Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	IL6006761	A. BUILDING: ______ B. WING ______	C 02/14/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
HOPE CREEK NURSING & REHAB	4343 KENNEDY DRIVE EAST MOLINE, IL 61244

(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 Complaint Investigation: 2321054/IL156164	S 000		
S9999	Final Observations Statement of Licensure Violations 300.610a) 300.1210b) 300.1210d)6 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 care and personal care shall be provided to each resident to meet the total nursing and personal care needs of the resident.	S9999	Attachment A Statem[illegible]t of Licensure Violations	

Illinois Department of Public Health
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	IL6006761	A. BUILDING: ______ B. WING ______	C 02/14/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
HOPE CREEK NURSING & REHAB	4343 KENNEDY DRIVE EAST MOLINE, IL 61244

(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 d) Pursuant to subsection (a), general nursing care shall include, at a minimum, the following and shall be practiced on a 24-hour, seven-day-a-week basis: 6) All necessary precautions shall be taken to assure that the residents' environment remains as free of accident hazards as possible. All nursing personnel shall evaluate residents to see that each resident receives adequate supervision and assistance to prevent accidents. These Requirements were not met as evidenced by: Based on observation, interview, and record review, the facility failed to provide supervision during a period of increased facility visitation where visitors were exiting the facility locked unit doors, when a daily pacing, agitated, cognitively impaired resident exited the facility through the Locked Unit doors. These failures resulted in R4 not being adequately supervised and exiting from the facility, through the locked unit doors, on 2/05/23 around 1:40 P.M. R4 was last observed by staff between 12:15 P.M and 12:30 P.M. Staff did not observe R4 exiting the building and were unaware that R4 had left the facility, crossed a busy two-lane road to a gas station to purchase cigarettes. R4 was found by a passerby lying in the road, approximately two blocks from the facility, after being observed falling multiple times, next to a major four lane highway with a posted speed limit of 45 MPH. The passerby (V15) drove R4 to the local (ER) emergency room where ER staff phoned facility staff, who were unaware that R4 was missing, approximately 30 minutes later to alert them of R4's location. R4 is one of twenty	S9999		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	IL6006761	A. BUILDING: ____ B. WING ____	C 02/14/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
HOPE CREEK NURSING & REHAB	4343 KENNEDY DRIVE EAST MOLINE, IL 61244

(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		

five residents (R4 - R28) residing on the facility first floor locked memory care unit.

FINDINGS INCLUDE:

The (undated) facility policy, Policy and Procedure Regarding Missing Residents and Elopement documents, "It is the policy of this facility that all residents are provided adequate supervision to meet each resident's nursing and personal care needs." "All staff will be trained upon orientation, missing resident in-service training will be conducted at minimum annually." "Random elopement drills will be conducted at a minimum every 6 months." An 'At Risk List' shall be posted at each nurses' station and at the reception area." "All residents shall be assessed for behaviors that place them at risk of elopement utilizing an elopement risk assessment upon admission, quarterly, annually and upon significant change of condition."

R4's facility Admission Record documents that R4 was admitted to the facility on 10/19/2020 with the following diagnoses: Disorganized Schizophrenia, Dementia and Tobacco Use.

R4's Nursing Progress Notes, dated 10/19/2020 document," 2:30 P.M. (R4) arrived to facility at 2:30 P.M. by way of family vehicle. Resident alert with confusion. Noticeable involuntary hand movements. VA (Veteran's Administration) meds received in a box from family. Dark circles around his eyes unsure if there was a previous fall. Area appears to be healing. Skin dry and intact. Catheter noted on arrival. Resident was also noted with 200 cash that was immediately given to his brother that was still in the building. Brother also noted that the catheter was a new insert from the VA hospital. Resident noted with missing

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	IL6006761	A. BUILDING: ______ B. WING ______	C 02/14/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
HOPE CREEK NURSING & REHAB	4343 KENNEDY DRIVE EAST MOLINE, IL 61244

(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		

teeth and no dentures. Resident stated that he wears glasses but not sure where they are. Resident stated that he would like to be a DNR however not sure if he fully understands the concept. Bed placed in a low position and mats on both sides. Call light in place. Takes meds whole, general diet."

R4's Wandering Risk Assessment, dated 10/19/2020 documents, "(R4) is confused and may at some point exit seek, however (R4) is new to the facility and it's hard to determine that at this time. Based on the responses provided above, do you feel this resident is at risk for wandering, elopement, or getting lost. Yes: very likely to wander, elope, or get lost."

No further Wandering Risk Assessments/Elopement Risk Assessments are present in R4's electronic medical record, until 5/31/22.

R4's Nursing Progress Notes, dated 10/20/2020 document, "Wanderguard placed on (R4's) right ankle."

R4's Nursing Progress Notes, dated 4/06/2021 document, "(R4) approached CNA stating that he removed his wanderguard off of his leg and flushed it down the toilet. CNA (Certified Nursing Assistant) asked resident why he removed the wanderguard and resident stated because he didn't want it. CNA told DON (Director of Nursing) and this charge nurse. This nurse called V26/ADON (Acting Director of Nursing) who states that facility is out of the wanderguards and to have staff be sure to monitor resident."

R4's Nursing Progress Notes, dated 11/01/2022 document, "(R4) alert with confusion, pacing

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	IL6006761	A. BUILDING: ________ B. WING ________	C 02/14/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
HOPE CREEK NURSING & REHAB	4343 KENNEDY DRIVE EAST MOLINE, IL 61244

(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		

hallways - bringing staff various items from room, gait unsteady at times, speech difficult to understand d/t (due to) mumbling, able to understand when spoken to and able to follow commands. Gray discoloration to face. Appears comfortable. Continent of Bowel and Bladder. Feeds self meals with no difficulties."

R4's Nursing Progress Notes, dated 1/09/2023 document, "(R4's) brother came to this nurse and asked if something happened with resident today. He stated that resident has called him several times wanting to leave here now. Resident has not made any complaints or accusations about anyone or anything today. I was in his room 5 minutes earlier to give him his medicine and he was lying, relaxed in bed watching TV. Brother took resident with him and stated he would call back in the morning."

R4's Nursing Progress Notes, dated 1/29/2023 document, "(R4) alert to self only with confusion per normal, up ad lib (as desired), pacing from room to nurses station all day shift, showing staff his possessions from his room, in good spirits, mumbles words, unable to understand what he says, took all meds well, ate all meals well, no agitation noted."

R4's current Minimum Data Set Assessment, dated 12/02/2022 documents R4's Cognitive Status as 9:15 (moderate impairment) and R4's Activities of Daily Living, Ambulation as 1/1 (requires staff supervision).

R4's current Physician Order Sheet, dated February 2022 includes the following physician orders, dated 1/13/2021: Wandering every shift, (R4) wanders at times; Hallucinations every shift and Clozapine (anti-psychotic) 50 MG

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	IL6006761	A. BUILDING: ______ B. WING ______	C 02/14/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
HOPE CREEK NURSING & REHAB	4343 KENNEDY DRIVE EAST MOLINE, IL 61244

(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 (milligrams) by mouth in the morning, 100 MG by mouth at bedtime. On 2/06/23 at 10:15 A.M., R4 was up ambulating in the hallway from his room to the nurses' station and back. R4 appeared agitated. R4 was confused and unable to answer questions. When staff attempted to intervene and calm R4, he became increasingly agitated. Staff finally able to redirect R4 back to his room. On 2/06/23 at 10:35 A.M., V6/Licensed Practical Nurse (LPN) stated, "I have been an employee here for the past sixteen years. Oftentimes, I work on this Unit. (R4) hasn't eloped before (the incident on 2/05/23), but he does wander the unit pacing and agitated. I have seen him at the Exit doors, looking outside. (R4) didn't have a wanderguard bracelet on, prior to his actual elopement yesterday, that I can remember. When (R4) returned from the ER (Emergency Room) last night, they attempted to put one on him, but he wouldn't let them. Evidently, he has one in his shirt pocket. He keeps trying to hand it to me. I'm not sure why (R4) never had a bracelet on, he should have." On 2/6/23 at 11:02 A.M., V9/R4's Guardian stated, "I have been (R4's) guardian for the past fifteen years. (R4) has had schizophrenia for many, many years. I take him to all his VA appointments. Previously he had been in a VA home in Iowa. I took him out of there because he was homesick, and I attempted to take care of him at my home. That didn't work out very well, so I placed him here. I live close by, and I visit him almost every day. He is a wanderer and a pacer. He is very anxious and paces constantly, usually from one door to another. I don't know if (R4) has ever tried to get out before, but I	S9999		

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	IL6006761	A. BUILDING: ______ B. WING ______	C 02/14/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
HOPE CREEK NURSING & REHAB	4343 KENNEDY DRIVE EAST MOLINE, IL 61244

(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 understand why he did on Sunday (2/05/23). When (R4) started the Clozapine many years ago, they told him he couldn't smoke. Well, smoking is the only pleasure (R4) has in life. I noticed he had been getting more and more agitated, so I bought him a pack of cigarettes, gave them to the nurse and asked if they take (R4) outside once a day for one cigarette. It seems to keep (R4) calm. Well, after his escape yesterday, I found out (R4) had been without cigarettes for the past three or four days. And that's exactly what (R4) did. (R4) walked right out of this building, through the front door and walked across that busy street and bought a pack of cigarettes. Then (R4) walked up to the busiest street around here, crossed the street and some lady found (R4) laying in the street and took him to the ER. I can't believe how (R4) walked out the front door. Other patients have bracelets on that won't let them out the door, but (R4) doesn't have one. I don't know why they never put one on him. At least (R4) wouldn't have been able to get outside and almost get hit by a car." On 2/6/23 at 11:20 A.M., V2/Director of Nurses (DON) stated, "I have been the director of nurses here for the past six months or so. I don't recall (R4) ever attempting to elope before. I would think (R4) is at risk for eloping. (R4) is ambulatory, has a mental illness and paces frequently. I don't know why (R4) never had an elopement bracelet on before this. Maybe because (R4) never tried to escape before. I watched the video of (R4) leaving the building. It was around 1:40 in the afternoon. (R4) walked right out the front door. There was a couple in front of (R4), then (R4), then another person behind (R4). (V11/Receptionist) didn't recognize (R4) as a resident. When we talked to (V11) later that night, (V11) said she thought (R4) looked	S9999		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	IL6006761	A. BUILDING: ______ B. WING ______	C 02/14/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
HOPE CREEK NURSING & REHAB	4343 KENNEDY DRIVE EAST MOLINE, IL 61244

(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	S9999		

suspicious, so (V11) followed (R4) outside. (V11) saw (R4) go across the street and then (V11) went back inside and called one of the CNAs (Certified Nursing Assistants). They said no one was missing. It wasn't until the hospital called, 30 minutes or so (later) that we figured out it was (R4)." At that time, V2/DON verified no Wandering Risk Assessments/Elopement Risk Assessments for R4 were completed between 10/19/20 and 5/31/22.

On 2/06/23 at 11:29 A.M., V10/Licensed Practical Nurse (LPN) stated, "I am the Restorative Nurse, but I just happened to volunteer for some over time, and I was the nurse on Sunday when (R4) eloped. We didn't even know (R4) was gone, until the hospital called and asked if we were missing a resident. I was in the middle of doing a 2 PM tube feeding. (R4) is usually very anxious and kind of agitated. (R4) likes to pace a lot. I heard (R4) walked right out of the locked door, behind some visitors. I don't know where the CNAs were when (R4) left. I know I was busy with other residents. I had someone fall around 1:00 (pm) and we had a lot of visitors in the Unit that day."

On 2/06/23 at 1:41 P.M., V1/Administrator stated, "(R4) doesn't have a care plan for elopement. (R4) didn't fit the criteria." At that time, V1/Administrator verified the facility had not followed its policy of having elopement drills every six months nor was list of residents at risk for eloping posted at the exits and each nurse's station. V1 also verified that V11/Receptionist had not attended the last facility in-service on resident elopement.

On 2/06/23 at 2:04 P.M., V15/Concerned Citizen stated, "(On Sunday-2/05/23) I was driving up the hill from (south of facility) and had driven by the

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	IL6006761	A. BUILDING: ______ B. WING ______	C 02/14/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
HOPE CREEK NURSING & REHAB	4343 KENNEDY DRIVE EAST MOLINE, IL 61244

(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		

(facility) when I saw (R4) walking. (R4) had shoes on, pants, a tee shirt, and a button-down shirt, that was unbuttoned. It was kind of cool out and it struck me as odd, as it was breezy outside. Also, I noticed (R4's) walk. (R4) walked with his head and chest out and his body was behind. I watched (R4) 'splat' on the road a couple of times. I mean (R4) fell, (R4) fell hard. I kept thinking (R4) had to be injured. Finally, the third time (R4) fell, (R4) was up to the frontage road, getting ready to cross that busy highway. When (R4) fell the last time, (R4) just laid on the road. I was terrified (R4) was going to get ran over by a car. It was a very busy on the road, cars go speeding by and run red lights all the time. I drove up to (R4) as (R4) was laying on the ground and asked (R4) if he was hurt. (R4) got up and came over to my truck and got in. My dog was in the front seat between us. I asked (R4) if he needed help and (R4) nodded yes. (R4) told me he wanted to go to Green Rock (town he lived in before his stay at the facility), but I could tell that wouldn't be a good idea. The only place I could think to take (R4) was to the ER (Emergency Room). I live over by that way. (R4) never turned to look at me. (R4) stared straight ahead. I could tell something was wrong with (R4). (R4) shook and jerked the whole time and kept mumbling to himself. At one point (R4) lit up a cigarette and I told (R4) he couldn't smoke in my truck. (R4) didn't argue, (R4) threw it out immediately. I drove up to the ER and explained I found (R4) laying in the street. They could tell something was wrong with (R4) and got (R4) out of my truck and put (R4) in a wheelchair. They asked me for my name and telephone number, and I gave it to them, then I left. I was just trying to help."

On 2/08/23 at 9:20 A.M., V20/Social Services Coordinator stated, "I did (R4's) assessment for

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	IL6006761	A. BUILDING: ______ B. WING ______	C 02/14/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
HOPE CREEK NURSING & REHAB	4343 KENNEDY DRIVE EAST MOLINE, IL 61244

(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		

elopement in December 2022. (R4) only scored a 9, so (R4) wasn't considered high risk for eloping. I didn't do an elopement care plan for (R4). I rely on the nurses to guide some of my answers. I didn't know (R4) did not accept his nursing home placement. I thought (R4) was happy to be here."

On 2/08/23 at 9:25 A.M., V2/Director of Nurses (DON) stated, "The elopement risk assessment is completed by Social Services quarterly. The nurses do it on admission. I don't totally agree with the way (R4's) assessment was scored on 12/02/22. I think (R4) has always been at risk for eloping. (R4) fits the criteria due to his severe mental illness, dementia, agitation, and pacing. In my opinion, (R4) is at high risk for eloping."

On 2/08/23 at 3:16 P.M., V11/Receptionist stated, "I have been employed here for the past twelve years as a receptionist. On Sunday (2/05/23) I worked at the front reception desk from 8 AM until 7 PM. It was a busy day. We had a lot of visitors in the building. It was around 1:30 (P.M.) or so when another resident's spouse came up to me and said he saw a man with a blue shirt and pants on, that looked kind of odd, exiting the front door and wondered if it was a resident. I only saw the back of him. I went outside and I saw a man with a blouse shirt and pants on, walking down the hill, in front of the building, getting ready to cross the street to go to the gas station. The man was walking quickly. I came back inside and called the Unit on the first floor and (V23/Certified Nursing Assistant CNA) answered the phone. I didn't think it was a resident because any resident that lives back there has an alarm bracelet on that sounds when they come through the double doors, and I hadn't heard any alarm when (R4) came through. When (V23/CNA) answered, I asked (V23) if there had been a visitor back there

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	IL6006761	A. BUILDING: ____ B. WING ____	C 02/14/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
HOPE CREEK NURSING & REHAB	4343 KENNEDY DRIVE EAST MOLINE, IL 61244

(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	S9999		

with a blue shirt and pants on. She told me yes, one had been in the dining room, but he was no longer there. I went back outside and told the resident's spouse that (R4) wasn't a resident. So, he left. It wasn't until the hospital called around 2:05 (P.M.) asking if we were missing a resident, that we realized there was a problem. (R4) had left the building and was in the emergency room." At that time, V11/Receptionist verified she had not attended the yearly in-service on resident elopement in August 2022.

On 2/09/23 at 10:57 A.M., V23/Certified Nursing Assistant (CNA) confirmed she worked in the unit on 2/05/23. At that time, V23/CNA stated, "It was a nice day outside and we had a lot of visitors in the unit that day. At one time, I saw a man in the dining room with a blue shirt and blue pants on, so when (V11) called and asked me, I told her the man had left. (R4) was his normal self that day. He always paces back and forth and gets very agitated at times. There were three of us (CNAs) on Sunday and at 1:30 in the afternoon, we were taking turns, taking a break, and assisting other residents. No one saw (R4) go through the locked doors."

On 2/09/23 at 11:22 A.M., V24/CNA verified she worked the locked unit on Sunday. V24/CNA stated, "It was a busy day on Sunday (2/05/23), we had a lot of visitors. I saw (R4) that day. (R4) was his usual self, pacing up and down the hallway. I didn't see (R4) go through the locked doors that afternoon. I was helping another resident, at that time."

On 2/09/23 at 11:54 A.M., V 25/CNA verified she was working the unit the past Sunday (2/05/23). V25/CNA stated, "I don't recall anything different with (R4) on Sunday. (R4) paces all the time. I

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	IL6006761	A. BUILDING: ________ B. WING ________	C 02/14/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
HOPE CREEK NURSING & REHAB	4343 KENNEDY DRIVE EAST MOLINE, IL 61244

(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 didn't see (R4) leave through the locked doors. I can't remember exactly what I was doing at that time." R4's Emergency Department (ED) Report, dated 2/05/23 at 2:07 P.M. documents, "Time seen 2:07 P.M. 65 year old male presents to the ED. A bystander was driving when she found the patient on the ground on the side of the road. It is unknown where he was found but she picked him up and transported him here to the ED and left her number if we have further questions. Patient is oriented X (times) 1 and states he has fallen a couple of times and has scrapes and bruises. Patient is a resident at (facility) memory care unit. (Facility) was called and confirmed. It is unknown when they (facility) last saw him today. Health Status: Skin: Abrasion of left knee, ecchymosis of right thigh. Disposition: Medically cleared. (V2/Director of Nurses) called and states the last time they saw (R4) was around 1:50 P.M." R4's Nursing Progress Notes, dated 2/05/23 at 9:20 P.M. document, "(R4) returned to this facility via medics, brother accompanied (R4) via private vehicle. (R4) agitated upon arrival. Medications given. Per brother's request a shower was given with skin checks completed. Three 1 CM (centimeter) circular red areas on top of right knee noted. 2 X 1 circular abrasion noted to right hip." (A)	S9999		