

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 145344	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 04/17/2024
NAME OF PROVIDER OR SUPPLIER Libertyville Manor Ext Care		STREET ADDRESS, CITY, STATE, ZIP CODE 610 Peterson Road Libertyville, IL 60048	

For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
<p>F 0607</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p> <p>Note: The nursing home is disputing this citation.</p>	<p>Develop and implement policies and procedures to prevent abuse, neglect, and theft.</p> <p>34314</p> <p>Based on interview and record review, the facility failed to ensure they followed their abuse policy by investigating an allegation of theft/misappropriation of funds. This applies to 1 of 6 residents (R1) reviewed for abuse/theft in the sample of 6.</p> <p>The findings include:</p> <p>On April 17, 2024 at 9:37 AM, R1 stated he had money that was missing from the facility.</p> <p>On April 17, 2024 at 9:50 AM, V1, Acting Administrator, stated he did not do an investigation into R1's missing money. At 2:50 PM, he stated it is the policy of the facility to investigate any abuse/theft allegations.</p> <p>The facility's elder abuse policy, dated April 11, 2023, shows, Purpose: The purpose of this police [sic-statement is correct (policy)] is to ensure that all employees of the facility are familiar with what constitutes elder abuse, are able to identify signs of abuse and are aware of who and when to report suspected abuse. All employees shall be aware of the Elder Justice Act and mandate of reporting any suspected crime. The facility maintains a living environment that fosters reporting of concerns and problems that indicate abuse and that protects each and every one of its residents. Staff reporting requirements regarding abuse: . The nursing home must then conduct an investigation and report the results of the investigation to the IDPH (Illinois Department of Public Health) within 5 days. Seven components to be followed to prevent abuse occurrences: screening, training, prevention, identification, investigation: .The investigation will be conducted as per regulations and the facility policy ., protection, reporting/response .</p>

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)		
<p>F 0610</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p> <p>Note: The nursing home is disputing this citation.</p>	<p>Respond appropriately to all alleged violations.</p> <p>34314</p> <p>Based on interview and record review, the facility failed to ensure an allegation of theft was investigated. This applies to 1 of 6 residents (R1) reviewed for abuse/theft in the sample of 6.</p> <p>The findings include:</p> <p>On April 17, 2024 at 9:37 AM, R1 stated, he had roughly \$1,100.00 missing from the facility.</p> <p>R1's unusual occurrence report, dated April 7, 2024, shows, Money missing- \$1000, \$100 bills have staples. Money was in wallet in bedside table top drawer.</p> <p>On April 17, 2024 at 9:50 AM, V1, Acting Administrator, stated no one knew R1 had the money on him. They told R1 when he was admitted not to have valuables or money in the facility. V1, Acting Administrator, stated he did not interview staff or other residents regarding missing items or R1's missing money.</p> <p>The facility only presented an unusual occurrence report and State of Illinois long term care facility- serious injury incident and communicable disease report. The State of Illinois report shows R1 is alert and oriented x 3, and reported misappropriation of funds/cash.</p>		