

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  01/30/2025
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 - 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><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> 02569</p> <p>Based on interview and document review the facility failed to ensure the residents right to be free of abuse in for two (R1 and R4) out of five residents included in the resident sample of 9.</p> <p>Findings include:</p> <p>1: R1 is a [AGE] year old female with a diagnosis including Burns involving 30-39% of body surface with 9% third degree burns, Panic disorder, Schizophrenia, and chronic pain due to trauma. R1 was first admitted to the facility on [DATE]. R1 has a BIMS (Brief Interview for Mental Status) score of 15/15. R1 ambulates by wheelchair.</p> <p>On 1/22/25 at 11:10AM R1 stated I reported to the Social Service Director that my roommate's sister (V5) was verbally inappropriate to me when she was in my room to visit. I said good morning to her (V5). The sister (V5) responded by saying don't say good morning to me. She (V5) said you are a f*****g b***h liar. Have a nice life. I reported this to V4 (Social Service Director). V4 came to my room and looked into this. V4 told me that the visitor (sister) was not allowed up on the floor anymore because of that. I feel that I was verbally abused.</p> <p>On 1/22/25 at 11:50AM V4 (Social Service Director) stated there was an incident reported. I talked to the visitor about the incident with R1. This incident was reported to the Abuse Prevention Coordinator V1 (Administrator). An investigation was conducted. The allegation of verbal abuse of R1 was substantiated. R1's roommate's sister (V5) was prohibited from coming up to the floor and entering R1's room. R1's roommate visits with the sister on the first floor in the day room. R1 was interviewed and responded she is satisfied with the situation.</p> <p>Facility document titled Final Incident Investigation Report (Investigation of abuse) dated 1/3/25 includes documentation substantiating verbal abuse of R1. V5 (visitor/perpetrator) was restricted from going up to the floor of R1's room. V5 is not allowed on the facility resident floors. The allegation of verbal abuse was founded.</p> <p>2: R2 is a [AGE] year old female with a diagnosis including Schizoaffective Disorder, Convulsions, Heart Disease, History of Falls and Anxiety Disorder. R2 has a BIMS (Brief Interview for Mental Status) score of 15/15. R2 was first admitted to the facility on [DATE] and discharged on [DATE].</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>R4 is a [AGE] year old male with a diagnosis including Spinal Stenosis, Dementia, Diabetes, Gout and Heart Disease. R4 has a BIMS (Brief Interview for Mental Status) score of 10/15. R4 was first admitted to the facility on [DATE].</p> <p>On 1/29/25 at 12:45PM V8 (LPN-Licensed Practical Nurse) stated I was at nurses station when I heard a scream in hallway. I saw R4 holding R2's sleeve. I separated them and interviewed. They were both in wheelchairs and they bumped into each other. An argument started and R4 grabbed R2's sleeve. R2 responded by slapping R4's arm. I immediately separated the two. I assessed both with no injury. I reported to V1 (Administrator/ Abuse Prevention Coordinator).</p> <p>Facility final abuse investigation report dated 1/11/25 shows that on 1/7/25 it was substantiated that R2 slapped R4 on the left forearm. Residents were immediately separated, and R2 was placed on 1:1 monitoring by staff pending transfer to hospital for evaluation per physician order. The facility substantiated abuse to R4 .</p> <p>Facility document titled Illinois-Abuse Prevention Policy dated October 24/2022 includes the statement The facility affirms the right of our residents to be free from abuse, neglect, exploitation, misappropriation of property, deprivation of goods and services by staff or mistreatment.</p>