

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 146086	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 11/14/2024
NAME OF PROVIDER OR SUPPLIER Tuscola Health Care Center		STREET ADDRESS, CITY, STATE, ZIP CODE 1203 Egyptian Trail Tuscola, IL 61953	

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 - Some</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** 37813</p> <p>Based on observation, interview, and record review the facility failed to ensure three residents (R1, R3, R4) were free from abuse by another resident (R2). This failure affects five (R1, R2, R3, R4, R5) residents reviewed for abuse in the sample of four.</p> <p>Findings Include:</p> <p>1.) R2's Minimum Data Set (MDS) dated [DATE] documents R2 was severely cognitively impaired and was independently mobile with a wheelchair. R2's Care plan reviewed 8/15/24 documents R2 has behavioral problem: Physical behaviors related to Parkinson's Disease.</p> <p>The facility's Incident Report dated 10/21/24 documents (R1) alleged (R2) struck (R1) with (R2's) foot on the front porch. Residents immediately separated pending investigation. All parties notified. R2's AIMS for Wellness note dated 10/25/24 documents, transferred to hospital for increased aggressive behaviors.</p> <p>On 11/13/24 at 1:00PM V3, [NAME] stated Dietary staff go outside with residents and observe the smokers after lunch. On 10/21/24 I was outside with residents and so was (V4) another dietary employee. (R1, R2, and R4) were on the East side of the patio and (V4) and I were on the [NAME] side of the patio. The first thing I noticed was (R2) had rolled the wheelchair off the concrete and I was afraid (R2) would get in the gravel and tip the chair over, so I went toward (R2) . As I approached (R2) before I could get there I heard (R2) yell get out of the way. I saw (R2) raise her foot up and deliberately kick (R1) in the lower leg. By that time (V4) was there and we separated (R1 and R2). (R1) was kicked hard enough to holler out 'ouch'. Then we notified the nurse and they checked out (R1 and R2).</p> <p>R1's MDS dated [DATE] documents R1 is cognitively intact. On 11/13/24 at 10:00AM R1 was observed in R1's room in electric wheelchair. R1's lower legs were covered with several purple to yellow areas. R1 stated I take blood thinners and have poor circulation and my legs really bruise easily. I remember when (R2) kicked me on the patio. She kicked me there (R2) pointed to her lower Right leg. It hurt, but luckily it did not break the skin. I'm not sure it caused a bruise because I have some bruises on my arms and legs most all the time. Of course I did not like being kicked, but I knew (R2) wasn't in her right mind. I do feel safe most of the time here.</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 - Some</p>	<p>2.) The facility's incident report dated 10/12/24 documents (R3) alleged (R2) hit (R3's) arm. R3's Interdisciplinary Team Note dated 10/12/24 (no time documented) by V1, Administrator documented (R5) stated (R2) had been cussing. (R2) was up by the window maneuvering (wheelchair) (R2) hit (R3's) arm. (R2) experiences agitation on crowded areas.</p> <p>On 11/13/24 at 10:30AM R3 was seated in a wheelchair in R3's room. R3 stated I don't know the date, but (R2) was trying to run into me with (R2's) wheelchair and then (R2) cussed at me and reached out and slapped me. I didn't like being slapped. It hurt and I was embarrassed.</p> <p>3.) R5's MDS dated [DATE] documents R5 is cognitively intact. On 11/13/24 at 10:40AM R5 stated I saw (R2) by the window. It was in the middle of last month. (R2) was cussing at (R3) and then (R2) reached out and smacked (R3) on the arm. (R2) is really confused and wasn't like that when she was herself.</p> <p>The facility's Incident Report documents (R2) was agitated with staff when (R4) attempted to intervene and assist. R4 was struck in the shin by (R2's) foot. R4's MDS dated [DATE] documents R4 is cognitively intact. On 11/13/24 at 1:00PM I (R4) remember on 10/25/24 when (R2) kicked me in the shin. (R2) usually really liked me, but (R2) was upset with the staff and very confused and I tried to help calm (R2) down, but (R2) kicked me in the shin. It stung a little but I was alright.</p> <p>On 11/13/24 at 12:30PM V6 Social Services stated (R2) was very aggressive. She cursed at staff and other residents and she slapped and kicked staff and other residents. We did not initiate (R2's) discharge. (R2's) daughter found placement in a memory care unit. Honestly that was probably a good choice for (R2), but we were prepared to take her back after she was discharged from the hospital.</p> <p>On 11/13/24 at 3:30PM V1, Administrator verified R2 was very aggressive and had been witnessed by staff and other residents cursing at, kicking and hitting other residents and staff.</p> <p>The facility Abuse Prevention Program dated 11/28/16 documents this facility affirms the right of our residents to be free from abuse, neglect, misappropriation of resident property, and exploitation as defined. Abuse is the willful injection of injury, unreasonable confinement, intimidation, or punishment with resulting physical harm, pain or mental anguish. Abuse also includes the deprivation by an individual, including a caretaker, of psychosocial well-being. Instances of abuse of all residents, irrespective of any mental or physical condition, cause physical harm, pain or mental anguish. It includes verbal abuse, sexual abuse, physical abuse, and mental abuse including abuse facilitated or enabled through the use of technology. Willful, as used in this definition of abuse, means the individual must have acted deliberately, not that the individual must have intended to inflict injury or harm. Physical abuse includes hitting, slapping, pinching, kicking, and controlling behavior through corporal punishment. Verbal abuse is the use of oral, written, or gestured language that willfully includes disparaging and derogatory terms to resident or families, or within their hearing distance regardless of their age, ability to comprehend, or disability. Examples of verbal abuse include, but are not limited to, threats of harm, or saying things to frighten a resident, such as telling a resident that he/she will never be able to see family again. Mental Abuse includes, but is not limited to, abuse that is facilitated or caused by nursing home staff taking or using photographs or recordings in any manner that would demean or humiliate a resident(s), harassment, humiliation and threats of punishment or deprivation.</p>		