

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>IL6007504</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>C</b> <b>05/24/2021</b>
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NAME OF PROVIDER OR SUPPLIER  <b>PLEASANT VIEW REHAB &amp; HCC</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>500 NORTH JACKSON STREET MORRISON, IL 61270</b>
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S 000	Initial Comments  Facility Reported Incident IL134009 of May 10, 2021.	S 000		
S9999	Final Observations  Statement of Licensure Violations:  300.610a) 300.1210b) 300.1210d)3)  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.  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	S9999	<p><b>Attachment A</b> <b>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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S9999	<p>Continued From page 1</p> <p>care needs of the resident.</p> <p>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:</p> <p>3) Objective observations of changes in a resident's condition, including mental and emotional changes, as a means for analyzing and determining care required and the need for further medical evaluation and treatment shall be made by nursing staff and recorded in the resident's medical record.</p> <p>These requirements are not meet as evidenced by:</p> <p>Based on interview, and record review the facility failed to prevent non-consensual sexual contact between two residents. This failure resulted in R2 experiencing non-consensual contact by R1. This applies to two of two residents (R1 &amp; R2) reviewed for sexual abuse in the sample of ten.</p> <p>The findings include:</p> <p>The 5-Day Final Report dated 5/10/21 for R1 and R2 showed, "Summary: It was reported to the Administrator that R1 had alleged inappropriate contact with R2. Witness: V9 CNA (Certified Nursing Assistant) states that she walked in and witnessed R1 touching R2 inappropriately. R2 giggled when he saw her. She immediately left the room and got the nurse. Witness: V7 LPN (Licensed Practical Nurse) states that she was alerted that R1 was in R2's room. When she went into the room and asked, "What are you doing?" she observed R1's hand touching R2's private</p>	S9999		

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S9999	<p>Continued From page 2</p> <p>area in the front of his pants. R1 was immediately removed from the room and put on a one on one."</p> <p>On 5/20/21 at 9:24 AM, R2 was sitting in his room in a high-backed wheelchair. When the interview with R2 started, he was asked a question and would only respond with a laugh/giggle. Eye contact and louder tone of voice was used to ask R2 questions; he then responded to the questions and did not just giggle as a response. R2 was asked what happened and he said, "Nothing." R2 was asked if R1 came into his room he stated yes. R2 was asked if R1 touched him and he said yes. R2 stated he was okay with R1 touching him but not in the private area. R2 stated it made him upset that R1 touched him in the private area. R2 did not remember telling R1 that it was okay for him to touch him. R2 dropped his head, avoided eye contact, appeared tearful and stated it was embarrassing to talk about what happened with R1.</p> <p>On 5/20/21 at 11:21 AM, V3 CNA (Certified Nursing Assistant) stated, "If I am showering R1 he is focused on excessive peri-care. I will do his peri-care and he will keep asking for it. R1 wants me to clean his peri area over and over, specifically his penis. The other day I had the hiccups and he said it makes your boobs grow." V3 stated that she has never seen R2 with any sexual behaviors or even hint at it. R2 is confused and has Schizophrenia.</p> <p>On 5/20/21 at 11:28 AM, V4 CNA stated, "R1 will make inappropriate sexual comments. Sometimes he will try to touch you inappropriately especially in the shower. When I gave him a shower before he tried touching my boob. One time when I was washing his feet he asked me if I</p>	S9999		
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S9999	<p>Continued From page 3</p> <p>saw his penis and if I looked at it. At breakfast on 5/20/21, I had him follow me to the dining room, he seemed confused. I started to take him to a farther away table in the dining room and they said it was not where he was supposed to sit." I talked to my nurse and she said I was right to sit him there. R1 then said to me, "They are afraid I am going to touch him (R2) again." R1 can propel his wheelchair and he can walk with a walker pretty good." V4 stated she has never known R2 to have any sexual behaviors or inappropriate comments.</p> <p>On 5/20/21 at 12:22 PM, V2 DON (Director of Nursing) stated, "R1 makes inappropriate comments. Staff have said when they give him a shower that he has said they can wash down there a little bit more. R1 masturbates in his room. Aside from the incident (5/10/21) that took place it has never been beyond those things. We notified R1's son of what happened and I think this is something they knew about. R1's son made some comments about finding pornography at his dad's house. They didn't share that with us before admitting R1. I don't know if he has ever touched another resident before. I moved R1 because he had a roommate that couldn't speak up for himself and R1 would masturbate. I felt the other resident would be safer out of the room. I did that 2-3 months ago. I moved him again after the incident so R1 and R2 wouldn't share a bathroom. R1 was moved to the far corner room by himself with no shared bathroom. He already had delusions care planned but I am not sure if the care plan was updated for sexually inappropriate behaviors. I was here when it happened V7 LPN told V9 CNA to come and get me. V7 met me in the hallway and told me what happened. She said the CNA's came and got her and said R1 had his hands on R2's penis. As</p>	S9999		

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S9999	<p>Continued From page 4</p> <p>soon as she opened the door R2 put his penis away. R1 was moved the same day of the incident and put on 1:1 monitoring as well as every 15-minute checks." V2 stated R2 is Schizophrenic and talks to himself. R2 has delusions but he is not sexually inappropriate. R2 is confused but he has periods where he is more alert than others.</p> <p>On 5/20/21 at 1:18 PM, R1 stated, "I was a naughty boy. I went into another resident's room and I was fondling our privates. The nurse came in and saw that. I have been a naughty boy since. We had adjoining rooms. I could go into his (R2) room without going into the hall. This one incident took place. We are not in a relationship; we were friends but not no more. He doesn't want to be around me because of what happened. I was punished but he wasn't. I touched him and he never told me to stop. He didn't seem upset. The administrator thinks I have Alzheimer's and that I fantasize about things that are happening. I went into the bathroom and then into his bedroom in the next room. I was fondling his organs and he touched me but not as bad as I touched him. I initiated the contact. I thought we were friends but he doesn't want to talk to me anymore since this happened."</p> <p>On 5/20/21 at 2:49 PM, V7 LPN (Licensed Practical Nurse) stated, "I was getting the medication pass ready and R1 had returned from an appointment 10-15 minutes prior. V9 CNA was in a panic and said to come here, I need you to see this. I followed her to R1's room and when I got there the door was open. R1 was in a wheelchair and I thought he was giving R2 oral sex because R1 was bent over. I stepped in and could see what was going on. I startled them both. R2 put his privates in his pants and I</p>	S9999		

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S9999	<p>Continued From page 5</p> <p>removed R1 from the room. R2 was just sitting there. They were talking like nothing was happening and R1 was doing this to R2. R2 had his hands on the wheelchair arm rests. From what I saw it was all R1; he had his hand in R2's brief. R2 seemed embarrassed. R2 said R1 entered his room through the bathroom. R2 is confused, has delusions and hallucinations. They were talking and R2 did this little laugh but he does that when he can't hear you. R1 was talking real low so I know R2 couldn't hear him so he did his nervous little laugh that he always does. R1 has confusion off and on but for the most part he is with it. He can tell you his medications and doctors. He has episodes that they think are seizures. R1 is alert and oriented. He actively masturbates."</p> <p>On 5/20/21 at 3:02 PM, V13 (Social Service Director) stated, "There are no behavior sheets for R1. He doesn't have any psychotropic medications to warrant any behavior sheets. The nurses chart behaviors in their notes. Our regional director wanted our behavior logs to match our medication lists. R1 has been masturbating since he got here. R1 would masturbate and then call the CNA's in to clean him up and the aftermath. I went and talked to him and told him it was his right but he could clean up afterwards and supplies would be given to him. I haven't heard anything after that. After the incident with R2, I heard R1 was going into other rooms. They told me there was a room change and that I needed to change the room sign. R1 had another room change previous to this; R10 was his previous roommate. R1 is very smart. He is intelligent and definitely knows the system. He was a nursing home administrator in the past. R1 masturbates a lot. When he first came in he made inappropriate comments. He</p>	S9999		

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S9999	<p>Continued From page 6</p> <p>made one to the occupational therapist. She was trying to get socks out of his drawer and he said he would let her get into his drawers. I have never seen R2 be inappropriate or otherwise say anything sexually inappropriate. R2 stays to himself and is pretty quiet."</p> <p>On 5/20/21 at 3:46 Pm, V9 CNA stated, "We do get up at 4:00 PM for supper. I walked into R2's room because the door was shut. R1 had his back to the door and R2 had his pants down. I saw R1 touching R2's penis. I went and got the charge nurse and she went into the room. R1 has behaviors and has made some comments towards us girls. He has never tried to touch me. R1 is alert and oriented most days. R2 is not alert and oriented."</p> <p>On 5/20/21 at 3:55 PM, V2 DON stated, "V14 NP (Nurse Practitioner) started him on the Depo Provera injection. I originally called her about his behaviors of masturbating and comments to staff and she said she wanted to start him on Zoloft. Then the incident with R2 happened and I requested the Depo Provera injections."</p> <p>On 5/20/21 at 3:58 PM, V1 (Administrator) stated, "We don't have a policy on behavior tracking sheets and we only track behaviors for residents on psychotropic medications. I will ask for a policy on behaviors."</p> <p>On 5/20/21 at 4:01 PM, V2 DON stated, "The every 15 minute check sheets were initiated on 5/18/21. Prior to that they were documenting in the nurse's notes. Our regional director said to initiate the every 15-minute check sheets on 5/18/21. Prior to that R1's chart was placed in the hot rack to be documented on every shift. "</p>	S9999		

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S9999	<p>Continued From page 7</p> <p>R1's Nurses Notes showed he arrived at the facility on 12/30/20 and was alert and oriented x 4 (to person, time, place and situation). There were no documented behaviors of masturbating or inappropriate comments to staff in his nurse's notes from admission to 5/2/21. R1's Nurses Note's showed, "5/2/21 - R1 was witnessed today going into other resident's rooms without their permission. At this time, witnessed R1 tickling another resident's feet. Again educated the resident that he cannot touch another resident or invade their personal space. R1 became agitated, yelling and using foul language towards this nurse; 5/10/21 - Entered a resident's room and observed R1 and another resident partaking in inappropriate behaviors; 5/11/21 - R1 came out into the hallway in his wheelchair and began to enter another male resident across the hallways room. I spoke with the resident and explained we are not going to do visits tonight so please let me help you back to your room. R1 began yelling and stated I can go in any room to visit anytime I want; 5/13/21 - CNA was ensuring R1's alarm was on. R1 asked what the CNA was doing, and the CNA told R1 who replied, "Are you going to turn me on next?"; 5/15/21 - R1 in wheelchair at nurse's station requesting to go into another resident's room to look for his rings. Explained to resident hat he is not allowed into other resident's rooms. R1 stated the resident took his rings. The other resident is immobile and made R1 aware that he (other resident) would not be able to steal rings. R1 became agitated stating he will just call the cops. Unaware of what rings R1 is referring to and made him aware that we would keep a look out for them possibly in his room; 5/18/21 at 1:00 PM - R1 made an inappropriate comment to the CNA this AM. The CNA had the hiccups and R1 stated to the CNA, "You have hiccups because your boobs are getting bigger"; 5/18/21 at 7:20</p>	S9999		
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S9999	<p>Continued From page 8</p> <p>PM - This nurse outside of R1's room in the hallway and noted R1 saying to the CNA as she was getting him ready for bed, "She wants me to strip now. I am ready for a date now"; 5/19/21 - This nurse was passing pills to R1 and he states, "R10 is looking for a man." This nurse asked R1 why R10 would be looking for a man. R1 stated you know why."</p> <p>R1's Social Service Progress Notes dated 1/19/21 showed she met with R1 and discussed him masturbating and then asking staff to clean up after. There were no additional Social Service Progress notes showing behaviors for R1.</p> <p>R1's Care Plan dated 1/13/21 that was reviewed by the facility again on 4/8/21 showed, "Resident is known/history of displaying inappropriate behavior and/or resisting care/services. Specific behavior exhibited - inappropriate sexual comments. R1 on occasion will make inappropriate comments to staff. Initiate behavior monitoring program to attempt to identify patterns, precursors, and causes of behavior and to attempt to understand the behavior. Help resident to understand why behavior is inappropriate/disruptive and the impact it has on personal well-being and the well-being of others." The facility did not have a behavior monitoring program in place for R1. The Care Plan for R1 was not updated after the incident on 5/10/21 with R2. There weren't any new interventions put in place for sexually inappropriate behavior on R1's current care plan.</p> <p>The Every 15-minute check sheets for R1 showed they were started on 5/18/21; eight days after the incident on 5/10/21.</p> <p>The Cognitive Assessment dated 4/12/21 for R1</p>	S9999		
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S9999	<p>Continued From page 9</p> <p>showed a score of 13; 13-15 is cognitively intact. The Cognitive Assessment dated 5/10/21 for R1 showed a score of 11; 8-12 is moderately impaired cognition.</p> <p>R2's Physician Order Sheet dated 5/1/21 showed diagnoses including psychotic disorder, delusional disorder, type 2 diabetes mellitus, anemia, Parkinson's, and schizophrenia.</p> <p>R2's Nurses Note's from 1/23/21 to 5/9/21 showed no documentation of sexually inappropriate behaviors or comments.</p> <p>R2's Care Plan dated 3/7/21 showed, "Impaired cognition as related to diagnoses of psychotic disorder, delusional disorder and schizophrenia as evidenced by R2 makes nonsensical sentences and when asked to repeat himself he sometimes cannot remember. R2's sentences are not always fluid, and do not always make sense to the current situation of R1 will laugh when asked questions; Self-care deficit needs supervision and/or assist to complete quality care and/or poorly motivated to complete ADL (activities of daily living). Related to diagnoses of psychotic disorder, delusional disorder, Parkinson's disease and schizophrenia as evidenced by R2 is unable to complete ADL tasks without staff assistance. R2 is known to have/has history of hallucinations and/or delusions. Specific delusions described emotional delusions of persecution that others are out to get him. The Facility's Abuse Prevention Program policy (11/28/16) showed, " The facility is committed to protecting our residents from abuse by anyone including: but not limited to, facility staff, other residents, consultants, volunteers, and staff from other agencies providing services to the individual, family members or legal guardians,</p>	S9999		

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S9999	Continued From page 10  friends, or any other individuals. Sexual abuse is non-consensual contact of any type with a resident."  <p style="text-align: center;">(B)</p>	S9999		