

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6004667	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 11/16/2022
--	--	---	---

NAME OF PROVIDER OR SUPPLIER ESTATES OF HYDE PARK, THE	STREET ADDRESS, CITY, STATE, ZIP CODE 4505 SOUTH DREXEL CHICAGO, IL 60653
--	---

(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 2288910/IL153089	S 000		
S9999	Final Observations Statement of Licensure Violations: 300.610a) 300.3210t) 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 300.3210 General t) The facility shall ensure that residents are not subjected to physical, verbal, sexual or psychological abuse, neglect, exploitation, or misappropriation of property. This REQUIREMENT is not met as evidenced by: Based on interview and record review, the facility failed to prevent a resident from being physically abused by facility staff. This failure resulted in one resident (R1) obtaining an injury to the head,	S9999	<p style="text-align: center;">Attachment A Statement of Licensure Violations</p>	

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

TITLE

(X6) DATE

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6004667	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 11/16/2022
--	---	---	---

NAME OF PROVIDER OR SUPPLIER ESTATES OF HYDE PARK, THE	STREET ADDRESS, CITY, STATE, ZIP CODE 4505 SOUTH DREXEL CHICAGO, IL 60653
---	---

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
S9999	<p>Continued From page 1</p> <p>requiring hospitalization. This failure affects one of three residents reviewed for physical abuse in total sample of three residents.</p> <p>Findings include:</p> <p>R1 's diagnoses are but not limited to stroke, left side body paralysis, seizures, high blood pressure, osteoarthritis, high cholesterol, depression, delusional disorders, and neuromuscular dysfunction of bladder. R1's BIMS (Brief Interview for Mental Status) dated 09/13/2022, notes R1 is alert. R1 requires assistance from two staff members. R1's care plan notes that R1 is at risk for abuse due to R1's impaired mobility.</p> <p>Progress notes dated 11/04/2022, notes R1 states that a CNA (Certified Nursing Assistant) that was assigned to R1 allegedly exhibited inappropriate behavior during ADL (Activities of Daily Living) care. A head-to-toe assessment noted right side of forehead raised.</p> <p>On 11/12/2022 at 12:45PM, V1 (Administrator) stated, "There was an allegation from R1 when the shift was ending. I was told by R1 that V2 hit R1. I was talking to R1. R1 stated V2 was not doing what R1 wanted V2 to do. R1 was offended that V2 asked R1 if R1 could walk. R1 then started talking about R1's medical experience for years. I asked R1 if V2 hit R1 and R1 said V2 was doing this and that. I asked what R1 was doing. I tried to determine if V2 hit R1. R1 had an issue with how the V2 turned R1. R1 stated V2 had an attitude and R1 called V2 a b****. R1 did not tell me that R1 was abused. Everything is in my report."</p> <p>On 11/12/2022 at 2:35PM, R2 stated, "V2 had</p>	S9999		

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6004667	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 11/16/2022
--	--	---	---

NAME OF PROVIDER OR SUPPLIER ESTATES OF HYDE PARK, THE	STREET ADDRESS, CITY, STATE, ZIP CODE 4505 SOUTH DREXEL CHICAGO, IL 60653
--	---

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
S9999	<p>Continued From page 2</p> <p>pulled the curtain and I could not see. But I could still hear it. V2 hit R1 in the head. V2 spit in R1's face. R1 and V2 were doing a lot of talking. V2 stated to R1 that the family should not have put R1 in a nursing home."</p> <p>On 11/12/2022 at 2:36PM, R1 stated, "I have never seen V2 before. I was looking at V2. I am a survivor of a stroke. V2 had on a pink and yellow top. V2 came to my bed. I told V2 I have 14 years of school. V2 stated to R1, "that is why your family put your bony a** here." Then V2 spit on me. V2 pulled the curtain and V2 punched me in my skull. I asked the facility to send me to the hospital because I felt V2's knuckle on my skull. It happened at 4:04AM. It was the 11:00PM to 7:00AM shift. The police officer stated that the officer forgot to take pictures and that is why the officer came back to the facility. The officer stated they picked V2 up and arrested V2. V2 is in jail."</p> <p>On 11/15/2022 at 3:55PM, V5 (Nurse Practitioner) stated, "There was a swollen area on the right side of R1's head. R1 told me that a staff member hit R1. I just noticed bruising."</p> <p>On 11/15/2022 at 4:10PM, V2 stated, "I don't know anything about that. I am still going to work, and I am going to report that facility to the state for neglect. They wrongfully fired me. Do not call my mother***** phone again."</p> <p>On 11/16/2022 at 12:24PM, V4 (Licensed Practical Nurse) stated, "I do not remember what side of R1's face was injured, but I left a note. That day I was not the nurse assigned to R1. I do not know if R1's nurse was on break. The lady that was drawing R1's blood came to the nurse's station and stated that R1 needed to see a nurse right away. I went in the room to see if R1 was</p>	S9999		

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6004667	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 11/16/2022
--	---	---	---

NAME OF PROVIDER OR SUPPLIER ESTATES OF HYDE PARK, THE	STREET ADDRESS, CITY, STATE, ZIP CODE 4505 SOUTH DREXEL CHICAGO, IL 60653
---	---

(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 alright. R1 stated R1 wanted to report V2 that worked overnight to me. R1 said that they were arguing. R1 threw a cup at V2 and V2 hit and spit in R1's face. Initially, R1's face was flat but then it was raised. To me it did not look like R1 was hit on the face. It was a little bit raised. I reported it to the administrator. V2 was removed out of the building."	S9999		
	<p>Ambulance report dated 11/04/2022, notes crew dispatched to nursing home for R1. R1 victim of assault and battery. R1 stated eight hours ago, V2 punched R1 in the head. R1 has a very small contusion on forehead.</p> <p>Medical records dated 11/04/2022, notes R1 presents to the hospital with assault. R1 was reportedly assaulted by agency aide this morning and was repeatedly punched in the head. R1 had small area of swelling with TTP (Thrombotic Thrombocytopenia Purpura-rare disorder of blood coagulation) without overlying skin changes to the right forehead. R1 is a victim of assault.</p> <p>Police Victim Information Notice dated 11/04/2022, notes aggravated battery towards R1.</p> <p>Final facility investigation dated, 11/08/2022, notes R1 reported that a staff member was rough with R1 during care. R1 stated V2 spoke to R1 in a discourteous manner, which escalated the care experience. This resulted in V2 hitting R1, according to R1. R1 was assessed from head to toe. Staff observed a small, raised area to the forehead.</p> <p>Abuse policy, undated, notes abuse means any physical, mental, or sexual assault inflicted upon a resident other than by accidental means. Abuse</p>			

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6004667	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 11/16/2022
--	---	---	---

NAME OF PROVIDER OR SUPPLIER ESTATES OF HYDE PARK, THE	STREET ADDRESS, CITY, STATE, ZIP CODE 4505 SOUTH DREXEL CHICAGO, IL 60653
---	---

(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 is the willful infliction of injury. The term "willful" in the definition of abuse means the individual must have acted deliberately. Physical abuse is the infliction of injury on a resident that occurs other than by accidental means and that requires medical attention. "B"	S9999		