

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 145838	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 05/20/2024
NAME OF PROVIDER OR SUPPLIER Peterson Park Health Care Ctr		STREET ADDRESS, CITY, STATE, ZIP CODE 6141 North Pulaski Road Chicago, IL 60646	
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 0836</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Ensure the facility is licensed under applicable State and local law and operates and provides services in compliance with all applicable Federal, State, and local laws, regulations, and codes, and with accepted professional standards.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 45000</p> <p>Based on interview and record review, the facility failed to provide services in compliance with applicable federal, state, and local laws, regulations, and codes, and with accepted professional standards and principles by not scheduling service plan meetings for the [NAME] Consent Decree Program in an effort to transition residents back into the community. This failure has the potential to affect 28 residents residing in the facility.</p> <p>Finding include:</p> <p>On 05/18/2024 at 11:48AM, V7 (Social Services Director/SSD) states she has been the SSD at the facility since February 2023. V7 states she is one of the people responsible for helping with the [NAME] Program. V7 states upon admission, the facility provides the resident with the [NAME] Program fact sheet. V7 states it usually takes 60 days for a [NAME] representative to come to the facility and assess the resident to be transitioned back into the community. V7 states there has been a lot of issues getting case managers from the [NAME] Program assigned to the residents. V7 states she has reached out to representatives of the [NAME] Program to inquire about the status of residents being assessed to be transitioned back into the community. V7 states when she would make this inquiry, V7 would be informed by someone from the [NAME] Program that they are still waiting to assign residents to a case manager. V7 states the [NAME] Program was taking too long to assist residents with transitioning into the community. V7 states because of this, the facility has been contacting the case manager of the resident's insurance company to try and help assist residents with transitioning back into the community. V7 states the [NAME] program has recently reached out to the facility and visited the facility on 04/25/2024 to visit and have a service plan meeting with a resident and help them transition to the community. V7 states she communicates with the [NAME] Program via phone and email but may not be included on all email correspondences with [NAME] Program representatives. V7 states she never denied the [NAME] Program from seeing the residents and they were always able to visit the residents in the facility. V7 states she did explain to the [NAME] Program representatives that certain residents are not good candidates.</p> <p>All email correspondences to/from [NAME] representatives from 03/14/2024 to 05/18/2024 was requested from V7 (SSD). V7 states she will send the requested emails to V3 (Assistant Administrator).</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 0836</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>On 05/18/2024, V3 (Assistant Administrator) states the facility does not have a policy for the [NAME] Program and provides surveyor with a document undated, titled Department of Human Services, Help is Here.</p> <p>On 05/18/2024, email correspondences to/from [NAME] representatives from 03/14/2024 to 05/18/2024 was provided to surveyor by V3.</p> <p>Email written by V6 ([NAME] Representative) dated 03/15/2024 at 10:36PM, addressed to V7 (SSD) and V9 (Social Services) documents V6 addressing concerns pertaining to how residents at the facility are assessed by the [NAME] Program.</p> <p>Email written by V8 ([NAME] Care Manager) dated 04/16/2024 at 2:41PM, addressed to V7 (SSD) documents a request by V8 to schedule care plan meetings for Colber Class Members at the facility.</p> <p>There is no email correspondence/documentation to show that V7 (SSD) responded to V8's email and requests.</p> <p>Email written by V6 ([NAME] Representative) dated 05/05/2024 at 10:05PM, addressed to V7 (SSD) and V9 (Social Services) documents V6 addressing concerns with not receiving a response from the facility and difficulty with scheduling care plan meetings.</p> <p>Email written by V7 (SSD) dated 05/06/2024 at 11:34AM, addressed to V9 (Social Services) and V6 ([NAME] Representative) documents in part, Now with caseworkers assigned it appears that ([NAME] Program) is trying to rectify this by having care plan meetings arranged quickly. Again, we're unable to facilitate these meetings for ([NAME] Program).</p> <p>Email written by V6 ([NAME] Representative) dated 05/06/2024 at 6:46PM, addressed to V7 (SSD) and V9 (Social Services) documents in part, We are going to continue to need to move forward with care plan meetings for these individuals.</p> <p>Email written by V7 (SSD) dated 05/07/2024 at 7:01AM, addressed to V9 (Social Services) and V6 ([NAME] Representative) documents in part, Again, ([NAME] Program) requires those meetings for those who are not appropriate. We do not. We have our own requirements</p> <p>Facility document undated, titled Department of Human Services, Help is Here documents in part, a Care Manager makes a Service Plan to identify the Class Member's needs, wants, and goals, and the services and supports they will need. The Care Manager works with the facility staff and other providers to do the activities in the Service Plan and move the Class Member into the community.</p> <p>Facility document undated, titled, DHS Comprehensive Class Member Transition Program: Consent Decree Fact Sheet documents in part, Referrals: Each nursing home or SMHRF works with one [NAME]/[NAME] agency. Assessment: Assessments are done by specially trained staff in the [NAME]/[NAME] program. These staff know about people with special and complex needs and how to identify what that person might need to live in the community. They look at the person's needs, strengths, abilities and preferences, and whether the person can safely and successfully move to the community. Class Members who are not recommended to move to the community are told the reasons why. They are given goals to work on for 6 months.</p> <p>(continued on next page)</p>		

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<p>F 0836</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>List provided by facility documents that a total of 28 residents currently participates in the [NAME] Program.</p>