FORM APPROVED Illinois Department of Public Health (X3) DATE SURVEY (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION STATEMENT OF DEFICIENCIES COMPLETED AND PLAN OF CORRECTION **IDENTIFICATION NUMBER:** A. BUILDING: B. WING 02/06/2024 IL6015648 STREET ADDRESS, CITY, STATE, ZIP CODE NAME OF PROVIDER OR SUPPLIER 3701 WEST 183RD STREET CHARTER SNR LVG OF HAZEL CREST HAZEL CREST, IL 60429 PROVIDER'S PLAN OF CORRECTION (X5)SUMMARY STATEMENT OF DEFICIENCIES (X4) ID COMPLETE (EACH CORRECTIVE ACTION SHOULD BE (EACH DEFICIENCY MUST BE PRECEDED BY FULL **PREFIX PREFIX** CROSS-REFERENCED TO THE APPROPRIATE DATE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG TAG DEFICIENCY) S 000 S 000 Initial Comments Complaint Investigation: 2393648/IL159389 - No Deficiency 2394318/IL160255 - No Deficiency 2394399/IL160320 - No Deficiency Facility Reported Incident Investigations: FRI OF 6/30/2023/ IL162505 - No Deficiency FRI OF 7/4/2023/IL162515- 330.4240 f) FRI OF 8/1/2023/IL162791 - No Deficiency FRI OF 8/15/2023/IL163781- 330.4240 f) FRI OF 9/1/2023/IL164463 - No Deficiency FRI OF 9/4/2023/IL164524 - 330.4240 f) FRI OF 11/10/2023/IL166930 - No Deficiency FRI OF 7/28/2023/IL162787 - No Deficiency FRI OF 6/22/2023/IL162209 - No Deficiency FRI OF 6/10/2023/IL160952 - No Deficiency S9999 Final Observations S9999 Statement of Licensure Violations: 330.4240f) Section 330.4240 Abuse and Neglect Resident as perpetrator of abuse. When an investigation of a report of suspected abuse of a resident indicates, based upon credible evidence, that another resident of the long-term care facility is the perpetrator of the abuse, that

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by:

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

This requirement was NOT MET as evidenced

resident's condition shall be immediately

evaluated to determine the most suitable therapy and placement for the resident, considering the safety of that resident as well as the safety of other residents and employees of the facility.

TITI F

(X6) DATE

PRINTED: 03/04/2024 FORM APPROVED Illinois Department of Public Health (X3) DATE SURVEY (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION STATEMENT OF DEFICIENCIES COMPLETED AND PLAN OF CORRECTION **IDENTIFICATION NUMBER:** A. BUILDING: C B. WING 02/06/2024 IL6015648 STREET ADDRESS, CITY, STATE, ZIP CODE NAME OF PROVIDER OR SUPPLIER 3701 WEST 183RD STREET CHARTER SNR LVG OF HAZEL CREST HAZEL CREST, IL 60429 PROVIDER'S PLAN OF CORRECTION (X5)SUMMARY STATEMENT OF DEFICIENCIES (X4) ID COMPLETE (EACH CORRECTIVE ACTION SHOULD BE (EACH DEFICIENCY MUST BE PRECEDED BY FULL **PREFIX PREFIX** DATE CROSS-REFERENCED TO THE APPROPRIATE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG TAG DEFICIENCY) S9999 S9999 Continued From page 1 Based on interview and record review, the facility failed to keep residents (R7, R10, R11) free from abuse reviewed for abuse in the sample of 13 residents. Findings include: R6's diagnosis include: Dementia, R7's diagnosis include: Vascular Dementia with behavioral issues, Depression, Anxiety, Agitation, Hyperkalemia. R10's diagnosis include: Dementia and Anxiety. R11's diagnosis include: Dementia. On 2/3/24 at 9:53 am V1 (Executive Director) stated, R6 and R7 were sitting in the dining room at the same table. V1 stated, R6 had behaviors, she used to lash out and cursing at staff. V1 stated, with this incident R6 took a plate of food and threw it towards R7's head. V1 said, staff immediately separated both residents. R6 was sent out for observation and when R6 came back she was originally in the garden unit and R6 was placed in country, away from R7. V1 stated, R6 was not with the facility long, they were sitting at the same table when the incident occurred. V1 stated. R6 needed to be separated from R7 that was the conclusion of the investigation. V1 stated, prior to this incident, R6 had never lashed out at another resident, in country unit. V1 stated, R6 started to decline and was transferred to skilled nursing.

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R6's (07/04/2023 at 1:39 pm) progress note documents in part: An incident has been

recorded. Incident Type: Aggressive Act Incident Summary: During lunch time, on 07/04/2023, Resident was involved in a violent altercation with another resident. Nurse was notified by the victims (R7's) daughter, who witnessed the

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE		(X3) DATE SURVEY COMPLETED		
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59999	Continued From p	page 2	S9999				
	incident occur. R6 picked up a residents lunch tray, and threw it towards the victim (R7), which caused the plate to hit the victim in the head, and food to fall on the residents (R7's) clothes. Resident has also been combative towards staff during bed to chair transfer. Resident is currently being sent out via ambulance for a psych {sic} Evaluation. VS (vital signs): BP (blood pressure) 135/80, P (pulse) 98, Temp (temperature) 97.4. Incident Location: Dining Room Day & Time of Incident: 07/04/2023 1:00 PM.						
	documents in part violent altercation during lunch time. at R7's head, while facility visiting. Alth pain on the front odid not wish to have There is no bruises observed. Resident place on her head (signs and sympton)						
	was attempting to telling her you can' altercation. R10 was push her way into R10's walker not to was called to the unobserved hitting ar R10 was attempting	9 am V1 stated, on 8/15/23 R10 go to R11's room and R10 was at come in and they had an was with the walker and tried to R11's room, but R11 pushed to come in. V1 stated, the nurse unit, it was reported R11 was and scratching another resident, and to enter R11's room, R10 r and hit R11 first than they other.					
	Nurse) stated, she	9 am V20 (Licensed Practical e was the nurse on duty for R10 V20 stated, on 8/15/23 R10					

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NAME OF PROVIDER OR SUPPLIER CHARTER SNR LYG OF HAZEL CREST (X4) ID SUMMARY STATEMENT OF DEFICIENCIES TAGGET STORM WEST 183RD STREET HAZEL CREST, IL 60429 (X4) ID PREERLY REQUARDATION MUST BE PRECEDED BY PULL REGISTED AND PROVIDERS PLAN OF CORRECTION SHOULD BE CROSS-REFERENCE TO THE APPROPRIATE ONTE STORM AND PROVIDERS PLAN OF CORRECTION SHOULD BE CROSS-REFERENCE TO THE APPROPRIATE ONTE STORM AND PROVIDERS PLAN OF CORRECTION SHOULD BE CROSS-REFERENCE TO THE APPROPRIATE ONTE STORM AND PROVIDERS PLAN OF CORRECTION SHOULD BE CROSS-REFERENCE TO THE APPROPRIATE ONTE STORM AND PROVIDERS PLAN OF CORRECTION SHOULD BE CROSS-REFERENCE TO THE APPROPRIATE ONTE STORM AND PROVIDERS PLAN OF CORRECTION SHOULD BE CROSS-REFERENCE TO THE APPROPRIATE ONTE STORM AND PROVIDERS PLAN OF CORRECTION SHOULD BE CROSS-REFERENCE TO THE APPROPRIATE ONTE STORM AND PROVIDERS PLAN OF CORRECTION SHOULD BE CROSS-REFERENCE TO THE APPROPRIATE ONTE STORM AND PROVIDERS PLAN OF CORRECTION SHOULD BE CROSS-REFERENCE TO THE APPROPRIATE ONTE STORM AND PROVIDERS PLAN OF CROSS-REFERENCE TO THE APPROPRIATE ONTE STORM AND PROVIDERS PLAN OF CROSS-REFERENCE TO THE APPROPRIATE ONTE STORM AND PROVIDERS PLAN OF CROSS-REFERENCE TO THE APPROPRIATE ONTE STORM AND PROVIDERS PLAN OF CROSS-REFERENCE TO THE APPROPRIATE ONTE STORM AND PROVIDERS PLAN OF CROSS-REFERENCE TO THE APPROPRIATE ONTE STORM AND PROVIDERS PLAN OF CROSS-REFERENCE TO THE APPROPRIATE ONTE STORM AND PROVIDERS PLAN OF CROSS-REFERENCE TO THE APPROPRIATE ONTE STORM AND PROVIDERS PLAN OF CROSS-REFERENCE TO THE APPROPRIATE ONTE STORM AND PROVIDED STORM THE APPROPRIATE ONTE ST	AND PLAN OF CORRECTION IDENTIFICATION NUMBER:			A. BUILDING:								
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PREFIX TAG REGULATORY OR LSC IDENTIFYING INFORMATION) S9999 Continued From page 3 went to R11's room and a fight happened. V20 stated, R10 was scratched and R11 was hit, however staff were able to go there and calm them down and redirect them. Facility's reportable incident to state agency regarding R11 documents in part: 8/15/23 at 4:28 pm, V1 called to unit per staff member. Staff member stated R11 was observed hitting another resident. Staff states the other resident (R10) was attempting to enter residents room. R11 (08/15/2023 at 8:53 pm) progress note documents in part: An incident has been recorded. Incident Type: Behavioral (Illinois) Incident Summary. Writer called to unit per staff member. Staff member. Staff member states that resident was observed hitting another resident stopped her resident in their and fight ensued. Writer asked resident what happened and resident was unable to recall events. Scratch noted to right side of face, no other injuries noted. POA (power of attorney) made aware and does not want resident sent out. Nurse practitioner made aware of events orders given for resident to see in house Psych (sic) MD (physician). Orders noted and carried out. Resident Location: Hallway Day & Time of Incident: 08/15/2023 4:28 PM. Facility's abuse policy (12/18) documents in part: Its is the policy of the facility to maintain the rights of all residents to be free from abuse.	CHARTER SNRTVG OF HAZEL CREST											
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