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 IL6011746 08/25/2022 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 345 DIXIE HIGHWAY PRAIRIE MANOR NRSG & REHAB CTR CHICAGO HEIGHTS, IL 60411 SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X4) ID (EACH DEFICIENCY MUST BE PRECEDED BY FULL (EACH CORRECTIVE ACTION SHOULD BE PREFIX PREFIX COMPLETE REGULATORY OR LSC IDENTIFYING INFORMATION) CROSS-REFERENCED TO THE APPROPRIATE TAG TAG DATE **DEFICIENCY**) S 000 S 000 **Initial Comments** Annual Certification and Licensure Survey S9999 S9999 **Final Observations** Statement of Licensure Violations: 300.610a) 3001210a) 300.1210b) 300.3210a) 300.3210t) 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 a) Comprehensive Resident Care Plan. A facility, with the participation of the resident and the resident's guardian or representative, as applicable, must develop and implement a comprehensive care plan for each resident that includes measurable objectives and timetables to meet the resident's medical, nursing, and mental and psychosocial needs that are identified in the Attachment A resident's comprehensive assessment, which Statement of Licensure Violations allow the resident to attain or maintain the highest

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

TITLE

(X6) DATE

Illinois Department of Public Health (X1) PROVIDER/SUPPLIER/CLIA STATEMENT OF DEFICIENCIES (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION IDENTIFICATION NUMBER: COMPLETED A. BUILDING: _ B. WING IL6011746 08/25/2022 STREET ADDRESS, CITY, STATE, ZIP CODE NAME OF PROVIDER OR SUPPLIER 345 DIXIE HIGHWAY PRAIRIE MANOR NRSG & REHAB CTR CHICAGO HEIGHTS, IL 60411 SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X5) (X4) ID (EACH DEFICIENCY MUST BE PRECEDED BY FULL **PREFIX** (EACH CORRECTIVE ACTION SHOULD BE COMPLETE PREFIX REGULATORY OR LSC IDENTIFYING INFORMATION) CROSS-REFERENCED TO THE APPROPRIATE DATE TAG TAG **DEFICIENCY**) S9999 S9999 Continued From page 1 practicable level of independent functioning, and provide for discharge planning to the least restrictive setting based on the resident's care needs. The assessment shall be developed with the active participation of the resident and the resident's quardian or representative, as applicable. (Section 3-202.2a of the Act) 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 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. Section 300.3210 General a) No resident shall be deprived of any rights. benefits, or privileges guaranteed by law, the Constitution of the State of Illinois, or the Constitution of the United States solely on account of his or her status as a resident of a facility. (Section 2-101 of the Act) Section 300.3210 General t)The facility shall ensure that residents are not subjected to physical, verbal, sexual or psychological abuse, neglect, exploitation, or misappropriation of property. These regulations were not met as evidenced by the following: Based on observations, interviews, and record

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reviews, the facility failed to honor the residents' right to choose to be a resident of the facility by

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED	
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	home after complet This failure applied reviewed for resider keep a resident free providing the reside the facility is reques	sidents' request to return ion of rehabilitation therapy. to one of one (R93) resident nt rights. The facility failed to from mental abuse by not with an explanation of why sting a court appointed		NASE .		(mode
· 28	one of one (R93) re abuse. the facility fa not completing a co after a resident's ch when adding new di care. This failure ap residents reviewed in		·			28
	deemed unfit to mal documentation that reconsider underlyin impairment (including infection, known to a to include diagnostic other physician spec	s resulted in R93 being ke decisions without thorough the physician verified or ag causes of cognitive ag recent urinary tract cause delirium) and/or failing t tests and collaboration with cialists (such as neurology) dent a new diagnosis of		사건도 - 유럽 기약합		
: :	dementia. These fai suffering extreme st	lures resulted in R93 ress and feeling symptoms of ot being able to discharge				-
. 74	Findings include:			33		
73	facility on 11/24/202 limited to benign ned set of Dementia history	d female admitted into the 1 with the diagnosis of but not oplasm of meninges, late on ory of UTI Urinary tract ons and Hard of Hearing.				
	in her chair making p	eyor observed R93 sitting up ohone calls. R93 was able to surveyor and make needs				

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bills on time. I know I can't cut my grass, so I

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IL6011746

B. WING_

08/25/2022

NAME OF PROVIDER OR SUPPLIER

STREET ADDRESS, CITY, STATE, ZIP CODE

PRAIRIE MANOR NRSG & REHAR CTR

345 DIXIE HIGHWAY

PRAIRIE MANOR NRSG & REHAB CTR CHICAGO HEIGHTS, IL 60411							
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	hired someone to do it. I know I'm not a plumber so if I need pluming work done, I will call a plumber. Right now, I am looking for someone			- Fr			
	that can demolish my house I will not let them get it. I work hard for my house. I worked two, three jobs to pay for my house for someone to just come and take it from me. This is extremely			#			
	stressing me out. I worked 40 years to pay off that house. I am the one that called 911 because I was not feeling well, they told me I had a severe		e der				
	urinary tract infection, which they treated me for in the hospital. They asked me my next of kin and I gave them my cousin's name. They wanted me to	1 65					
	come here to do therapy, I did it. I didn't want to come here. I wanted to go home. I feel they railroaded me into this prison. That's what it feels like, a prison. I can't do anything anymore. I used	1	€8 . *	. A			
369	to go shopping with my friends, I can't anymore. I am trying to have my friend become over my health care now, I don't need anyone over my						
	finances, I pay all of my bills. When I first came here, my friend that lives across the street from me would get my mail and bring it to me and I would then pay them. Now I have put all bills on		***				
	auto pay to make sure they are getting paid. No, they have not told me why I am still here. They know I have problems with my blood pressure by	t.					
	looking at my records from my primary doctor; that's all I can think of. They are trying to put two diagnoses on my record talking about dementia	8)	×				
	and Alzheimer's, I have not seen one doctor for an examination. They have not given me one test to medically say that I have those diseases.						
Ve ·	Yes, they've given me a bill, it was in June some time. We were in a function in the dining room, and they handed me a yellow envelope and like four other people got one too. It was a bill for like						
	\$7,000 and some odd dollars. I feel very angry, upset, and helpless because it's hard to get help on the outside while they got me locked up in the the of Public Health						

PRINTED: 10/13/2022 **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 IL6011746 08/25/2022 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 345 DIXIE HIGHWAY PRAIRIE MANOR NRSG & REHAB CTR CHICAGO HEIGHTS, IL 60411 SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X5) COMPLETE (X4) ID (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE (EACH DEFICIENCY MUST BE PRECEDED BY FULL **PREFIX** PRÉFIX REGULATORY OR LSC IDENTIFYING INFORMATION) DATE TAG TAG DEFICIENCY) S9999 S9999 Continued From page 6 here. I have a house that is dwindling because no one is living in it. My friend will go and cut the lights on and off and has set a timer for the lights to come on at night, so someone thinks someone is there. I have a new car in the garage. I can't drive. They have taken part of my life away from me that I can't get back. I am 85 years old. I should not be going through this. I can't see my friends or nothing. This is like I am a prisoner." On 08/24/2022 at 1:18pm V23 Ombudsman said "She is able to go home with care. The facility is doing this because they want to be paid. I will run this by my supervisor and see what we are able to do on our end." On 08/25/2022 at 9:39am V22 assistant administrator said, "Residents are able to sign paperwork with a BIMs (Brief Interview for mental status) of 11 and up. They are unable to sign for a score of 10 or under. They are not required to have a guardianship, but it depends on each individual case and what information was provided. BIMS of 11 and up depends. She had another BIMS assessment yesterday. She was on the calendar if there are any change in condition, MDS will send out an e-mail letting us know that there is a change in the resident's condition, and we will discuss the change in the interdisciplinary team meeting. I didn't do the last one. On the new assessment, she scored a 9. Based on the assessment that was done yesterday, she needs help with making decisions."

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08/25/22 10:24 AM V22 (Assistant

Administrator/Social Services) said, "yesterday during the MDS/BIMS assessment R93 exhibited some depressed symptoms and was quiet and did discuss her situation regarding next steps for quardianship. R93 does wish to leave. Primary

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makes sound decisions most of the time. She will

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with a severe UTI and was exhibiting

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Facility submitted a progress note noted 12/03/2021 stating that R93 is unable to make

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maintain continuity of care for the residents.

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