

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 146026	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 08/19/2024
NAME OF PROVIDER OR SUPPLIER Lewis Memorial Christian Vlg		STREET ADDRESS, CITY, STATE, ZIP CODE 3400 West Washington Springfield, IL 62702	

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 0558</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Reasonably accommodate the needs and preferences of each resident.</p> <p>32874</p> <p>Based on observation, interview and record review the facility failed to provide call light within reach for 1 of 7 residents (R4) reviewed for call lights in the sample of 8.</p> <p>Findings Include:</p> <p>On 8/13/2024 at 9:22 AM, R4 in bed. R4's call light was lying on the floor at the head of the bed out of R4's reach.</p> <p>On 8/13/2024 at 1:29 PM, R4's call light remains on the floor out of reach.</p> <p>R4's Care plan dated 6/30/2023 documents R4 attempts to self transfer with intervention to remind R4 to call for assist when needs help.</p> <p>On 8/14/2024 at 2:11 PM, V3, Executive Director stated call light should be within reach of residents.</p> <p>The facility policy Call Light System dated, revised December 20, 2011 documents it is the policy of the facility to provide a means of communication to meet the needs of each resident. The policy documents staff will: assure the call light is within easy reach of the resident.</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: 146026	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 08/19/2024
NAME OF PROVIDER OR SUPPLIER Lewis Memorial Christian Vlg		STREET ADDRESS, CITY, STATE, ZIP CODE 3400 West Washington Springfield, IL 62702	
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** 32874</p> <p>Based on interview and record review the facility failed to ensure a resident was free from verbal abuse for 1 of 3 residents (R4) reviewed for abuse in the sample of 8.</p> <p>Findings include:</p> <p>V9, Licensed Practical Nurse (LPN) written statement dated 8/14/2024 documents on 8/2/2024 that V9 was notified by assigned Certified Nursing Assistants (CNA) that resident often makes verbal statement to her roommate telling her to shut the f*** up. V9's statement documents if resident begins crying or yelling at staff providing care. CNAs state resident has also made verbal statements that she would hit roommate on head. V9's statement documents she informed CNAs to report these concerns as abuse. V9's statement documents social services was notified at that time for requested room change.</p> <p>V1, Administrator written statement dated 8/2/2024 at 2:30 PM documents Administrator was notified by SSA (social service aide) that R3 and roommate were cussing at each other in their room. V1's statement documents that V1 interviewed R3 about cussing at roommate. V1's statement documents that R3 stated R4 cussed at her too. V1's statement documents incident was over R3's TV too loud. V1's statement documents that V1 spoke to V7, Certified Nursing Assistant (CNA) and V7 stated the residents were cussing at each other over R3's TV. V1's statement documents the cussing was initiated by both residents. V1's statement documents V1 spoke to V13, CNA and V13 stated that both residents were cussing at each other. V1's statement documents that V9, LPN was reported about the incident by the CNAs which both residents were cussing at each other. V1's statement documents V1 tried to interview R4, but R4 was asleep and a BIMS (Brief Interview of Mental Status) of 5. V1's statement documents after all interviews V1 decided the incident was more of a behavior and customer service since both residents were cussing at each other. V1's statement documents V1 did not consider verbal abuse and did not report due to no victim and perpetrator in the incident. V1's statement documents both residents were involved together. V1's statement documents R3 was offered a room change since she was the last person to move into the current room. V1's statement documents R3 declined to move.</p> <p>V10, Social Service Aide (SSA) statement dated 8/14/2024 documents on 8/2/2024 at approximately 2:30 PM CNAs from 100 hall came to social service to report an incident that was taking place in resident's room on hall 1100 between R3 and R4. V10's statement documents CNAs reported R3 was using abusive language towards her roommate and was requesting a room move. V10's statement documents that V10 sent out an email to numerous people include V1, administrator. V10's statement documents she saw V1 talking to nurses and CNAs about the incident. V10 stated that V1 stated a room move could be made. V10's statement documents that V10 asked R3 what was going on and she wanted to move. V10's statement documents V10 took R3 to another room and R3 did not like the room and refused to move and remained in her original room with R4. V10's statement documents that V10 informed V1 that R3 did not want to move.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 146026	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 08/19/2024
NAME OF PROVIDER OR SUPPLIER Lewis Memorial Christian Vlg		STREET ADDRESS, CITY, STATE, ZIP CODE 3400 West Washington Springfield, IL 62702	
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>V7, CNA written statement dated 8/14/2024 documents on 8/2/2024 when she and V13, CNA went into room to get R4 up and dressed she was hitting staff. V7's statement documents R3 stated for R4 to stop hitting staff before R3 comes over and hits R4 because staff can't hit back. V7's statement documents R4 told R3 to mind her business. V7's statement documents that R3 called R4 a b****. V7's statement document R4 called R3 a b**** back. V7's statement documents R4 was removed from the room.</p> <p>V7's written statement dated 8/14/2024 in packet of statements provided to surveyor statement documents today at 8:30 AM, V7, CNA and V8 CNA were getting R4 dressed for breakfast and R4 started saying don't hurt me as she always does, statement documents R3 then says b**** shut your old a** up, I'm trying to sleep, The statement documents R4 stated get your f** a** out of bed. The statement documents as staff were leaving the room with R4, and R3 stated hurry up and get that bitch out of here.</p> <p>R4's Minimum Data Set (MDS) dated [DATE] documents that R4 has severe cognitive impairment. R4's MDS documents that R4 is dependent on staff for personal hygiene, lower body dressing, sit to stand, toilet transfers and requires substantial to maximal assistance with oral hygiene, toileting, bathing upper body dressing.</p> <p>R4's face sheet dated 8/14/2024 documents in part that R4 has a diagnosis of unspecified dementia, moderate with other behavioral disturbances.</p> <p>R3's care plan dated 5/16/2023 documents R3 has potential to be verbally abusive/aggressive (yelling/screaming, abusive language) related to ineffective coping skills, anxiety disorder, depression.</p> <p>R3's care plan documents R3 will demonstrate effective coping skills and will verbalize understanding of need to control verbally abusive behavior through the review date.</p> <p>R3's care plan documents the following interventions: Administer medications as ordered and monitor for adverse effects, analyze of key times, places, circumstances, triggers, and what de-escalates behavior and document, Assess resident's coping skills and support system, Give the resident choices about care and activities, Provide calm environment (low lighting, quiet area.)</p> <p>R3's Minimum Data Set (MDS) dated [DATE] documents that R3 is cognitively intact.</p> <p>R3's social service note dated 8/2/2024 at 2:58 PM documents R3 requested a room change due to poor roommate compatibility. R3's social service note documents social service director spoke with administration and resident and all in agreement.</p> <p>On 8/14/2024 at 2:11 PM, V4, Executive Director stated the allegations of abuse should have been reported. V4 stated R3 would be moved to a different room today.</p> <p>The facility policy Prevention of Abuse, neglect and exploitation policy dated, revised 10/20/2022 documents identification, ongoing assessment, care planning, appropriate interventions and monitoring of residents with needs and behaviors which might lead to conflict or neglect.</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 146026	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 08/19/2024
NAME OF PROVIDER OR SUPPLIER Lewis Memorial Christian Vlg		STREET ADDRESS, CITY, STATE, ZIP CODE 3400 West Washington Springfield, IL 62702	
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 0607</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Develop and implement policies and procedures to prevent abuse, neglect, and theft.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 32874</p> <p>Based on interview and record review the facility failed to implement abuse policy for 1 of 3 residents (R4) reviewed for abuse in the sample of 8.</p> <p>Findings include:</p> <p>R4's Minimum Data Set (MDS) dated [DATE] documents that R4 has severe cognitive impairment. R4's MDS documents that R4 is dependent on staff for personal hygiene, lower body dressing, sit to stand, toilet transfers and requires substantial to maximal assistance with oral hygiene, toileting, bathing upper body dressing.</p> <p>R4's face sheet dated 8/14/2024 documents in part that R4 has a diagnosis of unspecified dementia, moderate with other behavioral disturbances.</p> <p>R3's care plan dated 5/16/2023 documents R3 has potential to be verbally abusive/aggressive (yelling/screaming, abusive language) related to ineffective coping skills, anxiety disorder, depression.</p> <p>R3's care plan documents R3 will demonstrate effective coping skills and will verbalize understanding of need to control verbally abusive behavior through the review date.</p> <p>R3's care plan documents the following interventions: Administer medications as ordered and monitor for adverse effects, analyze of key times, places, circumstances, triggers, and what de-escalates behavior and document, Assess resident's coping skills and support system, Give the resident choices about care and activities, Provide calm environment (low lighting, quiet area.)</p> <p>R3's Minimum Data Set (MDS) dated [DATE] documents that R3 is cognitively intact.</p> <p>R3's Social Service Note dated 8/2/2024 at 2:58 PM documents R3 requested a room change due to poor roommate compatibility. R3's social service note documents social service director spoke with administration and resident and all in agreement.</p> <p>On 8/14/2024 at 2:11 PM, V4, Executive Director stated the allegation of abuse should have been reported. V4 stated (R3) would be moved today. V4 stated the facility is to follow policies and procedures.</p> <p>The facility policy Resident abuse investigation dated, revised 12/28/2022 documents incidents of suspected or witnessed abuse or neglect will be reported to the abuse prevention coordinator, who will immediately begin an abuse investigation. the policy documents the abuse prevention coordinator will be responsible for completing the initial and final reports to the appropriate state agencies per federal and state requirements.</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 146026	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 08/19/2024
NAME OF PROVIDER OR SUPPLIER Lewis Memorial Christian Vlg		STREET ADDRESS, CITY, STATE, ZIP CODE 3400 West Washington Springfield, IL 62702	

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 0609</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Timely report suspected abuse, neglect, or theft and report the results of the investigation to proper authorities.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 32874</p> <p>Based on interview and record review the facility failed to report an allegation of abuse policy for 1 of 3 residents (R4) reviewed for abuse in the sample of 8.</p> <p>Findings include:</p> <p>R4's Minimum Data Set (MDS) dated [DATE] documents R4 has severe cognitive impairment. R4's MDS documents that R4 is dependent on staff for personal hygiene, lower body dressing, sit to stand, toilet transfers and requires substantial to maximal assistance with oral hygiene, toileting, bathing upper body dressing.</p> <p>R4's face sheet dated 8/14/2024 documents in part that R4 has a diagnosis of unspecified dementia, moderate with other behavioral disturbances.</p> <p>R3's care plan dated 5/16/2023 documents R3 has potential to be verbally abusive/aggressive (yelling/screaming, abusive language) related to ineffective coping skills, anxiety disorder, depression.</p> <p>R3's care plan documents R3 will demonstrate effective coping skills and will verbalize understanding of need to control verbally abusive behavior through the review date.</p> <p>R3's care plan documents the following interventions: Administer medications as ordered and monitor for adverse effects, analyze of key times, places, circumstances, triggers, and what de-escalates behavior and document, Assess resident's coping skills and support system, Give the resident choices about care and activities, Provide calm environment (low lighting, quiet area.)</p> <p>R3's Minimum Data Set (MDS) dated [DATE] documents that R3 is cognitively intact.</p> <p>R3's Social Service Note dated 8/2/2024 at 2:58 PM documents R3 requested a room change due to poor room mate comparability. R3's social service note documents social service director spoke with administration and resident and all in agreement.</p> <p>On 8/14/2024 at 8:30 AM, V9, Licensed Practical Nurse (LPN) stated she was the nurse on duty the day (R3) was verbally abusive to (R4). V9 stated it was reported to her by the Certified Nursing Assistants (CNA) that (R3) was telling (R4) to shut the F---- up and telling (R4) she would hit her in the head. V9 stated that (R4) cries a lot and can be loud. V9 stated the CNA reported it to Social Services. V9 stated she was told that (R3) was shown a different room to move into on the 100 hall, but that (R3) did not like the room so she was not moved.</p> <p>On 8/14/2024 at 8:36 AM, V1, Administrator stated that he was made aware of (R3) being verbally abusive to (R4). V1 stated that he was under the understanding that it was a cussing match between the two. V1 stated he did go and talk to (R3), but did not talk to (R4) as she was asleep. V1 stated he did not report this as an abuse allegation because it was a customer service issue. V1 stated (R3) requested to move. V1 stated (R3) did not like the room being offered so she was never moved.</p> <p>(continued on next page)</p>

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 146026	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 08/19/2024
NAME OF PROVIDER OR SUPPLIER Lewis Memorial Christian Vlg		STREET ADDRESS, CITY, STATE, ZIP CODE 3400 West Washington Springfield, IL 62702	
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 0609</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>On 8/14/2024 at 9:15 AM, V10, Social Service Aide stated she was made aware of (R3) being verbally abusive to (R4). V10 stated this happened on a Friday. V10 stated they reported to her that (R3) needs a room change because (R3) cussing out her roommate and stating I will come over there and hit you. V10 stated she first sent an email to (V1), Administrator and she did not get a response. (V1) stated the Executive Director (V3) was out for the day . V10 stated she still had no response from (V1). V10 stated that she found (V1) in the building and he told V10 to move (R3) to another room. V10 stated she looked at bed availability . V10 stated she found a room and showed it to (R3) and she declined the room stating she did not like it she was not going to move. V10 stated she reported this to (V1) and asked if this should be reported and followed up with email that was not answered. V10 stated she told them to start behavior tracking sheets. V10 stated that (V9), LPN was the nurse on duty that day. V10 stated she was not aware of any more incidents. V10 stated she was not interviewed or asked by anyone to write a statement in regards to what happened.</p> <p>On 8/14/2024 at 1:20 PM V7, CNA stated she was working on 8/2/2024 and was present when (R3) was verbally abusive to (R4). V7 stated that she and (V15), CNA were in the room getting (R4) up and (R4) was hitting at them as (R4) does this. V7 stated that (R3) yelled to stop hitting the girls before I come there and hit you because I know they can't hit you. V7 stated (R4) told (R3) to mind her business and (R3) calls (R4) a B***h. V7 stated as soon as they got (R4) dressed they removed her from the room and reported to the nurse. V7 stated she was not asked to write a statement or interviewed prior to her stated dated today 8/14/2024. V7 stated (R3) did not like different room so nothing else was done. V7 stated (R3) continues to call (R4) a f***king b***h.</p> <p>On 8/14/2024 at 1:26 PM, V13, CNA stated on August 2nd. she was in room with (V7) getting (R4) up. V13 stated (R4) says you hurting me and (R4) does hit at staff. V13 stated (R3) yelled at (R4) stating she would slap the s**t out of R4 because she knows the staff can't. V13 stated as soon as (R4) was dressed they removed her from the room, and reported to the nurse, V13 stated a room change was not done because (R3) did not like the room. V13 stated (R4) should not have to put up with that or be moved because she does not know what is going on and a room move would be more confusing to her. V13 and V7 stated were not interviewed or asked to prove a statement until today.</p> <p>On 8/14/2024 at 1:55 PM, V1, Administrator stated he did get statements and interview staff on 8/2/2024. V1 stated but it was not done in writing.</p> <p>On 8/14/2024 at 2:11 PM, V4, Executive Director stated the allegation of abuse should have been reported. V4 stated (R3) would be moved today. V4 stated the facility is to follow policies and procedures.</p> <p>The facility policy Resident abuse investigation dated, revised 12/28/2022 documents incidents of suspected or witnessed abuse or neglect will be reported to the abuse prevention coordinator, who will immediately begin an abuse investigation. the policy documents the abuse prevention coordinator will be responsible for completing the initial and final reports to the appropriate state agencies per federal and state requirements.</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 146026	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 08/19/2024
NAME OF PROVIDER OR SUPPLIER Lewis Memorial Christian Vlg		STREET ADDRESS, CITY, STATE, ZIP CODE 3400 West Washington Springfield, IL 62702	

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 0610</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Respond appropriately to all alleged violations.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 32874</p> <p>Based on interview and record review the facility failed to investigate an allegation of abuse for 1 of 3 residents (R4) reviewed for abuse in the sample of 8.</p> <p>Findings include:</p> <p>R4's Minimum Data Set (MDS) dated [DATE] documents that R4 has severe cognitive impairment. R4's MDS documents that R4 is dependent on staff for personal hygiene, lower body dressing, sit to stand, toilet transfers and requires substantial to maximal assistance with oral hygiene, toileting, bathing upper body dressing.</p> <p>R4's face sheet dated 8/14/2024 documents in part that R4 has a diagnosis of unspecified dementia, moderate with other behavioral disturbances.</p> <p>R3's care plan dated 5/16/2023 documents R3 has potential to be verbally abusive/aggressive (yelling/screaming, abusive language) related to ineffective coping skills, anxiety disorder, depression.</p> <p>R3's care plan documents R3 will demonstrate effective coping skills and will verbalize understanding of need to control verbally abusive behavior through the review date.</p> <p>R3's care plan documents the following interventions: Administer medications as ordered and monitor for adverse effects, analyze of key times, places, circumstances, triggers, and what de-escalates behavior and document, Assess resident's coping skills and support system, Give the resident choices about care and activities, Provide calm environment (low lighting, quiet area.)</p> <p>R3's Minimum Data Set (MDS) dated [DATE] documents that R3 is cognitively intact.</p> <p>R3's Social Service Note dated 8/2/2024 at 2:58 PM documents R3 requested a room change due to poor roommate compatibility. R3's social service note documents Social Service Director spoke with Administration and resident and all in agreement.</p> <p>On 8/14/2024 at 8:36 AM, V1, Administrator stated that he was made aware of (R3) being verbally abusive to (R4). V1 stated that he was under the understanding that it was a cussing match between the two. V1 stated he did go and talk to (R3), but did not talk to (R4) as she was asleep. V1 stated he did not report this as an abuse allegation because it was a customer service issue. V1 stated (R3) requested to move. V1 stated (R3) did not like the room being offered so she was never moved.</p> <p>On 8/14/2024 at 1:55 PM, V1, Administrator stated he did get statements and interview staff on 8/2/2024. V1 stated but it was not done in writing. V1 did not provide any resident statements.</p> <p>(continued on next page)</p>

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 146026	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 08/19/2024
NAME OF PROVIDER OR SUPPLIER Lewis Memorial Christian Vlg		STREET ADDRESS, CITY, STATE, ZIP CODE 3400 West Washington Springfield, IL 62702	
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 0610</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>V9's Licensed Practical Nurse (LPN) written statement dated 8/14/2024 documents on 8/2/2024 that V9 was notified by assigned Certified Nursing Assistants (CNA) that resident often makes verbal statement to her roommate telling her to shut the f*** up. V9's statement documents if resident begins crying or yelling at staff providing care. CNAs state resident has also made verbal statements that she would hit roommate on head. V9's statement documents she informed CNAs to report these concerns as abuse. V9's statement documents social services was notified at that time for requested room change.</p> <p>V1, Administrator's written statement dated 8/2/2024 at 2:30 PM documents Administrator was notified by SSA (social service aide) that R3 and roommate were cussing at each other in their room. V1's statement documents that V1 interviewed R3 about cussing at roommate. V1's statement documents that R3 stated R4 cussed at her too. V1's statement documents incident was over R3's TV too loud. V1's statement documents that V1 spoke to V7, Certified Nursing Assistant (CNA) and V7 stated the residents were cussing at each other over R3's TV. V1's statement documents the cussing was initiated by both residents. V1's statement documents V1 spoke to V13, CNA and V13 stated that both residents were cussing at each other. V1's statement documents that V9, LPN was reported about the incident by the CNAs which both residents were cussing at each other. V1's statement documents V1 tried to interview R4, but R4 was asleep and a BIMS (Brief Interview of Mental Status) of 5. V1's statement documents after all interviews V1 decided the incident was more of a behavior and customer service since both residents were cussing at each other. V1's statement documents V1 did not consider verbal abuse and did not report due to no victim and perpetrator in the incident. V1's statement documents both residents were involved together. V1's statement documents R3 was offered a room change since she was the last person to move into room [ROOM NUMBER]. V1's statement documents R3 declined to move.</p> <p>V10, Social Service Aide (SSA) statement dated 8/14/2024 documents on 8/2/2024 at approximately 2:30 PM CNAs from 100 hall came to social service to report an incident that was taken place in the resident's room on hall 1100 between R3 and R4. V10's statement documents CNAs reported R3 was using abusive language towards her roommate and was requesting a room move. V10's statement documents that V10 sent out an email to numerous people include V1, administrator. V10's statement documents she seen V1 talking to nurses and CNAs about the incident. V10 stated that V1 stated a room move could be made. V10's statement documents that V10 asked R3 what was going on and she wanted to move. V10's statement documents V10 took R3 to another room, and R3 did not like the room and refused to move and remained in her original room with R4. V10's statement documents that V10 informed V1 that R3 did not want to move.</p> <p>V7's, CNA, written statement dated 8/14/2024 documents on 8/2/2024 when she and V13 CNA went into room to get R4 up and dressed she was hitting staff. V7's statement documents R3 stated for R4 to stop hitting staff before R3 comes over and hits R4 because staff can't hit back. V7's statement documents R4 told R3 to mind her business. V7's statement documents that R3 the called R4 a bitch. V7's statement document R4 call R3 a b***h back. V7's statement documents R4 was removed from the room.</p> <p>V7's written statement dated 8/14/2024 in packet of statements provided to surveyor statement documents today at 8:30 AM V7, CNA and V8 CNA were getting R4 dressed for breakfast and R4 started saying don't hurt me as she always does, statement documents R3 then says B***h shut your old a** up, I'm trying to sleep, The statement documents R4 stated get your f** a** out of bed. The statement documents as staff were leaving the room with R4, R3 stated hurry up and get that b***h out of here.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 146026	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 08/19/2024
NAME OF PROVIDER OR SUPPLIER Lewis Memorial Christian Vlg		STREET ADDRESS, CITY, STATE, ZIP CODE 3400 West Washington Springfield, IL 62702	

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 0610</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>On 8/14/2024 at 2:11 PM, V4, Executive Director stated the allegation of abuse should have been reported. V4 stated (R3) would be moved today. V4 stated the facility is to follow policies and procedures.</p> <p>The facility policy Resident abuse investigation dated, revised 12/28/2022 documents it is the policy of the facility that all allegations of resident abuse, regardless of the source, will be fully investigated to determine if abuse or neglect occurred. The policy documents the following situations will be investigated using the guidelines in this policy; allegation of resident abuse of another resident. The policy documents the investigation will include staff and resident interviews, record review, observation of the environment if applicable, and collaboration with other appropriate agencies including law enforcement as necessary.</p>