FORM APPROVED Illinois Department of Public Health STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION IDENTIFICATION NUMBER: COMPLETED A. BUILDING: C B. WING IL6001796 02/07/2022 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 7433 NORTH CLARK STREET **CLARK MANOR** CHICAGO, IL 60626 SUMMARY STATEMENT OF DEFICIENCIES (X4) ID PROVIDER'S PLAN OF CORRECTION (X5) COMPLETE DATE PRÉ**F**IX (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX (EACH CORRECTIVE ACTION SHOULD BE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG CROSS-REFERENCED TO THE APPROPRIATE TAG DEFICIENCY) S 000 Initial Comments S 000 Facility Reported Incident Investigation of O1-23-2022/IL142927 S9999 Final Observations S9999 Statement of Licensure Violation: 300.610a) 300.1210a) 300.1210b) 300.1210d)3) 300.1210d)6) 300.1810c)1) 300.3220f) Section 300.610 Resident Care Policies The facility shall have written policies and a) 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

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a)

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applicable, must develop and implement a

facility, with the participation of the resident and the resident's guardian or representative, as

Comprehensive Resident Care Plan. A

Nursing and Personal Care

TITLE

Attachment A

Statement of Licensure Violations

(X6) DATE

YKFN11

FORM APPROVED Illinois Department of Public Health STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION IDENTIFICATION NUMBER: COMPLETED A. BUILDING: C B. WING IL6001796 02/07/2022 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 7433 NORTH CLARK STREET **CLARK MANOR** CHICAGO, IL 60626 SUMMARY STATEMENT OF DEFICIENCIES (X4) ID PROVIDER'S PLAN OF CORRECTION (EACH DEFICIENCY MUST BE PRECEDED BY FULL PRÉFIX **PREFIX** (EACH CORRECTIVE ACTION SHOULD BE COMPLETE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG CROSS-REFERENCED TO THE APPROPRIATE TAG DATE DEFICIENCY) S9999 Continued From page 1 S9999 comprehensive care plan for each resident that includes measurable objectives and timetables to meet the resident's medical, nursing, and mental and psychosocial needs that are identified in the resident's comprehensive assessment, which allow the resident to attain or maintain the highest practicable level of independent functioning, and provide for discharge planning to the least restrictive setting based on the resident's care needs. The assessment shall be developed with the active participation of the resident and the resident's quardian or representative, as applicable. (Section 3-202.2a of the Act) 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 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: Objective observations of changes in a resident's condition, including mental and emotional changes, as a means for analyzing and determining care required and the need for further medical evaluation and treatment shall be

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made by nursing staff and recorded in the

All necessary precautions shall be taken to assure that the residents' environment remains as free of accident hazards as possible. All

resident's medical record.

Illinois Department of Public Health STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION IDENTIFICATION NUMBER: A. BUILDING: COMPLETED C B. WING IL6001796 02/07/2022 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 7433 NORTH CLARK STREET **CLARK MANOR** CHICAGO, IL 60626 (X4) ID SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (EACH DEFICIENCY MUST BE PRECEDED BY FULL (X5) COMPLETE DATE PREFIX **PREFIX** (EACH CORRECTIVE ACTION SHOULD BE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG CROSS-REFERENCED TO THE APPROPRIATE TAG DEFICIENCY) S9999 Continued From page 2 S9999 nursing personnel shall evaluate residents to see that each resident receives adequate supervision and assistance to prevent accidents. Section 300.1810 Resident Record Requirements Record entries shall meet the following requirements: Record entries shall be made by the person providing or supervising the service or observing the occurrence that is being recorded. Section 300.3220 Medical Care All medical treatment and procedures shall be administered as ordered by a physician. All new physician orders shall be reviewed by the facility's director of nursing or charge nurse designee within 24 hours after such orders have been issued to assure facility compliance with such orders. (Section 2-104(b) of the Act) These requirements were not met as evidenced by: Based on interview and record review, the facility failed to follow facility protocol and monitor a resident every two hours. This failure affected one resident (R1) of three residents reviewed for supervision. The facility failure resulted in R1 observed in R1's room hanging, unresponsive and pronounced dead. Findings include: R1's Admission Record documents, in part, that R1 was a 48-year-old resident with a diagnosis of

Schizoaffective Disorder Bipolar Type and an

FORM APPROVED Illinois Department of Public Health STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION **IDENTIFICATION NUMBER:** COMPLETED A. BUILDING: C IL6001796 B. WING 02/07/2022 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 7433 NORTH CLARK STREET **CLARK MANOR** CHICAGO, IL 60626 (X4) ID SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX **PREFIX** (EACH CORRECTIVE ACTION SHOULD BE COMPLETE REGULATORY OR LSC IDENTIFYING INFORMATION) CROSS-REFERENCED TO THE APPROPRIATE TAG TAG DATE DEFICIENCY) Continued From page 3 S9999 S9999 admission date to the facility of 1/20/22 from a hospital stay of 1/14/22 to 1/20/22. Facility Reported Incident of 1/23/2022 at 6:45 am documents in part R1 was observed hanging and unresponsive by the assigned CNA (V20) on duty. Code blue initiated, R1 was eased down. CPR (Cardiopulmonary Resuscitation) started. 911 was called. Paramedics arrived and took over the code. R1 was pronounced dead at 7:59am. The body was released to the medical examiner's office. R1's death certificate was reviewed. R1's cause of death was indicated as "Asphyxiation" and "Hanging" while the manner of death was indicated as "suicide." R1's Minimum Data Set (MDS), dated 1/22/22, documents, in part, that R1's Brief Interview for Mental Status (BIMS) score was a 14 which indicates that R1 is cognitively intact. In R1's psychiatric hospital records, dated 1/14/22, V31 (Psychiatric Hospital Advanced Practice Nurse) documented, in part, that R1 "was brought in the ER (Emergency Room) after being found 'completely naked' and acting bizarre and psychotic in the community." V31 documented that R1 "was recently maintained on (Lurasidone Hydrochloride), (Clozapine), and (Paliperidone Palmitate) long acting injectable, but has been noncompliant."

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R1's Census List documents, in part, that on 1/20/22, R1 was admitted to a room in the facility. and on 1/21/22, R1 had a "room change" to a

On 1/23/22 at 8:15 am, V5 (Licensed Practical

different room on a different floor.

FORM APPROVED Illinois Department of Public Health STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION **IDENTIFICATION NUMBER:** COMPLETED A. BUILDING: _ B. WING IL6001796 02/07/2022 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 7433 NORTH CLARK STREET **CLARK MANOR** CHICAGO, IL 60626 SUMMARY STATEMENT OF DEFICIENCIES (X4) ID PROVIDER'S PLAN OF CORRECTION (X5) COMPLETE (EACH DEFICIENCY MUST BE PRECEDED BY FULL (EACH CORRECTIVE ACTION SHOULD BE PREFIX **PREFIX** REGULATORY OR LSC IDENTIFYING INFORMATION) TAG CROSS-REFERENCED TO THE APPROPRIATE TAG DATE DEFICIENCY) S9999 Continued From page 4 S9999 Nurse, LPN) documented, in part, in R1's progress note, "This morning around 6:45 am. (R1) was observed hanging and unresponsive by the assigned CNA (V20, Certified Nursing Assistant, CNA) on duty. Code Blue initiated. (R1) was eased down. CPR (Cardiopulmonary Resuscitation) was started. 911 was called ... (R1) was pronounced dead at 7:59 am." Facility daily nursing schedule, dated 1/22/22. documents that for the 11:00 pm to 7:00 am night shift, V5 (LPN) was the primary nurse assigned to R1 and that V4 (CNA) and V20 (CNA) were the CNA's on R1's floor. On 1/26/22 at 1:57 pm, V4 (CNA) stated that V4 was assigned to the "first side" of the second floor and that V20 was assigned to R1 on the "second side." V4 stated that V4 makes rounds on V4's assigned residents on the first side and that V20 makes rounds on V20's second side. V4 stated that V20 "needed my help" with performing care for R2 and R5 who were roommates of R1. V4 stated that on 1/22/22 "around 6:30 am," V4 entered R1's open door to the room, and "R1 was hanging from the ceiling." V4 stated that V20 then entered R1's room and then immediately notified V5 (LPN). When asked if V4 had made rounds on R1 during the night shift prior to seeing R1 hanging from the ceiling, V4 stated, "No, (V4) had not went in (R1's) room with (V20) before on that night. We (V4, V20) did not make rounds together." V4 stated that V4 did not perform vital

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signs for R1. V4 stated, "(V4) makes rounds every two hours. As a CNA, we check on them (residents) to see if they are wet, if they are. okay? (V4) come close to the bed to see them (residents), see if they are sleeping or see if

documentation for performing the resident rounds

breathing." When asked if V4 does

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA

STATEMENT OF DEFICIENCIES		(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPLE CONSTRUCTION		(X3) DATE	(X3) DATE SURVEY				
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S9999	Continued From page	ge 5	S9999							
	every two hours. V4	stated "No If we see								
	something wrong du	uring rounds, we have to tell				1				
	the nurse that there	is a problem."								
		·								
	On 1/26/22 at 3:00	pm, V20 (CNA) stated that								
	V20 was R1's CNA on 1/22/22 from 11:00 pm to									
	on 1/22/22 at 11:30 pm and observed R1 in R1's room. V20 stated, "It was the first-time meeting				!					
	(R1)." V20 stated, 1	at R1 "was in the room by				İ				
	(R1's) bedside and walking around." V20 stated			**		İ				
	that V20 introduced herself to R1 and said, "If you (R1) need anything from me, push the (call) light and I (V20) will come." V20 stated that V20 encouraged R1 to lay down to sleep. V20 then stated, "The next time I (V20) see (R1) was									
						13				
				ig.		***				
					i					
	stated, The next till	78 ((V20) See (R1) Was		1	ļ					
	around 3:00 am (1/23/22)." V20 stated that R1 was standing in the room, and V20 asked R1 again, "Aren't you (R1) sleepy?" V20 stated that									
	R1 replied, "Don't worry yourself, I (R1) will go." V20 stated, "I (V20) told (R1) that I (V20) need to			1						
						-				
	worry." V20 stated th	nat V20 responded to R1 by			į					
	saying, "I (V20) see	you (R1) standing there, and			j					
	you (R1) are not slee	eping." V20 stated that on								
	getting ready to go in	oto R1's room to render one								
i	for R2 and R5. V20	confirmed that V4 entered								
		hat V20 heard V4 screaming.								
	V20 stated that V20	went into R1's room and "see								
1	(R1) hanging by the	ceiling with blue chair on the		(<u>a</u>		ı				
	bed." V20 stated tha	t V20 went to notify V5 (LPN)								
	and called a "Code E	Blue" to R1's room. When				.00				
	hours " 1/20 stated t	hat resident sounds someist								
	is breathing or wet or									
Ì		ated that for the 1/22/22 night								
	shift, V20 did not per	form vital signs for R1.								
			i							

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AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING: B. WING			(X3) DATE SURVEY COMPLETED C 02/07/2022	
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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 9 999	Continued From page 6		S9999				
	On 1/26/22 at 3:13 1/22/22, V5 worked to 11:00 pm shift an shift. V5 stated that "R1 wasn't my (V5's for the first time at t V5 stated, "The nex around 11:00 pm th nurse's station" and telephone at the nur When asked when t sees R1 during the don't see (R1) agair CNA makes the rou that on 1/23/22 at 6: medication cart dow saying, "Oh My God towards R1's room, and that V20 was "ju V5 then entered R1' hanging from the sp R1's neck. When as about R1 from the C the night shift on 1/2 something is wrong, everything's right, the surveyor informed V was awake during V 3:00 am and was was surveyor asked V5 if after the round, and not made aware that asked if V5 made an pm to 7:00 am on 1/2 (V5) did not round or that." When asked if assessment of R1 or during this same nigh stated that V5 did "god stated that V5 did "god	pm, V5 (LPN) stated that on on R1's floor on the 3:00 pm d the 11:00 pm to 7:00 am from 3:00 pm to 11:00 pm, patient," but that V5 met R1 he nurse's station at 3:00 pm. It time I (V5) see (R1) is at Saturday (1/22/22) at the that R1 was using the rese's station at that time. The next time was that V5 night shift, V5 stated, "I (V5) a until 6:45 am because the right shift, V5 stated, "I (V5) a until 6:45 am because the right shift, V5 stated 45 am, V5 is moving the right shift was moving the right shift was room the floor." V5 stated 45 am, V5 is moving the right shift was room where R1 was rinkler with a ligature around sked if V5 received any report NA's (V4, V20) who worked 2/22, V5 stated, "No. If they will tell me. If rey won't say anything." This 5 that V20 had stated that R1 20's rounds on 1/23/22 at alking in R1's room. This V20 had reported this to V5 V5 stated, "No, I (V5) was (R1) was awake." V5 was y rounds on R1 from 11:00 22/22, and V5 stated, "No, I (R1). I (V5) let the CNA do					

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diagnosis. V16 stated that staff "do monitoring every two hours to make sure if anything goes wrong and to intervene at the appropriate time."

admissions to the facility, adjusting to the change of environment is different for everyone. When

V16 stated that when residents are new

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(DON) stated, "The purpose is that we have to

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Statement: It is the facility's policy to provide care

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(A)