llinois D	epartment of Public	Health			FORM	APPROVE
STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:				(X3) DATE SURVEY COMPLETED		
		H 00000 (0	A. BUILDING:		С	
		IL6000046			07/	19/2024
NAME OF F	PROVIDER OR SUPPLIER		DDRESS, CITY, S IENRY ROAD	TATE, ZIP CODE		
ADDOLO	RATA VILLA		NG, IL 60090			
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PROVIDER'S PLAN OF PREFIX (EACH CORRECTIVE ACT TAG CROSS-REFERENCED TO T DEFICIENC		TION SHOULD BE COMPLE THE APPROPRIATE DATE	
S 000	Initial Comments		S 000			
	Facility Reported Ir of 6/5/24/IL174275					
S9999	Final Observations		S9999			
	Statement of Licensure Violations:					
	330.4240a)					
	Section 330.4240 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)					
	This requirement w	vas not met as evidenced by:				
	review the facility fa free from abuse for	ion, interview, and record ailed to ensure a resident was r 1 of 4 residents (R100) a in the sample of 4.				
	The findings includ	e:				
	room watching TV. Nursing Assistant (hallway eating or o complained about I was in the dining ro and whispered to h today" referring to V me and screamed was the horrible on couldn't believe wh and yelling at me. Administrator) about	AM, R100 was sitting in her R100 said V26 Certified CNA) was always sitting the n her phone and she had her. R100 said last month she com talking to another resident ier "the horrible one is working V26. R100 stated "V26 heard at the top of her lungs that I ie and was having a fit. I at she said! She was scary, I talked to the higher up (V1 ut it and she told me not to ever help me again."				
BORATORY		DER/SUPPLIER REPRESENTATIVE'S SI	GNATURE	TITLE		(X6) DATE
Electroni	ically Signed		6899	MYE11		07/31/24 ation sheet 1

Illinois Department of Public F STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED C	
		IL6000046	B. WING		07/	19/2024
NAME OF I	PROVIDER OR SUPPLIER		DDRESS, CITY, ST	TATE, ZIP CODE		
ADDOLO	ORATA VILLA		IENRY ROAD NG, IL 60090			
(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 APPROPRIAT DEFICIENCY)		(X5) COMPLET DATE
S9999	On 7/19/24 at 10:29 Assistant said he w commotion in the a yelling at R100, sho I'm not going to get V21 stated "V26 wa can't lash out at res abuse, and I report On 7/19/24 at 10:44 said she was at the approached her an work with R100 any was a horrible CNA downstairs to repor R100 came up to h said R100 told her resident and V26 or came over and rais will not be suspend V22 said you are no residents that way, On 7/19/24 at 1:17 said shouting or rai would be considered On 7/19/24 at 12:58 V26 was already in improvement for ot occurred it was ded employment with th The facility's Correct dated 6/13/24 show unprofessional inte	 5 AM, V21 Live Enrichment vas at the elevator and heard ctivity area. V21 said V26 was puting "I'm going to report you." another suspension for you." as very inappropriate. You sidents! It felt like verbal ed it to my boss." 4 AM, V22 Registered Nurse enurse's station when V26 d said she wasn't going to ymore because R100 said she verbeard V26 went to management and then er and was very upset. V22 she was talking to another verheard her. R100 said V26 ed her voice at her and said, " ed because of you again." of supposed to talk to it's abuse. PM, V17 Registered Nurse sing your voice at a resident ed abuse. B PM, V1 Administrator said the process of performance her issues and when this sided best to terminate V26's 		DEFICIENC	Υ)	

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		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED C	
		IL6000046	B. WING			19/2024
NAME OF F	PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, S	TATE, ZIP CODE		
	RATA VILLA		ENRY ROAD NG, IL 60090			
(X4) ID PREFIX TAG	(EACH DEFICIENC)	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)		PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIAT DEFICIENCY)		(X5) COMPLET DATE
S9999	Continued From page 2		S9999			
	affirms that each ref from abuse, negled property and exploi subjected to abuse limited to communi consultants, contra other agencies serv	shows "Franciscan Ministries esident has the right to be free et, misappropriation of resident tation. Residents must not be by anyone including, but not ty staff, other residents, ctors, volunteers, or staff of ving the resident, family ardians, friends, or other (B)				
ois Depar	tment of Public Health					