

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6002026	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 05/27/2022
--	--	---	---

NAME OF PROVIDER OR SUPPLIER COMMUNITY CARE CENTER	STREET ADDRESS, CITY, STATE, ZIP CODE 4314 SOUTH WABASH AVENUE CHICAGO, IL 60653
--	--

(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: 2283838/IL146979	S 000		
S9999	Final Observations Statement of Licensure Violations: 300.610a) 300.1210b) 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. 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	<p>Attachment A Statement of Licensure Violations</p>	

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
---	-------	-----------

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6002026	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 05/27/2022
--	---	---	---

NAME OF PROVIDER OR SUPPLIER COMMUNITY CARE CENTER	STREET ADDRESS, CITY, STATE, ZIP CODE 4314 SOUTH WABASH AVENUE CHICAGO, IL 60653
---	--

(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>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:</p> <p>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.</p> <p>These requirements were not met as evidenced by:</p> <p>Based on interview and record review, the facility failed to ensure the safety of residents by not monitoring and preventing residents (R3, R6, R11, R12, R14) from receiving and using illegal drugs. This failure resulted in R3, R6, and R12 overdosing on illegal drugs, requiring transfer to local hospital for treatment.</p> <p>Findings include:</p> <p>1. R12's medical record (Face Sheet, MDS-Minimum Data Set) notes in part, R12 is a cognitively intact 44-year-old with the following diagnoses including but not limited to: schizoaffective disorder and Nicotine Dependence. PAS/MH (Preadmission Screen/Mental Health 02/04/2022) notes in part, R12 has a history of alcohol, cocaine, heroin and marijuana use.</p> <p>R12's progress note (4/30/2022 at 3:00 PM) notes in part, R12 was observed in the pantry area in a sitting position very lethargic not responding when called by name. Skin warm but</p>	S9999		
-------	--	-------	--	--

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6002026	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 05/27/2022
--	---	---	---

NAME OF PROVIDER OR SUPPLIER COMMUNITY CARE CENTER	STREET ADDRESS, CITY, STATE, ZIP CODE 4314 SOUTH WABASH AVENUE CHICAGO, IL 60653
---	--

(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>sweaty. Vital signs as follows: blood pressure-90/70, pulse-66, O2 saturation 77%. Rapid response called. Continued to be unarousable, 911 called. 911 started Narcan, IV (intravenous). Resident continued to be lethargic. O2 saturation increased to 85%. Security stated when resident stated to 911 team that resident had taken some heroin earlier in shift.</p> <p>R12's progress note (4/30/2022 at 7:00 PM) notes in part, R12 given Narcan; will be returning to facility within three to four hours.</p> <p>R12's ambulance run sheet (04/30/2022 at 2:58 PM) notes in part, patient is lying in bed, unresponsive, breathing. Pupils fixed, pinpoint. After administration of Narcan, patient became alert and oriented x3.</p> <p>R12's hospital record (4/30/2022 at 5:58 PM) notes in part, R12 found minimally responsive with slowed respirations and given 2mg Narcan IV, pulled out IV, woke up some. Upon arrival R12 groggy, not answering questions other than to say R12 does dope. Would not say who R12 is getting their drugs from.</p> <p>Progress Note 4/23/2022 at 5:06 PM notes, met with V12 to process their feelings due to behaviors on a previous day when drug perfumery (sic: paraphernalia) was found in resident's room.</p> <p>Progress Note 4/22/2022 at 12:59 PM notes, V12 returned from independent 2 hour pass and was observed with unusual behaviors. V12 toxicology screen indicated illegal substance in V12's system. V12's 2 hour pass was revoked. V12 was counseled and was placed in substance abuse school. Care plans, forms updated.</p>	S9999		
-------	--	-------	--	--

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6002026	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 05/27/2022
--	---	---	---

NAME OF PROVIDER OR SUPPLIER COMMUNITY CARE CENTER	STREET ADDRESS, CITY, STATE, ZIP CODE 4314 SOUTH WABASH AVENUE CHICAGO, IL 60653
---	--

(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>Psychosocial will continue to follow.</p> <p>Progress Note 4/22/2022 at 12:10 PM notes, V12 was suspected to be under the influence of drugs or substances. Drug screen was completed, and the resident was positive for substance. The writer met with the resident regarding the incident and was counseled on the negative use of substances while on psychotropic medication. Resident will be placed on close monitoring pending necessary policy review and treatment update.</p> <p>Progress Note 4/22/2022 at 2:35 AM notes, drug screen positive for cocaine. V6 (Physician) called, message left with result, will await call back for any new order.</p> <p>Drug Screen 4/21/2022 at 8:27 PM (specimen collected 4/20/2022) notes, positive for cocaine metabolites.</p> <p>Progress Note 4/20/2022 at 10:37 AM, notes resident out on pass. 11:36 AM Arrived back from out on pass.</p> <p>Progress Note 4/20/2022 at 9:18 AM notes, called V6 (Physician) for order for 6 panel toxicology, order received and carried out.</p> <p>2. R6's medical record (Face Sheet, MDS) notes in part, R6 is a cognitively intact, 62-year-old admitted to the facility on 4/15/2022 with the following diagnoses including but not limited to: Schizoaffective Disorder, Bipolar Type and Opioid Dependence.</p> <p>R6's progress note (4/30/2022 at 10:21 PM) notes in part, R6 suddenly lost consciousness. R6 was assessed, 911 called.</p>	S9999		

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6002026	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 05/27/2022
--	---	---	---

NAME OF PROVIDER OR SUPPLIER COMMUNITY CARE CENTER	STREET ADDRESS, CITY, STATE, ZIP CODE 4314 SOUTH WABASH AVENUE CHICAGO, IL 60653
---	--

(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>R6's progress note (4/30/22 at 11:37 PM) notes in part, R6 regained consciousness at the hospital.</p> <p>R6's ambulance run sheet (4/30/2022 at 9:45 PM) notes in part, found lying supine in bed, unresponsive, shallow breathing with pinpoint pupils. R12 given 2mg Narcan intranasally, became alert and admits to using heroin.</p> <p>R6's hospital record (4/30/22 at 10:28 PM) notes in part, R6 to ED (Emergency Department) after found unresponsive with pinpoint pupils. Responded to Narcan.</p> <p>On 5/20/2022 at 4:51 PM, R6 said, they were sent to the hospital after they overdosed on heroin. R6 said they purchased a \$10 bag (small plastic-held up thumb and pointer finger to indicate plastic bag approximately two inches by two inches) from R12.</p> <p>3. R3's medical record (Face Sheet, MDS) notes in part, R3 is a cognitively independent 54-year-old, admitted to the facility on 11/26/21 with the following diagnoses including but not limited to: Schizoaffective Disorder, Bipolar Type and Opioid Abuse with Opioid-Induced Behavior.</p> <p>R3's care plan "has a history of substance abuse/chemical dependency" (initiated 11/29/2021) lists the goal of "resident will refrain from using non-prescribed substances through the next review (initiated 11/29/21, updated 5/19/2021) with intervention of "supervision while in the community" (initiated 11/29/2021).</p> <p>R3's progress note (4/25/2022 at 8:54PM) notes in part, R3 has substance use history of cannabinoids: (marijuana, hashish); opioids and</p>	S9999		

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6002026	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 05/27/2022
--	--	---	---

NAME OF PROVIDER OR SUPPLIER COMMUNITY CARE CENTER	STREET ADDRESS, CITY, STATE, ZIP CODE 4314 SOUTH WABASH AVENUE CHICAGO, IL 60653
--	--

(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>morphine derivatives: (codeine, morphine, heroin, opium); stimulants: (cocaine, amphetamines, methamphetamines).</p> <p>R3's progress note (5/1/2022 at 10:52 PM) notes in part, R3 was admitted to local hospital due to opioid overdose.</p> <p>R3's progress note (5/5/2022 at 9:21 AM) notes in part, writer met with R3 to discuss the incessant violation of facility substance abuse policy. Writer gave R3 a copy of the facility substance abuse violation policy and facility resident incentive and contingency management program. R3 signed the substance abuse policy, verbalizes understanding.</p> <p>R3's ambulance run sheet (5/1/2022 at 7:39 PM) notes in part, found on floor, non-rebreather mask on, unresponsive with pinpoint pupils and agonal respirations. Oxygen saturation on room air in the 60's. Given 2mg Narcan IV and began to wake up immediately.</p> <p>R3's hospital record (5/1/2022 at 8:09 PM) notes in part, presents to ED after being found unresponsive. Paramedics report R3 had depressed respirations and pinpoint pupils. Responded to Narcan 2mg, told paramedics they found a bag of heroin.</p> <p>4. R11's medical record (Progress Notes, MDS) notes in part, R11 is a cognitively intact 40-year-old admitted to the facility on 3/31/2022 with the following diagnoses including but not limited to: Opioid Use and Bipolar Disorder.</p> <p>R11's care plan "has a history of substance abuse/chemical dependency" (initiated 4/1/2022) lists the goal of "resident will refrain from using</p>	S9999		

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6002026	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 05/27/2022
--	--	---	---

NAME OF PROVIDER OR SUPPLIER COMMUNITY CARE CENTER	STREET ADDRESS, CITY, STATE, ZIP CODE 4314 SOUTH WABASH AVENUE CHICAGO, IL 60653
--	--

(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>non-prescribed substances through the next review (initiated 4/1/22) with intervention of "supervision while in the community" (initiated 4/1/2022).</p> <p>R11's progress note (4/1/2022 at 7:03PM) notes in part, R11 has a history of dual substance abuse.</p> <p>R11's progress note (5/4/2022 at 8:30 AM) notes in part, R11 noted lying in bed cyanotic and gasping for air. Code Blue initiated, oxygen applied, 911 called.</p> <p>R11's progress note (5/6/2022 at 4:09PM) notes in part, PRSC met with R11 to complete the substance abuse policy form. PRSC explained the purpose of this form. R11 showed understanding by completing this form. R11 was reminded about the substance abuse group with dated and time.</p> <p>R11's ambulance run sheet (5/4/2022 at 8:48 AM) notes in part, R11 showed signs of AMS (altered mental status) and was unresponsive for ten minutes. R11 has history of opioid abuse.</p> <p>R11's hospital record (5/4/2022 at 9:42 AM) notes in part, R11 states was sleeping in their room, when staff woke them up stating they were difficult to arouse.</p> <p>05/19/2022 at 2:15 PM, R11 said they went to the hospital because somebody (R12) brought drugs (heroin) in, and we (R11 and R3) tried (snorted) it.</p> <p>05/20/2022 at 12:19 PM, R11 said R12 obtained the heroin from a relative of R14.</p> <p>5. R14's medical record (Face Sheet, MDS)</p>	S9999		

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6002026	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 05/27/2022
--	---	---	---

NAME OF PROVIDER OR SUPPLIER COMMUNITY CARE CENTER	STREET ADDRESS, CITY, STATE, ZIP CODE 4314 SOUTH WABASH AVENUE CHICAGO, IL 60653
---	--

(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>notes R14 is a moderately cognitively impaired 30-year-old admitted to the facility on 02/28/2022 with diagnoses including but not limited to: Epilepsy and Schizoaffective Disorder, Bipolar Type.</p> <p>R14's PPAS/MH dated 02/15/2022 notes in part, R14 has a history of daily marijuana use.</p> <p>Behavior Note (05/06/2022 at 10:28 AM) notes in part, the writer was notified by the administrator (R14's) pass privilege has been revoked due to the resident contract violation (recreational use of drugs on recent pass.</p> <p>Behavior Note (05/06/2022 at 12:38 PM) notes in part, the resident's drug screen test result came out positive.</p> <p>On 05/20/2022 at 5:03 PM, R14 said, "I tested positive for marijuana last month. I smoked marijuana when I was out on pass. I got it from my cousin."</p> <p>On 5/25/2022 at 9:36 AM, V1 (Administrator) said, "We don't believe the residents overdosed on heroin. We suspected (R12) was bringing drugs into the facility. We were unsure that it was heroin until R12's urine (toxicology) came back positive for cocaine. We think the drug dealer told (R12) that it was heroin, but it was actually cocaine. None of the residents had urine drug tests done at the facility or the hospital. The residents told nursing home staff and ED staff that they took heroin."</p> <p>On 5/20/2022 at 3:36 PM V5 (PRSD-Psychiatric Rehabilitation Service Director) said, R6, R11 and R12 were using drugs. R6 had substance abuse issues, this resident continued to have use of</p>	S9999		
-------	--	-------	--	--

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6002026	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 05/27/2022
--	---	---	---

NAME OF PROVIDER OR SUPPLIER COMMUNITY CARE CENTER	STREET ADDRESS, CITY, STATE, ZIP CODE 4314 SOUTH WABASH AVENUE CHICAGO, IL 60653
---	--

(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 8 illegal drugs. We did room sweeps on these residents; drug paraphernalia (pipes) were found in R12's room. R12 was the culprit, R12 brought drugs into the facility. R6 and R11 said R12 gave the drugs to them. Everyone knew R12 was bringing drugs into facility when returning from pass. (A)	S9999		