

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6014963	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED C 04/17/2019
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NAME OF PROVIDER OR SUPPLIER WARREN BARR NORTH SHORE	STREET ADDRESS, CITY, STATE, ZIP CODE 2773 SKOKIE VALLEY ROAD HIGHLAND PARK, IL 60035
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S 000	Initial Comments	S 000		
	Facility Reported Incident March 31, 2019/IL111210			
S9999	Final Observations	S9999		
	<p>Licensure Violations</p> <p>300.610a) 300.1210b)5) 300.1210d)6) 300.3240a)</p> <p>Section 300.610 Resident Care Policies</p> <p>a) The facility shall have written policies and procedures governing all services provided by the facility. The written policies and procedures shall be formulated by a Resident Care Policy Committee consisting of at least the administrator, the advisory physician or the medical advisory committee, and representatives of nursing and other services in the facility. The policies shall comply with the Act and this Part. The written policies shall be followed in operating the facility</p> <p>Section 300.1210 General Requirements for Nursing and Personal Care</p> <p>b) The facility shall provide the necessary care and services to attain or maintain the highest practicable physical, mental, and psychological well-being of the resident, in accordance with each resident's comprehensive resident care plan. Adequate and properly supervised nursing care and personal care shall be provided to each resident to meet the total nursing and personal</p>		<h2>Attachment A</h2> <h3>Statement of Licensure Violations</h3>	

Illinois Department of Public Health LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE Electronically Signed	TITLE _____	(X6) DATE 05/04/19
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S9999	<p>Continued From page 1</p> <p>care needs of the resident. Restorative measures shall include, at a minimum, the following procedures:</p> <p>5) All nursing personnel shall assist and encourage residents with ambulation and safe transfer activities as often as necessary in an effort to help them retain or maintain their highest practicable level of functioning.</p> <p>d) Pursuant to subsection (a), general nursing care shall include, at a minimum, the following and shall be practiced on a 24-hour, seven-day-a-week basis:</p> <p>6) All necessary precautions shall be taken to assure that the residents' environment remains as free of accident hazards as possible. All nursing personnel shall evaluate residents to see that each resident receives adequate supervision and assistance to prevent accidents.</p> <p>Section 300.3240 Abuse and Neglect</p> <p>a) An owner, licensee, administrator, employee or agent of a facility shall not abuse or neglect a resident.</p> <p>These Regulations were not met as evidenced by:</p> <p>Based on observation, interview, and record review the facility failed to ensure a resident was free from abuse. This failure resulted in R8 receiving a scratch to her stomach and bruising to her left forearm during care on March 31, 2019.</p> <p>This applies to 1 of 7 residents (R8) reviewed for</p>	S9999		
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S9999	<p>Continued From page 2</p> <p>abuse in the sample of 11.</p> <p>The findings include:</p> <p>1. On April 15, 2019 at 1:05 PM, R8 was sitting in her wheel chair in her room. She stated, "I'm aggravated today about waiting for 40 minutes to get help to go to the toilet since I filed a police complaint." R8 was asked why she filed the police complaint and she stated, "She was on lunch (V10 Certified Nursing Assistant (CNA)). She's always been, hate to use this word prejudice against white people. I heard her on the phone and I knew that she was the one that had me that night. I went past her and said excuse me, because she was on the phone. "I'll be ready in an hour." She replied, 'God Damn residents even disturb me during my lunch, I never get a break.' I was just saying an hour would be ok. I rolled away thinking, 'great'. I was going to try to put myself in bed so she wouldn't have to handle me much. I had the light on. Another girl (V6 CNA) came in and seen I was about to fall, she went to get V10. V10 came in like a mad woman from hell and said, 'God damn it!' I'm ready to fall and I said 'just need you to push me back.' She said, 'I know how you people are, you'll do something like this to get what you want.' And then she just picked me up and threw me in bed. Her nails crossed my stomach and put bruises on my arm. When she threw me, I felt I got hurt. Then I reported it. I honestly think I reported it to the nurses station and first thing in the morning. I have pictures that I took." This surveyor looked at the pictures on R8's personal cell phone. The pictures were taken on April 1, 2019 at 2:24PM. The first picture was a horizontal red line approximately 9 inches long from the edge of her abdomen towards her outer hip that looked like a scratch with some scabbing</p>	S9999		
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S9999	<p>Continued From page 3</p> <p>at the start. The second picture was a golf ball and a ping pong size purple bruise approximately 7 inches long on R8's left outer forearm. R8 continued saying, 'They called the police. The police came and I gave them the information. Obviously, they investigated and she's here.... (R8 was tearful saying) It's not right, it pisses me off. I know so many more it's happening too.'</p> <p>On April 16, 2019 at 12:11 PM, R8 stated that the scratch/mark on her stomach was from V10's "big 'ol nails."</p> <p>The facility's preliminary incident investigation report dated April 1, 2019 for R8 shows, "...On April 1, 2019 at 5:10 PM, R8 reported to V5 (Guest Relations) that CAN V10 was rough with her and left bruises on her the night prior. Resident did not say why she waited to report this incident. A full body assessment was completed she was noted with bruising on left thigh, bruising on forearm and discoloration on her stomach. Highland Park Police contacted..."</p> <p>The progress notes by V8 Nurse Practitioner (GNP) for R8 dated April 4, 2019 shows, "CC (chief complaint): complaints of bruising on abdomen and left arm. HOPI (history of present illness): This is a 64 y/o (year old) female with PMH (past medical history) as stated below, seen today for stated above. Patient states "the CNA was really rough and grabbed me and threw me on the bed, I called the police and a report was made" She states that she hit her left arm on the side of the bed... Physical Exam: Skin: warm, well perfuse, bruising noted on left forearm and linear bruise noted on mid lower abdomen. A/P (Assessment/Plan): Bruising from unknown source."</p>	S9999		
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S9999	<p>Continued From page 4</p> <p>The minimum data set dated March 25, 2019 for R8 shows she is cognitively intact. The same assessment shows she requires extensive assist of two people for bed mobility, transfers, and toilet use.</p> <p>The facility's order summary report for R8 shows her diagnoses as: chronic obstructive pulmonary disease, pneumonia, attention-deficit hyperactivity disorder, major depressive disorder, anxiety disorder, essential hypertension, & lack of coordination.</p> <p>The facility's screen to determine abuse/neglect for R8 dated April 5, 2019 shows, "R8 is determined to be at risk for abuse as she has a diagnosis of anxiety and expressed a concern with staff that administration is addressing. Resident will be reassessed and monitored."</p> <p>On April 16, 2019 at 9:56 AM, R7 stated about V10 CNA, "She's not good. She procrastinates and blows everyone off. 'too busy, too busy.' She'll stick her finger up, 'I'm busy' and never come back. She's abusive and ignores them (other residents)."</p> <p>On April 16, 2019 at 10:39 AM, R12 stated, "She's always rude (V10 CNA). I think she is passive aggressive. She doesn't ask, she just tells you. She's the type you won't win with her." V21 (R12's sister in law) was in the room and also stated, "V10 is someone I wouldn't want mad at me, she's unpredictable."</p> <p>The facility's abuse and neglect policy dated November 28, 2017 shows, "Policy Statement: It is the policy of the facility to provide professional care and services in an environment that is free from any type of abuse, corporal punishment</p>	S9999		
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S9999	<p>Continued From page 5</p> <p>misappropriation of property, exploitation, neglect, or mistreatment. The facility follows the federal guideline dedicated to prevention of abuse and timely and thorough investigations of allegations. These guidelines include compliance with the seven (7) federal components of prevention and investigation. Definitions of abuse, neglect, exploitation, & abuse coordinator: Abuse: Abuse is willful infliction of mistreatment, injury, unreasonable confinement, intimidation or punishment. Abuse assumes intent to harm, but inadvertent or careless behavior done deliberately that results in harm may be considered abuse."</p> <p>(B)</p>	S9999		