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 **B. WING** IL6000467 06/25/2023 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 21020 KOSTNER AVENUE **GENERATIONS AT APPLEWOOD** MATTESON, IL 60443 SUMMARY STATEMENT OF DEFICIENCIES (X4) ID PROVIDER'S PLAN OF CORRECTION (X5) COMPLETE (EACH DEFICIENCY MUST BE PRECEDED BY FULL (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE PREFIX **PREFIX** REGULATORY OR LSC IDENTIFYING INFORMATION) TAG TAG DATE **DEFICIENCY**) S 000 Initial Comments S 000 Facility Reported Incidents of 4/27/23/IL160429 of 5/25/23/IL160875 S9999 Final Observations S9999 Statement of Licensure Violations: 300.610a) 300.1210b) 300.1210d)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 Attachment A well-being of the resident, in accordance with Statement of Licensure Violations each resident's comprehensive resident care plan. Adequate and properly supervised nursing care and personal care shall be provided to each

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

TITLE

(X6) DATE

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cares.

osteoarthritis of hip, chronic pain, polyneuropathy,

disorder, chronic kidney disease, muscle wasting and atrophy, muscle weakness, and abnormal gait and mobility. R2's facility assessment dated 4/11/23 showed she had no cognitive deficits and required extensive assistance of staff for most

dementia, psychotic disturbance, anxiety

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asking residents if they wanted to attend the activity. V2 said V11 got R2 straightened out in the hall so she could propel herself and then continued down the hall asking other residents if they wanted to go. V2 said when V11 came back down the hall she started pushing R2 around the corner. When she was pushing R2 her foot fell down and went up under the wheelchair. They had wheelchair pedals in the room but since

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