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 IL6014856 10/06/2023 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 2649 EAST 75TH ST VILLA AT WINDSOR PARK CHICAGO, IL 60649 **SUMMARY STATEMENT OF DEFICIENCIES** (X4) ID: PROVIDER'S PLAN OF CORRECTION (X5) COMPLETE DATE PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL (EACH CORRECTIVE ACTION SHOULD BE PREFIX REGULATORY OR LSC IDENTIFYING INFORMATION) CROSS-REFERENCED TO THE APPROPRIATE TAG TAG DEFICIENCY) S 000 Initial Comments S 000 Complaint Investigation: 2387958/IL164747 \$9999 Final Observations S9999 Statement of Licensure Violations 300.610a) 300.1210a) 300.1210b) Section 300.610 Resident Care Policies The facility shall have written policies and a) 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** 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 Attachment A includes measurable objectives and timetables to Statement of Licensure Violations meet the resident's medical, nursing, and mental

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

TITLE

(X8) DATE

B4RB11

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: IL6014856 B. WING 10/06/2023 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE **2649 EAST 75TH ST** VILLA AT WINDSOR PARK CHICAGO, IL 60849 SUMMARY STATEMENT OF DEFICIENCIES (X4) ID PROVIDER'S PLAN OF CORRECTION (X5) (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX PREFIX (EACH CORRECTIVE ACTION SHOULD BE COMPLETE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG CROSS-REFERENCED TO THE APPROPRIATE TAG DATE DEFICIENCY) \$9999 Continued From page 1 S9999 and psychosocial needs that are identified in the resident's comprehensive assessment, which allow the resident to attain or maintain the highest 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 guardian or representative, as applicable. (Section 3-202.2a of the Act) 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 property supervised nursing care and personal care shall be provided to each resident to meet the total nursing and personal care needs of the resident. These requirements were not met as evidenced by: Based on interviews and record reviews the facility failed to follow their discharge policy to ensure R1 was safely discharged home with the necessary durable medical equipment [DME] in a sample of 6 residents. This failure resulted in R1 with an increase in pain to the surgical right hip. and emotional distress leaving R1 feeling upset, afraid, sometimes crying scared that R1 was going to fall and hurt herself. Findings included: R1's clinical record document in part: R1 is an 88-year-old admitted on 8/23/23 and discharged on 9/16/23, with the medical diagnosis of displaced fracture of base of neck of right femur

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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 IL6014856 10/06/2023 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE **2649 EAST 75TH ST** VILLA AT WINDSOR PARK CHICAGO, IL 60649 (X4) ID **SUMMARY STATEMENT OF DEFICIENCIES** PROVIDER'S PLAN OF CORRECTION (X5) PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX (EACH CORRECTIVE ACTION SHOULD BE COMPLETE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG CROSS-REFERENCED TO THE APPROPRIATE TAG DEFICIENCY) S9999 Continued From page 2 S9999 encounter for closed fracture with routine healing. history of falling, Alzheimer disease, dementia. syncope and collapse, kidney failure, long term use of anticoagulant, abnormalities of gait and mobility, weakness, and lack of coordination. R1's minimum data set [MDS] Brief Interview Mental Status Score Indicates R10 is mildly cognitively impaired. R1's discharge summary documents in part dated 9/14/23: - Sitting to lying need moderate assistance -Chair to bed to chair transfer, need moderate assistance -Can not walk 10 feet independently, need moderate assistance -Weight bearing status -weight bearing as tolerated -No prior equipment used before hip fracture R1's progress notes document in part: -9/12/2023 14:35 Physiatry Progress Note Text: **SERVICE DATE: 9/11/2023.** PHYSICAL MEDICINE AND REHABILITATION **PROGRESS NOTE** CHIEF COMPLAINT: [R1] Impairment of ADLs and mobility 2/2 R hip fracture with muscle weakness and difficulty with functional mobility. R1 is an 87-year-old female with history of Alzheimer s disease with dementia, hypertension, who was admitted to the nursing home after a fall at home. The history was obtained by chart review. Reports from her family, as she has dementia, and she is a poor historian. The patient [R1] was recently transferred to a Memory Care facility from her assisted. living facility due to behavioral disturbances from her Alzheimer s dementia. After the fall x-ray of hip showed R femoral neck fracture. The patient [R1] was surgically treated and stabilized. The

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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 IL6014856 10/06/2023 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE **2649 EAST 75TH ST** VILLA AT WINDSOR PARK CHICAGO, IL 60649 SUMMARY STATEMENT OF DEFICIENCIES (X4) ID PROVIDER'S PLAN OF CORRECTION (X5) (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX PREFIX (EACH CORRECTIVE ACTION SHOULD BE COMPLETE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG CROSS-REFERENCED TO THE APPROPRIATE TAG DEFICIENCY) S9999 Continued From page 3 \$9999 patient was transferred to this facility for subacute rehab to optimize functional status. I was asked to see the patient [R1]to optimize rehab. Assessment: ADL and mobility dysfunction, gait abnormality, pain management, right hip fracture, Alzheimer, dementia, fall risk. plan: pain: Norco 5 mg 1 tablet q.4h PRN. Tylenol for breakthrough, Wean opioids as tolerated. Continue to monitor for Fall risk: Continue fall precautions, Right hip fracture: continue to monitor for signs of increased pain, Alzheimer s dementia: Continue Aricept, and Behavioral medications, redirection. rehabilitation nursing, acute Interventions as warranted. Monitor closely for medication side effects and safety. R1's progress note documents: 9/15/2023 15:00 Social Service [V7-Social Service Assistant] Note Text: R1 will discharge back to the community on tomorrow 09/16/23 to live with V3 [R1's family member] in the community. Nursing staff has obtained an order of discharge to the community with medications and DME has been obtained from the physician and referrals faxed for Home Health and Home Health (another home health agency) and DME (medical equipment) to company on the resident's behalf. The resident's transportation will be arranged by V3 for the transition home and Nursing staff will assist in packing all of her belongings. All medications will go with the resident and V3 will be educated on all medications and upcoming appointments. All appropriate IDT [Interdisciplinary team] members have been informed of the discharge. R1's note documents: 9/15/2023 17:09 Nurses Notes [V9-Unit manager/Registered Nurse] text: V3 in facility met with Social Services staff [V7] and this writer. Discussed discharge plans again

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: IL6014856 B. WING 10/06/2023 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE **2649 EAST 75TH ST VILLA AT WINDSOR PARK** CHICAGO, IL 60649 SUMMARY STATEMENT OF DEFICIENCIES (X4) ID PROVIDER'S PLAN OF CORRECTION (XS) COMPLETE (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX PREFIX (EACH CORRECTIVE ACTION SHOULD BE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG TAG CROSS-REFERENCED TO THE APPROPRIATE DATE DEFICIENCY) \$9999 Continued From page 4 S9999 he wants home-health care and DME equipment now. V3 wanted a guarantee that resident DME and Home-health will be in place prior to discharge. Social Services staff [V7] informed V3 the referral was faxed out on the resident behalf. Other option discussed that resident can be discharged pending DME and home-health to begin. V3 agreed's for resident to stay until 9/16/2023. On 10/5/23 at 9:47 AM, V3 [R1's Family Member] stated, "R1 lived at home on her own, until R1's memory and cognition started to decrease, R1 then was moved to live in assisted living facility, but three days later the facility said R1 was not appropriate for assistant living due to R1's dementia, R1 was moved to their memory care facility. R1 fell and broke her hip at that facility. After her hospital stay R1 was transferred to the current facility for therapy. Around 9/12/23, someone notified my sibling that R1 was cut from the insurance. My sibling told me that she told the person, R1 could not return back to assisted living facility, because R1 did not meet the criteria, R1 could not walk nor transfer on her own, and there was a decrease in R1's memory. Also, because R1 fell and broke her hip on the memory care unit, R1 will not be going back to that facility, R1 will be going home. I was notified by V7 [Social Service Assistant] on 9/14/23 that R1's insurance company notified the facility on 9/12/23, that R1 will be cut from the insurance company and the last day covered day was on 9/14/23. On 9/15/23 I met with V7 and V9 [Unit Manager/Registered Nurse]. I explained to V7, V9 and therapy staff that R1 was in the memory care unit at her previous facility, but fell and fractured her hip, and R1 would not be returning to any facility, R1 would be going home. Also, R1 does not have any durable medical equipment [DME]

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paperwork the DME company was listed. On that following Monday (9/18/23), I called the DME company and spoke with the manager [V4]. She told me that they did not receive any fax from the facility regarding R1 and could not release any

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for R1."

On 10/4/243 at 2:40 PM, V10 [Therapy Director] stated, "R1 is alert and oriented X2-3 and

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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: IL6014856 **B. WING** 10/06/2023 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 2649 EAST 75TH ST VILLAAT WINDSOR PARK CHICAGO, IL 60649 **SUMMARY STATEMENT OF DEFICIENCIES** (X4) ID PROVIDER'S PLAN OF CORRECTION ID PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX (EACH CORRECTIVE ACTION SHOULD BE COMPLETE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG CROSS-REFERENCED TO THE APPROPRIATE TAG DATE DEFICIENCY) S9999 Continued From page 7 S9999 confused sometimes. I explained to V3 that R1 needed a wheelchair and a bed side commode for safe mobility and transfers along with 24-hour care. V3 told me that R1 would be going home upon discharge, and R1 did not have any equipment at home. Social service is responsible to order needed equipment at home. R1's last day of therapy was on 9/14/23." On 10/4/23 at 1:37 PM, V7 [Social Service Assistant] stated, "I've been working here for 15 years as a social service assistant. I am not a social worker. I assess cognition, talk with the residents, follow up on behaviors, write care plans, and code the minimum data sets [MDS]. I have nothing to do with discharge planning. My director of social services [V8] completes the discharge planning. I wrote the social service discharge note for R1 dated 9/15/23 at 15:00, only because V8 was off work on vacation. R1 was a pleasant lady, alert, and oriented x1-2 with periods of confusion and needed extensive assistance. V8 had set up arrangements already for R1 and gave me the DME [Durable Medical Equipment] phone number to fax the order to. and I faxed the information on 9/15/23. On 9/18/23, I phoned V3 [R1's family member] to follow up. V3 told me the equipment was not there and he has spoken to the company to see if they will provide the equipment for R1. I did not call the DME company, because V3 said he had the number and already faxed the company. I did not follow back up with V3 to see if the equipment was delivered." On 10/4/23 at 2:10 PM, V8 [Social Service Director] stated, "I was off work on vacation from 9/13/23 thru 9/24/23 and returned back on 9/25/23. While I was gone, V7 [Social Service Assistant] was covering the facility. I provided V7

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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 IL6014856 10/06/2023 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 2649 EAST 75TH ST **VILLA AT WINDSOR PARK** CHICAGO, IL 60649 SUMMARY STATEMENT OF DEFICIENCIES (X4) ID PROVIDER'S PLAN OF CORRECTION (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX PREFIX (EACH CORRECTIVE ACTION SHOULD BE COMPLETE REGULATORY OR LSC IDENTIFYING INFORMATION) CROSS-REFERENCED TO THE APPROPRIATE DATE TAG TAG DEFICIENCY) \$9999 Continued From page 9 S9999 9/13/23. V7, V9 nor I called the assistant living facility for a transfer in care. V9 intervened and assisted V3 from that point. When V8 received the insurance cut on 9/12/23, V8 should've had a clear understanding where R1 was going, to have the DME delivered timely. If a resident is discharged without the needed DME, the discharge could potentially be unsafe for the resident." On 10/5/23 at 10:45 AM, V9 [Unit Manager/Registered Nurse] stated, "I started working here around 9/12/23. V7 came to me for a care plan for a discharge meeting with V3. V8 was out of town so I spoke with the family. During the care plan discharge meeting, V3 was made aware that R1 was cut by her insurance and need to be discharged by 9/16/23 or the family would need to pay \$333.00 per day. V3 wanted R1 to be discharged home because the family did not have the \$333.00 per day to pay. I told V3 that DME would not be there by 9/16/23, however V3 insisted for R1 to be discharged. The physician was made aware and gave the discharge order for R1 to go home on 9/16/23. V7 faxed over the information for home health and DME. I not sure what happened after that." On 10/5/23 at 11:20 AM, V1 [Administrator] stated, "I've been an administrator since 1999. I have been working here since this April 2023. This facility has 240 beds. I have one social worker [V8] and one social worker assistant [V7]. V8 was on vacation from 9/13/23 thru 9/24/23 and returned on 9/25/23. V7 is not a social worker, but she was covering V8, we do not have any other social worker to cover. V8 was issued Notice of Medicare Non-Coverage was ending for R1 on 9/12/23. R1 was to leave on 9/14/23. V3 told the V8 that R1 was going back to assisted

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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 IL6014856 10/06/2023 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 2849 EAST 75TH ST VILLA AT WINDSOR PARK CHICAGO, IL 60649 SUMMARY STATEMENT OF DEFICIENCIES (X4) ID PROVIDER'S PLAN OF CORRECTION (X5) (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX (EACH CORRECTIVE ACTION SHOULD BE PREFIX COMPLETE TAG REGULATORY OR LSC IDENTIFYING INFORMATION) CROSS-REFERENCED TO THE APPROPRIATE TAG DEFICIENCY) \$9999 Continued From page 10 \$9999 living facility. The last minute, on 9/15/23 V3 told the V7 that he wanted to take R1 home and needed DME delivered to the house by 9/16/23. V3 understood that the equipment will probably not deliver by 9/16/23 and he could have paid \$333.00 per day for R1 to stay until the following Tuesday to ensure the equipment would be at the home. V3 dld not want to cover the cost, so he took R1 home on 9/16/23. I was not aware that R1 never received her DME equipment/supplies. V8 doesn't work on the weekend anyways. All this happened on a weekend, not sure why a social worker needed to be involved on a Saturday. If V8 was not on vacation, she still would not have been in the facility on that Saturday anyways. If a resident is discharged without the necessary DME, potentially it can cause nothing, or a fail. increase in pain or an injury." Policy document in part: Notice of Transfer and Discharge dated 5/8/23. -Discharge from the facility will include review of all necessary items to maintain the individuals highest practical well-being. This includes necessary DME or equipment. (B)

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