

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 146198	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 05/09/2025
NAME OF PROVIDER OR SUPPLIER All American Vlge Nrsg & Rhb		STREET ADDRESS, CITY, STATE, ZIP CODE 5448 North Broadway Street Chicago, IL 60640	

For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
<p>F 0567</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Honor the resident's right to manage his or her financial affairs.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 41356</p> <p>Based on observation, interview, and record review, the facility failed to procure proper written authorization to manage resident's trust funds for 2 residents (R1 and R4) out of 5 residents reviewed for financial management. This failure resulted in R1 displaying aggressive behavior due to lack of consent for the facility to manage personal trust fund, and R1 being hospitalized for aggressive behavior.</p> <p>Findings include:</p> <p>1. R1 is [AGE] years old, initially admitted in the facility on 07/19/2024. R1 medical diagnoses includes major depression, bipolar disorder, anxiety disorder and post-traumatic stress disorder. R1 is cognitively intact with Brief Interview for Mental Status (BIMS) score of 15, dated 04/03/2025.</p> <p>On 05/06/2025 at 1:15 PM, R1 can clearly express her thoughts within topic during conversation. R1 stated the facility was asking her to sign paperwork, but she refused, and the facility forged her signature that will make her check go to the facility. R1 stated she refused to sign the paperwork because she can manage her own money. R1 stated when she called Social Security, she was informed the payee is now the facility, and a bank was added into it. R1 stated she was very agitated because of what happened. R1 stated R1 saw an envelope on V3 (Business Office Manager) that has R1's name. When she tried to get it, V3 covered it. R1 said, I was angry and called her a liar. They had me out to the hospital.</p> <p>Clinical notes, dated 04/17/2025 by V8 (Licensed Practical Nurse), documents per clinical staff, R1 was noted with physical aggression towards staff, with increase agitation and crying spells, and loud disruptive behavior. R1 was unable to be redirected per staff.</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: 146198	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 05/09/2025
NAME OF PROVIDER OR SUPPLIER All American Vlge Nrsg & Rhb		STREET ADDRESS, CITY, STATE, ZIP CODE 5448 North Broadway Street Chicago, IL 60640	

For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
<p>F 0567</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>On 05/07/2025 at 10:10 AM, V3 (Business Office Manager/BOM) stated it is not necessary, or there is no need for authorization coming from resident for the facility manage resident funds. V3 said, When Social Security got information that the resident resided in the facility, they deposit the funds to the facility. V3 stated in R1's case, there was no authorization coming from R1 for facility to manage her personal fund. V3 stated roughly 98% of residents do not have authorization. V3 stated there is a form called rep payee. V6 (Administrative Consultant), who was inside the room during conversation with V3, stated it means representative payee. V3 was asked to present representative payee or any authorization form R1 consented in favor of the facility to manage her personal fund. V3 presented a form titled Authorization and Agreement to Handle Resident Funds by V7 (Outside Vendor/Managing Resident Funds) on the line where resident needs to sign was left blank. Under the line on the right side was written refused to sign.</p> <p>2. On 05/07/25 at 10:10 AM, V3 did not present R4's written authorization form. Per V3, R4 does not have written authorization. V3 stated R4's fund is being managed by the facility receiving physical checks instead of electronic checks, and R4 did not sign the authorization form yet.</p> <p>Resident Personal Trust Fund Policy and Procedure, dated 05/15/2024, reads:</p> <p>Residents/Guardians or Residents' Persons of Authority desiring to have a personal funds account must authorize service by signing an authorization form. This form will be maintained in their Business Office file.</p>

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 146198	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 05/09/2025
NAME OF PROVIDER OR SUPPLIER All American Vlge Nrsg & Rhb		STREET ADDRESS, CITY, STATE, ZIP CODE 5448 North Broadway Street Chicago, IL 60640	
For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)		
<p>F 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** 41356</p> <p>Based on observation, interview, and record review, the facility failed to establish an environment that promotes resident sensitivity and safety and prevention of mistreatment for one resident (R3) out of four residents reviewed for abuse.</p> <p>Findings include:</p> <p>R3 is [AGE] years old, initially admitted in the facility on 10/08/2015. R3 medical diagnosis includes schizoaffective disorder, bipolar, psychosis.</p> <p>Per Minimum data Set (MDS) assessment, dated 04/02/2025, R3 has a score of 12; R3 has moderate impairment of his cognition.</p> <p>R4 is [AGE] years old, initially admitted in the facility on 07/12/2024. R4 medical diagnosis includes schizoaffective disorder, bipolar type, anxiety disorder, psychosis.</p> <p>Per Minimum Data Set (MDS) assessment; dated 04/11/2025, R4 has a score of 7; R4 has severe impairment of his cognition.</p> <p>Per clinical notes, R4 had multiple behavioral concern involving staff and other residents. R4 was given antipsychotic medication Haloperidol injection multiple times to manage behavior. Review of R4's notes for the month of March and April 2025, it documents as follows:</p> <ul style="list-style-type: none"> - Dated 04/24/2025 by V4 (Licensed Practical Nurse) documents, R4 agitated and yelling to himself. - Dated 04/19/2025 by V9 (Licensed Practical Nurse) documents, R4 noted with increased aggression, screaming and pacing the hallway, unable to redirect. - Dated 03/28/2025 by V10 (Licensed Practical Nurse) documents, R4 physically aggressive towards members of the staff during breakfast. R4 was sent to the hospital due to his behavior. - Dated 03/17/2025 by V4 documents, R4 has increased in aggression towards the members of staff and peers during breakfast. He was observed screaming, yelling and tried to have a physical fight with a member of staff. - Dated 03/09/2025 by V9 documents, R4 noted with increased agitation, screaming, singing very loud and attempted taking food off other resident's plates at lunch in the lobby. V13 (Former Social Service) document, R4 taking food from other residents. - Dated 03/04/2025 by V12 (Former Director of Nursing) documents, R4 has behavior of snatching food off other residents' plates and tampering with the fire alarms. - Dated 03/02/2025 by V4 documents, R4 was agitated towards peers during breakfast. <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 146198	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 05/09/2025
NAME OF PROVIDER OR SUPPLIER All American Vlge Nrsg & Rhb		STREET ADDRESS, CITY, STATE, ZIP CODE 5448 North Broadway Street Chicago, IL 60640	

For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
<p>F 0600</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>- Dated 03/02/2025 by V14 (Psychiatric Nurse Practitioner) documents, The staff reported that R4 continues to intermittently displays verbal aggression and agitation towards peers without provocation, remains in need of Haldol (antipsychotic medication) for agitation.</p> <p>On 04/10/2025 per census history, R3 was transferred in the same room with R4.</p> <p>On 04/30/2025, an abuse incident happened between R3 and R4. Incident document an allegation of abuse involving R3 and R4 was noted. Per V4 (Licensed Practical Nurse) clinical notes, dated 04/30/2025, R3 had physical incident with R4.</p> <p>Facility's investigation includes interview log/written statement by facility staff, it documents as follows:</p> <p>- R3 stated he was laying when R4 came at him. R3 stated, I didn't do nothing. I mean (R4) has never been like this. I am okay though, what's wrong with him?</p> <p>- R4 unintelligible things was noted on R4's interview.</p> <p>- V5 (Social Service Director) stated, I was walking the hall when I heard something and got to the room and found (R4) stripped and out of it. It was around 03:00 PM shift change. V2, Director of Nursing, stated, I was on the floor when I saw (V5) run towards the room. I followed and we immediately intervened when we got to the room. V4 (Licensed Practical Nurse) stated, I saw everyone rush towards the room and (R4) came out naked, we redirected him, and he got dressed and was on close monitoring.</p> <p>On 05/06/2025 at 1:40 PM, R3 was able to express his thoughts clearly within topic during conversation. R3 stated R4 tried to put up a fight. Then R4 started hitting him on the back of his head, also on his ribs. R3 was asked if he got injuries because he was hit by R4. R3 replied, yes, on my ribs. R3 lift his shirt showing his ribs. R3 said, I don't know if you can see any injury. I don't know what started it at all. We have been roommates for weeks or less than a month. I did not hit him back. I tried to push him away. R3 was asked if he feels safe? R3 replied, I feel safe, for now. R3 was asked what he means for now. R3 did not elaborate. R3 was asked how he feels if R4 is around. R3 did not answer.</p> <p>(continued on next page)</p>

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 146198	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 05/09/2025
NAME OF PROVIDER OR SUPPLIER All American Vlge Nrsg & Rhb		STREET ADDRESS, CITY, STATE, ZIP CODE 5448 North Broadway Street Chicago, IL 60640	
For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)		
<p>F 0600</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>On 05/07/2025 at 9:13 AM, V5 (Social Service Director) stated R4 has had behavioral problems in the past, including aggressive behavior towards staff and other residents. Per V5, R3 did not say R4 hit him. V5 stated R3's cognition is intact and able to describe what happened; R4 has severe impairment of his cognition. V5 was asked the reason why R3 was transferred in the same room with R4? V5 said, I do not know the reason why he was placed into the same room with (R4). V5 stated staff monitors residents, but incidents that happened between R3 and R4 happened fast. V5 stated placing himself to R3's situation, being with a person who have aggressive behavior, will make him feel indifferent. V5 was asked what are interventions placed by facility for R3 and R4 to prevent incident of abuse from happening? V5 reviewed R3's full care plan, then stated there is no care plan or intervention seen related to abuse prevention. V5 then reviewed R4's care plan and pointed to the care plan for behavioral symptoms, dated 03/28/2025. When R4 displays physical behavior directed towards others (staff) resulting to R4's involuntary hospitalization . On the care plan interventions, it documents R4 needs to be separated from other person as needed due to his behavior. V5 was asked why R3 brought into the same room with R4 since care plan intervention documents R4 needs separation as needed due to his behavior? V5 stated he does not know the answer. Another care plan intervention for R4's behavior was for social service to assess R4 for aggression. V5 stated, I think he (R4) was assessed. Per Aggression Risk Review, dated 04/30/2025, R4 was assessed to have physical aggression. Although R4 has multiple documentation of aggression, R4 was assessed without aggressive combative incidents. There was no aggression assessment done from the date of care plan intervention, dated 03/28/2025, to actual abuse incident when R4 hit R3 on 04/30/2025.</p> <p>On 05/07/2025 at 09:41 AM, V1 (Administrator) stated during the incident, she was talking to V5 (Social Service Director). V1 stated R3 told her R4 hit him on his right shoulder. V1 stated incident happened quick. V1 said, It was so quick that next second (V5) said 'I had to go'. Next thing I know, it happened. It was really quick. V1 stated R3 and R4 room was placed near the nurse station for nursing staff to monitor. V1 was made aware the room was not close to nurse station. It is located near the elevator far from the nurse station. V1 stated, Is it not close to the nurse station? But they (R3 and R4) need to be monitored. V1 was asked why R3 was placed on the same room with R4? V1 stated, No, I don't know the background why they became roommates. V1 was asked if there were interventions in place to prevent incidents of abuse when R3 was transferred in the same room with R4? V1 stated, We usually go over those things in the meeting. V1 stated she wants to verify if R3 was transferred due to room change, which is facility-initiated or during readmission. V1 said, (R3) may be in the same room with (R4) not by facility-initiated room change. It may be due to direct re-admission from the hospital. Upon checking R3's record, transfer was initiated by facility due to bed change, not hospital readmission. V1 said, Oh, it was room change, not re-admission.</p> <p>Abuse Prevention Program Policy and Procedure, dated 01/2025, reads:</p> <p>This facility affirms the right of our residents to be free from abuse. This facility prohibits abuse; to do so, the facility has attempted to establish a resident sensitive and resident secure environment. This will be done by establishing an environment that promotes resident sensitivity, resident security and prevention of mistreatment, identifying occurrences and patterns of potential mistreatment.</p>		