

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 146122	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 08/29/2024
NAME OF PROVIDER OR SUPPLIER St Paul's Senior Community		STREET ADDRESS, CITY, STATE, ZIP CODE 1021 West E Street Belleville, IL 62220	

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 0550</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 a dignified existence, self-determination, communication, and to exercise his or her rights.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 44556</p> <p>Based on interview and record review the facility failed to protect resident's rights and treat each resident with dignity for 2 of 8 residents (R1 and R7) reviewed for resident rights in a sample of 10.</p> <p>Findings include:</p> <p>1. R1's Admission Record, with a print date of 08/29/24, documented R1 has diagnoses of but not limited to overactive bladder, hypertension, generalized weakness, diabetes, and low back pain.</p> <p>R1's Minimum Data Set (MDS), dated [DATE], documented R1 is cognitively intact with a Brief Interview for Mental Status (BIMS) score of 14 out of 15, requires the use of a wheelchair, has an indwelling foley catheter and is frequently incontinent of bowel.</p> <p>R1's Care Plan, dated 08/15/2024, documented problems of but not limited to fall risk, pain due to fracture of the third vertebra, self-care deficit, potential impairment to skin integrity, and limited physical mobility.</p> <p>On 08/28/2024 at 10:20 AM, R1 stated the Certified Nursing Assistants (CNAs) have their earbuds in and are talking on their phones while they are performing care for him, such as putting his clothes on. R1 stated this occurs a large percentage of the time. R1 stated he will think the CNAs are talking to him so he will ask them what they said and will be told by staff they are not talking to him. R1 stated he gets irritated and mad when they're (staff) listening to their earbuds all the time. R1 stated he feels the CNAs use their personal cell phones more than nurses and there are certain ones who do this every day.</p> <p>2. R7's Admission Record, with a print date of 08/29/24, documented R7 has diagnoses of but not limited to myocardial infarction, cerebral infarction, hemiplegia and hemiparesis, venous insufficiency, diabetes, hypertension, and congestive heart failure (CHF).</p> <p>R7's MDS, dated [DATE], documented R7 is cognitively intact with a BIMS of 13 out of 15, requires the use of a wheelchair, is occasionally incontinent of bladder and always continent with bowel.</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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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)		
<p>F 0550</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>R7's Care Plan, dated 07/22/24, documented problems of but not limited to dependence of staff for activities, communication problems due to hard of hearing, limitation with ADL activities, peripheral vascular disease (PVD) complications, congestive heart failure (CHF), hypertension, fall risk, diuretic therapy, and limited physical mobility.</p> <p>On 08/28/2024 at 11:10 AM, R7 described employee usage of cell phones as unbelievable. R7 stated one nurse will perform her needed tasks then prop her phone up and watch it for hours. R7 stated a lot of the CNAs have earbuds in and I'll ask a question and when the CNAs speak, I think they are talking to him, but they are talking on their phone. R7 described this as a flagrant violation.</p> <p>Resident Council Meeting Records, dated 05/31/24, documented follow up concerns from last meeting: cell phones. It further documented under the nursing section issues/concerns and listed cell phones.</p> <p>Resident Council Meeting Records, dated 06/28/24, documented follow up concerns from last meeting: cell phones. It further documented under the nursing section issues/concerns and listed cell phones.</p> <p>Resident Council Meeting Records, dated 07/29/24, documented follow up concerns from last meeting: cell phones. It further documented under the nursing section issues/concerns and listed cell phone use 3 south.</p> <p>Grievance Log for the month of June 2024, documented Resident: Resident Council, date of concern 06/28/24, Nature of Concern: Cell phones.</p> <p>Grievance Log for the month of July 2024, documented Resident: Resident Council, date of concern 07/29/24, Nature of Concern: Cell phone use 3 south.</p> <p>On 08/29/24 at 8:56 AM, V1, Administrator stated the facility does not have a policy on cell phones.</p> <p>The facility's policy Resident Rights, not dated, documented Resident Rights Employees shall treat all residents with kindness, respect, and dignity. Federal and state laws guarantee certain basic rights to all residents of this facility. These rights include the resident's right to privacy and confidentiality. It further documents Our values of integrity, compassion, and respect help us create an environment that is safe, comfortable, and supportive of the rights and needs of our residents. It also documents Privacy In our facility, here are some of the ways we protect the privacy of our residents: Protect a resident's medical or personal information (HIPPA)</p>		