

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER <b>145879</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED <b>03/06/2020</b>
NAME OF PROVIDER OF SUPPLIER <b>TRI-STATE VILLAGE NRSG &amp; RHB</b>		STREET ADDRESS, CITY, STATE, ZIP <b>2500 EAST 175TH STREET LANSING, IL 60438</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 0600  <b>Level of harm</b> - Minimal harm or potential for actual harm  <b>Residents Affected</b> - Few	<b>Protect each resident from all types of abuse such as physical, mental, sexual abuse, physical punishment, and neglect by anybody.</b> <b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> Based on observation, interview and record review, the facility failed to ensure a cognitively impaired, wandering resident, who was assessed to be vulnerable for abuse, remained free of an injury of unknown for 1 of 3 residents reviewed for injury of unknown origin. Findings Include: R1 was admitted with the [DIAGNOSES REDACTED], R1's cognitive skills for daily decision making, dated 2/7/20, documents: R1 is severely impaired. Problem start date 1/4/2019 documents: R1 exhibits wandering behavior as evidence by wandering in and out of other room, attempts to exit through doors which places R1 at risk for injury. February 2020 shower sheet documents: R1 had a left purple eye. Abuse Risk Review, dated [DATE], documents: R1 is at risk for physical abuse. Risk Factors: Wandering Nursing Note, dated 2/25/2020, documents: R1 has a bruise on left eye. R1 observed purple bruising under and on the side of R1's eye. Event Report, dated 2/25/2020, documents: R1 has bruising of unknown origin. Purplish-black in color. Facility Reportable, dated 3/03/2020, documents: Facility was unable to determine nature of R1's bruise. On 3/4/20 at 2:13pm, R1 was noted with a thin horizontal crescent moon shaped, dark maroon purplish/blue discoloration under left eye. R1 has a blank stare on her face. R1 was unable to state what happen to her eye or respond to name. On [DATE] at 2:46pm, V2 (Director of Nursing) said R1's daughter notified me of R1's eye on 2/25/2020. Based on my investigation, no one witnessed R1's incident. On [DATE] at 3:40pm, V1 (Administrator) said we allow R1 to wander. It helps with R1 independence. On [DATE] at 3:48pm, V18 (Assistant Director of Nursing) said R1's bottom left eye was puffy, bruised and reddened in color. We are not hundred percent sure what happen to R1's eye. On [DATE] at 4:25pm, V28 (Nurse) said R1 walks around, but she doesn't know where she is going or where she has been. On [DATE] at 9:20am, V30 (Certified Nursing Assistant/CNA) said, R1 wanders around the facility a lot. On [DATE] at 12:40pm, V41 (CNA) said I worked 2/24/20 on the evening shift. I noticed R1's eye was two shades darker than normal. I asked V42 (nurse) what happened to R1's eye. R1's eye looks slightly different. Behavior Assessment and Monitoring Policy, Revised 8/2008: Problematic behaviors will be identified and managed appropriately. Review of the facility abuse policy indicates that resident shall remain free of abuse.		
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.