

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6008825	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 01/31/2024
--	--	---	---

NAME OF PROVIDER OR SUPPLIER WARREN BARR SOUTH LOOP	STREET ADDRESS, CITY, STATE, ZIP CODE 1725 SOUTH WABASH CHICAGO, IL 60616
---	---

(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 2430775/IL169229	S 000		
S9999	Final Observations Statement of Licensure Violations: 300.610a) 300.1210b) 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 and shall be reviewed at least annually by this committee, documented by written, signed and dated minutes of the meeting. Section 300.1210 General Requirements for Nursing and Personal Care 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	S9999		

Illinois Department of Public Health
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE
Electronically Signed

TITLE

(X6) DATE
02/09/24

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6008825	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 01/31/2024
--	--	---	---

NAME OF PROVIDER OR SUPPLIER WARREN BARR SOUTH LOOP	STREET ADDRESS, CITY, STATE, ZIP CODE 1725 SOUTH WABASH CHICAGO, IL 60616
---	---

(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	<p>Continued From page 1</p> <p>care needs of the resident.</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. (Section 2-107 of the Act)</p> <p>These requirements are not met as evidenced:</p> <p>Based on observation, interview and record review, the facility failed to ensure that two (R1, R2) residents remain free from abuse. This failure resulted in R1 and R2 being sexually abused by V3(CNA).</p> <p>Findings include:</p> <p>R1's current face sheet documents R1 is a 64-year-old individual first admitted on 3/22/2023. R1's medical conditions include but not limited to: acute and chronic respiratory failure with hypoxia, anxiety disorder due to known physiological condition, muscle wasting and atrophy, not elsewhere classified, right upper arm, left upper arm, right thigh, left thigh, dysphagia, oropharyngeal phase, dysphagia following cerebral infarction. R1's BIMS (Brief Interview for mental status) score dated 12/19/2023 documents R1's (BIMS as 13/15, indicating R1 has intact cognition.</p> <p>On 1/26/2024 at 12:10pm, R1 was observed in bed watching TV with his daughter at the bed side. R1 has a tracheostomy and is difficult to understand when he speaks. R1 can express himself using hand gestures and reading lips. V7(R1's family member) was in the room and assisted Surveyor in understanding R1 when R1's words would not come out properly/clear.</p>	S9999		

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6008825	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 01/31/2024
--	--	---	---

NAME OF PROVIDER OR SUPPLIER WARREN BARR SOUTH LOOP	STREET ADDRESS, CITY, STATE, ZIP CODE 1725 SOUTH WABASH CHICAGO, IL 60616
---	---

(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	<p>Continued From page 2</p> <p>R1 said on Tuesday, 1/23/2024, "a Black guy with a Ponytail (who was later identified as V3-Certified Nursing Assistant) was putting lotion on his buttocks and as he was putting it on; he was also putting it in his private parts (R1 showed with hand gesture, moving his hands up and down what V3 was doing as he put lotion) and "playing with it". R1 stated he told V3 to stop and get out of his room. R1 stated he was very upset and angry when V3 was doing this to him because he felt violated. R1 stated he has been at the facility for one year now and no CNA has ever done this to him before.</p> <p>R1 stated another CNA (No name, no date provided) was also rough with him during Activates of Daily Living (ADL) care and hit him on his hands as he was providing care. R1 said he was angry when the CNA hit his hands. R1 stated he was safe at the facility as long as V3 does not take care of him.</p> <p>R1's Minimum Data Set (MDS) dated 12/19/2023 documents R1 is dependent on staff for toileting, hygiene and needs substantial/maximal assist with lower body dressing and personal hygiene.</p> <p>R1's care plan dated 03/23/2023 documents R1 has actual skin integrity related to PMH (Past Medical History) of: Resp. Failure, Pressure Injuries, Impaired Mobility, Incontinence, and a Braden score of 14 places him at risk. Interventions: Apply moisture barrier cream after each incontinence episode, may keep at bedside.</p> <p>R2 is a 58-year-old individual first admitted to the facility on 11/1/2022. R2's medical conditions include but not limited to: muscle wasting and atrophy, not elsewhere classified, right</p>	S9999		

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6008825	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 01/31/2024
--	--	---	---

NAME OF PROVIDER OR SUPPLIER WARREN BARR SOUTH LOOP	STREET ADDRESS, CITY, STATE, ZIP CODE 1725 SOUTH WABASH CHICAGO, IL 60616
---	---

(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	<p>Continued From page 3</p> <p>shoulder/left shoulder, right/left lower leg, other lack of coordination, acute respiratory failure with hypoxia, and human immunodeficiency virus [HIV] disease. R2's MDS Section C dated 10/25/23 documents R2's Brief Interview for Mental Status (BIMS) as 15/15 indicating R2 is cognitively intact.</p> <p>On 1/26/2024 at 12:45pm, R2 said V3 "played" with him about three days ago while providing ADL care. R2 said the CNAs usually turn him and put skin breakdown prevention cream on his buttocks and no one has ever applied it to his penis, going up and down. R2 said this was the first time this has happened to him, and he has been at the facility for two years. R2 was fearful that surveyor works for the facility and stated they do not want to talk much about it because V3 is a tall strong guy and he. R2 is a sickly person who cannot defend himself and if V3 knows R2 told the surveyor about what happened, he, V3 might retaliate. R2 was tearing up and crying as he told this to surveyor. R2 said he does not want V3 to come back to his unit and work there because R2 was scared of him. R2 said he wants to file a complaint with the police so he can be safe here if V3 comes back to work at the facility. R2 said he was safe at the facility as long as V3 does not take care of him.</p> <p>R2's current care plan document R2 is at risk for skin related issues and was initiated 11/02/2022. Interventions are documented as: Apply barrier cream every shift and as needed (PRN), CNA may apply and may keep at bed side.</p> <p>R2's MDS Section GG - Functional Abilities and Goals, dated 10/25/2023 document R2 needs Substantial/maximal assistance with eating, showering/bathing self and upper body dressing,</p>	S9999		

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6008825	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 01/31/2024
--	--	---	---

NAME OF PROVIDER OR SUPPLIER WARREN BARR SOUTH LOOP	STREET ADDRESS, CITY, STATE, ZIP CODE 1725 SOUTH WABASH CHICAGO, IL 60616
---	---

(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	<p>Continued From page 4</p> <p>Personal hygiene, and R2 is Dependent on toileting hygiene, lower body dressing, putting on/taking off footwear.</p> <p>On 1/25/2024 at 12:37pm, V5(CNA) said when she provides care, she never goes back and forth when cleaning residents or putting lotion on their private parts and she does not swipe back and forth, she repeats the motion in going in one direction. V5 said this is how she was taught in CNA school and is how she provides care. V5 said stroking residents in their private parts is not ok because it can be perceived as sexual abuse by the resident. V5 said on 1/25/2024, R2 told her that on Tuesday, 1/23/2024 that a male CNA (V3) stroked him on his private parts. V5 said she reported this to V9(Licensed Practical Nurse -Agency) about it.</p> <p>On 1/26/2023 at 1:15pm, V6(Certified Nursing Assistant-CNA) said R2 told her what V3 had done to him, stroking his private parts while providing care. She (V6) told the nurse on duty V7 (Licensed Practical Nurse -LPN) the same day, but she does not remember the exact date R2 told her. V6 said she only puts barrier cream on the buttocks, never on the penis, and when she cleans the penis area, she never strokes the resident because she was taught in school never to go back and forth on private parts.</p> <p>On 1/26/2024 at 2:35pm, V4 (Staffing coordinator) said that she was doing her rounds and when she come to R2's room, he said that he did not want the male CNA to provide care to him anymore. (V3 was identified as the staff R2 was referring to) and said the way V3 was providing ADL care was very rough and he did not want him. R2 said V3 was rolling him over too quickly, and R2 did not want V3 to take care of him. V4</p>	S9999		

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6008825	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 01/31/2024
--	--	---	---

NAME OF PROVIDER OR SUPPLIER WARREN BARR SOUTH LOOP	STREET ADDRESS, CITY, STATE, ZIP CODE 1725 SOUTH WABASH CHICAGO, IL 60616
---	---

(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	<p>Continued From page 5</p> <p>said R2 told her about V3 at about 9:00am yesterday, 1/25/2024. V4 said R2 did not tell her which day this happened, all he said was that he does not want V3 to take care of him. V4 said she came down and told V1(Administrator) about a little after 9:00am that R2 had complained about V3 being rough. V4 said V3 was escorted out of the building pending investigations.</p> <p>On 01/26/2024 at 3:20pm, V9 (Licensed Practical Nurse-LPN-Agency) said she was passing medications in the morning yesterday, 1/25/2024, during the evening shift about 8:30pm. R1's family arrived and started talking to R1. V9 said she stepped out and gave the family space, then after a while, R1's wife came out screaming to her (V9) and said R1 was sexually abused and no one had told her about it. V9 said she further inquired from R1's family member what happened and R1's family member said that a male CNA had (Jagged) rubbed R1's penis back and forth, masturbating R1. V9 said she called V1(Administrator) at about 9:00pm and informed him, then she let R1's family speak with V1. V9 said when she went back to the unit, she found the police and the fire fighters in R1's room, and the fire fighters asked for the face sheet for R1, and the police pulled V9 to the side to ask her what happened. V9 said she really did not know what happened since she did not get a chance to speak with R1 or his family about the issue before the police arrived. V9 stated the police stayed until about 10:00pm, and the fire fighters took R1 to the hospital after the family requested him to be sent out. V9 said she did not get a chance to speak with R1 about the incidence before he was sent out. V9 said R1's family are the ones who called the police.</p> <p>On 1/28/2024 at 11:06am V13(MDS /Clinical</p>	S9999		

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6008825	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 01/31/2024
--	--	---	---

NAME OF PROVIDER OR SUPPLIER WARREN BARR SOUTH LOOP	STREET ADDRESS, CITY, STATE, ZIP CODE 1725 SOUTH WABASH CHICAGO, IL 60616
---	---

(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	<p>Continued From page 6</p> <p>Care Coordinator-RN), said R2's MDS dated 10/25/2023 section GG & H Documents R2 is always incontinent for urinary, bowel, and his care plan last updated 1/28/24 documents R2 needs one person assist with all ADLs except transfers and eating. V13 stated R2's MDS Section C dated 10/25/23 documents R2's Brief Interview for Mental Status (BIMS) as 15/15 indicating R2 is cognitively intact, which means R2 can understand and make decisions for himself.</p> <p>On 1/28/2024 1:15pm V15(Licensed Practical Nurse) said V6 (CNA) come to her just before lunch on 1/25/2023 and told her that R2 did not want to have V3 as his CNA because R3 was rough with R2 during ADL care. V15 said and she told V4 (CNA Supervisor/Staffing coordinator) not to assign V3 to R2. V15 said V4 told her she will go talk to R2. V15 said she left it at that and went to pass medications and when she got to R2, he said that V3 was rough while he was bathing R2, and he did not want him to provide ADL care to him anymore.</p> <p>Reviewed R1's current Physician Order Sheet (POS) and it does not document an order for cream to penis, and it is not listed in current ALD care plan.</p> <p>Reviewed R2's current Physician Order Sheet (POS) and it does not document an order for cream to penis, and it is not listed in current ALD care plan.</p> <p>R1's Police report number dated 1/25/2024 is JH128282.</p> <p>R2's Facility Reported Incident Report to IDPH dated 1/25/2024 documents: On 1/25/2024 at approximately 9:20am, V4 (CNA</p>	S9999		

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6008825	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 01/31/2024
--	--	---	---

NAME OF PROVIDER OR SUPPLIER WARREN BARR SOUTH LOOP	STREET ADDRESS, CITY, STATE, ZIP CODE 1725 SOUTH WABASH CHICAGO, IL 60616
---	---

(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	<p>Continued From page 7</p> <p>Supervisor/Staffing Coordinator) was completing CNA rounds on R2 when R2 alleged that 2-3 days ago, V3 (CNA) provided rough ADL care and repositioning.</p> <p>R1's Facility Reported Incident Report to IDPH dated 1/25/2024 reported sexual and physical abuse by V3.</p> <p>Facility policy titled Abuse and Neglect, dated 7/14/23 documents: -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, misappropriation of property, exploitation, neglect, and mistreatment. -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 ham may be considered abuse. -Sexual abuse is defined as non-consensual sexual contact of any type with a resident. -Mental abuse includes but not limited to humiliation, harassment, threats to bodily harm, punishment, isolation (involuntary, imposed seclusion) or deprivation to provoke fear or shame.</p> <p>(A)</p>	S9999		