Illinois Department of Public Health STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION IDENTIFICATION NUMBER: COMPLETED A. BUILDING: C B. WING IL6012140 05/22/2019 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 3240 BARNEY AVENUE **MARIGOLD ESTATES PEKIN. IL 61554** SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X4) ID (X5) COMPLETE (EACH DEFICIENCY MUST BE PRECEDED BY FULL (EACH CORRECTIVE ACTION SHOULD BE PREFIX **PREFIX** REGULATORY OR LSC IDENTIFYING INFORMATION) CROSS-REFERENCED TO THE APPROPRIATE DATE TAG TAG **DEFICIENCY**) Z 000 COMMENTS Z 000 1923100 / IL00111745 1923157 / IL00111810 1922698 / IL00111301 **Z9999 FINDINGS** Z9999 Licensure Violations 350.620a) 350.3240a) 350.3240c) 350.3240e) Section 350.620 Resident Care Policies a) The facility shall have written policies and procedures governing all services provided by the facility which shall be formulated with the involvement of the administrator. The policies shall be available to the staff, residents and the public. These written policies shall be followed in operating the facility Section 350.3240 Abuse and Neglect An owner, licensee, administrator, employee or agent of a facility shall not abuse or neglect a resident. (Section 2-107 of the Act) c) A facility administrator who becomes Attachment A aware of abuse or neglect of a resident shall Statement of Licensure Violations immediately report the matter by telephone and in writing to the resident's representative. (Section 3-610 of the Act). Employee as perpetrator of abuse. When e)

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

TITLE

(X6) DATE

Illinois Department of Public Health (X1) PROVIDER/SUPPLIER/CLIA STATEMENT OF DEFICIENCIES (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION **IDENTIFICATION NUMBER:** COMPLETED A. BUILDING: C B. WING IL6012140 05/22/2019 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE **3240 BARNEY AVENUE** MARIGOLD ESTATES PEKIN. IL 61554 SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X4) ID (EACH DEFICIENCY MUST BE PRECEDED BY FULL (EACH CORRECTIVE ACTION SHOULD BE COMPLETE PREFIX PREFIX DATE REGULATORY OR LSC IDENTIFYING INFORMATION) CROSS-REFERENCED TO THE APPROPRIATE TAG TAG DEFICIENCY) Z9999 Z9999 Continued From page 1 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) Based on record review and interview the facility failed to protect residents from abuse with the potential to affect 16 of 16 residents in the facility (R1-R16) when they failed to: ~ Promptly identify and take corrective action to keep residents safe from abuse after staff reported verbal and psychological abuse. ~ Implement their policy to ensure residents are free of abuse Based on observation, record review and interview the facility failed to ensure residents were not restricted from personal choice affecting 1 of 3 individuals in the sample (R1) and 1 individual outside the sample (R4). Findings include: 1) R1's Interdisciplinary Team Evaluation dated 10/5/18 states she is a 44 year old female who functions at the level of Moderate Intellectual Disability. During observations on 5/3/19 at 1:00pm, R1 was walking in the dining room using a handheld electronic device.

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AND PLAN OF CORRECTION		IDENTIFICATION NUMBER:	A. BUILDING:			COMPLETED	
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<b>Z</b> 9999	Continued From page 2		Z9999		-		
	asked if she used ( stated, "Yes". R1 w former administrate account. R1 stated couldn't have her a asked who told her remember the staff 2) R4's Annual Inte dated 4/26/18 state include Moderate In	5/3/19 at 1:05pm, R1 was a social media site). R1 as asked if she had E7, the or, on her social media, "No, they (staff) told me I s a friend any more." R1 was this. R1 stated, "I don't."  rdisciplinary Team Evaluation as he has diagnoses which intellectual Disability and					
	stated during this in Administrator) took R4 explained that h Account and a Pers E1 told him he need Account. R4 was as taken away. R4 sta	I on 5/3/19 at 1:45pm. R4 hterview that (E1, his personal checkbook away, he has a Resident Checking sonal Checkbook. R4 stated ds to use the Resident sked why his checkbook was ted, "Because (E1) found out I for other people. She says I					
	on 5/3/19 at 1:54pn checkbook was take Record review reversal Management/Human Notification of Medichange/Rights Resure by E1 on 4/25/19. To continued misuse of account will be sustinue to have accresident group account account with the substantial of the subs	ealed a Behavior an Rights Committee ication/Program striction (BMHR) form signed This form states, "Due to (R4's) of his personal checkbook, this pended for now but he will coess to all his funds through					

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PRINTED: 07/23/2019 FORM APPROVED Illinois Department of Public Health STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION IDENTIFICATION NUMBER: COMPLETED A. BUILDING: \_\_ B. WING IL6012140 05/22/2019 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 3240 BARNEY AVENUE MARIGOLD ESTATES PEKIN, IL 61554 SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X4) ID (X5)(EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX PREFIX (EACH CORRECTIVE ACTION SHOULD BE COMPLETE DATE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG CROSS-REFERENCED TO THE APPROPRIATE TAG DEFICIENCY) Z9999 Continued From page 3 Z9999 detailing R4's past misuse of his account. No documentation was received. E1 was interviewed on 5/3/19 at 2:00pm and asked if she restricted the use of R4's checkbook. E1 stated, "Yes." E1 was asked why R4 is not allowed to have his checkbook. E1 stated. "Because he was buying candy for staff." E1 was asked if this restriction was in R4's Behavior Program. E1 stated, "No." E1 was asked if R4 had a program in place regarding his checkbook. E1 stated, "No, I was going to write one after the BMHR was signed." A Facility Roster of residents dated 12/10/18 was provided at the beginning of the survey. This Roster shows of the 16 residents living in the facility, four are diagnosed with Mild Intellectual Disability, ten are diagnosed with Moderate Intellectual Disability and two are diagnosed with Severe Intellectual Disability. An undated policy titled "Abuse Reporting Policy" states, "It is the policy of this Facility that all incidents or suspected incidents of resident abuse be reported. A section titled "Procedure" reads, "1. Abuse is any physical, mental or verbal

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Abuse Investigation."

injury, or sexual assault inflicted on a resident other than by accidental means, b) Mental abuse

withholding of treatment or services. c) Verbal abuse is any use of oral, written or gestured language that includes disparaging and

derogatory terms to resident or their families, or within their hearing distance, regardless of their. age, ability to comprehend, or disability." It further states, "5. An investigation will be initiated in accordance with the Facility's policy entitled,

includes, but is not limited to, humiliation, harassment, threats of punishment, or

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION  A. BUILDING:			(X3) DATE SURVEY COMPLETED	
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Z9999	Continued From page 4		Z9999				
	Procedure" states, that reports of abus investigated. 4) Unicompleted, facility e	titled "Abuse Investigation "It is the policy of this facility se be promptly and thoroughly til the investigation has been employees suspected of be kept away from any further nts."					
	E1, Administrator, was asked for Inservice Meetings at the beginning of the survey. E1 provided this surveyor a copy of an inservice dated 3/26/19. This inservice had handwritten notes from employees attached. One of the letters dated 3/20/19 and written by E4, Housekeeper, states, "The main reason (I'm writing this statement) being that (staff) nor residents are being treated properly by E3 (Qualified Intellectual Disability Professional). When the residents approach her she acts completely disgusted in them. I have witnessed this several times. Yesterday she refused to shake a residents hand and instead grabbed his shirt sleeve and again had a disgusted look on her face."						
	Unit Director, state- resident tried to sha sleeve of his shirt in making sure the re She made commen	d 3/20/19 and written by E5, s, "During the meeting a ake her hand, E3 grabbed the n disgust and made a face, sident knew not to do it again. Into calling the residents' BM issues disgusting."					
	_asked.if.she.has.ev	ed on 4/23/19 at 1:11 p.m. and ver heard E3 yell at or say					
	R15 stated, "She yells and says mea	self or residents in her home. ells at staff in front of us. She in things to the residents. R15 afraid of E3. R15 stated.					

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DATE

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FORM APPROVED Illinois Department of Public Health (X1) PROVIDER/SUPPLIER/CLIA STATEMENT OF DEFICIENCIES (X3) DATE SURVEY (X2) MULTIPLE CONSTRUCTION AND PLAN OF CORRECTION IDENTIFICATION NUMBER: COMPLETED A. BUILDING::: C B. WING IL6012140 05/22/2019 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE **3240 BARNEY AVENUE MARIGOLD ESTATES PEKIN, IL 61554** SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X4) ID (X5)(EACH DEFICIENCY MUST BE PRECEDED BY FULL COMPLETE PREFIX PREFIX (EACH CORRECTIVE ACTION SHOULD BE

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"Yeah. R15 said she does it in from of staff including when (E1) and/or (E6) are there."

REGULATORY OR LSC IDENTIFYING INFORMATION)

R3 was interviewed on 4/23/19 at 1:17 p.m. and asked if he has ever heard E3 yell at or say mean things to himself or residents in his home. R3 stated, "Yes I have. She threatens us and raises her voice. She is always getting mad and tells us to go away. She told (E4 and E5) to sit down and shut up. She threatens to take things away and not let me go shopping." R3 was asked if he had reported this. R3 said he had talked to (E6) about it. R3 was asked if he was afraid of E3. R3 said, "Yes."

R4 was interviewed on 4/23/19 at 1:21 p.m. and asked if he has ever heard E3 yell at or say mean things to himself or residents in his home. R4 stated, "Yes." R4 was asked to explain what happened. R4 stated, "(E3) told R5 to sit down and shut up." R4 was asked if he had ever told staff about this. R4 said he had talked with (E6). R4 was asked if he was afraid of E3. R4 stated, "Sometimes, yeah."

R1 was interviewed on 4/24/19 at 9:28 a.m. and asked if she has ever heard E3 yell at or say mean things to herself or residents in her home. R1 stated, "Yes, she hurts my feelings, I'll talk to her and say hi, she won't say hi back. She yells at all of us residents. She yells at people when they argue." R1 was asked if she was afraid of E3. R1 stated, "Yes." R1 stated she had not reported it to staff because she was afraid she would get in trouble because she "wanted to see her aunt more" and was afraid of retailation.

Z1, employee speaking under condition of anonymity due to fear of retaliation, was interviewed on 4/23/19 at 11:00 a.m. and asked if

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PRINTED: 07/23/2019 FORM APPROVED Illinois Department of Public Health (X1) PROVIDER/SUPPLIER/CLIA STATEMENT OF DEFICIENCIES (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION IDENTIFICATION NUMBER: COMPLETED A. BUILDING: \_ C B. WING IL6012140 05/22/2019 STREET ADDRESS, CITY, STATE, ZIP CODE NAME OF PROVIDER OR SUPPLIER **3240 BARNEY AVENUE** MARIGOLD ESTATES PEKIN, IL 61554 SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X4) ID (EACH CORRECTIVE ACTION SHOULD BE (EACH DEFICIENCY MUST BE PRECEDED BY FULL COMPLETE PRÉFIX PRFFIX DATE REGULATORY OR LSC IDENTIFYING INFORMATION) CROSS-REFERENCED TO THE APPROPRIATE TAG TAG DEFICIENCY) Z9999 Continued From page 6 79999 she has ever heard E3 verbally abuse residents. Z1 stated, "Yes. she recently yelled at them during a meeting on March 19, 2019 when they came home early. She was yelling when she told them to put their lunchboxes in the kitchen and wait out in the living room" (they usually sit at the table and have a snack). Z1 was asked if she reported this to administration. Z1 stated she reported this to E6. Residential Service Director in writing, per policy. Z1 was asked if any residents were fearful of E3. Z1 stated "(E4)". Z3, speaking under condition of anonymity due to fear of retaliation, was interviewed on 4/23/19 at 11:15 a.m. and asked if she has ever heard E3 verbally abuse residents. Z3 stated she has heard E3 tell R2 to shut up, mocked R3 when he baby talks, screamed No to R13 when he tried to take a pen, and said "your gut is hanging out, pull your shirt down" in a demeaning tone to R15. Z3 asked if E1 had been made aware of these instances. Z3 stated, "Yes, many times to (E1)". Z4, employee speaking under condition of anonymity due to fear of retaliation, was interviewed on 4/23/19 at 12:50 p.m. and asked if she has ever heard E3 verbally abuse residents. Z4 stated, "Yes, she yells at them & tells them to get away from her. Most residents just steer clear of her." Z5, employee speaking under condition of anonymity, was interviewed on 4/23/19 at 12:53 p.m. and asked if she has ever heard E3 verbally

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abuse residents. Z5 stated, "(E3) doesn't like working with the residents. She is very rude to them. The other day she had a resident try to shake her hand and she grabbed his wrist with her finger and thumb, made a disgusting face and moved it away at arms length." Z5 reported she

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	reported this to E6.	, 0					
	Z7, employee spea anonymity, was intep.m. and asked if si abuse residents. Z7 says a lot. She is all residents come up doesn't interact with shake her hand and Z8, employee spea anonymity, was intep.m. and asked if si abuse residents. Z8 to residents. One til training and attemp numerous times an states this was reported by employee spea anonymity, was intep.m. and asked if si abuse residents. Z8 go away. When she the company she will left for workshop to statements that she they got home. She	king under condition of erviewed on 4/23/19 at 1:49 he has ever heard E3 verbally 7 stated, "(E3's) body language ways on her computer. When to her she acts disgusted and a them. One resident tries to d she moves away from him." king under condition of erviewed on 4/23/19 at 1:51 he has ever heard E3 verbally 8 stated, "(E3) doesn't speak me (R4) was home from day ted to casually talk to her d she never spoke to him." Z8 orted to E6.  king under condition of erviewed on 4/23/19 at 3:02 he has ever heard E3 verbally 9 stated, "(E3) tells people to e was in a different position for rould wait until the residents					
	rolls her eyes and k this was reported to Z10, employee spe anonymity, was inte p.m. and asked if s abuse residents. Z1	hen (R6) comes near her, she seeps a distance." Z9 states o E6. aking under condition of erviewed on 4/25/19 at 3:20 he has ever heard E3 verbally 10 stated, "(E3) doesn't involve ats. She talks loudly toward					

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Illinois Department of Public Health (X1) PROVIDER/SUPPLIER/CLIA STATEMENT OF DEFICIENCIES (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION IDENTIFICATION NUMBER: COMPLETED A. BUILDING: \_\_ B. WING IL6012140 05/22/2019 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 3240 BARNEY AVENUE MARIGOLD ESTATES PEKIN, IL 61554 SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X4) 1D (EACH DEFICIENCY MUST BE PRECEDED BY FULL (EACH CORRECTIVE ACTION SHOULD BE COMPLETE PREFIX PREFIX REGULATORY OR LSC IDENTIFYING INFORMATION) CROSS-REFERENCED TO THE APPROPRIATE DATE TAG TAG DEFICIENCY) Z9999 Continued From page 8 Z9999 them. She doesn't want to touch (R16) when he approaches her, she grabs his sleeves and won't touch him." Z2, employee speaking under condition of anonymity, was interviewed on 4/23/19 at 3:37 p.m. and asked if she has ever heard E3 verbally abuse residents. Z2 stated, "(E3) was having a staff meeting and the residents came home early. They usually sit at the table and eat their snack but she velled at them saving to get in the other room and herded them like animals. She is known to be a trigger for R4's behaviors and antagonizes him to the point he has a behavior. She called the police one time after he had a behavior she had instigated. She doesn't even acknowledge (R16). She yells at (R13) telling him to GO or shutup. She mocks the way R3 talks. She told R15 to pull her shirt down, your gut is hanging out which made R15 not want to eat at mealtime. There are two residents on groping programs but she gropes other staff members by grabbing their breasts or butt in front of residents. setting a bad example." Z2 was asked if these issues were reported. Z2 stated, "Yes, E1 knows. We have had staff meetings about it and have written letters which were given to (E1). E3 has never been reprimanded or taken off of work. We are threatened in the meetings with neglect and many of us are afraid of retaliation. (E1) says that (E3) is just frustrated or busy." E1 was interviewed on 4/24/19 at 11:44 a.m. E1 was asked if staff had notified her that E3 abuses. residents. E1 stated she received the employee notes on 3/20/19 and didn't review them until 4/11/19. E1 stated she thought it was "an issue

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between staff." E1 stated they had a meeting on

Illinois Department of Public Health (X1) PROVIDER/SUPPLIER/CLIA STATEMENT OF DEFICIENCIES (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY COMPLETED AND PLAN OF CORRECTION **IDENTIFICATION NUMBER:** A. BUILDING: \_\_\_ C B. WING IL6012140 05/22/2019 STREET ADDRESS, CITY, STATE, ZIP CODE NAME OF PROVIDER OR SUPPLIER 3240 BARNEY AVENUE MARIGOLD ESTATES **PEKIN, IL 61554** SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X5) COMPLETE (X4) ID PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX (EACH CORRECTIVE ACTION SHOULD BE DATE CROSS-REFERENCED TO THE APPROPRIATE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG TAG DEFICIENCY) Z9999 Z9999 Continued From page 9 4/17/19 to address the issue between employees. E1 was asked if the allegations of abuse toward residents were investigated. E1 stated, "No." E1 was asked if E3 had been removed from the the facility at any time prior to this complaint survey, since receiving the allegations on 3/20/19 from E4 and E5 (35 days elapsed) per their policy. E1 stated, "No." (B)

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