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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPE A. BUILDING	LE CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
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S 000	Initial Comments		S 000			
95	Annual Health Surv	/ey		4 th		5-4"
S9999	Final Observations	25	S9999	9		が
	Statement of Licens	sure Violations:				
ij₹	300.610 a) 300.1210 b) 300.1220 b)3) 300.3210 t)					
10 S	a) The facility sprocedures governifacility. The written be formulated by a Committee consisting administrator, the amedical advisory conformities shall complicies shall complicies the facility and shall	divisory physician or the ommittee, and representatives or services in the facility. The ly with the Act and this Part. It is shall be followed in operating I be reviewed at least annually documented by written, signed				
57	Nursing and Person b) The facility s care and services to practicable physical well-being of the res each resident's com plan. Adequate and care and personal of	General Requirements for nal Care shall provide the necessary o attain or maintain the highest I, mental, and psychological sident, in accordance with aprehensive resident care I properly supervised nursing care shall be provided to each e total nursing and personal	95	Attachment A Statement of Licensure Violations		*** ***

Illinois Department of Public Health
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

FORM APPROVED Illinois Department of Public Health STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION **IDENTIFICATION NUMBER:** COMPLETED A. BUILDING: \_ IL6013106 11/18/2022 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE **253 BRADINGTON DRIVE BRIAOF COLUMBIA** COLUMBIA, IL 62236 SUMMARY STATEMENT OF DEFICIENCIES (X4) ID-PROVIDER'S PLAN OF CORRECTION (X5) COMPLETE (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX **PREFIX** (EACH CORRECTIVE ACTION SHOULD BE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG CROSS-REFERENCED TO THE APPROPRIATE DATE TAG DEFICIENCY) S9999 Continued From page 1 S9999 care needs of the resident. Section 300.1220 Supervision of Nursing Services b) The DON shall supervise and oversee the nursing services of the facility, including: 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. The plan shall be reviewed at least every three months. 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 observation, interview and record review, the facility failed to follow their abuse policy. This failure placed residents at risk of both physical and verbal abuse from a resident with a known history of verbal and physical abuse toward other residents. This affected 4 of 4 residents (R39, R57, R63 and R240) in a sample

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of 33 reviewed for abuse. This fallure led to R63 being afraid to be in R63's room due to verbal

PRINTED: 12/29/2022 FORM APPROVED 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 IL6013106 B. WING 11/18/2022 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 253 BRADINGTON DRIVE **BRIAOF COLUMBIA** COLUMBIA, IL 62236 SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X5) COMPLETE PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX (EACH CORRECTIVE ACTION SHOULD BE TAG REGULATORY OR LSC IDENTIFYING INFORMATION) CROSS-REFERENCED TO THE APPROPRIATE TAG DATE DEFICIENCY) S9999 Continued From page 2 S9999 abuse from R57, R39's wound on face being re-injured and R240 being verbally and physically abused by R57. Findings include: 1. R39's Admission Minimum Data Set, (MDS), dated 7/24/2022, documents cognitively impaired and displayed no behaviors. R57's Quarterly MDS, dated 7/20/2022. documents severely cognitively impaired and displayed no behaviors. R57's Care Plan, dated 6/9/2021 documents displayed symptoms towards others. Resident can become verbally and physically aggressive with others which includes staff and peers. There are no progressive interventions documented on R57's care plan since 6/9/2021. Facility's Census, (room change report), documented R57 and R39 were roommates from 7/28/2022 through 8/9/2022. R39's Nurse's Note, dated 8/9/2022 at 11:56 PM. documents, "CNA heard yelling from room. When entering room residents, (R39 and R57) were near each other still yelling. Immediately separated and brought resident to this nurse for assessment. Resident noted to have an open area below left eye 1.4 cm, (centimeters), x 0.5 cm which was an old injury from previous fall. Resident unable to explain what happened except

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that, "she was trying to get me to do things I didn't

want to do." Resident denies being hit or scratched by other resident, but still cannot explain how area below the eye was opened up. Administration/DON, (Director of Nurses), Physician notified and verbal order for UA with

Illinois Department of Public Health STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION IDENTIFICATION NUMBER: COMPLETED A. BUILDING: \_\_ B. WING IL6013106 11/18/2022 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE **253 BRADINGTON DRIVE BRIAOF COLUMBIA** COLUMBIA, IL 62236 SUMMARY STATEMENT OF DEFICIENCIES (X4) ID PROVIDER'S PLAN OF CORRECTION (X5) COMPLETE (EACH DEFICIENCY MUST BE PRECEDED BY FULL PRÉFIX (EACH CORRECTIVE ACTION SHOULD BE **PREFIX** REGULATORY OR LSC IDENTIFYING INFORMATION) TAG CROSS-REFERENCED TO THE APPROPRIATE DATE TAG DEFICIENCY) S9999 Continued From page 3 S9999 C&S, (culture and sensitivity), for tomorrow. POA notified of incident and MD, (Physician), new lab order. Resident (R39), immediately relocated to a different room. Currently resting comfortably in bed, denies pain. Pleasant affect, call light in reach." R57's Nurse's Note, dated 8/9/2022 at 11:20 PM, documents, "Resident was heard yelling at roommate (R39.) CNA entered room and both residents were near each other yelling. Roommate (R39) had small injury noted to L. (left), side of face. CNA brought that resident. (R39), to nurse for assessment. Separated residents. Resident, (R57), continues to come out of room and attempt to approach roommate (R39.) Hard to redirect, roommate, (R39), is given different room. Resident, (R57), currently residing in room. Attempt to do skin assessment resident refuses. Will try again at a later time. Administration/DON notified; MD notified. Family notified and updated on incident and new lab order. Resident, (R39), currently resting in room. No injuries observed. Call light in reach." 2. R63's, Quarterly MDS, dated 9/7/2022. documents moderately cognitively impaired and displayed no behaviors. R57's Nurse's Note, dated 9/29/2022 at 8:42 AM. documents, "Night shift report that resident was disruptive all night and made threats to new roommate (R63). New roommate (R63) was afraid to be in the room. Resident was loud and aggressive. Upon DON (V17) arrival before 6:00 AM with in the hall talking very (sic) loudly about "she has her junk all of my room" and "I don't know her". We went to her room and showed me the belongings she was talking about. I assured

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that the items she was referencing were in fact

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 IL6013106 B. WING 11/18/2022 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE **253 BRADINGTON DRIVE BRIAOF COLUMBIA** COLUMBIA, IL 62236 SUMMARY STATEMENT OF DEFICIENCIES (X4) ID PROVIDER'S PLAN OF CORRECTION (X5) COMPLETE PRÉFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL (EACH CORRECTIVE ACTION SHOULD BE PREFIX REGULATORY OR LSC IDENTIFYING INFORMATION) TAG TAG CROSS-REFERENCED TO THE APPROPRIATE DATE DEFICIENCY) S9999 Continued From page 4 S9999 her items that are overflow. She needs to tell her family to come picks up the items, because we do not have room to keep them in storage. Resident then mapped out a space that the roommate, (R63), can have in the room. I informed the resident that she and the roommate. (R63), both live in the space and they would have to share. I gave the resident the option to have a private room, but she would have to pay a private room rate. She did not have an answer to the option at this time. The resident did verbalize understanding of sharing the space and not being aggressive to other person." (R63's) Nurse's Note, dated 9/29/2022 through 9/30/2022, shows no documentation of a resident-to-resident altercation or that she felt threatened or afraid of R57. On 11/17/2022 at 8:00 AM, R63 was observed lying in bed with her eyes open. R63 stated, "I recall being roommates with (R57) and it was hell! She always yelled at me and then we got to scrapping, (fighting), one day and staff moved my room. I don't recall if I was injured or not, but I got a couple licks in." 3. R240's Undated Face Sheet documents she was admitted on 11/4/2022. Facility's Census, documented R57 and R240 were roommates from 11/4/2022 through 11/10/2022. R240's Undated Face Sheet, documents R240 was admitted to the facility on 10/4/2022.

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R57's Nurse's Note, dated 11/10/2022 at 11:37 PM. documents, "Resident became physically aggressive towards (R57's) roommate, (R240),

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PRINTED: 12/29/2022 FORM APPROVED Illinois Department of Public Health (X1) PROVIDER/SUPPLIER/CLIA STATEMENT OF DEFICIENCIES (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION **IDENTIFICATION NUMBER:** COMPLETED A. BUILDING: \_ B. WING IL6013106 11/18/2022 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 253 BRADINGTON DRIVE **BRIAOF COLUMBIA** COLUMBIA, IL 62236 **SUMMARY STATEMENT OF DEFICIENCIES** PROVIDER'S PLAN OF CORRECTION (X4) ID (X5) COMPLETE (EACH DEFICIENCY MUST BE PRECEDED BY FULL PRÉFIX PREFIX (EACH CORRECTIVE ACTION SHOULD BE DATE REGULATORY OR LSC IDENTIFYING INFORMATION) CROSS-REFERENCED TO THE APPROPRIATE TAG TAG **DEFICIENCY**) S9999 Continued From page 5 S9999 hitting and bumping her with wheelchair. This incident was witnessed by another resident passing by. Myself, the nurse was providing care to resident at the time. As a result, and resident refusal to accept that she now has to share a room resulted in the roommate, (R240), being moved to 300 hall. After the altercation resident clo, (complained of), pain to her right hand and some bruising was noted. STAT X-RAY was ordered and completed on 11-10-22. Administrator, POA and MD notified. Will follow up." R57's Radiology Results Report, dated 11/10/2022 documents, "No fracture or displacement in R57's right hand." R240's Social Service's Note, dated 11/10/2022 at 3:55 PM, documents, "This writer followed up with resident regarding incident last week. Resident continues to adjust well with recently moving from another facility. No signs of mental anguish have been displayed. Resident presented writer with a smile." R240's Nurse's Note, dated 11/10/2022 at 12:02 AM, documents, "Resident moved to another room after a physical altercation with her roommate, (R57.)" On 11/17/2022 at 7:45 AM, R240 observed sitting in the dining room with 5 other residents at the table. R240 didn't respond to the questions when asked.

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On 11/15/2022 at 10:30 AM, R57 observed sitting in a wheelchair at the end of 100 hall. Upon approach, R57 showed the IDPH surveyor her right hand and a light purple bruise was noted on her right middle knuckle and top of right hand.

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Illinois Department of Public Health STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION IDENTIFICATION NUMBER: COMPLETED A. BUILDING: \_ IL6013106 **B. WING** 11/18/2022 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE **253 BRADINGTON DRIVE** BRIAOF COLUMBIA COLUMBIA, IL 62236 SUMMARY STATEMENT OF DEFICIENCIES (X4)ID PROVIDER'S PLAN OF CORRECTION (EACH DEFICIENCY MUST BE PRECEDED BY FULL (X5) COMPLETE PREFIX **PREFIX** (EACH CORRECTIVE ACTION SHOULD BE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG TAG CROSS-REFERENCED TO THE APPROPRIATE DATE DEFICIENCY) S9999 Continued From page 6 S9999 R57 stated, another resident, (name unknown), squeezed her hand so hard she tried to break my hand. "I had to get it x-rayed, my right hand still hurts!" On 11/17/2022 at 9:30 AM, V11, LPN (Licensed Practical Nurse) stated, "(R57) is usually calm and cool, but when it comes to her sharing her room, she isn't nice. (R57) wants her own room and she fights with her roommate often she's had a few roommates and they have altercations." She wasn't aware of R57 having a bruise on her right hand. On 11/17/2022 at 10:00 AM, V9, LPN, stated, "(R57) is aggressive and demanding and gets into resident-to-resident altercations often. She's had several roommates in the past, but it didn't work out because (R57) would yell and sometimes hit her roommate." V9 didn't know anything about a bruise to R57's right hand. "If a resident was afraid of their roommate staff should find a new roommate immediately". V9 wasn't aware of a roommate being afraid of (R57.) On 11/17/2022 at 10:30 AM, V13, LPN, stated. "(R57) is confused and she is calm and cool, until it comes to her having a roommate. The most recent incident was with (R240), when (R57) sustained a bruise on her right hand after having a resident-to-resident altercation with (R240). (R57) doesn't currently have a roommate because she always fights with them." On 11/17/2022 at 11:30 AM, V16, CNA (Certified Nursing Assistant), stated, "(R57) is a fighter; she fights with any roommate they give her, and I always hear (R57), yelling at other residents. (R57) is very territorial and she's hit residents in

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the past."

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION **IDENTIFICATION NUMBER:** COMPLETED A. BUILDING: IL6013106 B. WING 11/18/2022 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 253 BRADINGTON DRIVE **BRIAOF COLUMBIA** COLUMBIA, IL 62236 SUMMARY STATEMENT OF DEFICIENCIES (X4)ID PREFIX PROVIDER'S PLAN OF CORRECTION (X5) COMPLETE DATE (EACH DEFICIENCY MUST BE PRECEDED BY FULL **PREFIX** (EACH CORRECTIVE ACTION SHOULD BE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG TAG CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY) S9999 Continued From page 7 S9999 On 11/17/2022 at 12:00 PM, V18, CNA, stated he worked at the facility 2 weeks and observed (R57) yelling at a few residents, and staff told him that's what she does all the time. On 11/17/2022 at 12:30 PM, V21, LPN, stated, "(R57) has a temper and she fights with her roommates often." V21 didn't understand why management won't let R57 have her own room because she fights with every roommate. On 11/18/2022 at 8:20 AM, V1, Interim Administrator, stated, "It seems like a pattern of behavior for (R57); she doesn't seem to like having a roommate and she doesn't want to pay for a private room. (R57) doesn't currently have a roommate because we don't want to continue having resident-to-resident altercations between (R57) and the roommate." On 11/18/2022 at 8:25 AM, V2, Interim DON (Director of Nursing), stated, "(R57) wants her own room but she doesn't want to pay for a private room, so she bullies all her roommates. so they are transferred to other rooms." On 11/18/2022 at 3:15 PM, V17, Former DON, stated, "(R57) never likes roommates, and she would threaten to beat them up until her roommates were scared enough to want to move out of her room." She recalled R63 was moved into R57's room on 9/28/2022, and when she got to work at approximately 6:00 AM on 9/29/2022, R63 was up at the nurse's station crying, and staff reported R57, yelled at R63 and made her get out of her room on the night of 9/28/2022. R63 stated staff offered to let R63 go to a different room for the night, but she refused because, she wanted to stay at the nurse's station because she was

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	afraid of R57. Corp continue to take ac rooms up, so if R5	porate told V17 she had to Imissions and fill the resident 7 didn't pay for a private room	W.				
	she couldn't have a she was mean to a fill the bed per corp	a private room, even though ill her roommates; they had to porate.					
	"This facility affirms be free from abuse misappropriation of This facility therefo exploitation, misapmistreatment of restacility has attempted."	y reviewed 9/2017 documents, is the right of our residents to a neglect, exploitation, if property or mistreatment. The prohibits abuse, neglect, propriation of property, and sidents. In order to do so, the led to establish a resident ent secure environment. The				. *	
	purpose of this poli is doing all that is w occurrences of abu	cy is to assure that the facility vithin its control to prevent use, neglect, exploitation, property and mistreatment of					
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