Illinois De	epartment of Public	Health			FORM	IAPPROVED
STATEMEN	FOR DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:				E SURVEY PLETED
		IL6008213	B. WING		C 09/24/2024	
	ROVIDER OR SUPPLIER	L			09/	24/2024
			T ARNOLD S	STATE, ZIP CODE <b>TREET</b>		
SANDWIC	CH REHAB & HCC		CH, IL 60548			
(X4) ID PREFIX TAG	(EACH DEFICIENC)	TEMENT OF DEFICIENCIES / MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRE (EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APP DEFICIENCY)	OULD BE	(X5) COMPLETE DATE
S 000	Initial Comments		S 000			
	Investigation of Fac 9/11/24/IL178165	ility Reported Incident of				
S9999	Final Observations		S9999			
	Statment of License 300.610a) 300.1220b)3) 300.3240d)	ure Violations:				
	a) The facility procedures governi facility. The written be formulated by a Committee consisti administrator, the a medical advisory co of nursing and othe policies shall comp The written policies the facility and shal	dvisory physician or the ommittee, and representatives or services in the facility. The ly with the Act and this Part. shall be followed in operating I be reviewed at least annually documented by written, signed	3			
	Services b) The DON s nursing services of 3) Developing plan for each reside comprehensive ass and goals to be acc and personal care a Personnel, represe nursing, activities, o modalities as are o	Supervision of Nursing hall supervise and oversee the the facility, including an up-to-date resident care ent based on the resident's sessment, individual needs complished, physician's orders and nursing needs. nting other services such as dietary, and such other rdered by the physician, shall oreparation of the resident care	,			
	ment of Public Health	DER/SUPPLIER REPRESENTATIVE'S SIG		TITLE		(X6) DATE
	cally Signed	LEVOUT LIER NET NEOENTATIVE 3 OK				10/11/24
			<sup>6899</sup> G	GERU11	If continu	ation sheet 1 of

Illinois D	epartment of Public	Health			FORM	APPROVED
STATEMEN	IT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE A. BUILDING:			E SURVEY PLETED
	IL6008213		B. WING			C 24/2024
NAME OF F	PROVIDER OR SUPPLIER	STREET AI	DDRESS, CITY, ST	TATE, ZIP CODE		
SANDWI	CH REHAB & HCC	902 EAS	T ARNOLD ST	REET		
			CH, IL 60548			
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES / MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF C (EACH CORRECTIVE ACTIC CROSS-REFERENCED TO TH DEFICIENCY	ON SHOULD BE HE APPROPRIATE	(X5) COMPLETE DATE
S9999	Continued From pa	ige 1	S9999			
	reviewed and modifineeded as indicated	Il be in writing and shall be fied in keeping with the care d by the resident's condition. eviewed at least every three				
	suspected abuse of upon credible evide long-term care facil abuse, that employ from any further con facility, pending the investigation, prose	Abuse and Neglect vestigation of a report of f a resident indicates, based ence, that an employee of a ity is the perpetrator of the ee shall immediately be barred ntact with residents of the outcome of any further ecution or disciplinary action ee. (Section 3-611 of the Act)	1			
	These requirements by:	s were not met as evidenced				
	review the facility fa free of physical abu reviewed for abuse	ion, interview, and record ailed to ensure a resident was use for 1 of 3 residents (R1) in the sample of 7. This 1 being punched in the face				
	The findings include	e:				
	facility on 3/29/202 Type 2 Diabetes, re hypertension, gene chronic obstructive psychoactive subst	owed he was admitted to the 4 with diagnoses to include epeated falls, essential ralized anxiety disorder, pulmonary disease, ance abuse, muscle spasm, eadiness on feet, and it and mobility.				
inois Depar		ment dated 7/8/24 showed he ficits and verbal behavioral				

	T OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA OF CORRECTION IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED C	
		IL6008213	B. WING			24/2024
NAME OF F	PROVIDER OR SUPPLIER	STREET AL	DRESS, CITY, S	TATE, ZIP CODE		
SANDWI	CH REHAB & HCC		FARNOLD ST CH, IL 60548	REET		
(X4) ID	SUMMARY STA			PROVIDER'S PLAN OF	CORRECTION	(X5)
PREFIX TAG	(EACH DEFICIENC)	Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE ACT CROSS-REFERENCED TO T DEFICIENC	TION SHOULD BE	COMPLET
S9999	Continued From pa	age 2	S9999			
	symptoms directed	toward others.				
	R1's care plan initiated 4/22/24 showed, "Resident is known to display/has history of paranoid thoughts/behaviors and or open conflict/criticism with others including false accusations. Specific behavior exhibited: verbal aggression towards staff, false accusations, inappropriate gestures and facial expressions, name calling. Related diagnoses/condition: bipolar disorder Noncompliant with facility policies, makes accusations against others to deflect responsibility for breaking rules Administer psychotropic medication as ordered by physician Encourage psychotherapy and/or psychiatric consultation as indicated/tolerated by resident Help resident understand why behavior is inappropriate/disruptive and the impact it has on personal well being and well being of others. Initiate Behavior Monitoring program to attempt to identify patterns, precursors, and causes of behavior and to attempt to understand the meaning of the behavior.					
	in his wheelchair. F of his face along hi	PM, R1 was in his room sitting R1 had a bruise to the right side s nose line. R1 said, "[R2] face and made my nose				
	resident is/has pote related to ineffectiv mental/emotional il Analyze key times,	ated 5/2/24 showed, "The ential to be verbally aggressive e coping skills, Iness, poor impulse control places, circumstances, de-escalates behavior and				
		ated 5/21/24 showed, factors that require monitoring				

	epartment of Public					
STATEMENT OF DEFICIENCIES       (X1) PROVIDER/SUPPLIER/CLIA         AND PLAN OF CORRECTION       IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED		
	IL6008213		B. WING			C <b>24/2024</b>
NAME OF I	PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, ST	ATE, ZIP CODE		
	CH REHAB & HCC	902 EAS		REET		
SANDWI		SANDWI	CH, IL 60548			
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S9999	Continued From pa	ge 3	S9999			
	Deafness/profound weakness psychia easily agitated and devices/wheelchair, injury, pain as evide witnessed waving h throwing himself ba wheelchair when he R1's care plan initia resident may be pro- issues. As evidence refusing to comply f R1's 9/11/24 Behav showed, "Resident another resident an back in the building hit [R1] with his wal his walker into the h was attempting to g	ervention to reduce potential for self injury. ess/profound hearing loss, unsteady gait, ess psychiatric disorders becomes agitated and animated, use of assistive s/wheelchair/walker Risk factors include bain as evidenced by resident being sed waving his arms, stomping his feet and ig himself backwards and sideways in his hair when he is angry" are plan initiated 4/22/24 showed, "The it may be prone to adjustment disorder As evidenced by: outburst towards staff, g to comply by policies, exit seeking " 11/24 Behavior Note entered at 8:59 AM d, "Resident out in parking lot, yelling to r resident and motioning him (R2) to go the building. [R2] was angry, attempting to with his walker but he ended up slamming ker into the housekeeping manager who empting to get [R2] back into the building. ember stated her right arm is tender to				
	facility on 9/23/23 w dementia without be Obstructive Pulmor mood disorder, and R2's care plan initia documentation rece prior criminal record multiple accounts o battery from 1976-1 resident's behavior. medications and be	owed he was admitted to the vith diagnoses to include ehavioral disturbance, Chronic nary Disease, Hypertension, I psychotic disorder. Atted 2/14/24 showed, "Per eived to date, resident has d including but not limited to, of aggravated assault and 1978 Continue to monitor . Follow plan of care, ehavior interventions as resident and milieu safety."				

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NAME OF F	PROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, ST	TATE, ZIP CODE		
SANDWI	CH REHAB & HCC		T ARNOLD ST CH, IL 60548	REET		
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S9999	Continued From pa	ige 4	S9999			
	R2's care plan initiated 10/24/23 showed, "Behavior Management potential for verbal and physical aggression towards others Ensure the safety of resident and others Monitor for environmental factors that may contribute to new behaviors(s)." R2's Behavior Note entered 9/11/24 at 9:05 Am showed, "Resident went in to the parking lot unattended. The housekeeping manager was attempting to convince him to come back in to the building. Another resident, [R1] was yelling and motioning to [R2] to get back in the building. [R2] became angry and attempted to hit [R1] with his walker but ended up slamming the walker into the housekeeping manager. No injuries occurred. [R2] was eventually convinced to come back in the building."					
	The facility's abuse investigation showed, "Incident: Alleged Physical Abuse; Time: 3:43 PM; Date: 9/11/24 It was reported to the administrator that R2 allegedly struck R1 in the face After investigation and interviews, it was ascertained that R2 did strike R1. R2 who suffers from dementia, was walking with a CNA in front of the facility. R1 was reported to have been aggressively addressing R2 from across the parking lot. R2 started approaching R1. The CNA that was walking with him attempted to redirect R2 to no avail. The CNA attempted to obstruct the patch of R2 and was struck by R2. R2 then struck R1 and the two were quickly separated"		f			
	Nursing Assistant) s the door. I followed dumpster and back	PM, V7 CNA (Certified said, "On 9/11/24 R2 went out him and we walked to the [R1] was over by the nd he was yelling "F%*k you"				

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		IL6008213 B. WING			C 2 <b>4/2024</b>	
NAME OF F	PROVIDER OR SUPPLIER	STREET AL	DRESS, CITY, ST	TATE, ZIP CODE		
		902 EAS	ARNOLD ST	REET		
SANDWI	CH REHAB & HCC	SANDWI	CH, IL 60548			
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S9999	Continued From pa	ige 5	S9999			
	Continued From page 5 and flipping [R2] off. I told him to stop. [R1] has been picking on [R2] for a long time and I don't know why. [R2] was a nice guy and he just couldn't take it anymore [R2] turned around and headed to [R1]. [R2] drew his fist back and hit me accidentally and then punched [R1] in the face. Gave [R1] a bloody nose. I felt sorry for [R2] no one was doing anything to stop it." On 9/19/24 at 11:03 AM, V6 CNA (Certified Nursing Assistant) said R1 antagonizes R2 every day. V6 said R1 would scream at R2 and tell him and say he was going to "kick his ass", "kill him", or tell him to "get back here you motherf*&ker". V6 said R2 never instigated R1, it was always R1 and she feels bad for R2 being transferred to another facility because he was not the problem. V6 said V1 was aware of the behaviors R1 was having toward R2.					
	instigator. A couple [R2] who was sleep him in his shin to wa	8 AM, V9 CNA said, "[R1] is an of weeks ago he went up to bing in the recliner and kicked ake him up and tell him he . I reported it to the nurse."				
	Prevention Program showed, "Policy: Th our residents to be misappropriation of exploitation as defin therefore prohibits in neglect or abuse of	and procedure titled Abuse n with revision date 11/28/2016 his facility affirms the right of free from abuse, neglect, resident property, and hed below This facility mistreatment, exploitation, its residents, and has				
	resident secure env policy is to assure t is within its control t mistreatment, explo	lish a resident sensitive and vironment. The purpose of this hat the facility is doing all that to prevent occurrences of bitation, neglect, or abuse of vsical Abuse includes hitting,				

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S9999	Continued From pa	age 6	S9999			
	slapping, pinching,	kicking"				
	(B)					
in Dama	tment of Public Health					