

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  145700	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  05/19/2025
NAME OF PROVIDER OR SUPPLIER  Avantara Chicago Ridge		STREET ADDRESS, CITY, STATE, ZIP CODE  10300 Southwest Highway Chicago Ridge, IL 60415	

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 0602</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Protect each resident from the wrongful use of the resident's belongings or money.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> Based on interview and record review, the facility failed to protect a resident's right to be free from misappropriation of resident property and/or exploitation. This failure affected one (R1) of three residents reviewed for misappropriation and/or exploitation as a result of R1's credit card being stolen by facility staff, who made unauthorized charges of more than \$1000.00 on R1's account.</p> <p>Findings include:</p> <p>R1 is [AGE] years old and was admitted to the facility on [DATE]. Past medical history includes, but not limited to displaced intertrochanteric fracture of right femur subsequent encounter for closed fracture with routine healing, major depressive disorder, Type 2 diabetes, chronic obstructive pulmonary disease, essential primary hypertension, anemia, generalized anxiety etc.</p> <p>Facility reported incident dated 4/27/2025 at 11:15AM documents the following: on 4/27/2025, V1 (administrator was notified by V10 (social worker) that V3 (Family Member) alleged that R1's credit card had been compromised with charges. No staff was identified in the original allegation.</p> <p>On 5/13/2025 at 11:01AM, V3 (Family member) stated that he noticed some charges totaling over \$1000.00 on R1's credit card statement. He (V3) reported the incident to the facility, filed a police report and gave a copy of the report to the facility. The detective in charge of the case called him (V3) and said that they identified the person who used the credit card through a security camera. The officer stated he was going to reach out to the facility. V3 stated that he (V3) has not heard anything since then, he (V3) is not sure if the person is a regular staff or agency.</p> <p>On 5/13/2025 at 11:50AM, R1 was observed in her room, awake and alert with some confusion, stated that she just came back from therapy. A brown purse noted on resident's bed, surveyor asked R1 about her missing credit card, but she (R1) could not remember. V3 was at the bedside at this time and reminded R1 of her missing credit card and she (R1) said, Oh Yes, looked at surveyor and said, who did that? Surveyor asked V3 (Family member) if R1 still has the card and what were the total charges. V3 stated that he (V3) gave a screen shot of the charges to V1 (Administrator), the total charges were more than \$1000.00, at local restaurants and stores. V3 added that the person who took the card never returned it. R1 does not have the card, and the family just canceled the card.</p> <p>(continued on next page)</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
FORM CMS-2567 (02/99) Previous Versions Obsolete	Event ID:  Facility ID: 145700	If continuation sheet Page 1 of 3

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<p>F 0602</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>5/13/2025 at 12:00PM, V1 (Administrator) stated that the incident was reported to the social worker over the weekend, she (V1) became aware on Monday when she (V1) came back to work and initiated an investigation. The resident's family gave a card containing the police report number which she provided to surveyor. V1 also provided a copy of the charges that were made to the resident's card, a screen shot that was sent to her by V3.</p> <p>Review of charges made to R1's credit card showed a total amount of \$1057.47 broken down as follows:</p> <ul style="list-style-type: none"> <li>- \$89.14 at a restaurant in [NAME] Illinois on 4/23/2025</li> <li>- \$442.71 charged at a department store in [NAME], Indiana on 4/24/2025</li> <li>- \$525.62 charged at a grocery store in Calumet City Illinois, both on 4/24/2025</li> </ul> <p>Review of staffing schedule showed that V13 (Certified Nursing Assistant/CNA) worked on the same floor as R1 on 4/21/2025 and 4/23/2025 as wound round CNA from 7:00AM to 3:00PM. Review of R1's medical record showed that she has a stage 2 pressure ulcer to her sacrum and is receiving wound care treatment.</p> <p>5/13/2025 at 2:50PM, V1 stated that she (V1) has been in contact with the detective, who showed V1 some pictures and V1 was unable to identify anyone from the picture. The detective also threw out a name of a staff member, (V12 Licensed Practical Nurse/LPN) as a possible suspect by association. V1 suspended V12 pending investigation, and told the officer that V12 has another daughter that also works at the facility (V13) who was on the schedule around the time the charges were made. V1 added that she also suspended V13 pending investigation, although V13 normally assists with wound care and does not work the floor as a CNA.</p> <p>On 5/13/2025 at 3:45PM, V7 (Police Detective) stated that he has a couple of suspects regarding R1's stolen credit card and is still finalizing the report but that it came down to two facility employees, V13 (CNA) and V14 (CNA). V7 is not sure if they are working together. He gave the name of the two employees to the facility administrator, V7 will provide more information to the surveyor when available.</p> <p>On 5/16/2025 at 7:40PM, V7 left a voice message for surveyor stating that one of the suspects, (V13) has been arrested and charged with a felony offense of financial exploitation of elderly, the other person, V14 (CNA) is not involved in the crime and has been cleared.</p> <p>5/19/2025 at 9:30AM, V1 said that the detective called to inform her that V13 has been charged with the theft of R1's credit card. V1 has made an addendum to her final report, and it has been submitted to the State Agency. Supplemental police report dated 5/16/2025 documented in part that V13 was charged with financial exploitation of an elderly.</p> <p>Abuse and neglect policy revised 4/24/2025 stated in part: it is the policy of the facility to provide professional care and services in an environment that is free from any type of abuse, corporal punishment, misappropriation of property, exploitation, neglect, and mistreatment.</p> <p>(continued on next page)</p>		

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<p>F 0602</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>#6 Financial /misappropriation of property states the following: financial abuse includes, but not limited to deliberate misplacement, misappropriation, exploitation or otherwise taking advantage of a resident's money or property temporarily or permanently.</p>		