PRINTED: 02/22/2012 FORM APPROVED OMB NO. 0938-0391

OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	` '			(X3) DATE SI COMPLE	
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	145872	D. WII	NG _		09/0	7/2011
	3 &HC CTR		E	BOX 2308 RFD HICKS ROAD		
(EACH DEFICIENCY	MUST BE PRECEDED BY FULL			(EACH CORRECTIVE ACTION SHO	ULD BE	(X5) COMPLETION DATE
INITIAL COMMENT	rs	F	000			
483.25(h) FREE OF	ACCIDENT	F	323			9/19/11
environment remain as is possible; and	ns as free of accident hazards each resident receives					
by: Based on interview facility failed to superthe location of one	w and record review, the ervise, monitor and determine (R2) of three residents					
after going to a doc escort. R2 did not a appointment, but in store, bought hard be a bar and consume unsteady gait, had a pass by major street reach the grocery s	tor's appointment without an return to the facility after the stead, walked to a grocery liquor and proceeded to go to d alcohol. R2 who has walked a mile or two, had to ets, cross multi lane traffic to tore and bar. R2 was					
Findings include :	old with diagnoses of enilancy					
hepatitis, alcohol at	ouse, depression, bipolar	MATURE		TITLE		(X6) DATE
	ROVIDER OR SUPPLIER SUMMARY STA (EACH DEFICIENCY REGULATORY OR L INITIAL COMMENT COMPLAINT 1172 483.25(h) FREE OF HAZARDS/SUPER The facility must enenvironment remainas is possible; and adequate supervising prevent accidents. This REQUIREMENT by: Based on interview facility failed to supperse to the location of one assessed for high resample of five. This failure resulted after going to a docescort. R2 did not appointment, but in store, bought hard a bar and consume unsteady grait, had a pass by major street reach the grocery se intoxicated and was police. Findings include: R2 is a 38 year of hepatitis, alcohol at	ROVIDER OR SUPPLIER **DONG GROVE REHAB &HC CTR** **SUMMARY STATEMENT OF DEFICIENCIES** (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) INITIAL COMMENTS COMPLAINT 1172410/IL54007 483.25(h) FREE OF ACCIDENT HAZARDS/SUPERVISION/DEVICES The facility must ensure that the resident environment remains as free of accident hazards as is possible; and each resident receives adequate supervision and assistance devices to prevent accidents. This REQUIREMENT is not met as evidenced by: Based on interview and record review, the facility failed to supervise, monitor and determine the location of one (R2) of three residents assessed for high risk for elopement in the sample of five. This failure resulted in R2 eloping on 5/31/2011, after going to a doctor's appointment without an escort. R2 did not return to the facility after the appointment, but instead, walked to a grocery store, bought hard liquor and proceeded to go to a bar and consumed alcohol. R2 who has unsteady gait, had walked a mile or two, had to pass by major streets, cross multi lane traffic to reach the grocery store and bar. R2 was intoxicated and was taken to local hospital by the police. Findings include: R2 is a 38 year old with diagnoses of epilepsy, hepatitis, alcohol abuse, depression, bipolar	ROVIDER OR SUPPLIER JONG GROVE REHAB &HC CTR SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) INITIAL COMMENTS COMPLAINT 1172410/IL54007 483.25(h) FREE OF ACCIDENT HAZARDS/SUPERVISION/DEVICES The facility must ensure that the resident environment remains as free of accident hazards as is possible; and each resident receives adequate supervision and assistance devices to prevent accidents. 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Findings include: R2 is a 38 year old with diagnoses of epilepsy, hepatitis, alcohol abuse, depression, bipolar	ROVIDER OR SUPPLIER INTERPRETATION SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY PULL REGULATORY OR LSC IDENTIFYING INFORMATION) INITIAL COMMENTS COMPLAINT 1172410/IL54007 483.25(h) FREE OF ACCIDENT HAZARDS/SUPERVISION/DEVICES The facility must ensure that the resident environment remains as free of accident hazards as is possible; and each resident receives adequate supervision and assistance devices to prevent accidents. This REQUIREMENT is not met as evidenced by: Based on interview and record review, the facility failed to supervise, monitor and determine the location of one (R2) of three residents assessed for high risk for elopement in the sample of five. This failure resulted in R2 eloping on 5/31/2011, after going to a doctor's appointment without an escort. 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Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	, ,	PLE CONSTRUCTION	(X3) DATE SU COMPLE	
			A. BUILDIN	G	، ا	C
		145872	B. WING _			7/2011
	ROVIDER OR SUPPLIER ONG GROVE REHAE	3 &HC CTR	E	REET ADDRESS, CITY, STATE, ZIP CODE BOX 2308 RFD HICKS ROAD ONG GROVE, IL 60047		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORREC' (EACH CORRECTIVE ACTION SHO' CROSS-REFERENCED TO THE APPR DEFICIENCY)	ULD BE	(X5) COMPLETION DATE
F 323	CVA (cerebral vaso originally admitted to regionally admitted to Review of R2's Assessment" show 4/6/2011 showed memory due to alconeeds supervision to 1/7/2011 showed substance abuse, outside passes." 10/8/2010, "(R2) due to substance a decision and needs passes." 7/7/2010, "(R2) rigudgement in the consistence of the results of the region o	duced persisting dementia and cular accident). R2 was to the facility on 6/25/2010.	F 323			
	" dated 4/6/2011 sh as " high risk due to setting off exit door Review of R2's 4/7/2011 showed th from facility, setting doors. Attempted st to redirect." Review of faci Report" dated 5/18/ that "(R2) broke sid his room and to esc	"Elopement Risk Assessment lowed that R2 was assessed attempts of elopement, s, verbalizes intent to leave." "Safety Assessment " dated at R2 had "attempted to elope g off exit everal times to elope, difficult elity's "Elopement Details (2011 at 3:30 P.M., showed ling of his window, to get out of cape on ground level. (R2) is simself and is verbally				

	FOF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) M A. BUI		PLE CONSTRUCTION G	(X3) DATE SU COMPLE	
		145872	B. WIN				C 7/2011
	PROVIDER OR SUPPLIER	3 &HC CTR		В	REET ADDRESS, CITY, STATE, ZIP CODE OX 2308 RFD HICKS ROAD ONG GROVE, IL 60047		
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREF TAG		PROVIDER'S PLAN OF CORRECT (EACH CORRECTIVE ACTION SHOU CROSS-REFERENCED TO THE APPR DEFICIENCY)	JLD BE	(X5) COMPLETION DATE
F 323	aggressive and pot therapeutic interver attempts. (R2) made but was redirected room. (R2) injured escaping through we continue to escape. Further review was sent to the lock was admitted due to later readmitted bawith an additional of fracture and aggress. Review of the showed that on 5/1 window ledge, land had caused the injured later readmitted bawith an additional of fracture and aggress. Review of current showed that R2's pis also indicated the all times. This care unable to function is supervision or assist induced demential ashort term memory showed that "(R2) get out or get hom fire exit doors." The intervention were as follows: -"check and assured continue to monitor resident, continue to room to resident.	entially violent. (R2) refuses ntions despite several le his way out to the parking lot back to the facility and into his his right ankle related to vindow. (R2) says he will until he succeeds." of this report indicated that R2 al hospital on 5/18/2011 and o a fractured ankle. R2 was ck to the facility on 5/20/2011 liagnosis of right distal fibula ssive behavior. nurse's notes dated 5/19/2011 8/2011, "(R2) jumped from his ding on an uneven surface that	F	323			

DEPARTMENT OF HEALTH AND HUMAN SERVICES CENTERS FOR MEDICARE & MEDICAID SERVICES (X1) PROVIDER/SUPPLIER/CLIA

	OF DEFICIENCIES F CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	A. BUI		IPLE CONSTRUCTION NG	(X3) DATE SU COMPLE	TED
		145872	B. WIN	NG_		09/07	C 7/2011
	ROVIDER OR SUPPLIER	&HC CTR		E	REET ADDRESS, CITY, STATE, ZIP CODE BOX 2308 RFD HICKS ROAD LONG GROVE, IL 60047	33.0	
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREF TAG		PROVIDER'S PLAN OF CORRECTIVE ACTION SHOUNDS OF THE APPRICE OF THE	ULD BE	(X5) COMPLETION DATE
F 323	ADL (activities of da engaging". Further review of were no revised and R2 had eloped on 5 due to a fall from a interventions to add monitored and superoutside medical apprankle fracture. As a result of th R2 to a doctor's appropriate of facility appropriate of facility after a doctor walked to a grocery hard liquor and 6 pago to a bar and conformed of incident report shad incident report shad behavioral Unit), E4 was taken to the for detoxification. E3(Director of Beha 8/30/2011 at 11:15 gait, had walked a rimajor street, cross grocery store and bit intervence of the street of the	d setting, offer alternative ily living) that maybe of care plan showed that there d specific interventions when in 18/2011 resulting to an injury window. There was no lives how R2 is going to be ervised in an event R2 has pointments related to recent its failure, facility had sent out pointment (orthopedic ut escort/supervision on	F	323			
		was endangering himself if he ol as this might cost him					

DEPARTMENT OF HEALTH AND HUMAN SERVICES CENTERS FOR MEDICARE & MEDICAID SERVICES (X1) PROVIDER/SURPLIER/CLIA

	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) M A. BUI		PLE CONSTRUCTION G	COMPLE	TED
		145872	B. WIN	IG _			C 7/2011
	ROVIDER OR SUPPLIER	3 &HC CTR	.	В	REET ADDRESS, CITY, STATE, ZIP CODE BOX 2308 RFD HICKS ROAD ONG GROVE, IL 60047	00/0	,,
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES 'MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREF TAG		PROVIDER'S PLAN OF CORREC' (EACH CORRECTIVE ACTION SHOU CROSS-REFERENCED TO THE APPR DEFICIENCY)	ULD BE	(X5) COMPLETION DATE
F 323	Continued From pa	ge 4	F	323			
	provided with an es prevent R2 from eld a doctor's appointm R2 was assessed a	at R2 should have been cort for supervision and to perment when R2 went out for nent. E3 continued to state that as Level 1 for pass privileges ne most restrictive pass and ervision at all times.					
	Behavioral Unit) an drinking alcohol ins R2 was intoxicated hospital by the polic R2 was found, R2 hodka that was fou stated that R2 had 10:00 A.M., left the appointment, and wapproximately arou	she and E4 (Counselor d local police found R2 ide a local bar. As E3 added, and was brought to the local ce. E3 also stated that when had a 1/2 empty liter bottle of nd in his grocery bag. E3 also a doctor's appointment at doctor's clinic after the vas found after lunch nd 1:00 P.M. or 2:00 P.M. R2's location was not known 2 to 3 hours.					
		avioral Unit) was interviewed 4 had validated what E3 had					
	that R2 was sent of 5/31/2011 without a has no explanation leave facility while has privilege (Leve was admitted to a be	stated 8/30/2011 at 1:30 P.M. ut to a doctor's office on an escort from the facility. E1 why the facility allowed R2 to ne was on the most restricted el 1). E1 further stated that R2 behavioral unit in a local opement incident on					

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F 323	returned back to the more structured en monitoring.	stated that R2 had not e facility because R2 needed a	F 323			
F9999	being "at risk" for e		F9999			
	a) The facility shall procedures, govern the facility which sh Resident Care Police	esident Care Policies have written policies and hing all services provided by hall be formulated by a cy Committee consisting of at				
	the medical advisor representatives of representati	ator, the advisory physician or by committee and hursing and other services in policies shall be in compliance rules promulgated thereunder. See shall be followed in any and shall be reviewed at its committee, as evidenced by dated minutes of such a				

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F9999	and services to atta practicable physical well-being of the reseach resident's complan. Adequate and care and personal cresident to meet the care needs of the resident to meet the care needs of the resident of a facility shresident. (Section 20.7020 Ab) The care plan shinterdisciplinary tearesident's admission interdisciplinary tearesident, other as determined by the resident, the resident, the resident certified nursing as responsible for this alternate, if needed insight into the care at the discretion of 6) The care plan sh followed by staff who these Regulations by: Based on interview.	provide the necessary care in or maintain the highest I, mental, and psychological sident, in accordance with a prehensive resident care properly supervised nursing care shall be provided to each e total nursing and personal esident. Abuse and Neglect ee, administrator, employee or hall not abuse or neglect a 2-107 of the Act) Assessment and Care Planning all be developed by an mouthin 21 days after the mount or center. The mount of the unit or center. The mount of the unit or center. The mount of the unit or center is a propropriate staff in disciplines he resident's needs, the ent's representative, and the sistant (CNA) who is primarily resident's direct care, or an to provide input and gain plan. Others may participate	F99	999			

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	ROVIDER OR SUPPLIER	3 &HC CTR		В	REET ADDRESS, CITY, STATE, ZIP CODE BOX 2308 RFD HICKS ROAD LONG GROVE, IL 60047	, 00,0	72011
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F9999	for high risk for elop This failure resulted after going to a door escort. R2 did not appointment, but in store, bought hard a bar and consume unsteady gait, had major streets and of the grocery store as was taken to local in Findings include: R2 is a 38 year old hepatitis, alcohol as disorder, alcohol in CVA (cerebral vascoriginally admitted to Review of R2's "Co Assessment" show 4/6/2011 showed memory due to alconeeds supervision for 1/7/2011 showed substance abuse, outside passes." 10/8/2010, "(R2) due to substance a decision and needs passes." 7/7/2010, "(R2) rigudgement in the confidence of the confide	of three residents assessed bement in the sample of five. If in R2 eloping on 5/31/2011, stor's appointment without an return to the facility after the stead walked to a grocery liquor and proceeded to go to alcohol. R2 who has to walk a mile or two, pass by cross multi-lane traffic to reach and bar. R2 was intoxicated and nospital by the police. with diagnoses of epilepsy, buse, depression, bipolar duced persisting dementia and cular accident). R2 was to the facility on 6/25/2010.	F99	999			

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		145872	B. WIN	NG _			C 7/2011
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F9999	dated 4/6/2011, show off exit doors, verbath off exit	ppement Risk Assessment," owed that R2 was assessed as tempts of elopement, setting alizes intent to leave." fety Assessment, "dated hat R2 had "attempted to setting off exit doors. times to elope, difficult to "Elopement Details Report," 3:30 P.M., showed that "(R2) window, to get out of his room round level. (R2) is unable to d is verbally aggressive and R2) refuses therapeutic the several attempts. (R2) to the parking lot but was the facility and into his room. In ankle related to escaping 2) says he will continue to ceeds." Further review of this t R2 was sent to the local 11 and was admitted due to a was later readmitted back to 2011 with an additional istal fibula fracture and ir. e's notes dated 5/19/2011 8/2011, "(R2) jumped from his ing on an uneven surface that	F99	999			

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	PROVIDER OR SUPPLIER	8 &HC CTR	<u> </u>	E	REET ADDRESS, CITY, STATE, ZIP CODE BOX 2308 RFD HICKS ROAD LONG GROVE, IL 60047		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
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F9999	is also indicated tha all times. This care unable to function is supervision or assis induced dementia a short term memory showed that "(R2) I get out or get home fire exit doors." The interventions f as follows: -"check and assure continue to monitor resident, continue versident, continue versident to ensure sedetermine preferred (activities of daily live. Further review of cawere no revised and R2 had eloped on 5d due to a fall from a interventions to add monitored and super outside medical appankle fracture. As a sent out R2 to a document appointment) without 5/31/2011 at 9:45 A Review of facility's if 5/31/2011, showed facility after a doctowalked to a grocery hard liquor and 6 pago to a bar and contains a series of the series o	at Level 1 needs supervision at plan also showed that (R2) is independently without stance related to alcohol and signs and symptoms of loss. This care plan also pooks persistently for a way to be, attempts to use the alarm, or this current care plan were physical comfort, staff will any cognitive changes in with 15 minute check on safety, monitor behavior, at setting, offer alternative ADL wing) that maybe engaging." There were no literal to an injury window. There were no literal to the provised in an event R2 has pointments related to recent a result of this failure, facility ctor's appointment (orthopedic aut escort/supervision on	F99	999			

	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) N A. BU		PLE CONSTRUCTION 3	(X3) DATE SU COMPLE	
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F9999	when found inside to Behavioral Unit), Early was taken to the for detoxification. E3 (Director of Beha 8/30/2011 at 11:15 gait, had walked a major street and cruthe grocery store at eloped after a doctor E3 also stated that he consumes alcoh (R2's) life. E3 further stated the provided with an esprevent R2 from eld a doctor's appointm R2 was assessed a which means it is that R2 needs super E3 also stated that Behavioral Unit) and drinking alcohol ins R2 was intoxicated	the bar by E3 (Director of 4 (Counselor) and local police. The nearby hospital by the police avioral Unit) stated on A.M., that R2 has unsteady mile or two, had to pass by the poss multi-lane traffic to reach and bar when R2 decided to por's appointment on 5/31/2011. R2 was endangering himself if the last his might cost him his at R2 should have been coort for supervision and to prement when R2 went out for the last level 1 for pass privileges are most restrictive pass and	F9	999	BEHOLINOTY		
	R2 was found, R2 h Vodka that was fou stated that R2 had 10:00 A.M., left the appointment, and w approximately arou This indicated that for approximately 2	nad a half empty liter bottle of nd in his grocery bag. E3 also a doctor's appointment at doctor's clinic after the vas found after lunch nd 1:00 P.M. or 2:00 P.M. R2's location was not known					
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	T OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	. ,	IULTIF ILDING	PLE CONSTRUCTION	(X3) DATE SU COMPLE	
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F9999	together with E3. E E1 (administrator) s P.M. that R2 was s 5/31/2011 without a has no explanation leave facility while it pass privilege (Lev was admitted to a b hospital after the el 5/31/2011. E1 also returned back to th more structured en monitoring. Review of facility's prevention indicate being "at risk" for e	4 validated what E3 stated. stated on 8/30/2011 at 1:30 ent out to a doctor's office on an escort from the facility. E1 why the facility allowed R2 to be was on the most restricted el 1). E1 further stated that R2 behavioral unit in a local opement incident on stated that R2 had not e facility because R2 needed a vironment for close protocol on elopement s that residents identified as lopement should only leave companied by facility staff or	F9	999			