STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	IL6003214	A. BUILDING: _____ B. WING _____	C 09/26/2018

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
AVANTI WELLNESS & REHAB	6840 WEST TOUHY AVENUE NILES, IL 60714

(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 Complaint Investigation 1895862/IL105582 Statement of Licensure Violations	S 000		
S9999	Final Observations 300.610a) 300.1210b) 300.1210d)6) 300.3240a) 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 300.1210 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	S9999	Attachment A Statement of Licensure	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	IL6003214	A. BUILDING: _____ B. WING _____	C 09/26/2018

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
AVANTI WELLNESS & REHAB	6840 WEST TOUHY AVENUE NILES, IL 60714

(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	Continued From page 1 care needs of the resident. Restorative measures shall include, at a minimum, the following procedures: d) Pursuant to subsection (a), general nursing care shall include, at a minimum, the following and shall be practiced on a 24-hour, seven-day-a-week basis: 6) All necessary precautions shall be taken to assure that the residents' environment remains as free of accident hazards as possible. All nursing personnel shall evaluate residents to see that each resident receives adequate supervision and assistance to prevent accidents. Section 300.3240 Abuse and Neglect a) An owner, licensee, administrator, employee or agent of a facility shall not abuse or neglect a resident These requirements were not met as evidenced by: Based on interviews and record reviews, the facility failed to conduct an accurate abuse/neglect risk assessment for R1 plan and implement interventions to address R1's increased risk for abusive and aggressive behaviors; failed to conduct an accurate abuse/neglect risk assessments for R2 to identify R2's risk for increased vulnerability/potential for abuse and develop and implement care plan interventions to prevent R2 from abuse. These failures affected two of five residents (R1 and R2) reviewed for abuse in a sample of 10 residents. As a result of the failure R2 was pushed by R1 out of the wheelchair onto the floor and R2 sustained two fractures within the spine.	S9999		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	IL6003214	A. BUILDING _____ B. WING _____	C 09/26/2018

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
AVANTI WELLNESS & REHAB	6840 WEST TOUHY AVENUE NILES, IL 60714

(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	Continued From page 2 Findings include: On September 1, 2018, an initial report of potential abuse was sent to IDPH had the following information: (V5) nurse on duty informed the manager on duty (V4) that (R2) was pushed out of wheelchair by (R1). (V1, administrator) was notified. A body check was performed by (V5) and V2 (Director of Nursing). V20 (Physician) was notified and they ordered an x-ray. Investigation: (V5) reported to (V4) that around 8:20 am on September 1, 2018, (R1) went into the room of (R2) and pushed (R2) out of wheelchair. Staff said they heard (R2) telling (R1) to get out of their room and by the time they got to the room, (R2) was on the floor. The resident that pushed (R2) out of wheelchair then went back to (R1's) room and laid in bed. V5 notified both MD's (V20) and (V21) and both families. Staff was made aware to give (R1) 1:1 care. (V20) ordered an x-ray of lower back finding that (R2) cracked two vertebrae and (V21) ordered that (R1) be sent to the emergency room for a psychiatric evaluation and later to be admitted to a (local hospital). Conclusion: The Resident to resident incident is determined to be founded. V1 (Administrator) was interviewed on 9/13/18 at 4:17 pm. V1 stated that R1 was sent out to hospital per involuntary petition transfer for behavior. V1 stated that R1 went into (R2's) room and pushed R2 out of the wheelchair causing a fracture on R2. V1 confirmed that R1 caused physical harm to R2 so resident to resident incident is determined to be founded. V1 stated that there was nothing that could have been differently done because the facility has	S9999		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	IL6003214	A. BUILDING: _____ B. WING _____	C 09/26/2018

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
AVANTI WELLNESS & REHAB	6840 WEST TOUHY AVENUE NILES, IL 60714

(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	Continued From page 3 implemented appropriate interventions for R1. V5 (Nurse) was interviewed on 9/14/18 at 9:16 am. V5 stated that R1 speaks Polish and wanders in other people's room. V5 stated that on the day of the incident (9/1/18), R2 was on the way back to the room from dining room; R1 was already in R2's room and R2 starts yelling, "Get out of my room!" V5 stated that the medication cart was parked near the entrance of the dining area. V5 stated that V5 saw V6 (CNA) yelling and running towards R2's room and by the time V5 got to R2's room, R2 was already sitting on the floor. V5 stated that V5 assessed R2. V5 stated that R2 complained that R2 was sore but range of motion was ok. V5 stated that R2 stood up and sat on chair and still continued to do what R2 usually does. V5 stated that R1 was placed on 1:1. V5 stated that V16 was informed of the incident and that at that point V5 stated that V5 was still trying to get hold of the doctor (V21). V5 stated that R1 was sent to a (local hospital). V5 confirmed that R2 sustained injury/fracture - T12 and L1 compression. V6 (Certified Nursing Assistant/CNA) was interviewed on 9/14/18 at 10:30 am. V6 stated that at the time of the incident, V6 was assisting another resident in another room and V6 heard yelling "Get out of my room!" V6 stated that V6 ran to that room and saw R2 on the floor and saw R1's hands up by chest like "(R1) pushed someone" V6 stated that R2 was trying to get up and told R2 to stay on the floor. V6 stated that "I told (R1) about what (R1) did but (R1) started screaming and tried to push me too and I told (R1) to stop and then came (V11 - CNA), who working that day and (R1) brought back to room." V6 stated that R2 complained of back pain 1 hour after.	S9999		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	IL6003214	A. BUILDING: _____ B. WING _____	C 09/26/2018

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
AVANTI WELLNESS & REHAB	6840 WEST TOUHY AVENUE NILES, IL 60714

(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	Continued From page 4	S9999		

V11 (CNA) was interviewed on 9/17/18 at 2:05 pm. V11 stated that R1 is very confused and speaks only polish. V11 stated that R1 needs assistance with dressing, bathing but ambulates well. V11 stated that R1 is very nervous, very crabby and talks loudly. V11 stated that R1 goes in other resident's rooms and at times, even lays down on other resident's beds. V11 stated that at the time of the incident, R1 was difficult and very nervous this day. V11 stated that V11 heard R2 loudly and went to (R2)'s room and saw R2 on the floor. V11 stated, "R1 had a navy blue blanket over (R1's) arms ....I asked (R1) and (R1) said in polish 'I'm sorry but (R2) is not good to man' and I brought (R1) to room." V11 stated that R1 always goes in other residents' rooms and stated, "Maybe in this room (referring to R2's room) because R2 is also noisy."

V8 (Dementia Coordinator/Social Services) was interviewed on 9/17/18 at 3:18 pm . V8 stated that R1 was initially admitted to the first floor and then transferred to the dementia locked unit because of R1's wandering behavior - for safety, because the dementia unit is a secured unit. V8 stated that R1 was going into other residents' rooms and attempts to go into nurses' station. V8 stated that R1 is confused and got more confused as time went by. V8 stated that R1 wandered around the unit, entered other residents' rooms, rummaged through other residents' belongings, use other residents' clothes and would urinate in inappropriate places. V8 stated that R1 also only speaks Polish and would speak loudly and wander around. V8 stated that psychiatrist referral was initiated on 7/10/18 but due to R1's insurance issues, psychiatrist only saw R1 on 8/29/18 and recommended use of psychiatric medications. V8 stated that V8 does

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	IL6003214	A. BUILDING: _____ B. WING _____	C 09/26/2018

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
AVANTI WELLNESS & REHAB	6840 WEST TOUHY AVENUE NILES, IL 60714

(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	Continued From page 5	S9999		

the updates to the plan of care and identifies interventions for behavior issues. V8 stated that when R1 was transferred to the dementia unit 4/25/18, interventions identified included frequent checks, group activities, wander guard and transferring to the secured unit. V8 would monitor the effectiveness of these interventions by asking staff for input. V8 confirmed that these interventions were not documented on R1's care plans and no goals were identified for these specific interventions. V8 stated that on 6/1/18 during a significant change assessment, care plans were updated to include wandering behaviors and also abuse/neglect potential risk assessment was conducted for R1. V8 confirmed that there were no goals and interventions identified addressing R1's assessment for abuse/neglect potential risk during the entire facility stay. V8 stated that on 9/1/18, R1 went to R2's room and pushed R2 out of the wheelchair. V8 also stated that this is the first time R1 had an altercation with fellow resident. V8 stated that staff could have redirected R1 to go to the dining room but at that time, which was around breakfast time, the CNAs are usually getting residents up, the activity staff are assisting other residents in the dining room for breakfast and there is only 1 nurse - who would be usually passing medications at that time.

V8 was interviewed again on 9/19/18 at 5:00 pm and confirmed that R2 had a significant change in condition assessment. V8 confirmed that R2's risk assessment for abuse/neglect potential was done on 11/2017 and was not reviewed to reflect current behavior status during significant change of condition assessment and that there were no goals and interventions developed and implemented addressing R2's vulnerability for abuse/neglect. V8 confirmed that the

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	IL6003214	A. BUILDING _____ B. WING _____	C 09/26/2018

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
AVANTI WELLNESS & REHAB	6840 WEST TOUHY AVENUE NILES, IL 60714

(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	Continued From page 6 abuse/neglect risk assessment is conducted to determine a residents' potential for being abused. R2 was interviewed on 9/18/18 at 5:15 pm in R2's room. R2 stated that there was one incident when, "this one man (I don't know the name) went into my room and yelled to get out of my room; He went to me and knocked me off and I fell on the floor." R2 stated that staff came and got (R1) out and then (R1) was gone that evening. R2 stated well, "Maybe it is the way I called (him) off but this is not the first time (he) went in my room. I feel safe here ... I've seen a doctor for my back." V22 (Licensed Practical Nurse) was interviewed on 9/19/18 at 3:30 pm. V22 stated that R1 enters into other resident's rooms. V22 stated that there was an incident on 8/15/18 between R1 and R10 - they were yelling and screaming at each other. V22 stated that V22 saw R1 make a fist, which V22 thought was a gesture, and tried to separate R1 and R10 but couldn't; and stated that it was a good thing that V15 (R1's family) came in and calm R1 down. V22 stated that it was very difficult to redirect R1 and there were even (unnamed) family members in the unit that were concerned about R1 going in and out of other residents' rooms. V1 and V8 were asked regarding the incident between R1 and R10 on 8/15/18, and both were not aware of this incident and no investigation was conducted. According to R1's face sheet, R1 is diagnosed with but not limited to muscle weakness, traumatic subarachnoid hemorrhage with loss of consciousness, family history of alcohol abuse and dependence history of alcohol abuse, mild cognitive impairment, hypertension, acute respiratory failure with hypoxia, displaced fracture	S9999		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	IL6003214	A. BUILDING _____ B. WING _____	C 09/26/2018

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
AVANTI WELLNESS & REHAB	6840 WEST TOUHY AVENUE NILES, IL 60714

(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	Continued From page 7 of left tibial spine, displaced comminuted fracture of shaft of left fibula, person injured in motor-vehicle accident, rhabdomyolysis, cognitive communication deficit, anemia, type 2 diabetes mellitus, unspecified severe protein-calorie depressive disorder, recurrent and anxiety disorder. R1's progress notes were reviewed and document the following behaviors on the following dates: 4/12/18 at 12:18AM- multiple episodes of getting up and attempts of pulling out inner and outer cannula of tracheostomy (trach) 4/12/18 at 5:53PM - taking off cervical collar 4/13/18 at 3:38AM - with episodes of trying to get out bed 4/13/18 at 9:32AM - pulled out tracheostomy out, tried to insert new trach but resident noted to be agitated refusing and pushing staff away 4/14/18 at 8:06PM - dressing to trach site, but had multiple episodes of taking it off throughout the day, redirected a needed but (R1) repeatedly exhibits said behavior 4/15/18 at 7:35PM - multiple episodes of taking off dressing to trach site and (left) leg immobilizer, redirected and reoriented as needed, somewhat effective. (R1) temporarily stops behavior but restarts after some time. 4/21/18 at 10:54AM - (R1) rummaging at things 4/22/18 at 8:20AM- noted with episode of getting out of bed, despite redirected several times 4/22/18 at 4:09PM - noted at times getting up without purpose 4/25/18 at 2:03AM- getting up several times without calling for help 4/25/18 at 4:38PM - (R1) at times getting up without purpose and wander around going to other patients room 4/26/18 at 3:02PM - wandering at times	S9999		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	IL6003214	A. BUILDING _____ B. WING _____	C 09/26/2018

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
AVANTI WELLNESS & REHAB	6840 WEST TOUHY AVENUE NILES, IL 60714

(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	Continued From page 8	S9999		

4/27/18 at 2:58PM - wandering at times
4/28/18 at 2:33PM - wandering at times, refusing to use urinal
4/30/18 at 8:12AM - assisted to the washroom for toileting needs but refused to go inside washroom with staff, (R1) was urinating in his diaper, (incontinent brief) changed x 3, Bed soaked with urine, Refused to use urinal
4/30/18 at 2:32PM - wandering at times
4/30/18 at 9:43PM - noted wandering, tried to open doors
5/01/18 at 2:38PM - wandering at times
5/21/18 at 2:51PM - wandering at times
5/23/18 at 2:39PM - wandering at times
5/25/18 at 3:21PM - wandering at times
5/25/18 at 2:26PM - wandering at times
5/26/18 at 8:15PM - wandering and tends to go to other resident's room
5/29/18 at 2:20PM- wandering at times
5/30/18 at 7:26AM - wandering around the unit at times
5/31/18 at 7:59AM - G (gastrostomy) tube site was not changed due to resident was pushing nurse hands
6/14/18 at 4:57AM - (R1) was opening all the closet and kept on putting the clothes of other residents specially the boxer shorts and underpants. Staff intervene to what (R1) was doing but (R1) was trying to hit the staff
7/3/18 at 1:45PM - increase in confusion during the night, wandering into other resident's room attempting to wake them up and also had shown exit seeking behavior, symptoms not altered easily
7/18/18 at 9:15PM - noted wandering, tends to go room by room and opened the exit door multiple times, difficult to redirect, (R1) screamed toward to the staff, saying "K***a K***a" per Polish staff (R1) is swearing and saying bad words
8/15/18 at 11:21PM - tends to go to other room

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	IL6003214	A. BUILDING: _____ B. WING _____	C 09/26/2018

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
AVANTI WELLNESS & REHAB	6840 WEST TOUHY AVENUE NILES, IL 60714

(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	Continued From page 9 and used the bathroom, re-directed to go to his own bathroom but noted screaming towards staff, noted screaming towards other resident and noted making a fist, separated to other resident but to no avail and no changes, but (V15 - R1's family) came and get calmer 8/17/18 at 8:49PM - Resident wanders at times entering different resident's room, raised voice towards the staff when tried to re-direct 8/18/18 at 2:56PM - wandering, verbally aggressive with staff and other residents, difficult to redirect 8/18/18 at 11:49AM - (R1) wanders at times entering different resident's room and facing around the hallway 8/18/18 at 8:27PM - still up at this time, wandering around 8/20/18 at 8:24AM - (R1) kept on walking on the hallway and goes to other resident room 8/20/18 at 2:37PM - wandering, verbally aggressive with staff and other residents 8/20/18 at 7:45PM - wandering, tends to go room by room, re-directed to his room, but screamed towards the staff and gets agitated 8/21/18 11:20PM - seen (R1) entering other residents room without their permission. Other resident and family verbalized their concern regarding the matter ...; when redirected, (R1) gets agitated and starts screaming to staff; Still up at this time and refuses to go to bed, constantly going to nurses station and opening the doors without permission; Wandering in the hallways and attempted to escape the door leading to other units. 8/21/18 at 8:06AM- continued to wander in unit 8/21/18 at 9:01PM- tried to open the door to check the resident, but noted entrance door was blocked with bathroom door, when this writer opened the door, (R1) started raising voice, screaming and pointing fingers; noted wearing	S9999		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	IL6003214	A. BUILDING: _____ B. WING _____	C 09/26/2018

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
AVANTI WELLNESS & REHAB	6840 WEST TOUHY AVENUE NILES, IL 60714

(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	Continued From page 10	S9999		

roommate's clothes, noted swapping clothes of roommates, urinating on floor in room, difficult to redirect, because (R1) gets agitated and aggressive
8/23/18 at 8:13AM- (R1) goes to another room that has a vacant bed and (R1) will sleep there, (R1) gets upset if you tell (R1) that (R1) can't do it
8/23/18 at 3:12PM - wandering, tends to go room by room, redirected to room but screamed towards the staff and gets agitated
8/23/18 at 8:57PM - noted entering other resident's room, and other residents get aggravated because of (R1) opening the closets, redirected multiple times, but no avail, (R1) gets aggressive and screamed towards the staff
8/24/18 at 1:57PM- (R1) wandering at times, verbally aggressive with staff and other residents, difficult to re-direct
8/24/18 at 10:12PM - around 7:00 PM -7:30 PM, heard exit door alarming, writer and staff run fast to the exit door right away, found (R1) on the 2nd step of the stairs going down, calmly redirected (R1) to go back to the unit, (R1) followed but screaming and swearing in dialect towards the staff
8/25/18 at 6:23PM - wanders within the hallway, able to be redirected
8/26/18 at 5:49PM - with episode of going to another residents' room ..., walks around the unit
8/26/18 at 3:17PM - (R1) wandering at times, verbally aggressive with staff and other residents, difficult
8/26/18 at 7:53 PM - wandering, tends to go room by room, redirected with fair outcome
8/27/18 at 7:37PM - wandering, tends to go room by room, using other resident bathroom, redirected (R1) to room but (R1) screamed towards staff
8/28/18 at 4:08 AM - wandering around unit
8/28/18 at 2:27 PM - wandering, tends to go room

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	IL6003214	A. BUILDING _____ B. WING _____	C 09/26/2018

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
AVANTI WELLNESS & REHAB	6840 WEST TOUHY AVENUE NILES, IL 60714

(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	Continued From page 11 by room 8/28/18 at 7:53 PM - wandered 8/28/18 at 11:20PM - (R1) still up at this time, repeatedly saying that (R1) is going to take the bus, when diverted attention and redirected, started screaming in (R1's) language to all staff 8/29/18 at 6:25AM - unable to be redirected to stay in room, wanders in unit 8/30/18 at 2:49PM - (R1) wandering at times, verbally aggressive with staff and other residents, difficult to redirect 8/30/18 at 7:02PM - late entry for 8/29/18 - while this writer offered (R1) a snack, (R1) suddenly grabbed this writer's hand very tight, screaming and speaking in polish, this writer calmly told (R1) to remove hand from wrist, then (R1) removed it and walked away and came back saying "sorry, sorry" 8/30/18 at 7:35PM - walking around the unit with supervision of staff, entering into other resident's room, multiple times, redirected with no avail, (R1) screamed to the staff when redirecting 9/1/18 at 3:20PM - 8:20AM, (R1) wandered into female patient room (R2), when verbally reprimanded by female resident (R2), (R1) began yelling at her loudly and pushed (R2) onto the floor R1's latest care plans, pages 1-23, were reviewed. R1's care plans document: Problem start date: 6/1/2018 (R1) experiences wandering (moves with no rational purpose, seemingly obvious to needs or safety) and is an elopement risk Goal: (R1) will wander safely within specified boundaries Approach: Assess (R1) for placement in a specially designed therapeutic unit Encourage and invite to attend daily activities for	S9999		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	IL6003214	A. BUILDING: _____ B. WING _____	C 09/26/2018

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
AVANTI WELLNESS & REHAB	6840 WEST TOUHY AVENUE NILES, IL 60714

(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	Continued From page 12 cognitive stimulation and socialization Equip with a device that alarms when wanders. Check for proper functioning of device. Frequent visual checks for (R1's) whereabouts at all times Maintain a calm environment and approach to (R1) Remove (R1) from other resident's rooms and unsafe situations. When (R1) begins to wander, provide comfort measures for basic needs. Problem start date: 3/27/18 (R1) has signs and symptoms of mood and behavioral symptoms by episodes of anxiety, restlessness, has inappropriate behavior of urinating anywhere such as the floor and hanging clothes in any places. (R1) does rummage into other residents' belonging s and will wear other residents' clothes, (R1) does get agitated and can refuse care. (R1) gets verbally abusive and exhibits physical aggression. (R1) wanders and paces around the unit, entering other residents' rooms and (R1) is at risk for elopement related to severe confusion. Long term goal: (R1) will exhibit less episodes of having negative behavior by next review. (R1) will wander safely within the boundaries of the unit. Approaches 9/3/18 - Provide 1:1 close monitoring due to aggressive behavior as evidenced by (R1) pushed a resident on the floor on 9/1/18 causing the resident to fall 8/31/18 - Psychiatry consult on 8/29/18 6/1/18 - Check for any triggers of behavior such as the need to be toileted, hunger, thirst or pain. Provide interventions for such triggers 6/1/18 - Encourage and invite (R1) to join activity programs as a diversion for negative mood and behavior problems 6/1/18 - Encourage frequent family visits and	S9999		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	IL6003214	A. BUILDING _____ B. WING _____	C 09/26/2018

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
AVANTI WELLNESS & REHAB	6840 WEST TOUHY AVENUE NILES, IL 60714

(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	Continued From page 13 interactions. Call family to assist in calming down during episodes of agitation 6/1/18 - Encourage to verbalize feelings, concerns, fears etcetera. Clarify misconceptions. 6/1/18 - Equip with wander guard 6/1/18 - Frequent checks for (R1's) whereabouts 6/1/18 - Identify relationships that (R1) could draw on. 6/1/18 - If non pharmacological interventions fail then administer medications as ordered. Monitor and record effectiveness. 6/1/18 - Observe for signs and symptoms of depression 6/1/18 - Provide consistent caregivers as possible, preferably a polish speaking staff if available 3/27/18 - Obtain a psychiatric consult/psychosocial therapy. 3/27/18 - Work with (R1) to identify effective coping mechanisms. R1's Psychosocial well-being - abuse/neglect risk (assessment) was generated on 3/27/18 at 4:29 pm by V10 (Business office staff/former Social Services staff). There were no entries documented. R1's Psychosocial well- being - abuse/neglect risk (assessment)was generated on 5/30/18 at 12:53 pm by V8 (Dementia Coordinator) and documented the following: Observation Details. Answer each of the question Yes =1 point, No = 0 points. Calculate points and record total. Score of 4 or more requires care planning. Does resident exhibit anxiety, fear or anger? Yes Does resident exhibit confusion, disorientation or forgetfulness? Yes Does resident have communication barriers? Yes Does resident wander, hoard or enter other residents' rooms? Yes	S9999		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	IL6003214	A. BUILDING _____ B. WING _____	C 09/26/2018

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
AVANTI WELLNESS & REHAB	6840 WEST TOUHY AVENUE NILES, IL 60714

(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	Continued From page 14 Does resident have chemical or substance abuse currently or in the past? No But according to Minimum Data Set Assessment (MDS) with an assessment reference date (ARD) of 3/17/18, under section I7900: Alcohol abuse with intoxication delirium; And Per Face sheet diagnosis: Z81.1 Family history of alcohol abuse and dependence- history of Alcohol abuse Does resident exhibit depression or low self-esteem? But according to MDS with an ARD of 3/17/18, under section D0500 B. Feeling or appearing down, depressed or hopeless, Symptom present - 1 (Yes), Symptom Frequency - 2 (7-11 days); And according to the face sheet, diagnosed with major depressive disorder Total score of 4 V8 was interviewed on 9/17/18 at 2:30 pm. V8 stated that the abuse/neglect risk assessment is completed upon admission and when there is a significant change. V8 confirmed after reviewing R1's current care plan that R1's care plans did not document any measurable goals and individualized interventions addressing abuse/neglect risk for R1. Next, according to R2's face sheet, R2 is diagnosed with but not limited to muscle weakness, acute respiratory failure, duodenal ulcer, heart failure, bipolar disorder, hypertension, dementia with behavioral disturbance, asthma, alcohol use, unspecified with alcohol-induced persisting dementia, primary osteoarthritis and anemia. R2's progress notes documented on 9/1/18: 8:20 am, (R2) pushed onto floor by (R1), witnessed fall. (R1) complained of pain 7/10.	S9999		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	IL6003214	A. BUILDING: _____ B. WING _____	C 09/26/2018

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
AVANTI WELLNESS & REHAB	6840 WEST TOUHY AVENUE NILES, IL 60714

(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	Continued From page 15 Took acetaminophen. R2's patient X-ray report on 9/1/2018: Procedure: X-ray, Spine, Lumbo-sacral 2 or 3 views Examination: Lumbar spine vies History: Trauma Technique: 3 views of the lumbar spine were obtained Comparison: None Findings: There is levoscoliosis. Marked compression of T12 and L1 is noted. There is no evidence of dislocation Impression: T12 and L1 compression/ recommend MRI (Magnetic Resonance Imaging). Degenerative changes. R2's 11/12/2017 abuse/neglect risk assessment documents: Observation details: Does resident exhibit anxiety, fear or anger? Yes Does resident exhibit confusion, disorientation or forgetfulness? Yes Does resident wander, hoard, or enter other residents' rooms? No answer Does resident have a diagnosis of Dementia? Yes Calculate and Record total. Score of 4 or more requires care planning. Does resident have chemical substance abuse currently or in the past? (Answer) No But according to resident face sheet: diagnosed with alcohol use, unspecified with alcohol-induced persisting dementia Does resident have a psychiatric history currently or in the past? (Answer) No But according to resident face sheet: diagnosed with, bipolar disorder, dementia with behavioral disturbance; also according to care plan on 5/4/2018 - (R2) is receiving antipsychotic medication (quetiapine 50 mg twice daily) related	S9999		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	IL6003214	A. BUILDING: _____ B. WING _____	C 09/26/2018

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
AVANTI WELLNESS & REHAB	6840 WEST TOUHY AVENUE NILES, IL 60714

(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	Continued From page 16 to diagnosis of alcohol induced dementia, dementia with behavioral disturbance and history of bipolar disorder. Does resident wander, hoard or enter other resident's rooms? (Answer) No But observed on 9/18/18 at 5:15 pm, keeping used plastic cups in room; stated "keeping them to use them later on." V8 confirmed that (R2) tends to hoard stuff such as food. V8 was interviewed on 9/19/18 at 5:30 pm. V8 stated that the abuse/neglect risk assessment is completed upon admission and when there is a significant change. V8 confirmed that there was no abuse/neglect risk assessment completed for R2 during a significant change assessment on 5/4/18. V8 confirmed after reviewing R2's current care plan that R2's care plans did not document any measurable goals and individualized interventions addressing abuse/neglect risk for R2. The facility's 2/2017 revision Abuse Prevention Program policy document -under IV. Establishing a Resident Sensitive Environment: The facility desires to prevent abuse, neglect, exploitation, mistreatment and misappropriation of resident property by establishing a resident sensitive secure environment. This will be accomplished by a comprehensive quality management approach involving the following: -Resident Assessment: As part of the resident social history evaluation and MDS assessments, staff will identify residents with increased vulnerability for abuse, neglect exploitation, mistreatment or misappropriation of resident property who have needs and behaviors that might lead to conflict. Through care planning process, staff will identify any problems, goals and approaches, which would reduce the	S9999		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	IL6003214	A. BUILDING _____ B. WING _____	C 09/26/2018

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
AVANTI WELLNESS & REHAB	6840 WEST TOUHY AVENUE NILES, IL 60714

(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	Continued From page 17 chances of abuse, neglect, exploitation, mistreatment or misappropriation of resident property for these residents. Staff will continue to monitor the goals and approaches on a regular basis. -under VI. Protection of Residents Residents who allegedly abused another resident shall be immediately evaluated to determine most suitable therapy, care approaches, and placement, considering his or her safety, as well as the safety of other residents and employees. (B)	S9999		