

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER 145339	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 09/17/2020
NAME OF PROVIDER OF SUPPLIER GROVE OF ELMHURST, THE		STREET ADDRESS, CITY, STATE, ZIP 127 WEST DIVERSEY ELMHURST, IL 60126	
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)		
F 0551 Level of harm - Minimal harm or potential for actual harm Residents Affected - Few	Give the resident's representative the ability to exercise the resident's rights. Based on interview and record review, the facility failed to follow a resident's representative's wishes for one of four residents (R1) reviewed for residents' rights in the sample of 12. The findings include: On September 17, 2020, R1 was observed in her room. R1 had difficulty focusing on conversation and could not identify where she was, the date, time, or current President. R1 yawned frequently and attempted unsuccessfully to readjust herself in bed by moving her left arm and leg. On September 17, 2020, R1 was not interviewable. At 11:45 AM, V16, Nurse Practitioner, said she recommended a psychiatric referral for R1 and R1's POA (Power of Attorney) declined the referral. I notified the Director of Nursing (DON) and Assistant Director of Nursing (ADON) of the refusal. The DON and ADON I spoke to are no longer here. I was not aware R1 was still evaluated. R1 cannot make her own decisions. At 12:55 PM, V6, Social Services Director, said we should listen to a resident's POA if the resident cannot make decision for themselves. R1's face sheet showed the residents' daughter is her POA for healthcare. R1's facility assessment, dated August 3, 2020, showed R1 is not cognitively intact. R1's care plan note, dated August 5, 2020, showed the resident's daughter continues to be decision maker for healthcare. R1's legal guardianship papers, dated September 30, 2019, showed R1's daughter was appointed guardian. R1's progress note, authored by V16 and dated February 28, 2020 at 3:30 PM, showed a psychiatric evaluation was recommended, and the POA (daughter) refused. At 4:33 PM, there is another note from V16 showing the nurse on duty and primary care provider were aware of the refusal. R1's nursing note, dated February 28, 2020 at 9:18 PM, showed R1's POA refused a psychiatry evaluation. R1's medical record showed a Psychiatry note, dated February 29, 2020 at 4:13 PM, showing that R1 had been seen by the Psychiatrist.		

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.