

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 145715	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 07/05/2024
NAME OF PROVIDER OR SUPPLIER Wheaton Village Nrsg & Rhb Ctr		STREET ADDRESS, CITY, STATE, ZIP CODE 1325 Manchester Road Wheaton, IL 60187	

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 0567</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Honor the resident's right to manage his or her financial affairs.</p> <p>35267</p> <p>Based on interview and record review the facility failed to provide resident trust fund cash to residents within three business days. This applies to 2 of 3 residents (R6 and R7) reviewed for trust funds in a sample of 8.</p> <p>The findings include:</p> <p>1. On 7/1/24 at 12:40 PM, R6 stated she waited weeks for her requested trust fund cash. R6 stated the facility told her they were waiting for the check to post. R6 stated the delays in receiving requested trust fund cash was ongoing for a few months and R6 was still waiting for her requested money.</p> <p>Resident (R6) Statement, dated 3/29/24 to 7/1/24, shows on 6/6/24 R6 requested \$450.00 from her trust fund.</p> <p>Facility check documentation, dated 6/24/24, shows check number 1009 was issued to V1 (Administrator) on 6/24/24 which included R6's requested \$450.00 from her trust fund.</p> <p>On 7/1/24 at 3:13 PM, V12 (Activity Aide / Office Assistant) stated the check for resident trust fund cash requests comes in a little late recently.</p> <p>On 7/1/24 at 3:42 PM, V11 (Activities Director) stated R6 requested \$450.00 cash from her trust fund on 6/6/24. V11 stated the check for the cash requests arrived at the facility from corporate on 6/25/24.</p> <p>On 7/2/24 at 10:29 AM, V13 (Business Office Manager) stated the check for the trust fund requests on 6/6/24 was cut on 6/24/24 because that was when resident signatures were provided to corporate for the cash withdrawal requests. V13 stated the requests for trust fund cash were transmitted on 6/6/24 but they were transmitted without resident signatures verifying the cash requests.</p> <p>On 7/1/24 at 12:47 PM, V1 (Administrator) stated she received the check for the trust fund withdrawal requests which was stored in the facility safe and needed to be cashed to disburse the money to the residents.</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
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<p>F 0567</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>2. On 7/3/24 at 1:30 PM, R7 stated he had waited a long time for his trust fund cash withdrawals. R7 stated, The checks aren't coming! I'm not getting my money! R7 stated he waited a month for his cash withdrawal when the facility changed banks months ago and the process had not improved. R7 stated he was still experiencing a delay in receiving his cash withdrawals from the facility.</p> <p>Facility Resident Admission Packet, revised 12/2023, shows, Your Rights and Protections as a Nursing Home Resident - . Manage your money: You have the right to manage your own money or to choose someone to trust to do this for you . The nursing home must allow you access to your bank accounts, cash and other financial records</p> <p>Resident Personal Trust Funds Policy & Procedures, dated 4/15/24, shows, 7. Residents may make deposits or receive funds at the Business Office Monday through Friday during regular business hours or at specific times posted at the facility. A. Withdrawals less than \$60.00 will be made immediately. B. For cash on hand and resident safety reasons withdrawals over \$60.00 will required 24 hour notice by the resident and the resident may receive a check from the personal funds account. The policy fails to show trust fund withdrawals \$100.00 or greater will be honored within three banking days.</p>		

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<p>F 0609</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Timely report suspected abuse, neglect, or theft and report the results of the investigation to proper authorities.</p> <p>35267</p> <p>Based on interview and record review, the facility failed to report an allegation of abuse per facility policy. This applies to 1 of 3 residents (R1) reviewed for abuse in a sample of 8.</p> <p>The findings include:</p> <p>On 6/27/24 at 12:48 PM, V14 (CNA - Certified Nursing Assistant) stated on 5/23/24 she reported to V1 that V7 (CNA) told V14 that V7 stated V7 hit R1 in the face, R1 fell back, and R1 hit the bed. V14 stated she also attempted to report the allegation to IDPH (Illinois Department of Public Health) and called a telephone number on a poster at the entrance of the facility to report the allegation, but later believed it was only a corporate telephone number and not IDPH.</p> <p>On 6/27/24 at 10:00 AM, V1 (Administrator) stated R1 recently experienced a facial injury. V1 stated the incident was investigated and the facial injury was determined to be caused by R1 becoming combative during care and hitting his face on the wall. V1 stated she was not aware of any allegations of abuse toward R1.</p> <p>On 7/3/24 at 9:30 AM V2 (Director of Nursing) stated the facility investigated R1's injury at the time of the injury and determined with confidence that the injury was caused when R1 became combative during care provided by V7 (Certified Nursing Assistant) and hit his face against the wall. V2 stated V8 (Nurse), as well as other witnesses, were close by during the incident and assisted V7 with R1 at the time of the incident. V2 stated after the investigation, V14 (CNA) alleged that V7 told V14 that V7 hit R1 in the face. V2 stated the incident had already been investigated and felt the cause of the injury was confidently determined to be caused by combativeness during care. V2 stated he did not investigate/report the new allegation of abuse to IDPH (Illinois Department of Public Health) or the police.</p> <p>Review of facility abuse investigations, dated 4/1/24 to 7/1/24, show no abuse investigations regarding V14's allegation that R1 was hit by V7.</p> <p>Abuse Prevention Policy, dated 2/2027, shows Employees are required to report any incident, allegation or suspicion of potential abuse, neglect, exploitation, mistreatment or misappropriation of resident property they observe, hear about, or suspect to the administrator immediately, to an immediate supervisor who must then immediately report it to the administrator or to a compliance hotline or compliance officer. In the absence of the administrator, reporting can be made to an individual who has been designated to act in the administrator's absence Reports will be documented, and a record kept of the documentation Any allegation of abuse . will be reported to the Illinois Department of Public Health immediately, but not more than two hours of the allegation of abuse The facility shall also contact local law enforcement authorities . in the following situations: .Physician abuse involving physical injury inflicted on a resident by a staff member or visitor Within five days after the report of the occurrence, a complete written report of the occurrence, a complete written report of the conclusion of the investigation, including steps the facility has taken in response to the allegations, will be sent to the Department of Public Health</p>		