

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  145881	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  07/14/2024
NAME OF PROVIDER OR SUPPLIER  Uptown Care and Rehabilitation		STREET ADDRESS, CITY, STATE, ZIP CODE  4920 North Kenmore Chicago, IL 60640	

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 0558</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Reasonably accommodate the needs and preferences of each resident.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> 45111</p> <p>Based on observation, interview and record review, the facility failed to accommodate the needs of residents by failing to ensure call lights were within reach of two (R2, R3) of four residents reviewed.</p> <p>Findings include:</p> <p>R2</p> <p>R2 is an individual with medical diagnosis that include but not limited to: bipolar disorder, current episode depressed, severe, without psychotic features, other muscle spasm, and R2's Brief Interview for Mental Status (BIMS) dated [DATE] is documented as 11/15, indicating R2 has moderate cognitive impairment, and R2's MDS(Minimum Data Set) section GG (Functional Abilities and Goals) dated 2/15/2024 documents R2 requires Substantial/maximal assistance with Shower/bathe, self/Lower/upper body, dressing/Personal hygiene/Sit to stand, and R2 is frequently incontinent of bladder and bowel.</p> <p>On 07/13/2024 at 10:05am, R2 was observed laying in his bed with head of the bed elevated to about 60 degrees. R2 stated he ate breakfast and has already taken his medication. R2 stated he was having a stomachache. R2 stated he had not called the nurse because R2 did not know where his (R2) call light was. R2's call light was observed hanging behind R2's bed, hanging against the wall and touching the floor, and R2 could not reach it.</p> <p>R3</p> <p>R3's medical conditions as documented in R3's current face sheet include but not limited to: Chronic Systolic (Congestive) Heart Failure, Chronic Obstructive Pulmonary disease. Morbid (Severe) obesity due to excess calories, and R3's Brief Interview for Mental Status (BIMS) dated [DATE] documents R3's BIMS as 15/15, indicating R3 has intact cognition, and R3's MDS (Minimum Data Set) Section GG dated [DATE] documents R3 is dependent on staff to Roll left and right, Sit to lying, Chair/bed-to-chair transfer, tub shower transfer and Toilet transfer was not attempted due to medical condition/safety concerns, and further documents R3 is frequently incontinent for bladder and always incontinent for bowel.</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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NAME OF PROVIDER OR SUPPLIER  Uptown Care and Rehabilitation		STREET ADDRESS, CITY, STATE, ZIP CODE  4920 North Kenmore Chicago, IL 60640	
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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 0558</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>On 7/13/2024 at 11:05am, R3 stated he ate breakfast this morning and had a bowel movement and when he was done, he wanted to use his call light to call for staff to come and change him. R3 stated he looked for the call light, but he could not find it. R3's call light was observed on the side of the bed tangled with the bed remote wires and far from reach of R3. R3 stated he could not see or feel/reach the call light when he tried to look for it.</p> <p>On 07/13/2024 at 12:15pm, V5 (Registered Nurse-RN) stated call light should be within reach of a resident so that the resident can reach it and use it when they need to. V5 stated nursing staff should be making sure the call light is within reach for the resident to use in case of an emergency.</p> <p>On 07/13/2024 at 10:15am, V10 (Licensed Practical Nurse-LPN) with surveyor observed R2 laying in his bed awake with the TV on. R2's call light was observed hanging behind the back of R2's bed by the wall. R2 was not able to reach the call light. V10 stated the call light should be within R2's reach so that he can be able to use it in case of an emergency. V10 stated if the call light is not within reach, R2 might not be able to reach staff in case of an emergency. V10 said he will speak to the CNAs (Certified Nursing Assistants) to make sure call light are within resident's reach.</p> <p>On 07/13/2024 at 11:15am, V12 (Certified Nursing Assistant-CNA) with surveyor observed R3's call light on the side of the bed tangled with the bed control button and far from R3's reach. V12 stated call lights should be within reach of residents so they can reach staff in case the residents need anything. V12 stated R3's call light should be placed near R3.</p> <p>On 07/13/2024 at 2:24pm V3 (Director of Nursing-DON) stated call light should be within reach of the resident so that residents can reach staff if resident has an issue/or emergency. V3 stated a resident's call light should be within hands reach and should not be hanging on the back of the bed or tangled with bed remote controller and far from resident.</p> <p>Facility policy titled CALL LIGHT, No date, documents:</p> <p>-When the resident is in bed or confined to a wheelchair, staff shall ensure the call light is within reach of the resident.</p>		