

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 145639	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 02/28/2025
NAME OF PROVIDER OR SUPPLIER Chicago Ridge Snf		STREET ADDRESS, CITY, STATE, ZIP CODE 10602 Southwest Highway Chicago Ridge, IL 60415	

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>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 46344</p> <p>Based on interview and record review, the facility failed to keep a resident free from verbal abuse from a staff member. This failure applied to one (R1) of one resident reviewed for abuse.</p> <p>Findings include:</p> <p>R1 originally admitted to the facility on [DATE] and discharged AMA (Against Medical Advice) on 2/26/2025. R1 has multiple diagnoses including but not limited to the following: multiple puncture wounds, pain, mental and behavioral, anxiety, and depression.</p> <p>MDS (Minimum Data Set) dated 2/28/2025 shows R2 has a BIMS (Brief Interview for Mental Status) of a 15 meaning R2 is cognitively intact. MDS dated [DATE] shows R1 has a BIMS of 15 also meaning R1 is cognitively intact.</p> <p>Initial facility reported incident dated 2/23/2025 states in part but not limited to the following: R1 reported V3 (Former Social Service Aide/Smoking Monitor) was verbally inappropriate with residents.</p> <p>R1's witness statement dated 2/23/2025 states in part but not limited to the following: R1 requested a cigarette from V3 during smoking time. V3 refused to give R1 a cigarette and I told her I am a grown man. V3 then told R1 B**ch, you are not getting one.</p> <p>R2's witness statement dated 2/23/2025 states in part but not limited to the following: R1 asked V3 for a cigarette and V3 said no, b**ch.</p> <p>2/27/2025 at 11:35AM, R2 said I was present on 2/23/2025 when R1 was asking V3 for a cigarette. V3 was standing inside the facility by the cart that contains the resident cigarettes and smoking her own cigarette. V3 was not letting me or R1 smoke. R1 was upset that V3 would not give him a cigarette. They were arguing about it and V3 called R1 'a b**ch.'</p> <p>At 11:13AM, V2 (Licensed Practical Nurse) said after the 1:00PM smoking time on 2/23/2025, R1 came back up to the third floor and told me that V3 was talking to him in an inappropriate way and called him 'a b**ch.' R2 said he was present also at the time and he heard V3 use inappropriate language to R1 as well. R1 was very upset and I brought him to his room to calm down. I called V1 (Administrator/Abuse Coordinator) and a police report was filed.</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>Police Report dated 2/23/2025 states in part but not limited to the following: Complainant needing to document a verbal aggression towards patient.</p> <p>V3's personal file included a disciplinary action dated 7/3/2023 which read: Employee are presented with unsatisfactory work and/or attitude. Employee noted with dishonest practice regarding the handling of smoking materials.</p> <p>Abuse Prevention Program facility policy and procedure with last review date of 1/4/2019 states in part but not limited to the following: Abuse is defined as the willful infliction of injury, unreasonable confinement, intimidation, or punishment with resulting physical harm, pain, or mental anguish. It includes verbal abuse, etc.</p>		