

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  145734	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  12/06/2024
NAME OF PROVIDER OR SUPPLIER  Avantara Evergreen Park		STREET ADDRESS, CITY, STATE, ZIP CODE  10124 South Kedzie Evergreen Park, IL 60805	

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>Develop and implement policies and procedures to prevent abuse, neglect, and theft.</p> <p>34069</p> <p>Based on interview and record review, the facility failed to follow the Abuse and Neglect Policy by not reporting an allegation of rough handling to the Administrator immediately for one of three residents (R1) reviewed for Improper Nursing Care on the total sample list of three.</p> <p>Findings include:</p> <p>On 12-3-24 and 10:00 AM and 11:25 AM, surveyor told V1 (Director of Nursing) and V2 (Assistant Director of Nursing) about allegations of night shift staff rough handling R1. No further follow up was mentioned by V1.</p> <p>On 12-5-24 at 9:57 AM, V17 (Administrator) said if she receives a concern of rough handling, she will send state reportable and begin investigation immediately. V17 said she was not aware of rough handling allegation received on 12-3-24. V17 said she will send state reportable and begin investigation immediately.</p> <p>On 12-5-24 at 9:15 AM, V1 (Director of Nursing) said when there is an allegation of rough handling, V1 said she would immediately report this concern to V17 (Administrator). V1 said she did not report this incident (on 12-3-24) however she will immediately tell Administrator about the allegation of rough handling.</p> <p>On 12-5-24 at 9:34 AM, V10 (Social Service Director) said if an allegation of abuse or rough handling was received, V10 would report to administrator right away.</p> <p>Initial State Reportable dated 12-5-24 was reviewed.</p> <p>Abuse and Neglect Policy (revised 7-12-24) documents: All allegations and/or suspicions of abuse must be reported to the Administrator immediately. If the Administrator is not present, the report must be made to the Administrator's Designee. All allegations of abuse will be reported to IDPH immediately not exceeding 2 hours after the initial allegation is received.</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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