

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6000186	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 07/12/2024
--	--	---	---

NAME OF PROVIDER OR SUPPLIER AMBASSADOR NURSING & REHAB CENTER	STREET ADDRESS, CITY, STATE, ZIP CODE 4900 NORTH BERNARD CHICAGO, IL 60625
--	--

(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 Annual Licensure Survey	S 000		
S9999	Final Observations Statement of Licensure Violations: 300.610a) 300.1210b) 300.3210t) 300.3240a) 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
08/03/24

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6000186	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 07/12/2024
--	--	---	---

NAME OF PROVIDER OR SUPPLIER AMBASSADOR NURSING & REHAB CENTER	STREET ADDRESS, CITY, STATE, ZIP CODE 4900 NORTH BERNARD CHICAGO, IL 60625
--	--

(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 300.3210 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>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>These requirements were not met as evidenced by:</p> <p>Based on interview and record review, the facility failed to follow their policy to ensure residents were free from abuse by one staff member being physically abusive towards four residents (R32, R64, R104, R119) and verbally abusive towards one resident (R50) out of five residents reviewed for abuse in a sample of 28. This failure resulted in the residents experiencing emotional trauma/fear and anxiety.</p> <p>Findings include:</p> <p>1. According to R119's facesheet printed 7/11/24, R119 is 77 years old with diagnoses that include but are not limited to unilateral primary osteoarthritis, right and left knee; venous insufficiency; need for assistance with personal care. According to R119's MDS (Minimum Data Set), 6/3/24, R119 has a BIMS (Brief Interview for Mental Status) score of 15, indicating intact cognition. R119's care plan initiated 2/13/24 reads in part: R119 is an adult living with chronic health</p>	S9999		

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6000186	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 07/12/2024
--	--	---	---

NAME OF PROVIDER OR SUPPLIER AMBASSADOR NURSING & REHAB CENTER	STREET ADDRESS, CITY, STATE, ZIP CODE 4900 NORTH BERNARD CHICAGO, IL 60625
--	--

(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>conditions and comorbidities that include orthopedic aftercare, unsteadiness on feet, gait and mobility issues, anxiety; that requires the support, services and structure of this care setting to maintain stability and highest practicable level of functioning. Facility Reported Incidents, 7/10/24, reads in part: Resident (R119) alleges that employee (V11/Certified Nursing Assistant-CNA)) displayed inappropriate behavior.</p> <p>V11 Employee Disciplinary Action Form, 7/10/24, reads in part: Suspended pending investigation.</p> <p>On 7/10/24 at 1:30 PM, R120 (husband of and roommate of R119) said R119 was in bed and he (R120) was in the wheelchair near his bed. R120 said, "V11 came into the room looking mean. V11 had a mad face." R120 said, "R119 and I felt vulnerable and we could see V11 was not in a good mood."</p> <p>V11 let the head of the bed up to take off R119's gown. R119 was reaching behind untying the gown. V11 was standing with hand on hip looking at R119. R119 was taking time because she had eyeglasses on. R119 was not able to untie the gown and was pulling the gown over her head when V11 said, "you're not going fast enough." V11 then grabbed the gown and yanked it off R119's head. R119 said to V11, "watch it you're going to break my glasses." R120 stated he said to V11 "be careful." Then V11 said to R119 I can't break your glasses.</p> <p>After V11 yanked the gown over R119's head R119's eyeglasses were skew on R119's nose. V11 threw the gown in R119's face. By the look on R119's face, R119 was distressed by what happened. R120 said, "It made me feel scared of</p>	S9999		

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6000186	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 07/12/2024
--	--	---	---

NAME OF PROVIDER OR SUPPLIER AMBASSADOR NURSING & REHAB CENTER	STREET ADDRESS, CITY, STATE, ZIP CODE 4900 NORTH BERNARD CHICAGO, IL 60625
--	--

(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>V11. I'm in a wheelchair and V11 is big and solid. I felt like I failed as a fiancé because I was not able to protect R119. I was worried about V11 hitting R119 and me." R119 said, "I was full of stress, and it made me distressed."</p> <p>R120 said V11 was the kind of person you never knew what kind of mood V11 would be in. R119 would ask the morning shift who would be R119's CNA for the evening. Knowing V11 would be the CNA made R119 nervous because V11 was frequently rough with R119. R119 said I'm nervous when I have V11 because I don't know what's going to happen. R120 said R120 and R119 did not report to the facility because V11 had been rough in the past and we would just not let V11 back in the room. I would go to the head nurse and request someone else.</p> <p>2. According to R104's facesheet printed 7/11/24, R104 is 67 years old and have diagnoses that include but are not limited to atrial fibrillation, morbid (severe) obesity due to excess calories, atherosclerotic heart disease of native coronary artery, hypertensive heart disease with heart failure, need for assistance with personal care. According to R104 MDS, 5/22/24, R104 has a BIMS score of 14, indicating intact cognition. R104's care plan initiated 7/11/24 reads in part: R104 is an adult living with chronic health conditions and comorbidities that requires the support, services and structure of this care setting to maintain stability and highest practicable level of functioning. Facility Reported Incidents, 7/10/24, reads in part: R1 (now R104) alleged that the employee (V11) displayed inappropriate behavior a few months ago.</p> <p>V11 Employee Disciplinary Action Form, 7/10/24, reads in part: Suspended pending investigation.</p>	S9999		

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6000186	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 07/12/2024
--	--	---	---

NAME OF PROVIDER OR SUPPLIER AMBASSADOR NURSING & REHAB CENTER	STREET ADDRESS, CITY, STATE, ZIP CODE 4900 NORTH BERNARD CHICAGO, IL 60625
--	--

(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>7/10/24 at 2:06 PM, R104 said V11 was changing me and wanted to move my legs toward the center of the bed. V11 grabbed my legs to aggressively and twisted my left leg. I yelled ouch and V11 backed off. In general, V11 is rough. It's annoying. I did not report because I didn't consider it to be serious. I did mention it in casual conversation with another CNA (R104 did not want to give the name of the CNA).</p> <p>3. According to R64's facesheet printed 7/11/24, R64 is 62 years old and have diagnoses that include but are not limited to hemiplegia and hemiparesis following cerebral infarction affecting left non-dominant side, epilepsy, need for assistance with personal care. According to R64's MDS, 5/13/24, R64 has a BIMS score of 5, indicating severe cognitive impairment. R64 care plan initiated 7/11/24 reads in part: R64 is an adult living with chronic health conditions and comorbidities that requires the support, services and structure of this care setting to maintain stability and highest practicable level of functioning. Facility Reported Incidents, 6/4/24, reads in part: Staff member (V11) allegedly made contact with R1 (now R64).</p> <p>V11 Record of Conversation, 6/9/24, reads in part: V11 was re-educated on customer service expectations and approach with residents. V11 was educated on procedure of incontinence care and bed mobility.</p> <p>7/10/24 at 2:15 PM, R64 said V11 is violent. V11 knocked me down on my bed and I hit my head on the windowsill. My head hurt. I feel threatened by V11 because I don't know what V11 will do next.</p>	S9999		

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6000186	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 07/12/2024
--	--	---	---

NAME OF PROVIDER OR SUPPLIER AMBASSADOR NURSING & REHAB CENTER	STREET ADDRESS, CITY, STATE, ZIP CODE 4900 NORTH BERNARD CHICAGO, IL 60625
--	--

(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>4. According to R50's facesheet printed 7/11/24, R50 is 67 years old and have diagnoses that include but are not limited to sequelae of cerebral infarction, chronic atrial fibrillation, atherosclerotic heart disease of native coronary artery, hypertensive heart disease with heart failure, need for assistance with personal care. According to R50's MDS, 6/21/24, R50 has a BIMS score of 15, indicating intact cognition. R50's care plan initiated 10/31/22 reads in part: R50 is an adult living with chronic health conditions, challenges, and comorbidities. Facility Reported Incidents, 4/12/24, reads in part: R1 (now R50) reported the CNA (V11) allegedly spoke inappropriately to R50.</p> <p>Untitled document, 4/12/24, reads in part: I educated V11 on customer service expectations to include: communication, problem solving, empathy, and friendliness with a positive and warm attitude.</p> <p>7/11/24 at 12:39 PM, R50 agreed to speak to surveyors. R50 preferred to be spoken to in Spanish. Interview interpreted by Spanish speaking surveyor. R50 said R50 had a problem with V11 when questioned if R50 knew who V11 was. R50 said R50 remembers sitting on the bed and V11 entered the room to provide care for a roommate. R50 said V11 told R50 that R50 was old and that is why R50 is in the facility and R50 said V11 told R50 that R50 is useless and that R50 will die soon. R50 said those words made R50 feel sad and alone and R50 felt that R50 can't tell anyone. R50 said that happened around three weeks to almost a month ago. R50 said it happened late afternoon. R50 said R50 does not remember the name of the staff member that R50 informed this to. R50 said R50 remembers they were like arguing and does not remember the</p>	S9999		

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6000186	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 07/12/2024
--	--	---	---

NAME OF PROVIDER OR SUPPLIER AMBASSADOR NURSING & REHAB CENTER	STREET ADDRESS, CITY, STATE, ZIP CODE 4900 NORTH BERNARD CHICAGO, IL 60625
--	--

(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>reason for the arguing but R50 said soon after is when V11 told R50 these things. R50 states that R50 does not know why V11 told R50 that.</p> <p>5. According to R32's facesheet printed 7/11/24, R32 is 53 years old and have diagnoses that include but are not limited to sequelae of cerebral infarction, hemiplegia and hemiparesis following cerebral infarction affecting right dominant side, chronic kidney disease, stage 4, hypertensive heart disease with heart failure, need for assistance with personal care. Discharge date 12/4/23. According to R32 MDS, 12/4/23, R32 had a BIMS score of 11, indicating moderate cognitive impairment. R32's care plan initiated 1/30/23 reads in part: R32 is an adult living with chronic health conditions, challenges and comorbidities. There is benefit from placement in a skilled care setting. Facility Reported Incidents, 9/25/23, reads in part: Resident (now R32) alleged that staff member (V11) made contact to R32 head.</p> <p>Untitled document, 10/2/23, reads in part: V11 was educated regarding customer service expectations to include care and approach towards a patient with behaviors.</p> <p>7/11/24 at 1:06 PM, V24 (Registered Nurse) stated I have worked with V11 before. I have not had a problem with V11.</p> <p>7/11/24 at 4:55 PM, V29 (Licensed Practical Nurse) stated I have worked with V11. I have not had complaints about V11.</p> <p>7/11/24 at 5:17 PM, V30 (Certified Nursing Assistant) stated I have worked with V11 before. V11 does V11's job.</p>	S9999		

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6000186	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 07/12/2024
--	--	---	---

NAME OF PROVIDER OR SUPPLIER AMBASSADOR NURSING & REHAB CENTER	STREET ADDRESS, CITY, STATE, ZIP CODE 4900 NORTH BERNARD CHICAGO, IL 60625
--	--

(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 7</p> <p>On 7/11/24 at 6:30 PM, V2 (Director of Nursing) said, "I am head of the team while the administrator is on vacation. The facility does abuse training, upon hire and as needed. Every employee gets abuse training. The Administrator is the Abuse Coordinator. If there is an allegation of abuse, investigation starts right away. First goal is to keep the resident safe. Report to the Abuse Coordinator. Do a head-to-toe assessment, assess distress, notify physician, and family. If staff is involved the staff is suspended immediately pending investigation. V11 was suspended right away after being notified of the allegations. V11 was suspended for the allegations of abuse by three different residents, involving three different situations. The facility reported all incidences to State Agency and facility investigated allegations. Psychological, emotional, physical, sexual, verbal, involuntary seclusion, neglect, exploitation, financial, misappropriation of resident property, injury of unknow origin are forms of abuse. V11's natural personality is to be strong, V11 is not friendly and bubbly. V11 should be thoroughly educated on customer service when taking care of patients. Throwing a gown at a resident, pushing a resident down, twisting a resident's leg, telling a resident they are useless and will die soon is abuse."</p> <p>7/12/24 at 10:28 AM and 1:20 PM attempted to call V11 (CNA) there was no answer, unable to leave message due to mail box full and cannot except messages at this time.</p> <p>7/12/24 at 11:30 AM, contacted V2 (DON) to contact V11 for phone interview but did not receive a response or call from V11.</p> <p>Facility Abuse Prevention Program, 3/1/21,</p>	S9999		
-------	--	-------	--	--

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6000186	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 07/12/2024
--	--	---	---

NAME OF PROVIDER OR SUPPLIER AMBASSADOR NURSING & REHAB CENTER	STREET ADDRESS, CITY, STATE, ZIP CODE 4900 NORTH BERNARD CHICAGO, IL 60625
--	--

(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 8</p> <p>documents in part: It is the policy of this facility to prohibit and prevent resident abuse, neglect, exploitation, mistreatment, and misappropriation of resident property and a crime against a resident in the facility. This facility will not tolerate resident abuse or mistreatment or crimes against a resident by anyone, including staff members, other residents, consultants, volunteers, and staff of other agencies, family members, legal guardians, friends, or other individuals. Abuse: The willful infliction of injury, unreasonable confinement, intimidation, or punishment with resulting physical harm or pain or mental anguish or deprivation by an individual, including a caretaker, of goods or services that are necessary to attain or maintain physical, mental psychosocial well-being. Willful, as used in this definition of abuse, means the individual must have acted deliberately, not that the individual must have intended to inflict injury or harm.</p> <p>(B)</p>	S9999		