

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>IL6009237</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>C</b> <b>08/22/2023</b>
--	--	---	---

NAME OF PROVIDER OR SUPPLIER  <b>EASTVIEW TERRACE</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>100 EASTVIEW PLACE SULLIVAN, IL 61951</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
S 000	Initial Comments  Investigation of Facility Reported Incident of 7/29/23/IL163020	S 000		
S9999	Final Observations  Statement of Licensure Violations: 300.610a) 300.1210b) 300.1210d)6) 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 300.1210 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.	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>IL6009237</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING: _____	(X3) DATE SURVEY COMPLETED  <b>C</b> <b>08/22/2023</b>
--	--	--	---

NAME OF PROVIDER OR SUPPLIER  <b>EASTVIEW TERRACE</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>100 EASTVIEW PLACE SULLIVAN, IL 61951</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>Section 300.1210 General Requirements for Nursing and Personal Care d) Pursuant to subsection (a), general nursing care shall include, at a minimum, the following and shall be practiced on a 24-hour, seven-day-a-week basis:</p> <p>6) All necessary precautions shall be taken to assure that the residents' environment remains as free of accident hazards as possible. All nursing personnel shall evaluate residents to see that each resident receives adequate supervision and assistance to prevent accidents.</p> <p>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.</p> <p>These regulations were not met as evidenced by the following:</p> <p>Based on interview and record review, the facility failed to prevent resident-to-resident physical abuse resulting in R1 striking R2 who sustained a lip laceration and broken tooth requiring further evaluation at the hospital. This failure affects two residents (R1, R2) of four reviewed for abuse in the sample of four.</p> <p>Findings include:</p> <p>The facility Abuse Prevention Program policy (5/2021) documents: "This facility affirms the right of our residents to be free from abuse, neglect, misappropriation of resident property, and exploitation as defined below." The same policy</p>	S9999		

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  IL6009237	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  C 08/22/2023
NAME OF PROVIDER OR SUPPLIER  EASTVIEW TERRACE		STREET ADDRESS, CITY, STATE, ZIP CODE 100 EASTVIEW PLACE SULLIVAN, IL 61951		
(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>documents: "Abuse is the willful infliction of injury, unreasonable confinement, intimidation, or punishment with resulting physical harm, pain or mental anguish."</p> <p>R1's care plan dated 8/21/2023 documents Physical aggression: R1 is/has potential to be physically aggressive with staff and other residents r/t Dementia.</p> <p>R2's Medical Diagnosis list (8/22/2023) documents R2's diagnoses include: Parkinson's Disease (neurodegenerative disorder), Lewy Body Dementia (neurocognitive disorder), Psychotic Disorder, Bipolar Disorder, Cerebral Infarction (stroke), Depression, and Anxiety Disorder.</p> <p>R2's Minimum Data Set (5/10/2023) documents R2 has moderately impaired cognition.</p> <p>The facility abuse investigation file (8/4/2023) documents on 7/29/2023 V3 (Registered Nurse) overheard R2 yelling from R2's room and when V3 responded, R2 was screaming at R1 to get out of R2's room, R2's mouth was bleeding, and R2 reported R1 had struck R2. The same record documents R2 was sent to the hospital for further evaluation and treatment.</p> <p>R2's hospital report (8/21/2023) documents R2 sustained a lip laceration and broken tooth from being struck by R1.</p> <p>On 8/21/2023 at 1:25PM, V3 reported hearing a commotion and finding R1 and R2 had got into an altercation and V3 concluded R1 had punched R2 in the face.</p> <p>(B)</p>	S9999		

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>IL6009237</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>C</b> <b>08/22/2023</b>
--	--	---	---

NAME OF PROVIDER OR SUPPLIER  <b>EASTVIEW TERRACE</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>100 EASTVIEW PLACE SULLIVAN, IL 61951</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