

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  146007	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  04/17/2024
NAME OF PROVIDER OR SUPPLIER  Moorings of Arlington Heights		STREET ADDRESS, CITY, STATE, ZIP CODE  761 Old Barn Lane Arlington Hts, IL 60005	

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 0600</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Protect each resident from all types of abuse such as physical, mental, sexual abuse, physical punishment, and neglect by anybody.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> 35178</p> <p>Based on observation, interview, and record review the facility failed to protect R7 from being verbally abused by a staff member for 1 of 16 residents (R7) reviewed for abuse in the sample of 16.</p> <p>The findings include:</p> <p>On 04/15/2024 at 10:44AM, R7 was sitting in a wheelchair in her room. V15 CNA-Certified Nursing Assistant was not in the facility.</p> <p>On 04/15/24 at 10:44 AM, R7 said, when the V15 first came into my room, she was fine, then she (V15) got irate about something that was said or done. She (V15) started pacing back and forth saying something. After she (V15) left the room, I turned on the call light so I could get help to use the bathroom. Then she (V15) came back in. She (V15) said, I do not have time to help you; I put adult briefs on you, use it. I told her (V15), that is not how things work here.</p> <p>She (V15) then left the room. Then came back in and said, I like you. Then she (V15) started pacing back and forth. I told her (V15) to go, just go. I will use the adult brief. She (V15) then got irate, put me in the chair, pushed me into the wall in the bathroom, then got me back into bed very roughly. She (V15) was like two different people. My roommate described her (V15) as sometimes a bumble bee other times a hornet's nest. When she pushed me into the bathroom, I was scared, petrified. I was not hurt physically but I was frightened.</p> <p>R7's Abuse Investigation by V1 Administrator dated 03/29/24 at 8:20AM, shows, Verbal Abuse Substantiated-The allegation was verified by evidence collected during the investigation. The evidence does support that V15 CNA was verbally abusive toward R7.</p> <p>R7's Physical Therapy assessment dated [DATE] at 4:38PM, shows, R7 needs substantial/maximal assistance for toilet transfers.</p> <p>R7's Occupational Therapy assessment dated [DATE] at 3:00PM, shows, R7 needs substantial/maximal assistance for toilet transfers.</p> <p>R7's current Care Plan on 04/15/24 shows, Incontinence/Bladder: R7 is at risk for complication associated with incontinence such as skin breakdown, infection, and need for extensive assist with her toileting needs.</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 0600</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>The facility Abuse Policy revised 01/16/24 shows, abuse the willful infliction of injury, unreasonable confinement, intimidation, or punishment with resulting physical harm, pain, or mental anguish. This also includes the deprivation by an individual, including a caretaker, of goods or services that are necessary to attain or maintain physical, mental, and psychosocial wellbeing.</p>		