(X6) DATE

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION  A. BUILDING:			(X3) DATE SURVEY COMPLETED			
		IL6006738	B. WING		03/1	9/2025			
NAME OF F	NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE								
OAK CREST 2944 GREENWOOD ACRES DRIVE DEKALB, IL 60115									
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES '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						
	Investigation of Fac 3/12/25/IL188434	ility Reported Incident of							
S9999	Final Observations		S9999						
	Statement of Licens	sure Violations:							
	300.3210 t)								
	Section 300.3210 (	General							
	t) The facility shall ensure that residents are not subjected to physical, verbal, sexual or psychological abuse, neglect, exploitation, or misappropriation of property.								
	This requirement w	as not met as evidenced by:							
	failed to protect a re of their personal pro	and record review the facility esident from misappropriation operty. This applies to 1 of 5 ewed for misappropriation in							
	The findings include	∋:							
	states, "(R1's) daug missing from her m approximately 1 PM Administrator). She seen by her sister ( jewelry box in (R1's afternoon around 12 were not in the jewe	ed Incident dated 3/12/25 hter (V4) reported 2 rings other's jewelry box at 1 on 3/12/25 to (V1- stated that the rings were last V5) yesterday (3/11/25) in the ) room around 2:00PM. This 2:30 PM they noticed the rings elry box. (R1) was on hospice d away last evening (3/11/25)							

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

03/31/25 **Electronically Signed** 

TITLE

PRINTED: 06/01/2025 FORM APPROVED

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING:			(X3) DATE SURVEY COMPLETED	
			A. BUILDING.	<del></del>			
		IL6006738	B. WING		C 03/19/2025		
NAME OF	PROVIDER OR SUPPLIER	STREET ADI	DRESS, CITY, S	STATE, ZIP CODE			
OAK CR	OAK CREST  2944 GREENWOOD ACRES DRIVE DEKALB, IL 60115						
(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 CORRECT (EACH CORRECTIVE ACTION SHOU CROSS-REFERENCED TO THE APPRO DEFICIENCY)	IVE ACTION SHOULD BE COMPLETE ED TO THE APPROPRIATE DATE		
S9999	Continued From page 1		S9999				
	The above incident facility notified the pinterviewed almost floor during the time facility also intervier facility was unable.  On 3/19/25 at 9:45 was here the day bher mom's finger at so she saw the other daughters were helpacking up her root the rings were missipicture of the 2 ring and one diamond in there but these two was in the room ald (V6-CNA) has not dunusual for him. He for scissors per (V3 camera saw him go back out. There we room, one houseked and then several not declining so staff witimes. The camera long time to watch other missing items bra, socks or laund wanted to know whhave not been able left a few message call the funeral hom the room (V3) was was ever in there a but I don't know he anyone for anything	investigation shows that the police (Case #2501648) and all staff (12) working on the eight the rings went missing. The wed V3 (Hospice RN). The to identify a suspect.  AM V1 stated, "The daughter efore and she took a ring off of and she put it in the jewelry boxer rings in there. Then both the after she died and they were and they noticed that 2 of sing. (V1 showed Surveyor a property of sing. (V1 showed Surveyor a property of sing.) There were other rings in the were the only 2 of value. (V3) one for a couple hours, and called us back but that is not entered was in the room twice looking and then a third time the eigen and we interviewed her cursing staff. (R1) was there in and out of there several as are in real time so it takes a them. We have not had any is other than the occasional ry items. The police officer at we saw on the camera but I at the open and the open and they were in in there too. The only one that lone was the hospice nurse and I don't want to blame one is going to say, 'yes I took one one is going to say, 'yes I took'.					

Illinois Department of Public Health

STATE FORM 6899 YVRM11 If continuation sheet 2 of 3

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION  A. BUILDING:			(X3) DATE SURVEY COMPLETED		
			7 BOILBING.					
		IL6006738	B. WING		1	9/2025		
NAME OF	NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE							
OAK CREST 2944 GREENWOOD ACRES DRIVE DEKALB, IL 60115								
(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 (X5) (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)  (X5)  COMPLE DATE				
S9999	Continued From page 2		S9999					
	the rings'. I was told to try to go to some pawn shops and see if they have them but I haven't had time for that. They may not even be in this town."							
	The facility policy entitled Abuse Policy and Follow up Procedure dated 8/2023 states, "Each resident has the right to be free from verbal, sexual, physical and mental abuse, corporal punishment, involuntary seclusion, neglect and misappropriation of resident property Misappropriation of Resident Property means the deliberate misplacement, exploitation or wrongful, temporary or permanent use of a resident's belongings or money without the resident's consent."							
	(B)							

6899

Illinois Department of Public Health STATE FORM

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