

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6005516	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 07/25/2024
--	--	---	---

NAME OF PROVIDER OR SUPPLIER WARREN BARR LINCOLN PARK	STREET ADDRESS, CITY, STATE, ZIP CODE 2732 NORTH HAMPDEN COURT CHICAGO, IL 60614
---	--

(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 2485438/IL175427	S 000		
S9999	Final Observations Statement of Licensure Violations: 300.610 a) 300.1210 b) 300.3240 a) 300.3240 b) 300.3240 c) 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 resident to meet the total nursing and personal	S9999		

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

TITLE

(X6) DATE
08/11/24

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6005516	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 07/25/2024
--	--	---	---

NAME OF PROVIDER OR SUPPLIER WARREN BARR LINCOLN PARK	STREET ADDRESS, CITY, STATE, ZIP CODE 2732 NORTH HAMPDEN COURT CHICAGO, IL 60614
---	--

(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>care needs of the resident.</p> <p>Section 300.3240 Abuse and Neglect</p> <p>a) An owner, licensee, administrator, employee or agent of a facility shall not abuse or neglect a resident. (Section 2-107 of the Act)</p> <p>b) A facility employee or agent who becomes aware of abuse or neglect of a resident shall immediately report the matter to the Department and to the facility administrator. (Section 3-610(a) of the Act)</p> <p>c) A facility administrator who becomes aware of abuse or neglect of a resident shall immediately report the matter by telephone and in writing to the resident's representative and to the Department. (Section 3-610(a) of the Act)</p> <p>These requirements are not met as evidenced by:</p> <p>Based on interview and record review, the facility failed to protect the residents right to be free from physical abuse by staff, failed to immediately report to IDPH (Illinois Department of Public Health) within required time, the allegation of abuse, and failed to immediately initiate an investigation into an alleged physical abuse. These failures affected one resident (R1) who was handled roughly and was hit on the arm and the back by a facility CNA (Certified Nursing Assistant) as she attempted to redirect R1.</p> <p>Findings include:</p> <p>R1's medical record documented R1 was admitted 07/26/22, with diagnoses that includes but not limited to Dementia in other diseases classified elsewhere mild with agitation, insomnia due to medical condition, essential hypertension,</p>	S9999		

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6005516	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 07/25/2024
--	--	---	---

NAME OF PROVIDER OR SUPPLIER WARREN BARR LINCOLN PARK	STREET ADDRESS, CITY, STATE, ZIP CODE 2732 NORTH HAMPDEN COURT CHICAGO, IL 60614
---	--

(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>and chronic obstructive pulmonary disease.</p> <p>R1's plan of care for potential to demonstrate verbally and physically aggressive behaviors related to dementia, with initial date 08/11/2022, listed interventions including but not limited to when R1 becomes agitated, staff should walk calmly away, and approach later.</p> <p>R1's plan of care for presence of abuse and neglect factors, initiated 05/18/2024, has goals that include R1 will be treated with respect, dignity and reside in the facility free of mistreatment (abuse/neglect).</p> <p>On 07/10/24 at 10:34am, R1 was noted in the dining area, which is also used for activity with peers. R1 does not speak English, but is able to understand greetings in English language. At 12:25pm, V14 (Activity Director) stated R1 speaks Chinese; R1 was unable to recollect or speak of any abuse incident.</p> <p>On 7/10/24 at 12:26pm, V4 (Registered Nurse) and V5 (Registered Nurse) assessed R1's body, which showed bruising to the right antecubital area, which V4 attributed to R1's visitation to ER (Emergency Room) on 07/08/24. V4 stated the bruising might be from possible IV insertion site at the hospital ER (Emergency Room).</p> <p>On 07/10/24 at 3:00pm, V20, CNA (Certified Nursing Assistant), stated, "I (V20) will tell you the truth. It happened about two weeks ago, and the whole thing was in the hallway where the video camera can pick it up (see it). Another staff, (V21, CNA) was also present when the incident occurred." V20 checked the calendar for the day she worked, and stated the incident happened on 06/30/24. V20 stated, "(R1) was trying to sit on</p>	S9999		

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6005516	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 07/25/2024
--	--	---	---

NAME OF PROVIDER OR SUPPLIER WARREN BARR LINCOLN PARK	STREET ADDRESS, CITY, STATE, ZIP CODE 2732 NORTH HAMPDEN COURT CHICAGO, IL 60614
---	--

(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 3</p> <p>the floor. (R1) usually does this, and I was trying to grab (R1) quickly to get (R1) seated in the chair to avoid sitting on the floor. (R1) hit me with the elbow on the same spot I have being having pain. To be honest with you, I hit (R1) on the right hand." V20 was asked whether hitting a resident is a form of abuse, and whether V20 reported it to V1 (Administrator). V20 stated, "Yes it is a form of abuse, but I never saw it as an abuse." When V20 was asked about the facility abuse policy and prevention of abuse and what V20 will do if she witnesses a resident being abused by staff, peers, or family member, V20 stated, "I will report it immediately within 2 hours." V20 stated, "I did not report it because I did not think it was abuse." And it happened in the hallway. Maybe when V1, Administrator, looks at the camera they would have seen it and ask V20. This resulted in the facility not initiating an investigation into allegation of abuse until 07/10/24.</p> <p>On 07/10/24 3:13pm, V1, Administrator, stated the camera is reviewed daily and only 7 days of recording is stored. The only video camera recording history was from 07/01/24 to 07/10/24. V1 stated, "The history from 06/30/24 has been wiped off." V1 was asked about the facility policy, and whether it is appropriate for staff to hit any of the residents. V1 stated, "Abuse is a willful act that causes harm." V1 was asked under what situation/condition it is appropriate for your staff to hit a resident? V1 stated, "Under no condition." V1 was asked whether hitting is a form of abuse, and V1 stated, "Yes".</p> <p>On 07/11/24 at 4:05pm, V21 (CNA), whom V20 stated was present and witnessed the incident at the time of alleged abuse, stated, "(R1) has dementia and can be combative at times, but that does not mean that the staff should abuse him). I</p>	S9999		
-------	--	-------	--	--

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6005516	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 07/25/2024
--	--	---	---

NAME OF PROVIDER OR SUPPLIER WARREN BARR LINCOLN PARK	STREET ADDRESS, CITY, STATE, ZIP CODE 2732 NORTH HAMPDEN COURT CHICAGO, IL 60614
---	--

(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 4</p> <p>was in the dining area, and I saw (V20) hitting (R1) multiple times on the back, hands, and grabbing (R1) roughly on the arm. I told (V20) not to hit (R1), and (V20) said that (R1) hit her first, and 'I am not going to let (R1) hit me.' I told (V20) that she should have handled it in a better way that does not involve hitting (R1), which will not be abusive. No staff should hit any of the residents or handle them roughly, even with their bad behavior." V21 stated R1 has dementia and does not speak English. V21 stated, "(R1) was crying and shouting, and that was why I looked in their direction. I reported it to the nurse (on duty) (V10), and nothing was done until you (referring to the surveyor) came here (facility)." V21 was asked when would you report any alleged abuse. V21 stated, "Immediately as soon as you see it. I reported it to the nurse on duty (V10) and they did nothing. She did it in front of the camera, it's not like she was hiding it. Even when I told her that it is not right, (V20) was confrontational about it. (V20) retaliated by hitting (R1) and that is wrong."</p> <p>On 07/11/24 at 4:30pm, V2, Director of Nursing (DON), stated, "It is not appropriate for any of the staff to hit or handle any of the resident roughly. It should be reported when that happens."</p> <p>According to facility investigation, the facility concluded the allegation of abuse cannot be substantiated.</p> <p>On 07/23/24 at 2:09pm, V27 (Facility Medical Director) was asked whether hitting a resident is a form of abuse in V27's professional opinion. V27 stated, "In this case, we (facility) think it is a form of self-defense. Residents should not be touched (physically abused). We protect them at all costs. They (staff) have the right to defend themselves." V27 stated the staff should defend</p>	S9999		

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6005516	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 07/25/2024
--	--	---	---

NAME OF PROVIDER OR SUPPLIER WARREN BARR LINCOLN PARK	STREET ADDRESS, CITY, STATE, ZIP CODE 2732 NORTH HAMPDEN COURT CHICAGO, IL 60614
---	--

(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 5</p> <p>themselves without aggressively attacking the resident and de-escalate the situation. V27 was asked whether staff should be correcting residents' aggressive behavior by hitting or slapping a resident. V27 stated, "Of course not, no one should hit anyone. De-escalate. Protect your face, move away, and ask for help."</p> <p>On 07/23/24 at 2:12pm, V28, SSD (Social Services Director), stated all alleged abuse incidents must be reported to V1 (Administrator), who is the Abuse Coordinator, and must be reported initially to IDPH (Illinois Department of Public Health). V28, SSD (Social Services Director), stated all alleged abuse incident must be reported to V1 (Administrator), who is the Abuse Coordinator and must be investigated.</p> <p>On 7/23/24 at 2:26pm, V28 (Social Services Director) stated, "(R1) has dementia and that was why (R1) was discharged to a memory care unit at a long-term care yesterday (07/22/24). (R1) has wandering behavior. Cognitively is severely impaired. Some behavior problems with history of verbal and physical aggression." V28 was asked whether V28 was informed of R1 being physically hit by staff. V28 stated, "Yes, by (V1) when (V1) was informed (07/10/24). V28 stated staff hitting a resident is a form of physical abuse. V28 stated, "It is never appropriate to hit a resident. Staff should de-escalate a resident's aggressive behavior, separate, get help, and make sure the resident is safe." V28 stated the Abuse Coordinator (V1), the Administrator, must be informed of any alleged abuse incident.</p> <p>On 7/23/24 at 3:09pm, V1 (Administrator) was asked whether it is appropriate for staff to hit a resident to de-escalate aggressive behavior. V1 stated, "No, it is not appropriate. At no time is it</p>	S9999		

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6005516	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 07/25/2024
--	--	---	---

NAME OF PROVIDER OR SUPPLIER WARREN BARR LINCOLN PARK	STREET ADDRESS, CITY, STATE, ZIP CODE 2732 NORTH HAMPDEN COURT CHICAGO, IL 60614
---	--

(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 6</p> <p>appropriate for staff to hit a resident." V1 was asked how about in self-defense. V1 stated, "It is not appropriate to hit a resident. It is a form of abuse".</p> <p>The facility Behavior Monitoring of Residents presented, with revised date of 06/06/24, documented policy statement it is the facility's policy to ensure that the residents with aggressive behavior are monitored. Listed procedure includes but not limited to if the resident's aggressive behavior is monitored anytime.</p> <p>The facility policy titled Abuse and Neglect, with revised date of 06/06/24, documented it is the policy of the facility to provide professional care and services in an environment that is free from abuse, corporal punishment, or mistreatment. The facility follows the federal guidelines dedicated to prevention of abuse and timely and thorough investigations of allegations. These guidelines include compliance with the seven (7) federal components of prevention and investigation. Abuse is defined as willful infliction mistreatment that includes punishment. The policy documented examples of physical abuse that includes but not limited to hitting, slapping, grabbing, and roughly handling. Potential aggressors listed include but not limited to facility staff. The policy listed 7 steps in abuse prevention that includes but not limited to investigation and protection of the resident.</p> <p>(B)</p>	S9999		