

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 145344	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 12/09/2024
NAME OF PROVIDER OR SUPPLIER Libertyville Manor Ext Care		STREET ADDRESS, CITY, STATE, ZIP CODE 610 Peterson Road Libertyville, IL 60048	

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** 34117</p> <p>Based on observation, interview, and record review, the facility failed to ensure a resident was free from mental abuse. This applies to 1 of 5 residents (R2) reviewed for abuse in the sample of 5.</p> <p>The findings include:</p> <p>The facility's Final Incident Report, dated [DATE], documents, (R2) is [AGE] year-old female, alert and oriented x3, interviewable resident. On [DATE], (V6, Certified Nursing Assistant-CNA) was (R2's) CNA. (V6) provided care to (R2), prior to leaving the room, (V6) told (R2) not to ring for assistance for the next two hours. On [DATE] (V6) was interviewed confirmed she had told (R2) not to use her call light for the next two hours. (V6) said (R2) had been on her call light repeatedly, insisting to have her pants changed, even when she was not wet. (V3, Unit Manager) explained to (V6) she should never instruct a resident not to use their call light and that it is her job to care for and make all residents comfortable.</p> <p>On [DATE] at 9:40 AM, R2 was sitting in her wheelchair in the common area. R2 was pleasant; she said a few weeks ago, V6 was her CNA. R2 said she rung her call light and asked for V6's assistance. R2 said she was hot and was perspiring, she wanted her incontinent brief changed because it was wet with sweat. R2 stated, (V6) said, 'you're not even wet' and we got into it. It's like she called me liar. (V6) said are you paying for these diapers. (V6) left the room and told me not to use my call light for the next two hours. She scared me enough not to call. I do not want (V6) to be my CNA, it's hard on me.</p> <p>On [DATE] at 9:59 AM, V8 (Licensed Practical Nurse) said she has not worked with V6, but R2 has complained about V6 being too loud and vocal. R2 is alert and orientated x3, does not call for much, she is friendly and gets along well with others. Any reports of abuse should be reported to V1, Administrator, immediately.</p> <p>On [DATE] at 11:17 AM, V4 (Social Services) said she interviewed V6 with V4 (Unit Manger) on the phone. V6 did not dispute she told R2 not to use her call light because she was on the call light too often and was using too many diapers. V6 seemed indifferent and can come across as being abrasive.</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
FORM CMS-2567 (02/99) Previous Versions Obsolete	Event ID:	Facility ID: 145344
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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 [DATE] at 11:44 AM, V3 (Unit Manager) said she interviewed V6 with V4 on the phone. (V6) had scheduled medical leave after the incident. (V6) did not deny the incident with (R2). (V6) said she did tell (R2) not to use her call light for the next two hours. We had to re-educate (V6); residents have the right to call when needed and she should not tell residents not to use their call light. That's not right and it's a form of abuse.</p> <p>On [DATE] at 1:13 PM, V1 (Administrator) said V6 did confirm she did tell R2 not to use her call light for the next two hours.</p> <p>The facility's Abuse Policy, revised 2023, states, The facility maintains a living environment that fosters reporting of concerns and problems that indicate abuse and that protects each and every one of its residents . mental abuse can include humiliation, harassment, threats of punishment or deprivation .</p>		