

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>IL6003248</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>02/16/2024</b>
--	--	---	---

NAME OF PROVIDER OR SUPPLIER  <b>ELDORADO REHAB &amp; HEALTHCARE</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>1001 A JEFFERSON STREET ELDORADO, IL 62930</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  Annual Health Survey	S 000		
S9999	Final Observations  Statement of Licensure Violations: 300.510e) 300.610a) 300.1010h) 300.1210a) 300.1210b) 300.1210d)6) 300.1220b)3)7)8) 300.1810a) 300.1810b) 300.1810c)1)2)3)4) 300.3240a) 300.3240b) 300.3240c) 300.3240g)  Section 300.510 Administrator  e) The licensee and the administrator shall be familiar with this Part. They shall be responsible for seeing that the applicable regulations are met in the facility and that employees are familiar with those regulations according to the level of their responsibilities.  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	S9999		

Illinois Department of Public Health LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE  Electronically Signed	TITLE	(X6) DATE <b>03/03/24</b>
--	-------	------------------------------

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>IL6003248</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>02/16/2024</b>
--	--	---	---

NAME OF PROVIDER OR SUPPLIER  <b>ELDORADO REHAB &amp; HEALTHCARE</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>1001 A JEFFERSON STREET ELDORADO, IL 62930</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>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>Section 300.1010 Medical Care Policies</p> <p>h) The facility shall notify the resident's physician of any accident, injury, or significant change in a resident's condition that threatens the health, safety or welfare of a resident, including, but not limited to, the presence of incipient or manifest decubitus ulcers or a weight loss or gain of five percent or more within a period of 30 days. The facility shall obtain and record the physician's plan of care for the care or treatment of such accident, injury or change in condition at the time of notification.</p> <p>Section 300.1210 General Requirements for Nursing and Personal Care</p> <p>a) Comprehensive Resident Care Plan. A facility, with the participation of the resident and the resident's guardian or representative, as applicable, must develop and implement a comprehensive care plan for each resident that includes measurable objectives and timetables to meet the resident's medical, nursing, and mental and psychosocial needs that are identified in the resident's comprehensive assessment, which allow the resident to attain or maintain the highest practicable level of independent functioning, and provide for discharge planning to the least restrictive setting based on the resident's care needs. The assessment shall be developed with the active participation of the resident and the resident's guardian or representative, as</p>	S9999		

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>IL6003248</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>02/16/2024</b>
--	--	---	---

NAME OF PROVIDER OR SUPPLIER  <b>ELDORADO REHAB &amp; HEALTHCARE</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>1001 A JEFFERSON STREET ELDORADO, IL 62930</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>applicable. (Section 3-202.2a of the Act)</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>6) All necessary precautions shall be taken to assure that the residents' environment remains as free of accident hazards as possible. All nursing personnel shall evaluate residents to see that each resident receives adequate supervision and assistance to prevent accidents.</p> <p>Section 300.1220 Supervision of Nursing Services</p> <p>b) The DON shall supervise and oversee the nursing services of the facility, including:</p> <p>3) Developing an up-to-date resident care plan for each resident based on the resident's comprehensive assessment, individual needs and goals to be accomplished, physician's orders, and personal care and nursing needs. Personnel, representing other services such as nursing, activities, dietary, and such other modalities as are ordered by the physician, shall be involved in the preparation of the resident care plan. The plan shall be in writing and shall be</p>	S9999		

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>IL6003248</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>02/16/2024</b>
--	--	---	---

NAME OF PROVIDER OR SUPPLIER  <b>ELDORADO REHAB &amp; HEALTHCARE</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>1001 A JEFFERSON STREET ELDORADO, IL 62930</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>reviewed and modified in keeping with the care needed as indicated by the resident's condition. The plan shall be reviewed at least every three months.</p> <p>7) Coordinating the care and services provided to residents in the nursing facility.</p> <p>8) Supervising and overseeing in-service education, embracing orientation, skill training, and on-going education for all personnel and covering all aspects of resident care and programming. The educational program shall include training and practice in activities and restorative/rehabilitative nursing techniques through out-of-facility or in-facility training programs. This person may conduct these programs personally or see that they are carried out.</p> <p>Section 300.1810 Resident Record Requirements</p> <p>a) Each facility shall have a medical record system that retrieves information regarding individual residents.</p> <p>b) The facility shall keep an active medical record for each resident. This resident record shall be kept current, complete, legible and available at all times to those personnel authorized by the facility's policies, and to the Department's representatives.</p> <p>c) Record entries shall meet the following requirements:</p> <p>1) Record entries shall be made by the person providing or supervising the service or observing the occurrence that is being recorded.</p>	S9999		

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>IL6003248</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>02/16/2024</b>
--	--	---	---

NAME OF PROVIDER OR SUPPLIER  <b>ELDORADO REHAB &amp; HEALTHCARE</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>1001 A JEFFERSON STREET ELDORADO, IL 62930</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>2) All entries into the medical record shall be authenticated by the individual who made or authored the entry. "Authentication", for purposes of this Section, means identification of the author of a medical record entry by that author and confirmation that the contents are what the author intended.</p> <p>3) Medical record entries shall include all notes, orders or observations made by direct resident care providers and any other individuals authorized to make such entries in the medical record, and written interpretive reports of diagnostic tests or specific treatments including, but not limited to, radiologic or laboratory reports and other similar reports.</p> <p>4) Authentication shall include the initials of the signer's credentials. If the electronic signature system will not allow for the credential initials, the facility shall have a means of identifying the signer's credentials.</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>b) A facility employee or agent who becomes aware of abuse or neglect of a resident shall immediately report the matter to the Department and to the facility administrator. (Section 3-610(a) of the Act)</p> <p>c) A facility administrator who becomes aware of abuse or neglect of a resident shall immediately report the matter by telephone and in writing to the resident's representative and to the</p>	S9999		

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>IL6003248</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>02/16/2024</b>
--	--	---	---

NAME OF PROVIDER OR SUPPLIER  <b>ELDORADO REHAB &amp; HEALTHCARE</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>1001 A JEFFERSON STREET ELDORADO, IL 62930</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>Department. (Section 3-610(a) of the Act)</p> <p>g) A facility shall comply with all requirements for reporting abuse and neglect pursuant to the Abused and Neglected Long Term Care Facility Residents Reporting Act.</p> <p>These requirements were not met as evidenced by:</p> <p>A. Based on observation, interview and record review, the facility failed to protect a resident's right to be free from neglect when they failed to:</p> <ol style="list-style-type: none"> <li>1. appropriately assess a resident at risk for wandering,</li> <li>2. ensure wandering and elopement behavior attempts were immediately reported to nursing staff,</li> <li>3. ensure residents who elope were provided care and services in a manner to confirm safety,</li> <li>4. immediately and thoroughly investigate an incident of elopement,</li> <li>5. revise and individualize a resident's plan of care to prevent further attempts of elopement, and</li> <li>6. conduct a physical assessment to ensure wellbeing immediately following an elopement for one of two residents (R59) reviewed for abuse in the sample of 40. This failure resulted in R59, who has a diagnosis of dementia with severe cognitive impairment, eloping from the facility on 12/29/23.</li> </ol> <p>Findings Include:</p> <p>R59's "Face Sheet" documented R59 is a 74-year-old male, who admitted to the facility on 12/28/23 at 5:30 PM. Diagnoses listed on this document in their entirety are: Unspecified Dementia, Unspecified Atrial Fibrillation, Anxiety Disorder, Vitamin D Deficiency, Constipation, Dextrocardia, Essential (primary) Hypertension, Dorsalgia, and other Amnesia. V25 (Physician) is</p>	S9999		

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>IL6003248</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>02/16/2024</b>
--	--	---	---

NAME OF PROVIDER OR SUPPLIER  <b>ELDORADO REHAB &amp; HEALTHCARE</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>1001 A JEFFERSON STREET ELDORADO, IL 62930</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>listed as being R59's Primary Care Physician. The only contacts listed for R59 on this document are V21 (Family Member &amp; Power of Attorney/POA) and V22 (Family Member).</p> <p>R59's Minimum Data Set with an assessment reference date of 1/4/24 documented a Brief Interview of Mental Status (BIMS) score of 5, indicating severe cognitive impairment. Section E0900 documents "0," indicating the behavior was not exhibited to the question "has the resident wandered."</p> <p>R59's "(Name of town) Primary Care" record found in R59's Electronic Health Record, documented a visit on 12/7/23 with a chief complaint being to establish care. This document stated, "Patient has been here in the past. It has been over 4 years since he was last seen in this clinic. He is here today with his sister to reestablish care. Over the past 2 years, she has noted a decrease in his mental status. He seems to be having problems with short-term memory. There is a family history of dementia in their father. The history of stroke is uncertain. He was hit by a semi several years ago in front of the (Store Name) here in town. He did sustain a significant head injury at that time...He does have some problems with his vision. This seems to be a problem when trying to watch TV as he cannot use his remote. He also likes to walk around town. He reports almost being hit by a semi couple days ago. According to his sister, approximately 18 months ago she became involved with his care when he showed up at her house and was quite disheveled. Since then she has worked on getting him help set up....He does tend to sleep from 5 or 6:00 PM until 4:30 in the morning. At that time he does like to get up and walk around town..."</p>	S9999		

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>IL6003248</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>02/16/2024</b>
--	--	---	---

NAME OF PROVIDER OR SUPPLIER  <b>ELDORADO REHAB &amp; HEALTHCARE</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>1001 A JEFFERSON STREET ELDORADO, IL 62930</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>Local hospital Emergency Department (ED) notes dated 12/28/23 at 10:38 AM, documented R59 was seen for chief complaints of altered mental status and hallucinations. This document stated R59 was brought to the ED by family members and friends who stated R59's complaint symptoms had been going on for the last 18 months but worsened over the last 2 weeks. After workup, the Clinical Impression listed is Thoracic aortic aneurysm, unspecified part, unspecified whether ruptured; and Cardiac arrhythmia, unspecified cardiac arrhythmia type. A case management note documented report included family concerns with R59's current living apartment arrangements which state R59 has been found outside his apartment multiple times, locked out, and ultimately confused how to operate a key fob to get into the apartment. Not eating as he should and suspected hallucinations.</p> <p>Both R59's "(Name of Town) Primary Care" document and Local hospital ED documents as listed above were observed to be scanned into R59's Electronic Health Record in a folder titled, "Referral Documents."</p> <p>R59's "Elopement Risk Tool," documented as being completed by V2 (Director of Nursing/DON) on 12/28/23 at 8:14 PM, stated R59's "Elopement Risk Summary" was determined to be, "Resident has not been found to be at risk for elopement at this time." Entries included on this same tool documented: "Yes" for the question, "Has the family communicated that the resident has eloped or attempted to elope from home, or shared concerns that the resident may have wandering/elopement tendencies?" "Yes, Additional Details: Early onset of dementia" for the question, "Does the resident display cognitive</p>	S9999		



Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>IL6003248</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>02/16/2024</b>
--	--	---	---

NAME OF PROVIDER OR SUPPLIER  <b>ELDORADO REHAB &amp; HEALTHCARE</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>1001 A JEFFERSON STREET ELDORADO, IL 62930</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>deficits, disorientation, intermittent confusion, or any other cognitive impairments that contribute to poor decision-making skills?" "No" for the question, "Does the resident's wandering behavior affect his/her safety and well-being?"</p> <p>R59's "Departmental Notes" notations include the following entries:                      -12/28/23 6:03 PM, "Resident arrived per private auto with sister (V22). Resident went to dining room for pm meal. Alert and oriented x3 with intermittent confusion. Resident is independent in his care. Denies pain, no home meds. Was in ER today at (local hospital) and DX (diagnosis) of Afib (atrial fibrillation) but no new meds. Resident is cooperative at this time." Signed by V2 (DON)                      -12/29/23 6:21 AM, "Resident awake and alert at 4 AM walking around asking about the exits. Approximately 5:30 during med pass got a phone call from staff stating that resident went out of backhall door. Staff (initials) (V26, Licensed Practical Nurse/LPN) stayed beside resident encouraging him to return to facility at this time resident kept walking down the street, 2nd staff (initials) (V27, Certified Nurse Assistant/CNA) ran out and assisted other staff with encouraging resident to return to facility. This point this nurse got into personal vehicle and drove down road to assist and pick up resident and other staff at which time, resident was already to his house and still refusing to return. Son (name of V20 - Family member) came outside and confirmed it was residents' home, this nurse contacted DON and returned to facility to call son (name of V21 - Family Member/POA) and inform him of residents' elopement." Signed by V28 (Licensed Practical Nurse/LPN).                      -12/29/23 7:23 AM, "Resident returned to facility through side exit." Signed by V33 (LPN).                      -12/29/23 8:29 AM, "Son (Name of V21) and</p>	S9999		

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>IL6003248</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>02/16/2024</b>
--	--	---	---

NAME OF PROVIDER OR SUPPLIER  <b>ELDORADO REHAB &amp; HEALTHCARE</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>1001 A JEFFERSON STREET ELDORADO, IL 62930</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>Sister (Name of V22-Family Member) in the facility this am and discussed residents leaving the facility this AM, both agree that if he continues this behavior to leave facility they will need to consider a lock down unit and residents house is only 2 block away from the facility and he is use to walking 6 miles a day in the community. Resident voices remorse for leaving this AM and states he will not leave the facility unless one of his family members is here to sign him out." Signed by V2 (DON). -12/29/23 12:22 PM, "Resident frequently up walking. Pleasant and cooperative. Alert to person and place, reorienting often. Family has been visiting and bringing belongings in throughout the day. Vital signs obtained 98% (room air), 166/82 bp (blood pressure), 97.3 F (Fahrenheit), 70 bpm (beats per minute), 19 rr (respirator rate). Resident often goes to bed early and gets up early. The resident can go out on leave with (name of V21) or (name of V22). (Name of V21) requests to be called in the morning to prevent elopements and reorient the resident. No c/o (complaints of) pain or discomfort. Continuing with the plan of care." Signed by V33 (LPN). -12/31/23 2:38 PM, " ...This morning he did well with adjusting to facility however became slightly restless towards the afternoon. He did not make any attempts to leave the facility but did gesture towards leaving the facility stating he was getting his warm clothes on ..." Signed by V35 (Registered Nurse/RN). -1/3/24 10:28 AM, "Was able to speak with (Name of V21) today for resident's initial care plan meeting." Signed by V7 (LPN/MDS and Care Plan Coordinator/CPC). -1/3/24 10:40 AM, "Resident has been pacing in hallways. Asking to go outside did show him the courtyard which he only walked through and</p>	S9999		
-------	---	-------	--	--

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>IL6003248</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>02/16/2024</b>
--	--	---	---

NAME OF PROVIDER OR SUPPLIER  <b>ELDORADO REHAB &amp; HEALTHCARE</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>1001 A JEFFERSON STREET ELDORADO, IL 62930</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 10</p> <p>returned. Is thinking that the facility is kicking him out and he has to pack his belongings. Was reassured that he is to stay here ..." Signed by V36 (LPN).</p> <p>-1/3/24 11:56 AM, "Resident continues to walk in hallway and go into other residents' room. Is redirected and he states you just don't understand." Signed by V36 (LPN).</p> <p>-1/7/24 3:59 AM, "Resident in coat and hat made 1 exit attempt within past hour, out front door facility, approached by staff redirected back into facility with 1 to 1 interaction." Signed by V37 (RN).</p> <p>-1/22/24 2:57 PM, "Resident has been up and down hallway looking and entering other resident's room. Did explain that he does not need to be going into others rooms stated I was just looking around." Signed by V36 (LPN).</p> <p>-1/22/24 3:43 PM, Door alarm sounding resident was leaving building staff did approach immediately and resident did agree to re-enter the building. Was given lemonade and did sit with other residents in dining room." Signed by V36 (LPN).</p> <p>-1/23/24 5:30 PM, "Resident was seen going out old side door alarm sounding was redirected and assisted to his room where he then watch (sic) tv. Has been pacing up and down hallway looking into other residents' room. Encouraged not to enter these rooms. Did attempt to help another resident stand was asked not to help him due to possible hurting himself or other resident." Signed by V36 (LPN).</p> <p>-1/26/24 11:46 AM, "This DON (V2) spoke with (name of V22) residents sister. (Name of V22) and (Name of V21) who is health care POA continue to request all concerns for residents care while here at (facility initials) go through (Name of V21) or (Name of V22). Resident can speak and visit with other family members</p>	S9999		

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>IL6003248</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>02/16/2024</b>
--	--	---	---

NAME OF PROVIDER OR SUPPLIER  <b>ELDORADO REHAB &amp; HEALTHCARE</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>1001 A JEFFERSON STREET ELDORADO, IL 62930</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>however (Name of V21) request that his father only leave the facility with (V22 or V21) ..." Signed by V2 (DON).</p> <p>-1/27/24 11:11 AM, "Resident has been on and off exit seeking this morning and has been redirected multiple times by staff. Resident has not found his way outside of building." Signed by V38 (LPN).</p> <p>The National Weather Service documented the temperature on 12/29/23 between 4-8am was 33-34 degrees Fahrenheit with precipitation of snow.</p> <p>On 2/7/24 at 10:11 PM, V29 (Certified Nurse Assistant/CNA) stated that R59's cognition varies. V29 confirmed she was working the night (shift) when R59 eloped. V29 stated that herself and V30 (CNA) were doing bed checks when they heard the door alarm going off. V29 stated both herself and V30 went to the door, and saw R59 outside wearing a heavy coat, beanie, jeans, and shoes. V29 stated it was snowing, cold outside and the time they first viewed R59, he was approximately 15 feet from the facility. V29 stated herself and V30 both were trying to talk R59 into coming back into the facility, but he refused and just kept walking, stating he was going home. V29 stated staff could not get to him as R59 had squeezed through a gap and was on the other side of a fence, which they could not fit through. V29 stated she went back in the building and exited out the door near the staff time clock. V29 stated by that point R59 was halfway across the parking lot, so she ran to catch up with him. V29 stated she just kept trying to convince R59 to come back to the facility, telling him it was cold, and she was out of shape, in which R59 responded by laughing that he wasn't cold and to keep up, he was used to walking 6 miles a day.</p>	S9999		

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>IL6003248</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>02/16/2024</b>
--	--	---	---

NAME OF PROVIDER OR SUPPLIER  <b>ELDORADO REHAB &amp; HEALTHCARE</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>1001 A JEFFERSON STREET ELDORADO, IL 62930</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 12</p> <p>V29 stated she stayed with R59 who was not combative, but just kept walking and refusing to go back to the facility. V29 stated she had hollered at V30 as they were walking away to call V28 (LPN) and tell her to come help. V29 stated that V27 (CNA) had also ran to help and walked with herself and R59, also trying to convince R59 to return. V29 stated she is familiar with R59's family, as she went to school with them, so knows the home R59 was going to. V29 stated it was R59's home, who V20 (Family Member) now resides at, which is 2-3 blocks from the facility. V29 stated as they were approaching the house, V28 pulled up in her car and R59 walked right in the front door of the home. V29 stated V20 didn't seem upset and tried to convince R59 to return with staff, but finally stated it was fine if he stayed. V29 stated she believed that V28 (LPN) called V2 (DON) who said staff couldn't force him back, so they left R59 with V20, in the home and returned to the facility. V29 stated prior to this, also the morning of 12/29/23 around 5 AM, she witnessed R59 dressed in his coat and hat, exiting out the front door. V29 stated the alarm was sounding and R59 went out the door, stated it was cold, and came right back in the facility without redirection. When questioned about actions taken after, V29 stated she did not go report this occurrence to anyone and continued working. V29 stated R59 made a comment to her about there being all these exit signs and nowhere to go. V29 stated it was probably 10-15 minutes after she had witnessed R59 go out the front door and come back in, when the back door alarm was going off and R59 was out and walking away from the facility. V29 stated also later that morning, following R59's elopement (12/29/23), at approximately 6:15 AM, she was leaving work from her shift and saw R59 walking alone, down the road heading back towards the facility. V29</p>	S9999		

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>IL6003248</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>02/16/2024</b>
--	--	---	---

NAME OF PROVIDER OR SUPPLIER  <b>ELDORADO REHAB &amp; HEALTHCARE</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>1001 A JEFFERSON STREET ELDORADO, IL 62930</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 13</p> <p>stated R59 was wearing the same attire he had left the facility in. V29 stated she called the facility and cannot recall who she spoke with but told them it looked like R59 was headed back, and they said they would go out to keep an eye out for him, so she left.</p> <p>On 2/7/24 at 10:29 PM, V30 (CNA) stated that she was working the front hall the night R59 eloped but was helping V29 (CNA) with her bed checks when they heard the back hall door alarm go off. V30 stated that herself and V29 went to check and R59 was observed outside, a few steps away from the door, on the other side of the fence, which staff could not fit through the tight area. V30 stated they were attempting to talk R59 back into the facility but R59 continued walking away stating 'the door says exit...that means someone can exit.' V30 stated R59 was wearing a sock hat, black winter coat, boots, and jeans. V30 stated it was cold outside that day. V30 stated she went back in the building to watch the halls and V29 ran to go out another door and catch up with R59 telling V30 to call V28 (LPN) and tell her what was going on, which she did. V30 stated she stayed outside the door watching R59 until V29 got out the other door of the facility and could catch up to R59.</p> <p>On 2/7/24 at 9:58 PM, V28 (LPN) described R59 as being confused when admitted, with some intermittent improvement to his cognition since being at the facility. V28 stated she was a nurse on duty when R59 eloped from the facility. V28 stated she believed R59 eloped the first night he was admitted. V28 stated she did not witness R59 leave, but from her understanding, R59 exited through the back hall door. V28 stated there is an alarm on that door and although she wasn't there to witness it sounding herself,</p>	S9999		

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>IL6003248</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>02/16/2024</b>
--	--	---	---

NAME OF PROVIDER OR SUPPLIER  <b>ELDORADO REHAB &amp; HEALTHCARE</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>1001 A JEFFERSON STREET ELDORADO, IL 62930</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 14</p> <p>assumes it was, since staff were with R59 outside. V28 stated she believed R59 had slept good that night (12/28/23), until he woke up around 4am (12/29/23). V28 stated R59 was walking around the facility saying things like there's a whole lot of exit's and nowhere to go. V28 said she believed it wasn't abnormal for R59 to wake up around 4am though, and that was his normal time to rise for the day. V28 stated she believes R59 was admitted to the facility with a diagnosis of a heart condition and his sister (V22) and son (V21) wanted him in a facility for his health with his diagnoses and history of walking the streets of (town name). V28 stated the night R59 eloped, she believes she received a call from V29 who stated to hurry up and get out here, that R59 had left and they couldn't get him to come back to the facility. V28 stated it was cold, so she got in her car to go try and coax him back. V28 stated V29 and V27 were both with him at the time she caught up to them and described R59 as definitely having some place he wanted to go. V28 stated V20's (Family Member) house was approximately 2 blocks behind the facility and that is where R59 went.</p> <p>On 2/7/24 at 11:23 PM, V28 (LPN) clarified that the V26's initials in her progress note dated 12/29/23 at 6:21 AM should have read V29's initials. V28 also stated that by the time she drove to meet R59 and staff, they were already by the house which sits on a corner. V28 stated that by the time she parked, R59 was already in the house. V28 stated that staff, along with V20 (Family Member), who was present at the time R59 entered the house were unable to coax R59 back to the facility. V28 stated she called V2 (DON) to find out what to do. V28 stated V2 called V32 (Former Administrator). V28 stated she was told they could not force R59 to come</p>	S9999		

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>IL6003248</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>02/16/2024</b>
--	--	---	---

NAME OF PROVIDER OR SUPPLIER  <b>ELDORADO REHAB &amp; HEALTHCARE</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>1001 A JEFFERSON STREET ELDORADO, IL 62930</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 15</p> <p>back, and it was (family) V20 he was with. V28 stated at that time, she did not reach out to R59's resident representative (V21) and is unsure if V2 or V32 reached out to (V21) to get permission for R59 to stay with V20, as V20 was not the representative for R59. V28 stated she was not present when R59 returned to the facility, but believed he walked back himself before 7 AM the same day that he had eloped.</p> <p>On 2/7/24 at 10:21 PM, V27 (CNA) stated that R59's cognition varies. V27 described R59's normal status as being that he will wander into other resident's rooms, bathrooms, and we will find him sleeping in other's recliners, etc. V27 stated R59 had eloped the first night he was at the facility she believes. V27 does not recall being told that R59 was any sort of elopement risk at that time. V27 stated residents are viewed at least every 2 hours during bed checks, but if (she) is walking down the halls, she looks in rooms while walking by too. V27 stated she was alerted of a resident outside by V31 (Laundry), who was coming in for her shift and saw a man she didn't recognize outside walking and wasn't sure if it was a resident. V27 stated she went to check and saw R59 and V29 halfway up the road, walking away from the facility, so she ran to them to try and help. V27 stated R59 was not being combative, was just saying over and over that he wasn't coming back. V27 stated R59 walked directly to (V20's) house which was a couple blocks from the facility. V27 stated (V20) said it was ok if R59 stayed there with him since he was refusing to return. V27 stated that R59 had been up and down a few times that night prior to eloping but was re-directable until 4am when he was wide awake and got himself dressed.</p> <p>On 02/08/24 at 11:54 AM, V31 (Laundry) stated</p>	S9999		



Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>IL6003248</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>02/16/2024</b>
--	--	---	---

NAME OF PROVIDER OR SUPPLIER  <b>ELDORADO REHAB &amp; HEALTHCARE</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>1001 A JEFFERSON STREET ELDORADO, IL 62930</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 16</p> <p>that she recalls coming into work early one morning in which she observed a man outside the building that she didn't recognize. V31 stated she thought he was a predator, so she came in the facility and was talking to a co-worker about the man when she then saw two staff following behind him, making her realize it was a resident and not a predator.</p> <p>On 02/08/24 at 11:11 AM, V20 (Family Member) stated he believed it was approximately 3 AM when he heard a knock at his front door. V20 stated he answered the door and observed R59 standing there appearing anxious. V20 stated he saw 3 staff also with him. V20 stated he didn't know who the staff were, as he didn't realize R59 had been admitted to the facility. V20 stated that R59 used to live with him, which was originally R59's house. V20 stated that R59 had recently moved to an apartment 2-3 weeks prior to him showing up at his door with staff. V20 stated that R59 had been moved to the apartment due to his increased confusion. V20 stated that he doesn't know if R59 was experiencing any problems while residing at the apartment. V20 stated he had been told by (V22) that R59 was having continued confusion at the apartments as V20 had been told R59 was going into other people's apartments that were not his. V20 stated the morning R59 had left from the facility, R59 stayed with V20, as he was refusing to return to the facility with staff. V20 stated that he talked to R59 and reminded him of past family members who had lived at the facility and coaxed him to return. V20 stated he did not accompany R59 back to the facility or call the facility to let them know R59 was leaving his home. V20 stated that R59 walked out the front door and headed in the direction back toward the facility and he saw or heard nothing further. V20 stated he had called V22 to let her know what had</p>	S9999		

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>IL6003248</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>02/16/2024</b>
--	--	---	---

NAME OF PROVIDER OR SUPPLIER  <b>ELDORADO REHAB &amp; HEALTHCARE</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>1001 A JEFFERSON STREET ELDORADO, IL 62930</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 17</p> <p>happened and that he had talked R59 into heading back towards the facility.</p> <p>On 02/08/24 at 10:27 AM, V21 (Family Member/POA) stated that he is the Power of Attorney for R59. V21 stated that R59 was admitted to the facility after having a decline in mental status, which causes R59 anxiety. V21 stated that R59 responds to anxiety by "walking and walking and walking." V21 stated R59 was continuously walking all over town which causes worry for R59's safety. V21 stated he was notified via phone that R59 had eloped from the facility. V21 cannot recall the time he was notified or by who, he just recalls the facility telling him that R59 had left and staff stayed with him the whole time. V21 stated he was told R59 walked to V20's house. V21 stated he cannot recall if the facility asked him if it was ok that R59 was left with V20 at the home, he just knows that they said they were unable to get him to come back to the facility. V21 stated he wasn't surprised knowing R59's stubbornness and assumes it would have taken physical restraint or a familiar voice to coax him back. V21 stated once he was notified of the elopement, he jumped in his car to head towards the facility, which was about an hour away to try and assist with the situation. V21 stated he believes he was close to the facility when he had received a call that R59 had returned to the facility on his own. V21 stated that he would assume knowing V20 that V20 was probably not aware that R59 had left the house and returned to the facility. V21 stated he considers the elopement an accident since he knows it was R59's first night at the facility, R59's anxiety would have been high and R59 has his normal routine history of walking.</p> <p>On 2/8/24 at 9:47 AM, V33 (LPN) stated that she</p>	S9999		

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>IL6003248</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>02/16/2024</b>
--	--	---	---

NAME OF PROVIDER OR SUPPLIER  <b>ELDORADO REHAB &amp; HEALTHCARE</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>1001 A JEFFERSON STREET ELDORADO, IL 62930</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 18</p> <p>was the nurse on duty and was also the staff member who witnessed R59 return to the facility. V33 stated R59 entered back into the facility through the side door. V33 stated she was passing medications on the hall near the door he came in. V33 stated she saw R59 walking towards the facility, alone to the door, in which he opened the door and came back in the facility. V33 stated R59 did not appear to be in any physical or emotional distress but was "upset" apologizing for leaving. V33 stated she believes it was around 7:15 AM, when R59 arrived back. V33 stated she notified the DON (V2) that R59 was back. V33 stated she did not notify the POA of R59's return. V33 confirmed that she is not aware of what the facility's protocol is for elopement returns, as she is "newer to nursing." V33 stated that she did not conduct any head-to-toe assessment or notify the physician of R59's elopement return. During this interview, V33 stated she had not received any training or direction following R59's elopement on areas to be trained or improve on.</p> <p>On 2/8/24 at 12:09 PM, V22 (family member) stated she is involved in R59's care routinely. V22 stated that she previously initiated an Adult Protective Service against V20. V22 stated that V20, along with his girlfriend and kids had moved into R59's home and were financially abusing R59 as the utilities to the house were being shut off and R59's monthly income being spent very quickly. V22 stated R59 would vent to her as R59 and V20 were fighting and to cope, R59 would take off walking and just walk around town. V22 stated that V20 was struggling with an addiction to meth and ended up incarcerated after having possession of meth with prior felony charges. V22 stated that problems seemed to escalate with V20 as R59's cognition declined. V22 stated that</p>	S9999		

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>IL6003248</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>02/16/2024</b>
--	--	---	---

NAME OF PROVIDER OR SUPPLIER  <b>ELDORADO REHAB &amp; HEALTHCARE</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>1001 A JEFFERSON STREET ELDORADO, IL 62930</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 19  she determined the best option she felt at that point was to reach out to Adult Protective Services in which V24 (Adult Protective Services Caseworker) was the staff member assigned to R59's case. V22 stated that V24 got an apartment set up for R59 to get him out of the environment with V20, but that living situation also didn't work. V22 stated that R59's cognition was too poor and R59 was leaving the apartment, locking himself out, going into wrong apartments, etc. V22 stated that 4 AM seems to be R59's worst time of the day for cognition as he becomes anxious and just wants to walk. V22 stated that she became "scared to death" that R59 was going to get hit as he would walk around town and across busy roads. V22 stated herself and V21 met with V32, who was the administrator at the facility during that time, which was approximately 1-2 weeks prior to R59's admission to the facility. V22 stated they wanted to meet with the facility to express concerns and a plan for R59 as his cognition varied, he "was walking all over" and expressed the history with R59 and V20. V22 stated that V32 was informed that R59 was not to leave the facility with V20 as R59 has a history being made upset by V20. V22 stated V21 also expressed that although he is the POA, information may be shared with V22. V22 verified that she was notified of R59's elopement from the facility, in which R59 went to V20's house. V22 stated she cannot recall what time she was notified or who it was that notified her by, just remembers it was the morning. V22 stated that since R59's elopement, she has not received any meeting or conference with the facility to discuss any changes in R59's plan of care. V22 stated that she did have a phone conversation with V1 (Administrator) who stated activities such as karaoke were available and maybe an activity R59 would like to participate in.	S9999		

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>IL6003248</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>02/16/2024</b>
--	--	---	---

NAME OF PROVIDER OR SUPPLIER  <b>ELDORADO REHAB &amp; HEALTHCARE</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>1001 A JEFFERSON STREET ELDORADO, IL 62930</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 20</p> <p>On 2/8/24 at 2:45 PM, V2 (DON) described R59 as being "confused intermittently with short term memory loss, easy to redirect, ambulates constantly." V2 stated that prior to R59 admitting to the facility, he walked around town a lot. V2 stated she was also told by V21 and V22 that they were to be R59's only contacts for medical information and the only contacts that R59 could leave the facility with. V2 stated that R59 has another son (V20), who lives close to the facility who they said could visit R59 at the facility or call. V2 stated approximately 1 1/2 months prior to R59 being admitted to the facility, she believes R59 had been removed from living in his home with V20 by Adult Protective Services due to financial exploitation with V20 using R59's money and not paying for utilities. V2 stated that after R59 was admitted to the facility, she slowly found out more from V22 (Family Member) that R59 did not like strangers in his house, which were frequently there with V20. This would cause R59 anxiety, so he would leave the home and just walk around town. V2 stated prior to R59 admitting to the facility, V22 and V21 had come to the facility to talk with V32 and herself about wanting to put R59 in the facility. V2 stated R59's "chore girl" infrequently was able to provide care services for R59 who was living in an apartment at the time, due to R59 being out walking. V2 described the "chore girl" as someone who had been set up to provide R59 assistance in the apartment. V2 stated the family was afraid he was not getting meals, being kept clean, and confusion was increasing which caused worry for them of him being out walking. V2 stated the family felt like if he was in the facility, he would be less lonely and respond better to care offered. V2 stated at the time of R59's admission, the family placed signs on R59's door and in his room,</p>	S9999		

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>IL6003248</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>02/16/2024</b>
--	--	---	---

NAME OF PROVIDER OR SUPPLIER  <b>ELDORADO REHAB &amp; HEALTHCARE</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>1001 A JEFFERSON STREET ELDORADO, IL 62930</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 21  telling him not to leave the facility, which they thought would help remind him not to leave. V2 stated the family stated they had also placed signs such as these posted in his apartment where he lived prior to admitting the facility. V2 stated that she had approved R59's admission to the facility off of her prior conversations with R59's family (V21 & V22) along with reviewing the ER (Emergency Room) documents that R59 admitted with. V2 stated that these documents didn't say much and diagnosed R59 with A-fib. V2 stated that she completed the Elopement risk tool upon R59's admission to the facility and deemed him not to be an elopement risk, "because it wasn't like he had daily routines of running or hiding." V2 confirmed she was notified of R59's elopement by V28 (LPN), who was R59's nurse that night. V2 stated that R59 had just been admitted to the facility. V2 stated an investigation of the incident was complete with all staff interviewed and stated there was no fence where he left the facility at. V2 stated that she would expect any time a resident was viewed leaving the facility, despite if they immediately returned back in, she would expect the nurse to be notified and the incident documented in the resident's record. V2 stated it would give the staff a heads up that the resident maybe trying to leave. A specific example was given to V2, which included a resident is viewed independently leaving out of the facility, but once through the door, turns around and comes back in due to reported cold temperatures. V2 confirmed the resident should be redirected back inside the facility and the nurse immediately notified. V2 stated in the incident with R59, 2 staff members, a nurse and V20 could all not convince R59 to return to the facility with staff. V2 stated she can't really say she made the call to allow R59 to stay with V20 in the home at that time and have the staff return to	S9999		

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>IL6003248</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>02/16/2024</b>
--	--	---	---

NAME OF PROVIDER OR SUPPLIER  <b>ELDORADO REHAB &amp; HEALTHCARE</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>1001 A JEFFERSON STREET ELDORADO, IL 62930</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 22</p> <p>the facility, but V20 did say R59 could stay there and "we just knew where he was at." V2 stated in reviewing her phone log, she had called V32 (Former Administrator) at 5:54 AM, which she assumes was the call where she informed V32 that R59 was at the house with V20, and again at 7:20 AM, which she assumes was the call she made to V32 that R59 was back in the facility. V2 stated that she cannot say if R59 returned to the facility alone, as she didn't see him come back, a CNA just reported to her that R59 had come back in a side door. V2 stated V33 (LPN) was R59's nurse upon his return to the facility and a head-to-toe assessment should have been conducted and assumes V33 probably did one. V2 stated that R59 came to her right away upon his arrival back to the facility and apologized for leaving. V2 stated that shortly after R59's return to the facility V21 and V22 also arrived at the facility and assumes they had come to the facility that quickly due to R59 being reported at V20's house. V2 described there being poor family dynamics. V2 stated facility staff met with V21 and V22 in which they were apologetic for what had happened. V2 stated at the time R59 returned to the facility, a 1:1 staffing status was implemented, with herself being the 1:1 until the behaviors were determined to have ceased, which would have been about 5:30 PM - 6 PM that night when she left the facility. V2 stated that elopement would have been triggered on R59's baseline care plan at the time of admission due to wandering. V2 also stated that the Minimum Data Set personnel were notified of R59's elopement on 12/29/23 as the facility holds a daily meeting with all department heads to discuss incidents which have occurred or concerns. V2 stated that Section E of R59's MDS would be a section completed by social services.</p>	S9999		
-------	--	-------	--	--

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>IL6003248</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>02/16/2024</b>
--	--	---	---

NAME OF PROVIDER OR SUPPLIER  <b>ELDORADO REHAB &amp; HEALTHCARE</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>1001 A JEFFERSON STREET ELDORADO, IL 62930</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 23</p> <p>On 2/8/24 at 3:25 PM, V2 (DON) was asked to show the door of the facility in which R59 exited from on 12/29/23. V2 led surveyors to a door at the end of 600 hall, which R59 resides on. The door was observed as opening into a parking lot area, butting up to two roads with no fence in the very immediate vicinity visualized. V2 was asked what door would be described as the back hall door, in which she stated "oh" and took surveyors to another door which is also near the employee entrance door. V2 stated that some staff refer to a hallway in the facility as the "back hall." Upon exiting the back hall door from inside the building, a chain link fence was to the immediate right of the door. The fence ended at an area which adjoins to an area with concrete blocks, broken concrete, trash, down tree debris, lumber and a creek bed. There was a matted down pathway between the end of the fence post and tall weeds with a wire welded fence slanted on its side creating an uneven surface. On the other side of the slanted wire fence was the creek bed. Once on the other side of this fence you could see the employee entrance door, storage buildings, and parking lot which runs adjacent to the road which V2 stated takes you to R59's house.</p> <p>On 2/9/24 at 10:08 AM, V11 (Regional Maintenance) observed the fence outside of the 400 hallway. V11 stated that the sidewalk outside the door at the fence gate measures 5 feet wide. The fence was observed as having a gate with a chain encircling the gate and stationary fence post connected by a hooking mechanism but was not locked. The fence was 47 inches tall from the ground and 23 feet long from the building to the end of the fence as measured by V11. V11 described the area at the end of the fence as not being meant for walking with a large amount of debris present consisting of wood planks,</p>	S9999		



Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>IL6003248</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>02/16/2024</b>
--	--	---	---

NAME OF PROVIDER OR SUPPLIER  <b>ELDORADO REHAB &amp; HEALTHCARE</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>1001 A JEFFERSON STREET ELDORADO, IL 62930</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 24</p> <p>concrete pieces, trash, and a leaning wire grid fence which sits on the edge of the creek bank.</p> <p>On 02/08/24 at 07:51 PM, V32 (Former Facility Administrator) stated that her last day at the facility was 1/3/24. V32 stated she recalls R59 and the night he "got out" of the facility. When asked if she considered the incident where R59 "got out" to be an elopement, V32 stated, "I made sure to ask the girls if they stayed with him, and they said they did." V32 stated that V22 (R59's family member) had met with V32 a week or two before R59 admitted to the facility to convey concerns and ensure he would be a good fit. V32 stated she believed it sounded like R59 was having a drastic decline in cognition and was "driving the family nuts" calling them. V32 stated that V22 expressed they had attempted to place R59 in an apartment, but he couldn't clean or cook for himself, was forgetful of where he was, walking all around, and even hesitant and confused to let his assistant the family had set up for him come in to help. V32 stated she was notified by V2 (DON) on 12/29/23 via phone that R59 had walked out of the facility, was at the home where he raised his kids and his son currently lived and was refusing to come back. V32 stated the staff had attempted to get R59 to come back to the facility multiple times. V32 stated she believed V28 (LPN) had called R59's POA while at R59's home to make sure it was ok that R59 stay with V20 for now. V32 stated that V20 was saying it was ok for him to stay there and he could probably talk R59 into coming back to the facility. V32 stated that V28 probably got R59's POA's phone number by having one of the staff back at the facility send her the number. V32 stated that V21 (Family Member/POA) does not get along with V20. V32 stated that V21 responded to the call notifying him that R59 was</p>	S9999		

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>IL6003248</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>02/16/2024</b>
--	--	---	---

NAME OF PROVIDER OR SUPPLIER  <b>ELDORADO REHAB &amp; HEALTHCARE</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>1001 A JEFFERSON STREET ELDORADO, IL 62930</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 25</p> <p>at V20's house by saying he would be right there and lived about an hour away. V32 said that R59 ended up bringing himself back to the facility by walking and believes he came back alone. V32 stated it was cold that day she remembers because he was teasing one of the girls walking with him about not having a coat. V32 stated that V21 and V22 arrived at the facility shortly after R59 had returned. V32 stated that in meeting with V21 and V22, they spoke about how R59 had become routine to going to bed early and waking up about 4 AM. V32 stated she was at the facility at 6:30 AM that morning as they already had a meeting scheduled, not related to R59, but ended up talking about him. V32 stated that R59 was placed on 1:1 or visual observation, she cannot recall exactly, for staff to keep an eye on him and make sure he didn't leave again. V32 stated that she encouraged staff to try to get R59 to stay up later in the evenings after supper so he wouldn't get up so early. V32 stated she also set her own alarm at home too for 4 AM and would call the facility and remind them to go look at R59 and make sure he was sleeping or in the facility. V32 described R59's normal status as being confused.</p> <p>On 2/8/24 at 4:35 PM, V24 (Adult Protective Services/APS Caseworker) stated that she had been working with R59 and his family due to concerns with V20, which were presented as living and financial situation concerns at the initiation of R59's case with her. V24 stated that she worked to get R59 out of his home where he resided with V20. V24 stated R59 was never removed from the home per APS, but due to R59's own volunteer status to leave. V24 stated she worked with R59 and got him placement in an apartment, but due to his declining cognitive status, was not found to be a safe fit. V24 stated</p>	S9999		

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>IL6003248</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>02/16/2024</b>
--	--	---	---

NAME OF PROVIDER OR SUPPLIER  <b>ELDORADO REHAB &amp; HEALTHCARE</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>1001 A JEFFERSON STREET ELDORADO, IL 62930</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 26</p> <p>she worked closely with V22. V24 stated that V22 was concerned with R59's safety as he often walked around town and V22 specifically expressed her fear that he would be hit by a vehicle. V24 stated that she was not aware R59 had experienced an elopement from the facility. V24 stated that she visited R59 at the facility on 1/31/24 and is planning to close his case due to the decision for R59 to remain in a long-term care facility as permanent placement and not return to the home with V20.</p> <p>On 2/8/24 at 8:55 AM, R59 was observed sitting in a recliner in his room. A large, bright yellow poster board sign was observed on the outside of his room door facing the hallway which stated, "(Name of R59) stay in building" with the names below this statement documented "(Name of V21) (Name of V22)." Additionally, inside R59's room a large, bright yellow poster board sign was observed hanging on the wall which stated, "Do not leave this building" with the names of V21 and V22 documented below the statement. R59 was alert to person and place during this interview. R59 stated he has resided at the facility since this past November. When asked if he is satisfied with the care he has been provided, R59 stated, "well they don't beat me with a bull whip or nothing." R59 does not further describe or discuss any care he is provided. R59 stated he has left the facility. R59 said approximately 3 months ago, he walked 7 miles in an effort to go see a sick friend. R59 stated he never made it to see his friend but cannot describe why. R59 stated he has left the facility 3 times by squeezing through the fence. R59 stated that staff were aware and have "chased him down." R59 stated he has a son who lives close to the facility, in a home that used to be his house and he gave to his son (V20). R59 stated when he leaves the</p>	S9999		

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>IL6003248</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>02/16/2024</b>
--	--	---	---

NAME OF PROVIDER OR SUPPLIER  <b>ELDORADO REHAB &amp; HEALTHCARE</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>1001 A JEFFERSON STREET ELDORADO, IL 62930</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 27</p> <p>facility on his own, he returns by just walking back. R59 stated he is used to walking 6 miles a day around town. R59 stated he doesn't walk now as much as he would like because he's had pneumonia for approximately 3 weeks. R59 stated his health has declined he believed due to his lack of walking.</p> <p>On 2/9/24 at 10:46 AM, V25 (Physician) stated that he would expect to be immediately notified of resident elopement or attempts. V25 stated that it is his expectation that should an incident involving elopement or attempted elopement occur, that resident's plan of care be evaluated and revised to meet resident safety needs. V25 stated he is not aware of any elopements or attempts that have occurred with R59 following the incident where R59 left the facility and walked to his former home. V25 stated that R59 has varying cognition levels, as he has dementia. V25 stated he would consider R59's normal status to be confused. V25 confirmed that it would not be safe for R59 to ambulate unsupervised, throughout the community. V25 confirmed that should R59 have been ambulating alone outside the facility without supervision, there is the potential for injury and harm, which could result in death, whether it be from an accident or extreme temperature exposure. V25 stated that he is not an attorney so doesn't like to use words like negligent but will say that he would find that the facility provided "poor care" if a plan of care was not revised following elopement or attempts to prevent future exit seeking occurrences. V25 stated he was under the impression R59's care plan was revised after he had left the facility and gone to the home off facility property. V25 stated that he believes the 1st time he saw R59 was on 1/3/24, at the facility.</p>	S9999		

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>IL6003248</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>02/16/2024</b>
--	--	---	---

NAME OF PROVIDER OR SUPPLIER  <b>ELDORADO REHAB &amp; HEALTHCARE</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>1001 A JEFFERSON STREET ELDORADO, IL 62930</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 28  R59's "Resident Incident Report" dated 12/29/23 at 5:31 AM documented the incident type as, "Wander from grounds." This report documented a narrative of incident and description of injuries: "Resident left building out the Exit door on back hall to walk 2 blocks down the road to his house. Resident was full dressed with shoes and a heavy coat on. 2 CNA's escorted resident to his house on foot and a nurse followed in the car. Resident went to his home where his son (name of V20) also lived and (name of V20) agreed that resident could stay there at that time and he would try to get him to come back." V2 (DON) is documented as being notified on 12/29/23 at 5:30 AM, V21 (POA) on 12/29/23 at 5:45 AM, and V25 (Physician) at 8:00 AM. This report documented exam by physician as "no." Immediate action taken is listed as, "Escorted by staff to home. Alarm were checked on facility doors and the (sic) were working properly. frequent visual checks by all staff attempts will put 1:1 sitter with him until behavior ceases." The following Medical risk factors possibly related to incident are documented on this incident report as "Confusion/Disorientation, and Other: Afib (atrial fibrillation)." This form includes no printed names, signatures, or dates of completion for this report. The "Incident Investigation," "Narrative of investigation" completed by V2 stated, "IDT (Interdisciplinary Team) investigation resident left building escorted by staff to home 2 blocks down the street. Temp was 39 outside and he had on a heavy coat on. Alarms were checked on facility doors and they were working properly. Frequent visual checks by all staff. If resident attempts will put 1:1 sitter with him until the behavior ceases as resident did Returned (sic) to facility that same AM and apologized to DON and stated he would stay in the building and only leave with someone with him. Family also spoke with DON and Admin	S9999		

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>IL6003248</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>02/16/2024</b>
--	--	---	---

NAME OF PROVIDER OR SUPPLIER  <b>ELDORADO REHAB &amp; HEALTHCARE</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>1001 A JEFFERSON STREET ELDORADO, IL 62930</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 29</p> <p>they also spoke with resident about leaving the building alone."</p> <p>On 2/9/24 at 8:10 AM, V1 (Administrator) stated he has worked at the facility since 1/3/24. V1 stated his first day at the facility was V32's last day. V1 stated V32 relayed no problems occurring in the facility that had been QA'd (Quality Assurance) or PIP'ed (Performance Improvement Plan). The only thing V1 stated he recalls is V32 was finishing a reportable report that he is unsure what the nature of that report was. V1 stated V32 relayed no information of a recent elopement or any high-risk elopement residents. V1 stated he figured out by himself that a resident, R59 was potentially high risk by viewing the sign on V59's door reminding him to stay in the facility. V1 stated that he met R59 and R59 expressed to him his back story and how he enjoyed walking, even significant lengths of 6 miles a day. V1 stated he would consider R59 to be confused. V1 stated that he considers elopement to be if a resident leaves the facility property without staff intervention. V1 stated in reviewing R59's 12/29/23 incident, he does not consider that an elopement. V1 stated it is the expectation for staff to follow facility policy for elopement. V1 stated since the 12/29/23 incident, R59 has had no further actual or attempts of elopement that he is aware of. V1 stated there was a day where R59 was observed as being more active than normal and kept speaking about needing to go to the bank. V1 stated redirection was implemented with success when R59 was observed heading towards the door with intent but did not even reach the door before being redirected to stay inside the facility. V1 stated had any further occurrences or attempts of elopement occurred with R59, a meeting would have been set up with the family to discuss possible</p>	S9999		

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>IL6003248</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>02/16/2024</b>
--	--	---	---

NAME OF PROVIDER OR SUPPLIER  <b>ELDORADO REHAB &amp; HEALTHCARE</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>1001 A JEFFERSON STREET ELDORADO, IL 62930</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 30</p> <p>concerns and need for placement on a locked unit, elopement risk assessment to be completed, physician and family notification and review of the case. V1 stated an incident investigation is completed after an incident occurs. V1 defined an incident as an out of normal facility function occurrence. V1 stated that the incident with R59 on 12/29/23 fits these criteria and is why an incident investigation was completed. V1 stated that the nurse on duty at the time of the incident should be the staff member who initiates the investigation immediately in the computer system and along with initiating new interventions if applicable. V1 stated once the nurse completes their portion, the IDT (Interdisciplinary) team which consists of the Administrator, DON, Social Services, and depending on the scenario any other pertinent department heads. V1 stated that he would expect the incident to be investigated thoroughly and would expect the investigation to include interviews of all staff involved in the situation, as well as determining which door a resident would have gone out, if exiting the facility was involved in the incident. V1 stated that staff refer to a hallway which houses 400 room number halls in in the facility as "back hallway." V1 stated staff refer to the hallway that houses 600 room numbers as "old side." V1 stated since the 12/29/23 incident, he has not been involved in any quality assurance (QA) meetings regarding R59. V1 stated he would be a key component to the QA meeting and would be involved in that meeting should one have taken place during his employment at the facility.</p> <p>On 2/09/24 at 10:57 AM, V1 stated that R59's resident representative (POA) is V21, as he signed R59's admission paperwork to the facility.</p> <p>On 2/09/24 at 11:15 AM, V1 provided hard copies</p>	S9999		

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>IL6003248</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>02/16/2024</b>
--	--	---	---

NAME OF PROVIDER OR SUPPLIER  <b>ELDORADO REHAB &amp; HEALTHCARE</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>1001 A JEFFERSON STREET ELDORADO, IL 62930</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 31</p> <p>of the complete investigation documents that were not initially provided to survey staff and that could not be viewed by survey staff in the resident's electronic record. These documents were provided in a purple folder and included a policy titled "Eloperments" with a revision date of December 2007 and Incident Witness Statements from V28 (LPN), and V27, V29, and V30 (all CNA's) regarding R59's 12/29/23 incident. V27's Incident Witness Statement was dated 12/29/23. The space where the time would be entered was blank and the "Witness" line at the bottom of the page that appears to be where a signature would go, was left blank. This statement was not signed by V27 and the only signature on this statement was V2's at the very bottom of the page. V28's Incident Witness statement was dated "1/29/23" with the time and "Witness" line also blank and not signed by V28. V28's statement was only signed by V2. Both V29 and V30's Incident Witness Statements were dated 12/29/23, with the time and "Witness" lines left blank and was also signed only by V2. The folder also contained a "Skin Observation: Comprehensive CNA Shower Review" with R59's name written in and a date/time of 12/29/23 at 7:50 AM. The CNA signature line on this form was blank, but the Charge Nurse Signature was signed by V33 (LPN) and dated 12/29/23. The DON signature line was signed by V2 and also dated 12/29/23 at 7:50. Another document in the folder with no title has R59's name at the top with a date of "12/29/24" and is a 1 1/2 page typed questionnaire regarding the incident but has no staff name listed as to who completed the questionnaire.</p> <p>On 2/9/24 at 11:30 AM, V29 (CNA) stated that she cannot recall what time but was contacted by phone on 2/8/24 by V2 and "the regional lady" for</p>	S9999		



Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>IL6003248</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>02/16/2024</b>
--	--	---	---

NAME OF PROVIDER OR SUPPLIER  <b>ELDORADO REHAB &amp; HEALTHCARE</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>1001 A JEFFERSON STREET ELDORADO, IL 62930</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 32</p> <p>a statement of what occurred with R59 on 12/29/23. V29 stated that this was the first time she had been asked to provide a statement of the occurrences. V29 confirmed the door R59 exited on 12/29/23 was at the end of the 400 hall.</p> <p>On 2/09/24 at 11:53 AM, V33 (LPN) was shown the document titled "Skin Observation: Comprehensive CNA Shower Review," noted to be signed by V33 and dated 12/29/23. V33 stated that she was asked to sign this document today. When questioned as to who asked her to sign the document, she stated she wasn't sure of her name but it "starts with an A." V33 was asked if it was V19 (Director of Clinical Operations) and V33 responded "yes." V33 confirmed that she did not do a head-to-toe assessment upon R59's return to the facility. V33 was questioned if she was asked to make a statement on 12/29/23 regarding R59's elopement and V33 stated no, she was asked today to make a statement for the first time but was not asked to sign it.</p> <p>On 2/09/24 at 12:08 PM, V1 stated that himself and V19 have now initiated their own investigation and have been calling people to figure out what is going on and why this is such a big deal. When asked why the incident witness statements are dated 12/29/23 (while showing V1 the purple folder he provided), V1 stated he has nothing to do with that and was not working at the facility on that date. V1 also asked, my name is not in there, is it?</p> <p>On 2/09/24 at 12:27 PM, V19 stated that she began getting statements from staff regarding the incident that occurred with R59 last night because she wanted to find out what was going on and why we were looking at it so hard. V19 stated that the statements that she obtained are all dated for</p>	S9999		

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>IL6003248</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>02/16/2024</b>
--	--	---	---

NAME OF PROVIDER OR SUPPLIER  <b>ELDORADO REHAB &amp; HEALTHCARE</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>1001 A JEFFERSON STREET ELDORADO, IL 62930</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 33</p> <p>the time she obtained them. V19 stated that V2 got the staff interviews provided with the investigation (purple folder) as V2 was there that night. V2 was also present at this time and stated that she had gotten interviews from the staff at the time of the occurrence. V2 stated that herself and V32 (Former Administrator) had done the head-to-toe assessment on R59 when he returned to the facility. When asked why V33 (LPN) had been asked to sign the head-to-toe assessment, V2 stated because V33 was the charge nurse on the hall that day. When asked why V32 did not sign if she was present for the assessment, V2 could give no answer and again just repeated V33 was the charge nurse. V2 confirmed that V33 was asked to sign the skin observation assessment despite, not conducting the assessment.</p> <p>On 2/9/24 at 12:30 PM, V19 stated she would provide the investigation of events she has been working on. A document titled "Follow up investigation" dated 2/8/24 includes the following entries regarding R59: "12/29/23: Resident exited door @ (at) 5:30 AM." "Interview with (V29): 2/8/24. (V29) stated that she was providing care to another resident when the door alarm sounded. She stated she immediately went to the door and saw (R59) walking around the fence ..." "Interview with (V30): 2/8/24. (V30) said that her and (V29) were providing care to another resident when the door alarm sounded. She said that (V29) left to check the door and saw that (R59) had walked out the door and was walking around the fence." "Interview with (V33). (V33) stated that at approximately 7:30 AM on 12/29/24, the resident entered the facility through the side door on 600 hall. She said she reported it to (V2) who arrived at the facility about 7:40 AM. She stated that she did not see anyone with him such as</p>	S9999		
-------	--	-------	--	--

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>IL6003248</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>02/16/2024</b>
--	--	---	---

NAME OF PROVIDER OR SUPPLIER  <b>ELDORADO REHAB &amp; HEALTHCARE</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>1001 A JEFFERSON STREET ELDORADO, IL 62930</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 34</p> <p>family."</p> <p>Behavior Tracking Record for R59 documented a "start date" of "Dec. (December) 29 2023" for "(R59) will exit seek." Entries for the December 2023 log documented from 6 AM - 2 PM, 1 entry of exit seeking behavior on 12/29/23. Entries for the January 2024 log document tracking of the same behavior "(R59) will exit seek" from 6 AM - 2 PM: frequency of 2 on 1/3/24, frequency of 1 on 1/8/24, and frequency of 1 on 1/27/24. From 2 PM - 10 PM: 1/5/24- blank, 1/7/24- blank, 1/8/24- blank, 1/13/24- blank, 1/19/24- blank, 1/21/24- blank, frequency of 3 on 1/22/24, frequency of 1 on 1/23/24, 1/24/24- blank, 1/25/24- blank, 1/30/24- blank. From 10 PM - 6 AM: 1/6/24- blank, frequency of 1 on 1/7/24, 1/11/24- blank, 1/13/24- blank, 1/18/24- blank, 1/25/24- blank, 1/27/24- blank. The February Behavior Tracking Record is blank except for one entry on 2/12/24 10P-6A shift and handwritten in at the bottom of the page is "per discussion w/ (with) staff no issues" and "2nd copy, first copy misplaced."</p> <p>On 2/09/24 at 09:37 AM, V7 (LPN/MDS/Care Plan Coordinator) confirmed R59's care plan provided to survey staff was in its entirety. V7 confirmed that although the care plan category stated "Baseline CP (Care Plan) Elopement" this is also the comprehensive care plan for R59's elopement too. V7 stated the baseline wording is just there to let staff know that this area was also part of his baseline plan. V7 confirmed that no new interventions for Elopement have been added to his Care Plan since the plan start date of 12/28/23. Each intervention listed includes the start date of 12/28/23. Interventions listed on this plan of care for the category of elopement are as follows in the plan's entirety, "Ask family about elopement history; Observed for wandering</p>	S9999		

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>IL6003248</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>02/16/2024</b>
--	--	---	---

NAME OF PROVIDER OR SUPPLIER  <b>ELDORADO REHAB &amp; HEALTHCARE</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>1001 A JEFFERSON STREET ELDORADO, IL 62930</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 35</p> <p>behaviors and intervene as needed; Photo taken and added to elopement book; Social Services notified for behavior management; Inform staff of elopement risk."</p> <p>On 2/09/24 at 09:56 AM, V34 (Social Services Director) stated that she did complete Section E of R59's Minimum Data Set care plan with the reference date of 1/4/24. V34 stated that she was not aware that R59 wandered or had exited the building when she completed the assessment, which is why she marked section E0900 as wandering behavior not exhibited. V34 stated due to her entry of 0 in this section, the system automatically disables further question entries in this section. V34 stated she is new to this job and acknowledges the coding error. V34 stated she would be notified of incidents with residents that have occurred in "morning meeting or if she's just randomly looking in the charts."</p> <p>On 2/13/24, the facility provided a document, labeled as being a "Care Conference" for R59, dated 12/29/23 at 9:17 AM. This document listed V2 (Director of Nursing) as being the only participant, with the option of "in person" not being marked. The same document also listed an area for "Family/Resident Attendance," which is blank. An additional notation on this document listed, "Interdisciplinary team members involved in this Resident's Care Planning since last Care Conference (01/03/2024)" as being V2 and V7 (Care Plan/Minimum Data Set Coordinator), despite the document being dated 12/29/23. This document was provided following facility notification of serious concerns, rising to the level of Immediate Jeopardy on 2/9/24.</p> <p>According to website: <a href="https://nursinghomesabuse.org/nursing-home-ne">https://nursinghomesabuse.org/nursing-home-ne</a></p>	S9999		

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>IL6003248</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>02/16/2024</b>
--	--	---	---

NAME OF PROVIDER OR SUPPLIER  <b>ELDORADO REHAB &amp; HEALTHCARE</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>1001 A JEFFERSON STREET ELDORADO, IL 62930</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 36  glect/wandering-and-elopement/ " ...Elopement, also known as wandering, in the nursing home setting refers to the patient leaving a facility without notice. Many wandering patients are found right outside the dwelling and taken back in by a staff member ...Thus, it is important for nursing home facilities to take necessary measures to ensure the safety and security of the patients and to keep them from leaving the facilities too easily without supervision ...Residents who tend to wander may have a mental impairment that causes them to believe they need to do something important such as visiting a family member or feeding their dog at home. Any memory from the past can trigger the need for the patient to leave the facility to another place ...If an elderly person has had a history of previous elopement, family members should let the nursing home staff know so they can prevent further incidents of wandering from happening ...Wandering may occur due to ...unwelcome change, and being overwhelmed with the new living setting ...Another important thing to notice is that elderly people with dementia and other cognitive impairments are more prone to injuries due to wandering. Nursing home facilities need to regularly check the residents' elopement histories and assess the probability of other individuals wandering even though they have not done it before ...staff members in nursing homes also need to be properly trained to deal with elopement and security measures. Staff members also need to remain vigilant to ensure patients do not leave the facilities without a proper exit procedure ...Failure to enforce the necessary security measures to avoid patients from wandering could be a case of neglect on the part of the nursing home ...Wandering can also trigger a series of injuries such as falls, bruises, and broken bones. Elopement could even be fatal	S9999		

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>IL6003248</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>02/16/2024</b>
--	--	---	---

NAME OF PROVIDER OR SUPPLIER  <b>ELDORADO REHAB &amp; HEALTHCARE</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>1001 A JEFFERSON STREET ELDORADO, IL 62930</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 37</p> <p>in some cases, thus the importance of prevention ...Nursing homes need to make sure they are properly staffed to handle elopement cases within the community, and they must ensure that the staff is well trained in the matter.</p> <p>The facility "Abuse Prevention Policy and Procedures" dated 8-16-21 documented, "This facility affirms the right of our residents to be free from abuse, neglect, misappropriation of resident property, corporal punishment, and involuntary seclusion....The purpose of this policy is to assure that the facility is doing all that is within its control to prevent occurrences of mistreatment, neglect or abuse of our residents." The policy defined neglect as, "the failure of the facility, its employees or service providers to provide goods and services to a resident that are necessary to avoid physical harm, pain, mental anguish or emotional distress." Under section "III. Orientation and Training of Employees" documented, "Staff obligations to prevent and report abuse, neglect and misappropriation of property; and how to distinguish misappropriation from lost items and willful abuse from insensitive staff actions that should be corrected through counseling and addition training." Additionally, section "V. Protection of Residents" documented, "...8. Quality Management Review. Any investigation that concluded that abuse occurred shall be reviewed by the facility Quality Management committee for possible changes in facility practices to ensure that similar events do not occur again." The same policy noted a section titled, "Resident Protection and Investigation Procedure" documented, "3. Carefully read and understand the legal definitions of abuse... 5. Regardless of the specific nature of the allegation (physical, sexual, verbal/mental, theft, or neglect), the investigation shall consist of: a review of the</p>	S9999		

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>IL6003248</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>02/16/2024</b>
--	--	---	---

NAME OF PROVIDER OR SUPPLIER  <b>ELDORADO REHAB &amp; HEALTHCARE</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>1001 A JEFFERSON STREET ELDORADO, IL 62930</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 38</p> <p>initial written reports; completion of a written report of the status of the investigation within 24 hours of the occurrence; an interview with the person reporting the incident; interviews with any witnesses to the incident; an interview with the resident;...an interview with staff members having contact with the resident and accused individual during the period of the alleged incident; where appropriate, interviews with the, family members, visitors or others who were in the vicinity of the incident...6. The Interview Process...whether handwritten or typed, witnesses must sign/date the statements... 7. "Final investigation Report. The summary, conclusions, and results of the investigation will be recorded on a final written incident report and submitted to the administrator or designee within five days of the occurrence."</p> <p>The undated "Administrator / Assistant Administrator Job Description" documented the "General Purpose" of the position is "To direct the day-to-day functions of the facility in accordance with current federal, state and local standards governing long-term care facilities to ensure that the highest degree of quality care can be provided to the residents at all times; ability to remain calm; ability to evaluate and interpret information and make independent decisions ..."</p> <p>The undated "Director of Nursing Services Job Description" documented the "General Purpose" of the position is "To plan, organize, develop and direct the overall operation of the Nursing Services Department in accordance with current federal, state, and local standards governing the facility, and as may be directed by the Administrator, to ensure that the highest degree of quality care is maintained at all times."</p> <p>The undated "Registered Nurse / Licensed</p>	S9999		

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>IL6003248</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>02/16/2024</b>
--	--	---	---

NAME OF PROVIDER OR SUPPLIER  <b>ELDORADO REHAB &amp; HEALTHCARE</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>1001 A JEFFERSON STREET ELDORADO, IL 62930</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 39</p> <p>Practical Nurse Job Description" documented the "General Purpose" of the position is "To supervise the day to day nursing activities of the facility in accordance with current federal, state, and local standards governing the facilities, and as may be directed by Director of Nursing Services or Assistant Director of Nursing Services, to ensure that the highest degree of quality care is maintained at all times ..."</p> <p>The undated "Regional Nurse Consultant Job Description" documented the "General Purpose" of this position is "To support, audit, train and assist the Director of Nursing &amp; Nursing Services Department, in accordance with current federal, state, and local standards governing the facility, and as may be directed by the (Company Name) Support Team, to assist in ensuring that the highest degree of quality care is maintained at all times."</p> <p>(B)</p>	S9999		