

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 145608	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 08/16/2024
NAME OF PROVIDER OR SUPPLIER South Holland Manor Hth & Rhb		STREET ADDRESS, CITY, STATE, ZIP CODE 2145 East 170th Street South Holland, IL 60473	
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>49871</p> <p>Based on interview and record review, the facility failed to protect a resident (R111) from verbal abuse by a staff member. This deficiency affects 1 (R111) of 4 residents in a sample of 26 reviewed for abuse prevention.</p> <p>Findings include:</p> <p>On 8/15/2024 at 12:05 PM an interview with V1 (Administrator) was conducted. V1 stated the alleged event on 6/6/2024 between R111 and V27 (Housekeeper) was investigated and found substantiated. V1 said V27 has been terminated and no longer works at the facility. R111 discharged to community on 8/9/2024 as planned.</p> <p>On 8/15/2024 at 12:54 PM interview with V6 (Social Service Director) completed. V6 stated she was a witness to the verbal abuse of R111 by V27.</p> <p>Review of Facility Incident Report completed by V1 on 6/12/2024 indicated on 6/6/2024 at 12:00PM, R111 was in his room when V27 entered to clean and started moving his items without consent. R111 asked V27 not to touch his items, however V27 did not heed to the request and continued to clean along with moving the items R111 stated V27 became upset with the request and started using profanity. R111 states he began to curse back at V27. V27 left the room to get assistance and notified V6 (Social Worker Director). V6 statement indicated in the process of her talking/investigating R111 concerns, V27 entered R111's room and began to be verbally aggressive towards R111. V6 did several attempts of stopping V27 from verbally abusing R111. On 6/12/2024, Facility Incident report was completed after the investigation and indicated the allegation of Employee to Resident verbal abuse was substantiated. On 6/10/2024, V27's employment with the facility was terminated. R111 discharged to community on 8/9/2024 in stable condition.</p> <p>Facility Policy and Procedure</p> <p>Title: Abuse Prevention Policy</p> <p>Date: February, 2017</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>This facility affirms the right of our residents to be free from abuse, neglect, exploitation, misappropriation of property or mistreatment. This facility therefore prohibits abuse, neglect, exploitation, misappropriation of property, and mistreatment of residents. In order to do so, the facility has attempted to establish a resident sensitive and resident secure environment. The purpose of this policy is to assure that the facility is doing all that is within its control to prevent occurrences of abuse, neglect, exploitation, misappropriation of property and mistreatment of residents.</p> <p>Definitions</p> <p>The following definitions are based on federal and state laws, regulations, and interpretive guidelines.</p> <p>Verbal Abuse is the use of oral, written, or gestured language that willfully includes disparaging and derogatory terms to residents or families, or within their hearing distance, regardless of an individuals' age, ability to comprehend, or disability.</p>		

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<p>F 0677</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide care and assistance to perform activities of daily living for any resident who is unable.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 39781</p> <p>Based on observation, interview, and record review the facility failed to ensure that residents receive necessary services to maintain good grooming and personal hygiene. This deficiency affects two (R44 and R116) of three residents in the sample of 26 reviewed for ADL (Activity of Daily Living) care services.</p> <p>Findings include:</p> <p>1. On 8/13/24 at 11:15AM, V16 (Family member) presented the concerns regarding his fathers care, R116. V16 said his father was admitted last month in July. He said that his father had a stroke and was admitted to this facility for rehabilitation. R116 was only given a shower once since admission.</p> <p>On 8/13/24 at 11:26AM, Observed R116 sitting in his wheelchair. His hair is disheveled, oily, and unkempt. He is not shaved. He has a scraggly beard (when growth gets out of hand and starts to look unkempt). He said that he only took shower once since he was admitted last month.</p> <p>R116 is admitted on [DATE] with diagnosis listed in part but not limited to Cerebral infarction due to occlusion or stenosis of small artery, Chronic Kidney disease, Muscle wasting and atrophy. MDS (Minimum Data Set) assessment done on 7/16/24 section GG Functional Abilities and goals indicated that he is dependent to most of his ADLs such as toileting hygiene, shower/bathe, upper and lower body dressing, personal hygiene, and transfers. He does not have a care plan developed for his Activity of Daily Living (ADL). Reviewed R116's shower documentation for month of July that was uploaded to his e-chart. It was documented that R116 was only given a shower on July 22, 2024.</p> <p>On 8/14/24 at 9:46AM, V2 (Director of Nursing-DON) said that Certified Nurse Assistants (CNA) provide showers to the resident as scheduled. They document on a bath and skin report sheet after giving a shower then the nurse will sign it. At the end of each month, it will be uploaded to the resident's e-chart.</p> <p>On 8/14/24 at 12:02pm V21 (CNA) said that R116's shower is scheduled every Monday and Thursday on 3-11 shift. She said that all showers are documented and placed in the binder. V21 showed binder to surveyor and searched for R116's shower documentation. Noted for month of August 2024 only 1 shower was given to R116 dated 8/5/24 (Monday). Missing dates of shower scheduled were 8/1 (Thursday), 8/8 (Thursday) and 8/12 (Monday). V21 said that the CNA should document the shower that was provided to the resident.</p> <p>On 8/14/24 at 12:30PM, Informed V1 (Administrator) and V2 (Director of Nurses-DON) of above concerns identified. V2 said that all care, treatment, and services provided has to be documented. V2 said that V9 (Restorative nursing) should be developing care plans for R116's ADL needs.</p> <p>(continued on next page)</p>		

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<p>F 0677</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>2. On 12:15pm observed R44 lying in bed. R44 was observed to have long dirty fingernails. R44 is alert and oriented, able to verbalize needs to staff. Called V24 (Registered Nurse-RN) and showed long dirty fingernails of R44. V24 said that R44 is diabetic. V24 said she will ask the management who is responsible for trimming fingernails of a diabetic resident. Surveyor requested to see R44's toenails. V24 removed his bilateral socks and observed long toenails. V24 said that the podiatrist should trim his toenails.</p> <p>On 8/14/24 at 12:30PM, Informed V1 (Administrator) and V2 (DON) of above concerns identified. V2 said that for diabetic residents the nurse will trim the fingernails and the podiatrist will trim the toenails.</p> <p>R44 was admitted on [DATE] with diagnosis listed in part but not limited to Hemiplegia and Hemiparesis following Cerebral infarction affecting right dominant side, Type 2 Diabetes Mellitus with Ketoacidosis, Lack of coordination, Gastrostomy, Dysphagia. MDS (Minimum Date Set) assessment dated [DATE] section GG Functional Abilities indicated that he is dependent in most of his ADLs such as toileting hygiene, shower, lower body dressing and he needs extensive assistance in upper body dressing and personal hygiene.</p> <p>Facility's policy on Activities of Daily Living (ADL) effective 2/2023 indicates:</p> <p>Purpose: Based on comprehensive assessment of the resident and consistent with the resident's needs and choices, our facility provides necessary care and services to ensure that a resident's abilities in ADL do not diminish unless the circumstances of the individual's clinical condition demonstrates that such decline was unavoidable.</p> <p>Guideline:</p> <p>In accordance with the comprehensive assessment, together with respect for individual resident needs and choices, our facility provides care and services for the following activities:</p> <p>*Hygiene: bathing, dressing, grooming and oral hygiene</p> <p>Facility's policy on Nail Care Guidelines effective 2/2023 indicates:</p> <p>*Nail care includes routine cleaning and regular trimming.</p> <p>*Proper nail care can aid in the prevention of skin problems around the nail bed.</p> <p>* Trimmed and smooth nails prevent the resident from accidentally scratching and injuring his skin.</p>		