

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6007561	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____		(X3) DATE SURVEY COMPLETED C 05/12/2018
NAME OF PROVIDER OR SUPPLIER PRAIRIE CITY REHAB & H C		STREET ADDRESS, CITY, STATE, ZIP CODE 825 E MAIN STREET, RR #2, BOX 97 PRAIRIE CITY, IL 61470			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)		(X5) COMPLETE DATE
S 000	Initial Comments Licensure Findings Complaint Investigation #1822804/IL102267 Complaint Investigation #1822898/IL102370	S 000			
S9999	Final Observations Licensure Violations 300.610a) 300.1210b) 300.3240a) 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.	S9999			

Attachment A
Statement of Licensure Violations

Illinois Department of Public Health

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

TITLE

(X6) DATE

05/21/18

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S9999	Continued From page 1 Section 300.1210 General Requirements for Nursing and Personal Care b)The facility shall provide the necessary care and services to attain or maintain the highest practicable physical, mental, and psychological well-being of the resident, in accordance with each resident's comprehensive resident care plan. Adequate and properly supervised nursing care and personal care shall be provided to each resident to meet the total nursing and personal care needs of the resident. Restorative measures shall include, at a minimum, the following procedures: Section 300.3240 Abuse and Neglect a)An owner, licensee, administrator, employee or agent of a facility shall not abuse or neglect a resident. These Regulations were not met as evidenced by: Based on observation, interview, and record review the facility failed to prevent physical abuse for one of three residents (R2) reviewed for abuse in a sample of three. This resulted in R2 receiving lacerations to top of forehead and left forehead, multiple bruises to face, and multiple open bite marks to R2's right hand.	S9999			

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S9999	Continued From page 2 Findings include: The facility's Abuse Prevention Program Policy dated, 2/2018 documents, "This facility affirms the right of our residents to be free from abuse, neglect, misappropriation of resident property, and exploitation. This facility therefore prohibits mistreatment, exploitation, neglect or abuse of its residents, and has attempted to establish a resident sensitive and resident secure environment." On 5/7/18 at 11:48 a.m., R2 was sitting in the dining room for lunch. R2 has a laceration to his forehead, bruising and scabs to his face/cheeks/eyes, and several scabbed areas to his right hand. R2's SBAR (Situation, Background, Assessment, and Request) Form dated, 4/26/18 and signed by V3 RN/ Registered Nurse, documents, "(R2) was involved in a physical altercation with another resident. Sent to (local emergency room) for evaluation." R2's nursing notes dated 4/26/18 documents, "(R2) back from (local emergency room) due to previous incident. (R2) has 10 bite marks to the right hand, bruising to the right side of face, purple in color. Top of head has laceration seven millimeters in length and one millimeter wide, small bump in middle of laceration to head. (R2) has laceration to left side of forehead, and bruising to bilateral eyes." On 5/9/18 at 9:08 a.m., V4 (CNA/Certified Nursing Assistant) stated, V3 (RN) and (I) heard a noise by (R2 and R3's) room, we tried to open the door but could only crack it. (R3) was on top of (R2) blocking the door. We entered through the	S9999			

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S9999	Continued From page 3 other door and pulled (R3) off of (R2)." On 5/9/18 at 9:30 a.m., V3 (RN) stated, "(I) was at the nurses desk and heard a thump at (R2, R3's) room. (I) saw blood all over (R2). (I) had to enter through other door in room because the door was partially blocked by the two residents. (R2) had bite marks and lacerations with blood all over. (I) sent both residents to the local emergency room." (B)	S9999			