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 IL6009237 B. WING 02/02/2023 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE **100 EASTVIEW PLACE EASTVIEW TERRACE** SULLIVAN, IL 61951 SUMMARY STATEMENT OF DEFICIENCIES (X4)ID PROVIDER'S PLAN OF CORRECTION (X5) COMPLETE (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX (EACH CORRECTIVE ACTION SHOULD BE **PREFIX** REGULATORY OR LSC IDENTIFYING INFORMATION) TAG CROSS-REFERENCED TO THE APPROPRIATE TAG DEFICIENCY) S 000 **Initial Comments** S 000 Facility Reported Incident S9999 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 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 Attachment A care needs of the resident. Statement of Licensure Violations Section 300.3210 General

Illinois Department of Public Health

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

PRINTED: 03/16/2023 FORM APPROVED

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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: C B. WING IL6009237 02/02/2023 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 100 EASTVIEW PLACE **EASTVIEW TERRACE** SULLIVAN, IL 61951 SUMMARY STATEMENT OF DEFICIENCIES (X4)ID PROVIDER'S PLAN OF CORRECTION ID (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 TAG DATE . **DEFICIENCY)** Continued From page 3 S9999 S9999 R3 was also documented as wandering into other resident rooms, getting into their beds and being resistive to all redirection and care. On 2/1/23 at 9:08AM, V1 Administrator stated, "He (R3) wanders in and out of other resident rooms. He is on 15 minute checks and we have tried to find alternative placement, but his family wants him to stay here." On 2/1/23 at 9:30AM, R3 was walking around the facility, wearing a wander guard going into and out of resident rooms. On 2/1/23 at 9:35AM, V5 Certified Nursing Assistant (CNA) stated, "R3 wanders in and out of resident rooms all day long. We just redirect him. On 2/1/23 at 9:36AM, V6 CNA stated, (R3) lays down in beds that aren't his but since he's on 15 minute checks, we find him pretty fast. He can be aggressive when we give care, sometimes it takes 3 people because he is strong and fast." On 2/1/23 at 10:00AM, R3 walked into R5's resident room and stayed there until R5 could be heard screaming, "Get out! This is a girl's room. Get out now!!!!" Staff entered the room at this time and redirected R3 out of the room. On 2/1/23 at 2:25PM, R5 stated, "(R3) comes in here all of the time and I don't like it. I yell at him and tell him that this is a girl's room. I have told the CNA's that I don't want him in here. Thank you for helping me." On 2/1/23 at 3:05PM, V7 LPN stated, "On Sunday night (1/29/23) I found (R3) trying to get into (R5's) bed while she was sleeping. He was trying to pull up the covers and I tried to redirect him but he fought me so I had to yell for help and thank

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god, two other staff came and helped me get him

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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 IL6009237 02/02/2023 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE **100 EASTVIEW PLACE EASTVIEW TERRACE** SULLIVAN, IL 61951 SUMMARY STATEMENT OF DEFICIENCIES (X4) ID PROVIDER'S PLAN OF CORRECTION (X5)PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL (EACH CORRECTIVE ACTION SHOULD BE PREFIX COMPLETE TAG REGULATORY OR LSC IDENTIFYING INFORMATION) CROSS-REFERENCED TO THE APPROPRIATE TAG DATE **DEFICIENCY**) S9999 Continued From page 4 S9999 out of her bed." 3) On 12/26/22 at 2:25PM, the facility provided investigation documents that R2 came out of the resident room that R1 and R2 shared and stated to a nurse that R1 had scratched his face. On 2/1/23 at 9:08AM, V1 Administrator stated, "I was the nurse that day and R2 came out of his room and said that R1 had scratched his face. He did have new scratches on his face and hand. I went down to talk to R1 and he said that R2 had started it. I immediately separated them and made all of the notifications." On 2/1/23 at 2:31PM, R1 was calmly lying in his bed, in a private room. R1 stated that he remembered arguing with his roommate and that he was glad that he didn't have one any longer. On 2/1/23 at 10:30AM, R2 stated that he liked the facility and that he did not remember being scratched by anyone however; old scratch marks were visualized on the right side of R2's face. R1's minimum data set dated 12/5/22 documents R1 as severely cognitively impaired and wheel chair bound. R2's minimum data set dated 1/5/23 documents R2 as severely cognitively impaired and wheel chair bound. On 2/1/23 at 9:15AM, V1 Administrator stated. "We separated them(R1.R2) into different rooms and they are both scheduled to see a psychologist. There have been no further issues between them, since this event." On 2/1/23 at 3:15PM, V9 Director of Nursing stated, "Both R1 and R2 dislike having

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roommates. We are just going to have to keep

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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:** A. BUILDING: COMPLETED IL6009237 **B. WING** 02/02/2023 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 100 EASTVIEW PLACE **EASTVIEW TERRACE** SULLIVAN, IL 61951 SUMMARY STATEMENT OF DEFICIENCIES (X4)ID PROVIDER'S PLAN OF CORRECTION ID. (EACH DEFICIENCY MUST BE PRECEDED BY FULL (X5) COMPLETE 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 5 S9999 them in their own rooms." The facility abuse policy dated 11/28/16 documents that 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 restraints 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 this 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 various means including dementia management and resident abuse prevention including, how to assess, prevent and manage aggressive, violent and/or catastrophic reactions of residents in a way that protects both residents and staff. (B)

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