

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>IL6005847</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>C</b> <b>07/10/2014</b>
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NAME OF PROVIDER OR SUPPLIER  <b>ASTA CARE CENTER OF ELGIN</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>134 NORTH MCLEAN BOULEVARD ELGIN, IL 60121</b>
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S9999	<p>Final Observations</p> <p>Statement of Licensure Violations:</p> <p>300.610a) 300.1210b) 300.3240a) 300.3240b) 300.3240d) 300.3240e)</p> <p>Section 300.610 Resident Care Policies a) 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.</p> <p>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 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.</p> <p>Section 300.3240 Abuse and Neglect a) An owner, licensee, administrator, employee or agent of a facility shall not abuse or neglect a</p>	S9999		

Illinois Department of Public Health  
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE \_\_\_\_\_ TITLE \_\_\_\_\_ (X6) DATE \_\_\_\_\_

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S9999	<p>Continued From page 1</p> <p>resident. (Section 2-107 of the Act)</p> <p>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)</p> <p>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)</p> <p>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)</p> <p>These requirements were not met as evidenced by: Based on interviews and record review, the facility failed to keep one resident safe from abuse and failed to follow their abuse prevention policy by not reporting and investigating an abuse allegation immediately and failed to immediately remove the accused from contact with the resident involved in the investigation. This resulted in R4 having continued exposure to accused staff member for fourteen days after an allegation was made by R4.</p> <p>This applies to one resident of four (R4) reviewed for abuse.</p> <p>The findings include:</p> <p>According to the Admission Record form, R4 was admitted on 3/20/14 with multiple diagnoses</p>	S9999		
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S9999	<p>Continued From page 2</p> <p>including Diabetes, Gait Abnormality, Obesity, Major Depression and Anxiety Disorder.</p> <p>On 7/1/14 at 12:20 PM in the main dining room, R4 said she informed staff of sexual harassment from E1 (Administrator). On 7/1/14 at 3:00 PM, E2 (Director of Nursing/DON) was asked about the allegation of sexual harassment. E2 said she was not informed of this allegation and no investigation was done. E2 said E1 is the abuse coordinator.</p> <p>On 7/2/14 at 1:50 PM, E4 (Occupational Therapy Assistant/OT) said that in mid June 2014 in mid-week, R4 told him that E1 said something sexual to her. E4 said he reported this allegation verbally to E2 (DON) and E7 (Care Plan Coordinator) on the same day that R4 made the allegation. On 7/2/14 at 2:00 PM, E5 (Physical Therapy Assistant/PT) said E4 told her of R4's sexual allegation towards E1 the day after the incident occurred.</p> <p>On 7/2/14 at 2:20 PM, E6 (Social Service Director) said she heard the sexual allegation on 7/1/14 and discussed it with E2 (DON) and E3 (Psychosocial Rehab Director). E6 said she reported the allegation to the Ombudsman. On 7/2/14 at 1:25 PM, E7 (Care Plan Coordinator) said she heard rumors about E1 and R4.</p> <p>On 7/2/14 at 12:50 PM, R4 said she reported the sexual allegation to E4 the day after it happened on 6/18/14.</p> <p>No documentation was found regarding the allegation and staff members who were interviewed could not provide written documentation as evidence that the facility's abuse policy was followed.</p>	S9999		

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S9999	<p>Continued From page 3</p> <p>On 7/2/14 in the morning, E2 was asked if investigation was started regarding the allegation. E2 said R4 was interviewed and that the investigation was ongoing. E2 said E1 has been placed on administrative leave on 7/2/14.</p> <p>On 7/2/14 at 1:20 PM, E2 said that she brought to E7's (Care Plan Coordinator) attention the sexual allegation as written report and E7 gave the letter to E1. On 7/3/14 at 2:35 PM, E2 said no letter was given to her regarding sexual allegation. E2 said she saw E1 sitting on the exercise bicycle but cannot recall the date.</p> <p>On 7/2/14 at 1:25 PM, E7 (Care Plan Coordinator) said she heard rumors about E1 and R4. E7 said R4 gave her a letter on 6/30/14 complaining about a nurse but did not report sexual allegation. E7 said she gave the original letter to E1 and a copy to E2.</p> <p>On 7/2/14 at 12:50 PM, R4 said, E1 was on the exercise bike and asked her if she walked yet and if she used the manual wheelchair. E1 asked, "Do you sing? Well then sing for me." R4 said she sang Puff the Magic Dragon. E1 then said, "Do you know what you need, a good screw. How long has it been?" R4 in turn asked E1, "How long has it been for you?" E1 responded, "Oh a couple of days." R4 said the conversation made her "feel like in the past, that she was bad and had a dirty feeling because of history of sexual abuse." R4 said she reported this incident to E5. R4 said that on 7/1/14, E3 (Psychosocial Rehab Coordinator) and E6 interviewed her regarding the incident. R4 said that on 7/1/14 E1 went to her room and told her, "How dare she report him to State." On 7/2/14 at 2:50 PM during interview with R2 in their room, R4 said she was in the bathroom sitting on</p>	S9999		

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S9999	<p>Continued From page 4</p> <p>the toilet with her pants down to her ankles when he asked her this. R4 said this happened on 6/18/14.</p> <p>On 7/9/14 at 12:50 PM, R4 said that on the same day that she gave a letter to E2 and E7 regarding her complaint about a nurse, she also gave a letter to them about her allegation of sexual harassment from E1. R4 said both E2 and E7 said they cannot find the letter regarding her allegation on E1 and only had the letter about the nurse. R4 said that on 7/1/14 when E1 came to her room, E1 took the connector to the television and headset. R4 said the headset was just hooked up a couple of hours prior to E1 taking it back, R4 said she now gave back the headset to staff since she cannot use it without the connector. R4 said she has not discussed with the facility staff her history of sexual abuse because it gives her "creepy feelings" and just want to "put it away."</p> <p>On 7/2/14 at 2:50 PM, R2 (R4's roommate) said that on 7/1/14 at approximately 4:30 PM, E1 knocked on their door. R2 told E1 not to come in because R4 was in the bathroom. R2 said E1 still walked in the room. R2 said R4 was sitting on the toilet with the door open. E1 stood behind R4's bedside table aligned with the doorway of the bathroom. E1 peered in at R4 sitting on the toilet and asked, "Where are my headphones?" "How did you have the nerve to report me? It didn't happen." R2 said E1 then took the box for the headphones on top of the TV and left the room.</p> <p>R4's Psychiatric Evaluation on 3/25/14 of mental status showed R4 is oriented times 4 to time, place, person, and situation.</p>	S9999		
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S9999	<p>Continued From page 5</p> <p>R4's BIMS (Brief Interview for Mental Status) on assessment reference date of 5/18/14 and 6/17/14 both showed summary score of 15 interpreted as cognitively intact. R4's MDS (Minimum Data Set) quarterly assessment on 6/17/14 was coded 0 (behavior not exhibited).</p> <p>Z3 (Nurse Practitioner) stated during phone interview of 7-10-14 at 1:10pm that R4 is alert and orientated times four with no dementia and no memory loss.</p> <p>On 7/2/14 in the morning, E2 was asked if investigation was started regarding the allegation. E2 said R4 was interviewed and that the investigation was ongoing and E2 said E1 has been placed on administrative leave on 7/2/14. The start of the investigation was not until 7-1-14, several weeks after R4 had initially reported the allegations. The allegation was neither promptly reported or investigated by the facility.</p> <p>On 7/2/14 at 12:50 PM, R4 said she reported the sexual allegation to E4 the day after it happened on 6/18/14 and yet E1 was not removed from contact with R4 or other residents until July 2, 2014, 14 days after the alleged abuse occurred. On 7/2/14 at 10:00 AM, E1 was still at the facility and was observed in the facility by the survey team. E1 said he heard of the allegation made by R4 and denied the allegation. E1 asked if he needed to be suspended. During this interview, E1 received a call and said he had been suspended and then left the facility.</p> <p>The facility policy titled, "Abuse Prevention Program Facility Procedures" requires, "Employees are required to report any incident, allegation or suspicion of potential abuse, neglect or misappropriation of property they observe,</p>	S9999		

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S9999	Continued From page 6  hear about, or suspect to the administrator or the person in charge of the facility acting on behalf of the administrator, or an immediate supervisor who must then report it to the administrator."..."Employees of this facility who have been accused of abuse, neglect or mistreatment will be removed from resident contact immediately until the results of the investigation have been reviewed by the administrator or designee."  (A)	S9999		

# Imposed Plan of Correction

ALLEGATION OF COMPLIANCE: Please accept this plan of correction as an allegation of compliance as of \_\_\_\_\_

F 223 (page 1)

## 1. Actions Taken For Resident Affected By Deficient Practice

The facility has taken the following steps with respect to this deficiency:

- a. E 1 was removed from the facility and placed on suspension pending the outcome of the investigation. An acting Administrator was appointed to take over E1's duties.
- b. The facility amended the abuse policy to address who shall coordinate the abuse investigation when the Administrator can do so since the Administrator is the abuse coordinator. The amended abuse policy now provides that that E 10 (owner/licensed Administrator) or another member of the ownership team or the DON shall coordinate the abuse investigation in the absence of the Administrator. The owner/licensed Administrator has coordinated the investigation relating to the Administrator.
- c. The abuse policy on abuse has been revised to require that facility staff must report any and all abuse allegations to their supervisor, Administrator, DON or Abuse Coordinator.
- d. The abuse policy has been revised to require that any management team or member of ownership who are informed of an abuse allegation shall follow the same procedure as the Administrator or abuse coordinator and advise the Administrator, DON or Abuse Coordinator immediately.
- e. All facility staff have been inserviced on the facility abuse policy as revised. This inservice shall be repeated quarterly and more frequently as required. All new facility staff members shall be provided training on the facility abuse policy and their responsibility to report abuse or suspicion of abuse before beginning to work as part of their new orientation process.
- f. The QA Committee shall on at least a monthly basis and more often as needed review all abuse allegations, along with the investigation, reporting process, documentation, disciplinary decisions, and corrective action plans.
- g. An emergency QA meeting was held on July 9. Although the Medical Director was not able to attend, the information presented during the meeting has been presented to the medical director. A QA meeting is now scheduled as a follow up that the Medical Director will attend.
- h. The guardian angel program was presented during the QA meeting on July 9 and will now be used as a tool to reach every single resident.



- i. The Acting Administrator and DON have been inserviced on the steps to undertake when an allegation of possible abuse is raised including the suspension of the employee or employees suspected of engaging in the abuse, the completion of and documentation of an investigation, and the reporting requirements to the State.
- j. E 4, E 2, E 7, E 5, E 6 have been given a one on one inservice on the need to report and document the reporting of any allegation of or suspicion of possible abuse. E 4 was inserviced on the need to document a resident statement concerning possible abuse and further on the need to document the reporting of abuse to a superior such as the DON or Care Plan Coordinator. E 5 and E 6 have been inserviced on their responsibility to report and document the reporting of a possible abuse even if their knowledge was only second hand. E 2 and E 7 have been inserviced on the requirement that they must document all reports of possible abuse and document all steps taken to investigate the allegations. E 7 was further inserviced on her obligation to report any rumors concerning possible abuse and to document that the report was made.

2. Identification of Other Residents Having the Potential To Be Affected By The Same Deficient Practice

The facility has reviewed resident charts for the last 90 days, interviewed residents, and interviewed facility staff to verify that there have been no other instances of possible abuse that was not properly reported or investigated. Any instances of possible abuse will be documented, investigated and reported as required.

3. Measures Taken to Ensure That Deficient Practice Does Not Reoccur

- a. E 1 was removed from the facility and placed on suspension pending the outcome of the investigation. An acting Administrator was appointed to take over E1's duties.
- b. The facility amended the abuse policy to address who shall coordinate the abuse investigation when the Administrator can do so since the Administrator is the abuse coordinator. The amended abuse policy now provides that that E 10 (owner/licensed Administrator) or another member of the ownership team or the DON shall coordinate the abuse investigation in the absence of the Administrator. The owner/licensed Administrator has coordinated the investigation relating to the Administrator.
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as the Administrator or abuse coordinator and advise the Administrator, DON or Abuse Coordinator immediately.

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- f. The QA Committee shall on at least a monthly basis and more often as needed review all abuse allegations, along with the investigation, reporting process, documentation, disciplinary decisions, and corrective action plans.
- g. An emergency QA meeting was held on July 9. Although the Medical Director was not able to attend, the information presented during the meeting has been presented to the medical director. A QA meeting is now scheduled as a follow up that the Medical Director will attend.
- h. The guardian angel program was presented during the QA meeting on July 9 and will now be used as a tool to reach every single resident.
- i. The Acting Administrator and DON have been inserviced on the steps to undertake when an allegation of possible abuse is raised including the suspension of the employee or employees suspected of engaging in the abuse, the completion of and documentation of an investigation, and the reporting requirements to the State.
- j. E 4, E 2, E 7, E 5, E 6 have been given a one on one inservice on the need to report and document the reporting of any allegation of or suspicion of possible abuse. E 4 was inserviced on the need to document a resident statement concerning possible abuse and further on the need to document the reporting of abuse to a superior such as the DON or Care Plan Coordinator. E 5 and E 6 have been inserviced on their responsibility to report and document the reporting of a possible abuse even if their knowledge was only second hand. E 2 and E 7 have been inserviced on the requirement that they must document all reports of possible abuse and document all steps taken to investigate the allegations. E 7 was further inserviced on her obligation to report any rumors concerning possible abuse and to document that the report was made.

#### 4. Quality Assurance

The Administrator, DON, and QA Committee will on a monthly basis and more often as needed review each possible instance of possible abuse to ensure that it was properly reported, documented, investigated and reported. The Administrator, DON, and QA Committee will

during regular rounds speak to residents, staff and family to ensure that all suspicions of possible abuse have been properly reported.

Completion Date:

20 days from Receipt of  
Notice

# Imposed Plan of Correction

F 225 (page 8)

## I. Actions Taken For Resident Affected By Deficient Practice

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2. Identification of Other Residents Having the Potential To Be Affected By The Same Deficient Practice

The facility has reviewed resident charts for the last 90 days, interviewed residents, and interviewed facility staff to verify that there have been no other instances of possible abuse that was not properly reported or investigated. Any instances of possible abuse will be documented, investigated and reported as required.

3. Measures Taken to Ensure That Deficient Practice Does Not Reoccur
  - a. E 1 was removed from the facility and placed on suspension pending the outcome of the investigation. An acting Administrator was appointed to take over E1's duties.
  - b. The facility amended the abuse policy to address who shall coordinate the abuse investigation when the Administrator can do so since the Administrator is the abuse coordinator. The amended abuse policy now provides that that E 10 (owner/licensed Administrator) or another member of the ownership team or the DON shall coordinate the abuse investigation in the absence of the Administrator. The owner/licensed Administrator has coordinated the investigation relating to the Administrator.
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20 days from Receipt of Notice

# Imposed plan of Correction

F 226 (page 16)

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- b. The facility amended the abuse policy to address who shall coordinate the abuse investigation when the Administrator can do so since the Administrator is the abuse coordinator. The amended abuse policy now provides that that E 10 (owner/licensed Administrator) or another member of the ownership team or the DON shall coordinate the abuse investigation in the absence of the Administrator. The owner/licensed Administrator has coordinated the investigation relating to the Administrator.
- c. The abuse policy on abuse has been revised to require that facility staff must report any and all abuse allegations to their supervisor, Administrator, DON or Abuse Coordinator.
- d. The abuse policy has been revised to require that any management team or member of ownership who are informed of an abuse allegation shall follow the same procedure as the Administrator or abuse coordinator and advise the Administrator, DON or Abuse Coordinator immediately.
- e. All facility staff have been inserviced on the facility abuse policy as revised. This inservice shall be repeated quarterly and more frequently as required. All new facility staff members shall be provided training on the facility abuse policy and their responsibility to report abuse or suspicion of abuse before beginning to work as part of their new orientation process.
- f. The QA Committee shall on at least a monthly basis and more often as needed review all abuse allegations, along with the investigation, reporting process, documentation, disciplinary decisions, and corrective action plans.
- g. An emergency QA meeting was held on July 9. Although the Medical Director was not able to attend, the information presented during the meeting has been presented to the medical director. A QA meeting is now scheduled as a follow up that the Medical Director will attend.
- h. The guardian angel program was presented during the QA meeting on July 9 and will now be used as a tool to reach every single resident.



- i. The Acting Administrator and DON have been inserviced on the steps to undertake when an allegation of possible abuse is raised including the suspension of the employee or employees suspected of engaging in the abuse, the completion of and documentation of an investigation, and the reporting requirements to the State.
- j. E 4, E 2, E 7, E 5, E 6 have been given a one on one inservice on the need to report and document the reporting of any allegation of or suspicion of possible abuse. E 4 was inserviced on the need to document a resident statement concerning possible abuse and further on the need to document the reporting of abuse to a superior such as the DON or Care Plan Coordinator. E 5 and E 6 have been inserviced on their responsibility to report and document the reporting of a possible abuse even if their knowledge was only second hand. E 2 and E 7 have been inserviced on the requirement that they must document all reports of possible abuse and document all steps taken to investigate the allegations. E 7 was further inserviced on her obligation to report any rumors concerning possible abuse and to document that the report was made.

2. Identification of Other Residents Having the Potential To Be Affected By The Same Deficient Practice

The facility has reviewed resident charts for the last 90 days, interviewed residents, and interviewed facility staff to verify that there have been no other instances of possible abuse that was not properly reported or investigated. Any instances of possible abuse will be documented, investigated and reported as required.

3. Measures Taken to Ensure That Deficient Practice Does Not Reoccur

- a. E 1 was removed from the facility and placed on suspension pending the outcome of the investigation. An acting Administrator was appointed to take over E1's duties.
- b. The facility amended the abuse policy to address who shall coordinate the abuse investigation when the Administrator can do so since the Administrator is the abuse coordinator. The amended abuse policy now provides that that E 10 (owner/licensed Administrator) or another member of the ownership team or the DON shall coordinate the abuse investigation in the absence of the Administrator. The owner/licensed Administrator has coordinated the investigation relating to the Administrator.
- c. The abuse policy on abuse has been revised to require that facility staff must report any and all abuse allegations to their supervisor, Administrator, DON or Abuse Coordinator.

- d. The abuse policy has been revised to require that any management team or member of ownership who are informed of an abuse allegation shall follow the same procedure as the Administrator or abuse coordinator and advise the Administrator, DON or Abuse Coordinator immediately.
- e. All facility staff have been inserviced on the facility abuse policy as revised. This inservice shall be repeated quarterly and more frequently as required. All new facility staff members shall be provided training on the facility abuse policy and their responsibility to report abuse or suspicion of abuse before beginning to work as part of their new orientation process.
- f. The QA Committee shall on at least a monthly basis and more often as needed review all abuse allegations, along with the investigation, reporting process, documentation, disciplinary decisions, and corrective action plans.
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- i. The Acting Administrator and DON have been inserviced on the steps to undertake when an allegation of possible abuse is raised including the suspension of the employee or employees suspected of engaging in the abuse, the completion of and documentation of an investigation, and the reporting requirements to the State.
- j. E 4, E 2, E 7, E 5, E 6 have been given a one on one inservice on the need to report and document the reporting of any allegation of or suspicion of possible abuse. E 4 was inserviced on the need to document a resident statement concerning possible abuse and further on the need to document the reporting of abuse to a superior such as the DON or Care Plan Coordinator. E 5 and E 6 have been inserviced on their responsibility to report and document the reporting of a possible abuse even if their knowledge was only second hand. E 2 and E 7 have been inserviced on the requirement that they must document all reports of possible abuse and document all steps taken to investigate the allegations. E 7 was further inserviced on her obligation to report any rumors concerning possible abuse and to document that the report was made.

k. Quality Assurance

The Administrator, DON, and QA Committee will on a monthly basis and more often as needed review each possible instance of possible abuse to ensure that it was properly reported, documented, investigated and reported. The Administrator, DON, and QA Committee will during regular rounds speak to residents, staff and family to ensure that all suspicions of possible abuse have been properly reported.

Completion Date:

20 days from Receipt of Notice