STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	145881	A. Building B. Wing	11/21/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Uptown Care and Rehabilitation	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)
F 0552 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Ensure that residents are fully informed and understand their health status, care and treatments. 50662 Based on interview and record review, the facility failed to obtain informed consent for psychotropic medication prior to administering the medication. This failure affects 1 resident (R2) in a sample of 3 residents (R2, R3, R5) reviewed for psychotropic medications. Findings include: R2's diagnoses include schizoaffective disorder bipolar, violent behavior, generalized anxiety disorder, paranoid schizophrenia. R2's Minimum Data Set (dated 10/9/2024) documents in part a brief interview of mental status summary score of 9, indicating that R2's cognition is moderately impaired. Review of R2 medication administration record indicate that R2 received Fluphenazine Decanoate intramuscular injection on 10/24/24, 09/25/24, 08/29/24, 07/04/24, 07/8/24. Review of R2' psychotropic consent dated 11/30/23 indicate R2's refusal of psychotropic medication. R2 had no other consent to indicate R2 consented to psychotropic medication. On 11/18/24 at 11:55am R2 stated that she refused to sign the psychotropic consent because she did not want to take the psychotropic medication. On 11/18/24 at 2:23pm, V3 (Assistant Director of Nursing/ADON) stated R2 gave him verbal consent for the psychotropic medications but was unable to provide proof because he did not document the verbal consent. On 11/20/24 at 11:50am V2 (Director of Nursing/DON) stated that a consent for psychotropic medication should be obtained before administration of a psychotropic medication is given. V2 stated that residents have the right to refuse medication. Facility's undated policy titled Psychotropic Medication Consent Policy documents in part, Policy: 1. To ensure residents with physician orders for psychotropic medication administration have signed or given verbal consent for administration of medication .Procedure: 1. Residents newly admitted on psychotropic medication, consent to administer will be obtained from resident and/or legal guardian. 2. Verbal consent will be acceptable with 2 witness staff. 3. Residents with medication change and/or dose change will require a new consent signed. 4. Resident signing with X will be acceptable if witnessed by staff.

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:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	145881	A. Building B. Wing	11/21/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Uptown Care and Rehabilitation	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)
F 0600 Level of Harm - Actual harm Residents Affected - Few	Protect each resident from all types of abuse such as physical, mental, sexual abuse, physical punishment, and neglect by anybody. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 50662 Based on interview and record review the facility failed to ensure one resident (R4) was free from staff to resident physical abuse. This failure affected one resident (R4) in a total sample size of three residents (R1, R2 and R4) reviewed for abuse. This deficient practice resulted in harm for one resident (R4) experiencing physical pain and bruising. Findings include: R4's medical diagnoses include but not limited hemiplegia and hemiparesis following cerebral infarction affecting right dominant side, convulsions, chronic obstructive pulmonary disease, essential hypertension, contracture right elbow, major depressive disorder, anxiety disorder. R4's Minimum Data Set (MDS) dated [DATE] has a Brief Interview for Mental Status (BIMS) score of 3, which indicates R4's cognition is severely impaired. R4's physician order dated 11/07/24 documents in part, Behavior: Monitor for itching, picking at skin, restlessness, agitation, hitting, kicking, spitting, cursing, elopement, stealing, delusions, hallucinations, refusing care, anxiety, insomnia, depression .Interventions: A. Redirection/Refocus B. Comfort objects .D Remove from situation .F. Offer choices. R4's care plan documents in part, Assessment reveals factors may increase his/her susceptibility to abuse/neglect .R4 will be treated with respect, dignity and reside in the facility free of mistreatment (abuse/neglect) .Assure R4 she is in a safe and secure environment .Provide all interaction and care to R4 with respect, dignity and free of mistreatment. On 11/18/24 at 1:07pm, V29 (R4 family member) stated she was informed by the facility her mom had a bruise on her leg. V29 stated R4 had a purple knot on her right thigh. V29 stated she feels someone from the facility beat her mom's leg. V29 stated she sent R4 back to the hospital two days later because R4 was still complaining of pain to her right leg. R4's hospital report dated 11/10/24 documents in part, Daughter reports the patient is occasionally aggressive and is concerned the nursing staff are hitting R4. R4 has a large bruise on her right thigh .patient with history as stated above presenting to the emergency department for right thigh hematoma and concerns for elder abuse .Diagnoses (Active) Elder abuse, hematoma. On 11/18/24 at 12:34pm, V28 (Certified Nursing Assistant/CNA) stated R4 was very combative when being cleaned and sometimes it took two staff members to clean her. V28 stated one staff member would hold R4 down to prevent R4 from kicking and scratching while the other staff member would clean R4. V28 stated while cleaning and holding R4 down, R4 would tell the staff they are going to jail. On 11/19/24 at 11:55am, V31 (CNA) stated he noticed a tennis size ball size raised purple area on R4's right thigh. V31 stated he had taken care of R4 the day before and the area on R4's right thigh was not there before. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	145881	A. Building B. Wing	11/21/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Uptown Care and Rehabilitation	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)
F 0600 Level of Harm - Actual harm Residents Affected - Few	On 11/19/24 at 12:15pm V32 (Licensed Practical Nurse/LPN) stated she was informed by V31 of a bruise to R4's thigh. V32 stated she looked at the area and noticed a raised purple area to R4's right thigh. On 11/19/24 at 1:55pm V35 (LPN) stated he examined R4's right thigh and the area was purple and circular with some swelling. V35 stated he can't diagnose but the area reminds him of a hematoma. V35 stated R4 sometimes screams no, no, no when the staff area cleaning her. V35 stated most confused residents say no at the beginning when staff first start cleaning them, but they eventually stop saying no and just allow staff to clean them. On 11/19/24 at 10:55am V4 (Wound Care Coordinator/Nurse Manager) stated, We kind of have to brace her legs down to prevent her (R4) from kicking when we take care of her. On 11/20/24 at 11:50am V2 (Director of Nursing/DON) stated it would be considered abuse if a staff member held a resident down. V2 stated if a resident is saying no to care, then staff should stop caring for the resident and document refusal. Facility's policy dated 10/24/2022 titled, Abuse Prevention Policy documents in part, This facility, Uptown Care and Rehabilitation, affirms the right of our residents to be free from abuse, neglect, exploitation, misappropriation of property, deprivation of goods and services by staff or mistreatment. This facility therefore prohibits abuse, neglect, exploitation, misappropriation of property, and mistreatment of residents. In order to do so, the facility has attempted to establish a resident sensitive and resident secure environment . This will be done by: .orienting and training employees on how to deal with stress and difficult situations, and how to recognize and report occurrences of abuse, neglect, exploitation, and misappropriation of property . establishing an environment promotes resident sensitivity, resident security and prevention of mistreatment . assuring physical restraints are used sparingly and properly .Abuse means any physical or mental injury or sexual assault inflicted upon a resident other than by accidental means. Abuse is the willful infliction of injury, unreasonable confinement, intimidation, or punishment with resulting physical harm, pain, or mental anguish to a resident .The term willful in the definition of abuse means the individual must have acted deliberately, not the individual must have intended to inflict injury or harm. Facility's undated job description titled Certified Nursing Assistant documents in part, Summary: The Certified Nursing Assistant (CNA) is responsible for providing resident care and support in all activities of daily living and ensures the health, welfare and safety of all residents .Adhere to professional standards, company policies and procedures, and all federal, state, and local requirements, including JCAHO standards, when applicable. Facility's undated policy titled Statement of Resident's Rights documents in part, Each resident shall have the right to be free from verbal, sexual, mental, or physical abuse: free from corporal punishment and involuntary seclusion: and free from chemical and physical restraints, except those restraints authorized in accordance with applicable federal and state laws and regulations.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	145881	A. Building B. Wing	11/21/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Uptown Care and Rehabilitation	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)
F 0609 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Timely report suspected abuse, neglect, or theft and report the results of the investigation to proper authorities. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 50662 Based on interview and record review, the facility failed to report one allegation of abuse to the state survey agency. This failure has the potential to affect one resident (R4) reviewed for abuse. Findings include: R4's medical diagnoses include but not limited hemiplegia and hemiparesis following cerebral infarction affecting right dominant side, convulsions, chronic obstructive pulmonary disease, essential hypertension, contracture right elbow, major depressive disorder, anxiety disorder. R4's Minimum Data Set (MDS) dated [DATE] has a Brief Interview for Mental Status (BIMS) score of 3, which indicates R4's cognition is severely impaired. R4's physician order dated 11/07/24 documents in part, Behavior: Monitor for itching, picking at skin, restlessness, agitation, hitting, kicking, spitting, cursing, elopement, stealing, delusions, hallucinations, refusing care, anxiety, insomnia, depression .Interventions: A. Redirection/Refocus B. Comfort objects .D Remove from situation .F. Offer choices. R4's care plan documents in part, Assessment reveals factors that may increase his/her susceptibility to abuse/neglect .R4 will be treated with respect, dignity and reside in the facility free of mistreatment (abuse/neglect) .Assure R4 that she is in a safe and secure environment .Provide all interaction and care to R4 with respect, dignity and free of mistreatment. On 11/19/24 at 11:55am V31 (Certified Nursing Assistant/CNA) stated that he first noticed the bruise on R4's thigh at approximately 10:30am on 11/10/24 and meant to report it to his nurse but forgot. V31 stated that he remembered he didn't report the bruise to R4's right thigh when he went in to change R4 again at approximately 2pm. V31 stated he reported the bruise to R4's thigh at that time when he finished changing her. R4's progress note dated 11/10/24 documents in part, Resident was sent out to hospital and left facility at 7:30pm. Per A.M. nurse report, a bruise was noted on her right upper thigh. Resident left facility with ambulance with her daughter. At around 7:55pm received a call from resident's daughter informing us that her mother is not coming back to the facility at all. DON (Director of Nursing) informed, and night supervisor made aware. R4's hospital report dated 11/10/24 documents in part, Daughter reports that the patient is occasionally aggressive and is concerned that the nursing staff are hitting R4. R4 has a large bruise on her right thigh . patient with history as stated above presenting to the emergency department for right thigh hematoma and concerns for elder abuse .Diagnoses (Active) Elder abuse, hematoma. On 11/20/24 at 11:50am V2 (Director of Nursing/DON) stated she was informed of the bruise to R4's right thigh late afternoon on 11/10/24 when she had already left the building. V2 stated she did not see the bruise on R4's thigh. V2 stated that at that time she informed V1 (administrator). (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	145881	A. Building B. Wing	11/21/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Uptown Care and Rehabilitation	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)
F 0609 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	On 11/20/24 at 12:18pm V1 stated he did not report R4's bruise through the reporting system because he didn't think the bruise came from abuse. Facility's untitled document dated 11/11/24 documents in part, R4 - 11/10/24 contacted by DON with regards to bruising. DON confirmed bruising is not concerning and we are not concerned regarding unknown bruising although R4's daughter is being boisterous and insisting her mom be sent to the hospital. R4's right thigh bruise of unknown origin was discovered on 11/10/24. Facility's preliminary 24-hour incident investigation report is dated 11/19/24. Facility's policy dated 10/24/2022 titled Abuse Prevention Policy documents in part, The purpose of this policy is to assure that the facility is doing all that is within its control to prevent occurrences of abuse, neglect, exploitation, misappropriation of property, deprivation of goods and services by staff and mistreatment of residents. This will be done by: .filing accurate and timely reports .V. Internal Reporting Requirements and Identification of Allegations .Employees are required to report any incident, allegation or suspicion of potential abuse, neglect, exploitation, mistreatment or misappropriation of resident property they observe, hear about, or suspect to the administrator immediately, to an immediate supervisor who must then immediately report it to the administrator or to a compliance hotline or compliance officer .Any allegation of abuse or any incident that results in serious bodily injury will be reported to the Illinois Department of Public Health immediately, but not more than two hours of the allegation of abuse. Any incident that does not involve abuse and does not result in serious bodily injury shall be reported within 24 hours .The nursing staff is responsible for reporting the appearance of suspicious bruised, laceration, or other abnormalities of an unknown origin as soon as it is discovered. The report is to be documented on a facility incident report and provided to the nursing supervisor, administrator or designated individual.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	145881	A. Building B. Wing	11/21/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Uptown Care and Rehabilitation	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)
F 0610 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Respond appropriately to all alleged violations. 50662 Based on interview and record review, the facility failed to thoroughly investigate an incident involving an allegation of injury of unknown origin. This failure affected one resident (R4) out of three residents reviewed for injury (R1, R2, and R4). Findings include: On 11/18/24 at 1:07pm, V29 (R4 family member) stated she was informed by the facility her mom had a bruise on her leg. V29 stated R4 had a purple knot on her right thigh. V29 stated she feels someone from the facility beat her mom's leg. R4's hospital report dated 11/10/24 documents in part, Daughter (V29) reports the patient is occasionally aggressive and is concerned the nursing staff are hitting R4. R4 has a large bruise on her right thigh .patient with history as stated above presenting to the emergency department for right thigh hematoma and concerns for elder abuse .Diagnoses (Active) Elder abuse, hematoma. Untitled document dated 11/11/24 documents in part, R4 - 11/10/24 contacted by DON (Director of Nursing) with regards to bruising. DON confirmed bruising is not concerning and we are not concerned regarding unknown bruising although daughter V29 is being boisterous and insisting her mom be sent to the hospital. On 11/20/24 at 11:50am V2 (DON) stated any abuse or injury of unknown origin should be reported immediately and investigated. V2 stated she did not see the bruise on R4's thigh because when it was reported to her, she was in the car on her way home. V2 stated when she returned to work the next day, R4 had already left the building. On 11/20/24 at 12:18pm V1 (Administrator) stated he is responsible for investigating all allegations of abuse when they are reported to him. V1 stated he did not investigate abuse for R4 because she is known to thrash around during care which explains the bruise to R4's thigh. V1 stated his definition of boisterous regarding V29 means V29 was making a scene at the facility and wanted her mom (R4) to go to the hospital. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	145881	A. Building B. Wing	11/21/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Uptown Care and Rehabilitation	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)
F 0610 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Facility's policy dated 10/24/2022 titled Abuse Prevention Policy documents in part, This facility, Uptown Care and Rehabilitation, affirm the right of our residents to be free from abuse, neglect, exploitation, misappropriation of property, deprivation of goods and services by staff or mistreatment. This facility therefore prohibits abuse, neglect, exploitation, misappropriation of property, and mistreatment of residents . The purpose of this policy is to assure the facility is doing all is within its control to prevent occurrences of abuse, neglect, exploitation, misappropriation of property, deprivation of goods and services by staff and mistreatment of residents .This will be done by: .implementing systems to promptly and aggressively investigate all reports and allegations of abuse, neglect, exploitation, misappropriation of property and mistreatment, and making the necessary changes to prevent future occurrences .VII. Internal investigation . 2. Any incident or allegation involving abuse, neglect, exploitation, mistreatment or misappropriation of resident property will result in an investigation .3. For resident injuries not involving an allegation of abuse or neglect, the administrator will appoint a person to gather further facts to make a determination as to whether the injury should be classified as an injury of unknown source. An injury should be classified as an injury of unknown source when both of the following conditions are met: The source of the injury was not observed by any person or the source of injury could not be explained by the resident; and The injury is suspicious because of the extent of the injury or the location of the injury (the injury is located in an area not generally vulnerable to trauma) or the number of injuries observed at one particular point in time or the incidence of injuries over time .Investigation Procedures: The appointed investigator will, at a minimum, attempt to interview the person who reported the incident, anyone likely to have direct knowledge of the incident and the resident, if interviewable.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	145881	A. Building B. Wing	11/21/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Uptown Care and Rehabilitation	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)
F 0641 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Ensure each resident receives an accurate assessment. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 49572 Based on interview and record review, the facility failed to accurately complete Fall Assessments for one resident (R1). This failure has the potential to affect one resident (R1) in a sample of 3 residents reviewed for resident injury. Findings include: R1's Facility Reported Incident (IL181167), that occurred on 10/12/24, documents, in part, Incident Date: 10/12/24 . Incident Time: 1015 . Brief description of incident: At 10:15 am nurse on duty observed resident laying on the floor on his right side, in his room close to his bedside. Resident unable to verbalize what happened or how he got on the floor when asked . Action taken: Resident was assessed and noted with a minimal laceration at the back of he's head. Vitals collected and noted to be within normal limits. Writer applied pressure on the cut on the resident's head with a gauze. No other injury noted. Resident was assisted back to his bed with the help of the other nurse on floor. 911 was called. Ambulance arrived and resident was transferred on a stretcher to Hospital . Resident returned to the facility with 3 sutures to the back of the head. R1's, Fall Risk Assessment, effective date 10/13/24, documents, in part, . C. AMBULATORY AID 2. Uses crutches, cane, or walker. E. GAIT IMPAIRED . grasps furniture, person, or aid when ambulating. Cannot walk unassisted. Upon review of R1's Fall Assessment it was observed that Uses Furniture for support was not checked. R1's Post Fall Observation, effective date 10/13/24, documents, in part, E. Usual Mobility Status 1. Independent with or without device. R1's Minimum Data Set (MDS), dated [DATE], documents, in part, Functional Status, shows that R1 requires Substantial/Maximal Assistance for Sit to stand: The ability to come to a standing position from sitting in a chair, wheelchair, or on the side of the bed. R1 also requires Substantial/Maximal Assistance to walk 10 feet: Once standing, the ability to walk at least 10 feet in a room, corridor, or similar space. R1's Face Sheet, documents, in part, R1's diagnoses include unspecified lack of coordination; unsteadiness on feet; chronic obstructive pulmonary disease, unspecified; type 2 diabetes mellitus without complications; schizoaffective disorder, bipolar type; anxiety disorder, unspecified; bipolar disorder, unspecified; laceration without foreign body of scalp, subsequent encounter. R1's Minimum Data Set (MDS), dated [DATE], documents, in part, R1's Brief Interview for Mental Status (BIMS) score is 03 which indicates R1's cognition is severely impaired. R1's Care Plan, date Initiated: 08/23/2019; revision on: 10/26/2024, documents, in part, FALLS: (R1) is at risk for falls r/t (related to) weakness . Resident is an extensive assistance of one staff member for transfer, bed mobility and toileting. Resident is supervision with set up for meals. Resident has functional incontinence of bowel and bladder. Resident ambulates with walker with slow and somewhat steady gait with staff for a short distance. Resident requires rest periods to complete task. Resident utilizes wheelchair as primary mode of transportation. Resident requires cueing for all tasks. Poor safety awareness present. Impulsive behavior presents with unknown cause. close monitoring. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	145881	A. Building B. Wing	11/21/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Uptown Care and Rehabilitation	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)
F 0641 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Facility presented document listing R1's falls for the past year showing that R1 has had 6 falls within the past year. R1 had falls on 4/15/24 at 5:04AM, 6/5/24 at 12:30AM, 10/2/24 at 7:45AM, 10/8/24 at 2:00AM, 10/12/24 at 10:15AM and 11/5/24 7:32PM. On 11/20/24 at 11:47am, V2 (Director of Nursing/DON) said, I expect the resident's assessment to be completed with 100% accuracy. No, those Fall Assessments for (R1) (referring to R1's Fall Assessments on 10/13/24) are not right. If the fall assessments are not completed accurately, we (facility) have a potential for more falls and supervision may be an issue. On 11/20/24 at 12:17pm, V1 (Administrator) said, Yes, they (Fall Assessments) should be 100% accurate. If they're (Fall Assessments) not accurate we are potentially not providing the right care. Facility policy titled, Falls and Fall Prevention, date revised November 2024, documents, in part, Policy: 1. To ensure residents admitted are assessed for potential fall risk. 2. To ensure a fall prevention program will include measures which will determine the individual need of each resident by assessing the risk of falls and implementation of appropriate interventions to provide necessary supervision and assistive devices as indicated based on assessment. Procedure: 2. The fall risk assessment utilized will consist of risk factors as resident characteristics, clinical and medical diagnosis that objectively measure and predict a fall potential. 3. Resident will be reassessed quarterly and after each fall. Facility presented pamphlet titled, Residents' Rights for People in Long-Term Care, revision date 11/18, documents, in part, . Your facility . must care for you in a manner that promotes your quality of life . Your facility must provide equal access to quality care regardless of diagnosis, condition, or payment source . Your facility must provide services to keep your physical and mental health, at their highest practical levels . Facility job description titled, Director of Nursing, undated, documents, in part, . The primary purpose of the Director of Nursing position . to ensure that the highest degree of quality care is maintained at all times . Facility job description titled, Registered Nurse (RN), undated, The RN is responsible for providing direct nursing care to the residents, . to ensure that the highest degree of quality care is maintained at all times . Facility job description titled, Licensed Practical Nurse (LPN), undated, The LPN is responsible for providing direct nursing care to the residents, . to ensure that the highest degree of quality care is maintained at all times .

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	145881	A. Building B. Wing	11/21/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Uptown Care and Rehabilitation	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)
F 0689 Level of Harm - Actual harm Residents Affected - Few	Ensure that a nursing home area is free from accident hazards and provides adequate supervision to prevent accidents. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 49572 Based on interview and record review, the facility failed to follow the Care Plan and failed to provide adequate supervision to one resident (R1) who was assessed as a high fall risk which resulted in multiple falls for one resident (R1) reviewed for resident injury, demonstrating inadequate care. This failure resulted in R1 falling on 10/12/2024 and sustaining a head injury which required R1 to be sent to the hospital where R1 received 3 staples to close the laceration to R1's head and again falling on 11/05/2024 which required R1 to be sent to the hospital for evaluation and testing. Findings include: R1's hospital records, dated 10/12/2024, documents, in part, . [AGE] year-old male . brought in by EMS (Emergency Medical Services) for unwitnessed fall at the facility . The wound was irrigated copiously with normal saline or sterile water . Staples were placed using a surgical stapler with approximation of the wound edges. R1's hospital records, dated 11/05/2024, documents, in part, . [AGE] year-old male . brought in by EMS (Emergency Medical Services) for unwitnessed fall at the facility. Facility presented document listing R1's falls for the past year showing that R1 has had 6 falls within the past year. R1 had falls on 4/15/24 at 5:04AM, 6/5/24 at 12:30AM, 10/2/24 at 7:45AM, 10/8/24 at 2:00AM, 10/12/24 at 10:15AM and 11/5/24 at 7:32PM. On 11/18/24 at 1:35pm, with V8 (Activity Aide) interpreting for R1 due to R1's primary language being Spanish, R1 stated, I (R1) fell the day I was sent to the hospital (10/12/24) because I (R1) was trying to get up from the bed. Yes, the call light was by me. I (R1) don't need the call light. I (R1) can do for myself. I'm (R1) fine. They (staff) just need to let me be. R1's Face Sheet, documents, in part, that R1's diagnoses include unspecified lack of coordination; unsteadiness on feet; chronic obstructive pulmonary disease, unspecified; type 2 diabetes mellitus without complications; schizoaffective disorder, bipolar type; anxiety disorder, unspecified; bipolar disorder, unspecified; laceration without foreign body of scalp, subsequent encounter. R1's Minimum Data Set (MDS), dated [DATE], documents, in part, R1's Brief Interview for Mental Status (BIMS) score is 03 which indicates R1's cognition is severely impaired. R1's Functional Status, shows R1 requires Substantial/Maximal Assistance for Sit to stand: The ability to come to a standing position from sitting in a chair, wheelchair, or on the side of the bed. R1 requires Substantial/Maximal Assistance to walk 10 feet: Once standing, the ability to walk at least 10 feet in a room, corridor, or similar space. R1's Fall Risk Assessment, dated 10/11/24, documents, in part, a score of 55 which is the category of High Risk for Falling with a history of previous falls. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	145881	A. Building B. Wing	11/21/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Uptown Care and Rehabilitation	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)
F 0689 Level of Harm - Actual harm Residents Affected - Few	R1's Care Plan, date Initiated: 08/23/2019; revision on: 10/26/2024, documents, in part, FALLS: (R1) is at risk for falls r/t (related to) weakness . Resident is an extensive assistance of one staff member for transfer, bed mobility and toileting. Resident is supervision with set up for meals. Resident has functional incontinence of bowel and bladder. Resident ambulates with walker with slow and somewhat steady gait with staff for a short distance. Resident requires rest periods to complete task. Resident utilizes wheelchair as primary mode of transportation. Resident requires cueing for all tasks. Poor safety awareness present. Impulsive behavior presents with unknown cause. close monitoring needed. Care Plan interventions, documents, in part, Move closer to nurse's station. One on One monitoring d/t impulse poor safety awareness behavior. On 11/19/24 at 11:06am, V9 (Restorative Nurse/License Practical Nurse/LPN) said, I (V9) am the fall nurse . pretty much. Yes, I'm familiar with (R1). (R1) has been here for a while. First (R1) came and walked by himself (without assistance). Then he had to use a walker. Then he had to use the wheelchair. So, we're (staff) trying to get him (R1) walking using the walker and then without any assistive device. R1 is on monitoring, close monitoring, monitoring when engaging in activities. Everything is in his (R1) Care Plan. (R1's) bed is by the nurse's station for close monitoring too. (R1) mental status varies. He (R1) knows where he's at. He (R1) always knows when its Sunday and mealtime. Sometimes he knows where he's (R1) at. He (R1) knows familiar faces. That's pretty much how he's (R1) been since he's been here. On 11/19/24 at 12:02pm, V7 (License Practical Nurse/LPN) said, I (V7) had (R1) a few times. I (V7) on October 12th. After passing meds, we (staff) heard a sound from (R1's) room. We ran to the room and seen (R1) on floor on right side. Noticed skin alteration on head . R1 is a pretty confused man. We asked him, but sometimes he's hard to understand. On 11/19/24 at 2:28pm, V7 said, One on one monitoring is when we have a CNA (certified nursing assistant) scheduled for a patient that is fully observed and attends to every needs of a resident . The one on one observed is with the resident at all times . On October 12th, (R1's) room was close to nurse's station . I (V7) would say no, he (R1) was not receiving one on one monitoring. On 11/19/24 at 1:04pm, V16 (License Practical Nurse/LPN) said, He (R1) was my resident for a while. I (V16) worked October 12th when (R1) fell . I (V16) did work but I (V16) was not assigned to him (R1). I (V16) was at the nurse's station, heard a sound close to (R1's) room, ran to room, and seen (R1) on floor with bleeding from his head. We (staff) called an ambulance and sent him (R1) to the hospital. People are prone to fall. He's (R1) forgettable sometimes and forgets to pull call light. On 1/19/24 at 2:15pm, V34 (Nurse Practitioner) said, I'm pretty familiar with him (R1). Been taking care of him for the past 2 years. What I (V34) see in a lot of patients is steady decline. They (patients) don't understand that they're (patients) declining. During that transitional phase, they (patients) either forget or are noncompliant. I (V34) believe that (R1) is going through that right now. We (staff) have to do constant reminders and remind him (R1) to let him (R1) know that he (R1) needs assistance. He's (R1) one person assist. I (V34) wouldn't go for letting him (R1) walk by himself even with a walker. I (V34) do consider sutures serious and harmful to someone especially to the head. Falls can cause brain bleeding. Take it seriously. Any falls could cause fractures. We never know, that's why we take falls very seriously. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	145881	A. Building B. Wing	11/21/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Uptown Care and Rehabilitation	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)
F 0689 Level of Harm - Actual harm Residents Affected - Few	On 11/19/24 at 2:52pm, V6 (Registered Nurse/RN) said, On November 6th, I (V6) was informed by CNA (certified nursing assistant) that he (R1) was found on floor. He's (R1) a fall risk. Sent him (R1) out to hospital. He (R1) was supposed to have a sitter, but the sitter left before the other sitter came. It (the fall) was not witnessed. One on one monitoring is when someone has to be with them to attend to their needs to maintain safety for the patient to prevent, for instance, issues like the one that transpired. I (V6) was not aware that he (R1) was not receiving his (R1) one on one monitoring. I (V6) did not know the CNA left. I (V6) knew that he (R1) had one on one. Sitter was not present. On 11/20/24 at 11:47am, V2 (Director of Nursing/DON) said, A resident who requires sutures is a serious injury. A resident who requires staples is a serious injury. Both should be reported to Public Health. One on one monitoring would be one person assigned to monitor that one person the whole shift. The person should be with resident at all times. There is no separate paperwork for one on one monitoring. I (V2) will have to find out if there is a policy on one on one monitoring. (R1's) did not have one on one monitoring on October 12th and November 5th due to staffing issues. We didn't have the staff for it. I (V2) believe he needs the one on one monitoring. On 11/20/24 at 12:32 pm, V2 said, I (V2) cannot technically say that (R1's) falls would have not happened if he (R1) had a one on one. He (R1) does get out of bed without asking for help. If they (staff) were doing a one on one I (V2) don't know if they (staff) would be able to catch him. I (V2) just don't know. On 11/20/24 at 12:17pm, V1 (Administrator) said, One on one monitoring is generally exactly that. A staff member that is focused on that one resident. Sometimes can be a group a room and several residents. When asked about the one on one monitoring in R1's Care Plan, V1 replied, So I (V1) was told. The Care Plan was not updated. Facility policy titled, Falls and Fall Prevention, date revised November 2024, documents, in part, 1. To ensure residents admitted are assessed for potential fall risk. 2. To ensure a fall prevention program will include measures which will determine the individual need of each resident by assessing the risk of falls and implementation of appropriate interventions to provide necessary supervision and assistive devices as indicated based on assessment. 4. Residents who are assessed as at risk for falls will have a care plan initiated to include approaches for the prevention of falls as they apply to the individual resident. 13. The frequency of safety monitoring will be determined by the resident's risk factors and care plan. Facility policy titled, Comprehensive Resident Care Plans, revised August 2024, documents, in part, . Each care plan shall include measurable objectives and time tables to meet all resident needs identified in the comprehensive assessment. Facility presented pamphlet titled, Residents' Rights for People in Long-Term Care, revision date 11/18, documents, in part, . Your facility . must care for you in a manner that promotes your quality of life . Your facility must provide equal access to quality care regardless of diagnosis, condition, or payment source . Your facility must provide services to keep your physical and mental health, at their highest practical levels . Facility job description titled, Director of Nursing, undated, documents, in part, . The primary purpose of the Director of Nursing position . to ensure that the highest degree of quality care is maintained at all times . (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	145881	A. Building B. Wing	11/21/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Uptown Care and Rehabilitation	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)
F 0689 Level of Harm - Actual harm Residents Affected - Few	Facility job description titled, Registered Nurse (RN), undated, The RN is responsible for providing direct nursing care to the residents, . to ensure that the highest degree of quality care is maintained at all times . Facility job description titled, Licensed Practical Nurse (LPN), undated, The LPN is responsible for providing direct nursing care to the residents, . to ensure that the highest degree of quality care is maintained at all times .