

Illinois Department of Public Health

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| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6005797 | (X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____ | (X3) DATE SURVEY COMPLETED C 11/02/2022 |
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| NAME OF PROVIDER OR SUPPLIER MARIGOLD REHABILITATION HCC | STREET ADDRESS, CITY, STATE, ZIP CODE 275 EAST CARL SANDBURG DRIVE GALESBURG, IL 61401 |
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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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| S 000 | Initial Comments Facility Report Incident of 9/19/22/IL152839 F600 | S 000 | | |
| S9999 | <p>Final Observations</p> <p>Statement of Licensure Violation</p> <p>300.610a) 300.1210d)3)6)</p> <p>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 and shall be reviewed at least annually by this committee, documented by written, signed and dated minutes of the meeting.</p> <p>Section 300.1210 General Requirements for Nursing and Personal Care</p> <p>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:</p> <p>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</p> | S9999 | <p style="text-align: center;">Attachment A Statement of Licensure Violations</p> | |

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| Illinois Department of Public Health LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE |
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| S9999 | <p>Continued From page 1</p> <p>resident's medical record.</p> <p>6) 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.</p> <p>These Regulations were not met as evidence by:</p> <p>Based on interview and record review the facility failed to prevent physical abuse due to the lack of supervision of a known wanderer for one of three residents (R2) reviewed for abuse in a sample of three. This resulted in R2 receiving a scratch to his forehead and a black eye.</p> <p>Findings include:</p> <p>The facility's Abuse Prevention Program Policy dated 1/2019, documents, "This facility affirms the right of our residents to be free from abuse, neglect, misappropriation of resident property, and exploitation as defined below. This includes, but is not limited to, freedom from corporal punishment, involuntary seclusion and any physical or chemical restraint not required to treat the resident's medical symptoms. This facility therefore prohibits mistreatment, exploitation, neglect or abuse of its residents, and has attempted to establish a resident sensitive and resident secure environment. The purpose of the policy is to assure that the facility is doing all that is within its control to prevent occurrences of mistreatment, exploitation, neglect or abuse of our residents. This will be done by: Identifying occurrences and patterns of potential mistreatment, exploitation, neglect, and abuse of residents and misappropriations of resident</p> | S9999 | | |

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| S9999 | <p>Continued From page 2</p> <p>property. Dementia management and resident abuse prevention. This facility is committed to protecting our residents from abuse by anyone including: but not limited to, facility staff, other residents, consultants, volunteers, and staff from other agencies providing services to the individual, family members of legal guardians, friends, or any other individuals.</p> <p>R1's POS/Physician Order Sheets dated 10/31/22 documents R1 was admitted to the facility on 7/30/22 with the diagnoses of Adjustment Disorder with Depressed Mood, Unspecified Psychosis, and Unspecified Dementia, unspecified severity, with agitation and now receives Haloperidol 0.5 mg (milligrams) three times daily for behaviors started on 10/18/22.</p> <p>R1's MDS/Minimum Data Set Assessment dated 8/11/22, documents R1 has a BIMS/Brief Interview of Mental Status of 04 (cognitively impaired). This same MDS documents R1 transfers and ambulates independently with supervision.</p> <p>R1's progress notes dated 9/19/22 and signed by V11 (LPN/Licensed Practical Nurse) documents, "Another resident (R2) wandered into this resident room and this resident (R1) hit the resident (R2) in the face with his fist. Resident educated that this type of behavior is not acceptable. Residents were separated at this time. POA/Power of Attorney was notified of incident. Nurse manager notified of incident. Administrator notified of incident. MD (Medical Director) was notified and gave orders for Haldol 10 mg IM (intramuscular) one time only."</p> <p>R1's progress notes from 9/19/22 to 10/31/22 document R1 is on 15 minute checks since the</p> | S9999 | | |

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| S9999 | <p>Continued From page 3</p> <p>altercation.</p> <p>R2's POS dated 10/31/22 documents R2 has diagnoses of Dementia with behavioral Disturbance and Anxiety Disorder. This same POS documents R2 is receiving Olanzapine daily for Dementia with Behavior Disturbances.</p> <p>R2's MDS dated 9/22/22, documents R2 is severely cognitively impaired and ambulates independently with supervision and wanders daily.</p> <p>R2's current plan of care dated 3/22/22, documents, "Impaired Cognition related to Dementia, he has dementia with behavior disturbance. He wanders, has verbal aggression, inattention and disorganized thinking. This same plan of care documents, "Resident requires use of Psychotic Medicine to manage mood and/or behavior issues, tracking in place for delusional thinking, hallucinations, psychotic features, wanders, verbally aggressive towards others, and puts self on floor/lays on floor."</p> <p>R2's progress notes dated 9/19/2022 and signed by V13/LPN, documents, "(R2) was struck by another resident in the face. Resident received a scratch to the middle of his forehead and area under his right eye is purple in color. (R2) had wandered into the other resident's room and that resident stated he punched him because he was defending himself. Both residents were separated. Neuro (Neurological) checks initiated and WNL/Within Normal Limits. MD (Medical Director) notified of incident and was okay with us continuing neuro checks and monitoring for changes. Administrator notified. nurse manager notified. POA (Power of Attorney) notified.</p> | S9999 | | |

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| S9999 | <p>Continued From page 4</p> <p>R2's progress notes dated 9/10/2022, documents, "In and out of everyone's room in everyone's bed won't stay in his own room."</p> <p>The facility's IDPH (Illinois Department of Public Health) Notification Form dated 9/23/22 and signed by V2 (Director of Nursing) documents on 9/19/22, R1, 77 year old male resident, BIMS of 4 noted to strike R2, 69 year old male resident BIMS of 99 (cognitive impaired). Residents were immediately separated and redirected. R2 entered room unannounced. R2 received a skin tear to middle of forehead and discoloration under right eye. New intervention for R2 redirected him to common areas as needed, provide activities of choice as needed, monitor skin tear and discoloration for s/s (sign and symptoms) pain, swelling, infection and discoloration until healed. New intervention for R1 Haldol immediately for agitation, medication review, due to recent medication changes. Plan of care updated accordingly, staff aware, no further incidents noted."</p> <p>On 10/31/22 at 10:55 am, R1 stated he had an altercation with another resident. R1 stated, "he broke in my room and I beat the hell out of him. He is old enough to know better and I got on top of it real quick. I got several good licks on him and would take him on right now to be honest with ya. See my class ring. I caught him on his right eye, I think he still has a scar."</p> <p>On 10/31/22 at 11:53 am, V6/LPN stated, "(R2) wanders up and down the halls and goes in to other residents rooms. I think (R1) thought (R2) walked in to try and hurt him. We keep everyone out of (R1's) room."</p> <p>On 11/1/22, at 4:32 pm., V11 stated, "I was one of</p> | S9999 | | |

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| S9999 | <p>Continued From page 5</p> <p>the nurses called to the incident. When I walked in the room (R2) was sitting in (R1's) recliner crying and had an immediate black eye and an area on his forehead. (R2) wanders around the unit and into other residents rooms and sometimes lays on their beds."</p> <p>On 11/1/22, at 4:49 pm., V12 (CNA/Certified Nursing Assistant) stated, "I was walking down the hall and (R1) came out of his room and asked him what was the matter. (R1) said I hit him. (R2) was sitting in the recliner crying with a purple eye. (R2) does wander into other residents rooms and will get in their beds."</p> <p>B</p> | S9999 | | |