Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	IL6001671	A. BUILDING: ______ B. WING ______	C 05/04/2021

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CHESTNUT CORNER S C	905 WEST CHESTNUT STREET LOUISVILLE, IL 62858

(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 Complaint # 2152900 / IL 133359	S 000		
S9999	Final Observations Statement of Licensure Violations: 330.710 a) 330.1150 a) 330.1150 b)1) 330.1150 b)2) 330.1150 b)3) 330.1150 c) 330.1150 d)1) 330.1150 d)2) 330.1150 d)3) 330.1150 d)4) 330.1150 d)5) 330.1150 d)6) 330.1150 d)7) 330.1150 e) Section 330.710 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 with the involvement of the administrator. The written policies shall be followed in operating the facility and shall be reviewed at least annually by the Administrator. The policies shall comply with the Act and this Part. Section 330.1150 Emergency Use of Physical Restraints a) If a resident needs emergency care, physical restraints may be used for brief periods to permit treatment to proceed unless the facility	S9999	**Attachment A** **Statement of Licensure Violations**	

Illinois Department of Public Health
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	IL6001671	A. BUILDING: ______ B. WING ______	C 05/04/2021

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CHESTNUT CORNER S C	905 WEST CHESTNUT STREET LOUISVILLE, IL 62858

(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 has notice that the resident has previously made a valid refusal of treatment in question. (Section 2-106(c) of the Act) b) For this Section only "emergency care" means the unforeseen need for immediate treatment inside or outside the facility that is necessary to: 1) save the resident's life; 2) prevent the resident from doing serious mental or physical harm to himself/herself; or 3) prevent the resident from injuring another individual. c) If a resident needs emergency care and other less restrictive interventions have proved ineffective, a physical restraint may be used briefly to permit treatment to proceed. The attending physician shall be contacted immediately for orders. If the attending physician is not available, the facility's advisory physician or medical director shall be contacted. If a physician is not immediately available, a nurse with supervisory responsibility may approve, in writing, the use of physical restraints. A confirming order, which may be obtained by telephone, shall be obtained from the physician as soon as possible, but no later than within eight hours. The effectiveness of the physical restraint in treating medical symptoms or as a therapeutic intervention and any negative impact on the resident shall be assessed by the facility throughout the period of time the physical restraint is used. The resident must be in view of a staff person at all times until either the resident has been examined by a physician or the physical restraint is removed. The resident's needs for toileting, ambulation, hydration, nutrition, repositioning, and skin care must be met while the temporary restraint is being used. d) The emergency use of a physical restraint must be documented in the resident's	S9999		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	IL6001671	A. BUILDING: ____ B. WING ____	C 05/04/2021

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CHESTNUT CORNER S C	905 WEST CHESTNUT STREET LOUISVILLE, IL 62858

(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 record, including: 1) the behavior incident that prompted the use of the physical restraint; 2) the date and times the physical restraint was applied and released; 3) the name and title of the person responsible for the application and supervision of the physical restraint; 4) the action by the resident's physician upon notification of the physical restraint use; 5) the new or revised orders issued by the physician; 6) the effectiveness of the physical restraint in treating medical symptoms or as a therapeutic intervention and any negative impact on the resident; and 7) the date of the scheduled care planning conference or the reason a care planning conference is not needed, in light of the resident's emergency need for physical restraints. e) A physical restraint may be applied only by staff trained in the application of the particular type of restraint. (Section 2-106(d) of the Act) These regulations are not met as evidenced by: Based on interview and record review, the facility failed to contact the attending physician, obtain an physician's order, or document the use of the restraint in the record for 1 of 4 residents reviewed for restraints (R3) in a sample of 6. Findings include: According to R3's record, he was admitted into the facility on 7/31/2018, is 43 years old, and has a diagnosis of Schizoaffective disorder; Major Depressive disorder; and Personality disorder. On 4/30/2021 at 11:16 AM, R3 was out on the	S9999		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	IL6001671	A. BUILDING: ____ B. WING ____	C 05/04/2021

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CHESTNUT CORNER S C	905 WEST CHESTNUT STREET LOUISVILLE, IL 62858

(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 front porch of the facility fully dressed, alert, and oriented to person, place, and time and said, V8, Aide, had came out of the kitchen during an evening meal, (R3 did not know the specific date), and V8 put his forearm up against R3's throat and held R3 against the dining room wall. R3 said he had requested some extra milk and when V8 said he could not have extra milk, R3 became angry and threw his meal tray, and that is when V8 came out of the kitchen and pushed him up against the wall with his forearm. R3 also said his throat hurt, but he did not need any medical treatment and he did not tell anyone about the incident. On 4/30/2021 at 2:22 PM, V8 said he had worked at the facility for about a year, and he was not sure of the date of the incident between R3 and himself, but it occurred in the evening after the supper meal. R3 had requested extra milk, and was told there was none left and was offered Koolaid. V8 said R3 got upset and threw his meal tray at V8 and came around to the kitchen door. R3 swung open the kitchen door and V8 took put his arms around both of R3's arms and chest and restrained him until R3 calmed down. V8 said it was about 10 seconds or so. V8 said he had received no training on how to handle a resident being physically aggressive toward him or other residents since being employed at the facility, and thought physically holding and restraining a resident until they calmed down was appropriate. V8 denied calling the physician or documenting the incident in R3's record. V8 said he did text V2, Assistant Administrator, to inform her of the incident. On 4/30/2021 at 10:20 AM, V2, Assistant Administrator, said she had received no reports of abuse or an abusive incident regarding R3. V2	S9999		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING: B. WING	(X3) DATE SURVEY COMPLETED
	IL6001671		C 05/04/2021

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CHESTNUT CORNER S C	905 WEST CHESTNUT STREET LOUISVILLE, IL 62858

(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 said if an incident had been reported, V9, Activity Director, would have completed a grievance form on it and turn it into V1, Administrator. When asked about getting the facilities Abuse Policy, V2 said she did not think there was a facility abuse policy, but if there was one, V1 would have it and he was not at the facility at the present time. On 4/30/2021 at 11:26 AM, R1 said she did not know the specific date, but thought the incident between R3 and V8 occurred about two weeks ago. R1 said she was sitting in the dining room and saw V8 come out of the kitchen and put his arm against R3's throat and hold him against the wall in the dining room. She said the altercation was over a glass of milk. On 4/30/2021 at 10:57 AM, R2 said he observed V8 hold R3 against the wall with his forearm in the dining room in front of the residents. R2 said V8 came from behind the serving window through the kitchen door out to the dining room after R3 and took his (V8) arm and put it up against R3's throat and had him pinned against the wall. R2 said V8 was the only staff member in the building at the time, and it happened around 5:30 PM, the dinner meal was being served. R2 said R3 was wanting milk. R2 said R3 did not require medical attention, but V8 had no right pinning R3 against the wall like he did, and as far as he (R2) knows V8 had not done anything like that before. On 5/4/2021 at 12:50 PM V7, Director of Nursing, said there was no physician's order for R3 to be physically restrained. She said when the residents have behaviors she feels requires intervention, she had the facilities physician and psychiatrist phone contacts at her fingertips and she has called them before for emergency medications to be administered. V7 said she was	S9999		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	IL6001671	A. BUILDING: ______ B. WING ______	C 05/04/2021

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CHESTNUT CORNER S C	905 WEST CHESTNUT STREET LOUISVILLE, IL 62858

(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		

not in the facility when the altercation between V8 and R3 occurred, but she had heard about it from V6, Ombudsman, a couple of weeks after the incident. V7 was not sure of the date of the incident. V7 said she heard R3 threw his tray and V8 grabbed him as an immediate reaction. V7 said the staff are not trained to physically restrain the residents and she only gets involved in situations like this if the resident is harmed in some way. V7 said R3's plan of care did not change and the administrative staff at the facility did not meet with anyone about it.

On 5/4/2021 at 1:21 PM, V1 said he was notified of the incident between R3 and V8 the day after the incident occurred. He said he completed a verbal investigation and talked with R3 and V8 about the incident. V1 did not remember when it occurred, but said he thought it was about a month ago. V1 said R3 apologized for his behavior during the incident, and said that everything was alright between him and V8. V1 said he did not handle it like an abuse investigation since R3 was not hurt, but felt like the staff needed more training on how to handle resident behaviors and verified V8 was physically restraining R3 when he put his arms around his chest and arms. V1 said he was in contact with V6 and was in the process of developing training for the staff on how to handle resident behaviors prior to the behavior getting to the point of aggression. V1 verified R3's physician was not contacted, and they did not have a physician's order to physically restrain R3, and there was no specific documentation regarding the incident.

The policy regarding controlling the use of physical restraints that was provided by V1 was entitled "Joint committee on Administrative Rules, Administrative code, Title 77: Public Health

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	IL6001671	A. BUILDING: ______ B. WING ______	C 05/04/2021

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CHESTNUT CORNER S C	905 WEST CHESTNUT STREET LOUISVILLE, IL 62858

(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 Chapter 1: Department of Public Health Subchapter c: Long-Term Care Facilities Part 330 Sheltered Care Facilities Code Section 330.1145 Restraints" and did not include the specific facilities use of physical restraint policy. A document entitled "Psychiatric follow up Visit", dated 4/20/2021, from a behavioral health services provider does not mention an altercation between R3 and V8. Upon review of R3 record, there was no documentation in R3's record about an incident occurring between R3 and V8 or behaviors V8 was exhibiting when V8 physically restrained R3, no physician notification of the incident was documented, or the reason R3 was needing to be physically restrained. (B)	S9999		