

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 145935	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 04/23/2024
NAME OF PROVIDER OR SUPPLIER Ascension Saint Joseph Village		STREET ADDRESS, CITY, STATE, ZIP CODE 659 East Jefferson Street Freeport, IL 61032	

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 0557</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Honor the resident's right to be treated with respect and dignity and to retain and use personal possessions.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 33761</p> <p>Based on interview and record review the facility failed to treat residents in a dignified manner during care.</p> <p>This applies to 3 of 3 resident (R1, R2, and R3) reviewed for dignity in a sample of 3 residents.</p> <p>The findings include:</p> <p>R1's Face Sheet shows her diagnoses includes, Vascular Dementia with behavioral disturbances, anxiety, depression, type 2 Diabetes Mellitus and difficulty walking.</p> <p>R2's Face Sheet shows her diagnoses includes, anxiety disorder, depression, chronic pain, and weakness. She is assessed to have a moderate fall risk according to her 3/19/24 [NAME] Fall Risk Screening. R2 is cognitively intact according to her Brief Interview of Mental Status.</p> <p>R3's Face Sheet shows her diagnoses includes, arthritis, cellulitis of the lower extremities, and muscle weakness. She is assessed to have a moderate fall risk according to her 12/5/23 [NAME] Fall Risk Screening. R3 is cognitively intact according to her Brief Interview of Mental Status.</p> <p>On 4/23/24 at 8:30 AM, V1 (Administrator) said, she investigated as soon as she found out about the abuse allegation. V1 said, she terminated V9 CNA (Certified Nursing Assistant) because of customer service/dignity issues she learned about while interviewing R1, R2, and R3. V1 said, being treated in a undignified manner can effect the residents physical and psychological health in a negative way.</p> <p>On 4/23/24 at 9:50 AM, V6 CNA said, at 6:00 AM on 4/10/24, R1 complained to her about an incident with V9. R1 said, V9 threw her (R1) shoes under her bed where she couldn't reach them. V6 said, R1's shoes were under the bed on the opposite side of the bed, as if someone threw them there. V6 said she reported this incident to V1 right away. V6 said, she has never known V9 to act in this way.</p> <p>On 4/23/24 at 9:20 AM, R1 said, V9 threw her shoes under her bed, and thought that was rude of him. R1 said, she doesn't want V9 as her CNA anymore.</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 0557</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>On 4/23/24 at 12:05 PM, R2 said, (she was unsure when) she pressed her call light for help going to the bathroom and V9 came to her door and said, what do you want? R2 told V9 she needed to use the toilet, and R2 said, V9 said, well get up out of that chair and go! R2 said, she told V9 she was a high fall risk and that she needed help. R2 said, V9 just stared at her. R2 said, eventually V9 helped her to the bathroom. R2 said, she thought V9 was acting rude, and needs to be nicer. R2 said, she asked V9 if he would treat his mother this way.</p> <p>On 4/23/24 at 1:00 PM, R3 said, V9 would swear too much. R3 said, she could hear him drop the F-bomb when talking with other CNAs. R3 did not think that was a dignified way to talk while at work.</p> <p>R1's careplan shows she has anxiety and depression and has mild mental retardation, and may need a little more attention and reassurance. Interventions includes giving praise and letting her know that you are her friend, and to use diversion when she seems anxious. The same careplan shows to give R1 encouragement not to worry and that she is safe.</p> <p>R2's careplan shows she requires assistance of one for ADL (Activities of Daily Living) tasks due to weakness. Interventions include, assisting with voiding, and assist of 1 with transfers.</p> <p>R2's 12/19/23 MDS (Minimum Data Set) shows she needs touching/steading assistance when going from a sitting to a standing position, and for walking.</p> <p>The facility's Dignity Policy and Procedure (revised 4/24) shows under the policy statement, that each resident shall be cared for in a manner that promotes and enhances quality of life, dignity, respect and individuality. Under the Interpretation and Implementation section, Associates will not handle or move a resident's personal belongings without the resident's permission.</p>