

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 146167	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 09/27/2024
NAME OF PROVIDER OR SUPPLIER Foster Health & Rehab Center		STREET ADDRESS, CITY, STATE, ZIP CODE 2840 West Foster Avenue Chicago, IL 60625	

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 0600</p> <p>Level of Harm - Minimal harm or potential for 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** 44103</p> <p>Based on interview and record review, the facility failed to protect one (R1) resident's right to be free from physical abuse out of three sampled residents. This failure resulted in R2 becoming physically aggressive to R1.</p> <p>Findings Include:</p> <p>R1's clinical records show R1 was admitted in the facility on 5/16/23 with diagnoses including but not limited to Unspecified Dementia Without Behavioral Disturbance and Chronic Obstructive Pulmonary Disease. R1's Minimum Data Set (MDS) dated [DATE] shows R1 has moderate cognitive impairment.</p> <p>R1's progress notes dated 7/22/24 written by V5 (Registered Nurse/RN) documents in part: On 7/22/24 at about 1:00 PM R1 was allegedly hit on the head and milk was thrown in the face by [R2]. The incident occurred in the dining room and was witnessed by staff. Staff intervened, both residents were separated and initiated one-on-one monitoring. A head-to-toe assessment was completed, and no visible injuries were noted. Medical Doctor and family member made aware.</p> <p>R2's clinical records show R2 was admitted in the facility on 5/25/24 with diagnoses included but not limited to Restlessness and Agitation and Other Schizophrenia. R2's MDS dated [DATE] shows R2 has moderate cognitive impairment.</p> <p>R2's progress notes dated 7/22/24 written by V5 documents in part: At around 1:00 PM, V5 was notified by witnessed staff that R2 hit [R1] on the head and threw milk at [R1's] face. The incident occurred in the dining room and was witnessed by staff.</p> <p>On 9/25/24 at 10:44 AM, interviewed R1 regarding the incident that happened with R2 in the dining room on 7/22/24. R1 stated R1 was sitting in the dining room eating lunch. R2 walked towards R1's table and then grabbed R1's milk. R1 told R2 to give R1's milk back. R2 threw the milk carton on R1's forehead and laughed about it. R1 stated it was full of milk and it hurt but did not injure R1. R1 further stated, The staff wanted to send me to the hospital but no Ma'am I won't go. I told [R2] I'm old enough to be your grandmother. I don't know what I did to [R2]. I still see [R2] but we are not in the same room. [R2] would pass by me and look at me with a smile on her face. I feel safe. I don't mind seeing [R2] as long as [R2] doesn't bother me.</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 0600</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>On 9/25/24 at 11:24 AM, interviewed R2 and noted R2 with unclear speech and mumbles. R2 stated R2 remembers what happened with R1 when R2 threw the carton of milk at R1's head in the dining room. R2 stated R2 was angry at R1 that was why R2 threw the carton of milk on R1. R2 did not answer further questions from the Surveyor and started to get agitated.</p> <p>On 9/25/24 at 11:36 AM, interviewed R3 and stated R3 witnessed the incident between R1 and R2 on 7/22/24 in the dining room. R3 stated it was during lunch time and R3 was joking that R3 didn't like the chicken. R2 got up and took R3's plate and R1 said something to R2 stating, Don't be taking her plate. R3 stated all of a sudden, R2 took a carton of milk and hit R1 on R1's head. R3 stated R1 was angry, and staff came. R3 stated the staff intervened and separated R1 and R2. R3 stated the problem with R2 is that R2 would walk around and mess with other people's foods. R3 stated R2 has very bad behaviors and gets aggressive at times. R3 stated R2 has been very aggressive even with the staff in the facility.</p> <p>On 9/25/24 at 10:18 AM, interviewed V6 (Certified Nursing Assistant) regarding R1 and R2's incident on 7/22/24 and stated it happened while the residents were having lunch in the dining room. V6 stated, They were just having lunch. [R2] finished at first. [R2] got up from her chair like [R2] was going out of the dining room and then the next thing [R2] grabbed someone's milk and [R1] was sitting beside that person and was trying to tell [R2] that it was rude you don't have to do that and then immediately [R2] just threw the milk on [R1's] forehead. I was in the dining room monitoring the residents and by the time I got to both of them, [R2] already threw the milk on [R1's] forehead. [R1] got up and wanted to fight [R2] but I immediately intervened and separated them.</p> <p>On 9/25/24 at 11:13 AM, interviewed V7 (Activity Director) regarding R1 and R2's incident on 7/22/24 and stated that during lunch time R2 wanted more chicken. R2 was leaving when R2 went to R3's tray and took food from R3' tray. R1 said something first to put it back and R2 picked up the milk and threw the milk on R1's head. It was an abrupt moment. Staff immediately intervened and redirected R1 and R2. V5 assessed R1. V7 stated R2 has behaviors when it triggers, R2 may take things from people. V7 stated R2 goes on one on one monitoring and staff re-directs R2.</p> <p>On 9/25/24 at 12:19 PM, a phone interview conducted with V9 (Certified Nursing Assistant) regarding R1 and R2's incident on 7/22/24 and stated, They were just finishing lunch [R2] was walking past [R1] and then [R2] grabbed the lunch from [R3's] tray. [R1] said something to [R2] and then [R2] got upset and grabbed the milk and threw it at [R1]. It hit [R1] on her head. [R1] was complaining of a headache. [V5] checked on [R1] and [V5] gave [R1] something for pain. I was picking up trays in the dining room before it happened. I just had picked up the tray from across the table where [R1's] table was at and then I saw the incident. I intervened right away. The staff quickly grabbed [R2] and escorted [R2] back to her room. [R1] stayed in the dining room.</p> <p>On 9/25/24 at 11:58 AM interviewed V1 (Administrator) and stated V1 is the abuse coordinator. V1 stated If there's a resident-to-resident altercation, V1 expects staff to separate them. Do one on one supervision with the perpetrator. The nurse has to do the whole assessment. They call the doctor and carry out orders. Facility calls the psychiatry doctor and notify family and or the guardian. V1 stated the types of abuse are verbal, mental, physical, misappropriation, seclusion, sexual, and neglect. V1 stated, abuse is a willful act that your trying to injure or hurt a person, you're deliberately hurting the person. V1 stated the residents have the right to reside in the facility free from abuse.</p> <p>(continued on next page)</p>		

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<p>F 0600</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>The facility's policy titled, ABUSE PREVENTION PROGRAM dated 2/7/17 reads in part:</p> <p>Abuse means any physical or mental injury or sexual assault inflicted upon a resident other than by accidental means. This assumes that all instances of abuse or residents, even those in coma, cause physical harm or pain or mental anguish. Physical abuse includes hitting, slapping, pinching, kicking, and controlling behavior through corporal punishment.</p> <p>The facility's policy on RESIDENTS' RIGHTS with no date reads in part: Residents have the rights to safety. Residents must not be abused, neglected, or exploited by anyone - financially, physically, verbally, mentally or sexually. The facility must be safe, clean, comfortable and homelike.</p>