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: \_ C B. WING IL6015317 01/11/2023 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE **3222 INDEPENDENCE DRIVE** HAWTHORNE INN OF DANVILLE DANVILLE, IL 61832 SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X4) ID (X5) COMPLETE (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX REGULATORY OR LSC IDENTIFYING INFORMATION) DATE TAG TAG DEFICIENCY \$ 000 Initial Comments S 000 Facility Reported Incident of 12/29/22/IL155103 S9999l Final Observations S9999 Statement of Licensure Violations: 300.610a) 300.1210b) 300.3210t) Section 300.610 Resident Care Policies 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. 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 Attachment A resident to meet the total nursing and personal Statement of Licensure Violations care needs of the resident.

Illinois Department of Public Health
LABORATORY 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 (X3) DATE SURVEY AND PLAN OF CORRECTION IDENTIFICATION NUMBER: COMPLETED A. BUILDING: \_ IL6015317 B. WING 01/11/2023 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE **3222 INDEPENDENCE DRIVE** HAWTHORNE INN OF DANVILLE **DANVILLE, IL 61832** SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X4) ID PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL **PREFIX** (EACH CORRECTIVE ACTION SHOULD BE COMPLETE TAG REGULATORY OR LSC IDENTIFYING INFORMATION) **TAG** CROSS-REFERENCED TO THE APPROPRIATE DATE DEFICIENCY) S9999 Continued From page 1 S9999 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: Based on interview and record review the facility failed to protect the resident's right to be free from physical abuse by another resident for one of three residents (R2) reviewed for physical abuse in a sample list of three residents. This failure resulted in R1 intentionally striking R2 on the head with an object and R2 subsequently suffering a laceration requiring six sutures in the hospital emergency department. Findings include: R2's minimum data set dated 11/22/22 documents R2's diagnoses including: Alzheimer's Disease, Cerebral Vascular Accident. Hypertension, Hyperlipidemia, Hip Fracture, and Anxiety. R2's minimum data set documents R2 as severely cognitively impaired and requiring extensive assistance with mobility and no history of behaviors. R1's minimum data set dated 11/30/22 documents R1's diagnoses including: Non-Alzheimer's Dementia, Anemia, Hypertension, History of Urinary Tract Infections, Diabetes Mellitus, and Depression. R1's minimum data set documents R1 as severely cognitively impaired and ambulatory. R1's progress notes dated 9/16/22 document R1

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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: **B. WING** IL6015317 01/11/2023 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE **3222 INDEPENDENCE DRIVE** HAWTHORNE INN OF DANVILLE DANVILLE, IL 61832 SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (EACH DEFICIENCY MUST BE PRECEDED BY FULL PRÉFIX PREFIX (EACH CORRECTIVE ACTION SHOULD BE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG TAG CROSS-REFERENCED TO THE APPROPRIATE DATE **DEFICIENCY**) S9999 Continued From page 2 S9999 removed the fire extinguisher from a glass cabinet, pulled the nozzle and threatened to spray staff. R1's progress notes dated 10/6/22 document R1 threatened to knock out windows. R1's progress notes dated 10/13/22 document R1 cut the tops off of another resident's shoes. R1's progress notes dated 11/22/22 document R1 grabbing at other residents as they went through the hallways. R1's progress notes dated 12/1/22 document R1 threw a wheelchair leg rest at a nurse. R1's progress notes dated 12/7/22 document R1 tearing up nurse's paperwork at the nurse's station. R1's progress notes dated 12/22/22 document R1 beating on doors with fists. R1's progress notes dated 12/26/22 document R1 pushing a table toward a housekeeper and dumping all of the items on the floor. On 1/10/23 at 2:30PM, V6 Certified Nursing Assistant (CNA) stated, "I checked on both R1 and R2 when I came in and R1 was arranging his clothes as he frequently did and R2 was asleep. My CNA partner and I were rounding, and I heard R2 yell, "Ow!" I saw R1 holding the hearing aid battery charger and he was really upset thinking that his roommate had killed someone. R2 was holding his head and I saw the blood. I ran and got the nurse while the other CNA kept R1 out of the room." The facility provided incident report dated 12/29/22 documents that at approximately 2:47AM R1 struck his roommate, R2, with a hearing aid charger on the head causing a laceration sized six centimeters in total. horseshoe shaped, with 3 centimeters to left occipital area and 1.2 centimeters to left brow area. R2 was sent to the emergency department where he was given six stitches and returned to

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PRINTED: 03/14/2023 FORM APPROVED

Illinois Department of Public Health STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA (X3) DATE SURVEY (X2) MULTIPLE CONSTRUCTION **IDENTIFICATION NUMBER:** COMPLETED A. BUILDING: C B. WING IL6015317 01/11/2023 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE **3222 INDEPENDENCE DRIVE HAWTHORNE INN OF DANVILLE** DANVILLE, IL 61832 PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE (X4) ID PREFIX SUMMARY STATEMENT OF DEFICIENCIES ID PREFIX (X5) COMPLETE DATE (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) TAG TAG DEFICIENCY) S9999 Continued From page 3 S9999 the facility. R1 was also sent to the hospital and was discharged from the facility. On 1/11/23 at 1:35PM V12 Family Member stated, "If Dad (R2) had been like he was at home, it would have upset him to be hit like he was." The facility abuse policy revised date 1/17 documents, "Physical abuse means the infliction of injury on a resident that occurs other than by accidental mean whether or not the injury required medical attention." (B)

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