

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>IL6005144</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING: _____	(X3) DATE SURVEY COMPLETED  <b>C</b> <b>09/16/2019</b>
--	--	--	---

NAME OF PROVIDER OR SUPPLIER  <b>CLARIDGE HEALTHCARE CENTER</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>700 JENKISSON LAKE BLUFF, IL 60044</b>
---	--

(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
--------------------	--	---------------	---	--------------------

S 000	Initial Comments  Facility Report Investigation of September 3, 2019/IL115459  Statement of Licensure Violations	S 000		
S9999	Final Observations  300.610a) 300.1210b) 300.1210d)6) 300.3100d)2 300.3240a)  Section 300.610 Resident Care Policies a) The facility shall have written policies and procedures governing all services provided by the facility. The written policies and procedures shall be formulated by a Resident Care Policy Committee consisting of at least the administrator, the advisory physician or the medical advisory committee, and representatives of nursing and other services in the facility. The policies shall comply with the Act and this Part. The written policies shall be followed in operating the facility and shall be reviewed at least annually by this committee, documented by written, signed and dated minutes of the meeting.  Section 300.1210 General Requirements for Nursing and Personal Care b) The facility shall provide the necessary care and services to attain or maintain the highest practicable physical, mental, and psychological well-being of the resident, in accordance with each resident's comprehensive resident care plan. Adequate and properly supervised nursing care and personal care shall be provided to each resident to meet the total nursing and personal	S9999		

**Attachment A**  
**Statement of Licensure Violations**

Illinois Department of Public Health LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE  Electronically Signed	TITLE	(X6) DATE  10/04/19
--	-------	---------------------------

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>IL6005144</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING: _____	(X3) DATE SURVEY COMPLETED  <b>C</b> <b>09/16/2019</b>
--	--	--	---

NAME OF PROVIDER OR SUPPLIER  <b>CLARIDGE HEALTHCARE CENTER</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>700 JENKISSON LAKE BLUFF, IL 60044</b>
---	--

(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
--------------------	--	---------------	---	--------------------

S9999	<p>Continued From page 1</p> <p>care needs of the resident. Restorative measures shall include, at a minimum, the following procedures:</p> <p>d) Pursuant to subsection (a), general nursing care shall include, at a minimum, the following and shall be practiced on a 24-hour, seven-day-a-week basis:</p> <p>6) All necessary precautions shall be taken to assure that the residents' environment remains as free of accident hazards as possible. All nursing personnel shall evaluate residents to see that each resident receives adequate supervision and assistance to prevent accidents.</p> <p>Section 300.3100 General Building Requirements d) Doors and Windows 2) All exterior doors shall be equipped with a signal that will alert the staff if a resident leaves the building. Any exterior door that is supervised during certain periods may have a disconnect device for part-time use. If there is constant 24 hour a day supervision of the door, a signal is not required. (B)</p> <p>Section 300.3240 Abuse and Neglect a) An owner, licensee, administrator, employee or agent of a facility shall not abuse or neglect a resident.</p> <p>These requirements were not met as evidenced by:</p> <p>Based on observation, interview and record review the facility failed to supervise R1 who is high risk for elopement. The facility failed to ensure corridor doors and exit doors were alarmed and functioning. The facility failed to accurately assess a resident at risk for elopement</p>	S9999		
-------	--	-------	--	--

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>IL6005144</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>C</b> <b>09/16/2019</b>
--	--	---	---

NAME OF PROVIDER OR SUPPLIER  <b>CLARIDGE HEALTHCARE CENTER</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>700 JENKISSON LAKE BLUFF, IL 60044</b>
---	--

(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
S9999	<p>Continued From page 2</p> <p>and have staff knowledgeable in elopement risk precautions.</p> <p>These failures contributed to R1 leaving the dementia unit and premises, unknown to staff for a period of approximately three hours on September 3, 2019. R1 was found by a passersby when she fell on a busy 4 lane highway, 0.4 miles from the facility.</p> <p>This applies to 1 of 7 residents (R1) reviewed for safety and supervision in the sample of 7.</p> <p>The findings include:</p> <p>1. R1's face sheet shows she was residing on a locked dementia unit on the second floor. The face sheet lists diagnoses to include dementia.</p> <p>R1's incident report dated September 3, 2019 at 3:00 PM shows, police stated the resident (R1) was seen by two co-workers trying to cross the street. The drivers (concerned citizens) stopped, after they saw R1 fall in the street, and called 911.</p> <p>The facility's incident report statement from V18 activity staff dated September 3, 2019 shows, after V18 activity staff got off work and was driving home she saw police blocking the roadway at 43 &amp; Foster Avenue. She saw R1 with the police officer and paramedics. V18 called the facility and spoke with V6 Activity Director and told her what was happening. V6 told her to stop and go tell the police officer that R1 belongs at the facility. V18 did that and then remained with R1 to translate for her. She asked her if she had any pain or injuries. R1 told her she was fine. V18 did see some light bleeding on R1's face.</p>	S9999		

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>IL6005144</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING: _____	(X3) DATE SURVEY COMPLETED  <b>C</b> <b>09/16/2019</b>
--	--	--	---

NAME OF PROVIDER OR SUPPLIER  <b>CLARIDGE HEALTHCARE CENTER</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>700 JENKISSON LAKE BLUFF, IL 60044</b>
---	--

(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
--------------------	--	---------------	---	--------------------

S9999

Continued From page 3

S9999

The local hospital's emergency department history of present illness form for R1 dated September 3, 2019 shows, "Patient is an 81 year old female, history of dementia, hypertension, hyperlipidemia, presenting brought in by emergency medical services after eloping from nursing home, wandering the street. Patient was last seen at 12 noon, was found in street at 2:54 PM ..."

The local fire department report for R1 dated September 3, 2019 shows, "local ambulance was called for an 81 year old female who had fallen. Upon arrival the patient was on the side of the road with good Samaritans and local sheriffs that had helped the patient out of the road way. The police told crew that the patient had fallen in the middle of the road when witnesses stopped to help her out of the road, witnesses told crew that patient was walking across the road when the patient fell then they had helped her across the road, they held up patient (R1) due to her having weakness. Patient (R1) assessed and moved to stretcher, she did not speak English. Patient did have an abrasion to her left cheek, a laceration to her upper and lower left side of lips as well as left hand and knee pain. A worker (activity staff) from nursing home which the patient had left stopped and told crew where she was from and that the patient has dementia. The patient was from facility and was supposed to be unable to leave the facility on her own. Crew made contact with nursing home which supplied the patient's information and sent interpreter with patient ..."

The local hospital's history and physical dated September 4, 2019 for R1 shows, "Chief Complaint: Facial injury and confusion. History of present illness: R1 is a 81 year old female who has a past medical history of Dementia, essential

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>IL6005144</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>C</b> <b>09/16/2019</b>
--	--	--	---

NAME OF PROVIDER OR SUPPLIER  <b>CLARIDGE HEALTHCARE CENTER</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>700 JENKISSON LAKE BLUFF, IL 60044</b>
---	--

(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
--------------------	--	---------------	---	--------------------

S9999	<p>Continued From page 4</p> <p>hypertension, hyperlipidemia, neoplasm of meninges, polyosteoarthritis, and PVD (peripheral vascular disease) who was found after she eloped from the nursing home and was brought over by EMS (emergency medical services) after which she attempted to elope several more times while in the ED (emergency department)- per report patient "moves very fast" and she was almost successful several times in eloping from our ED already. She speaks only Korean and speaks it very fast per interpreter however she is very confused but at her baseline per son who was present only temporarily at the bedside. While in ED she was noted to have facial injury c/o (complained of) mild amount of periorbital ecchymosis to the left cheek as well as a small abrasion."</p> <p>On September 5, 2019 at 11:13 PM, V13 Receptionist stated, he saw R1 downstairs on September 3, 2019 around 12:25 PM. He tried to explain to her that she needed to be upstairs but because R1 is Korean speaking, she did not understand him. He put her in the elevator alone and sent her back upstairs. V13 said he called the nurse on the second floor (V7 Licensed Practical Nurse) and told him that R1 was coming back upstairs on the elevator alone. This was the last time he saw R1 at 12:25 PM. This was the second time she had come downstairs that day. V13 stated the first time R1 came down stairs was around 10:00 AM and "(V14 Human Resources) saw her at that time and took her back upstairs." He stated, some of the residents went out on an outing with activities. "I saw them (the other residents) coming back from the activity. I didn't see her at that time. If I saw her I would have stopped her. I know she is one that is trying to leave."</p>	S9999		
-------	---	-------	--	--

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>IL6005144</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING: _____	(X3) DATE SURVEY COMPLETED  <b>C</b> <b>09/16/2019</b>
--	--	--	---

NAME OF PROVIDER OR SUPPLIER  <b>CLARIDGE HEALTHCARE CENTER</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>700 JENKISSON LAKE BLUFF, IL 60044</b>
---	--

(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
S9999	<p>Continued From page 5</p> <p>On September 10, 2019 at 4:11 PM, V2 Director of Nursing stated, V13 Receptionist should not have put R1 in the elevator alone. He should have called for someone to go with R1 back upstairs.</p> <p>On September 5, 2019 at 11:31 AM, V14 Human Resources stated, "I took her (R1) back upstairs in the morning around 9:00 AM on September 3, 2019. She came down here. I was sitting at the receptionist desk at the computer and saw her. I followed her and asked, "Where are you going?" and she said she was going to her son's house. I told her he was on his way here and that it was kind of chilly outside. Then I took her back upstairs. The day before, Monday (September 2, 2019) she (R1) came down here and was really upset. She was walking really fast, so I went out with her and walked with her down the street. Then I brought her back to the facility and took her back upstairs." V14 stated, she didn't know how R1 was getting downstairs, "the elevator, I think?"</p> <p>On September 5, 2019 at 9:30 AM, V7 Licensed Practical Nurse (LPN) stated, the staff told me R1 was a wanderer and had a history of eloping in the past. On September 3, 2019, R1 was seen by two drivers trying to cross the 4 lane busy highway. R1 tripped and sustained bruises to her left eyebrow and upper lip. The police came. I am not sure how R1 got off the unit. Around lunch time, V13 receptionist called him and said he was sending R1 upstairs from the first floor in the elevator alone. He told V17 Certified Nursing Assistant (CNA) to get R1 off of the elevator.</p> <p>On September 9, 2019 at 10:08 AM, V17 CNA stated, on September 3, 2019 V7 LPN told him that R1 was coming back up on the elevator. He</p>	S9999		

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>IL6005144</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING: _____	(X3) DATE SURVEY COMPLETED  <b>C</b> <b>09/16/2019</b>
--	--	--	---

NAME OF PROVIDER OR SUPPLIER  <b>CLARIDGE HEALTHCARE CENTER</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>700 JENKISSON LAKE BLUFF, IL 60044</b>
---	--

(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
--------------------	--	---------------	---	--------------------

S9999	<p>Continued From page 6</p> <p>stated he got R1 off the elevator and put R1 back on second floor. That was the last time he saw R1. V17 CNA said that he told V7 LPN that R1 was not at the noon meal. V7 LPN told him, R1 went out to Walmart with activities.</p> <p>On September 5, 2019 at 11:37 AM, V6 Activity Director stated, "I told V1 administrator, V2 Director of Nursing (DON), and V11 dietary manager on September 3, 2019 which residents were going out on an outing and won't have lunch here. V7 LPN is a new nurse here and he doesn't know that the dementia unit residents do not go out on outside activities.</p> <p>On September 5, 2019 at 10:58 AM, V3 Assistant Director of Nursing (ADON) stated, "The resident (R1) got out on September 3, 2019 and nobody really knew." V3 said that she thought R1 could have gotten out of the building by the backdoor by the laundry room which was not alarmed or R1 went out the front door. That day we had an activity outing and I don't know if R1 went with them. V3 stated, R1 had gotten out of the building before and normally we get R1 before she leaves the parking lot.</p> <p>On September 5, 2019 at 9:40 AM, on the second floor, the corridor door on the south hallway that leads to a stairwell, had a locked linen cart pushed in between the door frame. V2 DON stated, "I don't know why" the cart was in front of the door. V2 moved the linen cart and opened door. The alarm did not sound. This door opens to a stairwell which goes down to the first floor. One door opens directly outside to the front of the building and another door to the first floor hallway. The stairwell continues on down into the basement. V2 called for V8 maintenance to help with the door alarm. He confirmed the door alarm</p>	S9999		
-------	--	-------	--	--

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>IL6005144</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING: _____	(X3) DATE SURVEY COMPLETED  <b>C</b> <b>09/16/2019</b>
--	--	--	---

NAME OF PROVIDER OR SUPPLIER  <b>CLARIDGE HEALTHCARE CENTER</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>700 JENKISSON LAKE BLUFF, IL 60044</b>
---	--

(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
S9999	<p>Continued From page 7</p> <p>was not working. V8 stated, the residents on the second floor continually open that door and may have worn out the batteries on the alarm. The facility's alarm door random checklist taped on the door documents the door was last checked on August 18, 2019 and that the door was working. V8 stated he checks the doors weekly but confirmed that August 18, 2019 was the last time he checked the door alarm.</p> <p>On September 5, 2019 at 10:27 AM, in the basement, the back door by the laundry room did not alarm when the door was opened. This doorway leads to the parking lot on the side of facility and to the front of the building.</p> <p>On September 5, 2019 at 10:32 AM, V9 dietary staff stated, he worked in laundry on Tuesday September 3, 2019 when R1 eloped from the building. He turned the alarm off (the back door by the laundry room) because a delivery was coming. "It's normal to leave the door unalarmed because of deliveries." He stated, he never turned the alarm back on after the delivery.</p> <p>On September 5, 2019 at 11:45 AM, V11 dietary manager stated, on September 3, 2019 he was at the front desk/reception area and saw United Parcel Service go to the back of the building. "I called V9 and told him to unlock the door." He stated that was around 1:00/1:15 PM. He added, V9 never re-set the alarm after the delivery. R1's nursing notes on July 7, July 10, July 11, July 19, and July 21, 2019 shows, R1 making multiple attempts to get into the elevator.</p> <p>On July 10, 2019 R1 opened the south hallway door on the second floor. R1's nursing elopement risk assessment dated August 20, 2019 shows, R1 is not at risk for</p>	S9999		



Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>IL6005144</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING: _____	(X3) DATE SURVEY COMPLETED  <b>C</b> <b>09/16/2019</b>
--	--	--	---

NAME OF PROVIDER OR SUPPLIER  <b>CLARIDGE HEALTHCARE CENTER</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>700 JENKISSON LAKE BLUFF, IL 60044</b>
---	--

(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
--------------------	--	---------------	---	--------------------

S9999	<p>Continued From page 8</p> <p>elopement. R1's social service elopement risk assessment dated May 27, 2019 shows, she is a moderate risk. "Resident has dementia diagnosis and verbalizes intent to leave the facility at times. She has the potential risk for elopement. Requires a 24-7 supervision and assistance at this time.</p> <p>The care plan for R1 dated November 20, 2018 shows, "Focus: The resident has a communication problem r/t (related to) language barrier. Has poor comprehension. Has confusion. Primary language is Korean."</p> <p>The care plan for R1 dated August 27, 2018 shows, "Focus: The resident is an elopement risk/wanderer r/t disoriented to place, history of attempts to leave facility unattended, impaired safety awareness. Paces on unit and will attempt to follow the visitors into the elevator."</p> <p>On September 9, 2019 at 12:25 PM, V19 primary care physician for R1 stated, R1 has dementia and she doesn't make good choices regarding her safety.</p> <p>On September 5, 2019 at 12:30 PM, R1 returned to the facility from the hospital after eloping from the facility on September 3, 2019. She was walking independently in her room, making her bed. She had an abrasion on her swollen left eye. Her left upper lip was swollen with an abrasion. There was bruising to both of her arms and hands. With an interpreter this surveyor asked R1 how she got her bruises on her arms and her face. R1 stated, "no idea."</p> <p>On September 5, 2019 at 12:30 PM, V5 CNA working on the second floor dementia unit, was only able to identify 3 out of 7 residents identified</p>	S9999		
-------	---	-------	--	--

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>IL6005144</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING: _____	(X3) DATE SURVEY COMPLETED  <b>C</b> <b>09/16/2019</b>
--	--	--	---

NAME OF PROVIDER OR SUPPLIER  <b>CLARIDGE HEALTHCARE CENTER</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>700 JENKISSON LAKE BLUFF, IL 60044</b>
---	--

(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
--------------------	--	---------------	---	--------------------

S9999	<p>Continued From page 9</p> <p>as high risk for elopement.</p> <p>The facility's exit doors policy (no date) shows, "Policy: It is the policy of this facility to maintain resident and employee safety. Exit doors are to be monitored or alarmed at all times. Procedure: 1. All exit door are to be alarmed or monitored at all times. 2. Alarms on all outside doors other than the front door and the kitchen/service door are to be on at all times. Alarms may be temporarily disarmed in order to use exit doors for entrance or discharge from the facility if personnel are present to monitor the door."</p> <p>(A)</p>	S9999		
-------	---	-------	--	--