

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6001044	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 02/27/2024
--	--	---	---

NAME OF PROVIDER OR SUPPLIER LEBANON CARE CENTER	STREET ADDRESS, CITY, STATE, ZIP CODE 1201 NORTH ALTON LEBANON, IL 62254
--	--

(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	S 000		
S9999	Final Observations Statement of Licensure Violations: 300.610a) 300.3210t) 300.3240e) 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 300.3210 General t) The facility shall ensure that residents are not subjected to physical, verbal, sexual or psychological abuse, neglect, exploitation, or misappropriation of property. Section 300.3240 Abuse and Neglect e) When an investigation of a report of suspected abuse of a resident indicates, based upon credible evidence, that another resident of the long-term care facility is the perpetrator of the abuse, that resident's condition shall be immediately evaluated to determine the most suitable therapy and placement for the resident,	S9999		

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

Electronically Signed

TITLE

(X6) DATE

03/16/24

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6001044	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 02/27/2024
--	--	---	---

NAME OF PROVIDER OR SUPPLIER LEBANON CARE CENTER	STREET ADDRESS, CITY, STATE, ZIP CODE 1201 NORTH ALTON LEBANON, IL 62254
--	--

(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>considering the safety of that resident as well as the safety of other residents and employees of the facility. (Section 3-612 of the Act)</p> <p>This REQUIREMENT is not met as evidenced by:</p> <p>Based on observation, interview and record review, the facility failed to prevent resident to resident abuse for 7 of 8 residents (R23, R37, R41, R42, R44, R45, R49) reviewed for abuse in the sample of 38. This failure resulted in harm based upon the reasonable person concept, as R23, R41, R42, R44, R45, and R49 would have experienced psychosocial harm including fear, anger, and humiliation as a result of physical abuse, since a reasonable person would not want to be physically abused in their home.</p> <p>Findings includes:</p> <p>1. During the survey from 2/20 through 2/27/24, R44 was residing on the memory care unit.</p> <p>R44's Minimum Data Set (MDS) dated 2/4/23 documents that R44 is severely cognitively impaired.</p> <p>R44's Resident to Resident Investigation entitled Investigation of possible Neglect/Abuse form, dated 3/4/23, documents R44 was convinced that R42 is his wife. The Investigation documented that both reside on the dementia unit. The Investigation documented R44 became agitated at R42 grabbed her wrist and then slapped her. The Untitled Follow up to the initial report documents R44 and R42 reside on our memory care unit. The Follow-up report documented R44 was convinced that R42 was his wife, and he wanted her to leave with him. The report documented R44 grabbed her wrist, and when</p>	S9999		

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6001044	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 02/27/2024
--	--	---	---

NAME OF PROVIDER OR SUPPLIER LEBANON CARE CENTER	STREET ADDRESS, CITY, STATE, ZIP CODE 1201 NORTH ALTON LEBANON, IL 62254
--	--

(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>she refused to go, R44 slapped her in the face. The report documented the nurse assessed R42, and she had no bruising or injuries to face or wrist. The report documented "In conclusion the QA (Quality Assurance) team implemented a new intervention that the residents are to remain apart."</p> <p>R42's MDS dated 12/11/23 documents R42 is moderately cognitively impaired.</p> <p>R42's Behavioral Care Plan dated 1/1/24 documents Resident will have a stable, safe environment with routine scheduling of activities. The Care Plan document to Monitor for signs and symptoms of fatigue or agitation.</p> <p>R44's Incident investigation form dated 4/19/23 documents a resident-to-resident altercation occurred on 4/18/23. The form documented "CNA (Certified Nursing Assistant) heard a slap. (R44) states (R42) slapped him, R44 slapped back. Must keep residents apart. Must have staff in the common area. Immediately separated."</p> <p>V23's (CNA) written statement dated 4/18/23 documented "I heard (R44) and (R42) arguing. She was calling him names because he bumped into her walker. I went to break them up and before I got in there, I heard a slap and seen (R44) standing over (R42). (R44) stated that she hit him, so he hit her back."</p> <p>The follow up to the initial report, dated 4/19/23 documented "In conclusion, the QA team implemented a new intervention that the residents are to remain apart from each other and staff must be present in common areas at all times."</p> <p>2. R44's follow-up report, dated 5/8/23, regarding</p>	S9999		

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6001044	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 02/27/2024
--	--	---	---

NAME OF PROVIDER OR SUPPLIER LEBANON CARE CENTER	STREET ADDRESS, CITY, STATE, ZIP CODE 1201 NORTH ALTON LEBANON, IL 62254
--	--

(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>the incident on 5/3/23, documents "I was reported by the nurse and staff that (R44) wandered into (R45) room. She (R45) then yelled at him (R44) to get out. Staff heard altercation and ran to the room. Upon entrance both residents were hitting each other and yelling. Staff immediately separated them. Upon assessment the nurse noted scratches on both resident's arms. After redirection no further incidents occurred."</p> <p>R44's Nurse's Note, dated 5/3/23 documented "Was notified by staff that he heard resident yelling. (R44) wanted resident out of her room. CNA separated residents (and) notified me. Skin assessment done." The Note documented "3 x 1.5 purple bruise L (left) forearm, 1.5 x 1 purple bruise to L forearm, 4.5x3.5 purple bruise L forearm, 2 x .5 purple bruise top left hand, 1.5 x 1 purple bruise to left hand and 2 x 1 purple bruise top of left hand."</p> <p>R45's Nurse's Note, dated 5/3/23, documented "Was notified by staff that he heard yelling for (R44) to get out of her room. CNA separated residents and notified the nurse skin assessment done. Resident has 1.x .2 scratch to top of left hand, 1.5 x .5 bruise to left hand (and) 2 x 2 bruise to top of left hand."</p> <p>R45's MDS dated 12/11/23 documents R45 is severely cognitively impaired.</p> <p>R45 Behavioral Care Plan dated 2/17/24 documents R45 has behavioral disturbances and cognitive deficits. R45's Care Plan Intervention documents Remove resident from situations that are causing anxiety and observe for cues of agitation.</p> <p>3. R44's Initial Report, dated 7/7/23, regarding</p>	S9999		

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6001044	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 02/27/2024
--	--	---	---

NAME OF PROVIDER OR SUPPLIER LEBANON CARE CENTER	STREET ADDRESS, CITY, STATE, ZIP CODE 1201 NORTH ALTON LEBANON, IL 62254
--	--

(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>incident date 7/6/23 documents "There was a resident-to-resident altercation between (R44) and (R41)." The report documented "Both residents showing aggressive behaviors. (R44) had his hands around (R41) neck, and (R41) scratched (R44)."</p> <p>R44's Quality Care Reporting Form, dated 7/6/24, documents "scratches to hand, arm, face."</p> <p>R41's A.I.M for Wellness form, dated 7/6/23, documented "Was called to TV room when heard screaming. When I got in, I witnessed the other resident hovering over resident with hand on neck. Residents were separated calmed down." The report documented there was redness on R41's neck.</p> <p>R41's MDS dated 12/2/23 documents R41 is severely impaired for daily decision making.</p> <p>R41's Behavior Care Plan dated 12/2/23 documents residents have behavioral disturbances and cognitive deficits. R41's Goal is resident will have stable, safe environment with routine scheduling of activities to decrease. The Care Plan goal documents Interventions: remove resident from situations that are causing anxiety and observe for cues of agitation.</p> <p>4. R44's Incident Investigation Form dated 1/28/24 at 3:00 PM documents V25's (CNA) Interview as "I was standing in the doorway of the sitting room on the Dementia Unit. (R44) walked by and was heading to the couch to sit by (R23). (R23) then moved the walker next to her in (R44's) way so he couldn't sit down. (R23) stated b**** f*** you. He tried to move the walker out of the way, but she moved it back in front of him. (R44) then threw the walker and placed his left</p>	S9999		

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6001044	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 02/27/2024
--	--	---	---

NAME OF PROVIDER OR SUPPLIER LEBANON CARE CENTER	STREET ADDRESS, CITY, STATE, ZIP CODE 1201 NORTH ALTON LEBANON, IL 62254
--	--

(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>hand on (R23) throat. I immediately stepped in between them and pulled his hand off her throat. He then tried to slap her, while I was pulling him away stated " I'm gonna get ya" I took (R44) to the dining room to redirect him and immediately notified the nurse."</p> <p>R44's Psychiatry Note dated 1/29/24 documents Chief Complaint: "Patient stated I'm fine. Per staff the patient attempted to strangle another resident. He has a documented history of Major Depressive Disorder, General Anxiety Disorder, and Dementia with behaviors. He denies feeling depressed or hopeless. Physicals and verbal aggression. R44's medications are Depakote 500mg (milligrams) QD (every day), Escitalopram 15mg QD Ativan 1 mg at 6:00 PM.</p> <p>R23's MDS dated 1/27/24 documents R23 is severely cognitively impaired. R23's Behavioral Care Plan dated 2/15/24 documents Resident will have a stable, safe environment with routine scheduling of activities to decrease behaviors.</p> <p>On 2/22/24 at 3:05 PM V23 (CNA), stated, "Sometimes he (R44) is sweet and helpful with other resident's other days he is easily agitated. We try to redirect and get him away from other residents. We sometimes get him a new staff and that helps get him away from other residents. He has 15-minute monitoring and also behavior charting."</p> <p>On 2/23/24 at 9:35 AM V14 (CNA) stated, "He (R44) has behaviors, but his behaviors are more spread out now. He can be a handful." 5. R49's Face Sheet documents R49 was admitted to the Facility on 5/29/23 with diagnoses including Alzheimer's disease and dementia.</p>	S9999		

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6001044	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 02/27/2024
--	--	---	---

NAME OF PROVIDER OR SUPPLIER LEBANON CARE CENTER	STREET ADDRESS, CITY, STATE, ZIP CODE 1201 NORTH ALTON LEBANON, IL 62254
--	--

(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>R49's MDS dated 9/5/23 documented R49 was severely cognitively impaired and required supervision with ambulation.</p> <p>R49's Care Plan starting 7/26/23 documents, "Impaired cognition as related to Alzheimer's/Dementia." R49's Care Plan does not address abuse.</p> <p>R37's Face Sheet documents R37 was admitted to the Facility on 7/6/22 with diagnoses including unspecified dementia, unsteadiness on feet, and other lack of coordination.</p> <p>R37's MDS dated 8/19/23 documented R37 walked with supervision. R37's cognition was not evaluated.</p> <p>R37's Care Plan starting 10/19/22 documents, "Resident may display ineffective coping or overt behaviors due to PTSD (Post-Traumatic Stress Disorder) diagnosis." R37's Care Plan does not address abuse.</p> <p>The Facility's Initial Report sent to the state agency on 9/22/23 at 7:10 PM documents R37 and R49 were involved in a resident-to-resident altercation. The Report documented there were no injuries, the residents' physicians and families were notified, and an investigation was initiated.</p> <p>V13's (Activities Director) Witness Statement dated 9/22/23 at 7:30 PM documents, "In the doorway of nurses station on (Memory) unit, at 7:00 PM, (R37) was walking down the hallway from his room without his walker, so I walked to his room and got it for him. He was agitated and yelled "this is your fault". (R37) then started walking with walker, and aggressively jerking his walker around. (R37) was screaming about his</p>	S9999		

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6001044	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 02/27/2024
--	--	---	---

NAME OF PROVIDER OR SUPPLIER LEBANON CARE CENTER	STREET ADDRESS, CITY, STATE, ZIP CODE 1201 NORTH ALTON LEBANON, IL 62254
--	--

(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>wife. (R49) then walked from the dining room and put his hand on (R37)'s shoulder and said, "Hey bud calm down". (R37) yelled "I [sic] not going to f***** calm down". (R49) then put both of his hands on (R37)'s chest pushing him down. (R37) landed on his buttocks."</p> <p>On 2/21/24 at 12:23 PM, V13 (Activities Director) stated she witnessed the incident between R49 and R37. V13 stated, "Basically, (R37) was agitated and yelling and cussing at me, trying to leave (the locked unit). I was trying to calm him down. We had called his wife and tried other things to calm him down. He was standing by the nursing station when (R49) came up and said, 'Hey, Bud...Calm down, Bud. It's not that serious.' (R37) reacted by yelling and screaming and continuing to cuss. (R49) pushed him, trying to be protective of me, I think. I think (R37) was blaming me for his wife not coming down here. (R37)'s butt hit the ground, but he did not hit his head. He didn't express pain but was still irate. I stood in between them blocking them (from each other) until another staff member came to help me separate them. (R49) went to the TV room, and (R37) refused to get up."</p> <p>The Facility's Final Report sent to the state agency on 10/31/23 substantiated the abuse, documenting, "Investigation revealed (R49) did push (R37) down onto his buttocks."</p> <p>On 2/23/24 at 10:40 AM, V1 (Administrator) stated she expects the Facility to follow its abuse policy.</p> <p>The Facility's "Abuse Prevention Program" Policy revised 11/28/2016 documents, "This facility affirms the right of our residents to be free from abuse, neglect, misappropriation of resident</p>	S9999		

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6001044	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 02/27/2024
--	--	---	---

NAME OF PROVIDER OR SUPPLIER LEBANON CARE CENTER	STREET ADDRESS, CITY, STATE, ZIP CODE 1201 NORTH ALTON LEBANON, IL 62254
--	--

(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 8</p> <p>property, and exploitation as defined below." "This facility therefore prohibits mistreatment, exploitation, neglect or abuse of its residents, and has attempted to establish a resident sensitive and resident secure environment." "This 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, friends, or any other individual." "Abuse is the willful injection of injury, unreasonable confinement, intimidation, or punishment with resulting physical harm, pain or mental anguish." "An adverse event is an untoward, undesirable, and usually unanticipated event that causes death or serious injury, or the risk thereof."</p> <p>"B"</p>	S9999		