

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER <b>145290</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED <b>03/06/2020</b>
NAME OF PROVIDER OF SUPPLIER <b>INTEGRITY HC OF BELLEVILLE</b>		STREET ADDRESS, CITY, STATE, ZIP <b>727 NORTH 17TH STREET BELLEVILLE, IL 62226</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 - Minimal harm or potential for actual harm</b>  <b>Residents Affected - Some</b>	<b>Develop and implement policies and procedures to prevent abuse, neglect, and theft.</b> <b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> Based on interview and record review the facility failed to implement and operationalize the facility's abuse policy by not adequately investigating allegations of resident to resident abuse for 4 of 11 residents, (R2, R6, R8, and R9) reviewed for abuse in the sample of 13. Findings include: The facility's Abuse Prevention Policy undated documents Residents have the right to be free from abuse, neglect, exploitation, misappropriation of property or mistreatment. This includes but, is not limited to corporal punishment, involuntary seclusion, and any physical or chemical restraints not required to treat the residents' medical symptoms. The facility prohibits abuse, neglect, misappropriation of property, and exploitation of its residents. Including verbal, mental, sexual, or physical abuse, corporal punishment; and involuntary seclusion. The facility has a 'no tolerance' philosophy; persons found to have engaged in such conduct will be terminated. Abuse means any physical or mental injury or sexual assault inflicted upon a resident other than by accidental means. R2's Final Incident and/or Abuse Notification completed by V4 (Former Administrator) dated 01/11/20 documents, On 01/11/20, (R2) who is [AGE] years old with a [DIAGNOSES REDACTED]. Nursing assessed, (R2) with no injuries noted. The Administrator was notified. An investigation immediately began. The Local Police were notified of the incident and assisted with the investigation. (R2) stated, that (R10), touched her breast but, later told police and staff that he tried to touch her breast and she told him, 'No'. The Form also documents, Based on comprehensive investigation, which included interviewable residents and staff, the facility was unable to substantiate allegation. (R2) is Care Planned, for accusatory statements and Manipulative Behaviors. She maintained her normal routine with no emotional distress or mental anguish noted. (R2's) and (R10's), Care Plans were updated accordingly. On 03/04/20 at 1:42 PM, R6 stated, Yes, I told them when they asked me if (R10) had ever acted inappropriately towards a resident, I told them (R10) had grabbed my boob and I saw him grab other residents' boobs too. I saw him grab (R2's), (R8's) and (R9's) boobs. No other investigation for (R8), (R6) or (R9) regarding (R10) touching their breast was initiated or started by the facility. No documentation was provided documenting a follow up on R6's accusation that she had been touched by R10. No documentation was provided on the allegation that R6 had witnessed R2, R8 and R9 being touched by R10. On 03/04/20 at 3:52 PM, V5 (Corporate) stated, Yes we have cameras in the dining room. I am not sure if anyone reviewed the cameras to confirm or deny the accusation. (V4), Former Administrator, was the Administrator at that time. No documentation was provided related to viewing of the cameras. On 03/04/20 at 3:26 PM, V1 (Administrator) stated, I did not do the investigation for that day; I was not here. If a resident responded 'Yes' to the abuse questions, I would expect staff will follow up with more questions which would lead to more investigations. On 03/04/20 at 4:00 PM, V1 stated the camera footage was not available now to view for 01/11/20.		
F 0610  <b>Level of harm - Minimal harm or potential for actual harm</b>  <b>Residents Affected - Some</b>	<b>Respond appropriately to all alleged violations.</b> <b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> Based on record review and interview, the facility failed to adequately complete investigations for abuse for 4 of 11 residents (R2, R6, R8, and R9) reviewed for abuse in the sample of 12. Findings include: R2's Final Incident and/or Abuse Notification completed by V4 (Former Administrator) dated 01/11/20 documents, On 01/11/20, (R2) who is [AGE] years old with a [DIAGNOSES REDACTED]. Nursing assessed, (R2) with no injuries noted. The Administrator was notified. An investigation immediately began. The Local Police were notified of the incident and assisted with the investigation. (R2) stated, that (R10), touched her breast but, later told police and staff that he tried to touch her breast and she told him, 'No'. The Form also documents, Based on comprehensive investigation, which included interviewable residents and staff, the facility was unable to substantiate allegation. (R2) is Care Planned for accusatory statements and Manipulative Behaviors. She maintained her normal routine with no emotional distress or mental anguish noted. (R2's) and (R10's) Care Plans were updated accordingly. On 03/03/20 at 12:40 PM, R2 stated, Yes (R10) touched me in the breast; it happened in the dining room and again by the phone room. (R10) touched my left breast and started to touch the other side, and I said 'No, stop, you can't touch me.' I just stay my distance now from (R10). On 03/04/20 at 3:52 PM, V5 (Corporate) stated, Yes we have cameras in the dining room. I am not sure if anyone reviewed the cameras to confirm or deny the accusation. (V4), Former Administrator, was the Administrator at that time. No documentation was provided related to viewing of the cameras. On 03/04/20 at 1:42 PM, R6 stated, Yes, I told them when they asked me if (R10) had ever acted inappropriately towards a resident, I told them (R10) had grabbed my boob and I saw him grab other residents' boobs too. I saw him grab (R2's), (R8's) and (R9's) boobs. No follow up or additional questions for R6 were documented as being completed. On 03/04/20 at 2:19 PM, R8 stated, Yes, (R10) gropes me. I try and keep my head down and stay out of his way. He is in a wheelchair, I can walk. On 03/04/20 at 3:26 PM, V1 (Administrator) stated, I did not do the investigation for that day; I was not here. If a resident responded 'Yes' to the abuse questions, I would expect staff will follow up with more questions which would lead to more investigations. Yes, everything is in the file; all of the investigations should be there. On 03/06/20 at 8:30 AM, additional follow up questions were provided by the facility for R5, R9 and R12, however, there was still no investigation for R6's allegation of R10 touching her.		

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.