

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6013544	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED R-C 11/04/2016
--	---	---	---

NAME OF PROVIDER OR SUPPLIER FORTY-FOURTH STREET PLACE	STREET ADDRESS, CITY, STATE, ZIP CODE 1479 SOUTH 44TH STREET DECATUR, IL 62521
---	--

(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
--------------------	--	---------------	---	--------------------

Z 000 COMMENTS

FIRST COMPLAINT FOLLOW UP TO SURVEY DATE OF 08/26/16, Complaints: 1664720 / IL87854, & 1664732 / IL87865, & Annual

Z 000

Z9999 FINDINGS

Statement of Licensure Violations:

350.620a)
350.1210
350.1230b)7)
350.1230c)
350.1230d)1)
350.3240a)
350.3240b)
350.3240d)

Section 350.620 Resident Care Policies

a) The facility shall have written policies and procedures governing all services provided by the facility which shall be formulated with the involvement of the administrator. The policies shall be available to the staff, residents and the public. These written policies shall be followed in operating the facility and shall be reviewed at least annually.

Section 350.1210 Health Services

The facility shall provide all services necessary to maintain each resident in good physical health.

Section 350.1230 Nursing Services

b) Residents shall be provided with nursing services, in accordance with their needs, which shall include, but are not limited to, the following:

Z9999

Attachment A
Statement of Licensure Violations

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

TITLE

(X6) DATE
11/21/16

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6013544	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED R-C 11/04/2016
--	--	---	---

NAME OF PROVIDER OR SUPPLIER FORTY-FOURTH STREET PLACE	STREET ADDRESS, CITY, STATE, ZIP CODE 1479 SOUTH 44TH STREET DECATUR, IL 62521
--	--

(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
Z9999	<p>Continued From page 1</p> <p>The DON shall participate in:</p> <p>7) Modification of the resident care plan, in terms of the resident's daily needs, as needed.</p> <p>c) A registered nurse shall participate, as appropriate, in planning and implementing the training of facility personnel.</p> <p>d) Direct care personnel shall be trained in, but are not limited to, the following:</p> <p>1) Detecting signs of illness, dysfunction or maladaptive behavior that warrant medical, nursing or psychosocial intervention.</p> <p>Section 350.3240 Abuse and Neglect</p> <p>a) An owner, licensee, administrator, employee or agent of a facility shall not abuse or neglect a resident. (Section 2-107 of the Act)</p> <p>b) A facility employee or agent who becomes aware of abuse or neglect of a resident shall immediately report the matter to the facility administrator. (Section 3-610 of the Act)</p> <p>d) A facility administrator, employee, or agent who becomes aware of abuse or neglect of a resident shall also report the matter to the Department. (Section 3-610 of the Act)</p> <p>These Regulations were not met as evidenced by:</p> <p>Based on observation, interviews, and record review, the facility failed to ensure sufficient client protections were in place for 1 individual (R2)</p>	Z9999		

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6013544	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED R-C 11/04/2016
--	---	---	---

NAME OF PROVIDER OR SUPPLIER FORTY-FOURTH STREET PLACE	STREET ADDRESS, CITY, STATE, ZIP CODE 1479 SOUTH 44TH STREET DECATUR, IL 62521
---	--

(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
--------------------	--	---------------	---	--------------------

Z9999	<p>Continued From page 2</p> <p>when the facility failed to:</p> <ol style="list-style-type: none"> 1) Implement their policy to prevent neglect for 1 individual (R2) when the Facility to prevent R2 from falling and failed to ensure allegations of neglect, as well as injuries of unknown source, are reported immediately to the administrator and The Illinois Department of Public Health (IDPH) for (R2), who fell 3 times from the evening of 10/11/16 -to- the early morning of 10/12/16, and was left on floor for over 1 1/2 hours, sustaining an injury to left hand. 2) Implement their policy of reporting unusual incidents for 1 individual (R2) when they failed to contact on call personnel and report the incident of falling 3 times, and conduct a thorough investigation. 3) Have an IDT (Interdisciplinary Team) meeting to develop and implement preventative measures for fall prevention. 4) Put sufficient safe guards in place to prevent R2 from falling and sustaining injuries of unknown origin. <p>Findings include:</p> <p>Review of 10/2016 Physicians Order Sheet documents; "R2 functions in the Profound range of Intellectual Disability. R2 has additional diagnosis of Osteoporosis, Cataracts Bilateral, Idiopathic Scoliosis and Urinary Incontinence. R2 has a History of right and left femur fractures with fixation. R2 is a high fall risk".</p>	Z9999		
-------	--	-------	--	--

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6013544	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED R-C 11/04/2016
--	--	--	---

NAME OF PROVIDER OR SUPPLIER FORTY-FOURTH STREET PLACE	STREET ADDRESS, CITY, STATE, ZIP CODE 1479 SOUTH 44TH STREET DECATUR, IL 62521
--	--

(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
--------------------	--	---------------	---	--------------------

Z9999	<p>Continued From page 3</p> <p>According to R2's Annual Physical dated 3/21/16, Physician wrote "She walks with the walker and gait belt. She needs assistance even with the walker and her fall risk is very high".</p> <p>The Inventory of Client and Agency Planning, dated 2/6/16, documents an overall age equivalency of 2 years 7 months.</p> <p>The Speech-Language Evaluation dated 1/22/15 documents R2 has limitation from spoken language comprehension, with maximal cues, is able to follow simple directions, respond to simple yes/no questions 1 context, and respond to simple words and phrases related to personal needs.</p> <p>On 10/25/16 between 3:23 PM- 4:00 PM, R2 was observed being transferred by staff from the day training van to the facility by wheelchair. R2 then ambulated with wheeled walker independently down the hall towards bedroom. R2 walks bent over to the side with a shuffling gait. R2 has a gait belt around her waist. R2 looked in closet and pointed at feet and made a face like her feet hurt. R2 then went back to the dinning room, took another clients coat, then walked back down the hall and throwing the coat into the storage closet. Then R2 went to the bathroom alone. No wiping or hand washing observed. No flushing of toilet. Unsure if actually urinated. Pulled pants up, with back of pants not all the way up. E3, Direct Care Staff walked by and pulled up pants. Door was open to hall no staff in bathroom with her.</p> <p>On 10/25/16 at 4:00 PM, R2 was observed sitting at a table; a tub with noodles was provided for sensory activity. At 4:30 PM, R2 stood up and held herself and made a noise. E4, Direct</p>	Z9999		
-------	--	-------	--	--

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6013544	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED R-C 11/04/2016
--	--	---	---

NAME OF PROVIDER OR SUPPLIER FORTY-FOURTH STREET PLACE	STREET ADDRESS, CITY, STATE, ZIP CODE 1479 SOUTH 44TH STREET DECATUR, IL 62521
--	--

(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
Z9999	<p>Continued From page 4</p> <p>Support Personnel (DSP) said to R2; "you have to use the bathroom then go"; pointing to the back room E4 stated; "you know where it is, go". R2 walked to the back bathroom.</p> <p>In an interview with E4, on 10/25/15 at 4:30 PM, E4 was asked if R2 was independent with toileting? E4 stated "yes".</p> <p>The facility's Incident and Accident Reports were reviewed from 8/1/16 to present. R2 was noted to have the following falls: On 10/4/16 at 6:00 PM, R2 stepped down from van, sat in travel wheelchair, knocking it backwards falling over, and the wheel chair was locked.</p> <p>On 10/11/16 at 10:35 PM, E6, DSP, filled out a Incident/Accident Report documenting; "R2 was asked to get up to use the restroom like normal and she sat up to do so and was on end of bed and rolled out and down and laid on her side, had to get assistance to get her up."</p> <p>On 10/11/16 at 10:50 PM, E8, DSP, filled out a Incident/Accident Report documenting; "R2 fell out of the bed at 2:30 AM (10/12/16), Staff Assisted her back in bed. At 4:30 AM, R2 fell out the bed again. Staff could not get her up by self as staff proceed to get other residents up. R2 scooted to the bathroom when she had Bowel Movement (BM) on floor staff still could not lift by self had to wait for 6AM staff to come in to assist. Notice bruise to right hand." Affect/Mood: "R2 was agitated because she couldn't get up off floor she yelled and cried until staff got here to help get her up."</p> <p>In an interview on 10/25/16 at 10:15 AM with E2, Licensed Practical Nurse (LPN), E2 was asked to explain the recent falls for R2. E2 stated; "I wasn't informed until 6:30 AM on the 12th. They didn't notify me for any fall. She apparently fell at</p>	Z9999		

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6013544	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED R-C 11/04/2016
--	---	---	---

NAME OF PROVIDER OR SUPPLIER FORTY-FOURTH STREET PLACE	STREET ADDRESS, CITY, STATE, ZIP CODE 1479 SOUTH 44TH STREET DECATUR, IL 62521
---	--

(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
--------------------	--	---------------	---	--------------------

Z9999	<p>Continued From page 5</p> <p>11:00 PM, 2:30 AM and then again at 4:30 AM. I came in around 7:00 AM and R2 was in her wheelchair and got up and walked to the bathroom. She was just whinny. If you try to disrupt her schedule she gets very distressed and all she does is scream. So she went to day training that morning."</p> <p>In an interview on 10/25/16 at 11:00 AM with E1, Administrator/Qualified Intellectual Disability Professional (QIDP), E1 was asked who helped E8 get R2 off the floor? E1 stated; "E5". E1 was asked what time did E5 get here? E1 stated; "6:00 AM". E1 was asked if R2 is independent? E1 stated "She has a gait belt. She is independent with walker in the house." E1 was asked, what is your protocol for informing nursing? E1 stated; "we just had a staff training on unusual occurrences, they should have called the nurse on the falls each time." E1 was asked is this unusual for R2 to scoot around on the floor? E1 stated; "yes". E1 was asked did you know that R2 fell three times and the last time was at 4:30 AM and R2 had a bowel movement (BM) with BM all over herself and was still on the floor until 6:00 AM? E1 stated; "I guess I read this Incident Report wrong".</p> <p>In an interview on 10/25/16 at 6:48 PM, with E6, Direct Staff Personnel (DSP), E6 was asked to explain the fall report she filled out for R2 on 10/11/16. E6 stated; "Yes, when I walked back there and called her name she raised up and sat on the edge of bed and slid down side of bed. This was at 10:35, E8 was coming in at 11:00 PM, so she would help me get her up." E6 was asked, why didn't you call the nurse? E6 stated; "she was acting fine, I didn't think I had to." E6 was asked, is this normal for her to use 2 people? E6 stated; "no, she usually does it herself, you</p>	Z9999		
-------	---	-------	--	--

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6013544	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED R-C 11/04/2016
--	---	---	---

NAME OF PROVIDER OR SUPPLIER FORTY-FOURTH STREET PLACE	STREET ADDRESS, CITY, STATE, ZIP CODE 1479 SOUTH 44TH STREET DECATUR, IL 62521
---	--

(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
--------------------	--	---------------	---	--------------------

Z9999	<p>Continued From page 6</p> <p>just tell her to get up and she does."</p> <p>In an interview on 10/26/16 at 9:14 AM with E7, DSP, E7 when asked about the incident on 10/12/16 and to explain what she saw, E7 stated; "R2 was on the floor in the bathroom with BM all over. Usually E5 comes in at 5:30 AM and I come in at 6:00 AM. I asked her if I could help but she said no. She was acting up. She was acting out all evening and all night. I did remind E8 to write it up and call the nurse."</p> <p>In an interview on 10/27/16 at 9:56 AM, E7 was asked, who was up when you came in at 6:00 AM? E7 stated; "everyone was up except R2." E7 was asked, have you ever seen her scoot herself on the floor? E7 stated; "No, I have been here for 14 years and she was here when I came."</p> <p>In an interview on 10/26/16 at 1:05 PM, with E5, Staff Supervisor/House Advocate, E5 was asked about the incident on 10/12/16, E5 stated; "I woke up late that morning at 5:39 AM, I was on my way when E8 called and said she needed my help. E8 called around 5:49 AM and said R2 had fallen and was refusing to have help to get her up. I said I would help when I get there. I told E8 I would be 10 or 15 minutes after 6:00 AM. So when I got in it was about 6:15 AM and R2 was in the bathroom, screaming, I had to calm her down before she would let me help her. There was BM on the floor in the bathroom all over. We had to shower her and I cleaned the floor right outside the bathroom on the carpet into the bathroom. After everything was said and done I told her to write it and call the nurse. R2 was not acting like herself. Afterwards she seemed ok. So she went to day training. Two days before she was acting up. I really don't know what was wrong she was just upset saying no."</p>	Z9999		
-------	---	-------	--	--

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6013544	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED R-C 11/04/2016
--	--	---	---

NAME OF PROVIDER OR SUPPLIER FORTY-FOURTH STREET PLACE	STREET ADDRESS, CITY, STATE, ZIP CODE 1479 SOUTH 44TH STREET DECATUR, IL 62521
--	--

(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
--------------------	--	---------------	---	--------------------

Z9999	<p>Continued From page 7</p> <p>In an interview on 10/26/16 at 1:35 PM, with E8, DSP, E8 was asked to explain the incident on 10/11/16 involving R2, E8 stated "when I came in E6 said R2 was on the floor and E6 and I got her back in bed. At 2:00 AM, I heard a noise and R2 was on the floor. She wouldn't let me get her up. I went back into the living room and she scooted herself to the living room. Then around 4:00 AM, I thought she went back to bed she scooted to her room. I started getting others up and around 5:15 AM. R2 had scooted herself to the bathroom and she had a bowel movement." When repeated to E8 what was said to clarify R2 was on the floor at 2:00 AM in the morning until 6:00 AM when E5 came to work. E8 stated "I did do hourly checks and she was sitting at the doorway of her bedroom, she seemed fine." E8 was asked why she didn't call the nurse? She said she seemed fine and I didn't think I had to because she wasn't hurt."</p> <p>On 10/27/16 at 11:00 AM, E8 changed her accounts of R2's fall on the morning of 10/12/16 to the surveyors. E8 stated she fell last at 4:30 AM, she heard a snap in her back when she tried to pick up R2 from the floor. She never really stated that R2 was in bed or not. E8 told surveyor that she was on a speaker phone and her daughter listened to our conversation and she never said R2 stayed on the floor from 2:00 AM to 6:00 AM.</p> <p>Nightly Hourly Bed Checks for R2, dated October 2016 for the night of 10/11/16 from 11:00 PM to 6:00 AM, documented at 11PM awake was marked with an A, at 12:00 AM to 4:00 AM sleeping was marked with a S, then an A was placed for awake over the S. This Nightly bedcheck documents R2 was awake all night.</p>	Z9999		
-------	--	-------	--	--

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6013544	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED R-C 11/04/2016
--	--	---	---

NAME OF PROVIDER OR SUPPLIER FORTY-FOURTH STREET PLACE	STREET ADDRESS, CITY, STATE, ZIP CODE 1479 SOUTH 44TH STREET DECATUR, IL 62521
--	--

(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
--------------------	--	---------------	---	--------------------

Z9999	<p>Continued From page 8</p> <p>In review of an "Accident/Incident Report - Individuals" dated 10/12/16 from day training at 9:00 AM documents, R2 has "Large bruise and swelling on back of her left hand. Able to move left hand with out difficulties, pain or grimacing. Cold compress applied to site for 20 minutes."</p> <p>A Physician Consult Report dated 10/13/16 for R2, states the "reason for consultation: Increased behavior activities - (unusual) possible UTI (Urinary Tract Infection), U/A (Urinalysis) done and submitted to office this AM, possible Depakote level too high. Physical Findings: Tearful, distressed. positive UTI, antibiotic Cipro 250mg PO BID times 5 days, probiotic daily times 10 days. follow up as needed."</p> <p>Written on the 10/13/16 consult report in the upper left corner, R2 has a "bad UTI, meds will be delivered tonight - Call nurse and she will give instructions. Push Fluids with R2, assist her in cleaning herself after she toilets." These instructions were written by E1 (Administrator).</p> <p>A Fall incident follow-up report, undated, documents under relevant factors that could contribute to the fall incident: "10/13/16 R2 had a U/A obtained and DX (Diagnosis) with UTI"; Nursing Summary/Recommendations: "10/12/16, obtain U/A, increase level of supervision-increase nightly bed checks". RSD summary/recommendations: "Schedule PT- E5 will attempt to schedule. Change in level of supervision may be needed based on PT" - initialed by E1. ADM summary/recommendations: "Follow nurse recommendations, review PT and determine if due. Train on increase level of supervision" - initialed by E1.</p>	Z9999		
-------	--	-------	--	--

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6013544	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED R-C 11/04/2016
--	---	---	---

NAME OF PROVIDER OR SUPPLIER FORTY-FOURTH STREET PLACE	STREET ADDRESS, CITY, STATE, ZIP CODE 1479 SOUTH 44TH STREET DECATUR, IL 62521
---	--

(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
--------------------	--	---------------	---	--------------------

Z9999	<p>Continued From page 9</p> <p>There is no evidence of a change in supervision level and monitoring documentation for R2. There is no evidence that the Interdisciplinary Team (IDT) met to discuss R2's falls and provide recommendations to prevent further falls for R2.</p> <p>According to facilities Resident Protection: Abuse and Neglect Policy, undated, revised 1/03, page 2; "Neglect is defined as: ... 2. Any act or omission by a facility or employee that endangers an individual's health or safety or fails to respond to an obvious or immediate need of an individual regardless of whether or not there is an injury.</p> <p>A resident, employee or family member who has reason to suspect that any resident of this facility is or has been subjected to physical, verbal, sexual, or psychological abuse, neglect or punishment is required to immediately report the information to the facility Administrator. Immediate action should be taken by the first responder (may be direct care staff, RSD, Administrator, RN, or any staff person) to ensure the safety of the individual and obtain medical assessment. Employees are also responsible for completing an Incident Report. The Administrator will report the allegation to the resident's guardian or representative. Within 24 hours, the Administrator will initiate a full investigation into the allegations including but not limited to: interviewing residents and employees, direct observation, additional physical examinations and consulting with professionals.</p> <p>If the the accused individual is an employee, he/she will be immediately suspended pending the outcome of the investigation in order to provide for the resident safety. The Administrator and RSD will evaluate the need for additional intervention, evaluation and program revision for the residents involved."</p>	Z9999		
-------	--	-------	--	--

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6013544	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED R-C 11/04/2016
--	---	---	---

NAME OF PROVIDER OR SUPPLIER FORTY-FOURTH STREET PLACE	STREET ADDRESS, CITY, STATE, ZIP CODE 1479 SOUTH 44TH STREET DECATUR, IL 62521
---	--

(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
--------------------	--	---------------	---	--------------------

Z9999	<p>Continued From page 10</p> <p>Page 3: "The facility administrator will notify Illinois Department of Public Health and the individual's guardian or representative of all allegations of abuse, as well as the findings of the investigation and measures that will be taken to prevent repeat occurrences."</p> <p>According to facility Reporting of Unusual Incidents Policy: Implemented 1/15/08; states "It is the policy of this facility to investigate all incidents of an unusual nature that involve facility residents. If it's something you have never seen before, it's always safest to consider it unusual and reportable. Anytime a staff member observes any unusual incidents, they are to do the following:</p> <ol style="list-style-type: none"> 1. Assess the situation and intervene if necessary...ect. 2. While keeping a constant visual on individual, contact on call personnel and report the incident, obtain and write down instructions. If necessary, have a second staff member supervise the individual while you report the incident. For anything of a medical nature, take vitals and contact the RN first, obtain and write down instructions. The On Call personnel will notify ADM." <p>There is no evidence that the facility reported R2's 3 falls on 3 separate occasions in the evening of 10/11/16 -to- the early morning of 10/12/16 to the Illinois Department of Public Health, and Administrator, or that a thorough investigation into R2's falls was conducted.</p> <p>(B)</p>	Z9999		
-------	--	-------	--	--