

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 145479	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 05/02/2024
NAME OF PROVIDER OR SUPPLIER Atrium Health Care Center		STREET ADDRESS, CITY, STATE, ZIP CODE 1425 West Estes Avenue Chicago, IL 60626	
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 - 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>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 02569</p> <p>Based on interview and record review the facility failed to ensure the right of resident to be free of abuse for two (R4, R8) of six residents reviewed for abuse in the sample. This failure resulted in R4 being hit in the mouth sustaining facial trauma and R8 being hit in the nose resulting in bleeding and pain.</p> <p>Findings include:</p> <p>1)</p> <p>R4 is a [AGE] year old male resident with a diagnosis including Schizophrenia, Deaf non speaking and Restlessness and agitation. R4 has a unscorable BIMS (Brief Interview for Mental Status). R4 is care planned for behavior symptoms concerning inappropriate personal boundaries due to diagnosis of Schizophrenia active 6/1/21. Symptoms are manifested by inappropriate touching. R4 will sneak up behind others and tap or grab them at the shoulders or back. R4 will also in attempt to joke with others steal their hats and run away from them. R4 requires ongoing supervision, cueing, and prompting from staff to remain on task and behave in a respectful and appropriate manner.</p> <p>R5 is a [AGE] year old male with a diagnosis including COPD, Schizophrenia and Blindness of left eye. R5 has a BIMS (Brief Interview for Mental Status) score 15/15. R5 is care planned for Aggressive Behavior (2/12/24). R5 has a diagnosis of disorganized schizophrenia which presents with paranoid and delusional though due to this resident can become aggressive due to believing that an individual is trying to harm him in some way.</p> <p>R5 was discharged from the facility on 4/29/24.</p> <p>Review of R4 and R5 progress notes show the following .</p> <p>On 3/27/24 R4 progress notes state R4 was in a alleged unprovoked incident with co peer (R5) in which staff had to intervene to prevent physical harm. R4's care plan was updated and abuse risk assessment was completed.</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 - Actual harm</p> <p>Residents Affected - Few</p>	<p>Resident was standing by the nursing station during medication administration at about 8:00 am, when a co-resident (R5) physically assaulted him (R4) by punching him in the mouth, which resulted in mild bleeding in the mouth. R5 alleged that R4 made a go at him. No one witnessed R4 making a go at it.</p> <p>Resident returned from ER (emergency room). Resident came with the DX (diagnosis): Facial trauma, initial encounter. Doctor and DON (Director of Nursing) notified of resident returned to facility.</p> <p>On 3/27/24 progress note shows according to staff R5 became agitated and ended up in an alleged unprovoked incident with co peer (R4) in which staff had to intervene to prevent physical harm. R5's care plan was updated and aggression/ harm assessment was completed.</p> <p>Facility incident report dated 3/27/24 shows that on 3/27/24 at approximately 8AM on the third floor R4 was hit in the mouth by resident R5. R4 was noted with a small amount of bleeding from mouth. Complaints of pain noted. First aid was provided. Both R4 and R5 were sent to the hospital. R5 did not return to the facility. Conclusion: Based on record review, and interviews, the facility was able to substantiate that R5 made physical contact with R4 hitting him in the mouth. R4 was transferred for medical evaluation R5 was transferred psychological evaluation.</p> <p>R4 progress note dated 3/27/24 shows including R4 returned from hospital with two paramedics. R4 came with the diagnosis of facial trauma , initial encounter .</p> <p>On 5/1/24 at 11:07AM V8 (CNA) stated I was on the floor when the incident between R4 and R5 took place. R4 was in the medication line when R5 walked by and punched R4 in the mouth. R4 had bleeding from mouth. R4 was treated and sent to the hospital. R5 was sent to the hospital for evaluation.</p> <p>On 5/2/24 at 10:46AM V6 (Social Service) stated I interviewed both R4 and R5 and confirmed that R5 hit R4 in the mouth causing injury of bleeding from the mouth .</p> <p>Chicago Police report (JH202906) shows on 3/27/24 incident of simple battery was filed with victim R4.</p> <p>2)</p> <p>R8 is a [AGE] year old female with a diagnosis including Schizoaffective disorder and Paranoid schizophrenia. R8 has a BIMS (Brief Interview for Mental Status) score of 15/15. R8 is care planned for behavior symptoms: Socially Inappropriate Behavior, Manipulative behavior and Resists care, Physical aggression. R8 goes into other residents rooms without permission. R8 was not available for interview during investigation.</p> <p>R9 is a [AGE] year old male with a diagnosis including Paranoid schizophrenia, Restlessness and agitation. R9 has a BIMS (Brief Interview for Mental Status) 15/15. R9 is care planned for: exhibits physically aggressive behavior towards staff and others and Resisting care.</p> <p>R9's 4/22/24 progress notes documents at around 4:20am, resident was seen on his way out of a co-residents room (R8's room), writer asked what happened and resident stated I told her not to come to my room she won't listen so I hit her nose, I don't care. Immediately resident left the resident room went back to his room. R8 refused vital sign .</p> <p>(continued on next page)</p>		

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<p>F 0600</p> <p>Level of Harm - Actual harm</p> <p>Residents Affected - Few</p>	<p>Facility incident report dated 4/22/24 shows on 4/22/24 at approximately 4:20AM on the 3rd floor R8 alleged that she was hit on the nose by co resident R9. Bleeding was noted with complaints of pain. First aid was provided. Doctor ordered R8 transfer for medical evaluation. R8 refused. Incident report shows based on record review, and interviews, the facility was able to substantiate that the alleged incident occurred. R8 refused medical evaluation.</p> <p>On 4/30/24 at 10:52 AM R9 stated yes there was an incident between me and R8. It was late at night and R8 came into my room and started taking my things. I jumped up from my wheelchair and grabbed my things back from her. R8 fell on the floor. The nurses came in. They took her out. I don't know if she got hurt when she fell . That's all I know.</p> <p>R8's progress note dated 4/22/24 shows R8 received up and about with no distress or discomfort noted at this time. Resident seen wandering from room to room all through the night and was redirected severally. At 4:20am, writer heard a loud noise from resident room. Writer immediately went to the room. On getting to the room noted resident nose bleeding. Resident was assisted in a sitting position tilt head slightly forward, pressure was applied to stop the bleeding, first aid measure was applied, cleaned with normal saline. Vital signs was checked B/P (blood pressure) 120/76, P (pulse) 78, R (respirations) 18, T (temperature) 97.4 O2 (Oxygen saturation) 98%. Co-resident (R9) was seen coming out of resident R8's room. Upon interview co-resident (R9) stated I told her not to come to my room she won't listen so I hit her nose. Resident was placed on another floor and placed on one to one supervision. Doctor was made aware with order to transfer resident to the ER (emergency room). Call was placed to ambulance with ETA (estimated time of arrival) of 45 mins (minutes). Administrator made aware, DON made aware. Resident contact on file Public health law surrogate made aware. At 6:15am 2 paramedics arrived at the facility to transport resident to the hospital to be checked for medical evaluation, but resident refused and stating I do not want to go and I have the right to refuse. Despite teaching and encouragement resident continue to refuse. Police was activated as part of facility's protocol. At around 6:55am police arrived the facility and the police states it's a medical situation and she has the right to refuse if she choose not to go to the hospital.</p> <p>On 5/2/24 at 12:14PM R15 stated, I am the roommate of R8. I saw R9 come into our room on 4/22/24 or around that date and pound her (R8) on the face. There was a lot of blood coming from her nose. I don't know why he just came into the room and did that. He (R9) left the room right after he hit her (R8).</p> <p>On 5/2/24 at 11:50AM V9 (Physician) stated R9 is not my patient but R8 is. She (R8) refused to go to the hospital when I gave order. R8 was hit in the nose by R9 and received injury.</p> <p>Facility policy titled Abuse Prevention Program includes statement :</p> <p>Policy</p> <p>This facility affirms the right of our residents to be free from abuse, neglect, exploitation, misappropriation of property or mistreatment.</p>		