

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: ASL510040	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 12/24/2024
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NAME OF PROVIDER OR SUPPLIER AUTUMN LEAVES OF ORLAND PARK	STREET ADDRESS, CITY, STATE, ZIP CODE 8021 151ST STREET ORLAND PARK, IL 60462
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(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 Complaint Investigations: # IL179646-unsubstantiated #IL181928-substantiated	A 000		
A6000	Section 295.6000 Resident Rights This Regulation is not met as evidenced by: Level 3 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: 13) The right to be free of abuse or neglect or financial exploitation or to refuse to perform labor. This requirement is not met as evidenced by: Based on staff interviews and review of E2's employee file the facility failed to ensure all residents remain free of physical abuse. this failure affected one of three residents sampled residents (R1) reviewed for abuse. Findings include: E1 (Executive Director) stated she had gotten a complaint from R1's family saying R1 had been physically abused by E2 (Caregiver). E2 was	A6000		

Illinois Department of Public Health LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
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A6000	Continued From page 1 suspended pending the outcome of the investigation of the allegation. Staff interviewed during the investigation of this allegation stated E2 had been observed by staff to handle R1 in a rough manner. After investigating the allegation about E2 abusing R1 it was learned that E2 had been observed to handle the resident in a rough manner. Review of E2's employee file shows the employee was terminated by phone after determining the allegation was substantiated.	A6000		
A6010	Section 295.6010 Abuse, Neglect, and Financial Exploitation Pr This Regulation is not met as evidenced by: Level 2 Section 295.6010 Abuse, Neglect, and Financial Exploitation Prevention and Reporting a) When the establishment has a reasonable belief that a resident has been the victim of abuse, neglect, or financial exploitation, the establishment shall: c) Establishment employees and volunteers are obligated to report abuse, neglect, or financial exploitation of a resident to the establishment management and to the Department. This requirement is not met as evidenced by: Based on interview and review of employee record the facility staff failed to report	A6010		

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A6010	<p>Continued From page 2</p> <p>observations of R1 being handled roughly by E2 (Care Partner). This failure affected one of three residents (R1) in the sample reviewed for abuse. This failure also created a substantial probability of harm to residents of this facility.</p> <p>Findings include:</p> <p>E1 (Executive Director) stated she'd been informed of the allegation of abuse by R1's family. During the course of the investigation staff interviewed stated they'd observed E2 handling R1 roughly but hadn't reported it to Administration.</p>	A6010		