Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	IL6003388	A. BUILDING: ______ B. WING ______	C 05/16/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
FRIENDSHIP MANOR	1209 21ST AVENUE ROCK ISLAND, IL 61201

(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 Investigation of Facility Reported Incident of April 21, 2023/IL159653.	S 000		
S9999	Final Observations Statement of Licensure Violations: 300.610a) 300.3240a) 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 300.3240 Abuse and Neglect a) An owner, licensee, administrator, employee or agent of a facility shall not abuse or neglect a resident. This REQUIREMENT is not met as evidenced by: Based on observation, interview and record review, the facility failed to protect a resident from mental and emotional abuse for one of three residents (R1) reviewed for abuse in the sample of three. This failure resulted in (R1) verbalizing feeling demeaned, degraded, and angry.	S9999	Attachment A Statement of Licensure Violations	

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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE TITLE (X6) DATE

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Findings include:

The facility's Abuse, Neglect and Exploitation Prevention policy, dated 2/24/23, documents "Our residents have the right to be free from abuse, neglect, exploitation, misappropriation of resident property, corporal punishment and involuntary seclusion. Our facility will not condone any form of resident abuse and will continually monitor our facility's policies, procedures, training programs, systems, etcetera, to assist in preventing resident abuse."

The facility's Identifying Types of Abuse policy (undated), documents "As part of the abuse prevention strategy, volunteers, employees and contractors hired by this facility are expected to be able to identify the different types of abuse that may occur against residents. Abuse is defined as the willful infliction of injury, unreasonable confinement, intimidation, or punishment with resulting physical harm, pain or mental anguish." This same policy documents "Mental abuse is the use of verbal or non-verbal conduct which causes (or has the potential to cause) the resident to experience humiliation, intimidation, fear, shame, agitation or degradation."

R1's (State agency) Incident Report, dated 4/21/23, documents "On 4/21/23 at 9:39 PM, (R1) reported that aide (V4 Certified Nursing Assistant/CNA) had placed a gait belt around her neck."

R1's Current Minimum Data Set assessment, dated 4/25/23, documents R1's cognition is intact and that R1 requires the extensive assistance of one staff member for toileting.

R1's Current Care plan, dated 4/27/23,

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S9999	Continued From page 2	S9999		

documents "I (R1) have risk factors that may impact my activity participation they are Anxiety, Depression and Shortness of Breath." This same care plan documents R1 receives scheduled medication for Anxiety, Depression and Panic attacks.

On 5/15/23 at 11:30 AM, R1 was sitting in a recliner in her room. R1 stated "I do remember the incident that occurred with a CNA (V4) a couple weeks ago. I had to use the restroom and the CNA (V4) came in and started to help me up, but then said she can't do that cause her back will get hurt. I asked her if there was anyone to help and she said she was the only one here. (V4) then took the gait belt from my closet door and put it over my head, around my neck. It was caught on my glasses, and I was trying to adjust my glasses and I said, "What are you doing?". She was just laughing and wrapped it around my neck a couple times then pulled slightly like you would a dog, but as she was doing that, I stuck my finger in to loosen the belt and said, "What are you doing?". She just laughed about it and didn't say anything. I felt demeaned, less than human, like an old person. I thought it was very degrading of her to do that. I wouldn't do that to anyone. I didn't think she was going to murder me, but it was demeaning and like she was putting me in my place. I was so angry when I got out of the bathroom, I called (V8 R1's family member) and said, "You need to get me out of here!". I was just shocked that she did that to me. I do feel vulnerable here. I need help for most things. I was so upset about the whole thing."

On 5/15/23 at 2:15 PM, V5 (Licensed Practical Nurse) stated "I was the nurse the night of the incident with (R1 and V4). (R1) is the one who

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notified me and then I believe (V8) called me after that. (R1) wasn't concerned as much for herself after it happened, but that it might happen to someone else who can't verbalize what happened. (R1) was concerned and uncomfortable and just shocked that it happened. I was also shocked. I made sure she was okay and in an okay place mentally. It took me several seconds to even grasp what had happened."

On 5/15/23 at 10:30 AM, V1 (Administrator) stated "We fired the CNA (V4). I couldn't believe what I was hearing and didn't know what I was coming into that night. The police came and interviewed (R1) and (V4) and (V4) said it occurred but was in a joking manor, the resident agreed but we couldn't take any chances and (V4) was terminated that day."

"B"