Illinois Department of Public Health FORM APPROVED STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION AND PLAN OF CORRECTION IDENTIFICATION NUMBER: (X3) DATE SURVEY A. BUILDING: COMPLETED IL6014963 · C B. WING 03/16/2022 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE WARRENBARR NORTH SHORE 2773 SKOKIE VALLEY ROAD HIGHLAND PARK, IL 60035 SUMMARY STATEMENT OF DEFICIENCIES (X4) ID (EACH DEFICIENCY MUST BE PRECEDED BY FULL ΙD PREFIX PROVIDER'S PLAN OF CORRECTION REGULATORY OR LSC IDENTIFYING INFORMATION) PREFIX (EACH CORRECTIVE ACTION SHOULD BE TAG CROSS-REFERENCED TO THE APPROPRIATE COMPLETE TAG DATE DEFICIENCY) Z000 COMMENTS Z 000 Complaint 2212112/IL144732 Z9999 FINDINGS Z9999 Statement of Licensure Violations: 300.610a) 300.1210b) 300.1210d)6) Section 300.610 Resident Care Policies a) The facility shall have written policies and procedures, governing all services provided by the facility which 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. These policies shall be in compliance with the Act and all rules promulgated thereunder. These written policies shall be followed in operating the facility and shall be reviewed at least annually by this committee, as evidenced by written, signed and dated minutes of such a meetina. Section 300.1210 General Requirements for Nursing and Personal Care The facility shall provide the necessary b) 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 Attachment A Statement of Licensure Violations inois Department of Public Health

ABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

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illinois Department of Public Health STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION AND PLAN OF CORRECTION **IDENTIFICATION NUMBER:** (X3) DATE SURVEY A. BUILDING: COMPLETED C IL6014963 B. WING 03/16/2022 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 2773 SKOKIE VALLEY ROAD WARREN BARR NORTH SHORE HIGHLAND PARK, IL 60035 SUMMARY STATEMENT OF DEFICIENCIES (X4) ID (EACH DEFICIENCY MUST BE PRECEDED BY FULL PROVIDER'S PLAN OF CORRECTION PREFIX (X5) COMPLETE **PREFIX** REGULATORY OR LSC IDENTIFYING INFORMATION) (EACH CORRECTIVE ACTION SHOULD BE TAG CROSS-REFERENCED TO THE APPROPRIATE TAG DATE DEFICIENCY) Z9999 Continued From page 1 Z9999 plan. Adequate and properly supervised nursing care and personal care shall be provided to each resident to meet the total nursing and personal care needs of the resident. Restorative measures shall include, at a minimum, the following procedures: 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: 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. 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 for 1 resident (R2) reviewed for abuse. This failure resulted in R2 sustaining a large hematoma and being hospitalized. The findings include: The facility's Incident Investigation Report dated 3/11/22 shows "R2 was found on the ground in the dementia unit and that she may have been pushed by R1. A head-to-toe was completed on R2 with some swelling noted on back of head and resident complains of headache and pain in left hip....R2 will be sent out for evaluation and x-rays of head and hip." R2's Progress Notes dated 3/11/22 shows "R2

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION				
		I TOMINER	A. BUILDING:			(X3) DATE SURVEY COMPLETED	
		IL6014963 B. WING			*10	С	
NAMEOF	PROVIDER OR SUPPLIER	STREET A				03/16/2022	
WARRE	NBARR NORTH SHO	2773 SK	OKIE VALLEY	STATE, ZIP CODE			
		HIGHLA!	VD PARK, IL	60035			
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Z9999	Continued From pag	ge 2	Z9999				
	was pushed by another resident and hit her head		-5555				
	on the wall. Residei	Nt also fell on the floor and]		50 TE		
	complained of left hip pain. 911 was called and patient was sent to the hospital ER."		}			-	
						- 1	
	On 3/16/22 at 12:43 PM, R2 stated "I was					ŀ	
- 1	attacked by someone. She wanted to get to the toilet. I said please wait till I get away from the		\$3				
	wool, but sile punched me I was upawara it was !					1	
	withing, I fell down here (R2 nointe to har less time)					1	
	The second day was rough I thought I was going to die, my legs were shaking, and I couldn't stand.					- 1	
	illave liau difficultiv with that nerson before the				İ	- 1,	
	is mean to me and ca	alled me an animal."				- 1	
	On 3/16/22 at 12:50 p	PM with V5 Licensed				1	
1.1	On 3/16/22 at 12:50 PM with V5 Licensed Practical Nurse present, R2 lowered her pants and showed her left buttock/hip area. R2's				1		
4					1	- 1	
	he edges. The bruisi	rple with slight yellowing at ng covered almost R2's			ĺ	- 1	
6	mure left buttock and	around to the loft his area			9.	- 1	
1.5	v politied to the cent	er area of the bruice and			1	A)	
] 3	nove a certain way."	o hard, its hurts when I	1		1		
O	14						
	on 3/16/22 at 11:45 Ai	M, V2 Director of Nursing					
	raren i sam Kil Dillich	R2 closed fisted, twice in with a flat hand, pushed R2					
	i ine shoulder area kr	10CKIDO R2 down to the					
of wa	ouria. Kz landed on	her back, bitting the book, I					
	ner nead on the trim as red and swollen bu	along the wall Rose head		8			
	implained of severe r	ain to her left hip so we			1	- 1	
1 26	ill ther out to the host	Dital. R2 was admitted to					
LUIC	e nospilal for observa	Ition of a closed bood 1					
VVC	is sent out for a pena	ntoma to her buttocks. R1					
the	unprovoked altercat	tion."					
Or	3/16/22 at 11:45 ALA	LV4 Speigl S					
lenarim or	of Public Health	, V4 Social Services said				- 1	

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SIMICINE	Department of Public ENT OF DEFICIENCIES	(X1) PROVIDED/OLDS	-75		FOR	D: 05/01/2 M APPRO\	
AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPL	E CONSTRUCTION			
			A. BUILDING:	(A3) DA1	(X3) DATE SURVEY COMPLETED		
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NAME OF PROVIDER OR SUPPLIED					C 03/16/2022		
		SIREETA	DDRESS, CITY, S	TATE, ZIP CODE		IUIZUZZ	
VAINTE!	NBARR NORTH SHO		OKIE VALLEY	ROAD			
(X4) ID	SUMMARY STA	ATEMENT OF DEFICIENCIES	ND PARK, IL	60035			
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Z9999	Continued From pa	ge 3	7024	DEFICIENCY)	54,2	
			Z9999		100 mm	100	
	R1 has had past behaviors of verbal aggression where she becomes slightly agitated and then 5					II.	
1.0	TOO III DO DI ZUZI INDIO WOO ON				3		
	her shoe but there have been no incidents with R1 to this severity.						
	•						
	R2's Hospital Record	ds shows "patient presented					
			1				
	UNIGHTUTION COLONO (CAMARILLE)						
	comography scan) showing a 9.5cm (centimeters) of 6.8cm x 4.0 cm subcutaneous hematoma in the						
le	eft buttock which demonstrates actives		1				
111	CHOHIAGE WITH DAM	latomo in the Later Co.			-		
40.77	nuscle as wellrecommended monitoring and a educative muscle as wellrecommended monitoring and a educative monitoring monitoring and a educative monitoring mon						
100							
·	YOU COL WILLI SELIZI L'AMNIGIA DIAA A.		- 1		- 1		
	loodwork. Trauma Surgeon Consult plan: admit brauma surgeryserial hemoglobin and						
11.00	malocil, monine vii						
1.0	voida allow RZS ner	MODIODin (rod blass)					
11 773	"" "" "" " " " " " " " " " " " " " " "	Tame nor desilia					
	""" 331011 LU S. 7 (1/A)	P2 14/00 in the 1					
3/1	13/22.	irged back to the facility on				7	
		1					
Th	e facility's Abuse and Neglect Policy dated						
1		DONOV and facilities					
Pio	rice professional ca rironment that is free	re and comics at the				- 1	
auc	noc The ISCIND tolk	OW's the fodored must be					
dec	licated to prevention	of abuse."			1		
1						- 1	
	(A)					- 1	
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