

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6012322	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 01/25/2022
--	--	---	---

NAME OF PROVIDER OR SUPPLIER MOWEAQUA REHAB & HCC	STREET ADDRESS, CITY, STATE, ZIP CODE 525 SOUTH MACON STREET MOWEAQUA, IL 62550
---	---

(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 Facility Reported Incident of January 9, 2022 IL142737	S 000		
S9999	<p>Final Observations</p> <p>Statement of Licensure Violations:</p> <p>300.1210 b) 300.3240 a)</p> <p>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.</p> <p>Section 300.3240 Abuse and Neglect a) An owner, licensee, administrator, employee or agent of a facility shall not abuse or neglect a resident.</p> <p>These requirements are not met as evidenced by:</p> <p>Based on interview and record review, the facility failed to ensure R2 was not sexually assaulted by R1, and R3 was not subjected to physical, verbal, and mental abuse by an employee. This failure resulted in R2 experiencing ongoing emotional distress and fearfulness as a result of being assaulted by R1. These failures affected two (R2, R3) of five residents reviewed for abuse on</p>	S9999	<p style="text-align: center;">Attachment A Statement of Licensure Violations</p>	

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 AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6012322	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 01/25/2022
--	---	---	---

NAME OF PROVIDER OR SUPPLIER MOWEAQUA REHAB & HCC	STREET ADDRESS, CITY, STATE, ZIP CODE 525 SOUTH MACON STREET MOWEAQUA, IL 62550
--	---

(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	<p>Continued From page 1</p> <p>the sample list of eight.</p> <p>Findings include:</p> <p>1.) The facility's Abuse Investigation report, dated January 9, 2022, written by V1, Administrator, documents R1 has diagnoses Parkinson's, weakness, and repeated falls, is alert and oriented and ambulates with a walker.</p> <p>This report documents R2 has diagnoses of Cerebral Palsy, weakness, and reduced mobility, is cognitively intact and ambulates in a wheelchair. This report documents, "It was reported to (V1, Administrator) that (R1) was making inappropriate comments to (R2). (R1) asked (R2) if (R2) wants a kiss or wants to come to (R1's) room and play. (R2) reported this made (R2) feel uncomfortable. Interview with (R2) who stated that (R1) did not touch (R2) but (R1) kept asking (R2) if (R2) wanted to kiss or hug (R1) or go to (R1's) room to play. (R2) stated that (R2) didn't like (R1) doing this and doesn't want (R1) to do this again. Interview with (R1) who stated that (R1) was just talking to (R2). (R1) denies that what (R1) said to (R2) was inappropriate. (V1) explained to (R1) that this made (R2) feel uncomfortable and that (R1) is not to ask (R2) to do these things again. (R1) agreed (R1) would not talk to any of the (residents) at the facility this way. In conclusion, I (V1, Administrator) do agree that the statements that (R1) made to (R2) were inappropriate and (V6) Social Services will follow up with both parties weekly for the next 2 weeks for psychosocial well-being."</p> <p>On 1/24/22 at 2:25 PM, R2 stated R2 recalls the incident on 1/9/22, and stated, "(R1) tried to hug me and then tried to kiss me and I told (R1) no, then (R1) said will you play with me and I told</p>	S9999		

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6012322	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 01/25/2022
--	---	---	---

NAME OF PROVIDER OR SUPPLIER MOWEAQUA REHAB & HCC	STREET ADDRESS, CITY, STATE, ZIP CODE 525 SOUTH MACON STREET MOWEAQUA, IL 62550
--	---

(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	<p>Continued From page 2</p> <p>(R1) no, so (R1) was following me back to my room and I was trying to get away and (R1) kept going faster and faster and I kept trying to get away but (R1) grabbed my chair and then (R1) tried to kiss me and kept asking me to go to (R1's) room. I kept telling (R1) no and (R1) would ask me again and I told (R1) I wanted to go to my room. I don't think (R1) takes no for an answer. I was scared about what (R1) would do to me. One of the other CNAs, (V11, Certified Nurse's Assistant) saw (R1) and came and got me and took me to my room." R2 stated, "(V11) told (V4, Licensed Practical Nurse) about me and (R8). I am still scared and now I have to watch my back. I'm scared that (R1) would do again. I watch out my door to see if (R1) is out of (R1's) room."</p> <p>On 1/25/22 at 12:37 PM, V11 CNA stated, "I was helping a resident and seen (R1) hugging (R2) from the side. I asked if there was a problem. (R2) said (R2) didn't like (R1) hugging (R2). I asked (R1) to go to (R1's) room and pushed (R2) to (R2's) room." V11 stated after ensuring R1 went back to R1's room, "I then went back into (R2's) room and (R2) was crying and said (R2) felt assaulted. When I asked what happened (R2) said (R1) asked if (R1) could give (R2) a kiss and (R2) said no and then (R1) asked if (R2) wanted to come to (R1's) room to play and (R2) said no. Then (R1) hugged (R2). I seen (R1) hug (R2) but that was all. I reported it immediately."</p> <p>On 1/25/22 at 2:27 PM, V1, Administrator, stated the encounter between R1 and R2 did not meet definition of sexual abuse but maybe harassment, and R1's comments to R2 were inappropriate.</p> <p>2.) The facility's Abuse Investigation report, dated January 18, 2022, documents R3 has diagnoses</p>	S9999		
-------	---	-------	--	--

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6012322	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 01/25/2022
--	---	---	---

NAME OF PROVIDER OR SUPPLIER MOWEAQUA REHAB & HCC	STREET ADDRESS, CITY, STATE, ZIP CODE 525 SOUTH MACON STREET MOWEAQUA, IL 62550
--	---

(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	<p>Continued From page 3</p> <p>of heart failure, cerebral palsy, schizophrenia, and major depressive disorder.</p> <p>This investigation also documents, "It was reported to (V1, Administrator) that a CNA (V5, Certified Nurse's Assistant) reported to her nurse (V4, Licensed Practical Nurse) that another CNA (V6) was rough with (R3) while transferring (R3) from the (mechanical lift). (V5) stated (V6) was trying to remove the sling from under (R3) and it caused (R3) to bump the wall."</p> <p>V5's written statement, dated 1/11/22 at 4:30 PM, documents, "On 1/11/22 right before supper. I was standing near the nurse's station when I heard (R3) scream. I immediately jogged down the hall to (R3's) room. I saw (V6, CNA) attaching the sling to the (mechanical lift), ignoring (R3's) screams. I quickly told (V6) to stop and I asked (R3) what was wrong. (R3) replied "don't want up". (R3) looked scared. I said okay let me ask the nurse. As I went to walk out (V6) started to hook (R3) up to the (mechanical lift) again so I told (V6) "do not move (R3)" until I ask (V4, LPN). I asked if (R3) could stay in bed and (V4) said (R3) could so I went back and said that (R3) was staying in bed and that (V6) would take the sling from under (R3). I went to walk out but I decided to turn around and help. (V6) grabbed the edge of the sling and flung (R3) into the wall and (R3) screamed "ow" (V6) disregarded the scream, grabbed (R3) from the back of (R3's) knee and shoved it into the wall to hold (R3) on (R3's) side. (R3) was clearly screaming "My leg, My leg!" I had to tell (V6) twice "I have (R3's) (backside), you can let go of (R3's) leg. Let go of (R3's) leg you're hurting (R3)." At that point (V6) did. (V6) yanked the (mechanical lift) sling from under (R3). (V6) did not use the "roll tuck, roll pull sling" method. I kinda looked at (V6) and said "ok" and (V6)</p>	S9999		

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6012322	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 01/25/2022
--	--	---	---

NAME OF PROVIDER OR SUPPLIER MOWEAQUA REHAB & HCC	STREET ADDRESS, CITY, STATE, ZIP CODE 525 SOUTH MACON STREET MOWEAQUA, IL 62550
---	---

(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	<p>Continued From page 4</p> <p>ignored it. At some point in all of this (V6) was cussing saying "(R3) done scratched my (expletive) face." I immediately reported this to (V4)."</p> <p>On 1/25/22 at 9:53 AM, V5, CNA, stated on 1/11/22, "I was at the nurse's station. I heard (R3) scream. So I went down to (R3's) room quickly and went in. (V6, CNA) was attaching the sling to the (mechanical) lift. I said hold on because (R3) doesn't scream like that. I asked (R3) what was wrong and (R3) told me (R3) didn't want to get up. I told (V6) that I was going to go ask (V4, LPN) if (R3) could stay in bed. I told (V4) not to do anything until I got back. (V4) told me (R3) could stay in bed. I went back into the room and told (R3) that (R3) didn't have to get up, and that (V6) would get the sling out from under (R3). I went to walk out, then I decided to turn around and help. (V6) grabs the sling from underneath (R3) and lifts it very forcefully and (R3) hit the wall and screamed, "Ow!" I heard something hit the wall it sounded like it made a thud sound, I thought it was probably a elbow or knee. At this time, (R3) is lying on (R3's) right side facing the wall. Then (V6) grabbed the back of (R3's) left knee and pushed it into the wall to hold (R3) over onto the side. Then (V6) ripped the sling out from underneath (R3) without doing two rolls and we are taught not to do this because it could easily cause a skin tear. Then the drawsheet needed repositioned, so (V6) started tucking the drawsheet underneath (R3). Then (R3) said "Ow my leg." Then I put my leg on (R3's) bottom, but (V6) did not let go of (R3's) knee. (R3) screamed, "Oh, my leg again." Then I said let go of (R3's) leg you are hurting (R3). Then V6 let go of (R3's) leg. Then we rolled (R3) to get the drawsheet from under (R3). Then I told (V6) just to leave it for now. Then (V6) left the</p>	S9999		

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6012322	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 01/25/2022
--	--	---	---

NAME OF PROVIDER OR SUPPLIER MOWEAQUA REHAB & HCC	STREET ADDRESS, CITY, STATE, ZIP CODE 525 SOUTH MACON STREET MOWEAQUA, IL 62550
---	---

(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	<p>Continued From page 5</p> <p>room. Sometime during this incident (V6) stated, "(R3) scratched my (expletive) eye." I then finished cares, and immediately walked out and told (V4, LPN.) I felt like (V6) was physically abusive to (R3). (V6) was perfectly fine right before (V6) went in there. I felt like (R3) was screaming because (R3) didn't want to get up. I felt like the reason (V6) acted like that towards (R3) was because (R3) had scratched (V6) or because (V6) was frustrated because I said (R3) didn't have to get up."</p> <p>On 1/25/22 at 11:30 AM, V4, Licensed Practical Nurse, stated on 1/11/22, V5 "came to me and told me they were changing (R3) and (R3) didn't want to get up. So then a few minutes later (V5) came to me and reported that (V6) was rough with (R3) during cares. I walked (V6) up to the time clock and told (V6) that we had received an allegation and (V6) began to yell and cuss. In the breakroom she was like "f" that and then said (V6) would clock out and not be back. I would consider (V5) a reliable witness (V5) never complains about co-workers."</p> <p>(B)</p>	S9999		