

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6006134	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 08/23/2024
--	--	---	---

NAME OF PROVIDER OR SUPPLIER UPTOWN CARE AND REHABILITATION	STREET ADDRESS, CITY, STATE, ZIP CODE 4920 NORTH KENMORE CHICAGO, IL 60640
---	--

(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 Investigations 2486290/IL176532, 2486087/IL176272	S 000		
S9999	Final Observations Statement of Licensure Violations: 300.610a) 300.1210b) 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. 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.	S9999		

Illinois Department of Public Health LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE Electronically Signed	TITLE _____	(X6) DATE 09/09/24
--	--------------------	---------------------------

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6006134	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 08/23/2024
--	--	---	---

NAME OF PROVIDER OR SUPPLIER UPTOWN CARE AND REHABILITATION	STREET ADDRESS, CITY, STATE, ZIP CODE 4920 NORTH KENMORE CHICAGO, IL 60640
---	--

(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>Section 300.3210 General</p> <p>t) The facility shall ensure that residents are not subjected to physical, verbal, sexual or psychological abuse, neglect, exploitation, or misappropriation of property.</p> <p>These requirements were not met as evidenced by:</p> <p>Based on interview and record review, the facility failed to develop and implement a policy to address strip/body searches of residents. This failure has the potential to affect two of three residents (R13, R4) reviewed for strip searches. This failure resulted in R13 feeling humiliated and ashamed; R4 feeling violated.</p> <p>Findings include:</p> <p>1. R13's Face Sheet documents R13 is a 51-year-old admitted to the facility on 3.14.2024 with diagnoses including: Pain in Left Shoulder, Low Back Pain, Acquired Absence of Other Right Toe(s), and Acquired Absence of Other Left Toe(s).</p> <p>R13's MDS-Minimum Data Set of 6.12.2024 documents a BIMS (Brief Interview for Mental Status) score of "15" denoting resident is cognitively intact.</p> <p>On 8.20.2024 at 12:24 PM, R13 said approximately 1 ½ months ago, he was subjected to a strip search because his former roommates credit card was missing. R13 said he was told by V25 (PRSC-Psychiatric Rehabilitation Services Coordinator) if he did not comply with the search, R13's parole officer would be contacted to obtain an order to return R13 to prison as R13 was on</p>	S9999		

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6006134	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 08/23/2024
--	--	---	---

NAME OF PROVIDER OR SUPPLIER UPTOWN CARE AND REHABILITATION	STREET ADDRESS, CITY, STATE, ZIP CODE 4920 NORTH KENMORE CHICAGO, IL 60640
---	--

(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>parole at that time. R13 said the search occurred in V25's office; V24 (Restorative Director) was also present. R13 said he took off his shirt, dropped his pants, underpants and bent over and coughed as instructed. R13 said V21 (Former Housekeeping/Laundry Supervisor) briefly stuck his head inside V25's office. R13 said the strip search made him feel humiliated and ashamed.</p> <p>2. R4's Face Sheet documents R4 is a 47-year-old admitted to the facility on 2.8.2024 with diagnoses including but not limited to: Type 2 Diabetes Mellitus, Alcohol-Induced Chronic Pancreatitis, and Iron Deficiency Anemia.</p> <p>R4's MDS-Minimum Data Set of 6.4.2024 documents a BIMS (Brief Interview for Mental Status) score of "15" denoting resident is cognitively intact.</p> <p>On 8.21.2024 3:00 PM, R4 said when she returned to the facility on 6.12.2024, staff at the front desk stopped her to search her purse, R4 refused. R4 said, later V4 (Social Service Director) and V24 (Restorative Nurse) conducted a strip search in V4's office. R4 said, "I was told to lift up my shirt, to lift up my bra, "they could see my ti**es". R4 said they had me unzip my pants. I felt violated, like she (V4) had all the power".</p> <p>On 8.15.2024 at 4:20 PM V4 (Social Service Director) said she is not aware of any strip searches of any residents.</p> <p>On 8.21.2024 at 11:47 AM V24 (Restorative Director) said, "If I'm asked to by Social Service, I do assist to conduct strip searches. I assisted with strip searches of R4 and R13. V4 (Social Service Director) needed me to assist with search of R4's room and to be a witness to R4's strip</p>	S9999		

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6006134	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 08/23/2024
--	--	---	---

NAME OF PROVIDER OR SUPPLIER UPTOWN CARE AND REHABILITATION	STREET ADDRESS, CITY, STATE, ZIP CODE 4920 NORTH KENMORE CHICAGO, IL 60640
---	--

(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>search. We had R4 pull her shirt and bra away from her body and shake them. R4 was wearing skintight leggings; when she took down her leggings, she had no panties on. I assisted V25 (PRSC-Psychiatric Rehabilitation Services Coordinator) with R13's strip search. R13's former roommate accused R13 of taking his credit or debit card. R13 took off shirt, shook it and placed it on V25's desk; he wasn't wearing an undershirt. R13 took off his shoes/socks off, then took off his pants and boxers down to his knees, then she had resident cough. No contraband was found during the strip searches of R13 and R4".</p> <p>On 8.21.2024 at 12:04 PM V25 (PRSC 6th Floor) said, "I do not conduct searches (strip) of resident's bodies; usually nursing does that. I did not complete a search of R13, a nurse (V24) did that when his former roommate said credit or debit card was missing. The search took place in my office because the room is pretty big. Neither V24 nor myself actually touched him. He removed his own clothing. I can't remember if he took his shirt off, I know he lifted it. He did pull his pants down, he had underwear on, he did not take his underwear down or off. If any instructions were given it would have been V24 said, I don't recall V24 telling him bend over and cough".</p> <p>Facility's "Routine Resident Checks and Safety Room Checks" policy (Reviewed 7/24) documents: "4. To provide safety to all residents, Resident Room checks for unsafe items (contraband such as Alcohol, Medications, drug paraphernalia, and/or items that may be used by resident or others to cause harm). Resident upon entering the facility from independent pass, the facility reserves the right to check bags or resident coat/jacket and pockets. If resident is</p>	S9999		

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6006134	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 08/23/2024
--	--	---	---

NAME OF PROVIDER OR SUPPLIER UPTOWN CARE AND REHABILITATION	STREET ADDRESS, CITY, STATE, ZIP CODE 4920 NORTH KENMORE CHICAGO, IL 60640
---	--

(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 observed with unapproved items, appears to be under the influence, and/or has a history of safety concerns such as alcohol, illegal substances, etc., the facility will conduct search, with resident present to ensure the resident and other residents in the facility are safe and free from harm." The policy does not address strip search of residents. (B)	S9999		