

| | | | |
|---|--|--|--|
| 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 10/11/2024 |
| 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 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>45002</p> <p>Based on interview and record review, failed to follow their policy to report any allegation of abuse to the administrator or administrator's designee and to Illinois Department of Public Health for one resident (R5) out of three residents reviewed for abuse.</p> <p>Findings include:</p> <p>On 10/08/2024, at 11:00 AM, surveyor observed R5 in his room. R5 stated that sometimes nurses and CNAs hit him. R5 stated that one time they took his walker and hit himself with it. R5 stated that he spoke to social worker about this issue. R5 is not sure who the CNA or nurse was that hit him.</p> <p>On 10/08/2024 at 12:31 PM, V5 (Social Worker) stated that R5 informed her that he was hit by a CNA and was verbally aggressive towards him. V5 stated that she notified V1 (Administrator) and V4 (Social Worker Director). V5 stated that R5 have given her written statements about how CNAs and nurses have hit him.</p> <p>On 10/08/2024 at 12:35 PM, V5 showed surveyor the written statements given to her by R5. V5 stated that R5 has made these allegations in the past couple months.</p> <p>On 10/08/2024 at 1:45 PM, V1 (Administrator) stated that she is familiar with R5. V1 stated that she is the abuse coordinator. V1 stated that no one has mentioned to her about the abuse allegations that R5 had mentioned. V1 stated that if she had known she would have addressed it and started an investigation as soon as possible.</p> <p>On 10/08/2024 at 2:00 PM, V5 stated that she was supposed to tell V1 about any abuse allegation.</p> <p>R5's written statement (undated) documents in part: 3 male CNAs taunted and teased and blew warm air in my right ear and hit me. 2nd shift, 3rd shift male and female CNAs and male nurse hit me. The same worst 3rd shift CNA hit me for no reason.</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 |
|---|-------|-----------|

| | | | |
|---|--|--|--|
| 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 10/11/2024 |
| 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 0609</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p> | <p>Facility's abuse policy (undated) documents in part: Employees are required to report any incident, allegation or suspicion of potential abuse, neglect, mistreatment or misappropriation of resident property they observe, hear about or suspect to the administrator immediately or to an immediate supervisor who must then immediately report it to the administrator. Reports should be documented, and a record kept of the documentation. Upon learning of the report, the administrator shall initiate an incident investigation. The administrator is then responsible for completing a full investigation within 5 days and forwarding a final written report of the results of the investigation and any corrective action, taken to the Department of Public Health within five working days of the reported incident.</p> |

| | | | |
|--|--|--|--|
| 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 10/11/2024 |
| 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 0610</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p> | <p>Respond appropriately to all alleged violations.</p> <p>45002</p> <p>Based on interview and record review, failed to follow their policy to investigate allegations of abuse by the administrator or administrator's designee for one resident (R5) out of three residents reviewed for abuse.</p> <p>Findings include:</p> <p>On 10/08/2024 at 11:00 AM, surveyor observed R5 in his room. R5 stated that sometimes nurses and CNAs hit him. R5 stated that one time they took his walker and hit himself with it. R5 stated that he spoke to social worker about this issue. R5 is not sure who the CNA or nurse was that hit him.</p> <p>On 10/08/2024 at 12:31 PM, V5 (Social Worker) stated that R5 informed her that he was hit by a CNA and was verbally aggressive towards him. V5 stated that she notified V1 (Administrator) and V4 (Social Worker Director). V5 stated that R5 have given her written statements about how CNAs and nurses have hit him.</p> <p>On 10/08/2024 at 12:35 PM, V5 showed surveyor the written statements given to her by R5. V5 stated that R5 has made these allegations in the past couple months.</p> <p>On 10/08/2024 at 1:45 PM, V1 (Administrator) stated that she is familiar with R5. V1 stated that she is the abuse coordinator. V1 stated that no one has mentioned to her about the abuse allegations that R5 had mentioned. V1 stated that if she had known she would have addressed it and started an investigation as soon as possible. V1 stated that she will start the investigation now.</p> <p>On 10/08/2024 at 2:00 PM, V5 stated that she was supposed to tell V1 about any abuse allegation.</p> <p>R5's written statement (undated) documents in part: 3 male CNAs taunted and teased and blew warm air in my right ear and hit me. 2nd shift, 3rd shift male and female CNAs and male nurse hit me. The same worst 3rd shift CNA hit me for no reason.</p> <p>Facility's abuse policy (undated) documents in part: Employees are required to report any incident, allegation or suspicion of potential abuse, neglect, mistreatment or misappropriation of resident property they observe, hear about or suspect to the administrator immediately or to an immediate supervisor who must then immediately report it to the administrator. Reports should be documented, and a record kept of the documentation. Upon learning of the report, the administrator shall initiate an incident investigation. The administrator is then responsible for completing a full investigation within 5 days and forwarding a final written report of the results of the investigation and any corrective action, taken to the Department of Public Health within five working days of the reported incident.</p> | | |