STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	IL6002315	A. BUILDING: _____ B. WING _____	10/12/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
PARK VIEW REHAB CENTER	5888 NORTH RIDGE CHICAGO, IL 60660

(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 Annual Health Survey	S 000		
S9999	Final Observations Statement of Licensure Violations: 300.610 a) 300.690 c) 300.1210 b) 300.1210 c) Section 300.610 Resident Care Policies a) 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 300.690 Incidents and Accidents c) The facility shall, by fax or phone, notify the Regional Office within 24 hours after each reportable incident or accident. If a reportable incident or accident results in the death of a resident, the facility shall, after contacting local law enforcement pursuant to Section 300.695, notify the Regional Office by phone only. For the purposes of this Section, "notify the Regional Office by phone only" means talk with a Department representative who confirms over the phone that the requirement to notify the Regional	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
	IL6002315	A. BUILDING: _____ B. WING _____	10/12/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
PARK VIEW REHAB CENTER	5868 NORTH RIDGE CHICAGO, IL 60660

(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 Office by phone has been met. If the facility is unable to contact the Regional Office, it shall notify the Department's toll-free complaint registry hotline. The facility shall send a narrative summary of each reportable accident or incident to the Department within seven days after the occurrence. Section 300.1210 General Requirements for Nursing and Personal Care 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. c) Each direct care-giving staff shall review and be knowledgeable about his or her residents' respective resident care plan. These requirements are not met as evidenced by: Based on interview and record review, the facility failed to adequately supervise a resident and failed to report to IDPH (Illinois Department of Public Health) when a resident (R126) was known to have eloped from the facility.This failure resulted in R126 eloping from the facility from the patio area. R126 has not returned to the facility. Findings include: R126 was viewed as a closed record.	S9999		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	IL6002315	A. BUILDING: _____ B. WING _____	10/12/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
PARK VIEW REHAB CENTER	5888 NORTH RIDGE CHICAGO, IL 60660

(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 R126's 10/5/23 facesheet documents R126 diagnoses not limited to: Type 2 diabetes mellitus, anemia, schizophrenia, history of falling, and depression. R126 has a BIMS (Brief Interview for Mental Status) score of 15, indicating R126 was cognitively intact. R126's care plan, initiated 3/9/23, documents: "The resident demonstrates movement behavior that may be interpreted as wandering, pacing, or roaming related to the diagnosis of, (left blank,) and problems understanding the immediate environment. Symptoms are manifested by attempting to leave the facility without a responsible escort (elopement). The resident is a new admission and not familiar with his/her environment. Resident has a history of alcohol and drug abuse. Interventions included: Implement "preventative" intervention strategies: assess for potential elopement/unauthorized departure risk, post a picture of the resident at/near the front desk and/or nursing station in a discrete place identifying possible elopement risk. Notify staff of risk potential." R126's Community Survival Skills Assessment (SS), 7/5/23, documents: "Recommendations: The resident does not appear to be capable of unsupervised outside pass privileges at this time. Comments: Residents Community Access Level is 2-patio only." No physician order was found on R126 's Physician Order Summary, 10/5/23, for Level two (patio only) unsupervised pass privilege. On 7/10/23, R126 was on the facility patio with no staff supervision, and eloped from the facility.	S9999		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	IL6002315	A. BUILDING: _____ B. WING _____	10/12/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
PARK VIEW REHAB CENTER	5888 NORTH RIDGE CHICAGO, IL 60660

(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 Progress note, dated 7/10/23 at 4:20 PM, states at approximately 4:15 PM, R125 was noted to not be in the building. A missing person report was filed with CPD (Chicago Police Department) on 7/10/23. R126 had an elopement from the facility on 1/22, during a previous admission in the facility and did not return. R126 was then re-admitted to the facility on 3/8/23. Progress note, dated 3/9/23 at 1:03 PM, states R126 is a former resident of the facility, with a history of elopement and drug abuse. Progress note, dated 1/11/22 at 4:38 PM, states R126 noted out of facility and cannot be found. Progress note, dated 1/11/22 at 5:41 PM, states Police Officer here to make a missing person report. On 10/05/23 at 11:22 AM, V13 (Psychiatric Rehab Services Director/PRSD) stated, "(R126) eloped 7/10/23. (R126) was on the patio, and (R126) left the patio. (R126's) community access was level two, so (R126) could access the patio unsupervised to go out to smoke. (R126) could go to the patio, but not off grounds to smoke. Level two and three can go out to smoke outside of the smoke break times. There is no supervision because they are higher functioning. I called hospitals, nursing did a missing person report with CPD (Chicago Police Department). I called family. According to (V25, R126's family member), (R126) was seen by family in the community post elopement. Aside from calling hospitals, family, and notifying CPD, and notifying the Ombudsman, there is not more the facility can do. Residents are evaluated on components such as being cognitively aware, medication compliant, ADL (activities of daily living)	S9999		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	IL6002315	A. BUILDING: _____ B. WING _____	10/12/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
PARK VIEW REHAB CENTER	5888 NORTH RIDGE CHICAGO, IL 60660

(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		

compliance, free of aggressive behavior, need to know the facility address, phone number and neighborhood, ambulation, and previous elopement. A community skills assessment is completed every three months, and as needed. Factors we question are if there is a history of substance abuse and elopement. Increasing residents' community access levels is discussed/decided by committee/interdisciplinary team, nursing, therapy, and administration, social service. If there are no reservations, then we ask for the order from the physician. If there is a concern, we ask for the physician's input. There should be orders for level two and level three from the physician." V13 was asked to locate the physician order for R126's level two privilege. V13 confirmed there is no order for R126's level two privilege in the electronic charting. V13 stated, "(R126) was a resident before and eloped that time as well, on 1/11/22. I spoke with administration about allowing (R126's) level two patio access, even though (R126) was an elopement risk."

On 10/5/23 at 1:03PM, V25 (R126's family member) stated, "(R126) is not living with me. I don't think (R126) has somewhere to live. I do not have a phone number for (R126). My kids give (R126) money when they see (R126). I think (R126) is on the street, homeless, and has no income. (R126) drinks alcohol heavily."

On 10/5/23 at 4:00 PM, V1 (Administrator) stated, "(R126) left the facility. (R126) went out on a designated smoke break, not sure which break, and did not return from smoke break. Smoke breaks are supervised by three to four staff members. Staff told me (R126) walked off. They did not tell me they saw (R126) walk off. No one tried to stop or encourage (R126) to return.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	IL6002315	A. BUILDING: _____ B. WING _____	10/12/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
PARK VIEW REHAB CENTER	5888 NORTH RIDGE CHICAGO, IL 60660

(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 There were two different admissions/occasions (R126) left the facility. A code was called to search for (R126). Staff searched inside and outside in the neighboring areas where staff think (R126) frequents. The Police and Physician were notified that (R126) left the facility. Family was contacted. The family told us that (R126) frequents a store on (street name). Family and (V27, Receptionist) saw (R126), not sure of the date. I notified the police of where family said (R126) was, and I believe they closed out the missing person report. (V27) asked (R126) to come back, and (R126) didn't. For safety and elopement risk, the resident is interviewed upon admission, a care plan meeting with Social Service, care plan coordinator, nursing, all disciplines, is held to discuss resident risks, behaviors. Assessments are conducted by social service for community survival, BIMS (Brief Interview for Mental Status) score, alert, and oriented status. The resident is monitored for behaviors. (R126) had no behaviors when (R126) came in at level one. After a time period, (R126) was assessed for level two. We discuss in morning meetings, the IDT (Interdisciplinary Team), nursing, Social Service, all disciplines if the resident is appropriate to move up from level one. (R126) was discussed and determined to be appropriate. According to regulations and facility policy, we have to assess residents when appropriate for increases, services have to be individualized and have to accommodate their needs. (R126) was doing good, so we thought (R126) would be ok. With level two, residents do not have to have supervision to go to the patio. They have patio access and then come back to check in every hour. With level two, residents are not to go past the patio. If the resident is a level two and they are alert and oriented and can survive in the community on their own, then they	S9999		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	IL6002315	A. BUILDING: _____ B. WING _____	10/12/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
PARK VIEW REHAB CENTER	5888 NORTH RIDGE CHICAGO, IL 60660

(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	S9999		

may be given permission to go to other areas/places/store, access to the community. The Receptionist checks all residents in and out. The resident did not have to sign a pass/paper. Level twos let the front desk know they are going to the patio. The front desk checks them in when they come back in. Generally, they stop at the front desk and check back in. Level twos go out for one-hour increments at a time. The patio is not monitored, level twos can be out by themselves. The patio is a gated area, but it is not locked. My definition of elopement is a resident is not alert, oriented, does not have community skills to survive outside of the facility. (R126) did not elope; (R126) left. (R126) has left the facility before on a prior admission. When (R126) left 7/23, it was an authorized leave, so no it was not reported. (R126) left on (R126's) own accord to the community."

On 10/5/23 at 4:50 PM, V27 (Receptionist) stated, "I saw (R126) while I was on the bus. I don't remember when I saw (R126). I thought (R126) was out on pass. I did not know that (R126) left the facility. I saw (R126) about four times on (street name) and (street name) and at a store on (street name), before I knew (R126) left the facility. After seeing (R126) in the community about four times, I called ()V1 to ask if (R126) was out on pass. (V1) said, 'No (R126) is a runaway.' (V1) told me if I see (R126) again to call the police, because (R126) was a runaway. I have not seen (R126) recently."

On 10/6/2023 at 9:45 AM, V1 (Administrator) stated she was mistaken in V1's previous interview. V1 stated, "(R126) was on the patio when (R126) left. I am not sure what (R126) was doing on the patio, smoking, or getting some air. No one was monitoring (R126). (R126) was not

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	IL6002315	A. BUILDING: _____ B. WING _____	10/12/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
PARK VIEW REHAB CENTER	5888 NORTH RIDGE CHICAGO, IL 60660

(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 outside with the smokers. (R126) was not on a designated smoke break. Staff did rounds, and (R126) wasn't seen. A code was initiated to search for (R126). Staff searched inside and outside of the building." V1 stated it was implemented recently that residents have to obtain a pass to go to the patio. "This system was not in place in July." On 10/6/23 at 10:15 AM, V13 (PRSD) stated, "(R126) had to have left the patio area around 2 PM. The gap between the monitored smoking breaks. On level two, patio only, the resident is not supposed to leave the patio area. The process is to notify nursing that they are going to the patio. They have to stop at the front desk to notify the receptionist that they are going out. The front desk will sign them out. They go out in hour increments. They can go out for an hour, then they come back in the building. They have to be in the building for an hour before they can go back outside. The front desk has a list of which residents is on which level. The receptionist has a list to sign of the residents that go out and what time they go out. When the resident comes back in the building, the receptionist signs the list that the resident is back in the building. The process was upgraded in September. The new process is that the residents would get a pass from their nurse with the nurse's signature, which specifies the time the resident left, and the place they are going/destination. For level two, going to the patio, for level three, where they are going in the community. The pass is given to the front desk receptionist. The receptionist then signs a list that indicates when the resident leaves the building, which is the same time that is written on the pass received from their charge nurse, to keep the resident from falsifying the pass. The	S9999		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	IL6002315	A. BUILDING: _____ B. WING _____	10/12/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
PARK VIEW REHAB CENTER	5888 NORTH RIDGE CHICAGO, IL 60660

(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 level two and three can only leave the building without supervision with a signed pass from their charge nurse. Level two can stay out in hour increments, not monitored. The patio has two entrances from the ramp and street that are not locked. The back entrance is locked. (R126) eloped the facility on a previous admission in 1/2022. When (R126) was here in 2022, (R126) was in a wheelchair. The second time(R126) was higher functioning, alert, and oriented times three, BIMS (Brief Interview for Mental Status) 15, inquiring about level increase, due to wanting to smoke independently. It was discussed with Interdisciplinary team about the level increase, even though there was a history of unauthorized departure. Pass level increase was granted per administration, because we did not want to restrict rights, so (R126) was granted level two." On 10/6/23 at 12:50 PM, V13 (PRSD) stated, "For high elopement risk residents, we do an assessment every three months or as needed, and there is a care plan to coordinate with that assessment that they are high risk for elopement. They are monitored with supervision. Staff is made aware, discussed with Interdisciplinary Team, it's charted in the resident's chart that they are high risk for elopement, it's care planned, and there is a Social Service binder at each nursing station and at the front desk with a list of elopement risk residents." On 10/6/23 at 1:08 PM, V21 (Wound Care nurse) stated, "I was (R126's) nurse when (R126) left in July. That was the second time I'm aware that (R126) left the facility. Both discharges were not planned. The facility doesn't like to restrict resident rights. They monitor and when compliant residents get more privilege. (R126) was on level two; (R126) could only go to the patio, spend	S9999		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	IL6002315	A. BUILDING: _____ B. WING _____	10/12/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
PARK VIEW REHAB CENTER	5888 NORTH RIDGE CHICAGO, IL 60660

(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	S9999		

about 30 minutes to an hour, and then come back in. If the resident is independent, follow rules, is alert and oriented, they go to level three, and can go to the community. (R126's) room was on the third floor. I was not aware (R126) went outside to the patio. (R126) was supposed to let me know (R126) was going outside. The receptionist checks the residents that go out and come back in, checks them out and in. I don't know how much time passed before it was noticed that (R126) was not in the building. The receptionist told me (R126) was not in the building. A code was called to start checking the residents. We did not find (R126) in the building. I called (V25). (V25) told me (R126) might be around (street name). I drove up to (street name) to search. I did not see (R126). I called the police when I came back from the search. (R126) did not take belongings, medications, or anything at all."

The facility was not able to provide sign in/out documents from the front desk/receptionist for 7/10/23.

Facility Unusual Occurrence Report Form, 1/20, documents: "Unusual occurrence is any unusual circumstances such as accidents, sudden illness, disease, unexplained absences, extraordinary resident charges, billings, or related administrative matters. Serious incident is any incident or accident that has, or is likely to have, a significant effect on the health, safety, or welfare of a resident or residents. Incidents and accidents resulting in injury requiring the services of physician, hospital, or police, or other service provider on an emergency basis and/or requiring the services of the coroner of fire department shall be reported to the Department of Public Health within 24 hours of the incident or accident. Notification shall also be made by a phone call to

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	IL6002315	A. BUILDING: _____ B. WING _____	10/12/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
PARK VIEW REHAB CENTER	5888 NORTH RIDGE CHICAGO, IL 60660

(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 the Departments Regional Office or if the facility is unable to contact the Regional Office, via fax or the Departments toll-free complaint number. A narrative summary of each serious accident or incident occurrence shall be sent to the Department within seven days after the occurrence." Facility Elopement Risk Assessment policy, 5/14, documents: "2. Risk factors that will be assess include the following: b. Pre-admission or history of elopement, i. Diagnosis of Alzheimer's, Dementia, Schizophrenia, Brain Injury." Facility Supervision and Safety policy, 3/15, documents: "4. Resident supervision is a core component to resident safety. 5. The type and frequency of supervision is determined by the individual resident assessment needs." Facility Community Access Standards policy, 9/13/23, documents: "2. Decisions regarding pass privileges, including, independent privileges or being accompanied by a responsible individual are determined by physician's orders, therapy/restorative for mobility and social services assessments. 8. Pass Privileges Levels, Level 2 Patio Only: (Restricted Pass) Resident allowed out to the patio independently with written pass from nursing or social services or floor monitors and signing out at the front desk ensuring that resident is medication compliant. Residents are allowed patio access one hour at a time starting after morning medication is distributed until 8pm. Residents' curfew is 8pm. 12. All residents who wish to access the community must have a doctor's order." (B)	S9999		