

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 145625	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 06/11/2024
NAME OF PROVIDER OR SUPPLIER California Terrace		STREET ADDRESS, CITY, STATE, ZIP CODE 2829 South California Blvd Chicago, IL 60608	

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 0554</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Allow residents to self-administer drugs if determined clinically appropriate.</p> <p>43351</p> <p>Based on observation, interview, and record review, the facility failed to ensure medication was not left inside the room of a resident whose ability to safely self-administer medications was not assessed. This failure affected one (R4) resident reviewed for self-administration in the total sample of 7 residents.</p> <p>Findings include:</p> <p>On 06/10/2024 at 11:28am, there were 2 half pills in a med cup by R4's television stand. R4 stated I (R4) don't remember who gave me (R4) medication. I (R4) am not sure if it is the morning shift or the night shift. I (R4) don't remember the name of the nurse. All I (R4) know is that I (R4) took the med cup with meds (medications) from the nurse and the nurse just left them to me. The medication in the med cup is my potassium. I (R4) split it in half because I (R4) cannot swallow the whole pill.</p> <p>On 06/10/2024 at 11:30am, this surveyor requested V8 (Assistant Director of Nursing) to describe the medication in the med cup. V8 stated I (V8) am not going to tell you because I (V8) did not give that pills to her (R4).</p> <p>On 06/10/2024 at 11:30am for the second time, this surveyor requested V8 to describe whatever is in the med cup found inside R4's room. V8 stated I (V8) cannot tell you that.</p> <p>On 06/10/2024 at 11:31am, this surveyor informed V8 even though he (V8) was not the one who gave the medication to R4, this surveyor is just requesting V8 to describe the medication inside the med cup found inside of R4's room. V8 then stated there are white pills in the med cup. And added you can ask her (R4) who gave the meds to her (R4).</p> <p>On 06/10/2024 at 11:31am, R4 stated I (R4) hope I (R4) did not put anyone in trouble.</p> <p>On 06/10/2024 at 11:37am, V2 (Director of Nursing) stated the policy is for the nurse who passes the medication, has to ensure the medications are taken by the resident. The nurse should typically wait at bedside to make sure the medication is taken. So, we can ensure the medication is given as prescribed by the doctor. Medication is prescribed for a reason. And we want to make sure it is taken by the resident. I (V2) have to check if she (R4) has self-administration of medication assessment.</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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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)		
<p>F 0554</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>The (06/11/2024) email correspondence with V1 (Administrator) documented, in part (R4) does not have a care plan for self(-)administration of medication nor a self(-)administration for medication assessment.</p> <p>R4's Admission Record documented that R4's diagnoses include but not limited to type 2 diabetes mellitus and essential hypertension.</p> <p>R4's (04/15/2024) Minimum Data Set documented, in part Section C0500. BIMS (Brief Interview for mental status) Summary Score: 14. Indicating R4's mental status as cognitively intact.</p> <p>R4's (06/10/2024) Order Listing Report documented, in part Potassium Chloride ER (Extended Release) 20MEQ give 1 tablet by mouth one time a day. Active 06/10/2024. Of note, there is no order to may self-administer medication.</p> <p>R4's (06/2024) MAR (Medication Administration Record) documented, in part Potassium Chloride ER Tablet Extended Release 20MEQ give 1 tablet by mouth one time a day. Start Date: 04/23/2024 0900 (9:00am) with check marks from 06/01/2024 through 06/11/2024.</p> <p>The (1/1/2024) Policy and Procedure Administering Medications documented, in part purpose: to ensure safe and effective administration of medication in accordance with decisions orders and state/ federal regulations. Procedure: 4. Medications may be self-administered by residents who have been assessed and determined to be safe and upon physician order. 16. Self-Administration of drugs is permitted when approved by the attending physician and the interdisciplinary care planning team.</p>		