STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	ASL510473	A. BUILDING: _____ B. WING _____	C 06/25/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
DISCOVERY COMMONS ORLAND PARK	7420 W 159TH STREET ORLAND PARK, IL 60462

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A 000	Initial Comment CHOW (Change of Ownership) survey 295.4060 a) A), B) cited Complaint investigation: IL189188, IL192370: 295.4010 a), b), d), e), g) C), 3) cited	A 000		
A4010	Section 295.4010 Service Plan This Regulation is not met as evidenced by: Section 295.4010 Service Plan a) Based on the physician's assessment and establishment evaluation (see Section 295.4000), a written service plan shall be developed and mutually agreed upon by the establishment and the resident. (Section 15 of the Act) The establishment shall respect and accept the resident's choices regarding the service plan. 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) e) The service plan shall be reviewed and revised if necessary immediately after a significant change in the resident's physical, cognitive, or functional condition (see Section 295.4000).	A4010		

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A4010	Continued From page 1 g) Service plans shall address: C) special accommodations for the resident These requirements were not met as evidenced by: Based on record review and interview the establishment failed to revise the service plan with interventions to address: -verbal and physically aggressive behaviors as well as wandering for one resident (R1). R1 showed these behaviors on a daily basis until being moved out of the establishment; -the most recent fall incident for one resident (R2) in the sample of 3 who were reviewed for fall incidents. Findings include: 1. R1is a 69 year old resident. R1 has diagnoses including Depression, Alzheimer's dementia, Hypotension, GERD (gastro esophageal reflux disease) and Osteopenia. The progress notes for March 2025 shows R1 consistently displayed behaviors of verbal and physical aggression towards staff and other residents. R1 on a daily basis wandered throughout the memory care unit as well as in and out of resident room and disturbing their belongings. On 6/24/25 at 1:51pm via telephone, Z1 stated,	A4010		

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A4010	Continued From page 2 "yes, R1 was a wanderer. They didn't have any precautions in place to address R1's wandering." On 6/25/25 at 3:36pm E1 (area director of operations) stated, "the service plan was very detailed in terms of the behaviors and wandering." The service plan dated 3/14/25 only mentions under Elopement Risk: "due to cognitive impairment periods of confusion and wandering resident considered at risk for elopement. Staff to notify nurse on duty of any exit seeking behavior." There are no detailed interventions listed to address R1's wandering behavior. There are no interventions to address R2's displaying verbal and physically aggressive behavior towards staff and other residents. 2. R2 is a 89 year old resident who has diagnoses including Dementia, Essential tremors, Hypertension, Recurrent UTIs (urinary tract infection, GERD (gastroesophgeal reflux disease) and Osteoarthritis. The incident and accident report dated 5/7/25 (3:15pm) shows Z2 called the front desk stating they were watching the camera. R2 was in the bathroom and fell. Nurse went into the bathroom observed R2 on the floor in a sitting position with wheelchair behind her. R2 was assessed for any injuries (none noted). R2 denies any pain/discomfort. R2 was assisted into the wheelchair, able to move upper and lower extremities without restrictions. On 6/20/25 at 3:30pm via telephone E2 (executive director) said the family has cameras in R2's room. R2 doesn't ask for help when she	A4010		

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A4010	Continued From page 3 needs to go to the bathroom. On 6/25/25 at 2:04pm via telephone Z2 stated, "I don't know who the CNA was who refused to assist R2. At the time of this incident, R2 used a walker. We've had meetings with the facility about taking R2's walker away to make R2 use the call button to ask for assistance. R2 has dementia. We put a camera in R2's room. We found out about the fall through the camera and how long R2 went without assistance." The service plan dated 4/30/25 was not revised with interventions to address the fall incident that occurred on 5/7/25.	A4010		
A4060	Seciton 295.4060 Alzheimer's and Demential Programs This Regulation is not met as evidenced by: Section 295.4060 Alzheimer's and Dementia Programs A) All staff members must receive, in addition to the training required in Section 295.3020, four hours of dementia-specific orientation prior to assuming job responsibilities without direct supervision within the Alzheimer's/dementia program. Training must cover, at a minimum, the following topics: i) basic information about the causes, progression, and management of Alzheimer's disease and other related dementia disorders; ii) techniques for creating an environment that minimizes challenging behavior;	A4060		

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A4060	Continued From page 4 iii) identifying and alleviating safety risks to residents with Alzheimer's disease; iv) techniques for successful communication with individuals with dementia; and v) resident's rights. B) Direct care staff must receive 16 hours of on-the-job supervision and training within the first 16 hours of employment following orientation. Training must cover: i) encouraging independence in and providing assistance with the activities of daily living; ii) emergency and evacuation procedures specific to the dementia population; iii) techniques for creating an environment that minimizes challenging behaviors; iv) resident rights and choice for persons with dementia, working with families, caregiver stress; and v) techniques for successful communication. This requirement was not as evidenced by: Based on record review and interviews, the establishment failed to present evidence that: -8 newly hired staff received the required 4 hours of dementia training;	A4060		

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A4060	Continued From page 5 -4 newly hired direct care staff received the required 16 hours of on-the- job supervision and training within the first 16 hours of employment following orientation. These failures have the probability to affect future newly hired direct care and non direct care staff. Findings include: On 6/19/25, 8 newly hired employee files were reviewed with E9 (executive director). The personnel files showed the following: E1 (LPN), DOH (date of hire) 4/3/25, no 16 hours E2 (Celebrations Coordinator). DOH 4/7/25. E2 resigned on 5/13/25. E2 was employed by the establishment a total of 36 days. There is no documentation showing that E2 completed the required 16 hours of on-the-job supervision and training prior to resigning E3 (CNA) DOH 3/15/25 E4 (Server), DOH 4/9/25 E5 (LPN), DOH 1/25/25 E6 (Care manager) DOH 2/19/25 E7 (Houskeeper), DOH 4/14/25 E8 (Housekeeper), DOH 4/14/25 On 6/17/25 E9 presented orientation documentation for E1 through E8 that showed the training, however there are no hours shown for each training, These orientation sheets do not show 16 hours of on-the-job supervision and	A4060		

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A4060	Continued From page 6 training within the first 16 hours of employment following orientation for E1, E2, E3, E5 and E6.	A4060		