

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  145343	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  10/18/2024
NAME OF PROVIDER OR SUPPLIER  Ambassador Nursing & Rehab Center		STREET ADDRESS, CITY, STATE, ZIP CODE  4900 North Bernard Chicago, IL 60625	

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)
<p>F 0600</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Protect each resident from all types of abuse such as physical, mental, sexual abuse, physical punishment, and neglect by anybody.</p> <p>49486</p> <p>Based on interview and record review, the facility failed to follow their policy on abuse. This failure resulted in R1 and R3 bumping into one another while on the patio smoking , causing R1 to fall and sustain a right hip fracture.</p> <p>Findings Include:</p> <p>On 10/17/24 at 11:21 AM, R1 stated that R3 pulled R1on R1's left wrist at the smoking patio, and R1 fell on the concrete floor on R1's right hip. R1 stated that there was a staff monitoring at the smoking patio. R1 stated that the nurse told R1 to go to the hospital but R1 refused. R1 later agreed to go to the hospital and report to the police.</p> <p>On 10/17/24 at 12:15 PM, R3 stated R3 speaks Polish with little English. Via the phone V11 (Polish Interpreter) stated that R3 stated that R3 did not punch or pulled R1. R3 stated that R1 pulled R3's wheelchair.</p> <p>On 10/17/24 at 3:17 PM, V4 (Social Service Director) stated that staff reported to V4 that R1 and R3 had verbal altercation outside the smoking patio on 9/13/24 (Friday) R1 bumped R1's rollator into R3's wheelchair, and R1 and R3 exchanged profanity words. V4 stated on 9/16/24 R1 told V4 to call the police to report the incident between R1 and R3. V4 called the police and made the police report.</p> <p>On 10/17/24 at 3:39 PM, V27 (Smoking Monitor) stated that V1 is the abuse coordinator, and V27 will report any abuse to V1 immediately. V27 stated that V27 was monitoring sometimes in September after lunch time, and R1 was very anxious to get into the smoking area, R1 bumped R1' rollator into R3's wheelchair. V27 stated that R1 and R3 started exchanging profanity words, and V27 quickly separated R1 and R3.</p> <p>On 10/17/24 at 4:28 PM, V19 (Nurse Practitioner) stated that V19 was called on 9/13/24 that R1 was having verbal altercation with R3 and as R1 was walking away, R1 lost R1's balance and R1 fell on R1's right side. V19 stated that R1 was sent to Swedish hospital where the CT scan result shows fractures of the right superior and inferior pubic rami. V19 stated that CT scan is more detailed than Xray, the inferior pubic fracture could potentially be a new fracture related to the fall.</p> <p>(continued on next page)</p>

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.

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)		
<p>F 0600</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>On 10/17/24 at 5:02 PM, V2 (Director of Nursing/DON) stated that the nurse reported to V2 that R1 was rushing to the smoking patio and R1 bumped into R3's wheelchair, and R3 became angry and there was verbal altercation between R1 and R3. V9 stated that staff separated R1 and R3, R1 was very aggressive, R1 purposely put self on the floor, and R1 denied pain. V2 stated that R1 requested to be sent to the hospital for a second opinion on 9/16/24.</p> <p>On 10/17/24 at 5:22 PM, V21 (LPN) stated that V21 cannot remember the date in September that V27 called V21 that there was verbal altercation between R1 and R3, and that R1 purposely put himself ( R1) on the floor.</p> <p>On 10/17/24 at 6:00 PM, V1 stated that V1 is the abuse coordinator. V1 stated that R1 and R3 had a verbal altercation on the smoking patio on 9/13/24, and staff separated both residents. V1 investigated the incident, and V1 cannot substantiate the abuse allegation.</p> <p>V6 (CNA), V7 (Restorative Aide), V8 (Smoking Monitor), V9(Registered Nurse/RN), and V11 (LPN) all stated that bumping is a form of resident-to-resident physical abuse.</p> <p>Survey team reviewed R1, R3's Face Sheet, POS, and Section C of MDS.</p> <p>R1's CT scan result dated 9/16/24 documents in part: Fractures of the right superior and inferior pubic rami.</p> <p>R1's police report dated 9/17/24 documents in part: Battery simple.</p> <p>Social Service progress note on 9/13/24 documents in part: R1 stated that R3 bumped into R1 when R1 and R3 were going to smoke. A review of R3's care plan revision dated 9/10/24, R3 has inappropriate personal boundaries.</p> <p>Abuse Policy dated 3/1/21 documents in part: It is the policy of this facility to prohibit and prevent resident abuse.</p> <p>Smoking Policy undated, document in part: All residents that smoke will be supervised during smoking activities.</p>		