STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	IL6008262	A. BUILDING: _____ B. WING _____	01/20/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
WARREN PARK HEALTH & LIVING CTR	6700 NORTH DAMEN AVENUE CHICAGO, IL 60645

(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 and Certification	S 000		
S9999	Final Observations Statement of Licensure Violation 300.610a) 300.1210b) 300.1210d)6) 300.3240f) 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	**Attachment A** **Statement of Licensure Violations**	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	IL6008262	A. BUILDING: _____ B. WING _____	01/20/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
WARREN PARK HEALTH & LIVING CTR	6700 NORTH DAMEN AVENUE CHICAGO, IL 60645

(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 1 care needs of the resident. 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: 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. Section 300.3240 Abuse and Neglect f) 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 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. (Section 3-612 of the Act) These requirements were not met as evidenced by: Based on interview and record review, facility failed to follow their abuse policy to ensure residents are free from physical abuse by providing necessary care in services thus resulting in a male resident (R80) physically assaulting a female resident (108) for two (R80 and R108) out of 24 residents reviewed for physical abuse. The failure resulted in R108 hitting her head and having swelling to the right	S9999		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	IL6008262	A. BUILDING: _____ B. WING _____	01/20/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
WARREN PARK HEALTH & LIVING CTR	6700 NORTH DAMEN AVENUE CHICAGO, IL 60645

(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 2 part of her (R108) head. Findings include: On 01/18/2023 at 12:42 PM, V8 (Social Worker) stated that she (V8) came in on Monday (1/9/23) and found out the incident happened Sunday night (1/8/23). V8 stated, "When I (V8) spoke to R80, he (R80) stated he (R80) was trying to get (R108) out of the way. He (R80) stated that he (R80) picked her (R108) up and pushed her (R108) out of the way. She (R108) stated she (R108) hit her (R108) head and was hurt. She (R108) was sent to outside hospital." On 01/18/2023 at 1:18 PM, R80 stated, "Yea I pushed her (R108). She was raising hell. I (R80) picked her (R108) up and pushed her (R108) out the door." On 01/18/2023 at 1:21 PM, R108 stated, "I (R108) went to buy a soda and he (R80) was in my way. He (R80) wouldn't let me buy a soda. So, when I (R108) tried to buy a soda, he (R80) grabbed me (R108) from the back, picked me (R108) up and threw me (R108) on the floor. I (R108) hit my head and it felt like my (R108) head cracked open." On 01/18/2023 at 1:30 PM, V19 (Social Services Director) stated, "R108 hit her (R108) head and had swelling. So, we sent her (R108) out to the hospital for evaluation." On 01/18/2023 at 1:35 PM, V1 (Administrator) stated, "R108 hit her head after R80 pushed her (R108) and had swelling on her (R108) head." An incident witness statement (1/8/23) documents in part: R80 went to her (R108) by the	S9999		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	IL6008262	A. BUILDING: _____ B. WING _____	01/20/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
WARREN PARK HEALTH & LIVING CTR	6700 NORTH DAMEN AVENUE CHICAGO, IL 60645

(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 3 soda machine and carried her outside. R80's incident statement (1/8/23) documents in part: She (R108) was by the pop machine. I (R80) just grabbed her (R108) and pushed her (R108) out of the way. She (R108) fell down. R108's incident statement (1/8/23) documents in part: He (R80) squeezed me (R108) and threw me (R108) and I (R108) landed on the floor. I'm (R108) hurt. An incident witness statement (1/8/23) by the activity aide documents in part: R80 pushed R108 on the hallway floor and she (R108) hit her (R108) head on the floor. R80's care plan documents in part: R80 has the potential to be physically aggressive, such as attempting to hit others, making aggressive remarks, and gestures towards others when agitated. R80 reportedly involved in physical altercation with co-peer on 8/8/2020. R80 reportedly involved with co-peer on 3rd floor on 4/29/20. Facility's final incident report investigation (1/10/2023) documents in part: R80 displayed physical aggression towards R108. R108 was noted with swelling to top of head. Facility's Abuse Prevention Policy (10/2022) documents in part: The facility affirms the right of our residents to be free from abuse. This facility prohibits abuse. Abuse means any physical, mental, or sexual assault inflicted upon a resident other than by accidental means. Abuse is the willful infliction of injury with resulting due to physical harm, pain or mental anguish to a resident. Physical abuse is the infliction of injury	S9999		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	IL6008262	A. BUILDING: _____ B. WING _____	01/20/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
WARREN PARK HEALTH & LIVING CTR	6700 NORTH DAMEN AVENUE CHICAGO, IL 60645

(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 on a resident that occurs other than by accidental means. (B)	S9999		