Illinois D	epartment of Public	Health			FORM	APPROVED
STATEMEN	IT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:				E SURVEY PLETED
		IL6008718	B. WING			C 25/2024
NAME OF F	PROVIDER OR SUPPLIER	STREET AL	DRESS, CITY, S	STATE, ZIP CODE	•	
SOUTH E	ELGIN REHAB & HCC		T SPRING ST			
		SOUTHE	LGIN, IL 601			
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ITEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRE (EACH CORRECTIVE ACTION SH CROSS-REFERENCED TO THE API DEFICIENCY)	OULD BE	(X5) COMPLETE DATE
S 000	Initial Comments		S 000			
	Complaint Investiga	ation 2472954/IL171935				
S9999	Final Observations		S9999			
	Statement of Licens 300.610a) 300.1210a) 300.1210b) 300.1420	sure Violations				
	Section 300.610 R	esident Care Policies				
	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 by this committee, o and dated minutes	dvisory physician or the ommittee, and representatives or services in the facility. The ly with the Act and this Part. s shall be followed in operating I be reviewed at least annually documented by written, signed				
	Section 300.1210 Nursing and Persor	General Requirements for nal Care				
	facility, with the par the resident's guard applicable, must de comprehensive car includes measurab meet the resident's	nsive Resident Care Plan. A ticipation of the resident and dian or representative, as evelop and implement a re plan for each resident that le objectives and timetables to medical, nursing, and mental eeds that are identified in the				
	tment of Public Health Y DIRECTOR'S OR PROVID	DER/SUPPLIER REPRESENTATIVE'S SIG	SNATURE	TITLE		(X6) DATE
	ically Signed					05/18/24
TATE FOR	N		⁶⁸⁹⁹ B	VHT11	If continu	ation sheet 1 of

	NT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		CONSTRUCTION		E SURVEY PLETED
		11 0000740	B. WING			C
		IL6008718			04/	25/2024
NAME OF I	PROVIDER OR SUPPLIER		DDRESS, CITY, ST			
SOUTHI	ELGIN REHAB & HCC		ELGIN, IL 6017			
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF (EACH CORRECTIVE ACT CROSS-REFERENCED TO DEFICIENC	FION SHOULD BE THE APPROPRIATE	(X5) COMPLET DATE
S9999	Continued From pa	ige 1	S9999			
	resident's comprehensive assessment, which allow the resident to attain or maintain the highest practicable level of independent functioning, and provide for discharge planning to the least restrictive setting based on the resident's care needs. The assessment shall be developed with the active participation of the resident and the resident's guardian or representative, as applicable. (Section 3-202.2a of the Act) 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. Restorative measures shall include, at a minimum, the following procedures:		t			
	Section 300.1420 Services	Specialized Rehabilitation				
	therapy or any othe service is offered, it supervised by, a qu	occupational therapy, speech er specialized rehabilitative t shall be provided by, or ialified professional in that the written order of the				
	The REQUIREMEN	NT was not met as evidenced				
	failed to obtain orde therapy services to in a resident with a	and record review, the facility ers and provide physical residents. This failure resulted functional decline (R103) eceiving physical therapy and				

epartment of Public	Health			FORM	APPROVED
NT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:				E SURVEY PLETED
	IL6008718	B. WING			C 25/2024
PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, S	TATE, ZIP CODE		
	746 WES	T SPRING ST	REET		
ELGIN REHAB & HCC	SOUTH E	LGIN, IL 601	77		
(EACH DEFICIENCY	MUST BE PRECEDED BY FULL	ID PREFIX TAG	(EACH CORRECTIVE ACTIO CROSS-REFERENCED TO TH	N SHOULD BE E APPROPRIATE	(X5) COMPLETE DATE
Continued From pa	ge 2	S9999			
taking longer to retu This applies to 3 of	urn to his baseline function. 3 residents (R101, R102, and				
The findings include	e:				
admitted to the faci with multiple diagno heart disease, epile	lity on September 20, 2022, oses including hypertensive opsy, dementia, and				
28, 2024, showed F impairment. The M could independently	R103 had moderate cognitive IDS continued to show R103 y transfer to and from a bed to				
AM, by V18 (RN/Refresident awake and Breathing non labor chest wall expansion longer takes a walk Incontinent of bowe him up and down by Conferred with the Assistant) if she not reaffirmed nurse ob temperature 98.3 do 144/90, pulse rate 7 saturation at room a expression symmet numbness, nor mus confusion, repaid in hand grasp strong a speaking nor slurrin difficulty of mobility,	egistered Nurse) showed, l alert, verbally responsive. red and with symmetrical on. Observed that resident no whenever he is awake. I and bladder. Tried to get ut resident unable to do task. night CNA (Certified Nursing ticed the same thing and she oservation. Assessment done: egrees, blood pressure 75, respiratory rate 18, oxygen air 95% (percent). Facial trical, no drooling noted, no scle weakness, no mental woluntary eye movement, and equal, no difficulty ng of speech. Resident with				
	PROVIDER OR SUPPLIER ELGIN REHAB & HCC SUMMARY STA (EACH DEFICIENCY REGULATORY OR LA Continued From pa taking longer to retu This applies to 3 of R103) reviewed for sample of 9. The findings include 1. R103's Medical F admitted to the faci with multiple diagno heart disease, epile nontraumatic subar R103's MDS (Minin 28, 2024, showed F impairment. The M could independently a chair, toilet transfe A progress note dat AM, by V18 (RN/Re resident awake and Breathing non labor chest wall expansic longer takes a walk Incontinent of bowe him up and down by Conferred with the Assistant) if she nor reaffirmed nurse of temperature 98.3 d 144/90, pulse rate 7 saturation at room a expression symmet numbness, nor mus confusion, repaid in hand grasp strong a speaking nor slurrir	OF CORRECTION IDENTIFICATION NUMBER: IL6008718 IL6008718 PROVIDER OR SUPPLIER STREET AL SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) Continued From page 2 taking longer to return to his baseline function. This applies to 3 of 3 residents (R101, R102, and R103) reviewed for therapy services in the sample of 9. The findings include: 1. R103's Medical Record showed R103 was admitted to the facility on September 20, 2022, with multiple diagnoses including hypertensive heart disease, epilepsy, dementia, and nontraumatic subarachnoid hemorrhage. R103's MDS (Minimum Data Set) dated January 28, 2024, showed R103 had moderate cognitive impairment. The MDS continued to show R103 could independently transfer to and from a bed to a chair, toilet transfer, and walk 150 feet. A progress note dated February 26, 2024, at 4:30 AM, by V18 (RN/Registered Nurse) showed, resident awake and alert, verbally responsive. Breathing non labored and with symmetrical chest wall expansion. Observed that resident no longer takes a walk whenever he is awake. Incontinent of bowel and bladder. Tried to get him up and down but resident unable to do task. Conferred with the night CNA (Certified Nursing Assistant) if she noticed the same thing and she reaffirmed nurse observation. Assessment done: temperature 98.3 degrees, blood pressure 144/90, pulse rate 75, respiratory rate 18, oxygen saturation at room air 95% (percent). Facial expression symmetrical, no drooling noted, no numbness, n	AT OF DEFICIENCIES OF CORRECTION (X1) PROVIDER/SUPPLIER/CLA IDENTIFICATION NUMBER: (X2) MULTIPLI A. BUILDING: IL6008718 B. WING	AT OF DEFICIENCIES (X1) PROVIDERSUPPLER/CLA (X2) MULTIPLE CONSTRUCTION A BUILDING: ILG008718 B. WING PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE ELGIN REHAB & HCC 746 WEST SPRING STREET SOUTH ELGIN, IL 6017 PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE ELGIN REHAB & HCC 746 WEST SPRING STREET SOUTH ELGIN, IL 6017 Continued From page 2 SUMMARY STATEMENT OF DEFICIENCIES (EACH ORDERCIMPA WIST DE PROVIDERS PLAN OF CI (EACH ORDERCIMPA WIST DE PROVIDERS	legartment of Public Health (x3) parts or D pelecievations (x1) providersuppriservation (x2) MULTIPLE CONSTRUCTION (x3) parts or CORRECTION IL6008718 E. WING (x4) PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, JP CODE (x4) ELGIN REHAB & HCC 746 WEST SPRING STREET (x4) SUMMARY STREEMENT OF DERCEMENTES ID PREVIDER MAN COORECTION REQULATORY OR LSC IDENTIFYING INFORMATION) PREFIX RECONCORRECTIVE ACTION BIOLID BE reaction of the strength of the strengt of the strengt of the strength of the str

Illinois Department of Public Health STATE FORM

If continuation sheet 3 of 9

Illinois D	epartment of Public	Health			-	APPROVE
	IT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE A. BUILDING: _			SURVEY PLETED
		IL6008718	B. WING			C 25/2024
NAME OF	PROVIDER OR SUPPLIER	STREET AL	DRESS, CITY, S	TATE, ZIP CODE		
SOUTHI	ELGIN REHAB & HCC	746 WES	T SPRING ST	REET		
		SOUTH E	LGIN, IL 601	77		
(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 ACTIO CROSS-REFERENCED TO TH DEFICIENCY	ON SHOULD BE IE APPROPRIATE	(X5) COMPLETE DATE
S9999	Continued From pa	ge 3	S9999			
	A progress note dated February 29, 2024, at 6:00 PM, by V13 (RN) showed, "Readmitted a 65 year old male from [local hospital] via [ambulance company] up in a wheelchair, extensive assist of two with transfer."					
	Nurse) said R103 c V3 continued to say independently, but i	at 1:00 PM, V3 (RN/Registered annot get out of bed and walk. / R103 used to be able to walk in February, R103 suddenly d was sent to the hospital.				
	February 26, 2024, independently and t was sent to the hos R103 to the facility spoke with V11 (Ph get an order for phy continued to say so determining if a res	at 2:58 PM, V13 (RN) said on R103 was walking then stopped walking so R103 pital. V13 said she readmitted on February 29, 2024, and ysician). V13 said she did not vsical therapy for R103. V13 cial services will assist in ident needs physical therapy. ted receiving therapy on				
	On April 23, 2024, at 11:09 AM, V12 (Social Services Director) said there was a delay in R103 receiving physical therapy because the facility did not have a therapy company to provide residents with physical therapy.					
	said R103 should h therapy when he wa hospital on Februar not notified of R103 upon readmission t asked about a phys continued to say if h	at 9:34 AM, V11 (Physician) ave been evaluated for as readmitted from the y 29, 2024. V11 said he was l's continued functional decline o the facility and was not sical therapy evaluation. V11 ne would have been notified of unctional decline, V11 would				

	ATEMENT OF DEFICIENCIES D PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE A. BUILDING: _	CONSTRUCTION	COM	E SURVEY PLETED
		IL6008718	B. WING			C 25/2024
NAME OF F	PROVIDER OR SUPPLIER	STREET A	ODRESS, CITY, ST	TATE, ZIP CODE		
SOUTH E	ELGIN REHAB & HCC		T SPRING STE ELGIN, IL 6017			
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF (EACH CORRECTIVE ACT CROSS-REFERENCED TO T DEFICIENC	ION SHOULD BE THE APPROPRIATE	(X5) COMPLETI DATE
S9999	Continued From pa	ge 4	S9999			
	facility is having iss therapy department issues. V11 said R therapy sooner and therapy in a timely r did not have therap On April 23, 2024, a Director) said R103 supervision, and R ² R103 was evaluate March 22, 2024, an R103 because R10 seconds. V5 contir R103 was not starte readmitted to the fa V5 said it will take la	rapy evaluation. V11 said the ues with funding and the last t left because of funding 103 should have received believes R103 did not receive manner because the facility y services. at 10:36 AM, V5 (Rehab 's prior function was 103 could ambulate. V5 said d by physical therapy on d the therapist did not walk 3 could only stand for 10 nued to say it was a concern ed on therapy right after being icility on February 29, 2024. onger for R103 to get back to ine because there was a delay				
	Treatment dated Ma (Physical Therapist Assessment: Ambu attempted due to m concerns. Gait Pat ambulate on evalua	erapy Evaluation and Plan of arch 22, 2024, by V17) showed, "Functional Mobility llation: Walk 10 feet = Not edical conditions or safety tern/Deviations: Did not ation; unable to stand greater th moderate/maximal assist."				
	admitted to the faci multiple diagnoses	Record showed R102 was lity on February 9, 2022, with including chronic obstructive , anxiety, and urinary tract				
	was cognitively inta show R102 was de	March 3, 2024, showed R102 ct. The MDS continued to pendent on facility staff for m a bed to a chair, toilet				

	IT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		CONSTRUCTION		E SURVEY PLETED
						С
		IL6008718	B. WING			25/2024
IAME OF F	PROVIDER OR SUPPLIER	STREET AI	DDRESS, CITY, ST	TATE, ZIP CODE		
SOUTH E	ELGIN REHAB & HCC		T SPRING STI ELGIN, IL 6017			
(X4) ID	SUMMARY STA	TEMENT OF DEFICIENCIES		PROVIDER'S PLAN OF (CORRECTION	(X5)
PREFIX TAG		Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE ACTI CROSS-REFERENCED TO T DEFICIENC	HE APPROPRIATE	COMPLET DATE
S9999	Continued From pa	ge 5	S9999			
	transfers, and bathing.					
	R102's physician order dated December 23, 2024, showed, "Occupational Therapy and Physical Therapy evaluation and treatment order. Physical Therapy clarification order five times a week for 12 weeks."					
	been receiving phys V19 (Physical Thera month without phys	at 1:27 PM, R102 said she hac sical therapy in February with apist), but then R102 went a ical therapy. R102 said she nysical therapy again about				
	by V19, dated Febru "Remaining Function Impairments: Patient therapy due to weal	erapy Therapist Progress note uary 7, 2024, showed, onal Deficits/Underlying nt continues to require skilled kness, balance deficit, poor or safety which influence ability s of choice."				
	V19, dated Februar performed therapeu strength, endurance flexibility. Effective	erapy Daily Treatment Note by y 16, 2024, showed "Patient utic exercises to develop e, range of motion and February 19, 2024, [Rehab onger be a therapy provider."				
	R102's therapy was	nave documentation to show discontinued or ending due er highest practicable level of				
	R102 received phys	nave documentation to show sical therapy between and March 22, 2024.				
	On April 23, 2024, a	at 10:54 AM, V5 said R102				

	epartment of Public	Health	-			
	NT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE A. BUILDING:			E SURVEY PLETED
		IL6008718	B. WING			C 25/2024
NAME OF F	PROVIDER OR SUPPLIER	STREET AI	DDRESS, CITY, ST	TATE, ZIP CODE		
eoutu r	ELGIN REHAB & HCC	746 WES	T SPRING STI	REET		
300111		SOUTH	ELGIN, IL 6017	77		
(X4) ID PREFIX TAG	(EACH DEFICIENC)	TEMENT OF DEFICIENCIES / MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF (EACH CORRECTIVE ACT CROSS-REFERENCED TO T DEFICIENC	ION SHOULD BE THE APPROPRIATE	(X5) COMPLETE DATE
S9999	Continued From pa	ge 6	S9999			
	therapy company a company came to t	therapy from a different nd when the current rehab he facility on March 22, 2024, d so therapy services could				
	On April 23, 2024, at 11:11 AM, V12 (So Services Director) said R102 was receive therapy services from the previous thera company. V12 continued to say R102 was sent to an outside company to resume to services after the previous company sto services in the facility. V12 said the fac not send any residents to an outside con therapy services because the facility the new therapy company was starting, but getting delayed. V12 said R102 receive when the new company came on March 2024, about a month after the previous company stopped services.	said R102 was receiving om the previous therapy tinued to say R102 was not company to resume therapy revious company stopped ity. V12 said the facility did ents to an outside company for ecause the facility thought the any was starting, but it kept 12 said R102 received therapy bany came on March 22, th after the previous therapy				
	admitted to the faci multiple diagnoses	Record showed R101 was lity on July 10, 2015, with including chronic kidney atrial fibrillation, and anemia.				
1	R101 was cognitive to show R101 requi facility staff for bed	January 17, 2024, showed ly intact. The MDS continued ired maximal assistance of mobility, transferring to and ir, and toilet transfers.				
	initiated on April 13 deficit-needs super complete quality ca completed ADLs to show multiple int 2023, including "ID	y of Daily Living) care plan , 2023, showed, "Self care vision and/or assist to re and/or poorly motivated to " R101's care plan continued erventions initiated on April 13 T (Interdisciplinary Team) to PT (Physical Therapy)	,			

STATEMEN	Department of Public NT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE A. BUILDING: _			E SURVEY PLETED
		IL6008718	B. WING			C 25/2024
NAME OF I	PROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, ST	TATE, ZIP CODE		
SOUTH	ELGIN REHAB & HCC		T SPRING STE ELGIN, IL 6017			
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF (EACH CORRECTIVE ACT CROSS-REFERENCED TO 1 DEFICIENC	TION SHOULD BE	(X5) COMPLET DATE
S9999	Continued From pa	age 7	S9999			
	services."					
	Order dated Janua Therapy/Occupatio evaluation and trea clarification, five tin R101's February 20	cord showed a Physician ry 12, 2024, for "Physical nal Therapy/Speech Therapy tment. Physical Therapy nes a week for 12 weeks." 024 Physician orders showed, a times a week times 12 weeks				
	dated February 8, 2 continues to require services to focus o neuromuscular ree	erapy Therapist Progress note 2024, by V19 "Patient e skilled physical therapy n: therapeutic exercise, ducation, gait training, manual therapy, and therapeutic				
	R101's therapy was	have documentation to show s discontinued or ending due s highest practicable level of				
	R101 received phy	have documentation to show sical therapy between and March 22, 2024.				
	said R101's physic been stopped beca from therapy. V11 stopped receiving t	at 9:47 PM, V11 (Physician) al therapy should not have use R101 was not discharged continued to say R101 herapy services because the a therapy company to provide				
	was receiving thera therapy company.	at 11:11 AM, V12 said R101 apy services from the previous V12 continued to say R101 outside company to resume				

STATEMEN	epartment of Public	(X1) PROVIDER/SUPPLIER/CLIA		CONSTRUCTION		
ND PLAN	OF CORRECTION	IDENTIFICATION NUMBER:	A. BUILDING:		СОМ	PLETED
		IL6008718	B. WING			C 25/2024
IAME OF F	ROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, ST	JATE, ZIP CODE		
OUTH E	ELGIN REHAB & HCC		T SPRING STI ELGIN, IL 6017			
(X4) ID PREFIX TAG	(EACH DEFICIENC)	TEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF C (EACH CORRECTIVE ACTION CROSS-REFERENCED TO TH DEFICIENCY	ON SHOULD BE HE APPROPRIATE	(X5) COMPLET DATE
S9999	Continued From pa	age 8	S9999			
	stopped services in facility did not send company for therap thought the new the but it kept getting d received therapy se company started on	ter the previous company the facility. V12 said the any residents to an outside by services because the facility erapy company was starting, elayed. V12 said R101 ervices when the new therapy in March 22, 2024, about a evious therapy company (B)				
ois Depar ATE FORM	tment of Public Health					