Illinois Department of Public Health (X3) DATE SURVEY (X2) MULTIPLE CONSTRUCTION (X1) PROVIDER/SUPPLIER/CLIA STATEMENT OF DEFICIENCIES COMPLETED IDENTIFICATION NUMBER: AND PLAN OF CORRECTION A. BUILDING: ___ C 01/21/2015 B. WING IL6006001 STREET ADDRESS, CITY, STATE, ZIP CODE NAME OF PROVIDER OR SUPPLIER 24588 CHURCH STREET **MEADOWS MENNONITE HOME** CHENOA, IL 61726 (X5) COMPLETE PROVIDER'S PLAN OF CORRECTION SUMMARY STATEMENT OF DEFICIENCIES (EACH CORRECTIVE ACTION SHOULD BE (X4) ID (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX DATE CROSS-REFERENCED TO THE APPROPRIATE PREFIX REGULATORY OR LSC IDENTIFYING INFORMATION) TAG DEFICIENCY) TAG S9999 S9999 Final Observations STATEMENT OF LICENSURE VIOLATIONS: 300.610a) 300.690 300.690a) 300.1210b) 300.1210d)6) 300.1220b)1) 300.1220b)2) 300.1220b)3) 300.1220b)6) 300.1220b)7) 300.3240a) 300.3240b) 300.3240d) 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. Attachment A Section 300.690 Incidents and Accidents Statement of Licensure Violations The facility shall maintain a file of all a) written reports of each incident and accident affecting a resident that is not the expected outcome of a resident's condition or disease

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

TITLE

(X6) DATE 02/12/15

Illinois Department of Public Health (X3) DATE SURVEY (X2) MULTIPLE CONSTRUCTION (X1) PROVIDER/SUPPLIER/CLIA STATEMENT OF DEFICIENCIES COMPLETED AND PLAN OF CORRECTION IDENTIFICATION NUMBER: A. BUILDING: _ C 01/21/2015 B. WING IL6006001 STREET ADDRESS, CITY, STATE, ZIP CODE NAME OF PROVIDER OR SUPPLIER 24588 CHURCH STREET MEADOWS MENNONITE HOME CHENOA, IL 61726 PROVIDER'S PLAN OF CORRECTION SUMMARY STATEMENT OF DEFICIENCIES ID COMPLETE (X4) ID (EACH CORRECTIVE ACTION SHOULD BE (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX CROSS-REFERENCED TO THE APPROPRIATE DATE PREFIX REGULATORY OR LSC IDENTIFYING INFORMATION) TAG TAG DEFICIENCY) S9999 Continued From page 1 S9999 process. A descriptive summary of each incident or accident affecting a resident shall also be recorded in the progress notes or nurse's notes of that resident. b) The facility shall notify the Department of any serious incident or accident. For purposes of this Section, "serious" means any incident or accident that causes physical harm or injury to a resident. c) The facility shall, by fax or phone, notify the Regional Office within 24 hours after each reportable incident or accident. If a reportable incident or accident results in the death of a resident, the facility shall, after contacting local law enforcement pursuant to Section 300.695, notify the Regional Office by phone only. For the purposes of this Section, "notify the Regional Office by phone only" means talk with a Department representative who confirms over the phone that the requirement to notify the Regional Office by phone has been met. If the facility is unable to contact the Regional Office, it shall notify the Department's toll-free complaint registry hotline. The facility shall send a narrative summary of each reportable accident or incident to the Department within seven days after the occurrence. Section 300.1210 General Requirements for Nursing and Personal Care a) 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

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each resident's comprehensive resident care plan. Adequate and properly supervised nursing care and personal care shall be provided to each Illinois Department of Public Health (X3) DATE SURVEY (X2) MULTIPLE CONSTRUCTION (X1) PROVIDER/SUPPLIER/CLIA STATEMENT OF DEFICIENCIES COMPLETED IDENTIFICATION NUMBER: AND PLAN OF CORRECTION A. BUILDING: ___ C 01/21/2015 B. WING _ IL6006001 STREET ADDRESS, CITY, STATE, ZIP CODE NAME OF PROVIDER OR SUPPLIER 24588 CHURCH STREET MEADOWS MENNONITE HOME CHENOA, IL 61726 PROVIDER'S PLAN OF CORRECTION SUMMARY STATEMENT OF DEFICIENCIES ID (X4) ID (EACH CORRECTIVE ACTION SHOULD BE COMPLETE (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX PRÉFIX CROSS-REFERENCED TO THE APPROPRIATE DATE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG TAG DEFICIENCY) S9999 Continued From page 2 S9999 resident to meet the total nursing and personal care needs of the resident. Pursuant to subsection (a), general nursing care shall include, at a minimum, the following and shall be practiced on a 24-hour, seven-day-a-week basis: All necessary precautions shall be taken 6) to assure that the residents' environment remains as free of accident hazards as possible. All nursing personnel shall evaluate residents to see that each resident receives adequate supervision and assistance to prevent accidents. Section 300.1220 Supervision of Nursing Services The DON shall supervise and oversee the b) nursing services of the facility, including: Assigning and directing the activities of nursing service personnel. Overseeing the comprehensive 2) assessment of the residents' needs, which include medically defined conditions and medical functional status, sensory and physical impairments, nutritional status and requirements, psychosocial status, discharge potential, dental condition, activities potential, rehabilitation potential, cognitive status, and drug therapy. Developing an up-to-date resident care plan for each resident based on the resident's comprehensive assessment, individual needs and goals to be accomplished, physician's orders, and personal care and nursing needs.

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Personnel, representing other services such as nursing, activities, dietary, and such other

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	STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		` '	E CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
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\$9999	be involved in the plan. The plan shareviewed and modineeded as indicate. The plan shall be remonths. 6) Developing service objectives, written policies and descriptions for each of the plan shall be remonths. 7) Coordinating provided to resident provided to resident of the plan shall also be partment. b) A facility emploaware of abuse or immediately report administrator. d) A facility acagent who become a resident shall also be partment. These requirements.	rdered by the physician, shall preparation of the resident care all be in writing and shall be fied in keeping with the care do by the resident's condition. Eviewed at least every three and maintaining nursing standards of nursing practice, procedures, and written job ch level of nursing personnel. If the care and services the in the nursing facility. Abuse and Neglect icensee, administrator, of a facility shall not abuse or yee or agent who becomes neglect of a resident shall the matter to the facility. Idministrator, employee, or saware of abuse or neglect of or report the matter to the sare not met as evidenced by: View and record review the	\$9999			
		vent repetitious inappropriate etween residents by failing to				

PRINTED: 03/27/2015 FORM APPROVED Illinois Department of Public Health (X3) DATE SURVEY (X2) MULTIPLE CONSTRUCTION (X1) PROVIDER/SUPPLIER/CLIA STATEMENT OF DEFICIENCIES COMPLETED **IDENTIFICATION NUMBER:** A. BUILDING: _ AND PLAN OF CORRECTION C 01/21/2015 B. WING IL6006001 STREET ADDRESS, CITY, STATE, ZIP CODE NAME OF PROVIDER OR SUPPLIER 24588 CHURCH STREET MEADOWS MENNONITE HOME CHENOA, IL 61726 PROVIDER'S PLAN OF CORRECTION SUMMARY STATEMENT OF DEFICIENCIES COMPLETE (EACH CORRECTIVE ACTION SHOULD BE (X4) ID (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX DATE CROSS-REFERENCED TO THE APPROPRIATE PRFFIX REGULATORY OR LSC IDENTIFYING INFORMATION) TAG DEFICIENCY) TAG S9999 Continued From page 4 S9999 identify, evaluate and analyze the inappropriate sexual behaviors. The facility failed to monitor, evaluate and implement effective interventions to provide supervision of R1. The facility nursing administration knowingly failed to follow the policy on Abuse Prevention and failed to immediately report to the Administrator and investigate repetitive inappropriate sexual behaviors between residents as potential allegations of sexual abuse.

Findings include:

the sample of seven.

1. The facility Abuse Prevention Policy dated 5/2012 states, " 1. This facility will not condone resident abuse by......other residents.....Any employee who has knowledge or reason to believe that a resident has been a victim of abuse by anyone as noted in #1 above, is under a duty to immediately report such incident or suspicion to his/her immediate supervisor......The Resident must be protected from harm during the investigation.....the supervisor shall then notify the Administrator and Director of Nursing...The Director of Nursing or their designee will initiate an investigation immediately and in cases involving....residents....."

The facility failed to ensure the protection of the residents from further inappropriate sexual behaviors of R1. R1's ongoing repetitive

inappropriate sexual behaviors continued toward R2, R3, R6 and R7. These collective failures resulted in the neglect of five of seven residents (R1, R2, R3, R6, R7) reviewed for supervision, on

On 1/5/15 at 12:45pm E18, Administrator stated his expectation is for staff to report abuse allegations to their supervisor and the Administrator. On 1/7/15 at 9:25am E18,

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Illinois Department of Public Health (X3) DATE SURVEY (X2) MULTIPLE CONSTRUCTION (X1) PROVIDER/SUPPLIER/CLIA STATEMENT OF DEFICIENCIES COMPLETED **IDENTIFICATION NUMBER:** AND PLAN OF CORRECTION A. BUILDING: C 01/21/2015 **B WING** IL6006001 STREET ADDRESS, CITY, STATE, ZIP CODE NAME OF PROVIDER OR SUPPLIER 24588 CHURCH STREET MEADOWS MENNONITE HOME CHENOA, IL 61726 PROVIDER'S PLAN OF CORRECTION (X5) COMPLETE SUMMARY STATEMENT OF DEFICIENCIES (EACH CORRECTIVE ACTION SHOULD BE (X4) ID (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX CROSS-REFERENCED TO THE APPROPRIATE DATE PRÉFIX REGULATORY OR LSC IDENTIFYING INFORMATION) TAG TAG DEFICIENCY) S9999 Continued From page 5 S9999 Administrator confirmed the Abuse Prevention policy is "very vague" as relating to how to handle allegations of resident to resident altercations/abuse. On 1/5/15 at 12:45pm E18, Administrator stated he was notified by E1, DON around the first of December 2014 about R1 being sexually inappropriate with R3 and an investigation was done. E18 stated there was "really no findings-nothing more than two residents with dementia being sexually inappropriate." E18 stated residents would need to be "monitored by staff through routine checks" and he instructed E1 if any "further incidents occurred to let him know." E18 stated he was not made aware of any further incidents involving R1 being sexually inappropriate with female residents until 1/1/15. On 1/6/15 at 1:45pm E1, Director of Nursing (DON) stated the facility does not have policies which address how to handle the care needs and supervision of residents with behaviors. E1 stated the facility does not have a policy which is specific on how to handle resident to resident altercations. 2. R1's Minimum Data Set (MDS) dated 11/24/14 documents R1 has moderate cognitive impairment. R1's Physician Progress Note dated 11/19/14 by Z1, Physician states R1 was admitted to the facility on 11/17/14 with a diagnosis of Alzheimer's Dementia with behavior concerns. The note states, "[R1]...significant behavior issues....inappropriate sexual behavior, and tried on several medications....inappropriate sexual

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behavior that had prompted a trial of

Estradiol[Estrogen]...has not been given for the last three days and so we're going to stay off of

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\$9999	that now and monitor R1's Progress Note Physician states, "Sproblemshistory problemsWife[Z3] inappropriate behavion Estradiolalso problem of inappropriate stradiolalso problem of inappropriate (unidentified down the hallway room inappropriate) (unidentified). Othe [R1] was redirected female resident (unigrab her also[R1] cont[continue] to modulated 11/29/14, E8, "remember who the to me It was charshed did not report the (Director of Nursing) On 1/6/15 at 1:45pr not notified of the information of the informat	or symptoms closely" I dated 7/13/14 by Z2, Former Six month followup for chronic common for chronic common for chronic common for symptom for sy	\$9999			
1	to last door on the l					

Illinois Department of Public Health (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY (X1) PROVIDER/SUPPLIER/CLIA STATEMENT OF DEFICIENCIES COMPLETED AND PLAN OF CORRECTION IDENTIFICATION NUMBER: A. BUILDING: __ C 01/21/2015 B. WING IL6006001 STREET ADDRESS, CITY, STATE, ZIP CODE NAME OF PROVIDER OR SUPPLIER 24588 CHURCH STREET MEADOWS MENNONITE HOME CHENOA, IL 61726 PROVIDER'S PLAN OF CORRECTION (X5) COMPLETE SUMMARY STATEMENT OF DEFICIENCIES ID (X4) ID (EACH CORRECTIVE ACTION SHOULD BE (EACH DEFICIENCY MUST BE PRECEDED BY FULL **PREFIX** PRÉFIX DATE CROSS-REFERENCED TO THE APPROPRIATE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG TAG DEFICIENCY) S9999 Continued From page 7 S9999 hall-opened the door and [R1] was sitting on [R14's] bed, [R6] was in the wheelchair and [R1] had [R6's] top off-her bra was off and when I walked in [R1] was taking his face off of [R6's] breast. I pulled [R6] back and asked [R1] 'What are you doing?' [R1] said 'putting her [R6] to bed.' I said what do you mean? [R1] said 'I'm going to f...... her." E7 stated she reported the incident to the nurse, but was unable remember the name of the nurse. On 1/7/15 at 3:20pm E7 stated, "I am 120% sure it was [R6]....it [occurred] before the 15 minute checks [for R1] were begun." On 1/6/15 at 1:45pm E1, DON confirmed she was not notified of the incident involving R1 and R6. On 1/5/14 at 12:45pm E18, Administrator stated the he was not aware of any incidents involving R1 being sexually inappropriate with female residents, except the incident on 12/1/14. R6's Physician Progress Note dated 11/6/14 documents a diagnosis of Dementia. The MDS dated 11/30/14 documents cognitive impairment with long/short memory problems and no behaviors. 4. R1's Interdisciplinary Notes dated 12/1/14 at 3:01pm states, "...[R1] out to nurse's desk with only a t-shirt on.....taking [R1] back to room, found female resident[R3] on his bed with no pants on.....[R1] has shown increased behaviors of sexual advance toward female residents and staff over past few days....15 minute checks initiated this shift...." On 1/6/15 at 12:20pm E9, CNA stated she walked R1 back to his room, and found R3 wearing only

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a undershirt, no pants/brief "lying on her back, legs spread, with eyes closed" on R1's bed.

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PRINTED: 03/21/2015 FORM APPROVED Illinois Department of Public Health (X3) DATE SURVEY (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION STATEMENT OF DEFICIENCIES COMPLETED **IDENTIFICATION NUMBER:** AND PLAN OF CORRECTION A. BUILDING: C B. WING 01/21/2015 IL6006001 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 24588 CHURCH STREET MEADOWS MENNONITE HOME CHENOA, IL 61726 PROVIDER'S PLAN OF CORRECTION (X5) COMPLETE SUMMARY STATEMENT OF DEFICIENCIES ID (X4) ID (EACH DEFICIENCY MUST BE PRECEDED BY FULL (EACH CORRECTIVE ACTION SHOULD BE **PREFIX** PRÉFIX DATE CROSS-REFERENCED TO THE APPROPRIATE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG TAG **DEFICIENCY**) S9999 Continued From page 8 S9999 On 1/1/15 at 9:45am E1, DON and E2, ADON (Assistant Director of Nursing) stated the incident was reported on 12/1/14 to E2 and then E2 notified E1. E1 stated she notified E18. Administrator of the incident. R3's MDS dated 12/7/14 documents diagnoses of Anxiety disorder and Dementia. The MDS documents severe cognitive impairment and wandering/physical/verbal behaviors 4-6 days per week. 5. R1's Interdisciplinary Notes dated 12/3/14 at 4:50pm states, "...conducting 15 min[minute] checks to find [R1] in a room at end of hall with a female resident[R7]....[R7] was in a state of undress while...[R1] was fully clothed on the other side of the room sitting on the bed......Staff is watching [R1] continuously..." On 1/5/15 at 3:55pm E24, CNA stated ".....were doing 15 minute checks and we couldn't find [R1]. I walked in on [R1] and [R7] -at very end of the long hall, [R14's] room. [R1] was standing on the opposite side of the room of [R7], he was fully dressed. When [R1] saw me,he sat down on the bed . [R7] was scooting on the floor on her behind-only had a sweater on-her onsie, hipster, brief, shoes and socks were off-[R7] was talking fast." E24 stated she reported the incident to E21. RN.

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On 1/6/15 at 2:00pm E21, RN stated she notified E1, DON of the incident immediately. E21 stated

On 1/6/15 at 1:45pm E1, DON stated, "There was something on 12/3/14, reported to me on 12/3-[R7]-told [E21] to make sure [R1] was 1:1's and

R1 was on 1:1's for the rest of the shift.

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don't remember who it was.."

On 1/6/15 at 1:45pm E1, DON stated, "Reported to me on 12/4/14. I told [E15] to monitor him-and then told [E2,ADON] on 12/5/14. Anytime there was an incident [with R1] the nurse's would do 1:1's until he[R2] was settled down in room, once

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stated R1 was on 15 minute checks and the sensor door alarm was being used at the time of the witnessed incident, but she is unable to remember the specific date it occurred. E7 stated

On 1/6/15 at 2:20pm E21, RN stated it was reported to me that "[R2] was found in his[R1] room-he was trying to pull [R2's] zipper down and staff intervened. I did not report this to anyone

she reported the incident to E21, RN.

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	because nothing ha	ppened."				
		n E1, DON confirmed she was ident involving R2 and R1.				
	the he was not awar R1 being sexually in	om E18, Administrator stated re of any incidents involving nappropriate with female e incident on 12/1/14.				
	was wandering-he[F and I intervened firs check was done-Did	pm E16, CNA stated, " [R2] R1] tried to grab her breast tit was after a 15 minute d not take it to [E1, DON] or they are aware-have not bonally."				
	CNA[E16]- [E16] had oing 15 minute cheinto [R1's] room, [R1'dressed sitting on be up-can't remember-bed-not sure if there stated the whole ince the 15 minute check [R1] was 6 minutes. DON to report what her she would check to hold off on docum would check into whole document, [E1] said investigate-I was never documented to between R1 and R2 occurred on a weeks she was not sure of	ver called." E8 confirmed she he incident which occurred. E8 stated the incident end, during suppertime, but the date.				
A CONTRACTOR OF THE CONTRACTOR		n E1, DON stated she was 0/14 and told what happened				

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December about R1 being sexually inappropriate with R3 and an investigation was done. E18 stated he instructed E1 if any "further incidents occurred to let him know." E18 stated he was not

Illinois Department of Public Health (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY (X1) PROVIDER/SUPPLIER/CLIA STATEMENT OF DEFICIENCIES COMPLETED AND PLAN OF CORRECTION **IDENTIFICATION NUMBER:** A. BUILDING: C B WING 01/21/2015 IL6006001 STREET ADDRESS, CITY, STATE, ZIP CODE NAME OF PROVIDER OR SUPPLIER 24588 CHURCH STREET MEADOWS MENNONITE HOME CHENOA, IL 61726 PROVIDER'S PLAN OF CORRECTION SUMMARY STATEMENT OF DEFICIENCIES (X4) ID (EACH CORRECTIVE ACTION SHOULD BE COMPLETE (EACH DEFICIENCY MUST BE PRECEDED BY FULL **PREFIX** PREFIX DATE CROSS-REFERENCED TO THE APPROPRIATE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG TAG DEFICIENCY) S9999 Continued From page 13 S9999 made aware of any further incidents involving R1 being sexually inappropriate with female residents until 1/1/15. On 1/6/15 at 1:45pm E1, DON confirmed she notified E18, Administrator of the first allegation involving R1 and R3 on 12/1/14. E1 confirmed she did not notify E18 of any further incidents involving R1 being sexually inappropriate with other residents. When asked why she did not notify E18 of the further incidents involving R1 being sexually inappropriate with R7(12/3/14), R2 (12/4/14) and R2 (12/20/14) E1 stated "they were not abuse, were behaviors, no harm [occurred]." B. Based on interview and record review the facility failed to identify, immediately report and investigate repetitive inappropriate sexual behaviors between residents to the Administrator. The facility failed to consider those behaviors as potential abuse and ensure the protection of the residents from further inappropriate sexual contact. The facility failed to implement effective interventions to protect residents from the repetitive inappropriate sexual behaviors of R1. R1's ongoing repetitive inappropriate sexual behaviors continued toward R2, R3, R6 and R7. The facility failed to report the allegations of inappropriate sexual behaviors between residents to the State Survey and Cerification Agency (Illinois Department of Public Health). These failures affect five of five resident (R1, R2, R3, R6, R7) reviewed for abuse, on the sample of seven. Findings include: R1's Minimum Data Set (MDS) dated 11/24/14

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documents R1 has moderate cognitive impairment, behaviors of wandering/other

PRINTED: 03/21/2015 FORM APPROVED Illinois Department of Public Health (X3) DATE SURVEY (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION STATEMENT OF DEFICIENCIES COMPLETED AND PLAN OF CORRECTION **IDENTIFICATION NUMBER:** A. BUILDING: C 01/21/2015 B. WING_ IL6006001 STREET ADDRESS, CITY, STATE, ZIP CODE NAME OF PROVIDER OR SUPPLIER 24588 CHURCH STREET MEADOWS MENNONITE HOME CHENOA, IL 61726 PROVIDER'S PLAN OF CORRECTION (X5)SUMMARY STATEMENT OF DEFICIENCIES (X4) ID COMPLETE (EACH CORRECTIVE ACTION SHOULD BE (EACH DEFICIENCY MUST BE PRECEDED BY FULL **PREFIX** DATE **PRÉFIX** CROSS-REFERENCED TO THE APPROPRIATE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG TAG DEFICIENCY) S9999 Continued From page 14 S9999 behaviors occurring 4 to 6 days of the week and requires supervision with ambulation. R1's Physician Progress Note dated 11/19/14 by Z1, Physician states R1 was admitted to the facility on 11/17/14 with a diagnosis of Alzheimer's Dementia with behavior concerns. The note states, "[R1]...significant behavior issues of anxiety, inappropriate sexual behavior, and tried on several medications.....Behavior issues discussed with wife[Z3]....inappropriate sexual behavior that had prompted a trial of Estradiol[Estrogen]...has not been given for the last three days and so we're going to stay off of that now and monitor symptoms closely...." R1's Progress Note dated 7/13/14 by Z2, Former Physician states, "Six month followup for chronic problems.....history....of behavioral problems....Wife[Z3] reports that [R1's] inappropriate behavior is very much under control on Estradiol.....also is on Seroquel...for same problem of inappropriate behaviors....." 1. R1's Interdisciplinary Note dated 11/29/14 at 8:23pm by E8 RN (Registered Nurse) states, "[R1] came down hallway, grabbed a female resident (unidentified) and attempted to take her down the hallway.....redirected....[R1] found in a room inappropriately touching another resident (unidentified). Other resident was removed and [R1] was redirected. As [R1] passed another female resident (unidentified) he proceeded to

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grab her also...[R1] again redirected...Will

dated 11/29/14, E8, RN stated she did not "remember who the resident was, who reported it to me....what CNA [Certified Nurse Aide] told me...

On 1/5/15 at 11:20am when asked about the note

cont[continue] to monitor."

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FORM APPROVED Illinois Department of Public Health (X3) DATE SURVEY (X2) MULTIPLE CONSTRUCTION (X1) PROVIDER/SUPPLIER/CLIA STATEMENT OF DEFICIENCIES COMPLETED AND PLAN OF CORRECTION IDENTIFICATION NUMBER: A. BUILDING: _ C 01/21/2015 B. WING IL6006001 STREET ADDRESS, CITY, STATE, ZIP CODE NAME OF PROVIDER OR SUPPLIER 24588 CHURCH STREET MEADOWS MENNONITE HOME CHENOA, IL 61726 PROVIDER'S PLAN OF CORRECTION (X5) COMPLETE SUMMARY STATEMENT OF DEFICIENCIES ID (X4) ID (EACH CORRECTIVE ACTION SHOULD BE (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX DATE PRÉFIX CROSS-REFERENCED TO THE APPROPRIATE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG TAG DEFICIENCY) S9999 S9999 Continued From page 15 It was charted as a behavior." E8 stated she did not report the incident (11/29) to E1, DON (Director of Nursing) or "anyone." On 1/6/15 at 1:45pm E1, DON confirmed she was not notified of the incident on 11/29/14. 2. On 1/1/15 at 4:00pm E7, CNA stated, "I was doing cares and saw someone go past fast.... got to the hall- got to last door on the left side of the long hall-opened the door and [R1] was sitting on [R14's] bed, [R6] was in the wheelchair and [R1] had [R6's] top off-her bra was off and when I walked in [R1] was taking his face off of [R6's] breast. I pulled [R6] back and asked [R1] 'What are you doing?' [R1] said 'putting her [R6] to bed.' I said what do you mean? [R1] said 'I'm going to f...... her." E7 stated she reported the incident to the nurse, but was unable remember the name of the nurse. E7 was unable to give a specific day/time which the incident occurred. On 1/7/15 at 3:20pm when asked if there was any way she could have been mistaken on the identify of the female resident (R6) E7 stated, "I am 120% sure it was [R6]....it [occurred] before the 15 minute checks [for R1] were begun." On 1/6/15 at 1:45pm E1, DON confirmed she was not notified of the incident involving R1 and R6. R6's Physician Progress Note dated 11/6/14 documents a diagnosis of Dementia. The MDS dated 11/30/14 documents cognitive impairment with long/short memory problems and no behaviors. 3. R1's Interdisciplinary Notes dated 12/1/14 at

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3:01pm states, "...[R1] out to nurse's desk with only a t-shirt on.....taking [R1] back to room, found female resident[R3] on his bed with no

Illinois Department of Public Health (X3) DATE SURVEY (X2) MULTIPLE CONSTRUCTION (X1) PROVIDER/SUPPLIER/CLIA STATEMENT OF DEFICIENCIES COMPLETED AND PLAN OF CORRECTION **IDENTIFICATION NUMBER:** A. BUILDING: ___ C 01/21/2015 B WING IL6006001 STREET ADDRESS, CITY, STATE, ZIP CODE NAME OF PROVIDER OR SUPPLIER 24588 CHURCH STREET **MEADOWS MENNONITE HOME** CHENOA, IL 61726 PROVIDER'S PLAN OF CORRECTION (X5) COMPLETE SUMMARY STATEMENT OF DEFICIENCIES (X4) ID (EACH CORRECTIVE ACTION SHOULD BE (EACH DEFICIENCY MUST BE PRECEDED BY FULL **PREFIX** PRÉFIX DATE CROSS-REFERENCED TO THE APPROPRIATE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG TAG **DEFICIENCY**) S9999 S9999 Continued From page 16 pants on.....both residents dressed and taken to separate rooms [R1] has shown increased behaviors of sexual advance toward female residents and staff over past few days. Grabbing at them and trying to get them to go with him. Not easily redirected.....15 minute checks initiated this shift....[Z1, Physician] made aware....N.O. (new order) estradiol 0.25mg (milligrams) daily. On 1/6/15 at 12:20pm E9, CNA stated she walked R1 back to his room, and found R3 wearing only a undershirt, no pants/brief "lying on her back, legs spread, with eyes closed" on R1's bed. On 1/1/15 at 9:45am E1, DON and E2, ADON (Assistant Director of Nursing) stated the incident was reported on 12/1/14 to E2 and then E2 notified E1. E1 stated 15 minute checks were initiated for R1 on 12/1/14. E1 stated they also looked at staffing, the documentation in R1's record and talked to other staff as well as the ones involved during the investigation. R3's MDS dated 12/7/14 documents diagnoses of Anxiety disorder and Dementia. The MDS documents severe cognitive impairment and wandering/physical/verbal behaviors 4-6 days per week. 4. R1's Interdisciplinary Notes dated 12/3/14 at 4:50pm states, "...conducting 15 min[minute] checks to find [R1] in a room at end of hall with a female resident[R7]....[R7] was in a state of undress while...[R1] was fully clothed on the other side of the room sitting on the bed......Staff is watching [R1] continuously..."

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On 1/5/15 at 3:55pm E24, CNA stated "Myself and [E22,CNA] were doing 15 minute checks and we couldn't find [R1]. I walked in on [R1] and [R7]

Illinois Department of Public Health

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	-at very end of the lowas standing on the [R7], he was fully dr sat down on the bed floor on her behindonsie, hipster, brief, [R7] was talking fast the incident to E21, On 1/6/15 at 2:00pm E1, DON of the incident to E21, On 1/6/15 at 1:45pm something on 12/3/1 [R7]-told [E21] to manotify families."	ong hall, [R14's] room[R1] e opposite side of the room of ressed. When [R1] saw me,hed. [R7] was scooting on the only had a sweater on-her shoes and socks were off-t." E24 stated she reported RN. The E21, RN stated she notified dent immediately. E21 stated to f the room and he was on				
	was no investigation involving R1 and R7	done of the incident				
	documents a diagno	ress Note dated 11/6/14 osis of "Severe dementia, continues just to wander				
	6:54pm by E15, RN after female resident redirect15 minute monitor." R1's note a continues to make s female staff and residents. Staff interresidents.	e checkscontinue to lat 8:45pm states "[R1] exual advances toward idents. Grabbing at females mpting to undress female vening each time, very continues to wear onsie's and				

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Illinois Department of Public Health STATE FORM

Illinois Department of Public Health (X3) DATE SURVEY (X2) MULTIPLE CONSTRUCTION (X1) PROVIDER/SUPPLIER/CLIA STATEMENT OF DEFICIENCIES COMPLETED IDENTIFICATION NUMBER: AND PLAN OF CORRECTION A. BUILDING: ___ C 01/21/2015 B. WING IL6006001 STREET ADDRESS, CITY, STATE, ZIP CODE NAME OF PROVIDER OR SUPPLIER 24588 CHURCH STREET **MEADOWS MENNONITE HOME** CHENOA, IL 61726 PROVIDER'S PLAN OF CORRECTION (X5)SUMMARY STATEMENT OF DEFICIENCIES (X4) ID COMPLETE (EACH CORRECTIVE ACTION SHOULD BE (EACH DEFICIENCY MUST BE PRECEDED BY FULL **PREFIX** DATE CROSS-REFERENCED TO THE APPROPRIATE **PREFIX** REGULATORY OR LSC IDENTIFYING INFORMATION) TAG TAG **DEFICIENCY**) S9999 Continued From page 18 S9999 On 1/1/15 at 4:00pm E7, CNA stated, "I walked into [R1's] room and [R1] was sitting in the recliner chair and [R2] was sitting on him-straddling his legs. [R1] had his hand around [R2's] bottom and his other hand was on [R2's] breast. [R1] had her[R2] onsie unzipped and fully off of her to the waist....I reported to a nurse but don't remember who it was.." On 1/6/15 at 1:45pm E1, DON stated, "Reported to me on 12/4/14. I told [E15] to monitor him-and then told [E2,ADON] on 12/5/14. Anytime there was an incident [with R1] the nurse's would do 1:1's until he[R2] was settled down in room, once the other residents were settled and not wandering in his room, he would sleep all night." The undated investigation titled "[R1] and [R2]" states, "12/4/14 Staff found a female resident in a male resident's room. She was sitting on his lap and he was fondling her breast when staff entered room. Staff quickly separated the residents and redirected the female resident to the common area....." On 1/6/15 at 9:35am E2, ADON confirmed R2 was the female resident found in R1's room on 12/4/14. E2 stated she started the investigation on 12/5/14, which consisted of interviewing E15, no other staff. E2 stated R1 was on 15 minute checks, the door sensor alarm and they were doing "visual checks when out of the room-not 1:1's-just eyeballing him." 6. On 1/7/15 at 3:20pm E7, CNA stated, "I found [R2] in [R1's] room again, [R1] had [R2] with her back to him-was getting ready to unzip [her

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onsie], but it[zipper] was missing the tongue, so he[R1] was having trouble [unzipping onsie]." E7 stated R1 was on 15 minute checks and the

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	NT OF DEFICIENCIES I OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1 ' '	LE CONSTRUCTION S:		(X3) DATE SURVEY COMPLETED	
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	the witnessed incideremember the special she reported the incompanies of the contract of the c	n E21, RN stated it was "[R2] was found in his[R1]					
		to pull [R2's] zipper down and d not report this to anyone ppened."					
		n E1, DON confirmed she was ident involving R2 and R1.					
	was wandering-he[F and I intervened firs check was done-Did	pm E16, CNA stated, " [R2] R1] tried to grab her breast tit was after a 15 minute I not take it to [E1, DON] or they are aware-have not onally."					
	CNA[E16]- [E16] had doing 15 minute che into [R1's] room, [R1 dressed sitting on be up-can't remember-bed-not sure if there stated the whole incithe 15 minute check [R1] was 6 minutes.' DON to report what her she would check confirmed she never which occurred between the state of the state						
	called by E8 on 12/2 happened between F	E1, DON stated she was 0/14 and told what R2 and R1. E1 stated she told to it on Monday[12/21], to					

FORM APPROVED Illinois Department of Public Health (X3) DATE SURVEY (X2) MULTIPLE CONSTRUCTION (X1) PROVIDER/SUPPLIER/CLIA STATEMENT OF DEFICIENCIES COMPLETED AND PLAN OF CORRECTION IDENTIFICATION NUMBER: A. BUILDING: C B. WING 01/21/2015 IL6006001 STREET ADDRESS, CITY, STATE, ZIP CODE NAME OF PROVIDER OR SUPPLIER 24588 CHURCH STREET **MEADOWS MENNONITE HOME** CHENOA, IL 61726 PROVIDER'S PLAN OF CORRECTION SUMMARY STATEMENT OF DEFICIENCIES (X4) ID (EACH CORRECTIVE ACTION SHOULD BE COMPLETE (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX PRÉFIX CROSS-REFERENCED TO THE APPROPRIATE DATE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG TAG DEFICIENCY) S9999 Continued From page 20 S9999 make sure [R1] was on 1:1's." The undated investigation titled "[R2] and [R1]" by E2, ADON states, "12/20/14 Staff notified by a visiting family member across the hall. They stated staff had just been down there. There was a female resident[R2] in his[R1] room...[R2] was sitting on the bed with her top down and [R1] was fondling her breast..Visual checks in place. Alarm on door of male resident[R1]. "The investigation does not document staff/family interviews. On 1/6/15 at 1:25pm E2, ADON stated she became aware of the incident involving R1 and R2, which occurred on 12/20/14, when told about it by E1, DON on 12/22/14. E2 stated she started the investigation on 12/22/14. E2 stated she contacted Z1 on 12/22/14 and received a routine Xanax order. On 1/5/15 at 1:30pm E2 stated 15 minute checks, visual checks when out of the room and sensor door alarm continued, with the new intervention being to give the Xanax three times a day and prn to R1. R2's Physician Progress Note dated 11/19/14 documents a diagnosis of Advanced Dementia. The MDS dated 10/26/14 documents moderate cognitive impairment and behaviors of wandering 4-6 days per week. On 1/5/15 at 12:45pm E18, Administrator stated he was notified by E1, DON around the first of

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December about R1 being sexually inappropriate with R3 and an investigation was done. E18 stated there was "really no findings-nothing more than two residents with dementia being sexually inappropriate." E18 stated residents would need to be "monitored by staff through routine checks" and he instructed E1 if any "further incidents occurred to let him know." E18 stated he was not Illinois Department of Public Health (X3) DATE SURVEY (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: (X2) MULTIPLE CONSTRUCTION STATEMENT OF DEFICIENCIES COMPLETED AND PLAN OF CORRECTION A. BUILDING: С B. WING __ 01/21/2015 IL6006001

NAME OF PROVIDER OR SUPPLIER

STREET ADDRESS, CITY, STATE, ZIP CODE

MEADOWS MENNONITE HOME

24588 CHURCH STREET CHENOA II 61726

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PREFIX	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) Continued From page 21 made aware of any further incidents involving R1 being sexually inappropriate with female residents until 1/1/15. On 1/6/15 at 1:45pm E1, DON confirmed she notified E18, Administrator of the first allegation involving R1 and R3 on 12/1/14. E1 confirmed she did not notify E18 of any further incidents involving R1 being sexually inappropriate with other residents. When asked why she did not notify E18 of the further incidents involving R1 being sexually inappropriate with R7(12/3/14), R2 (12/4/14) and R2 (12/20/14) E1 stated "they were not abuse, were behaviors, no harm [occurred]." On 1/14/15 at 10:10am E1, DON confirmed she notified the Illinois Department of Public Health of the incident on 12/1/14 involving R1 and R3, but did not notify the Department of allegations of further incidents involving R1 being sexually inappropriate with R7 (12/3/14), R2 (12/4/14), and R2 (12/20/14). The facility Abuse Policy dated 5/2012 states, "1. This facility will not condone resident abuse byother residentsAny employee who has knowledge or reason to believe that a resident has been a victim of abuse by anyone as noted in #1 above, is under a duty to immediately report such incident or suspicion to his/her immediate	ID PREFIX TAG S9999	(EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE	COMPLETE
	supervisorThe Resident must be protected from harm during the investigationthe supervisor shall then notify the Administrator and Director of NursingThe Director of Nursing or their designee will initiate an investigation immediately and in cases involvingresidents, the Preliminary Investigation will be faxed immediately and not to exceed within 24 hours to the Illinois Department of Public Health"			

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Illinois Department of Public Health (X3) DATE SURVEY (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION STATEMENT OF DEFICIENCIES COMPLETED AND PLAN OF CORRECTION IDENTIFICATION NUMBER: A. BUILDING: ___ C 01/21/2015 B. WING IL6006001 STREET ADDRESS, CITY, STATE, ZIP CODE NAME OF PROVIDER OR SUPPLIER 24588 CHURCH STREET **MEADOWS MENNONITE HOME** CHENOA, IL 61726 PROVIDER'S PLAN OF CORRECTION (X5) COMPLETE SUMMARY STATEMENT OF DEFICIENCIES (X4) ID (EACH CORRECTIVE ACTION SHOULD BE (EACH DEFICIENCY MUST BE PRECEDED BY FULL **PREFIX** PRÉFIX DATE CROSS-REFERENCED TO THE APPROPRIATE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG TAG DEFICIENCY) S9999 Continued From page 22 S9999 C. Based on interview and record review the facility failed to ensure supervision for five of seven residents(R1,2,3,6,7) reviewed for supervision, on the sample of 7. The facility failed to prevent repetitious inappropriate sexual behaviors between residents by failing to identify, evaluate and analyze the inappropriate sexual behaviors. The facility failed to monitor, modify and implement effective interventions to provide supervision of R1. R1's ongoing repetitive inappropriate sexual behaviors continued toward R2, R3, R6 and R7. Findings include: R1's Minimum Data Set (MDS) dated 11/24/14 documents R1 has moderate cognitive impairment, behaviors of wandering/other behaviors occurring 4 to 6 days of the week and supervision with ambulation. The Care Plan dated 12/7/14 documents R1 ambulates on his own and has behaviors of being "socially inappropriate at times...undress and walk about the unit...void in inappropriate places" with interventions as follows: "If I have taken my clothes off...assist me to put my clothes back on. I have dementia and am unable to control my social behaviors. Don't tell me what I did was wrong, just help me get dressed again....Approach..slowly....give..short simple cues...I try to touch females inappropriately....tried to lead them back to my room...intervene....redirect away from that person...involve in activity...wearing a onsie to prevent me from undressing in public places...assist to bathroom...15 minute visual checks on...whereabouts for my safety and others...." The Care Plan does not address use of a sensor alarm on the door frame.

R1's Physician Progress Note dated 11/19/14 by Z1, Physician states R1 was admitted to the

PRINTED: 03/21/2015 FORM APPROVED Illinois Department of Public Health (X3) DATE SURVEY (X2) MULTIPLE CONSTRUCTION STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA COMPLETED IDENTIFICATION NUMBER: AND PLAN OF CORRECTION A. BUILDING: ___ C 01/21/2015 IL6006001 STREET ADDRESS, CITY, STATE, ZIP CODE NAME OF PROVIDER OR SUPPLIER 24588 CHURCH STREET MEADOWS MENNONITE HOME CHENOA, IL 61726 PROVIDER'S PLAN OF CORRECTION (X5) COMPLETE SUMMARY STATEMENT OF DEFICIENCIES (X4) ID (EACH CORRECTIVE ACTION SHOULD BE (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX PRÉFIX DATE CROSS-REFERENCED TO THE APPROPRIATE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG TAG DEFICIENCY) S9999 S9999 Continued From page 23 facility on 11/17/14 with a diagnosis of Alzheimer's Dementia with behavior concerns. The note states, "[R1] formerly cared for by [Z2, Physician].....significant behavior issues of anxiety, inappropriate sexual behavior, and tried on several medications.....Behavior issues discussed with wife[Z3]....[R1] had both times of anxiety as well as inappropriate sexual behavior that had prompted a trial of Estradiol[Estrogen]...has not been given for the last three days and so we're going to stay off of that now and monitor symptoms closely....will be getting records.....from [Z2]...." The note documents it was dictated on 11/19/14, transcribed on 11/24/14 and faxed to the facility on 11/25/14. R1's Progress Note dated 7/13/14 by Z2, Former Physician states. "Six month followup for chronic problems.....history....of behavioral problems....Wife[Z3] reports that [R1's] inappropriate behavior is very much under control on Estradiol.....also is on Seroquel...for same problem of inappropriate behaviors....." R1's electronic Interdisciplinary Notes dated 11/17-11/26/14 document R1 coming out in the hall with a "brief and a t-shirt...various state of undress...out of room [times] 7 with no pants on....redirected...."

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1. R1's Interdisciplinary Note dated 11/29/14 at 8:23pm by E8 RN (Registered Nurse) states, "[R1] came down hallway, grabbed a female resident (unidentified) and attempted to take her down the hallway.....redirected....[R1] found in a room inappropriately touching another resident (unidentified). Other resident was removed and [R1] was redirected. As [R1] passed another female resident (unidentified) he proceeded to

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		e resident was, who reported it	Appendix a			
		Certified Nurse Aide] told me	ners a successive and a			
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	0 0 1/1/15 of 1:00	Dam E7 CNA/Contified Nurse	north and the state of the stat			
		Opm E7, CNA(Certified Nurse doing cares and saw				
1		ast. I finished the care I was	AND RECEIPT			And the second
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		ong hall-opened the door and				
To the state of th		R14's] bed, [R6] was in the				
		had [R6's] top off-her bra				
		walked in [R1] was taking his				
		east. I pulled [R6] back and				
		re you doing?' [R1] said				
		ped.' I said what do you				
		n going to f her." E7				
	stated she reported	the incident to the nurse,				
		RN's, but was not sure. E7				
		a specific day/time which the				
		on 1/7/15 at 3:20pm when				
		any way she could have been				
		ntify of the female resident				
		n 120% sure it was [R6]. I				
		ally fast through crack of				
		care-took me 3-5 minutes				
		orway-looked down hall,				
and the second	mostly doors were s	R14's] room-[R1] was sitting				
		s] wheelchair was right in front				
		gs were together, [R6's] legs				
		and his legs were in the middle				THE STATE OF THE S
1		was off, bra was off-[R1] was				
		chest. [R6] was kinda				
	coming up nom ner	onoot, [i to] was kiilaa				

01/21/2015

Illinois Department of Public Health (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY STATEMENT OF DEFICIENCIES COMPLETED IDENTIFICATION NUMBER: AND PLAN OF CORRECTION A. BUILDING:

NAME OF PROVIDER OR SUPPLIER

STREET ADDRESS, CITY, STATE, ZIP CODE

B. WING _____

24588 CHURCH STREET

IL6006001

MEADO\	NS MENNONITE HOME	CHURCH STREE DA, IL 61726	ET	
(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	Continued From page 25	S9999		
	disorientated-mumbling-there was no screaming would have heard her screamingit [occurred] before the 15 minute checks [for R1] were begun."	g-I		
	R6's Physician Progress Note dated 11/6/14 documents a diagnosis of Dementia. The MDS dated 11/30/14 documents cognitive impairmen with long/short memory problems, no behaviors and extensive assist with dressing, transfers an ambulation.	canacas section to		
	3. R1's Interdisciplinary Notes dated 12/1/14 at 4:34am states, "[R1] accosting female cna's and [E17] nursegrabbed [E17], tried to kiss her and push her into the bed15 minutes after that, [For came out of room and accosted [E25, CNA] from behind by reaching around and grabbing her breast, then grabbed her other breast and she was unable to get away without assist from another cna" On 1/5/15 at 12:15pm E17, RN stated she did not notify anyone of R1's inappropriate behaviors with herself and E25.	d R1] m		
	4. R1's Interdisciplinary Notes dated 12/1/14 at 3:01pm states, "[R1] out to nurse's desk with only a t-shirt ontaking [R1] back to room, found female resident[R3] on his bed with no pants onboth residents dressed and taken t separate rooms[R1] has shown increased behaviors of sexual advance toward female residents and staff over past few days. Grabbin at them and trying to get them to go with him. Neasily redirected15 minute checks initiated the	g lot nis		
	shiftContinues to walk hallways with no pants onwearing onsie's at this time[Z1, Physician made awareN.O. (new order) estradiol 0.25m (milligrams) daily. Wife[Z3] is herespoke with her regarding increase in this behavior and order for estradiol. [Z3] stated, 'I had hoped this timent of Public Health	n] ng		

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		` '	l ` ′	E CONSTRUCTION	(X3) DATE COMP	SURVEY PLETED
	!		A. BUILDING.	<u> </u>		,
	····	IL6006001	B. WING		1	21/2015
NAME OF	PROVIDER OR SUPPLIER	STREET ADI	DRESS, CITY, S	STATE, ZIP CODE		
MEADO\	WS MENNONITE HOM	1E 24588 CHU CHENOA,	URCH STRE IL 61726	EΤ		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPROFINED DEFICIENCY)	D BE	(X5) COMPLETE DATE
S9999	Continued From page	ge 26	S9999			
	behavior wouldn't co of [R1's] past sexua	ome back'[Z3] is aware al behaviors"				
	R1 back to his room a undershirt, no par legs spread, with ey stated R3 said she was not crying or ac incident with R1 and CNA's were on breat toileted right before	om E9, CNA stated she walked in, and found R3 wearing only ints/brief "lying on her back, yes closed" on R1's bed. E9 was ok when asked, and R3 cting upset. E9 stated the d R3 happened while 1/2 the ak. E9 stated R3 had been staff went on break. m at E1, DON(Director of				
	Nursing) and E2, AE Nursing) stated R3 on 12/1/14, which is asleep on someone incontinent she will a down." E1 stated R3 the "foot of the bed" bathroom." E1 state on 12/1/14 to E2 and stated 15 minute characteristics.	DON (Assistant Director of was found asleep on R1's bed s "not unusual for [R3] to be s's bed-whenever [R3] is remove her brief and lay 3's undergarment was lying by and R1's was "by the ed the incident was reported then E2 notified E1. E1 necks were initiated for R1 on they also looked at staffing, in R1's record and talked to s the ones involved during the				
		al Checks form dated uments 15 minute checks				
	Anxiety disorder and documents severe	/7/14 documents diagnoses of d Dementia. The MDS cognitive impairment, verbal behaviors 4-6 days per nce of bladder.				

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R1's Physician Progress Note by Z1 dated

Illinois Department of Public Health (X3) DATE SURVEY (X2) MULTIPLE CONSTRUCTION STATEMENT OF DEFICIENCIES PROVIDER/SUPPLIER/CLIA COMPLETED **IDENTIFICATION NUMBER:** AND PLAN OF CORRECTION A. BUILDING: __ C 01/21/2015 **B WING** IL6006001

NAME OF PROVIDER OR SUPPLIER

STREET ADDRESS, CITY, STATE, ZIP CODE

24588 CHURCH STREET MEADOWS MENNONITE HOME CHENOA, IL 61726

PROVIDER'S PLAN OF CORRECTION (X5) COMPLETE SUMMARY STATEMENT OF DEFICIENCIES (X4) ID (EACH CORRECTIVE ACTION SHOULD BE (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX PRÉFIX DATE CROSS-REFERENCED TO THE APPROPRIATE REGULATORY OR LSC IDENTIFYING INFORMATION) **TAG** TAG DEFICIENCY) S9999 Continued From page 27 S9999 12/3/14 documents "issues ...of sexual aggression towards female staff as well as female residents....[R1] has apparently had this problem for some time and in the past estrogen had been started. We did restart Estrogen yesterday. He is on SSRI[Selective Serotonin Reuptake Inhibitor-Lexaprol and...am going to start [R1] on spironolactone as an anti-testosterone medication.....' 5. R1's Interdisciplinary Notes dated 12/3/14 at 4:50pm states, "...conducting 15 min[minute] checks to find [R1] in a room at end of hall with a female resident[R7]....[R7] was in a state of undress while...[R1] was fully clothed on the other side of the room sitting on the bed Staff is watching [R1] continuously..." On 1/5/15 at 3:55pm E24, CNA stated "Myself and [E22,CNA] were doing 15 minute checks and we couldn't find [R1]. I walked in on [R1] and [R7] -at very end of the long hall, [R14's] room..[R1] was standing on the opposite side of the room of [R7], he was fully dressed. When [R1] saw me,he sat down on the bed . [R7] was scooting on the floor on her behind-only had a sweater on-her onsie, hipster, brief, shoes and socks were off-[R7] was talking fast." E24 stated she reported the incident to E21, RN. On 1/1/15 at 5:00pm E22, CNA stated E24 and herself were looking for R1 because he was 15 minute checks. E22 stated R7 was on the floor of R14's room with only a shirt on, her brief was on the bed and R1 was sitting on R14's bed by the window. On 1/6/15 at 2:00pm E21, RN stated she was on supper break when the incident with R1 and R7 was reported to her. E21 stated R7 was sitting on

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If continuation sheet 28 of 63 6899 D1Q111 STATE FORM

PRINTED: 03/21/2015

FORM APPROVED Illinois Department of Public Health (X3) DATE SURVEY (X2) MULTIPLE CONSTRUCTION STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA COMPLETED AND PLAN OF CORRECTION **IDENTIFICATION NUMBER:** A. BUILDING: C 01/21/2015 B. WING IL6006001 STREET ADDRESS, CITY, STATE, ZIP CODE NAME OF PROVIDER OR SUPPLIER 24588 CHURCH STREET **MEADOWS MENNONITE HOME** CHENOA, IL 61726 PROVIDER'S PLAN OF CORRECTION (X5)SUMMARY STATEMENT OF DEFICIENCIES (X4) ID COMPLETE (EACH CORRECTIVE ACTION SHOULD BE (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX PRÉFIX DATE CROSS-REFERENCED TO THE APPROPRIATE REGULATORY OR LSC IDENTIFYING INFORMATION) **TAG** TAG DEFICIENCY) S9999 S9999 Continued From page 28 the floor with a sweater on, onsie off and R1 was fully clothed sitting on the opposite side of the room. E21 stated she escorted R1 out of the room and he was on 1:1's for the rest of the shift. E21 stated she notified E1, DON of the incident immediately. On 1/6/15 at 1:45pm E1, DON stated, "There was something on 12/3/14, reported to me on 12/3-[R7]-told [E21] to make sure [R1] was 1:1's and notify families." On 1/7/15 at 9:20am E2, ADON confirmed there was no investigation done of the incident involving R1 and R7. R7's Physician Progress Note dated 11/6/14 documents a diagnosis of "Severe dementia, Alzheimer's type.....continues just to wander pretty constantly...." The MDS dated 11/2/14 states R7 has moderate cognitive impairment, long/short term memory problems, wanders and requires supervision with ambulation. 6. R1's Interdisciplinary Note dated 12/4/14 at 6:54pm by E15, RN states "....Continues to go after female resident and is difficult to redirect.....15 minute checks...continue to monitor." R1's note at 8:45pm states "[R1] continues to make sexual advances toward female staff and residents. Grabbing at females inappropriately, attempting to undress female residents. Staff intervening each time, very difficult to redirect. Continues to wear onsie's and 15 minute checks ongoing..."

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On 1/1/15 at 4:00pm E7, CNA stated, "I walked into [R1's] room and [R1] was sitting in the recliner chair and [R2] was sitting on

him-straddling his legs. [R1] had his hand around

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:			(X2) MULTIPLE CONSTRUCTION		(X3) DATE SURVEY COMPLETED	
AND PLAN	OF CORRECTION	IDENTIFICATION NOMBER.	A. BUILDING:			
		IL6006001	B. WING		01/2	2 1/2015
NAME OF	PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, S	STATE, ZIP CODE		
MEADO\	WS MENNONITE HOM	IE 24588 CH CHENOA,	URCH STRE	ET		
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S9999	Continued From pa	ge 29	S9999			
	[R2's] bottom and h breast. [R1] had he off of her to the wai CNA] came to help	is other hand was on [R2's] r[R2] onsie unzipped and fully st. I yelled for help and [E11, me. [E11] helped get [R2]I but don't remember who it				
	remember the exact going off and [E7] wat down there. [R2] wat down to waist-she had fondling her. I think checks. We reported	m E11, CNA stated "I don't but date, but his alarm was went down there and I went as on [R1's] laponsie was nad a bra on and [R1] was this was during the 15 minute at to [E15,RN] and she said ks were not enough."				
	aware of anysexu because he urinate: 4:00pm when asked 12/4/14, E15 stated them[female reside with him-he grabbe zipper down of the obe either [R2] or [R:	m E15, RN stated, "I am not all abuse[R1] is in a onsie is inappropriately" At diabout the note dated R1 tried to get ahold of ints when they] were walking diahold and [tried to get] consie's on the backHad to 15]." When asked E15 was and a history of inappropriate				
	to me on 12/4/14. I then told [E2,ADON was an incident [wit 1:1's until he[R2] was the other residents	m E1, DON stated, "Reported told [E15] to monitor him-and I] on 12/5/14. Anytime there the R1] the nurse's would do as settled down in room, once were settled and not om, he would sleep all night."				
	states, "12/4/14 Sta male resident's room	igation titled "[R1] and [R2]" Iff found a female resident in a In She was sitting on his lap In the breast when staff	THE			

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STATE FORM 6899 D1QI11 If continuation sheet 30 of 63

PRINTED: 03/21/2015 FORM APPROVED Illinois Department of Public Health (X3) DATE SURVEY (X2) MULTIPLE CONSTRUCTION STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA COMPLETED **IDENTIFICATION NUMBER:** AND PLAN OF CORRECTION A. BUILDING: C 01/21/2015 B. WING IL6006001 STREET ADDRESS, CITY, STATE, ZIP CODE NAME OF PROVIDER OR SUPPLIER 24588 CHURCH STREET MEADOWS MENNONITE HOME CHENOA, IL 61726 PROVIDER'S PLAN OF CORRECTION (X5) COMPLETE SUMMARY STATEMENT OF DEFICIENCIES (X4) ID (EACH CORRECTIVE ACTION SHOULD BE (FACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX PRFFIX DATE CROSS-REFERENCED TO THE APPROPRIATE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG TAG DEFICIENCY) S9999 Continued From page 30 S9999 entered room. Neither resident was upset or anxious. Staff quickly separated the residents and redirected the female resident to the common area. 12/5/14...Husband contacted and informed of situation....he was wondering what safeguards we had in place to prevent this. I informed him of the visual checks and door alarm on his door.....informed him the doctor[Z1] is aware...Discussed this at IDT[Interdisciplinary Meeting]...discussed with the [Z1] about medications...." On 1/6/15 at 9:35am E2, ADON confirmed R2 was the female resident found in R1's room on 12/4/14. E2 stated she thought E15 reported the incident to her on 12/4/14. E2 stated she started the investigation on 12/5/14, which consisted of interviewing E15, no other staff. E2 stated R1 was on 15 minute checks, the door sensor alarm and they were doing "visual checks when out of the room-not 1:1's-just eyeballing him." R1's Interdisciplinary Notes dated 12/5/14 at 11:19am state, "New order...for Seroquel 25mg bid[twice daily].....[Z3, wife] informed of behavior last evening[12/4] of fondling a female resident[R2]. 7. On 1/7/15 at 3:20pm E7, CNA stated, "I found [R2] in [R1's] room again, [R1] had [R2] with her back to him-was getting ready to unzip [her onsie], but it[zipper] was missing the tongue, so he[R1] was having trouble [unzipping onsie]." E7 stated R1 was on 15 minute checks and the

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sensor door alarm was being used at the time of the witnessed incident, but she is unable to remember the specific date it occurred. E7 stated she checked R1's 15 minute check records at the time and stated, "I checked it was 3 minutes since the last check[15 minute] was done." E7

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PRINTED: 03/21/2015 FORM APPROVED Illinois Department of Public Health (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY (X1) PROVIDER/SUPPLIER/CLIA STATEMENT OF DEFICIENCIES COMPLETED IDENTIFICATION NUMBER: AND PLAN OF CORRECTION A. BUILDING: C B. WING 01/21/2015 IL6006001 STREET ADDRESS, CITY, STATE, ZIP CODE NAME OF PROVIDER OR SUPPLIER 24588 CHURCH STREET MEADOWS MENNONITE HOME CHENOA, IL 61726 PROVIDER'S PLAN OF CORRECTION (X5) COMPLETE SUMMARY STATEMENT OF DEFICIENCIES ID (X4) ID (EACH CORRECTIVE ACTION SHOULD BE **PREFIX** (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX DATE CROSS-REFERENCED TO THE APPROPRIATE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG TAG **DEFICIENCY**) S9999 Continued From page 31 S9999 stated she reported the incident to E21, RN. On 1/6/15 at 2:20pm E21, RN stated it was reported to me that "[R2] was found in his[R1] room-he was trying to pull [R2's] zipper down and staff intervened. I did not report this to anyone because nothing happened." 8. On 1/1/15 at 5:00pm E16, CNA stated, " I saw down short hall, so went down, [R2] was wandering-he[R1] tried to grab her breast and I intervened first. It [happened] maybe a month ago- I remember telling somebody-it was with [R2], was after a 15 minute check was done-Did not take it to [E1, DON] or [E2 ADON]-I'm sure they are aware-have not talked to them

On 1/5/15 at 11:20am E8, RN stated, "I was in the dining room passing medications and was called to floor. Spoke with CNA[E16]- [E16] had just left [R1's] room from doing 15 minute check-told me they were called into [R1's] room, [R1] was on knees, [R2] was dressed sitting on bed. [R2's] top was down or up-can't remember-[R2] sitting back on the bed-not sure if there was any touch or not. I checked [R2] and [R1] .. "E8 stated the whole incident from the time E16 did the 15 minute check on R1 to when "I checked [R1] was 6 minutes." E8 stated she talked with E16 to find out what happened and immediately called E1, DON to report what happened. E8 stated E1 told her she would check into the incident, "[E1] said to hold off on documenting, told me to wait [she] would check into what happened. [I] asked how to document, [E1] said to wait and [E1] will investigate-I was never called." E8 confirmed she never documented the incident which occurred between R1 and R2. E8 stated the incident occurred on a weekend, during suppertime, but

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personally."

FORM APPROVED Illinois Department of Public Health (X3) DATE SURVEY (X2) MULTIPLE CONSTRUCTION (X1) PROVIDER/SUPPLIER/CLIA STATEMENT OF DEFICIENCIES COMPLETED IDENTIFICATION NUMBER: AND PLAN OF CORRECTION A. BUILDING: __ C 01/21/2015 B. WING IL6006001 STREET ADDRESS, CITY, STATE, ZIP CODE NAME OF PROVIDER OR SUPPLIER 24588 CHURCH STREET **MEADOWS MENNONITE HOME** CHENOA, IL 61726 PROVIDER'S PLAN OF CORRECTION SUMMARY STATEMENT OF DEFICIENCIES (X5)ID (X4) ID (EACH CORRECTIVE ACTION SHOULD BE COMPLETE (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX PRÉFIX DATE CROSS-REFERENCED TO THE APPROPRIATE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG TAG DEFICIENCY) S9999 Continued From page 32 S9999 she was not sure of the date. On 1/6/15 at 1:45pm E1, DON stated she was called by E8 on 12/20/14 and told what happened between R2 and R1. E1 stated she told E8 "we would look into it on Monday[12/21], to make sure [R1] was 1:1's." E1 denied telling E8 to hold off documenting the incident. E1 stated she told E8 to "just document what happened with [R2] and [E8] said if [I] needed anything else to call her on Monday." The undated investigation titled "[R2] and [R1]" states, "12/20/14 Staff notified by a visiting family member across the hall. They stated staff had just been down there. There was a female resident[R2] in his[R1] room...[R2] was sitting on the bed with her top down and [R1] was fondling her breast..[E8] assisted staff to redirect the two residents away from each other without problems. Neither resident was angry, upset or anxious. Visual checks in place. Alarm on door of male resident[R1]. " The investigation does not document and staff/family interviews. R1's Fax Notification Order Sheet dated 12/22/14 documents "[R1] increase in behavior. Please increase Xanax 0.5mg to tid[three times daily] and continue Xanax 0.5mg prn [every 8 hours]." R1's Interdisciplinary Note dated 12/23/14 at 4:09pm states, "Spoke with...[Z1, Physician]...had been receiving Xanax PRN[as needed]....behaviors had subsided considerably. When didn't receive the Xanax PRN [R1] started to fondle staff and residents. Received an order

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to give Xanax tid[three times daily] and

to redirect from the behavior."

PRN...continue with 15 minute checks and 1:1's

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	T OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPL	LE CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
AND PLAN	OF CORRECTION	IDENTIFICATION NUMBER:	A. BUILDING	•	COMP	LETED
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		IL6006001	B. WING			21/2015
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S9999	Continued From pa	ge 33	S9999			West of the section o
	On 1/6/15 at 1:25ph became aware of the R2, which occurred it by E1, DON on 12 the investigation on contacted Z1 on 12. Xanax order. On 1/5 note dated 12/23/14 occurred on 12/20/15 confirmed there is mincident in R1's reconcident in R1's reconcid	m E2, ADON stated she ne incident involving R1 and on 12/20/14, when told about 2/22/14. E2 stated she started 12/22/14. E2 stated she //22/14 and received a routine 5/15 at 1:30pm E2 stated the 4 relates to the incident which 14 involving R1 and R2. E2 no documentation of the ord. E2 stated 15 minute ks when out of the room and continued, with the new or give the Xanax three times or give the Xanax three times continued to give the Xanax three times or give the Xanax three times				
		(A)				
	300.1210a) 300.1210d)6) 300.3240f)					
	Section 300.1210 G Nursing and Person	eneral Requirements for al Care				
	with the participation resident's guardian	Resident Care Plan. A facility, nof the resident and the or representative, as velop and implement a				

PRINTED: 03/21/2015

					FORM A	(PPROVED
STATEMEN	epartment of Public IT OF DEFICIENCIES OF CORRECTION	Health (X1) PROVIDER/SUPPLIER/CLIA . IDENTIFICATION NUMBER:	(X2) MULTIPLE , A. BUILDING: _	CONSTRUCTION	(X3) DATE S COMPL	ETED .
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NAME OF I	PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, S	TATE, ZIP CODE		
	VS MENNONITE HOM	IC .	URCH STREE IL 61726	<u> </u>		
(X4) ID PREFIX TAG	(EACH DEFICIENC)	TEMENT OF DEFICIENCIES / MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPRODEFICIENCY)	D BE	(X5) COMPLETE DATE
S9999	includes measurab meet the residents and psychosocial nesident's comprehallow the resident to practicable level of provide for dischargrestrictive setting beneeds. The assess the active participal resident's guardian applicable. d) Pursuant to subscare shall include, and shall be practice seven-day-a-week 6) All necessary pressure that the resident receasistance to prevent assure that the resident receasistance to prevent seven-day-a-week f) Resident as perpinvestigation of a resident indicates, that another resident in	e plan for each resident that le objectives and timetables to medical, nursing, and mental eeds that are identified in the ensive assessment, which o attain or maintain the highest independent functioning, and ge planning to the least ased on the resident's care ment shall be developed with tion of the resident and the or representative, as section (a), general nursing at a minimum, the following ted on a 24-hour, basis. ecautions shall be taken to idents' environment remains zards as possible. All nursing aluate residents to see that ives adequate supervision and ent accidents.				

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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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IL6006001		B. WING		01/2	21/2015		
NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE							
MEADOWS MENNONITE HOME CHENOA II 61736							
CHENOA, IL 01/20							
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)		ID PREFIX TAG	(EACH CORRECTIVE ACTION SHO	PROVIDER'S PLAN OF CORRECTION (X5) (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY) (X5) COMPLETE DATE		
S9999	Continued From page 35		S9999				
	by:						
	Based on record refailed to reassess a interventions, providupdate the Plan of cresulted in R4 having residents after physicand R5 are two of supervision in the sfailures have the poresidents (R4, R5, R5, R5, R5).	view and interview, the facility and implement behavioral de effective supervision and Care for (R4). This failure ag continued access to other sically assaulting and causing another resident (R5). R4 even residents reviewed for ample of seven. These stential to affect all 21 R8 through R13 and R16 on the Alzheimer's Special					
	Findings include:						
	documents the follo Alzheimer's, Demei Disturbances, Read Anxiety. The same documents R4 with	er Sheet dated April 2014 owing diagnoses for R4: ntia with Behavioral ctive Confusion, Insomnia and Physician Order Sheet orders for Zyprexa, an cation and Ativan for anxiety.					
	toward staff. This saddress R4's physic	ed April 2014 for R4 coming resistive with care ame Care Plan does not cal or verbal behaviors aff and other residents.					
	admitted from a psy 3/27/14 Nursing No the Nurses Station Practical Nurse "I'm the F%#* out of you documents that R4	d 3/19/14 document R4 being ychiatric care facility. On tes document that R4 came to and told E6, Licensed a coming in there and beating a." The same Nursing Note then entered another entified as R9, and told R9 he					

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED		
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NAME OF	PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY,	STATE, ZIP CODE		
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S9999	Continued From pa	ge 36	S9999			
	was going to" beat t	he S&*#" out of her.				
	becoming combativ	dated 3/29/14 document R4 e, going in and out of ng to get residents up out of				
	"remained very aggresidents" and R4 g Practical Nurse arou was "going to kill" he room and grabbed F R10 out of his chair, document that R4 c kicking chairs and th	Notes document R4 as ressive with staff and other grabbed E3, Licensed and the neck and told E3 he er. R4 then went to R10's R10 by the arm and pulled. The Nursing Note goes on to ontinued to wander and was preatening to kill anyone he and out of other resident's				
	Document that R4 w	pm the Nursing Notes vas pulling another resident ay and dragging R8's walker.				
	Nursing Notes on 4/ wandering unit as us	3/14 document "(R4) sual".				
	wandering the unit. Vagitatedcontinu	lotes document "(R4) up Very restless and es to threaten staff and went room and made threatening				
	On 4/7/14 document state "in and out of r	tation in the Nursing Notes esident's rooms."				
	Licensed Practical N was wandering in the encountered another	d 4/8/14 documented by E3, lurse, states at 4:00 pm R4 e hallway at which time R4 r male resident (R5). Earlier d Nursing Assistant (E4)				

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a large hematoma to his forehead. R4 was sent out to the Emergency Room for evaluation and

documents that R4 had an unwitnessed fall in his

A facility Incident Report dated 4/12/14

discharged from the facility.

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Illinois Department of Public Health (X3) DATE SURVEY (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION STATEMENT OF DEFICIENCIES COMPLETED AND PLAN OF CORRECTION **IDENTIFICATION NUMBER:** A. BUILDING: ____ C B. WING ___ 01/21/2015 IL6006001 STREET ADDRESS, CITY, STATE, ZIP CODE NAME OF PROVIDER OR SUPPLIER 24588 CHURCH STREET MEADOWS MENNONITE HOME CHENOA, IL 61726 PROVIDER'S PLAN OF CORRECTION (X5) COMPLETE SUMMARY STATEMENT OF DEFICIENCIES (X4) ID (EACH CORRECTIVE ACTION SHOULD BE (EACH DEFICIENCY MUST BE PRECEDED BY FULL **PREFIX** PRÉFIX DATE CROSS-REFERENCED TO THE APPROPRIATE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG TAG DEFICIENCY) S9999 Continued From page 38 S9999 room and was found between the headboard and the heater of his room with a large hematoma to the forehead. There was no further documentation concerning this incident available for review. On 1/7/15 at 1:00 pm E4, Certified Nursing Assistant stated that on 4/7/14 there were two different incidents between R4 and R5. E4 stated she saw R4 push R5 but R5 did not fall at this time. R4 walked away and R5 was taken to his room by E3. E4 states she left to go to another unit to retrieve music and charting material and when E4 returned R5 was found on the floor up against the doorframe with his head cut. R5 was sent to the hospital. E4 stated that one on one supervision was done on R5 on an intermittent basis, lasting for 10-15 minutes at a time. On 1/7/15 at 1:30 pm E3 stated she witnessed the incident between R4 and R5 that took place on 4/7/14. E3 stated that R4 actually picked R5 up off the floor about 6-8 inches and slammed R5 into the door frame striking R5's head and causing a laceration about two inches long and gaping open. E3 stated she told E1, Director of Nursing this and E1 told E3 she could not document that in R4's chart and proceeded to tell E3 how to document the incident. E3 stated "I was told by (E1) to just put in the chart that (R4) pushed (R5) and (R5) lost his balance and fell, so I did." E3 went on to state there was never continuous one on one supervision by staff done on R4. E3 stated "One of the staff would just sit (R4) down and be with him for awhile and when he calmed he would get up and wander the unit."

The facility Abuse Policy dated May 2012 does not give guidance to employees on how to respond to resident to resident altercations.

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300.3240b) 300.3240d)

Section 300.610 Resident Care Policies

be formulated by a Resident Care Policy

a) The facility shall have written policies and procedures governing all services provided by the facility. The written policies and procedures shall

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FORM APPROVED Illinois Department of Public Health (X3) DATE SURVEY (X2) MULTIPLE CONSTRUCTION STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA COMPLETED **IDENTIFICATION NUMBER:** AND PLAN OF CORRECTION A. BUILDING: __ C 01/21/2015 B WING IL6006001 STREET ADDRESS, CITY, STATE, ZIP CODE NAME OF PROVIDER OR SUPPLIER 24588 CHURCH STREET MEADOWS MENNONITE HOME CHENOA, IL 61726 PROVIDER'S PLAN OF CORRECTION (X5) COMPLETE SUMMARY STATEMENT OF DEFICIENCIES (X4) ID (EACH CORRECTIVE ACTION SHOULD BE (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX DATE CROSS-REFERENCED TO THE APPROPRIATE PREFIX REGULATORY OR LSC IDENTIFYING INFORMATION) TAG TAG DEFICIENCY) S9999 Continued From page 40 S9999 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 300.690 Incidents and Accidents b) The facility shall notify the Department of any serious incident or accident. For purposes of this Section, "serious" means any incident or accident that causes physical harm or injury to a resident. c) The facility shall, by fax or phone, notify the Regional Office within 24 hours after each reportable incident or accident. If a reportable incident or accident results in the death of a resident, the facility shall, after contacting local law enforcement pursuant to Section 300.695, notify the Regional Office by phone only. For the purposes of this Section, "notify the Regional Office by phone only" means talk with a Department representative who confirms over the phone that the requirement to notify the Regional Office by phone has been met. If the facility is unable to contact the Regional Office, it shall notify the Department's toll-free complaint registry hotline. The facility shall send a narrative summary of each reportable accident or incident to the Department within seven days after the occurrence.

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b)

Services

Section 300.1220 Supervision of Nursing

The DON shall supervise and oversee the

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: С B. WING _ IL6006001 01/21/2015 STREET ADDRESS, CITY, STATE, ZIP CODE NAME OF PROVIDER OR SUPPLIER 24588 CHURCH STREET **MEADOWS MENNONITE HOME** CHENOA, IL 61726 PROVIDER'S PLAN OF CORRECTION SUMMARY STATEMENT OF DEFICIENCIES

(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
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	nursing services of the facility, including: 6) Developing and maintaining nursing service objectives, standards of nursing practice, written policies and procedures, and written job descriptions for each level of nursing personnel. Section 300.3240 Abuse and Neglect			
	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.			
	d) A facility administrator, employee, or agent who becomes aware of abuse or neglect of a resident shall also report the matter to the Department.			
	These requirements are not met as evidenced by:			
	Based on interview and record review the facility failed to develop a comprehensive Abuse Prevention policy by not identifying how to handle resident to resident altercations/behaviors, which potentially could lead to potential abusive situations. The policy doesn't specify to immediately report allegations of abuse to the Administrator. The facility failed to operationalize the Abuse Prevention policy by multiple staff failures to report to the Administrator and investigate repetitive inappropriate sexual behaviors between residents as potential allegations of sexual abuse. The facility failed to operationalize the policy to ensure the protection of the residents from further inappropriate sexual behaviors of R1. R1's ongoing repetitive inappropriate sexual behaviors continued toward R2, R3, R6 and R7. These failures have the			

FORM APPROVED Illinois Department of Public Health (X3) DATE SURVEY STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION COMPLETED AND PLAN OF CORRECTION **IDENTIFICATION NUMBER:** A. BUILDING: ____ B. WING 01/21/2015 IL6006001 STREET ADDRESS, CITY, STATE, ZIP CODE NAME OF PROVIDER OR SUPPLIER 24588 CHURCH STREET **MEADOWS MENNONITE HOME** CHENOA, IL 61726 PROVIDER'S PLAN OF CORRECTION (X5) SUMMARY STATEMENT OF DEFICIENCIES (X4) ID (EACH CORRECTIVE ACTION SHOULD BE COMPLETE PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL PRÉFIX CROSS-REFERENCED TO THE APPROPRIATE DATE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG TAG DEFICIENCY) S9999 S9999 Continued From page 42 potential to affect all 106 residents residing in the facility. Findings include: 1. The facility Abuse Prevention Policy dated 5/2012 states, " 1. This facility will not condone resident abuse by......other residents.....Any employee who has knowledge or reason to believe that a resident has been a victim of abuse by anyone as noted in #1 above, is under a duty to immediately report such incident or suspicion to his/her immediate supervisor.....The Resident must be protected from harm during the investigation.....the supervisor shall then notify the Administrator and Director of Nursing...The Director of Nursing or their designee will initiate an investigation immediately and in cases involving....residents, the Preliminary Investigation will be faxed immediately and not to exceed within 24 hours to the Illinois Department of Public Health......Any reasonable suspicion of a crime committed against a resident....will also be reported [to] the local law enforcement...." On 1/5/15 at 12:45pm E18, Administrator confirmed the Abuse Prevention policy dated 5/2012 as written, is that staff will report allegations of abuse to the supervisor and then the supervisor will notify the Director of Nursing

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(DON) and Administrator. E18 stated his

resident altercations/abuse.

expectation is for staff to report abuse allegations to their supervisor and the Administrator. On 1/7/15 at 9:25am E18. Administrator confirmed the Abuse Prevention policy is "very vague" as relating to how to handle allegations of resident to

On 1/5/15 at 12:45pm E18, Administrator stated

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STATEMENT OF BETTOLINGE		(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED		
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S9999	he was notified by December 2014 abinappropriate with I done. E18 stated the findings-nothing modementia being sess stated residents wo staff through routin E1 if any "further in know." E18 stated further incidents in inappropriate with I can be stated further incidents in inappropriate with I can be stated further incidents in inappropriate with I can be stated facility on 11/17/14 Dementia with beh states, "[R1]si anxiety, inappropriate with states, "[R1]si anxiety, inappropriate behavior that had pestradiol[Estrogen last three days and that now and monimal R1's Progress Note Physician states, "problemshistor problemshistor problemswife[Z inappropriate behavior of inappropriate behavior of inappropriate behavior inappropriate behavior behavior in states, "problemshistor problemshistor problems	E1, DON around the first of yout R1 being sexually R3 and an investigation was here was "really no pre than two residents with exually inappropriate." E18 yould need to be "monitored by e checks" and he instructed ecidents occurred to let him he was not made aware of any volving R1 being sexually remale residents until 1/1/15. The exact and the was admitted to the with a diagnosis of Alzheimer's avior concerns. The note significant behavior issues of the exact at the exact and tried to the sexual behavior, and tried the exact at the exact and the exact are going to stay off of the exact and the exact are going to stay off of the exact and the exact are going to stay off of the exact and the exact are going to stay off of the exact and the exact are going to stay off of the exact and the exact are going to stay off of the exact and the exact are going to stay off of the exact and the exact are going to stay off of the exact and the exact are going to stay off of the exact and the exact are going to stay off of the exact and the exact are going to stay off of the exact and the exact are going to stay off of the exact and the exact are going to stay off of the exact are going to stay off of the exact and the exact are going to stay off of the exact are going				
	"[R1] came down h	nallway, grabbed a female	THE PERSON NAMED IN COLUMN TO THE PE			

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NAME OF PROVIDER OR SUPPLIER

STREET ADDRESS, CITY, STATE, ZIP CODE

MEADOWS MENNONITE HOME

24588 CHURCH STREET **CHENOA. IL 61726**

MEADOWS MENNONTE HOME CHENOA,		A, IL 61726				
(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	resident (unidentified) and attempted to take her down the hallwayredirected[R1] found in a room inappropriately touching another resident (unidentified). Other resident was removed and [R1] was redirected. As [R1] passed another female resident (unidentified) he proceeded to grab her also[R1] again redirectedWill cont[continue] to monitor." On 1/5/15 at 11:20am when asked about the note dated 11/29/14, E8, RN stated she did not "remember who the resident was, who reported it to me It was charted as a behavior." E8 stated she did not report the incident (11/29) to E1, DON (Director of Nursing) or "anyone." On 1/6/15 at 1:45pm E1, DON confirmed she was not notified of the incident on 11/29/14. On 1/5/14 at 12:45pm E18, Administrator stated the he was not aware of any incidents involving R1 being sexually inappropriate with female residents, except the incident on 12/1/14. 3. On 1/1/15 at 4:00pm E7, CNA stated, "I was doing cares and saw someone go past fast got to the hall- got to last door on the left side of the long hall-opened the door and [R1] was sitting on [R14's] bed, [R6] was in the wheelchair and [R1] had [R6's] top off-her bra was off and when I walked in [R1] was taking his face off of [R6's] breast. I pulled [R6] back and asked [R1] 'What are you doing?' [R1] said 'putting her [R6] to bed.' I said what do you mean? [R1] said 'I'm going to the nurse, but was unable remember the name of the nurse, but was unable remember the name of the nurse. On 1/7/15 at 3:20pm E7 stated, "I am 120% sure it was [R6]it [occurred] before the 15 minute checks [for R1] were begun."					
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week.

notified E1.

was reported on 12/1/14 to E2 and then E2

Anxiety disorder and Dementia. The MDS documents severe cognitive impairment and wandering/physical/verbal behaviors 4-6 days per

R3's MDS dated 12/7/14 documents diagnoses of

On 1/5/14 at 12:45pm E18, Administrator stated

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On 1/5/15 at 3:55pm E24, CNA stated ".....were doing 15 minute checks and we couldn't find [R1]. I walked in on [R1] and [R7] -at very end of the long hall, [R14's] room..[R1] was standing on the opposite side of the room of [R7], he was fully dressed. When [R1] saw me,he sat down on the bed . [R7] was scooting on the floor on her behind-only had a sweater on-her onsie, hipster, brief, shoes and socks were off-[R7] was talking fast." E24 stated she reported the incident to E21, RN.

On 1/6/15 at 2:00pm E21, RN stated she notified E1. DON of the incident immediately. E21 stated R1 was on 1:1's for the rest of the shift.

On 1/6/15 at 1:45pm E1, DON stated, "There was something on 12/3/14, reported to me on 12/3-[R7]-told [E21] to make sure [R1] was 1:1's and notify families."

On 1/7/15 at 9:20am E2, ADON confirmed there was no investigation done of the incident involving R1 and R7.

On 1/5/14 at 12:45pm E18, Administrator stated the he was not aware of any incidents involving R1 being sexually inappropriate with female

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	residents, except th	e incident on 12/1/14.	***************************************			
	documents a diagno	gress Note dated 11/6/14 osis of "Severe dementia, continues just to wander				
	6. R1's Interdisciplinary Note dated 12/4/14 at 6:54pm by E15, RN states "Continues to go after female residentdifficult to redirect15 minute checkscontinue to monitor." R1's note at 8:45pm states "[R1] continues to make sexual advances toward female staff and residents. Grabbing at females inappropriately, attempting to undress female residentsdifficult to redirect15 minute checks ongoing"					
	into [R1's] room and recliner chair and [R him-straddling his le [R2's] bottom and hi breast. [R1] had her	gs. [R1] had his hand around s other hand was on [R2's] [R2] onsie unzipped and fully stI reported to a nurse but				
	to me on 12/4/14. It then told [E2,ADON] was an incident [with 1:1's until he[R2] wa the other residents w	n E1, DON stated, "Reported old [E15] to monitor him-and on 12/5/14. Anytime there n R1] the nurse's would do s settled down in room, once were settled and not m, he would sleep all night."				
	states, "12/4/14 Staf male resident's roon and he was fondling entered room. Staff	gation titled "[R1] and [R2]" If found a female resident in a In. She was sitting on his lap her breast when staff quickly separated the cted the female resident to				

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PRINTED: 03/21/2015 FORM APPROVED Illinois Department of Public Health (X3) DATE SURVEY (X2) MULTIPLE CONSTRUCTION STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA COMPLETED **IDENTIFICATION NUMBER:** AND PLAN OF CORRECTION A. BUILDING: C 01/21/2015 B. WING_ IL6006001 STREET ADDRESS, CITY, STATE, ZIP CODE NAME OF PROVIDER OR SUPPLIER 24588 CHURCH STREET MEADOWS MENNONITE HOME CHENOA, IL 61726 PROVIDER'S PLAN OF CORRECTION (X5) COMPLETE SUMMARY STATEMENT OF DEFICIENCIES (X4) ID (EACH CORRECTIVE ACTION SHOULD BE (EACH DEFICIENCY MUST BE PRECEDED BY FULL **PREFIX** PREFIX DATE CROSS-REFERENCED TO THE APPROPRIATE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG TAG DEFICIENCY) S9999 S9999 Continued From page 48 the common area....." On 1/6/15 at 9:35am E2, ADON stated she started the investigation of the incident 12/4/14) on 12/5/14. E2 stated the investigation consisted of interviewing E15. E2 confirmed no other staff were interviewed. E2 stated R1 was on 15 minute checks, the door sensor alarm and they were doing "visual checks when out of the room-not 1:1's-just eyeballing him." On 1/5/14 at 12:45pm E18, Administrator stated the he was not aware of any incidents involving R1 being sexually inappropriate with female residents, except the incident on 12/1/14.

7. On 1/7/15 at 3:20pm E7, CNA stated, "I found [R2] in [R1's] room again, [R1] had [R2] with her back to him-was getting ready to unzip [her onsie], but it[zipper] was missing the tongue, so he[R1] was having trouble [unzipping onsie]." E7 stated R1 was on 15 minute checks and the sensor door alarm was being used at the time of the witnessed incident, but she is unable to remember the specific date it occurred. E7 stated

On 1/6/15 at 2:20pm E21, RN stated it was reported to me that "[R2] was found in his[R1] room-he was trying to pull [R2's] zipper down and staff intervened. I did not report this to anyone because nothing happened."

she reported the incident to E21, RN.

On 1/6/15 at 1:45pm E1, DON confirmed she was not aware of the incident involving R2 and R1.

On 1/5/14 at 12:45pm E18, Administrator stated the he was not aware of any incidents involving R1 being sexually inappropriate with female residents, except the incident on 12/1/14.

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PRINTED: 03/21/2015 FORM APPROVED Illinois Department of Public Health (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA COMPLETED **IDENTIFICATION NUMBER:** AND PLAN OF CORRECTION A. BUILDING: B. WING 01/21/2015 IL6006001 STREET ADDRESS, CITY, STATE, ZIP CODE NAME OF PROVIDER OR SUPPLIER 24588 CHURCH STREET MEADOWS MENNONITE HOME CHENOA, IL 61726 PROVIDER'S PLAN OF CORRECTION SUMMARY STATEMENT OF DEFICIENCIES (X5)(X4) ID COMPLETE (FACH CORRECTIVE ACTION SHOULD BE (EACH DEFICIENCY MUST BE PRECEDED BY FULL **PREFIX** PREFIX DATE CROSS-REFERENCED TO THE APPROPRIATE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG TAG DEFICIENCY) S9999 S9999 Continued From page 49 8. On 1/1/15 at 5:00pm E16, CNA stated, " [R2] was wandering-he[R1] tried to grab her breast and I intervened first....it was after a 15 minute check was done-Did not take it to [E1, DON] or [E2 ADON]-I'm sure they are aware-have not talked to them personally." On 1/5/15 at 11:20am E8, RN stated, "Spoke with CNA[E16]- [E16] had just left [R1's] room from doing 15 minute check- told me they were called into [R1's] room, [R1] was on knees, [R2] was dressed sitting on bed. [R2's] top was down or up-can't remember-[R2] sitting back on the bed-not sure if there was any touch or not...." E8 stated the whole incident from the time E16 did the 15 minute check on R1 to when "I checked [R1] was 6 minutes." E8 stated she called E1, DON to report what happened. E8 stated E1 told her she would check into the incident, "[E1] said to hold off on documenting, told me to wait [she] would check into what happened. [I] asked how to document, [E1] said to wait and [E1] will investigate-I was never called." E8 confirmed she never documented the incident which occurred between R1 and R2. E8 stated the incident occurred on a weekend, during suppertime, but she was not sure of the date. On 1/6/15 at 1:45pm E1, DON stated she was called by E8 on 12/20/14 and told what happened between R2 and R1. E1 stated she told E8 "we would look into it on Monday[12/21], to make sure

Monday."

[R1] was 1:1's." E1 denied telling E8 to hold off documenting the incident. E1 stated she told E8 to "just document what happened with [R2] and [E8] said if [I] needed anything else to call her on

The undated investigation titled "[R2] and [R1]" by

Ilinois Department of Public STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	Health (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING:	(X3) DATE SURVEY COMPLETED	
	IL6006001	B. WING	01/21/2015	

NAME OF PROVIDER OR SUPPLIER

STREET ADDRESS, CITY, STATE, ZIP CODE

24588 CHURCH STREET CHENOA, IL 61726

MEADOV	VS MENNONITE HOME	24588 CHU CHENOA, I	RCH STREE L 61726	T	
(X4) ID	SUMMARY STATEMENT OF DEFI (EACH DEFICIENCY MUST BE PRECE REGULATORY OR LSC IDENTIFYING I	CIENCIES EDED BY FULL	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
PREFIX	Continued From page 50 E2, ADON states, "12/20/14 Stafvisiting family member across the stated staff had just been down to a female resident[R2] in his[R1] resitting on the bed with her top do fondling her breast. Visual check on door of male resident[R1]. "To does not document staff/family in Con 1/6/15 at 1:25pm E2, ADON became aware of the incident im R2, which occurred on 12/20/14, it by E1, DON on 12/22/14. E2 sthe investigation on 12/22/14. On 1:30pm E2 stated 15 minute checks when out of the room an alarm continued, with the new in to give the Xanax three times a R2's Physician Progress Note decrements a diagnosis of Advance.	f notified by a e hall. They here. There was room[R2] was wn and [R1] was as in place. Alarm the investigation interviews. stated she volving R1 and when told about tated she started in 1/5/15 at ecks, visual and sensor door intervention being day to R1. ated 11/19/14 inced Dementia.	S9999	DEFICIENCY)	
	The MDS dated 10/26/14 docur cognitive impairment and behave 4-6 days per week. On 1/5/15 at 12:45pm E18, Adribe was notified by E1, DON are December about R1 being sexul with R3 and an investigation was stated he instructed E1 if any "foccurred to let him know." E18 made aware of any further incide being sexually inappropriate with until 1/1/15. On 1/6/15 at 1:45pm E1, DON notified E18, Administrator of the involving R1 and R3 on 12/1/14 she did not notify E18 of any further involving R1 being sexually inappropriate with the involving R1 being sexually inappropriate with the involving R1 and R3 on 12/1/14 she did not notify E18 of any further involving R1 being sexually inappropriate with the involving R1 being sexually in the involving R1 being sexual	ministrator stated bund the first of ually inappropriate as done. E18 urther incidents stated he was not dents involving R1 th female residents confirmed she the first allegation 4. E1 confirmed urther incidents			

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Illinois Department of Public Health (X3) DATE SURVEY (X2) MULTIPLE CONSTRUCTION (X1) PROVIDER/SUPPLIER/CLIA STATEMENT OF DEFICIENCIES COMPLETED IDENTIFICATION NUMBER: AND PLAN OF CORRECTION A. BUILDING: __ C 01/21/2015 B. WING IL6006001 STREET ADDRESS, CITY, STATE, ZIP CODE NAME OF PROVIDER OR SUPPLIER 24588 CHURCH STREET MEADOWS MENNONITE HOME CHENOA, IL 61726 PROVIDER'S PLAN OF CORRECTION (X5) COMPLETE SUMMARY STATEMENT OF DEFICIENCIES ID (EACH CORRECTIVE ACTION SHOULD BE (X4) ID (EACH DEFICIENCY MUST BE PRECEDED BY FULL **PREFIX** DATE CROSS-REFERENCED TO THE APPROPRIATE PRÉFIX REGULATORY OR LSC IDENTIFYING INFORMATION) TAG DEFICIENCY) TAG S9999 Continued From page 51 S9999 other residents. When asked why she did not notify E18 of the further incidents involving R1 being sexually inappropriate with R7(12/3/14), R2 (12/4/14) and R2 (12/20/14) E1 stated "they were not abuse, were behaviors, no harm [occurred]." 9. On 1/14/15 at 10:10am E1, DON confirmed she notified the Illinois Department of Public Health of the incident on 12/1/14 involving R1 and R3, but did not notify the Department of allegations of further incidents involving R1 being sexually inappropriate with R7 (12/3/14), R2 (12/4/14), and R2 (12/20/14). (B) 300.610a) 300.695a)3) 300.695b)3) 300.695c)1) 300.695c)5) 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.

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Enforcement

Section 300.695 Contacting Local Law

Illinois Department of Public Health (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA COMPLETED **IDENTIFICATION NUMBER:** AND PLAN OF CORRECTION A. BUILDING: ___ C B. WING 01/21/2015 IL6006001 STREET ADDRESS, CITY, STATE, ZIP CODE NAME OF PROVIDER OR SUPPLIER 24588 CHURCH STREET **MEADOWS MENNONITE HOME** CHENOA, IL 61726 (X5) COMPLETE PROVIDER'S PLAN OF CORRECTION SUMMARY STATEMENT OF DEFICIENCIES (X4) ID (EACH CORRECTIVE ACTION SHOULD BE (EACH DEFICIENCY MUST BE PRECEDED BY FULL **PREFIX** PRÉFIX CROSS-REFERENCED TO THE APPROPRIATE DATE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG TAG DEFICIENCY) Continued From page 52 S9999 S9999 For the purpose of this Section, the following definitions shall apply: Sexual abuse - sexual penetration, 3) intentional sexual touching or fondling, or sexual exploitation (i.e., use of an individual for another person's sexual gratification, arousal, advantage, or profit). The facility shall immediately contact local b) law enforcement authorities (e.g., telephoning 911 where available) in the following situations: Sexual abuse of a resident by a staff 3) member, another resident, or a visitor; The facility shall develop and implement a policy concerning local law enforcement notification, including: Ensuring the safety of residents in 1) situations requiring local law enforcement notification; Facility investigation of the situation. 5) These requirements are not met as evidenced by: Based on interview and record review the facility failed to operationalize their abuse policy by failing to form a suspicion of a crime in relation to these behaviors and notify local law enforcement. These failures have the potential to affect all 106 residents residing in the facility.

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	epartment of Public		r	- ACMOTOMOTION	(X3) DATE SURVEY
STATE OF THE STATE			CONSTRUCTION	COMPLETED	
AND PLAN OF CORRECTION IDENTIFICATION NOWIDER.		A. BUILDING:			
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NAME OF I	PROVIDER OR SUPPLIER			TATE, ZIP CODE	
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MEADOV	WS MENNONITE HOM	CHENOA,	IL 61726		
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S9999	Continued From pa	nge 53	S9999		
	Findings include:				
	Findings include.				
	1 The facility Abus	e Prevention Policy dated			
		This facility will not condone			
	resident abuse by	other residentsAny			
	employee who has	knowledge or reason to			
	believe that a resid	ent has been a victim of abuse	THEORY		
	by anyone as noted	d in #1 above, is under a duty			
	to immediately repo	ort such incident or suspicion	a survivo		
		te supervisorThe Resident	Accession		
	must be protected	from harm during the	-		
	investigationthe	supervisor shall then notify the	re/e/0.10.0000		
	Administrator and I	Director of NursingThe			
	Director of Nursing	or their designee will initiate mediately and in cases	THEODOGOGO		
	involvingresiden	te the Preliminary			
	Investigation will be	e faxed immediately and not to	STATE OF THE STATE		
	exceed within 24 h	ours to the Illinois Department			
	of Public Health	Any reasonable suspicion of			
	a crime committed	against a residentwill also			
	be reported [to] the	e local law enforcement"			
	On 1/5/15 at 12:45	pm E18, Administrator			
	confirmed the Abus	se Prevention policy dated	44		
	5/2012 as written, i	is that staff will report			
	allegations of abus	se to the supervisor and then	***		
	the supervisor will	notify the Director of Nursing		**************************************	
	(DON) and Adminis	strator. E18 stated his			
	expectation is for s	staff to report abuse allegations			
	to their supervisor	and the Administrator. On E18, Administrator confirmed			
	the Abuse Provent	ion policy is "very vague" as	Section 1		
	relating to how to h	nandle allegations of resident to			
	resident altercation				
	, coldon and oation				
	On 1/5/15 at 12:45	ipm E18, Administrator stated	TKE COMMON TO THE		
	he was notified by	E1, DON around the first of			
	December 2014 at	bout R1 being sexually	1		
	inappropriate with	R3 and an investigation was			
	done. E18 stated t	here was "really no	1		

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FORM APPROVED Illinois Department of Public Health STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY COMPLETED **IDENTIFICATION NUMBER:** AND PLAN OF CORRECTION A. BUILDING: ___ C B. WING IL6006001 01/21/2015 STREET ADDRESS, CITY, STATE, ZIP CODE NAME OF PROVIDER OR SUPPLIER 24588 CHURCH STREET **MEADOWS MENNONITE HOME** CHENOA, IL 61726 PROVIDER'S PLAN OF CORRECTION SUMMARY STATEMENT OF DEFICIENCIES (X5) COMPLETE (X4) ID (EACH CORRECTIVE ACTION SHOULD BE (EACH DEFICIENCY MUST BE PRECEDED BY FULL **PREFIX** PRÉFIX DATE CROSS-REFERENCED TO THE APPROPRIATE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG TAG DEFICIENCY) S9999 S9999 Continued From page 54 findings-nothing more than two residents with dementia being sexually inappropriate." E18 stated residents would need to be "monitored by staff through routine checks" and he instructed E1 if any "further incidents occurred to let him know." E18 stated he was not made aware of any further incidents involving R1 being sexually inappropriate with female residents until 1/1/15. On 1/15/15 at 2:45pm when asked if he considered the incident on 12/1/14 for reasonable suspicion of a crime, R18, Administrator stated "At that time I did not believe there was a reasonable suspicion of a crime.....I did not notify the police...." E18 stated he considers "all allegations as a potential for a crime." 2. R1's Minimum Data Set (MDS) dated 11/24/14 documents R1 has moderate cognitive impairment. R1's Physician Progress Note dated 11/19/14 by Z1, Physician states R1 was admitted to the facility on 11/17/14 with a diagnosis of Alzheimer's Dementia with behavior concerns. The note states, "[R1]...significant behavior issues of anxiety, inappropriate sexual behavior, and tried on several medications....inappropriate sexual behavior that had prompted a trial of Estradiol[Estrogen]...has not been given for the last three days and so we're going to stay off of that now and monitor symptoms closely...." R1's Progress Note dated 7/13/14 by Z2, Former Physician states, "Six month followup for chronic problems.....history....of behavioral

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problems....Wife[Z3] reports that [R1's]

inappropriate behavior is very much under control on Estradiol.....also is on Seroquel...for same problem of inappropriate behaviors....."

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STATEMENT OF DEFICIENCIES		(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPL	E CONSTRUCTION	(X3) DATE SURVEY	
AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		A. BUILDING:		COMPLETED		
					_	
		IL6006001	B. WING			1/2015
NAME OF	PROVIDER OR SUPPLIER	STREET AD	DRESS CITY :	STATE, ZIP CODE		
		24588 CH	URCH STRE			
MEADO\	WS MENNONITE HOM	F	IL 61726	- -		
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S9999	Continued From pa	ge 55	S9999			
	8:23pm by E8 RN (I "[R1] came down haresident (unidentified down the hallway room inappropriatel (unidentified). Other [R1] was redirected female resident (unigrab her also[R1] cont[continue] to module of 1/5/15 at 11:20 adated 11/29/14, E8,	y Note dated 11/29/14 at Registered Nurse) states, allway, grabbed a female d) and attempted to take her redirected[R1] found in a y touching another resident resident was removed and As [R1] passed another identified) he proceeded to again redirectedWill ponitor."				
	to me It was char she did not report th (Director of Nursing	ted as a behavior." E8 stated as incident (11/29) to E1, DON				
777777777777777777777777777777777777777	not notified of the in					
	the he was not awar R1 being sexually in	m E18, Administrator stated re of any incidents involving appropriate with female e incident on 12/1/14.				
	doing cares and save to the hall- got to last long hall-opened the [R14's] bed, [R6] was had [R6's] top off-he walked in [R1] was the breast. I pulled [R6] are you doing?' [R1] I said what do you me to the hall said what d	pm E7, CNA stated, "I was v someone go past fast got st door on the left side of the e door and [R1] was sitting on is in the wheelchair and [R1] or bra was off and when I aking his face off of [R6's] back and asked [R1] 'What said 'putting her [R6] to bed.' I she reported the incident to				

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the nurse, but was unable remember the name of

(X3) DATE SURVEY

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA

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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		IL6006001	B. WING		01/21	/2015
NAME OF	PROVIDER OR SUPPLIER			TATE, ZIP CODE		niga propasiones
MEADO\	WS MENNONITE HON	1	URCH STREI IL 61726	ET .		
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S9999	•	-	S9999			
	120% sure it was [l	15 at 3:20pm E7 stated, "I am R6]it [occurred] before the for R1] were begun."	and the control of th			
		m E1, DON confirmed she was ncident involving R1 and R6.	ACCUSIONAL DE LA CALLACTOR DE			
	the he was not awa R1 being sexually i	pm E18, Administrator stated are of any incidents involving nappropriate with female ne incident on 12/1/14.				
	documents a diagr	gress Note dated 11/6/14 nosis of Dementia. The MDS cuments cognitive impairment mory problems and no				
	3:01pm states, "[only a t-shirt on found female resid pants on[R1] had sexual advance	inary Notes dated 12/1/14 at [R1] out to nurse's desk with taking [R1] back to room, ent[R3] on his bed with no as shown increased behaviors toward female residents and days15 minute checks ."				
	R1 back to his room	pm E9, CNA stated she walked m, and found R3 wearing only ants/brief "lying on her back, byes closed" on R1's bed.				
	(Assistant Director	om E1, DON and E2, ADON of Nursing) stated the incident 2/1/14 to E2 and then E2				
	Anxiety disorder ar	2/7/14 documents diagnoses of nd Dementia. The MDS e cognitive impairment and	F THE AND THE PROPERTY OF THE			

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PRINTED: 03/21/2015 FORM APPROVED Illinois Department of Public Health (X3) DATE SURVEY (X2) MULTIPLE CONSTRUCTION (X1) PROVIDER/SUPPLIER/CLIA STATEMENT OF DEFICIENCIES COMPLETED IDENTIFICATION NUMBER: AND PLAN OF CORRECTION A. BUILDING: _ C 01/21/2015 B. WING IL6006001 STREET ADDRESS, CITY, STATE, ZIP CODE NAME OF PROVIDER OR SUPPLIER 24588 CHURCH STREET **MEADOWS MENNONITE HOME** CHENOA, IL 61726 PROVIDER'S PLAN OF CORRECTION (X5)SUMMARY STATEMENT OF DEFICIENCIES ID COMPLETE (EACH CORRECTIVE ACTION SHOULD BE (X4) ID (EACH DEFICIENCY MUST BE PRECEDED BY FULL **PREFIX** DATE CROSS-REFERENCED TO THE APPROPRIATE PREFIX REGULATORY OR LSC IDENTIFYING INFORMATION) TAG DEFICIENCY) TAG S9999 Continued From page 57 S9999 wandering/physical/verbal behaviors 4-6 days per week. On 1/5/14 at 12:45pm E18, Administrator stated the he was not aware of any incidents involving R1 being sexually inappropriate with female residents, except the incident on 12/1/14. 5. R1's Interdisciplinary Notes dated 12/3/14 at 4:50pm states, "...conducting 15 min[minute] checks to find [R1] in a room at end of hall with a female resident[R7]....[R7] was in a state of undress while...[R1] was fully clothed on the other side of the room sitting on the bed Staff is

On 1/5/15 at 3:55pm E24, CNA stated ".....were doing 15 minute checks and we couldn't find [R1]. I walked in on [R1] and [R7] -at very end of the long hall, [R14's] room..[R1] was standing on the opposite side of the room of [R7], he was fully dressed. When [R1] saw me,he sat down on the bed . [R7] was scooting on the floor on her behind-only had a sweater on-her onsie, hipster, brief, shoes and socks were off-[R7] was talking fast." E24 stated she reported the incident to E21, RN.

watching [R1] continuously..."

On 1/6/15 at 2:00pm E21, RN stated she notified E1, DON of the incident immediately. E21 stated R1 was on 1:1's for the rest of the shift.

On 1/6/15 at 1:45pm E1, DON stated, "There was something on 12/3/14, reported to me on 12/3-[R7]-told [E21] to make sure [R1] was 1:1's and notify families."

On 1/7/15 at 9:20am E2, ADON confirmed there was no investigation done of the incident involving R1 and R7.

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On 1/6/15 at 1:45pm E1, DON stated, "Reported to me on 12/4/14. I told [E15] to monitor him-and then told [E2,ADON] on 12/5/14. Anytime there was an incident [with R1] the nurse's would do 1:1's until he[R2] was settled down in room, once

wandering in his room, he would sleep all night."

The undated investigation titled "[R1] and [R2]" states, "12/4/14 Staff found a female resident in a

the other residents were settled and not

PRINTED: 03/21/2015

FORM APPROVED Illinois Department of Public Health (X1) PROVIDER/SUPPLIER/CLIA (X3) DATE SURVEY STATEMENT OF DEFICIENCIES (X2) MULTIPLE CONSTRUCTION COMPLETED AND PLAN OF CORRECTION **IDENTIFICATION NUMBER:** A. BUILDING: ___ C B. WING 01/21/2015 IL6006001 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 24588 CHURCH STREET **MEADOWS MENNONITE HOME** CHENOA, IL 61726 PROVIDER'S PLAN OF CORRECTION (X5) COMPLETE SUMMARY STATEMENT OF DEFICIENCIES (X4) ID (EACH DEFICIENCY MUST BE PRECEDED BY FULL (EACH CORRECTIVE ACTION SHOULD BE **PREFIX** PREFIX DATE CROSS-REFERENCED TO THE APPROPRIATE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG TAG DEFICIENCY) S9999 Continued From page 59 S9999 male resident's room. She was sitting on his lap and he was fondling her breast when staff entered room. Staff quickly separated the residents and redirected the female resident to the common area....." On 1/6/15 at 9:35am E2, ADON stated she started the investigation of the incident 12/4/14) on 12/5/14. E2 stated the investigation consisted of interviewing E15. E2 confirmed no other staff were interviewed. E2 stated R1 was on 15 minute checks, the door sensor alarm and they were doing "visual checks when out of the room-not 1:1's-just eyeballing him." On 1/5/14 at 12:45pm E18, Administrator stated the he was not aware of any incidents involving R1 being sexually inappropriate with female residents, except the incident on 12/1/14. 7. On 1/7/15 at 3:20pm E7, CNA stated, "I found [R2] in [R1's] room again, [R1] had [R2] with her back to him-was getting ready to unzip [her onsie], but it[zipper] was missing the tongue, so he[R1] was having trouble [unzipping onsie]." E7 stated R1 was on 15 minute checks and the sensor door alarm was being used at the time of the witnessed incident, but she is unable to remember the specific date it occurred. E7 stated she reported the incident to E21, RN. On 1/6/15 at 2:20pm E21, RN stated it was reported to me that "[R2] was found in his[R1] room-he was trying to pull [R2's] zipper down and staff intervened. I did not report this to anyone

Illinois Department of Public Health STATE FORM

because nothing happened."

On 1/6/15 at 1:45pm E1, DON confirmed she was not aware of the incident involving R2 and R1.

Illinois Department of Public Health

AND DUAN OF CORRECTION INDESTRUCTION NUMBER		1 ' '	LE CONSTRUCTION :	(X3) DATE SURVEY COMPLETED		
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		IL6006001	B. WING		1	21/2015
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S9999	Continued From pa	ge 60	S9999			
\$9999	On 1/5/14 at 12:45p the he was not awa R1 being sexually in residents, except the 8. On 1/1/15 at 5:00 was wandering-he[Fand I intervened first check was done-Did [E2 ADON]-I'm sure talked to them personal talked to the personal talked to the talked to the whole incomposed to hold off on document to hold off on document to hold off on document to was never documented to hold off on document talked talke	om E18, Administrator stated re of any incidents involving nappropriate with female e incident on 12/1/14. Opm E16, CNA stated, " [R2] R1] tried to grab her breast stit was after a 15 minute d not take it to [E1, DON] or e they are aware-have not	S9999			
	on 1/6/15 at 1:45pm called by E8 on 12/2 between R2 and R1 would look into it on [R1] was 1:1's." E1 documenting the incomparts of the state of the	end, during suppertime, but the date. n E1, DON stated she was 20/14 and told what happened . E1 stated she told E8 "we Monday[12/21], to make sure denied telling E8 to hold off cident. E1 stated she told E8 that happened with [R2] and				

Illinois Department of Public Health

PRINTED: 03/21/2015 FORM APPROVED Illinois Department of Public Health (X3) DATE SURVEY (X2) MULTIPLE CONSTRUCTION (X1) PROVIDER/SUPPLIER/CLIA STATEMENT OF DEFICIENCIES COMPLETED AND PLAN OF CORRECTION IDENTIFICATION NUMBER: A. BUILDING: _ C 01/21/2015 B. WING IL6006001 STREET ADDRESS, CITY, STATE, ZIP CODE NAME OF PROVIDER OR SUPPLIER 24588 CHURCH STREET MEADOWS MENNONITE HOME CHENOA, IL 61726 (X5) COMPLETE PROVIDER'S PLAN OF CORRECTION SUMMARY STATEMENT OF DEFICIENCIES (EACH CORRECTIVE ACTION SHOULD BE (X4) ID **PREFIX** (EACH DEFICIENCY MUST BE PRECEDED BY FULL DATE CROSS-REFERENCED TO THE APPROPRIATE PRÉFIX REGULATORY OR LSC IDENTIFYING INFORMATION) TAG TAG DEFICIENCY) S9999 Continued From page 61 S9999 [E8] said if [I] needed anything else to call her on Monday." The undated investigation titled "[R2] and [R1]" by E2, ADON states, "12/20/14 Staff notified by a visiting family member across the hall. They stated staff had just been down there. There was a female resident[R2] in his[R1] room...[R2] was sitting on the bed with her top down and [R1] was fondling her breast..Visual checks in place. Alarm on door of male resident[R1]. " The investigation does not document staff/family interviews. On 1/6/15 at 1:25pm E2, ADON stated she became aware of the incident involving R1 and R2, which occurred on 12/20/14, when told about it by E1, DON on 12/22/14. E2 stated she started the investigation on 12/22/14. On 1/5/15 at 1:30pm E2 stated 15 minute checks, visual checks when out of the room and sensor door alarm continued, with the new intervention being to give the Xanax three times a day to R1. R2's Physician Progress Note dated 11/19/14 documents a diagnosis of Advanced Dementia. The MDS dated 10/26/14 documents moderate cognitive impairment and behaviors of wandering 4-6 days per week. On 1/5/15 at 12:45pm E18, Administrator stated he was notified by E1, DON around the first of December about R1 being sexually inappropriate with R3 and an investigation was done. E18

Illinois Department of Public Health STATE FORM

until 1/1/15.

stated he instructed E1 if any "further incidents occurred to let him know." E18 stated he was not made aware of any further incidents involving R1 being sexually inappropriate with female residents

On 1/6/15 at 1:45pm E1, DON confirmed she

PRINTED: 03/21/2015 FORM APPROVED Illinois Department of Public Health (X3) DATE SURVEY (X2) MULTIPLE CONSTRUCTION (X1) PROVIDER/SUPPLIER/CLIA STATEMENT OF DEFICIENCIES COMPLETED AND PLAN OF CORRECTION IDENTIFICATION NUMBER: A. BUILDING: ___ B. WING 01/21/2015 IL6006001 STREET ADDRESS, CITY, STATE, ZIP CODE NAME OF PROVIDER OR SUPPLIER 24588 CHURCH STREET MEADOWS MENNONITE HOME CHENOA, IL 61726 PROVIDER'S PLAN OF CORRECTION (X5) COMPLETE SUMMARY STATEMENT OF DEFICIENCIES (X4) ID (EACH CORRECTIVE ACTION SHOULD BE (EACH DEFICIENCY MUST BE PRECEDED BY FULL **PREFIX** PREFIX DATE CROSS-REFERENCED TO THE APPROPRIATE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG TAG **DEFICIENCY**) S9999 Continued From page 62 S9999 notified E18, Administrator of the first allegation involving R1 and R3 on 12/1/14. E1 confirmed she did not notify E18 of any further incidents involving R1 being sexually inappropriate with other residents. When asked why she did not notify E18 of the further incidents involving R1 being sexually inappropriate with R7(12/3/14), R2 (12/4/14) and R2 (12/20/14) E1 stated "they were not abuse, were behaviors, no harm [occurred]." 9. On 1/14/15 at 10:10am E1, DON confirmed she notified the Illinois Department of Public Health of the incident on 12/1/14 involving R1 and R3. but did not notify the Department of allegations of further incidents involving R1 being sexually inappropriate with R7 (12/3/14), R2 (12/4/14), and R2 (12/20/14). On 1/20/14 at 10:15am E1, DON stated she did not form a suspicion of a crime (Elder Justice Act) and notify law enforcement as stated in the policy for the incidents on 12/1/14, 12/3/14, 12/4/14 or 12/20/14 involving R1 being sexually inappropriate with other residents. (B)

Illinois Department of Public Health STATE FORM

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MEADOWS MENNONITE HOME 24588 Church Street Chenoa, Illinois 61726

Investigation of Complaint No. 1465890

Date of Survey: January 21, 2015

Combined Plan of Correction and Allegations of Compliance

This plan of correction also represents the facility's allegations of compliance. The following combined plan of correction and allegations of compliance is not an admission to the alleged deficiencies, and is submitted at the request of the Illinois Department of Public Health ("IDPH"). Preparation and execution of this combined plan of correction and allegations of compliance does not constitute an admission or agreement by Meadows Mennonite Home ("Meadows" or "facility") as to the truth of the facts alleged or conclusions set forth in the Statement of Deficiencies. The combined plan of correction and allegations of compliance is prepared and/or executed solely because it is required by the provisions of federal and State laws. Meadows submits that it was in substantial compliance with the certification requirements at the time of the survey.

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LONG TERM CARE QUALITY ASSURANCE

> F224 483.13(c)

Meadows must develop and implement written policies and procedures that prohibit mistreatment, neglect, and abuse of residents and misappropriation of resident property.

Regarding R1, R2, R3, R6, and R7:

R1 was transferred from the facility on January 1, 2015. The facility determined that it could no longer meet his needs.

Attachment B Imposed Plan of Correction

Combined Plan of Correction and Allegations of Compliance

Completion date: January 1, 2015

R2, R3, R6, and R7 have been closely monitored and assessed on an ongoing basis for any adverse results of the alleged events, including changes in mood, affect, and demeanor since November 17, 2014. No changes in mood, affect, and demeanor have been noted as of February 3, 2015. Care plans have been reviewed and revised relative to outcome of safety reassessments, redirection of wandering residents to common areas, and activity reassessments.

The Life Enrichment (activities) Program has been reassessed for effectiveness for these residents.

Completion date: February 16, 2015

Training of all staff regarding effective supervision of residents initiated on January 1, 2015 (see attached).

Completion date: February 16, 2015

On January 6, 2015, every 24-Hour Report Sheet for the previous six weeks was reviewed for any resident-to-resident incidents or altercations. No new incidents have been noted on the 24-Hour Report Sheets.

Completion date: January 7, 2015

As imposed by IDPH's January 30, 2015 notice, a directed in-service was also presented (see attached), and the following areas were covered:

Supervision:

Attachment B
Imposed Plan of Correction

 How to determine an appropriate level of supervision to prevent resident-on-resident

Combined Plan of Correction and Allegations of Compliance

abuse;

- How to implement an appropriate level of supervision when the potential for resident-onresident abuse has been identified; and
- How to implement an appropriate level of supervision when resident-on-resident abuse has been identified.

Completion date: February 10, 2015

A directed in-service was also presented (see attached), and the following areas were covered:

Abuse:

- What is abuse and how to recognize abuse;
- How to evaluate who is vulnerable to abuse;
- Effective interventions to prevent abuse;
- How to respond to abuse and allegations of abuse; and
- How to report allegations of alleged abuse.

Completion date: February 10, 2014

Regarding Other Residents Potentially Affected by the Alleged Practice:

Every 24-Hour Report Sheet for the previous six weeks was reviewed for any resident-to-resident incidents or altercations. No new incidents have been noted on the 24-Hour Report Sheets.

Completion date: January 7, 2015

Attachment B **Imposed Plan of Correction**

Combined Plan of Correction and Allegations of Compliance

Residents were assessed to determine their risk for potential abuse. Results were documented in their medical records and incorporated into their care plans.

A directed in-service was also presented, and the following areas were covered:

Supervision:

- How to determine an appropriate level of supervision to prevent resident-on-resident abuse;
- How to implement an appropriate level of supervision when the potential for resident-onresident abuse has been identified; and
- How to implement an appropriate level of supervision when resident-on-resident abuse has been identified.

Completion date: February 10, 2015

A directed in-service was also presented, and the following areas were covered:

Abuse:

- What is abuse and how to recognize abuse;
- How to evaluate who is vulnerable to abuse;
- Effective interventions to prevent abuse;
- How to respond to abuse and allegations of abuse; and
- Attachment B Imposed Plan of Correction
 - How to report allegations of suspected abuse.

Combined Plan of Correction and Allegations of Compliance

Completion date: February 10, 2015

Systems Modifications:

Meadows has reviewed and revised its policies and procedures (see attached) including, but not limited to:

The Supervision of Residents with Behaviors Policy was written as of February 3, 2015. In-servicing of all staff is completed.

Completion date: February 16, 2015

The Abuse Prevention Policy was reviewed and revised. Training of all staff was conducted on the Abuse Prevention Policy including recognizing, reporting, and documenting suspected abuse.

Completion date: January 7, 2015

As of 7:00 p.m. on January 6, 2015, Neighborhood monitors were implemented to monitor resident movement on hallways with documentation every 30 minutes. The Neighborhood monitors were educated on supervising residents. If behaviors are noted, interventions will be implemented until the resident no longer exhibits the behavior and/or the appropriateness of the admission can be reviewed for safety to the resident and the safety of others. The physician and family will be notified of the behaviors, and the care plan will be updated. The resident may, at the discretion of the attending physician, be referred for psychiatric consult. The results of this monitoring will be reviewed and quantified for follow-through compliance. The results will be reported to the Quality Assurance ("QA") Committee.

Attachment B
Imposed Plan of Correction

Combined Plan of Correction and Allegations of Compliance

The Resident-to-Resident Altercation Policy was developed and implemented (see attached), and all staff in-servicing completed.

Completion date: February 16, 2015

The Admission to the Health Center Policy was revised (see attached) to include all new residents placed on 15- minute checks for the first two days of residency. If no behaviors are noted, then monitoring returns to routine. If behaviors are noted, interventions will be implemented until the resident no longer exhibits the behavior and/or the appropriateness of the admission can be reviewed for safety to the resident and the safety of others. The physician and family will be notified of the behaviors, and the care plan will be updated. The resident may, at the discretion of the attending physician, be referred for psychiatric consult. In-servicing of all staff has been completed.

Completion date: February 16, 2015

The Admissions Policy also includes pre-screening potential residents for medical and behavioral history to be included in the initial care planning process.

Completion date: February 5, 2015

Residents were assessed to determine their risk for abuse. Results were documented in their medical record. The assessment was incorporated into the routine admission/readmission process and will be reviewed/updated at a minimum of quarterly and or upon a relevant significant change in resident's condition.

Attachment B

Completion date: January 7, 2015

Combined Plan of Correction and Allegations of Compliance

Training was initiated on January 1, 2015 on recognizing, reporting, and documenting unusual occurrences. The Incident Reporting Policy was written and all in-servicing completed.

Completion date: February 16, 2015

Documentation in-service for all nursing staff was provided.

Completion date: February 16, 2015

A Wandering Policy was developed and implemented with all staff in-servicing completed.

Completion date: February 16, 2015

A new Wandering and Elopement assessment form (see attached) was developed and uploaded to our electronic medical record.

Completion date: February 5, 2015

The effectiveness of the Life Enrichment Program will be re-evaluated, and any changes deemed necessary or appropriate will be implemented.

Completion date: February 16, 2015

The Administrator, Director of Nursing ("DON"), department heads, supervisory personnel, unit nurses, etc. will reasonably ensure compliance with facility policies/procedures through routine daily rounds, observation of resident-specific care plan intervention implementation, supervision of staff performance, and routine inspection of related documents.

Attachment B Imposed Plan of Correction

Combined Plan of Correction and Allegations of Compliance

Quality Assurance Monitoring Activities:

Random interviews of staff on all shifts and from all departments will be conducted regarding recognition of abuse, how to report, and who to report to weekly for eight weeks, and then monthly for four months. The results of the random checks will be quantified and a performance improvement study initiated with results reported to the QA Committee.

Observational audits of Neighborhood monitor process and record audits of related documentation will be conducted weekly for four weeks, and then biweekly for eight weeks. Audit results will be reviewed by the QA Committee for evaluation of trends/patterns and corrective actions implemented as indicated.

Audits of any alleged abuse investigation will be conducted weekly for eight weeks, and then monthly for four months regarding compliance with abuse investigation protocol. Any results outside compliance with the abuse investigation protocol will be remediated immediately and the appropriate steps taken. The results of the QA study will be reported to the QA Committee.

In addition, any alleged abuse investigation will be evaluated regarding the accuracy of the abuse determination (see above audit frequency). Any results determined to be inaccurate during the QA study will be remediated immediately, and the appropriate steps taken. The results will be reported to the QA Committee.

A chart auditing procedure was implemented with

Attachment B mposed Plan of Correction

Combined Plan of Correction and Allegations of Compliance

results quantified and a performance improvement study initiated with results reported to the QA Committee monthly. Any deficient results will be followed up on and action taken as appropriate.

All incidents are and will continue to be tracked and trended monthly for resident, day of the week, shift, time of shift, injury, reportable injury to IDPH, and repeat occurrences. Identified trends will be reported as soon as identified to the DON and Neighborhood Supervisor for immediate remediation. The monthly trending report will be reported to the QA Committee and quarterly to the Board of Directors.

As of 7:00 p.m. on January 6, 2015, Neighborhood monitors were implemented to monitor resident movement on hallways with documentation every 30 minutes. The Neighborhood monitors were provided with education on supervision of residents. If behaviors are noted, interventions will be implemented until the resident no longer exhibits the behavior and/or the appropriateness of the admission can be reviewed for safety to the resident and the safety of others. The physician and family will be notified of the behaviors and the care plan will be updated. The resident may, at the discretion of the attending physician, be referred for psychiatric consult. The results of this monitoring will be reviewed and quantified for follow through compliance. The results will be reported to the QA Committee.

f 224 occepted Total Completion Date: February 16, 2015

Attachment B Imposed Plan of Correction

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Combined Plan of Correction and Allegations of Compliance

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Imposed FOC for 300.6/0a) 300.690 300.1220bb) 300.3340b) 300.3240d) Meadows 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.

Meadows 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 IDPH).

Meadows must have evidence that all alleged violations are thoroughly investigated, and must prevent further potential abuse while the investigation is in progress.

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 IDPH) within five working days of the incident, and if the alleged violation is verified appropriate corrective action must be taken.

Regarding R1, R2, R3, R6, and R7:

R1 was transferred from the facility on January 1, 2015. The facility determined that it could no longer meet his needs.

Combined Plan of Correction and Allegations of Compliance

Completion date: January 1, 2015

R2, R3, R6, and R7 have been closely monitored and assessed on an ongoing basis for any adverse results of alleged events, including changes in mood, affect, and demeanor since November 17, 2014. No changes in mood, affect, and demeanor have been noted as of February 3, 2015. Care plans have been reviewed and revised relative to outcome of safety reassessments, redirection of wandering residents to common areas, and activity reassessments.

The Life Enrichment (activities) Program has been reassessed for effectiveness for these residents.

Completion date: February 16, 2015

Training of all staff regarding effective supervision of residents initiated on January 1, 2015 (see attached).

Completion date: February 16, 2015

On January 6, 2015, every 24-Hour Report Sheet for the previous six weeks has been reviewed for any resident-to-resident incidents or altercations. No new incidents have been noted on the 24-Hour Report Sheets.

Completion date: January 7, 2015

As imposed by IDPH's January 30, 2015 notice, a directed in-service was also presented (see attached), and the following areas were covered:

Supervision:

 How to determine an appropriate level of supervision to prevent resident-on-resident

Combined Plan of Correction and Allegations of Compliance

abuse;

- How to implement an appropriate level of supervision when the potential for resident-onresident abuse has been identified; and
- How to implement an appropriate level of supervision when resident-on-resident abuse has been identified.

Completion date: February 10, 2015

A directed in-service was also presented (see attached), and the following areas were covered:

Abuse:

- What is abuse and how to recognize abuse;
- How to evaluate who is vulnerable to abuse;
- Effective interventions to prevent abuse;
- How to respond to abuse and allegations of abuse; and
- How to report allegations of suspected abuse.

Completion date: February 10, 2014

Regarding Other Residents Potentially Affected by the Alleged Practice:

Every 24-Hour Report Sheet for the previous six weeks was reviewed for any resident-to-resident incidents or altercations. No new incidents have been noted on the 24-Hour Report Sheets.

Completion date: January 7, 2015

Combined Plan of Correction and Allegations of Compliance

Residents were assessed to determine their risk for potential abuse. Results were documented in their medical records and incorporated into their care plans.

Completion date: February 10, 2015

Systems Modifications:

Meadows has reviewed and revised its policies and procedures (see attached) including, but not limited to:

The Supervision of Residents with Behaviors Policy was written as of February 3, 2015. In-servicing of all staff is completed.

Completion date: February 16, 2015

The Abuse Prevention Policy was reviewed and revised. Training of all staff was conducted on the Abuse Prevention Policy including recognizing, reporting, and documenting suspected abuse.

Completion date: January 7, 2015

As of 7:00 p.m. on January 6, 2015, Neighborhood monitors were implemented to monitor resident movement on hallways with documentation every 30 minutes. The Neighborhood monitors were educated on supervising residents. If behaviors are noted, interventions will be implemented until the resident no longer exhibits the behavior and/or the appropriateness of the admission can be reviewed for safety to the resident and the safety of others. The physician and family will be notified of the behaviors, and the care plan will be updated. The resident may, at the discretion of the attending physician, be referred for psychiatric consult. The

Combined Plan of Correction and Allegations of Compliance

results of this monitoring will be reviewed and quantified for follow-through compliance. The results will be reported to the QA Committee.

The Resident-to-Resident Altercation Policy was developed and implemented (see attached), and all staff in-servicing completed.

Completion date: February 16, 2015

The Admission to the Health Center Policy was revised (see attached) to include all new residents placed on 15- minute checks for the first two days of residency. If no behaviors are noted, then monitoring returns to routine. If behaviors are noted, interventions will be implemented until the resident no longer exhibits the behavior and/or the appropriateness of the admission can be reviewed for safety to the resident and the safety of others. The physician and family will be notified of the behaviors, and the care plan will be updated. The resident may, at the discretion of the attending physician, be referred for psychiatric consult. In-servicing of all staff has been completed.

Completion date: February 16, 2015

The Admissions Policy also includes pre-screening potential residents for medical and behavioral history to be included in the initial care planning process.

Completion date: February 5, 2015

Residents were assessed to determine their risk for abuse. Results were documented in their medical record. The assessment was incorporated into the routine admission/readmission process and will be reviewed/updated at a minimum of quarterly and or

Combined Plan of Correction and Allegations of Compliance

upon a relevant significant change in resident's condition.

Completion date: January 7, 2015

Training was initiated on January 1, 2015 on recognizing, reporting, and documenting unusual occurrences. The Incident Reporting Policy was written and all in-servicing completed.

Completion date: February 16, 2015

Documentation in-service for all nursing staff was provided.

Completion date: February 16, 2015

A Wandering Policy was developed and implemented with all staff in-servicing completed.

Completion date: February 16, 2015

A new Wandering and Elopement assessment (see attached) form was developed and uploaded to our electronic medical record.

Completion date: February 5, 2015

The effectiveness of the Life Enrichment Program will be re-evaluated, and any changes deemed necessary or appropriate will be implemented.

Completion date: February 16, 2015

The Administrator, DON, department heads, supervisory personnel, unit nurses, etc. will reasonably ensure compliance with facility policies/procedures through routine daily rounds, observation of resident-specific care plan intervention implementation, supervision of staff

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Combined Plan of Correction and Allegations of Compliance

performance, and routine inspection of related documents.

Quality Assurance Monitoring Activities:

Random interviews of staff on all shifts and from all departments will be conducted regarding recognition of abuse, how to report, and who to report to weekly for eight weeks, and then monthly for four months. The results of the random checks will be quantified and a performance improvement study initiated with results reported to the QA Committee.

Observational audits of Neighborhood monitor process and record audits of related documentation will be conducted weekly for four weeks, and then biweekly for eight weeks. Audit results will be reviewed by the QA Committee for evaluation of trends/patterns and corrective actions implemented as indicated.

Audits of any alleged abuse investigation will be conducted weekly for eight weeks, and then monthly for four months regarding compliance with abuse investigation protocol. Any results outside compliance with the abuse investigation protocol will be remediated immediately and the appropriate steps taken. The results of the QA study will be reported to the QA Committee.

In addition, any alleged abuse investigation will be evaluated regarding the accuracy of the abuse determination (see above audit frequency). Any results determined to be inaccurate during the QA study will be remediated immediately, and the appropriate steps taken. The results will be reported to the QA Committee.

Attachment B appropriate steps taker Imposed Plan of Correction to the QA Committee.

Combined Plan of Correction and Allegations of Compliance

A chart auditing procedure was implemented with results quantified and a performance improvement study initiated with results reported to the QA Committee monthly. Any deficient results will be followed up on and action taken as appropriate.

All incidents are and will continue to be tracked and trended monthly for resident, day of the week, shift, time of shift, injury, reportable injury to IDPH, and repeat occurrences. Identified trends will be reported as soon as identified to the DON and Neighborhood Supervisor for immediate remediation. The monthly trending report will be reported to the QA Committee and quarterly to the Board of Directors.

As of 7:00 p.m. on January 6, 2015, Neighborhood monitors were implemented to monitor resident movement on hallways with documentation every 30 minutes. The Neighborhood monitors were provided with education on supervision of residents. If behaviors are noted, interventions will be implemented until the resident no longer exhibits the behavior and/or the appropriateness of the admission can be reviewed for safety to the resident and the safety of others. The physician and family will be notified of the behaviors and the care plan will be updated. The resident may, at the discretion of the attending physician, be referred for psychiatric consult. The results of this monitoring will be reviewed and quantified for follow through compliance. The results will be reported to the QA Committee.

Total Completion Date: February 16, 2015

Attachment B
Imposed Plan of Correction

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Combined Plan of Correction and Allegations of Compliance

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Meadows must ensure that the resident environment remains as free of accident hazards as is possible; and each resident receives adequate supervision and assistance devices to prevent accidents.

Regarding R1, R2, R3, R6, and R7:

R1 was transferred from the facility on January 1, 2015. The facility determined that it could no longer meet his needs.

Completion date: January 1, 2015

R2, R3, R6, and R7 have been closely monitored and assessed on an ongoing basis for any adverse results of alleged events, including changes in mood, affect, and demeanor since November 17, 2014. No changes in mood, affect, and demeanor have been noted as of February 3, 2015. Care plans have been reviewed and revised relative to outcome of safety reassessments, redirection of wandering residents to common areas, and activity reassessments.

The Life Enrichment (activities) Program has been reassessed for effectiveness for these residents.

Completion date: February 16, 2015

Training of all staff regarding effective supervision of residents initiated on January 1, 2015 (see attached).

Completion date: February 16, 2015

Attachment B

On January 6, 2015, every 24-Hour Report Sheet for the previous six weeks has been reviewed for any Imposed Plan of Correctionsident-to-resident incidents or altercations. No new incidents have been noted on the 24-Hour

Combined Plan of Correction and Allegations of Compliance

Report Sheets.

Completion date: January 7, 2015

As imposed by IDPH's January 30, 2015 notice, a directed in-service was also presented (see attached), and the following areas were covered:

Supervision:

- How to determine an appropriate level of supervision to prevent resident-on-resident abuse;
- How to implement an appropriate level of supervision when the potential for resident-on-resident abuse has been identified; and
- How to implement an appropriate level of supervision when resident-on-resident abuse has been identified.

Completion date: February 10, 2015

A directed in-service was also presented (see attached), and the following areas were covered:

Abuse:

- What is abuse and how to recognize abuse;
- How to evaluate who is vulnerable to abuse;
- Effective interventions to prevent abuse;
- How to respond to abuse and allegations of abuse; and
- How to report allegations of suspected abuse.

Combined Plan of Correction and Allegations of Compliance

Completion date: February 10, 2014

Regarding Other Residents Potentially Affected by the Alleged Practice:

Every 24-Hour Report Sheet for the previous six weeks was reviewed for any resident-to-resident incidents or altercations. No new incidents have been noted on the 24-Hour Report Sheets.

Completion date: January 7, 2015

Residents were assessed to determine their risk for potential abuse. Results were documented in their medical records and incorporated into their care plans.

Completion date: February 10, 2015

Systems Modifications:

Meadows has reviewed and revised its policies and procedures (see attached) including, but not limited to:

The Supervision of Residents with Behaviors Policy was written as of February 3, 2015. In-servicing of all staff is completed.

Completion date: February 16, 2015

The Abuse Prevention Policy was reviewed and revised. Training of all staff was conducted on the Abuse Prevention Policy including recognizing, reporting, and documenting suspected abuse.

Attachment B

Completion date: January 7, 2015

Imposed Plan of Corrections of 7:00 p.m. on January 6, 2015, Neighborhood monitors were implemented to monitor resident

Combined Plan of Correction and Allegations of Compliance

movement on hallways with documentation every 30 minutes. The Neighborhood monitors were educated on supervising residents. If behaviors are noted, interventions will be implemented until the resident no longer exhibits the behavior and/or the appropriateness of the admission can be reviewed for safety to the resident and the safety of others. The physician and family will be notified of the behaviors, and the care plan will be updated. The resident may, at the discretion of the attending physician, be referred for psychiatric consult. The results of this monitoring will be reviewed and quantified for follow-through compliance. The results will be reported to the QA Committee.

The Resident-to-Resident Altercation Policy was developed and implemented (see attached), and all staff in-servicing completed.

Completion date: February 16, 2015

The Admission to the Health Center Policy was revised (see attached) to include all new residents placed on 15- minute checks for the first two days of residency. If no behaviors are noted, then monitoring returns to routine. If behaviors are noted, interventions will be implemented until the resident no longer exhibits the behavior and/or the appropriateness of the admission can be reviewed for safety to the resident and the safety of others. The physician and family will be notified of the behaviors, and the care plan will be updated. The resident may, at the discretion of the attending physician, be referred for psychiatric consult. In-servicing of all staff has been completed.

Attachment B Imposed Plan of Correction Completion date: February 16, 2015

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The Admissions Policy also includes pre-screening potential residents for medical and behavioral history to be included in the initial care planning process.

Completion date: February 5, 2015

Residents were assessed to determine their risk for abuse. Results were documented in their medical record. The assessment was incorporated into the routine admission/readmission process and will be reviewed/updated at a minimum of quarterly and or upon a relevant significant change in resident's condition.

Completion date: January 7, 2015

Training was initiated on January 1, 2015 on recognizing, reporting, and documenting unusual occurrences. The Incident Reporting Policy was written and all in-servicing completed.

Completion date: February 16, 2015

Documentation in-service for all nursing staff was provided.

Completion date: February 16, 2015

A Wandering Policy was developed and implemented with all staff in-servicing completed.

Completion date: February 16, 2015

A new Wandering and Elopement assessment (see attached) form was developed and uploaded to our electronic medical record.

Attachment B
Imposed Plan of Correction

Completion date: February 5, 2015

The effectiveness of the Life Enrichment Program

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will be re-evaluated, and any changes deemed necessary or appropriate will be implemented.

Completion date: February 16, 2015

The Administrator, DON, department heads, supervisory personnel, unit nurses, etc. will reasonably ensure compliance with facility policies/procedures through routine daily rounds, observation of resident-specific care plan intervention implementation, supervision of staff performance, and routine inspection of related documents.

Quality Assurance Monitoring Activities:

Random interviews of staff on all shifts and from all departments will be conducted regarding recognition of abuse, how to report, and who to report to weekly for eight weeks, and then monthly for four months. The results of the random checks will be quantified and a performance improvement study initiated with results reported to the QA Committee.

Observational audits of Neighborhood monitor process and record audits of related documentation will be conducted weekly for four weeks, and then biweekly for eight weeks. Audit results will be reviewed by the QA Committee for evaluation of trends/patterns and corrective actions implemented as indicated.

Audits of any alleged abuse investigation will be conducted weekly for eight weeks, and then monthly for four months regarding compliance with abuse investigation protocol. Any results outside compliance with the abuse investigation protocol will be remediated immediately and the appropriate

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steps taken. The results of the QA study will be reported to the QA Committee.

In addition, any alleged abuse investigation will be evaluated regarding the accuracy of the abuse determination (see above audit frequency). Any results determined to be inaccurate during the QA study will be remediated immediately, and the appropriate steps taken. The results will be reported to the QA Committee.

A chart auditing procedure was implemented with results quantified and a performance improvement study initiated with results reported to the QA Committee monthly. Any deficient results will be followed up on and action taken as appropriate.

All incidents are and will continue to be tracked and trended monthly for resident, day of the week, shift, time of shift, injury, reportable injury to IDPH, and repeat occurrences. Identified trends will be reported as soon as identified to the DON and Neighborhood Supervisor for immediate remediation. The monthly trending report will be reported to the QA Committee and quarterly to the Board of Directors.

As of 7:00 p.m. on January 6, 2015, Neighborhood monitors were implemented to monitor resident movement on hallways with documentation every 30 minutes. The Neighborhood monitors were provided with education on supervision of residents. If behaviors are noted, interventions will be implemented until the resident no longer exhibits the behavior and/or the appropriateness of the admission can be reviewed for safety to the resident and the safety of others. The physician and family will be notified of the behaviors and the care plan will be updated. The resident may, at the discretion of the

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attending physician, be referred for psychiatric consult. The results of this monitoring will be reviewed and quantified for follow through compliance. The results will be reported to the QA Committee.

Total Completion Date: February 16, 2015

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IMPOSED PLAN OF CORRECTION

NAME OF FACILITY: Meadows Mennonite Home

DATE AND TYPE OF SURVEY: Complaint 1465890/IL74031 conducted January 21, 2015

300.1210a) 300.1210d)6) 300.3240f)

Section 300.1210 General Requirements for Nursing and Personal Care

- a) Comprehensive Resident Care Plan. A facility, with the participation of the resident and the resident's guardian or representative, as applicable, must develop and implement a comprehensive care plan for each resident that includes measurable objectives and timetables to meet the residents medical, nursing, and mental and psychosocial needs that are identified in the resident's comprehensive assessment, which allow the resident to attain or maintain the highest practicable level of independent functioning, and provide for discharge planning to the least restrictive setting based on the resident's care needs. The assessment shall be developed with the active participation of the resident and the resident's guardian or representative, as applicable.
- d) Pursuant to subsection (a), general nursing care shall include, at a minimum, the following and shall be practiced on a 24-hour, seven-day-a-week basis.
- 6) All necessary precautions shall be taken to assure that the residents' environment remains free of accident hazards as possible. All nursing personnel shall evaluate residents to see that each resident receives adequate supervision and assistance to prevent accidents.

Section 300.3240 Abuse and Neglect

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-tem care facility, is the perpetrator of the abuse, that 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.

This will be accomplished by:

- I. All residents will be assessed to determine risk for potential abuse and results will be incorporated into individual care plans. All residents will be assessed for abusive behaviors. If abusive behaviors are noted, interventions will be implemented until the resident no longer exhibits the behavior and/or the appropriateness of the admission can be reviewed for safety to the resident and the safety of others. The physician and family will be notified of the behaviors and the care plan will be updated. All incidents involving resident to resident abuse will be investigated and appropriate actions taken. These actions will include, but are not limited to, the notification of all required entities; a thorough assessment of each involved resident's condition, therapy, placement, and safety measures; and the safety of other residents of the facility.
- II. All policies and procedures related to resident to resident abuse will be evaluated and revised as needed to ensure compliance with Illinois Skilled Nursing and Intermediate Care Facilities Code.
- III. All staff will be in-serviced on policies and procedures pertaining to resident to resident abuse. The in-services will include all staff and will cover, at a minimum, how to recognize resident to resident abuse, how to assess who is at risk for resident to resident abuse, effective interventions to prevent abuse, how to determinate and implement appropriate level of supervision when the potential for resident to resident abuse has been identified, and what to do when resident to resident abuse occurs, including reporting requirements.
- IV. Documentation of in-service training, assessments, investigations, policy and procedure review, and related follow up actions will be maintained by the facility.
- V. The Administrator and QA committee will monitor items I through IV to ensure compliance with this Imposed Plan of Correction.

COMPLETION DATE: Within 20 days of this notice.

MeadowsMennonite POC/lo/3/5/2015