Illinois Department of Public Health STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION IDENTIFICATION NUMBER: A. BUILDING: \_ COMPLETED C IL6002539 B. WING 07/15/2021 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 1201 HAWTHORN ROAD **DOCTORS NURSING & REHAB CENTER SALEM, IL 62881** SUMMARY STATEMENT OF DEFICIENCIES (X4) ID PROVIDER'S PLAN OF CORRECTION (EACH DEFICIENCY MUST BE PRECEDED BY FULL PRÉFIX (X5) COMPLETE (EACH CORRECTIVE ACTION SHOULD BE PREFIX REGULATORY OR LSC IDENTIFYING INFORMATION) TAG CROSS-REFERENCED TO THE APPROPRIATE TAG DATE DEFICIENCY) S 000 Initial Comments S 000 Complaint Investigation 2154813/IL135797 S9999 Final Observations S9999 Statment of Licensure Violations: 300.610 a) 300.3240 a) 300.3240 b) 300.3240 e) Section 300.610 Resident Care Policies 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 An owner, licensee, administrator, a) employee or agent of a facility shall not abuse or neglect a resident. A facility employee or agent who becomes aware of abuse or neglect of a resident shall immediately report the matter to the facility administrator. Employee as perpetrator of abuse. When an investigation of a report of suspected abuse of Attachment A a resident indicates, based upon credible Statement of Licensure Violations evidence, that an employee of a long-term care

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

TITLE

(X6) DATE

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA

AND PLAN OF CORRECTION		IDENTIFICATION NUMBER:	A. BUILDING:		(X3) DATE SURVEY COMPLETED							
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NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE												
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¥8	R2 with a bruise me inner right arm with progress note docu chin were "free fron notes document as by V9 (LPN) on 7/1: "Discoloration remaand left neck and right inner significant in the significant in t	essessment was completed on easuring 4 cm x 4 cm to her no other areas noted. The ments R2's neck, face, and any areas." R2's progress separate assessment signed 2/2021 at 5:38 PM, that states, lins to right upper inner arm ght chin. Right cheek remains ces kind of sore today."										
	7/12/2021 at 8:00 A (R2) reported a staf and hit her sometim not recall when or w body assessment re to inside of arm. No enforcement notifie and final report to fo and Doctor informed documents NA next not document the de	Injury Incident Report, dated M, documents, "Resident f member had pinched her le last week. Resident could who the staff member was. Full evealed a 2 cm x 2 cm bruise other injuries noted. Law d of incident, full investigation follow. POA (power of attorney) d of allegation." The report to witness name and does law of attorney, and/or physician	6 U		\$0 70							
***	7/14/2021, document (R2) reported to me punched her (R2) in when they were per getting her up for brovide a time-line of Resident stated it with skinny. Investigation interviews of staff are assessment perform bruise to upper right minimal swelling to the punched to the component of the compone	Injury Incident Report, dated onts, "7/12/2021 resident that a staff member had the face and choked her forming morning care and eakfast. Resident could not of when the incident occurred. as a blonde girl who was very a began immediately with and resident. Full body ned revealing a 3 cm by 3 cm that arm, slight yellow area and residents left jaw line. jaw is a little sore when										

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about the other picture the resident stated "no."

All other residents in the building were interviewed and denied witnessing or being abused in any way, all staff was interviewed and denied witnessing abuse. POA (Power of Attorney) was informed of incident and investigation at 0934 (9:34 AM) on 7/12/2021.

PRINTED: 08/05/2021 **FORM APPROVED** Illinois Department of Public Health STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION IDENTIFICATION NUMBER: COMPLETED A. BUILDING: C B. WING IL6002539 07/15/2021 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 1201 HAWTHORN ROAD **DOCTORS NURSING & REHAB CENTER SALEM, IL 62881** SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X4) ID (X5) COMPLETE (EACH DEFICIENCY MUST BE PRECEDED BY FULL (EACH CORRECTIVE ACTION SHOULD BE PREFIX PRFFIX REGULATORY OR LSC IDENTIFYING INFORMATION) CROSS-REFERENCED TO THE APPROPRIATE DATE TAG TAG DEFICIENCY) S9999 Continued From page 4 S9999 doctor was also informed immediately following the call to the POA at 0934 on 7/12/2021, Law enforcement was called, and investigation began on 7/12/2021 at 1000 (10:00 AM) .... Based off the interview of the resident and staff member (V8) abuse is confirmed to have occurred by V11 (CNA). V11 was informed of investigation outcome and the termination of her employment at 1000 on 7/13/2021 .... V8 informed of investigation outcome and is allowed to return to work on her next scheduled day, V8 will be coached for delay in reporting abuse upon return to work. All staff will be in-serviced, and resident/staff follow up will continue. Law enforcement notified of investigation outcome." On 7/12/2021 at 10:10 AM, R2 stated she had a bruise to her right upper arm and her right lower cheek. R2 stated her right lower cheek continues to be very sore and swollen. R2 stated a skinny lady with long blonde hair hit her on the right jaw and upper arm. R2 stated the occurrence happened last Tuesday in her room in the early morning. On 7/13/2021 at 12:50 PM, R2 stated a person with long blonde hair hit, punched, and choked her. R2 stated she did not know who it was, and could not recall the date it occurred. R2 stated she was in bed when they came in and asked her if she was ready to get up. R2 stated when the aggressor started choking her, she (R2) punched them in the chest and they stopped. R2 stated she reported it to the "front desk." R2 was

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observed to have a purple and yellow bruise on the inner aspect of her upper right arm, with a second bruise of the same color just behind the first one. R2 stated her chin "hurts so bad" and showed this surveyor an area on the right side of her chin that R2 said hurt to touch. R2 stated her

**FORM APPROVED** Illinois Department of Public Health STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION IDENTIFICATION NUMBER: COMPLETED A. BUILDING: C B. WING IL6002539 07/15/2021 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 1201 HAWTHORN ROAD **DOCTORS NURSING & REHAB CENTER** SALEM, IL 62881 SUMMARY STATEMENT OF DEFICIENCIES (X4) ID PROVIDER'S PLAN OF CORRECTION (X5) COMPLETE (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX **PREFIX** (EACH CORRECTIVE ACTION SHOULD) BE TAG REGULATORY OR LSC IDENTIFYING INFORMATION) CROSS-REFERENCED TO THE APPROPRIATE DATE TAG DEFICIENCY) S9999 Continued From page 5 S9999 cheek felt swollen. A faint purple/blue bruise was noted on R2's chin. R2 also had a faint yellow linear bruise around the base of her neck on the left side that extended down towards R2's chest. On 7/13/2021 at 10:28 AM, V7 (Certified Nursing Assistant, CNA) stated on 7/11/2021, she observed a bruise to R2's right inner arm. V7 stated she asked R2 how she got the bruise, and R2 told her one of the staff (unknown) punched and choked her, and her jaw also hurt. V7 stated she asked R2 when it happened, and R2 told her the other day. V7 stated she assumed it occurred on 7/9/2021, because she (V7) was working on a different hall, and when she went to say hello to R2 a few times throughout the day, R2 was in bed with her curtains drawn. V7 (CNA) stated V8 (CNA) and V11 (CNA) were working on R2's hall on 7/9/2021. V7 stated she asked R2 if the nurse was aware, and R2 shrugged, V7 stated she completed R2's care, and then reported the allegation to V24 (RN/Registered Nurse). On 7/13/2021 at 11:54 AM, V20 (LPN/Licensed Practical Nurse) stated on 7/10/2021 (unknown time), V8 (CNA/Certified Nursing Assistant) reported to V20, while assisting R2 with morning care on 7/09/2021, R2 hit V11(CNA). V8 reported to V20 that V11(CNA) then hit R2. V20 stated V11 was not working on 7/10/2021 when V8 reported the allegation of abuse to her. V20 stated she reported the allegation to V1 (Administrator), but did not ask R2 what had occurred, or get a written statement from V8. V20 stated she assessed R2. and did not see any bruising at that time. When asked where she had documented the allegation

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of abuse, assessment of R2, and notification of the allegation to V1, V20 stated she had not documented it. V20 stated V11 was scheduled off work on 7/10 and 7/11/21, and V11 was told she

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	NT OF DEFICIENCIES N OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING:			(X3) DATE SURVEY COMPLETED	
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	had been suspende on 7/12/2021. V20 7/11/21 and was su the outcome of the On 7/13/2021 at 12 (RN) reported to he punched, hit, and of V1 (Administrator) of 7/11/2021. V9 state measurements of the R2 had a yellow brubruise on her right of	ed when she returned to work stated V8 worked on 7/10 and spended on 7/12/21, pending					
	7/11/21, R2 was sitt she noticed bruising stated the bruises is stated R2 told her throom, held her down her in the face. V24 (Administrator) of th V1 asked her any quallegation, V24 states	O PM, V24 (RN) stated on ing at the nurses station and to R2's upper arm. V24 be blonde girl came into her in, choked her, and punched stated she notified V1 e allegation. When asked if uestions related to the					
	touch with her on Me hadn't heard from hi any idea who R2 co stated the only perso that description wou not remember V7 re	onday 7/12/2021, and she still m. When asked if she had all be talking about, V24 on she could think of that fit ld be V11. V24 stated she did porting the allegation to her, e) had confirmed R2 told her					
	stated she was doing 7/11/2021, and notic when she asked R2	3 PM, V25 (Activity Aide) g an activity with R2 on ed a bruise on R2's arm, and how she got the bruise, R2		3 <sub>94</sub> .	·		

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7:00 AM).

7/10/2021.

occurred before breakfast (approximately 6:30 or

On 7/14/21 at 2:24 PM, V1 (Administrator) stated he was notified by V20 (LPN) of the allegation of physical abuse of R2 by V11 on Saturday

The facility Abuse Prevention Program, dated 12/16/16, documents abuse as "the willful

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If continuation sheet 9 of 9

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