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| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION                      | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:<br><br>145343 | (X2) MULTIPLE CONSTRUCTION<br>A. Building<br>B. Wing                                 | (X3) DATE SURVEY COMPLETED<br><br>11/04/2024 |
| NAME OF PROVIDER OR SUPPLIER<br><br>Ambassador Nursing & Rehab Center |  | STREET ADDRESS, CITY, STATE, ZIP CODE<br><br>4900 North Bernard<br>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.

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| (X4) ID PREFIX TAG   | SUMMARY STATEMENT OF DEFICIENCIES<br>(Each deficiency must be preceded by full regulatory or LSC identifying information)  |
| <p>F 0609</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p> | <p>Timely report suspected abuse, neglect, or theft and report the results of the investigation to proper authorities.</p> <p>15301</p> <p>Based on interview and record review, the facility failed to ensure an allegation of abuse was reported to the Illinois Department of Public Health (IDPH), within two hours of notification of the allegation and within five days of the abuse allegation for one of three residents (R2) reviewed for abuse in the sample of three.</p> <p>Findings include:</p> <p>11/3/2024, at 11:20 AM, R1 said, on Tuesday 10/15/2024, at 5:04 AM, he heard someone (female) say, don't push me, don't push me, followed by a thump. R1 said the conversation was coming from the room directly above him. R1 said he then heard the same female voice say, why did you do that, you pushed her down, she's hurt, you threw her on the floor, and don't push me. R1 identified the voice as R3, R2's former roommate at the time of the incident but could not identify the staff member's voice. R1 said he recorded the incident on his phone. R1 said he reported the incident to V3 (ADON-Assistant Director of Nursing) on 10/15/2024, at approximately 10:30 AM. I made her aware of what happened; she listened to the recording. R1 said V4 (Minimum Data Set Coordinator) took a statement from me on Friday 10/18/2024. R1 said V4 listened to the recording and asked me to text it (recording to him) which I did.</p> <p>11/3/2024, at 1:52 PM, V4 (Minimum Data Set Coordinator) said via telephone, that is correct, I spoke with R1 on 10/18/2024. R1 said he heard yelling and screaming and reported it. R1 played the tape for a staff member who reported it to V1 (Administrator). I went to speak with him because V1 asked me to interview R1. V4 said, I listened to recording, I heard noises or yelling, I could not discern words. R1 texted me the recording, I forwarded it to V1, V2 (Director of Nursing), and V5 (Consulting Administrator). V4 said, then I left it, it was beyond the boundaries of my job description. I cannot investigate, I cannot point fingers.</p> <p>11/3/2024, at 2:56 PM, V3 (Assistant Director of Nursing) said, V7 (Registered Nurse/Wound Care Coordinator) informed me R1 wanted to speak with me; he has an audio from R2's fall. I went to R1's room; said there was a fall around 5:00 AM for R2. I listened to the recording, I could hear voices, but they weren't clear. I reported it immediately to V2 (Director of Nursing). I asked V2 to follow up with R1.</p> <p>11/3/2024, at 3:10 PM, V1 (Administrator) said, he found out about the allegation of staff to resident abuse he believes from the V2 (Director of Nursing) on 10/18/2024, I was leaving the country.</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.

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| LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE |
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| <p>F 0609</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>                     | <p>11/3/2024, at 3:18 PM, V2 (Director of Nursing) said, I didn't hear about the allegation until 10/21/2024. R2's daughter reported to me there was an audio recording that R1 showed her, that you could clearly hear, you pushed me. That was the first time I heard about the abuse allegation. I told the daughter that we would take this very seriously. I reported the allegation to V5 (Consulting Administrator), he oversaw the investigation.</p> <p>11/3/2024, at 4:03 PM, V7 (RN/Wound Care Coordinator) said, yes, I spoke with R1. He told me he had a recording, he let me listen to the recording. It was on a Tuesday. R1 said to me, I don't know what happened upstairs, I was hearing a lot of noise (screaming). R1 said he was concerned that a resident might have been hurt by another person, he wanted to report what he heard. I called V3 (Assistant Director of Nursing) to talk to R1.</p> <p>11/04/2024, at 1:34 PM, V5 (Consulting Administrator) said via telephone, the day I was there (facility), whatever day that was, I typically go there on Wednesday or maybe it was Thursday. We found out about this recording, the day the reportable (incident report) was sent in (to IDPH-Illinois Department of Public Health). Abuse allegations should be reported to IDPH as soon as you hear about it; within two hours, that's the goal.</p> <p>10/21/2024 Facility Incident Report documents in part, On 10/21/24, the resident ' s daughter alleged that C. N.A (Certified Nursing Assistant-V9) had contact with (R2).</p> <p>Abuse Prevention Program (Revised 01/2019) documents in part, Abuse and Crime Reporting, under Policy: This facility will not tolerate resident abuse or mistreatment or crimes against a resident by anyone, including staff members, other residents, consultants, volunteers, and staff of other agencies, family members, legal guardians, friends, or other individuals. All personnel must promptly report any incident or suspected incident of resident abuse, mistreatment, neglect, or exploitation including injuries of an unknown origin. Under Procedure: When an alleged or suspected case of abuse, neglect, exploitation, or crime against a resident is reported to the facility Administrator, the Administrator, or DON in the Administrator's absence, will notify the following persons or agencies of such incident immediately. Any incident that involves crimes or a significant injury to a resident will be reported within 2 hours of the incident. 1.State Licensing and Certification Agency (i.e., IDPH). The investigator will submit a final report of the conclusion of the investigation in writing within 5 working days of the incident. The administrator or DON in the absence of the Administrator will review the report. The Administrator or DON in the absence of the Administrator is then responsible for forwarding a final written report of the results of the investigation and of any corrective action taken to the Department of Public Health within five working days of the reported incident.</p> |  |  |