

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 145269	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 01/24/2024
NAME OF PROVIDER OR SUPPLIER Hope Creek Nursing & Rehab		STREET ADDRESS, CITY, STATE, ZIP CODE 4343 Kennedy Drive East Moline, IL 61244	

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 0600</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Protect each resident from all types of abuse such as physical, mental, sexual abuse, physical punishment, and neglect by anybody.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 30899</p> <p>Based on observation, interview and record review the facility failed to prevent resident to resident physical abuse for one resident (R2) of three residents reviewed for abuse in the sample of four.</p> <p>Findings include:</p> <p>Facility Policy/Abuse Prevention Program dated 3/1/21 documents:</p> <p>It is the policy of this facility to prohibit and prevent abuse, neglect, exploitation, mistreatment, and misappropriation of resident property and a crime against a resident in the facility.</p> <p>This facility will not tolerate resident abuse or mistreatment or crimes against a resident by anyone, including staff members, other residents, consultants, volunteers or staff of other agencies, family members, legal guardians, or other individuals.</p> <p>Abuse (definition): The willful infliction of injury, unreasonable confinement, intimidation, or punishment with resulting physical harm or pain or mental anguish or deprivation by an individual, including caretaker, of goods and services that are necessary to attain or maintain physical, mental, psychosocial well-being. Willful as used in this definition of abuse, means the individual must have acted deliberately, not that the individual must have intended to inflict injury or harm.</p> <p>Census room assignment report indicates R2 and R3 were roommates from 12/12/23 to 12/20/23.</p> <p>Current POS (Physician Order Report Summary) indicates R2 was admitted to the facility on [DATE] with diagnoses that include: Colostomy, End Stage Renal Disease-Dialysis Dependent, Left Hemiplegia, Mood Disorder.</p> <p>Progress Note dated 12/20/23 at 3:10pm indicates R2 informed staff of an altercation between himself and roommate (R3). R2 stated that (R3) said he couldn't wait until (R2) moves out, words were exchanged and R2 called R3 a Motherfucker and then R3 slapped R2 across the face twice. Note indicates R2 and R3 were separated, R3 was moved to another room and R2 had no signs/symptoms of injury from being slapped. Note indicates physician notified, report made to Police and arrived to take report and R2 left for dialysis.</p> <p>(continued on next page)</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
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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)		
<p>F 0600</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Current POS (Physician Order Report Summary) indicates R3 was admitted to the facility on [DATE] with diagnoses that includes Amnesia and Wernicke's Encephalopathy.</p> <p>Incident Report witness statement dated 12/24/23 indicates R3's statement as follows:</p> <p>(On 12/20/23) R2 was getting ready to go to the hospital and R2 started smoking in the room. Statement indicates R2 had choice words for R3 and R3 wasn't going to accept that. Statement indicates R2 and R3 got closer and started yelling and screaming, R3 grabbed R2 and slapped R2 in the face. Statement indicates R2 was swearing at R3 and R3 told R2 to shut up and get out of there and R3 walked over to R2 and slapped R2.</p> <p>On 1/24/24 at 10:45am R3 stated that he and R2 were roommates and R2 thought he could smoke in their room. R3 stated he didn't know if R2 was smoking/vaping nicotine or marijuana. R3 stated R2 would get obstinate when he was told not to smoke in their room. R3 stated that he slapped R2 in the face 2 or 3 times with an open hand and that R2 then left the room to report the incident to a manager or nurse.</p> <p>Final Investigation Incident Report Description dated 12/25/23 indicates After a thorough investigation, the facility understands (R2) alleged (R3) made physical contact with him. When interviewed (R3) confirmed the allegation.</p> <p>On 1/24/24 at 1:30pm V5, Social Service Coordinator stated R2 utilizes a wheelchair and does become argumentative and agitated when confronted about smoking/vaping in the facility. V5 stated she really wasn't sure how R2 and R3 ended up being roommates.</p>		