

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

PRINTED: 10/08/2015
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 145439	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 10/02/2015
NAME OF PROVIDER OR SUPPLIER CHAMPAIGN URBANA NRSG & REHAB			STREET ADDRESS, CITY, STATE, ZIP CODE 302 WEST BURWASH SAVOY, IL 61874		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE	
F 000	INITIAL COMMENTS	F 000			
F 225 SS=D	<p>Complaint Investigation # 1565360/IL80471</p> <p>483.13(c)(1)(ii)-(iii), (c)(2) - (4)</p> <p>INVESTIGATE/REPORT ALLEGATIONS/INDIVIDUALS</p> <p>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 State nurse aide 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 authorities.</p> <p>The facility must ensure that all alleged violations involving mistreatment, neglect, or abuse, including injuries of unknown source and misappropriation of resident property are reported immediately to the administrator of the facility and to other officials in accordance with State law through established procedures (including to the State survey and certification agency).</p> <p>The facility must have evidence that all alleged violations are thoroughly investigated, and must prevent further potential abuse while the investigation is in progress.</p> <p>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 to the State survey and certification agency) within 5 working days of the incident, and if the alleged violation is verified</p>	F 225			

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

TITLE

(X6) DATE

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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F 225	<p>Continued From page 1 appropriate corrective action must be taken.</p> <p>This REQUIREMENT is not met as evidenced by: Based on interview and record review the facility failed to immediately report an allegation of sexual abuse to the state survey and certification agency for one resident (R1) out of a sample of three who were reviewed for abuse.</p> <p>Findings include:</p> <p>The Face Sheet dated 10/1/15 documents R1 is diagnosed with Chronic Pain, Depressive Disorder, Anxiety, Diabetes, and Sicca Syndrome.</p> <p>The Minimum Data Set dated 9/17/15 documents R1 is cognitively intact.</p> <p>An undated written statement provided by the facility by E11 (Social Services Assistant) documents R1 reported on the night of 7/1/15, an unknown male certified nursing assistant (CNA) grabbed R1's breast and kissed R1 goodnight on the cheek.</p> <p>On 9/30/15 at 2:13 PM, E11 stated he could not remember the date or time that R1 told him about an unknown male CNA touching her breast or kissing her on the cheek. E11 stated after R1 informed him of the allegation, he immediately reported it to the administrator (E1).</p> <p>On 9/30/15 at 3:30 PM, E1 Administrator stated E11 came to her on 7/2/15 around mid-morning to report R1's allegation of abuse. E1 stated she</p>	F 225			

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F 225	Continued From page 2 interviewed R1 about the allegation on 7-2-15. R1 told E1 that a male CNA (identified as E13) the night before had touched her breast and kissed her on the cheek goodnight. E1 stated the male CNA that was the alleged perpetrator was identified through video surveillance as E13 CNA. E1 stated she did not report R1's allegation to the state survey and certification agency until 7-6-15.	F 225			
F 226 SS=D	483.13(c) DEVELOP/IMPLMENT 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. This REQUIREMENT is not met as evidenced by: Based on interview and record review the facility failed to operationalize their Abuse Prevention Policy by failing to report an allegation of sexual abuse for one resident (R1) immediately to the State licensing/certification agency; failing to formulate a reasonable Suspicion of a crime consistent with the requirements as defined in Section 1150B of the Social Security Act (Reporting Reasonable Suspicion of a Crime in a Long-Term Care Facility) that may have been committed against (R1) and failing to report to the local Law enforcement. R1 is one of three residents reviewed for abuse in a sample of three. Findings include: The facility Abuse Prevention Policy dated August	F 226			

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F 226	<p>Continued From page 3</p> <p>2011 states under Reporting Abuse to State Agencies and Other Entities/Individuals: "Should a suspected violation or substantiated incident of mistreatment . . .the facility Administrator, or his/her designee, will promptly notify the following persons or agencies (verbally and written) of such incident:</p> <p>a. The State licensing/certification agency responsible for surveying/licensing the facility; . . . e. Law enforcement officials; . . . Verbal/written notices to agencies will be made within twenty hours of the occurrence of such incident . . . "</p> <p>The policy documents under Reporting Suspicion of a Crime: " The Administrator, Director of Nursing, or any other designated individual will report (within the required time frames) any reasonable suspicion of a crime against a resident to the State Survey Agency and local law enforcement agency. . . Once a year, each covered individual shall be notified in writing of his or her obligations to report any reasonable any reasonable suspicion of a crime to the State Survey Agency and at least one local law enforcement agency. A covered individual is defined as anyone who is an owner, operator, employee, manager, agent, or contractor of the facility. . . .If the event does not result in serious bodily injury, the suspicion will be reported not more than twenty-four hours after the individual first suspects that a crime has occurred."</p> <p>On 9-30-15 at 3:30pm E1, Administrator stated " I was told by E11, Social Service Assistant on 7-2-15 around mid-morning, that R1 had reported to E11 just prior to coming to my (E1) office about an incident that happened on the night of 7-1-15. R1 stated to me (E1) the male staff person (later identified as E13 Certified Nursing Assistant) touched her breast and kissed her on the cheek</p>	F 226			

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F 226	Continued From page 4 goodnight. " On 9-30-15 at 3:30pm E1 stated "I called (the incident about R1) to the local police department, began investigating, and reported to the State Survey Agency on 7-6-15.	F 226			