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| 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 06/12/2025 |
| 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.

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| (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>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on interviews and record review, the facility failed to ensure that one resident (R2) was free from abuse. This failure has affected one of four residents reviewed for abuse.</p> <p>Findings include:</p> <p>R2 is [AGE] year old with diagnosis including but not limited to: diabetes mellitus with diabetic neuropathy, essential hypertension, hyperlipidemia, heart failure and carcinoma of oral cavity.</p> <p>R2's BIMS (Brief Interview of Mental Status) score is 15, which indicates cognitively intact.</p> <p>On 6/10/2025 at 11:30 AM, R2 stated that R3 walked up to her (R2) and begun to choke her for no reason. She stated that she was not afraid of (R3), and that she felt safe in the facility and had no additional concerns.</p> <p>On 6/10/2025 at 11:30 AM, R10 and R11 both stated that they witnessed R3 grabbing R2 around the neck.</p> <p>On 6/11/2025 at 10:38 AM, V2 (DON/ Director of Nursing) stated that she was informed that on 4/25/2025, R3 had an altercation with R2 because she (R2) was looking at him (R3). R3 was discharged from the facility after the altercation. She (R2) shouldn't have gotten attacked. We do our best to keep all residents safe in the facility.</p> <p>R2's reported incident dated 4/25/2025 documents, R2 alleged that R3 grabbed her (R2) around neck; No redness, bruising or injuries were noted at the time of the assessment. R2 denied complaints of pain; R2 stated I'm ok, I'm safe, I want to stay at the facility.</p> <p>Facility Census dated 6/9/2024 excludes R3 as an active resident.</p> <p>Facility policy titled, Abuse Prevention Policy documents, this facility is committed to protecting our residents from abuse, neglect, exploitation, misappropriation of property, deprivation of goods and services and mistreatment by anyone including but not limited to facility staff, other residents, consultants, volunteers, staff from other agencies providing services to the individual, family members or legal guardians, friends, or any other individuals.</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.

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