

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>IL6008809</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>04/30/2021</b>
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NAME OF PROVIDER OR SUPPLIER  <b>SQUIRE'S SHELTERED CARE HOME</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>2601 NORTH CALIFORNIA CHICAGO, IL 60647</b>
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(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	S 000		
	Annual Licensure			
S9999	<p>Final Observations</p> <p>Statement of Licensure Violations:</p> <p>1 of 7:</p> <p>330.1155 a)3 330.1155 a)4) 330.1155 b) 330.1155 c) 330.1155 d) 330.1155 e)2) 330.1155 e)3)</p> <p>Section 330.1155 Unnecessary, Psychotropic, and Antipsychotic Drugs</p> <p>a) A resident shall not be given unnecessary drugs in accordance with Section 330.Appendix E. In addition, an unnecessary drug is any drug used</p> <p>    3) without adequate monitoring;     4) without adequate indications for its use</p> <p>b) Psychotropic medication shall not be prescribed without the informed consent of the resident, the resident's guardian, or other authorized representative. (Section 2-106.1(b) of the Act) Additional informed consent is not required for reductions in dosage level or deletion of a specific medication. The informed consent may provide for a medication administration program of sequentially increased doses or a combination of medications to establish the lowest effective dose that will achieve the desired therapeutic outcome. Side effects of the</p>	S9999		

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

TITLE

(X6) DATE

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S9999	<p>Continued From page 1</p> <p>medications shall be described.</p> <p>c) Residents shall not be given antipsychotic drugs unless antipsychotic drug therapy is necessary, as documented in the resident's comprehensive assessment, to treat a specific or suspected condition as diagnosed and documented in the clinical record or to rule out the possibility of one of the conditions in accordance with Section 330.Appendix E.</p> <p>d) Residents who use antipsychotic drugs shall receive gradual dose reductions and behavior interventions, in an effort to discontinue these drugs in accordance with Section 330.Appendix E unless clinically contraindicated.</p> <p>e) For the purposes of this Section:</p> <p>2) "Psychotropic medication" means medication that is used for or listed as used for antipsychotic, antidepressant, antimanic or antianxiety behavior modification or behavior management purposes in the latest editions of the AMA Drug Evaluations (Drug Evaluation Subscription, American Medical Association, Vols. I-III, Summer 1993), United States Pharmacopoeia Dispensing Information Volume I (USP DI) (United States Pharmacopoeial Convention, Inc., 15th Edition, 1995), American Society of Health Systems Pharmacists, 1995), or the Physicians Desk Reference (Medical Economics Data Production Company, 49th Edition, 1995) or the United States Food and Drug Administration approved package insert for the psychotropic medication. (Section 2-106.1(b) of the Act).</p> <p>3) "Antipsychotic drug" means a neuroleptic drug that is helpful in the treatment of psychosis and has a capacity to ameliorate thought disorders.</p> <p>These requirements were not met as evidenced</p>	S9999		

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S9999	<p>Continued From page 2</p> <p>by:</p> <p>Based on observations, interviews, and record review, the facility failed to provide a diagnosis for an antipsychotic medication for one resident (R3). The facility failed to provide a psychotropic medication for one resident (R9) that has a psychotic diagnosis and behaviors. The facility failed to provide documentation that gradual dose reductions, consents, and monitoring related to the psychotropic medications for four residents (R3, R6, R7, and R9). These failures affect four of four residents reviewed for psychotropic medications in a total sample of ten residents.</p> <p>Findings include:</p> <p>1. R3 is 70 year old female resident of the facility. R3's diagnoses are but not limited to high blood pressure and high cholesterol. There is no psychological diagnosis listed on her POS (Physician Order Statement).</p> <p>R3 was prescribed Olanzapine 7.5 milligram (mg) by mouth at bedtime on 3/01/2021.</p> <p>On 4/28/2021, at 3:15PM, R3 stated she does take an anti-psychotic medication. A doctor comes to the facility to see her.</p> <p>Review of R3's medical record conducted on 4/28/2021, provides no documentation related to a physician or nurse practitioner monitoring and indicating the use of the Olanzapine. Review of R3's chart does not provide any documentation relating to the diagnoses and the need for her psychotropic medication.</p> <p>2. R6 is a 55 year old male resident of the facility. R6's diagnoses are but not limited to</p>	S9999		
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S9999	<p>Continued From page 3</p> <p>schizophrenia, depressive disorder, and hallucinations.</p> <p>R6 takes Haloperidol tablet 5 mg by mouth twice a day.</p> <p>Review of R6's medical records does not document any attempts at gradual dose reductions, consents for psychotropic medication, or monitoring of the psychotropic medications. There is no documentation related to assessing and documenting progress of R6, who takes psychotropic medications.</p> <p>3. R7 is a 67 year old male resident of the facility. R7's diagnoses are but not limited to chronic schizoaffective disorder, high cholesterol, and high blood pressure.</p> <p>R7 is prescribed Haloperidol injection 100 mg every thirty days and haloperidol 10 mg tablet one tablet by mouth twice daily.</p> <p>Review of R7's medical records does not document any attempts at gradual dose reductions, consents for psychotropic medication, or monitoring of the psychotropic medications. There is no documentation related to assessing and documenting progress of R7, who takes psychotropic medications.</p> <p>4. R9 is 61 year old male resident of the facility. R9 was admitted on 11/19/2014. R9 has a diagnoses of schizophrenic disorder. R9 has not been prescribed any medication for his psychotic diagnosis since admission.</p> <p>On 4/27/2021, R9 was observed exhibiting</p>	S9999		

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S9999	<p>Continued From page 4</p> <p>behaviors related to his psychiatric diagnosis. R9 refused to open his door for the ambulance and barricaded himself inside of his room for over an hour. R9 was noted to be yelling and non-corporative with staff when banging on his door to check on his well-being. R9 exhibits behaviors and has not been prescribed a psychiatric medication for the management of his behaviors and psychosis.</p> <p>On 4/28/2021, V3 (Housemother) stated, "I might see a nurse practitioner or a doctor that comes out to assess the residents once every six months. They do not come out very much to review these medications."</p> <p>On 4/29/2021, at 10:05 AM, V2 (Housemother) stated, "V1 (Administrator) is supposed to follow up with medical record keeping. He should be getting the records for you all to review. The administrator is supposed to assess them."</p> <p>V1 has no medical background and is not assessing the residents. V1 did not provide any policy pertaining to psychotropic medication.</p> <p>On 4/28/2021, V1 stated, "I have to look and see what I have."</p> <p>On 4/29/2021, no documentation was provided to the survey team during the annual survey.</p> <p>330.1520 a) 330.1520 b)</p> <p>Section 330.1520 Administration of Medication</p> <p>a) All medications taken by residents shall</p>	S9999		

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S9999	<p>Continued From page 5</p> <p>be self-administered, unless administered by personnel who are licensed to administer medications, in accordance with their respective licensing requirements. Licensed practical nurses shall have successfully completed a course in pharmacology or have at least one year's full-time supervised experience in administering medications in a health care setting if their duties include administering medications to residents.</p> <p>b) No person shall be admitted to a facility who is not capable of taking his or her own medications and any needed biologicals, as approved in writing by the resident's personal physician. Facility staff may remind residents when to take medications and watch to ensure that they follow the directions on the container.</p> <p>These requirements were not met as evidenced by:</p> <p>Based on observations, interviews and record reviews, the facility failed to make sure residents (R1, R2, R3, R4, R8 and R9) received the right medication as ordered by physician, were able to self-administer medication independently, monitor blood sugar to received insulin as ordered by the physician, and ensure residents take the medication when given. These failures applies to 6 out of 10 resident reviewed (R1, R2, R3, R4, R8 and R9).</p> <p>Findings include:</p> <p>1. On 4/27/21 at 10:50 AM with R1 inside his room, R1 stated his insulin medication is only administered when his blood sugar are high, and he needs sliding scale to measure whether to take insulin or not.</p>	S9999		

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S9999	<p>Continued From page 6</p> <p>Review of R1 Medication Administration Records reads R1 has an order for insulin it reads: Novolog Flexpen Syringe - Inject per sliding scale subcutaneously before meals - chart and rotate site (Diabetes Miletus) - High Alert. 6AM/site/results and 4PM/site/result. For the month of April 2021 the 6AM schedule from 1 to 27 were signed as given, but the 4PM schedule no signature was documented as given.</p> <p>On 4/27/21 at 4:01 PM, V1 (Administrator) stated, "We only have 4 staff working in this facility including me, none of us have clinical background. R1 checks his blood sugar by himself, we don't keep track or take his blood sugar. So I do not know if his blood sugar is high or low. As to the records that only the schedule on 6AM was signed. I do not know but whoever is on duty is the one signing that paper. I heard that it is more dangerous for anyone to have low blood sugar that having high blood sugar. I know someone who will eat banana before sleeping and said, it is better to sleep with high blood sugar that having low blood sugar."</p> <p>2. On 4/27/21 at 11:15 AM, with R2 on the table near the television, there are 4 pink tablets and 1 white tablet. R3 stated, "I take those medication for my seizures and I take it by myself. I go down to get some pills with me and then take it by myself. I will take these 3 pills and then later when I go back I will take those 2 pills."</p> <p>3. On 4/27/21 at 2:22 PM, with R8 and V2 (Housemother), during self-administration of medication, R8 took red color oral inhaler and pressed it two times. Then upon reviewing the medication it reads: Albuterol. V2 then stated it was Symbicort inhaler and checked the medicine.</p>	S9999		
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S9999	<p>Continued From page 7</p> <p>V2 stated, "I do not know if he is supposed to receive this inhaler." Looking at the container full of medication, V2 stated, "I do not know if those 2 inhalers are the same." V2 was holding Albuterol inhaler in her right hand, and a sealed packed that reads Symbicort on her left hand. Returning both inhalers in the container, V2 stated, "I do not know what the current order is but it looks like the one written is for Symbicort (pointing at the written page of R8 medication orders)."</p> <p>4. On 4/27/21 at 3:05 PM with R4 and V2 (Housemother), during medication administration, V2 stated, "R4 is blind so I have to help him with taking his medications." V2 tore the medicine package and placed the tablets on the medication cup, then held the right hand of R4 and poured the tablets. R4 took the tablets on his right hand and took the medication while V2 got some water in the cup and gave R4 to drink. V2 then stated, "I need to help R4 because as I said he is blind and needs to be help. R4 cannot take his medication by himself."</p> <p>On 4/28/21 at 10:04 AM with V3 (Housemother), V3 stated, "Yes, R4 cannot take his medication by himself because he is blind."</p> <p>5. During review of R9's Medication Order and Medication Administration, there was no order for any medication or treatment and it reads that R9 has a medical diagnosis of Schizophrenia Disorder.</p> <p>On 4/27/21 at 11:27 AM, V2 (Housemother) was heard pounding the door of R9. V2 on a loud voice saying, "R9 open the door, you need to be checked because you said you have pain on your leg." V3 kept on pounding the door multiple times and trying to turn the knob but was not successful</p>	S9999		
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S9999	<p>Continued From page 8</p> <p>in opening the door. R9 responded, "I don't want to go to the hospital." This was happening for more than an hour, until paramedics arrived and R9 opened the door and was placed on stretcher into the ambulance. V2 stated, "R9 has cellulitis and they don't do any treatment unless it is just band aid but beyond that we send them to the hospital."</p> <p>On 4/28/21 at 1:50 PM, V3 (Housemother) stated "I do not know why there is no medication listed for R9 (showing the folder with Medication Orders and Administration Record) but we give him these medications." Then V3 took a container that had 4 bottles, 2 bottles reads Metformin 500 MG and 2 bottles reads Omeprazole 10 MG. V3 stated, "I think this is the medication R9 was taking. And again I do not know why it is not listed on his medication order in the folder." Physician Order Sheet does not have any medical diagnosis for Diabetes and Gastroesophageal Reflux Disease. Only medical diagnosis was Schizophrenia Disorder. No summary of transfer from any facility was seen in R9 folder. V3 stated, "I don't know if we have one but those hospital records were old."</p> <p>On 4/28/21 at 2:04 PM, V5 (Hospital Social Worker) stated, "R9's leg infection is worsening, no treatment was being done. R9 used to have home health nurse come to treat his leg wound. But it was discontinued on 4/13/21 based on my notes. I see that he has diagnosis of Schizophrenia but I do not know the facility was not treating this because he has behavioral issues. R9's room has a lot of clutter and very hazardous to his safety and he can padlock himself inside his room. It is a big problem waiting to happen."</p> <p>On 4/28/21 at 2:45 PM, V1 (Administrator) stated,</p>	S9999		
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S9999	<p>Continued From page 9</p> <p>"Regarding R9, I see that he has Schizophrenia but I do not know why he doesn't have medication for that, I will check the hospital. V1 then stated, "I don't remember when was the last time those charts were reviewed. But it is the pharmacy who does that and I will check the hospital. For now I cannot tell you or give you any answer. "</p> <p>6. Review of R3 medication orders and administration reads R3 has a medical diagnosis of hyperglycemia, but without medication and not being monitored. R3 was also taking antipsychotic medication, but no medical diagnosis was found in the chart. (B)</p> <p>2 of 7:</p> <p>330.1160 a) 330.1160 b) 330.1160 c) 330.1160 d)</p> <p>Section 330.1160 Vaccinations</p> <p>a) A facility shall annually administer or arrange for a vaccination against influenza to each resident, in accordance with the recommendations of the Advisory Committee on Immunization Practices of the Centers for Disease Control and Prevention that are most recent to the time of vaccination, unless the vaccination is medically contraindicated or the resident has refused the vaccine. Influenza vaccinations for all residents age 65 and over shall be completed by November 30 of each year or as soon as practicable if vaccine supplies are not available before November 1. Residents admitted after November 30, during the flu season, and until February 1 shall, as medically</p>	S9999		

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S9999	<p>Continued From page 10</p> <p>appropriate, receive an influenza vaccination prior to or upon admission or as soon as practicable if vaccine supplies are not available at the time of the admission, unless the vaccine is medically contraindicated or the resident has refused the vaccine. (Section 2-213 of the Act)</p> <p>b) A facility shall document in the resident's medical record that an annual vaccination against influenza was administered, refused or medically contraindicated. (Section 2-213 of the Act)</p> <p>c) A facility shall provide or arrange for administration of a pneumococcal vaccination to each resident in accordance with the recommendations of the Advisory Committee on Immunization Practices of the Centers for Disease Control and Prevention, who has not received this immunization prior to or upon admission to the facility unless the resident refuses the offer for vaccination or the vaccination is medically contraindicated. (Section 2-213 of the Act)</p> <p>d) A facility shall document in each resident's medical record that a vaccination against pneumococcal pneumonia was offered and administered, refused, or medically contraindicated. (Section 2-213 of the Act)</p> <p>These requirements were not met as evidence by:</p> <p>Based on interview and record review, the facility failed to offer the influenza and pneumococcal vaccinations and document immunization status in the medical record for ten residents (R1, R2, R3, R4, R5, R6, R7, R8, R9 and R10) in a total sample of ten residents reviewed for vaccination.</p> <p>Findings include:</p> <p>On 4/28/2021, medical records for R1, R2, R3,</p>	S9999		

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S9999	<p>Continued From page 11</p> <p>R4, R5, R6, R7, R8, R9 and R10 were reviewed for flu and pneumococcal vaccinations. There was no documentation if the influenza and pneumococcal vaccines were offered and administered, refused, or is medically contraindicated to the residents.</p> <p>On 4/28, 2021, at 3:30PM, V1 (Administrator) stated, "We do not offer vaccines here. They can go to their own doctors."</p> <p>On 4/29/2021, at 10:05AM, V2 (Housemother) stated, "I believe that (V1) is supposed to coordinate the vaccinations for the residents. Talk to him."</p> <p>On 4/29/2021, V1 provided no policy pertaining to vaccinations after being asked repeatedly. 330.510 b)</p> <p>Section 330.510 Administrator</p> <p>b) The licensee and administrator shall be familiar with this Part. They shall be responsible for seeing that the applicable regulations are met in the facility and that employees are familiar with those regulations according to the level of their responsibilities.</p> <p>These requirements are not met as evidenced by:</p> <p>Based on interview and record review, the facility failed to provide documentation that the regulations are met in the facility and that employees are familiar with those regulations. These failures affect ten of ten residents reviewed for administration in a total sample of ten residents.</p> <p>Findings include:</p>	S9999		

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NAME OF PROVIDER OR SUPPLIER  <b>SQUIRE'S SHELTERED CARE HOME</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>2601 NORTH CALIFORNIA CHICAGO, IL 60647</b>
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(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 12</p> <p>During the course of the annual survey, many documents were missing from resident's charts. Progress notes on how resident's care or follow up documentation were not found. There is no system of maintaining resident records or how to assimilate resident documents after the residents went to their medical appointments.</p> <p>On 4/28/2021, at 2:30PM, V1 (Administrator) stated he had to go find requested documents from the survey team. "I have to go ask for these records from different places."</p> <p>V1 was asked for many documents pertaining to R1, R2, R3, R4, R5, R6, R7, R8, R9 and R10 in multiple attempts. V1 could not provide the documents. V1 was asked how he keeps track of the residents' care in his facility if he does not know where progress notes and follow up notes are from the residents' medical visits.</p> <p>On 4/28/2021, at 2:43PM, V1 (Administrator) refused to answer the question on how he maintains residents' medical charts. V1 stated he was "not going to answer that question."</p> <p>V1 could not provide any in service documentation pertaining to the regulations in the facility and how his staff understand how the regulations that pertain to the facility. V1 would not cooperate on various occasions with the survey team until he wanted to.</p> <p>On 4/29/2021, at 10:05AM, V2 (Housemother) stated, "V1 is supposed to follow up with medical record keeping. He should be getting the records for you all to review. V1 is supposed to assess them."</p>	S9999		

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S9999	<p>Continued From page 13</p> <p>330.1510 a)1)</p> <p>Section 330.1510 Medication Policies</p> <p>a) Every facility shall adopt written policies and procedures for assisting residents in obtaining individually prescribed medication for self-administration and for disposing of medications prescribed by the attending physicians. These policies and procedures shall be consistent with the Act and this Part and shall be followed by the facility.</p> <p>1) Medication policies and procedures shall be developed with consultation from an Illinois registered professional nurse and a registered pharmacist. These policies and procedures shall be part of the written program of care and services.</p> <p>These requirements were not met as evidenced by:</p> <p>Based on observations, interviews, and record reviews, the facility failed to adopt written medication policies and procedures with consultation from an Illinois Registered professional nurse and a registered pharmacy, and failed to incorporate medication policies into facility care and services. These failures have the potential to affect all 22 residents living in the facility.</p> <p>Findings include:</p> <p>On 4/27/21 to 4/29/21, during facility review, the facility provided a medical record cart with folders for each resident. Residents (R1, R2, R3, R4, R5, R6, R7, R8, R9 and R10) were reviewed related to their medical records. Each folder documents were reviewed and there was no documentation</p>	S9999		
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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>IL6008809</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>04/30/2021</b>
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S9999	<p>Continued From page 14</p> <p>or progress notes from any of the staff working in the facility related to the residents. No updates of current medical records, no notes by any staff.</p> <p>On 4/27/21 at 11:27 AM, V2 (Housemother) was heard pounding the door of R9. V2 on a loud voice saying, "R9 open the door, you need to be checked because you said you have pain on your leg." V3 kept on pounding the door multiple times and trying to turn the knob but was not successful in opening the door. R9 responded, "I don't want to go to the hospital." This was happening for more than an hour, until paramedics arrived and R9 opened the door and was placed on stretcher into the ambulance. V2 stated, "R9 has cellulitis and they don't do any treatment unless it is just band aid but beyond that we send them to the hospital."</p> <p>On 4/27/21 at 2:30 PM, V1 (Administrator) stated, "Yes, all the record of each resident is in the folder, we do not have any other record beyond that folder. We don't do any notes or plan of service and I don't have staff doing that or put any notes. I don't think we are required to do any notes related to the resident. V1 further stated that there are only 4 staff working in the facility including him, V2 (Housemother), V3 (Housemother) and V4 (Relief).</p> <p>Review of R1 Medication Administration Records reads R1 has an order for insulin which documents: Novolog Flexpen Syringe - Inject per sliding scale subcutaneously before meals - chart and rotate site (Diabetes Miletus) - High Alert. 6AM/site/results and 4PM/site/result. For the month of April 2021, the 6AM schedule from days 1 to 27 were signed as given, but the 4PM schedule no signature was documented as given.</p>	S9999		

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S9999	<p>Continued From page 15</p> <p>On 4/27/21 at 4:01 PM, V1 (Administrator) stated, "R1 check his blood sugar by himself, we don't keep track or take his blood sugar. So I do not know if his blood sugar is high or low. As to the records that only the schedule on 6AM was signed. I do not know but whoever is on duty is the one signing that paper. I heard that it is more dangerous for anyone to have low blood sugar than having high blood sugar. I know someone who will eat banana before sleeping and said, it is better to sleep with high blood sugar than having low blood sugar." V1 further stated, "The policy we have is there and was given to me by my father, I am not sure what is needed in order to be a correct policy but we have that for a long time. I did not develop that policy or any consultation from the pharmacy or Registered Nurse."</p> <p>On 4/28/21 at 1:50 PM, V3 (Housemother) stated, "I do not know why there is no medication listed for R9 (showing the folder with Medication Orders and Administration Record), but we give him these medications." Then V3 took a container that had 4 bottles; 2 bottles reads Metformin 500 MG and 2 bottles reads Omeprazole 10 MG. V3 stated, "I think this is the medication R9 was taking. And again I do not know why it is not listed on his medication order in the folder." Physician Order Sheet does not have any medical diagnosis for Diabetes and Gastroesophageal Reflux Disease. Only medical diagnosis was Schizophrenia Disorder. No summary of transfer from any facility was seen in R9 folder. V3 stated, "I don't know if we have one but those hospital records were old."</p> <p>During review of R9 Medication Order and Medication Administration, there was no order for any medication or treatment, and it documents</p>	S9999		
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S9999	<p>Continued From page 16</p> <p>R9 has a medical diagnosis of Schizophrenia Disorder.</p> <p>On 4/28/21 at 2:45 PM, V1 (Administrator) stated, "Regarding R9, I see that he has Schizophrenia but I do not know why he doesn't have medication for that, I will check the hospital." V1 then stated, "I don't remember when was the last time those charts were reviewed. But it is the pharmacy who does that and I will check the hospital. For now I cannot tell you or give you any answer. "</p> <p>Review of R3 medication orders and administration read R3 has a medical diagnosis of hyperglycemia, but without medication, and not being monitored. R3 was also taking antipsychotic medication but no medical diagnosis was found in the chart.</p> <p>(B)</p> <p>3 of 7</p> <p>330.1710 b) 330.1710 c)1 330.1710 c)3) 330.1710 f)1) 330.1710 f)2) 330.1710 g) 330.1710 h) 330.1720 c)1) 330.1720 c)2) 330.1710 c)3)A) 330.1710 c)3)B) 330.1710 c)4) 330.1710 c)6)</p> <p>Section 330.1710 Resident Record Requirements</p> <p>b) The facility shall keep an active medical record for each resident. This resident record</p>	S9999		

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S9999	<p>Continued From page 17</p> <p>shall be kept current, complete, legible and available at all times to those personnel authorized by the facility's policies, and to the Department's representatives.</p> <p>c) Record entries shall meet the following requirements:</p> <p>1) Record entries shall be made by the person providing or supervising the service or observing the occurrence that is being recorded.</p> <p>3) Medical record entries shall include all notes, orders or observations made by direct resident care providers and any other individuals authorized to make such entries in the medical record, and written interpretive reports of diagnostic tests or specific treatments including, but not limited to, radiologic or laboratory reports and other similar reports.</p> <p>f) An ongoing resident record including progression toward and regression from established resident goals shall be maintained.</p> <p>1) The progress record shall indicate significant changes in the resident's condition. Any significant change shall be recorded upon occurrence by the staff person observing the change.</p> <p>2) Recommendations and findings of direct service consultants, such as providers of social, dental, dietary or rehabilitation services, shall be included in the resident's progress record when the recommendations pertain to an individual resident.</p> <p>g) A medication administration record shall be maintained which contains the date and time each medication is taken, name of drug, dosage, and by whom administered. A medication administration record is not required for residents who have been approved by their physician to be fully responsible for their own medications under Section 330.1510 (d) (2).</p> <p>h) Treatment sheets shall be maintained</p>	S9999		
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S9999	<p>Continued From page 18</p> <p>recording all resident care procedures ordered by each resident's attending physician. Physician ordered procedures that shall be recorded include, but are not limited to, the prevention of decubitus ulcers, weight monitoring to determine a resident's weight loss or gain, blood pressure monitoring, and fluid intake and output.</p> <p>Section 330.1720 Content of Medical Records</p> <p>c) In addition to the information that is specified above, each resident's medical record shall contain the following:</p> <p>1) Medical history and physical examination form that includes conditions for which medications have been prescribed, physician findings, all known diagnoses and restoration potential. This shall describe those known conditions that the medical and resident care staff should be apprised of regarding the resident. Examples of diagnoses and conditions that are to be included are allergies, epilepsy, diabetes and asthma.</p> <p>2) A physician's order sheet that includes orders for all treatments, diet, activities and special procedures or orders required for the safety and well-being of the resident. The physician's order sheet shall also include a record of the medications prescribed for the resident by the physician, and a statement that the resident is capable of self-administering these medications.</p> <p>3) An ongoing record of notations describing significant observations or developments regarding each resident's condition and response to treatments and programs.</p> <p>A) Consultants who provide direct care or treatment to residents shall make notations at the time of each visit with a resident.</p> <p>B) Significant observations or developments regarding resident responses to</p>	S9999		
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S9999	<p>Continued From page 19</p> <p>activity programs, social services, dietary services and work programs shall be recorded as they are noted. If no significant observations or developments are noted for three months, an entry shall be made in the record of that fact.</p> <p>4) Documentation of visits to the resident by a physician and to the physician's office by the resident. The physician shall record, or dictate and sign, the results of such visits, such as changes in medication, observations and recommendations made by the physician during the visits, in the record.</p> <p>6) Upon admission from a hospital or state facility, a hospital summary sheet or transfer form that includes the hospital diagnosis and treatment, and a discharge summary. This transfer information, which may be included in the transfer agreement, shall be signed by the physician who attended the resident while in the hospital.</p> <p>These requirements were not met as evidenced by:</p> <p>Based on record reviews and interview, the facility failed to maintain updated, complete, and current medical record, record entries by person providing or supervising residents, failed to enter notes or any observation related to resident, and failed to provide resident progression or regression related to resident goals, for all 10 out of 10 residents reviewed in the sample of 10 residents (R1, R2, R3, R4, R5, R6, R7, R8, R9 and R10).</p> <p>Findings include:</p> <p>On 4/27/21 to 4/29/21, during facility review, the facility provided a medical record cart with folders for each resident. Residents (R1, R2, R3, R4, R5,</p>	S9999		
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S9999	<p>Continued From page 20</p> <p>R6, R7, R8, R9 and R10) were reviewed related to their medical records. Each folder documents were reviewed, and there was no documents from any of the staff working in the facility related to the resident. No updates of current medical records, no notes by any staff.</p> <p>On 4/27/21 at 11:27 PM, V2 (Housemother) was heard pounding the door of R9. V2 on a loud voice saying, "R9 open the door, you need to be checked because you said you have pain on your leg." V3 kept on pounding the door multiple times and trying to turn the knob but was not successful in opening the door. R9 responded, "I don't want to go to the hospital." This was happening for more than an hour, until paramedics arrived and R9 opened the door and was placed on stretcher into the ambulance. V2 stated, "R9 have cellulitis and they don't do any treatment unless it is just band aid but beyond that we send them to the hospital."</p> <p>On 4/27/21 at 2:30 PM, V1 (Administrator) stated, "Yes, all the record of each resident is in the folder, we do not have any other record beyond that folder. We don't do any notes or plan of service and I don't have staff doing that or put any notes. I don't think we are required to do any notes related to the resident." V1 further stated there are only 4 staff working in the facility including him, V2 (Housemother), V3 (Housemother) and V4 (Relief).</p> <p>During review of R9 Medication Order and Medication Administration, there was no order for any medication or treatment and it reads R9 has a medical diagnosis of Schizophrenia Disorder.</p> <p>On 4/28/21 at 1:50 PM, V3 (Housemother) stated "I do not know why there is no medication listed</p>	S9999		
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S9999	<p>Continued From page 21</p> <p>(showing the folder with Medication Orders and Administration Record) but we give him these medications." V3 took a container that had 4 bottles; 2 bottles reads Metformin 500 MG and 2 bottles reads Omeprazole 10 MG. V3 stated, "I think this is the medication R9 was taking. And again I do not know why it is not listed on his medication order in the folder." Physician Order Sheet does not have any medical diagnosis for Diabetes and Gastroesophageal Reflux Disease. Only medical diagnosis was Schizophrenia Disorder. No summary of transfer from any facility was seen in R9 folder. V3 stated, "I don't know if we have one but those hospital records were old."</p> <p>On 4/28/21 at 2:45 PM, V1 (Administrator) stated, "Regarding R9, I see that he has Schizophrenia but I do not know why he doesn't have medication for that, I will check the hospital. V1 then stated, "I don't remember when was the last time those charts were reviewed. But it is the pharmacy who does that and I will check the hospital. For now I cannot tell you or give you any answer. "</p> <p>Review of R3, R6, R7, R9 medical records do not document progress notes related to assessing and monitoring resident care. There is no medical records pertaining to their care and how to care for them when they go to their medical professional appointments. There is no follow up listed in their medical records on how to care for these residents.</p> <p>R3's POS (Physician Order Statement) notes R3 has a diagnosis of hyperglycemia. There is no medication listed for this diagnosis. There is no assessment or monitoring related to medical diagnosis. The medical record does not document any monitoring of her blood sugars. (C)</p>	S9999		
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S9999	<p>Continued From page 22</p> <p>4 of 7:</p> <p>330.1120 a) 330.1120 b) 330.1120 c) 330.1120 d) 330.1120 e)</p> <p>Section 330.1120 Personal Care</p> <p>a) Each resident shall have proper daily personal attention and care including skin, nails, hair, and oral hygiene, in addition to treatment ordered by the physician. (B)</p> <p>b) Each resident shall have at least one complete bath and hair wash weekly and as many additional baths and hair washes as necessary for satisfactory personal hygiene. (B)</p> <p>c) Each resident shall have clean suitable clothing in order to be comfortable, sanitary, free of odors, and decent in appearance.</p> <p>d) Each resident shall have clean bed linens at least once weekly and more often if necessary.</p> <p>e) Each resident shall have sufficient clothing, in good condition, to be properly dressed each day.</p> <p>These requirements are not met as evidenced by:</p> <p>Based on observations and interviews, the facility failed to provide documentation that two residents (R6 and R7) received weekly personal care. This failure affects two of five residents reviewed for personal care in a total sample of ten residents.</p> <p>Findings include:</p> <p>On 4/26/2021, at 10:26AM, R6 had very matted hair. His bed had no sheets. Both resident rooms</p>	S9999		

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NAME OF PROVIDER OR SUPPLIER  <b>SQUIRE'S SHELTERED CARE HOME</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>2601 NORTH CALIFORNIA CHICAGO, IL 60647</b>
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(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 23</p> <p>had very strong cigarette odors and their rooms were very dirty in appearance.</p> <p>On 4/27/2021, at 10:00AM, R7 stated, "I do not like it here." R7 has long, dirty nails and his hair is very greasy and unkempt. His clothes are dirty and his socks are covered with dirt. His bed had no sheets.</p> <p>On 4/28/2021, at 3:35PM, V1 (Administrator) stated, "I need to make a list of residents who take a shower."</p> <p>During the survey, no documentation was provided on which residents who take a shower or who may need encouragement to shower. No policies or procedures were provided.</p> <p>330.1310 a) 330.1310 b) 330.1310 c)1) 330.1310 e)1) 330.1310 e)2) 330.1310 e)3) 330.1310 g)</p> <p>Section 330.1310 Activity Program</p> <p>a) The facility shall provide an ongoing program of activities to meet the interests and preferences and the physical, mental and psychosocial well-being of each resident, in accordance with the resident's comprehensive assessment. The activities shall be coordinated with other services and programs to make use of both community and facility resources and to benefit the residents.</p> <p>b) Activity personnel shall be provided to meet the needs of the residents and the program. Activity staff time each week shall total not less</p>	S9999		



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S9999	<p>Continued From page 24</p> <p>than 45 minutes multiplied by the number of residents in the facility. This time shall be spent in providing activity programming as well as planning and directing the program. The time spent in the performance of other duties not related to the activity program shall not be counted as part of the required activity staff time.</p> <p>c) Activity Director and Consultation</p> <p>1) A trained staff person shall be designated as activity director and shall be responsible for planning and directing the activities program. This person shall be regularly scheduled to be on duty in the facility at least four days per week.</p> <p>e) Activity program staff shall participate in the assessment of each resident, which shall include the following:</p> <p>1) Background information, including education level, cultural/social issues, and spiritual needs;</p> <p>2) Current functional status, including communication status, physical functioning, cognitive abilities, and behavioral issues; and</p> <p>3) Leisure functioning, including attitude toward leisure, awareness of leisure resources, knowledge of activity skills, and social interaction skills and activity interests, both current and past.</p> <p>g) The facility shall provide a specific, planned program of individual (including self-initiated) and group activities that are aimed at improving, maintaining, or minimizing decline in the resident's functional status, and at promoting well-being. The program shall be designed in accordance with the individual resident's needs, based on past and present lifestyle, cultural/ethnic background, interests, capabilities, and tolerance. Activities shall be daily and shall reflect the schedules, choices, and rights of the residents (e.g., morning, afternoon, evenings and weekends). The residents shall be given</p>	S9999		

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S9999	<p>Continued From page 25</p> <p>opportunities to contribute to planning, preparing, conducting, concluding and evaluating the activity program.</p> <p>These requirements were not met as evidenced by:</p> <p>Based on observations, interviews, and record reviews, the facility failed to provide any activity program and designate staff with duties and responsibilities for providing residents with an activity program. These failures have the potential to affect all 22 residents living in the facility from receiving activity program for self-improvement.</p> <p>Findings include:</p> <p>From 4/27/21 to 4/29/21, the facility was reviewed for Activity Program. During facility review, no activities are being offered and provided to the residents.</p> <p>On 4/27/21 at 10:50 AM, with R1 inside his room, R1 stated his schedule is his own and he does not know any activities program provided by the facility.</p> <p>On 4/27/21 at 11:15 AM with R2 at the table near the television stated, "I don't know any activities program scheduled in the facility that I may join. I do my own schedule."</p> <p>A request was made for the facility to provide activity program that was offered to the residents and Restorative Policy for residents. V1 stated the facility does not have any document related to activity program and Restorative Policy.</p> <p>On 4/28/21 at 2:45 PM, V1 (Administrator) stated,</p>	S9999		
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"We don't have any activity or restorative program in the facility, residents are on their own schedule. We used to have somebody from outside comes to do activity but that was a long time ago. I don't think we are required to have that since we are sheltered care. I only have 4 staff here including me. Regarding housekeeping, any of us can do that if we find time, but there is no specific person assigned to either activity, restorative or housekeeping."

On 4/29/21 at 10:02 AM, V2 (Housemother) stated, "I cannot answer your question, whatever V1 say that is it. He is in charge of all those things."  
330.1130

Section 330.1330 Written Policies for Restorative Services

There shall be written policies, which are followed in the operation of the facility covering all restorative services offered by the facility to achieve and maintain the highest possible degree of function, self-care and independence. These shall be developed as set forth in Section 330.710 (a) through (c).

These requirements were not met as evidenced by:

Based on observations, interview, and record reviews, the facility failed provide restorative policy for possible option to residents. These failures have the potential to affect all 22 residents living in the facility.

Findings include:

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S9999	<p>Continued From page 27</p> <p>From 4/27/21 to 4/29/21, the facility was reviewed for restorative written policy. During facility review no restorative written policy or any written document related to restorative services was provided.</p> <p>A request was made for the facility to provide Restorative Policy for residents. V1 stated the facility does not have any document related to Restorative Policy.</p> <p>On 4/28/21 at 2:45 PM, V1 (Administrator) stated, "We don't have any activity or restorative program in the facility, residents are on their own schedule. We used to have somebody from outside comes to do activity but that was a long time ago. I don't think we are required to have that since we are sheltered care. I only have 4 staff here including me. Regarding housekeeping any of us can do that if we find time but there is no specific person assigned to either activity, restorative or housekeeping."</p> <p>(C)</p> <p>5 of 7:</p> <p>330.2420 c)1) 330.2420 c)2) 330.2420 c)4) 330.2420 c)5) 330.2420 c)6) 330.2420 c)8)</p> <p>Section 330.2420 Equipment and Supplies</p> <p>c) There shall be a sufficient supply of linen and bedding in good condition to provide proper care and comfort to the residents. It shall include, but is not limited, to the following:</p>	S9999		

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S9999	<p>Continued From page 28</p> <ol style="list-style-type: none"> <li>1) Sheets, four per bed.</li> <li>2) Pillow cases, three per bed.</li> <li>3) Bed blankets, two per bed.</li> <li>4) Bedspreads, two per bed.</li> <li>5) Washcloths and hand towels, as needed.</li> <li>6) Bath towels, three per bed.</li> <li>8) Pillows, one per bed plus a ten percent reserve.</li> </ol> <p>These requirements were not met as evidenced by:</p> <p>Based on observations and interviews, the facility failed to provide enough linen supplies for ten residents (R1, R2, R3, R4, R5, R6, R7, R8, R9 and R10) reviewed for linens in a total sample of ten residents.</p> <p>Findings include:</p> <p>On 4/28/2021 at 1:38PM, the linen room does not have enough fitted sheets, pillow cases, and washcloths for the twenty-two residents that reside within the facility. Based on the twenty-two residents of the facility, there should be at least 88 sheets, 66 pillow cases, 44 blankets, 44 bed spreads, 66 bath towels, and 22 pillows for each resident of the facility. The linen room of the facility had only 16 sheets, 6 pillow cases, no blankets or bed spreads, 8 wash cloths, 7 towels, and no pillows.</p> <p>On 4/28/2021, at 11:45AM, V3 (Housemother) stated, "There is linen for the residents but not enough."</p> <p>330.3670 9)</p> <p>Section 330.3670 Bedrooms</p>	S9999		

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S9999	<p>Continued From page 29</p> <p>9) Bedroom doors shall have no hardware that will allow the resident to lock himself in the room. The door may be keyed on the corridor side to prevent others from entering the room.</p> <p>These requirements were not met as evidenced by:</p> <p>Based on observation and interview, the facility failed to ensure that a resident (R9) does not lock himself in his bedroom with a padlock. This failure affects one of five residents reviewed for bedrooms in a total sample of ten residents.</p> <p>Findings include:</p> <p>On 4/27/2021, at 10:30AM, R9 locked himself inside his room and would not answer the door for anyone. The ambulance was called for R9 and it took over an hour before anyone could get into R9's bedroom to help take him to the hospital.</p> <p>On 4/28/2021, at 2:12PM, V5 (Hospital Social Worker) stated, "R9's bedroom is a fire hazard. V1 (Administrator) allows him to pad lock his door. I have made several complaints. R9's room is not sanitary or safe for R9 to reside in."</p> <p>On 4/28/2021, at 3:35PM, V1 stated, "I will talk to R9. He cannot lock himself in his room."</p> <p>No documentation was provided by V1 that he spoke to R9. No policy or procedures were provided regarding padlocks on resident's doors.</p> <p>330.2220 a)1)</p> <p>Section 330.2220 Housekeeping</p>	S9999		
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S9999	<p>Continued From page 30</p> <p>a) Every facility shall have an effective plan for housekeeping including sufficient staff, appropriate equipment and adequate supplies. Each facility shall: (B)</p> <p>1) Keep the building in a clean, safe, and orderly condition. This includes all rooms, corridors, attics, basements, and storage areas.</p> <p>These requirements were not met as evidenced by:</p> <p>Based observations, interviews and record reviews, the facility failed to provide adequate housekeeping staff and maintain all rooms in a clean, safe and orderly condition. These failures have the potential to affect all 22 residents residing in the facility.</p> <p>Findings include:</p> <p>From 4/27/21 to 4/29/21, the facility was reviewed for housekeeping services. During facility review of housekeeping services, there was no staff designated to provide housekeeping services.</p> <p>On 4/27/21 at 9:50 AM, during entrance, a request was made to V1 (Administrator) for the list of all staff currently working in the facility. According to V1 (Administrator), there are only 4 staff employed in the facility including himself and they are the following: V1 (Administrator), V2 (Housemother), V3 (Housemother) and V4 (Relief).</p> <p>On 4/27/21 at 12:07 PM, V2 (Housemother) was heard pounding the door of R9. V2 in a loud voice saying, "R9 open the door, you need to be checked because you said you have pain on your leg." V3 kept on pounding the door multiple times</p>	S9999		
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S9999	<p>Continued From page 31</p> <p>and trying to turn the knob but was not successful in opening the door. R9 responded, "I don't want to go to the hospital." This was happening for more than an hour, until paramedics arrived and R9 opened the door and was placed on stretcher into the ambulance. V2 stated, "R9 have cellulitis and they don't do any treatment unless it is just band aid but beyond that we send them to the hospital." R9's room was seen with full of cluttered things and was not properly cleaned.</p> <p>On 4/28/21 at 2:04 PM, V5 (Hospital Social Worker) stated, "R9 leg infection is worsening, no treatment was being done. R9 used to have home health nurse come to treat his leg wound. But it was discontinued on 4/13/21 based on my notes. I see that he has diagnosis of Schizophrenia but I do not know the facility was not treating this because he has behavioral issues. R9 rooms has a lot of clutter and very hazardous to his safety and he can padlock himself inside his room. It is a big problem waiting to happen."</p> <p>On 4/28/21 at 2:45 PM, V1 (Administrator) stated, "Regarding housekeeping, any of us can do that if we find time, but there is no specific person assigned to either activity, restorative or housekeeping."</p> <p>On 4/29/21 at 10:32 AM, R10 was found mopping the floor of his room with a bucket on the side. R10 stated he does this often and cannot remember the last time his room was cleaned.</p> <p>(AW)</p> <p>6 of 7: 330.4240 c)</p>	S9999		
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S9999	<p>Continued From page 32</p> <p>330.4240 d) 330.4240 e)</p> <p>Section 330.4240 Abuse and Neglect</p> <p>c) A facility administrator who becomes aware of abuse or neglect of a resident shall immediately report the matter by telephone and in writing to the resident's representative. (Section 3-610 of the Act).</p> <p>d) A facility administrator, employee, or agent who becomes aware of abuse or neglect of a resident shall also report the matter of the department. (Section 3-610 of the Act).</p> <p>e) Employee as perpetrator of abuse. When an investigation of a report of suspected abuse of a resident indicates, based upon credible evidence, that an employee of a long-term care facility is the perpetrator of the abuse, that employee shall immediately be barred from any further contact with residents of the facility, pending the outcome of any further investigation, prosecution or disciplinary action against the employee. (Section 3-611 of the Act).</p> <p>These requirements are not met as evidenced by:</p> <p>Based on interview and record review, the facility failed to initiate an investigation and report an allegation of abuse. This failure affects one resident (R5) reviewed for abuse in a total sample of ten residents.</p> <p>Findings include:</p> <p>R5 is a 70 year old male of the facility. R5 diagnoses are but not limited to high blood pressure, high cholesterol, and schizoaffective disorder.</p>	S9999		
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S9999	<p>Continued From page 33</p> <p>On 4/29/2021, at 9:48AM, R5 reported to a surveyor he did not like it at the facility because V1 (Administrator) kicked him over a month ago. He reported this to V2 (Housemother).</p> <p>On 4/29/2021, at 10:05AM, V2 stated, "I do not recall R5 reporting any incident like that to me. If a resident reported that to me, I would go straight to the boss. As long as I have been here, V1 has to investigate any allegation of abuse. If I was V1, I would look into the incident."</p> <p>On 4/29/2021, at 10:20AM, V1 stated, "I am not going to do an investigation into this incident because it is not true and R5 is lying. He has psychological issues. I would never raise a hand to a resident. That's bologna. Do you know what the fax number is or what I should do?"</p> <p>V1 did not know how to report the allegation of physical abuse.</p> <p>On 4/29/2021, after the incident was reported to V1, R5 was sent out of the facility via ambulance. No investigation was initiated. At 10:45AM, V1 stated, "R5 needs to get a shot when he says this. He is getting sent out."</p> <p>On 4/29/2021, and 4/30/2021, the regional state agency reported that no initial report had been reported to them. On 4/30/2021, V1, the alleged perpetrator, was still in the building after he was told about the allegation of physical abuse.</p> <p>Facility policy Abuse Prevention Program Facility Procedures, undated, notes upon learning of the report, the administrator or a designee shall initiate an incident investigation. Employees of the facility who have been accused of abuse will be removed from resident contact immediately until</p>	S9999		

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NAME OF PROVIDER OR SUPPLIER

STREET ADDRESS, CITY, STATE, ZIP CODE

**SQUIRE'S SHELTERED CARE HOME**

**2601 NORTH CALIFORNIA  
CHICAGO, IL 60647**

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the results of the investigation have been reviewed by the administrator. All incidents will be documented, whether or not abuse occurred, was alleged or suspected. Any incident or allegation involving abuse will result in an investigation. An appointed investigator will, at a minimum, attempt to interview the person who reported the incident, anyone likely to have direct knowledge of the incident and the resident, if interview able.

When an allegation of abuse has occurred, the resident's representative and the Department of Public Health's regional office shall be informed by telephone or fax. Public Health shall be informed that occurrence of potential abuse has been reported and is being investigated. The report shall be made immediately, but not later than two hours after the allegation is made, if events that cause the allegation involve abuse resulted in serious bodily injury; or not less than 24 hours if the events that cause the allegation do not involve abuse and did not result in serious bodily injury. The resident will also be informed of the report of an occurrence of potential abuse and an investigation is being conducted.

330.911

Section 330.911 Health Care Worker Background Check

A facility shall comply with the Health Care Worker Background Check Act [225 ILCS 46] and the Health Care Worker Background Check Code (77 Ill. Adm. Code 955).

PROFESSIONS, OCCUPATIONS, AND BUSINESS OPERATIONS (225 ILCS 46/) Health Care Worker Background

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Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>IL6008809</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>04/30/2021</b>
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NAME OF PROVIDER OR SUPPLIER  <b>SQUIRE'S SHELTERED CARE HOME</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>2601 NORTH CALIFORNIA CHICAGO, IL 60647</b>
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(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 35</p> <p>Check Act.</p> <p>(225 ILCS 46/10) Sec. 10. Applicability. This Act applies to all individuals employed or retained by a health care employer as home health care aides, nurse aides, personal care assistants, private duty nurse aides, day training personnel, or an individual working in any similar health-related occupation where he or she provides direct care or has access to long-term care residents or the living quarters or financial, medical, or personal records of long-term care residents. This Act also applies to all employees of licensed or certified long-term care facilities who have or may have contact with residents or access to the living quarters or the financial, medical, or personal records of residents.</p> <p>Section 955.100 Applicability</p> <p>This Part applies to all unlicensed individuals employed or retained by a health care employer as home health care aides, nurse aides, personal care assistants, private duty nurse aides, day training personnel, or an individual working in any similar health-related occupation where he or she provides direct care (e.g., resident attendants, child care/habilitation aides/developmental disabilities aides, and psychiatric rehabilitation services aides) or has access to long-term care residents or the living quarters or financial, medical, or personal records of long-term care residents. This Part also applies to all unlicensed employees of licensed or certified long-term care facilities who have or may have contact with residents or access to the living quarters or the financial, medical, or personal records of residents. (Section 10 of the Act)</p>	S9999		

Illinois Department of Public Health

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S9999	<p>Continued From page 36</p> <p>These requirements were not met as evidenced by:</p> <p>Based on record review and interview, the facility failed to comply with the Health Care Worker Background Check requirement as provided by the regulation for 2 out of 4 facility staff working in the facility. These failures have the potential to affect all 22 residents living in the facility.</p> <p>Findings include:</p> <p>On 4/27/21 at 9:50 AM., during entrance, a request was made to V1 (Administrator) for the list of all staff currently working in the facility. According to V1 (Administrator), there are 4 staff employed in the facility including himself and they are the following: V1 (Administrator), V2 (Housemother), V3 (Housemother), and V4 (Relief). A follow up request was then made for the facility to provide background check for all 4 facility staff currently working in the facility. V1 stated since the facility is a sheltered care background checks are not required, and since they are not providing direct care, there was no need for background checks. V1 was informed that background checks also applies to all employees of licensed facilities who have or may have contact with residents or access to the living quarters or the financial, medical, or personal records of residents, and not only staff that are taking care of residents directly. V1 then stated he will check if he has done background checks in the past.</p> <p>On 4/28/21 at 2:45 PM, V1 was reminded about the request for background checks for all 4 facility staff currently working in the facility. V1 reiterated</p>	S9999		

Illinois Department of Public Health

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S9999	<p>Continued From page 37</p> <p>since the facility is considered a sheltered care, background checks were not necessary.</p> <p>On 4/29/21 at 9:47 AM, V1 presented V2 and V3's background checks, dated 1/17/13 and 9/28/05 respectively. Then V1 was asked for his (V1) and V4's background check. He stated, "I am the owner of the facility do I need a Background Check? Yes, I am the Administrator but I do not know if I need a Background Check."</p> <p>After multiple requests no record of background checks were provided by V1 for himself or V4. (C)</p> <p>7 of 7</p> <p>330.790 a) 330.790 b) 330.790 c)1)</p> <p>Section 330.790 Infection Control</p> <p>a) Policies and procedures for investigating, controlling, and preventing infections in the facility shall be established and followed. The policies and procedures shall be consistent with and include the requirements of the Control of Communicable Diseases Code (77 Ill. Adm. Code 690) and Control of Sexually Transmissible Diseases Code (77 Ill. Adm. Code 693). Activities shall be monitored to ensure that these policies and procedures are followed.</p> <p>b) A group, i.e., an infection control committee, quality assurance committee, or other facility entity, shall periodically review the results of investigations and activities to control infections.</p> <p>c) Depending on the services provided by</p>	S9999		
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S9999	<p>Continued From page 38</p> <p>the facility, each facility shall adhere to the following guidelines of the Center for Infectious Diseases, Centers for Disease Control and Prevention, United States Public Health Service, Department of Health and Human Services, as applicable (see Section 330.340):</p> <p>1) Guideline for Hand Hygiene in Health-Care Settings</p> <p>These requirements were not met as evidenced by:</p> <p>Based on observations, interview and record reviews, the facility failed to provide policy or procedure related to Infection Control, and failed to monitor residents for Covid-19 infections. These failures have the potential to affect all 22 residents living in the facility to be free from possible infections.</p> <p>Findings include:</p> <p>From 4/27/21 to 4/29/21, facility was reviewed for Infection Control procedure and practices.</p> <p>On 4/27/21 at 2:15 PM, V2 (Housemother), during medication administration, was giving medications to multiple residents without performing hand hygiene. As residents go in and out of the facility, no temperature monitoring was seen related to Covid-19.</p> <p>Facility, through V1 (Administrator), was requested for all policies and procedures related to Infection Control and Prevention. V1 presented a document that reads: 330.1130 B Infectious Control Policy that addresses Aids, Hepatitis or Tuberculosis, wound infection and Mantoux Tests. Facility also submitted Bulletin for</p>	S9999		
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S9999	<p>Continued From page 39</p> <p>Infectious Disease Update dated January 1988 and Covid-19 Guidelines that was inside a hard paper folder.</p> <p>On 4/29/21 at 10:01 AM, V1 stated those are all the documents related to Infection Control and Covid-19. And with regards to Covid-19 monitoring, they do not do it because they don't have active case of Covid-19 infection, and since the facility is a sheltered care they do not need to follow Covid-19 procedure in testing and monitoring residents for Covid-19 infections. "We do not do test in the facility for Covid-19. I think we checked temperature in the past but we do not have any records or log that residents are negative for Covid-19. I cannot give you any log that we took temperatures or monitor residents for Covid-19. I understand that if any of the resident get Covid it may spread, and it is a serious matter."</p> <p>(B)</p>	S9999		