

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6005631	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 11/06/2014
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NAME OF PROVIDER OR SUPPLIER COUNTRYVIEW CARE CENTER-MACOMB	STREET ADDRESS, CITY, STATE, ZIP CODE 400 WEST GRANT STREET MACOMB, IL 61455
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S9999	<p>Final Observations</p> <p>Statement of Licensure Violations</p> <p>300.3240a) 300.3240e)</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.</p> <p>Section 300.3240 Abuse and Neglect</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.</p> <p>These Regulations were not met as evidenced by:</p> <p>Facility noncompliance resulted in two deficient practices.</p> <p>A. Based on observation, interview, and record review, the facility failed to remove E3</p>	S9999		

Illinois Department of Public Health LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE 11/27/14
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A Hachment A Statement of Licensure Violations

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S9999	<p>Continued From page 1</p> <p>(CNA/Certified Nursing Assistant) from having direct contact with residents after E3 alleged to have verbally abused R10. E3 was allowed to work in direct contact with all residents in the facility, following the alleged verbal abuse, resulting in E3 allegedly verbally and physically abusing R15. This had the potential to affect all 52 residents residing in the facility.</p> <p>Findings include:</p> <p>1. The facility Abuse Prevention Program policy dated 11/11/11, documents: Abuse as any physical or mental injury or sexual assault infliction of injury, unreasonable confinement, intimidation, or punishment resulting in physical harm, pain, or mental anguish. It is the right of our residents to be free from abuse. An environment will be established that promotes resident sensitivity, resident security, and prevention of mistreatment, neglect, and abuse of residents. This facility is committed to protecting our residents from abuse by anyone including facility staff and other residents. Employees of this facility who have been accused of abuse will be immediately removed from resident contact until an investigation has been reviewed by the Administrator.</p> <p>On 10-28-14 at 2:15 p.m., R15 was lying in a low bed and moving continuously in the bed. R15's legs were contracted.</p> <p>R15's Physician Order Sheet dated 10/2014, documents R15 has diagnoses of Psychosis, Aggressive Behaviors, Delusions, Poor Impulse</p>	S9999		

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S9999	<p>Continued From page 2</p> <p>Control, and Debility.</p> <p>R15's Physician Progress Notes dated 7-29-14, documents R15 receives hospice services for Dementia with failure to thrive.</p> <p>On 10-28-14 at 2:30 p.m., E4 (Certified Nursing Assistant/CNA) stated, "On 10-7-14 at around 5-5:30 p.m., (E3/CNA) and myself entered (R15's) room. (R15) had (R15's) hands in (R15's) pants. (E3) yelled at (R15), 'You nasty mother f****r, get your hands out of your pants.' I then left (R15's) room and went and told the Director of Nursing (E2) what (E3) had yelled at (R15). (E2) did not remove (E3) from contact with (R15) at that time. (E3) was still in the room with (R15) when I went and told the Director of Nursing. I then went, got wash clothes, and returned to (R15's) room to help (E3) change, dress, and get (R15) up. (R15) was squirmy. (E3) was trying to put (R15's) pants on. (E3) grabbed (R15's) leg forcefully, to put the pants on. (E3) then grabbed (R15's) remote to the bed, and hit (R15) in the stomach a couple times, and hit (R15) on the knuckles a few times. (E3) then called (R15) a mother f****r and told me, 'Do not let the residents walk all over you. You have to show them some discipline.' I then left the room and told the nurse (E8). (E8) then notified the Administrator and the Administrator made (E3) leave the building."</p> <p>On 10-28-14 at 3:30 p.m., E2 (Director of Nursing) stated, "On 10-7-14, (E4) came in and reported to me that (E3) was cussing at (R15). I told (E3) to report it to the Administrator. I did not go to (R15's) room with (E4)."</p>	S9999		
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S9999	<p>Continued From page 3</p> <p>On 10-28-14 at 2:40 p.m., E8 (Registered Nurse) stated, "On 10-7-14 at around 5:00 p.m., (E4) told me that (E3) called (R15) a mother f****r, pulled on (R15's) leg, and hit (R15) on the knuckles and the abdomen with the remote. I did not call the Administrator. I told (E21/Registered Nurse) of the incident, during report, and (E21) called the Administrator. I assessed (R15) and (R15) had a red mark on the back of the hand. I filled out a SBAR (Situation Background Assessment Request); including (R15's) red area on the hand, and turned it into the Administrator. Around the end of September, 2014, (E3) would go on rounds with the other CNA's (Certified Nursing Assistants) and would say, "These mother f*****s (the residents) will pee themselves just to do it. (E3) would say it loud enough for residents to hear. It could be heard at the nurse's station. I was going to write (E3) up, but (E14/Licensed Practical Nurse) talked to (E3) regarding the cussing. (E3) also said, loud enough with residents present in the television/lobby room, 'It was j**k-off.' (E3) was talking about (R10). I did not report this to the Administrator. I thought (E14) would have."</p> <p>On 10-28-14 at 3:50 p.m., E21 (Registered Nurse) stated, "On 10-7-14, I had just came on shift at around 6:00 p.m., and right after report, (E8) reported to me that one of the certified nursing assistants had accused (E3) of abusing (R15). (E8) said (E3) struck (R15) with a remote and was verbal. I stopped (E8) right away, and told (E8) that we need to call the Administrator (E1). I removed (E3) from cares, called (E1), and reported (E3) was verbal and had struck (R15) with a remote."</p>	S9999		
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S9999	<p>Continued From page 4</p> <p>On 10-28-14 at 4:00 p.m., E1 (Administrator) stated, "The staff reported to me on 10-7-14 that (E3) flicked (R15's) hand. (E3) admitted to me that (E3) did flick (R15) , so that is physical abuse and (E3) was terminated. No allegations had been reported to me earlier about (E3) calling resident's names. (E3) should have been removed from the facility on the first instance of calling (R15) a mother f****r."</p> <p>On 10-30-14 at 10:00 a.m., E10 (Care Plan Coordinator) stated, "(E3) rotated and worked all resident halls."</p> <p>The CMS Centers for Medicare and Medicaid Services Resident Census and Conditions Report, dated 10/27/14 signed by E10 (Assistant Director of Nursing), documents that 52 residents reside in the facility.</p> <p style="text-align: center;">(A)</p> <p>Licensure Findings</p> <p>300.1210b) 300.3240a)</p> <p>Section 300.1210 General Requirements for Nursing and Personal Care</p> <p>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</p>	S9999		

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S9999	<p>Continued From page 5</p> <p>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</p> <p>a) An owner, licensee, administrator, employee or agent of a facility shall not abuse or neglect a resident.</p> <p>These Regulations were not met as evidenced by:</p> <p>B. Based on observation, interview and record review the facility failed to protect two of two residents (R19 and R22) from sexual abuse by R10. R10 attempted to engage in inappropriate sexual behavior on two separate dates with R19 and R22. R10 was not restricted from access to other residents. R19 and R22 are two of eleven residents reviewed for abuse in the sample of thirteen. This has the potential to affect all fifty-two residents in the facility.</p> <p>Findings include:</p> <p>1. An Abuse Prevention Program Policy dated 11-11-11 documents, "This facility is committed to protecting our residents from abuse by anyone</p>	S9999		

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S9999	<p>Continued From page 6</p> <p>including; but not limited to, facility staff, other residents, consultants, volunteers, and staff from other agencies providing services to the individual....sexual abuse includes, but is not limited to, sexual harassment, sexual coercion, or sexual assault."</p> <p>R10's Physician Order Sheet dated 10-1-14 to 10-31-14 documents, R10 has the diagnosis of Bipolar and Schizophrenia. R10's MDS dated 10-13-14 documents, R10 is cognitively intake and has a BIMS Score of 12.</p> <p>On 10-27-14 at 2:54 p.m., E12 (Certified Nurse's Assistant /CNA) stated, around a couple weeks ago (R19) reported to me that (R10) has tried to feel (R19's) breast....(R19) is alert and oriented.</p> <p>On 10-27-14 at 3:35 p.m., R19 stated "(R10) came in my bathroom and asked me if I wanted to have some fun in the shower room on C Hall.....the next day in the C Hall bathroom (R10) lifted up my shirt and went (whew)....I told him to get out you scuzz ball....I told the staff and the staff member (not sure who) said "Oh he does that".....no I don't like it, he touched my privates.....this happened about ...two or three weeks ago....I am afraid he will do it again."</p> <p>R19's room is located diagonal from R10's room on the same hall. R19's MDS (Minimum Data Set) dated 6-9-14 documents, R19 is cognitively intake and has a Brief Interview Mental Status (BIMS) of 14.</p> <p>10-27-14 at 2:42 p.m. E7 (CNA) stated, "(R10) was found with (R22) On trying to undo (R22's) pants...R10 was found doing this in (R22's) room."</p>	S9999		

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S9999	<p>Continued From page 7</p> <p>On 10-29-14 at 9:48 a.m. E21 (CNA) stated, "I was told in morning report that (R10) tried to unfasten (R22's) belt and tried to get under (R22's) pants....this happened just the other day."</p> <p>On 10-29-14 at 10:28 a.m. E22 (RN /Registered Nurse) stated, we have to constantly re-direct (R10) from females.....I heard in report (R10) was found trying to take off R22's belt...this happened about one week ago...if I find (R10) going down B Hall, I won't let him....(R22) is on that hall."</p> <p>On 10-29-14 at 11:38 a.m. E20 (CNA/Certified Nursing Assistant) stated, "I caught (R10) touching (R22's) breast in the dining room.....I told (R10) not to touch (R22) anymore.....I reported it to the Nurse last week or so,.....I can't remember which Nurse it was....this happened a few days ago."</p> <p>R22's Physician Order Sheet dated 10-1-14 to 10-31-14 documents, R22 has the diagnoses of Cerebral Palsy, Seizures, Microcephaly, and Mental Retardation and is 29 years old. R22's MDS dated 8-11-14 documents, long term/short term memory problems, cognitive as "severely impaired" and totally dependent with Activities of Daily Living. According to R22's Activities of Daily Living Care Plan R22 requires two person mechanical lift for transfers and is not a candidate for Restorative Programming.....can not move self.</p> <p>On 10-27-14 at 2:30 p.m. E15 CNA (Certified Nursing Assistant) stated, "(R10) does have inappropriate sexual behavior....(R10) wanders in other residents rooms and (R10) was playing with (R10's) self in the television room around other residents....(R10) was exposed at the time."</p>	S9999		

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S9999	<p>Continued From page 8</p> <p>R10's Behavior Care Plan dated 7-16-14, documents (R10) has inappropriate sexual behaviors. According to the care plan R10 was on fifteen minute checks, however E10 CPC (Care Plan Coordinator) stated, "(R10) has been on five minute checks for at least all of October."</p> <p>On 10-27-14 at 3:09 p.m. E1 (Administrator) stated, "If incidents happen they are to be reported to me....I should have been informed of (R19's) and (R22's) incidents....we are trying to find placement for (R10) because (R10) may need a locked unit." On 10-29-14 at 11:50 a.m., E1 (Administrator) stated, "no reports of (R10) touching (R22)....I have reports of (R10) going towards (R22's) room, but not touching (R22)....if (R10) has touched any residents it should have been reported to me so I can investigate....I did not know about (R10) and (R19) until E12 reported it during the interview with Public Health."</p> <p>E1 verified on 10-29-14 at 12:27 p.m. that (E1) found out about the alleged sexual abuse between (R10) and (R19) on 10-27-14 at 2:54 p.m..... and did not do any interventions to keep the residents safe until 10-28-14 at 5:50 p.m. when (R10) was sent out of the building for a psych evaluation."</p> <p style="text-align: center;">(A)</p> <p>300.615e) 300.615f) Section 300.615 Determination of Need</p>	S9999		

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S9999	<p>Continued From page 9</p> <p>Screening and Request for Resident Criminal History Record Information. e)f)</p> <p>e) In addition to the screening required by Section 2-201.5 (a) of the Act and this Section, a facility shall, within 24 hours after admission of a resident, request a criminal history background check pursuant to the Uniform Conviction Information Act for all persons 18 or older seeking admission to the facility, unless a background check was initiated by a hospital pursuant to the Hospital Licensing Act. Background checks shall be based on the resident's name, date of birth, and other identifiers as required by the Department of State Police.</p> <p>f) (Section 2-201.5(b) of the Act) The facility shall check for the individual's name on the Illinois Sex Offender Registration website at www.isp.state.il.us and the Illinois Department of Corrections sex registrant search page at www.idoc.state.il.us to determine if the individual is listed as a registered sex offender.</p> <p>These Regulations were not met as evidenced by:</p> <p>Based on interview and record review, the facility failed to request a Criminal History Background check, check the Illinois Sex Offender Registration website, and check the Illinois Department of Corrections sex registrant search page, for one of 10 residents (R12) reviewed for Identified Offender screenings. This failure had the potential to affect all 52 residents who reside in the facility.</p> <p>Findings include: On 10-27-14 E1 (Administrator) provided a list of facility admissions for the past three months that documents R12 was admitted on 9-18-14.</p>	S9999		

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S9999	<p>Continued From page 10</p> <p>Review of R12's admission and clinical record file on 10-28-14, does not include a request for a Criminal History Background check, an Illinois Sex Offender Registration website check, or an Illinois Department of Corrections sex registrant check.</p> <p>On 10-28-14 at 1:05 p.m., E1 (Administrator) stated, "(R12) slipped through the cracks. We (the facility) did not request (R12's) background check within 24 hours and we did not do the website checks for the Illinois Sex Offender Registration or the Illinois Department of Corrections."</p> <p>The facility's Identified Offender Policy and Procedure dated 2-16-12, documents a resident's name should be checked on the Illinois Sex Offender Registration web site and the Illinois Department of Correction sex registrant search page. Also, the facility should request a Criminal History Background Check within 24 hours of admission for all residents.</p> <p>The CMS Centers for Medicare and Medicaid Services Resident Census and Conditions Report, dated 10/27/14 signed by E10 (Assistant Director of Nursing), documents that 52 residents reside in the facility.</p> <p style="text-align: center;">(B)</p> <p>Section 300.625 Identified Offenders a)c)d)i)j)k)m)n)</p> <p>a) The facility shall review the results of the criminal history background checks immediately upon receipt of these checks.</p> <p>c) If the results of a resident's criminal history background check reveal that the resident is an identified offender as defined in Section 1-114.01 of the Act, the facility shall do the</p>	S9999		

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S9999	<p>Continued From page 11</p> <p>following:</p> <p>d) The facility shall comply with all applicable provisions contained in the Uniform Conviction Information Act.</p> <p>i) For current residents who are identified offenders, the facility shall review the security measures listed in the Identified Offender Report and Recommendation provided by the Department of the State Police.</p> <p>j) Upon admission of an identified offender to a facility or a decision to retain an identified offender in a facility, the facility, in consultation with the medical director and law enforcement, shall specifically address the resident's needs in an individualized plan of care.</p> <p>k) The facility shall incorporate the Identified Offender Report and Recommendation into the identified offender's care plan. (Section 2-201.6(f) of the Act)</p> <p>m) The facility's reliance on the Identified Offender Report and Recommendation prepared pursuant to Section 2-201.6(a) of the Act shall not relieve or indemnify in any manner the facility's liability or responsibility with regard to the identified offender or other facility residents.</p> <p>n) The facility shall evaluate care plans at least quarterly for identified offenders for appropriateness and effectiveness of the portions specific to the identified offense and shall document such review. The facility shall modify the care plan if necessary in response to this evaluation. The facility remains responsible for continuously evaluating the identified offender and for making any changes in the care plan that</p>	S9999		

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NAME OF PROVIDER OR SUPPLIER COUNTRYVIEW CARE CENTER-MACOMB	STREET ADDRESS, CITY, STATE, ZIP CODE 400 WEST GRANT STREET MACOMB, IL 61455
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(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	<p>Continued From page 12</p> <p>are necessary to ensure the safety of residents.</p> <p>This Requirement is not met as evidenced by:</p> <p>Based on record review and interview, the facility failed to develop a plan of care based on the Identified Offender Report, incorporating the report and recommendations into the plan of care, and failed to do quarterly (and continuous if needed) assessments and reviews to determine if there is a need to make any changes to the plan of care for one of three residents (R27) reviewed for identified offender status.</p> <p>Findings include:</p> <p>R27 's admission face sheet indicates R27 is 49 years of age with Diagnoses including: Schizoaffective Disorder Bipolar Type, Delusional: Hallucinations and Moderate Intellectual Disorder. R27's Criminal Background Check of 3/13/14, includes a conviction of domestic battery in 1992. The results of the (Department's) risk level indicate R27 is moderate risk.</p> <p>R27's care plan dated 4/7/14 did not include any mention of R27's conviction history. It does not include any of the Identified Offender Report recommendations including the need for closer monitoring, attention required to behavior changes or sustained visual monitoring on a time limited basis and periodic assessments to ascertain level of care.</p>	S9999		

Illinois Department of Public Health

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S9999	<p>Continued From page 13</p> <p>On 10/28/14 at 2:10 p.m., E1 (Administrator) stated regarding care planning Identified Offenders and re-evaluating that care plan for changes, "I personally did not know that Identified Offenders had to be care planned."</p> <p>At 2:15 p.m. E2 (Director of Nursing) stated regarding care planning of Offenders, "I wasn't aware of that. "</p> <p>E10 (RN/Registered Nurse/Care Plan Coordinator) said on 10/28/14 at 2:30p.m., "I have been doing care plans for two years here and I wasn't aware I had to care plan that and monitor changes on the care plan. I will do one today."</p> <p>The facility incident information notes R27 was involved in behavior incidents on 3/30/14, 4/4/14 and 5/5/14.</p> <p style="text-align: center;">(B)</p> <p>Section 300.1230 Direct Care Staffing j)k) j) Skilled Nursing and Intermediate Care 5) Effective January 1, 2014, the minimum staffing ratios shall be increased to 3.8 hours of nursing and personal care each day for a resident needing skilled care and 2.5 hours of nursing and personal care each day for a resident needing intermediate care. (Section 3-202.05(d) of the Act) k) Effective September 12, 2012, a minimum of 25% of nursing and personal care time shall be provided by licensed nurses, with at least 10% of nursing and personal care time provided by</p>	S9999		

Illinois Department of Public Health

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S9999	<p>Continued From page 14</p> <p>registered nurses. Registered nurses and licensed practical nurses employed by a facility in excess of these requirements may be used to satisfy the remaining 75% of the nursing and personal care time requirements. (Section 3-202.05(e) of the Act)</p> <p>This Requirement is not met as evidenced by:</p> <p>Based on record review and interview, the facility failed to have 10% of nursing and personal care time provided by a Registered Nurse for one sampled day, and failed to meet minimum staffing ratios for two sampled dates. This has the potential to affect all 52 residents residing in the facility.</p> <p>Findings include:</p> <p>The Facility's Daily Census Report, dated 10/13/14 to 10/26/14, documents an average daily census of 52, with three skilled residents and 49 intermediate skill residents.</p> <p>On 10/30/14 at 8:50 a.m., E1 (Administrator) stated, "Half of the Director of Nursing hours and the Assistant Director of nursing hours are included in the Nursing direct care hours. We have 13 Certified Nursing Assistants scheduled each day for a total of 97.5 hours each day. Then, if the Director of Nursing, Assistant Director of Nursing, 30% of the Social Services Director time, and licensed therapists are added in we meet the daily staffing requirements."</p> <p>Facility's Minimum Daily Staffing calculations, no date available, states, "If the facility has three skilled residents and 49 intermediate skill residents, for a total of 52 residents, and this census has a requirement of 133.9 direct care</p>	S9999		

Illinois Department of Public Health

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S9999	<p>Continued From page 15</p> <p>hours, and in this amount 13.39 hours should be a registered nurse."</p> <p>The facility's timecard, dated 10/19/14, states, "On 10/19/14, CNA (Certified Nursing Assistant) hours totaled 74.33 hours, Registered Nurse hours totaled eight hours, and LPN (Licensed Practical Nurse) hours totaled 40.15 hours. Total direct care hours for 10/19/14 totaled 122.48 hours."</p> <p>The facility's time card, dated 10/25/14, states, "On 10/25/14, CNA hours totaled 77.58 hours, Registered Nurse hours totaled 26.25 hours, and LPN hours totaled 15.25 hours. Total direct care hours for 10/25/14 totaled 119.08 hours."</p> <p>On 10/30/14 at 12:30 p.m., E1 (Administrator) stated, on 10/19/14 and 10/25/14 there was no other direct care staff present in addition to the scheduled staff, and confirmed these timecard times.</p> <p>The Centers for Medicare and Medicaid Services (CMS) Resident Census and Conditions of Residents report dated 10/27/14 documents the census for the facility was a total of 52 residents.</p> <p>(AW)</p> <p>Section 300.4040 General requirements for Facilities Subject to Subpart S a)</p> <p>a) The psychiatric rehabilitation services program of the facility shall provide the following services as needed by facility residents under Subpart S:</p> <p>4) Psychiatric rehabilitation services addressing major domains of functioning and skills development: self-</p>	S9999		
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Illinois Department of Public Health

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S9999	<p>Continued From page 16</p> <p>maintenance, social and community living, occupational preparedness, symptom management, and substance abuse avoidance</p> <p>This requirement is not met as evidenced by;</p> <p>Based on record review and interview, the facility failed to provide individualized programs for self maintenance, social and community living, occupational preparedness for five of six residents (R11, R12, R13, R17, R18) reviewed for Severe Mental Illness (SMI) in the sample of 13 and eight residents in the supplemental sample (R23, R26, R28, R29, R32, R47, R48, R49)</p> <p>Findings include:</p> <p>Facility's Subpart S eligible document, dated 10/26/14, documents that R23, R13, R28, R11, R29, R32, R16, R17, R47, R26, R18, R48, R12, and R49 are eligible for Subpart S.</p> <p>Interview with E5 (Social Services Director) on 10/28/14 at 10:00a.m. stated "We have two residents on the Subpart S eligible list that are in programming for SMI (Severe Mental Illness)...we have no programs here at the facility for this group."</p> <p>Review on 10/28/14 at 9:00 a.m. of R12's admitting diagnosis on 10/7/14, shows no diagnosis of a severe mental illness, and on R12's POS (Physician's Order Sheet) dated 10/2014, listed</p>	S9999		
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S9999	<p>Continued From page 17</p> <p>no psychotropic medications.</p> <p>On 10/28/14 at 10:00 a.m. E5(Social Services Director) was asked why R12 was on the list for Subpart S eligibility, as R12 did not meet the requirements for Subpart S. E5 stated "I thought some of the outside programs would benefit (R12)."</p> <p>On 10/29/14 at 10:00 a.m., it was requested that E1 (Administrator) provide a facility policy on Eligibility of Subpart S for facility residents, at 1:00p.m. E1 stated E1 was unable to find a policy for Subpart S eligibility."</p> <p>(AW)</p>	S9999		

Imposed POC

Countryview Care Center – Macomb

Provider #: 146080/0053199

Survey Date: 11/06/14

F223 483.13(b), 483.13(b)(1)(i) Free from Abuse/Involuntary Seclusion

The resident has the right to be free from verbal, sexual, physical, and mental abuse, corporal punishment, and involuntary seclusion.

The facility must not use verbal, mental, sexual or physical abuse, corporal punishment, or involuntary seclusion

It is important to note that once the abuse coordinator was notified of the allegation of abuse the employee was immediately suspended, IDPH was notified, and an investigation began immediately according to the facility Abuse and Neglect policy.

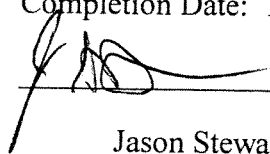
1. The following corrective actions have been implemented:
 - a. Once the administrator was notified of the potential abuse the facility policy and procedure was followed. The employee was immediately suspended, IDPH notified, investigation began and due to the outcome of the investigation the employee was terminated on 10/14/2014.
 - b. Staff was re-inserviced on the facility's abuse policy by the administrator on 10/29/14 or prior to their next working shift.
 - c. Care Plan Coordinator was in-serviced on the procedure and timeliness of updating a care plan.
 - d. R10 was moved from 5 minute checks to one on one supervision for the duration of his stay at our facility.
 - e. R22 had skin assessment completed as well as no noted change in behavior
 - f. R19 had skin assessment completed as well as no noted change in behavior
 - g. R15 was immediately assessed upon notification of the allegation of abuse.
 - h. The Director of Nursing was terminated for failure to react appropriately by following Countryview Care Center's Abuse Policy.
 - i. Staff were rein-serviced on 11/25/14 on the abuse/neglect policy with a focus on steps to be taken when abuse is suspected, first being to protect the resident from further abuse and who to report to.
 - j. The Administrator was inserviced by corporate staff on Abuse and Neglect and Conducting a Thorough Investigation on 11/24/14.
 - k. Police were notified
 - l. Nurse aid registry has been attempted to be notified.
2. Facility Audit was completed and an interview was completed All residents have the potential to be affected by the alleged deficient practice; however no resident will be affected due to the implementation of 1a thru 1m.

Attachment B Imposed Plan of
Correction

3. The following systematic measures have been implemented to ensure the alleged deficient practice does not recur:
 - a. No systemic change was needed. The policy meets all State and Federal Guidelines.
4. The following Quality Assurance Plans have been implemented to ensure the alleged deficient practice does not recur.
 - a. The facility Administrator and/or designee will perform a monthly in-service regarding the facility's Abuse Policy and Procedure for three (3) consecutive months.
 - b. The facility Administrator and or designee will then perform quarterly in-services regarding the facility's Abuse Policy and Procedure for three (3) quarters.
 - c. All staff will continue to be educated regarding the facility's Abuse Policy and Procedure upon initial hire during their orientation period.
 - d. All incidents of alleged abuse will be discussed during daily QA meetings as well as Quarterly QA meetings.
 - e. The QA team will assure compliance through the internal quality assurance process.

5. Completion Date: 11/25/14

6.



Jason Stewart, Administrator

11/27/14

Date

This plan of correction is being submitted pursuant to the applicable federal and state regulations. Nothing contained herein shall be construed as an admission that the facility violated any federal or state regulation or failed to follow applicable standards of care.

acceptable
12-9-14

Imposed POC

Countryview Care Center – Macomb

Provider #: 146080/0053199

Survey Date: 11/06/2014

F225 483.13(c)(1)(ii)-(iii), (c)(2) – (4): INVESTIGATE/REPORT ALLEGATIONS/INDIVIDUALS.

The facility must not employ individuals who have been found guilty of abusing, neglecting or mistreating residents by a court of law; or have had a finding entered into the nurse aid registry concerning abuse, neglect, mistreatment of residents or misappropriation of their property; and report any knowledge it has of actions by a court of law against an employee, which would indicate unfitness for service as a nurse aide or other facility staff to the State nurse aide registry or licensing authority.

The facility must ensure that all alleged violations involving mistreatment, neglect, or abuse including injuries of unknown source and misappropriation of property are reported immediately to the Administrator of the facility and of other officials in accordance with State law through established procedures (including to the State survey and certification agency).

The facility must have evidence that all alleged violations are thoroughly investigated, and must prevent further potential abuse while the investigation is in progress.

The results of all investigations must be reported to the Administrator or his designated representative and to other officials in accordance with State law (including the State survey and certification agency) within 5 working days of the incident, and if the alleged violation is verified appropriate corrective action must be taken.

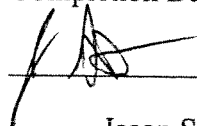
It is important to note that once the abuse coordinator was notified of the allegation of abuse the employee was immediately suspended, IDPH was notified, and an investigation began immediately according to the facility Abuse and Neglect policy

1. The following corrective actions have been implemented:
 - a. As soon as the administrator was made aware of the alleged abuse he followed the facility abuse/neglect policy by immediately suspending employee, notifying IDPH, doing a thorough investigation and terminating the employee due to outcome of investigation.
 - b. Police were notified.
 - c. Administrator has tried multiple. times to notify nurse's aid registry and will continue to do so.
 - d. E3 was already terminated so a finger print check could not be done on the employee however an audit of all employee files was completed to ensure compliance.
 - e. An audit was completed on all employee background checks to ensure fingerprint checks were done.

- f. Staff was re-inserviced on the facility's abuse policy by the administrator on 10/20/14 or prior to their next working shift. (See Attachment)
 - g. The Director of Nursing was terminated for failure to react appropriately by following Countryview Care Center's Abuse Policy.
 - h. Staff will be reinserviced on 11/25/14 on the abuse/neglect policy with a focus on steps to be taken when abuse is suspected and who to report to.
 - i. The Administrator was inserviced by corporate staff on Abuse and Neglect and Conducting a Thorough Investigation on 11/24/14.
 - j. R10 was moved from 5 minute checks to one on one supervision for the duration of his stay at our facility.
 - k. R15 was immediately assessed upon notification of the allegation of abuse.
 - l. R22 had skin assessment completed as well as no noted change in behavior
 - m. R19 had skin assessment completed as well as no noted change in behavior
2. All residents have the potential to be affected by the alleged deficient practice; however no resident will be affected due to the implementation of 1a thru 1m.
3. The following systematic measures have been implemented to ensure the alleged deficient practice does not recur:
- a. No systemic change was needed. The policy meets all State and Federal Guidelines.
4. The following Quality Assurance Plans have been implemented to ensure the alleged deficient practice does not recur.
- a. The facility Administrator and/or designee will perform a monthly in-service regarding the facility's Abuse Policy and Procedure for three (3) consecutive months.
 - b. The facility Administrator and or designee will then perform quarterly in-services regarding the facility's Abuse Policy and Procedure for three (3) quarters.
 - c. All staff will continue to be educated regarding the facility's Abuse Policy and Procedure upon initial hire during their orientation period. All incidents of alleged abuse will be discussed during daily QA meetings as well as Quarterly QA meetings.
 - d. The QA team will assure compliance through the internal quality assurance process.

5. Completion Date: 11/25/14

6.



Jason Stewart, Administrator

11/27/14

Date

This plan of correction is being submitted pursuant to the applicable federal and state regulations. Nothing contained herein shall be construed as an admission that the facility violated any federal or state regulation or failed to follow applicable standards of care.

Acceptable
12-9-14

Countryview Care Center – Macomb

Provider #: 146080/0053199

Survey Date: 11/06/2014

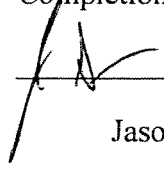
F 226 483.13 (c) Development/Implement Abuse/Neglect, Etc Policies

The facility must develop and implement written policies and procedures that prohibit mistreatment, neglect, and abuse of residents and misappropriation of resident property.

1. The following corrective actions have been implemented:
 - a. Upon notification of the alleged abuse the administrator followed the facilities policy. The employee was immediately suspended, IDPH was notified, a thorough investigation was completed and the employee was terminated due to the findings.
 - b. Staff was re-inserviced on the facility's abuse policy by the administrator on 10/29/14 or prior to their next working shift. (See Attachment)
 - c. The Director of Nursing was terminated for failure to react appropriately by following Countryview Care Center's Abuse Policy.
 - d. Staff will be re-inserviced on 11/25/14 on the abuse/neglect policy with a focus on protecting the residents from further abuse and who to report to.
 - e. The Administrator was in-serviced by corporate staff on Abuse and Neglect and Conducting a Thorough Investigation on 11/24/14.
 - f. Administrator was re-inserviced on the background check policy.
 - g. Complete audit of the employee back ground checks was completed.
 - h. Police were notified
 - i. Nurse aid registry has been attempted to be notified.
 - j. Facility Audit was completed and an interview was completed
 - k. R10 was moved from 5 minute checks to one on one supervision for the duration of his stay at our facility.
 - l. R15 was immediately assessed upon notification of the allegation of abuse.
 - m. R22 had skin assessment completed as well as no noted change in behavior
 - n. R19 had skin assessment completed as well as no noted change in behavior
2. All residents have the potential to be affected by the alleged deficient practice; however no resident will be affected due to the implementation of 1a thru 1n.
3. The following systematic measures have been implemented to ensure the alleged deficient practice does not recur:
 - a. No systemic change was needed. The policy meets all State and Federal Guidelines.

- 4. The following Quality Assurance Plans have been implemented to ensure the alleged deficient practice does not recur.
 - a. The facility Administrator and/or designee will perform a monthly in-service regarding the facility's Abuse Policy and Procedure for three (3) consecutive months.
 - b. The facility Administrator and or designee will then perform quarterly in-services regarding the facility's Abuse Policy and Procedure for three (3) quarters.
 - c. All staff will continue to be educated regarding the facility's Abuse Policy and Procedure upon initial hire during their orientation period. All incidents of alleged abuse will be discussed during daily QA meetings as well as Quarterly QA meetings.
 - d. The QA team will assure compliance through the internal quality assurance process.

5. Completion Date: 11/25/14

6.  _____ 11/27/14
Jason Stewart, Administrator Date

*Acceptable
12-9-14*

This plan of correction is being submitted pursuant to the applicable federal and state regulations. Nothing contained herein shall be construed as an admission that the facility violated any federal or state regulation or failed to follow applicable standards of care.