

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  145767	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  04/13/2025
NAME OF PROVIDER OR SUPPLIER  Paul House & Health Cr Ctr		STREET ADDRESS, CITY, STATE, ZIP CODE  3800 North California Avenue Chicago, IL 60618	

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 0550</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Honor the resident's right to a dignified existence, self-determination, communication, and to exercise his or her rights.</p> <p>45110</p> <p>Based on interview and record review, the facility failed to deliver mail and not open mail without permission for one (R1) of four residents reviewed for resident rights.</p> <p>R1's clinical record indicates: R1 is a sixty-six-year-old man admitted with chronic obstructive pulmonary disease, chronic respiratory failure with hypoxia, sleep apnea, type II diabetes, long term use of insulin, major depression, anxiety disorder, and essential hypertension. R1's minimum data set assessment section [C] indicates R1 is alert and oriented, able to make his needs known.</p> <p>On 4/12/25 at 10:58 AM, R1 stated, V2 (Director of Nursing/DON) opened up my mail, and she had no right opening up my personal mail. V2 opened my mail and took my pills, I don't know what the veteran pharmacy sent, how many, or nothing.</p> <p>On 4/13/25 at 2:00PM, V6 (R1's Family Member) stated, I have never been to the facility, but R1 calls me regarding all his concerns. R1 told me that V2 (DON) opened up R1's mail, and that was against the law.</p> <p>On 4/12/25 at 2:55 PM, V2 (DON) stated, one day the receptionist called me and said that she thought R1 received medications in the mail. I opened the package from R1's veteran pharmacy and there were several bottles of pills. I placed the pills inside the medication cart. Then I told R1, I got the package of medications sent to him in the mail and placed the pills on the med cart. I was not supposed to open his personal mail without R1's permission. Or I could have asked if I could be present while he opened his mail, and I should have explained the medication storage policy to him. I am sorry for opening his mail.</p> <p>On 4/12/25 at 3:15 PM, V1 (Administrator) stated, no one should open anyone's mail. V2 (DON) opened R1's mail because she thought it had pills in the package, but V2 should not have opened the package without R1's permission or presence.</p> <p>Policy documented in part:</p> <p>Resident Rights for People in Long-Term Care Facilities, Ombudsman Program.</p> <p>Your Rights to Privacy and Confidentiality:</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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F 0550  Level of Harm - Minimal harm or potential for actual harm  Residents Affected - Few	Your facility must deliver and send your mail promptly. Your facility may not open your mail without your permission [page 5].		