

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  145781	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  11/07/2024
NAME OF PROVIDER OR SUPPLIER  Generations at Applewood		STREET ADDRESS, CITY, STATE, ZIP CODE  21020 Kostner Avenue Matteson, IL 60443	

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 0572</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Give residents a notice of rights, rules, services and charges.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 40718</b></p> <p>Based on interview and record review the facility failed to ensure residents received admissions paperwork including notice of rights, rules, and responsibilities during their stay, prior to, or upon admission. This failure applied to three of four residents (R3, R4, and R5) reviewed for residents rights.</p> <p>Findings include:</p> <p>R3 is a [AGE] year-old male with a diagnoses history of Quadriplegia, Neuromuscular Dysfunction of Bladder, Pseudomonas aeruginosa (Bacterial Infection), Acute Kidney Failure, Candidiasis (Fungal Infection), Urinary Tract Infection, and Sepsis who was admitted to the facility 07/10/2023.</p> <p>R4 is a [AGE] year-old female who was admitted to the facility 09/15/2024 with a diagnoses history of Multiple Sclerosis, Dementia without Behavioral Disturbance, Neurogenic Bowel, Neuromuscular Dysfunction of Bladder, Urinary Incontinence, and Urinary Tract Infections.</p> <p>R5 is a [AGE] year-old male with a diagnoses history of Down syndrome, Epilepsy, Vascular Dementia, Anxiety Disorder, Abnormal Weight Loss, and Encounter for Palliative Care who was admitted to the facility 10/24/2023.</p> <p>On 11/04/2024 at 12:54 PM V10 (Family Member) stated she did not receive any admission paperwork for R3 when he was admitted a year ago from the hospital.</p> <p>R3, R4, and R5's admissions packets reviewed 11/06/2024 are missing signatures and dates verifying when and if they or their designated representative received and agreed to the information contained in the packet.</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 0572</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>On 11/07/2024 at 11:17 AM V5 (Admissions Director) stated she had not documented all of the attempts made to have admissions packets completed and uploaded to the electronic health record. V5 stated R4 wanted to have V11 (Family Member) to complete the admission packet and he handed it off to V12 (Family Member) and it has not been completed and the facility has not received the signed document. V5 stated R5's admission packet had been initiated but it was not given to the family member to actually have her sign it. V5 stated she does have a notation from a previous employee documenting that an admissions packet was provided to V10 (Family Member) and she wasn't comfortable with completing it through a computer so a hard copy was provided and the facility never received it back from her. V5 stated she would have to confirm with the administrator when it is necessary to have admissions packets completed during the admission's process and prior to the resident becoming settled at the facility.</p> <p>The facility's Admission Agreement Policy received 11/06/2024 states:</p> <p>At the time of admission, the resident (or his/her representative) will receive an admission agreement (contract) that outlines the services covered by the basic per diem rate, as well as any additional services requested by the resident that are not covered by the basic per diem rate.</p> <p>The admission agreement (contract) will reflect all changes for covered and non-covered items. As well as identify the parties that are responsible for the payment of such services.</p>		