

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 145995	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 08/26/2024
NAME OF PROVIDER OR SUPPLIER Archer Heights Healthcare		STREET ADDRESS, CITY, STATE, ZIP CODE 4437 South Cicero Chicago, IL 60632	

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 0584</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>Honor the resident's right to a safe, clean, comfortable and homelike environment, including but not limited to receiving treatment and supports for daily living safely.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 40515</p> <p>Based on observation, interview, and record review. The facility failed to provide a clean and sanitary home-like environment for all 221 residents residing in the facility.</p> <p>Findings include:</p> <p>R12 is a [AGE] year-old with diagnoses of but not limited to: Unspecified Dementia, Without Behavioral Disturbance, Psychotic Disturbance, Mood Disturbance and Anxiety, Vitamin D Deficiency, Unspecified, Essential (Primary) Hypertension, Bradycardia, Unspecified, Peripheral Vascular Disease, Unspecified. MDS Section C dated 6/24/24 BIMS score 5 indicating severe cognitive impairment.</p> <p>On 8/23/2024 at 12:26pm tour of fourth floor surveyor observed missing handrail outside of R12'S room with open holes in the wall.</p> <p>On 8/23/2024 at 12:29pm Surveyor observed fourth floor dining room, chairs dirty with dried substance and tattered/torn.</p> <p>On 8/23/2024 at 12:40pm surveyor and V7 (CNA) toured fourth floor shower room. Odor smelled and surveyor asked V7 if she smelled anything. V7 stated, yes, I think it smells like mildew. Surveyor with V7 made the following observations: broken shower handrail in one shower stall and loose handrail in another shower stall, used wash cloths hanging on rails, debris on floor, used bottles on floor, broken tiles in shower stalls, discolored brown substance on shower stalls, shower cover broken and broken head placed on loose handrail, shower fixture coming out of wall loose and exposed drywall, stained ceiling tiles. V7 stated, whoever helped the resident with their shower should have picked up this soap. Housekeeper cleans rooms every day and if we need them. We will call housekeeping and they will come back. Most residents eat in the dining room, but the feeders usually eat in their room, and we have a get up list and those residents are usually in the dining room. Surveyor asked V7 if she could identify the brown substance outside of the shower stall on the wall. V7 stated, it is probably feces or something, I am not sure, but room needs a deep cleaning. This room is supposed to be cleaned 2 times a day.</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 0584</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>R7 is a [AGE] year-old with diagnoses of but not limited to: Chronic Obstructive Pulmonary disease with Acute Exacerbation, Unsteady on Feet, Dementia in other Diseases Classified Elsewhere, Unspecified severity, With Other Behavioral Disturbance, Essential (Primary) Hypertension, Gout, Unspecified, Acute Respiratory Failure with Hypoxia. MDS section C dated 5/20/24 BIMS 7 indicating severe cognitive impairment.</p> <p>On 8/23/2024 at 12:50pm surveyor observed shower curtain hanging off rod, base boards peeling off wall in R7's room.</p> <p>R8 is a [AGE] year-old with diagnoses of but not limited to: Muscle Wasting and Atrophy, Transient Cerebral Ischemic Attack, Unspecified, Hypertensive Heart and Chronic Kidney Disease, Peripheral Vascular Disease, Unspecified, Major Depressive Disorder, Repeated Falls. MDS Section C dated 7/26/24 BIMS score 6 indicating severe cognitive impairment.</p> <p>On 8/23/2024 at 12:58pm surveyor observed R8's room, baseboard peeling off wall underneath window, bathroom with basin on floor under sink with cloudy water, bathroom with debris on the floor. Surveyor asked R8 regarding baseboards coming off wall. R8 nodded her head. Surveyor asked R8 if someone has come to fix. R8 shook her head side to side. Surveyor asked if R8 wanted baseboards fixed and debris on the floor removed. R8 shrugged shoulders and nodded head.</p> <p>On 8/23/2024 at 1:05pm on third floor V8 (CNA) stated, if equipment is broken it is reported to maintenance and there is a maintenance log.</p> <p>On 8/23/2024 at 1:11pm surveyor observed handrail broken next to third floor shower room.</p> <p>On 8/23/2024 at 1:12pm V9 (CNA) stated, on this floor (third floor) residents can shower by themselves we just assist them. Shower room is cleaned every day. Surveyor and V9 observed shower curtain falling off rail, peeling ceiling tile, debris on floor, middle shower with rust on ceiling tiles, paper towel holder in sink. V9 stated, someone needs to come clean this up. V9 stated, residents can eat in their room or in the dining room. Surveyor asked if residents sit on the tattered and dirty chairs in the dining room. V9 stated, yes. Surveyor asked if dining room is used as activity room. V9 stated, yes.</p> <p>R9 is a [AGE] year-old with diagnoses of but not limited to: Metabolic Encephalopathy, Urinary Tract Infection, Bipolar Disorder Unspecified, Essential (Primary) Hypertension, Neuralgia and Neuritis, Unspecified. MDS Section C dated 7/04/24 BIMS score 11 indicating moderate cognitive impairment.</p> <p>R10 is a [AGE] year-old with diagnoses of but not limited to: Insomnia, Unspecified, Iron Deficiency Anemia, Unspecified, Vitamin D Deficiency, Osteoarthritis of Knee, Unspecified. MDS Section C dated 7/17/24 BIMS score 15 indicating cognitive intact.</p> <p>R11 is a [AGE] year-old with diagnose of but not limited to: Type 2 Diabetes with Other Circulatory Complications, Essential (Primary) Hypertension, Peripheral Vascular Disease, Unspecified, Pain in Left Lower Leg, Rhabdomyolysis. MDS Section C dated 8/6/24 BIMS score not documented.</p> <p>R13 is an [AGE] year-old with diagnoses of but not limited to: Hypertension, Heart Failure, Renal Insufficiency (End Stage Renal Disease). MDS Section C dated 7/18/24 BIMS score 15 indicating cognitive intact.</p> <p>(continued on next page)</p>		

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<p>F 0584</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>On 8/23/2024 at 1:18pm surveyor observed third floor hallway between R9 and R10's room, and outside of R13's room baseboards were peeling away from the wall. R11's room had paint peeling off the wall.</p> <p>On 8/23/2024 at 1:20pm in third floor dining room a residents were ambulating with and without assistive devices. Surveyor observed dirty and tattered chairs. On third floor shower room observed with V10 (Maintenance Assistant). Surveyor and V10 observed exposed pipes, dirty and damaged/stained ceiling tiles, broken shower head, broken towel dispenser sitting in sink. V10 stated, I will get a new towel dispenser and a new shower head. Surveyor asked how the maintenance department learn about broken equipment. V10 stated, My supervisor will tell me, and I do rounds. Staff are supposed to fill out a form that we collect. Staff do not always fill out a work ticket. Surveyor asked V10 if shower room is supposed to look like this. V10 stated, no.</p> <p>On 8/23/2024 at 1:32pm surveyor asked V2 (Director of Nursing) to come into third floor resident dining room. Surveyor showed V2 torn window screens and windows without any screen. Surveyor showed V2 another set of open windows with ripped screens. V2 stated, the screens are ripped and needs to be fixed, I am not sure how this happened. Surveyor also observed ripped chair and very dirty chairs with debris and dried substance on chairs with residents sitting on chairs and walking around in the resident dining room. Surveyor asked V2 if dining room windows and chairs are supposed to look like this. V2 stated, no.</p> <p>On 8/23/2024 at 1:39pm during second floor unit and dining room tour, surveyor observed open window with ripped screens, and windows open without screens, baseboards detaching from wall, gnats flying around room, twelve dirty chairs with stains, dried substance, and 8 of the twelve chairs were also tattered, residents sitting in the resident dining room/activity room, floor wet around sink, no soap in soap dispenser, one chair in hallway dirty and tattered.</p> <p>On 8/23/2024 at 1:43pm V11 (CNA) stated, we have a maintenance log that we are supposed to fill out if something is broken. It will get fixed, but it might take a minute. Residents eat in the dining room, and they will eat in their room. V11 and surveyor toured 2nd floor shower room with the following observed: cracked tiles, dirty diapers in shower, wet dirty towels, and wash clothes on floor. V11 stated the CNAs is supposed to clean this up. Surveyor asked V11 if resident dining room also used as activity room. V11 stated, yes. Surveyor asked if the screen is ripped or there is not screen in the window what should staff do. V11 stated, a work order is supposed to be put in. Surveyor asked V11 if dining room chairs are tattered and dirty and what is the purpose of plastic on some of the chairs. V11 stated, we put plastic on the chairs because the chairs are so dirty and ripped and we do not want to get something. There are very few rooms that have a bathroom with a shower, but most do not, and the residents take their shower in the shower room.</p> <p>On 8/23/2024 at 1:55pm surveyor observed R1's room. R1's bathroom with numerous holes in wall, paint peeling off wall, no toilet tissue holder, and dirty bathroom floor.</p> <p>On 8/23/2024 at 2:04pm V12 (Restorative CNA) stated, if anything needs to be fixed, I call maintenance and put it in the log. Surveyor asked V12 if the dining room is used as the activity room. V12 stated, yes.</p> <p>(continued on next page)</p>		

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<p>F 0584</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>On 8/23/2024 at 2:07pm V13 (LPN) stated, many of the residents eat in the dining room but some eat in their room. The dining room is also the activity room, and all of the residents will go there for activities.</p> <p>On 8/23/2024 at 2:11pm first floor V14 (LPN) stated, if equipment is broken, I will let maintenance know. Surveyor asked V14 if residents eat in the dining room. V14 stated, yes, they eat in the dining room and residents go there for activities and they line up in there when they are getting ready to go out for smoke break. Surveyor asked V14 to observe the shower room. Surveyor asked V14 if residents take their shower in the shower room. V14 stated, yes residents use the shower room, not all rooms have showers most do not.</p> <p>On 8/23/2024 at 2:24pm surveyor and V14 toured first floor shower room and the following was observed: room full of shower chairs, shower bed with ripped cushion, dirty used towels and gowns piled on the floor, peeling paint on the walls of the shower stalls, used soap bottles on the floor, dirty shower floors, gnats flying, and dirty shower chairs. V14 stated, I am not sure exactly when this happened and why all of this equipment is in here. When these showers are used, the CNA is supposed to clean up after the resident. Surveyor asked V14 if the tattered shower bed and dirty shower chairs are used by residents. V14 stated, yes.</p> <p>On 8/23/2024 at 2:34pm surveyor observed first floor dining room with total of six chairs. All six chairs were dirty with debris and dried substance and two of the six chairs were also tattered. Tables dirty with crumbs and debris, sheet on the floor in front of the door next to the sink, wire/cable hanging out of the wall next to exit door.</p> <p>On 8/23/2024 at 2:46pm surveyor asked V1 regarding torn window screens in the dining and activity rooms, broken shower equipment in the shower rooms, tattered and filthy chairs on the first, second, third, and fourth floors activity/dining rooms, missing and broken hand rails, torn shower bed, broken showers, dirty shower rooms, stained ceiling tiles, missing baseboards in hall ways, and holes in R1 and R6's room. V1 stated, I heard about your observations. We have daily guardian angel rounds, and they will put in work orders, maintenance goes through the building on a weekly basis, and any item that needs to be fixed get a work order and maintenance will collect the forms and address the issue. Surveyor asked V1 if he was aware of these concerns. V1 stated, he was not. Surveyor asked if he knew chairs were dirty and tattered. V1 stated, we ordered new chair, the residents probably have them in their room. Surveyor asked V1 if he ordered chairs for the dining/activity room to replace the current dirty and tattered chairs. V1 stated, I will order some chairs. Surveyor asked if this was okay for residents to live in these conditions. V1 stated, he would follow up with housekeeping director and maintenance director. Surveyor asked who conducts the guardian angel rounds. V1 stated, the managers. Surveyor asked V1 if guardian angel rounds are conducted, should the guardian angels have reported this. V1 stated, yes, they should let maintenance know and fill out form. Surveyor asked V1 if maintenance forms had been filled out. V1 was not able to answer, he would have to ask the director of maintenance.</p> <p>Review of resident council meeting minutes for June 2024 thru August 2024 with residents identifying housekeeping and cleanliness concerns.</p> <p>(continued on next page)</p>		

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<p>F 0584</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>Facility Preventative Maintenance Program dated 11/23 documents in part: Purpose: To conduct regular environmental tours/safety audits to identify areas of concern within the facility. Responsibility: Maintenance Director and/or Housekeeping Director. Protocol: To conduct environmental tours/safety audits of the facility, using the following criteria: 1. Random rounds conducted by Director of Maintenance and /or Director of Housekeeping Services. 3. Preventative Maintenance Program will review the following areas during random rounds: 4. Resident equipment is in working order 5. All facility areas are kept clean and in safe condition. 6. Floor tiles are assessed for racking and wear. 8.All handrails present and in working condition. 13. Paint if free from watermarks and peeling. 14. Ceiling tiles are free from watermarks or spots. Summary: Rounds conducted must be kept in writing, signed, and dated. The results should be summarized and discussed on a monthly basis at Quality Assurance Meeting and on an as needed basis.</p> <p>Facility Job Description Sir Facility Administrator dated 10/23 documents in part: Purpose of the Position The primary purpose of the position is to direct the day-to-day functions of the facility in accordance with regulations that govern long-term care facilities to assure that the highest degree of quality of care can be provided to our residents at all times. Delegation of Authority As the Administrator, you are delegated the administrative authority, responsibility, and accountability necessary for carrying out your assigned duties. Duties and Responsibilities: 14. Make routine inspections of the facility to assure that established policies and procedures are being implemented and followed. Personnel Functions: 2. Consult with department directors concerning the operation of their departments to assist in eliminating/correcting problem areas, and/or improvement of services. Safety and Sanitation 2. Assure the building and grounds are maintained in good repair. 6. Authorize the purchase of equipment/supplies in accordance with established purchasing policies and procedures. 7. Assure that the facility is maintained in a clean and safe manner for resident comfort and convenience. 8. Assure that adequate supplies and equipment are on hand to meet the day-to-day operational needs of the facility</p> <p>Facility Job Description Maintenance Director undated documents in part: Department: Maintenance Responsibility: Administrator Job Summary: The purpose of this position is to maintain the orderly functioning of all equipment in the facility including supplies for repairs, maintenance. Main Duties: D. Assure the proper maintenance and running condition e. all common areas including showers, etc. I. Perform all repairs that do not fall under the purview of housekeeping. O. Maintain all housekeeping in operating condition. Q. Supervise repairs and routine maintenance of the building.</p> <p>Facility Job Description Housekeeping Assistant undated documents in part: Department: Housekeeping Responsibility: Director of Housekeeping Job Summary: Primary purpose of job is to perform day-to-day activities of the housekeeping department to assure that the facility is maintained in a clean, safe, and comfortable manner. 3. Must maintain the care and use of supplies and equipment, 4. Must perform regular inspections of resident rooms for sanitation, order, safety Main Duties: D. Clean floors F. Clean walls and ceilings by washing, wiping, dusting, spot cleaning, disinfecting, and deodorizing T. Assure that work/cleaning and deep cleaning schedules are followed.</p> <p>(continued on next page)</p>		

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<p>F 0584</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>Facility Assessment Tool dated 8/7/2024 documents in part: Part 3 Physical environment and building/plant needs 3.8 list physical resources for the following categories. Describe your processes to ensure adequate supplies and to ensure equipment if maintained to protect and promote the health and safety of residents. Physical Resource Category Physical Equipment Resources shower chairs, bathroom safety bars, sinks for residents common space furniture Process to ensure adequate supply, appropriate maintenance, replacement Maintenance department is responsible for maintenance, repair, and replacement of equipment as needed.</p> <p>40065</p> <p>On 8/24/24 at 9:21 am R6 (R1's roommate) said the hole in her bathroom has been like this for 2 years.</p> <p>On 8/24/24 at 9:23 am V16 (CNA) said she was assigned to R1 and R6. V16 said, the hole in R1 and R6's wall bathroom has been there for a while, maybe a month or so. V16 said, if anything needs repair it is written on the work order form. V16 and surveyor looked at the maintenance book and there was no repair order for R1's room. V16 said, she personally did not fill out a repair order for R1's hole in the bathroom wall.</p> <p>On 8/26/24 between 9:57 am and 10:02 am, surveyor did rounds on each floor in the dining room the following number of chairs were observed:</p> <p>First floor with 3 chairs, second floor with 13 chairs, third floor with 8 chairs and fourth floor had 8 chairs (2 of those chairs were ripped) in the dining room.</p> <p>On 8/26/24 at 11:37 am V1 (Administrator) said, facility has around 217 residents, dining rooms are used for dining, also for activities, sometimes families meet with their loved ones as well. V1 said, at minimum there are 10 residents can walk on each floor without any assistance. V1 was made aware of surveyors findings that included total of 32 chairs total in all 4 dining rooms in the facility.</p> <p>On 8/26/24 at 12:53 pm V20 (Consultant) said R6 has been her room Since 7/2023.</p> <p>Residents 'Rights for People in Long-term Care Facilities documents in part: Your facility must be safe, clean, comfortable and homelike.</p>

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<p>F 0600</p> <p>Level of Harm - Actual harm</p> <p>Residents Affected - Few</p>	<p>Protect each resident from all types of abuse such as physical, mental, sexual abuse, physical punishment, and neglect by anybody.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 40065</p> <p>Based on interview and record review, the facility failed to keep a resident (R5) free from abuse in a sample of 6 residents reviewed for abuse. This failure resulted in R4 running over R5's foot with a wheelchair, resulting in R5's foot swelling and pain with a score of 7-9 on a scale of 10.</p> <p>Findings include:</p> <p>R4 is [AGE] years old with diagnosis of, but not limited to: Schizoaffective Disorder Bipolar Type, Paraplegia, Suicidal Ideation, Mood Affective Disorder, Auditory Hallucinations, Visual Hallucinations, Major Depressive Disorder, Tourette's Disorder.</p> <p>R5 is [AGE] years old with diagnosis of, but not limited to: Asthma, Difficulty in Walking.</p> <p>Facility initial reportable (8/23/24 at 1:59 pm) to state agency regarding R4 and R5 documents in part: Incident Date: 8/22/24 at 9:45 am. Brief Description of Incident: Alleged Resident to resident physical altercation.</p> <p>R4's (8/22/2024 at 12:33 pm) documents in part: Resident was observed by writer having physical aggression with another peer on same floor, safety precaution in place. Both residents were separated and redirected by writer. Resident was put on 1/1. No injuries noted. Call placed to MD. New order to send to hospital for psychiatric evaluation. Mother, Administrator, DON, Social service Dir. made aware. Will continue with plan of care.</p> <p>R5's (8/22/2024 at 12:53 pm) progress note documents: Resident noted with right foot pain, r/t (related to) foot being ran over by peer wheelchair. Resident assessed by writer, vitals stable, pain level 7/10. PRN (as needed) pain medication was given. Call placed to MD. New order for x-ray of right foot. ALL parties made aware will continue with plan of care.</p> <p>On 8/24/24 at 8:40 am R5 was observed in her room. R5 said, on Thursday R4 ran over her right foot on purpose. R5 said, R4 came to the nurses station too late to smoke as his smoking time had passed. R5 said, staff told R4 he cannot smoke now, and he got upset. As R4 was leaving he ran over my foot. R5 said, she told R4, You just ran over my foot. R5 said, her foot still hurts, as R4 ran it over with a wheelchair. R5 said, R4 had behaviors and he should have been watched by staff as she and R4 had words a day before.</p> <p>On 8/26/24 at 11:05 am, R5 was observed on the smoking patio. R5 was observed to have a boot on her right foot. R5 said, she went to the hospital few days ago and they gave her the boot to wear for few days. R5 said, she is still feeling pain to her foot, her pain is at 9/10. R5 said, R4 ran over her right foot, and she had previous right hip injury. R5 said, her foot is swollen, and she needs to keep it elevated.</p> <p>(continued on next page)</p>		

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<p>F 0600</p> <p>Level of Harm - Actual harm</p> <p>Residents Affected - Few</p>	<p>On 8/24 at 9:03 am, V17 (LPN) said, she has been here since November. V17 said, the incident between R4 and R5 happened on Thursday (8/22/24) and V17 was the nurse. V17 said, residents were getting medications at the nurses station. R5 was standing here with another resident talking. R5 was given a chair to sit down. V17 said, R4 came from his room he was flying in the wheelchair, and he ran over R5's foot. V17's back was turned away. V17 said, when this happened 2 other resident said, (R4) you could have said excuse me! R4 said F*** Y**. V17 said, R5 got up and started walking away to her room. V17 said, she called social services and went down to R5 to ask what happened. V17 said, R5 said R4 ran over her right foot, her pain was 7/10 and V17 called the doctor. V17 said, the director of nursing ordered x-ray of right foot. She called psych doctor about R4, and he petitioned him to hospital. R4 was on this floor a short time. R4 was petitioned prior to this incident to the hospital due to behaviors.</p> <p>On 8/24/24 at 9:38 am, V21 (Social Services) said, after the incident between R4 and R5 happened, R4 was placed on 1:1 monitoring before he went out to the hospital. V21 said, he walked with R4 and sat with R4 until the ambulance came. V21 said, no one beat R4 up in the facility, he was petitioned out due to the incident with R5. V21 said, R4 had lots of behaviors. R4 would antagonize other residents and would say it never happened.</p> <p>On 8/26/24 at 11:37 am with V1 (Administrator) and V20 (Regional Consultant) present, V1 said V1 is the abuse coordinator. V1 said, when there is abuse resident to resident, staff to resident, staff is suspended. The abuse investigation is initiated, an initial reportable is sent, police are called if warranted, and family and doctor also are called. V1 said, the incident happened on 8/22/24 between R4 and R5, however the facility reported the incident (send e-mail) on 8/23/24 at 1:59 pm. With the state agency new portal the facility has not been using it. Surveyor asked V1 if the regional email was working for state agency. V1 confirmed it was working, however he sent the incident on 8/23/24.</p> <p>On 8/26/24 at 1:11 pm V1 said (with V20 Consultant present) regarding R4 and R5, before the 22nd, they were not happy with each other. R5 assumed that R4 cut here in line in front of her. V1 said, they had tension between them, next day they were passing each other in the hall, he (R4) rolled her (R5) foot. R5 is saying it was done on purpose and R4 said it was accident. R4 maintained that he didn't do it on purpose. R4 did have interaction with R5 before. V1 said, when R4 came to the facility he was complimentary. Over time he started to exhibit behaviors. If something wasn't his way, he would annoy staff. Some people he got annoyed. R4 would manipulate a situation and blame others. Some residents he had no issues with and other residents he rubbed the wrong way. V1 said, R4 is currently in the hospital, he will not be permitted to return to the facility.</p> <p>(continued on next page)</p>		

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(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	<p>R4's care plan (5/23/24) documents in part: R4 displays manipulative behavior which is disruptive, insensitive and disrespectful to staff and peers. This behavior is related to: Anger and depression., Poor self-esteem, diminished self-worth. Symptoms/problems are manifested by: On-going conflictual relationships, engaging in deceitful/disrespectful practices (confabulation, lying, dishonesty) for personal gain, frequent threats to call state survey agency officials, ombudsman, attorneys, placing unjustified calls to police, and threatening to report staff. R4 has a diagnosis & history of severe mental illness (SMI). R4's problems & symptoms are manifested by: Display of known risk factors (e.g., wandering, elopement risk, poor safety awareness, aggressive behavior, self-harm behavior, suicidal ideation), Poor contact with reality, poor judgment, poor insight, impaired decision making. (6/1/24) R4 demonstrates behavioral distress related to: Ineffective coping mechanisms., Problems are manifested by: Verbally abusive behavior when agitated, use of profanity, demeaning statements, verbal threats & yelling at others.</p> <p>Facility's Abuse Prevention Program documents in part: Abuse is defined as the willful infliction of injury, unreasonable confinement, intimidation or punishment with resulting physical harm, pain or mental anguish.</p> <p>Residents' Rights for People in Long-term Care Facilities documents in part: You must not be abused, neglected, or exploited by anyone financially, physically, verbally, mentally or sexually.</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 145995	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 08/26/2024
NAME OF PROVIDER OR SUPPLIER Archer Heights Healthcare		STREET ADDRESS, CITY, STATE, ZIP CODE 4437 South Cicero Chicago, IL 60632	
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<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>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 40065</p> <p>Based on interview and record review, the facility failed to follow their policy to report allegation of abuse within 2 hours of the incident. This failure affected two (R4, R5) out of six residents reviewed for reporting.</p> <p>Findings include:</p> <p>R4 is [AGE] years old with diagnosis of, but not limited to: Schizoaffective Disorder Bipolar Type, Paraplegia, Suicidal Ideation, Mood Affective Disorder, Auditory Hallucinations, Visual Hallucinations, Major Depressive Disorder, Tourette's Disorder.</p> <p>R5 is [AGE] years old with diagnosis of, but not limited to: Asthma, Difficulty in Walking.</p> <p>Facility initial reportable (8/23/24 at 1:59 pm) to state agency regarding R4 and R5 documents in part: Incident Date: 8/22/24 at 9:45 am. Brief Description of Incident: Alleged Resident to resident physical altercation.</p> <p>R4's (8/22/2024 at 12:33 pm) documents in part: Resident was observed by writer having physical aggression with another peer on same floor, safety precaution in place. Both residents separated and re directed by writer, Resident was put on 1/1, No injuries noted. Call placed to MD. New order to send to hospital for psychiatric evaluation. Mother, Administrator, DON, Social Service Director made aware. Will continue with plan of care.</p> <p>R5's (8/22/2024 at 12:53 pm) progress note documents: Resident noted with right foot pain, r/t (related to) foot being ran over by peer wheelchair. Resident assessed by writer, vitals stable, pain level 7/10. PRN (as needed) pain medication was given. Call placed to MD New order for x-ray of right foot. ALL parties made aware, will continue with plan of care.</p> <p>On 8/24/24 at 8:40 am R5 was observed in her room. R5 said, on Thursday, R4 ran over her right foot on purpose. R5 said, R4 came to the nurses station too late to smoke as his smoking time had passed. R5 said, staff told him he cannot smoke now, and he got upset and as he was leaving, he ran over her foot. R5 said, she told R4, you just ran over my foot. R5 said, her foot still hurts, as R4 ran it over with a wheelchair. R5 said, R4 had behaviors and he should have been watched by staff as she and R4 had words a day before.</p> <p>On 8/26/24 at 11:05 am, R5 was observed on the smoking patio. R5 was observed to have a boot on her right foot. R5 said, she went to the hospital few days ago and they gave her the boot to wear for few days. R5 said, she is still feeling pain to her foot, her pain is at 9/10. R5 said, R4 ran over her right foot, and she had previous right hip injury. R5 said, her foot is swollen, and she needs to keep it elevated.</p> <p>(continued on next page)</p>		

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<p>F 0609</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>On 8/24 at 9:03 am, V17 (LPN) said she has been here since November. V17 said, the incident between R4 and R5 happened on Thursday (8/22/24) and V17 was the nurse. V17 said, residents were getting medications at the nurses station. R5 was standing here with another resident and talking, R5 was given a chair to sit down. V17 said, R4 came from his room. He was flying in the wheelchair, and he ran over her (R5) foot. V17's back was turned away as she was getting medications. V17 said, when this happened 2 other resident said, (R4) you could have said excuse me and R4 said F u. V17 said, R5 got up and started walking away to her room. V17 said, she called social services and went down to R5 to ask what happened. V17 said, R5 said R4 ran over her right foot, her pain was 7/10 and V17 called the doctor. V17 said, the director of nursing ordered x-ray of right foot, she called psych doctor about R4, and he petitioned him to hospital, he was on this floor short time, he was petitioned prior to this incident to the hospital due to behaviors.</p> <p>On 8/24/24 at 9:38 am, V21 (Social Services) after the incident between R4 and R5, R4 was placed on 1:1 monitoring before he went out to the hospital. V21 said, he walked with R4 and sat with R4 until the ambulance came. V21 said, no one beat R4 up in the facility, he was petitioned out due to the incident with R5. V21 said, R4 had lots of behaviors, he would antagonize other residents and would say this never happened.</p> <p>On 8/26/24 at 11:37 am with V1 (Administrator) and V20 (Regional Consultant) present, V1 said V1 is the abuse coordinator. V1 said, when there is abuse resident to resident, staff to resident, staff is suspended. V1 said, the abuse investigation is initiated, an initial reportable is sent, police are called if warranted, and family and doctor also is called. V1 said, the incident happened on 8/22/24 between R4 and R5. However, the facility reported the incident (send e-mail) on 8/23/24 at 1:59 pm. V1 said, with the state agency new portal facility has not been using it. However, surveyor asked V1 if the regional email was working for state agency, V1 confirmed it was, however he sent the incident on 8/23/24.</p> <p>On 8/26/24 at 1:11 pm V1 said (with V20 Consultant present) regarding R4 and R5, before the 22nd, they were not happy with each other and R5 assumed that R4 cut here in line in front of her. V1 said, they had tension between them. The next day they were passing each other in the hall, R4 rolled over R5's foot. R5 is saying it was done on purpose and R4 said it was accident. V1 said, R4 maintained that he didn't do it on purpose, he did have interaction with her before. V1 said, when R4 came to the facility he was complimentary. Over time R4 started to exhibit behaviors. If something wasn't his way, he would annoy staff. Some people he got annoyed and he would manipulate a situation and blame others. V1 said, some residents he had no issues with and other residents he rubbed the wrong way. V1 said, R4 is currently in the hospital, he will not be permitted to return to the facility.</p> <p>Facility's Abuse Prevention Program documents in part: Initial Reporting of Allegations - When an allegation of abuse, exploitation, neglect, mistreatment or misappropriation of resident property has occurred, the resident's representative and the Department of Public Health's regional office shall be informed by telephone or fax. Public Health shall be informed that an occurrence of potential abuse, neglect, exploitation, mistreatment or misappropriation of resident property has been reported and is being investigated. The report shall include the following information, if known at the time of the report: This report shall be made immediately, but not later than two hours after the allegation is made, if the events that cause the allegation involve abuse or resulted in serious bodily injury; or not less than 24 hours if the events that cause the allegation do not involve abuse and did not result in serious bodily injury.</p> <p>(continued on next page)</p>		

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<p>F 0609</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>40515</p> <p>On 8/23/2024 at 2:42pm surveyor asked V1 if R4 was in the facility. V1 stated R4 was petitioned out to the hospital due to behaviors yesterday (8/22/2024). Surveyor asked V1 what kind of behavior. V1 stated he had an altercation with a resident. Surveyor asked V1 to identify the resident. V1 stated, R5. Surveyor requested reportable for 8/22/24 resident to resident altercation. V1 stated, we are still doing our investigation. Surveyor requested initial reportable. V1 stated, we sent initial reportable to the state when it happened.</p>		