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:** A. BUILDING: _ COMPLETED IL6009567 B. WING 11/24/2021 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 14792 CATLIN TILTON ROAD **GARDENVIEW MANOR** DANVILLE, IL 61834 SUMMARY STATEMENT OF DEFICIENCIES (X4) ID PROVIDER'S PLAN OF CORRECTION (EACH DEFICIENCY MUST BE PRECEDED BY FULL (X5) COMPLETE PRÉFIX (EACH CORRECTIVE ACTION SHOULD BE PREFIX REGULATORY OR LSC IDENTIFYING INFORMATION) TAG CROSS-REFERENCED TO THE APPROPRIATE TAG DATE DEFICIENCY) S 000 **Initial Comments** S 000 Facility Reported Incident of October 18, 2021 IL140619 S9999 Final Observations S9999 Statement of Licensure Violations: 300.3240 a) Section 300.3240 Abuse and Neglect An owner, licensee, administrator, employee or agent of a facility shall not abuse or neglect a resident. These requirements are not met as evidenced by: Based on interview and record review, the facility failed to ensure R1 was not subject to theft/misappropriation. R1 is one of three residents reviewed for abuse in the sample of six. This failure resulted in \$700 being stolen from R1's bank account. Findings include: R1's Physician Order Sheet, dated 11/2021. documents R1 is diagnosed with Left Side Hemiplegia, Depression, and Anxiety. R1's Minimum Data Set (MDS), dated 10/8/21, documents R1 is cognitively intact. The Preliminary Incident Investigation Report, dated 10/18/21, documents it was alleged either V5, Activities Director, or V6, Van Driver, stole money from R1's bank account by withdrawing Attachment A money from an Automated Teller Machine (ATM) Statement of Licensure Violations

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ABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

machine in the amount of \$100 on seven

TITLE

(X6) DATE

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Illinois Department of Public Health STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION **IDENTIFICATION NUMBER:** A. BUILDING: COMPLETED C IL6009567 B. WING 11/24/2021 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 14792 CATLIN TILTON ROAD GARDENVIEW MANOR DANVILLE, IL 61834 SUMMARY STATEMENT OF DEFICIENCIES (X4) ID PROVIDER'S PLAN OF CORRECTION (EACH DEFICIENCY MUST BE PRECEDED BY FULL (X5) COMPLETE DATE PREFIX PREFIX (EACH CORRECTIVE ACTION SHOULD BE TAG REGULATORY OR LSC IDENTIFYING INFORMATION) TAG CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY) S9999 Continued From page 1 S9999 separate occasions, for a total of \$700 stolen. On 11/23/21 at 10:00 AM, V1, Administrator, confirmed the facility investigated an alleged theft from R1's bank account by either V5 or V6. V1 sated the local police department was notified. and they completed their own investigation as well. V1 confirmed V5 was cleared of any theft and returned to work, however, the investigation concluded V6 had used R1's ATM card to withdrawal a total of \$700 from R1's bank account without R1's knowledge or permission. V1 stated V1 was told by the local police department there was video footage of V6 using the ATM with R1's card to withdrawal funds. V1 confirmed V6's employment was terminated for theft of R1's money. V1 stated the facility was in the process of reimbursing R1 for the money stolen from R1 by V6. On 11/24/21 at 10:00 AM, R1 stated, "I don't have a lot of money. I just get my Social Security and retirement money deposited once per month. I've never had any issues with theft and never thought that anyone would ever do this to me. It hurt badly when I found out that the police had (V6) on camera taking my money from the ATM because he was such a nice person to me, and I trusted him and thought a lot of him. I'm glad that he was caught, and I hope he will be charged for it by the police and learn his lesson." The facility Abuse Prevention Program Policy. dated November 2017, documents the facility prohibits abuse, neglect, exploitation. misappropriation of property, and mistreatment of residents. (B)