

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: ASL5106064	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED C 01/31/2025
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NAME OF PROVIDER OR SUPPLIER COPPER CREEK COTTAGES	STREET ADDRESS, CITY, STATE, ZIP CODE 1007 E COLUMBIA STREET LITCHFIELD, IL 62056
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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 Facility Reported Incident of 01/15/25 / IL184861. Violations Cited TYPE 2 Section 295.6000 Resident Rights	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: 13) The right to be free of abuse or neglect or financial exploitation or to refuse to perform labor; Based on record review and interview, the Establishment failed to ensure that R1 is protected against theft of credit card and personal identification by an employee S1 (E3). This failure resulted in R1's credit card and R1's personal identification being stolen by S1 (E3). In addition, this failure by the Establishment has the probability for all residents at the Establishment to have their personal items stolen.	A6000		

Illinois Department of Public Health

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

TITLE

(X6) DATE

Illinois Department of Public Health

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A6000	Continued From page 1 Findings include: During record review, the Individual Service Plan, (ISP), for R1, dated 11/06/24, identifies R1 as a 86 year old woman who lives on a Memory Care Unit since 05/27/22. The ISP for R1 states that R1 does have a Power of Attorney, (POA), which is a family member. The Mini-Mental State Examination, (MMSE), dated 11/11/24, has a score of 1 with he maximum score being a 30. Records reveal that R1 is determined to have 'impaired judgement and poor decision making ability'. The employee record for R3 states R3 was terminated from employment on 01/15/24. Under the reason for termination is documented as abuse by theft of resident and the local police are aware. The Establishment Director was informed of this incident on 01/15/24 by local police department. The ex-employee, R3, the arrest was made public knowledge on 01/19/25. The Establishment informed Illinois Department of Public Health, (IDPH), the POA for R1, and began their own investigation regarding this incident. During interview with E1, Administrator, E1 confirmed that R3, former employee, was investigated for theft from a resident and it was determined that R3 was guilty. The local police did arrest her and she is currently out on bond. The POA for R1 was informed of this theft, as well as IDPH. E1 stated her investigation is completed. The termination of R3 is completed and R3 is not allowed on grounds.	A6000		