

STATE OF ILLINOIS
DEPARTMENT OF PUBLIC HEALTH
"REPEAT B" VIOLATION(S)
STATEMENT OF VIOLATIONS

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SOUTH LAWN SHELTERED CARE

0041921

Facility Name

I.D. Number

512 SOUTH FRANKLIN, BUNKER HILL, ILLINOIS 62014

Address, City, State, Zip

13105

DECEMBER 23, 2009

Reviewed By

Date of Survey

FOLLOW UP TO COMPLAINT

INVESTIGATION #0941683 OF 4/22/09

02567, 05399

Type of Survey

Surveyed By

As a result of a survey conducted by representative(s) of the department, it has been determined the following violations occurred. Please respond to each violation. The response must include specific actions which have been or will be taken to correct each violation. The date of which each violation will be corrected must also be provided. Forms are to be submitted with the original signature.

IMPORTANT NOTICE:

THE STATE AGENCY IS REQUESTING DISCLOSURE OF INFORMATION THAT IS NECESSARY TO ACCOMPLISH THE STATUTORY PURPOSE AS OUTLINED UNDER PUBLIC ACT 83-1530. DISCLOSURE OF THIS INFORMATION IS MANDATORY. THE FORM HAS BEEN APPROVED BY THE FORMS MANAGEMENT CENTER.

"REPEAT B" VIOLATION(S):

330.4240b)c)d)f) Section 330.4240 Abuse and Neglect

- 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)*
- c) *A facility administrator who becomes aware of abuse or neglect of a resident shall immediately report the matter by telephone and in writing to the resident's representative. (Section 3-610 of the Act)*
- d) *A facility administrator, employee, or agent who becomes aware of abuse or neglect of a resident shall also report the matter of the department. (Section 3-610 of the Act)*
- f) *Resident as perpetrator of abuse. 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, 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)*

Based on record review and interview, the facility failed to follow their Imposed Plan of Correction to keep R1 safe from the sexual advances of R2.

Findings include:

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CONT.

The Imposed Plan of Correction, for findings written on 4-22-09 outlines the following:

- 1) The Human Rights Committee will review the Facility's current abuse policies and procedures and make and change it as deemed necessary (which include alleged sexual abuse incidents).
- 2) The Administrators will conduct mandatory in-service for all licensed and non-licensed staff to review the facility's policies and procedures regarding abuse.
- 3) These mandatory in-services will address the following at a minimum:
 - a) Prevention of abuse to residents.
 - b) Reporting of abuse to Administrator, physician, family and to the Department.
 - c) Disciplinary action regarding abuse and for not reporting abuse.
 - d) Necessary documentation in the resident's clinical record including significant changes in the resident's condition.
- 4) A mandatory educational in-service will be presented to all licensed nursing staff regarding:
 - a) Proper assessment of a resident's condition in alleged sexual abuse incidents.
 - b) Proper documentation of this assessment in the medical record.
 - c) Prompt notification of the physician and/or possible referral to emergency room for evaluation.
 - d) Disciplinary actions to be taken for any staff who fails to take proper action when there is a change in a resident's condition and prompt notification of the physician.
- 5) A record of these in-services including names of those in attendance, topics covered, location, and time period will be kept by the facility in the Administrator's office.
- 6) Supervisor personally will monitor staff's and resident to resident interactions at frequent intervals on every shift to assure appropriate level of supervision is occurring.
- 7) The Administrator will be responsible for implementing facility policies and procedures regarding abuse in the facility, monitoring appropriate staff performance, and implementing the Plan of Correction.

On 12-22-09 and 12-23-09, E1 (Administrator) stated that he's never seen the Imposed Plan of Correction and therefore has not accomplished any of the requirements.

E1 said that he thinks that he talked about abuse during staff meetings but has no documentation to verify this.

Upon questioning, E1 further stated that there has been no educational in-services presented to any of the staff, and that the abuse/neglect policy has not been reviewed.

(RB)