

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 08/05/2015
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 145740	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 07/22/2015
--	---	--	---

NAME OF PROVIDER OR SUPPLIER ARBA CARE CENTER OF ELGIN	STREET ADDRESS, CITY, STATE, ZIP CODE 134 NORTH MCLEAN BOULEVARD ELGIN, IL 60121
--	--

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
--------------------	--	---------------	---	----------------------

F 000 F 323 SS=D	<p>INITIAL COMMENTS</p> <p>Complaint Investigations: 1573661/ IL78503, & 1573893/IL 78757- F323</p> <p>483.25(h) FREE OF ACCIDENT HAZARDS/SUPERVISION/DEVICES</p> <p>The facility must ensure that the resident environment remains as free of accident hazards as is possible; and each resident receives adequate supervision and assistance devices to prevent accidents.</p> <p>This REQUIREMENT is not met as evidenced by: Based on observation, interview and record review the facility failed to supervise a resident with dementia to prevent the resident from leaving the facility grounds. This applies to 1 of 7 residents (R6) reviewed for safety and supervision in a sample of 7. The findings include: The Minimum Data Set (MDS) of June 12, 2015 shows that R6 has diagnoses including Non-Alzheimer's dementia, arthritis and psychiatric disorder (bi-polar). This same document shows that R6's Brief interview for mental status score is an 8 (moderate cognitive impairment) and that R6 has a behavior of wandering. R6's undated Wandering Risk Scale shows that R6 scored an 11. (11-above=high risk to wander) The Incident/Accident Report dated July 18, 2015 (no time) states, "Entered resident room to administer her medication and discovered resident was not in her room. Bathroom, smoking area and unit were searched. Director of</p>	F 000 F 323		
----------------------------	--	--------------------	--	--

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE _____ TITLE _____ (X6) DATE _____

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.

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 08/05/2015
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 145740	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 07/22/2015
NAME OF PROVIDER OR SUPPLIER ARBA CARE CENTER OF ELGIN			STREET ADDRESS, CITY, STATE, ZIP CODE 134 NORTH MCLEAN BOULEVARD ELGIN, IL 60121		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE	
F 323	Continued From page 1 Nursing notified, power of attorney notified, family called that resident was missing. Primary {physician} notified. {Local} police department notified." The Nurse's Notes dated July 18, 2015 at 6:25PM states, "Entered resident room to administer her medication and discovered resident wasn't in her room..." On July 21, 2015, E2 (Director of Nursing) stated during interview, "I was told by staff that R6 was missing. The smoking area has a gate that is not locked. We can't lock it. {R6} is very confused. Sometimes she is very lucid but that only lasts for one or two statements. She went to her old house. The police went there early (during the investigation) and the people that live there now said that she wasn't there. The cops came to me at 11:00PM and told me that they found her in her house. {R6} is in the wheelchair most of the time but she was walking when she left. She walks very slowly, very carefully, not a normal gait." E2 then stated that the nurse that was on duty the day that R6 left was fired on July 20, 2015 for unrelated reasons. E2 said she did not get a statement from the nurse prior to her termination. E2 stated, "The PM shift CNAs (certified nursing assistants) said they did not see her and they come in at 2:00PM. They went to give her medications at 6:30PM and she wasn't there. They notified me two hours later. {R6} should not have been outside by herself. The staff check on them. She should be checked on at least every 15-30 minutes. She might fall and break a knee. {R6} was in a wheelchair and never attempted to get out before. When the police called me and told me that they found her I told them to take her to the hospital to be checked out. She was admitted to the hospital." On July 21, 2015 at 1:00 PM, E11 (CNA) stated,	F 323			

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 08/05/2015
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 145740	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 07/22/2015
NAME OF PROVIDER OR SUPPLIER ARBA CARE CENTER OF ELGIN			STREET ADDRESS, CITY, STATE, ZIP CODE 134 NORTH MCLEAN BOULEVARD ELGIN, IL 60121		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE	
F 323	<p>Continued From page 2</p> <p>"{R6} is everywhere, she goes all over. Normally I make my rounds. I got report and there was nothing significant about her that day. I came in at 2:00PM. {R6} was scheduled for a shower so I asked the nurse about 3:00PM or 3:30PM and she said, "she is somewhere". I looked in the common areas but then I went back to work. I have never seen her try to leave out the back gate that I am aware of. She is exit seeking out the front door and will ask to go outside but can't get out the front door due to the code. We started searching for her around 6:30PM. I was coming back from break and I saw her wheelchair in the parking lot. I put two and two together and we started looking for her. The police arrived between 7:30PM and 8:00PM. She is not steady when walking. She doesn't walk that often and uses a walker when she does. She is usually alert but confused. She knows where she is but still very confused. She often talks about wanting to go home."</p> <p>On July 22, 2015 at 8:20AM, E14(CNA) stated, "I saw her about 1:45PM, she was asking for a shower. She was leaving the lunch room. She goes all over the place. She is a smoker. When she came in, the nurse's said to keep an eye on her. We are more lax about it now. She was in the habit of smoking half a cigarette and putting it in her purse."</p> <p>On July 22, 2015 at 8:30AM, R6 was sitting in her wheelchair in her room. R6 was clean and well groomed. R6 asked if surveyor could interview her on the patio but no staff was available to monitor her at the time so R6 agreed to stay in her room. R6 stated, "I escaped". R6 stated that she wanted to go home and was able to recite her street address. R6 continued by saying, "I was picked up at the {drug store} on McLean Blvd. I was picked up by an Anglo-Saxon and an</p>	F 323			

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 08/05/2015
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 145740	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 07/22/2015
NAME OF PROVIDER OR SUPPLIER ARBA CARE CENTER OF ELGIN			STREET ADDRESS, CITY, STATE, ZIP CODE 134 NORTH MCLEAN BOULEVARD ELGIN, IL 60121		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE	
F 323	<p>Continued From page 3</p> <p>African American man and we went and got a few drinks on Chicago Street and I got a little intoxicated. I think I knew them. I was acting strange that day and maybe for a few days before. I went out the back fence. I unlatched the gate and said goodbye to my lover, he helped me. I went to the front door {of my house} but it was locked so I went to the east side of the house, the gate was open so I went in the through the basement window. I missed my step and fell down. I went home and the police came so I hid under the bed. I got undressed and got under the bed. I needed the extra space to hide from the police because I escaped from {facility}."</p> <p>On July 21, 2015 at 12:55PM E10(CNA) stated, "{R6} goes outside. We have to keep an eye on her. She has dementia. She could go outside-moved around in wheelchair. She was unsteady on her feet. She didn't need staff to be with her outside. We would just look/watch from inside, passing by the windows."</p> <p>On July 21, 2015 at 1:40PM, E5(CNA) stated, "They can go out on the patio without a staff member, {R6} too. We have been watching her, I don't know if she was officially a wanderer. She can push the door open or ask a resident to help her. She is a smoker so she may be out smoking."</p> <p>On July 22, 2015 at 8:45AM, E13(CNA) stated, "Some residents have to have staff with them to go outside, usually the wanderers. There is no list of residents that wander."</p> <p>On July 21, 2015 at 12:50PM, E7(Registered Nurse) and E8 (Licensed Practical Nurse) stated, "Wanderers can't go out to patio unattended. Wanderers will have a CNA with them if they go out to smoke. She is not supposed to go out alone. Sometimes resident will open the door on her own. Most of the time she is in a wheelchair</p>	F 323			

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 08/05/2015
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 145740	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 07/22/2015
NAME OF PROVIDER OR SUPPLIER ARBA CARE CENTER OF ELGIN			STREET ADDRESS, CITY, STATE, ZIP CODE 134 NORTH MCLEAN BOULEVARD ELGIN, IL 60121		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE	
F 323	Continued From page 4 because of knee pain. How she was able to go three miles, we do not know." On July 21, 2015 at 1:50PM, Z1(Psychiatric Nurse Practitioner) stated, "{R6} is a very brittle bipolar. She has been in and out of the psychiatric hospital twice. She has been exit seeking recently that is a new behavior for her." On July 20, 2015 at 11:35AM R74 stated, "Someone got out of here. {R6}, she tries to get out all the time. She is in a wheelchair. Staff asked me yesterday if I had seen her because she is missing. In the back patio, it is fenced but there is a gate you can open to get out." The Emergency Department Admission Summary dated July 19, 2015 states, "Admitting Diagnoses: Bilateral knee pain and Bipolar disorder. The patient is a 55 year old female who is a nursing home patient. She left the facility at 2:00PM and was not reported missing until 8:00PM, Police were able to find the patient in her former residence. The patient has no complaints other than bilateral knee pain. She normally is wheelchair bound with some ability to ambulate. She did, however leave her wheelchair in the nursing home parking lot and walked home." The hospital Behavioral Health Evaluation dated July 19, 2015 at 7:26AM states, "Found by police department, naked underneath her ex-husband's bed. As per patient: A friend let her out of {facility}, This is the time to go ...so go ... She went to {local grocery store}, tried to call her daughter. Then she took a cab. She paid the cab \$5.00 to bring her to her house. The cab driver {said} she will come back for the \$5.00 more. She sneaked into her basement window to get in her house, then she saw a man in her house. He said he rents the house so she went up to her room and all of a sudden heard the commotion and she was brought in here ..."	F 323			

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 08/05/2015
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 145740	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 07/22/2015
NAME OF PROVIDER OR SUPPLIER ARBA CARE CENTER OF ELGIN			STREET ADDRESS, CITY, STATE, ZIP CODE 134 NORTH MCLEAN BOULEVARD ELGIN, IL 60121		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE	
F 323	Continued From page 5 The hospital History and Physical dated July 19, 2015 states, " The patient is a 55 year old female with a history of bipolar disorder with chronic depression, a history of alcohol abuse, who is a resident at {facility}, who was brought here to Emergency Room after she escaped from {facility} and was found at her private residence. At this time, the patient appears very confused and is very tangential in giving history. At times, she understands that she normally lives at {facility} but at times states that she lives at home. She was able to give me her home address. She, however, is extremely confused while giving a history. At times, she wonders if she is at {facility} at this time. She has letters written on both arms and legs with a marker, but she is unable to recollect who wrote it ..." R6's Toxicology Report dated July 19, 2015 shows R6 as positive for Ethyl Alcohol. According to Wunderground.com accessed on July 21, 2015, the average temperature outside on July 18, 2015 was 82 degrees Fahrenheit with the average humidity level of 78%. According to Google Maps accessed on July 21, 2015 the distance from the facility to R6 ' s home address is 2.9 miles. On July 23, 2015 at 9:30 AM Z2 (Police Officer) stated, "A family member of {R6}owns the house. The person at the home knew her and let her in. {R6} told the person at the house that she had been released from the facility." R6's care plan dated July 9, 2015 states, "The resident is at high risk for falls related to psychoactive drug use, gait/balance problems and overestimates limits, {R6} has cognitive impairment and increased confusion related to dementia , {R6} is a smoker, she requires staff to sit with her when smoking outside due to safety awareness as evidenced by falls while out in the	F 323			

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 08/05/2015
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 145740	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 07/22/2015
NAME OF PROVIDER OR SUPPLIER ARBA CARE CENTER OF ELGIN		STREET ADDRESS, CITY, STATE, ZIP CODE 134 NORTH MCLEAN BOULEVARD ELGIN, IL 60121		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
F 323	Continued From page 6 patio and attempting to pick up and hoard cigarette butts, and the resident has limited physical mobility related to weakness ...she overestimates her limits as evidenced by walking long distances, walking/leaving facility without walker or wheelchair, transferring to bathroom at night when dizzy or bilateral lower extremities weak. " The facility policy entitled Elopement dated November 1, 2014 states, "Residents who wander are considered an elopement risk and the facility will ensure that the safety of residents who wander is maintained and the elopement is prevented."	F 323		