

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 145494	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 12/23/2024
NAME OF PROVIDER OR SUPPLIER McLean County Nursing Home		STREET ADDRESS, CITY, STATE, ZIP CODE 901 North Main Normal, IL 61761	

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** 49492</p> <p>Based on interview, and record review the facility failed to protect resident's (R2, R3) right to be free from abuse by another resident (R1). This failure affects three (R1, R2, R3) of four residents reviewed for abuse in the sample list of four.</p> <p>Findings include:</p> <p>The facility's Final Abuse Investigation Report dated 12/13/2024 documents the following: On 12/8/24 at approximately 6:15 AM in the Main Dining Room (MDR), R1 and R3 were seated at neighboring tables. Dietary staff heard raised voices in the main dining room and responded immediately. Residents told staff that R1 had struck R3 on the left side of the face.</p> <p>The facility's Final Abuse Investigation Report dated 12/13/2024 documents the following: On 12/8/24 following the approximately 6:15 AM incident that Facility increased supervision of R1 the rest of the day and night including staff encouraging R1 to eat in her room and to stay around the nursing unit to prevent further distressed behaviors from resident/environmental stimulation. The same final abuse investigation documents that R1 complied and no additional behaviors were noted.</p> <p>The facility's Final Abuse Investigation Report dated 12/13/2024 documents the following: On 12/8/24 at approximately 2:15 PM V5, RN, heard screaming in the main dining room (MDR), when entering the MDR R2 was crying and stated to V5 that R1 threw coffee on him. R2 was assisted to his room and skin was assessed. R2 right bicep was noted to be red in color. R2 abdomen was noted to have red splotches.</p> <p>R1's ongoing Diagnoses List includes Psychotic disorder with delusions due to known physiological condition, anxiety disorder due to known physiological condition. R1's Minimum Data Set (MDS) dated [DATE] documents a Brief Interview for Mental Status score of 12, the high end of moderate cognitive impairment, and R1 uses a wheelchair for mobility. R1's Care Plan dated 07/15/2024 documents R1 has potential for behavior(s) of verbal behaviors not directed at others and directed at others: aid/staff caring for her and refusing care from staff, yelling at staff, being argumentative with staff raising voice, putting all staff members down, calling staff inappropriate names. Hitting/swinging and kicking staff.</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>The facility's Final Abuse Investigation Report dated 12/13/2024 documents the following: On 12/8/24 following the approximately 6:15 AM incident that V1 interviewed R1 who recalled the occurrence. R1 said that R3 would not stop singing and that it was so blasphemous and loud. R1 recalled striking R3 on the face because R3 would not stop.</p> <p>R1's Nursing Note dated 11/24/2024 at 07:15 AM documents R1 was observed throwing coffee at another resident. When asked about the altercation by staff resident stated she was spoken to offensively and felt her response was justified. R1's Nursing Note dated 11/25/2024 at 10:54 AM documents R1 had a confrontation between resident and another resident heard yelling at one another. Same progress note documents R1 kicked other resident in the legs.</p> <p>R2's ongoing Diagnoses List includes Cerebral palsy, unspecified acquired deformity of right lower leg, unspecified acquired deformity of left lower leg, Anxiety disorder and depression. R2's MDS dated [DATE] documents R2 has unclear speech due to slurred or mumbled words. R2's MDS documents R2 is dependent on staff for mobility/transfers, uses an electric wheelchair. R2 has a documented Brief Interview for Mental Status score of 15, meaning R2 is cognitively intact.</p> <p>On 12/18/24 at 09:30 AM R2 confirms R1 threw coffee on him and R2 confirms he did have redness to the right arm and right abdomen.</p> <p>On 12/18/24 at 11:21 AM V5 confirmed that R2 called the facility from his cell phone and was crying/upset. V5 states that R2 could be heard crying/screaming from the main dining room. V5 confirms that R2 stated R1 threw coffee on him and had reddened right arm and abdomen upon assessment. V5 confirms there were no staff present at the time of the incident. V5 states that a visitor in the dining room also witnessed R1 throwing coffee onto R2 after threatening to do so.</p> <p>R3 ongoing Diagnoses List includes Dementia in other diseases classified elsewhere, unspecified severity, without behavioral disturbance, psychotic disturbance, mood disturbance, and anxiety. Anxiety disorder. R3's MDS dated [DATE] documents R3 has a Brief Interview for Mental Status score of 08, Moderate cognitive Impairment.</p> <p>On 12/17/24 at 1:00 PM R3 confirms that R3 has no recollection of being hit by another resident.</p> <p>On 12/17/24 at 1:10 Pm V3 [NAME] confirms that V3 and V4 Dietary [NAME] heard screaming coming from main dining room (MDR) and upon V3/V4 entering the MDR R3 was holding the right side of her face. V3 stated that other residents in the area stated that R1 had hit R3 in the left side of the face. V3 confirms that R1 was removed from the area at that time.</p> <p>On 12/18/24 at 11:21 AM V4 confirms that V3 and V4 heard screaming coming from main dining room (MDR) and upon V3/V4 entering the MDR R3 was holding the right side of her face. V3 stated that other residents in the area stated that R1 had hit R3 in the right side of the face. V3 confirms that R1 was removed from the area at that time and taken back to R1's room.</p> <p>On 12/18/24 at 3:06 PM V2 Director of Nursing confirms that increased supervision meant that staff should be close enough to observe R1 as R1 self propels around the unit/nursing home. V2 confirms staff should keep an eye on when R1 is near.</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>The facility Abuse Prohibition policy dated Rev. 06/2021 documents: FACILITY POLICY: (The facility) affirms the right of our residents to be free from abuse, neglect misappropriation of resident property, corporal punishment, and involuntary seclusion. The same policy defines PHYSICAL ABUSE as: Physical abuse means the infliction of injury on a resident that occurs other than by accidental means. Physical abuse may include, but is not limited to, hitting, slapping, pinching, etc.</p>		