FORM APPROVED Illinois Department of Public Health STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION IDENTIFICATION NUMBER: COMPLETED A. BUILDING: B. WING IL6014757 06/03/2021 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE **1221 EAST GOLF ROAD** ALDEN DES PLAINES REHAB & HC DES PLAINES, IL 60016 **SUMMARY STATEMENT OF DEFICIENCIES** PROVIDER'S PLAN OF CORRECTION (X4) ID (X5) COMPLETE DATE (EACH DEFICIENCY MUST BE PRECEDED BY FULL PRÉFIX (EACH CORRECTIVE ACTION SHOULD BE PREFIX REGULATORY OR LSC IDENTIFYING INFORMATION) CROSS-REFERENCED TO THE APPROPRIATE TAG TAG DEFICIENCY) S 000 Initial Comments S 000 Complaint Investigation: 2193145/IL133687 S9999 Final Observations S9999 Statement of Licensure Violations 300.610a) 300.3240a) 300.3240b) Section 300.610 Resident Care Policies The facility shall have written policies and a) 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

Section 300.3240 Abuse and Neglect

and dated minutes of the meeting.

An owner, licensee, administrator, employee or agent of a facility shall not abuse or neglect a resident. (Section 2-107 of the Act)

the facility and shall be reviewed at least annually by this committee, documented by written, signed

A facility employee or agent who becomes aware of abuse or neglect of a resident shall immediately report the matter to the facility

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 (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION **IDENTIFICATION NUMBER:** COMPLETED A. BUILDING: ___ C B. WING IL6014757 06/03/2021 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE **1221 EAST GOLF ROAD** ALDEN DES PLAINES REHAB & HC DES PLAINES, IL 60016 **SUMMARY STATEMENT OF DEFICIENCIES** PROVIDER'S PLAN OF CORRECTION (X4) ID (X5) COMPLETE (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX PREFIX (EACH CORRECTIVE ACTION SHOULD BE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG TAG CROSS-REFERENCED TO THE APPROPRIATE DATE DEFICIENCY) S9999 Continued From page 1 S9999 administrator. (Section 3-610 of the Act) These regulations are not met as evidence by: Based on record review and interview, the facility failed to protect a resident from abuse by a staff member (V10) for 1 of 5 residents (R5) reviewed for abuse. As a result, R5 suffered mental abuse and was left to believe she could not get nursing assistance when she needs it. Findings include: According to R5's quarterly Minimun Date Set (MDS) assessmet dated 3/05/2021, R5 is a 76 year old resident who has no cognitive impairments, incontient of bladder and requires one to two person nursing assistance with transfering, dressing and personal hygiene. On 6/2/21 at 12:09pm, V9, Certified Nurse Assistant (CNA) indicated that she was aware that R5 had issues with V10 (CNA). V9 stated, "There is one resident (R5) that told me a few weeks ago that V10 yelled at her and is not nice to her. R5 said that V10 talks loud at her and screams at her." V9 indicated that she did not tell management or the Abuse Coordinator. On 6/2/21 at 12:40pm, R5 stated, "V10 has taken care of me, many times. She's like a truck driver. She's very rough with me when she moves me. And she always screams at me and does not talk nice to me. I tell her, "Please, take it easy because I'm hurting" and she doesn't. She hurts me. I'm starting to think that it is purposeful. It makes me scared to ask her for help but that's why I'm here. I need help, I've let V1,

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Administrator/Abuse Coordinator know and I told

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA

AND PLAN OF CORRECTION		IDENTIFICATION NUMBER:	350	S:		(X3) DATE SURVEY COMPLETED	
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	happens. I don't wa to be abused." R5 ii	ys, "I'll talk to her and nothing nt to be abused. I'm not here ndicated that V9 is one of the ke to about V10's abuse		8			
	The facility docume showed no abuse in R5's allegations.	nted abuse investigations execution conducted for					
	a resident states that with them, I would to that may be involved involved. I follow the complains that staff had anyone come to with them. I am not stating that V10 was never reported to m complained of being also was not aware speaking loudly and regarding abuse needs	n, V1(Administrator) stated, "If at a staff member is rough alk to staff, other residents d and other staff that may be a abuse protocol if someone is rough with them. I have not o me about V10 being rough aware of any of the residents rough with them. It was e that a resident (R6) g treated roughly by V10. I that R5 complained of V10 disrespectfully to her. Things ed to be communicated to me m the Abuse Coordinator and rocol."			t i trater Til tratery Til tratery		
	The facility affirms the free from abuse, new resident property, convoluntary seclusion is to assure that the within its control to provide the mistreatment, negle Abuse Prevention Presidents: The facily mistreatment while to Employees of the	olicy dated 9/20 reads: Policy: he right of our residents to be glect, misappropriation of orporal punishment and n. The purpose of this policy facility is doing all that is orevent occurrences of ct or abuse or our residents. rogram: 5. Protection of ity will take steps to prevent he investigation is underway. facility who have been ment will be removed from					

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AND PLAN OF CORRECTION		IDENTIFICATION NUMBER:		A. BUILDING	COMP	(X3) DATE SURVEY COMPLETED	
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	resident contact imithe investigation ha administrator or desof possible abuse sa direct care provide	s been reviewed signee. e. Emplo hall not complet	by the byees accused				
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