

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6000483	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 12/29/2022
--------------------------------------------------	----------------------------------------------------------------------------	-----------------------------------------------------------------------	-----------------------------------------------------------------

NAME OF PROVIDER OR SUPPLIER FOREST VIEW REHAB & NURSING CENTER	STREET ADDRESS, CITY, STATE, ZIP CODE 535 SOUTH ELM ITASCA, IL 60143
-----------------------------------------------------------------------------------	------------------------------------------------------------------------------------

(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	S 000		
S9999	<p>Complaint Investigation:</p> <p>22710118/IL154520</p> <p>Final Observations</p> <p>Statement of Licensure Violations:</p> <p>300.1210b)</p> <p>Section 300.1210 General Requirements for Nursing and Personal Care</p> <p>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.</p> <p>These requirements were not met as evidenced by:</p> <p>Based on interview and record review, the facility failed to assist a resident with obtaining financial assistance. This failure resulted in psychosocial harm when R1 felt withdrawn and anxious leading to R1 seeking referrals to other facilities. This applies to 1 of 3 residents (R1) reviewed for resident funds in a sample of 3.</p> <p>The findings include:</p>	S9999	<p style="text-align: center;">Attachment A Statement of Licensure Violations</p>	

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 AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6000483	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 12/29/2022
--------------------------------------------------	---------------------------------------------------------------------	-----------------------------------------------------------------------	---------------------------------------------------

NAME OF PROVIDER OR SUPPLIER FOREST VIEW REHAB & NURSING CENTER	STREET ADDRESS, CITY, STATE, ZIP CODE 535 SOUTH ELM ITASCA, IL 60143
------------------------------------------------------------------------	----------------------------------------------------------------------------

(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	<p>Continued From page 1</p> <p>R1's EMR (Electronic Medical Record) showed R1 was admitted to the facility on February 1, 2022, with multiple diagnoses including: cerebral infarction, hemiplegia and hemiparesis affecting the left side, peripheral vascular disease, bipolar disorder, depression, suicidal ideations, and hypertension.</p> <p>R1's MDS (Minimum Data Set) dated December 9, 2022, showed R1 was cognitively intact and required limited assistance of one facility staff for toilet use, transferring between surfaces, and personal hygiene.</p> <p>On December 27, 2022, at 11:17 AM, R1 said, "I came to the facility in February this year. I told the facility right away that I was not receiving my Social Security and needed help getting it. In September, I called the Social Security office and was told I needed my doctor to submit paper work to show I was still disabled. I told this to [V3-Business Office Manager] and she said medical records deals with that. No body helped me with the paperwork. The last time I told the facility I had concerns about my Social Security and asked for help from facility staff was on November 25, 2022. I was hoping to get some money in time for Christmas for my grandchildren. Nobody has helped me."</p> <p>On December 28, 2022, at 1:57 PM, R1 said, "When the facility was not helping me, I felt anxious and wanted to leave this facility. I asked them to send out referrals to other facilities because I wanted to go to a facility where someone would help me. I was upset because I watched other people get their money and I did not get any. I feel like the facility walks all over me. I have been withdrawn and do not participate</p>	S9999		

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6000483	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 12/29/2022
--------------------------------------------------	---------------------------------------------------------------------	-----------------------------------------------------------------------	---------------------------------------------------

NAME OF PROVIDER OR SUPPLIER FOREST VIEW REHAB & NURSING CENTER	STREET ADDRESS, CITY, STATE, ZIP CODE 535 SOUTH ELM ITASCA, IL 60143
------------------------------------------------------------------------	----------------------------------------------------------------------------

(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	<p>Continued From page 2</p> <p>in activities because I cannot trust the facility. Thirty dollars is not a lot of money, but it is better than no money and it means a lot to me."</p> <p>On December 27, 2022, at 10:01 AM, V3 (BOM/Business Office Manager) said, "[R1] is supposed to be getting 30 dollars a month, but he does not have any funds in Social Security, it depends on how long a person has been working. [R1] can call Social Security and ask them, but there are not any funds left for him."</p> <p>On December 27, 2022, at 3:34 PM, V7 (Social Services Director) said, "[V3] is the only staff member who deals with the residents' disability and Social Security. [V3] has never asked for help with getting a resident Social Security or disability. I do not deal with any of the residents' Social Security."</p> <p>On December 28, 2022, at 10:02 AM, V3 said R1 has a pass to go out independently in the community. V3 continued to say since R1 had this pass then R1 could go the Social Security office himself to figure out his Social Security.</p> <p>On December 28, 2022, at 10:55 AM, V7 said, "[V3] needed to ask Social Security about reapplying or doing a redetermination of [R1]'s Social Security. [R1] should be receiving 30 dollars a month from Social Security."</p> <p>On December 28, 2022, at 11:41 AM, V1 (Administrator) said, "It is only 30 dollars. There is a priority with getting a resident's money for someone receiving 1000 dollars a month versus someone who is only receiving 30 dollars a month. [R1] has a history of drug use so we would prioritize a resident who is more responsible than [R1]. We are his representative</p>	S9999		

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6000483	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 12/29/2022
--------------------------------------------------	----------------------------------------------------------------------------	-----------------------------------------------------------------------	-----------------------------------------------------------------

NAME OF PROVIDER OR SUPPLIER FOREST VIEW REHAB & NURSING CENTER	STREET ADDRESS, CITY, STATE, ZIP CODE 535 SOUTH ELM ITASCA, IL 60143
-----------------------------------------------------------------------------------	------------------------------------------------------------------------------------

(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	<p>Continued From page 3</p> <p>payee so we get to decide how he uses his money and if he gets the 30 dollars a month."</p> <p>On December 28, 2022, at 12:22 PM, V7 said, "[R1]'s Social Security could have been reapplied for months ago, when he was first admitted to the facility."</p> <p>The facility's documents titled "Grievance Tracking Log," for the period of September 1, 2022, to December 27, 2022, did not show any documentation from facility staff about R1's Social Security concerns. The documentation also does not show any resolution for R1's Social Security concerns.</p> <p>R1's Social Security documentation titled, "Social Security Administration, Supplemental Security Income, Important Information.," dated September 19, 2022, showed, "no payment has been made at this time." (B)</p>	S9999		