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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 IL6001523 09/12/2023 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 1401 NORTH CALIFORNIA CENTER HOME HISPANIC ELDERLY **CHICAGO, IL 60822** SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION PRÉFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL (X5) COMPLETE (EACH CORRECTIVE ACTION SHOULD BE PREFIX TAG REGULATORY OR LSC IDENTIFYING INFORMATION) CROSS-REFERENCED TO THE APPROPRIATE TAG DATE DEFICIENCY) \$ 000 Initial Comments S 000 Complaint Investigation: 2387273/IL163891 \$9999 Final Observations S9999 Statement of Licensure Violations: 300.610a) 300.1210b) 300.1210d)6) 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 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 Attachment A care and personal care shall be provided to each Statement of Licensure Violations resident to meet the total nursing and personal care needs of the resident. Illinois Department of Public Health LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE TITLE (X6) DATE

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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 IL6001523 09/12/2023 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 1401 NORTH CALIFORNIA CENTER HOME HISPANIC ELDERLY CHICAGO, IL 60622 SUMMARY STATEMENT OF DEFICIENCIES (X4) ID PROVIDER'S PLAN OF CORRECTION (X5) COMPLETE DATE (EACH DEFICIENCY MUST BE PRECEDED BY FULL (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE PRÉFIX PREFIX REGULATORY OR LSC IDENTIFYING INFORMATION) TAG TAG DEFICIENCY) S9999 Continued From page 1 S9999 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. These requirements were not met as evidenced Based on Interview and record review, the facility failed to maintain a safe resident environment and protect residents (R8 & R3) from physical abuse by (R9) for three of three residents reviewed for abuse in the sample of nine. This failure resulted in R9, a resident with known aggressive behavior, striking R8 in the face. As a result of the abuse, R8 was sent to the local hospital and diagnosed with subtle depressed fracture at the left nasal bone (broken nose). Findings Include: 1) R8's medical record (Face Sheet, MDS-Minimum Data Set of 6/7/23) documents R8 is a severely cognitively impaired 97-year-old admitted to the facility on 1/11/2018 with diagnoses including but not limited to: Type 2 Diabetes Mellitus, Hyperlipidemia, Chronic Kidney Disease, and Hypertension. R8's Nursing Progress Note dated 9/4/2023 at 4:24 PM documents in part, resident was noted during normal treatment to be bleeding from the lilinois Department of Public Health

Illinois Department of Public Health (X1) PROVIDER/SUPPLIER/CLIA STATEMENT OF DEFICIENCIES (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION **IDENTIFICATION NUMBER:** COMPLETED A. BUILDING: _ **B. WING** IL6001523 09/12/2023 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE **1401 NORTH CALIFORNIA** CENTER HOME HISPANIC ELDERLY CHICAGO, IL 60622 **SUMMARY STATEMENT OF DEFICIENCIES** (X4) ID PROVIDER'S PLAN OF CORRECTION (X5) COMPLETE (EACH DEFICIENCY MUST BE PRECEDED BY FULL PRÉFIX PREFIX (EACH CORRECTIVE ACTION SHOULD BE REGULATORY OR LSC IDENTIFYING INFORMATION) CROSS-REFERENCED TO THE APPROPRIATE TAG TAG DATE DEFICIENCY) S9999 Continued From page 2 S9999 facial area and forehead and with scratches. Resident pointed to the roommate (R9) who attacked him in the bed. 911 was called, resident was taken to (local hospital) for evaluation. R8's Emergency Department Progress Note. dated 9/4/2023 documents in part, patient states today his roommate punched him 6 times in the head. States he was in bed when this happened. R8's CT Scan results, dated 9/4/2023 documents: Facial Bones Impression: 1. Subtle depressed fracture at the left nasal bone at level of the nasomaxillary suture, 2. Corresponding left-sided nasal mild soft tissue swelling to the left malar soft tissue. On 9/5/2023 at 3:55 PM, R8 stated, his roommate hit him. On 9/6/2923 at 3:45 PM via telephone, V15 (LPN-Licensed Practical Nurse) stated, "I went to (R8's) room to do blood glucose test. (R8's) face was bloody (forehead and bridge of nose). (R8) pointed to roommate (R9) who was up walking, (R8) was in bed. V24 (CNA-Certified Nursing Assistant) came to translate. (R8) said (R9) attacked him, (R9) denied the allegation to (V15) but told (V24) that (R9) scratched (R8). The irony of the fact is that (R9) attacked someone else (R3). (R8) was sent out hospital for medical evaluation, I think he had a closed fracture of his nasal bones." R9s' Nursing Progress Note documents on 9/4/2023 at 4:30 PM in part, resident punched and scratched roommate (R8) in the facial area and forehead with some bleeding noted. When asked what happened, resident said, "he attacked me." Actually roommate (R8) was lying

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