FORM APPROVED Illinois Department of Public Health (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA COMPLETED AND PLAN OF CORRECTION **IDENTIFICATION NUMBER:** A. BUILDING: B. WING 04/05/2024 IL6003263 STREET ADDRESS, CITY, STATE, ZIP CODE NAME OF PROVIDER OR SUPPLIER **759 KANE STREET TOWER HILL HEALTHCARE CENTER** SOUTH ELGIN, IL 60177 SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X5) COMPLETE (X4) ID (EACH DEFICIENCY MUST BE PRECEDED BY FULL (EACH CORRECTIVE ACTION SHOULD BE **PREFIX** PRÉFIX CROSS-REFERENCED TO THE APPROPRIATE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG TAG DEFICIENCY) S 000 S 000 Initial Comments Complaint Investigation 2412586/IL171467 S9999 S9999 Final Observations Statement of Licensure Violations: 300.690 a) Section 300.690a) Incidents and Accidents a) The facility shall maintain a file of all written reports of each incident and accident affecting a resident that is not the expected outcome of a resident's condition or disease process. A descriptive summary of each incident or accident affecting a resident shall also be recorded in the progress notes or nurse's notes of that resident. This requirement is NOT MET as evidenced by: Based on interview and record review, the facility failed to maintain written reports of an unusual incident of resident elopement to rooftop, and failed to notify public health for 1 of 5 residents (R1) reviewed for incident and accident in a sample of 5. Findings include: R1 is a 92-year-old male admitted on 3/20/24. with an admitting diagnosis, including uncomplicated alcohol abuse. On 4/2/24 at 11:25 AM, V2 (Director of Nursing) stated, "(R1) was a

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

new admission admitted on 3/20/23. (R1) was

Record review on nursing progress note, dated 3/23/24, documents R1 attempted to elope

found on the rooftop on 3/23/24."

Electronically Signed

TITLE

(X6) DATE

04/16/24

Illinois Department of Public Health STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION

IDENTIFICATION NUMBER:

A. BUILDING: _

(X3) DATE SURVEY COMPLETED

C 04/05/2024

IL6003263

AND PLAN OF CORRECTION

NAME OF PROVIDER OR SUPPLIER

STREET ADDRESS, CITY, STATE, ZIP CODE

B. WING

750 KANE STREET

(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
\$9999	Continued From page 1	S9999		
	through a window by pushing the screen out. The facility called 911 and the fire department brought R1 inside with a small skin aberration on the outer right ankle and left forearm.			
	On 4/2/24 at 1:15 PM, V3 (R1's Nurse on Duty on 3/23/24) stated, "(R1) was newly admitted on 3/20/24, and it was my first-day taking care of him. During the 7:00 AM report, he tries to leave through elevators and asks for a phone to call home. He was at the nurse's station, and he was trying to elope when the elevator opened. There is a code there to access the elevator. Stair doors are also locked. He was in (room number). I think he got up to bed in (room number) to reach the window. He pushed out the screen and slid through the window."			
	On 4/3/24 at 9:45 AM, V10 (Cook) stated, "I saw (R1) on the rooftop when I was going for my break at around 2:00 PM. (V11, Dietary staff) was with me, and (R1) said hello to me. (R1) said he wanted to get some fresh air. I told the receptionist that (R1) was on the roof and (V11) stayed outside. (R1) was sitting closer to the corner part. I don't know how he got onto the terrace."			
	On 4/3/24 at 10:35 AM, V11 (Dietary Staff) stated, "It was around 2 PM that (we were going home) we saw (R1) on the rooftop. We were walking out when we heard (R1) say hello. (V10) went inside to get someone, and I stayed with him. I don't know how he got into the terrace. They called 911, and the fire department got him down."			
	Record review on the facility presented the Fire Department dispatch report, dated 3/23/24, which documented upon arrival, R1 was sitting on the rooftop 10-12 feet up, and staff told them			

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING:			(X3) DATE SURVEY COMPLETED			
		IL6003263	B. WING			C 04/05/2024			
NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 759 KANE STREET SOUTH ELGIN, IL 60177									
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y 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) COMPLETE DATE			
\$9999	somehow R1 open floor to get onto the to assist R1 down. asked, R1 stated the wanted to go inside. In an email commu (Director of Nursing any other documer elopement on 3/23 documentation in the composition of the didn't create a incident to public he building or had any she is not aware of	ed a window on the second e rooftop. They put a ladder up He was not injured, and when hat he was just cold and	S9999						

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STATE FORM