

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 145906	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 11/06/2024
NAME OF PROVIDER OR SUPPLIER Dixon Rehab & Hcc		STREET ADDRESS, CITY, STATE, ZIP CODE 800 Division Street Dixon, IL 61021	

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** 20042</p> <p>Based on interview and record review the facility failed to ensure a resident (R1) was free from physical abuse of (R2) for two of three residents (R1, R2) reviewed for abuse in the sample of 7.</p> <p>The findings include:</p> <p>The State Report dated 10/27/24 for R1 showed, V1 (Administrator) was notified that R1 stated R2 smacked him. Investigation initiated. Staff attempting to assist in this situation and R2 kicked and struck the CNA (Certified Nursing Assistant). Residents separated from one another. R2 refused to let staff near him. R2 being sen out for further evaluation. Family of both residents notified. Provider notified. Police notified. Investigation completed. V9 (Laundry Aide) stated, when I was returning from break, R2 was at the door asking me for help to open the door so he can get out of his room, his roommate hit him. V5 stated that R2 has had a change in condition; the resident is currently experiencing altered mental status and aggressive behavior. He recently moved to the current room. This nurse was notified that the resident and his roommate were in the room together and there were words said to each other. Screaming was heard by CNA staff and when CNA staff entered the residents' room the roommate (R1) said he was slapped across the face. The residents were immediately separated. When CNA staff attempted to intervene, R2 began kicking and swinging his fists at CNA making contact several times before the CNA was able to get out of the room. V1 and V2 (DON/Director of Nursing) met with R2's daughter who insisted that this is not normal behavior for her father and she was extremely upset the day this happened. Upon completion of this investigation it has been determined that there is no visual proof that R1 was slapped across the face, no witness to this encounter and considering R2's altered mental status and change in condition, it is determined that this was the result of the newly diagnosed infection and an isolated incident.</p> <p>On 11/6/24 at 10:16 AM, V4 (R1's daughter/POA - power of attorney) stated the facility moved a new man into her fathers room and introduced him (R2) to R1. V4 stated R1 told her he was talking to R2 and R2 grabbed his hat. The man (R2) said it was his hat and said R1's coat was his too. The man (R2) pushed R1 and R2's hand went to R1's face. R1 was startled; he told the people there.</p> <p>On 11/6/24 at 11:07 AM, V2 (DON) stated she was notified of an altercation; R2 struck R1. The CNAs separated them and the nurse was down there as well. R2 was hitting the CNAs, that is what one CNA reported. V2 stated R2 did not have any behaviors before this that she was aware of. V2 stated both residents have some dementia/cognitive impairment. V2 stated R2 never resolved his pneumonia and had a urinary tract infection when this occurred.</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
---	-------	-----------

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 145906	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 11/06/2024
NAME OF PROVIDER OR SUPPLIER Dixon Rehab & Hcc		STREET ADDRESS, CITY, STATE, ZIP CODE 800 Division Street Dixon, IL 61021	
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>On 11/6/24 at 11:39 AM, V6 (RN/Registered Nurse) stated R1 and R2 were both in wheelchairs facing the door and R1 said R2 slapped him. V6 stated she moved R2 over to his side of the room. R2 did not believe it was his room or that R1 was his roommate. V6 stated she questioned R1 and he never said he was hit. The right side of R1's face was red; he said it didn't hurt.</p> <p>On 11/6/24 at 11:59 AM, V5 (LPN/Licensed Practical Nurse) stated she was coming up the hall and she heard a commotion. R1 was screaming; he speaks loud because of his hearing. V5 stated she heard R1 say, He (R2) slapped me. He (R2) slapped me across the face. V5 stated R1 was not in his room by the time she got up the hall. V5 stated R1 said, He slapped me V5; he slapped me in my face. V5 stated she met V7 (CNA) in the hall and V7 told her R1 was saying R2 slapped him and then R2 attacked her. V5 stated she has never see R1 or R2 have any behaviors.</p> <p>On 11/6/24 at 12:40 PM, R1 was asked if he remembered what happened and he stated, He slapped me. He said my leather coat was his and it wasn't. R1 stated it hurt when it happened but he was fine now.</p> <p>The facility's Abuse, Prevention and Prohibition Policy (1/2024) showed, This facility prohibits mistreatment, neglect, or abuse of residents. The residents must not be subjected to abuse by anyone. Resident to resident abuse includes the term willful. The word willful means that the individual's action was deliberate (not inadvertent or accidental), regardless of whether the individual intended to inflict injury or harm. An example of a deliberate (willful) action would be a cognitively impaired resident who strikes out at a resident within his/her reach, as opposed to a resident with a neurological disease who has involuntary movements (e.g., muscle spasms, twitching, jerking, writhing movements) and his/her body movements impact a resident who is nearby. Physical abuse includes, but is not limited to, hitting, slapping, punching, biting, and kicking.</p> <p>The Face Sheet dated 11/6/24 for R1 showed diagnoses including dysphagia, muscle weakness, type 2 diabetes mellitus, hyperlipidemia, hypertension, congestive heart failure, peripheral vascular disease, emphysema, myocardial infarction, dementia, hemiplegia, and hemiparesis.</p> <p>The MDS Minimum Data Sheet dated 10/23/24 for R1 showed no mood or behavior disturbances.</p> <p>The Care Plan dated 9/12/24 showed, R1 enjoys being social and visiting others. He is hard of hearing and staff must speak loudly for him to understand. He enjoys watching TV in his room and listening to all genres of music. He looks forward to joining others in the dining room for meals. R1's care plan did not show any behaviors.</p> <p>The Face Sheet dated 11/6/24 for R2 showed diagnoses including pneumonia, anemia, dysphagia, cognitive communication deficit, unsteadiness on feet, hypertension, myocardial infarction, left ventricular failure, dyspnea, major depressive disorder, insomnia, and muscle weakness.</p> <p>The MDS dated [DATE] for R2 showed moderate cognitive impairment; no mood or behavior disturbances.</p> <p>The Care Plan dated 10/23/24 for R2 showed, R2 has impaired cognitive function/dementia or impaired thought processes related to his diagnosis of cognitive communication deficit. Provide the resident with necessary cues. Stop and return if agitated. R2's care plan did not show any behaviors.</p>		