

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 146198	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 10/11/2024
NAME OF PROVIDER OR SUPPLIER All American Vlge Nrsg & Rhb		STREET ADDRESS, CITY, STATE, ZIP CODE 5448 North Broadway Street Chicago, IL 60640	
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 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>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 49666</p> <p>Based on interview and record review, the facility failed to report and investigate an allegation of misappropriation of property for one (R1) of three residents reviewed for misappropriation of resident property in a total sample of three residents.</p> <p>Findings include:</p> <p>R1 ' s Minimum Data Set (MDS), dated [DATE], documents R1 has a Brief Interview for Mental Status (BIMS) of 13 out of 15, indicating R1 is cognitively intact.</p> <p>R1's social service assessment, dated 9/11/2024, documents R1 has corrective lenses for vision.</p> <p>R1's progress note, dated 09/26/2024 at 1:49 PM, documents, (R1) continues to insist the glasses was stolen from her room. Writer (V4) mentioned maybe she just misplaced the glasses. (R1) became very upset stating to writer (V4) 'I know what I'm talking about, someone took my glasses because they were from a designer. I purchased them at a glasses store'.</p> <p>On 10/08/2024 at 11:42 AM, R1 stated it has been over three weeks, and the facility has not done anything about her stolen eyeglasses. R1 stated she remembers that she placed her glasses on the bedside table the night before they were gone. R1 stated she thinks another resident from this floor took them, but she does not have any names she can think of. R1 stated the staff didn't call it stealing, and she doesn't know why not. R1 stated the glasses are designer frames and the eyeglasses frame color is blue with black stripes. R1 stated she thinks her glasses were stolen so whoever stole them can sell them and get money. R1 stated she looked everywhere in her closet and R1 stated her roommate also looked in her belongings and no glasses were found. R1 stated she informed everyone about her glasses being gone. R1 showed surveyor the eyeglasses' case which observed to be a designer brand case.</p> <p>On 10/08/2024 at 11:50 AM, V4 (Licensed Practical Nurse/LPN) stated R1 was claiming someone took her eyeglasses. V4 stated she did search R1's room, but the glasses weren't found. V4 stated R1 told her R1's glasses were blue and designer brand. V4 stated R1 did not mention any resident or staff names to her. V4 stated she notified V2 (Director of Nursing) so it could be investigated.</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 0609</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>On 10/08/2024 at 1:03 PM, V2 (Director of Nursing) stated when V1 (Administrator) was on vacation, V2 is responsible for covering his duties. V2 stated she did not complete a report to the State Agency because she was not aware R1 had reported the glasses stolen. V2 stated she denies any resident wandering in R1's floor, and she does not have any concerns any stealing is going on.</p> <p>On 10/08/2024 at 1:38 PM, V6 (Certified Nursing Assistant) stated he has seen R1 with glasses, but he cannot remember which color or brand they are. V6 stated this is the first time he is hearing about R1 missing her eyeglasses. V6 stated if there are any allegations from a resident that they have had something stolen, he would search for it and take the allegation to his supervisor, the Director of Nursing. V6 stated there needs to be an investigation whether he thought it was true or not. V6 stated R1 is not one to complain very much, and he stated R1 is not really a troublemaker. V6 stated any type of abuse or misappropriation of property he would report it to V1, because V1 is the Abuse Coordinator.</p> <p>On 10/08/2024 at 2:11 PM, V1 (Administrator) stated R1's allegation that someone stole her eyeglasses should have been reported as a misappropriation of property. V1 stated, If it was me, I would have done a thorough investigation. An investigation is done, whether it was founded or not, to determine the outcome. V1 stated the difference between a facility incident report form and a grievance form, is that a grievance form is a superficial approach addressing the concern.</p> <p>Facility reported incidents dated June 2024 through September 2024 were reviewed, and do not document a report was submitted to the State Agency for an allegation related to misappropriation of property for R1.</p> <p>On 10/09/2024, via email, V1 notified surveyor he has made an initial facility incident report on 10/08/2024, for R1's allegation of stolen eyeglasses.</p> <p>Facility document not dated, titled Abuse Prevention Policy documents, Initial Reporting of Allegations. When an allegation of abuse, exploitation, neglect, mistreatment or misappropriation of resident property has been made, the administrator, or designee, shall notify Department of Public Health's regional office immediately by telephone or fax. Public Health shall be informed that an occurrence of potential abuse, neglect, exploitation, mistreatment or misappropriation of resident property has been reported to the administrator and is being investigated.</p>		