STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	IL6001424	A. BUILDING: _____ B. WING _____	C 06/10/2014

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CARE CENTER OF ABINGDON	801 WEST MARTIN STREET ABINGDON, IL 61410

(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) COMPLETE DATE
S9999	Final Observations STATEMENT OF LICENSURE VIOLATIONS 300.610a) 300.1210b) 300.3240a) 300.3240b) 300.3240d) 300.3240e) Section 300.610 Resident Care Policies a) The facility shall have written policies and procedures, governing all services provided by the facility which 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. These policies shall be in compliance with the Act and all rules promulgated thereunder. These written policies shall be followed in operating the facility and shall be reviewed at least annually by this committee, as evidenced by written, signed and dated minutes of such a 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	S9999		

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S9999	Continued From page 1	S9999		

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 care needs of the resident.

Section 300.3240 Abuse and Neglect

a) An owner, licensee, administrator, employee or agent of a facility shall not abuse or neglect a resident. (Section 2-107 of the Act)

b) A facility employee or agent who becomes aware of abuse or neglect of a resident shall immediately report the matter to the facility administrator. (Section 3-610 of the Act)

d) A facility administrator, employee, or agent who becomes aware of abuse or neglect of a resident shall also report the matter to the Department. (Section 3-610 of the Act)

e) Employee as perpetrator of abuse. When an investigation of a report of suspected abuse of a resident indicates, based upon credible evidence, that an employee of a long-term care facility is the perpetrator of the abuse, that employee shall immediately be barred from any further contact with residents of the facility, pending the outcome of any further investigation, prosecution or disciplinary action against the employee. (Section 3-611 of the Act)

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S9999	Continued From page 2 These Regulations were not met as evidenced by: Based on interviews and record reviews the facility failed to remove the alleged perpetrator of abuse, E1 (Administrator), from resident contact during the abuse investigation; failed to report the allegation of abuse to E2 (Director of Nursing) immediately; failed to investigate an abuse allegation immediately; and failed to report abuse allegations to the Illinois Department of Public Health. E1 was allowed to conduct an investigation in which E1 was the alleged perpetrator. E1 was not removed from direct access to all residents. All the actions the facility failed to do were required by the facility's Abuse Policy. This has the potential to affect all 49 residents residing in the facility. Findings are: R2's Minimum Data Set dated 3/25/14 notes R2 to have a score of 15 out of 15 on the Brief Interview for Mental Status (BIMS) with no memory problems. On 5/23/14 at 11:20 A.M., R2 stated that about two months ago R2 was sitting out in the lobby when E1 began "screaming at the top of her lungs at me." R2 stated that E1 was also threatening to have R2 discharged from the facility if R2 did not shower immediately. R2 became very tearful during interview and went onto say, "I get so upset when (E1) yells and screams at me." R2 stated that R2 felt that the situation was abusive. On 6/5/14 at 10:30 A.M. E11 (Dietary Aide) stated	S9999		

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S9999	Continued From page 3	S9999		

that a little over a month ago E11 witnessed E1 yelling at R2 in the facility lobby. E11 stated that E1 was also threatening to have R2 discharged from the facility if R2 did not shower. E11 said, "Anyone else would be fired for abuse if they yelled at a resident like (E1) did." E11 stated that E11 then reported the alleged abuse to the Dietary Supervisor (E10).

On 6/5/14 at 9:20 A.M. E10 stated during interview that after E11 notified E10 of the abuse allegation, E10 called E8 (Regional Manager) and left a message. E10 stated that on the message, E11 asked E8 to call E11 back immediately and not to talk to E1. E10 stated that E10 never received a call back from E8.

On 6/5/14 at 9:32 A.M. E8 stated that E8 did not listen to the message until about a week after it was left. E8 stated that E8 had been to the facility and assumed everything must be ok. E8 stated that an abuse investigation was never started regarding this situation. E8 said, "We should have suspended (E1) immediately." E8 stated that E1 continued to work in the facility. E8 stated that E1 continued to work in the facility. E8 stated that this abuse allegation was not reported to the Illinois Department of Public Health within the required time frame.

On 5/23/14 at 10:55 A.M. E4/CNA (Certified Nursing Assistant) stated that on the morning of 5/21/14, E4 reported to E3 (Assistant Administrator) that E1 had verbally abused R1.

"Abuse Investigation Checklist" form, dated 5/21/14 notes that on 5/21/14 an allegation of abuse was made regarding E1 and R1. E1 was listed as the "Primary Investigator."

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S9999	Continued From page 4 On 5/23/14 at 10:55 A.M., E4/CNA (Certified Nursing Assistant) stated that on 5/21/14, E1 had come into R1's room to try to get R1 to shower. E4 stated that E1 began yelling at R1 and clapping her hands at him. E4 stated that E1 was grabbing the pillows out from under R1's head. E4 stated that R1 said, "You don't want to see me mad," to which E1 responded, "You don't want to see me mad either." E4 stated that R1 repeatedly asked E1 to leave the room and that E1 refused to do so. On 5/23/14 at 12:37 P.M., E1 stated that E4 (Certified Nurse's Aide) alleged that E1 was abusive towards R1. E1 stated that she was the primary investigator and remained working in the facility after allegation was made. On 5/23/14 at 1:30 P.M., E8 stated that she did not suspend E1 pending the investigation and they did not follow the facility abuse policy. Current facility Abuse Prohibition policy dated 10/12 reads, "1. Facility employee or agent who becomes aware of alleged abuse or neglect of a resident should immediately report the matter to the facility Administrator. 2. If the incident involves alleged abuse or neglect, the Administrator shall provide the Illinois Department of Public Health with initial notice of the alleged abuse or neglect by telefaxing to the Department a copy of a report of the incident completed as soon as possible but not more than 24 hours after the incident becomes known.... 5. If the incident involves alleged abuse and evidence indicates that an employee is the perpetrator of the abuse, then the Administrator shall immediately suspend the employee suspected to be involved in the alleged abuse without pay pending the investigation of the incident."	S9999		

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S9999	Continued From page 5 Facility Data Sheet, dated 5/23/14, notes resident census to be 49. (A)	S9999		

Care Center of Abingdon

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Let this Plan of Correction serve as this facilities credible allegation of compliance.

Provider Number 145567/0047951
Survey Date: 6/10/2014
Survey Type: Complaint Investigation
142246/IL69957

F 226 483.13(c) Develop/Implement Abuse/Neglect, etc. Policies

1) **What corrective actions will be taken for those residents found to have been affected by the deficient practice?**
The E1 (Administrator) is no longer employed at the facility. The Abuse Policy was updated to state if the accused is the Administrator; the DON will be named the Abuse Prohibition Coordinator and will follow the Abuse Investigation Policy. Staff education of the abuse policy, notification, reporting process, was completed.

2) **How the facility will identify other residents having the potential to be affected by the same deficient practice and what corrective actions will be taken?**
All residents had the potential to be affected. The Department Heads/Supervisors were educated regarding the abuse policy, notification process, investigative process, chain of command and that at this time the DON has been designated as the Abuse Prohibition Coordinator. Each reported incident will be appropriately investigated/reported following the facility policy. The reported incident will be presented to the QA to review.

3) **What measures will be put into place or what systemic changes will be made to ensure that the deficient practice does not occur?**
Each allegation report will be thoroughly investigated following the facility policy. The investigative process will be reviewed by the QA team to assure the policy was followed. Each instance of a deficient practice will be reviewed and corrective actions will be implemented to assure that the facility policy is followed. Department Heads/Supervisors and front line staff have received in-servicing. The Abuse Policy will be reviewed during orientation and then on an ongoing basis during Department Head Meetings, Department Staff meetings and monthly during All Staff meetings.

4) **How the corrective action(s) will be monitored to ensure the deficient practice will not recur, i.e., what quality Assurance Programs will be put into place?**
The Designee or DON will continue to monitor the process put into place; each allegation report will be presented to the QA team to assure policy was followed. This will be done daily as occurrences arise with in the facility. This will occur daily for 4 weeks. All findings will be reported during the QA process, at the end of the 4 weeks and then quarterly and as issues arise.

5) Completion Date 6/10/14

6) Name _____ Date 6/26/14

Care Center of Abingdon

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Provider Number 145567/0047951
Survey Date: 6/10/2014
Survey Type: Complaint Investigation
142246/IL69957

F 223 483.13(b). 483.13(c)(1)(i) Free from abuse/involuntary seclusion

1) **What corrective actions will be taken for those residents found to have been affected by the deficient practice?**
The E1 (Administrator) is no longer employed at the facility. The Abuse Policy was updated to state if the accused is the Administrator; the DON will be named the Abuse Prohibition Coordinator and will follow the Abuse Investigation Policy. Staff education of the abuse policy, notification, reporting process, was completed

2) **How the facility will identify other residents having the potential to be affected by the same deficient practice and what corrective actions will be taken?**
All residents had the potential to be affected. The Department Heads/Supervisors were educated regarding the abuse policy, notification process, investigative process, chain of command and that at this time the DON has been designated as the Abuse Prohibition Coordinator. Each reported incident will be appropriately investigated following the facility policy. The reported incident will be presented to the QA to review.

3) **What measures will be put into place or what systemic changes will be made to ensure that the deficient practice does not occur?**
Each allegation report will be thoroughly investigated following the facility policy. The investigative process will be reviewed by the QA team to assure the policy was followed. Each instance of a deficient practice will be reviewed and corrective actions will be implemented to assure that the facility policy is followed. Department Heads/Supervisors and front line staff have received in-servicing. The Abuse Policy will be reviewed during orientation and then on an ongoing basis during Department Head Meetings, Department Staff meetings and monthly during All Staff meetings.

4) **How the corrective action(s) will be monitored to ensure the deficient practice will not recur, i.e., what quality Assurance Programs will be put into place?**
The Designee or DON will continue to monitor the process put into place; each allegation report will be presented to the QA team to assure policy was followed. This will be done daily as occurrences arise with in the facility. This will occur daily for 4 weeks. All findings will be reported during the QA process, at the end of the 4 weeks and then quarterly and as issues arise.

5) Completion Date 6/10/14

6) Name _____ Date 6/26/14

Care Center of Abingdon

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Let this Plan of Correction serve as this facilities credible allegation of compliance.

Provider Number 145567/0047951
Survey Date: 6/10/2014
Survey Type: Complaint Investigation
142246/IL69957

F225 483.13(c)(1)(ii)-(iii),(c)(2)-(4)Investigate/Report Alligaitions/Individuals

1) **What corrective actions will be taken for those residents found to have been affected by the deficient practice?**
The E1 (Administrator) is no longer employed at the facility. The Abuse Policy was updated to state if the accused is the Administrator; the DON will be named the Abuse Prohibition Coordinator and will follow the Abuse Investigation Policy. Staff education of the abuse policy, notification, reporting process, was completed.

2) **How the facility will identify other residents having the potential to be affected by the same deficient practice and what corrective actions will be taken?**
All residents had the potential to be affected. The Department Heads/Supervisors were educated regarding the abuse policy, notification process, investigative process, chain of command and that at this time the DON has been designated as the Abuse Prohibition Coordinator. Each reported incident will be appropriately investigated/reported following the facility policy. The reported incident will be presented to the QA to review.

3) **What measures will be put into place or what systemic changes will be made to ensure that the deficient practice does not occur?**
Each allegation report will be thoroughly investigated following the facility policy. The investigative process will be reviewed by the QA team to assure the policy was followed. Each instance of a deficient practice will be reviewed and corrective actions will be implemented to assure that the facility policy is followed. Department Heads/Supervisors and front line staff have received in-servicing. The Abuse Policy will be reviewed during orientation and then on an ongoing basis during Department Head Meetings, Department Staff meetings and monthly during All Staff meetings.

4) **How the corrective action(s) will be monitored to ensure the deficient practice will not recur, i.e., what quality Assurance Programs will be put into place?**
The Designee or DON will continue to monitor the process put into place; each allegation report will be presented to the QA team to assure policy was followed. This will be done daily as occurrences arise with in the facility. This will occur daily for 4 weeks. All findings will be reported during the QA process, at the end of the 4 weeks and then quarterly and as issues arise.

5) Completion Date 9/10/14

6) Name _____ Date 6/26/14