

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>IL6000087</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>C</b> <b>10/21/2024</b>
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NAME OF PROVIDER OR SUPPLIER  <b>ALL AMERICAN VLGE NRSG &amp; RHB</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>5448 NORTH BROADWAY STREET CHICAGO, IL 60640</b>
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S 000	Initial Comments  Complaint Investigations  2488350/IL179318  2488405/IL179393	S 000		
S9999	Final Observations  Statement of Licensure Violations:  1 of 2  300.610 a) 300.661  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.  Section 300.661 Health Care Worker Background Check A facility shall comply with the Health Care Worker Background Check Act and the Health Care Worker Background Check Code.  These requirements are not met as evidenced by:	S9999		

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

TITLE

(X6) DATE  
11/18/24

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S9999	<p>Continued From page 1</p> <p>Based on interview and record review, the facility failed to perform background check searches on the six offender Website links on the State Health Care Worker registry, and failed to ensure the initiation date of background checking were done prior to a new employee starting a work schedule. These failures have the potential to affect all the residents at the facility.</p> <p>Findings include:</p> <p>The (undated and untitled) facility provided document indicated that V9 (Housekeeping/Laundry/Maintenance Supervisor) was hired on 09/26/24, V19 (Certified Nursing Assistant - CNA) was hired on 09/23/24, V20 (CNA) was hired on 09/23/24, and V22 (Certified Nursing Assistant) was hired on 10/09/24.</p> <p>The (undated and untitled) facility provided document indicated V9 works all floors and started working 09/30/24, V19 and V20 work on 2nd floor and started working on 10/05/24, and V22 works on 2nd floor and started working on 10/09/24.</p> <p>On 10/16/2024 at 10:01am, V4 (Business Office Manager) stated, "It is required of the State Health Care Facilities to run the Health Care Worker Registries prior to hire to ensure who we bring into the facility to work are properly screened for the safety of our residents and other staff; to prevent potential abuse."</p> <p>On 10/16/2024 from 10:13am - 10:37am, during the review of V9, V19, V20, and V22 personnel files, V4 stated, "I checked their Illinois Sex Offender, Department of Corrections Sex Offender, Department of Corrections Inmate Search, Department of Corrections Wanted</p>	S9999		

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S9999	<p>Continued From page 2</p> <p>Fugitive, and Health and Human Services Office of Inspector General registries yesterday (10/15/24) because I know you will look for these. I am under the impression once they are eligible at the State Health Care Worker Registry, it is okay to hire them without checking the other 6 registries." This surveyor also pointed out to V4 that dates were missing for the initiation of the background checking. V4 stated, "There is really no assurance when I checked their background because there is no date indicated on the sheets."</p> <p>On 10/16/2024 at 2:52pm, V1 (Administrator) stated, "The main purpose of checking the State Health Care Worker Registry and to do searches on the other six registry links is to make sure the staff we hire do not have a background, like we cannot hire people who have records. Because if you hire a sex offenders or thieves, these people can put residents and staff in jeopardy. It is for the safety of the residents and staff. I expect (V4) to run backgrounds before the staff starts working to make sure that we are hiring appropriate people to work in nursing home."</p> <p>Review of V9's personnel file has no date for the initiation of that background checking. Of note, the Illinois Sex Offender, and Health and Human Services Office of Inspector General registries were done on 10/15/24; and the Department of Corrections Sex Offender, Department of Corrections Inmate Search, Department of Corrections Wanted Fugitive searches were not performed.</p> <p>Review of V19's personnel file has no date for the initiation of that background checking. Of note, the Illinois Sex Offender, and Health and Human Services Office of Inspector General registries</p>	S9999		

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S9999	<p>Continued From page 3</p> <p>searches were performed on 10/15/24; and the Department of Corrections Sex Offender, Department of Corrections Inmate Search, Department of Corrections Wanted Fugitive searches were not performed.</p> <p>Review of personnel 20's file has no date for the initiation of that background checking. Of note, the Illinois Sex Offender, and Health and Human Services Office of Inspector General registries searches were performed on 10/15/24; and the Department of Corrections Sex Offender, Department of Corrections Inmate Search, Department of Corrections Wanted Fugitive searches were not performed.</p> <p>Review of V22's personnel file has no date for the initiation of that background checking. Of note, the Illinois Sex Offender, and Health and Human Services Office of Inspector General registries searches were performed on 10/15/24; and the Department of Corrections Sex Offender, Department of Corrections Inmate Search, Department of Corrections Wanted Fugitive searches were not performed.</p> <p>The (2/2017) Abuse prevention program documented, in part "Policy. This facility affirms the right of our resident to be free from abuse, neglect, exploitation, misappropriation of property or mistreatment. This facility therefore prohibits abuse, neglect, exploitation, misappropriation of property, and mistreatment of residents. The purpose of this policy is to assure that the facility is doing all that is within its control to prevent occurrences of abuse, neglect, exploitation, misappropriation of property and mistreatment of residents. This will be done by: conducting pre-employment screening of employees. Procedures. I. Pre-employment Screening of</p>	S9999		

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S9999	<p>Continued From page 4</p> <p>Potential Employees. This facility will not knowingly employ any individual convicted by a court of law of resident abuse, neglect, exploitation, mistreatment, or misappropriation of resident property. This facility will not knowingly employ any staff convicted of any crimes listed in the State Health Care Worker Background Check Act or with findings of abuse, neglect, exploitation, mistreatment, or misappropriation of resident property listed in the on the State healthcare Worker Registry. Prior to new employee starting a work schedule, this facility will: Check the State Health Care Worker Registry on any individual being hired for prior reports of abuse, neglect or misappropriation of resident property, and the six offender Website links on the Registry."</p> <p>(C)</p> <p>2 of 2</p> <p>300.3210 u)</p> <p>Section 300.3210 General u) Cook County facilities with Colbert Class Members shall provide residents access to the supports and services they need in the most integrated settings appropriate to their needs, including community-based settings, to promote and maximize their independence, choice, and opportunities to develop and use independent living skills. For the purposes of this subsection (u), "community-based setting" means the most integrated setting appropriate to promote the resident's independence in daily living and ability to interact with persons without disabilities to the fullest extent possible.</p>	S9999		

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S9999	<p>Continued From page 5</p> <p>This requirement was not met as evidenced by:</p> <p>Based on interview and record review, the facility failed to submit the Dementia Review Report timely. This failure affected 5 (R4, R5, R6, R7, and R8) residents out of 5 residents reviewed for Dementia Review Report.</p> <p>Findings include:</p> <p>The (03/01/2024 - 10/16/2024) Colbert Consent Decree Dementia Review NF (Nursing Facility) Aging Report indicated the R4, R5, R6, R7, and R8's reports were on 'Draft' status and were due '6/13/2024'.</p> <p>On 10/16/2024 at 2:10pm, V4 (Business Office Manager) stated, "I and (V28 - Former Social Service Director) have access to Assessment Pro. But she was terminated. She has to respond to the request made the Assessment Pro for whatever document the State needs. The Social Services Department should be in charge of the Dementia review because the department is the one who's familiar with the resident's behavior. The dementia review for (R4, R5, R6, R7, and R8) residents were not done. I just found out on how to properly locate the screen request for Dementia Review."</p> <p>On 10/16/2024 at 2:19pm, V1 (Administrator) stated, "I fired her (V28) because she was not completing her work and was not meeting standards. The quality of her performance was poor. I noticed the assessment for Social Services were not done, everything, including the Dementia Review."</p> <p>On 10/17/2024 at 3:14pm, V1 stated, "I we received warnings or directives from the State,</p>	S9999		

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S9999	<p>Continued From page 6</p> <p>we need to initiate the correction, to do whatever is necessary to present the data. Warnings and Directives give the facility proper guidance."</p> <p>R4's Admission record documented that R4's diagnoses include but not limited to unspecified dementia, unspecified severity, with other behavioral disturbance.</p> <p>R4's (09/18/2024) Minimum Data Set documented, in part "Section C. Cognitive Patterns. C0500. BIMS (Brief Interview for Mental Status) Summary Score: 05." Indicating R4's mental status as severely impaired.</p> <p>R4's (09/22/24) discharge care plan documented, in part "R4 plans to stay at the facility for long-term care."</p> <p>R4's (09/21/2024) care plan documented, in part "R4 has a diagnosis of dementia. Will maintain current level of cognitive functioning."</p> <p>R5's Admission Record documented, in part "Diagnoses: (include but not limited to) alcohol use, unspecified with alcohol-induced persisting dementia."</p> <p>R5's (09/11/2024) Minimum Data Set documented, in part "Section C. Cognitive Patterns. C0500. BIMS (Brief Interview for Mental Status) Summary Score: 09." Indicating R5's mental status as moderately impaired.</p> <p>R5's (03/22/2024) careplan documented, in part "has alteration on neurological status related to dementia. Will maintain current level of cognitive functioning."</p> <p>R5's (09/22/2024) careplan documented, in part "plans to stay at the facility for long term care. Needs will be anticipated and met daily."</p> <p>R6's Admission record documented, in part "Diagnoses: (include but not limited to) Dementia in other disease classified elsewhere, unspecified</p>	S9999		

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S9999	<p>Continued From page 7</p> <p>severity, without behavioral disturbance, psychotic disturbance, mood disturbance, and anxiety." R6's (08/07/2024) Minimum Data Set documented, in part "Section C. Cognitive Patterns. C0500. BIMS (Brief Interview for Mental Status) Summary Score: no entry. C0700. Short-Term memory Ok: 1 memory problem. C0800. Long-Term Memory Ok: 1. Memory Problem. C0800. Long-Term memory Ok: 1 memory problem. C0800. Long-Term Memory Ok: 1. Memory Problem." R6's (05/13/2024) care plan documented, in part "has alteration on neurological status relate(d) to diagnosis of dementia/Alzheimer's. will not have complications related to cognitive status." R6's (08/07/2024) care plan documented, in part "plans to stay at the facility for long term care. Needs will be anticipated."  R7's Admission Record documented, in part "Diagnoses: (include but not limited to) Dementia in other disease classified elsewhere, unspecified severity, with other behavioral disturbance." R7's (07/22/2024) Minimum Data Set documented, in part "Section C. Cognitive Patterns. C0500. BIMS (Brief Interview for Mental Status) Summary Score: 13." Indicating R7's mental status as cognitively intact. R7's (09/09/2024) care plan documented, in part "plans to stay for long term care. Needs will be anticipated and met daily." R7's (01/29/2024) care plan documented, in part "has alteration on neurological status related to diagnosis of dementia. Will maintain current level of cognitive functioning."  R8's Admission record documented, in part "Diagnoses: (include but not limited to) Vascular dementia, unspecified, with other behavioral</p>	S9999		



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S9999	<p>Continued From page 8</p> <p>disturbance." R8's (08/07/2024) Minimum Data Set documented, in part "Section C. Cognitive Patterns. C0500. BIMS (Brief Interview for Mental Status) Summary Score: no entry. C0700. Short-Term memory Ok: 1 memory problem. C0800. Long-Term Memory Ok: 1. Memory Problem. C0800. Long-Term memory Ok: 1 memory problem. C0800. Long-Term Memory Ok: 1. Memory Problem."</p> <p>R8's (02/16/2024) care plan documented, in part "has alteration in neurological status r/t (related to) vascular dementia. Will maintain optimal status and quality of life within limitations imposed by neurological deficits. Assist resident on ADL (Activities of Daily Living)."</p> <p>R8's (09/09/2024) care plan documented, in part "plans to stay for long term care. Needs will be anticipated and met daily."</p> <p>The (03/01/2024 - 10/16/2024) Colber Consent Decree Dementia Review NF (Nursing Facility) Aging Report indicated the R4, R5, R6, R6, and R8 reports were on 'Draft' status and were due '6/13/2024'.</p> <p>The (09/11/2024 at 12:02pm) email correspondence by V1 with the State documented, "As of September 11, 2024, it was found that this facility did not report ALL of their reporting requirements to Maximus Assessment Pro for the Colbert Consent Decree Dementia Reviews. To date, you have 5 outstanding Colbert Consent Decree Dementia Review NF Aging Reports that have not been submitted timely for the requested month of May 2024 and is over the required timeframe. Failure to comply will result in a complaint issuance."</p> <p>The (09/11/2024) email correspondence by V1</p>	S9999		

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S9999	<p>Continued From page 9</p> <p>with V2 (Director of Nursing) and V4 (Business Office Manager) as recipients indicated the email received from the State was forwarded to the recipients at 12:05pm.</p> <p>The (10/21/2024) email correspondence with V1 (Administrator) documented, "When any directives or warnings are given by the State, the facility needs to address the issue or concern/s. They need to make needed corrections to be able to provide needed information. We have initiated to correct the issue and we will be reporting the data for the Residents with Dementia for the Colbert Program."</p> <p>The (09/11/2024) State correspondence by the State to the Facility documented, "Facility Submission of Dementia Review For colbert Residents. The Dementia Reviews have not been completed by your Facility. The facility failed to satisfy the applicable Reporting Requirements by failing to provide the Department and Colbert Lead Defendant Agencies, the applicable Colbert Dementia Review."</p> <p>(C)</p>	S9999		