FORM APPROVED Illinois Department of Public Health (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA COMPLETED AND PLAN OF CORRECTION IDENTIFICATION NUMBER: A. BUILDING: B. WING IL6015630 02/23/2023 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 2600 NORTH ANNIE GLIDDEN ROAD **DEKALB COUNTY REHAB & NURSING** DEKALB, IL 60115 SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X5) COMPLETE (X4) ID PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL (EACH CORRECTIVE ACTION SHOULD BE PREFIX DATE CROSS-REFERENCED TO THE APPROPRIATE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG TAG **DEFICIENCY**) S 000 S 000 **Initial Comments** Annual Health Survey S9999 S9999 **Final Observations** Statement of Licensure Violations: 300.610 a) 300.1210 b) 300.1210 d)6) Section 300.610 Resident Care Policies 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 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

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d)

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

resident to meet the total nursing and personal

Pursuant to subsection (a), general

care needs of the resident.

TITLE

(X6) DATE

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R32's 8/24/22 progress note showed resident has

VH8511

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coffee onto his feet causing a burn onto his right

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know residents have had burns (from hot

VHB511

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with blisters and is wet. The ervthema blanches

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STATE FORM

required extensive assistance of two plus persons

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R9's activity of daily living care plan showed a

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R33 resided on the dementia unit.

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(B)

VH8511