

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER <b>145452</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED <b>07/22/2020</b>
NAME OF PROVIDER OF SUPPLIER <b>HERITAGE HEALTH-DWIGHT</b>		STREET ADDRESS, CITY, STATE, ZIP <b>300 EAST MAZON AVENUE DWIGHT, IL 60420</b>	
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)		
F 0607  <b>Level of harm</b> - Minimal harm or potential for actual harm  <b>Residents Affected</b> - Some	<p><b>Develop and implement policies and procedures to prevent abuse, neglect, and theft.</b></p> <p>Based on interview and record review, the facility failed to follow their Abuse prevention policy by failing to give written notification of an allegation of abuse to the resident representative for three of four residents (R1, R2, R3) reviewed for abuse on the sample list of five. Findings Include: The facility Resident Care Policy and Procedure regarding Abuse and Neglect, Involuntary Seclusion, Exploitation, Misappropriation of Resident Property, Injury of Unknown Origin, and Social Media dated 3/15/18 documents, A facility Administrator who becomes aware of alleged abuse or neglect of a resident shall immediately report the matter by telephone and in writing to the resident's representative. 1. R1's Nursing Progress Notes dated 5/14/20 by V19 RN (Registered Nurse) documents, V19 was contacted by the ED (Emergency Department) of the hospital and they needed to get in contact with V1 Administrator to report an allegation of abuse. R1's Initial Abuse Report dated 5/14/20 documents at 5:51 pm on 5/14/20, V1 was informed by the hospital that R1's urinalysis laboratory report documented the sample allegedly contained sperm and a vaginal tear was noted. Police, V21 Physician and R1's POA (Power of Attorney) were all notified. Investigation began immediately. R1's medical record did not contain documentation of written notification being provided to R1's representative. On 7/21/20 at 2:11 pm, V1 stated V1 did not send written communication to R1's family regarding the abuse allegation, I never do.</p> <p>2. R2's progress notes documents, on 6/5/2020 at 11:35 PM by V14 Registered Nurse, At approximately 7:15 PM writer alerted by C.N.A (Certified Nursing Assistant) that patient alleged abuse by her. Patient (R2) stated to the other CNA that she was abused when placed in the recliner. At approximately 7:45 PM (R2's) daughter, was called by this writer. R2's medical record fails to contain documentation of written notification being provided to R2's representative. On 7/21/20 at 2:11 pm, V1 Administrator stated V1 did not send written notification on the abuse allegation to family, V1 just called them 3. R3's progress notes document on 5/19/2020 at 7:25 PM by V33 Licensed Practical Nurse, An incident occurred between (R3) and (R4) roommate. Residents were separated immediately. Nursing assessment done, no findings. The facility's Provider Communication Form documents, Resident name: (R3), dated 5/19/2020 at 7:00 PM, Resident information for Notification: an occurrence was reported between two residents who were room mates, residents separated, POA (power of attorney) notified, completed by V33 (LPN). R3's medical record fails to contain documentation of written notification being provided to R3's resident representative. On 7/21/20 at 2:11 pm, V1 Administrator stated V1 did not send written notification to R3 or R4's family regarding the abuse allegation, V1 just called them.</p>		
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE		TITLE	(X6) DATE

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.