

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER <b>145597</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED <b>09/11/2020</b>
NAME OF PROVIDER OF SUPPLIER <b>PEKIN MANOR</b>		STREET ADDRESS, CITY, STATE, ZIP <b>1520 EL CAMINO DRIVE PEKIN, IL 61554</b>	
For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)		
F 0609  <b>Level of harm</b> - Minimal harm or potential for actual harm  <b>Residents Affected</b> - Few	<b>Timely report suspected abuse, neglect, or theft and report the results of the investigation to proper authorities.</b>  Based on record review and interview, the facility failed to ensure bruising of unknown origin was documented and reported to the Administrator, for one of three residents (R1) reviewed for resident injury, in a sample of three. Findings include: The facility policy, titled Abuse Prohibition and Reporting (11/28/19), documents, The facility actively prohibits resident abuse including neglect, corporal punishment, involuntary seclusion, misappropriation of property, injuries of unknown source, exploitation and use of any physical or chemical restraint not required to treat resident's symptoms. The policy further documents, F. Injuries of unknown sources - 1. Suspicious injuries of unknown source, including, but not limited to, significant bruises, fractures, dislocations, lacerations, abrasions, contusions, lumps, and/or severe swelling, shall be reported immediately to the shift nurse, the Director of Nursing and the Administrator. 2. The shift nurse shall document the nature of the injury in the resident's medical record and assure the Director of Nursing and Administrator is informed of the injury. A Minimum Data Set assessment, dated 8/20/20, documents R1 has moderate cognitive impairment, with short and long term memory problems. A Nursing Progress Note, dated 8/30/2 by V6 (Registered Nurse), documents, Spoke with (family) and gave an update. (R1) has been itching a lot lately and (family) states (R1) can only use certain types of laundry detergent (for sensitive skin). (R1) has ended up with hives in the hospital in the past and bruises easily from her itching herself. (Family) would like to start doing her laundry at home. On 9/10/20 at 11:08 am, V6 (Registered Nurse) stated she did speak with R1's family to give them a status update on 8/30/20 to discuss R1 itching her chest, back and arms. V6 stated earlier that day, she also observed bruising on R1's right upper and lower arm and informed the family during that conversation. According to V6, R1's family member told her that R1 had a tendency to itch herself and bruise easily, which was why they discussed a change in laundry detergent. V6 stated the bruising appeared new and the bruising higher up on R1's arm did look like it could have been from a hand or hand marks, but V6 could not be 100% sure. V6 stated R1 was too confused to tell her how the bruising occurred and V6 did not report the bruising to anyone or document any detailed assessment of the bruised areas. V6 stated bruising of an unknown origin is usually reported to the Director of Nursing and Administrator, but she failed to do so. On 9/10/20 at 12:00 pm, V1 (Administrator) stated it was never reported to her or the Director of Nursing that R1 had bruising on her arm that resembled hand marks. V1 indicated all bruising of unknown origin is to be documented and reported, so it can be appropriately investigated.		
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE		TITLE	(X6) DATE

Any deficiency statement ending with an asterisk (\*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.