

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

PRINTED: 10/27/2014
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 145579	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 10/17/2014
NAME OF PROVIDER OR SUPPLIER PROCTOR COM HSP SK N CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE 5409 NORTH KNOXVILLE AVENUE PEORIA, IL 61614		
(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=F	<p>Annual Certification Survey</p> <p>An extended survey was conducted.</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</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</p> <p>certification agency) within 5 working days of the incident, and if the alleged violation is verified 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 notify the administrator of an allegation of abuse, and failed to immediately suspend an alleged perpetrator of abuse during an abuse investigation for one resident (R16) reviewed for abuse on the supplemental sample. This failure had the potential to affect all 15 residents on the unit.</p> <p>Findings include:</p> <p>In an email sent from E4 (House Supervisor) to E2 (Director of Nurses/DON) on 4/20/14 at 11:02 pm E4 stated, "... (E5/Registered Nurse/RN) called (E4) about an event (E5) just witnessed. (E5) explained the background about (R16's) refusal to have male staff enter (R16's) room... (R16) has requested that (E3/Medical Director), not take care of (R16) or come in (R16's room). (E3) was made aware of this by (E5), and (E3) told (E5) that (E3) would just write orders at the desk and manage (R16's) care from afar. (E5/Registered Nurse) then entered a patient's room located across the hall from (R16's) room, and watched (E3) enter (R16's) room in the pitch black, stand over (R16) and 'lurch'."</p> <p>R16's Customer Dissatisfaction form dated 4/21/14 states, "Received call from (E6/RN) regarding (R16) having multiple concerns regarding E3 (Facility Medical Director)..."</p>	F 225			

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F 225	<p>Continued From page 2</p> <p>(E7/Patient Advocate) met with (R16) to discuss issues/concerns. (R16) indicates (R16) has no problems with the actual staff members on the skilled nursing center, but with the way (R16) has been treated by (E3/Medical Director). (R16) stated (E3's) tone of speaking with (R16) was 'loud, abusive and demonstrated hostility.'...(R16) stated both times (E3) has seen (R16), (R16) has been asleep and became very angry when (E3) woke (R16) up last night at 9:45pm. (R16) also stated (E3) stated to (R16), 'you are refusing to hear me,' which (R16) felt to be very unprofessional. (R16) indicated to(E7/Patient Advocate) that (R16) has fired (E3), and does not want to be seen by (E3) again. (R16) stated (R16) told (E3) this morning (4/21/14), 'I refuse to see you again.' (R16) stated (R16) felt psychologically abused by (E3)..."</p> <p>On 10/16/14 at 11:05 am, E2 (DON) stated E5 (RN) was made aware of R16's concerns with E3 (Medical Director) at 9:30 pm on 4/20/14. E5 contacted E4 (House Supervisor) at 10:30 pm and informed E4 that R16 has requested E3 not come in R16's room or care for R16 anymore. E2 then stated that sometime between 9:30 pm and 10:30 pm on 4/20/14, E3 was observed entering R16's room after being made aware of R16's concerns and agreeing not to enter R16's room. E2 also stated at this time that E4(House Supervisor) sent E2 an email about the situation, and E2 was not aware of the situation until the following morning around 9:00 am when E2 checked E2's email. E2 then verified that E1(Administrator) was not notified of the situation until 4/22/14 at 10:07 am and stated E2 should have notified E1 as soon as E2 was aware of the potential abuse.</p>	F 225			

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F 225	Continued From page 3 On 10/16/14 at 11:30 am, E2 (DON) stated, "(E3) was asked not to go back into (R16's) room, but it looks like (E3/Medical Director) did (enter R16's room) on 4/20/14 and again on the morning of 4/21/14. (E3) was not suspended during the investigation and continued rounding on patients. Technically, (E3) is a hospital employee so (E3) should have been suspended...I feel (E3) should not have gone back in (R16's) room. (E3) should have gone by what (R16) wanted...On 4/20/14, (E4/House Supervisor), should have called me instead of sending an email." On 10/16/14 at 10:50 am, E2 (DON) confirmed that E3 (Medical Director) did continue to make 'rounds' during the investigation of the allegation of abuse on E3. The facility's Census Report dated 4/20/2014 states there were 15 residents on the unit at the time of the alleged abuse.	F 225			
F 226 SS=F	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 record review and interview the facility failed to follow their Abuse and Neglect Prevention policy by not reporting immediately allegation of abuse to the administrator and by not immediately suspending staff alleged of	F 226			

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F 226	<p>Continued From page 4</p> <p>abuse for one resident (R16) reviewed for abuse allegation. This failure had the potential to affect all 15 residents on the unit.</p> <p>Findings include:</p> <p>The Abuse and Neglect Prevention for Proctor Skilled Nursing policy dated 11/19/13 states "Administrator will be informed of an allegation of abuse immediately.... A staff member who is the alleged perpetrator of abuse or neglect will be immediately suspended from duty until further investigation... "</p> <p>On 10/16/14 at 10:50am E2, Director of Nurses confirmed that on 04/20/14 at 9:30pm E3, alleged perpetrator, was told to stay out of R16's room after R16 made allegation of psychological abuse. E3 agreed to not reenter R16's room. E2 provided signed statement from E5 (Registered nurse/RN), that E3 was witnessed in R16's room two times after E3 was made aware of allegation. E2 also stated E3 did continue to "round" on all other residents.</p> <p>On 10/16/14 at 10:50am E2, Director of Nurses, provided a printed out email from E4/House Supervisor, informing E2 of incident occurring on 04/20/14 involving E3 and R16. E2 indicated that E2 read email next morning around 9:00am. E2 said " '(E4) should have called me." E2 stated E2 did not inform E1 (Administrator) until 04/22/14.</p> <p>The facility's Census Report dated 4/20/2014 states there were 15 residents on the unit at the time of the alleged abuse.</p>	F 226			