Illinois Department of Public Health

		IDENTIFICATION NUMBER:	A. BUILDING:		COMPLETED	
		IL6003933	B. WING		C 12/07/2023	
	PROVIDER OR SUPPLIER	2504 ALI	DDRESS, CITY, S LENTOWN RO L 61554			
(X4) ID PREFIX TAG	(EACH DEFICIENCY	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD E CROSS-REFERENCED TO THE APPROPRI DEFICIENCY)		
S 000	Initial Comments Complaint Investiga 2329905/IL167178		S 000			
S9999	Statement of Licenter 300.610a) 300.1210b) 300.3240a) Section 300.610 R a) The facility procedures governificatility. The written be formulated by a Committee consistification administrator, the amedical advisory conformed and of the policies shall compound the facility and shall by this committee, and dated minutes. Section 300.1210 (Nursing and Personal) Comprehensing and Personal Comprehensive carrincludes measurable meet the resident's and psychosocial new section 300.000 (Section 300.1210) (Sec	esident Care Policies shall have written policies and ing all services provided by the policies and procedures shall Resident Care Policy ng of at least the idvisory physician or the formittee, and representatives or services in the facility. The ly with the Act and this Part. It is shall be followed in operating the reviewed at least annually documented by written, signed of the meeting. General Requirements for		Attachment A	ons	

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

TITLE

(X6) DATE

Illinois Department of Public Health
STATEMENT OF DEFICIENCIES (X1) PR

AND PLAN OF CORRECTION		IDENTIFICATION NUMBER:	A. BUILDING:	C 12/07/2023	
	IL6003933		B. WING		
NAME OF	PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, S	TATE, ZIP CODE	
HALLMA	ARK HEALTHCARE O	F PEKIN 2501 ALL PEKIN, IL	ENTOWN RO 61554	DAD	
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPE DEFICIENCY)	BE COMPLETE
S9999	Continued From pa	ige 1	S9999		
S9999	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. (Section 3-202.2a of the Act) Section 300.3240 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) These Regulations are not met as evidenced by: Based on observation, interview and record review, the facility failed to protect the resident's right to be free from verbal abuse by staff for one resident (R8) out of three residents reviewed for abuse in a sample of eight. This failure resulted in R8 having feelings of being intimidated for prolonged periods of time.				
	Findings include:				
	documents "The ad the facility abuse co the responsibility of all residents remain including injuries of exploitation, misapp	e" policy dated 10/24/22 ministrator and/or designee is pordinator for the facility. It is all facility staff to assure that to be free from abuse, unknown origin, neglect, propriation of property, is and services by staff or			
	interview of mental:	set (MDS) documents a brief status (BIMS) of 15. A BIMS a resident is cognitively intact			

Illinois Department of Public Health

		IDENTIFICATION NUMBER:	A. BUILDING:		COMPLETED	
		IL6003933	B. WING		C 12/07/2023	
	PROVIDER OR SUPPLIER	2501 ALI	ENTOWN RO	TATE, ZIP CODE		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)		ID PROVIDER'S PLAN OF CORRECT PREFIX (EACH CORRECTIVE ACTION SHOUTH APPRINT OF CROSS-REFERENCED TO THE APPRINT DEFICIENCY)		JLD BE COMPLETE	
S9999	with 15 being the hi On 12/7/23 at 9:35 Assistant, observed entry of R8's room, V6 replied in a sterr "But I want to get up voice "You think you be 10:30 like I said! Then that's what we games!" At this poir stated, "Every time me." V6 replied in a "I'm down here work voice) on time (yellin R8 started talking a stating that she was to be taken off of R8 trying to speak, V6 s back and forth with disrespect me!" At the pointed to this surve the state and just he turned looked at this care." On 12/7/23 at 9:40 a informed of the incid how we do things he difficult person to we excuse. (V6, CNA) s room and taken a m (R8)." On 12/7/23 at 9:55 a "I went down to talk but she didn't say m about the situation. floor and sent home	ghest score. AM, V6, Certified Nursing I entering R8's room. Upon R8 stated "I want to get up." In tone "I said 10:30." R8 stated to now." V6 replied raising her ure above everyone else? It'll You want to play games? It'll do we'll start playing and you're my CNA, you do this to n even louder tone stating king hard to be here (raising ng) for you! While still crying nd V6 interrupted her started going to (V1, Administrator) I'm not going to let you hat point, while still crying, R8 eyor and stated, "He's from eard everything you said." V6 is surveyor and stated, "I don't with, but that's still no should have walked out of the forment instead of arguing with AM, V1 Administrator, stated with (R8) about the situation, uch. I think she's still upset (V6, CNA) has taken off the	\$9999			
lingic Donar	ment of Public Hoalth					

PRINTED: 01/30/2024 FORM APPROVED Illinois Department of Public Health STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION **IDENTIFICATION NUMBER:** COMPLETED A. BUILDING: B. WING IL6003933 12/07/2023 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 2501 ALLENTOWN ROAD HALLMARK HEALTHCARE OF PEKIN **PEKIN, IL 61554** SUMMARY STATEMENT OF DEFICIENCIES (X4) ID PROVIDER'S PLAN OF CORRECTION (X5) COMPLETE (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX PREFIX (EACH CORRECTIVE ACTION SHOULD BE TAG REGULATORY OR LSC IDENTIFYING INFORMATION) CROSS-REFERENCED TO THE APPROPRIATE DATE TAG DEFICIENCY) S9999 Continued From page 3 S9999 On 12/7/23 at 10:45 AM, R8 stated "No I'm not OK. It's not the first time (V6, CNA) has yelled at me. (R8's voice started cracking and her eyes became watery) Every time (V6) works with me. she makes me feel belittled. Like I'm not good enough. She treats me as though she's the boss and has power over me. Every time she's here I feel intimidated. I feel this way the entire time (V6) is here. It's the whole shift until she goes home. I didn't tell anyone because it won't do any good." (B)

Illinois Department of Public Health

STATE FORM