PRINTED: 10/24/2017

FORM APPROVED Illinois Department of Public Health STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X3) DATE SURVEY (X2) MULTIPLE CONSTRUCTION AND PLAN OF CORRECTION IDENTIFICATION NUMBER: COMPLETED A. BUILDING: ___ C B. WING IL6013023 09/26/2017 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 1455 HOSPITAL ROAD ILLINI RESTORATIVE CARE **SILVIS, IL 61282** (X4) ID SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X5) COMPLETE PRÉFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX (EACH CORRECTIVE ACTION SHOULD BE REGULATORY OR LSC IDENTIFYING INFORMATION) DATE CROSS-REFERENCED TO THE APPROPRIATE TAG TAG DEFICIENCY) S 000 Initial Comments S 000 Statement of Licensure Violations S9999 Final Observations S9999 Statement of Licensure Violations 300.610a) 300.1210b) 300.3240a) Section 300.610 Resident Care Policies 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.

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

Section 300.1210 General Requirements for

Nursing and Personal Care

TITLE

Attachment A

Statement of Licensure Violations

(X6) DATE

STATE FORM

10/13/17

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Illinois Department of Public Health (X3) DATE SURVEY STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION AND PLAN OF CORRECTION IDENTIFICATION NUMBER: COMPLETED A. BUILDING: _ C IL6013023 09/26/2017 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 1455 HOSPITAL ROAD **ILLINI RESTORATIVE CARE SILVIS, IL 61282** (X4) ID SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION COMPLETE (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX (EACH CORRECTIVE ACTION SHOULD BE PREFIX DATE REGULATORY OR LSC IDENTIFYING INFORMATION) CROSS-REFERENCED TO THE APPROPRIATE TAG TAG DEFICIENCY) S9999 Continued From page 1 S9999 The facility shall provide the necessary care and services to attain or maintain the highest practicable physical, mental, and psychological well-being of the resident, in accordance with each resident's comprehensive resident care plan. Adequate and properly supervised nursing care and personal care shall be provided to each resident to meet the total nursing and personal care needs of the resident. Section 300.3240 Abuse and Neglect An owner, licensee, administrator, employee or agent of a facility shall not abuse or neglect a resident. These Regulations were not met as evidenced by: Based on interview and record review, the facility failed to ensure a resident's right to be free from exploitation on social media for one of three residents (R1) reviewed for abuse, in a sample of three. This failure resulted in R1, who is unable to express self, to suffer public humiliation and dehumanization, when a partially clothed photo of R1 was posted on a social media site.

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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 IL6013023 09/26/2017 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 1455 HOSPITAL ROAD ILLINI RESTORATIVE CARE **SILVIS, IL 61282** SUMMARY STATEMENT OF DEFICIENCIES (X4) ID PROVIDER'S PLAN OF CORRECTION (X5)PRÉFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL **PREFIX** (EACH CORRECTIVE ACTION SHOULD BE COMPLETE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG CROSS-REFERENCED TO THE APPROPRIATE DATE TAG **DEFICIENCY**) S9999 Continued From page 2 S9999 FINDINGS INCLUDE: The facility policy, Social Media for Long-Term Care Facility Staff, dated 1/20/16 directs staff, "All staff working within (the facility) will maintain ethical and professional standards. Nursing staff must recognize that they have an ethical and legal obligation to maintain resident privacy and confidentiality at all times. Facility staff must not take photos or videos which can identify residents on personal devices and/or personal electronic media. Facility staff are restricted from transmitting any information that may be reasonably anticipated to violate resident rights to confidentiality or privacy, or otherwise degrade or embarrass the resident. When using social media facility staff must not identify residents by name or post or publish information that may lead to the identification of a resident." The facility Alleged Abuse/Neglect Report, dated 9/10/17 documents, "(Z1/Certified Nursing Assistant) reported to E2/Director of Nurses that E3/Certified Nursing Assistant (CNA) had taken a picture of (R1) and placed it on (social media). (Z1) said she had proof of the picture as (Z1) had taken a screen shot of it. Z1 then sent the photo to E2/DON. The photo included E3/CNA's name and the time 6:12 (A.M. or P.M. not identified). (R1) was identified as lying in bed, unclothed from the waist up. E3/CNA states she is unsure how many people saw it (picture of R1) on the Internet." On 9/25/17 at 2:20 P.M., E3/CNA stated, "It was a complete accident on my part. It (happened) on 9/10/17 around 6:00 A.M. I was on my cell phone in (R1)'s room, on (social media). (R1) began getting restless, so I put my phone in my pocket.

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not realizing it had taken (R1)'s picture and

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