Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	IL6001333	A. BUILDING: _____ B. WING _____	C 05/26/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CALIFORNIA TERRACE	2829 SOUTH CALIFORNIA BLVD CHICAGO, IL 60608

(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 FRI of 4/22/2023/IL159892	S 000		
S9999	Final Observations Statement of Licensure Violations 300.610a) 300.1210b) 300.1210c) 300.1210d)6 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 300.1210 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	S9999	Attachment A Statement of Licensure Violations	

Illinois Department of Public Health
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	IL6001333	A. BUILDING: _____ B. WING _____	C 05/26/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CALIFORNIA TERRACE	2829 SOUTH CALIFORNIA BLVD CHICAGO, IL 60608

(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 1 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. These Requirments were not met as evidenced by: Based on interviews, and review of records facility failed to protect resident right to be free from accidents, falls, hazards, and injury. And failed to follow safe resident policy to a resident with multiple falls, that needs 1-person extensive assistance but was left by nursing staff to be independent. Failures apply to 1 out of 3 residents (R4) for a total of 3 residents reviewed for accidents and hazards. These failures resulted to 1 resident (R4) sustaining right hip fracture and undergone surgery as a result of the fall. Findings include: R4 is 72 years old during review, with medical diagnosis of hemiplegia and hemiparesis	S9999		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	IL6001333	A. BUILDING: _____ B. WING _____	C 05/26/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CALIFORNIA TERRACE	2829 SOUTH CALIFORNIA BLVD CHICAGO, IL 60608

(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 2	S9999		

following cerebral infarction affecting right dominant side diagnosed on 06/28/2016, seizure diagnosed on 11/12/2016 and displaced intertrochanteric fracture of right femur diagnosed on 04/28/2023 after the R4 had a fall on 04/22/2023. R4's cognition is impaired with brief interview of mental status score of 0 which indicates R4 is rarely or never understood.

Incident Report initial and final was dated 04/22/2023. R4 was left in the toilet by himself. R4 transferred by himself and fell. Per Minimum Data Set (MDS) on functional status dated 04/13/2023, documents that R4 needs 1-person extensive assistance on bed mobility, transfers, and toileting.

On 05/23/2023 at 04:32 PM, V11 (Certified Nursing Assistant) who was assigned to R4 during incident of fall on 04/22/2023 said, " It was during dinner time, and we are busy. The nurse was passing medicine. And I was collecting trays, I was across the room of R4. When I looked up, R4 was on the floor. I cannot remember what happened if R4 was on the toilet or on his wheelchair. The first shift should have not transferred R4 on his chair. Yes, now I remember, I placed R4 on the toilet. But R4 is independent, R4 can transfer on his own, R4 is pretty much independent when he is on the toilet. The only thing R4 needs assistance or help was when I put him on the bed. I wiped him and helped him on the bed. Besides that, R4 is mostly independent. "

R4 ' s progress notes related to fall are as follows:

- V3's (Registered Nurse) notes dated 04/22/2023 documents: R4 was observed on the floor of his bathroom. R4 fell in bathroom while

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	IL6001333	A. BUILDING: _____ B. WING _____	C 05/26/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CALIFORNIA TERRACE	2829 SOUTH CALIFORNIA BLVD CHICAGO, IL 60608

(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 transferring on or off the toilet. Order for right hip and leg X-Ray with neurological checks. During this fall R4 sustained right hip fracture and undergone ORIF (Open Reduction Internal Fixation) surgery. - V25's (Licensed Practical Nurse) notes dated 04/07/2023 documents: R4 had a fall on 04/06/2023 at 07:30 PM. R4 observed on bathroom floor fell attempting to transfer from toilet to chair. R4 requires supervision with transfers. R4 is alert and oriented times 1-3. - V3's notes dated 04/06/2023 documents: R4 was trying to transfer from the toilet to the wheelchair located in his room and fell while transferring. - V26's (Registered Nurse) notes dated 03/21/2023 documents: R4 ' s roommate notified her (V24) that R4 has fallen in the bathroom. R4 was on the floor in front of the toilet. - V27's (Licensed Practical Nurse) notes dated 03/16/2023 documents: R4 had a fall was observed laying on the floor on his right side of the bed facing his wheelchair. V3 (Registered Nurse) was assigned to R4 during the incident per V2 (Director of Nursing) and was called on the phone multiple times but did not answer. On 05/23/2023 at 02:04 PM V2 provided complete plan of care for R4 that does not include dates. After further review of R4's care plan, it was found out that V9 made multiple additions and modifications of R4's care plan although R4 was already discharged on 05/17/2023.	S9999		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	IL6001333	A. BUILDING: _____ B. WING _____	C 05/26/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CALIFORNIA TERRACE	2829 SOUTH CALIFORNIA BLVD CHICAGO, IL 60608

(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 On 05/24/2023 at 10:46 AM. V9 (Minimum Data Set Coordinator) said, "Yes, I do some of the care plan for the residents. Care plans are reviewed when things come up as needed and also quarterly as scheduled. When a problem was identified it should be reviewed because you want it to reflect current condition. R4 does not have care plan for his right hip fracture and should have care plan on the day it was identified. Yes, I added R4 ' s right hip fracture in the care plan yesterday. I should have not done that because it should have been done when the incident happened. Or it must be added at the time of occurrence. I know that those care plan I just added does not reflect care that really happened because I just added it. But I cannot answer why I added it." V9 admitted that R4 does not have care plan for right hip fracture related to the fall. V9 presented documentation that R4 ' s care plan for alteration in musculoskeletal status related to fracture of the right hip with goals and interventions were all added on 05/25/2023 after R4 was already discharged on 05/17/2023. On 05/24/2023 at 11:15 AM. V2 (Director of Nursing) stated, " R4 needs staff assistance for ADLs (Activity of Daily Living) like transfer, and toileting. Typically, staff needs to stay with the resident during toileting. Nursing staff needs to know care needs of resident. There is a care cards used in the floor that shows each resident needs. It is restorative department that provides those care cards. CNAs (Certified Nursing Assistants) needs to identify and follow up with the nurse and review Care Cards. Yes, V11 obviously does not know what R4 needs and should be guided. R4 is not independent or supervision, because he (R4) needs assistance.	S9999		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	IL6001333	A. BUILDING: _____ B. WING _____	C 05/26/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CALIFORNIA TERRACE	2829 SOUTH CALIFORNIA BLVD CHICAGO, IL 60608

(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 5 As shown in R4'ss assessment that he is rarely or never understood. Then any instructions not to get up may not be understood or followed by R4. " V2 was asked that many nursing staff documents in their progress notes that R4 alert and oriented and requires supervision instead of assistance. V2 said, " R4 has right-sided weakness due to hemiplegia and needs assistance not only supervision. Yes, I understand that nursing staff should direct care and assistance to residents in choosing safer side. " V2 was asked about V9 modifying care plan of R4. " Yes, I was informed about modification of care plan of R4. R4 is not here in the facility, and it should not have been done. " On 05/24/2023 at 12:59 PM. V17 (Restorative Nurse / LPN) presented Care Alert Cards (CAC) for R4 dated 02/13/2017 and 04/28/2023. CAC dated 02/13/2017 documents that R4 needs 1-person limited assistance during transfers. V17 said that R4 does not have CAC between 02/13/2017 and 04/28/2023 because there was no change of R4 status between those dates. MDS assessment of R4 was presented to V17 that shows R4 needs extensive assistance which requires weight bearing compared to limited assistance that does not require weight bearing assistance. V17 said, " Yes, R4 has right-sided weakness and needs weight bearing assistance on his right side. " Comparing CAC of 02/13/2017 from CAC 04/28/2023, because of the fall that resulted to fracture of hips and surgery. R4 now requires mechanical lift (sit to stand) with 2-person assistance. V17 said, "R4 never was independent in toileting and transfer. R4 needs assistance, staff needs to stay with R4 during toileting. Again, R4 has one side weakness that needs assistance during transfer because R4 cannot bear weight on that side."	S9999		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	IL6001333	A. BUILDING: _____ B. WING _____	C 05/26/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CALIFORNIA TERRACE	2829 SOUTH CALIFORNIA BLVD CHICAGO, IL 60608

(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 6 Minimum Data Set (MDS) of R4 dated 04/13/2023 prior to fall (04/22/2023) on cognitive patterns documents that R4 score was 0 or R4 rarely/never understood. On functional status, R4 needs 1-person extensive assists on bed mobility, transfers, and toileting. On health conditions, R4 had multiple falls since admission. Plan of Care for R4 on ADL (Activity of Daily Living) with multiple dates, documents as follows: R4 has an ADL self-care performance deficit due to hemiplegia diagnosis. R4 requires 1-person assist with toileting, transfers, bed mobility, bathing, and personal hygiene. R4 ' s hospital record dated 04/24/2023 to 04/28/2023 documents the following: R4 sustained closed comminuted fracture of the hip, other diagnosis includes impaired functional mobility and activity intolerance and right-sided weakness. Sudden fall or accident can be a life-changing event often need surgery or repair the fracture. R4 undergone a procedure Intramedullary Nail Femur, Antegrade (Right) or right femoral ORIF (Open Reduction Internal Fixation) on 04/25/2023 due to his fracture related to fall on 04/22/2023. On 05/26/2023 at 10:13 AM. Called V28 (Medical Doctor) and left a message with call back number. Safety Resident Policy not dated, in part reads: Resident transfer status will be reviewed via resident care plan time frame and on an as needed basis. Resident transfer status will be properly communicated with a resident individual Care Service Plan in Electronic Medical Record, coding system or on a Care Card or Kardex.	S9999		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	IL6001333	A. BUILDING: _____ B. WING _____	C 05/26/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CALIFORNIA TERRACE	2829 SOUTH CALIFORNIA BLVD CHICAGO, IL 60608

(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 7 (A)	S9999		