Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	IL6005169	A. BUILDING: ______ B. WING ______	C 06/07/2021

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
LAKEFRONT NURSING & REHAB CTR	7618 NORTH SHERIDAN ROAD CHICAGO, IL 60626

(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 Complaint Investigation: 2183221/IL133769	S 000		
S9999	Final Observations Statement of Licensure Violations: 300.610 a) 300.690 a), b), c) 300.3210 o) 300.3240 a), b), c), d), e) 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 300.690 Incidents and Accidents a) The facility shall maintain a file of all written reports of each incident and accident affecting a resident that is not the expected outcome of a resident's condition or disease process. A descriptive summary of each incident or accident affecting a resident shall also be recorded in the progress notes or nurse's notes of that resident. b) The facility shall notify the Department of any serious incident or accident. For purposes of this Section, "serious" means any incident or accident	S9999	**Attachment A** **Statement of Licensure Violations**	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	IL6005169	A. BUILDING: ______ B. WING ______	C 06/07/2021

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
LAKEFRONT NURSING & REHAB CTR	7618 NORTH SHERIDAN ROAD CHICAGO, IL 60626

(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 1	S9999		

that causes physical harm or injury to a resident.
c) The facility shall, by fax or phone, notify the Regional Office within 24 hours after each reportable incident or accident. If a reportable incident or accident results in the death of a resident, the facility shall, after contacting local law enforcement pursuant to Section 300.695, notify the Regional Office by phone only. For the purposes of this Section, "notify the Regional Office by phone only" means talk with a Department representative who confirms over the phone that the requirement to notify the Regional Office by phone has been met. If the facility is unable to contact the Regional Office, it shall notify the Department's toll-free complaint registry hotline. The facility shall send a narrative summary of each reportable accident or incident to the Department within seven days after the occurrence.

Section 300.3210 General
o) The facility shall also immediately notify the resident's family, guardian, representative, conservator and any private or public agency financially responsible for the resident's care whenever unusual circumstances such as accidents, sudden illness, disease, unexplained absences, extraordinary resident charges, billings, or related administrative matters arise.
Section 300.3240 Abuse and Neglect
a) An owner, licensee, administrator, employee or agent of a facility shall not abuse or neglect a resident.
b) A facility employee or agent who becomes aware of abuse or neglect of a resident shall immediately report the matter to the facility administrator.
c) A facility administrator who becomes aware of abuse or neglect of a resident shall immediately report the matter by telephone and in writing to

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	IL6005169	A. BUILDING: ___ B. WING ___	C 06/07/2021

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
LAKEFRONT NURSING & REHAB CTR	7618 NORTH SHERIDAN ROAD CHICAGO, IL 60626

(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 2	S9999		

the resident's representative.
d) A facility administrator, employee, or agent who becomes aware of abuse or neglect of a resident shall also report the matter to the Department.
e) Employee as perpetrator of abuse. When an investigation of a report of suspected abuse of a resident indicates, based upon credible evidence, that an employee of a long-term care facility is the perpetrator of the abuse, that employee shall immediately be barred from any further contact with residents of the facility, pending the outcome of any further investigation, prosecution or disciplinary action against the employee.

This REQUIREMENT is not met as evidenced by:

I. Based upon observation, interview and record review the facility failed to ensure that one of six residents (R2) in the sample remains free from abuse/neglect, failed to implement the abuse/neglect policy, and failed to ensure that professional boundaries between staff and residents are not crossed. On 5/10/21, R2 eloped from the facility (approximately 15 hours) with V3 (LPN/Licensed Practical Nurse) while off-duty (unbeknownst to staff). R2 refused to return to the facility therefore was carried by his arms and legs while suspended in the air from Howard Street back to the facility (approximately 100 yards) by V1 (Administrator/Abuse Coordinator), V7 (Security Guard), and V14 (CNA/Certified Nursing Assistant). On 5/17/21 at 1:31pm, R2 affirmed he sustained injuries (5/10/21) to his arms, legs and left shoulder. R2's (5/14/21) hospital records state he may have been in a fight resulting in injuries to left wrist/shoulder, right wrist and both feet. These failures have the potential to affect 90 residents.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	IL6005169	A. BUILDING: ______ B. WING ______	C 06/07/2021

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
LAKEFRONT NURSING & REHAB CTR	7618 NORTH SHERIDAN ROAD CHICAGO, IL 60626

(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 3	S9999		

Continued From page 3

II. Based upon observation, interview and record review the facility failed to ensure that one of six residents (R2) reviewed for elopement were assessed for assault, psychosocial well-being and/or injury upon immediate return to the facility, failed to document (R2's) status upon return, and failed to provide the hospital accurate information when (R2) was transferred to the ER (Emergency Room) for evaluation. On 5/17/21 at 1:31pm, R2 affirmed he sustained injuries (5/10/21) to his arms, legs and left shoulder. R2's (5/14/21) hospital records state he may have been in a fight resulting in injuries to left wrist/shoulder, right wrist and both feet.

III. Based upon observation, interview and record review the facility failed to conduct bed checks (every 2 hours), failed to provide supervision to one of six residents (R2) in the sample, and failed to implement the elopement policy. On 5/10/21 at 1:02am, R2 exited the facility with V3 (LPN/Licensed Practical Nurse) while off-duty (unbeknownst to staff), a code yellow was called at approximately 7am (6 hours later). R2 did not return to the facility until 4:28pm (approximately 15 hours after leaving the facility). On 5/17/21 at 1:31pm, R2 affirmed he sustained injuries (5/10/21) to his arms, legs and left shoulder. R2's (5/14/21) hospital records state he may have been in a fight resulting in injuries to left wrist/shoulder, right wrist and both feet. These failures have the potential to affect 90 residents.

Findings include:

The 5/12/21 census includes 90 residents.

On 5/11/21, IDPH (Illinois Department of Public

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	IL6005169	A. BUILDING: ___ B. WING ___	C 06/07/2021

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
LAKEFRONT NURSING & REHAB CTR	7618 NORTH SHERIDAN ROAD CHICAGO, IL 60626

(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 4	S9999		

Health) received the following allegations: V3 (Licensed Practical Nurse) has a "weird relationship" with R2. He's only allowed to eat and socialize if V3 is present or tells R2 to do so. On 5/10/21, V3 took R2 out of the facility at approximately 3am (without authorization) and the facility was unaware that R2 was missing (until dayshift). V3 remains employed by the facility and has access to R2.

R2's (5/10/21) progress notes were reviewed, nothing was documented.

R2's (4/30/21) cognitive assessment affirms his daily decision making is moderately impaired.

On 5/12/21 at 9:50am, surveyor inquired if V3 (LPN) recently left the facility (around 3am) with R2 V1 (Administrator) stated "He took him for a walk two days ago (5/10/21) in the neighborhood. He was out for a few hours and they came back." Surveyor inquired if R2 has an outside pass V1 responded "No, he went with staff." Surveyor inquired what hours V3 works V1 stated "3-11" pm. Surveyor inquired why V3 was at the facility around 3am if his shift ended at 11pm (4 hours prior) V1 replied "He was here finishing up. (R2) is non-compliant but he's compliant with (V3), he has this type of relationship with this resident." [V3's timecard report affirms he clocked out at 11:29pm on 5/9/21 and was off-duty 5/10/21].

On 5/12/21 at 11:34am, R2 refused to communicate with surveyor. Surveyor inquired if R2 is able to talk R3 (Roommate) replied "He barely can talk but he won't talk to you that's why (V3) help him out cause he don't associate with no one else." The surveyor inquired about R2's (5/10/21) elopement R3 stated "I don't know what time he left, it was about 7am when I woke up

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	IL6005169	A. BUILDING: ________ B. WING ________	C 06/07/2021

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
LAKEFRONT NURSING & REHAB CTR	7618 NORTH SHERIDAN ROAD CHICAGO, IL 60626

(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 5	S9999		

and he had left already. He came back that evening about 3:30 or 4:00."
On 5/12/21 at 11:42am, surveyor inquired if R2 eloped from the facility (5/10/21) R4 stated "They had a code yellow."

On 5/12/21 at 11:44am, V3 (LPN) was observed in the facility while off-duty [V3's 5/12/21 timecard report affirms he clocked in at 3:00pm]. V3 advised he bought lunch for R2 and stated "I'm gonna give him food right now, I do it every day." Surveyor inquired if he left the facility with R2 on 5/10/21, V3 stated "After I done my shift, I was helping with his dressing on my off time and we were praying. He asked me if he could go out for a smoke at like 2am (in the smoking area). He then asked me if he could just go around the block, I was thinking why not." Surveyor inquired where he took R2 V3 responded "I go around by the facility around, around, and around. I said it's time to go, he didn't want to come back." Surveyor inquired if he took R2 anywhere else V3 stated "By the lake" (Lake Michigan). Surveyor inquired when R2 returned to the facility V3 replied "It was probably in the afternoon." Surveyor inquired if staff were made aware that R2 had left the building around 2am (as stated) V3 responded "I told (V16/Registered Nurse) when he called me at 7 in the morning" (approximately 5 hours later). Surveyor inquired if an elopement was called (5/10/21) V3 responded "Yeah, they called a code yellow." Surveyor inquired why V3 would take R2 out of the facility while off-duty (overnight) V3 stated "It's out of the ordinary but I'm trying to make him happy."

On 5/12/21 at 11:51am, surveyor inquired about R2's (5/10/21) elopement V6 (Wound Nurse) stated "When I was working that day, he was not

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	IL6005169	A. BUILDING: ______ B. WING ______	C 06/07/2021

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
LAKEFRONT NURSING & REHAB CTR	7618 NORTH SHERIDAN ROAD CHICAGO, IL 60626

(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 6	S9999		

here (around 7am) so I asked for the Nurse and they said that (V3) took him outside. I made the administrator aware. I also made a statement." Surveyor inquired if there's a sign out sheet for residents leaving the building V6 responded "We have a sign out sheet, it's with security."

On 5/12/21 at 12:20pm, surveyor inquired what "code yellow" means V1 stated "Its elopement." Surveyor inquired if a code yellow was called (5/10/21) when R2 was reported missing V1 responded "I don't know about a code yellow being called." Surveyor inquired if the police were notified (5/10/21) when R2 was reported missing V1 responded "There was nothing to call. He did not elope; he was with staff." Surveyor advised that staff and resident interviews affirm that on 5/10/21, R2 left the facility (unbeknownst to staff) with V3 (while off-duty) and a code yellow was called. R2's safety was at risk, he was outside (overnight) with an unauthorized individual unsupervised. [V3's timecard report affirms he continued to work after aforementioned conversation on 5/12/21, 5/13/21, and 5/14/21].

The (5/10/21) resident sign out sheets were requested, however 5/9/21 and (undated) resident sign out sheets were received. R2's name was not inclusive.

On 5/13/21 at 12:00pm, surveyor inquired about R2's cognitive status V12 (State Guardian) stated "He's confused that's why he has the guardianship in place." Surveyor inquired if permission was given for R2 to leave the facility on or about (5/10/21) V12 responded "No."

On 5/13/21 at 12:47pm, V9 (Licensed Practical Nurse) affirmed he was assigned to R2 on 5/9/21 (11p-7am). V9 stated "When I came in (R2) was

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	IL6005169	A. BUILDING: ______ B. WING ______	C 06/07/2021

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
LAKEFRONT NURSING & REHAB CTR	7618 NORTH SHERIDAN ROAD CHICAGO, IL 60626

(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 with (V3) going in his room and coming out, he usually does that. I recall that about 2am, he was in the building but after that the door is not always open. I did not check on him until the morning around 6:30." Surveyor inquired if V9 was made aware that R2 was leaving the facility with V3 V9 replied "No, he didn't tell me that. I would expect them to tell me if a resident is leaving." Surveyor inquired about V3's relationship with R2 V9 stated "I noticed that he stays after his shift and this seems like giving him extra attention. I would just say that he takes more time with him, there's extra attention than most. I don't know if there's any kind of relationship other than that, he seems so committed to him, but I don't know why. Maybe sympathy, frankly I don't know. But if you would say that it's a different relationship, I would say that." The (08/18) NCSBN (National Council of State Boards of Nursing) Guide to Professional Boundaries includes Red Flag Behaviors: Nurses who display one or more of the following behaviors should examine their patient relationships for possible boundary crossings or violations. Signs of inappropriate behavior can be subtle at first but, but early warning signs that should raise a "red flag" can include: believing that you are the only one who truly understands or can help the patient, spending more time than is necessary with a particular patient, showing favoritism, meeting a patient in settings besides those used to provide direct patient care or when you are not at work. Considering reasonable person concept, professional boundaries between V3 and R2 were crossed. V3 buys R2's food (daily), visits him (during hours of sleep), and removed him from the facility (without authorization)." R2 not	S9999		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	IL6005169	A. BUILDING: ______ B. WING ______	C 06/07/2021

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
LAKEFRONT NURSING & REHAB CTR	7618 NORTH SHERIDAN ROAD CHICAGO, IL 60626

(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 8	S9999		

associating with others and "non-compliant but he's compliant with (V3)" also raises a red flag given R2's cognitive status is moderately impaired.

V1 presented an (undated) typewritten statement on 5/12/21, which includes but not limited to on 5/10 at 7am, it was brought to my attention that (R2) was out overnight with (V3). At approximately 3pm, I met (R2) at the bus stop with 2 other staff and we were able to redirect (R2) back to (Facility). He stated "he is trying to return to the facility" however R2 did not return until 4:28pm (approximately 9 hours later). [V3 was not authorized to take R2 out of the facility and the police were not notified]. However, on 5/13/21 at approximately 2:46pm, the (5/10/21) video surveillance was reviewed. V3 was observed exiting the facility with R2 (via wheelchair) at 1:02am. At 4:28pm (approximately 15 hours later) V1, V7, and V14 were observed carrying R2 by his arms (near his wrists) and legs (near his ankles) while suspended in the air as his head and neck were unsupported.

On 5/13/21 at 9:18am, surveyor inquired if staff are allowed to take residents out of the facility V7 (Security Guard) responded "They are only allowed to take them out to the front."

On 5/13/21 at 9:53am, surveyor inquired about the elopement policy V2 (Assistant Administrator) stated "Code yellow is called when a resident that does not have independent pass privileges leaves the building. They notify the Administrator or me." Surveyor inquired if the police and/or responsible parties are also notified V2 responded "It's uh internal. We will do a missing person if the resident is not found after a certain time." Surveyor inquired what timeframe elapses before

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	IL6005169	A. BUILDING: ____ B. WING ____	C 06/07/2021

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
LAKEFRONT NURSING & REHAB CTR	7618 NORTH SHERIDAN ROAD CHICAGO, IL 60626

(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 9	S9999		

residents are considered missing, V2 replied "It's not a specific time" [The elopement policy includes a timeframe]. Surveyor inquired about R2's (5/10/21) elopement V2 stated "I got a phone call at 7 in the morning. They told me that he was not in the building, I informed the administrator (V1)." Surveyor inquired if V12 (State Guardian) was notified on 5/10/21 of R2's elopement V2 responded "I could find out for you." Surveyor inquired if the Police were notified of R2's (5/10/21) elopement V2 replied "I do not know." Surveyor inquired if an investigation was conducted after R2's (5/10/21) elopement V2 stated "For that you would have to talk to the administrator, he was handling it." Surveyor inquired if staff are allowed to take residents out of the facility when off the clock V2 stated "Staff is allowed to take residents out if you're here working, after hours it's unusual." Surveyor inquired if its safe outside (in Rogers Park/Chicago) at night V2 responded "It depends on where you're at and knowing your surroundings."

On 5/13/21 at 11:24am, surveyor inquired about R2's (5/10/21) elopement V18 (Restorative Aide) stated "The code yellow was called. We searched the floors to see if the resident was in the building and then went outside. I called (V2) and told her that me and my co-worker (V17/Restorative Aide) was gonna go outside and look, it was close to 7:00am. I seen the area and couldn't find him."

On 5/13/21 at 11:41am, surveyor inquired about the elopement policy V1 stated "The basic steps are head counts, search the perimeter of the facility, regroup and go from there. Sometimes the police are called." Surveyor inquired if the Physician, V12 (State Guardian) or the Police

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	IL6005169	A. BUILDING: ______ B. WING ______	C 06/07/2021

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
LAKEFRONT NURSING & REHAB CTR	7618 NORTH SHERIDAN ROAD CHICAGO, IL 60626

(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 10	S9999		

were notified of R2's (5/10/21) elopement V1 stated "No, there was no elopement." Surveyor inquired if the facility obtained V12's permission to take R2 out of the building V1 responded "I don't think so."

On 5/13/21 at 12:00pm, surveyor inquired about R2's cognitive status V12 stated "He's confused that's why he has the guardianship in place." Surveyor inquired if V12 gave permission for R2 to leave the facility on or about (5/10/21) V12 responded "No."
On 5/13/21 at 12:47pm, V9 (Licensed Practical Nurse) affirmed he was assigned to R2 on 5/9/21 (11p-7am). V9 stated "When I came in (R2) was with (V3) going in his room and coming out, he usually does that. About 2am, I saw him dressing up (R2) but his bag was still in his room, so I believed he didn't leave. But in the morning, I went to his room and didn't see (R2). So, I looked though the (2nd floor) room by room. When I didn't find him, I contacted the supervisor (V16/Registered Nurse) he called security to activate code yellow." Surveyor inquired when R2 was last observed V9 responded "I recall that about 2am, he was in the building but after that the door is not always open. I did not check on him until the morning around 6:30." Surveyor inquired if V9 was made aware that R2 was leaving the facility with V3 V9 replied "No, he didn't tell me that. I would expect them to tell me if a resident is leaving." Surveyor inquired if its safe outside (in Rogers Park/Chicago) at night V9 stated "No, I wouldn't recommend that. I wouldn't allow them to leave the facility in the first place at that time for a lot of reasons including safety."

According to the FBI's Uniform Crime Reports, which was analyzed by Area Vibes (an independent neighborhood ratings site), Rogers

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	IL6005169	A. BUILDING: ______ B. WING ______	C 06/07/2021

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
LAKEFRONT NURSING & REHAB CTR	7618 NORTH SHERIDAN ROAD CHICAGO, IL 60626

(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 11	S9999		

Park's overall crime rate is 22% higher than the national average, and residents have a 1 in 30 chance of being a victim of property, violent or other crimes.

On 5/13/21 at 3:04pm, surveyor advised V15 (Regional Director of Operations) that after viewing the (5/10/21) video surveillance the manner in which R2 was handled by V1, V7, and V14 was abusive. V15 affirmed that an investigation would be conducted, and the staff involved would be suspended (pending an investigation). [V1 and V7 were observed working in the facility (5/13/21) prior to viewing the video].

R2's (5/10/21) preliminary incident investigation report (re: abuse) was received by IDPH (Illinois Department of Public Health) on 5/13/21 (3 days after the incident occurred).

On 5/17/21 at 10:33am, V15 affirmed the following: V1 is the abuse coordinator, and V1, V3, V7, & V14 remain employed by the facility. V15 presented V1's (undated) statement which affirms on 5/10 at approximately 4:30pm: following many hours of (R2) refusing to return to (Facility) with (V3), (V1) and 2 other employees met them at the bench on Howard Street. After lifting (R2) up to put in the wheelchair he was unable to be placed safely back in. Given that (R2) was already being suspended in the air, they proceeded to carry him back to the building. [Approximately 100 yards].

On 5/17/21 at 1:08pm, surveyor inquired about R2's (5/10/21) elopement V17 (Restorative Aide) stated " I was coming in to start my shift around 6:45am. When I came inside, they were about to call the code yellow. They asked if I saw him

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	IL6005169	A. BUILDING: ______ B. WING ______	C 06/07/2021

NAME OF PROVIDER OR SUPPLIER: LAKEFRONT NURSING & REHAB CTR

STREET ADDRESS, CITY, STATE, ZIP CODE: 7618 NORTH SHERIDAN ROAD, CHICAGO, IL 60626

(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 12	S9999		

outside when I was coming in, but I did not. We (V17 & V18/Restorative Aide) went outside to look for him around the block and by the Lake (Lake Michigan) but couldn't find him" [Therefore he was not within the immediate vicinity of the facility].

On 5/13/21, R2's Primary Care Physician was notified of the 5/10/21 incident and he was sent to the Hospital for evaluation.

R2's (5/13/21) progress notes state; head to toe assessment completed 3:47pm (approximately 1 hour after surveyor reviewed the 5/10/21 video surveillance) however V3 (staff involved in aforementioned incident) documented the assessment. Resident sent out to hospital for possible physical abuse during transfer. NOD (Nurse on Duty) called ER. [V3 was the NOD].

R2's (5/14/21) hospital records affirm he was evaluated by a Physician (4 days after the incident) and the facility provided the hospital limited (inaccurate) information regarding R2's reason for transfer as evidenced by (5/14/21) hospital records which state discussed patient with his nursing facility and the reasoning for why he was sent in. They stated, "to make sure there is nothing wrong with him." They report that the patient was taken on a social outing today (He eloped from the facility - 4 days prior) and express concern that someone hurt him. They do not know why it is thought that the patient was hurt (He was suspended in the air by his arms and legs while carried with his head/neck unsupported) or possibly assaulted (He was out of the facility with an unauthorized individual unsupervised) and cannot provide any further background history. When patient asked why he has come to the ED (Emergency Department) he

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	IL6005169	A. BUILDING: ______ B. WING ______	C 06/07/2021

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
LAKEFRONT NURSING & REHAB CTR	7618 NORTH SHERIDAN ROAD CHICAGO, IL 60626

(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 13	S9999		

put his fists up indicating that there was a fight. Patient seems unable to articulate using words, using motions to indicate he may have been in a fight resulting in injuries to left wrist/shoulder, right wrist and both feet.

On 5/17/21 at 1:31pm, surveyor inquired if R2 was injured while out of the facility (5/10/21) R2 nodded his head yes then pointed to his arms, legs and left shoulder indicating where he was injured.

On 5/17/21 at 2:55pm, V15 stated "There is no policy for bed checks. They just go by the standard of care which is every 2 hours."

On 5/24/21 at approximately 11:14am, surveyor inquired if it was appropriate for V3 to conduct a head to toe assessment on R2 if he was the (unauthorized) individual who left the facility with him (5/10/21) and also present when R2 was carried back to the facility V19 (Director of Nursing) stated "(V3's name) should not be doing the head to toe assessment due to the fact that he is the one who was with him." Surveyor inquired if it was appropriate that V3 gave report to the hospital considering the 5/10/21 circumstances V19 responded "You're saying if he's a perpetrator? I don't think he should be the one. It should be another nurse to do that if he's the perpetrator."

On 5/27/21, IDPH (Illinois Department of Public Health) was notified of R2's (5/10/21) elopement (17 days after the incident occurred).

V3's employee report affirms on 6/2/21 he was terminated (effective 5/24/21).

On 6/3/21, the Police were notified of R2's

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	IL6005169	A. BUILDING: ______ B. WING ______	C 06/07/2021

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
LAKEFRONT NURSING & REHAB CTR	7618 NORTH SHERIDAN ROAD CHICAGO, IL 60626

(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 14 (5/10/21) incident and a report was documented. The (8/5/20) elopement policy states it is the policy of this facility that all residents are afforded adequate supervision to provide the safest environment possible. Should a resident walk away from the facility and not be located by staff, the following procedure shall be initiated immediately. Notify the Administrator immediately. Call a code yellow, by highest level of supervisor on grounds. Contact the resident's family or responsible party and attending physician. If resident is not located staff are to initiate teams to search the exterior radius of 1 mile from the facility. If resident is not located after the above search efforts and no more than 2 hours have elapsed since the resident was last observed on the grounds, the Administrator and/or Director of Nursing will notify the police department with the resident's physical description and request their assistance in extending the search. As per statutory requirements, the Administrator and/or Director of Nursing will notify the appropriate state agencies of the incident. Complete a head to toe assessment to ensure no injuries and/or signs of distress (physical, mental, psychosocial) occurred during the elopement. Evaluate the need for hospital transfer as needed in accordance to physician's order. Document in the nursing progress note the status of the resident on return. Including assessment, evaluation and follow-up actions related to the resident's elopement. The (8/5/20) abuse and neglect policy & procedure includes but not limited to; have procedures to establish a written policy on how to assist staff in identifying abuse. All allegations and/or suspicions of abuse must be reported to the Administrator immediately. If the	S9999		

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	IL6005169	A. BUILDING: ______ B. WING ______	C 06/07/2021

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
LAKEFRONT NURSING & REHAB CTR	7618 NORTH SHERIDAN ROAD CHICAGO, IL 60626

(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 15 Administrator is not present, the report must be made to the Administrators Designee. All allegations will be investigated by the Administrator or Designee immediately. Attending physician will be notified. This includes but not limited to full assessment of physical and psychosocial well-being; sending resident to hospital if needed. Protect residents from physical and psychosocial harm during the investigation. If the alleged perpetrator is an employee, the employee will be immediately suspended from working pending the result of the investigation. All allegations of abuse will be reported to IDPH (Illinois Department of Public Health) immediately not exceeding 2 hours after the initial allegation is received. "A"	S9999		