STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	IL6001796	A. BUILDING: _____ B. WING _____	C 05/24/2023

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CLARK MANOR	7433 NORTH CLARK STREET CHICAGO, IL 60626

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S 000	Initial Comments Investigation of Facility Reported Incident of 04-26-2023/IL159499	S 000		
S9999	Final Observations Statement of Licensure Violations: 300.1210b) 300.1210c) 300.1210d)6) Section 300.1210 General Requirements for Nursing and Personal Care b) The facility shall provide the necessary care and services to attain or maintain the highest practicable physical, mental, and psychological well-being of the resident, in accordance with each resident's comprehensive resident care plan. Adequate and properly supervised nursing care and personal care shall be provided to each resident to meet the total nursing and personal care needs of the resident. c) Each direct care-giving staff shall review and be knowledgeable about his or her residents' respective resident care plan. 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.	S9999	Attachment A Statement of Licensure Violations	

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S9999	Continued From page 1 These Regulations are not met as evidenced by: Based on interviews, and record reviews the facility failed to ensure R1 is free from abuse in a sample of 3 residents reviewed for abuse. This failure resulted in R1 acquiring two dental (teeth) fractures and a cut on the nose that required hospital evaluation and 7 stitches between upper lips and nostrils. Findings include: Facility's incident reportable regarding R1 documents in part: On 4/26/23, staff observed R1 with some blood on her linens. Nurse immediately assessed R1 and noted that she had a cut on her nose. The third roommate alleged both roommates, R1and R2 bumped into each other, and R1 lost her balance and fell. Both residents were immediately separated by staff. R1 was sent to the hospital for medical assessment via 911. R2 has been placed on 1:1 monitoring until sent to the hospital for psych evaluation. R1's history and physical report (4/26/23) from the hospital emergency room documents in part-R1 arrives to emergency department from nursing home facility, with reports of being assaulted by her [R1] roommate. R1's head was slammed against the wall and heating apparatus, C-Collar in place upon arrival, nasal packing to R1's right nostril. R1's sustained a laceration over right nares and nasal philtrum, frontal left incisor with Ellis two dental fractures. R1's face-sheet documents medical diagnosis of dementia unspecified with other behavior disturbance, mild cognitive impairment. R1's Minimum Data Set [MDS] Brief Interview Mental	S9999		

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S9999	Continued From page 2 Status score= 02, indicates R1 is severely cognitively impaired. Facility's reported incident report dated 4/26/23 initial and final investigation. R1's Facility's Abuse Risk Assessment dated 4/3/23 document in part R1 may be at risk for abuse due to her mental status. After Care Visit form the emergency room documents in part: dated 4/26/23 Reason for Visit - Facial Laceration, and Assault Victim Diagnosis: Assault, Facial Laceration-initial encounter. Follow up with primary care physician for Suture removal in ten days. R1's Care plan dated 4/20/2019-R1 may be at risk for abuse related to diagnosis for dementia and the inability to communicate effectively and at risk; R1 will remain safe, free of mistreatment R1's (4/26/2023) progress notes documented in part: R1 was observed by the nurse with some blood on her linens. R1 was immediately assessed and noted with a cut on her nose. A peer [R4] alleged that [R1] and another peer[R2] bumped into each other, and R1 lost her balance and fell. [R1] was sent to the hospital for medical investigation. Administrator, MD, and emergency contact made aware. Initial has been sent to IDPH [Illinois Department of Public Health] with final report to follow. R1's (4/26/2023) progress note documents in part: Around 4pm, R1 was noted in room laying in her bed in stable condition. During rounds approximately at 6pm, this writer observed [R1] with blood on her linens. Immediately on assessment, [R1] was noted with a linear cut on her base nose. Pressure and ice pack applied to the site with bleeding controlled. VS taken with BP [Blood Pressure] 102/70, HR [Heart Rate] 78,	S9999		

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S9999	Continued From page 3	S9999		

R [Respirations]17, T [Temperature] 97.7, O2SAT [Oxygen Saturation] 96% room air, 911 called. V8 [Nurse Practitioner] notified. Supervisor [V5], Administrator [V1], Director of nursing [V3] made aware. R1 was transferred to the hospital in stable condition. Call placed to Guardian with response to call back. Returning call received from Guardian with confirmation notification.

R1's (4/27/2023) progress note documents in part: R1 was back to facility per stretcher accompanied by two paramedics (ambulance) with DX [diagnosis] of Assault, facial laceration, and dental injury. [R1] Noted with 7 stitches between upper lips and nostrils. Alert, oriented x(times) 1-2. Verbally responsive not in respiratory distress. BP 140/77 P-74 R-18 T-97.4.

R2's face-sheet, medical diagnosis schizophrenic disorder bipolar type, schizophrenia, hypertension, and altered mental status. R2's [MDS] Brief Interview Mental Status score= 07, indicates R2 is mildly cognitively impaired. Physician orders dated 4/16/23, R2 's Behavior Tracking documents Y [Yes] if resident have behaviors- noted several times 4/19/23 thru 4/26, agitation and refusal of medications.

R2's Care plan dated 3/6/23- R2 has behavior which is disruptive, disrespectful to staff and peers. R2 has behavior of inappropriate boundaries touching and bumping into others. R2 will refrain from verbally or physically aggressive behaviors; if R2 becomes verbally or physically abusive attempt to calm her by explaining that ladies do not behave like this "We do not touch other people."

R2's (4/26/2023) progress notes documented in part: A peer [R4] alleged that R2 and another

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S9999	Continued From page 4 peer [R1] bumped into each other. Both residents were immediately separated by staff. R2 has been placed on 1:1 monitoring until sent to the hospital for psych evaluation. Administrator [V1], doctor and family member made aware. Initial investigation sent to IDPH with final report to follow. R2's (4/26/2023) behavior note documents: Per nurse on duty [V6-Licensed Practical Nurse] R2 noted with physical aggression towards roommate [R1]. Both residents were separated immediately. R2 placed on 1:1 monitoring. Non-Pharmacological Interventions: Placed on 1:1 monitoring. Pharmacological Interventions: Summary/Outcomes: Per nurse on duty [V6] R2 noted with physical aggression towards roommate [R1]. Both residents were separated immediately. R2 placed on 1:1 monitoring. Doctor informed with order to send resident to hospital for psych eval Order noted and carried out. Report given to psych intake at hospital. Ambulance informed of transportation. R2's emergency contact informed as well asV3 and V2 notified. R2's (4/27/2023) Progress Note documents in part: followed up with the hospital regarding resident status with response that resident [R2] is admitted with diagnosis aggressive behavior. On 5/23/23 at 1:20 PM, V7 [Certified Nurse Assistant-CNA] stated, "I was the C.N.A. for R1 and R2 on 4/26/23 3PM-11PM shift. I made rounds and noticed R1 and R2 in their room as usual. V7 stated I went down to another floor to refill ice. Once I came back to the floor the nurse called me to the room. I saw R1 was bleeding from the nose and the nurse was dressing the nose area. I am not sure what caused R1's nose	S9999		

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S9999	Continued From page 5 to be cut opened." On 5/23/23 at 3:15 PM, V6 [Licensed Practical Nurse] stated," I was the nurse on 4/26/23, I was making rounds and I saw R1 standing in her room hold linen up to her face with blood covering her mouth. R1 could not tell me what happened. R4 [Roommate] told me that R1 and R2 bumped into each other. I cleaned her nose and stopped the bleeding. I asked R2 what happened, she said to ask R1 what happened and R2 walked away. V5 [Nurse Supervisor] sent R2 to the hospital for physical aggression. R2 has behavior issues of being verbally and physically aggressive in the past throwing items at the nursing stations towards staff. R2 is not easily redirected, R2 will go then come back again with behaviors until she [R2] tired herself out. I did not witness the incident; I do not know what happened." On 5/23/23 at 3:45PM V5 [RN Supervisor] stated, "I've been working here for ten years. I am the evening supervisor. I was here when the incident occurred. I was not on the unit and did not witness anything. I completed the documentation on the progress notes because V6 had medication to administer. I documented only what V6 told me. I did not ask R2 what happened. I called 911 for R1 and R2 was monitored by security. I do not know if R2 has behaviors. I do not remember, please refer to my documentation." On 5/23/23 at 1:23 PM, V4 [Social Worker] stated, "I received a call from R1 and R2's nurse who stated the two residents bumped into each other and R1 feel down. R1 was sent to the emergency room for further treatment due to her nose was cut and bleeding. R2 was sent out to the emergency room for psych evaluation due to	S9999		

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S9999	Continued From page 6	S9999		

the allegation of abuse. I am not familiar with R1 or R2, I was the person that sent in the reportable to Illinois Department of Public Health [IDPH]. You need to speak to the third-floor social worker [V9]."

On 5/23/23 at 3:00 PM V9 [Social Worker] stated, "I've been working for 4 years. I was not here in the building when the incident occurred. The next working day of the incident I was made aware that R2 bumped into R1 and R1 fell. I went to see R1 the next day, she was sleeping well. During safety follow up visits, she [R1] was doing fine, hanging out in the day room eating her snacks, and back to her usually self. R1 is alert to self only, unable to verbalize what happened. R1 did not have any past aggressive behaviors. R1 would wander into other resident's room and fiddle with their items. R1 is at risk for abuse because others could take advantage of her.

V9 stated R2 does have a history of aggressive behavior. R2 would yell at staff and get in people's personal space, being verbally aggressive. I have not witnessed R2 throwing items at the nursing station being physically aggressive. I have not been told about any times R2 was physically aggressive."

On 5/23/23 at 2:19PM, V8 [Nurse Practitioner] stated, "I believe nursing staff called me and said, R2 bumped into R1 and caused the cut on R1's nose and R1 fell. R2 has a history of physical and verbal aggressive behavior here at this facility in the past. R1 is confused with a cognitive impairment, she is a kind resident. R1 could not tell me what happened when I assessed her on 4/27/23. R1 did not have any aggressive behaviors. R1 is very calm, and usually sits in her [R1] room and sometimes pace the hallways. R1

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S9999	Continued From page 7	S9999		

was sent to the hospital for further evaluation. R1 returned to the facility with seven sutures to her nose area. CT (computerized tomography) scan of her [R1] head were negative. R2 did not return back to the facility."
On 5/23/23 at 3:35 PM, V3 [Director of Nursing] stated, "I was not there at the time of the incident, the nurse called me, and stated that R2 bumped into R1 and R1's nose was cut and bleeding. I have no idea how R1's nose was bleeding. I don't know what happened. R1 is alert x1 and is a wander on the unit. R2 was not physically aggressive in the past, she just talked to much, very delusional, and very excited. I assisted with the investigation. R4 statedd that R1 and R2 bumped into each other. R1 was sent out to the hospital for evaluation. R2 was sent to another hospital for a psych evaluation. R1 returned to the facility with seven sutures. R2 was sent to the hospital for a psych eval because we really did not know what happened between R2 and R1. R2 would not say, what happened she said to ask R1 what happened. R2 did not have previous physical aggression, like hitting other residents or staff. R2 would yell out at times. R2 decided not to return to the facility after she was sent to the hospital for psych evaluation."

On 5/23/23 at 4:11 PM, V2 [Assistant Administrator] stated, "I was notified that R1 and R2 bumped into each other, V6 assessed R1, gave first aide and called 911 for R1 to be sent out to the hospital for further evaluation. All parties the doctor, the family member was notified. R2 did not say nothing other than she [R2] was owner of this facility. R2 did not know what was going on. During the investigation, the allegation was not substantiated. Due to, not having any proof that abuse occurred. R4 stated R1 and R2 bumped into each other. Also, the

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S9999	Continued From page 8 staff did not see R2 in the room during the time of the incident. R1 did not have any bruises, only the cut on her [R1] nose. R2 did not have any blood on her at the time she was assessed. They have been roommates for several months and there were not any issues with R1 and R2." On 5/23/23 at 4:15 PM, V1 [Administrator] stated, "All new hires receive abuse training during orientation. All staff receive abuse training annually and as needed. The most recent all staff abuse training was on 4/27/23 and 4/28/23." Abuse and Neglect Policy dated 1/17/22 documents in part: It is the policy of the facility to provide professional care and services in an environment that is free from any type of abuse, corporal punishment, misappropriation of property, exploitation, neglect, or mistreatment. Abuse assumes intent to harm, but inadvertent or careless behavior done deliberately that results in harm may be considered abuse. Abuse is willful infliction of mistreatment, injury, unreasonable confinement, intimidation, or punishment (B)	S9999		