

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  IL6002109	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  C 07/18/2023
--	---	---	---

NAME OF PROVIDER OR SUPPLIER  PALM TERRACE OF MATTOON	STREET ADDRESS, CITY, STATE, ZIP CODE 1000 PALM MATTOON, IL 61938
---	---

(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  Investigation of Facility Reported Incident of June 27, 2023/IL161656	S 000		
S9999	Final Observations  Statement of Licensure Violations: 300.610a) 300.3210t)  Section 300.610 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 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 300.3210 General t) The facility shall ensure that residents are not subjected to physical, verbal, sexual or psychological abuse, neglect, exploitation, or misappropriation of property.  This REQUIREMENT is not met as evidenced by:  Based on observation, interview and record review the facility failed to protect a resident's right to be free from physical abuse by another resident for one (R3) of three residents reviewed	S9999	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 AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>IL6002109</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>C</b> <b>07/18/2023</b>
--	--	---	---

NAME OF PROVIDER OR SUPPLIER  <b>PALM TERRACE OF MATTOON</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>1000 PALM MATTOON, IL 61938</b>
--	---

(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>for physical abuse from a total sample list of three. This failure resulted in R3 being bitten on the breast, requiring a tetanus shot and antibiotics.</p> <p>Findings include:</p> <p>The facility Abuse Policy dated 11/28/2016 documents that the facility affirms the right of their residents to be free from abuse, neglect, misappropriation of resident property, and exploitation. The facility prohibits mistreatment, exploitation, neglect or abuse of its residents. The facility abuse policy defines abuse as, "The willful injection of injury, unreasonable confinement, intimidation, or punishment with resulting physical harm, pain or mental anguish. Abuse also includes the deprivation by an individual, including a caretaker, of goods or services that are necessary to attain or maintain physical, mental and psychosocial well-being. Instance of abuse of all residents, irrespective of any mental or physical condition, cause physical harm, pain or mental anguish. It includes verbal abuse, sexual abuse, physical abuse and mental abuse including abuse facilitated or enabled through the use of technology. Willful, as used in this definition of abuse means the individual must have acted deliberately, not that the individual must have intended to inflict injury or harm."</p> <p>R2's Minimum Data Set dated 6/1/23 documents R2 as cognitively intact and ambulatory.</p> <p>R2's nursing summary dated 2/21/23 documents that R2 gets agitated with her roommate and yells at her.</p> <p>R2's nursing summary dated 5/24/23 documents</p>	S9999		

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>IL6002109</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>C</b> <b>07/18/2023</b>
--	--	---	---

NAME OF PROVIDER OR SUPPLIER  <b>PALM TERRACE OF MATTOON</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>1000 PALM MATTOON, IL 61938</b>
--	---

(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>that R2 has delusions that her roommate stole her husband and yells and screams at her sometimes.</p> <p>R3's Minimum Data Set dated 6/16/23 documents R3 as severely cognitively impaired.</p> <p>R3's progress notes dated 6/27/23 document, "(R2) came to nurse's station and reported to this (registered nurse) that she had just thrown water onto (R3) after (R3) would not leave her alone and would not stop talking after she had asked her to. (R3) was immediately assessed and found with a wet shirt and a five-centimeter by four-centimeter bite mark to left breast. (R3) stated that (R2) had thrown water on her and bit her breast."</p> <p>R3's physician orders dated 6/27/23 document to apply Neosporin to left breast topically two times a day for bite wound for ten days. Give Augmentin 500/125 milligrams, one tablet by mouth two times a day for prophylaxis for wound to left breast for 10 days. Give Tetanus-Diphtheria Toxoids (Td) intramuscular Suspension 2-2 LF/0.5 milliliter (Tetanus-Diphtheria Toxoids (Td). Inject 0.5 milliliter intramuscularly one time only for prophylaxis for wound.</p> <p>On 7/17/23 at 10:45AM, R2 stated, "I bit her, and I threw water on her cause she just wouldn't let it go. I am glad to not be in the same room with her anymore."</p> <p>On 7/17/23 at 10:30AM, R3 stated, "She (pointing to R2) bit me." R3 then pulled up her shirt and on the left breast, near the nipple there was a healing bite mark approximately the size of a half dollar with teeth marks indented into the skin. R3</p>	S9999		

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>IL6002109</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____		(X3) DATE SURVEY COMPLETED  <b>C</b> <b>07/18/2023</b>
NAME OF PROVIDER OR SUPPLIER  <b>PALM TERRACE OF MATTOON</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>1000 PALM MATTOON, IL 61938</b>		
(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  stated, "She threw water on me and bit me twice. I don 't want to room with her anymore. She don't like me."  On 7/17/23 at 8:40AM, V2 (Psychiatric Rehabilitation Services Counselor) stated, "R2 and R3 were roommates and they had verbal disagreements before but never anything physical. R2 was having more hallucinations around that time."  On 7/17/23 at 10:40AM, V5 (Certified Nursing Assistant) stated, "(R2 and R3) had been verbal, but not physical. They both are acting normal now and seem happier that they are apart."  "B"	S9999			