

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>IL6006472</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>03/25/2021</b>
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NAME OF PROVIDER OR SUPPLIER  <b>MULBERRY MANOR</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>612 EAST DAVIE STREET, BOX 88 ANNA, IL 62906</b>
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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
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Z 000	<p><b>COMMENTS</b></p> <p>Annual Certification Survey-Full</p> <p>Annual Licensure Survey</p> <p>Inspection of Care</p> <p>W266 Client Behavior &amp; Facility Practices COP cited</p>	Z 000		
Z9999	<p><b>FINDINGS</b></p> <p>Statement of Licensure Violations:</p> <p>350.620a) 350.1080a) 350.1082a)1)2)3)4) 350.1082e) 350.1082h) 350.1082i) 350.3240a)</p> <p>Section 350.620 Resident Care Policies</p> <p>a) The facility shall have written policies and procedures governing all services provided by the facility which shall be formulated with the involvement of the administrator. The policies shall be available to the staff, residents and the public. These written policies shall be followed in operating the facility and shall be reviewed at least annually.</p> <p>Section 350.1080 Restraints</p> <p>a) The facility shall have written policies controlling the use of physical restraints including, but not limited to, leg restraints, arm restraints, hand mitts, soft ties or vests, wheelchair safety</p>	Z9999	<p style="text-align: center;"><b>Attachment A Statement of Licensure Violations</b></p>	

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

TITLE

(X6) DATE

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Z9999	<p>Continued From page 1</p> <p>bars and lap trays, and all facility practices that meet the definition of a restraint, such as tucking in a sheet so tightly that a bed-bound resident cannot move; bed rails used to keep a resident from getting out of bed; chairs that prevent rising; or placing a resident who uses a wheelchair so close to a wall that the wall prevents the resident from rising. Adaptive equipment is not considered a physical restraint. Wrist bands or devices on clothing that trigger electronic alarms to warn staff that a resident is leaving a room do not, in and of themselves, restrict freedom of movement and should not be considered as physical restraints. The policies shall be followed in the operation of the facility and shall comply with the Act and this Part.</p> <p>Section 350.1082 Nonemergency Use of Physical Restraints</p> <p>a) Physical restraints shall only be used when required to treat the resident's medical symptoms or as a therapeutic intervention, as ordered by a physician, and based on:</p> <p>1) the assessment of the resident's capabilities and an evaluation and trial of less restrictive alternatives that could prove effective;</p> <p>2) the assessment of a specific physical condition or medical treatment that requires the use of physical restraints, and how the use of physical restraints will assist the resident in reaching his or her highest practicable physical, mental or psychosocial well being;</p> <p>3) consultation with appropriate health professionals, such as rehabilitative nurses and occupational or physical therapists, which</p>	Z9999		
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Z9999	<p>Continued From page 2</p> <p>indicates that the use of less restrictive measures or therapeutic interventions has proven ineffective; and</p> <p>4) demonstration by the care planning process that using a physical restraint as a therapeutic intervention will promote the care and services necessary for the resident to attain or maintain the highest practicable physical, mental or psychosocial well being. (Section 2-106(c) of the Act)</p> <p>e) A physical restraint may be applied only by staff trained in the application of the particular type of restraint. (Section 2-106(d) of the Act)</p> <p>h) The plan of care shall contain a schedule or plan of rehabilitative/habilitative training to enable the most feasible progressive removal of physical restraints or the most practicable progressive use of less restrictive means to enable the resident to attain or maintain the highest practicable physical, mental or psychosocial well-being.</p> <p>i) A resident wearing a physical restraint shall have it released for a few minutes at least once every two hours, or more often if necessary. During these times, residents shall be assisted with ambulation, as their condition permits, and provided a change in position, skin care and nursing care, as appropriate.</p> <p>Section 350.3240 Abuse and Neglect</p> <p>a) An owner, licensee, administrator, employee or agent of a facility shall not abuse or</p>	Z9999		
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Z9999	<p>Continued From page 3</p> <p>neglect a resident. (Section 2-107 of the Act)</p> <p>These Regulations were not met as evidenced by:</p> <p>Based on observation, interview and record review, the facility failed to ensure:</p> <p>1) That techniques are documented and individualized per individual, to be implemented from least intrusive, to the most intrusive of physical restraint for 1 of 1 individual (R6) outside the sample.</p> <p>2) The procedures that govern the management of inappropriate client behavior must address the use of physical restraints for 1 of 4 individuals in the sample (R2) and 1 individual outside the sample (R6) that staff employed a physical restrain on.</p> <p>3) Interventions to manage inappropriate behavior is incorporated into the individuals's ISP (Individual Support Plan) for 1 individual outside the sample (R6) who utilizes hand mitts and an abdominal binder for self-injurious behaviors.</p> <p>4) Physical restraints are an integral part of an Individual's Service Plan for 1 individual in the sample (R2) and for 1 individual outside the sample (R6) for the specific type of client behavior.</p> <p>5) A record was kept of restraints applied for 1 individual inside the sample (R2) and for 1 individual outside the sample (R6).</p> <p>6) Ensure the use of physical restraint orders were not used on an as needed basis for 1</p>	Z9999		

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Z9999	<p>Continued From page 4</p> <p>individual in the sample (R2) and 1 individual outside the sample (R6).</p> <p>7) Ensure restrictive techniques were checked every 30 minutes for 1 individual in the sample (R2) who required the use hand mitts for self-injurious behaviors.</p> <p>8) Procedures that govern the management of inappropriate client behavior must address the staff members who may authorize the use of specified interventions for 1 individual inside the sample (R2) and 1 outside the sample (R6).</p> <p>1) These failures have the potential to cause harm to 1 individual inside the sample (R2) and 1 individual outside the sample (R6) who were identified utilizing physical restraints.</p> <p>2) This failure affected 1a) 1 individual in the sample (R2) who required the use hand mitts for self -injurious behaviors, and 1b) 1 individual outside the sample that required hand mitts and an abdominal binder for self-injurious behavior.</p> <p>3) Failed to ensure their policy on the use of restraints addressed the staff members authorized for the restrictive device/hand Mitts for 1a) 1 individual in the sample (R2) who was observed with hand mitts on improperly secured with tape, and 1b) 1 individual outside the sample (R6) who utilizes hand mitts and an abdominal binder for self injurious behaviors.</p> <p>Findings include:</p> <p>The facility's policy titled, "Non Emergency use of Restraints" dated 5/3/2007, documents: "Policy: It is the policy of this facility not to use physical (including mechanical) restraints for the purpose</p>	Z9999		
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Z9999	<p>Continued From page 5</p> <p>of discipline, behavior modification, or staff convenience.</p> <p>Physical restraints include, but are not limited to, leg restraints, arm restraints, hand mitts, soft ties or vests, wheelchair safety bars and lap trays, chairs that prevent rising; or placing an individual who uses a wheelchair so close to a wall that the wall prevents the individual from rising.</p> <p>No physical restraints with locks will be used.</p> <p>Non Emergency use of Physical Restraints.</p> <p>Physical restraints will only be used when required to provide for the individual's safety, e.g., prevent falls or to prevent injury to the individual and only as ordered by a physician, and based on:</p> <ol style="list-style-type: none"> <li>1. The assessment of the individual's capabilities and an evaluation and trial of less restrictive alternatives that could prove effective;</li> <li>2. The assessment of a specific physical condition or medical treatment that requires that use of physical, and how the use of physical restraints will assists the individual in reaching his or her highest practicable physical, mental or psychosocial well being.;</li> <li>3. Consultation with with appropriate health professionals, such as psychologists, nurses and occupational or physical therapists, which indicates that the use of less restrictive measures or therapeutic interventions has proven ineffective;and</li> <li>4. Demonstration by the habilitation planning process that using a physical restraint as a therapeutic intervention will promote that care and services necessary for the individual to attain or maintain the highest practicable physical,</li> </ol>	Z9999		
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Z9999	<p>Continued From page 6</p> <p>mental or psychosocial well-being.</p> <p>A physical restraint will be used only with the informed consent of the individual, the individual's guardian or other authorized representative. Informed consent includes information about potential negative outcomes of physical restraint use, including incontinence, decreased range of motion, decreased ability to ambulate, symptoms of withdrawal or depression, or reduced social contact.</p> <p>The informed consent will authorize the use of physical restraint only for a specified period of time. The effective of the physical restraint in treating medical symptoms or as therapeutic intervention and any negative impact on the individual will be assessed by the facility throughout the period of time the restraint is used.</p> <p>A physical restraint will be applied only by staff trained in the application of the particular type of restraint.</p> <p>Whenever a period of use of a physical restraint is initiated, the individual will be advised of his or her right to have a person or organization of his or her choosing, including the guardianship and advocacy commission, notified of the used of the physical restraint. A period of use is initiated when physical restraint is applied to an individual for the first time under a new or renewed informed consent for the use of physical restraints. An individual who is under guardianship may request that a person or organization of or her choosing be notified of the physical restraint, whether or not the guardian approves the notice. If the individual so chooses, the facility will make the notification within 24 hours, including any information about the period of time that physical restraint is to be</p>	Z9999		
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Z9999	<p>Continued From page 7</p> <p>used. Whenever the Guardianship and Advocacy Commission is notified that an individual has been restrained it will contact the individual to determine the circumstances of the restraint and whether further action is warranted. If the individual requests the Guardian and Advocacy Commission be contacted, the facility will provide the following information, in writing to the Guardianship and Advocacy Commission:</p> <ul style="list-style-type: none"> <li>*The reason the physical restraint was needed;</li> <li>*The type of physical restraint used;</li> <li>*The interventions utilized or considered prior to physical restraint and the impact of these interventions;</li> <li>*The length of time the physical restraint was to be applied; and</li> <li>*The name and title of the facility person who should be contacted for further information.</li> </ul> <p>Whenever a physical restraint is used on an individual whose primary mode of communication is sign language, the individual will be permitted to have his or hands free from restraint for brief periods each hour, except when this freedom may result in physical harm the individual or others.</p> <p>The Individualized Habilitation Plan will contain a schedule or plan or rehabilitative/Habilitation training to enable the most feasible progressive removal of physical restraints or the most practicable progressive use of less restrictive means to enable the individual to attain or maintain the highest practicable physical, mental or psychosocial well-being.</p> <p>An individual wearing a physical restraint will have it released for a few minutes at least once every two hours, or more often if necessary. During</p>	Z9999		
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Z9999	<p>Continued From page 8</p> <p>these time, individuals will be assisted with ambulation, as their condition permits, and provided a change in position, skin care and nursing care as appropriate.</p> <p>No form of seclusion will be used."</p> <p>The facility's policy does not include the procedure of checking a restraint device every 30 minutes.</p> <p>1a) R2's Individual Service Plan/Behavior Program, dated 2/1/2021 documents R2 functions in the Mild Range of Individuals with Intellectual Disabilities.</p> <p>R2's Physician Order, dated 11/16/2020, documents: Mittens and Daily moisturizer to prevent Pt (Patient) from scratching and picking at hands and wrists.</p> <p>R2's Individual Service Plan/Behavior Program, dated 2/1/2021 documents R2 functions in the Mild Range of Individuals with Intellectual Disabilities. Goal: Physical Aggression (PA)/Verbal Aggression and/or Self-Injurious Behavior. Method/Approach/Include Reinforcement Plan: "R2's aggression towards others starts out cursing, then kicking and punching. Then it may lead up to more severe aggression. Her Self-Injurious Behavior is pulling her hair, biting herself, picking her scabs, and scratching herself." This new program reflects the recommendations from her evaluation and includes several different interventions to be used. 10. At the first sign of agitation staff will place gloves on (R2's) hands to help prevent injury or picking, if she continues to be self abuse by scratching, biting, picking her scabs or scratching herself until she bleeds, staff may hold</p>	Z9999		

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Z9999	<p>Continued From page 9</p> <p>block all attempts, if she is extremely agitated she will be 1 to 1 until calm to prevent injury."</p> <p>R2's ISP/BMP, dated 2/1/2021 does not state the specific staff response for the implementation of the restraint.</p> <p>On 3/2/2021 at 9:10 AM-10:15 AM, under continuous 10 minute observations R2 was in the classroom on the A-wing with Mitts on both hands. The Mitts had a white sock pulled over each one and was secured tightly around the wrist with white surgical tape.</p> <p>Review of R2's Behavior Frequency Sheet, dated 3/2/2021 does not document when the hand Mitts were applied. Further review of Behavior Frequency Sheet has no documentation of the hand Mitts being checked every 30 minutes.</p> <p>Review of R2's Nurses notes, dated 3/2/2021 has no documentation of R2 having hand Mitts applied.</p> <p>On 3/2/2021 at 10:35 AM, E13 DSP (Direct Support Professional) was asked if staff were documenting on the use of the hand Mitts. When they were placed on? When they get released? Any skin checks? E13 stated, "No". E13 then was asked why the socks were over the Mitts and secured with tape around the wrist? E13 stated, "So she can't take them off."</p> <p>On 3/2/2021 at 12:50 PM, during a telephone interview, Z6 Facility Medical Director was asked if any harm could occur to an individual that mitts were covered with a sock, tightly secured with tape with no documentation of how long the mitts were on and without being assessed? Z6 stated, "There is potentially a risk of harm, if the tape</p>	Z9999		

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Z9999	<p>Continued From page 10</p> <p>was secured too tight. I would expect the mitts be checked, released periodically and document when they are applied."</p> <p>On/3/3/2021 at 8:00 AM, R2 was laying on the couch in the classroom on A-wing with Mitt on right hand covered with a white sock secured tightly with white tape.</p> <p>On 3/3/2021 at 2:20 PM, E2 Administrator stated, "The staff should not be putting a sock over the Mittens and taping it on."</p> <p>R2's ISP does not include specific program or guidelines of what staff are authorized to place the hand mitts, what monitoring is to be done during the time frame the hand mitts are utilized, no instructions on releasing the hand mitts every 30 minutes, and no fade out plan in efforts to stop the use of the hand mitts.</p> <p>On 3/4/2021 at 9:15 AM, E4 QIDP stated, "R2 has been wearing mitts for years and years."</p> <p>On 3/4/2021 at 3:45 PM, E4 QIDP was asked if R2's ISP included the use of the restrictive program of mitts? E4 stated, "No, I guess I should have changed it to mitts, we used to use gloves." E4 confirmed there is no fade out program for the use of the mitts.</p> <p>On 3/5/2021 at 9:40 AM, E3 Director of Nurses, stated, "We do not have training for the Mittens."</p> <p>On 3/11/2021 at 3:41 PM during telephone interview E3 stated, "R2's hand Mitts are ordered as needed."</p> <p>1b)</p>	Z9999		
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Z9999	<p>Continued From page 11</p> <p>Review of R6's IHP (Individual Habilitation Plan) dated 12/15/20, documents R6 as functioning in the Profound Range of Intellectual Disabilities with additional diagnosis of Congenital Systolic Murmur, Intermittent Functional Megacolon, Obsessive Compulsive Disorder and Behavior Disorder.</p> <p>R6's IHP identifies the following programs: -Self Injurious Behavior leading to Physical Aggression -Oral Hygiene -Bathing -Object Recognition -Money -Self-Medication</p> <p>POS (Physician's Order Sheet) dated 2/2021, documents R6 functions in the Severe Range of Intellectual Disabilities with additional diagnoses of Loop Ileostomy (Jan 2020), Hypokalemia, History of Congenital Systolic Murmur, Psychosis, Obsessive Compulsive Disorder and Anxiety.</p> <p>Review of R6's Physician's Order dated 11/11/20 documents, "Mitts on hands as needed to reduce risk of tearing off ostomy bag."</p> <p>R6's Physician's Order Sheet (POS) dated 2/2021 documents in part, "Diagnosis: Loop ileostomy (Jan 2020)."</p> <p>R6's Nursing Plan/Recommendations dated 11/11/20 documents in part, "Loop ileostomy, January 2020: (R6 frequently rips off ostomy bag)."</p> <p>Observation on 3/2/21 at 12:50 PM on A-wing hall: R6 tore off her ileostomy bag.</p>	Z9999		

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>IL6006472</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>03/25/2021</b>
NAME OF PROVIDER OR SUPPLIER  <b>MULBERRY MANOR</b>		STREET ADDRESS, CITY, STATE, ZIP CODE <b>612 EAST DAVIE STREET, BOX 88 ANNA, IL 62906</b>		
(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
Z9999	<p>Continued From page 12</p> <p>Review of R6's nursing notes between 2/2020-3/2021 documents, Hand Mitts were applied 5 times to prevent R6 from pulling off her ileostomy bag and a behavior of removing her ileostomy bag 38 times. Further review of R6's nursing notes document she has had an abdominal binder applied 6 times for behavior related to her ileostomy and 5 times that do not provide documentation as to why R6 had an abdominal binder applied. Further review of R6's nursing notes did not provide information as to how long the mitts and abdominal binder were used because the nursing notes do not provide an end time of use for these procedures.</p> <p>Review of IHP on 3/4/21 does not include a diagnosis of Loop Ileostomy, behavior of pulling off her ileostomy bag or the use of Hand Mitts and an abdominal binder to prevent R6 from pulling off her ileostomy Bag.</p> <p>Interview with E4/QIDP (Qualified Individual Disabilities Professional) on 3/5/21 at approximately 3:20 PM, confirmed R6's IHP was not updated to include her diagnosis of Loop Ileostomy, use of Hand Mitts or the behavior of R6 pulling at her ileostomy bag.</p> <p>Interview on 3/5/21 at 3:23 PM with E9/DSP, when asked how do you know when to take R6's mittens off, E9 stated, "There really ain't a way." When asked who is responsible for documenting and monitoring R6 once she has hand mitts on, E9 stated, "No one has to be with her while she has the mitts on, if she has them on we don't document it. There is no start and end time."</p> <p>Interview on 3/11/21 with E8/DSP at 9:27 AM, when asked to explain what a DSP documents and monitors for R6's abdominal binder once</p>	Z9999		

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>IL6006472</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>03/25/2021</b>
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NAME OF PROVIDER OR SUPPLIER  <b>MULBERRY MANOR</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>612 EAST DAVIE STREET, BOX 88 ANNA, IL 62906</b>
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Z9999	<p>Continued From page 13</p> <p>applied, E8 stated, "I haven't documented on it and they've never told us a specific time period they need to be on."</p> <p>Observation on 3/11/21 at 8:34 AM: R6 was wearing an abdominal binder around her abdomen that fit loosely over her ileostomy bag.</p> <p>Interview on 3/11/21 at 9:20 AM with E3/DON (Director of Nursing), when asked is the use of an abdominal binder considered a restraint, E3 stated, "Not necessarily because she can take it off so easily, no." E3 was then asked if there is documentation to show what less intrusive interventions were tried or considered prior to the use of the hand mitts and the abdominal binder for R6, E3 stated, "No."</p> <p>Telephone interview on 3/15/21 at 12:18 PM with E3/DON, E3 confirmed that on 11/29/20, R6 had an abdominal binder as well as hand mitts on at the same time. E3 was then asked why were mitts and the abdominal binder both used on R6 at the same time? E3 stated, "Because she could pull the mitts and binder off." When asked if R6's abdominal binder is considered an as needed intervention, E3 stated, "Yes."</p> <p>Interview on 3/15/21 at 12:54 PM with E4/QIDP, when asked if R6's abdominal binder is considered an as needed intervention, E4 stated, "Yes, we do use it as needed." When asked if R6's use of an abdominal binder should be included in her IHP, E4 stated, "Yes."</p> <p>Review of R6's behavior tracking sheets between 12/2020-3/2021 identifies targeted behaviors of physical aggression, inappropriate social behavior, twisting of underwear, twisting of paper to form a cylinder, screaming and pilfering others</p>	Z9999		
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Z9999	<p>Continued From page 14 rooms.</p> <p>The facility was unable to provide reproducible evidence of an updated behavior tracking sheet for R6 to reflect her behavior of pulling off her ostomy bag with interventions to include use of an abdominal binder and hand mitts.</p> <p>Interview on 3/11/21 at 9:20 AM with E3/DON, E3 confirmed that DSP's are responsible for applying an abdominal binder on R6 and when asked if there was a training for the use of an abdominal binder for staff, E3 stated, "No."</p> <p>The facility was unable to provide reproducible evidence of an updated behavior tracking sheet for R6 to reflect her behavior of pulling off her ostomy bag with interventions to include use of an abdominal binder and hand mitts.</p> <p>The facility failed to provide evidence of who is responsible for the initiation and use of restraints.</p> <p>The facility failed to provide evidence of who is responsible for the initiation and use of restraints.</p> <p>(B)</p>	Z9999		