

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 145764	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 12/12/2024
NAME OF PROVIDER OR SUPPLIER Morgan Park Healthcare		STREET ADDRESS, CITY, STATE, ZIP CODE 10935 South Halsted Street Chicago, IL 60628	

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** 47303</p> <p>Based on interviews and record review the facility failed to ensure that one resident (R11) was free from abuse from another resident (R4.) This failure affected 2 residents (R4 and R11.)</p> <p>Findings include:</p> <p>R11 is [AGE] year old with diagnosis including but not limited to: Cognitive communication deficit, unspecified severe protein- calorie malnutrition, unspecified lack of coordination, essential hypertension, muscle wasting and atrophy.</p> <p>R4 is [AGE] year old with diagnosis including but limited to: Bipolar disorder, traumatic subdural hemorrhage without loss of consciousness, opioid abuse, insomnia and type 2 diabetes mellitus.</p> <p>On 12/09/2024 at 2:05 PM, R4 and R11 were observed sitting in the third floor dining room. At that time, R11 appeared upset and said, R4 pulled my hair and hit me in my face with a bag of cups.</p> <p>On 12/09/2024 at 2:10 PM, V8 (CNA/ Certified Nurse Assistant) said, R4 hit R11 earlier and I had to separate them.</p> <p>On 12/09/2024 at 2:10 PM, Surveyor asked if R4 had a history of physically assaulting his peers? V8 (CNA) said, R4 is violent and calls staff names daily for no reason. He is very argumentative with everyone and has a history of assaulting his peers. Surveyor asked if R4 had a 1:1 aide with him at the time of the physical altercation. V8 said that R4 did not have a 1:1 aide with him and that R4 and R11 were sitting at the same table at the time of the physical altercation.</p> <p>On 12/09/2024 at 2:12 PM, Surveyor asked R4 what had happened between him and R11? R4 became loud and said, I didn't touch that B .h.</p> <p>On 12/09/24 at 2:45 PM, V2 (DON/Director of Nursing) said, R4 will probably go out for a psychiatric evaluation just to see if we can get handle all his behaviors. We also have social services involved with a lot of the behaviors.</p> <p>On 12/10/2024 at 11:30 AM, V1 (Administrator) stated that she was aware of the incident involving R4 and R11 yesterday and was working on finally transferring R4 to another facility.</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 0600</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>On 12/11/2024 at 2:50 PM, V6 (PRSD/ Psychiatric Rehabilitation Services Director) said that R4 had been involuntarily discharged from the facility.</p> <p>R11's Care plan dated 02/02/2023 documents, R11 may be at risk for potential abuse related to physical and/or communication challenge; Goal to remain free from harm; Intervention includes assuring R4 is in a safe and secure environment.</p> <p>R4's Care plan dated 07/1/2022 documents, R4 has the potential to demonstrate verbal and physically aggressive behaviors related to anger and poor impulse control; R4 has a history of being physically aggressive towards his peers; Interventions include intervention before agitation escalates.</p> <p>R4's 72 Hour Behavior Monitoring dated 11/05/2024 documents, R4 was physically aggressive towards his peer.</p> <p>R4's 72 Hour Behavior Monitoring dated 11/12/2024 documents, 1:1 (staff: resident) intervention implemented due to physical aggressive behavior.</p> <p>R4's 72 Hour Behavior Monitoring dated 11/19/2024 documents, 1:1 (staff: resident) intervention implemented due to physical aggressive behavior.</p> <p>R4's 72 Hour Behavior Monitoring dated 11/26/2024 documents, 1:1 (staff: resident) intervention implemented due to physical aggressive behavior.</p> <p>R4's 72 Hour Behavior Monitoring dated 12/02/2024 documents, 1:1 (staff: resident) intervention implemented due to physical aggressive behavior.</p> <p>Facility document titled State Report documents, alleged resident to resident altercation between R4 and R11 on 12/09/2024.</p> <p>Facility Census dated 12/09/2024 documents 189 residents that reside in the facility.</p> <p>Facility policy titled Behavior Management for Agitated Behavior documents preventative measures include but are not limited to: Observing residents for behaviors, escalation of anxiety, aggression such as loud tone, hand ringing, swearing, yelling and other irritability.</p>		