	OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIP	E CONSTRUCTION			SURVEY
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- 85 T		IL6012645	B. WING			01/2	20/2023
NAMEOF	PROVIDER OR SUPPLIER	STREET AL	DDRESS, CITY,	STATE, ZIP CODE			
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S 000	Initial Comments		S 000		+ 1 %		-16
	Facility Reported I IL154131	ncdient of November 29, 2022	,	a)			
S9999	Final Observations		S9999	/a 28			. Si
9.5	Statement of Licer	sure Violations:	÷			07	
	a) The facility procedures govern facility. The writter be formulated by a Committee consist	Resident Care Policies shall have written policies and ling all services provided by the policies and procedures shall Resident Care Policy ing of at least the	:]				50 50 54
	medical advisory c of nursing and othe policies shall comp The written policies the facility and sha	advisory physician or the ommittee, and representatives or services in the facility. The ally with the Act and this Part. It is shall be followed in operating the reviewed at least annually documented by written, signed of the meeting.		75 A1	14 X 6	83 ⁽¹⁾ 51	***
	Nursing and Perso b) The facility care and services of practicable physical well-being of the re- each resident's cor- plan. Adequate and	General Requirements for nal Care shall provide the necessary to attain or maintain the highest al, mental, and psychological sident, in accordance with apprehensive resident care d properly supervised nursing care shall be provided to each		S	Attachmetatement of Licen		

Illinois Department of Public Health
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

FORM APPROVED Illinois 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 IL6012645 B. WING 01/20/2023 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 255 WEST 69TH STREET PRINCETON REHAB & HCC **CHICAGO, IL 60621** SUMMARY STATEMENT OF DEFICIENCIES (X4) ID PROVIDER'S PLAN OF CORRECTION (EACH DEFICIENCY MUST BE PRECEDED BY FULL (X5) COMPLETE PREFIX (EACH CORRECTIVE ACTION SHOULD BE PREFIX REGULATORY OR LSC IDENTIFYING INFORMATION) TAG TAG CROSS-REFERENCED TO THE APPROPRIATE DATE **DEFICIENCY**) S9999 Continued From page 1 S9999 resident to meet the total nursing and personal care needs of the resident. 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. Section 300.1220 Supervision of Nursing Services The DON shall supervise and oversee the nursing services of the facility, including: Coordinating the care and services provided to residents in the nursing facility. Section 300.2210 Maintenance b) Each facility shall: Maintain the building in good repair, safe and free of the following: cracks in floors, walls, or ceilings; peeling wallpaper or paint: warped or loose boards; warped, broken, loose, or cracked floor covering, such as tile or linoleum; loose handrails or railings; loose or broken window panes; and any other similar hazards. These requirements are not met as evidenced by: Based on observation, interview, and record review, the facility failed to ensure each resident's room window was secured to prevent a resident from eloping via the window, failed to have an effective maintenance program that ensures all

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resident room windows are secured throughout

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	NT OF DEFICIENCIES I OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIP A. BUILDING	LE CONSTRUCTION 5:		E SURVEY PLETED
8 <u>8</u> E	s [*]	IL6012645	B. WING	×	4.79	C
NAMEOF	PROVIDER OR SUPPLIER	STREET AD	ORESS CITY	STATE, ZIP CODE	1 01/	20/2023
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PRINCE	TON REHAB & HCC		, IL 60621	·		
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S9999	Continued From pa	ge 2	S9999			
20 30 50	falled to provide ap services for assese aggressive behavio	nsure resident safety, and propriate treatment and delusional thoughts and ur for one resident (R7) out of ewed for safety, psychological ement.	3)		er (in the
egg.	facility third floor mo able open a room w window in his room.	R7), who resided on the initored psychiatric unit, was indow and jump from a As a result of the failure, R7 ght leg, and foot fractures on	. // 		11 21	
21	5/26/2022. R7's med not limited to: Restle Unspecified fracture encounter for closed Fracture, Right ankly fracture unspecified initial encounter for opilon fracture of the for Closed Fracture. Nurses Note, dated documents, "Reside complain of pain. Bacompliance with all is	admitted to the facility at dical diagnosis includes, but essness and Agitation, of the left lower leg, Initial I fracture, Pathological e, Initial Encounter for fracture of left lower leg, closed fracture, Nondisplaced right Tibia, Initial Encounter 5/30/2022 at 16:59, nt is alert & confused. No rricade self in his room, is medication vital check. Very with isolation protocols. Will				
	Admission Note, date	ed 5/31/2022 at 06:15,				Ħ

doorway at times. Verbalized wanting to go home. Illinois Department of Public Health STATE FORM

	NT OF DEFICIENCIES I OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:					SURVEY
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S9999	Continued From pa	ge 3	S9999				7.5
a - :	care needs. Able to	at at times to cooperate with get Resident to comply with	13 = 20 =	to garage			25.4
e 51	of Med Therapy, Co	this noc shift and the taking ontinue current plan of care nitor behavior. No C/O pain.	(*	9 a			
in.	Let in no distress."	e, dated 06/1/22, documents:		700 27		· N	
	R7 met with staff 1: how he responded	1 concerning R7 temper and					93
3 77	the housekeepers v	ent started going off on one of hile Writer on the phone with					
8 73 8	DON (Director of No Security call to assi- as not easily re-dire	ursing) about another matter. st in calming Resident down ctable. Resident does not fully	92	7 0		0	7.5
	protocol and started animal! F u and this	(Patient Under Investigation) shouting, 'I am not an place, I want to go home, I				81	
	to release me to the Endorsing f/u care r	and if necessary I want you streets/sign me out.' needs to the relieving Nurse.	**************************************	£i			×
8.	medicate at this time reason with/he is co	t to calm down w/o having to e. Resident is not easy to nfused and laughing at times itburst. Continue to monitor.		ė Va		v S	
	Left in No distress a at present."	nd w/o any physical violence			W		9.
v	dated 06/3/2022, do	essment under Exit Elopement risk assessment, cuments: R7 has the physical uilding on his own. R7 has a				U3	
	current diagnosis of and information was interview/observatio	severe mental health illness, provided by R7 and staff n. Also documents R7 has)ii	33 34			
3	experienced two or on the control of	more psychiatric	*			12	8

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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: C B, WING IL6012645 01/20/2023 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 255 WEST 69TH STREET PRINCETON REHAB & HCC CHICAGO, IL 60621 SUMMARY STATEMENT OF DEFICIENCIES (X4) ID PREFIX PROVIDER'S PLAN OF CORRECTION (X5) COMPLETE (EACH DEFICIENCY MUST BE PRECEDED BY FULL (EACH CORRECTIVE ACTION SHOULD BE **PREFIX** REGULATORY OR LSC IDENTIFYING INFORMATION) TAG CROSS-REFERENCED TO THE APPROPRIATE DATE TAG DEFICIENCY) S9999 Continued From page 4 S9999 R7's care plan, dated 06/07/2022, documents: Resident(R7) is content with current placement and discharge to the community is not feasible due to mental health and lack of support as determined by interdisciplinary team, physician, resident, or regal representative. R7's care plan, dated 06/07/2022, documents: Resident(R7) has been evaluated to be placed on a Level One Behavioral Health Pass Program. This level allows the resident (R7) dependent time with a responsible party. R7's care plan, dated 06/09/2022, documents: R7 displays delusional behavior problem, R/t (related to) Yelling out, and confused, and negative thinking. Difficult to reason with. Social Services note, dated 06/1/2022. documents: R7 met with staff 1:1 concerning R7 temper and how he responded towards staff. Social services note, dated 7/31/2022. documents R7 washing his clothes in his room sink instead of sending clothes to laundry. Social services note, dated 08/17/2022, documents R7 was not changing his clothes and staff met with R7 to discuss importance of changing his clothes. Nurses Note, dated 8/24/2022 at 18:12. documents, "Resident is alert and able to make needs known. Assisted with meal set up and performed ADL tasks with staff supervision. Avoids lying flat due to diagnosis of Heart Failure. Resident is anxious, verbally aggressive as exhibited in talking and laughing loudly, internally

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preoccupied and noted with frequent auditory hallucination. Resident is easy to redirect and

PRINTED: 02/16/2023 FORM APPROVED 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: IL6012645 B. WING 01/20/2023 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 255 WEST 69TH STREET PRINCETON REHAB & HCC CHICAGO, IL 60621 SUMMARY STATEMENT OF DEFICIENCIES (X4) ID PROVIDER'S PLAN OF CORRECTION (X5) COMPLETE PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX (EACH CORRECTIVE ACTION SHOULD BE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG TAG CROSS-REFERENCED TO THE APPROPRIATE DATE DEFICIENCY) S9999 Continued From page 5 S9999 medication compliant." Nurses Note, dated 8/25/2022 at 14:25, Late Entry: "Resident is alert and able to make needs known. Assisted with meal set up and performed ADL tasks with staff supervision. Avoids lying flat due to diagnosis of Heart Failure. Resident is anxious, verbally aggressive as exhibited in talking and laughing loudly, internally preoccupied and noted with frequent auditory hallucination. Resident is easy to redirect and medication compliant." Nurses Note, dated 8/26/2022 at 17:25, documents, "Resident is alert and able to make needs known. Assisted with meal set up and performed ADL tasks with staff supervision. Avoids lying flat due to diagnosis of Heart Failure. Resident is anxious, verbally aggressive as exhibited in talking and laughing loudly, internally preoccupied and noted with frequent auditory hallucination. Resident is easy to redirect and medication compliant." Social services note, dated 10/12/2022. documents R7 was spilling water on floors. R7's social services progress notes, dated 11/01/2022, document: R1 engaged in an incident of peer-to-peer incident in which R1 threw beverages. Interdisciplinary note, dated 11/2/2022. documents R7 has not recollection of incident of 11/1/2022, R7 communicates some cognitive deficits and laughs in place of responses at times

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Admission Note, dated, 11/7/2022 at 17:25, documents, "Re-admit 62 years old resident from St. Bernard Hospital. Alert and oriented x2.

FORM APPROVED 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: IL6012645 01/20/2023 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 255 WEST 69TH STREET PRINCETON REHAB & HCC CHICAGO, IL 60621 SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X4) ID PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL (EACH CORRECTIVE ACTION SHOULD BE COMPLETE PREFIX REGULATORY OR LSC IDENTIFYING INFORMATION) CROSS-REFERENCED TO THE APPROPRIATE TAG TAG **DEFICIENCY**) S9999 S9999 Continued From page 6 Resident appear anxious, labile with disorganized thoughts and flight of ideas during admission processes. Breathing non-labored with no shortness of breath noted. Denies any pain at this moment. Lung sound clear upon auscultation. Abdomen soft and non-distended with bowel sound present in all 4 quadrants. Skin warm and dry to touch with no breakdown or wound noted. Resident denies any auditory or visual hallucination. Denies any suicidal or homicidal ideation. Resident educated about management of his blood pressure, the importance of complying with medications and prescribed diet. Resident verbalized understanding of the teaching and readiness to comply with medications and diet. Resident medications verified with NP and orders carried out as given. Staff will continue to monitor resident for safety and comfort." Admission Note, dated 11/9/2022 at 18:33. documents, "Resident received in room alert and able to make needs known. Resident endorses auditory hallucination with disorganized thoughts and flight of ideas. Breathing non-labored with no shortness of breath noted. Denies any pain at this moment. Lung sound clear upon auscultation. Abdomen soft and non-distended with bowel sound present in all 4 quadrants. Skin warm and dry to touch with no breakdown or wound noted. Assisted with meal set-up and performed ADL tasks with staff supervision. Resident educated about management of his blood pressure, the importance of complying with medications and prescribed diet. Resident verbalized understanding of the teaching and readiness to comply with medications and diet. Resident blood

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pressure managed with prescribed medications during the shift. Staff will continue to monitor

resident for safety and comfort."

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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:** COMPLETED A. BUILDING: _ B. WING IL6012645 01/20/2023 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 255 WEST 69TH STREET PRINCETON REHAB & HCC CHICAGO, IL 60621 SUMMARY STATEMENT OF DEFICIENCIES (X4)ID PROVIDER'S PLAN OF CORRECTION (EACH DEFICIENCY MUST BE PRECEDED BY FULL (X5) COMPLETE 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 7 S9999 Nurses Note, dated 11/16/2022 at 18:32, documents, "Resident is alert and able to make needs known. Assisted with meal set up and performed ADL tasks with staff supervision. Avoids lying flat due to diagnosis of Heart Failure. Resident is anxious, verbally aggressive as exhibited in talking and laughing loudly, internally preoccupied and noted with frequent auditory halfucination. Resident has order for Haloperidol lactate solution 1 mL every 4 hours as needed for symptoms of agitation. Resident is easy to redirect and medication compliant." Nurses Note, dated 11/19/2022 at 17:22, documents, "Resident is alert and able to make needs known. Assisted with meal set up and performed ADL tasks with staff supervision. Avoids lying flat due to diagnosis of Heart Failure. Resident is anxious, verbally aggressive as exhibited in talking and laughing loudly, internally preoccupied and noted with frequent auditory hallucination. Resident has order for Haloperidol lactate solution 1 mL every 4 hours as needed for symptoms of agitation. Resident is easy to redirect and medication compliant." Nurses Note, dated 11/22/22 at 18:55 documents, "Resident is alert and able to make needs known. Assisted with meal set up and performed ADL (Activities of Daily Living) tasks with staff supervision. Avoids lying flat due to diagnosis of Heart Failure. Resident is anxious, verbally aggressive as exhibited in talking and laughing loudly, internally preoccupied and noted with frequent auditory hallucination. Resident has order for Haloperidol lactate solution 1 mL every 4 hours as needed for symptoms of agitation. Resident is easy to redirect and medication

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compliant."

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PRINTED: 02/16/2023 Illimois 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 IL6012645 01/20/2023 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 255 WEST 69TH STREET PRINCETON REHAB & HCC CHICAGO, IL 60621 SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X4) ID (X5) COMPLETE PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL **PREFIX** (EACH CORRECTIVE ACTION SHOULD BE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG CROSS-REFERENCED TO THE APPROPRIATE TAG DATE **DEFICIENCY**) S9999 Continued From page 8 S9999 R7's MDS (Minimum Data Set) Section C -Cognitive Patterns, dated Nov 22, 2022, documents: BIMS (Brief Interview for Mental Status) score of 8/15= moderately cognitive impairment. MDS Section GG - Functional Abilities and Goals, dated November 22, 2022, documents: Eating ability as needed, setup or clean-up assistance, oral hygiene, requires supervision or touching assistance, for toileting. shower/bathe self, upper body dressing, requires supervision or touching assistance. Facility reported incident report, dated 12/05/2022, documents: "On 11/29/2022 at approximately 8:00am. (R7) exited the facility via window resulting in a fall. (R7) was observed outside of the facility. (R7) was alert to person and place with periods of confusion. (R7) was observed with swelling to lower extremities. Physician notified; Guardian notified. (R7) transferred to nearby community hospital emergency room for further evaluation. (R7) was admitted with bilateral broken ankles, fractured lumbar and thoracic spine." The facility's incident report further documents R7's diagnoses. not limited to: unspecified psychosis, Unspecified symptoms, and signs involving cognitive functions and awareness, TBI (traumatic brain injury), restlessness and agitation. Social services notes documents the following:

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Code green initiated.

On 11/29/2022 14:31 Behavior/Interventions Describe Behavior: Upon doing rounds it was discovered that R7 had eloped from his room. Interventions Implemented: Immediate search of the room and unit did not reveal resident (R7).

Under Did Intervention(s) work? Resident (R7) was located in the nearby area by police: Area

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STATEMEN	NT OF DEFICIENCIES N OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		E CONSTRUCTION	_	(X3) DAT	DATE SURVEY COMPLETED	
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PRINCET	TON REHAB & HCC		ST 69TH STRE O, IL 60621	!ET				
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S 9 999	Continued From pa	age 9	S9999				7	
	TEST 250	e facility. Police report dated		ş:-			2	
	(Quetiapine Fumar 12:15 Give 1 tablet by mo for Psychosis/agita	rate Oral Tablet 25 MG rate) Active date 1/17/2023 outh every 6 hours as needed ation for 14 Days		\$2 5949 59	X 9:			
	12/15/2022 21:00 Give 1 tablet by mo UNSPECIFIED PS' SUBSTANCE OR K CONDITION (F29) Physician Order Su QUEtiapine Fumara 12/15/2022 09:00	rate Tablet 25 MG Active date: outh at bedtime related to SYCHOSIS NOT DUE TO A KNOWN PHYSIOLOGICAL) ummary: rate Tablet 50 MG Active date						
	UNSPECIFIED PSY	outh every 12 hours related to YCHOSIS NOT DUE TO A KNOWN PHYSIOLOGICAL			a a			
	documents: "At the Practical Nurse/LPN AM, it was identified room. A CODE GRI the floor and outside was noticed on the (R7) complained of on scene and ambu (community hospita	s, dated 11/29/2022 08:00, e start of my (V4-Licensed N) shift approximately 7:30 d that (R7) was not in his EEN was called, a search of de ground was conducted. (R7) ground outside of the facility. If pain to bilateral legs. Police ulance. (R7) transported to al). PPHP NP (Nurse d of occurrence and transfer to						
F8.	Hoopital III aware.	102	2 1			7		

Facility window maintenance log, dated 11/29/22, documents R7's window on the 3rd floor was not

FORM APPROVED 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** IL6012645 01/20/2023 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 255 WEST 69TH STREET PRINCETON REHAB & HCC CHICAGO, IL 60621 SUMMARY STATEMENT OF DEFICIENCIES (X4) ID PROVIDER'S PLAN OF CORRECTION ID (X5)(EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX (EACH CORRECTIVE ACTION SHOULD BE **PREFIX** COMPLETE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG CROSS-REFERENCED TO THE APPROPRIATE TAG DATE DEFICIENCY) S9999 Continued From page 10 S9999 properly secured. R7's hospital medical records, dated 11/29/2022, contained the following information: R7's diagnosis as: 1. QT Prolongation (Heart dysrhythmia) Closed fracture of the left ankle, initial encounter 3. Closed fracture of the left ankle, initial encounter Fall, initial encounter 5. Acute non-intractable headache, unspecified headache type 6. Closed displaced pilon fracture of tibia, unspecified laterality, initial encounter 7. Physical fracture of distal end of tibia. unspecified laterality, unspecified physical fracture, configuration, initial encounter. 8. Closed nondisplaced pilon fracture of the right tibia, initial encounter. R7's X-ray results, dated 11/29/2022, documents: Findings: Left tib/fib: Redemonstrated acute comminuted fracture of the distal left tibia and fibula, better evaluated on dedicated left ankle radiographs, Acute comminuted, minimally displaced fracture of the proximal fibula with mild apex posterior angulation. There is soft tissue swelling about the proximal leg. Left foot: Right tib/fib: Redemonstrated acute comminuted fracture of the distal left tibia and fibula, better evaluated on dedicated left ankle radiographs. On 1/10/2023 at 11:33am, R7 was observed lying in bed awake, with R7's right leg in a plaster cast

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from the toe to mid upper thigh. R7 was alert and oriented to name and place. R7 stated he fell from 3rd floor roof to the ground. R7 said, "I used to live on the 3rd floor, they would not give me

PRINTED: 02/16/2023 FORM APPROVED 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: IL6012645 B. WING 01/20/2023 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 255 WEST 69TH STREET PRINCETON REHAB & HCC CHICAGO, IL 60621 SUMMARY STATEMENT OF DEFICIENCIES (X4) ID PREFIX PROVIDER'S PLAN OF CORRECTION (X5)(EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX (EACH CORRECTIVE ACTION SHOULD BE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG CROSS-REFERENCED TO THE APPROPRIATE TAG DATE **DEFICIENCY)** S9999 Continued From page 11 S9999 speech (sic). I was not feeling good, and I wanted to go home so I jumped from the roof. He (unknown person) denied me speech to go outside (sic), so I wanted to go home, so I jumped out window and tried to go home, which is my right because I am not incarcerated. It was a paranoid thing." On 1/10/2023 at 11:54am, V4 (Licensed Practical Nurse/LPN) said on the day of the incident (11/29/22), "(R7) was in the room. (R7's) bed was near the window." V4 stated she checked R7's room and did not see R7 in his room during morning rounds after she started the morning shift. V4 said he notified V9 (Clinical Director-social worker) and code green (Missing resident) was called. V4 said staff started looking for R7, but R7 was not found. V4 said R7's window was open. V4 stated after R7 was not found, staff (names not provided) went outside and found R7 laying down on the ground below R7's window. V4 said V4 was not sure how R7 got out of the unit. On 1/10/2023 at 12:09pm, V9 (Clinical Director-social worker) said on 12/29/2022 at about 7:30am, V9 went to R7's room and did not see R7. V9 stated she saw the lower half of the window against the wall. V9 stated she observed a gap/hole where the bottom window was supposed to be. V9 said, "I saw bed sheets

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hanging from the gaping window to the outside. I left to notify (V1, Administrator). (V1) was on the 3rd floor by the nursing station." V9 stated she called Code Green (Missing resident) and all the staff started to look for R7. V9 commented she got in her car and started driving around the facility looking for R7. V9 said, "I got a text from (V12, Assistant Administrator) notifying me that (R7) was found by the parking lot and police were

	NT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		É CONSTRUCTION	65 9:		E SURVEY
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PRINCE	TON REHAB & HCC	CHICAG	O, IL 60621				
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S9999	Continued From pa	nge 12	S9999		to	(8)	
	when she got to the	R7)." V9 further commented a parking lot, R7 was on a be transported to the hospital	# PE NO	¥ e		•	100
	for evaluation.	be transported to the hospital	181				
	Director) said, "On	2:24pm, V10 (Maintenance 11/29/2022 in the morning as notified that (R7) was	· · · · · · · ·	0 3			
	missing. I went to and saw the whole missing." V10 state	(R7's) room on the 3rd floor bottom part of the window ed the window is supposed to	į.	V i.	20	90	£754
*	fresh air but "it's (w metal stops on eac	upwards so residents can get indow) supposed to have two h side of the window to		n E	¥		55 SE - 10
3.5	safety stops on (R7 operational at the ti	ning up higher, but the metal "s) windows were not me." V10 stated R7 opened ok the whole bottom window	3	Ď.			44
	off. V10 said the wand remove easily	indows are designed to open for cleaning; it takes about five the whole bottom window fron		9			N is
	removed by pressir inwards, pulling the	nonstrated how the window is no the two metal stops window inwards (room side),	5	87			
e s	V10 said, "There are building with the broad	by up and out from the track. The other windows in the obken/nonfunctional safety		×		2	
3 <u>.</u> .2.	been easily remove easily removable fo	ttom windows could have ed." V10 said the windows are or easy window cleaning by	d *1			15	7: a 1: a
13	housekeeping. "The supposed to place a secure them." V10	ey (Housekeepers) are windows back on track and said after R7's incident of	2				
	iumping from the w	indow_staff from cornorate		1.00			

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office come to assist in temporarily fixing the windows by screwing in one bolt at the bottom of the window to prevent it from being opened. V10 measured the bottom window that R7 opened and took off the track. Measurements were observed to be: height-29.5 inches by

	NT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIP A. BUILDING	LE CONSTRUCTION	СОМ	SURVEY PLETED
	UT AL	IL6012645	B. WING	U ₁		C 20/2023
NAME OF 1	PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY,	STATE, ZIP CODE	1 011.	10/2020
PRINCE	TON REHAB & HCC		Г 69TH STR), IL 60621	EET		
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	(EACH CORRECTI	AN OF CORRECTION VE ACTION SHOULD BE ED TO THE APPROPRIATE FICIENCY)	(X5) COMPLETE DATE
S 9999	Continued From pa	age 13	S9999		4	
4	width=45 inches wi	ide.		Vi Vi		
	0			7.0		48
500	On 1/10/2023 at 3:	14pm, V1(Administrator)				
	stated on 11/29/20:	22 at about 7:30am, V1 was on	8		20 00 00	
177	the 3rd floor doing	rounds, when V1 heard V9	i	-27		
19	saying, "Oh My Go	d, oh my God!" V1 stated	Œ		200	W
1	"(V9) was saying th	nis because she saw (R7's)				78 80 3
	bed sheets (about	4 sheets) were tied together to	VI X	Acres 1		5.559
	(R7's) bed frame to	window, hanging from		70 69		10
y	window to outside.	The sheets were hanging	ĺ			72
	irom (K/'s) bed fra	me all the way outside the	-	**		
	WITCOW. VI Said (he lower part of R7's window		r **		
	the outside 1/1 sta	was an open gap/hole open to ted the whole lower part of the				<i>*</i> 9
-	dise window was l	behind R7's bed. V1 said V9	=	51. j		-
	left the room to con	Itinue looking for R7. V1				
- 14	stated she remaine	d in R7's room, looked				9
	through the open w	indow, but did not see R7. V1				
115	said, "All I could se	e was the bed sheets hanging	10		78	
	down from the wind	low. I had never seen				- 1
	anything like this be					
	V1 commented "Co	de Green" was called, and all				
	staff started looking	for R7. V1 stated she	٧.	.53		
	received a text from	ı (V12, Assistant	503		W 1 1 01	•
		g V1 know R7 was found in		and the state of t	i	36
34	the facility parking I	ot by police. V1 stated she did	=	1965	200	
	not know now R/g	ot to the 1st floor, but stated			Line	
-	R/ all not go through	gh facility doors. V1 said, "I			W	
1	think (K/) got to the	ground floor using the bed	i	te		
	sheets (R7) had tier	d to (R7's) bed frame. (R7) is in the Air Force and used to				
	iumo from airolanes	s/heights." V1 said the window		Σ.	10.	
		screwed shut at the bottom				
	to prevent it from or	pening. V1 said, "this is a				
	temporary fix."	Transfer to Garage Carlo 10 G				
A	19 M	8C 27 2000				
	On O1/11/2023 at 1	I:31am, V12 (Assistant				
27	Administrator) state	d there was a code green				
	called on 11/29/202	2, in the morning. V12 went to				
	the 3rd floor to R7's	room, and R7 was not in the				

FORM APPROVED 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 IL6012645 01/20/2023 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 255 WEST 69TH STREET PRINCETON REHAB & HCC CHICAGO, IL 60621 SUMMARY STATEMENT OF DEFICIENCIES (X4) ID PROVIDER'S PLAN OF CORRECTION (X5)(EACH DEFICIENCY MUST BE PRECEDED BY FULL PRÉFIX (EACH CORRECTIVE ACTION SHOULD BE PREFIX COMPLETE TAG REGULATORY OR LSC IDENTIFYING INFORMATION) CROSS-REFERENCED TO THE APPROPRIATE TAG DATE DEFICIENCY) S9999 Continued From page 14 S9999 room. The window was missing. V12 stated he went downstairs to the east side of the building down from residents' room, but R7 was not there. V12 stated at the time, he walked around the building and saw the police in the facility. R7 was with the police, but V12 stated he did not remember if R7 was sitting down or laying down. V12 said he went back into the building to let other staff members who were looking for R7 know R7 was found outside. V12 said he does not remember how he notified staff, but after notifying staff, V12 went back out and the ambulance was at the scene. V12 said he does not recall anything else about the incident or what happened after that. On 1/11/2023 at 12:51pm, on day two of the survey, with V10 (Maintenance Director), the surveyors were able to unscrew the safety bolt previously placed by maintenance to secure the window in the resident rooms on the 3rd floor. According to V10, the bolts were placed on all resident's windows to prevent the windows from opening. At this time, V10 stated the bolts will be replaced "next week" with bolts that can only be opened with a special screwdriver. V10 presented a work order, dated 1/11/23, from (Construction company). V10 stated all resident windows will be secured next week. (Construction company) recommendations documents in part: "Going forward it is recommended that any high-risk patients have an audible monitor put on the window to alert staff of any potential tampering, similar to what is currently on the stairwell doors." On 1/12/2023 at 4:10pm, V25 (R7's State Guardian) stated she was notified by facility when

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R7 jumped out of the window, attempting to elope. V25 commentated R7 is head strong and Illinois Department of Public Health

	NT OF DEFICIENCIES I OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1	E CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	4 10	IL6012645	B. WING		C 01/20/2023
NAMEOF	PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY,	STATE, ZIP CODE	
PRINCE	TON REHAB & HCC		T 69TH STRI), IL 60621	EET	
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES 'MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECT (EACH CORRECTIVE ACTION SHOT CROSS-REFERENCED TO THE APPLICATION OF CORRECT PROVIDER OF CORRECT PRO	OULD BE COMPLETE
S9999	Continued From pa	ge 15	S9999		
	R7 went to college a engineering. V25 sa independently in the months ago, R7 got neighborhood, and a traumatic brain inj	and R7 is very smart. V25 said and was R7's major was in aid R7 was living alone community, but about seven into a fight in his R7 was beat up and sustained ury (TBI). V25 said that is state guardianship, and V25			
	started working with guardian. V25 said R7 was in another foused to live in New used to take care of much for V26 to har R7's mother. V25 sa another facility in New has been calling his	R7 as his state appointed before R7 come to this facility, acility. V25 further stated R7 York with his sister (V26), who R7, but R7 became too adle. V26 also takes care of aid R7 tried to jump from aw York. V25 commented R7 mother and upsets her V26 has restricted R7's phone	10		
10.8	calls to R7's mother is delusional and thi	, who is elderly. R25 said R7 nks people are watching him t is why R7 was not compliant	t _y a		
SE	said because R7 ha agitation, and restles exhibiting signs and should have been or	symptoms of agitation, R7 treatment to manage R7's	N 19		
	behavior assessmer looked at risks and t psychotropic medica given R7's previous	d during R7's mood and nots, the facility should have benefits of R7 receiving ation. V27 further said that actions and diagnosis of ion, R7 have been on a shavior medication.			
	member said R7 has and she stated R7 w	49am, V26 (R7's family s never been in the military, as diagnosed with d 1998 in New York, where			

10

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPLE CONSTRUCTION A. BUILDING:	(X3) DATE SURVEY
AND PLAN OF CORRECTION	IDENTIFICATION NUMBER:		COMPLETED
15 T 4	IL6012645	B. WING	C 01/20/2023

NAME OF PROVIDER OR SUPPLIER

STREET ADDRESS, CITY, STATE, ZIP CODE

255 WEST 69TH STREET

S9999		SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) TAG		PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)		
ov _{er}	Continued From page 16	S9999	D 1	920		
00	R7 and family were living. V26 said she was	50				
***	helping R7 and took R7 in to help him, and would	46	41 VI 51		1	
	make sure every time R7 had a mental	30				
	breakdown, R7 was admitted to the hospital for	- 57			o'	
e	treatment stabilization. V26 said at that time, R7		38 17			
===	did not like living with V26, because V26 would					
9.0	call 911 to take R7 to the hospital any time R7	70.0				
	stopped taking his behavioral health medication		9		ľ	
	and R7 started showing signs of paranoia and	~~	a " e			
	laughing uncontrollably. V26 said R7 tried to					
	elope from the hospital when R7 was first				r	
35	diagnosed with mental health illness. V26 said R7	=		4	2	
	does not believe R7 has mental health challenges	<u>20</u>	¥ %	100	}	
	and is in denial. She commented R7 cannot stay				١ ١	
- 1	at one place because of R7 living with				10	
	schizophrenia. V26 said she was monitoring R7,	#				
	but when she left New York for work, R7 left his			53		
	apartment and started wandering, and at one				100	
	point, R7 was incarcerated. V26 further	i				
	commented R7 eventually left New York and	14		35		
	ended up in Chicago where R7 does not have		25		13	
25%	any family. V26 said because of R7's mental	93		38		
	health issues, R7 can be paranoid, and these	22				
	behaviors might have led to R7 being involved in				1	
- 1	a fight in Chicago where R7 was terribly hurt. V26		96		3	
	said R7 calls his mother screaming and saying he				0.4	
	wants to visit her, and this upsets R7's mother,			* N		
	who is 92 years old. V26 said she has now	34			250	
	restricted R7's calls to his mother, V26					
	commented she takes care of her and R7's					
	parents, who are both 92 years old, and V26					
	cannot take on R7 because V26 is already		•		22.15	
	overwhelmed with taking care of both parents.					
- 1.3	V26 said when R7's mental health issues are	-Su		8		
	under control, and R7 is properly medicated, R27					
	is "the sweetest person you will ever met." V26			196	#3	
THE .	said R7 wants to visit his parents, especially his		10		27	
	mother, but V26 said this is not possible at this					
	time because V27 cannot take care of R7.					

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PRINTED: 02/16/2023 **FORM APPROVED** 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 IL6012645 01/20/2023 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 255 WEST 69TH STREET PRINCETON REHAB & HCC CHICAGO, IL 60621 SUMMARY STATEMENT OF DEFICIENCIES (X4) ID PROVIDER'S PLAN OF CORRECTION 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 17 S9999 On 1/13/2023 at 12:18pm, V9 said there were no discharge plans when R7 was first admitted, and he never said he wanted to leave. V9 said V9 did not think R7 was not a risk for elopement prior to R7 iumping out the window, and R7 had an accompanied pass to go out with guardian/staff. On 1/17/2023 at 3:28pm, V29 (R7's Psychiatrist) said R7 was visited two times by the psychiatry Nurse Practitioner in November and December 2022 for further assessments, but both times R7 was not in the building. V29 stated the facility never notified V29 about any behavioral issues/hallucinations R7 was experiencing before R7 jumped out of the window on the 3rd floor. V29 said even after R7 jumped out of the window. the facility never notified V29 of the incident, and V29 just recently learned (after Christmas) R7 had jumped out of the window. V29 said it is documented on several occasions R7 was preoccupied with going out of the facility see his mother, and R7 should have been moved to the 1st floor for supervision and monitoring in case R7 tried to leave the facility. V29 said, "If the facility staff had called me to let me know R7 wanted to leave the facility to visit his mother, I would have instructed them to move him (R7) to the first floor since he (R7) has cognitive deficits." V29 commented having R7 on the first floor could have prevented R7 from sustaining serious injuries from falling out of the 3rd floor window.

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during the fall on 11/29/2022.

V29 further commented R7 is on psychotropic medications, which were started while at the hospital for treatments for injuries sustained

On 1/18/2023 at 12:41pm, V30 (Facility general superintendent) stated all windows have been secured with Hex locks at the top of the windows in resident rooms. During walking tour with V30

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FORM APPROVED 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 IL6012645 01/20/2023 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 255 WEST 69TH STREET **PRINCETON REHAB & HCC** CHICAGO, IL 60621 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 18 S9999 for observation of resident windows, surveyor. using facility butter knife, demonstrated removal of Phillips screw, at the bottom of window in resident 3rd floor room. Surveyor was able to remove bottom half of window from the window tract. On 1/18/2023 at 1:15pm, R7 was observed to be on 1:1 with a sitter due to R7 exhibiting elopement behavior. Fall Policy, dated 08/2020, titled: Fall Management Program, documents: The facility is committed to minimizing resident falls and/or injury so as to maximize each resident's physical, metal and psychosocial wellbeing. While preventing all residents' falls is not possible, it is the facility's policy to act in a proactive manner to identify and assess those residents at risk for falls, plan for preventive strategies and facilitate a safe environment. Facility policy titled Psycho-social Programming Protocol (corresponds with Policy), no date, documents: Psycho-social programming should be offered to anyone who expresses during our assessment process or is observed with maladaptive behaviors, mental health issues, and any cognitive issues resulting in behavioral issues. Facility policy titled: Psychotropic Medications-Use Of, dated 09/2020, documents: Apsychotropic medication will be defined as any medication that is prescribed for the purpose modifying mood and/or behavior. (A)

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If continuation sheet 19 of 19