

Illinois Department of Public Health

| | | | |
|--|--|---|---|
| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6002109 | (X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____ | (X3) DATE SURVEY COMPLETED C 08/31/2023 |
|--|--|---|---|

| | |
|--|---|
| NAME OF PROVIDER OR SUPPLIER PALM TERRACE OF MATTOON | STREET ADDRESS, CITY, STATE, ZIP CODE 1000 PALM MATTOON, IL 61938 |
|--|---|

| (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 |
|--------------------|--|---------------|---|--------------------|
|--------------------|--|---------------|---|--------------------|

| | | | | |
|-------|--|-------|---|--|
| S 000 | Initial Comments | S 000 | | |
| | Investigation of Facility Reported Incident of August 10, 2023/IL163439 | | | |
| S9999 | Final Observations | S9999 | | |
| | Statement of Licensure Violations: 300.610a) 300.3210t) | | | |
| | 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. | | | |
| | Section 300.3210 General t) The facility shall ensure that residents are not subjected to physical, verbal, sexual or psychological abuse, neglect, exploitation, or misappropriation of property. | | | |
| | This REQUIREMENT is not met as evidenced by: | | | |
| | Based on observation, interview, and record review, the facility failed to prevent resident to resident physical abuse. This failure affects two residents (R1, R2) of three reviewed for abuse in | | | |
| | | | Attachment A Statement of Licensure Violations | |

Illinois Department of Public Health
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

Illinois Department of Public Health

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6002109 | (X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____ | | (X3) DATE SURVEY COMPLETED C 08/31/2023 |
|--|--|---|---|---|
| NAME OF PROVIDER OR SUPPLIER PALM TERRACE OF MATTOON | | STREET ADDRESS, CITY, STATE, ZIP CODE 1000 PALM MATTOON, IL 61938 | | |
| (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 1</p> <p>the sample of three. R2's hands were on the right side of R1's neck and R1 received a skin tear on the right side of R1's neck that was treated with wound closure strips.</p> <p>Findings include:</p> <p>The facility Abuse Prevention Program policy (2/2021) documents: "This facility affirms the right of our residents to be free from abuse, neglect, misappropriation of resident property, and exploitation as defined below." The same record documents "Physical Abuse includes hitting, slapping, pinching, kicking, and controlling behavior through corporal punishment."</p> <p>The facility Residents' Rights policy (November 2018) documents: "You must not be abused, neglected, or exploited by anyone-financially, physically, verbally, mentally or sexually."</p> <p>R1's diagnosis list (8/30/2023) documents diagnoses including Dementia, Major Depressive Disorder, Epilepsy, Psychosis, Schizophrenia, and Cerebral Infarction (stroke).</p> <p>R1's Resident Assessment (8/9/2023) documents R1 has severely impaired cognition, requires extensive staff assistance to perform activities of daily living, uses a wheelchair, and has left and right-side upper extremity impairment.</p> <p>R2's Resident Assessment (7/3/2023) documents R2 is cognitively intact, uses a wheelchair, and does not have any upper extremity impairment.</p> <p>R2's Care Plan (8/31/2023) documents R2 has a history of displaying physical aggression and/or</p> | S9999 | | |

Illinois Department of Public Health

| | | | |
|--|--|---|---|
| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6002109 | (X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____ | (X3) DATE SURVEY COMPLETED C 08/31/2023 |
|--|--|---|---|

| | |
|--|---|
| NAME OF PROVIDER OR SUPPLIER PALM TERRACE OF MATTOON | STREET ADDRESS, CITY, STATE, ZIP CODE 1000 PALM MATTOON, IL 61938 |
|--|---|

| (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 2</p> <p>threats of aggression towards others and has a history of striking others when upset.</p> <p>On 8/30/2023 at 3:05PM, V3 (Registered Nurse) reported being present at the nurse's station on 8/10/2023 on the hallway where R1 and R2 reside and hearing a commotion outside of R1's room located nearby the station. V3 reported observing R1 seated in R1's wheelchair at the doorway to R1's room and moving R1's wheelchair back and forth on the floor towards R1's room. V3 reported R2 was in R2's wheelchair trying to pass R1 in the hallway when R1 rolled backwards and bumped into R2's wheelchair and then R2 "rammed" R1's wheelchair two or three times with R2's wheelchair and then began swinging R2's arms towards R1. V3 reported leaving the nurse's station to separate R1 and R2 and finding R2's hands were on the right side of R1's neck as R1 was covering R1's head with R1's hands. V3 reported R1 had a small skin tear on the right side of R1's neck which V3 treated with wound closure strips. V3 reported R1 is cognitively impaired and R2 is cognitively intact and R2 has a "short temper."</p> <p>On 8/30/2023 at 3:04PM, a mostly healed skin tear (approximately one centimeter in length) was located on the right side of R1's neck. R1 stated "yes (R2 had hit R1 on 8/10/2023)".</p> <p>The facility Witness Statement (8/11/2023) documents an interview between V1 (Administrator) and R2 where R2 reported knowing R2 should not have gotten into a fight with R1, but R1 was blocking the hallway (on 8/10/2023) when R2 was trying to get to R2's room after supper. R2 reported telling R1 to move and R1 did not move R1's wheelchair, so</p> | S9999 | | |

Illinois Department of Public Health

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6002109 | (X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____ | | (X3) DATE SURVEY COMPLETED C 08/31/2023 |
|--|--|---|---|---|
| NAME OF PROVIDER OR SUPPLIER PALM TERRACE OF MATTOON | | STREET ADDRESS, CITY, STATE, ZIP CODE 1000 PALM MATTOON, IL 61938 | | |
| (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 3</p> <p>R2 bumped into R1's wheelchair to get R1 to move out of the way. R2 reported R1 then began swinging R1's arms at R2 so R2 responded by swinging R2's arms back toward R1.</p> <p>On 8/30/2023 at 1:05PM, R2 reported R1 bumped R2's wheelchair on 8/10/2023 and then R2 hit R1 with a fist a "few" times while R1 covered R1's head with R1's hands. R2 raised R2's closed fist into the air to demonstrate how R2 hit R1.</p> <p>On 8/31/2023 at 1:50PM, R2 reported hitting R1 in the head area three to four times on 8/10/23.</p> <p>"B"</p> | S9999 | | |