her bed."<br><br>R15's Progress Notes dated 4/15/2022 at 12:21 AM, document, "At approximately 9:55 PM resident was heard yelling for the staff. It was noted by this nurse that resident did not have her call light on which was odd as she uses her light when needing assistance. This nurse asked the two aids who were back and forth on the hall completing their last rounds if they could please check on resident. One staff member stayed with resident while the other staff member came to alert me of the situation. When this nurse entered the room resident was lying on the floor | S9999 | | |

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on her left side with a visible black eye and blood on the left side of her face, stating 'she hit me and hit me and hit me.' Another resident was sitting on (R15's) bed stating that she was 'just trying to get her out of her bed.' Immediately the residents were separated. The aggressor was removed from the room after a brief wellness assessment and made a one on one by a Certified Nursing Assistant (CNA). Patient was then assisted into her bed by staff and her physical assessment was performed. Bruising under patient's Right eye was noted immediately as well as a small laceration to the Left side of patient's head that was unmeasurable at the time due to the blood and hair obstructing the viewing. Patient was stating that she was hit in several times and that when she would yell out for help from the staff that she would continue to be hit. Patient was very visibly shaken but appeared to be per her norm by the time Emergency Medical Services (EMS) arrived."

On 5/13/2022 at 3:09 PM, V24, CNA stated, "I was working the night of the incident with (R15) and (R16) but it was not on my hall. I saw (R15) as she was leaving the building as the ambulance came and got her and she had a black eye."

An interview, dated 4/18/22, completed by V1, Administrator with R15 documented "(R15) was interviewed regarding the altercation that occurred between herself and (R16). I asked if she recalled the events and she responded that '(R16) beat me up.' I asked her what happened, and she stated that (R16) entered her room. (R15) asked her to leave her room which caused (R16) to push her off the bed and strike her with her hand. At that point the nursing team intervened. (R15) reports no long-term effect from the incident. A psychosocial evaluation was

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| S9999 | Continued From page 5<br>completed by Social Service."<br><br>R15's Hospital Records dated 4/15/2022 at 3:58 AM, document, "Indication: Trauma assault from resident, found on the floor next to bed, hematoma right thigh, laceration left forehead." The Hospital Records documented "Physical exam: Mild nasal tenderness and swelling. Computerized Tomography (CT) Facial imaging: Possible recurrent acute fracture with minimal depression in the mid right lateral nasal bone with adjacent right paranasal soft tissue swelling. (The fracture is unchanged in appearance since 1/14/2021 without healing)."<br><br>R15's Progress Notes dated 4/15/2022 at 5:15 AM, documents "Resident returned to facility at 5:20 AM via (Ambulance Company). Resident transferred from gurney to bed with assist x2 from (Ambulance Company)." The Note documented "Resident returned with Final Dx (Diagnoses) of Alleged Assault, Nasal Bone Fracture, and Periorbital ecchymosis of right eye." The Note documented "Resident asked, 'Is the other resident that hit me still here?' Nurse reassured resident that other resident is no longer in the facility at this time but may return with different placement location."<br><br>On 5/12/2022 at 10:03 AM, V19, CNA stated, "(R16) is in and out. She has a wheelchair, but she sometimes transfers herself. She resides on the 100-hall. She wanders into other resident's rooms on the 100-hall."<br><br>On 5/12/2022 at 10:11 AM, V18, CNA stated, "(R16) has behaviors she has been in some resident-to-resident fights. (R16) likes to go into other people's room. She wanders in and gets residents upset." | S9999 | | |

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| S9999 | Continued From page 6<br><br>R16's April 2022 POS documents diagnoses of Alzheimer disease, insomnia, unspecified psychosis not due to a substance or physiological condition.<br><br>R16's MDS dated 4/3/2022 document R16 has severely impaired cognition. R16's MDS documents R16 is independent with transfers and has no impairment on her upper and lower extremities.<br><br>R16's Incident Report dated 12/7/2021 documents, "Resident to resident Allegation of abuse was reported by staff. (R16) a 77-year-old female with a diagnosis of Alzheimer, made contact (R19) by the wrists. (R19) is a 74-year-old female with a diagnosis of dementia. Staff responded immediately and separated both residents. Nurse assessed both residents. No injuries noted from this incident. The Administrator was notified with an investigation immediately initiated. All appropriate notifications were made. Final report to follow."<br><br>R16's Incident and Abuse notification dated 12/7/2021 documents "A comprehensive investigation which included statements and interviews with staff and residents was completed. The Interdisciplinary Team reviewed both resident's care plan with updated completed accordingly."<br><br>R16's Care Plan was not revised after this incident to address R16's resident-to-resident physical altercations. R16's Care plan was not revised after the incident on 12/7/21 to prevent R16 from future resident to resident altercations.<br><br>R16's Progress Notes dated 4/10/22 at 10:11 PM | S9999 | | |

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| S9999 | Continued From page 7 | S9999 | | |

document, "(R16) is up and very confused. Wandering facility and yelling about people being mistreated and her family not being helped, saying things that are not pertinent to this setting. (R16) is refusing any and all help from this nurse stating that she doesn't trust me and is leaving anyway. Another staff member will be advised to help (R16) in order to hopefully provide patient care. Will continue to monitor (R16)."

R16's Progress Notes dated 4/13/22 at 2:28 PM document, "(R16) was very combative with this nurse this afternoon. (R16) refused all medication as well as her Accu checks (blood glucose level). This nurse as well as the aids attempted to talk (R16) into letting this nurse administer care but (R16) was adamant that she was not going to be compliant."

R16's Progress Notes dated 4/15/22 at 1:20 AM document, "Resident was seen wandering halls, 100 hall, as she does often. PT (patient) was last seen by this nurse sitting in her wheelchair in the dining room next to piano. At around 9:55 PM, a resident was heard yelling for staff. Staff immediately responded to resident's room, finding (R16) sitting on resident's bed looking down at her stating 'I was just trying to get her out of my bed'. (R16) was very confused and internally bothered stating 'I was just trying to get her out of my bed.' Then later saying 'I was just trying to help her because she was laying on the mat on the floor.' R16 was unable to pinpoint the cause or the actions that both parties displayed due to compromised mental status. (R16) was immediately transferred from the bed to her wheelchair. (R16) was moved out of the residents' room into the hallway where a quick assessment was done which came unfounded for injury. This nurse immediately assigned 1 on 1 to

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(R16) in the dining room away from other residents. (R16) appeared to be in emotional distress. (R16) continued to talk to herself at first stating that she was trying to get her out of her bed, but then changing the story to say that she found resident on the floor and was trying to help her. (R16) was very confused and mumbling pieces of mis-shaped information. (R16) initially denied any complaints of pain and no physical signs or symptoms of injury were noted. All information regarding incident has been reported to the oncoming nurse. Upon arrival back to the facility patient will be immediately placed as a 1 on 1 to prevent further incident. All staff are aware."

R16's Care Plan, initiated date 4/14/22, documents "The resident is /has potential to demonstrate physical behaviors r/t Dementia." The Care Plan document "Resident was physically abusive towards another resident." This Care Plan was initiated at least 4 months after the first resident to resident physical altercations occurred on 12/7/21. The Care Plan Goal, dated 4/21/22, documented "(R16) will not harm self or others through the review date." R16's Care Plan Intervention, imitated on 4/20/22 documents "1:1 supervision to remain in effect until resident reassessed after 30 days in the facility."

R16's Progress Notes dated 4/26/22, 4/27/22, 4/30/22, 5/1/22, 5/3/22, 5/4/22, 5/5/22, 5/6/22, 5/7/22 do not document R16 was receiving one on one's observations by staff (1:1 sitter).

R16's Behavior Tracking for Physical Aggression for April 2022 only documents one on one (1:1) was performed on R16 on 4/13/2022 on the second shift. The rest of the month contained zeros and does not document R16 was receiving

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| S9999 | Continued From page 9<br>1:1 observation.<br><br>R16's Behavior Tracking for Physical Aggression for May 2022 does not document staff were completing one on one observations of R16.<br><br>On 5/12/2022 at 11:14 AM, V47, Registered Nurse (RN) stated the paper Behavior Tracking is done by the certified nursing assistants (CNAs) and the book is kept at the desk. V47 stated the CNAs chart the behavior tracking in the book, including one on ones. V47 stated if a resident has any zeros on the form indicate there were no behaviors. V47 stated the number indicates what was done. V47 stated if there was a zero then it means nothing was done. V47 stated no15 minutes checks, no one or one or no-one intervened because there were no inappropriate behaviors.<br><br>The Facility's Abuse Policy dated November 22, 2017, document "Residents have the right to be free from abuse, neglect, exploitation, misappropriation of property or mistreatment. This includes but is not limited to corporal punishment, involuntary seclusion, and any physical or chemical restraint nor required to treat the resident's medical symptoms. Abuse means any physical or mental injury or sexual assault inflicted upon a resident other than accidental means, (210 ILCS 45/1-103). Abuse is also willful inflection of injury unreasonable confinement, intimidation, or punishment with resulting physical harm, pain, or mental anguish to a resident. (42 C.F.R 483.5). This also includes the deprivation by any individual, including a caretaker, of goods or services. Physical Abuse is the infliction of injury on a resident that occurs other than by accidental means and that requires medical attention. | S9999 | | |

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| S9999 | Continued From page 10<br>Physical Abuse includes hitting, slapping, pinching, kicking, and controlling behavior through corporal punishment."<br>(B) | S9999 | | |