

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 14E848	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 10/27/2022
NAME OF PROVIDER OR SUPPLIER Decatur Rehab & Health Care CT		STREET ADDRESS, CITY, STATE, ZIP CODE 136 South Dipper Lane Decatur, IL 62522	

For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
<p>F 0607</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>Develop and implement policies and procedures to prevent abuse, neglect, and theft.</p> <p>35046</p> <p>Based on interview and record review the facility failed to follow it's Abuse Prevention Program by failing to remove an alleged employee perpetrator from resident contact to prevent further potential abuse, failed to investigate repetitious allegations of physical and sexual abuse, and failed to report a suspicion of a crime against a resident to the local police department and to the state survey agency for one (R1) of six residents reviewed for abuse on the sample list of six. These failures have the potential to affect all 36 residents in the facility.</p> <p>Findings include:</p> <p>The facility's Abuse Prevention Program with a revision date of 11/28/16, documents, Upon learning of a report (abuse) the Administrator or designee shall initiate an investigation. This policy documents, Employees of this facility who have been accused of mistreatment, exploitation, neglect, abuse, or misappropriation of resident property will be immediately removed from resident contact until the results of the investigation have been reviewed by the Administrator. This policy also documents, If the events that cause the reasonable suspicion result in serious bodily injury or suspected criminal sexual abuse, the report shall be made to at least one law enforcement agency of jurisdiction and (state agency) immediately after forming the suspicion.</p> <p>On 10/24/22 at 9:40 AM, V18 Hospice Registered Nurse stated R1, accused a male staff person (V4) of touching her. I reported this to the nurse on 10/4/22.</p> <p>On 10/22/22 at 8:30 AM, V4 Registered Nurse stated R1 has accused him of abuse. V4 stated he is the only nurse on duty when he works as he works the third shift. V4 stated he takes care of all the residents in the building.</p> <p>On 10/22/22 at 9:43 AM, V1 Administrator stated V1 has not conducted an investigation of abuse related to R1's allegations of sexual abuse against V4. V1 has not removed V4 from having further contact with R1 and has not notified the police or the state agency after the allegation of abuse were made. V1 stated this started at the beginning of October.</p> <p>The facility's Daily Census dated 10/22/22 provided by V1 Administrator documents there are 36 residents residing in the facility.</p>

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
---	-------	-----------

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 14E848	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 10/27/2022
NAME OF PROVIDER OR SUPPLIER Decatur Rehab & Health Care CT		STREET ADDRESS, CITY, STATE, ZIP CODE 136 South Dipper Lane Decatur, IL 62522	

For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
<p>F 0609</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Timely report suspected abuse, neglect, or theft and report the results of the investigation to proper authorities.</p> <p>35046</p> <p>Based on interview and record review the facility failed to report an allegation of abuse to the state survey agency for one (R1) of six residents reviewed for abuse on the sample list of six.</p> <p>Findings include:</p> <p>On 10/24/22 at 9:40 AM, V18 Hospice Registered Nurse stated R1, accused a male staff person of touching her. I reported this to the nurse on 10/4/22.</p> <p>R1's nurse's note dated 10/6/22 at 11:00 AM, written by V8 Licensed Practical Nurse (LPN) documents, Resident very upset, stated a white male fought with her and touched her last night and she was scared to be alone.</p> <p>On 10/22/22 at 9:17 AM, V8 LPN stated she received an allegation of sexual abuse on 10/6/22 at 11:00 AM and that she told Administration.</p> <p>On 10/22/22 at 9:43 AM, V1 Administrator stated V1 did not notify the state survey agency after R1's allegations of sexual abuse were made. V1 stated R1 began to make this allegation at the beginning of October, 2022.</p>

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 14E848	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 10/27/2022
NAME OF PROVIDER OR SUPPLIER Decatur Rehab & Health Care CT		STREET ADDRESS, CITY, STATE, ZIP CODE 136 South Dipper Lane Decatur, IL 62522	
For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)		
<p>F 0610</p> <p>Level of Harm - Immediate jeopardy to resident health or safety</p> <p>Residents Affected - Many</p>	<p>Respond appropriately to all alleged violations.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 35046</p> <p>Based on observation, interview, and record review the facility failed to investigate repeated allegations of sexual and physical abuse of R1 by an employee and failed to prevent potential further abuse by failing to remove the alleged perpetrator (V4, Registered Nurse) from direct resident care for one (R1) of six residents reviewed for sexual abuse on the sample list of seven. These failures resulted in the alleged perpetrator having direct contact with R1 for ten more days in a two-week time period. During this time R1 continued to make daily allegations of physical and sexual abuse against V4, was scared for her safety, was unable to sleep, and felt like no one was listening to her. This failure had the potential to affect all 36 residents residing in the facility.</p> <p>These failures resulted in an Immediate Jeopardy.</p> <p>While the immediacy was removed on 10/27/22, the facility remained out of compliance at a Severity Level 2 while the facility continues to: provide weekly in-servicing regarding the importance of reporting all abuse allegations to the Administrator, conduct 1:1s (one to one supervision) with R1 to ensure resident's safety, conduct interviews with residents and staff to ensure safety and that no abuse has occurred, and review plans and actions during daily Quality Assurance meetings to ensure compliance.</p> <p>Findings include:</p> <p>R1's Physician Order Sheet dated 10/1/22 through 10/31/22 documents R1 has diagnoses of Congestive Heart Disease, Renal Cell Carcinoma of the Left Kidney, Arthritis, Heart Failure, and Depression. R1's Cognitive assessment dated [DATE] documents R1 has moderately impaired cognition.</p> <p>On 10/22/22 at 10:15 AM, R1 was lying in bed. R1 sat straight up in bed and stated, I have been sexually abused here. A little short guy (V4) who runs the place, he tried to abuse me sexually. I don't want anything to do with him. He is a short guy with a long ponytail. R1 then began to get tears in her eyes and stated, I have been upset and no one will listen to me. I can't sleep. He is in and out all the time. He tried to rape me and he tried to put his hands in me. I kicked him off me and he tried to sexually rape me. His name is (V4's name) but I don't know him. It happened in my room. I woke up and realized I was being attacked. I can't even sleep. I have a heart condition and cancer. I came here to get rehab. It happened to me twice. Both times happened while I was in the bed. The other men and everyone else have been most polite. Maybe he has a hard time because he is short and ugly. I have seen him on the floor since and he was passing medications. I don't feel safe at all here with him running around. I will fight for my life and kill him if I have to.</p> <p>On 10/24/22 at 9:40 AM, V18 Hospice Nurse stated R1 accused a male nurse (V4) of touching her. V18 stated V18 did report it to the facility and her guardian (V19). V18 stated the first time he reported it was on 10/4/22. V18 stated she says something about (V4) every time I come in and she is very upset when she is talking to me. V18 stated (R1) says (V4) will come in and touch (R1). V18 stated V18 reports it to the nurse on duty every visit. V18 stated (R1) also accused (V4) him of throwing (R1) down in the bed, that was on 10/14/22. V18 stated the facility has called (V18) to come in and sit with (R1). V18 stated (R1) fears (V4).</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 14E848	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 10/27/2022
NAME OF PROVIDER OR SUPPLIER Decatur Rehab & Health Care CT		STREET ADDRESS, CITY, STATE, ZIP CODE 136 South Dipper Lane Decatur, IL 62522	
For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)		
<p>F 0610</p> <p>Level of Harm - Immediate jeopardy to resident health or safety</p> <p>Residents Affected - Many</p>	<p>R1's nurse's note dated 10/6/22 at 11:00 AM, written by V8 Licensed Practical Nurse (LPN) documents, Resident (R1) very upset, stated a white male fought with her and touched her last night and she was scared to be alone.</p> <p>On 10/22/22 at 9:17 AM, V8 stated, About two weeks ago, (R1) was in the dining room and I asked her why she was out there. She told me she had a scuffle with some white man and she said some white man did something to me. She said, Well I'm not going to allow him to do anything else to me. She said it happened down there at the hotel. I thought down there at the hotel was her room. She was saying it was last night but (V4) was not working. I did tell Administration. I was trying to figure out what she was talking about. I felt like (V4) was the only one she could be talking about.</p> <p>On 10/22/22 at 8:40 AM, V11 Activity Aide stated, (R1) tells me about it every time I see her. She brings it up. I talked to other folks (staff) about it. She says that (V4) came into her room and he put his hands on her and tried to rape her and she fought him off. I do one on ones with her when she will allow it so I see her about every day. I asked if they could put a baby monitor in her room to see what was going on because something must have happened. She says he is short and her story is always the same. It's all she wants to talk about. She is scared and upset. She hasn't accused any of the other staff of anything like that.</p> <p>On 10/22/22 at 8:30 AM, V4 Registered Nurse stated: he has never touched R1 except to walk her down the hallway. He is the 3rd shift nurse. She does get medication because she is on hospice. I give her a pill at midnight. It is Hydrocodone. I now have one of the Certified Nurse's Assistants (CNA) accompany me when I work with her. Because I am the only nurse, I do have to interact with her. I have no clue why she made this allegation. She was confused one night and she was walking down the hall without her walker and she was wearing a top for sure so I approached her and I took her to the dining room. I got the (unknown) CNAs attention. She ended up having a UTI (Urinary Tract Infection). That's when her behavior toward me changed. She gets very suspicious now about me. She is still angry towards me and I don't know what I did to offend her. When I work, she will ask others where am I at and will ask why am I here. She is very suspicious towards me. She will yell out when she sees me, That's him, that's you, call the police! Then her story will change. She had an accident where she fell in the bathroom. And I don't think she was clothed then. I had to go in and assess her when she fell. I believe there was a (unknown) CNA in there when I assessed. She wasn't hurt when she fell. I believe the management is aware that she is still accusatory towards me.</p> <p>On 10/22/22 at 9:43 AM, V1 Administrator stated V1 has not conducted an investigation of abuse related to R1's allegations against V4. V1 has not removed V4 from having further contact with R1 and has not notified the police or the state agency after the allegations of abuse were made. V1 stated they chalked it up to R1's having behaviors or delusions. V1 stated this is the first time she has made allegations of a sexual nature. V1 stated R1 says stuff daily and that she is now fixated on V4. V1 stated this started at the beginning of October 2022.</p> <p>On 10/24/22 at 9:59 AM, V17 Regional Director of Operations stated when there is an allegation of any type of sexual misconduct then the alleged perpetrator should be suspended pending investigation, the Administrator, the guardian, police, and public health should be notified.</p> <p>The facility's Daily Census dated 10/22/22 provided by V1 Administrator documents there are 36 residents residing in the facility.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 14E848	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 10/27/2022
NAME OF PROVIDER OR SUPPLIER Decatur Rehab & Health Care CT		STREET ADDRESS, CITY, STATE, ZIP CODE 136 South Dipper Lane Decatur, IL 62522	
For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)		
<p>F 0610</p> <p>Level of Harm - Immediate jeopardy to resident health or safety</p> <p>Residents Affected - Many</p>	<p>An Immediate Jeopardy situation was identified on 10/25/22.</p> <p>The Immediate Jeopardy situation was identified to have begun on 10/4/22 when the facility failed to recognize and investigate an allegation of sexual abuse (against V4) and remove the alleged perpetrator from direct contact with R1.</p> <p>On 10/25/22 at 4:00 PM, V1 Administrator was notified of the Immediate Jeopardy Situation.</p> <p>On 10/26/22 between 7:45 AM and 4:00 PM, the surveyor confirmed through observation, interview, and record review that the facility took the following actions to remove the immediate jeopardy:</p> <ol style="list-style-type: none"> 1.) On 10/25/22 the V17 Regional Director of Operations in serviced (re-educated) the Administrator on the Abuse policy and the importance of reporting to the required agencies, doing a thorough investigation on all allegations/incidents and removing alleged perpetrators immediately pending the investigation. 2.) All staff in-serviced on Abuse Policy on October 5th and will do random weekly in-servicing regarding the importance of reporting all abuse allegations to Administrator. Inservice conducted by V1 Administrator and V2 Resident Care Coordinator on 10/25/22. 3.) V1 Administrator and V21 Social Service Director will conduct 1:1 with R1 daily Monday through Friday times two weeks to ensure residents safety. V21 initiated this on 10/26/22. 4.) On October 22, 2022, V4 Registered Nurse was immediately suspended upon Administrator being notified of allegation. 5.) Residents at the facility were interviewed regarding their safety and care at the facility with no concerns noted. Completed by V12 CNA Supervisor on 10/26/22. 6.) V1, Administrator will conduct interviews with residents and staff three times a week for four weeks to ensure safety and no abuse has occurred. V1 initiated this on 10/26/22. 7.) Plan and actions will be reviewed during daily QA (Quality Assurance) meetings to ensure compliance to deter reoccurrence. Initiated on 10/27/22 and lead by V1 Administrator. 8.) V4 remains suspended pending outcome of investigation. V4 remains suspended as of 10/27/22 per V1, Administrator. 		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 14E848	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 10/27/2022
NAME OF PROVIDER OR SUPPLIER Decatur Rehab & Health Care CT		STREET ADDRESS, CITY, STATE, ZIP CODE 136 South Dipper Lane Decatur, IL 62522	

For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
<p>F 0727</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>Have a registered nurse on duty 8 hours a day; and select a registered nurse to be the director of nurses on a full time basis.</p> <p>35046</p> <p>Based on interview and record review the facility failed to have a Registered Nurse on duty for eight consecutive hours a day and failed to have a full time Director of Nursing. This failure has the potential to affect all 36 residents residing in the facility.</p> <p>Findings include:</p> <p>The Facility's Nursing schedule dated 10/1/22 through 10/31/22 documents there was not an Registered Nurse scheduled to work on 10/5/22, 10/8/22, 10/14/22, or 10/23/22.</p> <p>On 10/27/22 at 12:50 PM, V1 Administrator stated she started working in the facility at the beginning of August and there was not a Director of Nursing when she started. V1 stated there was not an Registered Nurse working in the building on 10/5/22, 10/8/22, 10/14/22 or 10/23/22.</p> <p>On 10/27/22 at 12:50 PM, V17 Director of Operations stated there has not been a full time Director of Nursing since June of 2022.</p> <p>The facility's Daily Census dated 10/22/22 provided by V1 Administrator documents there are 36 residents residing in the facility.</p>