Illinois Department of Public Health STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X3) DATE SURVEY (X2) MULTIPLE CONSTRUCTION COMPLETED AND PLAN OF CORRECTION **IDENTIFICATION NUMBER:** A. BUILDING: B. WING 11/27/2023 IL6012322 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE **525 SOUTH MACON STREET MOWEAQUA REHAB & HCC** MOWEAQUA, IL 62550 SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X4) ID (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE PREFIX COMPLETE PREFIX DATE TAG TAG DEFICIENCY) S 000 S 000 Initial Comments Facility Reported Incident of October 20, 2023 IL166140 S9999 S9999 Final Observations Statement of Licensure Violations: 300.610 a) 300.1210 b) 300.1210 d)6) Section 300.610 Resident Care Policies 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 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 Attachment A each resident's comprehensive resident care Statement of Licensure Violations 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. Illinois Department of Public Health

STATE FORM

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

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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 IL6012322 B. WING 11/27/2023 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE **525 SOUTH MACON STREET** MOWEAQUA REHAB & HCC MOWEAQUA, IL 62550 SUMMARY STATEMENT OF DEFICIENCIES (X4) ID PROVIDER'S PLAN OF CORRECTION (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX PREFIX (EACH CORRECTIVE ACTION SHOULD BE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG CROSS-REFERENCED TO THE APPROPRIATE DATE TAG DEFICIENCY) S9999 Continued From page 1 S9999 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: 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. These requirements are not met as evidenced by: Based on observation, interview, and record review, the facility failed to allow the right to refuse a laboratory blood draw, and failed to provide safe cares for one (R5) of two residents reviewed for abuse on the sample list of five. These failures resulted in R5 having a negative reaction to the situation, in which R5 sustained skin tears to the left hand and arm. This failure also resulted in R5 having psychosocial harm in which R5 was afraid to sleep at night. Findings include: The facility's Final Report, dated 11/6/23. documents on 10/30/23, V1, Administrator, was notified R5 stated V9, Phlebotomist (Laboratory staff), held him down this morning. R5's undated witness statement documents. "Told many times didn't want blood drawn. I told them over and over I have bad blood. They said they would call the Fire department and they kept grabbing me and had their claws coming out. They grabbed and grabbed, and I said no. no. no. There was 3 or 4 of them." R5's skin assessment, dated 10/30/23,

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S9999	room is his' and s got in the room ar got R5 situated ar V9 stated after sh became combativ V9 stated she was and he had his ha go, so neither of ti attempted to take stated she didn't r was. V9 stated sh and got the tournic three skin tears fround one on his ard V9 stated she wrastated V9 was ablithat. V9 stated, "T	CNA left, and I yelled back 'what he said third on the right. We ad I shut the door." V9 stated V9 ad had the lab supplies ready. The put the tourniquet on R5, he are and was heading to the door. The trying to get the tourniquet off and on the door and wouldn't let them could get out. V9 stated V9 his hand off the door knob. V9 sealize how sensitive his skin a finally got the door opened quet off, and he had two or to making his hand off the door, and from taking the tourniquet off, pped his arm with gauze. V9 to finish the blood draws after hinking back on the incident; ated in the hall, I should have	\$9999				
	"(V9) came in to d couldn't get it, so s he kept saying he blood. After the nu let us draw it (the I she drew it, and he left hand and he w with his right hand the fact, he kept cand stated he does longer, and stated want it drawn." V10 from pulling away it On 11/27/23 at 2:2	243 PM, V10, CNA, stated, raw (R5's) blood, and (V9) she hollered down the hall, and didn't want it, and he had bad rse explained the procedure he blood). I held his hand while was fine. I was holding his as squeezing my other hand. At that point he let us. After oming up to the nurse's station sn't want blood drawn any he has bad blood and he didn't 0 stated R5 did have skin tears from the lab lady.					

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