

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>IL6016497</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>C</b> <b>09/11/2024</b>
--	--	---	---

NAME OF PROVIDER OR SUPPLIER  <b>SOUTH SUBURBAN REHAB CENTER</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>19000 SOUTH HALSTED HOMEWOOD, IL 60430</b>
--	--

(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	S 000		
S9999	<p>Complaint Investigation 2496135/IL176325</p> <p>Final Observations</p> <p>Statement of Licensure Violations:</p> <p>300.610 a) 300.1210 b) 300.2900 d)2)</p> <p>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.</p> <p>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.</p> <p>Section 300.2900 General Building</p>	S9999		

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

TITLE

(X6) DATE  
09/20/24

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>IL6016497</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>C</b> <b>09/11/2024</b>
--	--	---	---

NAME OF PROVIDER OR SUPPLIER  <b>SOUTH SUBURBAN REHAB CENTER</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>19000 SOUTH HALSTED HOMEWOOD, IL 60430</b>
--	--

(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	<p>Continued From page 1</p> <p>Requirements</p> <p>d) Doors and Windows</p> <p>2) All exterior doors shall be equipped with a signal that will alert the staff if a resident leaves the building. Any exterior door that is supervised during certain periods may have a disconnect device for part-time use. If there is constant 24 hour a day supervision of the door, a signal is not required.</p> <p>These requirements are not met as evidenced by:</p> <p>Based on observation, interview, and record review, the facility failed to ensure the supervision of one cognitively impaired resident while in the dining room, failed to follow their policy and determine the cause of what triggered a door alarm on the memory care unit, and lacked an effective plan to ensure the outside gate was locked after landscapers/vendors exits. These failures affected one of three residents (R1) reviewed for supervision and elopement. These failures resulted in R1 exiting the locked memory unit and being found nearly one-half mile, after dark, from the facility by local police.</p> <p>Findings include:</p> <p>R1 is 84 year old with diagnosis including, but not limited to Neurocognitive Disorder with Lewy Bodies, Chronic Kidney Disease, Major Depressive Disorder, Schizophrenia, Cognitive Communication Deficit, Hypertension, and Gout.</p> <p>R1's Cognitive assessment, dated 7/22/24, notes R1 has a score of 3, severely impaired cognition.</p>	S9999		

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>IL6016497</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>C</b> <b>09/11/2024</b>
--	--	---	---

NAME OF PROVIDER OR SUPPLIER  <b>SOUTH SUBURBAN REHAB CENTER</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>19000 SOUTH HALSTED HOMEWOOD, IL 60430</b>
--	--

(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	<p>Continued From page 2</p> <p>R9's Wandering Risk Scale score is 9, at risk to wander on 7/29/24. On 7/1/24, R1 was identified a High Risk for elopement and identified to have a security bracelet placed.</p> <p>On 8/1/23, the facility reported R1 exited the facility at approximately 7:00PM. R1 was located and transported to local hospital for evaluation. Upon investigation, R1 exited the facility through dining room door. Door alarm triggered, staff arrived to area, no resident visualized in the area. Staff reset the alarm. Code Pink initiated when R1 was not present.</p> <p>An undated written statement presented for V6, Certified Nursing Assitant/CNA, indicates, "I was informed by (V7) that we had a resident missing. No alarms were going off prior to my arrival and no alarms were going off at the time I was notified."</p> <p>A written statement presented for V7, Certified Nursing Assistant, dated 8/1/24, indicates, "today between 6:45PM and 7:00PM I was asked for the code to the alarm in the 300/400 dining room. I was halfway to the dining room when alarm stopped on its own. I shared the code with (V10). The last time I saw (R1) was before I started my last evening shower."</p> <p>A written statement presented for V11, CNA, dated 8/1/24, indicates, "I sat and watched residents until 7:00PM and then I went on my lunch break. I clocked out and came to eat in the unit breakroom. V6 asked me if I have seen (R1), I said no."</p> <p>A written statement presented for V10, CNA, dated 8/1/24, indicates, "the last I saw (R1) was in the dining room around closing time. We were</p>	S9999		

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>IL6016497</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>C</b> <b>09/11/2024</b>
--	--	---	---

NAME OF PROVIDER OR SUPPLIER  <b>SOUTH SUBURBAN REHAB CENTER</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>19000 SOUTH HALSTED HOMEWOOD, IL 60430</b>
--	--

(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	<p>Continued From page 3</p> <p>assisting everyone out. I asked (V7) to come get (R1) and I walked off.</p> <p>R1's care plan identifies he may not access community independently related to cognitive impairment and evidence of diagnosis of Traumatic Brain Injury.</p> <p>R1's physician orders 6/1/24 to 8/31/24 identify R1 has an independent community pass privileges.</p> <p>A time line provided by V8, Administrator, indicates V4, Director of Nursing, was notified of a code pink at 8:27PM. V4 notified V8 of a code pink at 8:29PM. V4 arrived to the facility at 8:45PM and notified R1's family and local police. R1 was located at a neighboring facility at 9:53PM. [V8 was notified of the code pink approximately 90 minutes after V6 and V7 were aware R1 was missing. The police were called at 45 minutes after V4 was notified of the code pink.]</p> <p>V7's time card dated 8/1/24 has her "out" at 7:00PM and "in" at 7:30PM. V11's time card, dated 8/1/24, has her "out" at 7:00PM and "in" at 7:30PM. [Both CNAs were on lunch at the same time.] V10's time card has her in at 3:25PM and out at 10:58PM, no other punches are listed for 8/1/24.</p> <p>On 9/1/24 V4 said the "out" and "in" punches on the time cards are lunch times when the staff punches out and back in.</p> <p>R1's facility provided hospital record, dated 8/1/24, notes he arrived at 10:26PM and was discharged at 11:52PM on 8/1/24. No labs or imagining were indicated at this time.</p>	S9999		

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>IL6016497</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>C</b> <b>09/11/2024</b>
--	--	---	---

NAME OF PROVIDER OR SUPPLIER  <b>SOUTH SUBURBAN REHAB CENTER</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>19000 SOUTH HALSTED HOMEWOOD, IL 60430</b>
--	--

(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	<p>Continued From page 4</p> <p>Review of the facility Door, Locks, and Alarms test, dated 6/6/24 - 8/30/24, notes weekly checks conducted of all doors, including the 300 Dining Room door. No documentation was presented to confirm the gates were locked that lead to the community.</p> <p>On 8/31/24 at 10:30AM, V3, Assistant Maintenance, walked out the dining room door in the Dementia Unit with the surveyor. The alarm sounded. V3 and surveyor walked outside, observed the large yard is fenced in, and one padlock and red wire locked gait observed. V3 said, "On 8/1/24, we came in, maintenance walked around and checked all the doors. All locks and alarms were working when checked." V3 and surveyor walked outside towards the south side of the building. Sidewalk led to a short stairwell, approximately 5 feet in height, and a fence gate with a padlock was observed, locked. V3 said it is not new to lock this gate. A person would need to bend down to get to the gate and walk past it. Past the gate, the facility large lawn that dips down before a hill leading to the road. V3 said, "On 8/1/24, the lawn people had left the gate open." Off the 400 unit exit door, there was a gate to side of building. There was no lock on the gate, only a latch. At 11:07AM, V3 said we do door checks weekly. At 11:47AM, V3 said, "I just put locks on both gates outside of the 300 and 400 units."</p> <p>On 8/31/24 at 9:45AM, V2, Certified Nursing Assistant/CNA, said, "(R1) requires a set up or extensive assist for cares. (R1) can walk. (R1) got out of the facility, it was a while ago. The sidewalk around the back of the building leads to the parking lot."</p>	S9999		

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>IL6016497</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>C</b> <b>09/11/2024</b>
--	--	---	---

NAME OF PROVIDER OR SUPPLIER  <b>SOUTH SUBURBAN REHAB CENTER</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>19000 SOUTH HALSTED HOMEWOOD, IL 60430</b>
--	--

(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	<p>Continued From page 5</p> <p>On 8/31/24 at 1:05PM, V7, CNA, said, "On 8/1/24, there was a lot going on. I was the only regular CNA on the unit. I heard the dining room alarm, but I am not sure of the time. The other aides pointed out the alarm to me. That alarm, the dining room door, goes off all the time. It goes off if it's too windy. We used to do head counts, but we stopped. This has gone on for a couple of years. The other CNAs asked me for the code. When they asked for the code, I went with the other aides and we turned it off. I did not go outside that time. It was late, after dinner, between 5:30PM -6:00PM. At that time, we take all the residents out of the dining room. I had seen (R1) was sitting in the corner, looking tired, and he was alone. When we turned off the alarm, I did not go outside that time. Then the sliding doors to the unit alarm was going off, and I went there. I stayed with that resident who was trying to open the door. We did not do a head count at that time. Then about 40 minutes later, after I had finished showers, I went looking for (R1). I didn't see him. Then I remembered the door; I was panicking and told the nurse. I couldn't even talk when I was telling her. Then I went to the dining room door, I went outside and looked, and we couldn't find (R1). I told the nurse we had to do a head count and what was going on. The nurse didn't know about it. (R1) walks really slow and he has a limp."</p> <p>On 9/1/24 at 10:26AM, V11, CNA, said after V7 said the alarm was off, she notified the nurse, V6. V11 said, "I didn't hear the alarm, I went for break around sevenish. During my break, I remained on the unit in the breakroom, behind nurses' station. During my break I heard the door alarm; I came out and saw a female resident at the unit door. I stayed with her and then I did rounds and was in a resident room. I did clock out for lunch and I</p>	S9999		

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>IL6016497</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>C</b> <b>09/11/2024</b>
--	--	---	---

NAME OF PROVIDER OR SUPPLIER  <b>SOUTH SUBURBAN REHAB CENTER</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>19000 SOUTH HALSTED HOMEWOOD, IL 60430</b>
--	--

(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	<p>Continued From page 6</p> <p>forgot to clock back in. Then I saw (V7) and she said the dining room door alarm was going off, she asked me if I heard it, I said no. (V7) asked me if I had seen (R1). (V7) went outside by the door looking for (R1), and I remained with the other residents. (V7) came back inside and (V6) called the code pink. After dinner, the residents were out of the dining room sitting at the nurses' station. When we left the dining room, (R1) was dozing off in his normal chair out of the dining room. The last time I saw (R1) was before I went to break. That dining room door had been setting off (sic). In the past, the wind has triggered the alarm on that dining room door. At night, the entrance doors to the dining room are closed, but they are not locked. We closed the doors when we got everyone out that evening."</p> <p>On 9/4/24 at 9:46AM, V10, CNA, said, "When I came back from break, I noticed the dining room door alarm was going off. I went to the door, but I was using the wrong code. I did not look outside to see if anyone was out there, I didn't know that people can do that (get out). I went to get (V7) because I didn't know the code. We started a head count because we didn't see (R1) anywhere. It was maybe around 7:00PM, it was dark outside. It was after dinner, the dining room was cleared out. (V7) was in the shower room when I found her, it took 2-3 minutes to get her. I think (R1) walked back into the dining room. Rhere was another aide sitting at the nurse station. The nurses were doing shift change and the nurses were in the room. I checked (R1's) room, then I checked all rooms, then we checked the entire building, and then a code pink was called. It took about a half hour to do all that."</p> <p>On 8/31/24 at 11:04AM, V4, Director of Nursing, said, "(V6, Licensed Practical Nurse/LPN), called</p>	S9999		

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>IL6016497</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>C</b> <b>09/11/2024</b>
--	--	---	---

NAME OF PROVIDER OR SUPPLIER  <b>SOUTH SUBURBAN REHAB CENTER</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>19000 SOUTH HALSTED HOMEWOOD, IL 60430</b>
--	--

(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	<p>Continued From page 7</p> <p>me and said code pink was initiated, for elopement. I came to the facility, I called the police, the hospitals, and the family. (V6) reported (R1) had not been visualized for maybe 20 minutes. I got here within 15 minutes of her calling me. (V6) said (R1) had not returned when I got here. Between 10:30 and 10:50PM, (R1) was observed by local police at a center located to the south of us. (R1's) shirt was wet, he was tired, he was sitting, and did not complain of any distress. When I arrived to the location, (R1) was sitting on a cement structure on their property in the parking lot. (R1) was located at a distance of about 2 blocks from the facility. (R1) was wearing a red, long sleeve, thermal top, black fleece pajamas, and house shoes. (R1) is hard of hearing. (R1) pushed through the back doors, on the memory unit. The door leads to patio back yard, there is a fence with a lock; I believe on both sides. The fence was not locked due to landscapers leaving it open. The door alarms went off. Staff reported the door often triggers from weather and movement. Staff said they looked around the back and didn't see anything. Staff reported to the nurse that the alarm was triggered, and the door was slightly cracked. This initiated the missing resident search and staff did a head count. About 2 hours had passed before (R1) was located. It was pretty dark outside when we initiated the search, it was between dusk and darkness. It was a warm night. Once (R1) was found, he was taken to the hospital."</p> <p>On 8/31/24 at 2:18PM, V4 said she had watched the camera recording footage for 8/1/24. V4 said, "I did see (V7) walk into the dining room to reset the door alarm, and I saw she did a visual. Then I saw (V7) went back to the dining room. I saw (V7) walk out the dining room door and I saw her looking outside. I could not see how far out she</p>	S9999		



Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>IL6016497</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>C</b> <b>09/11/2024</b>
--	--	---	---

NAME OF PROVIDER OR SUPPLIER  <b>SOUTH SUBURBAN REHAB CENTER</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>19000 SOUTH HALSTED HOMEWOOD, IL 60430</b>
--	--

(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	<p>Continued From page 8</p> <p>went looking. I remember watching dinner trays being passed between 5:00PM and 6:00PM. We continued to watch past dinner trays. There were glitches in between. (V7) was in the dining room more than just that one time. I can't recall how much time went by when (V7) was seen on the camera. The police did not ask for footage. When staff hears an alarm, they are expected to make sure no one has triggered it. Sometimes the residents will walk to the door. If no one is present when the alarm triggers, then staff should figure out how the door was triggered and see what may have possibly set it off. If it's windy the dining room alarm will go off. If staff cannot determine the cause of the trigger, then they should do a head count to rule out it wasn't a resident. I'm not sure if it was windy on 8/1/24."</p> <p>On 8/31/24 at 1:33PM, V6, Licensed Practical Nurse, said, "The CNA said she turned off the alarms to the dining room door. The CNA checked the immediate area and did not see anyone. I said we need to do a head count. That is when we noticed we could not find (R1). I called the code pink, I called the DON, and let her know we could not find (R1). Someone was outside checking the area, since the alarm went off, (R1) may be outside. The search increased to the outside of the facility and we walked the parking lot. The DON called the family and police and hospitals. The police found (R1) a couple blocks down from the facility. The police told us they had him and sent (R1) to the hospital. (R1) may have been at the hospital about 2 hours before I got report that he was coming back to the facility. (R1) had never left the facility before, but he walks to the doors and pushes them. (R1) needs constant redirections. (V7) and (V10), both CNAs, told me about the alarm. They only told me that one time. I don't know how long (R1) had</p>	S9999		
-------	---	-------	--	--

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>IL6016497</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>C</b> <b>09/11/2024</b>
--	--	---	---

NAME OF PROVIDER OR SUPPLIER  <b>SOUTH SUBURBAN REHAB CENTER</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>19000 SOUTH HALSTED HOMEWOOD, IL 60430</b>
--	--

(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	<p>Continued From page 9</p> <p>been gone before we called a code pink. The door alarm goes off if a door is pushed. I am not sure of the time when they said the alarm was reset. I was passing medications to the residents sitting across from the nurses' station when they notified me. I started my shift at 7:00PM. The code pink was called around between 7:00PM and 8:00PM."</p> <p>On 9/1/224 at 1:05PM V1, LPN, said, "On 8/1/24 at about 6:30PM, I last saw (R1), he was in the dining room, I gave him his medications. (R1) was sitting under the TV area at a table. The CNAs were moving everyone out of the dining room at that time. I was not here anymore when they noticed (R1) was missing. I left shortly after 7:00PM. I gave (V6) report in the nurse's office. When I went to leave, I don't recall seeing (R1) in the hall, I left out the main doors. I was not aware the dining room door alarm went off that day from 3:00PM - 7:00PM; I had not heard it."</p> <p>On 8/31/24 at 2:41PM, V9, Maintenance Director, said, "When the landscapers get here, they called maintenance, and we unlocked the gate for them that day. Usually they get here around 3:00PM - 4:00PM, mid-afternoon. I don't know the time they got here on 8/1/24. I always leave the facility at about 4:30PM. I couldn't tell you when they leave the facility. When they are done, they lock the gate. The gates have a padlock and there are always locks on both sides. There are two gates locked because they have access to the community. The camera footage cuts in and out. I saw (R1) walk to the door and the camera stopped recording. It started again when (R1) got up; it was hard to see when he opened the door. There are time stamps on the footage. It was around 6:30PM -7:00PM when the CNAs, a lot of them and the nurses, came on the video looking</p>	S9999		

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>IL6016497</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>C</b> <b>09/11/2024</b>
--	--	---	---

NAME OF PROVIDER OR SUPPLIER  <b>SOUTH SUBURBAN REHAB CENTER</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>19000 SOUTH HALSTED HOMEWOOD, IL 60430</b>
--	--

(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	<p>Continued From page 10</p> <p>around. We went back to like 4:00PM that night (8/1/24) watching. About 25 minutes had passed from the first time someone shut the alarm off until I seen everyone there looking. The camera footage is kept for about 30 days."</p> <p>On 8/31/24 at 1:54PM V8, Administrator, said, "There were no issues with the doors prior to that time (8/1/24), to my knowledge. On 8/1/24, (R1) went out the dining room door. I had landscapers here that day and they had accessed the gate on the south side of the facility. When I looked outside, I saw foot prints in the mud from the rain earlier in the day. I saw the foot prints around the corner of the building, not in the back of the facility. (R1) would have had to go under the stair to get past the gait. The DON reviewed the camera footage. The camera goes to the back door only." At 3:09PM, V8 said, "The footage is gone, we are past the 30 days."</p> <p>On 9/4/24 at 9:33AM, V4 said, "It took 45 minutes to call police for the code pink, because the staff was waiting for my arrival. I had to be the one to call police, to make sure everything was done properly. To reside on the memory care unit, the resident has a diagnosis of dementia, is identified to wander, and is an elopement risk. (R1) wanders and is an elopement risk. Because of (R1's) elopement risk he had a monitor device on him. The device was not effective in preventing his elopement. The monitoring alarm is not triggered when exiting those (dining room memory care) doors. The purpose of the unit, a locked unit, is that all doors have a locked door or code, alarms will go off if the handle is pressed or the door open for too long. It is not possible that (R1) knew the code; it is not shared and I don't think he could remember the code."</p>	S9999		

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>IL6016497</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>C</b> <b>09/11/2024</b>
--	--	---	---

NAME OF PROVIDER OR SUPPLIER  <b>SOUTH SUBURBAN REHAB CENTER</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>19000 SOUTH HALSTED HOMEWOOD, IL 60430</b>
--	--

(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	<p>Continued From page 11</p> <p>On 9/4/24 at 2:19PM V14, Doctor, said, "I remeber a conversation about the police regarding (R1) being missing from the facility. V14 said (R1) has a diagnosis of Neurocognitvie Disorder with Lewy Bodies is a form of Dementia. I remeber (R1) had eloped. (R1) is not safe in the community. Risk to (R1) in the community include 1. he wanders 2. he probably would get in the fight with people, he punches people, and this may cause danger for him. (R1's) ambulation is ok, he is not fast, but slow and steady."</p> <p>The facility Elopement and Search (Code Pink) Policy, dated February 2014, states residents are not permitted to leave the building alone, unless a physician order is present. Facility exit door alarm are checked daily for function. All personal are responsible for promptly going to the location and determining the cause of the activated audible door alarm.</p> <p>(B)</p>	S9999		