

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 07/24/2024
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 0609</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Timely report suspected abuse, neglect, or theft and report the results of the investigation to proper authorities.</p> <p>32819</p> <p>Based upon record review and interview the facility failed to follow the abuse policy procedures, failed to report abuse to IDPH (Illinois Department of Public Health) within regulatory requirements and failed to report actual time of occurrence for two of four residents (R5, R6) reviewed for abuse.</p> <p>Findings include:</p> <p>R5's (6/9/24) progress notes states (7:08pm) writer observed resident in a verbal altercation with peer. Resident then pushed peer with two hands to the ground, causing peer to fall.</p> <p>The (6/9/24) initial incident report includes Incident Time: Evening [actual time is excluded]. Brief Description of Incident: It was reported that (R5) pushed (R6) on the patio. It was unclear at the time of the cause and what triggered this incident. (R5) was immediately separated from (R6) and the police were called. R5 was sent to the hospital. R6 refused a head-to-toe assessment and confirmed that he had no pain or injury from the incident. He was fine and no further intervention was necessary per the Nurse on duty. (R6) refused any x-ray as well. Analysis/conclusion: after five business days a final report will be sent. IDPH was notified (6/10/24) via facsimile at 11:07am [the following day].</p> <p>The (6/9/24) final incident report states (R5) was arguing with (R6) about money. (R5) was told by the manager on duty to calm down and deescalate or she would be sent out. (R5) and (R6) went outside into the patio to smoke, both were told to be on the opposite sides of the patio. Right away (R5) lunged for (R6) and pushed him before staff had a chance to intervene. (R5) was not visibly himself and not with it, he was subsequently petitioned out to the hospital for further evaluation. After concluding the investigation abuse cannot be substantiated as (R6) was going through a mental health episode. (R6) was not harmed from the incident, he refused an x-ray, stated he is fine and not interested in any further intervention. IDPH was notified (6/17/24) via facsimile [8 days after the incident].</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 0609</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>On 7/23/24 at 1:06pm, surveyor inquired about the regulatory requirements for abuse V1 (Administrator) stated in part, We report to IDPH within 2 hours, we investigate it and submit the final within 5 business days Surveyor inquired about concerns with the (6/9/24) reported incident involving R5 and R6. V1 affirmed that V1 was not employed by the facility at that time. V1 reviewed the initial/final reports and responded, There is no time, it says evening. Surveyor inquired when the (6/9/24) initial incident report was submitted to IDPH, V1 replied The next day, the next morning. It's a late report. Surveyor inquired if the (6/9/24) final report was submitted to IDPH on time V1 stated, It was late.</p> <p>The (undated) facility abuse policy states an initial report to the State licensing agency, IDPH, shall be made immediately after the resident has been assessed and the alleged perpetrator has been removed. The initial report shall include the time and date of the alleged incident. Within five days after the report of the occurrence, a complete written report of the conclusion of the investigation, including steps the facility has taken to respond to the allegation, will be sent to IDPH.</p>		