(X3) DATE SURVEY

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:			CONSTRUCTION	COMF	(X3) DATE SURVEY COMPLETED	
	IL6010144		B. WING		05/09/2024	
	PROVIDER OR SUPPLIER		DRESS, CITY, S'	TATE, ZIP CODE		
GROVE	OF ELMHURST, THE	ELMHUR	ST, IL 60126			
(X4) ID PREFIX TAG	(EACH DEFICIENCY	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECT (EACH CORRECTIVE ACTION SHOU CROSS-REFERENCED TO THE APPRO DEFICIENCY)	ILD BE	(X5) COMPLETE DATE
S 000	Initial Comments		S 000			
	Complaint Investiga 2473314/IL172466 2473313/IL172465 2473320/IL172471					
S9999	Final Observations		S9999			
	a) The facility procedures govern facility. The writter be formulated by a Committee consist administrator, the a medical advisory or of nursing and other policies shall compositive facility and sharp by this committee, and dated minutes Section 300.1210 Nursing and Person Discounting and Person Discounting and Person Discounting and Services of practicable physical well-being of the releach resident's complan. Adequate and	Resident Care Policies shall have written policies and ing all services provided by the policies and procedures shall Resident Care Policy ing of at least the advisory physician or the committee, and representatives er services in the facility. The ply with the Act and this Part. In shall be followed in operating the reviewed at least annually documented by written, signed of the meeting. General Requirements for				

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

Electronically Signed

TITLE

(X6) DATE

05/22/24

AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:			CONSTRUCTION	COMI	(X3) DATE SURVEY COMPLETED	
		IL6010144	B. WING			C 09/2024
	PROVIDER OR SUPPLIER OF ELMHURST, THE	127 WES	DRESS, CITY, ST F DIVERSEY ST, IL 60126	TATE, ZIP CODE		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORR (EACH CORRECTIVE ACTION S CROSS-REFERENCED TO THE AF DEFICIENCY)	HOULD BE	(X5) COMPLETE DATE
S9999	resident to meet the care needs of the resident to meet the care needs of the resident of the resident of the resident of the resident. These Regulations Based on observation review, the facility faright to be free from (Agency CNA-Certification of the resident of the	e total nursing and personal esident. Abuse and Neglect icensee, administrator, of a facility shall not abuse or (Section 2-107 of the Act) are not met as evidenced by: on, interview, and record ailed to protect the resident's a physical abuse by V3 fied Nursing Assistant), when he face and grabbed R1's olies to 1 of 4 residents (R1) orresident abuse in the sample of the R1 experiencing bruising are arm and R1 experiencing a st. R1 stated she can still see wards her face when she at 11:09 AM, R1 was lying in I had dark purple bruising eye, and dark purple bruising in the crease between her are Green bruising was also ridge of R1's nose, and fading, visible on R1's left forearm	S9999			

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING:			(X3) DATE SURVEY COMPLETED			
		IL6010144	B. WING		05/0	9/2024		
NAME OF I	PROVIDER OR SUPPLIER	STREET ADI	DRESS, CITY, ST	TATE, ZIP CODE				
GROVE	GROVE OF ELMHURST, THE 127 WEST DIVERSEY							
GROVE	or Elimionor, The	ELMHURS	ST, IL 60126					
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTI (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPRO DEFICIENCY)	LD BE	(X5) COMPLETE DATE		
\$9999	on her face, around nose happened the punched in the face was Saturday, April the way [V3] (CNA) I told her to stop. The and was hitting me and over. I kept tell used her big fist an face. [V3] grabbed my left arm that is rit! Stop it! Stop it! three roommates, the not help me. I prefewas a bad thing, arbad things. But ever can see is her gian I did not put on my to. Later, [V15] (Lecame in to check of medication becaus asked me what hap (CNA) hit me." The EMR (Electron is a 76-year-old fer facility on October diagnoses including intervertebral discorright buttock, reductive Pulmon transient ischemic R1's MDS (Minimus in the control of the co	In the reyes and across her a same day, after she was a by V3 (CNA). R1 stated, "It is 27, after dinner. I did not like a was trying to change me, and then she started using a pillow all over my body with it, over ing her to stop it. Then she is did punched me right in the my arms and left bruising on now going away. I said, "Stop out they do not talk and could are to not talk about it because it ind I don't like to think about ary time I close my eyes, all I at fist coming towards my face. I call light because I was afraid and I was afraid and I told her for pain the my face was hurting. She opened, and I told her [V3] are my face was hurting. She opened, and I told her [V3] are my face was admitted to the 12, 2022. R1 has multiple go, thoracic and lumbosacral disorder, pressure ulcer of the my face was hurting. She opened, diabetes, lisorder, depression, allure, COPD (Chronic hary Disease), and history of attack and cerebral infarction. In Data Set) dated March 22, cognitively intact, requires set	S9999					
	up assistance with	eating, substantial/maximal l hygiene, dressing, and bed						

Illinois Department of Public Health STATE FORM

PRINTED: 06/06/2024 FORM APPROVED Illinois Department of Public Health (X3) DATE SURVEY (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION STATEMENT OF DEFICIENCIES COMPLETED **IDENTIFICATION NUMBER:** AND PLAN OF CORRECTION A. BUILDING: B. WING 05/09/2024 IL6010144 STREET ADDRESS, CITY, STATE, ZIP CODE NAME OF PROVIDER OR SUPPLIER 127 WEST DIVERSEY **GROVE OF ELMHURST, THE** ELMHURST, IL 60126 PROVIDER'S PLAN OF CORRECTION (X5) COMPLETE SUMMARY STATEMENT OF DEFICIENCIES (X4) ID (EACH CORRECTIVE ACTION SHOULD BE (EACH DEFICIENCY MUST BE PRECEDED BY FULL **PREFIX PREFIX** DATE CROSS-REFERENCED TO THE APPROPRIATE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG TAG DEFICIENCY) S9999 S9999 Continued From page 3 mobility, and is dependent on facility staff for toilet hygiene, showering/bathing, personal hygiene, and transfers between surfaces. R1 has an indwelling urinary catheter and is always incontinent of stool. The EMR shows R1 has a care plan for being resistive to care, manifested by her depression and bipolar disorder diagnosis. The care plan was initiated on March 26, 2024. Multiple interventions initiated on March 26, 2024, show: "Create a warm, safe, and inviting environment for care, make sure lighting is adequate, try to create a home-like bathroom/shower area. Emphasize dignity. Emphasize soothing, kind, slow, and compassionate speech. Do not rush or hurry. Use body language that communicates patience." On April 30, 2024, at 11:22 AM, V15 (LPN) stated, "Around 7:45 PM, [R1] asked for her Tramadol (pain medication). V15 stated R1's Tramadol is scheduled to be administered at 9:00 PM. V15 stated I asked R1 why she needed pain medication early. She (R1) turned on her room light and was pointing to her right forehead, and I could see a bump and bluish discoloration around her right forehead, and she said [V3] (CNA) hit her. My whole body went cold because I have never had that happen, that someone said they

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were hurt by a staff member. The bruising was on her forehead, and I called [V1] (Administrator), the doctor, and the NP (Nurse Practitioner), and left a message for the family member. I then called the police, and the fire department. The paramedics came to the facility, but [R1] refused to go to the hospital and signed a paper to show she refused to go to the hospital. So, we did an X-ray. [R1] is a very particular resident about her care. She can be bossy. She is very alert. I sent

4DW911

Illinois Department of Public Health
STATEMENT OF DEFICIENCIES (X1) PR

STATEMENT OF DEFICIENCIES		(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPLE	CONSTRUCTION	(X3) DATE SURVE COMPLETED	
AND PLAN OF CORRECTION		IDENTIFICATION NUMBER:	A. BUILDING:		СОМІ	PLETED
			5 14/11/0			С
		IL6010144	B. WING		05/	09/2024
NAME OF	PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, S	TATE, ZIP CODE		
GROVE	OF ELMHURST, THE		T DIVERSEY ST, IL 60126			
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CO (EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE DEFICIENCY)	N SHOULD BE E APPROPRIATE	(X5) COMPLETE DATE
S9999	[V3] (CNA) home of On April 27, 2024, documented, "Whit complained of pair complete body of of forehead bump with skin. Skin intact in the resident was as resident said, "The during ADLs (Activapplied to the site started. No change status. Scheduled alert, oriented x/tim [V22] (Physician) and ordered X-ray of the STAT. [V1] (Admir (Family member of called and notified, refused to go to the encouraged by NCD paramedics. Assign pending investigation resident." The facial and nas 2024, showed: "Note in a same season of the courage of the courage of the courage of the encourage of		S9999			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:			CONSTRUCTION		SURVEY PLETED	
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	PROVIDER OR SUPPLIER OF ELMHURST, THE	127 WEST	DRESS, CITY, ST DIVERSEY ST, IL 60126	TATE, ZIP CODE		
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S9999	On May 1, 2024, at stated, "I was not a Monday, the detect found [V3] and ther pick her up for aggranswer my calls. [For change her brief ar one side to remove has a curved spine position it hurts her [V3] how the other does not hurt her. the other side and [R1] told [V3] "I told doing it." The CNA pillow. [R1] said she was to [V3] (CNA) she was her a dummy and to punched her. [R1] and it was not discomaking rounds. [V7] reported it to me righome." On May 1, 2024, at Detective) said, "I in 29, 2024, and she spunched [R1] and it charged with aggra	age 5 10:41 AM, V1 (Administrator) ble to speak to [V3] (CNA). On tive came and told me that they re are approved charges to ravated battery. [V3] did not R1] said [V3] came in to red [V3] pushed the resident on the brief. [R1] told her she and when you put her in this red [R1] was trying to explain to CNAs are able to do it, so it When the CNA went around pushed her over in the bed, red you it hurts me how you are red started hitting her with the red did not scream out for help. red back onto her back and told red a bully and possibly called that is when [V3] (CNA) red did not call anyone for help revered until [V15] (LPN) was red found the injury and red ght away and we sent the CNA red 12:08 PM, V16 (Police red interviewed [V3] (CNA) on April admitted to me that she red interviewed battery of a person 60 she was taken to the county	S9999			
	On May 6, 2024, at was asked to exam 2024, due to the at to have bruising arr present on her last 2024. V21 continued	t 2:42 PM, V21 (NP) said she nine R1 on Tuesday, April 30, buse allegation. V21 found R1 ound both eyes which was not examination of R1 on April 25, ed to say R1 can be particular ound and incontinence care				

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		IL6010144	B. WING		C 05/09/2024
NAME OF	PROVIDER OR SUPPLIER	STREET ADI	DRESS, CITY, S	TATE, ZIP CODE	70 (8.45)
GROVE	OF ELMHURST, THE		DIVERSEY		7
			ST, IL 60126		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPI DEFICIENCY)	BE COMPLETE
S9999	Continued From pa	ge 6	S9999		
	would have talked ther how we turn he turns on her own. Sfor her. She never of turns slowly on her right between her eyes like that. It is fher eyes was cause. The facility's Abuse to (the State Agencishows R1 as the alleged perpetrally A thorough investig physical abuse allegender [V3] has be	Report Final Form, submitted y) on May 2, 2024, at 2:00 PM leged victim, and V3 (CNA) as ator. The final report shows: gation was conducted and gation against Agency CNA,			
	date "7/14/23" show policy of the facility and services in an any type of abuse, misappropriation of neglect, or mistreat federal guidelines of abuse and timely a allegations. These with the seven (7) for prevention and investing in the factor of the fac	and Neglect Policy, effective vs: "Policy Statement: It is the to provide professional care environment that is free from corporal punishment, property, exploitation, ment. The facility follows the dedicated to prevention of and thorough investigations of guidelines include compliance ederal components of estigations. Abuse is willful ment, injury, unreasonable dation, or punishment. Abuse narm, but inadvertent or done deliberately that results in dered abuse. Types of Abuse Physical: Physical abuse ited to infliction of injury that accidental means and tention. Examples: hitting, queezing, grabbing, pinching,			

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	PROVIDER OR SUPPLIER OF ELMHURST, THE	127 WEST	DRESS, CITY, S DIVERSEY ST, IL 60126			
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\$9999	Continued From pa	age 7 wisting, and roughly handling." (A)	\$9999	DEFICIENCY)		

Illinois Department of Public Health STATE FORM