

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>IL6008502</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING: _____	(X3) DATE SURVEY COMPLETED  <b>C</b> <b>07/21/2017</b>
--	--	--	---

NAME OF PROVIDER OR SUPPLIER  <b>PRAIRIE CROSSING LVG &amp; REHAB</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>409 WEST COMANCHE ROAD SHABBONA, IL 60550</b>
---	---

(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 CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
--------------------	--	---------------	---	--------------------

S9999	<p><b>Final Observations</b></p> <p>Statement of Licensure Violation:</p> <p>300.610a) 300.610c)1) 300.1210b) 300.1210d)3) 300.3210a) 300.3240a)</p> <p>Section 300.610 Resident Care Policies</p> <p>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.</p> <p>c) The written policies shall include, at a minimum the following provisions:</p> <p>1) Admission, transfer and discharge of residents, including categories of residents accepted and not accepted, residents that will be transferred or discharged, transfers within the</p>	S9999	<p><b>Attachment A</b> <b>Statement of Licensure Violations</b></p>	
-------	---	-------	---	--

Illinois Department of Public Health  
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE \_\_\_\_\_ TITLE \_\_\_\_\_ (X6) DATE \_\_\_\_\_

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>IL6008502</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>C</b> <b>07/21/2017</b>
--	--	---	---

NAME OF PROVIDER OR SUPPLIER  <b>PRAIRIE CROSSING LVG &amp; REHAB</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>409 WEST COMANCHE ROAD SHABBONA, IL 60550</b>
---	---

(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 CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
--------------------	--	---------------	---	--------------------

S9999	<p>Continued From page 1</p> <p>facility from one room to another, and other types of transfers;</p> <p>Section 300.1210 General Requirements for Nursing and Personal Care</p> <p>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 plan. Adequate and properly supervised nursing care and personal care shall be provided to each resident to meet the total nursing and personal care needs of the resident.</p> <p>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:</p> <p>3) Objective observations of changes in a resident's condition, including mental and emotional changes, as a means for analyzing and determining care required and the need for further medical evaluation and treatment shall be made by nursing staff and recorded in the resident's medical record.</p> <p>Section 300.3210 General</p> <p>a) No resident shall be deprived of any rights, benefits, or privileges guaranteed by law</p>	S9999		
-------	---	-------	--	--

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  IL6008502	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  C 07/21/2017
--	---	---	---

NAME OF PROVIDER OR SUPPLIER  PRAIRIE CROSSING LVG & REHAB	STREET ADDRESS, CITY, STATE, ZIP CODE 409 WEST COMANCHE ROAD SHABBONA, IL 60550
--	---

(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 CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
--------------------	--	---------------	---	--------------------

S9999	<p>Continued From page 2</p> <p>based on their status as a resident of a facility. (Section 2-101 of the Act) (A, B)</p> <p>Section 300.3240 Abuse and Neglect</p> <p>a) An owner, licensee, administrator, employee or agent of a facility shall not abuse or neglect a resident. (A, B) (Section 2-107 of the Act)</p> <p>These Requirements are not met as evidenced by:</p> <p>Based on interview and record review the facility failed to allow a resident to return to the facility after being medically cleared by a facility physician. Facility failed to identify triggers and develop effective management interventions for predicted aggressive behavior. This failure resulted with a resident being displaced for 13 days into an Emergency Room setting unable to meet his long term care needs such as peer socialization and group activities. R1 was isolated to a single room and unable to freely move about independently.</p> <p>This applies to 1 of 5 residents (R1) reviewed for discharge in the sample of 10.</p> <p>The findings include:</p> <p>The facility admission contract for R1 shows he</p>	S9999		
-------	--	-------	--	--

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>IL6008502</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING: _____	(X3) DATE SURVEY COMPLETED  <b>C</b> <b>07/21/2017</b>
--	--	--	---

NAME OF PROVIDER OR SUPPLIER  <b>PRAIRIE CROSSING LVG &amp; REHAB</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>409 WEST COMANCHE ROAD SHABBONA, IL 60550</b>
---	---

(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 CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
--------------------	--	---------------	---	--------------------

S9999	<p>Continued From page 3</p> <p>was admitted to the facility on May 31, 2016. The June 1, 2016 social progress note by E7(social services) documents R1 was admitted from the Department of Corrections with Huntington's disease, and had non-verbal communication and required a wheelchair for mobility. The May 4, 2016 Correctional Center outpatient progress notes document episodes of agitation/ sun downing.</p> <p>The July 18, 2016 MDS (Minimum Data Set) show R1 had physical behavioral symptoms directed towards others such as hitting, kicking, pushing and scratching 4 to 6 days of a 7 day period. The MDS shows this does not put the resident at risk for himself, but does put a risk of injury to others, and this behavior is worse than his previous admission assessment. The MDS section N (Medications) shows R1 did not receive any antipsychotic or antianxiety medications during the past 7 days. Section O (special treatments, procedures and programs) shows R1 was admitted to hospice services. Section Q (Participation in assessment and goal setting) shows R1 had no active discharge planning.</p> <p>The current MDS of April 5, 2017 shows R1 to have a decrease of his physical behavioral symptoms to 1 to 3 days, and still had no active discharge planning in place.</p> <p>The quarterly psychotropic drug assessments for February, March, and April 2017 show R1 to have behaviors such as striking out, refusing care, putting self on the floor, targeting other residents and being disruptive. The number of behaviors for each month shows R1 to have multiple episodes of each behavior except targeting other residents, of which he had none. The evaluation of whether the behavior causes the resident to</p>	S9999		
-------	---	-------	--	--

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  IL6008502	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING: _____	(X3) DATE SURVEY COMPLETED  C 07/21/2017
NAME OF PROVIDER OR SUPPLIER  PRAIRIE CROSSING LVG & REHAB		STREET ADDRESS, CITY, STATE, ZIP CODE 409 WEST COMANCHE ROAD SHABBONA, IL 60550		
(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 CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
S9999	Continued From page 4  present a danger to themselves or others or interfere with staff's ability to provide care was left blank. The form was not signed or completed by the physician regarding behaviors and medication management.  R1's care plan includes being physically aggressive at times related to anger due to Huntington's disease, history of harm to others, poor impulse control. R1 uses psychotropic medication for behavior management, and is on hospice for end of life issues. The last update on R1's care plans was January 12, 2017, no new interventions identified or attempted for behavior management. The January 18, 2017 care plan shows R1 has a self- care deficit and requires extensive assist for activities of daily living (ADL's) including: limited to extensive assist of 2 for ambulation. The care plan does not include R1's scooting on the floor as his primary means of mobility.  The May 2017 behavior monitoring record list R1's behaviors as putting self on the floor and targets a specific resident. The total number of episodes for the month for putting self on the floor was 43 and the number of targeting behaviors documented was zero. R1 had no documented behaviors towards other residents.  On July 6, 2017 at 12:15 PM, E5 (care plan coordinator) said interventions for R1's behavior included using a communication board, providing consistent staffing, and letting him scoot on the floor for mobility. E5 said a special meeting was scheduled in April 2017 with hospice, the ombudsman, and R1's family, for R1's behaviors, but the family did not show for the meeting. E5 said the care plan committee was expecting the family to provide interventions for the facility to	S9999		

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES  
AND PLAN OF CORRECTION

(X1) PROVIDER/SUPPLIER/CLIA  
IDENTIFICATION NUMBER:

IL6008502

(X2) MULTIPLE CONSTRUCTION

A. BUILDING: \_\_\_\_\_

B. WING: \_\_\_\_\_

(X3) DATE SURVEY  
COMPLETED

C  
07/21/2017

NAME OF PROVIDER OR SUPPLIER

PRAIRIE CROSSING LVG & REHAB

STREET ADDRESS, CITY, STATE, ZIP CODE

409 WEST COMANCHE ROAD  
SHABBONA, IL 60550

(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 CORRECTION  
(EACH CORRECTIVE ACTION SHOULD BE  
CROSS-REFERENCED TO THE APPROPRIATE  
DEFICIENCY)

(X5)  
COMPLETE  
DATE

S9999

Continued From page 5

implement during R1's behaviors. R1's behavior care plan does not include his increase in agitation after family visits, and no personalized interventions for staff to implement for this known behavior.

On June 28, 2017 at 12:30 PM, E3 LPN said she monitors the behaviors and psychotropic medications with social service. E3 said the facility worked with hospice to make sure R1 was on the proper doses. The last quarter a behavior of targeting other residents was added, but does not know why the behavior was added because he had no occurrences of targeting other residents reported.

On July 5, 2017 at 2:00 PM, Z10 (R1's Power of Attorney) said he received the notice for a meeting in April just a day before the meeting or after the meeting, he said either way he was out of town for work, and unable to be on a phone conference for the care plan. Z10 said the facility made no attempts to reschedule the meeting. Z10 said himself and his family visited the facility multiple times and no staff had ever asked for any input on how to deal with R1's behaviors. Z10 said he felt the facility was meeting R1's needs and had planned on R1's long term placement. Z10 said now he has to drive into Chicago to visit R1 and the facility is difficult to get to, and there is very little parking, making it harder for the family to visit.

The nursing progress notes show on May 29, 2017, R1 began kicking the exit door near the south dining room at 2PM, after his family left from a visit. R1 continued this behavior until he was sent to the emergency room at 6:15 PM. The notes show R1 was allowed to return to the building at 9:55PM, and he was calm and

S9999

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>IL6008502</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>C</b> <b>07/21/2017</b>
--	--	---	---

NAME OF PROVIDER OR SUPPLIER  <b>PRAIRIE CROSSING LVG &amp; REHAB</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>409 WEST COMANCHE ROAD SHABBONA, IL 60550</b>
---	---

(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 CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
--------------------	--	---------------	---	--------------------

S9999	<p>Continued From page 6</p> <p>cooperative. The notes do not indicate R1 was a harm or threat to other residents.</p> <p>The nursing progress notes for May 31, 2017 document at 6PM R1 scooted himself out to the south dining room and refused his evening meal. After refusing his meal, R1 moved to the glass exit door and began kicking the glass with his feet. The nurse attempted to redirect him but he yelled and kicked the door harder. The notes document R1 was given his scheduled medication at that time. The nurse documents E8 DON (Director of Nursing) arrived and attempted to redirect R1 without success, and when E8 stood in front of R1, he kicked at her. The notes show E1 (Administrator) was contacted and directed the nurse to send R1 out with involuntary discharge papers. The note shows Z11 (on call physician) was contacted and an order was received to send R1 to the emergency room due to uncontrolled behaviors. The notes show hospice was notified after the order was received to send patient to the emergency room. The notes show R1 became calm and transferred onto the gurney without difficulty and left the facility at 6:55 PM. The notes do not indicate any non-pharmacological interventions attempted/ failed, or the administration of additional medications ordered as needed for severe agitation.</p> <p>The hospice nurse progress note shows E6 LPN (Licensed Practical Nurse) called and informed the hospice nurse R1 was demonstrating dangerous behaviors. E6 told the hospice nurse because he is considered a danger to himself and others, he is being sent to the emergency room. Z12 (hospice registered nurse) documents E6 was told to wait and see what hospice could do to help keep R1 in the building and not send</p>	S9999		
-------	---	-------	--	--

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  IL6008502	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING: _____	(X3) DATE SURVEY COMPLETED  C 07/21/2017
--	---	--	---

NAME OF PROVIDER OR SUPPLIER  PRAIRIE CROSSING LVG & REHAB	STREET ADDRESS, CITY, STATE, ZIP CODE 409 WEST COMANCHE ROAD SHABBONA, IL 60550
--	---

(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 CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
--------------------	--	---------------	---	--------------------

S9999	<p>Continued From page 7</p> <p>him out. E6 stated the ambulance was already at the facility to transport R1 to the emergency room and he was not going to be allowed back in the building.</p> <p>R1's hospice agreement signed July 11, 2016 shows hospice is to be called first for any emergency, before transporting out of the home, for any change of condition or before ordering any aggressive therapy. The contract states staff are available 24 hours a day/ 7 days a week, and a back-up number is also listed.</p> <p>The notice of involuntary transfer or discharge and opportunity for hearing for nursing home residents shows the facility transferred and discharged R1 due to the safety of individuals in the facility, and refers to the clinical record. The nursing notes for May 31, 2017 do not document R1 to be a harm to other residents in the facility, as he was kicking the glass door.</p> <p>On June 28, 2017 at 10:00 AM, E4 LPN said R1 had physical behaviors such as kicking and hitting the aides when they were trying to provide care. E4 said R1 was worse after his family would leave after a visit. E4 said R1 has had these behaviors since she started 8 months ago.</p> <p>On June 28, 2017 at 2:00 PM, E6 said R1 has not hurt any other residents, only had injured himself. E6 said she sent R1 to the emergency room on May 29 and again on May 31. E6 said R1 was kicking at the window of the door and he would not stop, staff tried to move him but he just went back to the door and continued kicking. E6 said on May 31 the DON called E1 and was told to get an order for involuntary discharge from the physician. E6 said R1's behavior was not a whole lot different on the day he was sent versus 2 days</p>	S9999		
-------	---	-------	--	--

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>IL6008502</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING: _____		(X3) DATE SURVEY COMPLETED  <b>C</b> <b>07/21/2017</b>
NAME OF PROVIDER OR SUPPLIER  <b>PRAIRIE CROSSING LVG &amp; REHAB</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>409 WEST COMANCHE ROAD SHABBONA, IL 60550</b>		
(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 CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE	
S9999	Continued From page 8  prior. E6 said in December 2016, R1 was attacking and kicking the aides, and the police were called. E6 said R1 calmed down when he saw the police, he was sent to the emergency room for evaluation, and no discharge notice was given when he had that behavior. E6 said she feels the facility would still be able to meet R1's needs, because when he returns from the emergency room he is more calm and cooperative.  On June 28, 2017 at 2:45 PM, E1 said she was told R1 was kicking the door on May 31, same as he was on May 29. E1 said she had prepared the involuntary discharge papers on May 29, and was ready to give to R1 the next time he acted out and had behaviors. E1 said the staff was afraid R1 was going to put his foot through the glass door and injure himself. E1 said after R1 was sent to the hospital, they tried to send him back to the facility later that night, so she spoke with emergency staff and explained R1 was not to be allowed back in the building, and they informed her it was illegal and cannot refuse the resident, and E1 said under no circumstances was R1 going to ever be allowed back in her building.  On July 6, 2017 at 9:00 AM, E8 DON (Director of Nursing) said she was in the facility on May 31, 2017 when R1 began kicking the door. E8 said she never witnessed R1 go after other residents, only tried to harm himself. E8 said she attempted to calm R1 and keep him from kicking the door, by stepping between him and the door, and was kicked. E8 said she had been told by E1 the next episode of behavior R1 has and is sent to the emergency room, to get the involuntary discharge papers from the administration office and send them with R1.	S9999			

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>IL6008502</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING: _____	(X3) DATE SURVEY COMPLETED  <b>C</b> <b>07/21/2017</b>
--	--	--	---

NAME OF PROVIDER OR SUPPLIER  <b>PRAIRIE CROSSING LVG &amp; REHAB</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>409 WEST COMANCHE ROAD SHABBONA, IL 60550</b>
---	---

(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 CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
--------------------	--	---------------	---	--------------------

S9999	<p>Continued From page 9</p> <p>On June 1, 2017 at 2:22 AM, the hospital documents R1 was back in the emergency room after the facility refused to take him back. R1 had been waiting in the ambulance while the police were talking to staff, and while he was in the ambulance he became agitated and was given valium for anxiety. Once back in the emergency room, he was calm and cooperative.</p> <p>On June 1, 2017 at 3:43 PM, Z1 (social service) documents she was informed by E8 that R1 was aggressive and kicking the glass, and no other residents have been harmed, only staff and equipment.</p> <p>On May 31, 2017 at 8:05 PM, Z13 (emergency room physician) documents Z11 (facility on call physician) ordered R1 to be sent back to the facility, and R1 was not to be admitted to the hospital.</p> <p>On July 11, 2017 at 10:10 AM, Z9 (emergency room manager/ registered nurse) said R1 stayed in his room, only leaving the area for testing. Z9 said R1 was not able to get out of bed and move about (scooting) as he normally would in a long term care facility. Z9 said R1 did not have any socialization other than his sitter and the nurses caring for him. Z9 said a bed bath was given, not a shower. Z9 said R1 was in the department long enough for staff to become familiar with him and learn how to deal with his behaviors, and learn what agitated him. Z9 said R1 had only had baths, food and medications. Z9 said the medication R1 was given kept him calm but not sedated. Z9 said most patients are in the emergency room for 3 hours, they are in and out, the emergency room is not made for a long term stay.</p>	S9999		
-------	---	-------	--	--

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  IL6008502	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  C 07/21/2017
--	---	---	---

NAME OF PROVIDER OR SUPPLIER  PRAIRIE CROSSING LVG & REHAB	STREET ADDRESS, CITY, STATE, ZIP CODE 409 WEST COMANCHE ROAD SHABBONA, IL 60550
--	---

(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 CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
--------------------	--	---------------	---	--------------------

S9999	<p>Continued From page 10</p> <p>On July 12, 2017 at 2:30 PM, Z14 (visual monitor tech) said when R1 first arrived at the emergency room, he was monitored on video by the staff. Z14 said after the first day, he was constantly wanting to get out of bed and move on the floor (as he does at the facility), but he was not allowed to scoot on the floor. Z14 said when R1 would get out of bed; he would scoot toward the door, but did not exhibit any violent or aggressive behaviors. Z14 said R1 had a television in his room, but no other activities to keep him occupied. Z14 said R1 did not have visitors, and was not allowed to leave the emergency room. Z14 said when R1 was re-directed or attempts made to keep him confined to his room, R1 became very agitated.</p> <p>On July 5, 2017 at 12:15 PM, Z7 (R1's primary physician) said R1 would have received basic patient care while in the emergency room for 13 days. Z7 said R1 would not have received group activities or had any peer socialization, and would have been "fed and watered" while waiting for his discharge. Z7 said R1 had been discharged from the emergency room in stable condition on June 1, 2017, was denied re-admission to the long term care facility, and returned to the emergency room.</p> <p>On June1, 2017 at 2:22 AM, the emergency room nurse documented R1 had returned with the ambulance after the facility refused to take him back. R1 had remained waiting in the ambulance while the staff was discussing issue with the police. The nurse documented while R1 was waiting in the parking lot of his facility, he became agitated and required additional antianxiety medication.</p> <p>R1's hospital record shows he was in the</p>	S9999		
-------	--	-------	--	--

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>IL6008502</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>C</b> <b>07/21/2017</b>
--	--	---	---

NAME OF PROVIDER OR SUPPLIER  <b>PRAIRIE CROSSING LVG &amp; REHAB</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>409 WEST COMANCHE ROAD SHABBONA, IL 60550</b>
---	---

(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 CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
--------------------	--	---------------	---	--------------------

S9999	<p>Continued From page 11</p> <p>emergency room awaiting discharge to a long term care facility from June1, 2017 to June 13, 2017.</p> <p>The facility's policy for involuntary discharge states residents are not subject to involuntary discharge unless: 1. Transfer or discharge is necessary for the resident's welfare and his/her needs cannot be met by the facility. In the event that emergency involuntary transfer/discharge becomes necessary the facility is responsible for:</p> <p>A. Notifying the appropriate physician (attending or psychiatrist) to discuss the appropriate immediate plan for the resident o protect the resident's safety and the health and safety of their individuals. The physician should order emergency transfer and enter a note explaining the situation. C. Document the reasons for emergency transfer in the resident's record.</p> <p>(B)</p>	S9999		
-------	---	-------	--	--