

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>IL6006506</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING: _____	(X3) DATE SURVEY COMPLETED  <b>C</b> <b>03/20/2021</b>
--	--	--	---

NAME OF PROVIDER OR SUPPLIER  <b>ASCENSION NAZARETHVILLE PLACE</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>300 NORTH RIVER ROAD DES PLAINES, IL 60016</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
S 000	Initial Comments  Complaint Investigation 2191623/IL131671 - F550 G cited	S 000		
S9999	Final Observations  Statement of Licensure Violations:  300.610a) 300.1210b) 300.3210f) 300.3210g) 300.3240a)  Section 300.610 Resident Care Policies  a) The facility shall have written policies and procedures, governing all services provided by the facility which 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. These policies shall be in compliance with the Act and all rules promulgated thereunder. These written policies shall be followed in operating the facility and shall be reviewed at least annually by this committee, as evidenced by written, signed and dated minutes of such a 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	S9999	Attachment A Statement of Licensure Violations	

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>IL6006506</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>C</b> <b>03/20/2021</b>
--	--	---	---

NAME OF PROVIDER OR SUPPLIER  <b>ASCENSION NAZARETHVILLE PLACE</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>300 NORTH RIVER ROAD DES PLAINES, IL 60016</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>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>Section 300.3210 General</p> <p>f) The facility shall make reasonable efforts to prevent loss and theft of residents' property. Those efforts shall be appropriate to the particular facility and may, for example, include, but are not limited to, staff training and monitoring, labeling property, and frequent property inventories. (Section 2-103 of the Act)</p> <p>g) The facility shall develop procedures for investigating complaints concerning theft of residents' property and shall promptly investigate all such complaints. (Section 2-103 of the Act)</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. (Section 2-107 of the Act)</p> <p>These Regulations were not met as evidenced by:</p> <p>Based on observation, interview, and record review, the facility failed to follow their policies and procedures for grievances by failing to replace essential medical devices (hearing aids) in a timely manner to accommodate one (R1) resident reviewed for resident rights. This failure prevented R1 from hearing his immediate surroundings and caused exacerbation of R1's</p>	S9999		
-------	--	-------	--	--

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>IL6006506</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING: _____	(X3) DATE SURVEY COMPLETED  <b>C</b> <b>03/20/2021</b>
--	--	--	---

NAME OF PROVIDER OR SUPPLIER  <b>ASCENSION NAZARETHVILLE PLACE</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>300 NORTH RIVER ROAD DES PLAINES, IL 60016</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 2</p> <p>major depression and overall psychosocial well being.</p> <p>Findings include:</p> <p>R1 is an alert and oriented 94 year old with diagnosis of major depressive disorder, heart failure and hypertension.</p> <p>Facility's form dated 2/9/21 signed by V4 (Social Service Director) titled "Notification of Concern/Complement" states, "(R1) Resident's hearing aids are missing. Actions taken: searched residents room, searched garbage, spoke to kitchen, still unable to find. Called niece on 1/29/21 to inform her facility is working on getting an amplifier for resident. Power of attorney requested for facility to replace hearing aids." Comment written on form by V4 states, "Not sure if we're replacing. We can't find them."</p> <p>A letter sent to R1's family almost a month later by V1 (administrator) dated 2/23/2021 states in part, "Dear family member, Please accept this letter as acknowledgment of your correspondence. I would like to thank you for reaching out to us with your concern and bringing this issue to my attention. At facility we strive to provide the best care and experience for all those we serve and we are sorry that we did not meet your expectations. The concern referenced in your correspondence is being reviewed and a response will be provided to you in writing within 30 days from January 27, 2021."</p> <p>Facility record dated 2/23/21 titled "Investigative summary" states in part, "The following is a summation of the investigation regarding (R1) for allegation of neglect of care: On 1/27/21, R1's family reported to social worker (V4) R1's hearing</p>	S9999		
-------	--	-------	--	--

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>IL6006506</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>C</b> <b>03/20/2021</b>
NAME OF PROVIDER OR SUPPLIER  <b>ASCENSION NAZARETHVILLE PLACE</b>		STREET ADDRESS, CITY, STATE, ZIP CODE <b>300 NORTH RIVER ROAD DES PLAINES, IL 60016</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 3  aids were missing and he had trouble. Resident is alert, oriented and own person. Resident was interviewed by the social worker and had no concerns. Could not find his hearing aids. Administrator and Director of Nursing were notified around 2/9/21. Search was started on 1/28/21. Executive director reviewed the grievance on 2/5/21. An estimate was obtained form hearing aid center. The community staff continued to search for missing hearing aids and is unable to find them. Executive director met with the resident discuss the concerns and the community's investigation results. Community purchased and assigned R1 an amplified phone. Family was grateful for it but asking what will be done about the lost hearing aids. Based on the above information, the community is not able to locate the lost hearing aids for R1. The family feels it is the responsibility of the community to replace the lost hearing aids."  On 3/19/21 at 10:10 AM, surveyor asked V3(RN) the procedure for using and storing resident hearing aids. V3 showed and stated to surveyor, "In the evening, the PM nurse would store the hearing aids in their cases labeled with the resident's name and room number and the morning nurse would place them in the ears of the resident." Surveyor asked if she was aware of R1's hearing aids being lost by the facility, V3 stated, "Yes, I wasn't here when it happened but I know that they searched for them but couldn't find them." Surveyor asked if she knew R1, V3 stated, "Yes, he's a very nice man. He stays pretty much in his room. He is very hard of hearing." Asked when he had the hearing aids if he was still hard of hearing, V3 stated, "No he was fine with them. It helped him a lot so I don't know why he did not get them replaced." Surveyor asked if she communicated this concern to administration, V3	S9999		

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>IL6006506</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING: _____	(X3) DATE SURVEY COMPLETED  <b>C</b> <b>03/20/2021</b>
--	--	--	---

NAME OF PROVIDER OR SUPPLIER  <b>ASCENSION NAZARETHVILLE PLACE</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>300 NORTH RIVER ROAD DES PLAINES, IL 60016</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 4</p> <p>stated, "No, I just thought they were going to take care of it." Surveyor asked how long R1 has been waiting for his hearing aids, V3 stated, "I don't know, but I think it's been several months now."</p> <p>Interview with V4 (Social Service Director) at 10:10 AM stated, "I'm in charge of following up with any resident concerns and missing items and I did the investigation along with V1 (administrator). On 1/26/21 V5 (CNA) took out R1's hearing aids and placed them in a case and gave them to the nurse (V6) for safe keeping behind the nurses station. The next morning, the nurse could not find the hearing aids to place in R1's ears so that was when it was reported to me as missing. We did a thorough search and could not find them. I've had numerous conversations and emails with R1's family to try to get them replaced and I asked V1 about 3 weeks later what was going on with the hearing aids and we still did not get them for R1. After 4 weeks waiting for a replacement, we got a special telephone for R1 so he could hear his family when he was on the phone." Surveyor asked if there was any other amplified hearing device the facility tried to offer R1 so he could hear his television or the nurses that were caring for him, V4 stated, "No I'm sorry we did not consider that but I've been trying to get V1 to get these hearing aids for him as soon as possible." Asked if waiting over 2 months for a hearing aid that a resident required was acceptable timeframe, V4 stated, "No it definitely is not acceptable."</p> <p>Interview with R1's family on 3/19/21 stated, "I had ordered hearing aids myself for (R1) because the audiologist said that he was very hard of hearing. I gave them to the facility and I was told they lost them and couldn't find them. I've been calling and emailing the administrator and social</p>	S9999		
-------	--	-------	--	--

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>IL6006506</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>C</b> <b>03/20/2021</b>
--	--	---	---

NAME OF PROVIDER OR SUPPLIER  <b>ASCENSION NAZARETHVILLE PLACE</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>300 NORTH RIVER ROAD DES PLAINES, IL 60016</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 5</p> <p>worker and all I get is them telling me "its on order, it's on order", but when I called the hearing aid company myself, they tell me that they were still waiting for payment in order to even start to make the hearing aid devices. After they get payment, the hearing aid company said it would take another week to two weeks. I called them this past Friday on 3/12/21 and was told there was still no payment made. Mind you this has been since late January and I informed the administrator (V1) and all he says to me is that they were taking care of it and that it'll be on the way. I'm at my wit's end because (R1) tells me he desperately needs it and that he already feels imprisoned because of this pandemic and even more so because he can't hear a thing, he can't hear when the nurses come in to his room, he can't hear his own television to enjoy his shows and he's really depressed about it. I told this to V1 and it doesn't seem to sink in."</p> <p>Facility records of R1's visit to the audiologist on 7/30/20 show R1 with bilateral (both ears) moderate-to-severe hearing loss.</p> <p>Interview with R1 on 3/19/21 at 10:50 AM stated, "I can't hear you please talk louder." Surveyor asked how he was doing, R1 stated, "They lost my hearing aids months ago and they still did not replace it for me. I can't hear anything. I can't hear my own TV. I can't hear the nurses when they talk to me. I can't hear anything, please help me. I'm very upset and depressed about it. I feel already trapped inside here like a prisoner and it has made it worse that I can't hear anything. I get startled when someone walks in my room because I just see them all of a sudden in my room can you imagine how that would make you feel? I already have to stay in my room most of the time because of the virus and this makes it</p>	S9999		
-------	--	-------	--	--

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>IL6006506</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>C</b> <b>03/20/2021</b>
--	--	---	---

NAME OF PROVIDER OR SUPPLIER  <b>ASCENSION NAZARETHVILLE PLACE</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>300 NORTH RIVER ROAD DES PLAINES, IL 60016</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>worse. Have you ever tried watching television with no volume because that's what I feel like when I watch TV. I have to put the volume way up and then someone comes in to my room and says it's too loud and to turn it down. It's very upsetting to me. Why can't they find me another pair of hearing aids?" When asked if he expressed his concerns to the nurses, R1 stated, "I told my niece and I keep asking the nurses about my hearing aids but the nurses don't even listen to me."</p> <p>Interview with V6 (RN) at 11:30 AM (with V2 (Director of Nursing) present) stated, "I was the nurse that took R1's hearing aids from the CNA that evening. The next morning I was told that it was lost so I don't know anything about that." Surveyor asked if she was the regular nurse for R1, V6 stated, "Yes, I know (R1) pretty well, I've been working here for 5 years." Surveyor asked if she noticed any concerns with R1, V6 stated, "Well, he's alert and oriented to himself only and he always has his TV turned up. He speaks Spanish but I don't but he seems to understand me though." Surveyor asked if she noticed any behavior change from R1 after not having his hearing aids, V6 stated, "Not really." After the interview, V2 stated, "R1 is not alert and oriented to himself only. He has periods of confusion but he is very 'with it', so I don't think V6 knows (R1) at all. As for his TV being turned up, that should have told her (V6) that he was having hearing problems."</p> <p>Interview with V1 (Administrator) at 12:10 PM stated, "I talked to staff to see if they could find the missing hearing aids and a case was found in another patient's room but no hearing aids, so we kept looking for it. I reached out to our corporate offices to see if we could get payment for</p>	S9999		
-------	--	-------	--	--

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>IL6006506</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>C</b> <b>03/20/2021</b>
--	--	---	---

NAME OF PROVIDER OR SUPPLIER  <b>ASCENSION NAZARETHVILLE PLACE</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>300 NORTH RIVER ROAD DES PLAINES, IL 60016</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 7</p> <p>reimbursement for the hearing aids because we were at fault for losing them and am waiting for approval for them. Surveyor asked how R1 could hear his nurses or enjoy his leisurely activities, V1 stated, "I know the nurses gesture to him and I think he understands but I did not consider the other aspects. I know (R1) can still read and follow instructions." Asked if the staff used any communication board to assist R1, V1 stated, "I don't think he needs one." Surveyor asked when the new hearing aids were arriving for R1, V1 stated, "I contacted the hearing aid company last Friday and they said once they get payment it would take 1 to 2 weeks." Surveyor asked if payment was made, V1 stated, "I will have to check." when asked if waiting several months to get essential hearing aids for R1 was acceptable to him, V1 stated, "I know, you're right. We should have replaced them right away."</p> <p>Interview with V2 at 1:30 PM (Director of Nursing) stated, "I just spoke to V1 and he told me that payment was not even made yet for the hearing aids but he said he was going to use his own credit card this time. I'm sorry I've been telling him to get this done and that it was going to be a problem. We were at fault and we should have replaced those hearing aids right away because (R1) really needs them. I didn't realize he felt more isolated and depressed because the nurses did not tell me otherwise I would have let V8 (psychiatrist) know." Surveyor asked when V8 last visited to see R1, V2 stated, "I know he was here several months ago in January." When asked V2 for V8's progress notes but the notes were not found in the medical record. No records were received from V2 after several requests. Surveyor asked V2 to get a hold of V8 and for his contact information. After several attempts, V8 did not return any of surveyor's messages.</p>	S9999		
-------	---	-------	--	--

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>IL6006506</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____		(X3) DATE SURVEY COMPLETED  <b>C</b> <b>03/20/2021</b>
NAME OF PROVIDER OR SUPPLIER  <b>ASCENSION NAZARETHVILLE PLACE</b>		STREET ADDRESS, CITY, STATE, ZIP CODE <b>300 NORTH RIVER ROAD DES PLAINES, IL 60016</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 8</p> <p>Interview with V7 (Activity director) at 1:40 PM stated, "R1 is a bit hard of hearing but I am aware he is missing his hearing aids for awhile now. When things started opening up during the pandemic, I was conducting group activities in the large dining room and R1 would attend the group exercises to get him out but I know he mainly likes to watch television and he cranks up the volume." When asked how long she was aware R1 was missing his hearing aids, "V7 stated, "Yes, I thought they would have been replaced by now. It's been going on for several months now I think."</p> <p>Interview with V9 (Physician) at 2:15 PM stated, "I am the physician for R1. He's hard of hearing and I do have to raise my voice to talk to him." Surveyor asked whether he was aware that R1 was having difficulty hearing because he had no hearing aid for 2 months, V9 stated, "I was not aware of that and no one told me because he needs his hearing aids to hear." When asked if it was essential for R1 to be able to hear, V9 stated, "I can't argue with that as being able to hear is essential and if you are not able to hear, it impacts his mental well being and overall quality of life. I will follow up with the administration because this is very important for (R1) to get these especially now (referring to the pandemic)."</p> <p>Facility policy dated 11/2017 titled "Complaints and Grievances" states in part (but not limited to): "Each community must designate a Grievance Official to oversee and ensure responses to complaints and grievances in accordance to the policy. The Grievance official or designee will be responsible for the complaint and grievance process through their conclusion to include: Review and provide acknowledgement of receipt</p>	S9999		

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>IL6006506</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>C</b> <b>03/20/2021</b>
--	--	---	---

NAME OF PROVIDER OR SUPPLIER  <b>ASCENSION NAZARETHVILLE PLACE</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>300 NORTH RIVER ROAD DES PLAINES, IL 60016</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>of grievances to complainant. Coordinating the investigation by the community to include but not limited to reviewing reports for any reportable issues, interviewing complainant, staff and or witnesses, reviewing medical records and coordinating with other departments when needed; Acknowledging the grievance within 7 working days from receipt; issuing a final written grievance decision to the resident and/or family members within a reasonable time frame but not to exceed 30 days."</p> <p>Facility's policy dated 11/2017 titled "Resident Rights" states in part (but not limited to): "It is the policy of facility to promote and protect the rights of residents residing in our ministry. Residents are entitled to exercise their personal and legal rights and privileges to the fullest extent possible. Our ministry will make every effort to assist the resident in exercising his/her rights and to assure that the resident is always treated with respect, kindness and dignity."</p> <p>(B)</p>	S9999		
-------	---	-------	--	--