

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6004642	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 07/20/2021
--	--	---	---

NAME OF PROVIDER OR SUPPLIER ACCOLADE HEALTHCARE OF PONTIAC	STREET ADDRESS, CITY, STATE, ZIP CODE 300 WEST LOWELL PONTIAC, IL 61764
---	---

(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 Investigation of Facility Reported Incident of 7/5/21/IL135632	S 000		
S9999	Final Observations Facility Reported Incident of July 5, 2021. STATEMENT OF LICENSURE VIOLATIONS: 300.610a) 300.1210b) 300.1210d)6) 300.2900d)2) 300.3100d)2) 300.3240a) Section 300.610 Resident Care Policies a) The facility shall have written policies and procedures governing all services provided by the facility. The written policies and procedures shall be formulated by a Resident Care Policy Committee consisting of at least the administrator, the advisory physician or the medical advisory committee, and representatives of nursing and other services in the facility. The policies shall comply with the Act and this Part. The written policies shall be followed in operating the facility and shall be reviewed at least annually by this committee, documented by written, signed and dated minutes of the meeting. Section 300.1210 General Requirements for Nursing and Personal Care b) The facility shall provide the necessary care and services to attain or maintain the highest practicable physical, mental, and psychological	S9999	Attachment A Statement of Licensure Violations	

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: IL6004642	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 07/20/2021
--	--	---	---

NAME OF PROVIDER OR SUPPLIER ACCOLADE HEALTHCARE OF PONTIAC	STREET ADDRESS, CITY, STATE, ZIP CODE 300 WEST LOWELL PONTIAC, IL 61764
---	---

(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>well-being of the resident, in accordance with each resident's comprehensive resident care plan. Adequate and properly supervised nursing care and personal care shall be provided to each resident to meet the total nursing and personal care needs of the resident.</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>Section 300.2900 General Building Requirements</p> <p>d) Doors and Windows</p> <p>2) All exterior doors shall be equipped with a signal that will alert the staff if a resident leaves the building. Any exterior door that is supervised during certain periods may have a disconnect device for part-time use. If there is constant 24 hour a day supervision of the door, a signal is not required.</p> <p>Section 300.3100 General Building Requirements</p> <p>d) Doors and Windows</p>	S9999		

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6004642	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 07/20/2021
--	--	---	---

NAME OF PROVIDER OR SUPPLIER ACCOLADE HEALTHCARE OF PONTIAC	STREET ADDRESS, CITY, STATE, ZIP CODE 300 WEST LOWELL PONTIAC, IL 61764
---	---

(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>2) All exterior doors shall be equipped with a signal that will alert the staff if a resident leaves the building. Any exterior door that is supervised during certain periods may have a disconnect device for part-time use. If there is constant 24 hour a day supervision of the door, a signal is not required.</p> <p>Section 300.3240 Abuse and Neglect</p> <p>a) An owner, licensee, administrator, employee or agent of a facility shall not abuse or neglect a resident. (A, B) (Section 2-107 of the Act)</p> <p>These regulation were not met by evidenced by:</p> <p>Based on observation, interview and record review, the facility failed to ensure R1, at risk for elopement (leaving the facility unnoticed), received supervision to prevent R1 from leaving the facility alone and unnoticed. This failure resulted in R1 exiting the facility alone and undetected by staff during the pre-dawn hours on 7/5/21. R1 was found by the local police department a half a mile away from the facility on the ground in a residential neighborhood with bruising and swelling above R1's right eye. R1's injuries included an Acute Subarachnoid Hemorrhage, an Acute Right-sided Orbital Floor Blowout Fracture with Inferior Displacement and Prolapse of Orbital Fat, Right Maxillary Sinus and Nasomaxillary Fractures, Large Right Pre-septal and Periorbital Soft Tissue Hematoma. This failure had the potential to affect seven of seven residents (R1-R7) reviewed for being at risk for elopement in the sample of seven.</p>	S9999		

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6004642	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 07/20/2021
--	--	---	---

NAME OF PROVIDER OR SUPPLIER ACCOLADE HEALTHCARE OF PONTIAC	STREET ADDRESS, CITY, STATE, ZIP CODE 300 WEST LOWELL PONTIAC, IL 61764
---	---

(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>Findings include:</p> <p>R1's Minimum Data Set (MDS) dated 5/13/21 documents R1's diagnoses including Atrial Fibrillation, Diabetes Mellitus, Alzheimer's Disease, Non-Alzheimer's Dementia, Lack of Coordination, Falls and Automatic Implantable Cardiac Defibrillator. This MDS documents R1 has severe cognitive impairment and wanders daily.</p> <p>R1's Care Plans dated 7/6/21 documents R1 had a fall with injury related to leaving the facility unsupervised and impaired cognitive status/Alzheimer's Disease. These Care Plans document R1 exhibits "wandering behavior" with goals including R1 "will remain safe" and undesirable behaviors will be monitored and managed. These Care plans document R1 has an activities of daily living (ADL) deficit related to Dementia and R1 may be up ad lib (in accordance with R1's wishes) for ambulation but "requires supervision due to wandering." R1's Care Plans also document R1 is an "elopement risk/wanderer" related to impaired cognitive function related to Alzheimer's. R1 states R1 "is going home" and wanders throughout the facility. These Care Plans also document R1 has poor safety awareness.</p> <p>The facility is located near the Local County Jail, Local State Prison, a river, and is surrounded by well traveled two lane city streets.</p> <p>R1's Elopement report dated 7/5/21 at 5:39am documents the following:</p> <p>V21, Certified Nursing Assistant (CNA) reported to V20, Licensed Practical Nurse (LPN) R1 "had</p>	S9999		

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6004642	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 07/20/2021
--	--	---	---

NAME OF PROVIDER OR SUPPLIER ACCOLADE HEALTHCARE OF PONTIAC	STREET ADDRESS, CITY, STATE, ZIP CODE 300 WEST LOWELL PONTIAC, IL 61764
---	---

(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>been wandering around" the hall and had last been seen on 7/5/21 at 3:30am. V21 had went to provide cares for R1 and it was noted R1 "wasn't on unit."</p> <p>Immediate Action Taken: Code Yellow (Missing Resident) was "called" and all staff searched facility and the outside on premises and the nearby park. This report documents 911 was notified to assist with searching for the resident but does not document time of emergency personnel notification.</p> <p>Mental Status: R1 has a history of wandering about facility and interventions were attempted and unsuccessful.</p> <p>V21, CNA statement documents on 7/5/21 V21 attempted to take R1 to the bathroom at 3:30am. R1 did not "want to go (to the bathroom) and wanted to wander about unit. 1:1 was ineffective." V21 attempted to provide R1 with snacks, but R1 refused and was "walking about" R1's unit. V21 "went to finish (V21's) rounds" on other residents. At 3:50am, V21 noticed R1 was not on the unit and V20, LPN called a "Code Yellow."</p> <p>V20, LPN statement documents V21, CNA reported to V20 on 7/5/21 at 3:50am, that V21 was unable to find R1. This statement documents V20 had last seen R1 at 2:30am when R1 was laying in bed awake.</p> <p>V22, Registered Nurse (RN) and V24, CNA were working a different unit and had not seen R1 wandering the facility on 7/5/21.</p> <p>The facility's work in progress Summary of Event dated 7/5/21 documents R1 used to work at the facility up until three years prior to being admitted</p>	S9999		

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6004642	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 07/20/2021
--	--	---	---

NAME OF PROVIDER OR SUPPLIER ACCOLADE HEALTHCARE OF PONTIAC	STREET ADDRESS, CITY, STATE, ZIP CODE 300 WEST LOWELL PONTIAC, IL 61764
---	---

(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>to the facility. R1 has a history of wandering and is assessed as at risk for elopement.</p> <p>R1's investigation report documents the facility camera's were reviewed and R1 was seen on camera leaving the employee entrance door in the back of the facility on 7/5/21 at 3:37am.</p> <p>The local police department Incident Report dated 7/5/21 at 5:09am documents emergency personnel were alerted to a report of a missing resident (R1) from the facility. This report documents upon the report of R1 missing, the local police department found R1 on the ground located in a residential neighborhood a half a mile away from the facility after R1 had fallen to the ground and had bruising and swelling above R1's right eye. R1 was transferred to the local hospital emergency room for evaluation.</p> <p>A web based local weather application dated 7/5/21 documents the local weather around the time R1 eloped and was missing from the facility including a temperature between 70 and 71 degrees Fahrenheit with humidity ranging from 84-90%.</p> <p>While at the local hospital emergency room post elopement with fall, R1's CT (Computed Tomography) of Head or Brain without Contrast radiology report dated 7/5/21 documents, "IMPRESSION: 1. Minimal foci of acute subarachnoid hemorrhage within right temporal lobe sulci. There is also a hyperdense vessel within the adjacent right sylvian fissure, suspicious for acute thrombus. Further clinical correlation is needed as discussed above... 3. Acute right-sided orbital floor blowout fracture, with inferior displacement and prolapse of orbital fat. Additional right maxillary sinus and</p>	S9999		
-------	---	-------	--	--

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6004642	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 07/20/2021
--	--	---	---

NAME OF PROVIDER OR SUPPLIER ACCOLADE HEALTHCARE OF PONTIAC	STREET ADDRESS, CITY, STATE, ZIP CODE 300 WEST LOWELL PONTIAC, IL 61764
---	---

(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>nasomaxillary fractures. 4. Large right preseptal and periorbital soft tissue hematoma... CRITICAL RESULT OF NEW INTRACRANIAL HEMORRHAGE IDENTIFIED..."</p> <p>On 7/5/21 at 10:24am, R1's Hospital Notes document R1's CT was re-read and showed a subarachnoid bleed and "new lesion from head CT completed this morning." Patient was seen and initially discharged from the local hospital emergency room on 7/5/21 after R1 "had an unwitnessed fall outside after escaping from the facility." R1's hospital records dated 7/5/21 document R1 was called back to the hospital due to the re-read of R1's head CT.</p> <p>R1's local hospital emergency room record physician certification statement dated 7/5/21 documents R1's "Medical Reasoning for Transport: Subarachnoid bleed, closed orbital fracture." If an interhospital transfer, is it for: "Higher level of care; Services not available at the originating hospital." This statement also documents "Services needed but not available are: Trauma."</p> <p>R1's Neurology Teaching Service Consult H&P (History and Physical) dated 7/5/21 documents, "CT head, there is no hyperdense vessel sign, findings likely due to dehydration. Low concerns for seizures at this point. Given possible epileptogenic focus of the subarachnoid hemorrhage in the right temporal lobe sulci, would like to evaluate with EEG (Electroencephalogram) but the patient will be non cooperative, hence will defer now. Impression: Acute Subarachnoid hemorrhage likely due to trauma." This note documents R1 "resides in nursing home, around 4 or 5:00 a.m. this morning (R1) went missing from the nursing</p>	S9999		

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6004642	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 07/20/2021
--	--	---	---

NAME OF PROVIDER OR SUPPLIER ACCOLADE HEALTHCARE OF PONTIAC	STREET ADDRESS, CITY, STATE, ZIP CODE 300 WEST LOWELL PONTIAC, IL 61784
---	---

(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 7</p> <p>home, (R1) was found 2 blocks from the nursing home where (R1) resides. (R1) has severe cognitive impairment at baseline due to Alzheimer's Dementia, at baseline occasionally sees her name... might remember her birthday but otherwise cannot take care of herself or perform activities of daily living... (R1) was initially taken to the local emergency room for evaluation and was found to have right orbital fracture and was discharged to nursing home but the CT head read came back positive for subarachnoid hemorrhage and possible right MCA (middle cerebral artery) dense vessel sign hence was transferred (to the Level 2 Trauma Center) for further management."</p> <p>R1's General Surgery Trauma Progress Note dated 7/7/21 documents, "(R1) with past medical history of Alzheimer's who was involved in a GLF (ground level fall) resulting in the following injuries: List of Acute Injuries/Acute Problems... Right orbital fracture... Fall from ground level, SAH (subarachnoid hemorrhage), Closed fracture of right side of maxilla."</p> <p>R1's note of care plan held with family dated 7/6/21 by V1, Administrator documents V21, CNA attempted to provide care and R1 was left "in a safe place to calm" although R1's elopement report documents R1 was up wandering about the facility.</p> <p>On 7/8/21 at 2:20pm, V17, CNA stated R1 has a history of wandering throughout the facility throughout the day which usually occurs after family leaves.</p> <p>On 7/8/21 at 2:24pm, V16, CNA stated R1 has a history of wandering at times. R1's wandering is worse after family visits. V16 stated R1 wanders</p>	S9999		

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6004642	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 07/20/2021
--	--	---	---

NAME OF PROVIDER OR SUPPLIER ACCOLADE HEALTHCARE OF PONTIAC	STREET ADDRESS, CITY, STATE, ZIP CODE 300 WEST LOWELL PONTIAC, IL 61764
---	---

(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 8</p> <p>through out the building and R1 used to work here at the facility, and looks for things to do. R1 has set off the west door by the nurse's station a few times in the past, but had never gotten outside of the doors until 7/5/21. R1 would talk about leaving with/needing to go find family.</p> <p>On 7/8/21 at 3:17pm, V15, CNA stated R1 wanders all day long, and would wander other units and other hallways throughout the facility. V15 stated R1 has sounded door alarms before and made attempts to leave the facility in the past.</p> <p>On 7/12/21 at 3:15pm, V1, Administrator stated V1 was unaware of what outside parameters were searched when R1 was missing. V1 indicated that the facility relies on an electronic audible exterior door alarm system to alert staff if an exterior door is opened. V1 stated the facility had determined the door alarm had sounded at door of R1's exit however the sound was not loud enough to alert staff that would be out on the halls where the residents reside, further away from the back. There was an alarm sounding at the back employee entrance door which was heard when the search was in progress. V1 stated the code yellow for a missing resident had already been called because the facility knew R1 was missing. V1 stated V21, CNA had found that alarm was going off. V1 stated "I (V1) want to say the door alarm was shut off for the funeral home" to come obtain an unidentified resident's body. I don't know if it was that night without checking. Staff would typically shut the alarm off, not funeral home staff. I don't think we documented the review of the hallway cameras for (R1) or if (R1) was seen wandering the halls on the cameras." V1 stated R1 ambulates independently inside the facility without assistive devices and "is fast."</p>	S9999		

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6004642	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 07/20/2021
NAME OF PROVIDER OR SUPPLIER ACCOLADE HEALTHCARE OF PONTIAC		STREET ADDRESS, CITY, STATE, ZIP CODE 300 WEST LOWELL PONTIAC, IL 61764		
(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 9</p> <p>There was no follow up or documentation regarding facility staff "shutting" the door alarm off.</p> <p>On 7/13/21 at 4:55am, V22, Registered Nurse (RN) stated V22 had not seen R1 on the date of the incident. V22 stated V22 went to the unit to assist in finding R1 after the code yellow was announced on the overhead paging system. V22 stated the employee entrance door alarm where R1 had exited the facility was not functioning properly and had not been functioning properly for "some time." V22 stated staff would just enter the code on the door alarm keypad to silence the alarm because it would just go off for no reason. V22 stated the staff were unable to hear the alarm when R1 eloped from the facility because the alarm was very low in sound and there are no central locations to where staff would have been close enough to hear the alarm. V22 stated after the code yellow was announced on the overhead paging system, V22 stated V22 then thought about the door not functioning properly and stated V22 "knew (R1) had gotten out that door." V22 stated R1 is not safe to navigate outside/leave the facility unattended due to R1's Dementia in addition to R1 having an unsteady gait. V22 stated, "we were short staffed" on overnight shift on 7/4/21 to 7/5/21 due to a call off by V23, CNA. V22 stated the staff were busy due to only having four staff members (V20, LPN, V22, RN, and V21 and V24, CNA's) to care for the entire facility at the time R1 eloped from the facility on 7/5/21 which had "between" 70 and 80 residents.</p> <p>On 7/13/21 at 5:36am, the Employee Break Room exit door alarm which is located down a service hall near the back employee entrance was activated and sounding loudly. Five minutes later at 5:41am, V19, Human Resources</p>	S9999		

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6004642	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 07/20/2021
--	--	---	---

NAME OF PROVIDER OR SUPPLIER ACCOLADE HEALTHCARE OF PONTIAC	STREET ADDRESS, CITY, STATE, ZIP CODE 300 WEST LOWELL PONTIAC, IL 61764
---	---

(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 10</p> <p>responded to the alarm. At 5:45am, nine minutes after the alarm began sounding, V19 announced on the overhead speaker system "code yellow."</p> <p>On 7/14/21 at 2:08pm, 2:20pm, and on 7/15/21 at 10:40am, 1:47pm, 2:06pm, 2:16pm, 2:17pm, and 2:29pm the alarm control tower located centrally in the hall was audibly sounding, "warning, some of your devices (door alarm sensors) are not responding."</p> <p>On 7/15/21 at 2:20pm, V6, Maintenance stated V6 had heard the alarm sound but, "we don't know why it (alarm tower) is saying that" and that the facility was not sure which of the two alarm sensors it was referring to as the alarm did not identify/differentiate the sensors. V6 stated the facility had not reached out to the alarm company to find out troubleshooting steps as to what was wrong. V6 stated V6 would call the company and get it fixed. On 7/15/21 at 2:54pm, V6 stated V6 spoke with the alarm company and the facility has one additional alarm sensor for that alarm system that was causing the warning. V6 stated the additional sensor was not in use and deactivated, but had to be taken "out" of the system per the alarm company. V6 stated the centrally located alarm tower no longer sounded with the warning. The centrally located door alarm was observed to be properly functioning with no alarms heard on 7/15/21 at 2:54pm. V6 was unable to distinguish which alarm sensor (the one installed on the employee/service entrance or the additional alarm sensor not in use) was not responding/communicating with the alarm tower until V6 removed the extra sensor from the alarm system and the alarm tower no longer sounded the warning.</p> <p>The facility's undated Door Alarms policy</p>	S9999		
-------	--	-------	--	--

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6004642	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 07/20/2021
--	--	---	---

NAME OF PROVIDER OR SUPPLIER ACCOLADE HEALTHCARE OF PONTIAC	STREET ADDRESS, CITY, STATE, ZIP CODE 300 WEST LOWELL PONTIAC, IL 61764
---	---

(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 11</p> <p>documents the doors are alarmed to alert employees when someone has gone out the door. "There is a central panel behind the nurses station that has indicators "lights" to indicate the alarm is activated." Red lights mean alarms are engaged and on, if light is green, someone has gone out the door, opened the door, or alarm is not activated. "Green" should be investigated. Not all door alarms are indicated on the panel. Responding to the door alarms: If the alarm is activated, go to the alarming door immediately. Do not reset the keypad alarm. First the alarm sounding must be investigated. The outdoor parameter must be checked to fully investigate the situation. If unable to determine the reason for the door alarm sounding, the Charge Nurse is to be notified and a "Code Yellow (Missing Resident)" must be paged in order to do a complete head count to ensure there are no missing residents. Once completed, the keypad can be reset at the door and at the nurses station. This policy documents, "If you experience any problems with any of the alarms, notify the Administrator and/or Maintenance Supervisor immediately."</p> <p>The facility's "At Risk to Wander" list with names and photographs dated 7/6/21 documents R1-R7 are at risk for wandering/elopement.</p> <p>(A)</p>	S9999		
-------	---	-------	--	--