

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  146107	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  06/13/2024
NAME OF PROVIDER OR SUPPLIER  VI at the Glen		STREET ADDRESS, CITY, STATE, ZIP CODE  2401 Indigo Lane Glenview, IL 60026	

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 0585</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 voice grievances without discrimination or reprisal and the facility must establish a grievance policy and make prompt efforts to resolve grievances.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 44570</b></p> <p>Based on observation, interview and record review, the facility failed to implement their grievance policy by not documenting a complaint and applicable resolution as made by a resident. This failure affected 1 (R24) of 27 residents reviewed for grievances.</p> <p>Findings include:</p> <p>R24 is [AGE] years old and admitted to the facility 4/18/23. R24 has diagnoses that include anxiety disorder, weakness, history of falling and difficulty walking.</p> <p>On 6/10/24 at 12:20PM, R24 was observed sitting in an armchair in their bedroom and expressed a complaint that they and their family member made regarding the carpet in R24's room. R24 pointed to a particular area of the carpet in the immediate walkway into the room that was stained. R24 said that they had asked about a month ago to have the carpet replaced, and the administrator and building engineer had informed R24 and the family member that the carpet would only be replaced at their personal expense. R24 insisted that the carpet was not only stained but was torn and said that they almost tripped and was afraid of falling should they trip over the carpet while walking to the bathroom. R24 said that nothing had been completed in writing, but the staff notified R24 by phone. Upon observation by surveyor, the carpet did not appear to be torn, however, some fibers where the carpet was cut were not homogenous which took on a white boarder with a darkened stain in the middle.</p> <p>On 6/11/24 at 3:54PM V1 Administrator said, the carpet in R24's room was replaced about a year ago when R24 first moved in. I, the housekeeping director, and the director of engineering went to evaluate the carpet and could not find any reason to replace it. I informed R24 and their family that we would be happy to replace the carpet if they would like to pay for it.</p> <p>The grievances and concern binder were reviewed from August 2023 to current, however it did not include a grievance for R24's concern.</p> <p>On 6/12/24 at 1:28PM V1 said, R24 made the complaint a few weeks ago and there was no grievance created for the concern because V1 didn't think it was considered a grievance.</p> <p>On 6/13/24, V1 Administrator presented grievance dated 6/13/24 with additional correspondence from R24's family member regarding the issue. Follow up will include deep cleaning which R24 and the family member are amenable.</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 0585</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Policy Protocol titled Grievance Resolution Process revised 10/23 states in part; 2. Grievances include written and verbal complaints submitted to the Care Center Administrator, Director of Nursing or designee, as the Grievance Official or any other employee. 2.1 If a resident and/or their responsible agent is unable to complete a written complain, assistance may be provided by the Grievance Official or any other employee. 2.2 Grievances may be filed anonymously. 2.3 Grievance may be submitted using the Grievance Report Form. If a grievance is received verbally, the staff member should complete the Grievance Report Form. 3.5 The resident has a right to obtain a written decision regarding his or her grievance. All written grievance decisions include: (1) The date the grievance was received; (2) A summary statement of the resident's grievance; (3) The steps taken to investigate the grievance; (4) A summary of the pertinent findings or conclusions regarding the resident's concern(s); (6) Any corrective action taken or to be taken by the facility because of the grievance; and (7) The date the written decision was issued. 3.6 All steps of the grievance resolution process are documented on designated forms. 3.8 The facility maintains evidence demonstrating the results of all grievances for a period of no less than 3 years from the issuance of the grievance decision.</p>		

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<p>F 0607</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>Develop and implement policies and procedures to prevent abuse, neglect, and theft.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 34071</b></p> <p>Based on interview and record review, the facility failed to follow its policy in conducting background checks for 10 (R8, R17, R27, R28, R33, R39, R40, R44, R93 and R94) of 10 residents reviewed for admission screening. This deficiency also has the potential to affect the 42 residents currently residing in the facility.</p> <p>Findings include:</p> <p>Per census report, there are 42 residents currently residing in the facility.</p> <p>On 06/11/24 at 2:45 PM during review of documentation pertaining to background checks, the following were presented by facility:</p> <p>R8 is a [AGE] year-old, female admitted in the facility on 03/26/24 with diagnosis of Urinary Tract Infection, Site not Specified and Type 1 Diabetes Mellitus with Hyperglycemia. There were no records on file that her Criminal History Information Response Process (CHIRP) was checked upon admission and department of corrections. Her name was checked in the state sex offender registry on 06/11/24.</p> <p>R17 is a [AGE] year-old, female, admitted in the facility on 05/10/24 with diagnosis of Infection and Inflammatory Reaction due to Internal Left Knee Prosthesis, Subsequent Encounter. Her name was checked under state sex offender website on 06/11/24, which was 32 days after admission. There were no records on file that R17's name was checked in the department of corrections website.</p> <p>R27 is an [AGE] year-old, female, admitted in the facility on 05/02/24 with diagnosis of Unspecified Dementia, Mild, with other Behavioral Disturbance. Her CHIRP was conducted on 05/10/24, which was eight days after admission. Her name was checked under state sex offender registry on 06/11/24. There were no records that her name was checked under department of corrections.</p> <p>R28 is a [AGE] year-old, male, admitted in the facility on 05/10/24 with diagnosis of Essential Hypertension and Liver Cell Carcinoma. His name was checked in the state sex offender registries on 06/11/24, which was 32 days after admission. There was no record showing his name was checked from the department of corrections.</p> <p>R33 is an [AGE] year-old male, admitted in the facility on 04/04/24 with diagnosis of Neurocognitive Disorder with Lewy Bodies. There were no records showing that his name was checked under department of corrections. There was also no CHIRP done on R33. His name was checked in the state sex offender registry on 06/11/24, which was almost two months after admission.</p> <p>R39 is a [AGE] year-old, female, admitted in the facility on 05/09/24 with diagnosis of Metabolic Encephalopathy and Type 2 Diabetes Mellitus without Complications. Her name was checked in the state sex offender registry websites on 06/11/24, which was 33 days after admission. There were no records showing her name was checked from the department of corrections.</p> <p>(continued on next page)</p>		

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<p>F 0607</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>R40 is an [AGE] year-old, male admitted in the facility on 05/03/24 with diagnosis of Atherosclerotic Heart Disease of Native Coronary Artery Without Angina Pectoris. He has no records on file that his name was run for CHIRP or department of corrections. His name was checked in the state sex offender website on 06/11/24, which was 39 days after admission.</p> <p>R44 is a [AGE] year-old, female, admitted in the facility on 05/21/24 with diagnosis of Laceration without Foreign Body of Scalp, Subsequent Encounter. There were no records that her name was ran from the department of corrections. Her name was checked in the state sex offender database on 06/11/24, which was 21 days post admission and her CHIRP on 06/12/24.</p> <p>R93 is an [AGE] year-old, female, admitted in the facility on 06/08/24 with diagnosis of Paroxysmal Atrial Fibrillation. There was no documentation on file in her medical records related to CHIRP or department of corrections. Her name was checked in the state sex offender registry on 06/11/24.</p> <p>R94 is an [AGE] year-old, female, admitted in the facility on 05/29/24 with diagnoses of Dysarthria following Cerebral Infarction and Cerebral Infarction due to Embolism of Left Middle Cerebral Artery. There was no CHIRP done on R94. No document related to department of corrections presented during review of her records. Her name was checked in the state sex offender registry on 06/11/24.</p> <p>On 06/11/24 at 2:48 PM, V3 (Social Worker) was asked regarding background checks on new admissions. V3 replied, I am responsible for the background checks of new admission. Background checks should be done within the 24 hours of admission. I don't have an answer as to why the background checks were done a month after admission. I did not check the department of corrections for these new admitted residents.</p> <p>On 06/11/24 at 2:57 PM, V1 (Interim Administrator) was interviewed regarding new admissions. V1 verbalized, For residents who will admitted in the care center, V3 run the background checks prior or within the 72 hours of admission. She needs to run the CHIRP, state and sex offender registries and Department of Corrections. If there is a hit, we follow our policy.</p> <p>On 06/12/24 at 12:55 PM, V1 stated that they just ran all residents' background checks in the state and sex offender registry websites. Facility presented the following documentation:</p> <p>R27 - checked state sex offender registry on 06/12/24</p> <p>R93 - checked state sex offender websites on 06/12/24</p> <p>On 06/13/24 at 10:31AM, V11 (Medical Director) was interviewed regarding background checks on residents. V11 stated, If background checks on residents is a state mandate and if its in their policy, facility has to follow the regulations and their policy.</p> <p>Facility's policy titled Resident Screening dated October 2023 documented in part but not limited to the following:</p> <p>Purpose: This policy outlines the process for screening Skilled Nursing (SN) residents prior to admission.</p> <p>(continued on next page)</p>		

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<p>F 0607</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>Process: At the community, the Admissions Coordinator or designee will screen all persons seeking admission to SN against the Sex Offender Registry database for the State in which the Community is located and against the National Registry and, as applicable, perform criminal background checks of the person seeking admission in accordance with state law.</p> <p>1. Sex Offender Registry Screening: Prior to or within 72 hours of admission, unless a shorter timeframe is required by state law, the applicable Community must perform a screening against national and state sex offender registries of the resident, based on the resident's first and last name verified by a government-issued identification.</p> <p>2. Criminal Background Check. The applicable Community must request a criminal background check when required by law. Communities must request criminal background checks of potential residents 18 or older through the state-specific processes listed below, prior to or within 72 hours of admission, unless a shorter time frame is required by state law, based on the resident's name, date of birth, and other identifiers as required by the specific State Police. While the sex offender screening and background checks (if applicable) are pending, Community will take steps to ensure the safety of residents.</p> <p>Facility's policy titled Abuse/Neglect Prevention, dated May 2007 stated in part but not limited to the following:</p> <p>Process:</p> <p>The Community seeks to protect its residents from abuse by anyone including, but not limited to staff, other residents, consultants, volunteers, and staff from other agencies providing services to the individual, family members or legal guardians, friends, or any other individuals.</p>		