

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 145308	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 05/23/2024
NAME OF PROVIDER OR SUPPLIER River View Rehab Center		STREET ADDRESS, CITY, STATE, ZIP CODE 50 North Jane Elgin, IL 60123	

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** 33330</p> <p>Based on observation, interview and record review, the facility failed to ensure a resident was free from physical abuse by a facility staff member.</p> <p>This applies to 1 of 3 residents (R1) reviewed for abuse in the sample of 3.</p> <p>The findings include:</p> <p>The EMR (Electronic Medical Record) shows R1 was admitted to the facility on [DATE]. The EMR continues to show R1 was sent to the local hospital on May 3, 2024 and returned to the facility on [DATE]. R1 has multiple diagnoses including, paraplegia, sepsis, UTI (Urinary Tract Infection), ESBL (Extended Spectrum Beta Lactamase) resistance, open wound of the scrotum and testes, multiple stage four pressure ulcers, PVD (Peripheral Vascular Disease), long-term use of antibiotics, urine retention, left leg above the knee amputation, and hypertension.</p> <p>R1's MDS (Minimum Data Set) dated May 17, 2024 shows R1 is cognitively intact, is able to eat independently, requires supervision with bed mobility, partial/moderate assistance with oral hygiene, toilet hygiene, showering/bathing, dressing, and transfers between surfaces, uses a motorized wheelchair for mobility, has an indwelling urinary catheter, and is frequently incontinent of stool.</p> <p>R1's care plan for behaviors, initiated February 15, 2024 and revised on February 19, 2024 shows: [R1] has multiple reports of him intimidating the staff. Examples may include verbal aggression, recording staff without proper authorization, making staff members cry, and other various manipulative behaviors. Multiple interventions initiated February 15, 2024 include: Encourage resident to attend behavioral groups to help assist with mood or behavioral issues and have 1:1s with resident to help find solutions that can help with any behavioral issues.</p> <p>On May 20, 2024 at 8:20 PM, V8 (RN) documented, [R1] called the police regarding the incident that happened last Saturday morning 5/18/24. Police Officer came this evening and that internal investigation is being started in the facility. Per resident, it happened early Saturday morning, when the said nurse grabbed his phone while holding it with his left hand. This writer and co-nurse do an assessment immediately. No sustained injury, no bruises, no swelling noted. Able to move his left hand per usual. Resident denied any pain or discomfort on his left hand. Resident is alert.</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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<p>F 0600</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>On May 22, 2024 at 10:18 AM, R1 was lying in bed in his room. R1 said, On May 18, 2024 at around 7:30 AM, [V3] (RN-Registered Nurse) came into my room to give me IV (Intravenous) antibiotics. She put the IV tubing across my chest after she disconnected it from the bag of antibiotics and left it across my chest, still connected to my PICC (Peripherally Inserted Central Catheter) line. I was worried germs were somehow going to go through the tubing into my PICC line because she just left it on my chest. I used my cell phone to take a video of the tubing attached to my PICC line and bunched up on top of my chest. I was feeling very nervous that this would somehow do me harm. [V3] asked me if I was using the camera to record her and I explained I was recording the tubing across my bed and bunched up on my chest, not her. She left the room and then came back into the room, ranting and raving and I turned the camera towards her as she was screaming at me, Don't video me! That is very rude! That is inappropriate! [V3] then reached for the phone in my hand and tried to take the phone away from me. I told her I was recording the tubing coiled up on my chest and still connected to my PICC line, but now I am recording you because you are scaring me, and I don't know what your intentions are towards me. She physically touched me. She grabbed my hand. I thought about it for a while and then I went and took a bus to the police station and filed a report.</p> <p>R1 showed the video described in his statement to this surveyor. The video was dated, and time stamped as May 18, 2024 at 7:19 AM. The video on R1's telephone shows IV tubing draped across R1's chest, still connected to his PICC line as described by R1. The video also shows V3 (RN) loudly speaking to R1, saying Don't video me! That is very rude! That is inappropriate! The video continues to show V3's hand coming towards R1's telephone, the screen obscured by a hand, and then the video stopped. R1 demonstrated V3's gesture of attempting to grab the phone from his hand to show V3 made contact with his hand and telephone. R1 denied being injured by V3.</p> <p>On May 18, 2024 at 7:34 AM, V3 (RN) documented, [R1] is videoing the writer (V3) this morning while disconnecting the IV. Writer was shouting stop videoing me.</p> <p>The facility's Preliminary Incident Investigation Report Form dated May 20, 2024 at 6:45 PM shows, [R1] reported to V4 (PRSD-Psychiatric Rehab Services Director) on May 20, 2024 at 6:45 PM that V3 (RN) smacked his cell phone off his hand on May 18, 2024.</p> <p>On May 22, 2024 at 9:41 AM, V4 (PRSD) said R1 reported the allegation of abuse to her on May 20, 2024. He is not satisfied with the level of care they are providing for him. He likes to video tape our staff. He is doing this because he wants them to do the job correctly. He has the right to do so, but he does it excessively. He told me what happened, and on May 21, 2024, he showed me videos of [V3] (RN) providing care. I saw her yelling to the resident, why are you taking a video of me. The nurse got upset and he said he was going to put in her face, and she put her hand to the phone, and she said her hand touched his hand.</p> <p>On May 22, 2024 at 12:42 PM, V3 (RN) said, [R1's] IV was done and I put the IV tubing over him, and I was going to throw it in the trash, and I explained that to him. I said this will not give you an infection, we just need to scrub the port with alcohol. I said I would show him I was scrubbing it. I was trying to disconnect him from the tubing, and he was video recording it. The tubing was connected to his PICC line port. He was worried it was going to give him an infection. He took his phone and put it in my face. He doesn't listen. I was blocking the phone because I didn't want him to record my face. I did not know it was part of his care plan to video. Nobody gave me that information. I would have been prepared for the video if I knew it was in his care plan. I thought no one could video tape me.</p> <p>(continued on next page)</p>		

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<p>F 0600</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>On May 22, 2024 at 2:33 PM, V1 (Administrator) said he is the abuse coordinator. I am the abuse coordinator. I did not see the video. I told the social worker to go and get the police report. I was not aware there was a city ordinance ticket given to [V3] (RN).</p> <p>On May 21, 2024 at 2:30 PM, V6 (Police Officer) said, [R1] filed a complaint with the police department. I interviewed [V3] (RN) about the situation. I watched the video on [R1's] telephone. [V3] was trying to block her face from being filmed, and she asked him several times to stop filming. I had to go interview her and see what she had to say. She wouldn't openly admit to it, but I had seen the video. She said she was trying to block her face. I told her, she did hit his phone, I saw it. [R1] wanted us to press charges. I charged her with a city ordinance ticket. She was not arrested. She has to talk to a judge at the city's branch court.</p> <p>On May 23, 2024 at 10:40 AM, V6 (Police Officer) said the city ordinance ticket that was issued to V3 (RN) was for battery. V6 continued to say, It is essentially the same thing as the battery charge done through the county court system, but we don't have to arrest her for it. It is a legal thing, but it is through the city. She will go in front of the [local] branch court. In terms of severity, it is a \$50 fine, and the judge might let it go. He might give her a couple hours of community service. It will be part of the public record. She knows she has to show up in court. I talked to [V1] (Administrator) before I interviewed her. I told him we were going to talk to her. He knew there was going to be a consequence for her actions.</p> <p>The facility's Abuse Prevention Program Policy adopted 1/20 shows: Resident have the right to be free from abuse, neglect, exploitation, misappropriation of property or mistreatment. This includes but is not limited to corporal punishment, involuntary seclusion, and any physical or chemical restraint not required to treat the resident's medical symptoms.</p>