FORM APPROVED Illimois Department of Public Health STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION **IDENTIFICATION NUMBER:** A. BUILDING: COMPLETED C IL6010052 B. WING 01/20/2023 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 850 E US HIGHWAY 45 THRIVE OF LAKE COUNTY MUNDELEIN, IL 60060 SUMMARY STATEMENT OF DEFICIENCIES (X4) ID PROVIDER'S PLAN OF CORRECTION ID (EACH DEFICIENCY MUST BE PRECEDED BY FULL (X5) COMPLETE PREFIX PREFIX (EACH CORRECTIVE ACTION SHOULD BE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG CROSS-REFERENCED TO THE APPROPRIATE TAG DATE DEFICIENCY) S 000 Initial Comments S 000 Complaint Investigation: 2310505/IL155545 S9999 **Final Observations** S9999 Statement of Licensure Violations 300.610a) 300.1210b) 300.1220b)7 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 300.1210 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 Attachment A care and personal care shall be provided to each Statement of Licensure Violations resident to meet the total nursing and personal

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

care needs of the resident.

TITLE

(X6) DATE

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: C **B. WING** IL6010052 01/20/2023 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 850 E US HIGHWAY 45 THRIVE OF LAKE COUNTY MUNDELEIN, IL 60060 SUMMARY STATEMENT OF DEFICIENCIES (X4) ID PROVIDER'S PLAN OF CORRECTION (X5) 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**) S9999 Continued From page 1 \$9999 Section 300.1220 Supervision of Nursing Services b) The DON shall supervise and oversee the nursing services of the facility, including: 7) Coordinating the care and services provided to residents in the nursing facility. These Requirements were NOT MET as evidenced by: Based on observation, interview, and record review the facility failed to ensure a resident's rights (R11) were promoted and protected by cutting a residents's hair without permision. The facility failed to ensure a resident (R1) was treated with respect and dignity when care was provided. This failure resulted in psychosocial harm to R11 on 12/27/22 when a staff member cut R11's hair after he told her no and tried to push her away. This applies to 2 of 6 residents (R11 & R1) reviewed for resident rights in the sample of 15. The findings include: 1. The facility's Final Incident Investigation Report dated 1/4/23 for R11 showed, "Original allegation - Resident reported that he was uncomfortable with the care that he received by the staff, A staff member cut his hair and he did not like it. The daughter notified the center and an investigation was started." The Witness Statement dated 12/27/22 for R11

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showed, "V12 RN (Registered Nurse) stated that

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illingis 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 IL6010052 B. WING 01/20/2023 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 850 E US HIGHWAY 45 THRIVE OF LAKE COUNTY MUNDELEIN, IL 60060 SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION ID (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX (X5)PREFIX (EACH CORRECTIVE ACTION SHOULD BE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG CROSS-REFERENCED TO THE APPROPRIATE TAG DATE DEFICIENCY) S9999 Continued From page 2 S9999 she talked with R11's daughter and told her that her dad looked disheveled. V12 reported that it was her responsibility to take care of the patients. V12 expressed that she felt the daughter wanted her to trim R11's hair." On 1/19/23 at 2:15 PM, V13 (R11's Sister) stated R11 called her and told her that he was forced to get his hair cut. V13 stated, "R11 told me what happened. He was very upset and felt violated. R11 told her to stop cutting his hair. I don't know why they felt that they needed to do this. R11 said he was trying to push her away. The staff called but I don't remember who it was. They said an event occurred, someone cut his hair and he did not want it cut. They said V12 RN (Registered Nurse) was sent home. They said they were doing an investigation and would get back to me after five days with a resolution and they never did. R11 likes his hair long and was clearly upset by it. I never told anyone to cut R11's hair. He gets scheduled hair cuts. This wasn't necessary and I don't think it was appropriate. R11 has the right to say, "No." They shouldn't just do this to him." V13 stated she is in Florida and hasn't seen R11's hair. V13 stated R11 doesn't have a daughter. On 1/20/23 at 9:10 AM, V1 (Administrator) stated. "The family was calm about it. The daughter came in and saw it (R11's hair). V12 RN took it upon herself to cut R11's hair. V11 (Admissions Coordinator) and V3 ADON (Assistant Director of Nursing) interviewed the employee. V12 was sent home." On 1/20/23 at 9:39 AM, R11 was sitting up in bed in his room. R11's hair was cut short. R11 appeared anxious and upset when he was asked about the hair cutting incident with the nurse. R11

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	for bed mobility, tra	ansfers, and dressing.				50
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253	2018) showed "Th	lent Dignity policy (November nis facility will promote care for		81 /		9
	elders of the facilit	y in a manner and in an	=	765		
	environment that n	naintains and enhances each		23 14		36
	the resident's indiv	nd respect in full recognition of iduality. Residents will be				-00 
i	groomed as they w	rish including hair care and	5	*	549	
	styled, facial hair s	haved/trimmed as the resident	1941.5	>		
\$	wishes, nail care a	s the resident chooses."				1
j	The facility's Resid	ent Rights policy (April 2022)				10
Ì	showed, "Purpose:	To ensure each resident is	73	135		88
	treated with dignity	and respect. Our facility		. 8		
N	individualize needs	rages self-selection to , care, and routines in a				
l	dignified and honor	able way to respect				2
-	preferences and fu	ll exercise of rights. Our		114	. 5	
	determination, and	ts to a dignified existence, self communication with and		-		
- 1	access to persons	and services inside and	İ			
500	outside the facility.'					
	z. R i s electronic to showed R1 has dia	ace sheet printed on 1/20/23 gnoses including but not				
77	limited to chronic of	structive pulmonary disease			34	
- 11	type 2 diabetes, chi	onic diastolic congestive heart	55.	0 K 6 13	0	
1	failure, and osteoar	thritis.				
₩	R1's facility assess	ment dated 10/27/22 showed				
	R1 has no cognitive	impairment and requires 1				
1	staff assist with toile	eting and personal hygiene.	''			5.5
	R1's nursing care n	lan dated 9/20/21 showed,		19		
'	'Resident is occasion	onally incontinent of bowel and				
	bladderoffer toileti	ng regularly upon rising.				
	perore and after me	al times, and at bedtime."				
	On 1/20/23 at 9:25	AM, R1 stated, "Earlier this				
Į v	veek one of the nia	ht time CNA's (Certified				

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environment that maintains and enhances each

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a	resident's dignity and respect in full recognition of the resident's individualityAll staff will exhibit respect for each resident at all times. Staff will speak respectfully to each resident."						u eg	:fe =
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