

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6000772	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 06/21/2021
--	--	---	---

NAME OF PROVIDER OR SUPPLIER BEACON HILL	STREET ADDRESS, CITY, STATE, ZIP CODE 2400 SOUTH FINLEY ROAD LOMBARD, IL 60148
--	--

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
S 000	Initial Comments Facility Reported Incident Investigation of 6/9/2021, IL134952	S 000		
S9999	<p>Final Observations</p> <p>Licensure Violations:</p> <p>Section 300.1210 d) 6)</p> <p>Section 300.1210 General Requirements for Nursing and Personal Care</p> <p>d) Pursuant to subsection (a), general nursing care shall include, at a minimum, the following and shall be practiced on a 24-hour, seven-day-a-week basis:</p> <p>6) All necessary precautions shall be taken to assure that the residents' environment remains as free of accident hazards as possible. All nursing personnel shall evaluate residents to see that each resident receives adequate supervision and assistance to prevent accidents.</p> <p>This requirement was not met as evidenced by:</p> <p>Based on interview and record review the facility failed to ensure that a resident who resides in the memory care section, which was identified by the facility as a locked/secured unit, got out of the facility unsupervised by the staff.</p> <p>This applies to 1 of 3 resident (R1) reviewed for elopement risk in the sample of 3.</p> <p>The findings include:</p> <p>R1 has multiple diagnoses which included</p>	S9999	<p style="text-align: center;">Attachment A Statement of Licensure Violations</p>	

Illinois Department of Public Health
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6000772	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 06/21/2021
--	---	---	---

NAME OF PROVIDER OR SUPPLIER BEACON HILL	STREET ADDRESS, CITY, STATE, ZIP CODE 2400 SOUTH FINLEY ROAD LOMBARD, IL 60148
---	--

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
S9999	<p>Continued From page 1</p> <p>Alzheimer's disease, atrial fibrillation, cardiac arrhythmia, hypertension, osteoarthritis, and dizziness and giddiness, based on the face sheet.</p> <p>R1 resides in the memory care unit on the second floor. The memory care unit was identified by the facility as a locked/secured unit.</p> <p>R1's annual MDS (minimum data set) dated 3/28/2021 shows that the resident is severely impaired with cognition. The MDS shows that R1 requires supervision from the staff with most of her ADL (activities of daily living) which included ambulation and locomotion on and off the unit. The same MDS also shows that the resident does not use any mobility device, including a walker.</p> <p>R1's initial incident report submitted to the State Agency via facsimile on 6/9/21 shows that on 6/9/21 (no time indicated), R1 was observed sitting on the side walk outside of the facility within the compound/community by a staff member. R1 was assisted back to the facility. Based on the report, R1 was alert with confusion, ambulatory and was assessed without any pain, discomfort or injury.</p> <p>R1's final incident report submitted to the to the State Agency via facsimile on 6/14/21 shows that the facility conducted an investigation with regards to R1's elopement incident on 6/9/21. The final report shows that on 6/9/21, R1 was served dinner at approximately 5:25 PM inside the main dining room of the memory care unit. It was documented that it took R1 approximately 15-20 minutes to complete her meal, then the resident was noted ambulating back to her room after dinner. The final report shows, "During this time, there was also a family having a</p>	S9999		

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6000772	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 06/21/2021
--	--	---	---

NAME OF PROVIDER OR SUPPLIER BEACON HILL	STREET ADDRESS, CITY, STATE, ZIP CODE 2400 SOUTH FINLEY ROAD LOMBARD, IL 60148
--	--

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
S9999	<p>Continued From page 2</p> <p>compassionate care visit with another resident that resided in the same hall about 5 rooms down. The spouse of the resident on compassionate care was noted to leave the memory care unit at approximately 6:00 PM. The visiting spouse of the resident stated she was unaware of anyone following her out of the unit." The final report shows in-part, "The nurse on duty observed (R1) by her room prior to 6:00 PM. When the nurse asked a CNA (Certified Nursing Assistant) to redirect another memory care resident that was trying to enter (R1's) room at 6:05 PM, the CNA observed that (R1) was not in her room and informed the nurse." The facility conducted a head count of the residents and that all areas were checked. At 6:15 PM, when the staff looked outside the window at the end of the hallway as they were checking the stairs, the staff observed R1 sitting on the sidewalk outside of the facility building. The facility staff went outside to assist R1 back to the facility. The final report shows, "The resident stated, "I'm going shopping." Based on the final report, when R1 left the facility unsupervised, the resident was not wearing a departure alert device/bracelet and R1 did not have her rolling walker with her. The final report documented, "The (departure alert device/bracelet) that alarms at the doors was found on the walker in the resident's room. Based on investigation, witness statement, time line, equipment found to be working properly, and the (departure alert device/bracelet) was found on resident's walker, the resident removed (the departure alert device/bracelet) and placed it on her walker and followed the spouse of resident receiving compassionate care when she departed unit. Upon visiting spouse's exit, she was not aware of resident following her. The time resident was outside the unit was approximately 15 minutes."</p>	S9999		

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6000772	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 06/21/2021
--	--	---	---

NAME OF PROVIDER OR SUPPLIER BEACON HILL	STREET ADDRESS, CITY, STATE, ZIP CODE 2400 SOUTH FINLEY ROAD LOMBARD, IL 60148
--	--

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
S9999	<p>Continued From page 3</p> <p>R1's elopement evaluation dated 12/28/20 made prior to the 6/9/21 incident shows that the resident was not at risk for elopement.</p> <p>On 6/16/21 at 3:06 PM, V5 (CNA) stated that on 6/9/21 he saw R1 having dinner at the memory care unit main dining room between 5:30 PM and 5:45 PM. After dinner R1 went to the nursing station and asked, what time she will be going home? V5 stated that he directed R1 to her room and then left the resident to attend to his other assigned residents. According to V5 when he directed R1 to her room, the resident was walking independently without her rolling walker. R1 was wearing a pair of pants, a shirt (does not remember if the shirt has long or short sleeves) and a pair of closed shoes. V5 was asked if R1 was wearing a departure alert device/bracelet. V5 responded, "No." V5 added that R1's departure alert device/bracelet has always been attached to the resident's rolling walker by the front side bar. According to V5, R1's departure alert device/bracelet was attached to the resident's walker because of the resident's history of removing the device when attached to her body. V5 stated that between 6:15 and 6:20 PM, V6 (Registered Nurse) asked him if he saw R1 because according to V6 he did not see R1 inside her room. According to V5 it was during that time that they started looking for R1 inside each of the memory care unit resident rooms, bathrooms, shower room and supply room. V5 stated that he split the unit with V6, he went to check the north hallway while V6 checked the south hallway. V5 stated that it was V6 who saw R1 sitting on the facility side walk when he (V6) looked out the window near the south exit door. During the same interview, V5 stated that on 6/9/21 a family member of another resident was</p>	S9999		

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6000772	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 06/21/2021
--	---	---	---

NAME OF PROVIDER OR SUPPLIER BEACON HILL	STREET ADDRESS, CITY, STATE, ZIP CODE 2400 SOUTH FINLEY ROAD LOMBARD, IL 60148
---	--

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
S9999	<p>Continued From page 4</p> <p>in the unit for a compassionate visit and this family member was visiting from 4:00 PM through 6:00 PM. According to V5 some visitors who regularly visit the unit, including the family member of the resident on compassionate visit, are given the code for them use when they have to leave the locked unit using the north exit door, to access the elevator to go down to the first floor.</p> <p>On 6/17/21 at 11:12 PM, V4 (Memory Care Coordinator) stated that the Memory care unit where R1 reside houses residents with Alzheimer's and/or dementia. It is a locked/secured unit because some of the residents are at risk for elopement due to their decline in cognition and wandering behavior. According to V4 prior to R1's transition from the residential living section of the same building to the memory care unit of the facility, the resident had a history of wandering behavior. V4 stated that only resident's with elopement risk have a departure alert device/bracelet. A departure alert device/bracelet was placed on R1's rolling walker as a precaution because of the resident's history of wandering behavior. According to V4, R1's departure alert device/bracelet was placed on the resident's rolling walker because the resident does not want it placed on her body. During the same interview V4 stated that since the memory care is a locked/secured unit, anyone who leaves the unit needs to enter a code on the code pad located on the wall near the unit exit door (North exit door) to allow the exit door to open. According to V4 all the staff that works at the memory care unit knows the code and some of the residents family members who come, and visit are also informed of the code. V4 stated, " The POA (Power of Attorney) of some of the residents who come, and visit are informed of the code so they can leave the unit anytime or have</p>	S9999		

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6000772	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 06/21/2021
--	---	---	---

NAME OF PROVIDER OR SUPPLIER BEACON HILL	STREET ADDRESS, CITY, STATE, ZIP CODE 2400 SOUTH FINLEY ROAD LOMBARD, IL 60148
---	--

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
S9999	<p>Continued From page 5</p> <p>the access to take their resident out of the unit." V4 stated that on 6/9/21 when R1 left the locked/secured unit unsupervised by the staff, "we assume that she (R1) could have gone out with the family member on compassionate visit." V4 was asked about R1's elopement evaluation dated 12/28/20 which was created prior to R1's unsupervised incident on 6/9/21. V4 stated that R1's elopement evaluation on 12/28/20 was inaccurate because the first question on the evaluation which read, "Does the resident have a history of or an attempted elopement while at home?" should have been answered "Yes, instead of No" because R1 had a history of elopement when she (R1) was residing at the residential living section of the same building.</p> <p>On 6/17/21 at 12:21 PM, V2 (Director of Nursing) stated that R1's elopement evaluation dated 12/28/20 which was made prior to R1's unsupervised incident on 6/9/21 was incorrect because the resident had a history of elopement while residing in the residential living section of the building. According to V2, if the 12/28/20 elopement evaluation was answered correctly, R1 will be at risk for elopement. During the same interview V2 stated that based on the facility's policy and procedure, R1's departure alert device/bracelet should be applied on the resident's wrist, ankle or alternative body part and not on a rolling walker because due to R1's cognition, the resident does not always remember to walk with her rolling walker.</p> <p>On 6/17/21 at 2:31 PM, V6 (Registered Nurse) stated that on 6/9/21 he saw R1 having dinner inside the memory care unit dining room between 4:30 PM and 5:00 PM. According to V6, between 5:30 PM and 6:00 PM he saw R1 walking with her rolling walker on the hallway towards her room.</p>	S9999		

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6000772	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 06/21/2021
--	--	---	---

NAME OF PROVIDER OR SUPPLIER BEACON HILL	STREET ADDRESS, CITY, STATE, ZIP CODE 2400 SOUTH FINLEY ROAD LOMBARD, IL 60148
--	--

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
S9999	<p>Continued From page 6</p> <p>V6 stated that between 6:10 and 6:15 PM while he was re-directing another resident whom he saw wandering in the hallway where R1 resides, he noticed that R1 was not inside her room. According to V6, he immediately asked V5 about R1 and room to room search for the resident was performed inside the memory care unit. Between 6:20 PM and 6:30 PM, while doing his search on the south hallway, he looked out the window that was close to the south exit door and saw R1 sitting on the facility side walk. V6 stated that together with V5, they went down to get R1. V6 stated that based on his assessment, R1 had no injury, no complaint of pain or discomfort and the resident was able to ambulate without any problem. According to V6, R1 was wearing a pair of pants, a shirt with a type of sweater that has opening at the front and a pair of walking shoes. V6 stated that R1 did not have her rolling walker with her. V6 stated that R1 does not always use her rolling walker to ambulate because she would sometimes forget and leave the rolling walker inside her room or inside the dining room by the television area. According to V6, R1 can ambulate without her rolling walker but she is not safe because of her unsteady gait. V6 stated that R1 has a departure alert device/bracelet that was placed on her rolling walker and since R1 left her rolling walker inside her room, the departure alert device/bracelet was not triggered when she left the memory care unit. According to V6 since he started working at the memory care unit in February 2021, R1's departure alert device/bracelet has always been on R1's rolling walker.</p> <p>On 6/17/21 at 2:51 PM, V2 stated that the memory care section of the facility is a locked/secured unit for the safety and protection of the residents in the said unit, because of their</p>	S9999		

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6000772	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 06/21/2021
NAME OF PROVIDER OR SUPPLIER BEACON HILL		STREET ADDRESS, CITY, STATE, ZIP CODE 2400 SOUTH FINLEY ROAD LOMBARD, IL 60148		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
S9999	Continued From page 7 decreased safety awareness, wandering behavior and elopement risk. According to V2, since the memory care is a locked/secured unit the expectation is for the staff to know the code to be able to leave the unit, but the code should not be shared/given to any visitor and/or family. Review of the facility's policy and procedure regarding elopement, unsupervised absence, hazardous wandering and missing residents last revised on 2/18/2020 shows under wander prevention systems, "If the resident is assessed to be an actual or potential risk for elopement, the resident will be placed on the community approved wander prevention system (watch system, [departure alert device/bracelet], secured memory support program, etc. (Et cetera/and other similar things). A device may be placed on the resident's wrist, ankle or alternative body part as an additional elopement prevention measure." (B)	S9999		