Illinois Department of Public Health

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	ng to the resider 0 of the Act) A facility adnote who becomes sident shall also artment. (Section are requirements and on interviews by failed to document and costigation of an allocation of allocation	ng to the resident's representative. (Section	A facility administrator, employee, or on the Act) A facility administrator, employee, or on the Act of sident shall also report the matter of the artment. (Section 3-610 of the Act) Are requirements are NOT MET as evidenced on interviews and record reviews, the sty failed to document and report a suspicious are incident and conduct a thorough of stigation of an abuse allegation for one (R1)	A facility administrator, employee, or on the Act) A facility administrator, employee, or on the who becomes aware of abuse or neglect of sident shall also report the matter of the artment. (Section 3-610 of the Act) See requirements are NOT MET as evidenced and on interviews and record reviews, the try failed to document and report a suspicious are incident and conduct a thorough stigation of an abuse allegation for one (R1) Attachment A

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Illinois Department of Public Health STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION AND PLAN OF CORRECTION (X3) DATE SURVEY IDENTIFICATION NUMBER. A. BUILDING: COMPLETED C IL6004519 B. WING 10/05/2023 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 16300 SOUTH LOUIS AVENUE **CELEBRATE SENIOR LIVING** SOUTH HOLLAND, IL 60473 (X4) ID PREFIX SUMMARY STATEMENT OF DEFICIENCIES ID PROVIDER'S PLAN OF CORRECTION (EACH DEFICIENCY MUST BE PRECEDED BY FULL (X5) **PREFIX** (EACH CORRECTIVE ACTION SHOULD BE TAG REGULATORY OR LSC IDENTIFYING INFORMATION) COMPLETE CROSS-REFERENCED TO THE APPROPRIATE TAG DATE DEFICIENCY) S9999 Continued From page 1 S9999 Findings include: R1 is an 81 year old, female, admitted in the facility on 04/01/2021 with diagnoses of Dementia and Hypertension. On 10/03/23 at 11:30 AM, R1 was observed in the dining room, sitting in a wheelchair. R1 is alert. verbal but with confusion. R1 was asked about concerns related to any incident which caused bleeding in her mouth. She responded "They are wonderful, I am going to eat now. They are wonderful." On 10/03/23 at 1:21 PM, V3 (Certified Nurse Aide, CNA) was asked regarding R1. V3 replied, "I don't remember the date but there was this time that I was calling her to go back to her room. Her hand was in her mouth, when I checked, there was bleeding in her upper lip. I asked her what happened, she said the bastard hit my mouth. She did not say who the bastard was. I reported it to V6 (Former Nurse Supervisor). It was investigated, I wrote a statement and gave it to V2 (Business Office Manager). They said nothing was found. It was V4 (CNA), and she still works in the facility. " V6 was interviewed on 10/03/23 at 1:41 PM regarding R1's incident. V6 verbalized, "I am not sure about the date but probably December. 2022. I am not an employee of the facility anymore, I quit, it was just too much. That time, one CNA, V3, came to me the next morning. She said that R1 went to her saying that she got hit in the mouth by V4. I reported it to V1 (Executive Director). The following day, V3 was called and I had her come down to the office and was asked about the incident. She (V3) denied that she told me that the incident happened. Basically, she

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STATEME	Department of Public ENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA	(20)		FOR	MAPPROVE
AND PLA	N OF CORRECTION	IDENTIFICATION NUMBER:		E CONSTRUCTION	(X3) DAT	TE SURVEY
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		IL6004519	B. WING		1	С
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		OTTICE! AL		TATE, ZIP CODE		
CELEBF	RATE SENIOR LIVING	16300 SQ	OTH LOUIS	AVENUE		
(X4) ID	SUMMARY STA	TEMENT OF DEFICIENCIES	OLLAND, IL			
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	said that V4 did not	do it. She (V3) kind of threw	1			
	Line milder (De DAS fl	lat ilme hecause she dopied				
	the inclaent, So, V2	told her (V3) that she nut				
	everybody's lives or	I the line by telling that an				
	incident nappened a	and then not She (V/3)				
	apologized, and she	was very quiet. I asked her	1			
Then we went ba again saying that out. That time, I a	Then we went hack	d she did not respond to me.	1			
	again saying that it	did happen, but I just walked	1			
	out. I nat time, I ass	essed R1 and her mouth was I				
	swollen. I took a pict	ture and sent if to V1 and V1				
	said she is going to:	take care of it. I did not catt.	1			
	was walking towards	video that we watched; V4				
•	can't see R1 in the v	R1 very aggressively. We ideo completely. But we did				
	not see her (V4) hitti	ng R1 in the mouth."				
1						
	interview that show	PM V2 stated in an as informed by V4 regarding	1			1
	allegations. V2 contin	rued, "I did not do any				
- 11	reports, that is not m	Viob. The nurse should be				
. 1	the one investigating	. It is not my job."				
- 1	On 10/03/23 at 2:40 l	784 344				- 1
20	On 10/03/23 at 2:19 nterview. "I was awa	re of that allegation, roughly	1			3
	2022. All I know was	I was called at home that R1				1
n	nade a statement tha	It I did hit her. I don't know	1			
10	low R1 made that sta	etement because she cannot	1	E 22		1
_ K	dentity people and ha	as issues with memory It	1			- 1
V a	vas said that i hit her	but when they went to do				1
s	in assessment, nothi uspended for one da	ny was loung, I was				
		5				1
n	o abuse reports sinc	se Supervisor), facility has e last year.				
A	review of R1's progr	ess notes from January				
20	UZZ IO CUITENT Showe	d no documentation of an				
T	here was also no ioni	eding and swelling in mouth.				
	INC. 6 1100 BINC	ident and investigation				

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Illinois I	Department of Publi	c Health			FORM	APPROVED
STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		DENCIES (X1) PROVIDERISTIPPI JEDICI IA		(X2) MULTIPLE CONSTRUCTION A. BUILDING:		
		IL6004519	B. WING	C 10/05/2023		
NAME OF	PROVIDER OR SUPPLIEF	STREET AC	DORESS, CITY, S	STATE, ZIP CODE	10/	05/2023
CELEBR	RATE SENIOR LIVING	16300 SC	OUTH LOUIS	AVENUE		
(X4) ID	CHARADVET	SOUTH H	IOLLAND, IL	60473		
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	documentation tha notified about incid On 10/04/23 at 1:1.	5 PM. V1 was asked regarding				White a second s
	supposed to asses to report it to V9 als that time. The incid documented and rethere was no document reported to state R1 and report it to a was on vacation if should have given the supposed to assess the supposed to a state R1 and report it to a was on vacation if should have given the supposed to assess the supposed to assess the supposed to a supp	It and V4. V1 stated, "V6 is and observe R1. V6 needed to. I was home on vacation ent should have been exported to local state agency. I mentation in the file and it was a agency. V6 should assess me. I didn't get the report. I the did call me or notify me. I her the directives to notify estigate the allegation."				
in a a a a a a a a a a a a a a a a a a a	to the following: Har program Training: Sand Report Abuse, I Theft. Under the law every employee is our suspicion of abuse misappropriation to a administrator immediately a residual to a serious as the abaccusation by a residual to explene the reported to a dministrator, so it can be to a fit is obvious to the reported to a dministrator, so it can be reported to a dministrator and the reported to a dm	I "Abuse Prevention Program" nented in part but not limited indout B -Abuse Prevention taff Obligations to Prevent Neglect, Exploitation and and the facility's policy, bligated to report any incident e, neglect, exploitation or a department head or the liately. Keeping an observed yourself or covering it up is use itself. Any charge or dent or family that there was bitation or misappropriation a department head and the an be properly investigated, hat the resident is incorrect make the decision about an				
ois Departme	(B)			<u> </u>		0

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Illinois Department of Public Health STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6004519 NAME OF PROVIDER OR SUPPLIER STREET A		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING: B. WING		(X3) DAT	FORM APPROV	
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