

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 146062	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 05/30/2024
NAME OF PROVIDER OR SUPPLIER Center Home Hispanic Elderly		STREET ADDRESS, CITY, STATE, ZIP CODE 1401 North California Chicago, IL 60622	

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>43351</p> <p>Based on interview and record review the facility failed to ensure unusual occurrence, which resulted to a serious injury, was reported to the State Agency within the mandated time frame and failed to develop policies and procedures for reporting unusual occurrence, which resulted to a serious injury, within the mandated time frame. These failures affected 1 (R2) resident reviewed for reporting of unusual occurrence in the total sample of 6 residents.</p> <p>Findings include:</p> <p>R2's Admission Record documented that R2's diagnoses (include but not limited to) epilepsy, laceration without foreign body of scalp (onset date: 05/11/2024) and restlessness and agitation, and failure to thrive.</p> <p>R2's (Date Of Occurrence: 05/12/2024) Smartsheet Email to V2 (Director of Nursing) documented, in part Sent: Monday, May 13, 2024 (at) 1:34pm. Subject: Confirmation -Facility Reported Incidents. Incident description: It was reported that resident had an unwitnessed fall. Body assessment completed and laceration observed to the right lateral side of forehead. Resident sent out 911. Resident returned from hospital with six staples to area. Definition: unusual occurrence is any unusual circumstances such as accidents incidents and accidents resulting in injury requiring the services of a physician, or other service provider on an emergency basis shall be reported to the Department of Public health within 24 hours of the incident or accident. Describe occurrence: it was reported that resident had an unwitnessed fall. Body assessment completed and laceration observed to the right lateral side of forehead. Resident sent out 911. Resident returned from hospital with 6 staples to area. Was hospital or ER treatment needed? yes. Evidence of new redness, bruises, abrasions, lacerations? Yes. Meets the State definition of serious incident? Yes. Initial report faxed. Date: May 13, 2024. License nurse signature: (V2- Director of Nursing). Date: May 13, 2024.</p> <p>R2's (05/11/2024) Hospital Emergency Department notes (as translated by V1- Administrator) documented, in part Instructions: Laceration was stapled laceration should be monitored for signs of infection. Treated by: MD (medical doctor). Procedures and exams: laceration repair. Diagnosis: ground level fall, scalp laceration. Done today: laceration repair.</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: 146062	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 05/30/2024
NAME OF PROVIDER OR SUPPLIER Center Home Hispanic Elderly		STREET ADDRESS, CITY, STATE, ZIP CODE 1401 North California Chicago, IL 60622	
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>R2's (05/17/2024) Minimum Data Set documented, in part Section C0500. BIMS (Brief Interview for mental status) Summary Score: no entry. C1000. Cognitive Skills for Daily Decision Making: 2. Moderately impaired. Section GG. Functional Abilities. GG0170. Mobility. A. Roll left to right: 1 - Dependent. B. Sit to lying: 88 - Not attempted due to medical condition of safety concerns. C. Lying to sitting on side of bed: 88 - not attempted due to medical condition of safety concerns.</p> <p>R2's (05/11/2024 15:17 (3:17pm)) nursing progress note documented, in part received report regarding resident on ground, upon assessment resident lying on ground next to the bed in designated room, active ROM with no deformities, however laceration to right side of head noted with moderate bleeding neurochecks initiated emergency response activated and taken to nearest hospital for unwitnessed fall and head contact with surface. Father, MD, Hospice, and management aware. 98.1, 74, 18, 119 / 70. Authored by: V9 (Registered Nurse).</p> <p>R2's (05/11/2024 15:18 (3:18pm)) progress note documented, in part en route to nearest hospital according to paramedics via stretcher in stable condition. Authored by: V9 (Registered Nurse).</p> <p>R2's (05/11/2024 23:43 (11:43pm)) progress note documented, in part arrived from hospital via stretcher accompanied by two ambulance paramedics. Head to toe assessment completed with six staples noted to right lateral head. management aware. Authored by: V9 (Registered Nurse).</p> <p>R2's (5/13/2024) care plan documented, in part has an alteration in skin integrity and is at risk for additional and/or worsening of skin integrity issues related to: laceration to scalp - has 6 staples.</p> <p>On 05/28/2024 at 11:54am, V5 (LPN) checked R2's head. There was a dry scab on the right side of R2's head. V5 stated she(R2) had staples due to a fall. I (V5) was not here when it happened.</p> <p>On 05/29/2024 at 10:47am, V9 (Registered Nurse) stated when I (V9) came in, (R2) was on the right side of her (R2) bed. She (R2) was lying on the floor. Upon assessment, she (R2) has an injury on the right side of her (R2) head. I (V9) was not able to see much, but I (V9) did notice bleeding, minimal to moderate not profuse. I (V9) called 911. That is our policy for unwitnessed falls.</p> <p>On 05/29/2024 at 10:55am, V9 stated the Administration and Director of Nursing, I (V9) made them aware. The Director of Nursing (V2) was made aware before she (R2) went to the hospital and after she's gone to the hospital. If I (V9) made the note at 11:43pm, I (V9) have received a report from hospital and I (V9) must have informed the DON before 11:43pm. When I (V9) received the information, I (V9) have to report it right away to (V2) because it is a reportable injury, I (V9) made her (V2) aware via phone call.</p> <p>On 05/29/2024 at 11:09am, V9 stated it is reportable, meaning the administrations have to report to the State because she (R2) received staples. Injuries that require suture or staples need to be reported and there is a certain amount of time administration need to report it, it should be within a timeframe.</p> <p>On 05/29/2024 at 1:47pm, V2 stated R2's recent fall was a 'reportable'.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 146062	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 05/30/2024
NAME OF PROVIDER OR SUPPLIER Center Home Hispanic Elderly		STREET ADDRESS, CITY, STATE, ZIP CODE 1401 North California Chicago, IL 60622	
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>On 05/29/2024 at 1:55pm, V2 stated on her (R2) case, she (R2) ended up with staples. That is reportable. Reporting needs to be done in a timely manner. Any fall, if it happened on a weekend, I (V2) have to report it on Monday.</p> <p>On 05/29/2024 at 3:15pm, V11 (Regional Director of Clinical Services/Corporate Nurse) stated there was no hospitalization for her (R2). There was an unspoken rule that if an incident happened on weekend or holiday then it is reported the next business day. She (R2) has staples, and we (facility) are monitoring it. Why is it now a violation of late reporting? Many times, we (facility) have incidents that happened on weekends, and these were reported on the next business day, and we were not cited. Reading the (9/14) Incident/Accident Reports policy and procedure presented to the surveyor, V11 stated 'on weekends and holidays, the Long Term Care Complaint Hotline phone number may be used if absolutely necessary.' It says here (pointing to the policy) May be used if absolutely necessary. Only if necessary.</p> <p>On 05/29/2024 at 3:43pm, V2 stated we don't have serious injury reporting policy. The policy 'incident and accident' covers the serious injury reporting.</p> <p>On 05/29/2024 at 3:46pm, looking at R2's 5/12/24 reportable, V2 stated I (V2) submitted her (R2) reportable on the 13th of May 2024 at 1:34pm. Of note, facility was aware of the injury on 5/11/24 as per V9's progress notes.</p> <p>The (9/14) Incident/Accident Reports documented, in part A. POLICY:</p> <p>The Incident/Accident Report is completed for all unexplained bruises or abrasions, all accidents or incidents where there is injury or the potential to result in injury, allegations of theft and abuse registered by residents, visitors or other, and resident-to-resident physical altercations. B. PROCEDURE: 3. The Administrator, Director of Nursing, Assistant Director of Nursing, or Nursing Supervisor must notify the following if a serious injury occurs: a. The Illinois Department of Public Health, by fax, as soon as possible within twenty-four (24) hours of the occurrence. On weekends and holidays, the Long Term Care Complaint Hotline phone number may be used if absolutely necessary. Of note, R2's (Date Of Occurrence: 05/12/2024) Smartsheet Email to V2 (Director of Nursing) documented, in part Definition: unusual occurrence is any unusual circumstances such as accidents incidents and accidents resulting in injury requiring the services of a physician, or other service provider on an emergency basis shall be reported to the Department of Public health within 24 hours of the incident or accident.</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 146062	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 05/30/2024
NAME OF PROVIDER OR SUPPLIER Center Home Hispanic Elderly		STREET ADDRESS, CITY, STATE, ZIP CODE 1401 North California Chicago, IL 60622	
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 0610</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Respond appropriately to all alleged violations.</p> <p>43351</p> <p>Based on interview and record review, the facility failed to complete a thorough investigation of resident unusual occurrence which resulted in an injury. This failure affected (R2) resident reviewed for investigation of unusual occurrence in the total sample of 6 residents.</p> <p>Findings include:</p> <p>R2's Admission Record documented that R2's diagnoses (include but not limited to) epilepsy, laceration without foreign body of scalp (onset date: 05/11/2024) and restlessness and agitation, and failure to thrive.</p> <p>R2's (Date Of Occurrence: 05/12/2024) Smartsheet Email to V2 (Director of Nursing) documented, in part Sent: Monday, May 13, 2024 (at) 1:34pm. Subject: Confirmation -Facility Reported Incidents. Incident description: It was reported that resident had an unwitnessed fall. Body assessment completed and laceration observed to the right lateral side of forehead. Resident sent out 911. Resident returned from hospital with six staples to area. Describe occurrence: it was reported that resident had an unwitnessed fall. Body assessment completed and laceration observed to the right lateral side of forehead. Resident sent out 911. Resident returned from hospital with 6 staples to area. Was hospital or ER treatment needed? yes. Evidence of new redness, bruises, abrasions, lacerations? Yes. Meets the State definition of serious incident? Yes. Initial report faxed. Date: May 13, 2024. License nurse signature: (V2- Director of Nursing). Date: May 13, 2024. Upon completion of the investigation, it was reported by nurses and CNA's that the resident usually positioned herself in the fetal position, and the resident always tried to reposition herself throughout the day and night, which may have caused the resident to fall. (V2).</p> <p>R2's (05/11/2024) Hospital Emergency Department notes (as translated by V1- Administrator) documented, in part Instructions: Laceration was stapled laceration should be monitored for signs of infection. Treated by: MD (medical doctor). Procedures and exams: laceration repair. Diagnosis: ground level fall, scalp laceration. Done today: laceration repair.</p> <p>R2's (05/17/2024) Minimum Data Set documented, in part Section C0500. BIMS (Brief Interview for mental status) Summary Score: no entry. C1000. Cognitive Skills for Daily Decision Making: 2. Moderately impaired. Section GG. Functional Abilities. GG0170. Mobility. A. Roll left to right: 1 - Dependent. B. Sit to lying: 88 - Not attempted due to medical condition of safety concerns. C. Lying to sitting on side of bed: 88 - not attempted due to medical condition of safety concerns.</p> <p>On 05/28/2024 at 11:45am, there was a blue star with a yellow arrow by R2's name identifier on the entry way. V3 (Assistant Administrator) stated that she (R2) is a falling star. The purpose of the star is to let the staff know that she (R2) is in the falling star program. Resident who has more than one fall in a month is placed on falling star program for precautions, so staff know to keep an eye on the resident. she has floor mats one on each side, bed on lowest positions and her mattress with foam on the sides. she is on hospice. She (R2) has history of falls.</p> <p>On 05/28/2024 at 11:54am, V5 (LPN) checked R2's head. There was a dry scab on the right side of R2's of head. V5 stated she(R2) had staples due to a fall. I (V5) was not here when it happened.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 146062	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 05/30/2024
NAME OF PROVIDER OR SUPPLIER Center Home Hispanic Elderly		STREET ADDRESS, CITY, STATE, ZIP CODE 1401 North California Chicago, IL 60622	
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 0610</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>The (05/11/2024) Staffing documented that V5 (Licensed Practice Nurse), V15 (CNA), and V16 (CNA), worked the 6am - 2pm shift and were assigned to R2; and V8 (CNA) and V9 (Registered Nurse) worked the 2pm - 10pm shift and were assigned to R2.</p> <p>On 05/29/2024 at 12:47pm, V5 (Licensed Practice Nurse) stated yes, I (V5) worked the morning of 5/11/24. She (R2) did have her (R2) days. I (V5) constantly go to her (R2) room because all of the sudden she (R2) would get up and move. I (V5) observed her (R2) putting both her (R2) hands to her (R2) back and extend her (R2) elbows on her (R2) back and moved her (R2) legs over the wedge and she (R2) was making cat noises as if she (R2) was possessed. Surveyor requested V5 to demonstrate what V5 observed R2 was doing. V5, still seated on a chair, arched her (V5) back on semi sitting position with elbows extended, and both hands on the edge of the seat. V5 made hissing sounds. V5 stated that is why I (V5) started putting her (R2) in front of the nurses station. But on that day, 05/11/2024, I (V5) observed her doing that again. But I (V5) did not put her (V5) in front of the Nurse's station because she (R2) scared me (V5) and I (V5) don't want her (R2) to scare other residents. That was the second time I (V5) saw her (R2) doing that. The first time I (V5) saw her (R2) doing that was a week before her (R2) last fall. I (V5) don't remember telling the restorative nurse (V7). I (V5) did not tell the DON (2). I (V5) don't really remember.</p> <p>On 05/29/2024 at 1:44pm, V2 (Director of Nursing) stated upon admission, resident is assessed. If high risk for fall, resident is care planned. If we have a fall or a resident fell , I (V2) would do a fall investigation, try to figure out what happened, how a resident falls, and what causes the fall. Then we provide intervention.</p> <p>On 05/30/2024 at 10:13am, V2 (Director of Nursing) stated if we (facility) have a fall, I (V2) do the investigation on why a resident fell . With her (R2) fall, I (V2) spoke with the nurse (V9), I (V2) spoke with the CNAs (V8) and(V15). I (V2) did not speak with (V5) because her (R2) fall incident did not happen during her (V5) shift. She (V5) worked the morning shift at the time of the fall. At this time, surveyor requested V2 to provide the written statements made by all the staff she (V2) interviewed for this fall investigation.</p> <p>The (05/31/2024) email correspondence received from V2 (Director of Nursing) documented, in part Subject: Investigation and statements (R2). Kindly confirm the witness statements I (surveyor) received were from (V8- CNA), (V18 CNA), and (V9-Registered Nurse). (V2 responded) Yes. Of note, no witness statements completed for V5 - LPN who was assigned to R2 during the morning shift of 5/11/2024.</p> <p>R2's (5/14/2024) care plan documented, in part Focus: is at risk for falls R/T (related to) Dx (diagnoses): seizure disorder. Goals: will not sustain a fall related injury. Interventions: falling star 4/8/2024. Keep in common area (3/15/24). Gather information on past falls and attempt to determine the root cause of the fall. Anticipate and intervene to prevent recurrence.</p> <p>The (undated) Make-Up Of A Thorough Investigation documented, in part Interviews/ Statements during appropriate time period. Interviews and/or statements must be obtained from the beginning of the alleged time of the incident must be obtained from every staff assigned to the resident during that time frame all shifts.</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 146062	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 05/30/2024
NAME OF PROVIDER OR SUPPLIER Center Home Hispanic Elderly		STREET ADDRESS, CITY, STATE, ZIP CODE 1401 North California Chicago, IL 60622	
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 0684</p> <p>Level of Harm - Actual harm</p> <p>Residents Affected - Few</p>	<p>Provide appropriate treatment and care according to orders, resident's preferences and goals.</p> <p>43351</p> <p>Based on interviews and records reviewed, the facility failed to ensure staff report new behavior/s to appropriate supervisor and department head for one resident (R2) resulting with the resident to be observed on the floor and sustaining a laceration to the head, was sent out to the Hospital Emergency Department and treated with laceration repair (staples). This deficient practice affected one resident (R2) reviewed for quality of care in a total sample of 6 residents.</p> <p>Findings include:</p> <p>R2's Admission Record documented that R2's diagnoses (include but not limited to) epilepsy, laceration without foreign body of scalp (onset date: 05/11/2024) and restlessness and agitation, and failure to thrive.</p> <p>R2's (Date Of Occurrence: 05/12/2024) Smartsheet Email to V2 (Director of Nursing) documented, in part Sent: Monday, May 13, 2024 (at) 1:34pm. Subject: Confirmation -Facility Reported Incidents. Incident description: It was reported that resident had an unwitnessed fall. Body assessment completed and laceration observed to the right lateral side of forehead. Resident sent out 911. Resident returned from hospital with six staples to area. Definition: unusual occurrence is any unusual circumstances such as accidents incidents and accidents resulting in injury requiring the services of a physician, or other service provider on an emergency basis shall be reported to the Department of Public health within 24 hours of the incident or accident. Describe occurrence: it was reported that resident had an unwitnessed fall. Body assessment completed and laceration observed to the right lateral side of forehead. Resident sent out 911. Resident returned from hospital with 6 staples to area. Was hospital or ER treatment needed? yes. Evidence of new redness, bruises, abrasions, lacerations? Yes. Meets the State definition of serious incident? Yes. Initial report faxed. Date: May 13, 2024. License nurse signature: (V2- Director of Nursing). Date: May 13, 2024. Upon completion of the investigation, it was reported by nurses and CNA's that the resident usually positioned herself in the fetal position, and the resident always tried to reposition herself throughout the day and night, which may have caused the resident to fall. (V2).</p> <p>R2's (05/11/2024) Hospital Emergency Department notes (as translated by V1- Administrator) documented, in part Instructions: Laceration was stapled laceration should be monitored for signs of infection. Treated by: MD (medical doctor). Procedures and exams: laceration repair. Diagnosis: ground level fall, scalp laceration. Done today: laceration repair.</p> <p>R2's (05/17/2024) Minimum Data Set documented, in part Section C0500. BIMS (Brief Interview for mental status) Summary Score: no entry. C1000. Cognitive Skills for Daily Decision Making: 2. Moderately impaired. Section GG. Functional Abilities. GG0170. Mobility. A. Roll left to right: 1 - Dependent. B. Sit to lying: 88 - Not attempted due to medical condition of safety concerns. C. Lying to sitting on side of bed: 88 - not attempted due to medical condition of safety concerns.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 146062	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 05/30/2024
NAME OF PROVIDER OR SUPPLIER Center Home Hispanic Elderly		STREET ADDRESS, CITY, STATE, ZIP CODE 1401 North California Chicago, IL 60622	
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 0684</p> <p>Level of Harm - Actual harm</p> <p>Residents Affected - Few</p>	<p>R2's (05/11/2024 15:17 (3:17pm)) nursing progress note documented, in part received report regarding resident on ground, upon assessment resident lying on ground next to the bed in designated room, active ROM with no deformities, however laceration to right side of head noted with moderate bleeding neurochecks initiated emergency response activated and taken to nearest hospital for unwitnessed fall and head contact with surface. Father, MD, Hospice, and management aware. 98.1, 74, 18, 119 / 70. Authored by: V9 (Registered Nurse).</p> <p>R2's (05/11/2024 15:18 (3:18pm)) progress note documented, in part en route to nearest hospital according to paramedics via stretcher in stable condition. Authored by: V9 (Registered Nurse).</p> <p>R2's (05/11/2024 23:43 (11:43pm)) progress note documented, in part arrived from hospital via stretcher accompanied by two ambulance paramedics. Head to toe assessment completed with six staples noted to right lateral head. management aware. Authored by: V9 (Registered Nurse).</p> <p>On 05/28/2024 at 11:45am, there was a blue star with a yellow arrow by R2's name identifier on the entry way. V3 (Assistant Administrator) stated that she (R2) is a falling star. The purpose of the star is to let the staff know that she (R2) is in the falling star program. Resident who has more than one fall in a month is placed on falling star program for precautions, so staff know to keep on eye on the resident. she has floor mats one on each side, bed on lowest positions and her mattress with foam on the sides. she is on hospice. She (R2) has history of falls. i cannot recall when.</p> <p>On 05/28/2024 at 11:54am, V5 (LPN) checked R2's head. There was a dry scab on the right side of R2's of head. V5 stated she(R2) had staples due to a fall. I (V5) was not here when it happened.</p> <p>On 05/28/2024 at 2:03pm, V7 (Restorative Nurse/LPN) stated she (R2) is on the falling star program. She (R2) is really weak, at times strong as a bull. I (V7) am not really sure how she(R2) has fallen with the wedges in place. It is impossible. For each fall, I (V7) or the MDS coordinator update her (R2) care plan.</p> <p>The (05/11/2024) Staffing documented that V5 (Licensed Practice Nurse), V15 (CNA), and V16 (CNA), worked the 6am - 2pm shift and were assigned to R2; and V8 (CNA) and V9 (Registered Nurse) worked the 2pm - 10pm shift and were assigned to R2.</p> <p>On 05/28/2024 at 2:10pm, V8 (CNA) stated when I (V8) got to her (R2) room, she (R2) was on the floor mat on the right side. The wedge was still on the bed but was moved a little to the side of the bed. There was blood coming from her (R2) head.</p> <p>On 05/29/2024 at 10:47am, V9 (Registered Nurse) stated she (R2) is bedbound and nonverbal. She (R2) made significant progress, (R2) no longer npo (nothing by mouth). The CNA (V8) informed me (V9). She (V8) said that during her (V8) rounds, (V8) noticed (R2) on the right side of bed, and (V8) immediately notified me (V9). When I (V9) came in, (R2) was on the right side of her (R2) bed. She (R2) was lying on the floor. Upon assessment, she (R2) has an injury on the right side of her (R2) head. I (V9) was not able to see much, but I (V9) did notice bleeding, minimal to moderate not profuse. I (V9) called 911. That is our policy for unwitnessed falls.</p> <p>On 05/29/2024 at 11:13am, V9 stated my shift starts at 2pm. I (V9) received report from the morning nurse (V5) about her (R2) meal consumption, that she is tolerating her meals well, that she (R2) is enjoying her food.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 146062	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 05/30/2024
NAME OF PROVIDER OR SUPPLIER Center Home Hispanic Elderly		STREET ADDRESS, CITY, STATE, ZIP CODE 1401 North California Chicago, IL 60622	
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 0684</p> <p>Level of Harm - Actual harm</p> <p>Residents Affected - Few</p>	<p>On 05/29/2024 at 12:47pm, V5 (Licensed Practice Nurse) stated yes, I (V5) worked the morning of 5/11/24. She (R2) did have her (R2) days. I (V5) constantly go to her (R2) room because all of the sudden she (R2) would get up and move. I (V5) observed her (R2) putting both her (R2) hands to her (R2) back and extend her (R2) elbows on her (R2) back and moved her (R2) legs over the wedge and she (R2) was making cat noises as if she (R2) was possessed. Surveyor requested V5 to demonstrate what V5 observed R2 was doing. V5, still seated on a chair, arched her (V5) back on semi sitting position with elbows extended, and both hands on the edge of the seat. V5 made hissing sounds. V5 stated that is why I (V5) started putting her (R2) in front of the nurses station. But on that day, 05/11/2024, I (V5) observed her (R2) doing that again. But I (V5) did not put her (V5) in front of the Nurse's station because she (R2) scared me (V5) and I (V5) don't want her (R2) to scare other residents. That was the second time I (V5) saw her (R2) doing that. The first time I (V5) saw her (R2) doing that was a week before her (R2) last fall. I (V5) don't remember telling the restorative nurse (V7). I (V5) did not tell the DON (2). I (V5) don't really remember.</p> <p>On 05/31/2024 at 2:12pm, V15 (CNA) stated the nurse (V5) did not tell me anything. I (V15) have never observed her (R2) moving her (R2) legs over the wedge, I (V15) have never seen her (R2) on semi sitting position with her (R2) elbows extended on her (R2) back trying to get out of the bed.</p> <p>On 05/31/2024 at 3:24pm, V16 (CNA) stated she (R2) never attempted to get out of the bed on her (R2) own. I (V16) never witnessed her (R2) doing that. I (V16) was not informed by any staff, nurse or cna, that she (R2) is able to sit on semi sitting position and move her (R2) legs over the wedge. I (V16) definitely think it is important because if I (V16) was aware of that, I (V16) would have monitored her (R2) more frequently. If I (V16) do witness that, I (V16) will report it immediately to the nurse and Director of Nursing, in case, of future complications, like worst case scenario she (R2) would fall and have concussion.</p> <p>On 05/29/2024 at 1:21pm, V7 stated nobody informed me(V7) she (R2)can extend her (R2) elbow on her back. Nobody informed me that she can extend her elbows and put her legs over the wedge. I (V7) have never seen it. If I (V7) had known, I (V7)would have educated the CNA to keep an eye on her (R2) and get her (R2) up to reposition her (R2) more often. This information is important because it is probably what making her (R2) fall. The probability of her (R2) falling because of that is high. If there is a change of condition on a resident, everybody should be informed, like me, restorative nurse, other nurses and cna and the whole IDTeam.</p> <p>On 05/29/2024 at 1:44pm, V2 (Director of Nursing) stated upon admission, resident is assessed. If high risk for fall, resident is care planned. If we have a fall or a resident fell , I (V2) would do a fall investigation, try to figure out what happened, how a resident falls, and what causes the fall. Then we provide intervention.</p> <p>On 05/29/2024 at 1:47pm, V2 stated when I (V2) did my (V2) investigation, I (V2) concluded that she (R2) tried to reposition herself (R2) on the bed and ended up falling out of bed. I (V2) have never seen her (R2) extending her (R2) elbows and putting her (R2) legs over the wedges. Nobody informed me (V2) that she (R2) can extend her (R2) elbows and move her (R2) legs over the wedge. Those pieces of information are important because if she (R2) is able to extend her (R2) elbows and move her (R2) legs over the wedge it means she (R2) can push herself (R2) out of bed. The staff should have reported that to me (V2) so we (facility) could have placed interventions for those information you just gave me (V2).</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 146062	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 05/30/2024
NAME OF PROVIDER OR SUPPLIER Center Home Hispanic Elderly		STREET ADDRESS, CITY, STATE, ZIP CODE 1401 North California Chicago, IL 60622	

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 0684</p> <p>Level of Harm - Actual harm</p> <p>Residents Affected - Few</p>	<p>On 05/30/2024 at 10:13am, V2 (Director of Nursing) stated I (V2) did not speak with (V5) because her (R2) fall incident did not happen during her (V5) shift. She (V5) worked the morning shift at the time of the fall.</p> <p>R2's (5/13/2024) care plan documented, in part has an alteration in skin integrity and is at risk for additional and/or worsening of skin integrity issues related to: laceration to scalp - has 6 staples. Of note, R2's whole care plan was reviewed, the behavior or arching back and moving legs over the wedge was not care planned.</p> <p>R2's (5/14/2024) care plan documented, in part Focus: is at risk for falls R/T (related to) Dx (diagnoses): seizure disorder. Goals: will not sustain a fall related injury. Interventions: falling star 4/8/2024. Keep in common area (3/15/24). Gather information on past falls and attempt to determine the root cause of the fall. Anticipate and intervene to prevent recurrence. Of note, R2's whole care plan was reviewed with no notes of R2's ability to be on semi sitting position while on bed, extending both elbows, and both hands on R2's back and the ability to move both legs over the wedge.</p> <p>The (05/28/2024) Falling star program by unit documented that R2 was on the list.</p> <p>The (undated) LPN Job Description documented, in part Job Summary: The primary purpose of your job position is to provide direct nursing care to the residents and to supervise the day-to-day nursing activities performed by the nursing assistants. Such supervision must be in accordance with current federal, state, and local standards, guidelines and regulations that govern our facility to ensure the highest degree of quality care. Essential duties and responsibilities: 1. Directs the day-to-day function of the nursing assistant. 3. Cooperate with other residents services when coordinating nursing services to ensure total care is maintained. 7. Makes written and oral reports concerning the day-to-day activities of your shift. 8. Meet with your assigned staff to plan the ship's services programs and activities. 12. Chart nursing progress notes in an informative and descriptive manner that reflects the care provided to the residents as well as the residents response. 25. Help and maintain a good working rapport with intradepartmental and interdepartmental personnel to meet the needs of the resident. 27. Meet with the unit staff regularly to assist in identifying and correcting problem areas.</p>