

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 10/18/2024
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 0689</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Ensure that a nursing home area is free from accident hazards and provides adequate supervision to prevent accidents.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 49666</p> <p>Based on interview and record review, the facility failed to follow their policy and provide sufficient supervision to one (R8) resident out of three residents reviewed for improper nursing care. After interviewing staff, the surveyor identified that the facility did not have a physician pass privilege order in place the day the resident signed himself out to the community unaccompanied. Later that day, the resident got lost and the facility ordered the resident a transportation ride back to the facility. This failure has the potential to cause serious harm to a resident.</p> <p>Findings include:</p> <p>R8's current face sheet document R8 is a [AGE] year-old individual admitted to the facility on [DATE]. Current medical diagnosis are listed to include but not limited to: vascular dementia, moderate, with psychotic disturbance, major depressive disorder, generalized anxiety disorder, unspecified psychosis not due to a substance or known.</p> <p>R8's Minimum Data Set (MDS) Section C, dated 10/08/2024, documents R8 has a Brief Interview for Mental Status (BIMS) of 12 out of 15, indicating R8 is moderately cognitive impaired.</p> <p>10/15/2024, 1:27 PM surveyor asked R8 what happened to him when he left the facility last week on October 7th, 2024. R8 stated he got lost and that he went too far. R8 stated he called 411 and was able to get the facility's phone number. R8 stated the facility sent him transportation to pick him up. R8 stated he had signed himself out by himself. R8 said he probably signed himself out at the front desk, but he can't remember. R8 stated he left the facility that day after 3:00 PM. R8 stated he returned to the facility close to midnight. R8 stated he couldn't walk for a day after that because he was sore from all the walking that he had done when he got lost.</p> <p>10/15/2024, 2:40 PM, V7 (Licensed Practical Nurse) stated if the residents want to go out to the community independently, she usually refers the residents to social services. V7 stated she worked last Monday, October 7th, 2024. V7 does not remember if R8 approached her to inform her that he was going out to the community. V7 stated, He is usually in the room sleeping. He is quiet and calm. I'll give him cues and reminders of medication time. He hasn't given me any problems.</p> <p>10/15/2024, 3:17 PM, V2 (Director of Nursing) stated R8's room change occurred on 10/7/2024, at 2:02 PM. V2 stated V7 was his assigned nurse after the room change was done until 7:00 PM on October 7, 2024.</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
---	-------	-----------

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 10/18/2024
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 0689</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>10/15/2024, 4:02 PM V8 (Receptionist) stated she worked 3:00 PM to 11:00 PM shift on October 7th, 2024. V8 stated R8 signed himself out and no one was escorting him. V8 stated she was still at work when R8 returned around 11:30 PM. V8 stated R8 told her that he was cold and had been walking around a long time. V8 stated the night shift receptionist who started work at 11:00 PM ordered R8 a transportation ride back to the facility. V8 stated she asked R8 what happened and why R8 missed curfew. V8 stated R8 responded, I got a little lost when I went to get my tacos.</p> <p>10/17/2024, 9:43 AM, V13 (Registered Nursing) via telephone stated she came to work last Monday at 7:00 PM. V13 stated at 9:00 PM, she was looking for R8. V13 stated she called the front desk to check if he had gone out on pass. V13 stated she was informed by front desk receptionist that R8 had signed out around 5:00 PM. V13 stated she did end up calling his contact number to see what time he was going to come back, and it didn't work. V13 stated she thinks he returned at midnight. V13 stated this was not communicated by the previous nurse. V13 stated R8 has been diagnosed with dementia, there is possibility of getting lost or getting into an accident. V13 stated moving forward she would ask if the resident was in the building or if they have eaten their dinner. V13 stated she will know exactly where the resident is located.</p> <p>10/17/24, 12:06 PM, V4 (Social Services Director) stated any resident in the facility needs a doctor's order to go out on pass independently. V4 stated she did not check if R8 had an order in place because she had brought it to V2. V4 stated she assumed she was taking care of that.</p> <p>10/17/24, 11:24 AM V3 stated she doesn't believe that she pulled R8's diagnoses and reviewed them that day when she completed the assessment. V3 stated she had worked several 16 hour shifts previously before completing R8's assessment.</p> <p>R8's nurse's note dated 10/07/2024, 10:55 PM documents in part around 9:00 PM, V13 noted R8 not in the unit. V13 called the front desk and was informed R8 signed out from the facility at 5:00 PM.</p> <p>R8's nurse's note dated 10/08/2024, 12:10 AM documents in part that R8 is back in the facility in stable condition.</p> <p>R8's community skills assessment dated [DATE], is strike out and documents reason for strike out incorrect documentation.</p> <p>R8's community skills assessment dated [DATE], documents in part, the resident does not appear to be capable of unsupervised outside pass privileges at this time.</p> <p>R8's care plan dated 10/4/2024, documents in part R8 has potential for impaired cognitive function related to diagnosis of dementia. Interventions include cue, reorient, and supervise the resident as needed.</p> <p>R8's physician order set does not document a physician pass privilege order.</p> <p>10/17/24, V2 notified surveyor via email that R8 did not have an order for pass on October 7th, 2024.</p> <p>(continued on next page)</p>		

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 10/18/2024
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 0689</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Facility document, dated 08/2024, titled Resident Pass Privileges documents in part, Policy: to ensure upon admission residents are given pass privileges based on assessment. Physician orders will be obtained 72 hours after admission for pass privileges orders. Physician pass privileges orders will be indicated: May go out on pass independent. May go out on pass with supervision.</p>		