

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER 145536	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 08/26/2020
NAME OF PROVIDER OF SUPPLIER PRESENCE OUR LADY OF VICTORY		STREET ADDRESS, CITY, STATE, ZIP 20 BRIARCLIFF LANE BOURBONNAIS, IL 60914	
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 0600 Level of harm - Minimal harm or potential for actual harm Residents Affected - Few	Protect each resident from all types of abuse such as physical, mental, sexual abuse, physical punishment, and neglect by anybody. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on interview and record review the facility failed to ensure a resident was free from verbal abuse from a staff member. This applies to 1 of 4 residents (R1) reviewed for abuse in the sample of 3. The findings include: R1 was admitted to the facility on [DATE]. Her current [DIAGNOSES REDACTED]. Her most recent Minimum Data Set ((MDS) dated [DATE] documented R1 was cognitively intact. R1's Activity Assessment on 8/7/20 recorded her psychosocial status as enthusiastic, cooperative, motivated and cheerful. R1's care plan entry dated 8/5/20 noted, (R1) .enjoys participating (in) the activities/events in the facility as well as socializing with her peers. On 8/24/20 at 1:35 PM, R1 reported the staff treat her okay except for one staff member she called (V7) CNA. R1 stated she told V1 (Administrator) about the one who didn't treat me well. R1 explained she is friends with a male resident (R2) and they talk with each other. R1 stated that she and R2 were talking, and V7 said don't talk to him because you're married. I told her I know I'm married and we're friends. We're just talking. R1 added, I told (V7) there was nothing wrong with talking with friends, but she just kept on talking about it and saying I shouldn't talk with (R2) because I'm married, and he's married. R1 put her head down and lowered her voiced as she recalled the incident and stated, She kept on and it made me feel bad, like I was doing something wrong, but I wasn't. The facility provided their investigation of the above incident. The facility's report showed the incident occurred on 8/10/20, and the facility was notified on the same day and initiated an investigation into the allegation. The investigation file showed the facility sent initial notification to Illinois Department of Public Health (IDPH) on that day. The facility's investigation conclusion in their final report to IDPH on 8/14/20 stated, Based on the investigation .the allegation of abuse has been substantiated. On 8/25/20 at 2:15 PM, V5 (Activity Aide) reported she was concerned with how V7 speaks to residents, and reported an earlier incident to her supervisor. On 8/25/20 at 2:40 PM, V6 (CNA) stated that when interacting with V7 on the floor, (V7) is rude, not helpful, and is a complainer. On 8/25/20 at 3:05 PM, V8 (CNA) stated, I try to stay away from (V7) she gives a lot of attitude to us employees. 8/26/20 at 10:40 AM, V2 (Director of Nursing) stated she initiated the investigation in V1's (Administrator) absence and spoke to R2, and stated he was upset, saying it was not anyone's concern that the residents were having a conversation. On 8/24/20 at 2:20 PM, V2 stated V7 was temporarily suspended beginning 8/10/20 and returned to work on 8/18/20. The Facility's policy and procedure with the revision date of 6/2020 and titled Abuse Prevention under the subheading of Policy Statement states Our residents have the right to be free from abuse, neglect, misappropriation of resident property, and exploitation . The same policy and procedure under the subheading of Policy Interpretation and Implementation states . As part of the resident abuse prevention program, the administration will provide a safe resident environment and protect the resident from abuse by anyone .		
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.