STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	SHF510537	A. BUILDING: _____ B. WING _____	10/01/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ASPEN CREEK OF TROY II	1926 SRA BRADLEY SMITH DRIVE TROY, IL 62294

(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) COMPLETE DATE
A 000	Initial Comment ANNUAL LICENSURE SURVEY Violations Cited: 295.6000 Verbal Abuse 295.8000 Food Services 295.9040 Elopement FRI IL178293 Violations Cited: 295.6000 Verbal Abuse 295.9040 Elopement	A 000		
A6000	Section 295.6000 Resident Rights This Regulation is not met as evidenced by: TYPE 2 VIOLATION Section 295.6000 Resident Rights a) No resident shall be deprived of any rights, benefits, or privileges guaranteed by law, the Constitution of the State of Illinois, or the Constitution of the United States solely on account of his or her status as a resident of an establishment, nor shall a resident forfeit any of the following rights: 1) The right to live in an environment that promotes and supports each resident's dignity, individuality, independence, self-determination, privacy, and choice and to be treated with consideration and respect;	A6000		

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A6000	Continued From page 1 13) The right to be free of abuse or neglect or financial exploitation or to refuse to perform labor; Based on interview and record review, the facility failed to ensure residents live in a community that is free of abuse, including verbal abuse by any person in the facility. This failure creates a substantial probability of harm to residents in the facility. Findings include: The Facility Policy on Abuse Prohibition, undated, documents, "What we want to happen: We will not tolerate any form of abuse, neglect, or exploitation to happen. How to make it happen: 1. Maintain a zero tolerance for any form of abuse, neglect, or exploitation. 2. Maintain a work and living environment that is professional and free from threat of and/or occurrence of harassment, abuse (verbal, physical, mental, psychological or sexual), neglect, corporal punishment, involuntary seclusion, or misappropriation of property. 3. Protect residents from abuse, neglect or exploitation by anyone, including but not limited to staff, other residents, consultants, volunteers, staff of other agencies serving the resident, family members or legal guardians, friends or other individuals. 4. Provide a safe, comfortable, and homelike environment." R1's Incident Report Investigation dated 9/18/24 documents,"On 9/18/24 at 11:42 AM, a resident informed E5 (Cook) that another resident had climbed out the breezeway window (not an egress window). The cook immediately went outside while the caregiver notified E1 (Director of	A6000		

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A6000	Continued From page 2	A6000		

Wellness/DOW).Staff observed resident on adjacent property accompanied by two workers. E5 ushered the resident inside. E1 was walking on sidewalk and heard E5 screaming at R1 but was unable to make out words.. Upon entering the building E1 witnessed E5 lunged forward at R1 with arms outstretched yelling at R1, "Go ahead, hit me again." E1 got between R1 and E5 and told E5 to exit the building. R1 continued on 15 minute checks which was ongoing prior to incident. "

R1's records document move in date of 8/31/24 with multiple diagnoses to include Lewy Body Dementia,

R1's Elopement Risk Assessment dated 8/31/24 documents, "Resident is at risk for elopement/wandering as evidenced by: impaired cognition, diagnosis of Lewy Body dementia, independent ambulation, communication impairment, history of elopement, desire to go home, wandering, recent admission, delusions that bad things are happening to people he needs to help, family concern of elopement. "

R1's Service Plan dated 9/6/24 documents, "R1 has poor memory, has cognitive and decision making impairments, hearing and communication, is independent with transfers and ambulation without assistive device but requires verbal cues and supervision for dressing, toileting, shower and personal hygiene. Staff to assist resident to be involved in preferred activities which included watching baseball games on tv, music,, walking, reminiscing and reading newspaper. Global Deterioration Scale (GDS) score of 6 indicating severe dementia."

On 9/26/24 at 10:10 AM, E1 stated R1 exited the

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A6000	Continued From page 3 window because he believed that his wife was out in a truck in the parking lot and was in danger due to the heat and he needed to save her. E1 stated E5 (Cook) went outside to fetch R1. R1 was noted on adjacent property with 2 workers. E1 stated as she was walking on the sidewalk to get to R1, she heard E5 screaming at R1 but could not make out the words and as they were entering the building E1 observed E5 lunge forward at R1 with outstreched arms and yelling, "Go ahead hit me again". E1 stated she got between R1 and E5 and told E5 to exit the building. E1 stated she assessed R1 with no injuries and ensured R1's safety and the 15 minute checks on R1 resumed. On 9/26/24 at 10:45 AM, E2 (Caregiver) stated that on 9/18/24 she just checked R1 during her visual rounds at 11:30 AM and R1 was pacing around the dining room area, nowhere near the window he exited. E2 stated she immediately notified E1 about R1 exiting through the window. E2 stated she did not hear what words were exhanged between R1 and E5 outside the facility. E2 stated she had abuse in-service during orientation and review of the abuse and elopement policies was provided after the incident.	A6000		
A8000	Section 295.8000 Food Service This Regulation is not met as evidenced by: TYPE 3 VIOLATION Section 295.8000 Food Service	A8000		

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A8000	Continued From page 4 a) If food service is provided by the establishment or by contract with a food service provider, the following requirements shall be met: 1) Food services shall meet the Food Service Sanitation Code (77 Ill. Adm. Code 750) and any applicable local requirements. Based on interview and record review, the facility failed to ensure all staff that are food handlers have reproducible evidence of valid food handlers training. Findings include: E4's, E6's, E7's and E8's Food Handler Training and/or Certification were requested and the facility was unable to provide documentation. On 9/26/24 at 2:35 PM, E1 (Director of Wellness) stated the cook prepares, plates and serves meals for breakfast, lunch and dinner but when there is no cook on duty outside of mealtimes, the staff on night shift will be the ones to prepare and serve a snack or a sandwich if a resident request for it. E1 confirmed that none of the night shift staff had food handlers training which would include E4, E6, E7 and E8, all caregivers. Frequently Asked Questions on Food Handler Training in Illinois at idph.illinois.gov documents, "The following answers are based on Public Act 098-0566, Food Handling Regulation Enforcement Act , signed into law August 27, 2013. A full text version of the Act can be found here:	A8000		

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A8000	Continued From page 5 http://www.ilga.gov/legislation/ilcs/ilcs3.asp?ActID=1578 Who is considered a food handler? "Food employee" or "food handler" means an individual working with unpackaged food, food equipment or utensils, or food-contact surfaces. "Food employee" or "food handler" does not include unpaid volunteers or temporary events. Who is required to have food handler training? Any food handler working in Illinois, unless that person has a valid Illinois Food Service Sanitation Manager Certification (FSSMC) or unpaid volunteer. If someone in the facility is not a food handler on a regular basis but fills in as a food handler when needed, they must have a food handler training."	A8000		
A9040	Section 295.9040 Environmental Requirements This Regulation is not met as evidenced by: TYPE 2 VIOLATION Section 295.9040 Environmental Requirements a) The establishment shall be kept in a clean, safe and orderly condition and in good repair. Based on interview and record review the facility failed to ensure residents with dementia are provided a safe and secure environment to prevent unsupervised exit from a secured dementia facility. This failure creates a substantial probability of harm to residents, placing residents at risk for	A9040		

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A9040	Continued From page 6 accidents, assault, heat or cold exposures, dehydration or being struck by a motor vehicle. Findings include: R1's Incident Report Investigation dated 9/18/24 documents,"On 9/18/24 at 11:42 AM, a resident informed E5 (Cook) that another resident had climbed out the breezeway window (not an egress window). The cook immediately went outside while the caregiver notified E1 (Director of Wellness/DOW).Staff observed resident on adjacent property accompanied by two workers. E5 ushered the resident inside. E1 was walking on sidewalk and heard E5 screaming at R1 but was unable to make out words. Upon entering the building E1 witnessed E5 lunged forward at R1 with arms outstretched yelling at R1, "Go ahead, hit me again." E1 got between R1 and E5 and told E5 to exit the building. R1 continued on 15 minute checks which was ongoing prior to incident. " R1's records document move in date of 8/31/24 with multiple diagnoses to include Lewy Body Dementia, R1's Elopement Risk Assessment dated 8/31/24 documents, "Resident is at risk for elopement/wandering as evidenced by: impaired cognition, diagnosis of Lewy Body dementia, independent ambulation, communication impairment, history of elopement, desire to go home, wandering, recent admission, delusions that bad things are happening to people he needs to help, family concern of elopement." R1's Service Plan dated 9/6/24 documents, "R1	A9040		

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A9040	Continued From page 7	A9040		

has poor memory, has cognitive and decision making impairments, hearing and communication, is independent with transfers and ambulation without assistive device but requires verbal cues and supervision for dressing, toileting, shower and personal hygiene. Staff to assist resident to be involved in preferred activities which included watching baseball games on tv, music,, walking, reminiscing and reading newspaper. Global Deterioration Scale (GDS) score of 6 indicating severe dementia."

On 9/26/24 at 10:10 AM, E1 stated R1 exited the window because he believed that his wife was out in a truck in the parking lot and was in danger due to the heat and he needed to save her. E1 stated family and physician were notified as well as neurology to request for medication review. E1 stated R1 was assessed as elopement risk upon move in and approaches were in place and post incident staff has to reassure resident at each interaction that he and his family are safe and everything is at it is supposed to be. E1 stated the window that R1 was used to exit had a view of the parking lot and was locked with a nail but R1 was able to pry it open and that window and the rest of the common windows have been altered to prevent opening and resident room windows which are alarmed were ensured to be in proper working order.

On 9/26/24 at 10:45 AM, E2 (Caregiver) stated all staff were aware that R1 was an elopement risk and was on 15 minute checks even before the elopement. E2 stated that on 9/18/24 she just checked R1 during her visual check at 11:30 AM and R1 was pacing around the dining room area, nowhere near the window he later exited. E2 stated she immediately notified E1. E2 stated she had elopement training in service during

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A9040	Continued From page 8 orientation and review of the abuse and elopement policies was provided after the incident. The Facility Missing Person/Elopement Policy dated 1/0/23, documents, "Purpose and Context. When a resident who is incapable of taking appropriate action for self-preservation under emergency conditions, or identified as at risk for wandering or elopement according to the resident's most recent assessment or review, cannot be located and is not where they can reasonably be expected to be, staff promptly implements the missing resident policy. Definition: "Elopement" means when a secured dementia unit resident leaves the secured dementia unit, including any attached outdoor space, without the level of staff supervision required by the resident's most recent nursing assessment. Procedure 1. Shift head counts will be performed on an on-going basis to ensure the safety of each and every resident. Head count is at start of every shift, at the 4-hour mark of each shift, and during an emergency situation.	A9040		