

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6008726	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 05/31/2018
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NAME OF PROVIDER OR SUPPLIER SOUTH LAWN SHELTERED CARE	STREET ADDRESS, CITY, STATE, ZIP CODE 512 SOUTH FRANKLIN BUNKER HILL, IL 62014
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(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 Annual Licensure Survey Statement of Licensure violations	S 000		
S9999	Final Observations Licensure 1 of 5-(C) 330.4240a)b)c)d)e) Section 330.4240 Abuse and Neglect a) An owner, licensee, administrator, employee or agent of a facility shall not abuse or neglect a resident. (Section 2-107 of the Act) (A, B) b) A facility employee or agent who becomes aware of abuse or neglect of a resident shall immediately report the matter to the facility administrator. (Section 3-610 of the Act) c) A facility administrator who becomes aware of abuse or neglect of a resident shall immediately report the matter by telephone and in writing to the resident's representative. (Section 3-610 of the Act) d) A facility administrator, employee, or agent who becomes aware of abuse or neglect of a resident shall also report the matter of the department. (Section 3-610 of the Act) e) Employee as perpetrator of abuse. When an investigation of a report of suspected abuse of a resident indicates, based upon credible evidence, that an employee of a long-term care facility is the perpetrator of the abuse, that employee shall immediately be barred from any further contact with residents of the facility, pending the outcome of any further investigation, prosecution or disciplinary action against the employee. (Section 3-611 of the Act)	S9999		

Attachment A
Statement of Licensure Violations

Illinois Department of Public Health

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

TITLE

(X6) DATE

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NAME OF PROVIDER OR SUPPLIER

STREET ADDRESS, CITY, STATE, ZIP CODE

SOUTH LAWN SHELTERED CARE

**512 SOUTH FRANKLIN
BUNKER HILL, IL 62014**

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S9999	Continued From page 1 This requirement is Not Met as evidenced by: Based on observation, record review and interview, the facility failed to monitor staff for verbal abuse, report abuse to the Administrator and prevent abuse. This has the potential to affect all 44 residents living in the facility. Findings include: 1. On 5/29/2018 at 9:41 AM, R10 came out of her room and asked V4, Activity Director, why she no longer took her to church. V4 raised her voice to R10 and in a demeaning and hostile tone began to argue with R10. R10 stated, "But I want to go to church. You allow others to, but not me." V4 stated, again in a loud and hostile tone, "I can get so many people in the car. You know the van is broke!" V4 yelled, "Why are you being so mean to me?" R10 stated, "You are not fair." In a hostile loud tone, V4 yelled, "You don't need to go to church!" After that comment from V4, R10 stated, "I don't like you." V4 yelled, "I don't like you either!" On 5/30/2018 at 9:10 AM, V4 was loud and yelling at R12 outside her room. V4 yelled in a hostile tone, "Hurry up. We are going to be late. You do this all the time, and we have to wait on you. This is ridiculous! I'm going to wait in the car. Hurry up!" After V4 left R12, R12 was visibly upset. When asked if V4 talks to her often in that hostile tone, R12 stated, "Yes, she does. She's rude and tries to hurry me. I have OCD (Obsessive Compulsive Disorder), and this causes me a lot of anxiety. Her voice is abusive to me. I don't care what she says. I'm going to brush my teeth before I go to the dentist." On 5/30/2018 at 9:15 AM, V1, Administrator, was	S9999		

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S9999	Continued From page 2 informed of the concerns related to V4, and how she talks to residents in a hostile and demeaning tone. V1 stated, "What do you want me to do?" V1 was informed she needed to follow her facility's abuse policy. V1 stated, "Well then, I guess I will have to send her home when she gets back from the appointments." On 5/30/2018 at 9:20 AM, V5, Certified Nurses Aide (CNA), was asked if V4 often talks to residents in a disrespectful and loud tone. V5 stated, "Yes, she does. They complain and nothing is ever done about it. Something is wrong with her." On 5/30/2018 at 9:50 AM, R10 was asked about the argument with V4. R10 replied, "Oh, she does it all the time. She took me to church, then told me I talked during church, and now she won't take me back. She likes to argue a lot." On 5/30/2018 at 9:40 AM, R7 was asked about V4. R7 stated, "She's always rude and fusses. She forces me to walk when I'm not up to it.. She told me she can make me walk down the hall. She's rude to me." On 5/30/2018 at 9:55 AM, R1 was asked how V4 treats her. R1 stated, "She's not rude to me, but I know she has been to others." On 5/30/2018 at 10:00 AM, V6, CNA, was asked about V4 being rude and disrespectful to residents. V6 replied, "Yes, she does,. She's always loud and fussing with them all the time. It's her tone, I think." On 5/30/2018 at 11:55 AM, V4 returned to the facility. V1 came out of her office and did not talk to V4. At 12:10 PM and 1:00 PM, V4 was	S9999			

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S9999	Continued From page 3 continuing to talk with residents in the dining room. On 5/30/2018 at 1:05 PM, V1 was asked for her abuse investigation related to V4. V1 stated, "Well, I talked to (V4) and she said she didn't do it. That it was the CNA yelling." V1 was asked if she followed her policy about abuse, V1 replied, I was waiting to see what you said." V1 was asked what does her policy say she should do, and V1 replied, "I guess I'll have to send her home." When V1 was asked if she had began a written investigation, V1 replied, "No." V1 reported that a hostile tone of voice would be considered verbal abuse. 2. On 5/30/18 at 11:10 AM, R8 stated, " (V5, CNA) says things about me that I didn't do, and has cussed at me one time and used God's name at me. Yes, I'm upset because (V5) talks to me like that and tells stories about me that aren't true. My wife has heard her talk to me like that." At that time, R8's wife (R3) was at day training and not available for interview during this survey. On 5/30/18 at 11:10 AM, R8's voice was raised when he was discussing allegations with V5. On 5/30/18 at 11:15 AM, R8 provided letters his wife had written documenting V5 had cussed at R8, used God's name in vain towards him and statements of R8 having done things that R8 has not done. The facility's Preventing Resident Abuse policy and procedure, dated 10/1999, documents, in part, "Our facility will not condone any form of resident abuse and will continually monitor our facility's policies, procedures, training programs, systems, etcetera, to assist in preventing abuse.	S9999		

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S9999	Continued From page 4 Preventing abuse is a primary concern for this facility. It is our goal to achieve and maintain an abuse free environment. Our abuse prevention/intervention program includes, but is not necessarily limited to the following: Monitoring staff on all shifts to identify inappropriate behaviors toward residents (for example, using derogatory language, rough handling of residents). Identifying areas within the facility that may make abuse and/or neglect more likely to occur (for example, secluded areas) and monitor these areas on a regularly scheduled basis. Encouraging all personnel, residents, family members, visitors to report any signs or suspected incidents of abuse to facility management immediately. When the facility is notified of resident abuse by an employee, the facility will immediately notify the employee. The employee will be excised from all work related duties until the facility has completed a thorough investigation." The facility's Resident Roster, dated 5/29/2018, documents there are 44 residents living in the facility. Licensure 2 of 5-(C) 330.740a) 330.740b)1-3) 330.740c)d)f)g)h)i) 330.740k)1-4) 300.740l) Section 330.740 Resident Advisory Council a) Each facility shall establish a residents' advisory council consisting of at least five	S9999			

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S9999	Continued From page 5 resident members. If there are not five residents capable of functioning on the residents' advisory council, as determined by the Interdisciplinary Team, residents' representatives shall take the place of the required number of residents. The Administrator shall designate another member of the facility staff (other than the administrator) to coordinate the establishment of, and render assistance to, the council. (Section 2-203 of the Act) b) Each facility shall develop and implement a plan for assuring a liaison with concerned individuals and groups in the local community. Ways in which this requirement can be met include, but are not limited to, the following: 1) the inclusion of community members such as volunteers, family members, residents' friends, residents' advocates, or community representatives on the resident advisory council; 2) the establishment of a separate community advisory group with persons of the residents' choosing; or 3) finding a church or civic group to "adopt" the facility. c) The resident members shall be elected to the council by vote of their fellow residents and the nonresident members shall be elected to the council by vote of the resident members of the council. d) In facilities of 50 or fewer beds, the council may consist of all of the residents of the facility, if the residents choose to operate this way. e) All councils shall elect at least a Chairperson or President and a Vice Chairperson or Vice President from among the members of the council. These persons shall preside at the meetings of the council, assisted by the facility staff person designated by the administrator to provide such assistance. f) Some facilities may wish to establish	S9999			

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S9999	Continued From page 6 mini-residents' advisory councils for various smaller units within the facility. If this is done, each such unit shall be represented on an overall facility residents' advisory council with the composition described in Section 330.740(a). g) All residents' advisory council meetings shall be open to participation by all residents and by their representatives. h) No employee or affiliate of any facility shall be a member of any council. Such persons may attend to discuss interests or functions of the nonmembers when invited by a majority of the officers of the council. (Section 2-203(a) of the Act) i) The council shall meet at least once each month with the staff coordinator who shall provide assistance to the council in preparing and disseminating a report of each meeting to all residents, the Administrator, and the staff. (Section 2-203(b) of the Act) j) Records of the council meetings will be maintained in the office of the Administrator. (Section 2-203(c) of the Act) k) The council shall be a forum for: 1) Obtaining and disseminating information; 2) Soliciting and adopting recommendations for facility programming and improvements; 3) Early identification of problems; 4) Recommending orderly resolution of problems. (Section 2-203(e) of the Act) l) The council may present complaints on behalf of a resident to the Department, or to any other person it considers appropriate. (Section 2-203(f) of the Act) (Source: Amended at 31 Ill. Reg. 8828, effective June 6, 2007) This requirement is Not Met as evidenced by: Based on record review and interview, the facility	S9999			

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S9999	Continued From page 7 failed to allow the residents to preside at the residents' monthly advisory council meetings. This has the potential to affect all 44 residents living in the facility. Findings include: On 5/30/2018 at 2:00 PM, R5, Resident Council President, reported that V4, Activity Director, chairs the monthly Resident Council meetings and writes the minutes for them as well. R5 reported there is no Vice President of the Resident Council. R5 reported he does not read or sign the monthly Meeting Minutes. On 5/29/2018 at 2:00 PM, the Resident Council Meeting Minutes for the last year were reviewed. The Resident Council Meeting Minutes are written and signed by V4. The Minutes are written in first person as V4 talking to the residents about numerous issues related to hours of the snack store, what the residents' should or should not do, resident arguments, days for shopping, requesting more participation in activities, money pass, smoking and other instructions or information. There is no documentation that the residents had any input or participation in the monthly Meeting Minutes. V4 does list the names of the residents who attended at each meeting, but there is no signature from any resident on the Minutes. On 5/30/2018 at 10:00 AM, V1, Administrator, reported the facility has no policy or procedure related to the monthly Resident Council. The Resident Roster, dated 5/29/2018, documents there are 44 residents living in the facility.	S9999			

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S9999	Continued From page 8 Licensure 3 of 5-(AW) 330.1510g) 330.1530f) Section 330.1510 g) Medication Policies g) All medications having an expiration date that has passed, and all medications of residents who have died shall be disposed of in accordance with the written policies and procedures established by the facility in accordance with Section 330.1510. Section 330.1530 f) Labeling and Storage of Medication f) The label of each individual medication container filled by a pharmacist shall clearly indicate the resident's full name; licensed prescriber's name; prescription number, name, strength and quantity of drug; date of issue; expiration date of all time-dated drugs; name, address, and telephone number of pharmacy issuing the drug; and the initials of the pharmacist filling the prescription. If the individual medication container is filled by a licensed prescriber from his or her own supply, the label shall clearly indicate all of the preceding information and the source of supply; it shall exclude identification of the pharmacy, pharmacist, and prescription number. This requirement is not met as evidenced by: Based on observation, interview and record review the facility failed to date opened insulin for 1 of 1 resident (R6) reviewed for insulin use in the sample of 14. Findings include:	S9999			

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S9999	Continued From page 9 On 5/29/18 at 11:22 AM, R6's Humalog Insulin bottle was open and the bottle was not dated with the open date. On 5/30/18 at 10:00 AM, R6's Lantus Insulin bottle was open and the bottle was not dated with the open date. On 5/30/18 at 12:49 PM, V5, Nurses Assistant, stated, "We don't date insulin bottles because the insulin is used up in a month." R6's May 2018 Physician Order Sheet documents, "Humalog 100 units\per) ML (Milliliter)Vial Inject 6 units Subcutaneously before meals" and "Lantus 100 units\per) ML Vial inject 20 units Subcutaneously at bedtime." American Diabetes Association Diabetes Care, Humalog Insulin, dated 2002, documents, "Opened vials, whether or not refrigerated, must be used within 28 days. They must be discarded if not used within 28 days." Lilly, manufacturer of Humalog, documents, "Humalog insulin Lispro injection, (dated 3/2018) Throw away open vials 28 days after first use, even if there is insulin left in the vial." The Facility's undated Medications policy and procedure documents, "1. All medication cards and containers will be clearly marked with the following but not limited to:" "d. Date" Licensure 4 of 5-(C) 330.770 330.4000a)b)c) Section 330.770 Disaster Preparedness a) For the purpose of this Section only, "disaster"	S9999			

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S9999	Continued From page 10 means an occurrence, as a result of a natural force or mechanical failure such as water, wind or fire, or a lack of essential resources such as electrical power, that poses a threat to the safety and welfare of residents, personnel, and others present in the facility. b) Each facility shall have policies covering disaster preparedness, including a written plan for staff, residents and others to follow. The plan shall include, but not be limited to, the following: 1) Proper instruction in the use of fire extinguishers for all personnel employed on the premises; 2) A diagram of the evacuation route, which shall be posted and made familiar to all personnel employed on the premises; 3) A written plan for moving residents to safe locations within the facility in the event of a tornado warning or severe thunderstorm warning; and 4) An established means of facility notification when the National Weather Service issues a tornado or severe thunderstorm warning that covers the area in which the facility is located. The notification mechanism shall be other than commercial radio or television. Approved notification measures include being within range of local tornado warning sirens, an operable National Oceanic and Atmospheric Administration weather radio in the facility, or arrangements with local public safety agencies (police, fire, emergency management agency) to be notified if a warning is issued. c) Fire drills shall be held at least quarterly for each shift of facility personnel. Disaster drills for other than fire shall be held twice annually for each shift of facility personnel. Drills shall be held under varied conditions to: 1) Ensure that all personnel on all shifts are trained to perform assigned tasks;	S9999			

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S9999	Continued From page 11 2) Ensure that all personnel on all shifts are familiar with the use of the fire-fighting equipment in the facility; and 3) Evaluate the effectiveness of disaster plans and procedures. d) Fire drills shall include simulation of the evacuation of residents to safe areas during at least one drill each year on each shift. e) The facility shall provide for the evacuation of physically handicapped persons, including those who are hearing or sight impaired. f) If the welfare of the residents precludes an actual evacuation of an entire building, the facility shall conduct drills involving the evacuation of successive portions of the building under conditions that assure the capability of evacuating the entire building with the personnel usually available, should the need arise. g) A written evaluation of each drill shall be submitted to the facility administrator and shall be maintained for one year. h) A written plan shall be developed for temporarily relocating the residents for any disaster requiring relocation and at any time that the temperature in residents' bedrooms falls below 55°F. for 12 hours or more. i) Reporting of Disasters 1) Upon the occurrence of any disaster requiring hospital service, police, fire department or coroner, the facility administrator or designee shall provide a preliminary report to the Department either by using the nursing home hotline or by directly contacting the appropriate Department Regional Office during business hours. This preliminary report shall include, at a minimum: A) The name and location of the facility; B) The type of disaster; C) The number of injuries or deaths to residents; D) The number of beds not usable due to the	S9999		

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S9999	Continued From page 12 occurrence; E) An estimate of the extent of damages to the facility; F) The type of assistance needed, if any; and G) A list of other State or local agencies notified about the problem. 2) If the disaster will not require direct Departmental assistance, the facility shall provide a preliminary report within 24 hours after the occurrence. Additionally, the facility shall submit a full written account to the Department within seven days after the occurrence, which includes the information specified in subsection (i)(1) of this Section and a statement of action taken by the facility after the preliminary report. j) Each facility shall establish and implement policies and procedures in a written plan to provide for the health, safety, welfare and comfort of all residents when the heat index/apparent temperature (see Section 330. Table A), as established by the National Oceanic and Atmospheric Administration, inside the facility exceeds 80°F. k) Coordination with Local Authorities 1) Annually, each facility shall forward copies of all disaster policies and plans required under this Section to the local health authority and local emergency management agency having jurisdiction. 2) Annually, each facility shall forward copies of its emergency water supply agreements, required under Section 330.2620(d), to the local health authority and local emergency management agency having jurisdiction. 3) Each facility shall provide a description of its emergency source of electrical power, including the services connected to the source, to the local health authority and local emergency management agency having jurisdiction. The facility shall inform the local health authority and	S9999			

Illinois Department of Public Health

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NAME OF PROVIDER OR SUPPLIER SOUTH LAWN SHELTERED CARE			STREET ADDRESS, CITY, STATE, ZIP CODE 512 SOUTH FRANKLIN BUNKER HILL, IL 62014		
(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 13 local emergency management agency at any time that the emergency source of power or services connected to the source are changed. 4) When requested by the local health authority and the local emergency management agency, the facility shall participate in emergency planning activities. (Source: Amended at 37 Ill. Reg. 2315, effective February 4, 2013) Section 330.4000 Use of Fire Extinguisher a) All personnel employed on the premises shall be properly instructed in the use of fire extinguishers. (B) b) A written plan of evacuation shall be prepared, posted, and made familiar to all personnel employed on the premises. (B) c) Fire drills, involving all shifts, shall be conducted at sufficient intervals so that personnel on each shift participate in such a drill at least every six months. The local fire authorities should be requested to assist periodically in these drills. (B) (Source: Amended at 13 Ill. Reg. 6562, effective April 17, 1989) This requirement is not met as evidenced by: Based on interview and record review the facility failed to provide any type of disaster plan. This has the potential to affect all 44 residents living in the facility. Findings include: On 5/29/2018 at 9:10 AM, V1, Administrator stated "We have not had fire drills on any the shifts from 6/2017 until 1/2018. I don't have a written policy on fire drills. We used to have a disaster policy, but I don't know where it is. We	S9999			

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S9999	Continued From page 14 don't have a policy on disaster preparedness anymore. We have not had any disaster drills. We do not have any disaster water supply. We don't have an emergency water contract. We don't have any written agreement to relocate the residents if there were a disaster. I guess I could always take them to the church if need be." No policies or documentation of emergency preparedness were provided. The facility Fire Drill, dated 1/4/2018, documents a fire drill was held on 1/4/2018 on 2:00 PM- 8:00 PM shift. The facility Fire Drill, dated 2/15/2018, documents a fire drill was held on 2/15/2018 on 2:00 PM - 8:00 PM shift. The facility Fire Drill, dated 4/19/2018, documents a fire drill was held on 4/19/2018 on 6:00 AM- 2:00 PM shift. The facility Fire Drill, dated 4/23/2018, documents a fire drill was held on 4/23/2018 on 2:00 PM-8:00 PM and 8:00 AM - 6:00 AM shifts. The facility Fire Drill, dated 4/27/2018, documents a fire drill was held on 4/27/2018 on 2:00 PM- 8:00 PM shift. On 5/29/2018 at 9:12 AM, V1 stated, "I don't have a written policy on fire drills." The facility's Resident Roster, dated 5/29/2018, documents there are 44 residents living in the facility. (C) Licensure 5 of 5 (AW) 330.2000 Section 330.2000 Every facility shall comply with the Department's	S9999			

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S9999	Continued From page 15 rules entitled "Food Service Sanitation" (77 Ill. Adm. Code 700). (Source: Amended at 13 Ill. Reg. 6562, effective April 17, 1989) This requirement is Not Met as evidenced by: Based on observation, interview and record review, the facility failed to follow safe food handling practices. This has the potential to affect all 44 residents living in the facility. Findings include: On 5/29/2018 at 11:35 AM, the food for the resident's lunch roasted pork, scalloped potatoes, cooked Brussels sprouts, and mostaccioli were moved from the heated oven and the range top to the unheated kitchen counter for service. On 5/29/2018 all resident's were served by 12:10 AM. At this time, all the food was moved back to the unheated range top. On 5/29/2018 at 1:40 PM, the roast pork and scalloped potatoes remained on the unheated, uncooled range top. At this time, the temperature of the roast pork was 96 degrees Fahrenheit (F), the scalloped potatoes was 125 degrees F. On 5/29/2018 at 2:28 PM, the roast pork had been placed in a food storage container in the refrigerator with a temperature of 90 degrees F. At this time, the scalloped potatoes remained in the serving pan used at lunch time on the unheated range top with a temperature of 118 degrees F. On 5/29/2018 at 2:29 PM, V3, Cook, stated, "We just let the food set on the counter at room temperature until it cools down some before we	S9999			

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S9999	Continued From page 16 put it in the refrigerator." On 5/29/2018 at 2:35 PM V1, Administrator, stated, "I thought we were supposed to let the food set out until it cooled down." The facility's undated Food Service policy documents in part, "The facility complies with the requirements of the latest edition of the Department of Public Health's set of 'Rules and Regulations' pertaining to the sanitation of food service establishments." The facility's Resident Roster dated 5/29/2018 documents there are 44 residents living in the facility. (AW)	S9999			