| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | 145800 | A. Building<br>B. Wing | 05/21/2024 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| Sunset Home | 418 Washington Street<br>Quincy, IL 62301 |

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) |
|---|---|
| F 0609<br><br>Level of Harm - Minimal harm or potential for actual harm<br><br>Residents Affected - Few | Timely report suspected abuse, neglect, or theft and report the results of the investigation to proper authorities.<br><br>32875<br><br>Based on interview and record review staff failed to immediately notify the Administrator of possible abuse of one resident (R1) of three residents reviewed for abuse in the sample of three.<br><br>Findings include:<br><br>The Abuse and Neglect Policy dated July 2023, documents It is the policy of (the facility) to provide each resident with an environment free from abuse, neglect, corporal punishment, involuntary seclusion, misappropriation of resident property, exploitation and physical or chemical restraint not required to treat the residents' symptoms, as defined below. (The facility) shall follow the procedure for reporting and investigation of alleged resident abuse and neglect as outlined below, and in accordance with Skilled Nursing and Intermediate Care Facilities Code. The purpose and scope of this policy and procedure is to inform all individuals of the proper protocol for preventing, reporting, and investigating allegations of abuse and neglect, as specified in the corporate policy above. It is the responsibility of all employees, consultants, attending physicians, family members, visitors, etc., to immediately report any incident, suspected incident, or allegation of neglect or resident abuse, including, injuries of unknown origin, and theft or misappropriation of resident property to the administrator. b. Employees, consultants, and/or attending physicians must report any suspected abuse, allegations of abuse, or incidents of abuse to the administrator immediately. c. The administrator must be immediately notified of suspected abuse, allegations of abuse, or incidents of abuse. If such incidents occur or are discovered after hours, the administrator shall be contacted immediately. if the administrator is unavailable, contact the director of nursing services.<br><br>The Initial Incident Report for R1 sent to the (State Agency) dated 5/11/24, documents that R1 was admitted to (The facility) on 5/7/24 for short term rehab. R1 has diagnoses of Sepsis, Left Ankle Fracture, Hypertension, and Type 2 Diabetes Mellitus. Today (5/11/24) V1/Administrator received a call from V5/R1's Nurse Practitioner. V5 stated that R1 was fearful of a Certified Nursing Assistant/CNA. R1 stated that the CNA had been yelling at R1 and was rough with R1 during a transfer and bumped R1's left foot causing R1 pain. V1 called the building and had the CNA sent home immediately. (The CNA was identified as V3)<br><br>R1's MDS (Minimum Data Set) dated 5/13/24 documents a BIMS (Brief Interview for Mental Status) Score of 15/15, indicating cognition intact.<br><br>(continued on next page) |

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 |
|---|---|---|

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
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| (X4) ID PREFIX TAG | SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information) |
|---|---|
| F 0609<br><br>Level of Harm - Minimal harm or potential for actual harm<br><br>Residents Affected - Few | On 5/20/24 at 10:38 AM, V8/Licensed Practical Nurse/LPN stated I was working days 6:00 AM to 4:30 PM on 5/11/24. That morning (V3/Certified Nursing Assistant) came to me and said that (R1) wanted some Tylenol for pain. I took the Tylenol to (R1). (R1) asked if I had time to talk to her. (R1) asked Didn't you hear (V3) yelling at me? I told (R1) that I did not hear that, but I did hear voices. (R1) told me (V3) twisted my leg and hurt me. (V3) walked by the room and (R1) stated There she goes past my room now. I don't want her to even look in my room. If I could have reached my grabber on the table, I would have hit her in the head. I told (R1) I would take care of it. (R1) said she was going to call (V5/Nurse Practitioner) and tell (V5) what happened. I told (V3) not to go back to (R1's) room. About 9:00 AM, I was going to call (V11/Unit Coordinator) to report what happened. About that time the phone rang, and it was (V5) saying she had got a call from (R1). (R1) complained about leg pain and (V5) said if the pain medication did not relieve (R1's) pain I could send (R1) to the emergency room . Later, I'm not sure what time it was I reported to (V11/Unit Coordinator) what (R1) had said about (V3).<br><br>On 5/20/24 at 11:58 AM, V1/Administrator stated that on Saturday (5/11/24) around 9:00 AM V5/Nurse Practitioner called to report R1 complained that V3/Certified Nursing Assistant hurt R1's leg and yelled at R1. V1 called the facility and told V8/Licensed Practical Nurse to send V3 to see V11/Unit Coordinator. V11 was the supervisor on duty in the facility. V3 gave her statement to V11 then V11 sent V3 home.<br><br>On 5/20/24 at 12:11 PM, V1/Administrator stated that she is the Abuse Coordinator. When there is an allegation of abuse it should be reported to V1 immediately and V1 then has the alleged perpetrator sent home immediately.<br><br>On 5/21/24 at 1:39 PM, V2/Director of Nursing stated that there was an in-service on abuse on 12/13/23. During that in-service the staff were educated on reporting to V1 immediately. V8/LPN was in that in-service. V2 does not know why V8 did not report the incident to V1.<br><br>R1's Nursing Note written by V8/LPN dated 5/11/24 at 8:20 AM, documents (R1) requested (V8) come to (R1's) room. (R1) told (V8) (V3/Certified Nursing Assistant) was in (R1's) room and was rough with (R1) hurting (R1's) ankle and yelled at (R1) and (R1) does not want (V3) in (R1's) room.<br><br>R1's Nursing Note written by V8/LPN dated 5/11/24 at 9:00 AM, documents Spent several minutes with (R1) on previous complaint. Came up to nurses' station to call supervisor, phone at desk ringing. Answered phone. Call was from (V5/Nurse Practitioner). (V5) had received a call from (R1) regarding previous complaint. V5 stated that V3 is to stay out of R1's room. V8 stated I was just getting ready to call supervisor when (V5) called to report this.<br><br>R1's Nursing Note written by V8/LPN dated 5/11/24 at 9:40 AM, documents that V8 went to talk to V10/Registered Nurse and V11/Unit Coordinator to report the complaint. |