

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: ASL5105710	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 01/02/2025
NAME OF PROVIDER OR SUPPLIER GRAND VICTORIAN OF ROCKFORD		STREET ADDRESS, CITY, STATE, ZIP CODE 3495 MCFARLAND ROAD ROCKFORD, IL 61114		
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A 000	Initial Comment Annual Licensure Survey Conducted	A 000		
A2050	Section 295.2050 Incident and Accident Reporting This Regulation is not met as evidenced by: Annual Licensure Survey Entrance 12/31/24, Exit 1/2/25 Type 3 Violation Section 295.2050 Incident and Accident Reporting a) An establishment shall report to the Department any serious incident or accident. For the purposes of this Section, "serious" means any incident or accident that causes physical or emotional harm or injury to a resident. A change in an individual's (resident's) condition that is due to health or medical decline is not a reportable incident or accident. b) The report shall be made by contacting the Department of Public Health Division of Assisted Living via email at DPH.LTCAL@illinois.gov or as requested by the Department within 24 hours after the occurrence of the incident or accident. c) A copy of the report shall be maintained by the establishment for one year after the date of the incident or accident.	A2050		

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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

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A2050	<p>Continued From page 1</p> <p>This requirement was not met, as evidenced by:</p> <p>Based on interview and record review, the establishment failed to report serious incidents that caused emotional or physical harm to the Department. This applies to 1 of 6 residents (R2) reviewed for this requirement.</p> <p>The findings include:</p> <p>On 1/2/24, resident medical records were reviewed and there was no documentation to show the following incidents and accidents were reported to the Department:</p> <p>R2's Communication Log, dated 2/16/24 at 9:51 PM, showed psychiatric services was contacted because R2 had a lot of crying spells and voiced wanting to die.</p> <p>R2's Communication Log, dated 4/30/24 at 11:31 AM, showed R2 was sent to the hospital for evaluation due to shaking and anxiety from alcohol detoxification and was diagnosed with anxiety.</p> <p>R2's Communication Log, dated 6/30/24 at 6:21 PM, showed R2 was found unresponsive with empty alcohol bottles and empty cold tablet boxes and 911 was called.</p> <p>R2's Communication Log, dated 12/19/24 at 1:00 PM, showed, the police were called after the ombudsman reported to the establishment that R2 voiced R2 did not want to live and indicated R2 would self-harm if had the means, and R2 refused to go to the hospital for evaluation. The log showed, R2 eventually agreed for to be sent</p>	A2050		

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A2050	Continued From page 2 out. On 1/2/24, E2 (Director of Nursing) indicated, she was not aware the incidents should be reported.	A2050		
A3000	Section 295.3000 Personnel Requirmts, Qualifns, and Trng This Regulation is not met as evidenced by: General Violation Section 295.3000 Personnel Requirements, Qualifications and Training (REPEAT) b) The establishment shall have on duty at all times at least one direct care staff person who has obtained cardiopulmonary resuscitation (CPR) training specific to adults, which includes a demonstration of the individual's ability to perform CPR, and who has current certification in CPR. This requirement was not met, as evidenced by: Based on interview and record review, the establishment failed to ensure at least one direct care staff person with CPR training was on duty at all times. This applies to all residents that reside in the establishment. This failure creates a substantial probability of severe harm to a resident or residents, in that, in case of an emergency situation, staff would not be available to administer or adequately administer CPR. The findings include: On 12/31/24, the establishment nursing and	A3000		

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A3000	<p>Continued From page 3</p> <p>caregiver schedules, for November and December 2024, were reviewed against CPR cards provided, and the following dates/times did not show at least one direct care staff person with current certification on duty:</p> <p>November 2024</p> <p>2:00 PM-6:00 PM - 11/11, 11/13, 11/16, 11/25, and 11/27</p> <p>2:00 PM-10:00 PM - 11/3, 11/5, 11/7, 11/9-11/10, 11/12, 11/14, 11/17, 11/19, 11/21, 11/23-11/24, 11/26, 11/28, and 11/30</p> <p>10:00 PM-6:00 AM - 11/3-11/4, 11/6-11/26, and 11/28-11/30</p> <p>December 2024</p> <p>6:00 AM-2:00 PM - 12/5</p> <p>2:00 PM-6:00 PM - 12/23 and 12/25</p> <p>2:00 PM-10:00 PM - 12/1, 12/2-12/4, 12/6, 12/10-12/11, 12/14, 12/15, 12/17-12/18, 12/20-12/21, 12/24-12/25, and 12/28-12/29</p> <p>10:00 PM-6:00 AM - 12/1-12/30</p> <p>On 1/2/24, E1 (Executive Director) and E2 (Director of Nursing) confirmed the findings.</p>	A3000		
A3020	<p>Section 295.3020 Employee Orientation and Ongoing Training</p> <p>This Regulation is not met as evidenced by: Type 3 Violation</p> <p>Section 295.3020 Employee Orientation and Ongoing Training</p> <p>a) Each new employee shall complete</p>	A3020		

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A3020	<p>Continued From page 4</p> <p>orientation within 10 days after the starting date of employment that includes:</p> <ul style="list-style-type: none"> 1) The establishment's philosophy and goals; 2) Promotion of resident dignity, independence, self-determination, privacy, choice, and resident rights; 3) Confidentiality of resident records and resident information; 4) Hygiene and infection control; 5) Abuse and neglect prevention and reporting requirements; and 6) Disaster procedures. <p>b) Each employee shall also complete orientation within 30 days after the starting date of employment that includes:</p> <ul style="list-style-type: none"> 1) Orientation to the characteristics and needs of the establishment's residents; 2) The significance and location of resident service plans; 3) Internal establishment requirements and the establishment's policies and procedures; 4) The employee's job responsibilities and limitations; 5) CPR and emergency procedures for medical events, if applicable; and 	A3020		

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A3020	<p>Continued From page 5</p> <p>6) Training in assistance with activities of daily living appropriate to the job ...</p> <p>This requirement was not met, as evidenced by:</p> <p>Based on interview and record review, the establishment failed to show documentation that new employees completed orientation training that included the required topics, within 10 and 30 days of hire. This applies to 5 of 5 employees (E2, E4, E5, E6, E7) reviewed for this requirement.</p> <p>The findings include:</p> <p>On 12/31/24, employee records were reviewed. There was no documentation that the following new employees were oriented to all the required topics within 10 and 30 days of hire:</p> <p>E2 (Director of Nursing) - Date of Hire (DOH) 9/23/24</p> <p>Topics not verified within 30 days of hire (10/23/24):</p> <ul style="list-style-type: none"> -Orientation to the characteristics and needs of the establishment's residents -CPR and emergency procedures for medical events <p>E4 (Registered Nurse) - DOH 9/30/24</p> <p>Topics not verified within 30 days of hire (10/30/24):</p> <ul style="list-style-type: none"> -Orientation to the characteristics and needs of the establishment's residents -The significance and location of resident service plans -CPR and emergency procedures for medical events 	A3020		

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A3020	<p>Continued From page 6</p> <p>E5 (Personal Care Attendant) - DOH 12/28/23</p> <p>Topics not verified within 10 days of hire (1/7/24): -Promotion of resident dignity, independence, self-determination, privacy, choice, and resident rights - completed 7/3/24 -Abuse and neglect prevention and reporting requirements - completed 7/2/24 -Disaster procedures</p> <p>Topics not verified within 30 days of hire (1/27/24): -Orientation to the characteristics and needs of the establishment's residents -The significance and location of resident service plans -CPR and emergency procedures for medical events</p> <p>E6 (Dietary Aide) - DOH 11/2/24</p> <p>Topics not verified within 10 days of hire (11/12/24): -Hygiene and infection control - completed 12/28/24 -Disaster procedures</p> <p>Topics not verified within 30 days of hire (12/10/24): -Orientation to the characteristics and needs of the establishment's residents</p> <p>E7 (Cook) - DOH 10/29/24</p> <p>Topics not verified within 10 days of hire (11/8/24): -The establishment's philosophy and goals - Appendix A provided with no initials of completion</p>	A3020		

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A3020	<p>Continued From page 7</p> <p>-Promotion of resident dignity, independence, self-determination, privacy, choice, and resident rights - completed 12/4/24</p> <p>-Hygiene and infection control - completed 12/5/24</p> <p>-Disaster Procedures - completed 12/11/24</p> <p>On 12/31/24, E1 (Executive Director) was given the opportunity to provide all additional training documentation. The findings are a result of review of all documentation provided.</p>	A3020		
A4000	<p>Section 295.4000 Physician/s Assessment</p> <p>This Regulation is not met as evidenced by: Type 3 Violation</p> <p>Section 295.4000 Physician's Assessment</p> <p>a) No more than 120 days prior to admission of a resident to any establishment, a comprehensive assessment that includes an evaluation of the prospective resident's physical, cognitive, and psychosocial condition shall be completed by a physician. The physician's assessment shall include documentation of the presence or the absence of tuberculosis infection in accordance with the Control of Tuberculosis Code. At the time of admission, the physician's assessment must reflect the resident's current condition.</p> <p>b) At least annually, once a resident has moved into the establishment, a comprehensive assessment shall be completed by a physician ...</p>	A4000		

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A4000	<p>Continued From page 8</p> <p>This requirement was not met, as evidenced by:</p> <p>Based on interview and record review, the establishment failed to provide documentation to show a resident had an annual comprehensive assessment completed. This applies to 1 of 6 residents (R3) reviewed for this requirement. This failure creates a substantial probability of harm to a resident or residents, in that the resident's physician did not assess if the resident was appropriate for or needs could be met in an assisted living setting.</p> <p>The findings include:</p> <p>On 1/2/24, R3's medical record was reviewed and there was no documentation found that R3 had an annual comprehensive assessment completed.</p> <p>R3's medical record showed R3 moved into the establishment on 4/10/17 and has multiple diagnoses, including depressive disorders, anxiety disorders, osteoporosis, emphysema, acute respiratory failure, and chronic obstructive pulmonary disease. R3's record showed R3 is independent with activities of daily living and medications.</p> <p>On 1/2/24, E1 (Executive Director) and E2 (Director of Nursing) confirmed the finding. They indicated, R3's physician stopped practicing and R3 did not select a new physician and did not want to use the establishment's physician. E1 indicated, R3 is waiting to transfer to a supportive living facility, when there is an opening.</p>	A4000		
A4010	Section 295.4010 Service Plan	A4010		

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A4010	<p>Continued From page 9</p> <p>This Regulation is not met as evidenced by: Type 2 Violation</p> <p>Section 295.4010 Service Plan</p> <p>b) The service plan shall be developed by:</p> <p>1) The resident, resident's representative or any individual requested by the resident;</p> <p>2) The manager or manager's designee; and</p> <p>3) A registered nurse, if the resident is receiving nursing services or medication administration, or is unable to direct self-care.</p> <p>c) The service plan shall be signed and dated by all individuals involved in its development.</p> <p>d) The service plan, which shall be reviewed annually, or more often as the resident's condition, preferences, or service needs change, shall serve as a basis for the service delivery contract between the provider and the resident (see Section 295.2030). (Section 15 of the Act) ...</p> <p>f) Based on the physician's assessment, the service plan may provide for the disconnection or removal of any kitchen appliance. (Section 15 of the Act)</p> <p>g) Service plans shall address:</p>	A4010		

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A4010	<p>Continued From page 10</p> <p>1) The level of service the resident is receiving, including:</p> <p>A) assistance with activities of daily living;</p> <p>B) dietary needs, if the establishment provides therapeutic diets; and</p> <p>C) special accommodations for the resident;</p> <p>2) The amount, type, and frequency of health-related services needed by the resident;</p> <p>3) Staff responsible for the provisions of the service plan;</p> <p>4) Any risk being negotiated; and</p> <p>5) Whether the resident requires medication reminders, supervision of self-administered medication, or medication administration.</p> <p>h) The service plan shall include all support services provided or arranged for by the establishment ...</p> <p>This requirement was not met, as evidenced by:</p> <p>Based on interview and record review, the establishment failed to have resident service plans developed and signed by all required individuals. They failed to follow their policy when they did not address all needs and concerns of the resident. This applies to 6 of 6 residents (R1, R2, R3, R4, R5, R6) reviewed for this</p>	A4010		

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A4010	<p>Continued From page 11</p> <p>requirement. These failures create a substantial probability of harm to a resident or residents, in that it cannot be determined if the establishment is aware of or addressed the needs and concerns of the resident.</p> <p>The findings include:</p> <p>On 1/2/25, resident records were reviewed and the following concerns were found with service plans.</p> <p>1.R1's medical record showed R1 moved into the establishment on 5/30/23 and has multiple diagnoses, including hypertension, irritable bowel syndrome, osteoarthritis, acute kidney failure, chronic kidney disease stage three.</p> <p>R1's Service Plan, dated 12/6/24, was not signed R1 or their representative.</p> <p>R1's service plan did not address the use of opioid medication for pain. R1's Physician's Order Sheet (POS) showed R1 takes scheduled Tramadol (analgesic opioid). R1's service plan showed R1 is a fall risk and this medication increases the risk of falls.</p> <p>2. R2's medical record showed R2 moved into the establishment on 11/16/23 and has multiple diagnoses, including alcohol use, mood disorder, general anxiety disorder, and Alzheimer's disease.</p> <p>R2's Service Plan, dated 11/27/24, was not signed by R2 or their court assigned guardian.</p> <p>R2's service plan was not reviewed and updated for multiple falls and interventions. R2's</p>	A4010		

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A4010	<p>Continued From page 12</p> <p>Communication Log, reviewed from January-December 2024, showed falls on 2/16/24, 4/17/24, 4/18/24, 4/22/24, and 6/8/24.</p> <p>R2's service plan did not address moods and behaviors displayed by R2. The plan showed R2 has a diagnosis of mood disorder/anxiety and presents with moods/behaviors, often associated when consuming alcohol, but did not describe how those moods/behaviors present. R2's Communication Log, reviewed from January-December 2024, showed R2 presents with refusal of care, crying, suicidal tendencies, and belligerence.</p> <p>R2's service plan did not accurately address psychotropic medication and reason for use. The service plan showed R2 takes lorazepam (antianxiety), which is not a current medication. R2's POS showed R2 takes scheduled quetiapine (antipsychotic), scheduled sertraline (antidepressant), and scheduled alprazolam (antianxiety). R2's service plan showed R2 is a fall risk, and these medication increase the risk of falls.</p> <p>R2's service plan did not address R2's Negotiated Risk Agreement and Release, dated 8/7/24. The agreement showed R2 was not compliant and continued to walk a leashed dog, across a busy street and in all types of weather, to the store and bought alcohol and over the counter medications. The agreement showed R2 was given consequences and alternatives, and R2's housing would be affected, if not compliant.</p> <p>3. R3's medical record showed R3 moved into the establishment on 7/10/17 and has multiple diagnoses, including depressive disorders,</p>	A4010		

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A4010	<p>Continued From page 13</p> <p>anxiety disorder, hypotension, osteoarthritis, and chronic obstructive pulmonary disease.</p> <p>R3's Service Plan, dated 12/31/24, was not signed by R3 or their representative.</p> <p>R3's service plan did not the use of opioids and accurately address psychotropic medication and reason for use. The service plan showed R3 takes Seroquel (antipsychotic). R3's POS showed R3 additionally takes scheduled duloxetine (antidepressant), and venlafaxine (antidepressant). The POS R3 takes as needed Norco (analgesic opioid). The service plan showed R3 is a fall risk, and these medications increase the risk of falls.</p> <p>4. R4's medical record showed R4 moved into the establishment on 4/7/23.</p> <p>R4's Service Plan, dated 12/16/24, was not signed by R4 or their representative.</p> <p>5. R5's medical record showed R5 moved into the establishment on 7/16/24 and has multiple diagnoses, including general anxiety disorder, essential tremor, heart disease, chronic kidney disease stage 2, and age-related cognitive decline.</p> <p>R5's Service Plan, dated 12/28/24, was not signed by R5 or their representative.</p> <p>R5's service plan did not address psychotropic medication and reason for use. R5's POS showed R5 takes scheduled fluoxetine (antidepressant). R5's service plan showed R5 is a fall risk, and this medication increases the risk</p>	A4010		

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: ASL5105710	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 01/02/2025
NAME OF PROVIDER OR SUPPLIER GRAND VICTORIAN OF ROCKFORD		STREET ADDRESS, CITY, STATE, ZIP CODE 3495 MCFARLAND ROAD ROCKFORD, IL 61114		
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A4010	<p>Continued From page 14 of falls.</p> <p>R5's service plan did not address physical therapy services, the home health provider and frequency of services.</p> <p>6. R6's medical record showed R6 moved into the establishment on 12/6/24.</p> <p>R6's Service Plan, dated 12/28/24, was not signed by R6 or their representative.</p> <p>On 1/2/24, findings were reviewed and confirmed with E2 (Director of Nursing). E2 indicated, she took over as Director of Nursing about six weeks ago and is working on getting the service plans in order.</p> <p>The establishment policy titled Service Plans (Last Revised 01/2022) showed: ...Procedures: ...B) Within 7 days of completion of assessment tool all areas of concern will be addressed via the Service Plan ...E) Service Plan shall include coordination and inclusion of services being delivered to a resident by outside entity ...G) All Service Plans are to be reviewed every quarter upon significant change of coordination and as dictated by changes in resident's needs or preferences ...</p> <p>The establishment policy titled Fall Reduction and Management Policy (Last Revised 02/2023) showed: ...Procedures: ...H) The resident's Service Plan will be updated, if necessary and or with any significant change in condition, to include any additional fall reduction measures.</p>	A4010		

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A4050	Continued From page 15	A4050		
A4050	<p>Section 295.4050 Tuberculin Skin Test Procedures</p> <p>This Regulation is not met as evidenced by: Type 3 Violation</p> <p>Section 295.4050 Tuberculin Skin Test Procedures</p> <p>Tuberculin skin tests for employees and residents shall be conducted in accordance with the Control of Tuberculosis Code (77 Ill. Adm. Code 696).</p> <p>Section 696.140 Screening for Latent Tuberculosis Infection (LTBI) and Active Tuberculosis (TB) Disease</p> <p>A TB screening test shall be used when screening persons for latent TB infection (LTBI). Persons who have signs and symptoms of active TB disease or a positive TB screening test result shall complete a diagnostic evaluation for active TB disease in accordance with the Centers for Disease Control and Prevention (CDC) guidelines, Targeted Tuberculin Testing and Treatment of Latent Tuberculosis Infection and Guidelines for Health-Care Settings.</p> <p>a) Screening for Latent TB Infection ...</p> <p>2) Workers and clients at health care settings and other residential settings serving high-risk groups shall be screened in accordance with this subsection (a)(2) and the following CDC guidelines: Targeted Tuberculin Testing and Treatment of Latent Tuberculosis Infection; Guidelines for Health-Care Settings;</p>	A4050		

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A4050	<p>Continued From page 16</p> <p>Prevention and Control of Tuberculosis in Correctional and Detention Facilities: Recommendations from CDC ...</p> <p>C) All clients in non-acute care residential health care settings serving high-risk groups shall obtain an entry TB screening according to the healthcare facility written protocol. Routine periodic screening shall be determined by completing a Department approved a risk assessment tool performed in cooperation with the local TB control authority. The TB Risk Assessment Form is available on the Department's website at https://dph.illinois.gov/content/dam/soi/en/web/idph/files/forms/tuberculosis-risk-assessment.pdf.</p> <p>This requirement was not met, as evidenced by:</p> <p>Based on interview and record review, the establishment failed to ensure a resident was screen for TB, upon entry. This applies to 1 of 6 residents (R5) reviewed for this requirement.</p> <p>The findings include:</p> <p>On 1/2/24, there was no documentation found to show R5 had a two-step TB test upon entry.</p> <p>On 1/2/24, E2 (Director of Nursing) looked for the documentation and was not able to find any. E2 indicated, she could not verify if E2 was screened, as it was prior to when she became Director.</p>	A4050		