FORM APPROVED 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: _ B. WING IL6014633 05/19/2023 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE **1800 COLONIAL PARKWAY INVERNESS HEALTH & REHAB INVERNESS, IL 60067** SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X4) ID (X5) (EACH DEFICIENCY MUST BE PRECEDED BY FULL (EACH CORRECTIVE ACTION SHOULD BE COMPLETE **PREFIX** PREFIX REGULATORY OR LSC IDENTIFYING INFORMATION) CROSS-REFERENCED TO THE APPROPRIATE DATE TAG TAG **DEFICIENCY**) S 000 S 000 Initial Comments Investigation of Facility Reported Incident of April 24. 2023/IL159583 S9999 S9999 Final Observations Statement of Licensure Violations: 300.610a) 300.1210b)3)4) 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 Attachment A care needs of the resident. Statement of Licensure Violations 3) All nursing personnel shall assist and

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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

encourage residents so that a resident who is

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Illinois Department of Public Health (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION STATEMENT OF DEFICIENCIES (X3) DATE SURVEY AND PLAN OF CORRECTION IDENTIFICATION NUMBER: COMPLETED A. BUILDING: C B. WING IL6014633 05/19/2023 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 1800 COLONIAL PARKWAY **INVERNESS HEALTH & REHAB INVERNESS, IL 60067** SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X4) ID (X5)(EACH DEFICIENCY MUST BE PRECEDED BY FULL (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE **PREFIX** COMPLETE PREFIX REGULATORY OR LSC IDENTIFYING INFORMATION) DATE TAG TAG DEFICIENCY) S9999 S9999 Continued From page 1 incontinent of bowel and/or bladder receives the appropriate treatment and services to prevent urinary tract infections and to restore as much normal bladder function as possible. All nursing personnel shall assist residents so that a resident who enters the facility without an indwelling catheter is not catheterized unless the resident's clinical condition demonstrates that catheterization was necessary. 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. Section 300.3240 Abuse and Neglect a) An owner, licensee, administrator, employee or agent of a facility shall not abuse or neglect a resident. This REQUIREMENT is not met as evidenced by: Based on interview and record review the facility neglected to ensure that one resident (R1) of 4 residents reviewed for neglect and abuse, was cleaned thoroughly and free from being intimidated by a member of their staff. This failure resulted in R1 crying and feeling

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intimidated, so much so that she was afraid to ask again for help and allowed stool to sit on her

PRINTED: 06/05/2023 **FORM APPROVED** 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 IL6014633 05/19/2023 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 1800 COLONIAL PARKWAY **INVERNESS HEALTH & REHAB INVERNESS, IL 60067** SUMMARY STATEMENT OF DEFICIENCIES (X4) ID PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX PREFIX COMPLETE REGULATORY OR LSC IDENTIFYING INFORMATION) DATE TAG TAG DEFICIENCY) S9999 Continued From page 2 S9999 person for hours until the next shift came so that she would not be confronted by a staff member who refused to clean her thoroughly. Findings include: Review of R1's medical records document the following diagnosis: Morbid obesity, need for assistance with personal care and abnormalities of gait and mobility. R1's Minimum Data Set (MDS) dated 2/1/2023 section G documents R1 requires extensive 2 + persons physical assist for bed mobility (including turning side to side) and section C documents her cognition to be intact as evidenced by a Brief Interview for Mental Status (BIMS) Score of 14 out of 15. The facility's incident final report dated 4/25/2023 documents the following in summary: R1 stated that around 2 AM on Saturday, she put her call light on to receive incontinence care. The light was answered by V3 (Certified Nurse Assistant/CNA). R1 reported that the CNA entered the room very loudly, causing the door to bang, and talking loudly on her phone. Per R1, V3 changed her too quickly and did not finish wiping all the excrement from her behind before installing a new brief. R1 asked V3 if she cleaned her and V3 said, "Yes, I did clean your butt, do you need anything else. R1's roommate, R2, report of the incident was similar to R1's. V4 (CNA) was the one who saw R1 later that

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morning and answered R1's call light. R1 told V4. that V3 was in a rush when V3 changed her and did not change her all the way. A staff member told the administrator that V3 was hard to work with and V3 was consistently arguing with other staff members and was not a team player.

On 5/18/2023 at 10:05 AM R1 lying in bed, alert

PRINTED: 06/05/2023 FORM APPROVED Illinois Department of Public Health STATEMENT OF DEFICIENCIES (X3) DATE SURVEY (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION AND PLAN OF CORRECTION IDENTIFICATION NUMBER: COMPLETED A. BUILDING: _ C B. WING IL6014633 05/19/2023 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 1800 COLONIAL PARKWAY **INVERNESS HEALTH & REHAB INVERNESS, IL 60067** SUMMARY STATEMENT OF DEFICIENCIES (X4) ID PROVIDER'S PLAN OF CORRECTION ID (X5) COMPLETE (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX (EACH CORRECTIVE ACTION SHOULD BE PREFIX REGULATORY OR LSC IDENTIFYING INFORMATION) CROSS-REFERENCED TO THE APPROPRIATE DATE TAG TAG DEFICIENCY) S9999 Continued From page 3 S9999 and oriented, polite, and soft spoken. R1 states regarding the incident that she woke up about 2 AM in the morning and she had a bowel movement. R1 stated that V3 (CNA) must have been close to her room because she heard only her voice talking loudly and laughing. R1 states she put on her call light to get help to change. R1 states her door was closed and V3 must have been right outside the door because she came in right away and swung the door open so hard that

it hit the wall loudly. R1 states V3 was still loudly talking on the phone and asked her what she wanted. R1 states she told V3 she needed to be changed. R1 states V3 pushed her over to the side and pulled the diaper from underneath her like she was in a hurry. R1 states V3 cleaned her buttocks cheeks but did not get the stool in the between her buttocks. R1 states V3 then put a diaper on her. R1 states she could still feel the stool there and was trying to figure out in her own head why V3 did not clean the stool. R1 states she then told V3 that she still had stool and she needed to be cleaned thoroughly. R1 states she

told V3 there was still stool on her and V3

responded "there isn't any poop on you, I cleaned you." R1 states she said I can feel the stool. R1 states V3 said angrily "I wiped you, did you s*** again and kept saying she wiped her. R1 states V3 then left loudly talking on the phone and slammed the door loudly using her outside voice. It was 2 AM in the morning and people were trying to sleep. R1 states when V3 left she asked R2, her roommate, if she heard that and R2 said yes. R1 states, R2 said she refused to clean you. R1 states she does not like confrontations. R1 states "She [V3] made me feel like she [V3] didn't care, like I was the last thing she wanted to do. She was mean like she had a chip on her shoulder. I felt intimidated. The look she gave me and when she said, "Did you S*** again."

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 IL6014633 05/19/2023 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 1800 COLONIAL PARKWAY **INVERNESS HEALTH & REHAB** INVERNESS, IL 60067 SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X4) ID (X5)(EACH DEFICIENCY MUST BE PRECEDED BY FULL (EACH CORRECTIVE ACTION SHOULD BE PREFIX PREFIX COMPLETE REGULATORY OR LSC IDENTIFYING INFORMATION) CROSS-REFERENCED TO THE APPROPRIATE DATE TAG TAG DEFICIENCY) S9999 \$9999 Continued From page 4 made me afraid to ask to get cleaned up until the next shift." R1 states, when the next shift came in, V4 (CNA) was assigned to her, and she told V4 what had happened. R1 states V4 was cleaning her up and said that this should not have happened. R1 states V4 told V10 (Licensed Practical Nurse/LPN). On 5/18/2023 at 10:23 AM R2 states R1 needed to be cleaned up and V4 came into the room to clean R1 up. R1 states she still felt the stool on her. R2 states V3 said "I wiped you that's impossible. Did you s*** again! Did you s*** again! "R2 states V3 said it with a snooty." abrasive attitude. R2 states R1 said "no I didn't". R2 states, "poor [R2] had to sit in there with stool on her all night till the next shift. The morning aid came and said this should never have happened." R2 states V10 (LPN) came into their room and said R1 "should not be afraid of anyone here." R1 states V3 was "rude and was antagonizing," R2 states V3 was "trying to intimidate" R1 when she was saving "Did you s*** again!" with an attitude. R2 states, R1, "can't walk she is at their mercy, I'd say it was cruel, unpleasant and uncalled for." On 5/18/2023 at 1:08 PM V6 (Staffing Coordinator) states the V3 worked a lot and wanted to be on her usual unit. V6 states unit was V3's "regular hallway" and she liked to go there, but we started getting complaints from residents. The residents would say she [V3] is too rough. V3 would say she would come back and then not come back, she [V3] would just make them wait, residents would say V3 was gossiping to residents about other CNAs. Staff didn't like working with her. V3 would change her own assignment. She would argue with other

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staff. Staff said, "we would rather work short than

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STATEMENT OF DEFICIENCIES (X1) PRO

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	work with someone say. "She is not a would complain ab herself to our office V3 and CNAs would remembers V11 (Lalso that R4 would and leaves me the help me." V6 state floating her [V3]. Find did not put her on the V6 to float V3 to ar On 5/18/2023 at 1: remember V3 that help her into bed a	e with that attitude", they would team player. R4 for sure out V3. She would wheel and tell us or the CNAs about d tell us also. V6 states she PN) reporting that to the ADON say V3 puts me on the toilet re and will not come back to s, "After that we started for the night shifts for sure we he unit." V6 states ADON told nother unit. 31 PM R4 states she doesn't much just that V3 would not not would leave her in the es she had no problem letting										
	came in that morni she was not being R1 was crying and didn't get the poop clean it. V4 states she went between (bowel movement) V4 states R1 is a to of her size you have to get in there to cl we have two peopl V4 states, if a resid so she can feel be V4 states R1 was of morning and R1 to clean her. V4 state told R1 "it was ok,	2:59 AM V4 (CNA) states she ng R1 was crying and R1 said cleaned properly. V4 states V4 states that R1 told her V3 out of her butt and refused to R1's diaper was clean when her cheeks to clean the stool from in between her buttocks. Wo-person assist and because to spread her buttocks apart ean. Normally, if we clean R1 e. I told V10 (LPN) about it. Itent asks to be cleaned again, ter, she will just clean them. Crying when I saw her that Id her that V3 had refused to es she tried to comfort R1 and don't worry, I will clean you." itaper but V3 didn't clean in ks."										

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	4/24/2022 docume R1 stated that durin Saturday 4/22/2023 R1 was awakened talking coming from	ng the early morning hours on 3 at approximately 2:00 AM, by loud laughter and loud in the hallway outside her door,					
	which was closed a she'd had a bowel in changed, so she ad staff. [R1] stated, " morning, V3 came busters by banging loudly talking on he	at the time. [R1] explained that movement and needed to be ctivated her call light to alert 'At about 2 o'clock in the into the room like gang the door into the wall. V3 was er cell phone with an ear bud alk on the cell phone while					
	cleaning me up. Vimyself, 'Why is she are trying to sleep? changed because I diaper off quickly a poop there. [V3] quand finished. I told something there lik asked her [V3], "did	3 was so loud that I thought to being so loud while people [7] [R1] told [V3] I needed to be I had pooped. V3 pulled my nd you could see there was uickly started to wipe me off I her [V3] I can still feel the I'm not completely clean. I do you clean me?' she kind of					
*	butt!" When the lasked her if she co	said, yes, I did clean your e next CNA came on day shift, could change me. I still had m during the night when [V3]					
3	(DON) on 4/24/202 came into the room putting the call light soiled and was not told R1 "I already d	ness statement taken by V2 22 documents the following: V3 n loudly in response to R1 t on. R1 told V3 she still felt completely clean and the CNA lid it, ok?" "She [V3] was so know [R1] just wanted her out					
	of the room." "She wait until the next s	[R1] said she would rather just shift comes in to help her."					
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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 IL6014633 05/19/2023 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE **1800 COLONIAL PARKWAY INVERNESS HEALTH & REHAB** INVERNESS, IL 60067 SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X4) ID (EACH DEFICIENCY MUST BE PRECEDED BY FULL **PREFIX** PREFIX (EACH CORRECTIVE ACTION SHOULD BE COMPLETE REGULATORY OR LSC IDENTIFYING INFORMATION) CROSS-REFERENCED TO THE APPROPRIATE DATE TAG TAG DEFICIENCY) S9999 Continued From page 7 S9999 "expect[s] staff to speak respectfully to residents. make sure their needs are met before they leave the room. I expect staff not to use personal electronic device while providing care, they should not use phones while on the unit, only at break time. I expect that incontinence care is thoroughly done, especially for someone alert and oriented like [V3], if she says I'm not clean, I expect the CNA to ask what needs to be done and then do it." On 5/18/2023 at 3:41 PM V12 (CNA) states if a resident says they are not clean she would clean them again to make them feel adequately clean and feel better. On 5/18/2023 at 3:45 PM V13 (CNA) states she is familiar with V3. V13 states R1 requires total care. V13 states R1 is alert and oriented. V13 states, if a resident felt like they needed to be cleaned more thoroughly she would clean them because it is the right thing to do. On 5/18/2023 at 11:17 AM V1 (Administrator) stated that V3 was terminated over the phone. The facility's final incident report documents V3 was removed from the schedule and will not return permanently based on poor customer service. It was determined that the CNA did not provide incontinence care to the resident's satisfaction. Review of V3's termination report (Counseling report) dated 5/1/23 document the reason for termination being "Per scheduler and executive director inability to work respectfully with others on several occasions and reports." Reviewed V3's counseling report of 3/13/23 that

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