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: R-C B. WING IL6009567 11/10/2022 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 14792 CATLIN TILTON ROAD GARDENVIEW MANOR DANVILLE, IL 61834 SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X5) COMPLETE (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX PREFIX REGULATORY OR LSC IDENTIFYING INFORMATION) TAG TAG DATE **DEFICIENCY)** S 000 Initial Comments S 000 First Revisit to survey date 8/24/22, Facility Reported Incident of 7/28/22/IL150006 S9999 Final Observations S9999 Statement of Licensure Violations: 300.610 a) 300.3240 a) Section 300.610 Resident Care Policies 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 300.3240 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 observation, interview, and record review, the facility failed to ensure two residents Attachment A (R100, R115) were free from misappropriation of Statement of Licensure Violations funds by facility staff of 10 residents reviewed for abuse in a sample list of 50. This failure caused

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ABORATORY 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: R-C B. WING IL6009567 11/10/2022 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 PREFIX PROVIDER'S PLAN OF CORRECTION (X5) COMPLETE (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX (EACH CORRECTIVE ACTION SHOULD BE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG CROSS-REFERENCED TO THE APPROPRIATE TAG DATE **DEFICIENCY**) S9999 Continued From page 1 S9999 R100 and R115 to experience loss of personal funds and emotional and psychosocial harm including loss of trust, shame, anxiety, and anger. Findings include: The facility's policy Abuse Prevention Program. dated November 2017, states, "This policy affirms the right of our residents to be free from abuse. neglect, exploitation, misappropriation of property, or mistreatment. This facility therefore prohibits abuse, neglect, exploitation, misappropriation of property, or mistreatment of residents. In order to do so, the facility has attempted to establish a resident sensitive and resident secure environment." 1.) R100's Care Plan, reviewed 11/7/22, includes the following diagnoses: Diabetes with Neuropathy, Anxiety Disorder, Major Depression, and Hemiparesis following a Subarachnoid Hemorrhage. R100's Minimum Data Set (MDS), dated 10/6/22, documents R100 is cognitively in tact and exhibits no concerning behaviors. R100's Care Plan, reviewed 11/7/22, documents. "(R100) is alert and oriented to person, place and time. (R100) has clear speech and makes self understood when (R100) speaks and understands what is being said. (R100) makes all (R100's) own decisions. (R100) uses a wheel chair to ambulate." On 11/9/22 at 10:25AM, R100 was sitting in a wheelchair in the smoking area outside the facility. R100 stated, "(V8) is a housekeeper who works here. I felt like she was my friend. Her

husband died recently and I want to get out of

PRINTED: 12/08/2022 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: R-C B. WING IL6009567 11/10/2022 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 14792 CATLIN TILTON ROAD **GARDENVIEW MANOR** DANVILLE, IL 61834 SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X5) COMPLETE (EACH DEFICIENCY MUST BE PRECEDED BY FULL (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE PREFIX PREFIX REGULATORY OR LSC IDENTIFYING INFORMATION) TAG TAG DATE **DEFICIENCY**) S9999 Continued From page 2 S9999 here and live in a real home. (V8) said she had room for me at her house. (V8) said we could open a bank account and use my Social Security and pension to help with the bills. I thought it would be nice. We could go shopping and out to eat once in a while. I gave (V8) \$100.00 a little over a week ago. Then (V8) came and asked me for my identification Card since she needed it to open a bank account. I felt kind of funny and did not give it to her. I told my Uncle, who is my Power of Attorney, and he told me to report it to the facility. I felt awful, because (V8) made me swear I wouldn't tell because she would lose her iob. It's probably my fault because I want out of here so bad. I did not have the \$100.00 and I had to borrow it from (R120). He lives here too. Now I owe him money and I don't know how I can pay him back." As R100 spoke, tears welled up in her eyes. R100 hung her head and twirled a tissue in her fingers. R100 sobbed and stated, "You know it will be Thanksgiving soon. It would have been so nice to eat dinner in a home. It broke my heart. I thought (V8) was my friend. She made me promise not to tell. I just can't trust anyone now." R120's Minimum Data Set (MDS), dated 8/16/22. documents R120 is cognitively intact and does not exhibit concerning behaviors. On 11/9/22 at 10:45AM, R120 was sitting in his room looking out the window. When asked if he had loaned any money to anyone lately, R120 stated, "Yeah I loaned \$100.00 to (R100). (R100) wanted out of here and she said one of the housekeepers here would take (R100) in. I hope

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(R100) pays me back, but I think maybe (R100's) plan fell through. I guess there is nothing I can do about it now. I have a bank account and I go to the bank and get cash every month and buy my

supplies. I keep a little cash on hand."

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