

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 11/06/2008
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 146090	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 05/08/2008
NAME OF PROVIDER OR SUPPLIER HAWTHORNE INN OF DANVILLE			STREET ADDRESS, CITY, STATE, ZIP CODE 3222 INDEPENDENCE DRIVE DANVILLE, IL 61832		
(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) COMPLETION DATE	
F9999	<p>Continued From page 75</p> <p>3. The POS dated 4/1-4/30/08 states that R108 has diagnoses of Dementia with Psychotic Features and Anxiety. The facility Service Plan dated 3/30/08 states that R108 has no behaviors, has occasional forgetfulness, and ambulates independently.</p> <p>The Event Report dated 4/11/08 at 8:58pm states, R108 walked by R17, complimented R17 on her blanket, and R17 then "struck [R108] in the chest twice".</p> <p>E7 (RN) was interviewed on 4/30/08 at 12:40pm. E7 stated she witnessed R17 "swat kind of hit, get away from me more than anything" to the other resident.</p> <p>E3 (CNA, Dementia Unit Director) confirmed in interview on 4/30/08 at 2:00pm that R108 was the resident hit by R17. E3 stated that R17 was upset with staff for taking the charting book away from her and when R108 walked by and told her she looked nice, R17 slapped her.</p> <p>R108's Progress Note has 2 entries documented on the note. The entries are dated 2/29/08 and 3/1/08. There is no documentation of the incident dated 4/11/08 when R108 was slapped by R101. There is no documentation in the note that R108's physician was notified of the incident.</p> <p>LICENSURE VIOLATIONS</p> <p>300.1210a) 300.1210b)3)</p>	F9999			

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 11/06/2008
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 146090	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 05/08/2008
NAME OF PROVIDER OR SUPPLIER HAWTHORNE INN OF DANVILLE			STREET ADDRESS, CITY, STATE, ZIP CODE 3222 INDEPENDENCE DRIVE DANVILLE, IL 61832		
(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) COMPLETION DATE	
F9999	<p>Continued From page 76 300.3240a) 300.3240f)</p> <p>Section 300.1210 General Requirements for Nursing and Personal Care</p> <p>a) The facility must 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 assessment and plan of care. 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.</p> <p>b) General nursing care shall include at a minimum the following and shall be practiced on a 24-hour, seven day a week basis:</p> <p>3) Objective observations of changes in a resident's condition, including mental and emotional changes, as a means for analyzing and determining care required and the need for further medical evaluation and treatment shall be made by nursing staff and recorded in the resident's medical record.</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>f) Resident as perpetrator of abuse. When an investigation of a report of suspected abuse of a resident indicates, based upon credible evidence, that another resident of the long-term care facility is the perpetrator of the abuse, that resident's</p>	F9999			

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 11/06/2008
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 146090	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 05/08/2008
NAME OF PROVIDER OR SUPPLIER HAWTHORNE INN OF DANVILLE			STREET ADDRESS, CITY, STATE, ZIP CODE 3222 INDEPENDENCE DRIVE DANVILLE, IL 61832		
(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) COMPLETION DATE	
F9999	<p>Continued From page 77</p> <p>condition shall be immediately evaluated to determine the most suitable therapy and placement for the resident, considering the safety of that resident as well as the safety of other residents and employees of the facility. (Section 3-612 of the Act)</p> <p>These REGULATIONS are not met as evidenced by:</p> <p>Based on observation, interview, and record review, the facility failed to investigate repeated resident-to-resident altercations to identify behaviors which may increase the risk of repeated altercations for 1 of 1 sampled resident with physically aggressive behaviors (R17). The facility failed to provide adequate supervision, assess, develop, and implement a behavior management plan in a timely manner to prevent further resident-to-resident altercations involving R17.</p> <p>These failures resulted in further resident-to-resident altercations involving R17 and the following residents on the specialized Dementia Care Unit: R109, R21, R101, R102, R105, R108, R103. R17 hit R101 in the face resulting in bruising of the left eye, bridge of the nose, and the middle lower lip.</p> <p>Findings include:</p> <p>The facility Admission Record states that R17 was admitted to the facility specialized secure Dementia Unit on 4/1/08.</p> <p>The hospital History and Physical dated 3/24/08 states that R17 has a past medical history of "Alzheimer's Dementia." The section titled</p>	F9999			

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 11/06/2008
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 146090	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 05/08/2008
NAME OF PROVIDER OR SUPPLIER HAWTHORNE INN OF DANVILLE			STREET ADDRESS, CITY, STATE, ZIP CODE 3222 INDEPENDENCE DRIVE DANVILLE, IL 61832		
(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) COMPLETION DATE	
F9999	<p>Continued From page 78</p> <p>"History" states, "[R17] lives with her husband. [R17] had deteriorating mental status of one week's duration. [R17] has become more aggressive. [R17] struck the husband with her hand today. [R17] tried to stab him last week."</p> <p>The facility "Alzheimer's Screening Form" dated 4/1/08 in the section titled "Traits and Moods" is blank for "Eating Habits; Other Habits and Childhood Method of Bathing." The section titled "Behaviors" has the following areas checked: "Sundowner; Worries; Suspicious; Bored; Withdrawn; Physically Aggressive; Verbally Aggressive; Wanders; Elopement and Paces." The section titled "Frequency" is blank for the following areas: "Physically Aggressive; Verbally Aggressive; Wanders; Elopement and Paces." The section titled "What Causes Agitation in Applicant" and "Interventions Used to Decrease Agitation" is blank. E3 (CNA/Certified Nurse Aide, Dementia Unit Director) confirmed in interview on 4/30/08 at 12:05pm that she filled out the screening form on 4/1/08 with R17's family.</p> <p>The Admission Minimum Data Set (MDS) dated 4/13/08 states that R17 has problems with long/short term memory, has impaired decision making ability, has behaviors, requires limited assist for dressing, hygiene, supervision for eating, and ambulates independently. The Resident Assessment Protocol dated 4/13/08 for "Behavioral Symptoms" states, "These behaviors were occasionally exhibited at her home. [R17] is difficult to re-direct, and it takes several staff attempts to re-direct her. [R17] has a difficult time with having others in her personal space as well as some difficulty understanding what is needed. The IDT[Interdisciplinary Team] feels that a program for behavior management needs to be</p>	F9999			

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 11/06/2008
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 146090	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 05/08/2008
NAME OF PROVIDER OR SUPPLIER HAWTHORNE INN OF DANVILLE			STREET ADDRESS, CITY, STATE, ZIP CODE 3222 INDEPENDENCE DRIVE DANVILLE, IL 61832		
(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) COMPLETION DATE	
F9999	<p>Continued From page 79 put in place."</p> <p>The Behavioral Observation Form dated 4/4/08 has 8 different entries documenting that R17 was combative and "physically abusive to staff." The entry at 8:10 pm states "aggressive to res [resident]," no trigger identified, lasting 15 seconds." E13 (CNA) stated in interview on 4/23/08 at 4:00pm that she did not recall who the name of the resident involved in the incident or any details of the incident. There is no Resident Progress Note documenting the incident.</p> <p>The Behavioral Observation Form dated 4/5/08 has entries at 4:30 pm documenting that R17 "tried to stab staff with a fork; Tried to throw another resident's walker at staff; Tried to throw a chair at staff and tried to hit staff."</p> <p>The Resident Progress Note dated 4/5/08 at 9:00pm states, "[R17] has had several episodes of behavior issues tonight (see events). Talked to [R17's] physician and husband about issues and got order for Lorazepam 1mg [milligram] TID [3 times a day] and PRN [as needed]. Spoke with E1 (Administrator) who states ALL med [medications] must be given by nurses [with] no excuses and [R17] should have 1:1 attention on [the Unit] by staff until behavior improves."</p> <p>The Event Report dated 4/5/08 at 7:15pm states, "[R17] was in her nightgown, it was about 7:15 pm and [R17] had gone to bed once. Don't know when or how [R17] got back up, but [R17] was in the other res's [R109] room who screamed and said [R17] just came in the room and made a 'claw' with her hand and came toward [R109] and then struck [R109] in the mouth. No apparent injury inside or outside other res's mouth, but</p>	F9999			

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 11/06/2008
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 146090	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 05/08/2008
NAME OF PROVIDER OR SUPPLIER HAWTHORNE INN OF DANVILLE			STREET ADDRESS, CITY, STATE, ZIP CODE 3222 INDEPENDENCE DRIVE DANVILLE, IL 61832		
(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) COMPLETION DATE	
F9999	<p>Continued From page 80</p> <p>[R109] was very upset." E18 (Registered Nurse/RN) confirmed in interview on 4/30/08 at 4:05pm that R109 was hit in the mouth by R17. The Service Plan dated 2/14/08 states that R109 ambulates independently, has a diagnosis of Dementia, with impaired decision making.</p> <p>The Event Report dated 4/5/08 at 8:20pm states, "[R17] had been changed into nightgown and gone to bed; got up and went in another res's room. Unknown what transpired prior but then the other res was screaming and [R17] was found punching her in the face. Has been showing signs of aggressiveness before and fear of new people and situations."</p> <p>E18 (RN) confirmed in interview on 4/30/08 at 4:05pm that she does not remember who the resident was that R17 hit. When asked why the other resident is not identified in the event report, E18 stated they are told not to identify the other resident by facility administration.</p> <p>The Event Report dated 4/5/08 at 8:45pm states, "[R17] was seated at dining room table about 8:45pm [with] another resident and a staff member. Other res [R21] was quietly reading the newspaper and suddenly [R17] grabbed her newspaper and tore it all up. This resulted in other res [R21] getting very angry and threatening [R17]. Then [R17] slapped her [R21]. They both stood up and slapped each other then staff stepped in and re-directed both residents."</p> <p>E18(RN) confirmed in interview on 4/30/08 at 4:05pm that R21 was the resident that R17 slapped. The MDS dated 4/22/08 states that R21 has diagnoses of Osteoporosis, Depression, and Alzheimer's. The MDS states that R21 has</p>	F9999			

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 11/06/2008
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 146090	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 05/08/2008
NAME OF PROVIDER OR SUPPLIER HAWTHORNE INN OF DANVILLE			STREET ADDRESS, CITY, STATE, ZIP CODE 3222 INDEPENDENCE DRIVE DANVILLE, IL 61832		
(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) COMPLETION DATE	
F9999	<p>Continued From page 81</p> <p>problems with long/short term memory and requires supervision for transfers and ambulation.</p> <p>The Event Reports dated 4/5/08 at 7:15pm, 8:20pm, and 8:45pm all document that R17 had "anger, anxiety, desire to harm others, fear and tension." The reports document that R17's family and Physician were notified of the events.</p> <p>The Behavioral Observation Form dated 4/5/8 has entries at 7:20pm, 8:20pm, 8:30pm, and 8:45pm stating, "Physically abusive to res" with no trigger identified, ranging in severity from "severe to extreme." E5 (CNA) was interviewed on 4/24/08 at 3:00pm. E5 stated she could not remember who the residents involved in the events were or what actually transpired.</p> <p>E3 (CNA, Dementia Unit Director) was re-interviewed on 4/30/08 at 2:00pm. E3 stated that she was aware of the incidents on 4/5/08 but did not document any investigation, just verbally asked about the incidents. E3 did not remember the name of the residents involved in the incidents with R17.</p> <p>The Resident Progress Report dated 4/6/08 at 11:35am states, "Staff reports [R17] punched CNA in the back of the head today as she bent to get a [tissue] off the floor. [R17] was nearby eating breakfast and was not provoked. MD [Medical Doctor] notified of event. Has not physically attacked any other residents so far this shift."</p> <p>The facility 24 Hour Report dated 4/6/08 for 1st shift states, "Resident and [R17] fighting. [R17] hit another resident in the mouth. Resident very upset." The form documents the name of the</p>	F9999			

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 11/06/2008
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 146090	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 05/08/2008
NAME OF PROVIDER OR SUPPLIER HAWTHORNE INN OF DANVILLE			STREET ADDRESS, CITY, STATE, ZIP CODE 3222 INDEPENDENCE DRIVE DANVILLE, IL 61832		
(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) COMPLETION DATE	
F9999	<p>Continued From page 82</p> <p>other resident as R101, but the name has been crossed through and "another resident" written above the entry.</p> <p>E14 (CNA) confirmed in interview on 4/24/08 at approximately 10:00am that she thought the resident that was hit in the mouth was R101. E14 stated R101, "cried out 'Oh,' but is emotional." E14 stated she reported the incident to the nurse. There is no documentation of the incident in the Resident Progress Notes or on the Behavioral Observation Form. The POS dated 4/1-4/30/08 states that R101 has diagnoses of Dementia with Delusional Features and Depression. The Service Plan dated 4/1/08 states R101 has behaviors including wandering; pacing; physical aggression and agitation, ambulates independently and requires orientation, staff attention and intervention.</p> <p>The care plan dated 4/7/08 identifies that R17 has had episodes of being "physically aggressive during attempts to re-direct and during attempts to assist with personal care" with the following approaches identified: "When [R17] becomes physically abusive, stop and try task later. Do not force [R17] to do adl [activities of daily living] task. [R17's] daughter has stated to leave her in her street clothes if she refuses to change for bed; When [R17] becomes physically abusive, move [R17] to a quiet, calm environment."</p> <p>The entry dated 4/16/08 states, "Behavior Management Program 1. Staff will check for comfort measures for [R17] like Hydration, Snacks, Toileting, Room temp[temperature], Appropriate clothing for weather."</p> <p>There are no interventions documented on R17's</p>	F9999			

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 11/06/2008
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 146090	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 05/08/2008
NAME OF PROVIDER OR SUPPLIER HAWTHORNE INN OF DANVILLE			STREET ADDRESS, CITY, STATE, ZIP CODE 3222 INDEPENDENCE DRIVE DANVILLE, IL 61832		
(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) COMPLETION DATE	
F9999	<p>Continued From page 83</p> <p>care plan relating to what may have triggered her aggressive behavior with other residents, in order to prevent further physical aggression.</p> <p>The facility "Activities-Behavior Analysis-I dated 4/8/08 at 10:14am identifies that R17's behaviors occur during ADL's, during medication administration, late afternoon to early evening, meal time, with specific staff, prior to bed time and second shift. The form documents that R17's behaviors do not cause injury. The section titled "Summary of Behavior Analysis" is blank.</p> <p>The Social Services Assessment dated 4/8/08 states that R17 "likes to do crossword puzzles, read magazines, socialize, goes to bed around 9pm, and watches tv [television] before going to bed."</p> <p>The Activities Assessment dated 4/9/08 states that R17 has a "moderate problem" with the following areas: "Exhibits agitation such as pacing, hand wringing, etc [etcetera]; Verbally abusive and Physically abusive."</p> <p>The 24 Hour Report dated 4/9/08 for 1st shift states, "[R17] combative and verbally abusive towards residents and staff ALL day!" E14 (CNA) confirmed in interview on 4/24/08 at 10:25am that she could not recall any specific behavior that R17 had that day or any specific residents involved. There is no documentation on the Behavior Observation Form for 4/9/08.</p> <p>The 24 Hour Report dated 4/10/08 for 1st shift states, "[R17] pulled the curtain holder out of the wall and tried to hit a resident and staff with it." E14 (CNA) was interviewed on 4/24/08 at approximately 10:00am. E14 stated that R17</p>	F9999			

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 11/06/2008
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 146090	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 05/08/2008
NAME OF PROVIDER OR SUPPLIER HAWTHORNE INN OF DANVILLE			STREET ADDRESS, CITY, STATE, ZIP CODE 3222 INDEPENDENCE DRIVE DANVILLE, IL 61832		
(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) COMPLETION DATE	
F9999	<p>Continued From page 84</p> <p>pulled the plastic curtain holder out of the wall, raised her hand to hit another resident with the curtain holder. E14 stated she intervened and was able to stop R17 before she hit the other resident. E14 was unable to recall the name of the other resident. There is no documentation of the incident in the Resident Progress Notes or the Behavioral Observation Form.</p> <p>The Behavioral Observation Form dated 4/11/08 at 7:55pm states, "Combative toward res." The form documents the duration as 1-2 minutes and severity is documented as "severe." The form also documents that R17 was "combative" and "physically aggressive towards staff."</p> <p>E13 (CNA) was interviewed on 4/23/08 at 4:00pm. When asked about the entries, E13 stated that R17 would "try to stab staff and residents, threw water on staff, tried to bite [R102], but was unable to bite [R102]." E13 stated that R102 and R105 "verbally expressed they were afraid of her [R17]." E13 stated that R102 "said she [R102] had been hit by her [R17] a couple of weeks ago." E14 (CNA) stated in interview on 4/24/08 at 10:25am that she heard that R17 had "grabbed" R102.</p> <p>The Functional Assessment dated 12/31/07 states that R102 is orientated to person, place and time with occasional forgetfulness, and requires supervision with mobility. R102 was interviewed on 4/25/08 at 10:25am. R102 stated, "At one time I was afraid. If she [R17] went by, she would grab and scratch."</p> <p>The Physician Order Sheet (POS) dated 3/1-3/31/08 states that R105 has diagnoses of Dementia and Paranoid Schizophrenia. The</p>	F9999			

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 11/06/2008
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 146090	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 05/08/2008
NAME OF PROVIDER OR SUPPLIER HAWTHORNE INN OF DANVILLE			STREET ADDRESS, CITY, STATE, ZIP CODE 3222 INDEPENDENCE DRIVE DANVILLE, IL 61832		
(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) COMPLETION DATE	
F9999	<p>Continued From page 85</p> <p>Service Plan dated 12/30/07 states that R105 is "confused about place but seems to do very well on other areas and ambulates with no devices."</p> <p>E3 (CNA, Dementia Unit Director) confirmed in interview on 4/23/08 at 4:20pm that she was not aware that R102 and R105 were afraid of R17 as nobody had reported anything to her. E3 stated she was not aware that R17 tried to bite or scratch other residents.</p> <p>The Event Report dated 4/11/08 at 8:58pm states, "[R108] walked by [R17] and complimented her on how pretty her blanket was which [R17] was wrapped in, [R17] turned and struck [R108] in the chest twice."</p> <p>E7 (RN) was interviewed on 4/30/08 at 12:40pm. E7 stated she witnessed R17 "swat kind of hit, get away from me more that anything" the other resident. E7 was unable to remember the name of the resident hit by R17.</p> <p>E3 (CNA, Dementia Unit Director) confirmed in interview on 4/30/08 at 2:00pm that R108 was the resident hit by R17. E3 stated that R17 was upset with staff for taking the charting book away from her and when R108 walked by and told her she looked nice, R17 slapped her.</p> <p>The POS dated 4/1-4/30/08 states that R108 has diagnoses of Dementia and Anxiety. The Service Plan dated 3/30/08 states that R108 ambulates independently and is orientated to person, place, time with occasional forgetfulness.</p> <p>The 24 Hour Report dated 4/12/08 for 1st shift states, "[R17] combative toward residents and staff." There is no documentation in the Resident</p>	F9999			

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 11/06/2008
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 146090	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 05/08/2008
NAME OF PROVIDER OR SUPPLIER HAWTHORNE INN OF DANVILLE			STREET ADDRESS, CITY, STATE, ZIP CODE 3222 INDEPENDENCE DRIVE DANVILLE, IL 61832		
(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) COMPLETION DATE	
F9999	<p>Continued From page 86 Progress Notes or Behavior Observation Form.</p> <p>E15 (CNA) was interviewed on 4/24/08 at 10:00am was unable to provide any specific incidents related to the entry. E15 stated that R102 told her that R17 "bumped her when walking."</p> <p>The Behavioral Observation Form dated 4/13/08 at 11:00am states R17 was "physically abusive toward res," with no cause identified, lasting 15 minutes with severity documented as "severe." At 11:00am the form documents R17 was "physically abusive to staff" while trying to re-direct, lasting 15 minutes with the severity documented as "very severe."</p> <p>E14 (CNA) was interviewed on 4/24/08 at 10:25am. E14 stated R17 grabbed R104's walker, started to shake it. R104 yelled at R17 to leave the walker alone, then R17 "got physical with [R104]." E14 stated that R17 hit R104 on the shoulder, and R104 started crying. E14 stated she separated R104 and R17, then calmed R104 down. There is no documentation of the incident in the Resident Progress Notes.</p> <p>The Behavioral Observation Form dated 4/13/08 at 11:30am states, "physically abusive with staff" while trying to re-direct, lasting 10 minutes with severity documented as "severe". At 12:00pm the form documents "physically abusive with res", with no cause identified, lasting 10 minutes, with severity documented as "severe." There is no documentation of the incident in the Resident Progress Notes and no Event Report.</p> <p>E5 (CNA) was interviewed on 4/24/08 at 3:00pm. E5 stated the entry at 12:00 pm involved R17 and</p>	F9999			

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 11/06/2008
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 146090	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 05/08/2008
NAME OF PROVIDER OR SUPPLIER HAWTHORNE INN OF DANVILLE			STREET ADDRESS, CITY, STATE, ZIP CODE 3222 INDEPENDENCE DRIVE DANVILLE, IL 61832		
(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) COMPLETION DATE	
F9999	<p>Continued From page 87</p> <p>R101. E5 stated they were in the middle of lunch. R101 and R17 were wandering. E5 stated she heard R17 and R101 yelling. E5 stated she did not see R17 hit R101, but R101 had a red mark on her left eye. E5 stated she reported the incident to the nurse (E7, RN), and she said that R101 had a bruise on the left eye.</p> <p>The Progress Note dated 4/14/08 with no time documented states, "Bruise noted at corner of L [left] eye. [R101] unable to tell staff how she got the bruise. Staff questioned-no one witnessed any resident-to-resident contact." The note documents that R101's Physician was notified. The note does not document the size of the left eye bruising or any other facial bruising.</p> <p>On 4/22/08 during the initial tour at approximately 10:00am R101 was observed with bruising to the left eye, the bridge of the nose, and the lower lip. The bruising to the left eye was observed to be blue in color, located in the temple area above the eye, with the bruise extending to below the eye. The bridge of the nose had a nickel sized dark purple bruise and the middle lower lip had a approximately 2 centimeter purple bruise.</p> <p>E3 (CNA, Dementia Unit Director) stated at the time of the tour that another resident hit R101 causing the bruising to the left eye.</p> <p>The Behavior Observation Form dated 4/13/08 at 4:30pm states, "Physically abusive to staff, threw water on staff and res, tried to stab [with] silverware, biting staff." At 8:00pm the form states, "shoving staff and resident." None of the entries identify a cause for the behavior but the severity is documented as "severe."</p>	F9999			

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 11/06/2008
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 146090	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 05/08/2008
NAME OF PROVIDER OR SUPPLIER HAWTHORNE INN OF DANVILLE			STREET ADDRESS, CITY, STATE, ZIP CODE 3222 INDEPENDENCE DRIVE DANVILLE, IL 61832		
(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) COMPLETION DATE	
F9999	<p>Continued From page 88</p> <p>E13 (CNA) stated in interview on 4/23/08 at 4:00pm that R17 threw water on R101 at 4:30pm on 4/13/08. E13 stated she moved R101 to another table as she was not sure what R17 was going to do. E13 stated R17 was shoving staff and residents for awhile that evening, but was unable to name the residents being shoved. E13 stated she tried to keep R17 away from the other residents.</p> <p>The Incident Report dated 4/14/08 at 5:00pm states that R101 was "physically combative with another resident." There is no documentation in the Resident Progress Notes or on the Behavior Observation Form of the incident.</p> <p>E5 (CNA) was interviewed on 4/24/08 at 3:00pm. When asked what happened, E5 stated that R17 and R101 "crossed paths, [R17] threw a toilet paper roll at [R101]." E5 stated the toilet paper roll hit R101 in the face.</p> <p>The Behavior Analysis dated 4/16/08 contains the following information relating to R17: "Physically aggressive during attempts to perform ADL tasks and attempts to re-direct"; Behaviors occur "at wake up, after family visit, during activities, during ADL's, during medication administration, late afternoon to early evening, meal time, occurs with specific staff, prior to bed time, 1st, 2nd and 3rd shift"; the behavior "does not cause injury"; Chemical interventions are "somewhat effective"; Re-direction, removal to a neutral area, verbal prompts are "somewhat effective" and Psychotropic medication is being used. The analysis documents that R17 had 36 behaviors in 1 week. The summary of the Behavior Analysis states, "[R17] has always been independent and resist staff assist in ADL task as</p>	F9999			

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 11/06/2008
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 146090	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 05/08/2008
NAME OF PROVIDER OR SUPPLIER HAWTHORNE INN OF DANVILLE			STREET ADDRESS, CITY, STATE, ZIP CODE 3222 INDEPENDENCE DRIVE DANVILLE, IL 61832		
(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) COMPLETION DATE	
F9999	<p>Continued From page 89</p> <p>well as attempt to re-direct her from trying to leave the [Dementia Unit] unsupervised. [R17] continues to try to be independent and becomes angry when unable to perform task without assist. This anger is directed at staff. She exhibited these behaviors at home."</p> <p>The Behavior Program dated 4/16/08 identifies R17's behavior as "Physically Aggressive during attempts to perform ADL task and to re-direct." The program states, "[R17] had 36 episodes of exhibited behaviors in one week. These behaviors occurred more on evening shift and usually with two specific CNA's. The CNA's have received additional training in ways to approach residents. These behaviors could possible be d/t [related to] sun downing and do occur with other staff on different shifts. These behaviors are moderate to severe lasting 5 minutes thru 15 minutes." The program identifies the following approaches: "Staff will check for comfort measures for resident like, Hydration, Snacks, Toileting, Room Temp [temperature] and appropriate clothing for weather; When [R17] becomes physically aggressive move [R17] to a quiet, calm environment; When [R17] becomes physically abusive, stop and try task later. Do not force [R17] to do task. Her daughter has stated to leave her in street clothing if she refuses to change for bed." The behavior program does not consider or address specific behaviors of other residents which trigger R17's behavior when interacting with other residents or provide any interventions to prevent resident-to-resident aggression before it occurs.</p> <p>E4 (Corporate Social Worker) was interviewed on 4/28/08 at 10:30am. When asked how soon the behavior analysis should be initiated, E4 stated,</p>	F9999			

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 11/06/2008
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 146090	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 05/08/2008
NAME OF PROVIDER OR SUPPLIER HAWTHORNE INN OF DANVILLE			STREET ADDRESS, CITY, STATE, ZIP CODE 3222 INDEPENDENCE DRIVE DANVILLE, IL 61832		
(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) COMPLETION DATE	
F9999	<p>Continued From page 90</p> <p>"If I see 2 or 3 incidents, I'm going to do a behavior analysis and then would establish a behavior program. The plan should look at what works individually for the resident."</p> <p>E17 (CNA) was interviewed on 4/24/08 at 10:15am. E17 stated on 4/17/08 she saw R17 "grab [R103] on the arm." When asked what happened, E17 stated, "I think we were beginning to eat, both [R103, R17] tend to wander." E17 stated she separated R17 and R103, re-directed R103 in one direction, then re-directed R17 in another direction. E17 stated other staff told her that R17's "moods swing very quickly," to try to keep her calm and re-direct her to a different area. E17 confirmed that she did not document the incident on the Behavior Observation Form. There is no documentation on the Resident Progress Note. The POS dated 4/1-4/30/08 states that R103 has diagnoses of Dementia and Anxiety. The Alzheimer's Assessment dated 3/7/08 states that R103 has behaviors of pacing, rummaging through rooms, verbally abusive, irritable, agitated, anxious, and ambulates independently.</p> <p>E3 (CNA, Dementia Unit Director) was interviewed on 4/23/08 at 4:20pm. When asked about R17, E3 stated she knew R17 was "physical with staff." E3 stated she was not aware that R17 tried to bite/scratch other residents or that R102 and R105 were afraid of R17. When asked if she investigated incidents on 4/5 and 4/13/08, E3 stated there was no incident report done because there was no injury occurring with the incidents. E3 confirmed that she had "no idea what triggered [R17's]" behaviors. E3 stated she told staff when R17 was showing behaviors to monitor and document everything. E3 stated she</p>	F9999			

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 11/06/2008
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 146090	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 05/08/2008
NAME OF PROVIDER OR SUPPLIER HAWTHORNE INN OF DANVILLE			STREET ADDRESS, CITY, STATE, ZIP CODE 3222 INDEPENDENCE DRIVE DANVILLE, IL 61832		
(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) COMPLETION DATE	
F9999	<p>Continued From page 91</p> <p>asked R17's daughter for suggestions and was told that R17 liked to carry something sweet to eat with her, likes to do crossword puzzles, garden outside, walk to the courtyard and watch tv. E3 stated that R17's husband called the facility after there were problems at supper with R17's behaviors. E3 stated, he (husband of R17) said he would visit earlier in the day, as he thought R17's behaviors began when he left right before supper. E3 was unable to identify a time frame for when she received information about possible interventions for R17 from her family. E3 was asked about incident reports/investigations for the behavior incidents involving R17 and R109, R21, R101, R102, R105, R108, and R103 but did not provide any documentation of any investigation into what triggered R17's behaviors with the residents in order to prevent recurring resident-to-resident altercations.</p> <p>E3 was re-interviewed on 4/25/08 at 1:05pm. E3 stated every time there was a fall she took it to the daily "stand up" meeting. E3 stated she did not always discuss R17's behaviors at the stand up meeting. E3 stated she knew that E6 (LPN, Shelter Care Supervisor) discussed R17's behaviors as they related to her medications.</p> <p>E6 (LPN, Shelter Care Supervisor) was interviewed on 4/25/08 at 1:20pm When asked about her involvement with R17's behaviors, E3 stated staff will call her about behaviors and she will go to the unit, but staff did not call her about R17's behaviors. E3 stated she did help with the behavior program and care plan. E6 stated R17 had some adjustment problems and they tried to re-direct, but had to end up putting R17 on some medications.</p>	F9999			