

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6008726	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 12/01/2022
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NAME OF PROVIDER OR SUPPLIER SOUTH LAWN SHELTERED CARE	STREET ADDRESS, CITY, STATE, ZIP CODE 512 SOUTH FRANKLIN BUNKER HILL, IL 62014
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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
S 000	Initial Comments	S 000		
S9999	<p>Complaint Investigation 2249416/IL153693</p> <p>Final Observations</p> <p>Statement of Licensure Violations:</p> <p>330.4240d) 330.4240e)</p> <p>Section 300.4240 Abuse and Neglect d) A facility administrator, employee, or agent who becomes aware of abuse or neglect of a resident shall also report the matter of 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 the 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.</p> <p>These REQUIREMENTS are not met as evidenced by:</p> <p>Based on interview and record review, the facility failed to report and investigate an allegation of abuse for 1 of 7 residents (R2) reviewed for abuse in the sample of 7.</p> <p>Findings include:</p> <p>On 11/30/2022 at 11:56AM, V4, co-owner, stated someone told her V5, Certified Nursing Assistant (CNA), had hit R2. V4 stated she asked V5, and V5 told her it did not happen. V4 stated she did</p>	S9999	<p style="text-align: right;">Attachment A Statement of Licensure Violations</p>	

Illinois Department of Public Health LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
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Illinois Department of Public Health

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S9999	<p>Continued From page 1</p> <p>not report the allegation to Illinois Department of Public Health (IDPH) or initiate an investigation. V4 stated V5 was not placed off of work.</p> <p>On 11/30/2022 at 10:52 AM, R2 stated staff have never been rough with him or physically abused him.</p> <p>The facility incident/accident report, dated 11/14/2022 at 7:00AM, documents, "(R2) was giving us trouble about coming up and getting his blood sugar tested and take his med." The report documents V5, Aide, had a hold of R2's pants so he would not fall. Report documents V2, Aide, and V6, Aide, was holding on to R2. The report documents R2 trying to fall down. and kept bending his knees trying to fall to the floor. The report documents R2's walker was going in all kinds of directions. Documentation provided by V5. The report does not document any type of injuries.</p> <p>The facility's undated policy on Abuse involving an employee documents when the facility becomes aware of a 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. The policy documents the facility will interview any witnesses to the incident. The policy documents the facility will review the accumulated data and make a determination as to whether any abuse has occurred. The policy documents the facility will implement disciplinary action according to the outcome of the investigation.</p> <p>(C)</p>	S9999		
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