STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	IL6013783	A. BUILDING: _____ B. WING _____	C 05/16/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
EDWARDSVILLE TERRACE	808 SOUTHWEST PLACE EDWARDSVILLE, IL 62025

(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
Z 000	COMMENTS Complaint Investigation: 2443223/IL172355 Facility Reported Incident of 3-22-24, 3-23-24, 4-25-24/IL172427	Z 000		
Z9999	FINDINGS Statement of licensure Violations: 350.620a) 350.1230d)2) 350.3240a) 350.3240b) 350.3240e) Section 350.620 Resident Care Policies a) The facility shall have written policies and procedures governing all services provided by the facility which shall be formulated with the involvement of the administrator. The policies shall be available to the staff, residents, and the public. These written policies shall be followed in operating the facility and shall be reviewed at least annually. Section 350.1230 Nursing Services d) Direct care personnel shall be trained in, but are not limited to, the following: 2) Basic skills required to meet the health needs and problems of the residents. Section 350.3240 Abuse and Neglect a) An owner, licensee, administrator,	Z9999		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	IL6013783	A. BUILDING: _____ B. WING _____	C 05/16/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
EDWARDSVILLE TERRACE	808 SOUTHWEST PLACE EDWARDSVILLE, IL 62025

(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
Z9999	Continued From page 1	Z9999		

employee or agent of a facility shall not abuse or neglect a resident. (Section 2-107 of the Act)

b) A facility employee or agent who becomes aware of abuse or neglect of a resident shall immediately report the matter to the facility administrator. (Section 3-610 of the Act)

e) Employee as perpetrator of abuse. When an investigation of a report of suspected abuse of a resident indicates, based upon credible evidence, that an employee of a long-term care facility is the perpetrator of the abuse, that employee shall immediately be barred from any further contact with residents of the facility, pending the outcome of any further investigation, prosecution or disciplinary action against the employee. (Section 3-611 of the Act)

Based on observation, record review and interview, the facility failed to:

1) Protect individuals during an investigation of an allegation of physical and/or verbal abuse by staff and ensure after an allegation of physical and/or verbal abuse, all recommended training is complete, failed to ensure a thorough investigation was complete for allegations of physical and/or verbal abuse by staff, this has the potential to impact all 16 individuals residing at the facility (R1-R16).

2) Protect an individual from abuse, impacting one of one individual in the sample (R5) who was held down during medication pass.

Findings include:

Facility Roster, revised 2/23, identifies R2-R4, R8, R9 as individuals who function within the Mild

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	IL6013783	A. BUILDING: _____ B. WING _____	C 05/16/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
EDWARDSVILLE TERRACE	808 SOUTHWEST PLACE EDWARDSVILLE, IL 62025

(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
Z9999	Continued From page 2 Range for Individuals with Intellectual Disabilities; R6, R10-R13 as individuals who function within the Moderate Range for Individuals with Intellectual Disabilities; R7, R14 as individuals who function within the Severe Range for Individuals with Intellectual Disabilities; R1, R5, R15, R16 as individuals who function within the Profound Range for Individuals with Intellectual Disabilities. Facility Investigative Committee Policy revised 04/24 includes, "Procedure: B. If the allegation is that an employee committed an act of abuse or neglect, the employee shall be suspended from duty until such time as the: 1. Investigation is completed, and 2. The Administrator considers the report and takes administrative action. Definitions: Abuse: The willful infliction of injury, unreasonable confinement, intimidation, or punishment with resulting harm, pain, or mental anguish. D. The Administrator shall call a meeting of the Investigative Committee. The Administrator will designate a chair and the committee members. E. The committee members shall meet to review the allegations, conduct interviews and examine the information available that is pertinent to the incident. F. Upon completion of the committee investigation, a report containing the findings shall be presented. G. The Administrator shall make the final decision as to the appropriate action required, taking into consideration the findings and recommendations of the committee." Facility Individual Rights Policy revised 12/15 includes, "6. Freedom from Abuse and Restraint: a. Each individual shall be free from mental and physical abuse. b. Each individual shall be free from chemical and physical restraints unless authorized by a physician, in writing, for a	Z9999		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	IL6013783	A. BUILDING: _____ B. WING _____	C 05/16/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
EDWARDSVILLE TERRACE	808 SOUTHWEST PLACE EDWARDSVILLE, IL 62025

(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
Z9999	Continued From page 3	Z9999		

specified period of time."

On 5/1/24 at 8:26 am, E1 (Regional Manager) stated the definition of abuse is, "The willful infliction of injury, unreasonable confinement, intimidation or punishment with resulting harm, pain, or mental anguish."

On 5/2/24 at 11:10 am, E2 (Administrator) stated the definition of abuse is, "The willful infliction of injury, unreasonable confinement, intimidation or punishment with resulting harm, pain, or mental anguish."

1) Facility Investigative Committee Report dated 4/15/24 includes, "The Investigative Committee consisted of E13 (Regional Manager) and E12 (Trainer). Based on the information obtained during interviews, it was determined that on Monday, April 8th, when E6 (Direct Support Person/DSP), E8 (DSP), E9 (DSP), and E7 (DSP) were all working in the morning, one of the staff had asked R3 to get ready for work. R3 had an appointment that day, so R3 was not going to work. R3 came into the dining room, upset, due to the request made of R3. E6 had a conversation with R3 and had deescalated the incident by letting R3 know that R3 was correct and E6 just hadn't communicated that to the other staff yet. As R3 was leaving the dining room E8, who was also sitting at the dining room table, just outside the med room, got up from the chair, in an aggressive way, and approached R3, yelling at him. R3 responded. They (E8 and R3) were yelling at each other. It was reported that R3 threatened to shoot E8, and E8 was asking R3 if he wanted to fight. They (E8 and R3) were nose to nose and E6 squeezed her way in-between then (them), redirecting R3 to leave the area, which R3 eventually did. There was another

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	IL6013783	A. BUILDING: _____ B. WING _____	C 05/16/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
EDWARDSVILLE TERRACE	808 SOUTHWEST PLACE EDWARDSVILLE, IL 62025

(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
Z9999	Continued From page 4	Z9999		

incident on Wednesday April 10th, also reported on April 12th. At the morning med pass, E9 (DSP) yelled at R3 to come take his 'f***ing meds', R3 then got upset; R3 was yelling and cursing. E9 then called E8, asking E8 to come over to 'handle the situation' with R3. Multiple staff stated during their interviews that E9 calls E8 frequently to come to the home when E9 is having issues with R3 not being compliant. When E8 arrived at the facility E8 went to R3, who was in the living room. R3 told E8 to leave him alone, then E8 asked R3 if he wanted to fight. What was corroborated, is that E8 pushed R3, then grabbed R3 by R3's shirt, then grabbed R3's arms, by the wrists, pushing R3 into the wall in the foyer area of the home. When R3 let go, R3 fell into a storage tote that was at R3's feet. Both R3 and an observing staff report this is how the event occurred. Analysis: After a review of all interview statements and related documentation, at this time there is evidence to support that E8 did have inappropriate interactions with R3. Additionally, E9 has called E8 to 'help her' with R3 and has used cuss words toward R3 when making requests of R3. Considerations: Administrative action and retraining for E8."

Facilities Investigation Interview with E7 dated 4/15/24 includes, "R3 was having a behavior and E8 snatched R3 up and forced R3 down on R3's bed. E8 stated to staff that I (E8) am the mentor and don't document what just happened. This was in Dec (December) 2023."

On 4/30/24 at 11:23 am, E7 confirmed on 12/23, E8 forced R3 onto R3's bed. E7 stated, "I heard commotion and went to (R3's) room. (E8) was on top of (R3). (R3's) face was in the bed and (E8) had both his (E8) hands on top holding (R3) down."

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	IL6013783	A. BUILDING: _____ B. WING _____	C 05/16/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
EDWARDSVILLE TERRACE	808 SOUTHWEST PLACE EDWARDSVILLE, IL 62025

(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
Z9999	Continued From page 5	Z9999		

Facilities Investigation Interview with E6 dated 4/15/24 includes, "This past week maybe Monday, there was an incident with R3 in which R3 had an appointment that morning, one of the other DSP's had asked R3 to get ready for work so R3 came into the dining room upset. E6 told E8 that E6 was handling it and that R3 is calming down. Letting the other person know and that R3 was right, R3 did not need to get ready for work because of R3 having a doctor appointment. E6 felt that E6 was deescalating R3. Then in the dining room E8 shot up from E8's chair and approached R3 in a confrontational way, yelling and cussing. During the heated exchange of yelling and cussing. R3 and E8 was nose to nose, cussing at each other, E6 then nudged herself between them, E6 said she was sandwich herself in-between the two of them."

On 4/30/24 at 10:00 am E6 stated, "(E8) is really combative and doesn't deescalate. (E8) antagonized (R3) and it's a common occurrence. On 4/8/24, (R3) had a doctor's appointment. (R3) was in the living room. Someone said I'm getting (R3's) lunchbox. (R3) came in yelling. I deescalated and (R3) was walking out. (E8) started yelling at him saying, 'Why are you coming in here asking questions? We tell you where you need to go.' (E8) shoots up and gets in (R3's) face yelling, 'You don't want this. We can go round two.' I'm between them. I directed (R3) to the living room. I asked (E8) what are you doing. (E8) started saying, 'Oh yeah, like you can do it better.' (E8) was then yelling at (R3) from the dining room, 'I can't wait to tell your grandpa."

Facilities Investigation Interview with E7 dated 4/15/24 includes, "On 4/10/24 E8 jumped up in R3's face asking R3 if R3 wants to fight and was

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	IL6013783	A. BUILDING: _____ B. WING _____	C 05/16/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
EDWARDSVILLE TERRACE	808 SOUTHWEST PLACE EDWARDSVILLE, IL 62025

(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
Z9999	Continued From page 6	Z9999		

bulling (bullying) R3. On Fri (Friday) E8 told E7 that E8 had to snatch R3 up and E8 shoved R3 in a basket and made R3 cry for his Grandpa. E8 has been heard calling R3 a Fag and a sissy boy."

On 4/30/24 at 11:23 am, E7 confirmed she (E7) worked at the facility on 4/8/24. E7 stated, "On 4/8/24, (R3) came in dining room upset and said something to (E6), (E6) calmed (R3) down. (E8) got up and said, 'You wanna fight to (R3)." E7 then confirmed she (E7) didn't work at the facility on 4/10/24. E7 stated, "But (E8) told me, you should have seen what I did to (R3). (E8) demonstrated that he put (R3) against the wall. (E8) said (R3) was crying for his grandpa and (E8) said he (E8) let go and (R3) fell into a basket."

On 4/30/24 at 8:54 am, E1 (Regional Manager) confirmed R3 and R7 are individuals who can be interviewed.

On 4/26/24 at 8:04 am, R3 confirmed an altercation happened between R3 and E8 on 4/10/24. R3 stated, "(E9) called (E8) on the phone to come here and handle me down." R3 confirmed he (R3) was unsure why E9 called E8. R3 then stated, "(E9) was yelling at me to take my meds. Then (E9) called (E8). (E8) came in and just started shoving me and swung me." R3 confirmed E8 has pushed R3 before. R3 stated, "A couple times." R3 also confirmed R3 has not reported those incidents and stated, "I was scared to."

On 4/30/24 at 10:15 am R7 confirmed on 4/10/24, E8 pushed R3. R7 stated, "(E8) is the boss of (R3). (E8) was sticking up for me. (E8) pushed

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	IL6013783	A. BUILDING: _____ B. WING _____	C 05/16/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
EDWARDSVILLE TERRACE	808 SOUTHWEST PLACE EDWARDSVILLE, IL 62025

(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
Z9999	Continued From page 7	Z9999		

(R3). (E8) made (R3) mad. (E8) said (R3) attacked me, but (R3) didn't attack me."

On 4/30/24 at 1:05 pm, E12 confirmed E12 and E13 did the investigation for the incident of 4/15/24 regarding R3, E8 and E9. E12 confirmed an investigation was not done on the reported allegation, made by E7, between R3 and E8 from 12/23. E12 also confirmed no evidence could be produced that E5 and E7 were questioned about allegation on 4/8/24 between R3 and E8.

On 4/30/24 at 2:21 pm, E13 confirmed an investigation was not done on the reported allegation, made by E7, between R3 and E8 from 12/23. E13 also confirmed there is no evidence that E5 and E7 were questioned about the allegation on 4/8/24 between R3 and E8. Both E12 and E13 confirmed a thorough investigation was not done and both E12 and E13 stated, "We should have separated them."

On 5/1/24 at 11:41 am E8 stated, "On 4/10/24, (R3) doing (R3) thing yelling and cussing at staff. (R3) went in living room. (R7) said something to (R3), (R3) charged (R7). I intervened, grabbed (R3's) wrist and put him to the wall. I held on to (R3) for two seconds and let go. (R3) started walking and fell into a grey tote."

On 5/1/24 at 9:56 am, E13 confirmed on 4/10/24, E8 was scheduled at another ICF (Intermediate Care Facility) facility owned by same cooperation. E13 stated on 4/10/24, "(E8) told (Z2) (DSP) he (E8) needed medicine for his (E8) shoulder and asked if (Z2) wanted breakfast. (E8) left the ICF facility and didn't return to the facility for an hour and a half."

On 4/30/24 at 2:21 pm, E13 stated, "For (E8), we

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	IL6013783	A. BUILDING: _____ B. WING _____	C 05/16/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
EDWARDSVILLE TERRACE	808 SOUTHWEST PLACE EDWARDSVILLE, IL 62025

(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
Z9999	Continued From page 8	Z9999		

recommended termination. It was sent to (E2) and (E1). The Administrator and Regional (Regional Manager) makes the final decision. The final decision was to move (E8) to another ICF facility. I won't allow (E8) in my homes because that's how strongly I feel this happened. (E7) and (R3) demonstrated the same thing happened during separate interviews."

On 5/1/24 at 9:56 am, E13 confirmed the initial decision of the investigative findings made by E12 and E13 was abuse. E13 stated, "We deemed (E8) as verbal and physical abuse and (E9) as verbal abuse."

On 5/1/24 at 2:09 pm, E12 confirmed initial submission of evidence was a physical altercation did occur between E8 and R3. E12 stated, "Interpreted as physical abuse."

On 5/2/24 at 11:10 am, E2 confirmed when E12 and E13 concluded the investigation E2 received a report. E2 stated, "When finished, a typed summary was sent to (E1) and me." E2 stated the following documents that were reviewed included, "Notes, statements and interviews." E2 confirmed recommendations on an investigation, administrator has the final say. E2 also confirmed she (E2) was the administrator of the facility. E2 confirmed she (E2) would not consider the interaction between R3 and E8 abuse.

Facility schedule dated 4/24 documents E8 worked during the investigation on 4/12/24, 4/13/24 and 4/14/24.

E8's Timecard documents E8 worked on 4/12/24 from 5:17 am to 2:10 pm then from 10:10 pm to 2:38 pm on 4/13/24, on 4/13/24 from 11:21 pm to

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	IL6013783	A. BUILDING: _____ B. WING _____	C 05/16/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
EDWARDSVILLE TERRACE	808 SOUTHWEST PLACE EDWARDSVILLE, IL 62025

(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
Z9999	Continued From page 9	Z9999		

1:55 pm on 4/14/24, and on 4/14/24 from 10:26 pm to 6:13 am on 4/15/24.

On 5/1/24 at 11:41 am, E8 confirmed during the investigation, E8 worked at another ICF facility owned by the same corporation. E8 stated, "I worked at an ICF facility owned by the same corporation on 4/12/24 from 6am-2pm then worked at a CILA (Community Integrated Living Arrangement) for midnight shift. On 4/13/24 worked at an ICF facility owned by the same corporation from 6am-2pm and then at the same facility a midnight shift. On 4/14/24 worked at an ICF facility owned by same the corporation from 6am-2pm and a midnight shift at a CILA. Then, on 4/15/24 I was out for surgery until the 29th."

Facility schedule dated 4/24 documents E9 worked during the investigation on 4/12/24, 4/13/24 and 4/14/24.

E9's Timecard documents E9 worked on 4/12/24 from 6:02 am to 9:29 pm, on 4/13/24 from 8:00 am to 8:02 pm, on 4/14/24 from 10:08 am to 6:06 pm, and on 4/15/24 from 6:01 am to 6:17 pm.

On 5/1/24 at 1:42 pm, E9 confirmed she worked at the facility on 4/13/24, 4/14/24 and 4/15/24.

On 5/2/24 at 11:10 am, E2 stated, "Staff are generally suspended during an investigation. A decision was made since all issues brought to our attention had to do with (R3), our decision was (E8) would not work in this facility with (R3)." E2 confirmed during the investigation, E8 was allowed to work at other ICF facilities owned by the same corporation.

On 5/1/24 at 11:38 am, E8 was observed working at another ICF Facility owned by the same

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	IL6013783	A. BUILDING: _____ B. WING _____	C 05/16/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
EDWARDSVILLE TERRACE	808 SOUTHWEST PLACE EDWARDSVILLE, IL 62025

(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
Z9999	Continued From page 10	Z9999		

corporation.

R8 In-Service Education Meeting Report dated 4/18/24 includes, "Objectives: Discussed returning to aggression mgmt. (management), abuse/neglect, resident rights."

On 5/1/24 at 11:41 am, E8 confirmed E8 had no re-training since the incident. E8 stated, "I'm supposed to take Human Rights, Aggression Management, Neglect and Abuse." E8 confirmed he (E8) is unsure when the training will be. E8 then stated, "(E2) called me to the office and (E1) and (E2) gave me paperwork, said I was demoted from float and mentor, and had to take classes."

On 5/2/24 at 11:10 am, E2 confirmed training was recommended and E8 now works at another ICF facility owned by the same corporation.

On 5/2/24 at 10:47 am, E1 confirmed E8 is going to take Abuse/Neglect, Human and Individual Rights, and Aggression Management Training. E1 stated, "Abuse and Neglect on 6/3/24, Human and Individual Rights on 5/21/24, and Aggression Management on 5/16/24."

2) R5 Individual Service Plan (ISP) dated 3/11/24 includes, "I have a wheeled walker. I require 24 hour supervision and active treatment as I have limitations in the areas of self-care, independent living, and language."

R5's Individual Risk Assessment dated 4/11/24 documents a "yes" for the documented questions: "Poor compliance or non-compliance with medical orders, including medications, diet, exercise, equipment (i.e., walker, breathing apparatus, helmet, TED hose, etc.). Says or

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	IL6013783	A. BUILDING: _____ B. WING _____	C 05/16/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
EDWARDSVILLE TERRACE	808 SOUTHWEST PLACE EDWARDSVILLE, IL 62025

(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
Z9999	Continued From page 11	Z9999		

otherwise indicates 'no." A "no" is marked for the following documented questions: "Aggression. Verbal or physical threats to self. Verbal or physical threats to the safety of others."

Facility Investigation dated 4/25/24 includes, "Reason for Investigation: E10 (DSP) reported that E7 and E3 (DSP) forced R5 to take her (R5) meds by holding R5 down. E10 also stated that R3 helped E3 and E7 hold R5 down and forced pills into R5's mouth. Analysis: After review of the interviews and other evidence there is sufficient information to support the allegation that E7, E3 and R3 held R5 down to take her (R5) meds due to R5 refusing them."

General Note documented by E10 dated 4/24/24 includes, "On the 22nd in the evening R5 was refusing to come into the kitchen to take her (R5) meds. R5 would not get up from the chair in the living room so staff E3 brought her meds into the living room to try to get her to take it. After many attemps (attempts) and R5 still refusing and R5 on the ground now from jumping at E7, E7 said they were going to have to hold R5's arms down. E7 said that if R5 didn't take her (R5) meds R5 was going to be acting out all night while E3 was working. R3 was also involved without E7 telling R3 to back away, R3 yelled multiple times at R5 to take her (R5) meds. E3 came in the living room and both staff E3 and E7 and R3 held R5 down by her arms to force R5 to take her (R5) meds."

On 5/2/24 at 8:38 am E10 stated, "On 4/22/24, during med time (R5) refused to leave the living room for meds. (E3) was in the med room. (E7) brought (R5's) meds in the living room. (R5) was saying no and started pinching at (E7). (E7) took (R5's) walker away. (R5) got on the ground trying

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	IL6013783	A. BUILDING: _____ B. WING _____	C 05/16/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
EDWARDSVILLE TERRACE	808 SOUTHWEST PLACE EDWARDSVILLE, IL 62025

(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
Z9999	Continued From page 12	Z9999		

to get her (R5) walker and kept yelling no. (E7) told (R5) she (E7) was going to have to get (R5) in (R5's) chair and take her (R5) meds. (E7) picked (R5) up and (R3) was holding (R5's) legs. (R3) was screaming at (R5). (E3) came in. (E3) and (R3) held (R5's) arms. (E7) put (R5's) meds in (R5's) mouth and told (R5) to chew. (R3) got scratched on his (R3) leg and was bleeding."

On 4/26/24 at 8:04 am, R3 stated, "(R5) wouldn't take her (R5) meds. She told me (R3) to hold (R5) down." R3 then confirmed E7 told R3 to hold R5 down. R3 also confirmed E3 was present too and that R5 was sitting in the living room at the time of the incident. R3 then stated, "I held (R5's) arms because (R5) wouldn't cooperate. (R5) scratched me. I didn't want to do it, (R5's) special needs. I was scared to do it."

On 4/26/24 at 8:07 am, R3 pointed to scratches on R3's arms and leg and verified they were from R5 scratching him when R3 held R5 down. There were three scratches approximately 2 cm (centimeters) in length on R3's left arm near R3's wrist, one scratch approximately 2 cm in length on R3's right arm near R3's wrist, and three scratches behind R3's left leg; one is approximately 3 cm in length and two are approximately 2 cm in length.

R3's Health Care Report dated 4/26/24 includes, "E16 (Registered Nurse) was asked to assess some scratches on R3. R3 got the scratches from another resident. E16 performed assessment on 4/25. R3 has a 3 cm scratch to the outside of R3's left calf. R3 has two smaller 0.5 cm scratches to the upper back part of R3's left calf. R3 also has a 2 cm scratch to R3's right hand. R3 has another small 1 cm scratch to R3's left hand and to (two) smaller scratches to R3's

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	IL6013783	A. BUILDING: _____ B. WING _____	C 05/16/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
EDWARDSVILLE TERRACE	808 SOUTHWEST PLACE EDWARDSVILLE, IL 62025

(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
Z9999	Continued From page 13	Z9999		

left forearm."

3) R1's Individual Service Plan dated 3/11/24 includes, "I am nonverbal but communicate my needs with staff through gestures and pointing."

Facility Investigative Committee Minutes dated 3/22/24 includes, "The Investigation Committee consisted of E15 (Regional Manager) and E17 (Regional Trainer). An investigation was conducted on 3/22/24 concerning an allegation of inappropriate interaction reported by R2 stating E3 (DSP) hit R1 on the right arm.

Facility Progress Note dated 3/22/24 includes, "R2 came to me staying (stating) that E3 hit R1 on the left forearm and yelled at her. R1 started crying."

Facility unable to produce evidence of staff interviews for investigation of 3/22/24.

On 5/2/24 at 12:54 pm E1 stated, "There are no additional staff interviews related to the 3-22-24 incident, but there should be."

On 5/2/24 at 2:30 pm E1 stated, "There should have been clarification about the injuries to (R1's) arm injury since the incident report says (E3) hit her left arm and the investigation says (E3) hit her right arm and makes no mention of her left arm."

On 5/6/24 at 9:07 am, E15 confirmed E15 and E17 conducted the interviews for the allegation of 3/22/24. E15 confirmed staff interviews can't be produced and stated, "We have not been able to find the interviews."

3) Facility Investigative Committee Minutes dated 3/23/24 include, "The Investigative Committee

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	IL6013783	A. BUILDING: _____ B. WING _____	C 05/16/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
EDWARDSVILLE TERRACE	808 SOUTHWEST PLACE EDWARDSVILLE, IL 62025

(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
Z9999	Continued From page 14 consisted of E15 and E18 (Executive Assistant). On 3/23/24, E1 was notified that R3 made an allegation that E5 pushed R4 into the bathroom." Facility unable to produce evidence of staff statements for investigation of 3/23/24. On 5/2/24 at 3:05 pm E1 stated, "There should be staff statements for all staff listed on the investigation committee minutes as staff that were interviewed." (B)	Z9999		