STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	IL6001523	A. BUILDING: _____ B. WING _____	C 12/30/2020

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CENTER HOME HISPANIC ELDERLY	1401 NORTH CALIFORNIA CHICAGO, IL 60622

(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 #2089874/IL129618	S 000		
S9999	Final Observations Statement of Licensure Violations: 300.610 a) 300.1210 b) 300.1210 d)6) 300.1220 b)2) 300.3240 a) 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	**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
	IL6001523	A. BUILDING: _____ B. WING _____	C 12/30/2020

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CENTER HOME HISPANIC ELDERLY	1401 NORTH CALIFORNIA CHICAGO, IL 60622

(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 care needs of the resident. 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 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. Section 300.1220 Supervision of Nursing Services b) The DON shall supervise and oversee the nursing services of the facility, including: 2) Overseeing the comprehensive assessment of the residents' needs, which include medically defined conditions and medical functional status, sensory and physical impairments, nutritional status and requirements, psychosocial status, discharge potential, dental condition, activities potential, rehabilitation potential, cognitive status, and drug therapy. 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 are not met as evidenced by: Based on observation, interview, and record review, the facility failed to accurately evaluate and analyze the gait of a resident at risk for falls on admission, failed to accurately assess a resident at risk for falls on the initial fall risk review, and failed to implement fall prevention interventions to reduce the risk of injury to the resident. These failures affected one resident	S9999		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	IL6001523	A. BUILDING: _____ B. WING _____	C 12/30/2020

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CENTER HOME HISPANIC ELDERLY	1401 NORTH CALIFORNIA CHICAGO, IL 60622

(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 (R1), of three residents, reviewed for fall risk and fall prevention interventions. As a result of these failures, R1 sustained a fracture of the arm from an unwitnessed fall, was hospitalized, and needed surgery to repair the arm. Findings include: R1's face sheet shows that R1 was originally admitted to the facility on 6/18/20. R1's admitting diagnoses include but are not limited to Osteoarthritis, Dizziness and Giddiness, Pain in Joints, Polyneuropathy, and Dementia. On 12/24/20 at 10:56am, during observation of residents on the second floor of the facility, R1 was observed in bed. R1's call light was hanging on the wall behind the head of the bed and not within the reach of the resident. In addition, R1 did not have a safety mat on the floor, as indicated on R1's care plan. At this time, V4 (Certified Nurse Assistant, CNA) and V3 (Licensed Practical Nurse, LPN) were asked if the resident was able to use her call light button. Both V3 and V4 stated the resident was able to use the call light. V4 took the call light button, gave it to R1, and asked R1 to use the call button. R1 responded by pushing the call light button and the call light came on. R1's care plan, dated 6/19/20, says under the Interventions "Complete the Fall Risk Review per the facility protocol". R1's Restorative progress notes, dated 6/19/20 at 8:32am, written by V12 (LPN, Licensed Practical Nurse), states R1 has weakness and pain but can walk short distances, and will be using a wheelchair for now.	S9999		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	IL6001523	A. BUILDING: _____ B. WING _____	C 12/30/2020

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CENTER HOME HISPANIC ELDERLY	1401 NORTH CALIFORNIA CHICAGO, IL 60622

(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 R1's physician progress notes, written on 6/24/20 by V13 (Nurse Practitioner), states that R1 has Dementia, Osteoarthritis, Dependence on wheelchair, Decreased Mobility, Poor Strength, and Chronic Pain. R1's MDS (Minimal Data Set), dated 10/1/20, shows that R1 needs extensive assistance for transfer and bed mobility. R1's care plan, dated 11/4/20, says R1 should have a safety mat and that call light should be within reach and resident should be encouraged to use the call light for assistance as needed. There is no record to show that R1 had a safety mat at the time of the fall. R1's progress notes show that R1 recently had an unwitnessed fall that resulted in a right arm fracture for which R1 was hospitalized on 11/4/20 and re-hospitalized on 11/13/20. On 12/28/20 at 1:28pm, V1 (Administrator) presented the facility's initial and final incident reports that were sent to the State Agency. This report states that on 11/4/20 at 2:58am, R1 was found on the floor at her bedside with injury to the right arm and was sent to the hospital. On 12/29/20 at 10:12am, V1 presented R1's Initial Fall Risk Review, dated 6/18/20, that was incomplete because the gait analysis part of the assessment was left blank and not completed. This is the fall risk assessment done when the resident was first admitted to the facility. Since the Gait Analysis part of the assessment was not complete, R1 was wrongly assessed to not be at high risk for falls. R1's records show that R1 had an unwitnessed fall and sustained a fracture of the arm for which R1 had to have surgery to	S9999		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	IL6001523	A. BUILDING: _____ B. WING _____	C 12/30/2020

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CENTER HOME HISPANIC ELDERLY	1401 NORTH CALIFORNIA CHICAGO, IL 60622

(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 repair. On 12/29/20 at 12:25pm, V13, Nurse Practitioner, was interviewed regarding R1's initial risk assessment for falls based on the R1's diagnoses, nurses' documentation and her (V13)'s documentation of 6/24/20 as stated above. V13 stated the resident should have been assessed as a high risk for falls and the expectation is that staff will do frequent rounds on the resident, and that the resident should have fall prevention interventions in place. Facility's "Fall Prevention Program", dated 2/28/14, states in part: It is the policy of this facility to have a Fall Prevention Program to assure the safety of all residents in the facility, when possible. The program will include measures which determine the individual needs of each resident by assessing the risk of falls and implementation of appropriate interventions to provide necessary supervision and assistive devices are utilized as necessary. #1 states: 1. A Fall Assessment will be performed by a licensed nurse at the time of admission. The assessment tool will incorporate current clinical practice guidelines. #3 states: Safety Interventions will be implemented for each resident identified at risk using a standard protocol. #2 states in part: The nurse call device will be placed within the resident's reach at all times. The location of the placement will be verbalized for those residents with visual deficits. (B)	S9999		