| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | 145450 | A. Building<br>B. Wing | 06/06/2026 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| Alden Lakeland Rehab & Hcc | 820 West Lawrence<br>Chicago, IL 60640 |

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) |
|---|---|
| F 0580<br><br>Level of Harm - Minimal harm or potential for actual harm<br><br>Residents Affected - Few | Immediately tell the resident, the resident's doctor, and a family member of situations (injury/decline/room, etc.) that affect the resident.<br><br>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on record review and interviews, the facility failed to notify the resident's physician and court-appointed State Guardian of a significant change requiring physician intervention and representative involvement for 1 (R1) of 1 sampled resident reviewed for notification requirements. Findings include:R1 had diagnoses including serious mental illness and medical conditions requiring ongoing treatment and stabilization such as schizophrenia, gestational hypertension, post-traumatic stress syndrome, mood disorder due to known physiological condition with depressive features, psychotic disorder with hallucinations, anxiety disorder, hypomagnesemia and history of falling. The resident's clinical record identified a court-appointed State Guardian, V11, as the legally authorized representative responsible for healthcare decision-making and participation in care planning.R1's hospital records titled Clinical Intake Snapshot document the following:Patient 101: R1 is a [AGE] year-old female requiring high-acuity psychiatric and medical stabilization following a decompensation of schizophrenia and a recent delivery. Her complex history of self-harm, physical aggression, and lack of stable housing necessitates 24-hr clinical environment to manage severe mental health symptoms and ensure safety. Formal post-acute care is essential to provide the medication management, therapeutic monitoring, and assistance with activities of daily living that cannot be safely or effectively managed in a home setting.Behavioral & Cognitive Status: R1 demonstrated a volatile clinical course characterized by active psychosis, attempts at self-harm to terminate her pregnancy, and physical aggression toward hospital staff. While her psychotic symptoms have improved with Haldol (30-32mg TDD) and Lithium, she remains intermittently irritable, blunted, and anxious with limited insight into her condition. Her cognitive status shows a decline with a Modified Short Blessed Cognitive Test score of 16, and she requires ongoing 24-hour supervision to manage unpredictable behaviors and ensure medication adherence.Progress Notes dated 5/29/2026 19:20 by V4, Licensed Practical Nurse, documents:Resident remain persistent on leaving AMA (Against Medical Advice) post education and encouragement. Risks of leaving AMA were thoroughly explained, including potential complications and worsening condition (sic). Alternatives and recommended plan (sic) of care were discussed with patient. Patient verbalized understanding of education provided but continues to refuse treatment and requests discharge. NP (Nurse Practitioner) notified and has given consent for AMA request. Resident left the unit ambulatory with personal belongings. No acute distress noted at time of departure. All appropriate departments made aware. There was no documentation showing the attending physician was informed of the resident's departure to provide medical direction regarding medication management, follow-up treatment, or interventions to mitigate risks associated with interruption of care. Additionally, there was no evidence that the State Guardian was informed of the resident's departure, current status, healthcare needs, or the risks associated with leaving the facility without ongoing psychiatric and medical treatment. V1 presented a document titled Against Medical Advice (AMA) Form: Release from Responsibility for Discharge which bears the signature of R1 and an unknown Facility Representative's Signature/Witness which V1 identified as V4, Licensed Practical Nurse. V1 also<br>(continued on next page) |

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 |
|---|---|---|

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
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| Alden Lakeland Rehab & Hcc | 820 West Lawrence<br>Chicago, IL 60640 |

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| F 0580<br><br>Level of Harm - Minimal harm or potential for actual harm<br><br>Residents Affected - Few | stated that it is not in their policy to provide emergency medications when discharging against medical advice.On 6/5/2026 at 10:55 A.M., V11, R's State Guardian, affirmed that the facility informed V11 on 6/1/2026, 2 days after R1 left the facility. V11 stated she was not informed of R1 discharging from the nursing home. Instead of contacting the State Guardian, they contacted their in-house psychiatrist. V11 is new to her case, hasn't met R1, doesn't know where R1 went and has no way of contacting R1. Previously, before hospitalization, R1 was in jail and was homeless. R1 is unmedicated with metal health issues, post-partum and as State Guardian, V11 has no ability to oversee R1's well-being. V11 also stated that if the facility had called her, V11 would not give consent for R1 to leave the facility without proper discharge placement. V11 confirmed that the facility contacted the State Guardian after-hours number on 5/30/2026, 1 day after R1 left the facility.On 6/6/2026 at 1:13 P.M. V8, Psychiatric Nurse Practitioner, stated that if a resident abruptly stops taking psychotropic medications, behaviors can get worse, and psychosis can kick right in.On 6/5/2026 at 12:39 P.M., V4, Licensed Practical Nurse (LPN) stated on 5/29/2026 R1 verbalized wanting to leave the facility and V4 explained to R1 that it isn't safe for R1 to leave but R1 insisted on leaving the facility. V4 explained the risks of discharging against medical advice, was not offered other alternatives and R1 still demanded to leave and stated R1 was going to a shelter house. V4 stated she is not aware of R1's past medical and psychiatric history but knows R1 has anxiety and agitation, and she was aware that R1 had a State Guardian but did not call the State Guardian about wanting to leave AMA.On 6/5/2026 at 12:41 P.M., V4, Assistant Director of Nursing, stated she called R1's state guardian on 5/30/2026, day after R1 left the facility by calling the after hours on call number, left a message and somebody returned her call soon after. V4 informed the on-call guardian that R1 was aggressive and agitated and wanted to leave against medical advice.On 6/5/2026 at 1:58 PM, V7, R1's Primary Doctor, stated he recalls being informed about R1 leaving AMA but can't recall the date and time he was informed and asked to call V9, V7's Nurse Practitioner who rounds routinely at the facility for specifics.On 6/5/2026 at 2:04 P.M., V9, Nurse Practitioner, stated V9 is not familiar with R1, and has not seen R1 because V9 was told R1 left Against Medical Advice. V9 stated they didn't call me about request to leave, V9 doesn't allow discharges against medical advice on the unit where R1 resided because it's a behavioral unit. If they called me about R1 wanting to leave against medical advice, V9 would have said no.On 6/5/2026 at 2:25 P.M., V8, Psychiatric Nurse Practitioner stated V8 contacted regarding R1 on 5/29/2026 but it is not in his capacity to discharge a resident from the facility because his job is to get the the patient psychiatrically stable and does not discharge anybody. V8 also stated In this situation, I did not believe or understand that I am being asked to make a discharge decision because that is not something I do even for the patient's I have seen 20 times if I am the sole provider. I would say they need to talk to the primary, DON and everyone involved in admissions and discharges. My job is to get patient psychiatrically stable, but I do not discharge anybody. The facts of the call were nursing reported that this resident wanted to leave AMA, nursing reported that this patient is stable. I asked if PRN (as needed) medications were needed, they said No. I asked if this needed to be escalated, is this agitation about wanting to leave needed a PRN or a send out. Because those are the things that I handle throughout the weekend. The nurse said the resident was mostly fine except for being there and wanting to go. The nurse said the resident wanted to leave against medical advice and the nurse also stated that she can't stop her from leaving. What was not reported to me was psychosis, suicidality, aggression, delirium, concerns for incapacity, guardianship issues, concerns that the resident was unsafe to leave, request for emergent psychiatric evaluation or disposition order. Why did I not escalate further? Because I'm the on-call provider for 250 facilities, I rely on the facility staff to communicate material, safety, legal and clinical concerns that require escalation. These concerns were not communicated, denied need for PRN intervention, denied need for hospitalization, did not mention guardian. It was presented to me as an independent resident, choosing to leave against medical advice. The issue is I'm not giving a discharge order and was asked if they are safe to leave with these medications. R1 has an order for Lithium, if the patient is<br>(continued on next page) |

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| Alden Lakeland Rehab & Hcc | 820 West Lawrence<br>Chicago, IL 60640 |

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|---|---|
| F 0580<br><br>Level of Harm - Minimal harm or potential for actual harm<br><br>Residents Affected - Few | decisional, stable, I would send R1 home with Lithium, which does not present an abuse or diversion concern. The nurse said there's nothing they can do to stop her. As far as guardianship is concerned, if this patient was a known patient to us, we would have known that R1 has a guardianship, and I would have caught that. My reviewing the medications and if R1 is safe to go home with those medications was misconstrued as a go signal for the facility to discharge this resident.On 6/6/2026 at 10:36 A.M. V2, Assistant Administrator, acknowledged that the Against Medical Advice (AMA) Form: Release from Responsibility for Discharge was signed by R1. V2 stated that the form should be signed by the resident, their decision maker and facility representative. If someone had a Guardian, the State Guardian should be signing this form. For R1, before R1 signed against medical advice (AMA), they should have contacted the State Guardian to let the Guardian know that R1 is wanting to leave AMA and it's ultimately up to the guardian to make that decision because the State Guardian is the decision maker at the end of the day. V2 also acknowledged speaking with V11, State Guardian on 6/1/2026, 2 days after R1 left the facility against medical advice. V11 requested V2 to file a missing report with the police agency. Review of the an undated policy titled AMA Release (Leaving Against Medical Advise) required staff to inform the attending physician/Nurse Practitioner of desire to leave the facility and required to give the resident's legal representatives an explanation concerning the risks involved in leaving the facility. |

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| F 0627<br><br>Level of Harm - Minimal harm or potential for actual harm<br><br>Residents Affected - Few | Ensure the transfer/discharge meets the resident's needs/preferences and that the resident is prepared for a safe transfer/discharge.<br><br>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on interview and record review, the facility failed to ensure an appropriate and safe discharge process, failed to involve the legally authorized State Guardian, without necessary medications and without arrangements for placement and ongoing psychiatric or medical care. This affected one (R1) of three residents reviewed for discharges.As a result of the deficient practice, the resident experienced a disruption in continuity of care and was placed at significant risk for worsening psychiatric symptoms, behavioral destabilization, medication interruption, deterioration of medical conditions, emergency department utilization, hospitalization, and inability to safely manage healthcare needs following discharge. Findings include: R1 had diagnoses including serious mental illness and medical conditions requiring ongoing treatment and stabilization such as schizophrenia, gestational hypertension, post-traumatic stress syndrome, mood disorder due to known physiological condition with depressive features, psychotic disorder with hallucinations, anxiety disorder, hypomagnesemia and history of falling. The resident's clinical record identified a court-appointed State Guardian, V11, as the legally authorized representative responsible for healthcare decision-making and participation in care planning.R1's hospital records titled Clinical Intake Snapshot document the following:Patient 101: R1 is a [AGE] year-old female requiring high-acuity psychiatric and medical stabilization following a decompensation of schizophrenia and a recent delivery. Her complex history of self-harm, physical aggression, and lack of stable housing necessitates 24-hr clinical environment to manage severe mental health symptoms and ensure safety. Formal post-acute care is essential to provide the medication management, therapeutic monitoring, and assistance with activities of daily living that cannot be safely or effectively managed in a home setting.Behavioral & Cognitive Status: R1 demonstrated a volatile clinical course characterized by active psychosis, attempts at self-harm to terminate her pregnancy, and physical aggression toward hospital staff. While her psychotic symptoms have improved with Haldol (30-32mg TDD) and Lithium, she remains intermittently irritable, blunted, and anxious with limited insight into her condition. Her cognitive status shows a decline with a Modified Short Blessed Cognitive Test score of 16, and she requires ongoing 24-hour supervision to manage unpredictable behaviors and ensure medication adherence.R1's care plan showed the PASRR agent identified the following critical areas of focus for the resident crisis intervention, development of self-care skills, formal behavior modification program, pharmacotherapy, psychotherapy and structured socialization. Progress Notes dated 5/29/2026 19:20 by V4, Licensed Practical Nurse, documents:Resident remain persistent on leaving AMA (Against Medical Advice) post education and encouragement. Risks of leaving AMA were thoroughly explained, including potential complications and worsening condition (sic). Alternatives and recommended plan (sic) of care were discussed with patient. Patient verbalized understanding of education provided but continues to refuse treatment and requests discharge. NP (Nurse Practitioner) notified and has given consent for AMA request. Resident left the unit ambulatory with personal belongings. No acute distress noted at time of departure. All appropriate departments made aware.V1 presented a document titled Against Medical Advice (AMA) Form: Release from Responsibility for Discharge which bears the signature of R1 and an unknown Facility Representative's Signature/Witness which V1 identified as V4, Licensed Practical Nurse. V1 also stated that it is not in their policy to provide emergency medications when discharging against medical advice.On 6/5/2026 at 12:39 P.M., V4, Licensed Practical Nurse (LPN) stated on 5/29/2026 R1 verbalized wanting to leave the facility and V4 explained to R1 that it isn't safe for R1 to leave but R1 insisted on leaving the facility. V4 explained the risks of discharging against medical advice, was not offered other alternatives and R1 still demanded to leave and stated R1 was going to a shelter house. V4 stated she is not aware of R1's past medical and psychiatric history but knows R1 has anxiety and agitation, and she was aware that R1 had a State Guardian but did not call the State<br>(continued on next page) |

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| F 0627<br><br>Level of Harm - Minimal harm or potential for actual harm<br><br>Residents Affected - Few | Guardian about wanting to leave AMA. V4 affirms that R1 was not physically or verbally aggressive that day but was just demanding to be discharged . V4 called V8, Psychiatric Nurse Practitioner (NP) and informed V8 that R1 wanted to leave AMA. V8, NP, discussed R1's medications with V4 and gave consent for AMA request. V4 stated she did not call R1's primary doctor and did not give any medications or prescriptions for medications when R1 left. V4 stated she informed V6, Director of Nursing (DON) after R1 had already left about R1 leaving against medical advice. On 6/5/2026 at 10:55 A.M., V11, R's State Guardian, affirmed that the facility informed V11 on 6/1/2026, 2 days after R1 left the facility. V11 stated she was not informed of R1 discharging from the nursing home. Instead of contacting the State Guardian, they contacted their in-house psychiatrist. V11 is new to her case, hasn't met R1, doesn't know where R1 went and has no way of contacting R1. Previously, before hospitalization, R1 was in jail and was homeless. R1 is unmedicated with metal health issues, post-partum and as State Guardian, V11 has no ability to oversee R1's well-being. V11 also stated that if the facility had called her, V11 would not give consent for R1 to leave the facility without proper discharge placement. V11 confirmed that the facility contacted the State Guardian after-hours number on 5/30/2026, 1 day after R1 left the facility.On 6/5/2026 at 11:37 A.M., V3, Behavioral Health Director, stated R1 wasn't necessarily in an active mental health episode, not to my estimation but I didn't get a huge impression on her, she appeared stable mentally, but you can tell that there is an underlying psychosis. If a resident has a State Guardian and wants to leave against medical advice (AMA) or if someone is mentally unstable, V3 would explain to the resident that it is not safe to be discharged at this time, call the primary doctor and the psychiatrist and get their recommendations, call the State Guardian. If resident becomes verbally aggressive and violent, V3 would petition for involuntary discharge. V3 met with the police on 6/1/2026 and filed a missing person report. On 6/5/2026 at 2:25 P.M., V8, Psychiatric Nurse Practitioner stated My capacity when I am on call is I am covering up to 250 facilities. My role is to manage emergent and urgent changes in the patient condition. Or medication questions, orders, clarifications. And decisions whether to send to the hospital or not. In this case, this is a building I have never been to, a patient I have never met, and my company has not evaluated. So, if I was to get a call about a patient I have not met or not evaluated, I can still triage and make those orders. To be clear, they also were not in our company's electronic health record so the only information I have is from the nurse. In this situation, I did not believe or understand that I am being asked to make a discharge decision because that is not something I do even for the patient's I have seen 20 times if I am the sole provider. I would say they need to talk to the primary, DON and everyone involved in admissions and discharges. My job is to get patient psychiatrically stable, but I do not discharge anybody. The facts of the call were nursing reported that this resident wanted to leave AMA, nursing reported that this patient is stable. I asked if PRN (as needed) medications were needed, they said No. I asked if this needed to be escalated, is this agitation about wanting to leave needed a PRN or a send out. Because those are the things that I handle throughout the weekend. The nurse said the resident was mostly fine except for being there and wanting to go. The nurse said the resident wanted to leave against medical advice and the nurse also stated that she can't stop her from leaving. What was not reported to me was psychosis, suicidality, aggression, delirium, concerns for incapacity, guardianship issues, concerns that the resident was unsafe to leave, request for emergent psychiatric evaluation or disposition order. Why did I not escalate further? Because I'm the on-call provider for 250 facilities, I rely on the facility staff to communicate material, safety, legal and clinical concerns that require escalation. These concerns were not communicated, denied need for PRN intervention, denied need for hospitalization, did not mention guardian. It was presented to me as an independent resident, choosing to leave against medical advice. The issue is I'm not giving a discharge order and was asked if they are safe to leave with these medications. R1 has an order for Lithium, if the patient is decisional, stable, I would send R1 home with Lithium, which does not present an abuse or diversion concern. The nurse said there's nothing they can do to stop her. As far as guardianship is concerned, if this patient was a known<br>(continued on next page) |

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| F 0627<br><br>Level of Harm - Minimal harm or potential for actual harm<br><br>Residents Affected - Few | patient to us, we would have known that R1 has a guardianship, and I would have caught that. My reviewing the medications and if R1 is safe to go home with those medications was misconstrued as a go signal for the facility to discharge this resident.On 6/6/2026 at 1:13 P.M. V8 also stated that if a resident abruptly stops taking psychotropic medications, behaviors can get worse, and psychosis can kick right in. On 6/6/2026 at 10:36 A.M. V2, Assistant Administrator, acknowledged that the Against Medical Advice (AMA) Form: Release from Responsibility for Discharge was signed by R1. V2 stated that the form should be signed by the resident, their decision maker and facility representative. If someone had a Guardian, the State Guardian should be signing this form. For R1, before R1 signed against medical advice (AMA), they should have co tacted the State Guardian to let the Guardian know that R1 is wanting to leave AMA and it's ultimately up to the guardian to make that decision because the State Guardian is the decision maker at the end of the day. V7, R1's primary doctor was contacted to inquire if V7 was notified regarding R1. V7 wants V9 (Nurse Practitioner) to be interviewed regarding this matter. On 6/5/2026 at 2:04 P.M., V9, Nurse Practitioner, stated V9 is not familiar with R1, and has not seen R1 because V9 was told R1 left Against Medical Advice. V9 stated they didn't call me about request to leave, V9 doesn't allow discharges against medical advice on the unit where R1 resided because it's a behavioral unit. If they called me about R1 wanting to leave against medical advice, V9 would have said no.Review of the an undated policy titled AMA Release (Leaving Against Medical Advise) required staff to required to give resident's legal representatives an explanation concerning the risks involved in leaving the facility. |

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| F 0628<br><br>Level of Harm - Minimal harm or potential for actual harm<br><br>Residents Affected - Few | Provide the required documentation or notification related to the resident's needs, appeal rights, or bed-hold policies.<br><br>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on interview, and record review, the facility failed to ensure the rights of 1 (R1) of 1 sampled resident were protected by failing to notify and involve the resident's court-appointed State Guardian when the resident left the facility against medical advice (AMA). The facility failed to communicate the resident's departure to the State Guardian, failed to involve the State Guardian in decisions affecting the resident's discharge and continuity of care, and failed to ensure the resident representative was provided information necessary to assist in securing ongoing psychiatric and medical treatment. As a result of the noncompliance R1 was deprived of the protections and advocacy afforded by the court appointed State Guardian and left the facility without coordinated psychiatric and medical follow-up, medication access, or continuity-of-care arrangements and has the potential to affect resident's health, safety and welfare through interruption of treatment, loss of representative support and increase risk of psychiatric and medical deterioration. Findings include: R1 had diagnoses including serious mental illness and medical conditions requiring ongoing treatment and stabilization such as schizophrenia, gestational hypertension, post-traumatic stress syndrome, mood disorder due to known physiological condition with depressive features, psychotic disorder with hallucinations, anxiety disorder, hypomagnesemia and history of falling. The resident's clinical record identified a court-appointed State Guardian, V11, as the legally authorized representative responsible for healthcare decision-making and participation in care planning.R1's hospital records titled Clinical Intake Snapshot document the following:Patient 101: R1 is a [AGE] year-old female requiring high-acuity psychiatric and medical stabilization following a decompensation of schizophrenia and a recent delivery. Her complex history of self-harm, physical aggression, and lack of stable housing necessitates 24-hr clinical environment to manage severe mental health symptoms and ensure safety. Formal post-acute care is essential to provide the medication management, therapeutic monitoring, and assistance with activities of daily living that cannot be safely or effectively managed in a home setting.Behavioral & Cognitive Status: R1 demonstrated a volatile clinical course characterized by active psychosis, attempts at self-harm to terminate her pregnancy, and physical aggression toward hospital staff. While her psychotic symptoms have improved with Haldol (30-32mg TDD) and Lithium, she remains intermittently irritable, blunted, and anxious with limited insight into her condition. Her cognitive status shows a decline with a Modified Short Blessed Cognitive Test score of 16, and she requires ongoing 24-hour supervision to manage unpredictable behaviors and ensure medication adherence.Progress Notes dated 5/29/2026 19:20 by V4, Licensed Practical Nurse, documents:Resident remain persistent on leaving AMA (Against Medical Advice) post education and encouragement. Risks of leaving AMA were thoroughly explained, including potential complications and worsening condition (sic). Alternatives and recommended plan (sic) of care were discussed with patient. Patient verbalized understanding of education provided but continues to refuse treatment and requests discharge. NP (Nurse Practitioner) notified and has given consent for AMA request. Resident left the unit ambulatory with personal belongings. No acute distress noted at time of departure. All appropriate departments made aware.V1 presented a document titled Against Medical Advice (AMA) Form: Release from Responsibility for Discharge which bears the signature of R1 and an unknown Facility Representative's Signature/Witness which V1 identified as V4, Licensed Practical Nurse. V1 also stated that it is not in their policy to provide emergency medications when discharging against medical advice.On 6/5/2026 at 10:55 A.M., V11, R's State Guardian, affirmed that the facility informed V11 on 6/1/2026, 2 days after R1 left the facility. V11 stated she was not informed of R1 discharging from the nursing home. Instead of contacting the State Guardian, they contacted their in-house psychiatrist. V11 is new to her case, hasn't met R1, doesn't know where R1 went and has no way of contacting R1. Previously, before hospitalization, R1 was in jail and was homeless. R1 is unmedicated<br>(continued on next page) |

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| (X4) ID PREFIX TAG | SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information) |
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| F 0628<br><br>Level of Harm - Minimal harm or potential for actual harm<br><br>Residents Affected - Few | with metal health issues, post-partum and as State Guardian, V11 has no ability to oversee R1's well-being. V11 also stated that if the facility had called her, V11 would not give consent for R1 to leave the facility without proper discharge placement. V11 confirmed that the facility called the on-call State Guardian after hours number on 5/30/2026, a day after R1 had left the facility. On 6/6/2026 at 1:13 P.M. V8, Psychiatric Nurse Practitioner, stated that if a resident abruptly stops taking psychotropic medications, behaviors can get worse, and psychosis can kick right in.On 6/5/2026 at 12:39 P.M., V4, Licensed Practical Nurse (LPN) stated on 5/29/2026 R1 verbalized wanting to leave the facility and V4 explained to R1 that it isn't safe for R1 to leave but R1 insisted on leaving the facility. V4 explained the risks of discharging against medical advice, was not offered other alternatives and R1 still demanded to leave and stated R1 was going to a shelter house. V4 stated she is not aware of R1's past medical and psychiatric history but knows R1 has anxiety and agitation, and she was aware that R1 had a State Guardian but did not call the State Guardian about wanting to leave AMA.On 6/5/2026 at 12:41 P.M., V4, Assistant Director of Nursing, stated she called R1's state guardian on 5/30/2026, day after R1 left the facility by calling the after hours on call number, left a message and somebody returned her call soon after. V4 informed the on-call guardian that R1 was aggressive and agitated and wanted to leave against medical advice.On 6/6/2026 at 10:36 A.M. V2, Assistant Administrator, acknowledged that the Against Medical Advice (AMA) Form: Release from Responsibility for Discharge was signed by R1. V2 stated that the form should be signed by the resident, their decision maker and facility representative. If someone had a Guardian, the State Guardian should be signing this form. For R1, before R1 signed against medical advice (AMA), they should have contacted the State Guardian to let the Guardian know that R1 is wanting to leave AMA and it's ultimately up to the guardian to make that decision because the State Guardian is the decision maker at the end of the day. V2 also acknowledged speaking with V11, State Guardian on 6/1/2026, 2 days after R1 left the facility against medical advice. V11 requested V2 to file a missing report with the police agency. Review of the an undated policy titled AMA Release (Leaving Against Medical Advise) required staff to required to give resident's legal representatives an explanation concerning the risks involved in leaving the facility. |