PRINTED: 11/19/2014 FORM APPROVED Illinois Department of Public Health STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION IDENTIFICATION NUMBER: A. BUILDING: _ COMPLETED C IL6010052 B. WING 10/16/2014 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 1125 NORTH MILWAUKEE AVENUE WINCHESTER HOUSE LIBERTYVILLE, IL 60048 SUMMARY STATEMENT OF DEFICIENCIES (X4) ID ID PROVIDER'S PLAN OF CORRECTION (EACH DEFICIENCY MUST BE PRECEDED BY FULL (X5) COMPLETE PREFIX (EACH CORRECTIVE ACTION SHOULD BE PREFIX REGULATORY OR LSC IDENTIFYING INFORMATION) TAG TAG CROSS-REFERENCED TO THE APPROPRIATE DATE DEFICIENCY) S9999 Final Observations S9999 STATEMENT OF LICENSURE VIOLATIONS 300.1210b) 300.3240a) 300.3240c) 300.3240d) 300.3240e) 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. 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) c) A facility administrator who becomes aware of abuse or neglect of a resident shall immediately report the matter by telephone and in writing to the resident's representative. (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)

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ABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

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

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PRINTED: 11/19/2014 FORM APPROVED Illinois Department of Public Health STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION IDENTIFICATION NUMBER: A. BUILDING: _ COMPLETED C IL6010052 B. WING 10/16/2014 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 1125 NORTH MILWAUKEE AVENUE WINCHESTER HOUSE LIBERTYVILLE, IL 60048 (X4) ID SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X5)PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX (EACH CORRECTIVE ACTION SHOULD BE COMPLETE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG TAG CROSS-REFERENCED TO THE APPROPRIATE DATE DEFICIENCY) S9999 Continued From page 1 S9999 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) These Requirements are not met as evidenced Based on interview and record review, the facility failed to ensure that a resident was not subjected to a mental and emotional abuse. Findings include: The facility Preliminary 24-Hour Incident Investigation Report dated 10/10/14 showed that approximately two weeks ago, R1 was being readied for the shower by E5 (CNA - Certified Nursing Assistant). Both R1 and E5 were in the resident's room. According to R1, E5 took off her clothes and place her in the shower chair. E5 covered her with a sheet and began to take R1 out into the hallway to the shower room. R1 told E5, "I won't go out there like this." The CNA responded, "Yes you will." R1 stated that when E5 pushed the chair into the doorway, R1 put her hands onto the door jambs to prevent her from going through the door. R1 repeated, "I'm not going out there." E5 repeated, "Yes you are." E5 then forced the chair through the doorway against the resident's will. R1 was readmitted to the facility on 4/14/13 with diagnoses which include Congestive Heart Failure, Paralysis Agitans and Parkinson's

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Disease. R1's quarterly MDS (Minimum Data Set) dated 7/9/14 and 10/8/14 showed under Cognitive Patterns: BIMS (Brief Interview for Mental Status) score of 15 that indicates that R1 was alert and

coherent and able to express herself.

E3 (Director of Nursing) stated during Daily

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			VILLE, IL	30048			
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			S9999				
	Status Report on 10	0/15/14 at 4:00 PM that R1	THE PARTY NAMED IN COLUMN TO THE PARTY NAMED				
	was alert, coherent	and oriented. E3 also verified					
	that R1's BIMS scor	e was 15. E3 (Director Of					
	formiliars and stated	I that on 10/9/2014, Z1(R1's					
	montally ameticant	rmed her that R1 felt				A Volume	
	were violated when	y abused and that her rights					
	had given shower to	E5(Certified Nurse Assistant)					
	had given shower to R1 on 9/22/2014. On 10/15/14 at 11:30 AM, R1 stated that few						
	weeks ago, the CNA	(E5) brought the shower					
	chair to the room in i	preparation for R1's shower					
	that afternoon. R1 sa	aid that E5 was upset about				777	
	something and bad mouthing the administration.						
	R1 stated that E5 pla	aced her in the shower chair					
in spite of her protest that the shower seat was							
	open and not covered. R1 also said that E5 did						
	not listen to her ques	stions and protest and					
	continued to undress	her, wrapped her body with					
	a sheet. R1 stated that when E5 pushed the shower chair towards the door, she resisted by					I	
	placing her hands on both door jambs to prevent						
from going through the door. R1 continued protest but E5 did not listen and forced the		t lister and for					
	shower chair through	the door against R1's will.					
	R1 said that she did r	not report the incident to					
	anvone right away hu	t called her POA (Power of					
	Attorney). R1 told and	other CNA (E10) about what			Accommendado		
	happened few days la	ater. R1 also told E10 that			All American		
\$	she did not want E5 to	o take care of her. F10 told					
	E4 (LPN - Licensed P	ractical Nurse) of R1's				İ	
1	wishes. E10 then app	roached the resident and				1	
1	erified that R1 did no	ot want E5 to take care of				1	
į t	ner. R1 did not tell E4	the reason why because					
E	=4 knew why. R1 furth	her said that she felt					
r	nentally and emotiona	ally abused when E5 forcibly					
į p	oushed the chair into t	the hallway against her will	Management of the Control of the Con			1	
F	<1 felt that everybody	can see her bare behind					
(buttocks). R1 also fel	t that her rights were				1	
V	iolated.	w					

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		9	00000				
	On 10/15/2014 -+ 0	10.511.512					
	Assistant) stated the	40 P.M.,E10(Certified Nurse					
	Ath week of Sonton	at sometime around the 3rd or					
	very unset mad om	ber 2014, R1 was "obviously barrassed, humiliated and					
	noted with increased	d shakiness." E10 stated that				NA A	
	at that time. R1 mad	le a complaint to					
	at that time, R1 made a complaint to E11(Registered Nurse, Nurse Supervisor)						
	regarding E5. As E1	10 added, R1 informed her					
	that E5 had taken R1 to the shower room in a						
	manner that R1 felt h	numiliated, embarrassed and					
	was partially clothed	while taken to the shower					
	room. E10 also added that R1 informed her that E5 insisted to take R1 to the shower room by pushing R1's on a shower chair while R1 placed her hands against the door jams to prevent going out of the room. E10 also added that she did not report the potential abuse to E3(Director of						
	Nursing), E1(Administrator) and E2(Assistant						
	Administrator) as R1 already notified E11.						
	On 10/15/2014 at 3:30 P.M., E11(Registered						
	Nurse/Nurse Supervisor) stated that sometime					1	
the 3rd or 4th week of September 2014, R1							
informed her that she was mistreated by E5. F11							
	also added that R1 was visibly upset how E5						
	treated her and did not abide by her wishes. E11						
	also added that she d	id not report this potential					
	abuse to E1, E2 and I	⊏3.					
	On 10/15/2014 at 3:00	OPM E4/Linnard					
	Practical Nurse) state	d that on 0/27/2014 and					
Practical Nurse) stated that on 9/27/2014 and 9/28/2014, R1 refused E5 to be her caregiver. E4							
	also stated that R1 did	not show behavior of					
	refusing care from F5	not until that time on 0/27					
refusing care from E5 not until that time and 9/28/2014. E4 further stated that shapes		Irther stated that she did not					
	asked R1 the reason v	why she refused care from					
	E5.	, and a date from	A COLUMN TO THE PARTY OF THE PA		99	1	
	_	м					
	On 10/15/2014, at 4:00	0 P.M., E1, E2 and E3 had	The state of the s		All and an analysis of the state of the stat		

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		NT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED		_
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		all stated that they we regarding R1's poter	vere not notified by any staff ntial abuse.	Till delektrick processor were entre by problem.				
		Physician) stated R1 (10/16/2014) that a c shower room using a was only covered withat R1 had informed placing her hands ag however, the CNA state room against her believe (R1) and the believe her. (R1) is considered R1 and facility to a possible part of the attendance continued to work at 10/8/2014. The facility's "Abuse revised date of 9/201 "Any person who know to suspect that a residual person who know to suspect that a residual person who know the suspect that a residual person who know to suspect that a residual person who knowledged the policy also define infliction of injury, unraintimidation, or punish harm, pain, or mental	cill insisted of taking R1 out of will. Z2 further stated that "I re was no reason not to cognitively intact and reliable." It is a delay of investigation and dother residents at the cotential mistreatment from record showed that E5 had the facility as a CNA until and 11/2011 states that two or has reasonable cause dent has been or is being rexploited shall immediately the to the administrator." The sabuse as, "The willful easonable confinement, ament with resulting physical anguish." The policy I abuse as "humiliation,					
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1125 North Milwaukee Avenue Libertyville Illinois 60048 Phone 847 377 7200 Fax 847 377 7250



OCT 29 2014

October 27, 2014

LTC QUALITY ASSURANCE PLAN REVIEW UNIT

Preparation, submission and implementation of this Plan of Correction do not constitute an admission of or agreement with the facts and conclusions set forth on the survey report. Our Plan of Correction is prepared and executed as a means to continuously improve the quality of care and to comply with all applicable state and federal regulatory requirements.

F223

Resident #1 has been interviewed by IDON and Social Worker and states she currently feels safe and secure at the facility.

All residents may be affected by the alleged practice of not having their needs acknowledged and assisting them in a safe abuse/neglect free manner.

On 10/9/12 when IDON was notified of incident by the residents guardian and an investigation was started. The NAR (E5) who was named in this practice was immediately suspended and has since been terminated. The facility had done a background check, checked references and checked registry prior to hiring the NAR. Upon hire she had received vulnerable adult education on the facilities abuse policy. The facility provides training upon hire, annually and on a prn basis. The RN (E11) has also been suspended pending investigation of the allegation that she was aware of the residents' allegation and did not act upon this by reporting to administration. Per facility internal interviews with E 11 she states this was not reported to her at a level she felt was abuse only that it was a concern related to the residents bathing preference and that resident # 1 reported to her she was cold after the shower, therefore she did not report to administration.

Staff is to receive education related to the VA policy, when and how to report VA issues. Residents will also receive education related to facility VA policy and to report allegations immediately to a trusted employee, the DON or the administrator.

Assistant Administrator / Designee will complete weekly audits x 3 months to assure staff is aware what VA issued are and the proper reporting of VA issues per facility policy.

Audits will be reviewed at QAA X3 months. Date certain will be 11/5/14.

