

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6008957	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 06/14/2024
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NAME OF PROVIDER OR SUPPLIER ST JOSEPH VILLAGE OF CHICAGO	STREET ADDRESS, CITY, STATE, ZIP CODE 4021 WEST BELMONT CHICAGO, IL 60641
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S 000	Initial Comments Annual Licensure and Certification Complaint Investigation 2484088/IL173562 2484504/IL174104	S 000		
S9999	Final Observations Statement of Licensure Violation (1 of 5) 300.610a) 300.1210b) 300.1210d)5) Section 300.610 Resident Care Policies a) The facility shall have written policies and procedures governing all services provided by the facility. The written policies and procedures shall be formulated by a Resident Care Policy Committee consisting of at least the administrator, the advisory physician or the medical advisory committee, and representatives of nursing and other services in the facility. The policies shall comply with the Act and this Part. The written policies shall be followed in operating the facility and shall be reviewed at least annually by this committee, documented by written, signed and dated minutes of the meeting. Section 300.1210 General Requirements for Nursing and Personal Care b) The facility shall provide the necessary care and services to attain or maintain the highest practicable physical, mental, and psychological	S9999		

Illinois Department of Public Health
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE
Electronically Signed

TITLE

(X6) DATE
07/03/24

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S9999	<p>Continued From page 1</p> <p>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>5) A regular program to prevent and treat pressure sores, heat rashes or other skin breakdown shall be practiced on a 24-hour, seven-day-a-week basis so that a resident who enters the facility without pressure sores does not develop pressure sores unless the individual's clinical condition demonstrates that the pressure sores were unavoidable. A resident having pressure sores shall receive treatment and services to promote healing, prevent infection, and prevent new pressure sores from developing.</p> <p>These requirements were not met as evidenced by:</p> <p>Based on interview and record review the facility failed to put interventions in place for a newly admitted resident (R199) in a sample of 12 residents. This failure resulted in R199's skin intact with redness progressed to stage three wounds of the buttock and heel.</p> <p>Findings include:</p> <p>According to R199's face sheet printed 6/12/2024, R199 is 83 years of age and was</p>	S9999		

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S9999	<p>Continued From page 2</p> <p>admitted to the facility on 5/10/2024 and discharged 5/25/2024. R199 diagnoses include but are not limited to aftercare following explanation of shoulder joint prosthesis; unspecified rotator cuff tear or rupture of left shoulder; arthropathies, left shoulder; polyosteoarthritis; pressure-induced deep tissue damage of left heel and right buttock with onset date 5/10/24; pressure ulcer of left heel and right buttock, stage 3 with onset date 5/22/24.</p> <p>R199's Admission Evaluation, dated 5/10/2024, indicates skin intact.</p> <p>According to R199's POS (Physician Order Summary) printed 6/12/24, the following orders were placed for R199, air loss mattress, order date 5/22/24; apply alginate calcium to right buttock after cleansing NSS then cover with gauze island dressing every night shift for open wound, order date 5/22/24; apply alginate calcium with leptospermum to left heel after cleansing NSS then cover with gauze island dressing every night shift for open wound, order date 5/22/2024; off load the wound, reposition per facility protocol, float heels, limit sitting for 60 minutes, order date 5/22/24.</p> <p>R199's TAR (Treatment Administration Record) dated May 2024, indicates wound care treatments with start date of 5/22/24 to right buttock and left heel. Treatments completed 5/22, 5/23, 5/24.</p> <p>R199's progress note 5/10/2024 8:10 PM (20:10) documents in part: resident skin intact with redness to buttocks, redness to left heel, resident has bruising to left arm, chest, back and abdomen area, bruising to right arm.</p>	S9999		

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S9999	<p>Continued From page 3</p> <p>R199's progress note 5/14/2024 9:00 PM (21:00) documents in part: Also has sore present on foot.</p> <p>R199's progress note 5/16/2024 3:39 PM (15:39) documents in part: wound care to follow for heel pressure ulcer.</p> <p>R199's progress note 5/19/2024 6:27 PM (18:27) documents in part: Also family meeting scheduled today feels well, receiving supplements for pressure ulcer, yet to be seen by wound care MD.</p> <p>Specialty Physician Initial Wound Evaluation and Management Summary, 5/22/2024, documents in part: Stage 3 pressure wound of the left heel full thickness; etiology, pressure; duration greater than 14 days; wound size, 1.7 x 3.1 x not measurable cm, dept is unmeasurable due to presence of nonviable tissue and necrosis. Stage 3 pressure wound of the right buttock full thickness; etiology, pressure; duration greater than 14 days; wound size, 1.5 x 1.7 x 0.1 cm.</p> <p>On 6/12/24 at 9:34 AM, V17 (Wound Care Nurse) stated V17 has been at the facility as wound care nurse for three years. I'm here one day a week. The night shift nurse does treatments when I'm not here. The Facility does skin assessments on admission and weekly. Treatments are documented on the TAR (Treatment Administration Record). There is only an admission note for R199. I saw R199 with the wound doctor on 5/22/24. When R199 was admitted the nurse charted redness on the left heel and buttock. The doctor charted redness on left buttock and left heel. On 5/22/24 the left heel and left buttock were stage 3, they were open. Redness is not an open wound it is intact. 5/22/24 ordered a low air loss mattress. There were no treatments for the redness. Usually for</p>	S9999		

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S9999	<p>Continued From page 4</p> <p>redness in the buttock area there is an order for barrier cream to prevent from getting worse. Heel protectors or off-loading for redness on the heels to prevent from getting worse. I don't know if that was done. I was not here the day R199 was admitted. The wounds were acquired in the facility. 5/22/24 order for alginate calcium and Medi honey to left heel, alginate calcium to the buttock. The doctor or I did not see R199 after 5/22/24.</p> <p>On 6/14/24 at 12:18 PM, V28 (Wound Care Physician) stated R199 had two wounds, one on the heel and one on the buttock. My date of service is 5/22/24. R199 was admitted 12 days before I saw R199. On 5/22 the heel, post debridement, was stage 3, the buttock was stage 3. I did not debride the buttock. I can't base my presumption on someone else's note I can only base it on my own. I would have seen R199 when they told me to see R199. I would not have delayed seeing R199. The floor nurses notify myself and or the wound care nurse of any new wounds that they want me to see. I round once a week, Wednesday mornings starting at 6AM.</p> <p>Facility system procedure, Skin and Wound Care Program, 2/12/2023, documents in part: To provide clinical systems and resources to identify residents at risk for skin breakdown; implement strategies to prevent and/or manage pressure ulcers and reduce pain and minimize infection; reduce and mitigate the overall incidence of pressure ulcers; reduce risk factors that contribute to the development of pressure ulcers; monitor the incidence and severity of pressure ulcers.</p> <p>(B)</p>	S9999		

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S9999	<p>Continued From page 5</p> <p>Statement of Licensure Violations (2 of 5)</p> <p>300.610a) 300.1210a) 300.1210b) 300.1210c) 300.1210d)6)</p> <p>Section 300.610 Resident Care Policies</p> <p>a) The facility shall have written policies and procedures governing all services provided by the facility. The written policies and procedures shall be formulated by a Resident Care Policy Committee consisting of at least the administrator, the advisory physician or the medical advisory committee, and representatives of nursing and other services in the facility. The policies shall comply with the Act and this Part. The written policies shall be followed in operating the facility and shall be reviewed at least annually by this committee, documented by written, signed and dated minutes of the meeting.</p> <p>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</p>	S9999		

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S9999	<p>Continued From page 6</p> <p>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 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>c) Each direct care-giving staff shall review and be knowledgeable about his or her residents' respective resident care plan.</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>These Requirements were not met evidenced by:</p> <p>Based on interviews and review of records the</p>	S9999		

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S9999	<p>Continued From page 7</p> <p>facility failed to provide effective supervision, interventions and monitoring to prevent falls per policy for a resident that needs maximal assistance with ADLs/Activities of Daily Living (bed mobility, transfers, and ambulation). Facility also failed to ascertain or to rule out injury had occurred due to the fall. These failures include 1 out of 1 resident (R49) in a total sample of 12 residents reviewed for accidents and hazard. This failure resulted in R49 having 2 falls for a period of 6 days in the facility. R49 sustained left leg/hip severe pain and left leg/hip (femoral) fracture that was determined the day after discharge.</p> <p>Findings include:</p> <p>R49 was 92 years old, admitted on 1/24/2024 for respite of 6 days until 1/29/2024. R49 medical diagnosis includes vascular dementia, convulsion, cerebral atherosclerosis.</p> <p>R49's progress notes for history and physical by V4 (Medical Doctor) dated 1/25/2024 documents that R49 was seen confused alert to self only. R49 needs fall and safety precautions.</p> <p>Per R49's progress notes by V10 (Licensed Practical Nurse) dated 1/25/2024 (verified by V2 (Acting Director of Nursing actual date was 1/24/2024) around 6:30 PM, an aide informed V10 that R49 was observed laying on the floor on her left side.</p> <p>Per R49's progress notes by V11 (Licensed Practical Nurse) dated 1/26/2024 documented that another fall incident happened. Per notes, R49 was again observed on the floor.</p> <p>Multiple notes of R49 with pain to the left leg after the first fall are as follows:</p>	S9999		

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S9999	<p>Continued From page 8</p> <p>V10 documented on 1/25/2024 at 6:30 PM for post fall monitoring that R49 was complaining of left leg pain when hospice staff did a range of motion on R49. V10 documented on 1/25/2024 at 11:00 PM during evaluation or assessment there was pain at left lower extremity, posterior thigh.</p> <p>V12 (Licensed Practical Nurse) documented on 1/28/2024 for post fall charting, that R49 complains of severe pain throughout the shift. After Tylenol was administered around 6:00 PM, R49 continues to complaint of severe pain on the left leg. Morphine was administered around 8:20 PM continue to monitor pain.</p> <p>On 06/12/2024 at 1:47 PM, V10 (Licensed Practical Nurse) stated, I was the nurse when R49 fell. I called the doctor and hospice. Hospice nurse came in the facility and did ROM (range of motion). But hospice did not want to pay for X-Ray.</p> <p>On 06/12/2024 at 12:12 PM, V2 (Acting Director of Nursing/Infection Control Preventionist/Restorative) said R49 fell twice during her 5 days stay in the facility. The first fall was on 1/24/2024 at 6:30 PM and another fall on 1/25/2024 . Hospice came early morning 1/26 after the fall. V2 said that she noted that there was documentation of R49 having severe pain on 1/28/2024. V2 said that there was no X-Ray done on record. And that the facility was not aware of any injury R49 sustained due to the fall.</p> <p>On 06/12/2024 at 02:00 PM, V20 (Minimum Data Set Coordinator / Registered Nurse) stated that R49 medical diagnosis includes convulsion, it was included on alteration of neurological status but not included on the fall care plan. When</p>	S9999		

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S9999	<p>Continued From page 9</p> <p>asked about R49's ADL (Activity of Daily Living), how does R49 do with bed mobility, transfers, and ambulation? V20 stated that R49's care plan for transfers and ambulation was not continued. V20 said after reviewing R49's care plan, "It was not in the care plan. It does not have to have one." V20 stated that per MDS (Minimum Data Set) assessment, R49 needs extensive assistance.</p> <p>On 06/12/2024 at 03:16 PM, V11 (Licensed Practical Nurse) stated that when she did her rounds R49 was found on the floor. When asked about R49's ADL status on transferring, ambulation, and toileting. V11 said R49 was able to get up and walk. "She was able to walk and no limitation going to the bathroom from her bed."</p> <p>On 6/13/2024 at 10:06 AM, V4 (Medical Doctor) stated that there is a collaboration of Hospice and Family. In cases of pain that cannot be controlled we need to intervene, do X-Ray, surgery, or other intervention for comfort reasons.</p> <p>Per facility incident report investigation dated 1/25/2024 document as follows: R49 was only oriented to self. Under predisposing factors: R49 was confused, incontinent, gait imbalance, impaired memory, non-compliant, weakness/ fainted. Under predisposing situation factors: R49 did a room change, wanderer, ambulating without assist, and that R49 cannot retain safety education, requires maximum supervision at all times for safety. R49 second fall dated 1/26/2024 was not included in the incident report.</p> <p>Per V26 (Certified Nursing Assistant) handwritten document included in the incident report, documents that R49 was seen on the floor. Per V26, R49 gets up with little help or no help. V26</p>	S9999		

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S9999	<p>Continued From page 10</p> <p>full handwritten notes reads: I (V26) walk to room. R49 laying down on floor on left side with pillow under her head. Did not complain about pain. R49 get up with little or no help.</p> <p>On 6/14/2024 at 9:36 AM, V25 after reading the handwritten document that reads: V26 called me asking for help. When I walked in the resident was laying on her left side with a pillow under head. Nurse on duty was informed (V25 signature). V25 verified that it was her handwriting and both she (V25) and V26 wrote in the same piece of paper and gave it to V10 (Licensed Practical Nurse). V25 stated that R49 was confused and has an impaired gait. And that R49 needs supervision at all times. And that V26 was the certified nursing assistant that was assigned to R49 which per the same handwritten note, R49 get up with little to no help.</p> <p>R49's Admission Evaluation dated 1/24/2024, documents that R49 was at risk of fall, at risk of elopement, and has ADL (Activities of Daily Living) deficits on self-care, mobility usual performance that needs to be addressed in the care plan.</p> <p>R49's Minimum Data Set (MDS) assessment on functional dated 1/29/2024 documents that R49 needs substantial or maximal assistance means helper does more than half the effort. Helper lifts or hold trunk or limbs and provides more than half the effort on all ADLs (Activities of Daily Living) including bed mobility, sit to stand, transfers, and ambulation.</p> <p>R49's care plan dated 1/24/2024 identified R49 of having ADL (Activities of Daily Living) self-care and mobility usual performance deficit. The goal is to improve R49's level of function. But all</p>	S9999		

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S9999	<p>Continued From page 11</p> <p>interventions listed including transfers, positioning, bed mobility were left blank. Although R49 was assessed as elopement risk on admission evaluation (1/24/2024). And was identified as wanderer in the incident report. ADLs and elopement/wandering was not addressed in the care plan of R49.</p> <p>On 1/31/2024, R49 was admitted to the hospital. Per hospital records, R49 sustained left leg fracture. Per R49's X-Ray report done in the hospital dated 1/30/2024 it was documented that R49 sustained an acute displaced and angulated fracture of the left femoral neck. Left femoral neck location is at the top of the thigh bone. The area where R49 was complaining of severe pain.</p> <p>Facility policy on Fall Prevention and Management dated 6/1/2023 reads:</p> <p>Per CMS definition "Fall" refers to unintentionally coming to rest on the ground, floor, or other lower level. When a resident is found on the floor, a fall is considered to have occurred.</p> <p>Under evaluation, a baseline care plan is developed on admission by the Licensed Nurse based on the Morse Fall Scale result, resident/family input, medical condition of the resident per assessment.</p> <p>Under actions following a fall includes the following: Ascertaining if an injury has occurred and providing treatment as necessary. Addressing the factors for the fall.</p> <p>Under supervision, the facility will provide adequate supervision to prevent accidents. Adequacy of supervision is defined by type and frequency based on the individual resident's</p>	S9999		

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S9999	<p>Continued From page 12</p> <p>assessed needs and identified hazards in the resident environment.</p> <p>(A)</p> <p>Statement of Licensure Violations (3 of 5)</p> <p>300.625a) 300.625b</p> <p>Section 300.625 Identified Offender</p> <p>a) The facility shall review the results of the criminal history background checks immediately upon receipt of these checks.</p> <p>b) The facility shall be responsible for taking all steps necessary to ensure the safety of residents while the results of a name-based background check or a fingerprint-based check are pending; while the results of a request for a waiver of a fingerprint-based check are pending; and/or while the Identified Offender Report and Recommendation is pending.</p> <p>This requirement was NOT MET as evidenced by:</p> <p>Based on interview and record review, the facility failed to conduct the identified offender background checks within the mandated time. This failure affects two of four (R99 an R150) residents reviewed for identified offender background checks in a total sample of 12 residents.</p> <p>Findings include:</p>	S9999		

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6008957	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 06/14/2024
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NAME OF PROVIDER OR SUPPLIER ST JOSEPH VILLAGE OF CHICAGO	STREET ADDRESS, CITY, STATE, ZIP CODE 4021 WEST BELMONT CHICAGO, IL 60641
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S9999	<p>Continued From page 13</p> <p>On 06/12/2024, the identified offender form was filled out by the facility. R99 was admitted on 06/05/2024. The CHIRP (Criminal History Information Response Process), Illinois Sex Offender Registry and Illinois Department of Corrections background checks were not conducted until 06/11/2024. R150 was admitted 06/06/2024. The CHIRP (Criminal History Information Response Process), Illinois Sex Offender Registry, National Sex Offender Registry and Illinois Department of Corrections background checks were not conducted until 06/11/2024.</p> <p>On 06/12/2024, at 12:08 PM, V3 (Social Services Director) stated, "The identified offender checks should be completed upon the resident's admission. This goes through the admission's department. I do not handle this process."</p> <p>On 06/12/2024, at 12:00 PM, V1 (Administrator) stated, "The facility does not have an identified offender policy. I verified to make sure."</p> <p>On 06/12/2024, at 12:48 PM, V5 (Admissions Director) stated, "I do these background checks to make sure residents do not come back with any hits, if there is something in their background. I believe it is to protect everyone, staff, and residents. You just never know. The Illinois Sex Offender and the Illinois Department of Corrections before the resident admits. The CHIRP (Criminal History Information Response Process) should be completed within 24 hours. I checked it but I do not have documentation that I did check. I fell behind on my last five admissions."</p> <p>(C)</p>	S9999		

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S9999	<p>Continued From page 14</p> <p>Statement of Licensure Violations (4 of 5)</p> <p>300.661</p> <p>Section 300.661 Health Care Worker Background Check</p> <p>A facility shall comply with the Health Care Worker Background Check Act and the Health Care Worker Background Check Code.</p> <p>This requirement was NOT MET as evidence by:</p> <p>Based on interview and record review, the facility failed to conduct the healthcare worker background checks within the mandated time. This failure affects four employees' files reviewed for healthcare worker background checks.</p> <p>Findings include:</p> <p>On 06/11/2024, the healthcare worker background check was conducted. V6 (Certified Nursing Assistant) date of hire was 04/11/2024. The background check was conducted the same day V6 was hired. V7 (Housekeeper) date of hire was 05/29/2024. The background check was conducted on 05/29/2024. V8 (Certified Nursing Assistant) was hired 05/16/2024. The background check was conducted on 05/16/2024. V9 (Registered Nurse) dated of hire was 04/30/2024. V9's background check was not conducted until 06/11/2024.</p> <p>On 06/12/2024, at 12:57 PM, V18 (Human Resources Director) stated, "I look to make sure employees are permitted to work in the United States. I also make sure employees do not have</p>	S9999		

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S9999	<p>Continued From page 15</p> <p>any sex offender background that will not allow them to work around residents and in an environment with residents. It protects resident from abuse. The background checks should be completed before they come on the floor. The policy states that it should be done prior to employment."</p> <p>Facility policy titled, Background Screening Investigations, undated, notes background and criminal checks are initiated within two days of an offer of employment or contract agreement and completed prior to employment.</p> <p>(C)</p> <p>Statement of Licensure Violations (5 of 5)</p> <p>300.3210v)</p> <p>Section 300.3210 General</p> <p>v) All Cook County facilities with Colbert Class Members shall provide educational materials and information to all newly admitted Colbert Class Members within one to three days of admission, informing them of their rights and services under the Colbert Consent Decree, as prescribed by the Colbert Lead Defendant Agency. All Cook County facilities shall provide verification that the educational materials and information were given to the Colbert Class Members, as requested by a Colbert Defendant Agency.</p> <p>These Requirements were NOT MET as evidenced by:</p> <p>Based on interview and record review, the facility</p>	S9999		

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S9999	<p>Continued From page 16</p> <p>failed to provide educational materials for newly admitted residents within one to three days informing them of their rights and services under the Colbert Consent Decree. These failures affect nine (R6, R12, R16, R19, R22, R25, R26, R35, R39) out of nine residents reviewed who are Medicaid eligible.</p> <p>Findings include:</p> <p>On 06/11/2024 at 3:22PM, V3 (Director of Social Services) states she has been working at the facility since 01/2024. V3 states the facility has short-term, long-term, and Medicaid residents who reside in the facility. V3 states she is not aware of any facilities that would be exempt from participating in the Colbert Program. V3 states since she has been working in the facility, she has not been in contact with anyone from the Colbert Agency. V3 states she is familiar with the Colbert Program from working at a previous facility and would communicate via telephone with someone from the Colbert Program at her previous facility. V3 states no one from the Colbert Program has visited or reached out to the facility. V3 also states she has not initiated contact with anyone from the Colbert Agency. V3 states no one trained her on the Colbert Program since she has been working at the facility. V3 states there are currently no residents in the facility who participate in the Colbert Program. V3 states there is no documentation to show that residents are educated about the Colbert Program.</p> <p>On 06/12/2024 at 3:15PM, V3 states she found out that the facility has two residents who participate in the Colbert Program. V3 states all Medicaid residents are eligible to participate in the Colbert Program. V3 states all Medicaid</p>	S9999		

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S9999	<p>Continued From page 17</p> <p>eligible residents should be included on the monthly submitted census report so that the Colbert Agency can make a determination of who can participate in the Colbert Program. V3 states she was provided with more information and education about the Colbert Program process by V1 (Administrator) yesterday, 06/11/2024 after interview with surveyor.</p> <p>Facility list titled "Colbert Class Members" documents that R12 and R39 participates in the Colber Program.</p> <p>The facility's list of Medicaid residents residing in the facility was reviewed. The facility's current monthly census of all Medicaid eligible residents was also reviewed for submission.</p> <p>Review of facility's monthly census report documents that R6, R22, R25, R26, and R35 names are not included on the facility's current census report.</p> <p>(C)</p>	S9999		