

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6009443	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED C 10/12/2023
--	---	--	---

NAME OF PROVIDER OR SUPPLIER TRI-STATE VILLAGE NRSG & RHB	STREET ADDRESS, CITY, STATE, ZIP CODE 2500 EAST 175TH STREET LANSING, IL 60438
--	--

(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 09-28-2023/IL165291	S 000		
S9999	Final Observations Statement of Licensure Violations: 300.610a) 300.1210b) 300.3240a) 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: IL6009443	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED C 10/12/2023
--	---	--	---

NAME OF PROVIDER OR SUPPLIER TRI-STATE VILLAGE NRSG & RHB	STREET ADDRESS, CITY, STATE, ZIP CODE 2500 EAST 175TH STREET LANSING, IL 60438
--	--

(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 300.3240 Abuse and Neglect</p> <p>a) An owner, licensee, administrator, employee or agent of a facility shall not abuse or neglect a resident. (Section 2-107 of the Act)</p> <p>These Regulations are not met as evidenced by:</p> <p>Based on interviews and record review, the facility failed to follow prevent a staff to resident incident of abuse. This affected one of three residents (R1) reviewed for abuse. This failure resulted in R1 diagnosed with dementia being involved in a verbal altercation with staff which escalated to V3 throwing a meal tray at R1. Using the reasonable person concept would cause R1 to be fearful of V3's impulsive and abusive behavior.</p> <p>Findings Include:</p> <p>Initial State Agency reportable, reads in part: with occurrence date of 9/28/23. Family member of another resident reported to the nurse that they observed an activity aide "throw food" at the resident. Nurse immediately provided for safety and redirected the activity aide away from residents and contacted administrator. Nursing performed head to toe assessment with no noted injury or skin alteration. R1 denied any pain or distress. Occurrence resolution: R1 denied event. During interview, V3 acknowledged that he did upend food on tray into R1's lap as a reaction. Allegation is substantiated. V3 employment terminated.</p> <p>Police report dated 9/28/23, reads in part: The video footage revealed V3 and R1 in what looks like a verbal altercation that turned V3 grabbing</p>	S9999		

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6009443	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED C 10/12/2023	
NAME OF PROVIDER OR SUPPLIER TRI-STATE VILLAGE NRSNG & RHB		STREET ADDRESS, CITY, STATE, ZIP CODE 2500 EAST 175TH STREET LANSING, IL 60438		
(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>the tray of food that was on the table and throwing it at R1. V3 explained he was in a verbal altercation with R1 in which R1 grabbed a cup and threw it at V3 so in response V3 took the tray of food and pushed it toward R1. V3 advised he did not throw the food and tray directly at R1. V3 was issued a Municipal Ordinance for Battery and escorted off the facility.</p> <p>On 10/10/23 at 11:15AM V2 (wound Nurse) stated it was reported by another resident family member that it was observed that V3 threw a tray to R1. Stated that V3 was removed in the dining room and stayed in the reception area. Did not do any patient care and was removed in the patient area. Stated that she reported it to the administrator and the administrator came in the building.</p> <p>On 10/10/23 at 10:30AM, V1 (Administrator) stated that V1 received a call from the facility and the nurse reported to V1 on 9/28/23 at approximate 6:30 to 6:45 PM that a family member of another resident witnessed an employee throw food to R1. V1 called the police and was present during police interview. V1 also interviewed V3 (Activity Aide) and V3 reported to V1 that R1 threw water and as a reaction V3 upend the tray with food to R1. V3 acknowledged to V1 that V3 voluntarily upend the tray to R1 and V3 stated "But R1 threw water to him".</p> <p>R1 has a care plan for Cognition/Memory Impairment, dated 9/29/23 reads in part: R1 is an adult with impaired cognitive function/dementia and poor memory recall may impact level of alertness, decision making tasks and responsibilities. Interventions: engage me in simple, structured activities that avoid overly demanding task. Please stop and return to me at</p>	S9999		

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6009443	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 10/12/2023
NAME OF PROVIDER OR SUPPLIER TRI-STATE VILLAGE NRSR & RHB		STREET ADDRESS, CITY, STATE, ZIP CODE 2500 EAST 175TH STREET LANSING, IL 60438		
(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>a later time if I became agitated. Keep my routine consistent. Provide me with consistent care givers as much as possible in order to decrease my level of confusion.</p> <p>Abuse/neglect care plan with a start date of 9/29/23 with interventions: Takes steps to calm me and help me feel safe. Provide reassurance to me and remind me that I am in a safe and secure environment with dedicated and caring persons.</p> <p>Abuse Prevention Policy with revision date of 10/2022, reads in part: This facility affirms the right of our resident to be free from abuse, neglect, exploitation, misappropriation of property, deprivation of goods and services by staff or mistreatment. This Facility therefore prohibits abuse, neglect, exploitation, misappropriation off property, and mistreatment of residents. In order to do so, the facility has attempted to establish a resident sensitive and resident secure environment. The purpose of this policy is to assure that the facility is doing all that is within its control to prevent occurrences of abuse, neglect, exploitation, misappropriation of property, deprivation of goods and d services by staff and mistreatment of residents.</p> <p>Abuse is the willful infliction of injury, unreasonable confinement, intimidation or punishment with resulting physical harm, pain, or mental anguish to resident. Any incident or allegation involving abuse, neglect, exploitation, mistreatment or misappropriation of resident property will result in an investigation.</p> <p>(B)</p>	S9999		