

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>IL6001317</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>C</b> <b>10/24/2024</b>
--	--	---	---

NAME OF PROVIDER OR SUPPLIER  <b>AUTUMN MEADOWS OF CAHOKIA</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>2 ANNABLE COURT</b> <b>CAHOKIA, IL 62206</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
S 000	Initial Comments  FRI of 10/13/2024/IL179676	S 000		
S9999	Final Observations  Statement of 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.  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.	S9999		

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

Electronically Signed

TITLE

(X6) DATE

11/05/24

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>IL6001317</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>C</b> <b>10/24/2024</b>
--	--	---	---

NAME OF PROVIDER OR SUPPLIER  <b>AUTUMN MEADOWS OF CAHOKIA</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>2 ANNABLE COURT</b> <b>CAHOKIA, IL 62206</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
S9999	<p>Continued From page 1</p> <p>Section 300.3240 Abuse and Neglect</p> <p>a) An owner, licensee, administrator, employee or agent of a facility shall not abuse or neglect a resident.</p> <p>These Requirements were NOT MET as evidenced by:</p> <p>Based on interview and record review, the facility failed to prevent employee to resident physical abuse by a staff member for 1 of 3 residents (R2) reviewed for abuse in the sample of 4. This failure resulted in R2 sustaining a bloody lip causing him to be upset and having pain.</p> <p>Findings include:</p> <p>On 10/22/24 at 3:15 PM R2 was sitting outside on patio. He stated a CNA (Certified Nursing Assistant) hit him about a week ago. He stated they were "talking stuff to each other" and she hit him one time in the mouth with her fist. He stated it hurt.</p> <p>On 10/23/24 at 12:20 PM R2 stated when V4, CNA, hit him in his mouth with her fist he was very upset. He stated it hurt a lot. He stated V4 got a wet cloth and wiped the blood off his lips.</p> <p>The facility's Illinois Department of Public Health (IDPH) Notification Form dated 10/13/24 at 10:00 PM documents, under description of Accident, Causes, Injuries and Action taken by Establishment as a result of Accident: Reported to Administrator at 10:00 resident told family member CNA hit him in the mouth. CNA sent home. Investigation ongoing. R2 was identified as the resident referred to in the report. The form</p>	S9999		

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>IL6001317</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>C</b> <b>10/24/2024</b>
--	--	---	---

NAME OF PROVIDER OR SUPPLIER  <b>AUTUMN MEADOWS OF CAHOKIA</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>2 ANNABLE COURT</b> <b>CAHOKIA, IL 62206</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
S9999	<p>Continued From page 2</p> <p>documents the police were not informed at time of the report. It documents the type of incident is alleged physical abuse.</p> <p>The facility's Final Report of the Abuse Investigation dated 10/18/24 at 8:38 AM documents, "10/16/24 I (V1, Administrator) called (V4, CNA) this AM and ask she come in as the investigation has been completed and we need to speak to her about the results. (V4) arrived at 11:08; she arrived to speak with myself and (V2, Director of Nursing (DON) in the multipurpose room. I presented the termination paperwork and reasoning being the investigation and camera review provided substantial evidence and it was believed this incident probably did happen. She refused to sign the termination paper. When she exited the building, she walked around to the back of the building then drove around; that's when the (local) police department blocked her in, she parked her car and (local) police department took her into custody.</p> <p>The facility's document labeled, "(V4) Resident Abuse Incident 10/13/24 Video Investigation" documents a timeline of what V15, the facility's IT director observed on the camera footage minute by minute as he reviewed the footage. It documents, "7:25:50 Employee appears to be punching at resident."</p> <p>On 10/22/24 at 1:30 PM the facility's video camera coverage dated 10/13/24 between 7:15 AM and 7:26 AM was observed with V1 Administrator. The camera footage showed the inside of R2's room with his feet and legs visible. On the footage V4 is observed entering R2's room and standing at the foot of his bed. V4 then grabs R2's sheets/blankets in her hands and pulls but it appears he is pulling against her and</p>	S9999		

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>IL6001317</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>C</b> <b>10/24/2024</b>
--	--	---	---

NAME OF PROVIDER OR SUPPLIER  <b>AUTUMN MEADOWS OF CAHOKIA</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>2 ANNABLE COURT</b> <b>CAHOKIA, IL 62206</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
S9999	<p>Continued From page 3</p> <p>keeping sheet/blanket pulled up. V4 lets go of the sheet/blanket and raises her arms with hands fist and thrusts both fists towards area where R2's torso and head would be located. Unable to see if she makes contact with R2 or not, but then V4 stops and closes the door to R2's room with her on the inside.</p> <p>On 10/23/24 at 9:43 AM V8, Licensed Practical Nurse (LPN) stated she heard about R2's allegation that a CNA had hit him in the mouth when staff were talking about it around her. She stated she did not do anything at the time because they were not talking directly to her, they were just talking around her. She stated it was about 6:30 PM and it was halfway through her shift, and they said it happened on day shift, so she thought it had already been reported. She stated she "thinks" she notified (V2), DON and (V13), Assistant Director of Nursing (ADON) at that time just to make sure they were aware. She stated she had talked to R2 at the beginning of her shift, and he had not said anything to her about a CNA hitting him at that time. V8 stated around 9:30 PM R2's sister, (V11) came walking out of the dining room and was irate, wanting to know what was going to happen to the CNA who hit R2. V8 stated she went and looked at R2's lip and had to pull it up to see the mark on it. She stated it was small area, described it as "you could cover it with the tip of your finger", and was white, like it was old, not red or bleeding. V8 stated she had tele-messaged the DON and ADON earlier and told the sister it would be addressed tomorrow. V8 stated she did not notify the administrator because she did not know she was supposed to. She stated she was not aware the administrator is over the DON, so she messaged the DON and ADON.</p>	S9999		

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>IL6001317</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>C</b> <b>10/24/2024</b>
--	--	---	---

NAME OF PROVIDER OR SUPPLIER  <b>AUTUMN MEADOWS OF CAHOKIA</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>2 ANNABLE COURT</b> <b>CAHOKIA, IL 62206</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
S9999	<p>Continued From page 4</p> <p>On 10/23/24 at 10:29 AM V2 stated the first he heard about the incident regarding R2 being hit in the mouth by V4, CNA was on 10/13/24 around 8:30 PM from V12, R2's niece. V2 stated he did not know if (V8) had sent him a message earlier that evening and stated he could not find the message on his phone. V2 stated he sometimes has problems with his phone, so he doesn't know if she tried to message him or not. V2 stated he did not call and talk to staff after R2's niece called him. He stated he came in the next day and talked to R2 and assessed him. V2 stated R2 didn't seem to remember the incident and did not have any marks or bleeding on his lip when he assessed him. He stated he would have expected V8 to assess the resident as soon as she heard about it to check for injuries and ask what happened, and to report it to the administrator.</p> <p>On 10/23/24 at 12:15 PM V11, R2's sister/POA (Power of Attorney) stated R2 had called her around 11:30 AM on Sunday, October 13, 2024, and told her he wanted her to come up and see him. She stated he did not say anything about the CNA hitting him, he just said he wanted her to come, so she did not get in a hurry to get up to the facility. V11 stated when she got to the facility it was around 4:30 PM and R2 was not in his room so she went and found him in the dining room. She stated he was eating dinner, and she noticed his left side of his mouth was swollen and she asked him what happened, and he told her (V4) got mad at him that morning because he did not want to get out of bed, and they were "talking shit" and she hit him in the mouth. V11 stated she looked in his mouth and his gums were bloody, and he had a little piece of "meat" (skin) hanging from him left upper lip. She stated he was complaining of pain while he was eating. V11 stated she went and asked the nurse (V8) that</p>	S9999		

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>IL6001317</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>C</b> <b>10/24/2024</b>
--	--	---	---

NAME OF PROVIDER OR SUPPLIER  <b>AUTUMN MEADOWS OF CAHOKIA</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>2 ANNABLE COURT CAHOKIA, IL 62206</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
S9999	<p>Continued From page 5</p> <p>had just come on duty on the afternoon shift what had happened, and she stated she did not know anything about it and V11 stated she told her what (R2) had told her about the CNA hitting him in the mouth that morning. V11 stated she could not remember the nurse's name but stated "She is here today." V11 walked up to the nurse's station and identified V8 as the nurse she spoke to on Sunday, October 13, 2024, about R2 stating he had been hit in the mouth by V4. V11 stated on that Sunday when she reported the incident to V8, V8 told her she would need to do a report and report it to the DON. V11 stated this conversation and V8's observation of R2's mouth happened in the hall after he left the dining room and was on the way back to his room at about 4:45 PM. V11 stated she did talk to V8 again because V8 thought R2 was talking about a different CNA but R2 clarified to V8 that it was V4, CNA who had hit him. V11 stated she and V8 both asked him why he did not tell staff what happened, but he didn't really have a reason. V11 stated she is upset because it is a resident's right to stay in bed a little longer if they want and he should not have been abused just because he didn't want to get up when V4 wanted him up.</p> <p>On 10/23/24 at 12:46 PM V14 Social Service Director (SSD) stated she did see R2 on Monday morning before lunch the day after V4 had allegedly hit him. She stated she did not see any active bleeding, but he did have a piece of "meat" hanging on his left upper lip. She stated he did complain of pain to his mouth.</p> <p>On 10/23/24 at 2:16 PM V10, CNA Supervisor, stated she did not work on Sunday, October 13, 2024, but she did work on the next day, and she saw R2 in the dining room where she helps pass breakfast trays. She stated he was acting his</p>	S9999		

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>IL6001317</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>C</b> <b>10/24/2024</b>
--	--	---	---

NAME OF PROVIDER OR SUPPLIER  <b>AUTUMN MEADOWS OF CAHOKIA</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>2 ANNABLE COURT CAHOKIA, IL 62206</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
S9999	<p>Continued From page 6</p> <p>usual self, and she did see he had marks on his upper and lower lips that looked like impressions from his teeth. She stated she looked closer at his lips because she had seen some dried blood on his lips around that area.</p> <p>On 10/23/24 at 1:10 PM V1, Administrator, stated it would never be acceptable for a staff to hit a resident. V1 stated she had not reported V4 to the Department of Professional Regulations yet because she was waiting for the police report to send to them. She stated she did not immediately terminate V4 but did suspend her because she wanted to make sure the police got what they needed so she wouldn't get away with what she did. She stated the police viewed the camera footage on Monday afternoon and decided to press charges against V4 for assaulting R2.</p> <p>R2's Face Sheet documents his diagnoses to include Chronic Obstructive Pulmonary Disease, Unspecified, Chronic Kidney Disease, Stage 3B, Type 2 Diabetes Mellitus with Diabetic Neuropathy, Other Seizures, Chronic Systolic (Congestive) Heart Failure, Schizophrenia, Need for Assistance with Personal Care, Peripheral Vascular Disease, Hypertension, Cerebral Infarction, and Generalized Anxiety Disorder.</p> <p>R2's Order Summary Report dated 10/22/24 documents his medications include Xarelto 15 milligrams (mg), a blood thinner which he takes daily.</p> <p>R2's Minimum Data Set (MDS) dated 9/26/24 documents his Brief Interview for Mental Status Score (BIMS) is 12, which indicates he is moderately cognitively impaired, and he requires substantial to maximal assist to perform bed to chair and chair to bed transfers.</p>	S9999		

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>IL6001317</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>C</b> <b>10/24/2024</b>
--	--	---	---

NAME OF PROVIDER OR SUPPLIER  <b>AUTUMN MEADOWS OF CAHOKIA</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>2 ANNABLE COURT</b> <b>CAHOKIA, IL 62206</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
S9999	<p>Continued From page 7</p> <p>R2's Care Plan initiated on 2/22/22 and revised on 10/17/24 documents, "(R2) is at risk for making repeated inappropriate sexual comments/gestures towards staff, verbal/physical/sexual abuse and threats/accusations against staff r/t (related to) impulsiveness, impaired cognition." The goal for this care plan documents, " He will refrain from making inappropriate sexual comments and/or suggestions toward staff. He will not touch female staff in a sexually suggestive manner." This care plan was updated on 10/13/24 with the intervention: Monitor open area to lip for s/s (signs and symptoms) of infection. Notify Psyche NP (Nurse Practitioner) of incident. Offer comfort and reassurance as indicated. Per the care plan these interventions were initiated on 10/16/24.</p> <p>R2's Care Plan initiated on 12/21/21 and revised on 10/16/24 documents, "(R2) is at risk for skin breakdown and injury related to incontinence, decreased mobility, poor safety awareness and renal disease. 10/13/24 Open area to lip (nosocomial)). Intervention added on 10/16/24 documents, "Monitor open area to lip for s/s of infection. Administer pain medications as indicated / requested."</p> <p>The facility's document, Personnel Action Form, dated 10/15/24 documents V4 was terminated for inappropriate conduct. Description of Action or Event documented: "10/13/24 at 7:25 AM Resident complained a CNA hit him in the mouth with a closed fist. Investigation and camera review shows a reasonable probability that this did occur. Police plan to press charges. Action taken: Termination."</p> <p>The facility's policy, Abuse Prevention Program,</p>	S9999		



Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>IL6001317</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>C</b> <b>10/24/2024</b>
--	--	---	---

NAME OF PROVIDER OR SUPPLIER  <b>AUTUMN MEADOWS OF CAHOKIA</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>2 ANNABLE COURT</b> <b>CAHOKIA, IL 62206</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
S9999	Continued From page 8  revised 2/2023, documents, "This facility affirms the right of our residents to be free from abuse (verbal, mental, sexual or physical), neglect, misappropriation of resident property, exploitation, corporal punishment, involuntary seclusion and physical and chemical restraints that are not required to treat a resident's medical symptoms. this facility therefore prohibits acts of mistreatment, neglect, abuse and/or crimes from being committed against its residents. This facility desires to establish a resident sensitive and resident secure environment.  (B)	S9999		