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Final Observations		S9999			
Statement of Licens	sure Violations:				
300.3300c)1)C 300.3300d)2 300.3300e)1)2)3)4)	5)				
Section 300.3300	Fransfer or Discharge				
c) Reasons for Trar	nsfer or Discharge:				
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from a facility shall required under subs	be preceded by the discussion section (j) of this Section and en notice of 21 days, except in				
the physical safety of staff, or facility visito clinical record. The Long Term Care Or	of other residents, the facility ors, as documented in the Department and the State nbudsman shall be notified				
discharge. The De transfer, or discharg to residents transfe	partment will immediately offer ge and relocation assistance rred or discharged under this				
	(EACH DEFICIENCY REGULATORY OR LS Initial Comments Complaint Investiga 2419859/IL181892 Final Observations Statement of Licens 300.3300c)1)C 300.3300c)1)C 300.3300d)2 300.3300e)1)2)3)4) Section 300.3300 T c) Reasons for Trar 1) A facility may inve a resident only for c reasons: C) for the physical s facility staff or facilit d) Involuntary trans from a facility shall required under subs by a minimum writte one of the following 2) When the transfe the physical safety of staff, or facility visito clinical record. The Long Term Care Or prior to any such inv discharge. The Dep transfer, or discharg to residents transfe subsection (d)(2), a ment of Public Health	Complaint Investigation 2419859/IL181892 Final Observations Statement of Licensure Violations: 300.3300c)1)C 300.3300d)2 300.3300e)1)2)3)4)5) Section 300.3300 Transfer or Discharge c) Reasons for Transfer or Discharge: 1) A facility may involuntarily transfer or discharge a resident only for one or more of the following reasons: C) for the physical safety of other residents, the facility staff or facility visitors. d) Involuntary transfer or discharge of a resident from a facility shall be preceded by the discussion required under subsection (j) of this Section and by a minimum written notice of 21 days, except in one of the following instances: 2) When the transfer or discharge is mandated by the physical safety of other residents, the facility staff, or facility visitors, as documented in the clinical record. The Department and the State Long Term Care Ombudsman shall be notified prior to any such involuntary transfer or discharge. The Department will immediately offer transfer, or discharge and relocation assistance to residents transferred or discharged under this subsection (d)(2), and the Department may place	(EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)PREFIX TAGInitial Comments\$ 000Complaint Investigation 2419859/IL181892\$ 9099Final Observations\$ 9999Statement of Licensure Violations: 300.3300c)1)C 300.3300d)2 300.3300d)2 300.3300e)1)2(3)4)5)\$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$	(EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) PRETX TAG (EACH CORRECTIVE ACTION) Initial Comments \$ 000 Complaint Investigation 2419859/IL181892 \$ 000 Statement of Licensure Violations: \$ 9999 Statement of Licensure Violations: \$ 9999 Statement of Licensure Violations: \$ 9000 300.3300c)1)C \$ 000.3300c)12(3) 300.3300c)12(3) \$ 000 300.33000 Transfer or Discharge c) Reasons for Transfer or Discharge \$ 100 c) Reasons for Transfer or Discharge \$ 100 c) for the physical safety of other residents, the facility staff or facility visitors. \$ 100 d) Involuntary transfer or discharge of a resident from a facility shall be preceded by the discussion required under subsection (1) of this Section and by a minimum written notice of 21 days, except in one of the following instances: \$ 2) 2) When the transfer or discharge is mandated by the physical safety of other residents, the facility staff, or facility visitors, as documented in the clinical record. The Department and the State Long Term Care Ombudsman shall be notified prior to any such involuntary transfer or discharge. The Department will immediately offer transfer, or discharge and relocation assistance to residents transferred or discharge dunder this subsection (d)(2), and the Department may place	IEACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) PREFIX TAG (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY) Initial Comments \$ 000 Complaint Investigation 2419859/IL181892 \$ 000 Final Observations \$ 9999 Statement of Licensure Violations: \$ 300.3300c)1/C 300.3300c)12 300.33000/2 300.33000/2 300.33000/2 300.33000/2 300.33000/2 \$ 9999 Section 300.3300 Transfer or Discharge c) Reasons for Transfer or Discharge: 1) 1) A facility may involuntarily transfer or discharge a resident only for one or more of the following reasons: \$ 0) Involuntary transfer or discharge of a resident from a facility shall be preceded by the discussion required under subsection (i) of this Section and by a minimum written notice of 21 days, except in one of the following instances: 2) When the transfer or discharge is mandated by the physical safety of other residents, the facility staff, or facility visitors, as documented in the clinical record. The Department and the State Long Term Care Ombudsman shall be notified prior to any such involuntary transfer or discharge. The Department will immediately offer transfer, or discharge and relocation assistance to residents transferred or discharge under this subsection (d)(2), and the Department may place

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLI/ AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED	
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		provided in Section 3-419 of 3-402(b) of the Act)				
	e) For transfer or discharge made under subsection (d), the notice of transfer or discharge shall be made as soon as practicable before the transfer or discharge. The notice required by subsection (d) of this Section shall be on a form prescribed by the Department and shall contain all of the following:					
	,	on for the proposed transfer or 3-403(a) of the Act);				
		te of the proposed transfer or 3-403(b) of the Act);				
	which reads: "You h facility's decision to you think you shoul you may file a reque Department of Pub receiving this notice will be held not late request, and you ge or discharged durin following the hearin generally will not be prior to the expiratio of the original notice A form to appeal the request a hearing is questions, call the I the State Long Terr	ot less than 12-point type, have a right to appeal the transfer or discharge you. If d not have to leave this facility est for a hearing with the lic Health within 10 days after e. If you request a hearing, it r than 10 days after your enerally will not be transferred by that time. If the decision ig is not in your favor, you e transferred or discharged on of 30 days following receipt e of the transfer or discharge. e facility's decision and to s attached. If you have any Department of Public Health of n Care Ombudsman at the a listed below."; (Section ;				
	4) A hearing reques	st form, together with a				

STATEMEN	epartment of Public IT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		CONSTRUCTION		E SURVEY PLETED
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	Department; and (S	Section 3-403(d) of the Act);				
	5) The name, address, and telephone number of the person charged with the responsibility of supervising the transfer or discharge. (Section 3-403(e) of the Act).					
	This requirement is	not met as evidenced by:				
	involuntarily transfer resident with deme emergency room. T (Illinois Department State Long Term Ca involuntary transfer failed to provide no and/or discharge of prescribed by the s documentation nee	and record review the facility erred and discharged a ntia and behaviors to the The facility failed to notify IDPH t of Public Health) and the are Ombudsman of R1's and discharge. The facility tice of the involuntary transfer f the resident on a form tate with the required eded for 1 of 1 resident (R1) er/discharge in the sample of				
	The findings include	e:				
	medical diagnoses behavior disturband hypomagnesemia, pneumonia, asthma	ted 12/5/24 for R1 showed including dementia with other ce, type 2 diabetes mellitus, hypertension, bacterial a, gastro-esophageal reflux ophagitis, urinary incontinence status.	,			
	for R1 showed she supplement. R1 wa food and the staff s R1 was offered ma drink which increas	dated 11/26/24 at 12:36 PM refused lunch and a as going to toss her plate of stopped this from happening. ny different things to eat and sed her agitation. R1 was her wheelchair, and this did not				

		Health (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		CONSTRUCTION		E SURVEY PLETED
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		FREEPO	RT, IL 61032			
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	recliner and she be cursing and swingir Registered Nurse) over to the west side A Nurse's Note date entry) for R1 showe observed resident b with staff after lunch resident on 1:1 off of she wanted to go to she said yes. We w for a while. She (R ² profane; did accept aggression. After a want to return upsta with 2 CNA (Certifie her room. At that tin aggressive during p	ed 11/26/24 at 2:19 PM (late ed, this writer (V5 RN) being aggressive/disruptive h. Writer offered to take unit. Writer asked resident if the other side of the building; vent to the health center west 1) was occasionally verbally assistance to stand without n hour or so the resident did airs. Writer toileted resident ed Nursing Assistant) assist in me the resident was not bants change. The note ook R1 back to the health				
	at 2:03 PM, receive (Director of Nursing another resident an gave a verbal order ER (emergency roc V4 (R1's POA - Pow home phone and ca 2:29 PM, POA still I ambulance was con transport. At 2:47 P transfer R1 to the h medication list and resident. At 2:50 Pf Nurse) at the hospi	lated 11/26/24 for R1 showed, ed a call from V2 DON g) that resident (R1) was hitting nd V3 NP (Nurse Practitioner) r to send resident (R1) to the pm). Writer attempted to call wer of Attorney) on both his ell phone with no answer. At had not returned call and the ntacted by phone to arrange PM - ambulance arrived to nospital. Transfer sheet, behavior notes sent with M spoke with RN (Registered tal ER to give report. al for geriatric psychiatric				

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		Health (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		CONSTRUCTION	(X3) DATE SURVEY COMPLETED		
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	ER department. The department had me personnel/center ev- reported that she (fi infection) and they facility. The ER dep V2 DON and the nu- department also re and cooperative with On 12/5/24 at 8:22 R1 was sent out to another resident ar- managed if they we stated R1 went to the wanted to send R1 did not do anything behaviors. We nee R1 before she coul facility. V1 stated R facility at that time. came to the facility because they were being discharged. On 12/5/24 at 10:33 Nursing) stated the when the ER tried to facility because the herself, staff, and of danger because shi herself out of bed, fi not safe to, was co- other residents. At	valuate her (R1). They R1) had a UTI (urinary tract will be sending her back to the partment was directed to call umber was given. The ER lays that the resident was calm th care. AM, V1 (Administrator) stated the hospital because she hit ad her behaviors needed to be ere going to keep her. V1 he hospital ER and the ER right back. V1 stated the ER for R1 to help with her ded something to be done for d be safely taken back at the t1 was not taken back to the V1 stated V4 (R1's spouse) and cleaned out R1's room under the impression she was 8 AM, V2 DON (Director of facility did not take R1 back to discharge her back to the vy felt she was a danger to others. V2 stated R1 was a ne was impulsive, would throw tried to ambulate when it was mbative with care, and hit 2 11:27 AM, V2 stated the facility					
	Practical Nurse) sta	5 PM, V7 LPN (Licensed ated she is not aware of the discharge policy. V7 stated if a					

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION		(X3) DATE SURVEY COMPLETED	
OF CORRECTION	IDENTIFICATION NUMBER:	A. BUILDING:		COM	PLETED
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wait a few hours an update. V7 stated t know when they are the facility. V7 state the facility unless so hand with the intent	Id then call the facility for an he ER calls and lets the facility e sending a resident back to ed the resident is taken back to omething is stated before tion that they would not take a)			
Assessment and S stated she was call evaluate R1 in the I dementia and is fro decided R1 was no problems and it wa facility. R1's behavi out and her demen	upport Services counselor) ed a few weeks ago to hospital ER. V8 sated R1 has m a nursing home. We t having mental health s safe for her to return to the ors were related to her acting tia. We were told by the				
Practitioner) review regarding R1 from ER. V3 stated R1 w health crisis counse organization for eva recommended R1 (physician spoke wit Director) and V9 sp facility stated they w 11/28/24 R1 was st and spouse wanted home but R1 was e documentation sho	ted the ER documentation her arrival and her stay in the vas seen by V8, the mental elor from a contracted outside aluation. V3 stated V8 go back to the facility. The ER th V9 (facility's Medical boke to the facility and the would not take R1 back. On ill in the ER. R1's husband I her to go back to the nursing evicted. V3 stated the ER wed V9 saw R1 in the ER on				
	ROVIDER OR SUPPLIER WHOME - FREEPOF SUMMARY STA (EACH DEFICIENCY) REGULATORY OR L Continued From par resident is sent to t wait a few hours an update. V7 stated t know when they ard the facility unless se hand with the intent resident back. V7 s many discharges. On 12/5/24 at 12:49 Assessment and Si stated she was call evaluate R1 in the I dementia and is frod decided R1 was no problems and it was facility. R1's behavi out and her dement hospital that the face back to the facility. On 12/5/24 at 1:07 Practitioner) review regarding R1 from ER. V3 stated R1 w health crisis counse organization for eva recommended R1 w health crisis counse organization for eva recommended R1 was stated and spouse wanted home but R1 was stated home	DF CORRECTION IDENTIFICATION NUMBER: IL6007231 IL6007231 ROVIDER OR SUPPLIER STREET AI N HOME - FREEPORT 1234 SO FREEPO SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) Continued From page 5 Continued From page 5 resident is sent to the ER for evaluation, they will wait a few hours and then call the facility for an update. V7 stated the ER calls and lets the facility know when they are sending a resident back to the facility. U7 stated the resident is taken back to the facility unless something is stated before hand with the intention that they would not take a resident back. V7 stated the facility does not have many discharges. On 12/5/24 at 12:49 PM, V8 (SASS - Screening, Assessment and Support Services counselor) stated she was called a few weeks ago to evaluate R1 in the hospital ER. V8 sated R1 has dementia and is from a nursing home. We decided R1 was not having mental health problems and it was safe for her to return to the facility. R1's behaviors were related to her acting out and her dementia. We were told by the hospital that the facility did not want R1 to come back to the facility. On 12/5/24 at 1:07 PM, V3 NP (Nurse Practitioner) reviewed the ER documentation regarding R1 from her arrival and her stay in the ER. V3 stated R1 was seen by V8, the mental health crisis counselor from a contracted outside organization for evaluation. V3 stated V8 recommended R1 go back to the facility. The ER physician spoke with V9 (facility's Medical Director) and V9 spoke to the facility and the facility stated they would not take R1 back. On 11/28/24 R1 was still in the ER. R1's husband and spo	DF CORRECTION IDENTIFICATION NUMBER: A. BUILDING:	DF CORRECTION IDENTIFICATION NUMBER: A. BUILDING: IL6007231 B. WING ROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE N HOME - FREEPORT 1234 SOUTH PARK BOULEVARD FREEPORT, IL 61032 SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) D PREVIDER'S PLAN OF (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) D PREVIDENT TAG Continued From page 5 S9999 c	OF CORRECTION IDENTIFICATION NUMBER: A BUILDING: 12/ ROVIDER OR SUPPLIER STREET ADDRESS. CITY, STATE, ZIP CODE 12/ ROVIDER OR SUPPLIER STREET ADDRESS. CITY, STATE, ZIP CODE 12/ SUMMARY STATEMENT OF DEFICIENCES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULTORY OR LSC DENTIFING INFORMATION) ID PREFIX PROVIDER'S PLAN OF CORRECTION (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULTORY OR LSC DENTIFING INFORMATION) ID PREFIX PROVIDER'S PLAN OF CORRECTION (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULTORY OR LSC DENTIFING INFORMATION) PROVIDER'S PLAN OF CORRECTION SHOULD BE (EACH DEFICIENCY OR LSC DENTIFING INFORMATION) Continued From page 5 S9999 S9999 S9999 Continued From page 5 S9999 S9999 S9999 Continued From page 5 S9999 S9999 S999 Continued From page 5 S9999 S9999 S999 Continued From page 5 S9999 S9999 S999 S999 Continued From page 5 S9999 S999 S999 S999 S999 Continued From page 5 S9999 S999 S999 S999 S999 S999 Continued From page 5 S9999 S999 S999 S991 S9919

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	transfers. V2 stated since she has been no notice for R1 wa facility did not have The Care Plan date Behaviors. Staff wil and aggression and de-escalate situatio on 11/22/24 and sh identify factors/inter prevent/minimize in not act out in a way others. Creating a c environment (secon Center). Monitor ma side effects. Offer F activity. Staff will be will use simple lang when communicatin will often curse, hit/ attempting to assist directions. Staff will cueing and redirect behavior episodes. aggressive and/or of becomes restless. S when a resident be aggressive. Receive Care staff will repor behaviors of suicida intentional harm to As of 12/5/24 the fa	at the facility. V2 confirmed at the facility. V2 confirmed as given to anyone and the written notices. ad 10/4/24 for R1 showed, I identify triggers for agitation d develop strategies to ons. The care plan was revised owed, staff will be able to rventions that help to happropriate behaviors. R1 will that is harmful to self or comforting and quiet hdary lounge area on Health edications effectiveness and R1 a snack, beverage, and/or e patient and supportive. Staff juage and clear instructions ng. R1 is resistant to care and bite or throw things at those t her. R1 is unable to follow provide frequent reminders, ion. Requires staff to manage R1 is often physically combative with staff. R1 also Staff will provide 1:1 care comes restless, combative or es mental health services. t any changes from baseline e plan did not show any al ideation, homicidal ideation, herself or other residents.				