STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	145415	A. Building B. Wing	12/27/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Irving Park Living & Rehab Ctr	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)
F 0600 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Protect each resident from all types of abuse such as physical, mental, sexual abuse, physical punishment, and neglect by anybody. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 41356 Based on review of records and interviews the facility failed to protect the rights of every resident to be free from verbal or physical abuse for 1 out of 4 residents (R1) reviewed for resident rights to be free from abuse. These failures do not conform with the abuse policy of the facility. Failures affected 1 resident (R1) that had directed verbal aggression and was poked in the hand by R2. Findings include: R1 an [AGE] year-old resident, with intact cognition based on brief interview of mental status (BIMS) dated 12/02/2024, scored 13. R1 is alert. R1's diagnosis includes dementia, mild, without behavioral disturbance, psychotic disturbance, mood disturbance, and anxiety. R2 [AGE] year-old resident, with intact cognition based on brief interview of mental status (BIMS) dated 12/03/2024, scored 14. R2 is alert. R2's diagnosis includes dementia, psychotic disturbance, major depressive disorder. Per facility's incident report investigation with initial date of 12/02/2024, and final date of 12/06/2024, it documents that abuse was founded. R1 stated on 12/01/2024, her roommate R2 was throwing tissues on the floor, threw a cup of water on the floor and tapped/poked her hand. Per social services notes of V4 (Assistant Director of Social Services) dated 12/01/2024, at 3:42 PM, documents that R2 was exhibiting increase agitation being verbally aggressive towards R1. R2 verbalized that she was upset with R1 because R1 placed her items on her meal tray. R2 became physically aggressive with R1 by tossing the cup on the floor. Per nursing notes of V5 (Licensed Practical Nurse) dated 12/03/2024, at 8:49 AM, documents that R1 informed V5 about her finger. R1 was asked how she injured her finger? R1 stated, Yesterday my roommate poked my hand. Written statement of V6 (Licensed Practical Nurse) dated 12/02/2024, documents that when she asked R1 how she got the skin tear to her finger? R1 verbalized that her roommate (R2) had it her on her left hand yesterday (12/01/2024) causing her some bruising. Per nursing notes of V3 (Licensed Practical Nurse) dated 12/05/2024, 9:25 AM, documents that when R1 was asked how she injured her finger? R1 stated, Yesterday my roommate poked my hand. (continued on next page)

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0600 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	On 12/24/2024, at 11:55 AM, V3 stated that she cannot determine whether it was left or right of R1 that was tapped or poked. V3 stated that R1 had a skin tear on the left hand. V3 stated that she cannot remember the exact date when the poking incident happened. She (V3) did not work the day before (12/01/2024) when R1 informed her with the skin tear (12/02/2024). The facility submitted the nursing schedule for 12/01/2024 and 12/02/2024. V3 worked on both 12/01/2024 and 12/02/2024. V3 stated that R1 asked to be transferred on 12/02/2024 after she told me (V3) about the incident with R2. V3 stated that tapping or poking another person's hand without permission is considered abuse. Written statement of V3 dated 12/01/2024, documents that she worked for 16 hours when social worker called her into the room and broken crackers, tissue, and paper towels on the resident bed and on the floor. On 12/24/2024, at 12:42 PM, V8 (Wound Care Nurse / Licensed Practical Nurse) verified that on 12/03/2024, she saw R1 with skin tear on her left hand, 2nd to the last finger. On 12/24/2024, at 1:07 PM, V4 (Assistant Director of Social Services) stated that on 12/01/2024, when he came in the room. R2 was upset with her roommate (R1). R2 was verbally aggressive towards her roommate or yelling towards R1. The nurse (V3) told him that R2 was yelling and screaming. V4 stated that he did not ask R2 what she screamed to R1. V4 stated that screaming at another person may constitute verbal abuse. V4 stated that transferring of R1 or R2 into another room may help residents to be safe and prevent another similar incident. On 12/26/2024, at 11:11 AM, V1 (Administrator) stated that she was not informed on 12/01/2024, when social service saw R1 with verbal aggression. V1 was informed the next day which was 12/02/2024. V1 stated that she expects facility staff to inform her when a similar incident happens. V1 stated that staff should have called her on 12/01/2024, when the incident between R1 and R2 happened. V1 stated that there was abuse between R1 and R2 because R2 said that she tapped/poked R1's hand. R2 demonstrated what she did (V1 tapped her left hand). Abuse Prevention Policy dated 10/24/2024, reads: This facility affirms the right of our residents to be free from abuse. This facility prohibits abuse of residents. In order to do so, the facility has attempted to establish a resident sensitive and resident secured environment. The purpose of this policy is to assure that facility is doing all that is within its control to prevent occurrences of abuse of residents. This will be done by immediately protecting residents involved in identified reports of possible abuse and making changes to prevent future occurrences. Under internal reporting requirements and identification of allegations, employees are required to report any incident, allegation or suspicion of potential abuse they observe, hear about, or suspect to the administrator immediately.