(X6) DATE

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		, ,	E CONSTRUCTION	(X3) DATE COMP	SURVEY LETED	
,	o. oo		A. BUILDING:	A. BUILDING:		
		IL6006712	B. WING		06/1	; 1/2024
NAME OF I	PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, S	STATE, ZIP CODE		
RENAISS	SANCE CARE CENTE	R 1675 EAS CANTON,	T ASH STRE IL 61520	ET		
(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 CORRECTI (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPRO DEFICIENCY)	_D BE	(X5) COMPLETE DATE
S 000	Initial Comments		S 000			
	Complaint 2424291	16/IL173835				
S9999	Final Observations		S9999			
	Statement of Licen	sure Violations:				
	300.610a) 300.1210b) 300.1210d)4)C) 300.3240a)					
	Section 300.610 R	esident Care Policies				
	procedures govern facility. The written be formulated by a Committee consisti administrator, the a medical advisory confinersing and other policies shall compolicies the facility and shall be confined by the written policies the facility and shall compolicies the facility and shall be confined by the written policies the facility and shall be confined by the written policies the facility and shall be confined by the written policies the facility and shall be confined by the written policies the facility and shall be confined by the written by the writen by the written by the written by the written by the written b	advisory physician or the committee, 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				
	Section 300.1210 Nursing and Person	General Requirements for nal Care				
	care and services to practicable physical well-being of the reeach resident's complan. Adequate and care and personal of	shall provide the necessary o attain or maintain the highest I, mental, and psychological sident, in accordance with apprehensive resident care I properly supervised nursing care shall be provided to each e total nursing and personal				

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

06/14/24 **Electronically Signed**

TITLE

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA		()(0)	E CONCERNATION.	()(0) 5 4 7 7	OLIDVE),	
	IT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION		(X3) DATE SURVEY COMPLETED	
		 -	A. BUILDING:			
			D WINC		C	
		IL6006712	B. WING		06/1	1/2024
NAME OF F	PROVIDER OR SUPPLIER	STREET ADI	DRESS, CITY, S	STATE, ZIP CODE		
DENIAICO	SANCE CARE CENTE	B 1675 EAS	T ASH STRE	ET		
KENAIS	SANCE CARE CENTE	CANTON,	IL 61520			
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPROF DEFICIENCY)	D BE	(X5) COMPLETE DATE
S9999	Continued From pa	ge 1	S9999			
	care needs of the re	esident.				
	nursing care shall in following and shall I seven-day-a-week I 4) Personal ca 24-hour, seven-day	re shall be provided on a -a-week basis. This shall				
	include, but not be limited to, the following: C) Each resident shall have clean, suitable clothing in order to be comfortable, sanitary, free of odors, and decent in appearance. Unless otherwise indicated by his/her physician, this should be street clothes and shoes.					
	Section 300.3240 A	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 requirements were not met as evidenced by:					
	failed to ensure that from abuse in a sar reviewed for abuse.	and record review the facility t one resident (R1) is free mple of three residents . This failure caused R1 to be th outer clothes and to have				
	Findings Include:					
	8/11/2017 documer resident abuse or mincluding staff mem	se Reporting" policy dated hts "This facility will not tolerate histreatment by anyone, bers, other residents, eers, and staff of other				

Illinois Department of Public Health

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Illinois L	epartment of Public	Health				
	IT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE COMP	SURVEY
		IL6006712	B. WING		06/1	1/2024
NAME OF	PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, S	STATE, ZIP CODE		
RENAISSANCE CARE CENTER 1675 EAS CANTON,		T ASH STRE IL 61520	ΈΤ			
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S9999	Continued From pa	ge 2	S9999			
	agencies, resident representative, legal guardians, friends or other individuals."					
	purposes of this pomembers in recogn definitions shall per infliction of injury, u intimidation, or purpose of the period of the	ing" policy documents "For the licy, and to assist staff izing abuse, the following tain: Abuse: The willful nreasonable confinement, ishment with resulting physical ntal anguish or by deprivation cluding a caretaker, of goods necessary to attain ore mental psychosocial Abuse: as used in this mean the individual must ately, not that the individual to inflict injury or harm." uding, but not limited to, ment, threats of punishment, eatment or services." ent: means the failure to all health treatment, psychiatric and care, or assistance with ing that is necessary to avoid atal anguish, or mental illness."				
	that V9 (R1's Health complained that on 5/17/24-5/19/24 she smelled of urine an Up" section of the of "Investigation and (n Care Power of Attorney)				
		or Allegation related to (R1) ments that "R1 is alert with				

confusion and has a BIMS (Brief Interview for

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING: (X2)		(X3) DATE SURVEY COMPLETED	
		7. BOILDING.		c	`
	IL6006712	= 1		, 1/2024	
NAME OF PROVIDER OR SUPPLIER	STREET ADD	DRESS, CITY, S	STATE, ZIP CODE		
RENAISSANCE CARE CENTER	1675 EAS	T ASH STRE	ET		
REMAIOSANGE GARE GENTER	CANTON,	IL 61520			
PREFIX (EACH DEFICIENCY MUST	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)		PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPROF DEFICIENCY)	D BE	(X5) COMPLETE DATE
S9999 Continued From page 3		S9999			
Mental Status) score of 2 15/indicating R1 is severed She uses a (reclining paramobility that is propelled utilize her right arm and vair. She is able to utilize hoften raise it in the air. She and grasp with her right a current care plan for cryin aggression (yelling and caggression (grabbing and herself out of her (reclining the state of t	rely cognitively impaired) dded wheelchair) for by staff. She is able to will often raise it in the her right arm and will he is also able to reach arm/hand. (R1) has a ng/being tearful, verbal cursing), physical d hitting) and pushing ng padded wheelchair)." gation related to (R1) so "The following was proximate 5:45 PM V6 in for her shift and went the had her arm up in the 1) sometimes does this ph not consistently due to 6/RN) checked (R1) she soiled, and she was slid (V6/RN) immediately sist her in changing (R1) approximately 6:00 PM of Nurse Aide) took (R1) approximately 6:00 PM of Nurse Aide) took (R1) are and laid her down, why the resident was and soiled. (V3/RN)'s was having behaviors of taff who provided cares. Priview that (R1) was ne time she interacted aving behaviors when she cares. V3/CNA) was 1/24 stated during her been having behaviors of at day and the day	S9999			

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:			E CONSTRUCTION	(X3) DATE COMP	SURVEY LETED	
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		IL6006712	B. WING			1/2024
NAME OF	PROVIDER OR SUPPLIER	STREET ADI	DRESS, CITY, S	STATE, ZIP CODE		
RENAISSANCE CARE CENTER 1675 EAST CANTON,		T ASH STRE IL 61520	ET			
(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 CORRECT (EACH CORRECTIVE ACTION SHOU CROSS-REFERENCED TO THE APPRO DEFICIENCY)	LD BE	(X5) COMPLETE DATE
\$9999	these behaviors we physically aggressi grabs and holds on (R1) was when she nurses' station at a asked the nurses if change (R1) and lated by (V3/RN) not the behaviors (R1) The "Final Report of documents that "it not understanding resident behaviors completed even dubehaviors. It also being truthful about to staff in regard to On 6/7/24 at 12:42 the time of allegation with R1 or R1 remained in her with no toileting and incontinent brief fro 5/19/24 until V6 (R0 (Certified Nurse Aid changed her "arour On 6/7/24 at 11:30 seemed confused allegation regarding V3 stated "what we wouldn't remember weekend." When a from the facility V3 that I didn't want th just to change (R1)	ere occurring due to her being we and bruising staff when she a.(V4/CNA) sated she noticed was in the TV area by the pproximately 2:20 PM and had they wanted her to attempt to ay her down. (V3/CNA) was change her at that time due to was exhibiting." or Allegation related to (R1)" was clear" that (V3/RN) was the appropriate response to and ensuring cares are ring the occurrence of ecame clear that she was not ther instructions and response (R1) on 5/19/24. V8 (Administrator on call at on) stated that she reviewed was in question regarding the control of	S9999			

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		` ′	E CONSTRUCTION	(X3) DATE	SURVEY LETED		
AND FLAN	OF CONNECTION	IDENTIFICATION NOWIDER.	A. BUILDING:	A. BUILDING:			
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RENAISS	SANCE CARE CENTE	R	T ASH STRE	ET			
		CANTON,	IL 61520				
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S9999	Continued From pa	ge 5	S9999				
	(staff working at the time of the incident) thought they should have changed (R1) that is on them, not me. They know how to do their jobs."						
	stated "On that day little resistive in the made sure she was push it with her. Whoticed she was slic padded wheelchair, cushions. At about about it and she sai quit trying to get out go lay (R1) down ar stated 'No, she can down." V4 stated "(she does pinch son to leave her wet like that time, 2:00 PM, "needed changed." that she could have being physically har	AM V4 (Certified Nurse Aide) (5/19/24) (R1) was being a morning after breakfast. So I dry and positioned and didn't men I went back after lunch I down in her (reclining) with foot part over the couch 2:00 PM I asked (V3/RN) down that she couldn't get (R1) to to for chair. I told her I would had change her and (V3/RN) just stay there until she calms R1) can be mean and yell and netimes, but I have never had at that before." V4 stated that at R1 was visibly soiled and V4 stated that she believed given cares to (R1) without med. V4 stated that at 2:00 ing behaviors that V4 could					
	5/21/24 documents it was about 5:45 Plagainst the blue sof the sofa-she looked her chair and there her." "I just, how shand that's why I we about it." I said som because she was o down in her chair all behaviors and I said grabbed my hand, s	se) written statement dated "When I had come in for work M and (R1) was positioned fa, her feet were kind of over I like she was sliding out of was urine and fecal matter on e was, it wasn't appropriate, nt to (V8/Administrator on call) mething to (V3/RN) about it n that side, about her sliding nd she said she's been having d when I walked over she just she wasn't having any /RN) didn't have an answer to					

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:			E CONSTRUCTION	(X3) DATE COMP	SURVEY LETED	
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		CANTON,				
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	that."					
	confirmed that she 5:45 PM and found clothes with visible food on her clothes confirmed that V3 (that R1 had been him prevented the staff wasn't comfortable have never had to I that state before. If the grabbing and pinher left side she cabehaviors usually nisomething." V6 staff	PM V6 (Registered Nurse) came in on 5/19/24 around R1 "visibly soiled through her BM (Bowel Movement) and and she smelled." V6 Registered Nurse) told her aving behaviors that from giving cares. V6 stated "I with that, so I reported it." "I eave a confused resident in (R1) is having behaviors like inching if you approach her on nnot reach you. (R1)'s nean that she needs ted that when she and V5 de) changed R1 that she had was not resistive.				
	stated "when I cam (V6/RN) told me to down. At that time and you could see ended up soaking of Movement) because a scale of 0-10 with a ten plus. It was not loved one looked lill trained on how to dunderstand why (R been left that bade when we laid her downer I did the external conformation of the when I did the external conformation of the whole I did the external conformation	M V5 (Certified Nurse Aide) e in on that day (5/19/24) clock in and help her lay (R1) (around 6:00 PM) (R1) stunk, that she was wet and messy. I off some of the BM (Bowel e it was dried into her skin. On a 10 being the worse, she was asty and I would be upset if my ke that." "We have been eal with behaviors, so I don't 1) would have had to have ever." "She had no behaviors bown and she had no behaviors own and she had no behaviors nsive clean up." AM V9 (R1's Health Care stated "I stopped in on the ner 5/19 or 5/20 and (R1) my granddaughter with me,				

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:			E CONSTRUCTION	(X3) DATE COMF	SURVEY PLETED	
		IL6006712	B. WING			C 11/2024
NAME OF	PROVIDER OR SUPPLIER	STREET ADD	ORESS, CITY, S	STATE, ZIP CODE		
RENAIS	SANCE CARE CENTE	R 1675 EAS CANTON,	T ASH STRE IL 61520	EET		
(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 (EACH CORRECTIVE ACT CROSS-REFERENCED TO 1 DEFICIENC	TION SHOULD BE THE APPROPRIATE	(X5) COMPLETE DATE
S9999	and she usually clir her and she would because she stunk did ask staff and th mean, which I know did bother me enou	mbs up in (R1)'s lap and hugs not even get close to her so bad. The smell was awful. I ey told me she had been being v she does sometimes. But it ugh that I went ahead and e I've never seen her that	\$9999			

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