STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	IL6014963	A. BUILDING: _____ B. WING _____	C 05/29/2019

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
WARREN BARR NORTH SHORE	2773 SKOKIE VALLEY ROAD HIGHLAND PARK, IL 60035

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
S 000	Initial Comments Complaint Investigation Survey #1913816/ IL112531	S 000		
S9999	Final Observations Licensure Violations 300.610a) 300.1210d)2) 300.3210a) 300.3240a) Section 300.610 Resident Care Policies 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. Section 300.1210 General Requirements for Nursing and Personal Care 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: 2) All treatments and procedures shall be administered as ordered by the physician. Section 300.3210 General	S9999	**Attachment A** **Statement of Licensure Violations**	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	IL6014963	A. BUILDING: _____ B. WING _____	C 05/29/2019

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
WARREN BARR NORTH SHORE	2773 SKOKIE VALLEY ROAD HIGHLAND PARK, IL 60035

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
S9999	Continued From page 1	S9999		

a) No resident shall be deprived of any rights, benefits, or privileges guaranteed by law based on their status as a resident of a facility.

Section 300.3240 Abuse and Neglect

a) An owner, licensee, administrator, employee or agent of a facility shall not abuse or neglect a resident.

These regulations were not met as evidenced by:

Based on observation, interview and record review the facility failed to ensure a resident was free from abuse by staff. This failure resulted in R1 being physically restricted from going outside, slipping on the floor during the struggle with staff and sustaining a blunt head trauma with mild concussion and a facial laceration requiring 4 stitches on May 23, 2019.

This applies to 1 of 3 residents(R1) reviewed for abuse in a sample of 3.

The findings include:

On 5/28/19 at 11:30AM, R1 stated, "Thursday (5/23/19) night I got up about 10:45PM. I went downstairs and asked the nurse on the first floor to buzz me out. She told me I have to get a nurse from the second floor to come down and let me out. {V2- Director of Nursing} told me on the 22nd that I can get a first-floor nurse to let me out. There is a sign posted in the lobby that says to ask the first-floor nurse to buzz you out. I went to the front and two of them (staff) then blocked the door- they stood there in front of the door like security guards. Then they put their hands on me. She was holding me by the collar of my shirt. I slipped and smacked my head on the floor. I

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	IL6014963	A. BUILDING: _____ B. WING _____	C 05/29/2019

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
WARREN BARR NORTH SHORE	2773 SKOKIE VALLEY ROAD HIGHLAND PARK, IL 60035

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
S9999	Continued From page 2	S9999		

was dazed for a minute. There was blood all over the floor. I called the police. They came out and talked to me. They also talked to the hospital because I reported it to them too. The detective came out the next day and asked if I wanted to press charges and I told him "yes"."

(R1 showed Surveyor pictures of blood on the floor near the front entrance, a bloody towel used against his head, and blood stains on the couch in the front lobby. R1 also showed pictures of the gash in his forehead prior to being sutured at the hospital and a picture of the sign at the front entrance telling guests to see the first-floor nurse if they need to be buzzed out.)

"Sometimes I go out to smoke, sometimes I just go out to clear my head. I go out all the time. I've never been stopped before from going out. They (the Facility) said from the video it shows that I'm being aggressive. I wasn't aggressive at all. They put their hands on me!"

On 5/28/19 at 2:30PM, V3 (CNA) stated, "He (R1) came downstairs. I never worked with him, I don't know him. He said he wanted to go outside. The nurse wanted him to clarify with his nurse that it was ok. (R1) started cursing and talking loud and then left and went to the lobby. Then the nurse asked me to open the door because a family member wanted to leave. Everything happened so fast. I didn't know how safe he was outside, and I didn't want anyone to say that I let him outside. The nurses said not to let him go out. I went to open the door for the family member and one of my co-workers (V5-CNA) went with me. I told (R1) not to come close to the door. He started yelling, "Don't F*** with me! and Don't F***ing tell me what to do!" I said he wants to try to escape. Me and my co-worker held our hands together and he was pushing towards us. He had slippers on and he was fighting. He lost his

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	IL6014963	A. BUILDING: _____ B. WING _____	C 05/29/2019

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
WARREN BARR NORTH SHORE	2773 SKOKIE VALLEY ROAD HIGHLAND PARK, IL 60035

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
S9999	Continued From page 3	S9999		

slippers and he had socks on. I turned around and to tell me partner to move so the door would close, and he fell on the floor. I saw the blood on the floor and I told my partner to go get help. I was worried that he might get hurt if he went outside. I was touching him. I grabbed him from his shirt at his shoulder. He was so agitated. They tell us not to touch or restrain a resident. He was so close to us. He never tried to hit us he was just pushing us and trying to get out the door. He lost his balance and fell. Then he got up and he was so unsteady. The nurse from the second floor came down and then I went home."

On 5/29/19 at 11:15 AM, V5(CNA) stated, "I was at the nurse's station (on the first floor) and (R1) asked us to open the door for him. The nurse said he had to go to the second floor and ask his nurse to come and let him out. He got so mad. Then a family member wanted to go out, so the the nurse asked (V3) and me to go open the door for the family member. I didn't want to let (R1) out but he wanted to go out so bad. I don't know if I touched him or not. I turned around and saw him on the floor and I went to get help. I didn't want to let him go out. The nurse told me not to let him go out. I see him every day and he goes outside to smoke all the time. Then they told us that we can't just let them (residents) go out anytime they want, and they changed the code (on the front door). Maybe a few days before this happened."

On 5/28/19 at 2:00PM, V4 (Licensed Practical Nurse) stated, "I was the nurse on that day. One of the staff on the first floor told me that (R1) was on the floor in the lobby. He was very upset. He was on the phone and he just kept pacing. I told him to sit down but he was so upset. I finally told him I was going to have to call 911 and then he sat down. I got him upstairs and I called the

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	IL6014963	A. BUILDING: _____ B. WING _____	C 05/29/2019

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
WARREN BARR NORTH SHORE	2773 SKOKIE VALLEY ROAD HIGHLAND PARK, IL 60035

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
S9999	Continued From page 4	S9999		

doctor and the ambulance. The ETA (Estimated time of arrival) for the ambulance was one hour. Before I could get back to him, he wanted to go outside. I had one of the staff go with him. (R1) goes in and out all the time. He is independent. Then they started changing the code. I have no idea how the residents are supposed to get out. The CNAs told me they were stopping him from going out and he fell on the floor. I didn't have time to talk to the CNAs because I was too focused on his wound. No one should ever try to physically restrain a resident. Sometimes (R1) walks like he is unsteady but that is how he is. He moves his hands a lot, but he is not trying to hit. He can be verbally aggressive but not physically. He is allowed to go outside anytime to smoke or get some fresh air. He is up and down all night."

ON 5/28/19 at 1:00PM, V2 (Director of Nursing) stated, "The staff told me that he fell but the report from the nurse said that he called 911. She said he was trying to leave the building when he fell. The first-floor nurse told him to wait while they were trying to get the second-floor nurse. (R1) was trying to go out and he was pacing in the front lobby. A CNA accompanied a family to the front door and (R1) was following the family member out the door to leave the building. They tried to prevent the resident from leaving. He was pushing himself towards the staff. Staff tried to redirect him from the door. His slipper came off and CNA was trying to hold his shirt because he was pushing against the staff. Then he fell. He said the CNA yanked him by his shirt. The day before I told him to inform the staff that he is leaving so the staff can call the front desk or the first-floor staff and know where he is. I told them (the CNAs) if a resident wants to go outside then to go with the resident and supervise. Call the

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	IL6014963	A. BUILDING: _____ B. WING _____	C 05/29/2019

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
WARREN BARR NORTH SHORE	2773 SKOKIE VALLEY ROAD HIGHLAND PARK, IL 60035

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
S9999	Continued From page 5	S9999		

nurse or the police to assist if necessary. Not to lay hands on any resident, allow some space."

On 5/28/19 at 1:30PM This surveyor viewed video showing incident from 5/23/19 beginning at 10:37PM. The video show R1 enter the front lobby while talking on his phone. R1 begins pacing through the front lobby then sits down in a chair in a sitting area on the left side of the lobby while still talking on the phone. Then a family member (visitor) enters the lobby and (V3) goes behind the front desk (opposite end of lobby from where R1 is sitting) and opens the door for the visitor to leave. As the electronic sliding door opens, V3 and V5 immediately walk towards the R1 and hold their hands together to block R1 from getting to the door. R1 tries to push past V3 and V5 on the right, then on the left several times as the CNAs dodge back and forth in efforts to not let him through. V3 then takes a hold of the left shoulder/neck area of R1's T-shirt. R1 begins to struggle with V3, his shirt comes up exposing his back and stomach, his slipper comes off, he dropped his phone and tries to pick it up. R1 then falls to the floor onto his stomach and hits his head on the tile floor. V3 let go of R1's shirt and V5 left the lobby area. R1 then gets up and appears very unsteady. V3 took a hold of R1's T-shirt again and they both make their way to sit on the couch."

On 5/28/19 at 1:35PM V1 (Administrator) stated, "The CNAs were worried about his safety. They didn't want him to go out in the parking lot at 10:30 at night. They didn't know him, and he wouldn't listen to them. They were just worried about him."

A sign posted at the front door of the facility states, "Between 9:45PM and 8:00AM please see

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	IL6014963	A. BUILDING: _____ B. WING _____	C 05/29/2019

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
WARREN BARR NORTH SHORE	2773 SKOKIE VALLEY ROAD HIGHLAND PARK, IL 60035

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
S9999	Continued From page 6	S9999		

the 1st floor staff to let you out."

The Preliminary Incident Investigation Report dated 5/24/19 shows that (R1) reported that (V3) "yanked my shirt and made me fall". Full body assessment was completed, and resident sustained a laceration to his right eyebrow due to the fall.

R1's Minimum Data Set (MDS) of 5/13/19 shows that R1 has no documented behaviors. R1's MDS of 3/30/19 shows that R1 scored a 15 on his BIMS (Basic Interview for Mental Status) showing no cognitive deficit.

R1's May 2019 Physician's Order Sheet shows that R1 has diagnoses including Cardiac Arrhythmia, Anxiety Disorder, Abnormalities of Gait and Mobility (R1 states he has Ataxia) and Major Depressive Disorder.

On 5/28/19 R1's Electronic Medical Record showed a Physician's Order dated 5/20/19 stating: Ok for independent OOP (out on pass) within facility property. (This order did not print on the hard copy of R1's Physician's Order Sheet provided to Surveyor by the facility on 5/28/19.)

R1's Care Plan dated 4/6/19 states, "(R1) would like to have OOP privileges. Has been deemed able with doctor's recommendations, orders and correct mobility DME if needed."

R1's Hospital Discharge Instructions dated 5/24/19 at 4:08AM state: Diagnosis: Blunt Head Trauma, Concussion with loss of consciousness < =30 min, Facial Laceration.

The facility policy entitled Abuse and Neglect dated November 28, 2017 states, "Abuse is willful

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	IL6014963	A. BUILDING _____ B. WING _____	C 05/29/2019

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
WARREN BARR NORTH SHORE	2773 SKOKIE VALLEY ROAD HIGHLAND PARK, IL 60035

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
S9999	Continued From page 7 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." (B)	S9999		