

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 145768	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 02/05/2025
NAME OF PROVIDER OR SUPPLIER Lutheran Hillside Village		STREET ADDRESS, CITY, STATE, ZIP CODE 6901 North Galena Road Peoria, IL 61614	

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 interview and record review the facility failed to ensure residents were free of abuse/misappropriation of property for three of four residents (R1, R3, and R4) reviewed for theft in the sample of seven.</p> <p>Findings include:</p> <p>Facility Policy/Abuse/Neglect Prevention and Response date 7/29/21 documents:</p> <p>Residents and clients of (the facility) will live and be served in an environment that promotes dignity, respect and strives to be free from abuse, neglect and exploitation.</p> <p>Misappropriation of property is the deliberate misplacement, exploitation, or wrongful, temporary or permanent use of a resident's belongings or money without the resident's consent.</p> <p>1. Physician Orders indicate R1 was a resident at the facility from 11/15/24 to 12/19/24.</p> <p>Final Report of Financial Abuse dated 12/20/24 indicates that on 12/16/24 R1's credit card numbers were reported as compromised.</p> <p>Report indicates after investigation and video surveillance, evidence led to V7, CNA (Certified Nurse Assistant) as being involved.</p> <p>Report indicates V7, CNA was suspended on 12/16/24 and terminated on 12/18/24 with R1/Family filing a Police report on 12/17/24.</p> <p>Report indicates V7 had only been an employee at the facility since 11/4/24. Report indicates all other residents and families of the facility were interviewed regarding financial abuse and theft. Per investigation, it was found that three other residents were either missing cash from their room or there were fraudulent charges on their credit card. Report indicates all residents will be made whole financially from the credit card company or by the facility. All residents/families have been asked to remove monetary items from their rooms in order to prevent enabling another incident. Report indicates V1, Administrator will have a safe delivered on 12/27/24 for safe keeping any items residents want to keep at the facility. Report indicates Police investigation is ongoing.</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 2/4/25 at 2:35pm, V1 (Administrator) stated that on 12/16/24, R1's family told her that R1's credit card had unauthorized charges, which occurred sometime in November (2024). V1 stated that someone had purchased items at two different local stores. V1 stated that later that same day, R1's family sent screenshots of deleted text messages from R1's cellular/cell phone - one for a Television Cable service provider and one was a request for digital payment through R1's telephone. V1 stated that V7 had also sent herself a text message from R1's phone so V7's phone number was in R1's cell phone. V1 stated, I thought I knew who had done it, and then it was confirmed when I saw (V7) going into (R1's) room on a night (V7) wasn't even assigned to that wing or room when I went back and looked at video footage from the hallway camera.</p> <p>V1 stated that R1's family had already contacted the Police and was told to contact them again when she returned to the facility. So R1's family came to the facility and myself, R1's family and R1 had a phone conference with the Police. V1 stated the fraudulent charges on R1's credit card were paid by the credit card company.</p> <p>V1 stated after the Electronic Mail (Email) message went out to all families alerting them to the theft, she received emails from V8, (R3 and R4's family) that they also had weird charges on their credit card.</p> <p>2. Current Physician Orders indicate R3 was admitted to the facility on [DATE] and R4 (R3's Spouse) was admitted to the facility on [DATE]. Orders indicate R3 and R4 reside in the same room in the facility.</p> <p>Current Comprehensive Assessment indicate both R3 and R4 are both moderately cognitively impaired.</p> <p>On 2/4/25 at 10:15am V1, Administrator, stated that the other residents were R3 and R4 (husband and wife). V1 stated R3 and R4 had charges on their credit card. V1 stated these additional thefts were discovered upon interview with all residents and families.</p> <p>Electronic Mail (Email) correspondence dated 12/19/24 at 9am indicates V1 sent an email to all residents/families notifying them of a recent incident of theft at the facility.</p> <p>On 12/19/24 at 9:25am V8, (R3 and R4's Family Member) responded via email indicating R3 and R4's credit card was fraudulently used several times last month.</p> <p>Email dated 12/20/24 at 10:55am (from V8) to V1, Administrator indicates she received a photo of (R3 and R4's) bank statement with three fraudulent charges highlighted. Email indicates V8 put a freeze on (R3 and R4's) credit card with an attempt to charge nearly \$500.00 at an Athletic Shoe store on 12/6/24 that was declined. Email indicates V8 then canceled R3 and R4's credit card and the bank turned the transactions over to the fraud division. Email indicates (R3 and R4) don't seemed rattled by it and mostly glad they didn't have to worry about it.</p> <p>Email response from V1 to V8 dated 12/22/24 at 11:12am indicates It had to be the same person and would send all correspondence on to the Police.</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>Email response from V1 to V8 dated 1/5/25 at 9:09pm indicates V1 did speak with the Police about the theft and was told by the Police that V7, CNA was caught on camera by the Police using (R1's) credit card at a gas station, so we definitely got the correct person and she should be arrested and charged.</p> <p>Email response from V8 to V1 on 1/6/25 at 10:43pm indicates Fortunately for my parents, the credit card company covered the charges and the fraud division has it. I don't think my parents even know it happened and I don't think looping them in will be helpful.</p> <p>==</p>		

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<p>F 0657</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Develop the complete care plan within 7 days of the comprehensive assessment; and prepared, reviewed, and revised by a team of health professionals.</p> <p>30899</p> <p>Based on observation, interview and record review the facility failed to revise care plans for two residents (R5, R7) of three residents reviewed for swallowing difficulties in the sample of seven.</p> <p>Findings include:</p> <p>Facility Policy/Care Planning dated 1/1/23 documents:</p> <p>To ensure that care planning is individualized, interdisciplinary and based on the assessed needs of the patient.</p> <p>The care plan process includes structured assessment and documentation to include:</p> <p>Physical and psychological assessment, which addresses the current disease status, treatment options, functional status, expected prognosis, symptom burden and psychological coping.</p> <p>Care plan changes are based on the evolving needs and preferences of the patient and family over time, recognizing the complex, competing and shifting priorities in goals of care.</p> <p>1. Nurse Note dated 7/12/24 at 12:10pm indicates R5 had a brief coughing spell at lunch on patty melt. Nurse did pat R5 on the back and remained with her during coughing. Note indicates R5 was encouraged to sip fluid after she was able to get her breath. R5 had no residual issues or complaints.</p> <p>Nurse Note dated 7/16/24 at 12:40pm indicates a Waiver was signed for dietary items R5 wants regardless of risk currently which are breads and ice cream. Note indicates R5 was aware of risk of aspiration pneumonia, choking, etc. Note indicates R5 was seen by Speech Therapist in AM. Note indicates R5 Family/POA (Power of Attorney) aware of R5 signing waiver and is ok with this.</p> <p>Informed Refusal Form dated 7/16/24 indicates R5 signed a document indicating she understood the probable risks of choking, aspiration pneumonia and death, however waived the risks by requesting breads and ice cream be included in her diet that would otherwise exclude those items due to the above risks.</p> <p>Nurse Note dated 1/13/25 at 11:34pm indicates staff alerted this nurse that R5 observed to be choking at dining room table. When this nurse arrived, R5 was cyanotic. Note indicates V4, CNA (Certified Nurse Assistant) reported they had used the Heimlich maneuver on R5 to dislodge the obstruction. and R5's color was no longer cyanotic and R5 was able to cough and spit up food and mucus. Note indicates Dietary staff notified EMS (Emergency Medical Services).</p> <p>Nurse Note dated 1/13/25 at 11:52am indicates R5's POA was notified regarding R5's choking episode Explained the incident and treatment given. Note indicates R5's POA declined to send R5 to the hospital stating that R5 no longer wanted to go to the hospital. Note indicates staff spoke with R5's POA regarding a speech evaluation or diet change from nectar thick liquids and mechanical soft diet and POA declined at this time.</p> <p>(continued on next page)</p>		

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<p>F 0657</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Nurse Note dated 1/27/25 at 2:05pm indicates Family and R5 considering Hospice Care and R5 no longer wants to be sent to the hospital.</p> <p>Nurse Note dated 1/31/25 at 1:45pm indicates Hospice elected for R5, requests comfort focused care and no hospitalization .</p> <p>R5's Current Care Plan indicates R5 receives a soft bite size diet with mildly thick liquids; waiver signed for bread and ice cream.</p> <p>Care Plan does not include two choking incidents (7/16/24 and 1/13/25) or revised interventions including, Hospice Care, no hospitalization s or subsequent interventions.</p> <p>2. Nurse Note dated 1/31/25 indicates nurse was informed by staff that R7 appeared to have increased secretions and difficulty swallowing while in the dining room eating lunch. R7 was alert, oriented and verbalized that he was in distress. R7 was taken out of the dining room and further assessed by nursing staff with suctioning performed to remove excess secretions. No further airway obstruction noted upon assessment. R7 declined further hospital evaluation and requested that his son be contacted. Note indicates R7 was already being followed by Speech Therapy.</p> <p>Current Physician Orders indicate R7 has diet orders initiated 1/31/25 for Minced and Moist.</p> <p>R7's Current Care Plan indicates R7 receives a Regular diet with thin liquids, is at risk for aspiration; diet changes per SLP (Speech Language Pathologist).</p> <p>R7's Care Plan does not include change to Minced and Moist and does not include incident of choking and suctioning on 1/31/25 with revised interventions.</p> <p>On 2/5/25 at 1:45pm V1, Administrator and V2, DON (Director of Nursing) acknowledged R5 and R7's care plans should have been updated after the choking incidents.</p>		