

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6008593	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____		(X3) DATE SURVEY COMPLETED C 06/06/2018
NAME OF PROVIDER OR SUPPLIER GROVE AT THE LAKE, THE		STREET ADDRESS, CITY, STATE, ZIP CODE 2534 ELIM AVENUE ZION, IL 60099			
(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 Survey #1813172/II102665 and #1813296/II102790	S 000			
S9999	Final Observations Statement of Licensure Violations: 300.610a) 300.1010h) 300.1210b)d)3) 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 300.1010 Medical Care Policies h) The facility shall notify the resident's physician of any accident, injury, or significant change in a resident's condition that threatens the health, safety or welfare of a resident, including, but not	S9999			

Attachment A
Statement of Licensure Violations

Illinois Department of Public Health

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

TITLE

(X6) DATE

06/19/18

STATE FORM

6899

JW1D11

If continuation sheet 1 of 9

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6008593	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____		(X3) DATE SURVEY COMPLETED C 06/06/2018
NAME OF PROVIDER OR SUPPLIER GROVE AT THE LAKE, THE			STREET ADDRESS, CITY, STATE, ZIP CODE 2534 ELIM AVENUE ZION, IL 60099		
(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 limited to, the presence of incipient or manifest decubitus ulcers or a weight loss or gain of five percent or more within a period of 30 days. The facility shall obtain and record the physician's plan of care for the care or treatment of such accident, injury or change in condition at the time of notification 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. 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: 3) Objective observations of changes in a resident's condition, including mental and emotional changes, as a means for analyzing and determining care required and the need for further medical evaluation and treatment shall be made by nursing staff and recorded in the resident's medical record. Section 300.3240 Abuse and Neglect a) An owner, licensee, administrator, employee or agent of a facility shall not abuse or neglect a resident. (Section 2-107 of the Act)	S9999			

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6008593	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____		(X3) DATE SURVEY COMPLETED C 06/06/2018
NAME OF PROVIDER OR SUPPLIER GROVE AT THE LAKE, THE			STREET ADDRESS, CITY, STATE, ZIP CODE 2534 ELIM AVENUE ZION, IL 60099		
(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 These requirements were not met as evidenced by: Based on observation, interview and record review the facility failed to identify, plan, educate, evaluate, and make arrangements for a residents needs before discharging to the community. This failure of ineffective transition to post discharge care contributed to the resident experiencing feelings of worthlessness, recurrent thoughts of suicidal ideation, and admission to a psychiatric hospital. This applies to 1 of 5 residents (R1) reviewed for discharge in the sample of 8. The findings include: R1's Minimum Data Set dated March 8, 2018 shows R1 is cognitively intact, with no noted behaviors or rejection of care and has diagnoses of anxiety, depression, schizophrenia, and suicidal ideations. R1's May 2018 Physician Orders show R1 takes Citalopram 40 mg daily and Wellbutrin 100 mg daily for depression, Clonazepam 0.5 mg twice daily and Seroquel 100 mg daily for agitation/anxiety, Trazadone 100mg daily and Benadryl 50 mg for insomnia, Budesonide 3 mg before meals for colitis, Tamsulosin 0.4 mg for benign prostatic hyperplasia, Gabapentin 300 mg three times a day for pain, Piroxicam 20 mg daily for rheumatoid arthritis, and supplements of Folic acid, Multi-vitamin, Vitamin D, Thiamine, and Cholecalciferol daily. R1's Care Plan dated March 14, 2018 shows R1 had anxiety with symptoms manifesting by mood	S9999			

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6008593	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____		(X3) DATE SURVEY COMPLETED C 06/06/2018
NAME OF PROVIDER OR SUPPLIER GROVE AT THE LAKE, THE			STREET ADDRESS, CITY, STATE, ZIP CODE 2534 ELIM AVENUE ZION, IL 60099		
(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 distress, depression, and cyclic mood swings. R1's interventions shows R1 meets with the licensed clinical social worker on a weekly basis for talk therapy. R1's Nurses Notes from March 6 to May 7, 2018 shows that R1 was seen five times by V4 Medical Nurse Practitioner and seven times by V14 Psychiatric Nurse Practitioner. R1's May 3, 2018 Psychiatric Progress Note shows R1 is "calm and cooperative with care, mood stable, not depressed, anxious or irritable." On May 23, 2018 at 10:51 AM, R1 stated that the Friday of Mothers Day weekend he was kicked out of the facility by V3 Social Services Director without medications or paperwork. R1 had no place to go and had to sleep in the car wash. R1 voiced feelings of psychosocial harm by stating he felt lost, like a piece of garbage, and just kicked out with no reason why. R1 stated he developed suicidal ideations with a plan to wrap himself in a tarp and lay in the middle of a busy road. R1 stated he called the police and was taken to the local emergency room and then transported to a behavioral health hospital. On May 23, 2018 at 2:15 PM, V3 Social Service Director said she had a meeting around noon time on May 11, 2018 with R1 and V6 Social Services. R1 was very upset when V3 informed him that his out on pass privileges may be taken away by the doctor (due to a positive alcohol urine test after returning from a previous day out on pass). V3 said R1 wanted to be discharged and was going to go to his brother's house. V3 said she informed R1 that she needed to know R1's pickup time, address, and doctor and to let her know when he had this information.	S9999			

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6008593	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____		(X3) DATE SURVEY COMPLETED C 06/06/2018
NAME OF PROVIDER OR SUPPLIER GROVE AT THE LAKE, THE			STREET ADDRESS, CITY, STATE, ZIP CODE 2534 ELIM AVENUE ZION, IL 60099		
(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 R1's General Progress Note dated May 11, 2018 at 3:36 PM, shows "R1's positive urine alcohol test was relayed to physician and order to discharge to community was obtained." On May 24, 2018 at 12:25 PM, V11 Licensed Practical Nurse (LPN) said she was told in report R1 may be discharging with his son but was not sure of who, when and where. V11 said this is normally all set up by social services. V11 said she received a call from the receptionist around 7:30 PM on May 11, 2018, that R1 had been picked up by someone. On May 24, 2018 at 1:11 PM, V15 Receptionist said she saw R1 leave on May 11, 2018 around 7:00 PM with no belongings. V15 said she did not observe anyone picking him up. V15 said she then called R1's nurse and informed her that R1 left. On May 29, 2018 at 12:15 PM, V11 stated "when I found out R1 left without discharge paperwork and medications I informed housekeeping to the clean room, pack up his belongings, and then I charted." V11 said she did not call R1, V13 (R1's brother), the doctor, or the supervisor. On May 24, 2018 at 1:45 PM, V7 Behavioral Health Program Therapist at a local behavioral health Hospital said R1 was admitted to the local behavioral health Hospital from a local emergency room for suicidal ideations. V7 said R1 reported to her he was told to get out of the facility he was at with no discharge plan. V7 said R1 was extremely depressed, suicidal, expressed feelings of hopelessness, worthlessness, and felt he had been tossed out on the streets like garbage. V7 said she called V1 administrator	S9999			

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6008593	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____		(X3) DATE SURVEY COMPLETED C 06/06/2018
NAME OF PROVIDER OR SUPPLIER GROVE AT THE LAKE, THE			STREET ADDRESS, CITY, STATE, ZIP CODE 2534 ELIM AVENUE ZION, IL 60099		
(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 and V1 could not provide any information of R1's discharge plans. R1's Psychiatric Evaluation dated May 13, 2018 from the local behavioral health Hospital shows R1's "chief complaint: suicidal and depressed.....patient reports severe anxiety with panic attacks and feelings of hopelessness, helplessness, and worthlessness." R1 Discharge Summary Note dated May 12, 2018 at 1:29 PM (day after discharge) by V12 Social Services, shows "per resident request, resident was D/C (discharged) on May 11, 2018 to his brother's house. Nurse was able to call his doctor to obtain the discharge order, medications were packed." On May 24, 2018 at 11:35 AM, V12 Social Services said (in regards to her Discharge Summary Note) she just assumed that R1 went to his brother's house because that was reported by V3 Social Service Director. V12 said "meds packed" meant that he could take his meds home with him and she was unaware if R1 took his meds with him at discharge. On May 23, 2018 at 10:24 AM, V13 (R1's brother) said he was unaware that R1 was leaving the facility and R1 was never with him. R1's Transfer/Discharge Report dated May 11, 2018 shows R1's current medications but no documentation of last dose, when to take the next dose, or how many tablets were given at discharge. This same form shows R1 was discharge home with family. On May 23, 2018 at 2:50 PM, in the third floor medication room, R1's medication punch cards	S9999			

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6008593	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____		(X3) DATE SURVEY COMPLETED C 06/06/2018
NAME OF PROVIDER OR SUPPLIER GROVE AT THE LAKE, THE			STREET ADDRESS, CITY, STATE, ZIP CODE 2534 ELIM AVENUE ZION, IL 60099		
(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 containing tablets Wellbutrin, Trazadone, Citalopram, Budesonide, Folic acid, Gabapentin, Tamsulosin, and Piroxicam were found in a return to pharmacy bin. On May 24, 2018 at 1:00 PM, V2 Director of Nursing (DON) said the discharge papers and the medication list form for R1 was not filled out. V2 said both forms are to be filled out for residents discharged from the facility. On May 24, 2018 at 11:30 AM V2 said the discharge nurse should give the resident a list of medication that include the name of the medication, the last dose, and how many pills were dispensed as part of the education upon discharge. This form should be signed by the resident and the nurse. V2 stated the residents medications are given to the resident at discharge. R1's Medical Record does not contain any social service notes regarding conversation with R1 about discharge and follow up needs. R1's unsigned Instruction for Discharge Form dated May 12, 2018 (the day after R1 was discharged) is incomplete and only shows the resident's responsible party as himself, his cell phone number, and a comment that says "per residents requested stated that he wanted to be discharged to his brothers house." The sections of this form that were blank include: physician in community, housing arrangements, pharmacy, follow up appointments, medication education, prevention and disease management, medications and treatments. On May 29, 2018 at 11:00 AM V3 Social Service Director said at discharge, social services should	S9999			

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6008593	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____		(X3) DATE SURVEY COMPLETED C 06/06/2018
NAME OF PROVIDER OR SUPPLIER GROVE AT THE LAKE, THE			STREET ADDRESS, CITY, STATE, ZIP CODE 2534 ELIM AVENUE ZION, IL 60099		
(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 assess the residents needs, fill out the appropriate sections of the discharge form, and chart a progress note. V3 said for a resident who needs psychiatric services, a follow up appointments would be set up with the local health department and a primary care physician. V3 said she did not do this for R1. V3 said she did not contact the local health department or V13 (R1's brother). On May 29, 2018 at 11:55 AM, V14 Psychiatric Nurse Practitioner said she saw R1 every three weeks and as needed. V14 stated R1 was mentally stable on his medications and she would have recommended a follow up psychiatric appointment in one month and weekly psychotherapy had she known R1 was being discharged. V14 said before a discharge she would see the resident, made sure they had a follow up appointment set up, and had enough medication to last until the appointment. V14 said she was not aware that R1 left without his medications. V14 said R1's medication should not be abruptly stopped. There could be adverse reactions if stopped abruptly including: suicidal thoughts, tremors, increased anxiety, and irritability. On May 30, 2018 at 12:10 PM, V3 stated "I dropped the ball, I told V6 Social Service to hold off on filling out R1's discharge form." V3 said for R1's psychiatric services she would have touched base with V14 Psychiatric Nurse Practitioner and set up an appointment with the local county behavioral health department. The facility's Transfer and Discharge Policy dated February 20, 2018 shows to "notify the resident...of transfer or discharge and the reason	S9999			

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6008593	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____		(X3) DATE SURVEY COMPLETED C 06/06/2018
NAME OF PROVIDER OR SUPPLIER GROVE AT THE LAKE,THE			STREET ADDRESS, CITY, STATE, ZIP CODE 2534 ELIM AVENUE ZION, IL 60099		
(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 for the move in writing and in the language and manner they understand....Make referral to the community services to ensure continuity of services to the resident. Ensure safe transportation to the destination." The facility's Discharge Planning and Instructions Policy dated February 20, 2017 shows "it is the policy of the facility to conduct proper discharge planning for all residents and provide appropriate discharge instructions in preparation for discharge once a discharge order is obtained from the resident's attending physician....discharge instructions shall be provided by pertinent disciplines consistent to the residents special needs during discharge....social services shall facilitate referrals to appropriate community agencies....medications will be sent with the resident being discharged to the community." (B)	S9999			