PRINTED: 10/25/2022

Illinois D	epartment of Public	Health	•	to the second of	PORIN	APPROVED	
STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING:			(X3) DATE SURVEY COMPLETED	
		IL6008510	B. WING	<u> </u>		C	
NAME OF PROVIDER OR SUPPLIER STREET AD			DRESS CITY	STATE, ZIP CODE	10/02/2022		
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HERNAC	SE HEALTH-NORMAL	NORMAL	, IL 61761	_		- 2	
(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		S 000	A _B		S2	
	FRI of 9/17/2022\IL	151746		:4			
S9999	Final Observations		S9999	a			
	Statement of Licens	sure Violations		<i>*</i>			
ī/s	300.610a) 300.1210b)4 300.1210b)5 300.3240a)					24 24 24 28	
	•		133				
Ξ.	Section 300.610 Re	esident Care Policies				:	
£6	procedures governi facility. The written be formulated by a Committee consistii administrator, the ac	dvisory physician or the		TO SEE			
T.	of nursing and other policies shall comply The written policies	mmittee, and representatives services in the facility. The with the Act and this Part. shall be followed in operating be reviewed at least annually					
33	by this committee, d and dated minutes of	ocumented by written, signed		Δ. 2.			
	Section 300.1210 O Nursing and Person	Seneral Requirements for al Care	27				
	and services to attai practicable physical, well-being of the res each resident's com	provide the necessary care n or maintain the highest mental, and psychological ident, in accordance with prehensive resident care properly supervised nursing		Attachment A Statement of Licensure Violations			

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

TITLE

(X6) DATE

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 IL6008510 10/02/2022 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE **509 NORTH ADELAIDE** HERITAGE HEALTH-NORMAL **NORMAL, IL 61761 SUMMARY STATEMENT OF DEFICIENCIES** PROVIDER'S PLAN OF CORRECTION (X4) ID (X5) COMPLETE (EACH DEFICIENCY MUST BE PRECEDED BY FULL PRÉFIX PREFIX (EACH CORRECTIVE ACTION SHOULD BE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG TAG CROSS-REFERENCED TO THE APPROPRIATE DATE **DEFICIENCY**) S9999 Continued From page 1 S9999 care and personal care shall be provided to each resident to meet the total nursing and personal care needs of the resident. 4) All nursing personnel shall assist and encourage residents so that a resident's abilities in activities of daily living do not diminish unless circumstances of the individual's clinical condition demonstrate that diminution was unavoidable. This includes the resident's abilities to bathe. dress, and groom; transfer and ambulate; toilet; eat; and use speech, language, or other functional communication systems. A resident who is unable to carry out activities of daily living shall receive the services necessary to maintain good nutrition, grooming, and personal hygiene. 5) All nursing personnel shall assist and encourage residents with ambulation and safe transfer activities as often as necessary in an effort to help them retain or maintain their highest practicable level of functioning. 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) These Requirements were NOT MET as evidenced by: Based on record review and interview the facility failed to ensure R1 and R2 were not subjected to mental abuse by an employee. This failure resulted in staff refusing to assist R1 to the bathroom and instructing R1 to use her adult brief to urinate in, leaving R1 lying in a wet (incontinence brief). This staff treatment caused

R1 to cry and feel like a "baby." R1's ability to

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 IL6008510 10/02/2022 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE **509 NORTH ADELAIDE** HERITAGE HEALTH-NORMAL **NORMAL, IL 61761** SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X4) ID PREFIX (X5) COMPLETE (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX REGULATORY OR LSC IDENTIFYING INFORMATION) DATE TAG TAG **DEFICIENCY**) S9999 Continued From page 2 S9999 sleep was also impacted following this incident. R1 and R2 are two of three residents reviewed for abuse in the sample of three. Findings include: The facility's Resident Care policy and procedure regarding Abuse and Neglect, Involuntary Seclusion, Exploitation, Misappropriation of Resident Property, Injuries of Unknown Origin, and Social Media dated 3-15-18 documents, "All residents have the right to be free from verbal. sexual, physical, mental abuse, corporal punishment, involuntary seclusion, neglect, misappropriation of property, and exploitation. Mental abuse includes, but is not limited to. humiliation, harassment, threats of punishment or deprivation, or offensive physical contact by an employee or agent. 1.) R1's Admission Record documents R1 is an 83-year-old that was admitted to the facility on 9-8-22 with the diagnoses of low back pain, non-displaced fracture of the sacrum, muscle weakness, hypertension, and anxiety disorder. R1's Progress Notes dated 9-29-22 document R1 was discharged home. R1's MDS (Minimum Data Set) Assessment dated 9-15-22 documents R1 is cognitively intact with a BIMS (Brief Interview of Mental Status) score of 14, requires extensive assistance of two or more staff for transfers and toileting, and is occasionally incontinent of urine. R1's Care Plan dated 9-9-22 documents, "Toilet use-extensive assist one-person physical assist. Transfer-extensive assist one-person physical

STATE FORM

assist with gait bet and walker."

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FORM APPROVED Illinois Department of Public Health STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION AND PLAN OF CORRECTION (X3) DATE SURVEY **IDENTIFICATION NUMBER:** A. BUILDING: COMPLETED **IL6008510** B. WING 10/02/2022 NAMEOF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE **509 NORTH ADELAIDE** HERITAGE HEALTH-NORMAL NORMAL, IL 61761 SUMMARY STATEMENT OF DEFICIENCIES (X4)ID PROVIDER'S PLAN OF CORRECTION PRÉFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL (X5)PREFIX (EACH CORRECTIVE ACTION SHOULD BE REGULATORY OR LSC IDENTIFYING INFORMATION) COMPLETE TAG CROSS-REFERENCED TO THE APPROPRIATE TAG DATE **DEFICIENCY**) S9999 Continued From page 3 S9999 R1's Medication Administration Record dated 9-17-22 to 9-18-22 at 3:30 AM, documents V10 (LPN/Licensed Practical Nurse) administered Ultram 50 mg (milligrams) two tablets per R1's request for pain. R1 and R2's Final Report to Illinois Department of Public Health dated 9-23-22 and signed by V1 (Administrator) documents (regarding an incident of 9/17/22), "Conclusion: (R1) stated (V11/Agency CNA/Certified Nursing Assistant) came into room after using the call light. (R1) told (V11) she had to use the bathroom. (V11) checked (R1) and (R1) was incontinent. (R1) stated (V11) said she was going to return to the room when (R1) was finished, but never returned. (V10/LPN/Licensed Practical Nurse) stated she saw (R1's) call light blinking and went to her room. (R1) was crying and stated (V11) told her to use her (adult brief) for the bathroom. (V10) assisted (R1) by changing her (adult brief). (V10) left the room and addressed (V11) about telling (R1) to use bathroom in (adult brief), which (V11) denied. Later during the night, (V11) saw (R1's) call light flashing. (V11) asked (V10) to come with her into (R1's) room. (V11) asked (R1) to tell (V10) what she told (V11). (R1) stated (V11) was giving her attitude during cares in her room. (R1) also stated (V11) had an attitude during cares as well. Upon completion of investigation, facility believes (V11) exhibited attitude that does not meet facility standards during cares with both residents (R1 and R2), however facility unable to substantiate the allegation of telling (R1) to use bathroom in (adult brief). (V11) no longer works for the facility. Agency notified. Physicians and Power of Attorneys notified of outcome of investigation."

V10's (LPN) Investigation Form dated 9-20-22

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 IL6008510 **B. WING** 10/02/2022 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE **509 NORTH ADELAIDE HERITAGE HEALTH-NORMAL NORMAL, IL 61761** SUMMARY STATEMENT OF DEFICIENCIES (X4)ID PROVIDER'S PLAN OF CORRECTION (X5) COMPLETE (EACH DEFICIENCY MUST BE PRECEDED BY FULL PRÉFIX **PREFIX** (EACH CORRECTIVE ACTION SHOULD BE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG TAG CROSS-REFERENCED TO THE APPROPRIATE DATE DEFICIENCY) S9999 Continued From page 4 S9999 and signed by V1 (Administrator) documents, "I saw the call light going off for (R1's) room. I entered the room and (R1) was crying. (R1) told me that (V11/Agency CNA/Certified Nursing Assistant) told her to use the bathroom in her depend (adult brief). I assisted (R1) with changing her and I left the room." R1's Investigation Form dated 9-19-22 documents, "(On 9-17-22), (V11) came in and the attitude that (V11) had was like I was bothering her. (R1) stated, "I need to use the bathroom and get one of those diapers on. I turned over and (V11) said, "Oh! You are incontinent. I am just going to come back when you are finished." Nurse (V10) came in and told me she would be right back, and the girl (V11) came in with the nurse (V10) and sat down in (the) chair and said. "I want to hear what you are going to tell (V10) I said." (V11) did not change the wet pad under me. (V11) just pulled it up and left. I had to call for a pain pill and something to settle me down." On 9-30-22 at 10:35 AM R1 stated, "(On 9-17-22) in the middle of the night, (V11) came into the room to answer my call light. I told (V11) I needed to get up to use the restroom. (V11) checked my diaper (adult brief) and said to me, "You are already wet. I am not going to take you to the bathroom. Just go ahead and finish (being incontinent) in your diaper. I told (V11) I would at least like to use the bedpan. (V11) told me she did not have time for that and told me to finish in my diaper. (V11) was very rude. I was crying about it. I was so upset. I am used to being independent and wanted to go to the bathroom. (V11) acted like I was a baby. I told the nurse (V10) how (V11) was so rude to me and made me pee my diaper. I felt like (V11) was very

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abusive to me. I have never felt that way. I had

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE A. BUILDING:	(X3) DATE COMF	(X3) DATE SURVEY COMPLETED			
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to.	up, and they were s completely different "You just called me apologize. I almost	nough help, staff did not show shorthanded. (V11) just had a tattitude. (V11) told (R2), an hour ago." (V11) did not to dread the nights to come. It vant me to be here, and I really to night."			3		
	very rude. (V11) ac and acted like I was and would tell me, '	PM R2 stated, "(V11) was steed like I did not need help is a liar. (V11) was very huffy to not have time to keep does not need to be a CNA or f the elderly."	ï				
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