Illinois Department of Public Health STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION IDENTIFICATION NUMBER: COMPLETED A. BUILDING: B. WING IL6009443 12/06/2023 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 2500 EAST 175TH STREET TRI-STATE VILLAGE NRSG & RHB LANSING, IL 60438 SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X4) ID (EACH DEFICIENCY MUST BE PRECEDED BY FULL (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE PREFIX COMPLETE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG TAG DEFICIENCY S 000 Initial Comments \$ 000 Complaint Investigation: 2398669/IL165619 \$9999 Final Observations S9999 Statement of Licensure Violations: 300.610a) 300.1210b) 300.1210d)3) Section 300.610 Resident Care Policies a) The facility shall have written policies and procedures governing all services provided by the facility. The written policies and procedures shall be formulated by a Resident Care Policy Committee consisting of at least the administrator, the advisory physician or the medical advisory committee, and representatives of nursing and other services in the facility. The policies shall comply with the Act and this Part. The written policies shall be followed in operating the facility and shall be reviewed at least annually by this committee, documented by written, signed and dated minutes of the meeting. Section 300.1210 General Requirements for Nursing and Personal Care b) The facility shall provide the necessary care and services to attain or maintain the highest practicable physical, mental, and psychological well-being of the resident, in accordance with each resident's comprehensive resident care Attachment A plan. Adequate and properly supervised nursing Statement of Licensure Violations care and personal care shall be provided to each resident to meet the total nursing and personal care needs of the resident.

illinois Department of Public Health

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

TITLE

(X6) DATE

	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED	
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S9999	Continued From p	page 1	S9999			Of the body day of the sales	
di dia dinggap pengangan dan pangan dan pang	d) Pursuant to subsection (a), general nursing care shall include, at a minimum, the following and shall be practiced on a 24-hour, seven-day-a-week basis:					Antonia de la constitución por la constitución de l	
	resident's condition emotional change determining care further medical ev	servations of changes in a on, including mental and es, as a means for analyzing an required and the need for valuation and treatment shall be staff and recorded in the all record.					
	These Regulation	ns are not met as evidenced by:	all 32.			AND VICTOR OF THE PARTY OF THE	
	review, the facility request to obtain and/or social serv guardianship state maintain his higher failure affected on for resident rights suffering psychosbeing able to leave having his phone	ation, interview, and record y failed to honor a resident's assistance in obtaining the legarices necessary to have his us legally re-evaluated and est practical well-being. This he (R1) of one resident reviewed and has resulted in R1 social harm as a result of not ye the facility on pass status and taken away; this was further alling the police due to feelings	d				
	Findings include:						
	to the facility on 3 including but not li	ld male who originally admitted 1/9/23 with multiple diagnoses limited to the following: , seizures, HTN, and CAD.					
	3/16/23 from adm	et (MDS) assessment dated hission shows that R1 had a Mental State (BIMS) of a 14,					

Illinois Department of Public Health STATE FORM

Illinois Department of Public Health (X1) PROVIDER/SUPPLIER/CLIA STATEMENT OF DEFICIENCIES (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION **IDENTIFICATION NUMBER:** COMPLETED A. BUILDING: C B. WING IL6009443 12/06/2023 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 2500 EAST 175TH STREET TRI-STATE VILLAGE NRSG & RHB LANSING, IL 60438 SUMMARY STATEMENT OF DEFICIENCIES (X4) ID PROVIDER'S PLAN OF CORRECTION ID. (X5) COMPLETE PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL (EACH CORRECTIVE ACTION SHOULD BE PREFIX TAG REGULATORY OR LSC IDENTIFYING INFORMATION) CROSS-REFERENCED TO THE APPROPRIATE DATE TAG **DEFICIENCY**) S9999 Continued From page 2 S9999 indicating resident was cognitively intact. Most recent MDS assessment dated 10/9/23, shows R1 has a BIMS of 15, and also indicating resident is cognitively intact. On 1/20/23, R1 was granted a temporary guardian, V25 (Family Member) due to R1 being in a medical induced coma and was unable to make decisions. On 5/2/23, V25 was granted permanent guardianship of resident. Progress note written by V14 (Social Service Director) states in part but not limited to the following: R1 shared their preference for community access. V14 reached out to V25 legal resident guardian responsible for R1. V25 expressed her disagreement with the resident having community access. Progress note dated 10/20/23 states in part but not limited to the following: Police department on the unit stating that they were called by R1 with complaint that he was being held against his will. Made police officers aware that V25 is currently not giving R1 permission to leave the facility without her consent. Progress note written on 10/21/23 states in part but not limited to the following: R1 was observed trying to exit the facility to go to the grocery store. R1 informed that V25 denied resident request for community access. R1 stated "Police stated he could leave and comeback. R1 said I am going to call the police again." On 12/4/23 at 12:00PM, R1 was interviewed regarding community pass and guardianship. R1 stated he is frustrated and upset because V25 is not letting him leave the building. R1 said I do not feel as if V25 is looking out for my best interest.

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6009443			(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED	
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\$9999	prior to the guardia phone and will not said they won't ever is in the same part. R1 said I have talk Director) in the passwant V25 (Family I nothing is being do feel as if I do not in I am not in the samput into placeWhinitially, I was in a recould not make de timeObviously the 12/4/23 at 12:55Ph regarding communicated when R1 was non-decisional and guardian. Sometime R1 has expressed saying that he does guardian anymore, contact the ombud assistance. This surveyor requiprovided R1 with combudsman and le V14 documented to given to R1 on 12/4 given to R	get along and did not get along anship. She turned off my let me leave the building. R1 en let me go to Walmart which		DET IOIEN I		

Illinois Department of Public Health STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6009443		(X2) MULTIPLE (A. BUILDING: B. WING	1 6	C 12/06/2023	
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