

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6010102	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 06/27/2024
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NAME OF PROVIDER OR SUPPLIER WINSTON MANOR CNV & NURSING	STREET ADDRESS, CITY, STATE, ZIP CODE 2155 WEST PIERCE CHICAGO, IL 60622
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(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 Licensure and Certification	S 000		
S9999	Final Observations Statement of Licensure Violations 1 of 3: 300.615e) 300.615f) 300.615g) Section 300.615 Determination of Need Screening and Request for Resident Criminal History Record Information e) In addition to the screening required by Section 2-201.5(a) of the Act and this Section, a facility shall, within 24 hours after admission of a resident, request a criminal history background check pursuant to the Uniform Conviction Information Act for all persons 18 or older seeking admission to the facility, unless a background check was initiated by a hospital pursuant to the Hospital Licensing Act. Background checks shall be based on the resident's name, date of birth, and other identifiers as required by the Department of State Police. (Section 2-201.5(b) of the Act) f) The facility shall check for the individual's name on the Illinois Sex Offender Registration website at www.isp.state.il.us and the Illinois Department of Corrections sex registrant search page at www.idoc.state.il.us to determine if the individual is listed as a registered sex offender. g) If the results of the background check are inconclusive, the facility shall initiate a fingerprint-based check, unless the fingerprint check is waived by the Director of Public Health	S9999		

Illinois Department of Public Health LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE 07/15/24
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S9999	<p>Continued From page 1</p> <p>based on verification by the facility that the resident is completely immobile or that the resident meets other criteria related to the resident's health or lack of potential risk, such as the existence of a severe, debilitating physical, medical, or mental condition that nullifies any potential risk presented by the resident. (Section 2-201.5(b) of the Act) The facility shall arrange for a fingerprint-based background check or request a waiver from the Department within 5 days after receiving inconclusive results of a name-based background check. The fingerprint-based background check shall be conducted within 25 days after receiving the inconclusive results of the name-based check.</p> <p>These Regulations are not met as evidenced by:</p> <p>Based on record review and interview, the facility failed to obtain Criminal History Information Response Process (CHIRP) reports within 24 hours of admission for five residents (R10, R17, R44, R53, R71) in the total sample of ten residents, and failed to complete assessment of the Illinois Sex Offender Registry for six residents (R10, R17, R53, R55, R59, R67) out of ten residents in the sample.</p> <p>Findings:</p> <p>R10's face sheet documents admission dates of 4/16/2019 and 8/20/2019. On 6/25/2024 at 1:45 PM, V13 (Psychosocial Services Director) stated that CHIRP and assessment of the Illinois Sex Offender website registry had not been completed.</p> <p>R17's face sheet documents admission dates of 7/6/2006 and 1/19/2021. CHIRP was dated 6/19/2024. On 6/25/2024 at 1:45 PM, V13</p>	S9999		

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S9999	<p>Continued From page 2</p> <p>(Psychosocial Services Director) stated that assessment of the Illinois Sex Offender website registry had not been completed.</p> <p>R44's face sheet documents an admission date of 10/16/2023. CHIRP was dated 11/6/2023.</p> <p>R53's face sheet documents admission dated of 7/1/2013 and 4/27/2020. CHIRP was dated 6/19/2024. On 6/25/2024 at 1:45 PM, V13 (Psychosocial Services Director) stated that assessment of the Illinois Sex Offender website registry had not been completed.</p> <p>R55's face sheet documents an admission date of 4/5/2024. On 6/25/2024 at 1:45 PM, V13 (Psychosocial Services Director) stated that assessment of the Illinois Sex Offender website registry had not been completed.</p> <p>R59's face sheet documents an admission date of 3/25/2024. On 6/25/2024 at 1:45 PM, V13 (Psychosocial Services Director) stated that assessment of the Illinois Sex Offender website registry had not been completed.</p> <p>R67's face sheet documents an admission date of 10/9/2023. Assessment of the Illinois Sex Offender website registry was completed 6/26/2022.</p> <p>R71's face sheet documents an admission date of 12/5/2023. CHIRP was dated 2/7/2024.</p> <p>On 6/24/2024 at 9:22 AM V13 (Psychosocial Services Director) was interviewed and stated that on admission of a resident, a background check is completed for each resident. If there is a HIT on the Criminal History Information Response Process (CHIRP), fingerprinting is ordered. An</p>	S9999		

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S9999	<p>Continued From page 3</p> <p>outside vendor completes the fingerprinting and receipt is received. The resident's name is then submitted to the Illinois Department of Public Health (IDPH).</p> <p>On 6/24/2024 at 10 AM, V13 (Psychosocial Services Director) was interviewed and stated that she had provided the information available for the ten residents in the sample. The missing documents were again reviewed and V13 stated that she would reassess the files for the missing documents.</p> <p>On 6/25/2024 at 1:45 PM V13 (Psychosocial Services Director) was interviewed relative to missing identified offender information for the ten residents in the sample. V13 stated "I think that is all that we have, but I will reach out to corporate to see if they have any additional documents. It has been challenging with this facility having so much paper and not solely an electronic process".</p> <p>On 6/25/2024 at 11:10 AM, V1 (Administrator) was interviewed and stated admission screening is done centrally in the corporate office and identified offender information is emailed to the facility. If the resident has a HIT on the Criminal History Information Response Process (CHIRP), an outside agency does the resident's fingerprinting. The resident is then reported to the Illinois Department of Public Health (IDPH). V1 stated "I have already spoken to V13 (Psychosocial Services Director). We are putting a plan together. I told V13 that we just need to move forward and get to compliance."</p> <p>Review of the policy titled "identified Offender Facility Policy and Procedure" had no date on the document and stated in part: Policy statement: It is the policy of this facility to</p>	S9999		

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S9999	<p>Continued From page 4</p> <p>establish a resident sensitive and resident secure environment. In accordance with the provisions of the Nursing Home Care Act, this facility shall check the criminal history background on any resident seeking admission to the facility in order to identify previous criminal convictions.</p> <p>Identified Offenders:</p> <ol style="list-style-type: none"> 1. Check for the resident's name on the Illinois Sex Offender Registration website. 3. Conduct a Criminal History Background Check: within 24 hours of admission, request a name-based uniform conviction information act (UCIA) criminal history background check based on name, date of birth and other identifiers required by the department or state police for any resident seeking admission to the facility. <p style="text-align: center;">(C)</p> <p>Statement of Licensure Violations 2 of 3: 300.625c)2) 300.625g)</p> <p>Section 300.625 Identified Offenders</p> <p>c) If the results of a resident's criminal history background check reveal that the resident is an identified offender as defined in Section 1-114.01 of the Act, the facility shall do the following:</p> <ol style="list-style-type: none"> 2) Within 72 hours, arrange for a fingerprint-based criminal history record inquiry to be requested on the identified offender resident. The inquiry shall be based on the subject's name, sex, race, date of birth, fingerprint images, and other identifiers required by the Department of State Police. The inquiry shall be processed through the files of the Department of State Police and the Federal Bureau of Investigation to locate any criminal history record information that may exist regarding the subject. The Federal 	S9999		

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S9999	<p>Continued From page 5</p> <p>Bureau of Investigation shall furnish to the Department of State Police, pursuant to an inquiry under this subsection (c)(2), any criminal history record information contained in its files.</p> <p>g) Facilities shall maintain written documentation of compliance with Section 300.615 of this Part.</p> <p>These Regulations are not met as evidenced by:</p> <p>Based on interviews and record reviews, the facility failed to arrange fingerprinting within 72 hours of the positive Criminal History Information Response Process (CHIRP) for nine residents (R3, R17, R40, R44, R53, R55, R59, R67, R71) out of a total of ten residents in the sample with a positive CHIRP. The facility failed to report to the Illinois Department of Public Health (IDPH) Identified Offender (IO) Program nine residents (R3, R10, R17, R40, R44, R55, R59, R67, R71) out of a total of ten residents with a positive CHIRP.</p> <p>Findings:</p> <p>R3's face sheet documents an admission date of 4/19/2024. CHIRP was received 4/22/2024. Fingerprinting was ordered 5/17/2024. On 6/25/2024 at 1:45 PM, V13 (Psychosocial Services Director) stated that there was no documentation that R3 had been reported to the Illinois Department of Public Health (IDPH) Identified Offender (IO) Program.</p> <p>R10's face sheet documents admission dates of 4/16/2019 and 8/20/2019. R10 was listed on the facility's Identified Offender list provided by V13 on 6/24/2024. On 6/25/2024 at 1:45 PM, V13 (Psychosocial Services Director) stated that</p>	S9999		

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S9999	<p>Continued From page 6</p> <p>CHIRP was not completed for R10, fingerprinting had not been ordered for R10, and R10 had not been reported to the Illinois Department of Public Health (IDPH) Identified Offender (IO) Program.</p> <p>R17's face sheet documents admission dates of 7/6/2006 and 1/19/2021. CHIRP was dated 6/19/2024. On 6/25/2024 at 1:45 PM, V13 (Psychosocial Services Director) stated that there was no documentation that fingerprinting had been ordered for R17 or that R17 has been reported to the Illinois Department of Public Health (IDPH) Identified Offender (IO) Program.</p> <p>R40's face sheet documents an admission date of 10/27/2023. CHIRP was dated 10/30/2023. On 6/25/2024 at 1:45 PM, V13 (Psychosocial Services Director) stated that there was no documentation that fingerprinting had been ordered for R40 or that R40 has been reported to the Illinois Department of Public Health (IDPH) Identified Offender (IO) Program.</p> <p>R44's face sheet documents an admission date of 10/16/2023. CHIRP was dated 11/6/2023. On 6/25/2024 at 1:45 PM, V13 Psychosocial Services Director) stated that there was no documentation that fingerprinting had been ordered for R44 or that R44 had been reported to the Illinois Department of Public Health (IDPH) Identified Offender (IO) Program.</p> <p>R53's face sheet documents admission dated of 7/1/2013 and 4/27/2020. CHIRP was dated 6/19/2024. On 6/25/2024 at 1:45 PM, V13 (Psychosocial Services Director) stated that there was no documentation that fingerprinting had been ordered for R53. V13 could not provide documentation that R53 had been reported to the</p>	S9999		

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S9999	<p>Continued From page 7</p> <p>Illinois Department of Public Health (IDPH) Identified Offender (IO) Program although review of the IDPH Identified Offender list identified R53 as reported by the facility.</p> <p>R55's face sheet documents an admission date of 4/5/2024. CHIRP was dated 4/8/2024. Fingerprinting was ordered 6/3/2024. On 6/25/2024 at 1:45 PM, V13 (Psychosocial Services Director) stated that there was no documentation that R55 has been reported to the Illinois Department of Public Health (IDPH) Identified Offender (IO) Program.</p> <p>R59's face sheet documents an admission date of 3/25/2024. CHIRP was dated 3/26/2024. Fingerprinting was ordered 4/3/2024. On 6/25/2024 at 1:45 PM, V13 (Psychosocial Services Director) stated that there was no documentation that R59 had been reported to the Illinois Department of Public Health (IDPH) Identified Offender (IO) Program.</p> <p>R67's face sheet documents an admission date of 10/9/2023. CHIRP was completed 6/26/2022. On 6/25/2024 at 1:45 PM, V13 (Psychosocial Services Director) stated that there was no documentation that fingerprinting had been ordered for R67 or that R67 had been reported to the Illinois Department of Public Health (IDPH) Identified Offender (IO) Program.</p> <p>R71's face sheet documents an admission date of 12/5/2023. CHIRP was dated 2/7/2024. On 6/25/2024 at 1:45 PM, V13 (Psychosocial Services Director) stated that there was no documentation that fingerprinting had been ordered for R71 or that R71 had been reported to the Illinois Department of Public Health (IDPH) Identified Offender (IO) Program.</p>	S9999		

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S9999	<p>Continued From page 8</p> <p>On 6/24/2024 at 9:22 AM V13 (Psychosocial Services Director) was interviewed and stated that on admission of a resident, a background check is completed for each resident. If there is a HIT on the Criminal History Information Response Process (CHIRP), fingerprinting is ordered. An outside vendor completes the fingerprinting and receipt is received. The resident's name is then submitted to the Illinois Department of Public Health (IDPH).</p> <p>On 6/24/2024 at 10 AM, V13 (Psychosocial Services Director) was interviewed and stated that she had provided the information available for the ten residents in the sample. The missing documents were reviewed and V13 stated that she would reassess the files for the missing documents.</p> <p>On 6/25/2024 at 1:45 PM V13 (Psychosocial Services Director) was interviewed relative to missing identified offenders residing in the facility. V13 stated "I think that is all that we have, but I will reach out to corporate to see if they have any additional documents. It has been challenging with this facility having so much paper and not solely an electronic process".</p> <p>On 6/25/2024 at 11:10 AM, V1 (Administrator) was interviewed and stated that admission screening is done centrally and identified offender information is emailed to the facility. If the resident has a HIT on the Criminal History Information Response Process (CHIRP), an outside agency does the resident's fingerprinting. The resident is then reported to the Illinois Department of Public Health (IDPH). V1 stated "I have already spoken to V13 (Psychosocial Services Director). We are putting a plan</p>	S9999		

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S9999	<p>Continued From page 9</p> <p>together. I told V13 that we just need to move forward and get to compliance."</p> <p>Review of the policy titled "Identified Offender Facility Policy and Procedure" had no date on the document and stated in part: Policy statement: It is the policy of this facility to establish a resident sensitive and resident secure environment. In accordance with the provisions of the Nursing Home Care Act, this facility shall check the criminal history background on any resident seeking admission to the facility in order to identify previous criminal convictions. Identified Offenders: 3. Conduct a Criminal History Background Check: within 24 hours of admission, request a name-based uniform conviction information act (UCIA)criminal history background check based on name, date of birth and other identifiers required by the department or state police for any resident seeking admission to the facility. Reporting Results if the Resident is an Identified Offender 1. Once the facility determines the resident is an identified offender, the facility must request in 72 hours for the resident to undergo a live scan stated and Federal Bureau of Investigation (FBI) fingerprint check on the premises within five business days. 3. When the fingerprint vendor comes to take the fingerprints of the resident, make sure to get a fingerprint vendor receipt. 4. Go to this link https://idph.illinois.gov/IOPFacilitySubmission/Facilitysubmissions_T/FacilitySubmissionEntry.aspx and enter the facility information, complete the form, and upload the CHIRP, fingerprint consent form and fingerprint vendor receipt. 5. Print the confirmation page and the email that you receive from public health acknowledging</p>	S9999		

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S9999	<p>Continued From page 10</p> <p>that you submitted the information to public health.</p> <p style="text-align: center;">(C)</p> <p>Statement of Licensure Violations 3 of 3: 300.1810l) 300.1810m) 300.1810n) 300.3210u) 300.3210v)</p> <p>Section 300.1810 Resident Record Requirements</p> <p>l) All Cook County facilities with Colbert Class Members shall submit to the Colbert Lead Defendant Agency, or successor Colbert Lead Defendant Agency, on a monthly basis, an accurate census of all Medicaid-eligible residents, the previous month's voluntary and involuntary discharges conducted under Section 300.3300, including any voluntary and involuntary discharges scheduled to be conducted within 48 hours after the end of the reporting month. This monthly census must be submitted on the form prescribed by the Colbert Lead Defendant Agency using secure (encrypted) email, no later than the fifth business day of each month.</p> <p>m) All Cook County facilities with Colbert Class Members shall provide educational materials and information to all Colbert Class Members voluntarily or involuntarily discharging from the facility at the time of completing the discharge paperwork, 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 written verification of educational materials and information given to the Colbert</p>	S9999		

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S9999	<p>Continued From page 11</p> <p>Class Members, as requested by a Colbert Defendant Agency.</p> <p>n) All Cook County facilities shall notify any agency providing transition services to a Colbert Class Member of such Class Member's discharge at least 48 hours prior to the discharge taking place.</p> <p>Section 300.3210 General</p> <p>u) Cook County facilities with Colbert Class Members shall provide residents access to the supports and services they need in the most integrated settings appropriate to their needs, including community-based settings, to promote and maximize their independence, choice, and opportunities to develop and use independent living skills. For the purposes of this subsection (u), "community-based setting" means the most integrated setting appropriate to promote the resident's independence in daily living and ability to interact with persons without disabilities to the fullest extent possible.</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 Regulations are not met as evidenced by:</p> <p>A. Based on interview and record review, the</p>	S9999		

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S9999	<p>Continued From page 12</p> <p>facility failed to provide the facility failed to provide educational materials or information to newly admitted Class Members within three days of admission informing them of their rights and services under the Colbert Consent Decree for five residents (R4, R18, R71, R128, R129) out of five residents in the sample.</p> <p>B. Based on interview and record review, the facility failed to provide Class Members with educational materials and information voluntarily or involuntarily discharging from the facility at the time of completing the discharge paperwork and informing the resident of their rights and services under the Colbert Consent Decree for 2 residents (R128, 129) out of 2 residents in the sample.</p> <p>A. R128 was admitted to the facility on 1/25/2024. R28 was discharged from the facility on 2/15/2024. Facility could not provide documentation of resident education at the time of discharge informing R128 of his rights and services under the Colbert Consent Decree.</p> <p>R129 was admitted to the facility on 1/24/2024. R129 was discharged from the facility on 1/30/2024. Facility could not provide documentation of resident education at the time of discharge informing R129 of his rights and services under the Colbert Consent Decree</p> <p>On 6/24/2024 at 9:40 AM V13 (Psychosocial Services Director) was interviewed and stated that she completes an in-service once a month or every other month for residents to keep residents informed about Colbert. V13 provided a list of residents on a census activity report. From that list, two Class member residents were selected for review.</p>	S9999		

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6010102	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 06/27/2024
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NAME OF PROVIDER OR SUPPLIER WINSTON MANOR CNV & NURSING	STREET ADDRESS, CITY, STATE, ZIP CODE 2155 WEST PIERCE CHICAGO, IL 60622
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S9999	<p>Continued From page 13</p> <p>On 6/26/2024 at 10:10 AM the electronic medical record of R128 and R129 were reviewed. No documentation of discharge education relative to the Colbert Consent Decree could be identified.</p> <p>On 6/25/2024 at 2 PM, V13 (Psychosocial Services Director) was interviewed, reviewed the electronic health record of R128 and R129 and stated that there was no documentation of education about the Colbert Consent Decree for either R128 or R129. V13 stated "R128 did not receive any education about Colbert consent decree prior to discharge. R128 was working with an outside agency while R128 was here. We don't have any documentation of R128 working with the outside agency. The outside agency picked him up at discharge. We have a picture of the case worker's ID that picked R128 up from the outside agency." Regarding R129, V13 stated "R129 was only here for a few days. I don't have any discharge education documented relative to Colbert (for R129)".</p> <p>On 6/26/2024 at 11 AM, V1 (Administrator) was interviewed and stated that V1 has worked at the facility for one month. V1 stated "Once outside agency is involved, the facility's role is to communicate with the outside agency and give them what they need".</p> <p>On 6/26/2024 at 11:45 AM, V13 (Psychosocial Services Director) was asked who "Care Coordinator" was referencing on the document titled "Things you need to know about the Colbert Consent Decree". V13 stated "That is me and my team." V13 stated that that document is provided to residents during the monthly or every other month in services that V13 provides for staff.</p> <p>Document entitled "Things you need to know</p>	S9999		

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S9999	<p>Continued From page 14</p> <p>About the Colbert Consent Decree" with no date was reviewed and stated in part: Bullet #5: Your Care coordinator is responsible to work with you to develop a realistic Service Plan of Care that will meet your needs in the community.</p> <p>B. R4 was admitted to the facility on 12/23/2020. R4 was educated about the Colbert Consent Decree on 3/1/2024. V13 (Psychosocial Services Director) stated that R4 has not been referred to outside agency. V13 stated "I don't recall why R4 hasn't been referred. I did inform R4 about the program. R4 never told me she was interested. I only refer those who come to me and tell me that they really want to move out. I didn't push for R4 to go into the program because R4 hasn't told me R4 really wants to be in the program."</p> <p>R18 was admitted to the facility 4/16/2018. V13 (Psychosocial Services Director) stated "There is no documentation that we taught R18 about the Colbert program upon admission. We have talked to him about the Colbert program first in March of this year. R18 came to an in-service. R18 signed our consent form acknowledging that R18 was informed about the program on 3/1/2024. R18 was referred to outside agency on 1/29/2024. R18 is not currently working with the outside agency. R18 was referred, but I haven't received any feedback. The facility does not meet with the outside agency unless someone is selected and then we do team meetings. The outside agency has not given me any information about R18 being accepted or not accepted to move forward. I will have to follow up with the outside agency."</p> <p>R71 was admitted to the facility on 12/5/2023. V13 (Psychosocial Services Director) stated that R71 attended an in-service about Colbert</p>	S9999		

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S9999	<p>Continued From page 15</p> <p>Consent Decree on 3/1/2024. V13 stated R71 was already working with an outside agency before he was admitted to the facility. After he attended V13's in-service on Colbert Consent Decree on 3/1/2024, V13 also referred R71 to another outside facility on 6/14/2024. V13 stated "I know that the outside agency is helping R71 find a place, but R71 said that the outside agency couldn't find anything for him, so I told R71 that I would refer him to another outside agency."</p> <p>R128 was admitted to the facility on 1/24/2024. R128 was discharged from the facility on 2/15/2024. V13 (Psychosocial Services Director) stated "R128 was not educated about the Colbert program upon admission. R128 was working with an outside agency while R128 was here. We don't have any documentation of R128 working with outside agency."</p> <p>R129 admitted to the facility on 1/24/2024. R129 was discharged from the facility on 1/30/2024. V13 stated "JR128 was only here for a few days. I don't have any admission education relative to Colbert (for R129)."</p> <p>On 6/24/2024 at 9:40 AM V13 (Psychosocial Services Director) was interviewed and stated that she completes an in-service once a month or every other month for residents to keep residents informed about Colbert. V13 stated "I play a video and have handouts." V13 stated that the facility works with an outside vendor who assists residents who are "ready to be independent". V13 stated "When a resident is admitted, most don't want to stay here. I tell residents that once they are treated, we can revisit the topic of transition to a more independent care setting." V13 stated that during care plan meetings, residents are informed about the "Colbert program". If referred</p>	S9999		

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S9999	<p>Continued From page 16</p> <p>to the outside agency, the residents work directly with the outside agency. V13 stated "It is then out of my hands. Our residents go to outside groups with the outside agency. I don't know what the groups talk about. The outside agency takes the residents to doctor's appointments and asks me for documentation. The outside agency helps the resident finding housing and we do the care plan meetings." V13 stated that prior to a resident's discharge, V13 provides her phone number and the resident also receives the Ombudsman's phone number. V13 stated "I tell them that we can work to find something more comfortable if they are not happy with where they are at after discharge."</p> <p>On 6/26/2024 at 11 AM, V1 (Administrator) was interviewed and stated that V1 has worked at the facility for one month. V1 stated "Once outside agency is involved, the facility's role is to communicate with the outside agency and give them what they need".</p> <p>On 6/26/2024 at 11:45 AM, V13 (Psychosocial Services Director) was asked who "Care Coordinator" was referencing the document titled "Things you need to know about the Colbert Consent Decree". V13 stated "that is me and my team." V13 stated that that document is provided to residents during the monthly or every other month in-services that V13 provides for residents.</p> <p>Document entitled "Things you need to know About the Colbert Consent Decree" with no date was reviewed and stated in part: Bullet #5: Your Care coordinator is responsible to work with you to develop a realistic Service Plan of Care that will meet your needs in the community.</p>	S9999		

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S9999	Continued From page 17 (C)	S9999		