

STATE OF ILLINOIS
DEPARTMENT OF PUBLIC HEALTH
STATEMENT OF VIOLATIONS AND PLAN OF CORRECTION

Page 1 of 2

PONDS OF WEALSHIRE, THE

Facility Name

0043927

I.D. Number

170 JAMESTOWN LANE, LINCOLNSHIRE, IL 60069

Address

MARCH 7, 2005

Date of Survey

IRI OF JANUARY 18, 2005/IL15550

Type of Survey

As a result of a survey conducted by representative(s) of the department, it has been determined the following violations occurred. Please respond to each violation. The response must include specific actions which have been or will be taken to correct each violation. The date of which each violation will be corrected must also be provided. Forms are to be submitted with the original signature.

IMPORTANT NOTICE:

THE STATE AGENCY IS REQUESTING DISCLOSURE OF INFORMATION THAT IS NECESSARY TO ACCOMPLISH THE STATUTORY PURPOSE AS OUTLINED UNDER PUBLIC ACT 83-1530. DISCLOSURE OF THIS INFORMATION IS MANDATORY. THE FORM HAS BEEN APPROVED BY THE FORMS MANAGEMENT CENTER.

“A” VIOLATION(S):

330.910 PERSONNEL

b) Sufficient staff in numbers and qualifications shall be on duty all hours of each day to provide services to meet the total needs of the residents. As a minimum, there shall be at least one staff member awake, dressed, and on duty at all times.

This Requirement was not met as evidenced by:

Based on observation, interview and record review the facility failed to have sufficient staff to supervise and protect 1 resident with Alzheimer's Disease who eloped from the facility on 1/18/05 at 2:20a.m. R1 left the facility through an alarmed exit door. The resident was found by a cab driver, wandering on a major highway at 2:50a.m. This location was approximately three miles from the facility in sub zero weather (approximately 3 degrees F.) Wearing only a thin windbreaker for outerwear. R1 has a history of trying to leave the facility to go home.

The findings include:

R1 was admitted to the facility 4/20/04 with a diagnosis of Alzheimer Disease per the Admission face sheet. A review of the comprehensive care plan dated 5/3/04 shows R1 is disoriented to person, place and time. A review of E3's written response of the investigative report found E3 stated R1 had tried to open the door on the east side of the building at 11:15p.m.

STATE OF ILLINOIS
DEPARTMENT OF PUBLIC HEALTH
STATEMENT OF VIOLATIONS AND PLAN OF CORRECTION
(Continuation Page)

Page 2 of 2

PONDS OF WEALSHIRE, THE

0043927

Facility Name

I.D. Number

330.910
(Cont.)

on 1/18/05. E3 stated he sat the resident down in the living room until 1:00a.m. and then took the resident to his room. At 2:00a.m., the resident again came out of his room and attempted to leave the facility. E3 stated at approximately at 2:15a.m. he heard the alarm going off. He went to the window and looked out but did not see any one. He then checked the stairwell and did not see anyone. E3 did not follow the facility's procedure (for checking door alarms). He should have gone outside to check.

On 1/18/05, the facility did not know the whereabouts of R1 for approximately one hour from 2:20a.m. to 3:15a.m., when the police brought R1 back to the facility. Once E3 notified E4, the supervisor, a ground search was conducted. A review of the police report documents the resident was picked up by a cab driver approximately three miles away and taken to the police station.

During the investigation, the surveyor assessed the exit door R1 went out and observed immediately outside that door is a pond. R1 had to walk approximately one mile from this area in order to reach the busy traffic road. R1 was picked up by the taxi cab approximately 2 miles down from the facility and is another busy traffic area.

A review of the staffing schedule for 1/18/05 indicates E3 was the only staff working the Windsor Unit on the 11 to 7 shift.

(A)

STATE OF ILLINOIS
DEPARTMENT OF PUBLIC HEALTH
STATEMENT OF VIOLATIONS AND PLAN OF CORRECTION
(Continuation Page)

Page _____ of _____

Facility Name

I.D. Number

STATE OF ILLINOIS
DEPARTMENT OF PUBLIC HEALTH
STATEMENT OF VIOLATIONS AND PLAN OF CORRECTION
(Continuation Page)

Page _____ of _____

Facility Name

I.D. Number

STATE OF ILLINOIS
DEPARTMENT OF PUBLIC HEALTH
STATEMENT OF VIOLATIONS AND PLAN OF CORRECTION
(Continuation Page)

Page _____ of _____

Facility Name

I.D. Number

STATE OF ILLINOIS
DEPARTMENT OF PUBLIC HEALTH
STATEMENT OF VIOLATIONS AND PLAN OF CORRECTION
(Continuation Page)

Page _____ of _____

Facility Name

I.D. Number
