Illinois Department of Public Health

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA

	IT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER, IDENTIFICATION NUMBER		` '	E CONSTRUCTION		SURVEY PLETED
				A. BOILDING.			c
		IL6000483		B. WING			04/2024
NAME OF F	PROVIDER OR SUPPLIER				STATE, ZIP CODE		
FOREST	VIEW REHAB & NUR	ISING CENTER	535 SOUTI TASCA, IL				
(X4) ID PREFIX TAG	(EACH DEFICIENCY	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FU SC IDENTIFYING INFORMATI		ID PREFIX TAG	PROVIDER'S PLAN OF (EACH CORRECTIVE AC CROSS-REFERENCED TO DEFICIENC	ΓΙΟΝ SHOULD BE THE APPROPRIATE	(X5) COMPLETE DATE
S 000	Initial Comments			S 000			
	Complaint Investiga	ation 2470005/IL16828	2				
S9999	Final Observations			S9999			
	Statement of Licen	sure Violations:					
	300.610a) 300.1210b) 300.1210d)3) 300.1220b)3) 300.3210t)						
	Section 300.610 Re	esident Care Policies					
	procedures govern facility. The written be formulated by a Committee consisti administrator, the a medical advisory coof nursing and othe policies shall comp	shall have written policing all services provided policies and procedur Resident Care Policy ing of at least the advisory physician or the parmittee, and represent services in the facility ly with the Act and this a shall be followed in open in the provided in open in the services in the facility with the Act and this a shall be followed in open in the services in the facility with the Act and this a shall be followed in open in the services in the services in the facility with the Act and this a shall be followed in open in the services in the service	d by the es shall e ntatives /. The Part.				
	Section 300.1210 ( Nursing and Person	General Requirements nal Care	for				
	care and services to practicable physical well-being of the releach resident's complan. Adequate and care and personal cresident to meet the care needs of the release to t	shall provide the necest of attain or maintain the lift mental, and psychologident, in accordance with more than the lift mental properly supervised in care shall be provided the total nursing and persections.	e highest ogical with are ursing to each				
	tment of Public Health Y DIRECTOR'S OR PROVID	DER/SUPPLIER REPRESENTA	TIVE'S SIGN	IATURE	TITLE		(X6) DATE

01/17/24

**Electronically Signed** 

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		` '	E CONSTRUCTION		(X3) DATE SURVEY COMPLETED		
		IL6000483		B. WING			C <b>04/2024</b>
	PROVIDER OR SUPPLIER VIEW REHAB & NUR	SING CENTER 53	REET ADD S5 SOUTI	H ELM	STATE, ZIP CODE		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES 'MUST BE PRECEDED BY FUL SC IDENTIFYING INFORMATIO		ID PREFIX TAG	PROVIDER'S PLAN OF CO (EACH CORRECTIVE ACTIO CROSS-REFERENCED TO THI DEFICIENCY)	N SHOULD BE E APPROPRIATE	(X5) COMPLETE DATE
S9999	nursing care shall in following and shall is seven-day-a-week and policy and shall is seven-day-a-week and policy and personal care are refurther medical evan made by nursing stresident's medical resident's medical resident's medical resident's medical resident's medical resident basel comprehensive assumed goals to be accomprehensive assumed goals to be accomprehensive assumed personal care are representing other sactivities, dietary, and are ordered by the plan shall be in writt modified in keeping indicated by the resident shall be subjected to physical to the proposition of the proposition o	subsection (a), general nelude, at a minimum, the practiced on a 24-ho basis:  be practiced on a 24-ho basis:  be servations of changes, including mental and, as a means for analyzing as a means for analyzing as a means for analyzing and recorded in the record.  on of Nursing Services  upervise and oversee the facility, including:  be to-date resident care part on the resident's resement, individual needs complished, physician's reservices such as nursing and such other modalities physician, shall be involved to the resident care plan. The resident care plan. The resident care plan. The resident care needed a sident's condition.  General ensure that residents are all, verbal, sexual or	in a  ng and nall be  ne  class orders, sonnel, g, s as ved in he ed and s  e not	S9999	DEFICIENCY)		
	subjected to physic	al, verbal, sexual or e, neglect, exploitation,					

6899

Illinois Department of Public Health STATE FORM

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		(X2) MULTIPLE A. BUILDING: _	CONSTRUCTION		(X3) DATE SURVEY COMPLETED	
		IL6000483	B. WING		<b>I</b>	C <b>04/2024</b>
NAME OF	PROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, ST	TATE, ZIP CODE		
FOREST	VIEW REHAB & NUR	SING CENTER 535 SOU ITASCA,	ITH ELM IL 60143			
(X4) ID PREFIX TAG	(EACH DEFICIENC)	TEMENT OF DEFICIENCIES / MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF ( (EACH CORRECTIVE ACT CROSS-REFERENCED TO T DEFICIENC	ION SHOULD BE HE APPROPRIATE	(X5) COMPLETE DATE
S9999	These requirement by:  Based on observati review, the facility f did not occur for a history of physical a resulted in (R1) grathrowing him to the head on the floor. (hospital for evaluat failure has the pote the building as R1 i	s were not met as evidenced ion, interview, and record ailed to ensure physical abuse resident (R1) with a known aggression. This failure bbing (R4) around the neck, ground, and R4 hitting his R4) was transferred to a local ion of a head injury. This ntial to affect all residents in s ambulatory throughout all accesses the elevator	\$9999			
	R1's electronic face showed R1 has dia limited to alcohol al disorder, and schize R1's facility assess R1 has no cognitive independently, and directed towards of care or living environments of the showed R1 receives bedtime for bipolar R1's physician's order R1's physician's	ment dated 10/26/23 showed impairment, ambulates experiences verbal behaviors hers that significantly disrupt onment.  ders for December 2023 s Quetiapine 400mg at				

Illinois Department of Public Health

STATE FORM 6899 35PH11 If continuation sheet 3 of 12

Illinois Department of Public Health

Illinois Department of Public Health							
	NT OF DEFICIENCIES	(X1) PROVIDER/SUPI			E CONSTRUCTION	(X3) DATE	SURVEY LETED
AND PLAN	OF CORRECTION	IDENTIFICATION	NUMBER.	A. BUILDING:		COIVIP	LETED
							)
		IL6000483		B. WING		1	4/2024
NAME OF I	PROVIDER OR SUPPLIER		STREET AN	DRESS CITY S	STATE, ZIP CODE		
IVAIVIL OI I	NOVIDEN ON OUT FIELD		535 SOUT		TATE, ZII GODE		
FOREST	VIEW REHAB & NUR	SING CENTER	ITASCA, I				
	OUR MAA DV OTA	TEMENT OF BEELOVEN	·		PROVIDENCE DI ANI OF CORRECTI		
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TAG		SC IDENTIFYING INFO		TAG	CROSS-REFERENCED TO THE APPRO		DATE
					DEFICIENCY)		
S9999	Continued From pa	ae 3		S9999			
	Continued From page 5						
	Dala Ctata Dalias Is	-   -   -   -   -   -   -	-1 - 41				
	R1's State Police ba						
	10/23/23 showed R	nas a history of	aggravated				
	battery in 2023.						
	R1's nursing progre	ess notes showed	"10/24/23				
	Yelling and screami						
	Using foul language						
	11/4/23 Resident at						
	staff, using foul land	guage and racial s	lurs. This				
	writer told resident						
	refused at first and						
	ten mins redirected						
	Informed psych phy						
	dose of Haldol. Res						
	dose of Haldol. 11/3						
	notified about residence verbal aggression,	-					
	appears to be intox						
	hold medications fo						
	alcohol/drug test, h						
	supervision for the						
	out. 11/30/23 This v						
	resident was verbal						
	agitated to staff me	mber. This writer	noted				
	resident ambulating						
	shows possible sign						
	intoxication: slurred						
	increased agitation						
	abusive. Resident r						
	afterwards. This wr						
	facility staff membe						
	carrying a bottle of garbage bin outside						
	inside the facility. R						
	education due to po	•					
	medication and alco						
	Resident immediate						
	Resident started sp						
	this writer, got up fr						

Illinois Department of Public Health

STATE FORM 6899 35PH11 If continuation sheet 4 of 12

IIIInois D	epartment of Public	Health					
STATEMEN	IT OF DEFICIENCIES	(X1) PROVIDER/SUPPL	.IER/CLIA	(X2) MULTIPL	E CONSTRUCTION	(X3) DATE	SURVEY
AND PLAN	OF CORRECTION	IDENTIFICATION N	IUMBER:	A. BUILDING:		COMP	LETED
		IL6000483		B. WING		01/0	4/2024
				•			
NAME OF I	PROVIDER OR SUPPLIER		STREET AD	DRESS, CITY, S	STATE, ZIP CODE		
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FOREST	VIEW REHAB & NUR	SING CENTER	ITASCA, I	I 60143			
	0						
(X4) ID		TEMENT OF DEFICIENC MUST BE PRECEDED E		ID	PROVIDER'S PLAN OF CORRECTI (EACH CORRECTIVE ACTION SHOUL		(X5) COMPLETE
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170			,	170	DEFICIENCY)		
S9999	Continued From pa	ge 4		S9999			
	you want me to get						
	resident started app	proaching this write	r. Boundary				
	was set and resider	nt was reminded of	possible				
	consequences of th						
	was called in regard						
	aggressive behavio		•				
	Practitioner aware						
	received. Resident						
	orders to hold his m						
	green pass privilege						
	Resident then imme						
	and agitated, yelling						
	stating "I don't give	a f***. I am not a di	rug addict! I				
	am gonna do whate	ever I wanna do. Ge	et the f***				
	out of here!" This w						
	time and exited his						
	(R1) came to the nu						
	this writer. When a		•				
	'Stop it, what are yo						
	upset, went to anot						
	sitting on the chair,						
	him to the ground h	itting the back of hi	s (R4)				
	head on the floor. V	Vriter intervened, st	opped the				
	fight & separated th	ne 2 residents (R1 a	nd R4).				
	Physician ordered t						
	hospital. Police can	`	,				
	hospital. After a fev						
	brought back to the						
		,	•				
	officer, per police of						
	be hospitalized & re						
	room." (No further p						
	into R1's records ur	ntil after surveyor e	ntered				
	facility on 1/3/24).						
	R1's psychiatric pro	gress note dated 1	0/29/23				
	showed, "Patient is						
	place and situation.						
	agitated, demandin						
	aggressive. Patient						
	flight of ideas. Patie	ent is depressed. ar	ixious, and				

Illinois Department of Public Health

STATE FORM 6899 If continuation sheet 5 of 12 35PH11

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION  (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:			E CONSTRUCTION		(X3) DATE SURVEY COMPLETED		
		IL6000483		B. WING			C <b>04/2024</b>
	PROVIDER OR SUPPLIER  VIEW REHAB & NUF	SING CENTER	STREET AD 535 SOUT ITASCA, I	HELM	TATE, ZIP CODE		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCY MUST BE PRECEDED I SC IDENTIFYING INFOR	BY FULL	ID PREFIX TAG	PROVIDER'S PLAN OF ( (EACH CORRECTIVE ACT CROSS-REFERENCED TO T DEFICIENC	ION SHOULD BE HE APPROPRIATE	(X5) COMPLETE DATE
\$9999	Continued From parangry/hostilePatie Disorder, Schizoaff abuse, and anxiety aggressive toward names and will swemeet with patient here, he does not stating that the staft that I should not list redirect patient here laughingstaff con changes in behavior physician if behavior on 1/3/24 at 9:34A incident with (R4). The elbowed me and saw it. On Saturday me again and I put him to the ground. hands and now we to say about it. That bad about it but it is R1's behavior monitoring. On 1/3/23 at 9:46A nasty to the staff here the same that the does something. On 1/3/24 at 9:55A rooms because the	ent has a diagnosis ective Disorder, ald disorder, patient is staff members, call ear at them, when the estated get the "F" need to be seen ar f at facility all are heten to them. When slammed the door tinue to monitor for ors/moods, staff to ors increase."  M, R1 stated, "I reread to he dear and the door them to the medical and the door the dear and the door the cops came and are good. There's t's all that happeness what it is."  Intoring for Decembers what it is."  Intoring for Decembers what it is."  Interior of the dear of the dear of the cops cannot docume the dear of the dear of the ent occasions during the dear of the ent occasions during the dear of the ent occasions during the e	cohol s verbally ls them rying to "out of and was orrible and trying to in my face any call psych member the the incident ut nobody 4) came at and threw d we shook nothing else ed, and I feel er 2023 roughout all ng the entire nted on his ) is very ng and d what esn't on, and we ne before	S9999			

Illinois Department of Public Health

STATE FORM 6899 35PH11 If continuation sheet 6 of 12

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		1 ' '	E CONSTRUCTION	(X3) DATE SURVEY COMPLETED		
			A. BUILDING:			,
		IL6000483	B. WING			)4/2024
NAME OF	PROVIDER OR SUPPLIER	STREET AL	DRESS, CITY, S	STATE, ZIP CODE		
FOREST	VIEW REHAB & NUR	RSING CENTER 535 SOU'				
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECT (EACH CORRECTIVE ACTION SHOU CROSS-REFERENCED TO THE APPRO DEFICIENCY)	JLD BE	(X5) COMPLETE DATE
\$9999	guy knocked me ou My body still hurts, because of what he around my neck at breathe. The whole and I hope I never like that again." (R4 R4's local hospital showed, "Diagnosis On 1/3/24 at 11:04/director) stated, "I he from a different factor verbal, but he can at talked to him about declined but now he today (1/3/24) stating He does always apbecause he knows Usually after an altowith him and then ewe did assign him because he seems will see how it goes words prior to this redon't think any new place."  On 1/3/23 at 9:45A altercation with (R1 outside recently. We ended in both of us another. No physical was told about the (R4) and heard (R1 handcuffs. I just aw seem to be doing in the seems to seems the seems to be doing in the seems to be doing in the seems to be doing in the seems to seem to be doing in the seems the s	age 6  at and took me to the ground. and I had to go to the hospital edid to me. I had a collar the hospital and could barely e event was so uncomfortable, have to go through anything 4 has no cognitive impairment)  records dated 12/30/23 s: Minor head injury."  AM, V5 (Social services have known (R1) for years sility. He can get very loud and also be a nice guy. I have to counseling, and he initially e signed a behavioral contract ing that he will get counseling. sologize after altercations exactly what he is doing. ercation the staff will do 1:1 eventually he comes off of it. it after any altercations though. a roommate yesterday is to be okay with it. I guess we sold in the staff will do 1:1 eventually he comes off of it. it after any altercations though. a roommate yesterday is to be okay with it. I guess we sold in the staff will do 1:1 in the staff (R1) and (R4) had most recent altercation but I winterventions were put in  M, R5 stated, "I had a verbal before during smoking time of argued back and forth until it syelling obscenities at one all confrontations were made. I incident between (R1) and incident between (R1) and incident between (R1) has been all confrontations were made. I incident between (R1) has been aff and residents since he got				

Illinois Department of Public Health

STATE FORM 6899 35PH11 If continuation sheet 7 of 12

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		1 ' '	E CONSTRUCTION	(X3) DATE SURVEY COMPLETED		
			A. BUILDING.			,
		IL6000483	B. WING			4/2024
NAME OF	PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, S	STATE, ZIP CODE		
FOREST	VIEW REHAB & NUF	RSING CENTER 535 SOUTH				
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECT (EACH CORRECTIVE ACTION SHOU CROSS-REFERENCED TO THE APPRO DEFICIENCY)	LD BE	(X5) COMPLETE DATE
S9999	Continued From pa	age 7	S9999			
	here a few months impairment)	ago." (R5 has no cognitive				
	cops have been ca on (R1) since his a the facility with (R1	AM, R6 stated, "I believe the lled upwards of 7 total times dmission. I do not feel safe in here and would feel safer if facility." (R6 has no cognitive				
	On 1/3/23 at 10:20AM, R7 stated, "(R6) and I have known (R1) for about 5 years from another facility. (R1) was the same way then as he is now. He was always getting into verbal and/or physical altercations. I heard from staff that on 12/30 (R1) had choked a guy out and the guy got sent to the hospital and (R1) got arrested but he was brought back to the facility shortly after(R1) is always making comments to (R6) and others in the facility. When staff witness it, they do break things up and prevent it from escalating further. I know that sometimes they put (R1) on a 1:1 where a staff member is put outside his door to make sure he doesn't cause any issues. (R1) frequently comes down to the first floor to go out the front entrance and smoke. I do not feel safe in the facility with (R1) still present and would definitely feel safer if he was not here." (R7 has no cognitive impairment)					
	safe in the facility; ı	AM, R8 stated, "I do not feel not just because of (R1) but he (R8 has no cognitive				
	stated, "(R1) is pleat he wants. When yo convince him to do	AM, V6 (Registered Nurse) asant as long as he gets what bu start to push him to try to something that's when he assive. A month or so ago, I				

Illinois Department of Public Health

STATE FORM 6899 35PH11 If continuation sheet 8 of 12

Illinois D	Department of Public	Health				
STATEMEN	NT OF DEFICIENCIES I OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1 ' '	E CONSTRUCTION	(X3) DATE COMP	SURVEY LETED
		IL6000483	B. WING		01/0	2 4/2024
NAME OF	PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, S	STATE, ZIP CODE		
FOREST	VIEW REHAB & NUR	SING CENTER 535 SOUT				
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES  / MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPRODEFICIENCY)	D BE	(X5) COMPLETE DATE
S9999	Continued From pa	ge 8	S9999			
	the facility appearing to the hospital. Frome towards me, cops couldn't do an leave and hadn't hume the next day andoing when he has first day he came his shouldn't be here. From fare better word. He the time. One day he is cussing you this unit that yells a shut up. He comple privileges and does had a green pass a empty liquor bottle in previous administration and told (R1) he was me to "F" off and le administration not the because I know of I anyway. (R1) was geven got admitted in assess him. I worry safety every day. (From hard to know when does not need the swe do is feed him and Every time he come back he does the samight really hurt so differently with (R1) altercation that I amon 1:1 yesterday."  On 1/4/24 at 9:41Altrouble. Sometimes	at because he came back to g intoxicated and he wouldn't de stood up and started to so we called the cops. The pything because he refused to art anyone. (R1) apologized to d he knows exactly what he's these behaviors. From the ere the staff have all felt he de is a loose cannon for lack is verbally abusive to staff all he's fine with you and the next ou out. We have a resident on lot and (R1) yells at him to etely disregards his pass what he wants. One time he and we saw him throw an in the trash outside and the ator did nothing. I then went as on a red pass, and he told fit the building. I told o accept him to our facility him, and they took him given a green pass before he not the building and we could about the other resident's R1) can flip so easily that it's something will happen. He services of a nursing home. All and give him medications. The services of a nursing home. All and give him medications. The services of a nursing home outbursts. I'm afraid he meone. We didn't do anything after this most recent a ware of. They just put him.  M, R1 stated, "I hope I'm not in a I get in trouble when I drink, it that. I don't mean to hurt				

Illinois Department of Public Health

STATE FORM 6899 35PH11 If continuation sheet 9 of 12

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION  (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION  A. BUILDING:			(X3) DATE SURVEY COMPLETED		
		IL6000483		B. WING			C <b>04/2024</b>
NAME OF	PROVIDER OR SUPPLIER		STREET AD	DRESS, CITY, S	TATE, ZIP CODE		
FOREST	VIEW REHAB & NUR	SING CENTER	535 SOUT				
			ITASCA, I				
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCI MUST BE PRECEDED B SC IDENTIFYING INFORN	Y FULL	ID PREFIX TAG	PROVIDER'S PLAN OF (EACH CORRECTIVE AC CROSS-REFERENCED TO DEFICIEN	TION SHOULD BE THE APPROPRIATE	(X5) COMPLETE DATE
S9999	Continued From pa	ge 9		S9999			
	anyone. I know what sorry and won't do it on 1/4/24 at 10:11/4 were interviewed. It involuntary discharg with a red pass, we residents are safe it on 12/9/23, (R1) hat and went and boug 12/30/23 but the constation until he calm him back because I hospital. (R4's) farm against (R1). We therefore everyone's safety en pass." R1 stated, "I and hid some in my 12/30/23 when the haven't been telling	at I'm doing is bad a it anymore."  AM, V1 (Administrative V1 said he gave R1 ge notice. V1 stated are unable to ensurate to e	tor) and R1 a 30-day I, "Even ire other (R1) here. eft anyway arrested on the police brought the charges ng dents safe, re a red ne alcohol cated on with (R4). I				
	about that."  On 1/4/24 at 1:05Pl Assistant) stated, "I altercation occurred (R1) was arguing w to get ice and then grab (R4's) neck arto them and asked backed away and k (R4) kept saying the so he got sent to the arrived and were m separated. They as he kept saying noth him and then broug When (R1) came be taunting all of the si	was working the day. When I was leaving ith the nurse and I is I looked back and so and throw him on the (R1) what happene ept saying nothing the back of his head we emergency room aking sure they we ked (R1) what happing happened. The light him back awhile ack to the facility here.	ay the ng the unit, was leaving saw (R1) floor. I ran ed, and he happened. was hurting. The police repened, and e police took later. e was				

Illinois Department of Public Health

Illinois Department of Public Health

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		IL6000483	B. WING			C <b>04/2024</b>
NAME OF	PROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, S	TATE ZIP CODE		
TW WILL OF	THOUBER OR GOLF EIER		ITH ELM	TATE, ZII GODE		
FOREST	VIEW REHAB & NUR	SING CENTER	IL 60143			
(X4) ID	SLIMMARY STA	TEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF	CORRECTION	(X5)
PREFIX TAG	(EACH DEFICIENCY	MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE ACT CROSS-REFERENCED TO T DEFICIENC	ION SHOULD BE HE APPROPRIATE	COMPLETE DATE
S9999	Continued From pa	ge 10	S9999			
	to do something to extra checks or any a reaction out of all safety risk to the rehas had a lot of verintimidate other resacts like he owns thin the wrong facility  The facility's policy Program" dated 3/1 this facility to prohibneglect, exploitation	him. We didn't have to do any thing, but he kept trying to get of us. I feel he is a major sidents and even the staff. He bal behaviors and tries to idents by yelling at them. He he place. All I can say is he is . He shouldn't be here."  titled, "Abuse Prevention /21 showed, "It is the policy of it and prevent resident abuse n, mistreatment, and resident property and a crime				
	Community Pass P "Many individuals a medical need requi history of chemical problems. Because health, physical pro result in harm, certa appropriate for inde privilegeFurtherm acknowledging that orders, will contact occurs in their phys the individual agree recommendations a the facility1. Newl placed on a 14-day monitoring of medic resident is assesse pass status: GREE out in the communi within curfew hours have violated facility		,			

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING:			(X3) DATE SURVEY COMPLETED	
		IL6000483	B. WING		<b>I</b>	C <b>04/2024</b>
	PROVIDER OR SUPPLIER VIEW REHAB & NUR	535 SQU	TH ELM	STATE, ZIP CODE		
(X4) ID PREFIX TAG	(EACH DEFICIENC)	TEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF ( (EACH CORRECTIVE ACTI CROSS-REFERENCED TO T DEFICIENC'	ION SHOULD BE HE APPROPRIATE	(X5) COMPLETE DATE
\$9999	due to cognitive ina mental illness, addi addictive behaviors procedures14. Pa offense- outside pa suspended for a 2-monitoring toolif a facility policy and prestriction period, th pass status after th completed. Appropimplementedb. se privileges will be su with a behavioral montract will be form will be presented to Party outlining specineeds to comply will seeds to comply will assessed upon adronly revoked for 72 11/30/23 after show refusing an alcohol	abilities, degree and severity of action history and present asability to follow rules and ass Revocation. a. first ass privileges will be week period with a behavioral a resident is able to follow rocedures during their arey will be able to obtain green eir 2-week period is riate intervention will be econd offense- outside pass aspended for a 30-day period aonitoring tool. A behavioral mulated for the resident and the resident and Responsible offic areas where the resident	\$9999			

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Illinois Department of Public Health STATE FORM