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| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION   | (X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER<br><b>145732</b>  | (X2) MULTIPLE CONSTRUCTION<br>A. BUILDING _____<br>B. WING _____                   | (X3) DATE SURVEY COMPLETED<br><b>07/23/2020</b> |
| NAME OF PROVIDER OF SUPPLIER<br><b>HERITAGE HEALTH-NORMAL</b>  |   | STREET ADDRESS, CITY, STATE, ZIP<br><b>509 NORTH ADELAIDE<br/>NORMAL, IL 61761</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 0607<br><br><b>Level of harm - Minimal harm or potential for actual harm</b><br><br><b>Residents Affected - Few</b>              | <b>Develop and implement policies and procedures to prevent abuse, neglect, and theft.</b><br><br>Based on interview and record review the facility failed to implement its abuse reporting policy by failing to provide written notification of abuse allegations to resident representatives for three of five residents (R1, R2, R3) reviewed for abuse on the sample list of eight. Findings include: The facility's policy, with a revision date of 3/15/2018, titled Resident Care Policy and Procedure regarding Abuse and Neglect, Involuntary Seclusion, Exploitation, Misappropriation of Resident Property, Injuries of Unknown Origin and Social Media documents, Reporting: Allegations of Abuse and Neglect. 2. The facility Administrator, who becomes aware of alleged abuse or neglect of a resident, shall immediately report the matter by telephone and in writing to the resident's representative. 1. R1's allegation of abuse investigation file dated 6/10/20 documents that the facility received an allegation of physical abuse dated 6/10/20 at 2:15 PM. This investigation file documents that R1 stated that a white female staff member held her hand over R1's mouth and told R1 to shut up. 2. R2's medical record documents on 5/12/2020 at 2:01 PM by V4 (Licensed Practical Nurse/LPN), Writer received a phone call from POA (power of attorney) of concerns reported to them via (by) telephone by resident (R2) at 12:25 PM. Administrator was notified at 12:27 PM. Aide removed from care. The facility's form titled Report to Illinois Department of Public Health documents R2's son phoned and spoke with nurse regarding concerns related to inappropriate care given by V3 (Certified Nursing Assistant) on 5/12/2020. 3. R3's medical record documents on 5/2/2020 10:06 AM by V4 (LPN), There was an incident regarding another resident at 7:30 AM. Administrator notified at 8:20 AM. POA (power of attorney) notified at 8:40 AM. The facility's form titled Report to Illinois Department of Public Health documents on 5/2/2020, (R3) was backing up out of bathroom, (R4) came up behind (R3) and placed hands on (R3's) shoulders, moving up the head and pressed on (R3's) ears. Staff intervened and separated both residents. R1, R2 and R3's medical records and facility abuse investigation files did not contain documentation that written notification was provided to resident representatives when abuse allegations occurred per facility policy. On 7/22/2020 at 4:38 PM V1 (Administrator) stated, I did not notify V12 (R1's family member), V15 (R2's family member) and V16 (R3's family member) in writing when allegations of abuse occurred.  |  |   |
| F 0610<br><br><b>Level of harm - Minimal harm or potential for actual harm</b><br><br><b>Residents Affected - Few</b>              | <b>Respond appropriately to all alleged violations.</b><br><br>Based on interview and record review the facility failed to thoroughly investigate an allegation of physical abuse for one of five residents (R1) reviewed for abuse on the sample of eight. Findings include: R1's allegation of abuse investigation file dated 6/10/20 documents that the facility received an allegation of physical abuse dated 6/10/20 at 2:15 PM. This investigation file documents that R1 stated that a white female staff member held her hand over R1's mouth and told R1 to shut up. This investigation file documents that V1 (Administrator) interviewed V17 (Licensed Practical Nurse/LPN), R1, R6, R7, and R8. This file does not document that V1 talked to any other potential staff witnesses. The facility's schedules dated 6/1/20 through 6/9/20 documents V14 (Certified Nurse's Assistant/CNA) worked on the third shift on 6/1/20, 6/2/20, 6/3/20, 6/6/20, and 6/7/20, V13 (CNA) worked third shift on 6/1/20, 6/2/20, and 6/6/20, and V18 (LPN) worked third shift on 6/3/20, 6/4/20, 6/5/20, 6/6/20, 6/8/20, and 6/9/20. On 7/23/20 at 9:12 AM, V13 stated no one from the facility has interviewed her about an allegation of abuse involving R1. V13 stated V13 is scheduled down that hall but that V14 works with R1 the most. On 7/23/20 at 9:49 AM, V14 stated she takes care of R1 quite a bit, at least four to five times a week. V14 stated V14 is R1's primary third shift CNA. V14 stated she has not been interviewed about an allegation of abuse involving R1. On 7/23/20 at 11:50 AM, V18 stated V18 works with R1 most of the time on the 3rd shift. V18 stated V18 was never interviewed about any allegation of abuse involving R1. On 7/23/20 at 10:51 AM, V1 stated she did not interview V13 or V14 about the allegation of abuse to R1. V1 stated V14 is R1's primary CNA and V18 is R1's primary nurse on the third shift. V1 stated V1 may have talked to V18 about it, but did not document the conversation. V1 stated V1 only formally interviewed V17 (LPN). V1 stated V1 did not obtain signed statements from staff. The facility's abuse policy dated 3/18/18 documents under Investigating Abuse that, (b) When possible the investigation shall include signed statements from those persons who saw or heard information pertinent to the incident. Statements should be taken from the suspect, the person making the accusations, the resident abused or neglected (if cognitive level permits), other staff or residents who may have witnessed the incident, and any other person who may have information related to the incident. (d) The Administrator shall keep copies of all notes of all interviews conducted by the Administrator or other facility interviewer in the course of the investigation. |  |   |

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.