STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	IL6007876	A. BUILDING: _____ B. WING _____	C 10/05/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
DOWNERS GROVE REHAB & NURSING	3450 SARATOGA AVENUE DOWNERS GROVE, IL 60515

(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 Complaints Investigation: 2378252/IL165107 - 330.4220f), 330.4240a) cited 2378053/IL164852 - 330.4220f) cited	S 000		
S9999	Final Observations Statement of Licensure Violations: 1of 2 330.4220f) Section 330.4220 Medical Care f) All medical treatment and procedures shall be administered as ordered by a physician. All new physician orders shall be reviewed by the facility's director of nursing or charge nurse designee within 24 hours after such orders have been issued to assure facility compliance with such orders. (Section 2-104(b) of the Act) This REQUIREMENT was not met as evidenced by: Based on interview and record review the facility failed to administer medications as ordered by the physician. This applies to 3 of 3 residents (R1, R2, and R3) reviewed for improper nursing care in the sample of 3. The findings include: 1. On October 2, 2023, at 10:47 AM, R1 was lying on the couch in her room. "When I have pain, I just stay on the couch and rest. I think I	S9999	Attachment A Statement of Licensure Violations	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	IL6007876	A. BUILDING: _____ B. WING _____	C 10/05/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
DOWNERS GROVE REHAB & NURSING	3450 SARATOGA AVENUE DOWNERS GROVE, IL 60515

(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	Continued From page 1	S9999		

get all of my medications, though I don't really count the pills in the cup when they give them to me, and I don't pay attention to what I am getting. The nurse brings me all of my medications. The only medications I keep in my room are my inhalers."

The EMR (Electronic Medical Record) shows R1 was admitted to the facility on May 27, 2023. R1 has multiple diagnoses including, COPD (Chronic Obstructive Pulmonary Disease), and acute pain.

The EMR shows the following order for R1 dated May 30, 2023: Norco (Hydrocodone/Acetaminophen) 10/325 mg. (milligrams), 1 tablet three times a day for pain management.

The facility's form entitled "Controlled Drug Receipt Record/Disposition Form" shows the name of the medication, the number of pills received from the pharmacy, the date the medication was removed from the medication cart/bottle, the time, the number of pills given, the number of pills left/remaining, and the signature of the staff who removed/gave the medication.

The facility's MAR (Medication Administration Record) shows the name of the medication, the time and date of administration, and the name of the facility staff who administered the medication.

On October 2, 2023, at 2:40 PM, a narcotic count of R1's Hydrocodone/Acetaminophen (Norco) 10/325 mg. pain medication was completed with V20 (LPN-Licensed Practical Nurse). V20 showed three Controlled Drug Receipt Record/Disposition Forms for R1's Norco medication to coincide with the three bottles of Norco in the medication cart. The form coinciding

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	IL6007876	A. BUILDING _____ B. WING _____	C 10/05/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
DOWNERS GROVE REHAB & NURSING	3450 SARATOGA AVENUE DOWNERS GROVE, IL 60515

(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	Continued From page 2	S9999		

with the bottle labeled #1 showed the facility received 90 tablets of R1's Norco medication. The form showed as of October 2, 2023, at 12:00 PM, 30 tablets were left in the bottle. A count with V20 confirmed 30 tablets remained in the bottle labeled #1. The form coinciding with the bottle labeled #2 showed the facility received 30 doses of R1's hydrocodone/acetaminophen medication on September 12, 2023, 3 doses were removed, and 27 tablets remained in the bottle. A count with V20 confirmed 27 tablets remained in the bottle labeled #2. The form coinciding with the bottle labeled #3 showed the facility received 90 tablets of R1's Hydrocodone/Acetaminophen medication on September 29, 2023. The form continued to show no tablets had been removed, and a count with V20 confirmed 90 tablets remained in the bottle labeled #3. All bottles of R1's Hydrocodone/Acetaminophen were accounted for, and all bottle counts matched the narcotic count sheets. V20 also showed the facility's emergency medication box. V20 showed the list of medications in the box. The list did not show controlled substance medications are stored in the box. V20 said no controlled substance medications are kept in the emergency box.

R1's Controlled Drug Receipt Record/Disposition Form shows the date and time every dose of R1's Norco pain medication was removed from the locked medication cart by nursing staff and administered to R1. The Controlled Drug Receipt Record/Disposition Form shows multiple dates where R1's Norco medication was not removed/administered three times a day, including:

September 6, 2023 - Given - 1 tablet at 8:00 AM and 1 tablet at 5:00 PM

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	IL6007876	A. BUILDING: _____ B. WING _____	C 10/05/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
DOWNERS GROVE REHAB & NURSING	3450 SARATOGA AVENUE DOWNERS GROVE, IL 60515

(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	Continued From page 3	S9999		

September 9, 2023 - Given - 1 tablet at 8:00 AM and 1 tablet at 8:00 PM
September 10, 2023 - Given - 1 tablet at 8:00 AM and 1 tablet at 8:00 PM
September 11, 2023 - Given - 1 tablet at 8:00 AM and 1 tablet at 8:00 PM
September 12, 2023 - Given - 1 tablet at 8:00 AM and 1 tablet at 8:00 PM
September 15, 2023 - Given - 1 tablet at 8:00 AM and 1 tablet at 8:00 PM
September 16, 2023 - Given - 1 tablet at 8:00 AM and 1 tablet at 8:00 PM
September 17, 2023 - Given - 1 tablet at 8:00 AM and 1 tablet at 8:00 PM
September 18, 2023 - Given - 1 tablet at 8:00 AM and 1 tablet at 8:00 PM
September 19, 2023 - Given - 1 tablet at 8:00 AM and 1 tablet at 8:00 PM
September 20, 2023 - Given - 1 tablet at 8:00 AM and 1 tablet at 8:00 PM
September 23, 2023 - Given - 1 tablet at 8:00 PM
September 24, 2023 - Given - 1 tablet at 8:00 AM and 1 tablet at 8:00 PM
September 25, 2023 - Given - 1 tablet at 8:00 AM and 1 tablet at 8:00 PM
September 26, 2023 - Given - 1 tablet at 8:00 AM and 1 tablet at 8:00 PM
September 28, 2023 - Given - 1 tablet at 8:00 AM and 1 tablet at 8:00 PM
September 29, 2023 - Given - 1 tablet at 8:00 AM and 1 tablet at 8:00 PM

When R1's Controlled Drug Receipt Record/Disposition Form was compared to R1's September 2023 MAR, discrepancies were found between the documentation on the Controlled Drug Receipt Record/Disposition Form and what was documented as administered on R1's MAR. R1's September 2023 MAR shows R1 was administered the Norco medication as ordered by

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	IL6007876	A. BUILDING: _____ B. WING _____	C 10/05/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
DOWNERS GROVE REHAB & NURSING	3450 SARATOGA AVENUE DOWNERS GROVE, IL 60515

(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	Continued From page 4	S9999		

the physician, three times a day by facility nursing staff, while the Controlled Drug Receipt Record/Disposition Form shows the medication was administered only two times a day on multiple days, and one time a day on September 23, 2023. Of the 90 opportunities to administer the medication from September 1 to 30, 2023, 64 of the opportunities were documented as administered by V5 (LPN) on R1's September 2023 MAR.

On October 2, 2023, at 2:54 PM, V5 (LPN) said, "[R1] does not need to be taking that pain medication (Hydrocodone/Acetaminophen) three times a day, in my opinion. If I give her that medication three times a day, she will get severely constipated and then I have to manually remove stool from her. I feel like the pain of constipation is worse than the pain from her condition. If I look at the residents and they don't seem like they are in pain, and I don't see a reason for the pain medication, then I do not give it. I did document that I gave the medication, however, I did not actually give the medication. It was my mistake to just click and say she got the medication. I did not document that I held the medication for any reason. I did not call the physician to notify him I was holding her pain medication due to possible constipation or that I did not think the resident needed the medication. I made the decision myself."

2. On October 2, 2023, at 2:30 PM, R2 was sitting at a table in an open area of the facility. R2 was not able to engage in any conversation or answer any questions due to her cognitive status. R2 could not verbalize if she was experiencing pain due to her cognitive status.

The EMR shows R2 was admitted to the facility

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	IL6007876	A. BUILDING: _____ B. WING _____	C 10/05/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
DOWNERS GROVE REHAB & NURSING	3450 SARATOGA AVENUE DOWNERS GROVE, IL 60515

(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	Continued From page 5 on April 1, 2018. R2 has multiple diagnoses including, dermatitis, Alzheimer's disease, major depressive disorder, anxiety disorder, chronic kidney disease, and osteoarthritis. The EMR shows the following order for R2, dated September 26, 2023: "Tylenol with Codeine #3 (APAP/Codeine) 300/30 mg. Give 1 tablet by mouth three times a day for pain control." The facility's form entitled "Individual Controlled Substance Record" for R2 shows the facility received 42 tablets of R2's APAP/Codeine. The form shows the quantity of medication received, the date, time, amount given, signature of facility staff, and amount remaining. On October 2, 2023, at 2:40 PM, a narcotic count of R2's APAP/Codeine medication was completed with V20 (LPN). V20 counted 31 tablets of R2's APAP/Codeine in the bottle. The Individual Controlled Substance Record showed 31 pills remained in the bottle. R2's Individual Controlled Substance Record shows the date and time of every dose of APAP/Codeine administered to R2. The record shows multiple dates where R2's APAP/Codeine was not given three times a day, including: September 28, 2023 - Amount Given 1 tablet at 6:00 PM September 29, 2023 - Amount Given 1 tablet at 6:00 PM September 30, 2023 - Amount Given 1 tablet at 6:00 AM September 30, 2023 - Amount Given 1 tablet at 11:00 AM October 1, 2023 - Amount Given 1 tablet at 7:00 AM	S9999		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	IL6007876	A. BUILDING: _____ B. WING _____	C 10/05/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
DOWNERS GROVE REHAB & NURSING	3450 SARATOGA AVENUE DOWNERS GROVE, IL 60515

(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	Continued From page 6 October 1, 2023 - Amount Given 1 tablet at 8:00 PM When R2's Individual Controlled Substance Record was compared to R2's MAR, discrepancies were found between the documentation on the Individual Controlled Substance Record and what was documented as administered on R2's September and October 2023 MARs. R2's September and October 2023 MARs shows R2 received 16 doses of APAP/Codeine between September 26, 2023, and October 1, 2023, while the Individual Controlled Substance Record shows 9 doses of the APAP/Codeine were given to R2 by facility staff. Of the 16 opportunities to administer the medication, 7 doses were documented as administered by V5 (LPN). On October 2, 2023, at 2:54 PM, V5 (LPN) said, "[R2] falls a lot. I try not give her the pain medication unless she is in bed because I don't want her to fall out of the wheelchair. I did not call the doctor to see if it was okay to hold her pain medication or change the medication to a different time. I made the decision to hold the medication myself." 3. On October 2, 2023, at 12:13 PM, V8 (Ombudsman) said R3 frequently complains to her that she does not receive her medications timely and experiences a lot of pain. On October 3, 2023, at 12:34 PM, R3 was sitting up in a chair. R3 said she has concerns she does not always receive her medications, and struggles with not receiving her acetaminophen, which results in her having pain. The EMR shows R3 was admitted to the facility	S9999		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	IL6007876	A. BUILDING: _____ B. WING _____	C 10/05/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
DOWNERS GROVE REHAB & NURSING	3450 SARATOGA AVENUE DOWNERS GROVE, IL 60515

(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	Continued From page 7 on July 20, 2019, with multiple diagnoses including, acute respiratory failure with hypoxia, COPD, hypertension, hypoxemia, UTI (Urinary Tract Infection), bronchitis, cellulitis of right toe, muscle weakness, pain, and dementia. The EMR shows the following order dated September 7, 2023: Acetaminophen 500 mg., give 2 tablets by mouth two times a day for pain. The facility does not have documentation to show R3 received the medication on September 16, 2023, at 6:00 AM and September 23, 2023, at 6:00 AM. The EMR shows the following order dated July 15, 2023: Omeprazole 25 mg., one time a day related to chronic respiratory failure. The facility does not have documentation to show R3 received the medication on September 4, 7, 16, and 23, 2023. The EMR shows the following order dated September 8, 2023: "Metoprolol Tartrate 75 mg. 1 tablet by mouth in the morning for HTN (Hypertension)." The facility does not have documentation to show R3 received the medication as ordered on September 16 or 23, 2023. The EMR shows an order dated July 15, 2023, for Prednisone 5 mg. by mouth daily related to COPD. The facility does not have documentation to show R3 received the medication on September 4, 7, 16, and 23, 2023. The facility provided the following policy entitled "General Guidelines for Medication Administration" revised "08-2020" shows: "Policy: Medications are administered as prescribed in accordance with good nursing principles and	S9999		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	IL6007876	A. BUILDING: _____ B. WING _____	C 10/05/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
DOWNERS GROVE REHAB & NURSING	3450 SARATOGA AVENUE DOWNERS GROVE, IL 60515

(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	Continued From page 8	S9999		

practices and only be persons legally authorized to administer. Personnel authorized to administer medications do so only after they have been properly oriented to the facility's medication distribution system (procurement, storage, handling, and administration). The facility has sufficient staff and a medication distribution system to ensure safe administration of medications without unnecessary interruptions. ...II. Administration: ...2. Medications are administered in accordance with written orders of the prescriber. 3. If a dose seems excessive considering the resident's age and condition, or if a medication order seems to be unrelated to the resident's current diagnoses or conditions, the nurse obtains clarification from the prescriber of the providing pharmacy and documents the clarification in the nursing notes and elsewhere in the medical record as appropriate. 4. When medications are administered by mobile cart taken to the resident's location (room, dining area, etc.), medications are administered at the time they are prepared. Medications are not pre-poured either in advance of the med pass or for more than one resident at a time. ...III. Refusals of Medication: ...5. Medication refusal must be reported to the prescriber after 3 doses are refused, or in accordance with facility policy, and prescriber notification must be documented. IV. Documentation (including electronic): 1. The individual who administers the medication dose records the administration on the resident's MAR directly after the medication is given. AT the end of each medication pass, the person administering the medications reviews the MAR to ensure that necessary doses were administered and documented. In no case should the individual who administered the medication report off-duty without first recording the administration of any medications. ...4. The

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	IL6007876	A. BUILDING: _____ B. WING _____	C 10/05/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
DOWNERS GROVE REHAB & NURSING	3450 SARATOGA AVENUE DOWNERS GROVE, IL 60515

(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	Continued From page 9 resident's MAR is initialed by the person administering the medication, in the space provided under the date, and on the line for that specific medication dose administration. Initials on each MAR are crossed-referenced to a full signature in the space provided. ...6. If a dose of regularly scheduled medication is withheld, refused, not available, or given at a time other than the scheduled time (e.g., the resident is not in the facility at a scheduled time or a starter dose of an antibiotic is needed), the space provided on the front of the MAR for that dosage administration is initialed and circled. An explanatory note is entered on the reverse side of the record. If 3 consecutive doses, or in accordance with facility policy, of a vital medication are withheld, refused, or not available, the physician is notified. Nursing documents the notification and physician response." (B) 2 of 2 330.4240a) Section 330.4240 Abuse and Neglect a) An owner, licensee, administrator, employee, or agent of a facility shall not abuse or neglect a resident. (Section 2-107 of the Act) (A, B) This REQUIREMENT was not met as evidenced by: Based on interview and record review, the facility failed to ensure a resident was free from physical abuse by a facility staff member.	S9999		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	IL6007876	A. BUILDING: _____ B. WING _____	C 10/05/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
DOWNERS GROVE REHAB & NURSING	3450 SARATOGA AVENUE DOWNERS GROVE, IL 60515

(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	Continued From page 10 This applies to 1 of 3 residents (R4) reviewed for physical abuse in the sample of 4. The findings include: On October 4, 2023, at 12:44 PM, R4 was assisted, by wheelchair, to the conference room by a facility staff member. R4 said she wished to make a statement about a situation involving a facility staff member in private. R4 continued to say in mid-August she was receiving care from V6 (CNA-Certified Nursing Assistant) in her room. R4 said she had a messy bowel movement and required assistance being cleaned up. R4 said V6 insisted R4 stand while she provided care to R4. R4 continued to say she is unable to stand for a long period of time and she was afraid she would fall, so she requested to be cleaned up while she was lying down in her bed. V6 refused to clean R4 up in the bed and continued to insist R4 remain standing. R4 continued to say at one point, V6 was yelling at R4, grabbed her forearm and twisted her arm, which was painful and left red marks on her arm. R4 pointed to her forearm where she said V6 squeezed and twisted her arm. R4 grabbed this surveyor's forearm and twisted this surveyor's forearm to demonstrate the physical abuse by V6, saying, "This is what she did to me." R4 said, when V6 grabbed and twisted her arm, she experienced pain, felt scared, and cried. The EMR (Electronic Medical Record) shows R4 was admitted to the facility on June 1, 2023. On June 6, 2023, V14 (Neurologist) documented R4 has spinal stenosis, balance disorder and mild, late onset Alzheimer's dementia. V14 documented, "She has mild deficits and good insight into her condition overall. At this time, she maintains decision making capacity and does not	S9999		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	IL6007876	A. BUILDING: _____ B. WING _____	C 10/05/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
DOWNERS GROVE REHAB & NURSING	3450 SARATOGA AVENUE DOWNERS GROVE, IL 60515

(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	Continued From page 11	S9999		

need memory care."

On October 4, 2023, at 12:16 PM, V17 (CNA) said, "On August 18, 2023, [R4's] call pendant was going off. I went to answer her call pendant, and I could hear her screaming in the room. [V6] (CNA) was in the room with the resident and she was yelling at the resident and the resident was crying. I tried to get in the door, but it was like someone had their foot against the door and would not let me in and she said I have everything under control. It really bothered me. Later, I saw [R4] crying out by the reception area, and I wanted to know why she was so upset. I talked to her with [V19] (Program Director). The resident said [V6] squeezed and twisted her arm and would not allow her to lie down on her bed to receive care. She had red marks on her arm. You could see it. The Wellness Director (V16) came up behind the resident, waived us off, and said it was nothing, that she was on the phone with [V6] the whole time this was going on and we shouldn't worry about it. Everyone working knew about it because the resident was sitting in the reception area crying about it. [V6] did not get sent home and continued to work with residents. A few hours later, it was still really bothering me, what happened to this resident, so I went to speak to the nurse (V5). [V5] told me to immediately go tell [V1] (Administrator) what happened that morning. I immediately walked over to the other building where his office is located and told him what happened. He asked me to write a statement about it, and I did. I am 100 percent sure I told [V1] about this situation the same day it happened. I was really nervous because I love this job and I do not want to get fired."

The facility provided V17's (CNA) typed

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	IL6007876	A. BUILDING _____ B. WING _____	C 10/05/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
DOWNERS GROVE REHAB & NURSING	3450 SARATOGA AVENUE DOWNERS GROVE, IL 60515

(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	Continued From page 12	S9999		

statement. The statement shows: "Date Reported: 08/18/2023. Incident Report: On Friday August 18th, [R4] came to me complaining about being mistreated by one of the CNA. [R4] told me that the CNA hit her arm 3 times, that's when [R4] grabbed a bottle and swung it at the CNA. The CNA then grabbed [R4's] arm so that she would not get hit by the bottle." V17's name and title is typed at the bottom of the statement.

On October 4, 2023, at 1:16 PM, V19 (Program Coordinator) said, "I remember coming in that Friday (August 18, 2023) morning. I do remember when I walked in the door [R4] was sitting at the reception desk and was telling [V15] (Receptionist) about what happened and asked me to handle the situation. I had a CNA with me, [V17] to translate a little bit. The resident can speak English, but some words she is not sure of. She wanted [V6] to take care of her while she was lying on the bed and the CNA said no because the resident had a bowel movement. [R4] said "the lady twisted my arm and made me stand up anyway." I said to [V16] (Former Director of Wellness) we have a problem here, please investigate. I checked on the resident that night and I asked her if she was okay and I also asked her if there was anything else and she said, "I don't want to talk about it anymore and all I want is that the CNA does not take care of me anymore." [R4] is a person who takes most things with a grain of salt. She was upset because it was a different person taking care of her. She really did not understand why she wouldn't let her lie down that day. [V6] (CNA) was fairly new at the time. I think she didn't know the resident cannot stand for very long. I asked [V16] if she sent the CNA home and she said no. I told [V16] I had a problem with her not sending the CNA home and she said don't worry about it.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	IL6007876	A. BUILDING: _____ B. WING _____	C 10/05/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
DOWNERS GROVE REHAB & NURSING	3450 SARATOGA AVENUE DOWNERS GROVE, IL 60515

(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	Continued From page 13	S9999		

I did not report the abuse to [V1] (Administrator) until Monday, August 21, 2023."

V19's written and signed statement, dated August 18, 2023, shows: "I came in this morning and was met at the front desk by a resident (R4) and a CNA (V17). The resident told me once we went to a more confidential area, that the CNA taking care of her twisted her arm and also punched her arm. She told me this was not the first time she has been treated rough by this CNA. The resident (R4) was very upset and asked me not to assign this CNA to her again. ...Later in the afternoon I spoke with the resident again she was still upset because [V16] (Former Director of Wellness) had told her that the CNA said about her throwing a bottle at the CNA. The resident was still upset but said she did not throw her empty plastic bottle at the CNA. ...I did speak to two CNAs who were working the afternoon shift and they told me they had taken care of this resident on separate occasions, and she had the same type of accidents and never got angry or violent but instead was embarrassed and deeply apologetic, saying she was sorry many times."

On October 4, 2023, at 3:10 PM, V15 (Receptionist) said, "I was filling in that day (August 18, 2023). [R4] came to the desk. She was upset. She might had tears; she was emotional and said someone twisted her arm. She would not have come to me with tears unless something happened. I did not get the impression the resident was confused. Then [V19] (Program Coordinator) came off the elevator and she took over. I did see a mark on her forearm. I never spoke to [V1] (Administrator) that day. I do not think we have an abuse coordinator here."

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	IL6007876	A. BUILDING _____ B. WING _____	C 10/05/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
DOWNERS GROVE REHAB & NURSING	3450 SARATOGA AVENUE DOWNERS GROVE, IL 60515

(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	Continued From page 14 V15's typed statement dated August 22, 2023, at 3:55 PM shows, "[R4] came up to the front desk Friday morning about 9:00 AM on 08/18/2023. She was crying and said someone came in her room at 6:00 AM and hurt her. She was pointing to right arm and showed me a mark on her forearm. [V19] (Program Coordinator) came up the elevator. I explained what happened. After that [V19] took over." V5's (LPN-Licensed Practical Nurse) typed and signed statement completed ten days after the incident, and dated August 28, 2023, shows: "I heard a cry in the hallway while I was passing meds in the morning of the 8/18/2023 @9:15 AM. I traced the voice of the cry towards the direction it was coming from, and I saw [R4] in the hallway on her wheelchair crying profusely. I inquired from her what happened. She stated that the nurse's aide (V6) beat her while she was in the bathroom. I looked around and I didn't see anyone in the hallway with her. I wheeled her to the front desk to make an inquiry about whom the aide was. I was told it was [V6] who was the aide. I did an assessment on her and observed three finger [strides] on the forearm of the resident, she stated it was [V6] that did it to her. I asked [V6] her side of the story and she stated she held her arm while she was about hitting her with the plastic bottle in her bathroom. The incident was reported to [V16] (Former Wellness Director) who stated she heard about the incident, and she was on the phone while the whole incident transpired between them. She stated she was doing the incident report while I was here and not to worry about writing another report." The facility does not have documentation to show V5 did an assessment of the resident following the allegation of abuse on August 18, 2023, notification of the physician or R4's family	S9999		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	IL6007876	A. BUILDING: _____ B. WING _____	C 10/05/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
DOWNERS GROVE REHAB & NURSING	3450 SARATOGA AVENUE DOWNERS GROVE, IL 60515

(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	Continued From page 15	S9999		

member.

On October 3, 2023, at 2:50 PM, V16 (Former Wellness Director) said, "[V19] (Program Director) said [R4] was hit by the CNA (V6). I told her I was on the phone with the CNA the whole time and I could hear the situation though I could not see what was happening. I did not send the CNA home that day. I did not think it was abuse. There was no need for an investigation. [V6] (CNA) was suspended three days later on August 21, 2023. I was the one who completed the investigation."

On October 5, 2023, at 10:37 AM, V1 (Administrator) denied being notified of an allegation of abuse involving R4 and V6 on August 18, 2023.

The facility's initial report was sent to the state agency on August 21, 2023, and completed by V16 (Former Wellness Director) and V8 (Community Manager).

The facility's final investigation report to the state agency, dated August 25, 2023, showed the facility did not substantiate the abuse.

The facility's undated Abuse Policy sows "Policy: This organization recognizes and respects that each resident has the right to be free from abuse, neglect, misappropriation of resident's property, and exploitation as defined in this subpart. This includes, but is not limited to, freedom from corporal punishment, involuntary seclusion and any physical or chemical restraint not required to treat the resident's medical symptom. ...4. Identification: ...b. Staff are encouraged to identify, correct, and intervene in situations in which abuse, neglect and/or misappropriation of

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	IL6007876	A. BUILDING: _____ B. WING _____	C 10/05/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
DOWNERS GROVE REHAB & NURSING	3450 SARATOGA AVENUE DOWNERS GROVE, IL 60515

(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	Continued From page 16 resident property is more likely to occur. Immediately following ensuring the resident's safety, staff are to report any allegation or observation of abuse to their supervisor, director of nursing, a Administrator or facility leadership member. ...6. Protection: a. In the event of an allegation or observation of abuse, the facility will immediately assess the resident, notify the physician and resident representative, and protect the resident and other residents from further harm or incident." (B)	S9999		