

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>IL6004428</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>09/26/2024</b>
--	--	---	---

NAME OF PROVIDER OR SUPPLIER  <b>HILLSBORO REHAB &amp; HCC</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>1300 EAST TREMONT STREET HILLSBORO, IL 62049</b>
--	--

(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  Annual Health Survey  Complaint Investigations 2447732/IL178461 and 2447668/IL178379	S 000		
S9999	Final Observations  Statement of Licensure Violations:  1 of 2  300.610 a) 300.1210 b) 300.1210 c) 300.3210 t)  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	S9999		

Illinois Department of Public Health  
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE  
Electronically Signed

TITLE

(X6) DATE  
10/17/24

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>IL6004428</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>09/26/2024</b>
--	--	---	---

NAME OF PROVIDER OR SUPPLIER  <b>HILLSBORO REHAB &amp; HCC</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>1300 EAST TREMONT STREET HILLSBORO, IL 62049</b>
--	--

(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	<p>Continued From page 1</p> <p>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.</p> <p>c) Each direct care-giving staff shall review and be knowledgeable about his or her residents' respective resident care plan.</p> <p>Section 300.3210 General</p> <p>t) The facility shall ensure that residents are not subjected to physical, verbal, sexual or psychological abuse, neglect, exploitation, or misappropriation of property.</p> <p>These requirements are not met as evidenced by:</p> <p>Based on interview and record review, the facility failed to prevent the verbal and physical resident to resident abuse for 4 of 4 residents (R17, R31, R32, R49) reviewed for abuse in the sample of 57. This failure resulted in R49 grabbing a large fist of R32's hair and pulling it out of her scalp.</p> <p>Findings include:</p> <p>1. R32's Admission Record, with an original admission date of 09/10/14, documents R32 has diagnoses of, but not limited to: Alzheimer's Disease, Type II Diabetes Mellitus, and Hypertension (HTN).</p> <p>R32's Minimum Data Set (MDS), dated 07/30/24, documented R32 is severely cognitively impaired and requires partial/moderate assistance with oral hygiene, upper and lower body dressing, substantial/maximal assistance with toileting hygiene, putting on/take off footwear, personal</p>	S9999		

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>IL6004428</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>09/26/2024</b>
--	--	---	---

NAME OF PROVIDER OR SUPPLIER  <b>HILLSBORO REHAB &amp; HCC</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>1300 EAST TREMONT STREET HILLSBORO, IL 62049</b>
--	--

(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	<p>Continued From page 2</p> <p>hygiene, dependent on staff with shower/bathe, and she is always incontinent of bowel and bladder.</p> <p>R32's Care Plan, dated 09/26/24, was reviewed, and no documentation was noted regarding R32 being at risk for abuse.</p> <p>R49's Admission Record, with an original admission date of 03/11/24, documented R49 has diagnoses of but not limited to diastolic congestive heart failure (CHF), Type II diabetes mellites with chronic kidney disease, end stage renal disease, dependence on renal dialysis, and dementia.</p> <p>R49's MDS, dated 06/16/24, documented R49 is severely cognitively impaired with a Brief Interview for Mental Status (BIMS) of 07 out of 15, and he requires setup/clean up assistance with his activities of daily living (ADL) and is independent with bed mobility and transfers.</p> <p>The facility's Illinois Department of Public Health (IDPH) initial investigation, dated 09/21/24 at 4:32 PM, documented, "the administrator was notified at 3:55 PM of an incident that had just occurred between resident (R32) and (R49). (R49) allegedly pulled (R32's) hair, the two residents were immediately separated, Power of Attorney (POA), Primary Care Physician (PCP), Ombudsman, and local police department were notified of incident. Licensed nurse performed head to toe assessment. Investigation started and final report to follow."</p> <p>R32's Progress Notes, dated 09/21/24 at 4:01 PM, was reviewed and documented, "Situation, Background, Assessment, and Recommendation (SBAR) (R32) was harmed by another resident</p>	S9999		

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>IL6004428</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>09/26/2024</b>
--	--	---	---

NAME OF PROVIDER OR SUPPLIER  <b>HILLSBORO REHAB &amp; HCC</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>1300 EAST TREMONT STREET HILLSBORO, IL 62049</b>
--	--

(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	<p>Continued From page 3</p> <p>(R49) at the facility. (R32) noted to wander into (R49's) room. Writer was at the nurse's station when they heard yelling coming from (R49's) room. The writer entered (R49's) room (R49) was noted to have pulled out a fist full of (R32's) hair. Both residents were immediately separated with the help from the other nurses on duty. Vital signs (VS) taken/range of motion (ROM)/Neuros within normal limits (WNL). (V1, Administrator) was called and notified. (R32's) husband and physician were notified."</p> <p>R49's Progress Notes, dated 09/21/24 at 4:34 PM, documented SBAR assessment for further information and family/physician notification. The change in condition the resident is currently experiencing is Resident to Resident event. "(R49) noted to harm another resident. Writer was at the nurse's station when he heard yelling coming from (R49's) room. Writer and CNA went into (R49's) room and found (R49) ripped out a chunk of another resident's hair. Residents were immediately separated with help from other nurses on duty. (V1, Administrator) and (V77, Nurse Practitioner), was called and notified with new order (N.O.) to monitor patient 1:1. Attempted to call (R49's) guardian unable to reach, voicemail (vm) left."</p> <p>V69, Licensed Practical Nurse (LPN), statement, undated, documented on Saturday 09/21/24 a CNA stepped off of the 100-hallway to request additional assistance from of the other nurses in the facility. When V69, Licensed Practical Nurse (LPN) arrived at the unit she noted a large mass of hair lying on the floor outside of R49's room. V72, LPN was in the room with R32. R49 was walking down the hallway with a CNA and his face was red with an angry expression. V69 said she went into R49's room, and R32 was observed</p>	S9999		

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>IL6004428</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>09/26/2024</b>
--	--	---	---

NAME OF PROVIDER OR SUPPLIER  <b>HILLSBORO REHAB &amp; HCC</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>1300 EAST TREMONT STREET HILLSBORO, IL 62049</b>
--	--

(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	<p>Continued From page 4</p> <p>sitting on the floor between bed one and two with her back up against bed two, and some of R32's hair was noted to be at the foot of bed two. V69 said she checked the back of R32's head, there was no bleeding noted, but there was a large bald patch in the back of her scalp. Vital signs (VS) obtained, range of motion (ROM) within normal limits (WNL). V69 and the CNA assisted R32 up the CNA and another nurse assisted R32 to the toilet.</p> <p>On 09/25/24 at 2:37 PM, R32 was sitting outside in the courtyard with other residents. R32's hair/head was observed, and there was an approximate softball size area on the back of R32's head where she had hair missing.</p> <p>On 09/25/24 at 2:40 PM, V9, Certified Nursing Assistant (CNA), and V25, CNA, stated R32 usually has thick hair. V25 said when she came into work yesterday, she asked other staff what had happened to R32, and they told her staff heard a scream and went down the hall and they found R32 on the floor, and they had to pull R49 off R32, and he had her hair in his hands. She said R49 has threatened other resident's before, but he has never actually done anything to anyone. V25 stated R32 does wander on the unit. V25 said she is glad R49 is in the hospital at this time, because she is scared something else would happen.</p> <p>On 09/25/24 at 2:27 PM, V2, Director of Nursing (DON) and V33, Regional Director, stated they would expect staff to provide activities, attempt to keep them separated, if possible, redirect frequently, and to use the intervention they put into place.</p> <p>The facility Abuse, Prevention and Prohibition</p>	S9999		

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>IL6004428</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>09/26/2024</b>
--	--	---	---

NAME OF PROVIDER OR SUPPLIER  <b>HILLSBORO REHAB &amp; HCC</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>1300 EAST TREMONT STREET HILLSBORO, IL 62049</b>
--	--

(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	<p>Continued From page 5</p> <p>Policy, revision date of 1/24, documented Statement of Intent: Each resident has the right to be free from abuse, corporal punishment, and involuntary seclusion. Residents must not be subjected to abuse by anyone, including, but not limited to, facility staff, other residents, consultants or volunteers, staff of other agencies serving the resident, family members or legal guardians, friends, or other individuals. It continues, Resident to Resident Altercations: Resident to Resident abuse includes the term "willful." The word "willful" means that the individual's action was deliberate (not inadvertent or accidental), regardless of whether the individual intended to inflict injury or harm</p> <p>2. R31's Face Sheet, dated 9/24/24, documented R31 has diagnoses of COPD (Chronic Obstructive Pulmonary Disease), benign prostatic hyperplasia, muscle weakness, hyperlipidemia, PTSD (post-traumatic stress disorder), depression, hypertension, obstructive and reflux uropathy, chronic migraine, and low back pain.</p> <p>R31's MDS, dated 7/15/24, documents R31 is cognitively intact.</p> <p>R31's Care Plan, print date 9/17/24, documents R31 has a behavior problem related to cursing about his loss of independence and showing signs of frustration. The Care Plan documents R31 suffers from PTSD related to his military background. R31's care plan documented R31 will show signs of PTSD and staff interventions could include: 1. Ensuring resident's and other residents' safety while PTSD is displayed.</p> <p>R17's Face Sheet, dated 9/24/24, documented resident has diagnoses of end stage renal disease, type 2 diabetes mellitus, psychotic</p>	S9999		

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>IL6004428</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>09/26/2024</b>
--	--	---	---

NAME OF PROVIDER OR SUPPLIER  <b>HILLSBORO REHAB &amp; HCC</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>1300 EAST TREMONT STREET HILLSBORO, IL 62049</b>
--	--

(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	<p>Continued From page 6</p> <p>disorder with delusions, pseudobulbar affect, muscle weakness, anxiety disorder, major depressive disorder, auditory hallucinations, cerebral infarction, schizophrenia, cognitive communication deficit, legal blindness, cardiomyopathy, heart failure, and hypertension.</p> <p>R17's MDS, dated 7/12/24, documented resident is moderately cognitively impaired.</p> <p>R17's care plan, print date 9/24/24, documented R17 has a mood problem related to depression and anxiety.</p> <p>R31's Progress Note, dated 8/30/24 at 5:16 PM, documented "Patient made threatening comments about the neighbor patient yelling. Stating 'if she keeps doing it, I am going to shove a sock down her throat.' Education provided about behaviors and how legal action would be taken if such an event happened. Patient stated, 'I don't give a s***.'"</p> <p>R31's Progress Note, dated 9/2/24 at 5:58 PM, documented, "(R31) was in the hallway at this nurse's med cart to get medications when another resident, that was sitting in her room, started hollering. (R31) hollered loudly, "Shut the f*** up." The other resident stated, "you shut up you mother *****." This resident states, "shut the f*** up or I will come in there and rip your f***** throat out." This nurse tried to calm resident and explain to him that he cannot talk to other residents that way. Resident wheeled down the hall to go outside. (V1, Administrator) and Doctor (V20) notified. Will continue to monitor."</p> <p>The Facility's Investigation, undated, documented the Administrator was notified of an incident involving R31 and R17. Staff members reported</p>	S9999		

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>IL6004428</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>09/26/2024</b>
--	--	---	---

NAME OF PROVIDER OR SUPPLIER  <b>HILLSBORO REHAB &amp; HCC</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>1300 EAST TREMONT STREET HILLSBORO, IL 62049</b>
--	--

(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	<p>Continued From page 7</p> <p>that R31 yelled at R17 to "shut the f*** up" and R17 yelled back calling him a "mother f*****." R31 then yelled at R17 that he would "cut her throat out."</p> <p>On 9/19/24 at 7:55 AM, V38, Certified Nurse's Aide/CNA, stated she was working the night R31 and R17 verbally abused one another, but she did not witness it. V38 stated another coworker told her about the occurrence, and she does not know what intervention was put into place to keep it from happening again.</p> <p>On 9/19/24 at 9:02 AM, V19, CNA, stated she witnessed the abuse incident between R31 and R17 on 9/2/24. V19 stated she heard R31 yell at R17 that he was going to slit her throat. V19 stated she does not know what intervention was put into place to prevent this from happening again.</p> <p>(B)</p> <p>2 of 2</p> <p>300.610 a) 300.1210 b) 300.1210 c) 300.1220 b)3) 300.2900 d)2)</p> <p>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</p>	S9999		



Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>IL6004428</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>09/26/2024</b>
--	--	---	---

NAME OF PROVIDER OR SUPPLIER  <b>HILLSBORO REHAB &amp; HCC</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>1300 EAST TREMONT STREET HILLSBORO, IL 62049</b>
--	--

(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	<p>Continued From page 8</p> <p>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.</p> <p>Section 300.1210 General Requirements for Nursing and Personal Care</p> <p>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.</p> <p>c) Each direct care-giving staff shall review and be knowledgeable about his or her residents' respective resident care plan.</p> <p>Section 300.1220 Supervision of Nursing Services</p> <p>b) The DON shall supervise and oversee the nursing services of the facility, including:</p> <p>3) Developing an up-to-date resident care plan for each resident based on the resident's comprehensive assessment, individual needs and goals to be accomplished, physician's orders, and personal care and nursing needs. Personnel, representing other services such as nursing, activities, dietary, and such other modalities as are ordered by the physician, shall be involved in the preparation of the resident care plan. The plan shall be in writing and shall be reviewed and modified in keeping with the care needed as indicated by the resident's condition. The plan shall be reviewed at least every three months.</p>	S9999		

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>IL6004428</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>09/26/2024</b>
--	--	---	---

NAME OF PROVIDER OR SUPPLIER  <b>HILLSBORO REHAB &amp; HCC</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>1300 EAST TREMONT STREET HILLSBORO, IL 62049</b>
--	--

(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	<p>Continued From page 9</p> <p>Section 300.2900 General Building Requirements d) Doors and Windows 2) All exterior doors shall be equipped with a signal that will alert the staff if a resident leaves the building. Any exterior door that is supervised during certain periods may have a disconnect device for part-time use. If there is constant 24 hour a day supervision of the door, a signal is not required.</p> <p>These requirements are not met as evidenced by:</p> <p>Based on observation, interview, and record review, the facility failed to provide adequate supervision to prevent elopements for 1 of 8 residents (R49) reviewed for supervision to prevent elopements in a sample of 57. This failure resulted in R49, who has a known history of elopement attempts and dementia, eloped from the facility without staff knowledge and was located 60 miles away from the facility.</p> <p>Findings include:</p> <p>R49's Admission Record, with an original admission date of 03/11/24, documented R49 has diagnoses of, but not limited to: diastolic congestive heart failure (CHF), Type II diabetes mellites with chronic kidney disease, repeated falls, end stage renal disease, dependence on renal dialysis, and dementia.</p> <p>R49's Minimum Data Set (MDS), dated 06/16/24, documented R49 is severely cognitively impaired with a Brief Interview for Mental Status (BIMS) of 07 out of 15, and he requires setup/clean up assistance with his activities of daily living (ADL) and is independent with bed mobility and</p>	S9999		
-------	--	-------	--	--

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>IL6004428</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>09/26/2024</b>
--	--	---	---

NAME OF PROVIDER OR SUPPLIER  <b>HILLSBORO REHAB &amp; HCC</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>1300 EAST TREMONT STREET HILLSBORO, IL 62049</b>
--	--

(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	<p>Continued From page 10</p> <p>transfers.</p> <p>R49's Elopement Assessment, dated 03/11/24, documented R49 was cognitively impaired, and was not at risk for elopement.</p> <p>R49's Progress Note, dated 04/06/24 at 16:23 (4:23 PM), documented "Front door alarm was sounding. Writer was on the hall and went to the front door to check on alarm. Nobody was standing at the front door. Writer went outside to investigate who set the alarm off. Resident was walking back toward front door with walker with CNA (Certified Nursing Assistant) assisting him. CNA was outside returning from break when she noted this resident walking outside in front of the building to the facility van by himself. CNA was assisting resident back inside. Writer stayed with resident and CNA. Resident noted to have confusion and said he needed to meet at the van because the girl that gives rides was going to bring him home. Resident assisted back into facility without incident. Resident's nurse was updated. Resident went to his room to rest for a little while."</p> <p>R49's Elopement Assessment, dated 05/01/24, documented R49 is cognitively impaired, has history of elopement, desire to leave the facility, and anger issues relate to placement in the facility. It also documented, "What interventions were put in place to prevent resident from eloping? Picture in elopement book, frequent visual monitoring, and provided with distracting activity."</p> <p>R49's Care Plan, print date of 09/19/24, documented Date Initiated: 05/01/2024, "Focus: (R49) is an elopement risk/wanderer as evidence by (AEB) history of attempts to leave facility</p>	S9999		

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>IL6004428</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>09/26/2024</b>
--	--	---	---

NAME OF PROVIDER OR SUPPLIER  <b>HILLSBORO REHAB &amp; HCC</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>1300 EAST TREMONT STREET HILLSBORO, IL 62049</b>
--	--

(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	<p>Continued From page 11</p> <p>unattended. He believes someone is coming to take him home. Goal: The resident will not leave facility unattended, and the resident's safety will be maintained through the review date. Interventions include but are not limited to Identify pattern of wandering: Is wandering purposeful, aimless, or escapist? Is resident looking for something? Does it indicate the need for more exercise? Intervene as appropriate and resident not allowed outside of community independently, initiated on 04/06/24."</p> <p>R49's Progress Notes, dated 05/09/2024 at 03:33 PM, documented Dialysis called and informed staff that patient (R49) was restless and attempting to leave. Did complete his treatment. Dialysis staff is requesting a possible sitter to be with patient during treatments.</p> <p>R49's Progress Notes, dated 05/10/2024 at 09:34 AM, documented the Social Worker from dialysis called the facility to make them aware R49 is exit seeking at their facility and he attempted to get in someone's vehicle, and she wanted to discuss the situation over with V14, Social Services, and see what they can come up with for a solution.</p> <p>R49's Progress Notes, dated 05/17/2024 at 01:06 PM, documented dialysis called V14, Social Services, to express a concern with the elopements and agitation they are experiencing with R49 when he goes to dialysis. Dialysis informed V14 there is a policy in place that states in a circumstance such as this, the facility is to supply a sitter for R49 as he takes dialysis. V1, Administrator, states the facility will have a sitter for tomorrow's services as it is one of his scheduled days.</p> <p>R49's Progress Notes, dated 08/16/2024 at 02:04</p>	S9999		

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>IL6004428</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>09/26/2024</b>
--	--	---	---

NAME OF PROVIDER OR SUPPLIER  <b>HILLSBORO REHAB &amp; HCC</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>1300 EAST TREMONT STREET HILLSBORO, IL 62049</b>
--	--

(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	<p>Continued From page 12</p> <p>PM, documented R49 was going outside facility in courtyard. Writer reminded R49 he was not supposed to be going outside without supervision, he became upset, was yelling at staff to leave him alone, and refused to come back inside the facility.</p> <p>On 09/18/24 at 09:25 AM, V24, Licensed Practical Nurse (LPN), stated before the incident on 8/17/24, she had seen R49 go out the back door where the smokers sit, and she explained to him that he needed supervision while he was outside. She said if they have someone who tries to get out the doors have alarms on them and will sound.</p> <p>R49's Progress Notes, dated 08/17/24 at 01:30 PM, documented elopement reported to writer and elopement policy followed.</p> <p>R49's Police Report, dated 08/17/24 at 2:01 PM, was reviewed and documented, "(V53, Local Police Officer), was dispatched to the report of a missing person at a local nursing facility. At approximately 2:09 PM, (V53) arrived at the facility where numerous staff were searching nearby areas for (R49), and two county officers (V54 and V55) were already on scene. (V54) had already spoke with (V1, Administrator) and got all (R49's) personal information and what he was last seen wearing. Dispatch had advised (V53) there was a possibility (R49) was with his wife (V30). (V1) was asked if (R49) had left on foot and (V1) advised (V53) that no one had seen (V30, R49's wife), but they have had numerous issues with her wanting to take (R49) in the past. (R49) has limited mobility, and his wheelchair was still in his room, so more than likely (R49) was with (V30). (V1) had informed the officers (R49) had a legal court appointed guardian (V31), and</p>	S9999		

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>IL6004428</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>09/26/2024</b>
--	--	---	---

NAME OF PROVIDER OR SUPPLIER  <b>HILLSBORO REHAB &amp; HCC</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>1300 EAST TREMONT STREET HILLSBORO, IL 62049</b>
--	--

(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	<p>Continued From page 13</p> <p>he wasn't supposed to leave the facility. (V1) also stated (V30) was allowed to visit (R49), but she was aware she was not allowed to take him. (V54) had the local county telecommunicators obtain (V30's) vehicles registration information. Once (V54) had the car information he checked them with the License Plate Readers (LPR) located in the county and had two responses, one at 10:07 AM in another town, and one locally at 10:21 AM. (V54) had the local sheriff's office reach out to the county sheriff's office where (V30) resides to see if (R49) and (V30) were there. (V54) and (V55) cleared the scene and (V1) wished to enter (R49) as a missing person. At approximately 2:45 PM the next county sheriff's office made contact with the local sheriff's office and stated that a deputy had made contact with (V30) at her home where she told the deputy that (R49) "is here he needs to be" and slammed the door in the deputy's face. At approximately 5:41 PM (V56, Sargent for the other sheriff's office) contacted (V53) and informed him they had (R49) in their custody now after locating him at (V30's) residence. (V1, Administrator) then asked the police and sheriff's office to take (R49) to the local hospital to be evaluated prior to coming back to the facility. At approximately 6:24 PM, (V1) was updated on (R49) and told he was being taken to a local hospital and that the facility would have to transport (R49) back to the facility themselves."</p> <p>R49's Illinois Department of Public Health (IDPH) Elopement Investigation, dated 08/17/24, documents, "at approximately 1:30 PM, documented this letter is to notify the department of a final report regarding a resident that was possibly missing from the facility. On 08/17/24 at approximately 1:30 PM a licensed staff reported to the administrator that staff were not able to</p>	S9999		

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>IL6004428</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>09/26/2024</b>
--	--	---	---

NAME OF PROVIDER OR SUPPLIER  <b>HILLSBORO REHAB &amp; HCC</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>1300 EAST TREMONT STREET HILLSBORO, IL 62049</b>
--	--

(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	<p>Continued From page 14</p> <p>locate (R49), the Elopement policy was implemented immediately, and an investigation was initiated. (R49's) physician and guardian along with the ombudsman and police department were notified. (R49) is alert with confusion and has a BIMS (Brief Interview for Mental Status) of 7 and he needs assistance with his ADLs. (R49) has diagnose of dementia, anemia, diabetic, depression, HTN (hypertension), and receives dialysis treatment The staff immediately started searching the facility and the facility grounds and then extended the search per policy. A 100% head count was completed validating all residents were accounted for. A staff member was designated to imitate a timeline of events. The police were provided with a description of the resident and the clothing he was wearing. Attempts were made to contact the resident's spouse, and a message was left to call the facility back. The police contacted the administrator and reported they were able to "ping" the resident's spouse car indicating she was in a town not far from the facility. Staff were interviewed, they stated they did not witness resident's spouse in the facility, residents were interviewed, and they had no knowledge of residents leaving the facility. At 3:25 PM the police department notified V1, administrator that (R49) was with his spouse at their residence in another town. The police reported they knocked on the door, (V30) answered the door, and then closed the door on the police. The police notified the facility at approximately 5:50 PM they were able to talk with (V30) and (R49) left the residence with the police officers without incident. The police department stated they wouldn't be transporting (R49) back to the facility. (V1) requested (R49) be taken to the hospital for an assessment and the facility would provide transportation back to the facility."</p>	S9999		
-------	---	-------	--	--

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>IL6004428</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>09/26/2024</b>
--	--	---	---

NAME OF PROVIDER OR SUPPLIER  <b>HILLSBORO REHAB &amp; HCC</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>1300 EAST TREMONT STREET HILLSBORO, IL 62049</b>
--	--

(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	<p>Continued From page 15</p> <p>R49's Elopement Assessment, dated 08/18/24, documented R49 is cognitively impaired, has history of elopement, desire to leave the facility, and anger issues relate to placement in the facility. It also documented "What interventions were put in place to prevent resident from eloping? Picture in elopement book, frequent visual monitoring, provided with distracting activity, and moved resident to a secured unit."</p> <p>R49's Care Plan was updated to include the following information after his elopement on 08/17/24. R49 has been moved to the memory care unit, 1:1 supervision times 24 hours, if no issues, R49 will change to visual checks every 15 minutes times 24 hours, if no issues, they will chant to visual checks every 30 minutes times 24 hours, and if not issues R49 will be re-evaluated at that time. Resident is not allowed outside of community independently, and R49 has a past history of plotting a plan to leave the facility with V30. Staff should observe for this behavior and prevent it from happening.</p> <p>09/17/24 02:14 PM, V31, State Appointed Guardian, stated she is a lawyer in a surrounding county and was appointed by the court to be R49's legal guardian due to there not being anyone else to do it. She said on the day of the incident, she received 2 missed calls that she believes was from the facility, but there were no messages left. She said she doesn't answer numbers she doesn't recognize on the weekends, but if they would have left a message, she would have called them back. V31 said when she returned to work on Monday after the incident, she had 2 or 3 emails from the facility regarding R49 leaving the facility. She said from what she knows, the wife came into the facility after parking</p>	S9999		



Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>IL6004428</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>09/26/2024</b>
--	--	---	---

NAME OF PROVIDER OR SUPPLIER  <b>HILLSBORO REHAB &amp; HCC</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>1300 EAST TREMONT STREET HILLSBORO, IL 62049</b>
--	--

(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	<p>Continued From page 16</p> <p>in the hospital parking lot. She (wife) got R49 up and walked him back to her car. Wife confirmed it with her too. She said the facility called law enforcement and they were dispatched to the county where his wife had taken him back home. She said his wife had a standoff with the police and slammed the door in the police officers face. V31 said his wife (V30) eventually opened the door and let law enforcement in, and they were able to get R49 out of the house. The facility requested R49 be taken to the emergency room (ER) to be cleared before he was taken back to the facility. V31 said she became involved when there was a founded case of neglect made by adult protective services, they filed a petition for public guardian because there wasn't anyone to care for him. After the incident with his wife taking him home, an order of protection/restraining order was put into place.</p> <p>On 09/17/24 at 3:25 PM, this surveyor knocked on R49's door, introduced self, and asked if I could ask him a few questions. R49 said to come on in and have a seat. R49 was asked if he remembered the incident in August when he went home with his wife. He said he thinks he remembers it. This surveyor asked if R49 could tell me about it. R49 stated his wife parked over at the hospital parking lot, he walked up the hill, met her in the car, and they went home. He was asked if his wife came over to the facility and got him and he said no, they had made plans a while ago to do this. He said "but the straw that broke the camel's back" was he went into Social Services (V14) and asked when they were going to release him, and she told him he wasn't going to be released until the end of January. He said he can't leave his wife for that long; she depends on him. When questioned how he knew when to go over to meet his wife and how she knew what</p>	S9999		

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>IL6004428</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>09/26/2024</b>
--	--	---	---

NAME OF PROVIDER OR SUPPLIER  <b>HILLSBORO REHAB &amp; HCC</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>1300 EAST TREMONT STREET HILLSBORO, IL 62049</b>
--	--

(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	<p>Continued From page 17</p> <p>time to be there to get him R49 stated he had to call her to let her know. He said they went home, then the police came to get him, and so there wouldn't be any ramifications for his wife, he returned to the facility. R49 said after this, the District Attorney forbid him to talk to his wife, and if he did there would be consequences.</p> <p>On 09/18/24 at 10:21 AM, V14, Social Services, was interviewed at this time about the conversation she had with R49 the day before he eloped. V14 stated she came in and made rounds like she does every day. She said R49 was lying in bed, and she asked him how he was doing. V14 said he was going on about what is going on with him and court, and how he hates it. She said she tried to get him to go out to activities and he just acted like he didn't hear her, and he just laid back down in his bed. V14 stated she never had a conversation with R49 that day about discharging him. She said when it comes to talking with him about discharges, she watches what she says because she doesn't want to get his hopes up just to let him down. V14 said she was working on the day of the incident and that she had just come in to help by taking residents to their appointments (dialysis). V14 said she was between transports when they notified her they couldn't find R49. V14 said the CNAs were prepping for lunch when they noticed they couldn't find R49. She said they made the call over the intercom and began searching for R49 and she immediately started the elopement process, called V1, Administrator and V2, Director of Nursing. V14 stated if someone is an elopement risk, they would be in the elopement book. She said R49 use to sit up by the front door area and just hover around, and he would think every vehicle that he saw was here to pick him up. She said as far as she knows, R49 had never</p>	S9999		

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>IL6004428</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>09/26/2024</b>
--	--	---	---

NAME OF PROVIDER OR SUPPLIER  <b>HILLSBORO REHAB &amp; HCC</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>1300 EAST TREMONT STREET HILLSBORO, IL 62049</b>
--	--

(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	<p>Continued From page 18</p> <p>tried to elope before this incident. V14 said she has talked with Adult Protective Services (APS), and she was informed by them that there were issues with R49's previous living conditions. She said they told her there was a substantiated neglect case involving V30, R49's wife. V14 said there were issues when APS went to talk with V30, and she wouldn't let them in the house. V14 said when APS was finally able to enter the house, they found the house was in deplorable conditions. She said they told her there was feces lying around the house, lack of food, some safety issues regarding R49 using the stove by himself and leaving it on for multiple hours, and R49 not making it to his dialysis appointments. They said the wife was showing signs of confusion; that is how APS got involved in the situation. Their son/daughter notified APS and telling them their mom was very confused, agitated, and all over the place.</p> <p>On 09/18/24 at 10:45 AM, V1, Administrator, was interviewed at this time regarding the elopement of R49. She said she wasn't in the facility at the time of R49's elopement. She said when staff discovered R49 was not able to be located they notified her, and she immediately came in. She said they called 911, and the staff then searched the outside of the facility. She said the police and the local county sheriff's department even came out and helped with the search. V1 said V30 was known to come to the facility on the weekend or in the late evening to see R49. V1 said the police were able to look at cameras and they got a "ping" for V30, and she was headed toward the facility, so they then notified other police departments about the situation. She said they sent police to V30's house and when they got there V30 wouldn't let them in, and she slammed the door in their face. V1 said the police were</p>	S9999		

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>IL6004428</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>09/26/2024</b>
--	--	---	---

NAME OF PROVIDER OR SUPPLIER  <b>HILLSBORO REHAB &amp; HCC</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>1300 EAST TREMONT STREET HILLSBORO, IL 62049</b>
--	--

(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	<p>Continued From page 19</p> <p>finally able to get R49 out of the house, and she wanted R49 checked out at the hospital before coming back to the facility. V1 stated she doesn't recall R49 having eloped from the facility any time prior to this incident. V1 said she doesn't know much about R49 and the APS situation. She said all she really knows is R49 was deemed not safe at home with V30. V1 said prior to this incident, V30 was able to talk with and come and visit R49, but now there is an order of protection, and they are not supposed to have any contact with each other. V1 stated since the order of protection (OOP), V30 tried to come and visit one time, but the police were called immediately, and she was removed.</p> <p>On 09/18/24 at 11:07 AM, V1, Administrator, stated the facility doesn't use electronic monitoring devices.</p> <p>09/19/24 10:35 AM, V65, CNA, stated the other CNA (V66) that was working on 08/17/24 with her, was the one who noticed R49 was not able to be found. V65 stated V66 noticed around lunch time, and came and told her she thinks R49 is gone. V65 said she knew he wasn't gone to dialysis, so they looked at the sign out book, didn't see where anyone had signed R49 out, so they checked with R49's friend to see if he had seen him, but he hadn't, so they immediately started working together checking the hallways, they did a head count, and then they did a sweep outside of the building, but were still unable to locate R49. V65 stated they don't know what door R49 went out and no identified alarms went off that she knows of.</p> <p>On 09/25/24 at 2:27 PM, V2, Director of Nursing (DON), and V33, Regional Director, stated they would expect staff to supervise the individuals</p>	S9999		

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>IL6004428</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>09/26/2024</b>
--	--	---	---

NAME OF PROVIDER OR SUPPLIER  <b>HILLSBORO REHAB &amp; HCC</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>1300 EAST TREMONT STREET HILLSBORO, IL 62049</b>
--	--

(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	<p>Continued From page 20</p> <p>who were an elopement risk. Monitor with supervision and make sure their care plans are up to date.</p> <p>On 09/18/24 at 02:02 PM, V32, V29's Nurse/ Licensed Practical Nurse (LPN), called this surveyor back and stated she had spoken with V29, R49's primary care physician (PCP), at the time of the incident, and asked him if he thought R49 would be safe outside of the facility by himself, and remember to take his medications and to go to his dialysis appointments? V32 said V29 stated, no he does not think R49 would be safe outside of the facility by himself and doesn't think he would remember to take his medication or go to his dialysis appointments.</p> <p>The facility's Elopement policy, with a reviewed date of 05/2023, documents, "Policy It is the policy of this facility that all residents are afforded adequate supervision to provide the safest environment possible. All residents will be assessed for behaviors or conditions that put them at risk for elopement. All residents so identified will have these issues addressed in their individual care plans. Responsibility All staff is responsible. Definitions For the purpose of this policy, "missing resident" shall be defined to mean a resident who has left the facility grounds without signing him/herself out of the facility." It also documents "Environmental Considerations for the Prevention of Missing Residents and Elopements. 1. Residents who are at risk for elopement shall be provided at least one of the following safety precautions by the facility: Door alarms on facility exits; and /or a personal safety device that will alert facility staff when the resident has left the building without supervision (i.e.: Code Alert or Wander guard bracelet/anklet system); and/or staff supervision." It further</p>	S9999		

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>IL6004428</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>09/26/2024</b>
--	--	---	---

NAME OF PROVIDER OR SUPPLIER  <b>HILLSBORO REHAB &amp; HCC</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>1300 EAST TREMONT STREET HILLSBORO, IL 62049</b>
--	--

(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 21  documents "Routine procedures for prevention of missing residents and elopements or attempted elopements. 1. Using the MDS resident assessment schedule, all residents shall be reviewed for safety concerns and precautions. Residents at risk for elopement shall be identified and documented in the individual plan of care. 2. Unless otherwise identified in a plan of care, residents who are a risk for possible elopement shall be accompanied when leaving the facility grounds. The resident representative shall sign the resident out of the facility on the resident sign-out sheet."  (A)	S9999		