

Illinois Department of Public Health

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| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:<br><br><b>IL6008239</b> | (X2) MULTIPLE CONSTRUCTION<br>A. BUILDING: _____<br><br>B. WING _____ | (X3) DATE SURVEY COMPLETED<br><br><b>C</b><br><b>09/25/2024</b> |
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| NAME OF PROVIDER OR SUPPLIER<br><br><b>REGENCY CARE</b> | STREET ADDRESS, CITY, STATE, ZIP CODE<br><b>2120 WEST WASHINGTON<br/>SPRINGFIELD, IL 62702</b> |
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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<br><br>FRI of 9/8/2024/IL178249  | S 000         |   |                    |
| S9999              | Final Observations<br><br>Statement of Licensure Violations<br><br>300.610a)<br>300.1210b)<br>300.1210c)<br>300.1210d)6<br>300.3210(t)<br><br>Section 300.610 Resident Care Policies<br><br>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.<br><br>Section 300.1210 General Requirements for Nursing and Personal Care<br><br>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 | S9999         |   |                    |

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

TITLE

(X6) DATE  
**09/30/24**

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| S9999              | <p>Continued From page 1</p> <p>resident to meet the total nursing and personal care needs of the resident.</p> <p>c) Each direct care-giving staff shall review and be knowledgeable about his or her residents' respective resident care plan.</p> <p>d) Pursuant to subsection (a), general nursing care shall include, at a minimum, the following and shall be practiced on a 24-hour, seven-day-a-week basis:</p> <p>6) All necessary precautions shall be taken to assure that the residents' environment remains as free of accident hazards as possible. All nursing personnel shall evaluate residents to see that each resident receives adequate supervision and assistance to prevent accidents.</p> <p>Section 300.3210 General</p> <p>t) The facility shall ensure that residents are not subjected to physical, verbal, sexual or psychological abuse, neglect, exploitation, or misappropriation of property.</p> <p>These Requirements were NOT MET as evidenced by:</p> <p>Based on interview and record review the facility failed to ensure residents were free from sexual abuse for 1 of 6 (R5), reviewed for abuse in the sample of 6. This failure resulted in R5 experiencing two episodes of being sexually abused by R1 on 9/8/24, in which R5 was verbally heard yelling for help, stating that it hurt. The reasonable person concept can also be utilized, a reasonable person would experience fear, trauma, humiliation, should sexual abuse occur to them.</p> | S9999         |   |                    |

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| S9999              | <p>Continued From page 2</p> <p>Findings include:</p> <p>On 9/20/2024 at 10:22 AM, V6 (Licensed Practical Nurse, LPN) stated she was the manager on duty and was physically in the facility on 9/8/2024 when the incident between R1 and R5 occurred. V6 stated a Certified Nursing Assistant (CNA) reported the incident to her. V6 stated it was witnessed by the CNA and reported to her that R1 was holding R5's penis. V6 stated she reported the incident to the administrator immediately. V6 stated she had not observed R1 have any inappropriate behavior recently. V6 stated there was an incident with R1 involving sexual abuse in February 2024, which was founded. V6 stated R1 was started on "Provera" at that time. V6 stated R1's "Provera" had been discontinued, but agreed R1 was started back on "Provera" after the recent incident with R5.</p> <p>On 9/20/2024 at 10:50 AM, V1 stated that based on her investigation she did substantiate the allegation of abuse involving R1 and R5 based on witnessing of actual incident and witness statements. V1 did agree that R1 did have a previous incident of abuse.</p> <p>On 9/20/2024 at 11:00 AM, V5 stated she was on break on 9/8/2024 and upon return she heard R5 yelling help, it hurts. V5 stated R1 had his hand under R5's sheet. V5 stated when she pulled the sheet back R1 had his hands around R5's penis. V5 stated R1 dropped R5's penis at that time. V5 stated she removed R1 from the room into the hall. V5 stated she left R1, going to report the incident to V6, who was the manager on duty. V5 stated when she returned from reporting the incident R1 was back in the room holding R5's penis a second time.</p> | S9999         |   |                    |

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| S9999              | <p>Continued From page 3</p> <p>R1's care plan dated 2/26/2024 documents R1 has a hyper-sexual and flirtatious behavior. R1's care plan documents the following interventions: 2/26/2024 anticipate and meet R1's needs, caregivers to provide opportunity for positive interaction, attention, stop and talk with him as passing by, if reasonable discuss behavior, explain/reinforce why behavior is inappropriate and/or unacceptable, intervene as necessary to protect the rights and safety of others. Approach/speak in a calm manner. Divert attention. Remove from situation and take to alternative location as needed., md to review chart, medications, recent changes in status, diagnosis, recent labs.</p> <p>R5's electronic medical record documents R5 has diagnosis in part of encounter for closed fracture, with routine healing, unspecified fall, and urinary tract infection. R5's Minimum Data Set (MDS) dated 8/30/2024 documents that R5 has severe cognitive impairment. R5's care plan dated 9/12/2024 documents R5 has impaired physical mobility. R5's care plan documents R5 is at risk for Activities of Daily Living (ADL) self-care deficit related to disease process. R5's care plan documents R5 requires mechanical lift with 2 staff for transfers.</p> <p>On 9/20/2024 at 10:31AM V2 Director of Nursing (DON) stated if incident involving sexual abuse would separate residents and have a visual on them.</p> <p>On 9/19/24 at 11:22 AM, R1 was noted to be cognitively impaired, expressing no concerns regarding abuse or memories of events that had occurred.</p> | S9999         |   |                    |

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| S9999              | <p>Continued From page 4</p> <p>R5 was unable to be interviewed, as he did not reside in the facility during the time of this survey. R5's Clinical Record documented his discharge from the facility on 9/12/24.</p> <p>The facility policy abuse prohibition dated 3/15/2018 documents all residents have the right to be free from sexual abuse. The policy documents sexual abuse is non-consensual sexual contact of any type which includes, but is not limited to sexual coercion, or sexual assault. The policy documents sexual coercion shall include any intentional or knowingly touching or fondling a non-consenting resident's sex organs, anus, or breast either directly or through clothing for the purpose of sexual gratification or arousal of the accused. The policy documents if the incident involves suspected abuse, the charge nurse shall assure that the suspected abuser has no further contact with the resident involved or with any other resident.</p> <p>(A)</p> | S9999         |   |                    |