

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 145415	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 11/22/2024
NAME OF PROVIDER OR SUPPLIER Irving Park Living & Rehab Ctr		STREET ADDRESS, CITY, STATE, ZIP CODE 4340 North Keystone Chicago, IL 60641	

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>45002</p> <p>Based on interview and record review, Facility failed to follow their policy to be free from sexual abuse by not providing necessary care and services. This failure resulted in a male resident (R4) sexually assaulting another male resident (R3). This failure affects two (R3 and R4) out of three residents reviewed for sexual abuse.</p> <p>Findings include:</p> <p>R3's MDS (Minimum Data Set) dated (10/1/2024) documents in part R3's BIMS (Brief Interview for Mental Status) score is 15. R3 is cognitively intact. R3's face sheet documents the medical diagnoses: Generalized epilepsy, viral hepatitis, spinal stenosis, chronic pain, hypothyroidism, gastroesophageal reflux disease, metabolic encephalopathy, essential hypertension, depression, type 2 diabetes mellitus, osteoarthritis, anxiety disorder.</p> <p>R4's is only alert and oriented to person and place. R4 is not alert. R4's face sheet documents the following medical diagnoses: dementia with behavioral disturbances, cognitive communication deficit, cerebral infarction with residual deficits, bipolar disorder and Schizophrenia.</p> <p>On 11/20/2024, at 11:10 AM, the surveyor observed R3 in his bed in his room. R3 was not in any pain. R3 stated that R4 had many behavioral and mental issues. R3 stated that one night, R4 came onto his side of the bed and then put his hands down on R3's diaper. R3 stated that he hit R4's hand out and told him to go sit on his bed and then pressed the call light. R3 stated that R4 went and sat on his bed. R3 stated that at that time the CNA (Certified Nursing Assistant) came in and saw R4 sitting on his bed.</p> <p>On 11/20/2024, at 11:15 AM, the surveyor observed R4 lying in his bed. R4 was not in any pain or discomfort. R4 stated he has no concerns with abuse, nor has he abused anyone else. R4 stated he has not sexually touched anyone inappropriately.</p> <p>On 11/20/2024, at 12:36 PM, V4 (Certified Nursing Assistant) stated she is familiar with the incident between R3 and R4. She was working on the floor, and it was in the morning around 4:00 AM. V4 stated R3 pulled his call light. When V4 came in, R3 stated R4 tried to touch him inappropriately. V4 stated when she walked in and, she saw R4 sitting on his bed. V4 stated that she told the nurse. V4 stated that they then moved R4 to a different room until they could figure out what to do next with R4. V4 stated that, she has heard that in the past R4 has tried to touch others inappropriately.</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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<p>F 0600</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Reviewed reportables for the past year. R4 had a previous incident of touching someone else inappropriately on 05/28/2024.</p> <p>R4's care plan documents in part: On 05/07/2024 R4 was involved in alleged sexually inappropriate behaviors. No change in interventions.</p> <p>R3's written statement on 10/19/2024, documents in part: R3 quoted, I had just fallen asleep around 4:00 AM. I was awakened by R4 standing over me putting his hand down my diaper. I yelled at him to stop and pushed his hand away. Then, I put on the call light. V4 came in the room and R4 was sitting on his bed. V4 removed R4 from the room.</p> <p>R4's progress note by a nurse on duty on 05/07/2024, documents in part: Spoke with V10 (psych nurse practitioner) and discussed resident's current condition and alleged behaviors of sexual inappropriateness. V10 gave orders to send R4 out psych to outside hospital for evaluation.</p> <p>R4's progress note by V7 (Registered Nurse) on 05/07/2024 ,documents in part: R4 sexually inappropriate toward caregiver, counseled and educated on appropriate behavior.</p> <p>Final Incident Investigation Report between R3 and R4 on 10/19/2024, documents in part: Based on the known facts from medical record review and interviews, the following conclusion have been determined about the abuse allegation. Founded and Unfounded box is unchecked.</p> <p>The Facility reported incidents on 05/28/2024: On 05/28/2024, another resident stated that R4 lifted his blanket up and tried to touch him, at which point that resident yelled and kicked him away.</p> <p>Facility abuse policy documents in part: Facility's Abuse Prevention Policy (10/24/2022) documents in part: The Facility affirms the right of our residents to be free from abuse. This Facility prohibits abuse. Abuse means any physical, mental, or sexual assault inflicted upon a resident other than by accidental means. Abuse is the willful infliction of injury resulting in physical harm, pain, or mental anguish to a resident. Sexual abuse includes but is not limited to sexual harassment, sexual coercion, or sexual assault.</p>		