

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6005672	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED C 02/20/2019
--	--	--	---

NAME OF PROVIDER OR SUPPLIER MAGNOLIA MANOR SHELTER CARE HM	STREET ADDRESS, CITY, STATE, ZIP CODE 1100 GRANT ELDORADO, IL 62930
---	---

(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	<p>Initial Comments</p> <p>Complaint investigation 1951109/IL109559</p> <p>Statement of Licensure Violations</p>	S 000		
S9999	<p>Final Observations</p> <p>Licensure 1 of 2 330.2210a)4)</p> <p>Section 330.2210 Maintenance</p> <p>a) Every facility shall have an effective written plan for maintenance, including sufficient staff, appropriate equipment, and adequate supplies. Each facility shall: (B)</p> <p>4) Maintain the interior and exterior finishes of the building as needed to keep it attractive, clean and safe. (painting, washing and other types of maintenance).</p> <p>The requirement is NOT met as evidenced by:</p> <p>Based on observation, interview, and record review, the facility failed to maintain resident shower rooms in a manner in which to discourage mold growth for 31 (R1, R8-R37) of 37 residents reviewed for environment in the sample of 37.</p> <p>Findings include:</p> <p>On an environmental tour of the facility on 02/19/19 at 1:00 pm, the shower room on the west wing of the facility was noted to have a black</p>	S9999	<p>Attachment A Statement of Licensure Violations</p>	

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: IL6005672	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 02/20/2019
--	---	---	---

NAME OF PROVIDER OR SUPPLIER MAGNOLIA MANOR SHELTER CARE HM	STREET ADDRESS, CITY, STATE, ZIP CODE 1100 GRANT ELDORADO, IL 62930
--	---

(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>spotted appearing substance underneath the sink in a wood cabinet in an area of approximately 12 square inches, on the ceiling around the ventilation fan unit in an area approximately 18 inches by 4 inches, in between the micro tiles in front of the shower stall in a widespread area of approximately three feet by two feet, and in the corners of the shower stall in an area approximately ¼ inch by three inches. The room was noted to smell musty.</p> <p>On 02/19/19 at 2:30pm, V1, Administrator, stated, "We had a roof leak last summer over the shower room area and the ceiling got wet. I have not had those areas tested to see if they are black mold, but I admit that's what it looks like to me." On 02/20/19 at 10:15am, V4, Housekeeper, stated that when the residents shower, water stands on the tile floor in front of the shower area, and this has caused mold to grow between the tiles. V4 stated the floor needs to be replaced. V4 stated she was going to spray hydrogen peroxide on the areas to see if it helps.</p> <p>On 02/21/19 at 2:15pm, V1 stated that 24 male residents reside on the west wing of the facility and 7 male residents reside on the east wing of the facility. V1 stated all male residents utilize the shower room on the west wing and all female residents utilize the shower room on the east wing of the facility.</p> <p>A Resident Location List dated 02/19/19 documented a total of 24 male residents living on the west wing and 7 male residents living on the east wing and included (R1, R8-R37).</p> <p>(C)</p> <p>Licensure 2 of 2</p>	S9999		
-------	--	-------	--	--

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6005672	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED C 02/20/2019
--	---	--	---

NAME OF PROVIDER OR SUPPLIER MAGNOLIA MANOR SHELTER CARE HM	STREET ADDRESS, CITY, STATE, ZIP CODE 1100 GRANT ELDORADO, IL 62930
--	---

(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>330.4240a-f) Section 330.4240 Abuse and Neglect</p> <p>a) An owner, licensee, administrator, employee or agent of a facility shall not abuse or neglect a resident. (Section 2-107 of the Act) (A, B)</p> <p>b) A facility employee or agent who becomes aware of abuse or neglect of a resident shall immediately report the matter to the facility administrator. (Section 3-610 of the Act)</p> <p>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)</p> <p>d) A facility administrator, employee, or agent who becomes aware of abuse or neglect of a resident shall also report the matter of the department. (Section 3-610 of the Act)</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. (Section 3-611 of the Act)</p> <p>f) Resident as perpetrator of abuse. When an investigation of a report of suspected abuse of a resident indicates, based upon credible evidence, that another resident of the long-term care facility is the perpetrator of the abuse, that</p>	S9999		
-------	---	-------	--	--

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6005672	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 02/20/2019
--	--	---	---

NAME OF PROVIDER OR SUPPLIER MAGNOLIA MANOR SHELTER CARE HM	STREET ADDRESS, CITY, STATE, ZIP CODE 1100 GRANT ELDORADO, IL 62930
---	---

(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>resident's condition shall be immediately evaluated to determine the most suitable therapy and placement for the resident, considering the safety of that resident as well as the safety of other residents and employees of the facility. (Section 3-612 of the Act)</p> <p>(Source: Amended at 15 Ill. Reg. 516, effective January 1, 1991)</p> <p>The requirement is NOT met as evidenced by:</p> <p>Based on record review and interview, the facility failed to conduct investigations and report to the Department allegations of verbal, physical, mental, and sexual abuse for 6 residents (R1, R4, R5, R6, R7, R11) of 7 residents reviewed for abuse in the sample of 37.</p> <p>Findings include:</p> <p>1. The facility's Grievance Log documented an entry on 11/21/18 authored by V2, Office Assistant, which stated that V3, Activity Director, told R1 that V3 was going to cut his hair. R1 told V3 he did not want a haircut, and V3 stated to R1 "Get your F***ing A** over here right now, you are getting a hair cut." The document states V3 then slapped R1 on the cheek and cut R1's hair. The document did not specify when this incident occurred.</p> <p>On 02/20/19 at 1:50pm, V2 confirmed the incident as per the written statement. V2 stated the incident occurred a few days prior to her written complaint. V2 stated she told V1, Administrator, on 11/21/18 about the incident, and V1 said she would talk to V3 about it. V2</p>	S9999		

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6005672	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 02/20/2019
--	--	---	---

NAME OF PROVIDER OR SUPPLIER MAGNOLIA MANOR SHELTER CARE HM	STREET ADDRESS, CITY, STATE, ZIP CODE 1100 GRANT ELDORADO, IL 62930
---	---

(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 4</p> <p>stated she reported it to V1 as verbal abuse from V3 toward R1. On 02/20/19 at 2:45pm, V1 denied knowing about the incident until the surveyor asked about it on 02/20/19. V1 stated she has disciplined V3 numerous times about V3's attitude toward staff and residents. V1 stated since she did not know about it, she did not do an abuse investigation into the matter and did not report it to the Department. On 02/20/19 at 3:10pm, R1 stated he has never been interviewed by anybody regarding V3.</p> <p>2. R4'S Nurses Notes documented a 12/19/18 entry:"Resident approached staff around 8am (and stated that) the night before, she was sexually assaulted by another resident. Staff went to Administrator and police were called, then staff transported resident to the hospital and once discharged, to police department. The mother was notified and came and got resident and stated she probably will not be back."</p> <p>On 02/19/19 at 2:30pm, V1 acknowledged the account as documented in R4's record. V1 stated R4 told V1 she had been raped by R6. V1 stated R4 was immediately taken to the police station and later to the hospital for a rape kit. V1 stated the police concluded there were no findings based on R4 changing her story multiple times. V1 acknowledged she did not do an investigation into the claim of sexual assault and did not report it to the Department. V1 stated neither resident lives at the facility now. V1 stated, "I did talk to a few people and write some things down after it happened, but I can't find my notes."</p> <p>3. The Resident Grievance Log documented an entry on 11/21/18 written by R11, which stated, "I get upset because (V3) hollers at us residents over things that other residents do(V3) is</p>	S9999		
-------	--	-------	--	--

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6005672	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED C 02/20/2019
--	--	--	---

NAME OF PROVIDER OR SUPPLIER MAGNOLIA MANOR SHELTER CARE HM	STREET ADDRESS, CITY, STATE, ZIP CODE 1100 GRANT ELDORADO, IL 62930
---	---

(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 5</p> <p>always on her phone and driving too fast when we go for outings. (V3) takes off too fast and puts too many residents on the bus. When (V3) hollers, my anxiety goes up."</p> <p>On 02/20/19 at 2:45pm, V1 acknowledged that R11 told her about V3 driving too fast, yelling at residents, and R11 feeling anxious. V1 stated it did not occur to her to investigate this as an abuse allegation or report to the Department. V1 stated her solution to the problem was to tell V3 she was no longer allowed to transport residents.</p> <p>4. On 02/19/19 at 1:50pm, V2, Office Assistant, stated that in December of 2018, R5 told V2 that she had been raped by R7. V2 stated she told V1 and R5 was taken to the police station and later to the hospital for a rape kit. On 02/19/19 at 2:30pm, V1 acknowledged V2's account, and stated the police and states attorney determined there was not enough evidence to bring charges against R7, as R5 changed her story several times. V1 stated she did not do an abuse investigation into R5's allegation of sexual assault nor report to the Department. V1 stated neither R5 nor R7 live at facility now.</p> <p>An undated Abuse and Neglect Policy documented, "Abuse is an intentional infliction of injury, unreasonable confinement, intimidation, care/service deprivation, or punishment that results in physical harm, pain, or mental anguish...There are various types of abuse and neglect, (including):1. Physical. 2. Emotional or Mental. 3. Sexual. 4. Verbal. ..." An undated Resident Rights Policy stated, "You MUST NOT(bolded) be abused by anyone-physically, verbally, mentally, financially, or sexually." (B)</p>	S9999		
-------	---	-------	--	--