STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	IL6003263	A. BUILDING: _____ B. WING _____	03/15/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
TOWER HILL HEALTHCARE CENTER	759 KANE STREET SOUTH ELGIN, IL 60177

(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 Annual Licensure/Certification Survey Annual Health Survey Complaint Investigation 2472054/IL170850	S 000		
S9999	Final Observations Statement of Licensure Violations: 1 of 3 300.610 a) 300.661 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 300.661 Health Care Worker Background Check A facility shall comply with the Health Care Worker Background Check Act and the Health Care Worker Background Check Code. These requirements were not met as evidenced by:	S9999		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	IL6003263	A. BUILDING: _____ B. WING _____	03/15/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
TOWER HILL HEALTHCARE CENTER	759 KANE STREET SOUTH ELGIN, IL 60177

(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
S9999	Continued From page 1	S9999		

Based on interview and record review, the facility failed to obtain finger printing and failed to ensure health care worker background checks were complete for seven staff members. This failure has the potential to affect all 141 residents residing in the facility.

The findings include:

The facility's Application for Medicare and Medicaid, dated 3/11/24,shows their facility census was 141.

1. V33, Housekeeping Healthcare Worker registry, dated 3/13/24, shows her work eligibility as "Not yet determined." V43, Activities Healthcare Worker registry, dated 3/13/24, shows his work eligibility as "Not yet determined."

On 3/13/24 at 2:15 PM, V48, Human Resources, said there is no finger print on file for V33 or V43. V48 said she wasn't sure why. V48 said, "Any person in the healthcare field should be fingerprinted. They are typically fingerprinted within seven days of their start date."

2. V13, V44-V47 all CNAs (Certified Nursing Assistants) employee files were reviewed. The employee files did not have evidence that the Illinois Sex Offender, DOC (Department of Corrections) sex offender, DOC inmate search, DOC wanted fugitive, National sex offender, or the HHS OIG website were checked upon hire.

On 3/13/24 at 2:15 PM, V48 said the facility only runs the six listed above websites if the person has not been a healthcare worker before. V48 said if the staff are not new to the healthcare field, then she does not run the above website's.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	IL6003263	A. BUILDING: _____ B. WING _____	03/15/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
TOWER HILL HEALTHCARE CENTER	759 KANE STREET SOUTH ELGIN, IL 60177

(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
S9999	Continued From page 2	S9999		

The facility's Finger Print Checks policy reviewed January 2024 shows, "A fingerprint background check must be done within 10 workings days of hire for each employee working in the facility who does not hold a license. Print out the LiveScan Request form and give to the employee to take to the fingerprint check provider. If they do not bring you this form stating that the fingerprint check has been done within 10 days of the dates issues, then they are terminated."

(C)

300.610 a)
300.1210 b)
300.1210 d)3)
300.3210 t)
300.3240 a)
300.3240 b)
300.3240 d)

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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	IL6003263	A. BUILDING: _____ B. WING _____	03/15/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
TOWER HILL HEALTHCARE CENTER	759 KANE STREET SOUTH ELGIN, IL 60177

(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
S9999	Continued From page 3	S9999		

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 care needs of the resident.
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:
3) Objective observations of changes in a resident's condition, including mental and emotional changes, as a means for analyzing and determining care required and the need for further medical evaluation and treatment shall be made by nursing staff and recorded in the resident's medical record.

Section 300.3210 General
t) The facility shall ensure that residents are not subjected to physical, verbal, sexual or psychological abuse, neglect, exploitation, or misappropriation of property.

Section 300.3240 Abuse and Neglect
a) An owner, licensee, administrator, employee or agent of a facility shall not abuse or neglect a resident. (Section 2-107 of the Act)
b) A facility employee or agent who becomes aware of abuse or neglect of a resident shall immediately report the matter to the Department and to the facility administrator. (Section 3-610(a) of the Act)
d) When an investigation of a report of suspected abuse of a resident indicates, based upon credible evidence, that an employee of a

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	IL6003263	A. BUILDING: _____ B. WING _____	03/15/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
TOWER HILL HEALTHCARE CENTER	759 KANE STREET SOUTH ELGIN, IL 60177

(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
S9999	Continued From page 4	S9999		

long-term care facility is the perpetrator of the abuse, that employee shall immediately be barred from any further contact with residents of the facility, pending the outcome of any further investigation, prosecution or disciplinary action against the employee. (Section 3-611 of the Act)

These requirements are not met as evidenced by:

Based on observation, interview, and record review, the facility failed to protect R102 from physical abuse, resulting in R102 having muscular skeletal pain to his left arm and redness and swelling to his left cheek; failed to follow their abuse policy and procedure by not protecting R102 from abuse by not removing a staff members who's observed actions were suspected to be abusive, and not performing a full body assessment of a resident who was suspected of being abused (R102); failed to immediately report a suspicion of physical abuse (R102); failed to ensure a resident was free from sexual abuse (R61), failed to ensure residents were free from verbal abuse (R80, R52); and failed to ensure an allegation of verbal abuse was immediately reported (R80) for 4 of 32 residents reviewed for abuse in the sample of 32.

The findings include:

1. R102's Progress Notes, dated 03/09/2024 at 7:40AM, created 03/11/2024 at 1:40AM, by V41, RN-Registered Nurse, shows, "received resident at 7:00 AM. Informed by night shift LPN that an incident occurred between CNA and resident during early AM hours of care before 7:00 AM. Two police officers here in building doing an investigation and interviewing staff. Resident is alleging that he was struck in the left side of his

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	IL6003263	A. BUILDING: _____ B. WING _____	03/15/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
TOWER HILL HEALTHCARE CENTER	759 KANE STREET SOUTH ELGIN, IL 60177

(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
S9999	Continued From page 5	S9999		

face with a closed fist by the CNA and that he was being "rough" during care. Resident complained of pain to his left arm. Upon assessment left cheek looks slightly swollen with a small amount of redness. Assessed left arm pain. Resident continues to have AROM (Active Range of Motion) to both upper extremities. Able to flex and extend both arms without pain. Able to lift arms above head and squeeze RN fingers without pain. Only complaint of muscle pain to top of forearm. No swelling or redness noted at this time to either arm. Informed daughter of incident. Shortly after the daughter arrived and was at bedside. RN explained at this time we will manage pain with scheduled acetaminophen and if pain worsens or other symptoms arise the RN can obtain X-Ray for left arm but at this time it is not necessary. Informed Nurse Practitioner."

R102's Aggravated Battery Police report, dated 03/09/2024 at 6:41AM, shows, "responding officer spoke with (V37, CNA), who provided the following information. (V37, CNA) had his first encounter with (R102) at approximately 0030 (12:30AM) hours. (V37, CNA) was changing (R102's) diaper and in the process, (V37, CNA) requested help from (V38, CNA) since he knew the history of (R102) being combative. (R102) was pinned down in anticipation of being combative. On the second occasion, at approximately 0530 hours (5:30AM), (V38, CNA) changed (R102's) diaper. (V37, CNA) saw (V38, CNA) and assisted in the process. (V37, CNA) then held (R102) by the wrist to prevent from him being combative."

Responding Officer then spoke with V38, CNA, who provided the following information. V38, CNA, was assisting V37, CNA, at approximately 0030 hours. V38, CNA, noticed V37, CNA, pining

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	IL6003263	A. BUILDING: _____ B. WING _____	03/15/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
TOWER HILL HEALTHCARE CENTER	759 KANE STREET SOUTH ELGIN, IL 60177

(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
S9999	Continued From page 6	S9999		

down R102. She told V38, CNA, to get off R102, and not use that amount of force. She kept telling V37 numerous times to get off and she saw R102 look at her. She explained R102 looked at her in a manner that hinted that he was scared and if the excessive force of V37, CNA was justified. In the heat of the moment, V38, CNA, walked away since she was afraid of V37, CNA. The second incident occurred at approximately 0530 hours. V37, CNA, was changing R102`s diaper. As V37, CNA, was changing the diaper, V38, CNA, stepped in and held R102's down by the wrist against his bed while using the full weight of his body. V37, CNA, thought this was excessive due to R102 having both of his legs amputated and due to weighing 100 Lbs. or less. V37, CNA, stated that R102 was not combative and did not need to be restrained.

Responding Officer spoke with R102 and was given the following information. R102 was having his diaper changed by V38, CNA, at approximately 0030 hours. During that time, he was pinned down with his arms crossed. R102 stated he did feel pain in his arms when being pinned down. In the second incident, R102 was having his diaper changed by V37, CNA. As V37, CNA, was changing him, V38, CNA, stepped in and held R102 by the wrist on the bed. R102 advised responding officer he was punched by V38, CNA, in the upper torso. Responding Officer asked R102 what time frame that occurred between the two incidents, but R102 did not know an approximate time of when it happened. Responding Officer checked R102 for any signs of injuries including marks or bruises. Responding Officer did not notice any bruises, but did notice redness and a small cut on R102's left upper cheek. Responding Officer took pictures of the cut and both arms that were a

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	IL6003263	A. BUILDING: _____ B. WING _____	03/15/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
TOWER HILL HEALTHCARE CENTER	759 KANE STREET SOUTH ELGIN, IL 60177

(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
S9999	Continued From page 7	S9999		

result of being held down by V38, CNA.

The facility's Final Report on R102's abuse allegation of 03/09/2024 shows abuse has been substantiated.

On 03/13/24 at 1:46 PM, R102 was lying in bed on his back, with the head of the bed elevated at a thirty-degree angle. R102 had a bruise to the left cheek.

On 03/13/24 at 1:46 PM, R102 said, "One man hurt me here. I was grabbed and my face went into the side rail and he punched me. I have pain to my left cheek and left arm."

On 03/14/24 at 9:04 AM, V37, CNA, was contacted by phone. A message was left requesting V37, CNA, to call back. V37, CNA, has not returned call prior to exiting from the facility.

On 03/14/24 at 9:06 AM, V38, CNA, said, "(V37, CNA) had (R102) the night of Friday (03/08/24) to Saturday morning (03/09/2024). At 12:30AM, (V37) asked for assistance with a combative resident. I went in to change (R102). (R102) did throw his hand up, maybe he began to resist, I could not tell, because (V37) had already grabbed (R102) and pinned him down. He had the resident's hands balled up and pinned to (R102's) chest. (R102) can be angry, but I have never seen him combative. Most people know to walk away. The next incident happened at 5:30AM. (V37) asked for help. I went to (R102), and asked him to give me five minutes to change him. (R102) agreed. (R102) usually refuses the first bed check. We just report to the nurse, then in the morning, (R102) allows it. (R102) threw his hands up and said "ok". I took his hands being

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	IL6003263	A. BUILDING: _____ B. WING _____	03/15/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
TOWER HILL HEALTHCARE CENTER	759 KANE STREET SOUTH ELGIN, IL 60177

(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
S9999	Continued From page 8	S9999		

up as (R102) submitting to be changed. (V37) then pinned (R102's) hands to this chest. It looked like he was choking him, except he was pushing (R102's) crossed hand onto (R102's) chest instead of being around his neck. Then (V37) put more weight on him. (V37) told (R102) to turn. I said, '(V37) let him go', then I said it again. I went to get (V40, LPN-Licensed Practical Nurse). (V37) was being too aggressive, too rough. (V37) should not take care of residents anymore. (R102) looked scared; I was scared also. He looked more scared the second time as (V37, CNA) tried to provided care than the first time. I think that is why (R102) threw his hands up. He was surrendering. I had never seen (R102) like that. During that time, (V40, LPN) was doing her med pass. The nurse did not know what the protocol was. (V40, LPN) said she was going to ask the other nurse. The other nurse said we need to talk to (V2, DON-Director of Nursing). I told the nurse (V37) put all his weight on (R102). (V37) became aggressive and put all his weight on (R102). If the patient says I don't want to be touched, we leave them alone. I reported the abuse to (V40, LPN-Licensed Practical Nurse). (V40, LPN) said she did not know the protocol. I then went to the first floor and reported the incident to (V39, Charge Nurse). The first time (V37) provided care to (R102) he was too aggressive, I thought I should say something. The second time I knew I needed to say something."

On 03/14/24 at 9:37 AM, V39, RN Charge Nurse, said, "I am the charge nurse. (V38, CNA) let me know about the incident. The incident was reported to me (03/09/2024) between 6:15 AM to 6:30 AM, (approximately six hours after the first event was witnessed). Because it was abuse, I contacted (V1-Administrator). I followed her

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	IL6003263	A. BUILDING: _____ B. WING _____	03/15/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
TOWER HILL HEALTHCARE CENTER	759 KANE STREET SOUTH ELGIN, IL 60177

(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
S9999	Continued From page 9	S9999		

instruction. I called the police to make a report. I did not assess (R102). The nurse on the floor did the check, I think it was (V40, LPN). I did not make any changes to the assignment sheets. We pulled (V37, CNA) off the floor when I was told, and called the police so he could talk with police, and I could get a statement from him. I pulled him off the floor around 6:30 AM to 7:00 AM. (approximately one hour after allegation of abuse was reported), when we brought him to the office."

On 03/14/24 at 9:55 AM, V40-LPN, R102's Nurse said, "The incident was never brought to my attention. If I would have known, I would have charted it. I believe I was (R102's) nurse; I was (R102's) nurse; I cannot recall. I do not work there anymore. I quit Monday (03/11/2024)."

On 03/14/2024 at 10:54 AM, V41, RN-Registered Nurse, said, "(V40, LPN) told me there was an incident where (V37, CNA) was restraining a resident. (V35, CNA) and I went to see (R102). (R102) told me that he was punched with a closed fist. (R102) had redness and swelling to the left cheek, and his left arm was hurting. (R102) said (V37, CNA) was rough with care. (R102) never complained of forearm pain before. I would report a patient being pinned down; I would say that is abuse."

On 03/15/24 at 10:01 AM, V35, CNA, said, "I spoke with (R102) on 03/09/24. He told me (V37, CNA) came into his room and punched him in the face. The second time (V37, CNA) came in the room, he tossed him toward the side rail of the bed."

On 03/18/24 at 1:36 PM, V38, CNA, said, "I started in November of 2023. I have never

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	IL6003263	A. BUILDING: _____ B. WING _____	03/15/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
TOWER HILL HEALTHCARE CENTER	759 KANE STREET SOUTH ELGIN, IL 60177

(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
S9999	Continued From page 10	S9999		

received new hire orientation. The facility never provided me with abuse training until after the incident between (R102) and (V37, CNA). The facility requested that I amend my report. I was told I could quit, or they would terminate me for abuse and report me to the state."

The facility's assignment sheet, dated 03/08/2024 through 03/09/2024, shows V40, LPN, was assigned to R102.

The facility's Abuse Policy, dated 01/2019, shows, "employees are required to report any incident, allegation or suspicion of potential abuse, neglect, exploitation, mistreatment, or misappropriation of resident property they observe, hear about, or suspect to the administrator immediately, to an immediate supervisor who must then immediately report it to the administrator."
"Employees of this facility who have been accused of abuse, neglect, exploitation, mistreatment, or misappropriation of resident property will be removed from resident contact immediately."
"Orientation and Training of Employees: during orientation of new employees, the facility will cover at least the following topics: What constitutes abuse, neglect, exploitation, and misappropriation of resident property; procedures for reporting incidents of abuse, neglect, exploitation or the misappropriation of resident property; how to assess, prevent and manage aggressive, violent and/or catastrophic reactions of residents in a way that protects both residents and staff; an employee's obligation under the law for reporting a suspected crime to the facility, the state survey agency and local law enforcement; the time frames for reporting; and management's obligation to prohibit retaliation against anyone

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	IL6003263	A. BUILDING: _____ B. WING _____	03/15/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
TOWER HILL HEALTHCARE CENTER	759 KANE STREET SOUTH ELGIN, IL 60177

(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
S9999	Continued From page 11	S9999		

who makes a report.
Physical Abuse, Conduct a full body exam, particularly in areas of resident complaint."
"Employees are required to report any incident, allegation or suspicion of potential abuse, neglect, exploitation, mistreatment, or misappropriation of resident property they observe, hear about, or suspect to the administrator immediately, to an immediate supervisor who must then immediately report it to the administrator."

2. The Facility Reported Incident (FRI) as Final Report, dated 3/5/24 with date of incident as 3/1/24, shows "(R61) was observed to have his hand on (R132's) breast. Both residents were on 2nd floor. (R132) was up and about, while (R61) was sitting in his wheelchair able to wheel himself around. Both were in the nurse station on 2nd floor, several staff were behind the nurses station documenting. Upon looking, it was observed that (R61) had his hand on (R132's) left breast. Upon observation, staff immediately intervened and separated the two residents."

R132 is a 73 y/o female with diagnoses of Alzheimer's disease, hyperlipidemia, major depression recurrent, muscle weakness unsteadiness on feet ... alert and oriented x1, with impaired memory judgement and decision making abilities. R132 is unable to make her wants and needs knows and relies on staff to anticipate needs. R132 does speak and mumbles but is generally non-.sensical. R132 has severe cognitive impairment as evidenced by her most recent BIMS and is a long term care resident since 11/23.

R132's careplan show Resident may be a potential risk for abuse r/t behavior problem as

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	IL6003263	A. BUILDING: _____ B. WING _____	03/15/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
TOWER HILL HEALTHCARE CENTER	759 KANE STREET SOUTH ELGIN, IL 60177

(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
S9999	Continued From page 12	S9999		

evidenced by aimless wandering in and out of other resident rooms, and walking up closely to other residents, impaired safety awareness.

R61 is a 73 y/o male with diagnoses of displaced fracture of left femur, hemiplegia, abnormalities of gait and mobility, alert and oriented x 2 with impaired memory judgement and decision making abilities. R61 has moderate cognitive impairment and is a long term care resident since 1/2023.

On 3/11/24 at 9:15 AM, R132 was up and about in the hallways, mumbling to herself. When asked by this surveyor if she was ok, R132 smiled and continued to walk around the 2nd floor.

On 3/11/24 at 12:30 PM, R61 was in his room with a sitter. R61 stated, "I got the idea to touch her (R132) cause she lifted her shirt up and a I saw a bare breast. I am a man. Staff all saw it and got upset about it, but no one said the other resident got upset. I should have known this was wrong, we have to respect each other in a nursing home. Never done this before. no. After it happened. I was admitted to the hospital on a psych unit. I know it was wrong for me to do this. yes. I wasn't thinking the resident may not be in her right mind." This statement was witnessed by R61's sitter (V13, Restorative CNA)

On 3/12/24 at 12:10 PM, V16 (License Practical Nurse-LPN) said she was the nurse working on 3/1/24 when the incident happened. V16, LPN, said she was sitting at the nurse station. R61 was sitting in his wheelchair, and R132 was standing by the nurses station. V16 said when she looked up, she saw R61's hands was under R132's shirt touching her left breast. V16 said

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	IL6003263	A. BUILDING: _____ B. WING _____	03/15/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
TOWER HILL HEALTHCARE CENTER	759 KANE STREET SOUTH ELGIN, IL 60177

(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
S9999	Continued From page 13	S9999		

she told R61 to take his hands off R132. R61 did not remove his hands. V16 stated, " I had to get up and physically remove (R61's) hand from (R132's) breasts. (R132) did not react to what happened and seemed unaware. (R61) was provided 1:1 immediately." V16 said she reported the incident to V15 (Dementia Director), both families, and their physician. R61 was sent out to the psych ward. R61 was back at the facility but in a different floor. V16 said, "When a resident touches another resident inappropriately, that is sexual abuse."

On 3/11/24 at 11 AM, V15 (Dementia Unit Manager) said on 3/1/24, it was reported to her R61 touched R132's breast. Both residents were separated. R61 was provided 1:1 until he was sent out to the psych ward. V15 said she reported the incident to V1 (Administrator), the Abuse Coordinator. R132 was now back at the facility, but was moved to first floor with a sitter.

On 3/13/24 at 9AM, V1 (Administrator) said she takes abuse seriously and abuse was not allowed at the facility. V1 said she was working on R61's discharge.

The facility Policy entitled Abuse Prevention Program, date review of 1/2019, shows, "Definitions: Abuse mans any physical or mental injury or sexual assault inflicted upon a resident other than by accident means. Abuse is the willful infliction of injury unreasonable confinement intimidation or punishment resulting in physical harm, pain, or mental anguish to a resident. This also includes deprivation by an individual, including caretaker of goods or services that are necessary to attain or maintain physical, mental, and psychosocial well-being.
Sexual abuse- includes but is not limited to

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	IL6003263	A. BUILDING: _____ B. WING _____	03/15/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
TOWER HILL HEALTHCARE CENTER	759 KANE STREET SOUTH ELGIN, IL 60177

(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
S9999	Continued From page 14	S9999		

sexual harassment, sexual coercion, or sexual assault. Sexual abuse is non-consensual sexual contact of any type with a resident."

3. On 3/12/24 at 9:04 AM, this surveyor was in the hall by the doorway of R125's room. V32 (Registered Nurse) went into R125's room to provide him with medication. R125 started yelling at V32 that he needed to see the doctor so he could go home. V32 exited the room and R125 followed her. When R125 get to his doorway, R80 walked to his doorway, which is across the hall from R125's room, and told R125 to be quiet. R125 then went around the nurse and into the hallway and stuck his middle finger up at R80 and stated, "F**k you, mind your f***ing business." R80 was still standing in his doorway and put up both of his fists in a fighting position. V32 then went to R125 and directed him back to his room. At the same time, V28 (Certified Nursing Assistant) assisted R80 back into his room. When R125 got to inside his doorway, he stated, "I'm going to tear his f***ing larynx out."

R125's Nursing Notes, dated 3/12/24 at 9:21 AM, shows, "Resident in hallway started to yell loudly saying he wants to go home, asking for doctor, other resident opposite to his from [sic] got irritated and started to talk back/yelled at this resident. Staffs tried to calm him down, redirect to his room but couldn't. After a while he himself went back to his room. NOD (Nurse on Duty) informed Social Services and DON (Director of Nursing)"

03/12/24 10:12 AM, V1 (Administrator) said she has had one allegation of abuse reported to her about a resident alleged abuse from a CNA the night prior, but no other incidents were reported to her.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	IL6003263	A. BUILDING: _____ B. WING _____	03/15/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
TOWER HILL HEALTHCARE CENTER	759 KANE STREET SOUTH ELGIN, IL 60177

(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
S9999	Continued From page 15 On 3/12/24 at 12:20 PM, R80 was in his room laying in bed. R80 said that this morning he heard "that guy" yelling, so he went to the doorway and told him to be quiet. R80 said that R125 then started yelling at him and threatening him. R80 said that he (R125) is very violent and he gets "ticked off" by the smallest things and starts yelling. On 3/12/24 at 12:23 PM, V32 said R125 has a history of yelling when he is upset. V32 said she texted V15 (Memory Care Director) about the incident. (R80 and R125 do not reside on the secured Memory Care Unit). On 3/12/24 at 12:30 PM, V15 (Memory Care Director) said V32 texted her at 9:08 AM, but she did not see it until about 10:00 AM, and said that two residents had verbal aggression between each other that was initiated by R125. V15 said she told V32 to keep them separated and she would have R125 see the psychiatrist the next day. V15 said she did not let V1 (Administrator/Abuse Coordinator) know of the incident, because it was just verbal aggression, and was not a physical altercation. V15 said she had not had a chance to speak with R125 yet. On 3/12/24 at 1:47 PM, V7 (Social Services) said some types of abuse include: physical, verbal, financial and sexual. V7 said abuse can happen between anyone, staff to residents or resident to resident. V7 said examples of verbal abuse include: yelling at someone, downgrading them, being very disrespectful to them or being aggressive towards them. V7 said if staff see or hear about abuse they should go and tell the manager on duty or the abuse coordinator right away. V7 said she "just got wind" of the incident	S9999		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	IL6003263	A. BUILDING: _____ B. WING _____	03/15/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
TOWER HILL HEALTHCARE CENTER	759 KANE STREET SOUTH ELGIN, IL 60177

(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
S9999	Continued From page 16	S9999		

that happened between R125 and R80 a few minutes ago, and V15 is working on an investigation.

R125's Social Service Note, dated 3/12/24 at 2:33 PM, shows, "Writer was informed about a verbal argument between 2 cognitively impaired male residents. Writer met with resident due to verbal aggression towards another male resident ....."

On 3/13/24 at 9:49 AM, V1 (Administrator/Abuse Coordinator) said types of abuse include: physical, mental, sexual, involuntary seclusion, verbal and misappropriation of property. V1 said verbal abuse includes: derogatory remarks, verbal threats of physical harm or any verbal response that could cause mental anguish to someone. V1 said abuse can be between staff and residents or between a resident and resident. V1 said that even if a resident has dementia, they can still verbally abuse another resident. V1 said staff have been educated to report any allegation of abuse they see or hear about immediately to her or the manager on duty if she is not available, and the manager will notify her immediately. V1 said an investigation is initiated immediately, and a report is sent to the State Survey Agency with two hours. V1 said she heard about the incident between R125 and R80 after this surveyor had interviewed V15 (on 3/12/24 at 12:30 PM). V1 said at that time, she spoke to corporate, and they instructed her to do an abuse investigation. V1 said the initial incident report was sent to the State Survey Agency around 1:00 PM on 3/12/24.

An email provided shows V1 received confirmation that a Facility Reported Incident was received on 3/12/24 at 1:32 PM regarding R125.

The facility's Abuse Prevention Program reviewed

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	IL6003263	A. BUILDING: _____ B. WING _____	03/15/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
TOWER HILL HEALTHCARE CENTER	759 KANE STREET SOUTH ELGIN, IL 60177

(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
S9999	Continued From page 17	S9999		

on 1/2019 shows, "This facility is committed to protecting our residents from abuse .....by anyone including, but not limited to, facility staff, other residents ... ...verbal abuse is the use of oral, written, or gestured language that willfully includes disparaging and derogatory terms to residents or families, or within hearing distance, regardless of an individual's age, ability to comprehend, or disability .....Employees are required to report any incident, allegation or suspicion of potential abuse ... ...they observe, hear about, or suspect to the administrator immediately, to an immediate supervisor who must then immediately report it to the administrator or to a compliance hotline or compliance officer ... ...Any allegation of abuse ....will be reported to the Illinois Department of Public Health immediately, but not more than two hours of the allegation of abuse."

4. R52's 1/2/24 Minimum Data Set assessment shows her cognition and memory are intact. R52's active care plan shows she requires staff assistance with her activities of daily living, can become incontinent of urine and is a stand by assist for toileting. The care plan also shows she can has the potential to be a victim of abuse.

On 3/12/24 at 10:37 AM, R52 said she had a problem with the CNA (later identified as V8) last night who yelled at her. R52 said, "I am mostly independent, but sometimes have a problem with incontinence, so last night I got up to use the bathroom and didn't grab a pull up on the way, so I put my light on for the CNA to get me one. The CNA got mad at me and started going off on me, saying I should have got the pad before I went to the bathroom and she didn't have time for my nonsense. She then tossed the pad at me, refused to get me new pants, slammed the door,

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	IL6003263	A. BUILDING: _____ B. WING _____	03/15/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
TOWER HILL HEALTHCARE CENTER	759 KANE STREET SOUTH ELGIN, IL 60177

(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
S9999	Continued From page 18	S9999		

and left."

On 3/12/24 at 10:45 AM, V7 (Social Worker) said it was reported to her at 8:35 AM, that a potential abuse incident occurred between R52 and a CNA. She went and talked to her right away and started to obtain statements from the CNA and the resident and R52's roommate (R98).

On 3/12/24 At 12:32 PM, R52 said she did file a report with her Social Worker who came right away to talk to her. R52 also said she felt totally disrespected by V8, and was so upset she cried herself to sleep.

On 03/12/24 12:34 PM, R98 said she never saw the CNA (V8), but she heard the incident and she was very rude to R52 and slammed the door.

On 3/12/24 at 1:56 PM, V7 said based on her interviews, she considers what V8 said and did to R52 a form of verbal abuse. V7 said yelling, downgrading, and disrespecting a resident is a form of abuse. V7 said V8's statement she refers as not being serious and "joking" about it. V7 said, "In my opinion, this is grounds for termination, not just suspension."

On 3/13/24 at 9:49 AM, V1 (Administrator) said she is still working on the investigation and has not yet determined if the abuse is substantiated.

The facility provided witness statements from the investigation show V8 emailed V7 her statement which states exactly as written, " So yesterday at around 7/8 O clock (R52) put her light on, I went to go answer her light. She was fine but I grabbed the pull up for her & as I'm handing it to her, I simply suggested/asked why she doesn't grab her (incontinence brief) before she goes into the

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	IL6003263	A. BUILDING: _____ B. WING _____	03/15/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
TOWER HILL HEALTHCARE CENTER	759 KANE STREET SOUTH ELGIN, IL 60177

(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
S9999	Continued From page 19	S9999		

bathroom & that it would be easier for her in case while others are on break & I happen to be with someone else so she is not waiting on the toilet for while. I don't know if she was having a bad day or something but she starting going on an entire rant of why does everyone ask her this all the time and why am everyone is so mean to her. I responded and told her "it wasn't meant to be that serious & that it was just a question."

The facility provided investigation submitted to the Illinois Department of Public Health (IDPH) on 3/14/24 by V1 (Administrator) states, "The facility conducted a thorough investigation pertaining to an allegation of abuse. Staff members and residents were interviewed as part of the investigation. Based on conducted interviews and review of The Abuse Prevention Program-Policy, the facility is making the determination to substantiate the allegation of abuse."

V8 was attempted to be contacted by phone during the survey with no return call.

The facility provided Abuse policy reviewed 1/2019 identified verbal abuse as oral, written, or gestured language that willfully includes disparing and derogatory terms to residents or families. Mental abuse includes, humiliation, harassment, threats of punishment or deprivation by a licensee, employee or agent.

(B)

3 of 3

300.610 a)
300.1210 b)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	IL6003263	A. BUILDING: _____ B. WING _____	03/15/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
TOWER HILL HEALTHCARE CENTER	759 KANE STREET SOUTH ELGIN, IL 60177

(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
S9999	Continued From page 20 300.1210 d)2) 300.1210 d)5) 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 care needs of the resident. 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: 2) All treatments and procedures shall be administered as ordered by the physician. 5) A regular program to prevent and treat pressure sores, heat rashes or other skin breakdown shall be practiced on a 24-hour, seven-day-a-week basis so that a resident who enters the facility without pressure sores does not	S9999		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	IL6003263	A. BUILDING: _____ B. WING _____	03/15/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
TOWER HILL HEALTHCARE CENTER	759 KANE STREET SOUTH ELGIN, IL 60177

(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
S9999	Continued From page 21	S9999		

develop pressure sores unless the individual's clinical condition demonstrates that the pressure sores were unavoidable. A resident having pressure sores shall receive treatment and services to promote healing, prevent infection, and prevent new pressure sores from developing.

These requirements are not met as evidenced by:

Based on observation, interview, and record review, the facility failed to assess and identify a sacral pressure injury for R13, failed to assess and identify a pressure injury to left heel and left elbow for R73,and failed to ensure a wound did not get worse to 3 of 7 residents (R13, R73 and R31) reviewed for pressure injury in the sample of 32.

This failure resulted in R13 having a stage 3 acquired pressure injury, and R73 having a deep tissue injury (DTI).

The findings include:

1.R13 face sheet shows R13 is 71 year old who was originally admitted to the facility on 1/11/24, with diagnoses that include dementia, diabetes, stroke and chronic kidney disease dependent on dialysis,.

R13's Braden scale (predicting pressure score risk), dated 1/11/24 , shows R13 is at high risk for developing pressure.

R13's skin admission assessment, dated 1/11/24 shows R13 had no pressure injury.

R13's Wound Assessment details report, dated

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	IL6003263	A. BUILDING: _____ B. WING _____	03/15/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
TOWER HILL HEALTHCARE CENTER	759 KANE STREET SOUTH ELGIN, IL 60177

(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
S9999	Continued From page 22	S9999		

3/8/24 show, wound sacrum, type pressure (injury), facility acquired, date identified 3/8/24 stage 3 measuring 3.0 centimeters (cm) x 1.8 cm x 0.10 cm.

On 3/11/24 at 10:30AM, V17 (Wound Nurse) was in R13's room providing wound treatment to R13's sacral open wound. R13 said she has a sore in her bottom and does not how she got it. V17 said R13 was admitted to the facility with no skin irritations and no open areas. V17 said when she was informed R13 had an open area to her bottom, R13's open area was already a stage 3. V17 said she then ordered a low air loss mattress and reminded staff to turn and reposition R13. V17 confirmed there were no thorough skin assessments done to R13 prior to when R13's open area stage 3 was found.

2. R73's face sheet show R73 is 84 years old, who was admitted to the facility in 2019 with diagnoses that include stroke with left side paralysis hypertension and diabetes.

R73's Braden scale, dated 2/16/24, shows R73 is high risk to develop pressure injury.

R73's Wound Assessment details report shows, "wound left heel type: pressure (injury), facility acquired, date identified 2/9/24 deep tissue injury measuring 4.0 centimeters (cm) x 2.5 cm x 0.10 cm"

Another R73's Wound Assessment details report shows, "wound left elbow type: pressure (injury), facility acquired, date identified 3/8/24 deep tissue injury measuring 3.0 centimeters (cm) x 2.5 cm x 0.10 cm"

On 3/11/24 at 9:45 AM, R73 was in bed alert and

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	IL6003263	A. BUILDING: _____ B. WING _____	03/15/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
TOWER HILL HEALTHCARE CENTER	759 KANE STREET SOUTH ELGIN, IL 60177

(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
S9999	Continued From page 23	S9999		

pleasant. R73 said said she has wounds on both her left heel and left elbow. R73 said had pain and told the staff. The staff said the pain was due to her rubbing her heels in bed. R73 said she requested staff to check her heels, and was told she has a wound in her left heel. R73 stated, "Last week when my left elbow was hurting, I requested staff to check my left elbow. Sure enough, I have a wound there too!" R73 said her elbow rests in the bed since she can't move her left hand (contracted). V17 (Wound Nurse) showed this surveyor R73's left heel and left elbow that was both with deep purple discoloration, V17 said both wounds were already deep tissue injury (DTI) when discovered, and these wounds were facility acquired.

R73's skin assessments for 2/24 and 3/24 did not identify R74's pressure injury until it was a DTI as confirmed by V17 (Wound Nurse)

.

On 3/13/24 at 9:15 AM V2 (Director of Nursing) said residents skin should be inspected daily Skin assessments should be documented in the residents medical records with the findings and not just initials.

On 3/13/24 at 10AM, V21 (Wound Doctor) said, "Residents that are immobile are prone to open areas. It was important to check their skin often and turn them side to side to prevent them from having pressure injuries."

3. R31's Admission Record shows an admission date of 1/24/2024.

R31's MDS (Minimum Data Set) dated 1/31/2024 section GG - A. roll left and right - The ability to roll from lying on back to left and right side and return to lying on back on the bed. Admission

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	IL6003263	A. BUILDING: _____ B. WING _____	03/15/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
TOWER HILL HEALTHCARE CENTER	759 KANE STREET SOUTH ELGIN, IL 60177

(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
S9999	Continued From page 24	S9999		

performance coded as "02" - is listed as Substantial/maximal assistance - Helper does MORE THAN HALF the effort. Helper lifts or holds trunk or limbs and provides more than half the effort.

R31's Progress Notes from 1/24/2024 states resident is alert and oriented x3. Progress note states resident needs extensive assistance with ADLs and toileting.

R31's Initial Wound Evaluation and Management Summary, dated 1/31/2024, shows a sacral wound stage 3 measuring 1.0 x 0.8 x 0.1 cm (L x W x D).

R31's Wound Evaluation and Management Summary measurements are as follows:

2/14/2024 shows a sacral wound stage 3 measuring 2.0 x 1.1 x 0.1 cm (L x W x D)

2/21/2024 shows a sacral wound stage 3 measuring 4.2 x 2.0 x 0.1 cm (L x W x D)

2/28/2024 shows a sacral wound stage 3 measuring 4.5 x 1.0 x 0.1 cm (L x W x D)

3/6/2024 shows a sacral wound stage 3 measuring 5.6 x 2.8 x 0.1 cm (L x W x D)

On 3/13/2024 at 10:30AM, R31 said facility staff do turn her, but not always every two hours. R31 said the wound doctor was in to see her and said her wound is getting worse. R31 said the doctor told her she should be turned every two hours.

On 3/13/2024 at 10:02AM, V21, Wound Doctor, said R31's sacral wound was acquired outside of the facility, and has gotten worse, increasing in

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	IL6003263	A. BUILDING: _____ B. WING _____	03/15/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
TOWER HILL HEALTHCARE CENTER	759 KANE STREET SOUTH ELGIN, IL 60177

(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
S9999	Continued From page 25 size since admission. V21 said he couldn't say if the wound was avoidable or unavoidable. V21 said R31 is at risk for skin breakdown. On 3/12/2024 at 12:35PM, V17, Wound Nurse, said R31 does not refuse care, and is compliant with dressing changes. V17 said she does the dressing changes normally Monday - Friday, and the nurse on duty does the dressing changes on the weekends. V17 said she is unsure why there was no documented dressing change on 3/9/2024. V17 said R31's dressing change order was changed to daily dressing changes on 3/7/2024, and should be completed daily. 3/13/2024 at 10:26AM, V12, Registered Nurse (RN), said she is assigned to R31, and she doesn't refuse treatments or medications. The facility policy entitled Skin Management Program, dated 8/23/23, shows, it is the policy that a guest (resident) does not develop pressure injury unless clinically unavoidable. (B)	S9999		