

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6003958	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 11/07/2023
--	--	---	---

NAME OF PROVIDER OR SUPPLIER MORGAN PARK HEALTHCARE	STREET ADDRESS, CITY, STATE, ZIP CODE 10935 SOUTH HALSTED STREET CHICAGO, IL 60628
---	--

(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 Investigation: 2388147/ IL164982 2388587 / IL165526 2388595 / IL165533 2387880 / IL164645 Facility Reported Incident of 09/04/23 IL164631	S 000		
S9999	Final Observations Statement of Licensure Violations: 1 of 3 300.610a) 300.1210b 300.3240a) 300.3240d) 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	S9999	<p>Attachment A Statement of Licensure Violations</p>	

Illinois Department of Public Health 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: IL6003958	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 11/07/2023
NAME OF PROVIDER OR SUPPLIER MORGAN PARK HEALTHCARE		STREET ADDRESS, CITY, STATE, ZIP CODE 10935 SOUTH HALSTED STREET CHICAGO, IL 60628		
(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 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.</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>d) When an investigation of a report of suspected abuse of a resident indicates, based upon credible evidence, that an employee of a long-term care facility is the perpetrator of the abuse, that employee shall immediately be barred from any further contact with residents of the facility, pending the outcome of any further investigation, prosecution or disciplinary action against the employee. (Section 3-611 of the Act)</p> <p>These requirements are not meet as evidence by:</p> <p>Based on observations, interviews and record reviews, the facility failed to ensure one resident (R22) was free from severe physical abuse and emotional trauma caused by three staff members. This failure resulted in R22 sustaining a right black eye, scratches under the eye and a scratch on top of R22's head after being repeatedly punched by staff members. The staff failed to recognize abusive behavior towards R22. Staff continued to work in the facility; facility staff failed to assess and monitor R22 for injuries.</p> <p>Findings include:</p>	S9999		

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6003958	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 11/07/2023
--	--	---	---

NAME OF PROVIDER OR SUPPLIER MORGAN PARK HEALTHCARE	STREET ADDRESS, CITY, STATE, ZIP CODE 10935 SOUTH HALSTED STREET CHICAGO, IL 60628
---	--

(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>According to interviews with V1 (Administrator) and V55 (Laundry Aide), on 10/12/23 and 10/13/23, V21 (Licensed Practical Nurse), V56 (Licensed Practical Nurse), and V57 (Certified Nursing Assistant) physically attacked R22 by punching and hitting R22 multiple times while R22 was sitting in a wheelchair in the hallway. The attack was witnessed by V55 (Laundry Aide). Progress note dated 10/13/23, LATE ENTRY, created 10/16/23, reads in part: On 10/13/23 the Administrator received a report from housekeeping that the resident (R22) was involved in an incident where staff allegedly exhibited inappropriate behavior towards R22. On 10/13/23 at approximately 2:20pm, the writer observed bruising on R22's face.</p> <p>According to facility daily staff schedules and attendance/timecard documents, all three staff members involved, continued to work their shifts on 10/12/23 (day of the incident). V56 worked a second shift on that day. All three staff returned to work on 10/13/23 and worked on R22's floor/unit. On 10/13/23 surveyor observed and interviewed V21 and V56 while on R22's floor/unit. There was no documentation in R22's electronic medical record on 10/12/23 detailing an incident involving abuse, or that R22 was sent out to the hospital, that the physician, law enforcement, or family were notified.</p> <p>On 10/13/23 at 2:33 PM, R22 stated, "I can walk a little but not that long. I can get in the wheelchair by myself. They took my wheelchair. The white girl at the desk took it. She took the chair to keep me from getting up and walking. I been in this bed two days. I don't know why she don't want me to walk. The white lady nurse poked me in the eye and back of my head with a</p>	S9999		

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6003958	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 11/07/2023
--	--	---	---

NAME OF PROVIDER OR SUPPLIER MORGAN PARK HEALTHCARE	STREET ADDRESS, CITY, STATE, ZIP CODE 10935 SOUTH HALSTED STREET CHICAGO, IL 60628
---	--

(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>writing pen. I don't know why, maybe I was getting smart with her."</p> <p>On 10/13/23 at 2:33 PM, surveyor observed R22's right eye was black with a scratch underneath. Observed scratches on the top of R22's head, right side.</p> <p>On 10/13/23 approximately 3:15 PM, R22 said she looked like you (surveyor), she poked me with a pen. V57 (Certified Nursing Assistant) told me not to talk to you.</p> <p>Facility Incident Investigation final report, 10/19/23, reads in part: Right eye ecchymosis and right forehead bump all consistent with strike from fall. The facility is unable to substantiate abuse as there is no credible evidence that abuse occurred related to several conflicting descriptions of the events occurring on October 12. Two resident Witness Statements included with the final report say they witnessed staff hit R22.</p> <p>R22 Order Listing Report/Physician Order Summary, printed 10/19/23, reads in part: Monitor discoloration to facial area, last order date 10/16/23. R22 Treatment Administration Record, 10/23, reads in part: Monitor discoloration to facial area one time a day, start date 10/17/2023.</p> <p>R22 Order Listing Report/Physician Order Summary, printed 10/19/23, reads in part: Send out for CT (Computed Tomography) scan, last order date 10/13/23; STAT facial bone x-ray, last order date 10/13/23.</p> <p>Hospital record, 10/13/23, physical exam of R22 reveals bilateral orbital ecchymosis. Diagnostic Imaging Report, 10/13/23, CT (Computed</p>	S9999		

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6003958	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED C 11/07/2023
NAME OF PROVIDER OR SUPPLIER MORGAN PARK HEALTHCARE		STREET ADDRESS, CITY, STATE, ZIP CODE 10935 SOUTH HALSTED STREET CHICAGO, IL 60628		
(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 Tomography) scan of the brain without contrast, there is mild swelling and hematoma in the right frontal scalp. On 10/13/23 at 3:22 PM, V1 (Administrator) stated V55 (Laundry Aide) reported to V1 that V55 heard three staff members beat up R22. V1 reports that V55 said V55 was on the floor (3 North) and saw part of it, V55 told me V55 was passing out laundry, R22 was in the medication line and tried to jump in front of R26. R22 stuck R22's leg out to trip R26. V57 (Certified Nursing Assistant) intervened to move R26 out of the line. R22 was swinging at V57 and hit V57's ear. Nurses, V21 and V56, came over to assist V57 because R22 was swinging on V57. V55 said she observed the nurse(V56) hit R22. V55(Laundry Aide) said it happened yesterday (10/12/2023). V55 said she attempted to report it yesterday but said I wasn't here in my office. V1 stated, I was here all day yesterday. V55 said there were other residents in the hallway when it happened. I interviewed residents on the unit. They said they saw R22 swinging at V57. V1 said, "Nobody said they witnessed the staff fight/hit R22." V55 was not working today (10/13/2023). V55 came in, off-duty, to report. V55 came in between 12:50 PM to 1:10 PM. V1 said, "No other staff reported this." I sent the reportable today at approximately 3 PM. V56 was suspended today pending investigation. R22's 10/13/23 facesheet documents R22 is 74 years old. R22 has diagnoses not limited to dementia, mood disorder, difficulty in walking, unsteadiness on feet, bipolar disorder, osteoarthritis, seizures, major depressive disorder, Alzheimer's disease, acute systolic (congestive) heart failure, type 1 diabetes mellitus. MDS, 7/3/23, documents R22 has a	S9999		

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6003958	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____		(X3) DATE SURVEY COMPLETED C 11/07/2023
NAME OF PROVIDER OR SUPPLIER MORGAN PARK HEALTHCARE			STREET ADDRESS, CITY, STATE, ZIP CODE 10935 SOUTH HALSTED STREET CHICAGO, IL 60628		
(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>BIMS (Brief Interview for Mental Status) of 06 suggesting R22 has severely impaired cognition, does not have hallucinations or delusions and R22 uses a wheelchair.</p> <p>R22's care plan initiated 4/26/22 documents in part: Dementia. The resident has impaired cognitive function/dementia or impaired thought process related to dementia; with an intervention to communicate with the resident/family/caregivers regarding residents' capabilities and needs; R22's care plan initiated 4/5/23 documents in part: Resident may be at risk for potential abuse related to behavior problem; with an intervention assure resident that they are in a safe and secure environment with caring professionals; R22's care plan initiated 4/5/23 documents in part: Resident may be at risk for potential abuse related to mental/emotional challenges; with intervention report any unusual behavior or incident to supervisor; R22's care plan initiated 2/25/21 documents in part: The resident is/has potential to demonstrate physically aggressive behaviors related to anger, poor impulse control; with intervention when the resident becomes agitated: intervene before agitation escalates; guide away from source of distress; engage calmly in conversation; if response is aggressive, staff to walk calmly away and approach later.</p> <p>On 10/17/23 at 10:30 AM, V1 (Administrator) stated V56 (Licensed Practical Nurse), V21 (Licensed Practical Nurse), and V57 (Certified Nursing Assistant) were suspended for the abuse investigation. V1 stated the facility cameras do not work.</p> <p>On 10/17/23 at 1:55 PM, V1 (Administrator) stated V1 is not sure if staff have CPI (Crisis</p>	S9999			

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6003958	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED C 11/07/2023
NAME OF PROVIDER OR SUPPLIER MORGAN PARK HEALTHCARE		STREET ADDRESS, CITY, STATE, ZIP CODE 10935 SOUTH HALSTED STREET CHICAGO, IL 60628		
(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 6 Prevention & Intervention) training cards. All staff are trained on de-escalation. Residents are not supposed to be physically held down by staff. That would only happen if a physician gave an order for restraint. But we don't do that, we are a restraint free facility. If a resident is being held down that is a restraint, that is abuse. I am the Abuse Coordinator. If staff witness abuse, they are to report it to me. Staff are in-serviced on abuse at least quarterly. Abuse is a reportable incident it should be immediately reported to IDPH (Illinois Department of Public Health). We have two hours to submit a reportable. The three staff involved worked in the facility on 10/13/23 (the day after the abuse incident). I did not know about the incident on 10/12/23. I found out about the incident on 10/13/23. On 10/17/23 at 3:05 PM, V2 (Director of Nursing) stated I was not told on Thursday, 10/12/23, about an incident involving abuse. I was made aware on Friday, 10/13/23. In the morning meeting, I was told by V1 (Administrator) that V55 (Laundry Aide) told V1 they witnessed abuse from the nursing staff. The alleged nurses said residents were in line for medications. R22 attempted to kick a resident and V57 (Certified Nursing Assistant) tried to stop R22. All three staff, V21 (Licensed Practical Nurse), V57, and V56 (Licensed Practical Nurse) stated no one physically touched R22 outside of trying to grab R22's hand to stop R22 from hitting another resident. V57 said V57 grabbed R22's hand to stop R22 from hitting a resident. We do not restrain here. It can be abuse if they cannot release themselves from the restraint. We call a code if a patient is hurting self and others. We remove them to keep them safe. We usually use verbal redirection. R22 is verbally aggressive, threatening, has attempted to hit people. R22 is	S9999		

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6003958	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED C 11/07/2023
--	--	--	---

NAME OF PROVIDER OR SUPPLIER MORGAN PARK HEALTHCARE	STREET ADDRESS, CITY, STATE, ZIP CODE 10935 SOUTH HALSTED STREET CHICAGO, IL 60628
---	--

(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>usually re-directable. Yes, staff get behavior management and de-escalation training/CPI (Crisis Prevention & Intervention) training.</p> <p>On 10/17/23 at 10:55 AM, V55 (Laundry Aide) stated I was on the floor, 3 North, on Thursday morning (10/12/23), maybe 10:30 AM to 11 AM. I know it was before 12 PM. I was delivering clothes. The residents were lined up for medication. I saw R22. R26 said "Why you kick me." R22's leg is always extended out. There are no foot props on R22's wheelchair. R22 said "I didn't kick you." V21 (Licensed Practical Nurse) asked who kicked you. V21 said "I'm sick of R22. R22 got to go." V57 (Certified Nursing Assistant) moved R22 out of the line, moving toward R22's room. R22 was swinging back, saying "Leave me alone." V57 took a pen out of V57's pocket and started stabbing R22 in the neck and head. V55 grabbed surveyors ink pen and demonstrated what V55 witnessed. V55 said and demonstrated that V57 clicked the pen to eject the ink cartridge as if to write and made stabbing motions. V55 said R22 was trying to block V57. V21 had R22's arm folded/pinned back. R22 was saying "Let me go." V56 (Licensed Practical Nurse) started punching R22 in the face so hard. "It was horrible." V55 stood up and demonstrated a fighting/boxing stance with both fists up. V55 said that is how V56 was fighting R22, like a boxer. Nobody came to stop it. They kept beating R22. They had no remorse that R22 was a helpless old man. V57 stabbed R22, had to be about 30 times. They did not investigate if the other resident was kicked. They don't like R22 for some reason. I don't know why. V57 said "That's why your kids don't come see you, and don't answer the phone." V55 said "Every time I close my eyes, I see this. I'm not sleeping, eating. I'm scared for R22." At the end,</p>	S9999		

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6003958	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 11/07/2023
--	--	---	---

NAME OF PROVIDER OR SUPPLIER MORGAN PARK HEALTHCARE	STREET ADDRESS, CITY, STATE, ZIP CODE 10935 SOUTH HALSTED STREET CHICAGO, IL 60628
---	--

(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>I told V21 to clean V21's face because there were some scratches. V57 said "Aint (sic) sxxt wrong with me, I'm straight." R22 never touched V57 because V57 kept backing up. R22 was in the wheelchair the whole time. R22 has mobility issues. R22 can't get up right away. After, I saw V68 (Restorative Aide) and V69 (Restorative Aide). They told me to report what I saw. Later, I saw V68. V68 said she saw R22 and R22's head was bandaged, and eye was black and R22 was just lying in the bed. I told my coworker that they just beat R22 for no reason. My coworker told me to go tell the Administrator. The Administrator was not in the office. Just seeing that traumatized me. I couldn't work the rest of the day. What I witnessed was total abuse. I don't know who is the Abuse Coordinator. I don't see how this place is still open. I would never want nobody's parent to go through that. They always trying to cover up something. They did not try to talk to R22. V29 (Housekeeper) was on the floor at that time. I saw R25 on the floor at that time. Since I did not find the Administrator, I called my boss, V33 (Housekeeping Director), to report what I saw. I told V33 a resident was abused by two nurses and a CNA (Certified Nursing Assistant). I couldn't find the Administrator. I left that day around 1 PM to 1:30 PM. V55 said V55 has been at the facility since 2019. During the interview, V55 was observed crying/tearful and shaking.</p> <p>On 10/17/23 at 11:40 AM, V33 (Housekeeping Director) stated I was off that day (10/12/23). V55 (Laundry Aide) called me at home crying. V55 said V55 seen something V55 thought V55 would never experience. V55 saw two nurses and a CNA brutally attack a resident. One was bending R22's hand back, one was restraining R22 in the chair and hitting R22 in the face, one</p>	S9999		

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6003958	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED C 11/07/2023
NAME OF PROVIDER OR SUPPLIER MORGAN PARK HEALTHCARE		STREET ADDRESS, CITY, STATE, ZIP CODE 10935 SOUTH HALSTED STREET CHICAGO, IL 60628		
(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 9</p> <p>was poking R22 with a pen. V55 said V1 (Administrator) was not in the office. I reached out to V1 to tell V1 what I was told. I text V1 that my Laundry Aide witnessed abuse of a resident. V1 text me back that V1 knew of an incident that R22 fell out of the bed. I notified V38 (Human Resource Director) on that Friday morning (10/13/23) around 8:30 AM. When I told V1 the story on Friday, V2 (Director of Nursing) was in the office and V2 was saying I don't believe that. V2 was trying to brush it off. I have been in-serviced on abuse, drug abuse, and abatement plan. The Administrator is the Abuse Coordinator. I've heard staff talking to residents recklessly saying things like "That's why your family don't visit you." I've heard V57 say that to a resident. I have not witnessed staff cussing at residents.</p> <p>On 10/17/23 at 11:55 AM, V38 (Human Resource Director) stated V33 (Housekeeping Director) said V33's staff member (V55) witnessed a resident being abused. We went to the morning meeting on Friday (10/13/23). I told V33 to tell V1 (Administrator). After V33 talked to V1, I saw V33 and V33 said they V1 and V2 (Director of Nursing) said the resident had a fall. Everybody has the abuse tag attached to their badge. I have not received reports of staff being under the influence of alcohol or drugs.</p> <p>On 10/17/23 at 1:30 PM, V29 (Housekeeper) stated I am the housekeeper for 3 North. Friday (10/13/23) I was in R22's room sweeping. A nurse came into the room to change R22's head bandage. The nurse said to R22, "You got your ass whooped." R22's head was wrapped in gauze and R22's right eye was black. I asked R22 who beat R22 up. R22 said "The CNA, nurse, she on the clock now." [All three staff members named in the incident were working</p>	S9999		

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6003958	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 11/07/2023
NAME OF PROVIDER OR SUPPLIER MORGAN PARK HEALTHCARE			STREET ADDRESS, CITY, STATE, ZIP CODE 10935 SOUTH HALSTED STREET CHICAGO, IL 60628		
(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 10 10/13/23 the day after the abuse incident.] R22 is not cooperative, R22 is verbally aggressive when R22 don't get R22's way. R22 is in a wheelchair. R22's left leg don't really work. The left leg gets under the chair and slows R22 down. Nurses get impatient and push R22 out the way. I've seen V21 (Licensed Practical Nurse) deny R22 to use the phone when R22 has asked. I didn't report because it happened already. I have been in-serviced on abuse. The Administrator is the Abuse Coordinator. We report abuse to the Administrator. I have witnessed staff cussing at residents, especially V57 (Certified Nursing Assistant). On 10/17/23 at 2:30 PM, V54 (Nurse Practitioner) stated it was reported that R22 had a fall on Thursday (10/12/23). They didn't see bruising or trauma on Thursday. Friday (10/13/23), according to staff, R22 had bruising on orbit around the eye, and I ordered to send R22 out. They thought bruising was from the fall. They notified me on Thursday of a fall but no notable trauma. Nothing to send out for on Thursday. They did not notify me of R22 being hit/abused. It is absolutely not okay for staff to hit a resident. R22 can be a little agitated at times, needs redirection. R22 was too aggressive on the dementia unit and was moved. R22 has cognitive impairment. Some dementia residents don't feel this is their normal and are aggressive. That is still no reason for staff to hit a resident. I don't condone for any resident to be hit, aggressive or not. Staff have not told me about behaviors from R22 lately that I would want to do urine testing. R22 uses a wheelchair, has an unsteady gait, is very tall. R22 can fall if R22 does not use the wheelchair. R22 is on blood thinners and can bruise easily. I noticed right orbit bruising. I did not order for head to be wrapped, there was no	S9999			

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6003958	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____		(X3) DATE SURVEY COMPLETED C 11/07/2023
NAME OF PROVIDER OR SUPPLIER MORGAN PARK HEALTHCARE		STREET ADDRESS, CITY, STATE, ZIP CODE 10935 SOUTH HALSTED STREET CHICAGO, IL 60628		
(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 11</p> <p>reason. R22 has one red area on top of the head, maybe a birthmark and has random scratches. R22 has low platelet count so bruises easier from any trauma, including being hit.</p> <p>On 10/19/23 at 8:06 AM, V68 (Restorative Aide) stated I was informed about a resident being hit by V55 (Laundry Aide). V55 told us (myself and V69) V55 saw a staff member hit a resident. I told V55 to talk to the Administrator who is the Abuse Coordinator and the Director of Nursing.</p> <p>On 10/19/23 at 8:10 AM, V69 (Restorative Aide) stated V55 (Laundry Aide) told me V55 saw a resident being hit by a staff member. V55 was distraught/emotional. V55 did not know what to do. We (I and V68) directed V55 to the Administration office.</p> <p>On 10/19/23 at 8:40 AM, V19 (Wound Care Coordinator) stated I've been here as the treatment nurse for over ten years. R22 had a body assessment done on Monday (10/16/23). Monday was the first time I saw R22. Monday the nurse on the floor notified me that R22 needs a body check. I noticed discoloration (redness), yellowing, bruising around both eyes, minor abrasions to neck (right side) and head had abrasions back of the head, right side. They were new, fresh.</p> <p>On 10/19/23 at 9:35 AM, V20 (Treatment Nurse) stated R22 doesn't have any wounds. I am familiar with R22 because I used to work the floor. R22 has no open wounds, no drainage. R22 has discoloration and yellowing of the right side of the face, eye and eyebrow area and forehead.</p> <p>On 10/19/23 at 10:02 AM, V4 (Social Service</p>	S9999		

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6003958	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED C 11/07/2023
NAME OF PROVIDER OR SUPPLIER MORGAN PARK HEALTHCARE		STREET ADDRESS, CITY, STATE, ZIP CODE 10935 SOUTH HALSTED STREET CHICAGO, IL 60628		
(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 12</p> <p>Director) stated I am familiar with R22. V1 (Administrator) told me on Friday about the abuse allegation. R22 has a diagnosis of confusion. R22 states R22 has been attacked but cannot say by who or when. If you ask R22 again R22 will say that R22 fell.</p> <p>On 10/19/23 at 10:21 AM, V33 (Housekeeping Director) stated I text V1 (Administrator) on 10/12/23 at 4:40 PM "It was brought to my attention of abuse to a resident, R22 in room ###. R22 has a black eye." V1 replied on 10/12/23 at 5:06 PM "Thank you for reporting R22 had a fall."</p> <p>On 10/19/23 at 12:27 PM, R25 said R22 hit the staff. Staff hit R22 back. I was trying to stay out of it and walked the other way.</p> <p>On 10/19/23 at 12:33 PM, R26 said R22 swung at me. V57 grabbed R22's wheelchair and pushed R22 toward R22's room. R22 swung back and hit V57. V56 and V21 grabbed R22's arms, one on each side. V57 was in front of R22. They pulled R22 into R22's room, that's the last I saw.</p> <p>On 10/20/23 at 9:34 AM, V21 (Licensed Practical Nurse) stated V21 was in the process of setting up the medication cart. I heard a commotion in the hallway. As I was coming out of the nourishment room, R22 was kicking and flailing trying to hit staff [V57 (Certified Nursing Assistant) and V56 (Licensed Practical Nurse)]. I don't know why R22 was trying to hit them. I was told later, R22 had an altercation with another resident, R26, and they were trying to separate them. This happened in the hallway. There were other residents present. I tried to help get R22 to R22's room. The three of us (myself, V56 and V57) took R22 to R22's room. R22 was still flailing at us. R22 was in a high-back wheelchair</p>	S9999		

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6003958	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 11/07/2023
NAME OF PROVIDER OR SUPPLIER MORGAN PARK HEALTHCARE		STREET ADDRESS, CITY, STATE, ZIP CODE 10935 SOUTH HALSTED STREET CHICAGO, IL 60628		
(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 13 at the time. R22 can take a few steps on R22's own, from what I've seen. I've seen R22 stand and get into R22's wheelchair or into the bed on R22's own. I walked out after getting R22 into the room. I went to the bathroom to gain my composure and wash my face. I don't know when the other two staff left R22's room. R22 is a psych patient and getting them into their own rooms is sometimes calming to the resident. R22 is very strong. I was trying to hold R22's left arm. I grabbed R22's left arm so R22 couldn't hit me. Because it was going so fast, I did not see the other two staff hold R22 anywhere. I'm not sure of all R22's diagnoses but I would not be surprised if R22 has dementia. R22 definitely is psych but I don't know 100% if R22 is a dementia patient. I did not hit R22, and I didn't witness the other two staff hit R22. I didn't see anyone punch R22 or stab R22 with an ink pen. I looked at R22 as I walked out of the room. I did not see any injuries on R22. R22 was not my resident. For the rest of the shift when I passed R22's room I did not notice anything out of the ordinary, but I did not go into the room. This happened on Thursday (10/12/23). I worked the next day, Friday (10/13/23), on R22's floor. R22 was not my resident. I can't recall seeing R22 on Friday. On Friday, you (surveyor) asked if I knew of an incident of staff being abusive to a resident and I said no. The Abuse Coordinator is the Administrator. Types of abuse are verbal, physical, sexual, financial, emotional. I don't remember the last in-service on abuse. I do remember that if I witness abuse, I report it to the Administrator. On 10/20/23 at 10:11 AM, V56 (Licensed Practical Nurse) stated I was doing my medication pass. I heard loud voices, a verbal altercation. I saw R22 kicking and swinging at	S9999		

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6003958	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 11/07/2023
--	--	---	---

NAME OF PROVIDER OR SUPPLIER MORGAN PARK HEALTHCARE	STREET ADDRESS, CITY, STATE, ZIP CODE 10935 SOUTH HALSTED STREET CHICAGO, IL 60628
---	--

(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 14</p> <p>R26 and at V57 (Certified Nursing Assistant). I do not know why. I can't say if V57 tried to hold R22 down or if V57 hit R22. I was at my cart. I don't know what was going on over there. My cart was on the other side of the nursing station. They were away from me near the other side of the nursing station. I was on one side of the nursing station, and they were on the other. R22 can become aggressive and upset as R22's normal behavior. R22 was in R22's wheelchair. R26 was standing. R22 can walk slowly, unsteady, but majority R22 uses the wheelchair. I went over to assist in stopping R22 from harming self or others. I don't know if anyone was hit. I was pushing R22's chair forward to R22's room. Usually, when you get R22 away from what made R22 act out and into R22's room, R22 calms down. I don't recall if we pushed R22 into the room or just to the threshold of room and I left. From what I remember, myself and V21 (Licensed Practical Nurse) pushed R22 into R22's room. From what I remember, V57 did not help to wheel R22 into the room. I don't know where V57 was. I don't know if R22 was hit in the process. From the time the incident started to the time it ended, I didn't see any staff hit R22, punch R22 or stab R22 with an ink pen. I did not see any injuries on R22. I was not holding any extremity. I don't recall if V21 was holding an extremity. The Abuse Coordinator is the Administrator. If I witness or am involved in abuse, I am supposed to report it to the Administrator. I can't say when I was in-serviced on abuse. Types of abuse are isolation, if a resident doesn't feel safe, lack of care, resident struck by another resident or staff, verbal. On Friday, you (surveyor) asked if R22 reported anything to me and I told you no.</p> <p>On 10/20/23 at 10:47 AM, V70 (Certified Nursing</p>	S9999		

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6003958	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 11/07/2023
NAME OF PROVIDER OR SUPPLIER MORGAN PARK HEALTHCARE			STREET ADDRESS, CITY, STATE, ZIP CODE 10935 SOUTH HALSTED STREET CHICAGO, IL 60628		
(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 15 Assistant) stated when I arrived at work on 10/12/23, Thursday, at 8 AM, I did rounds. I saw red marks on R22's face. I went to the nurse. V56 (Licensed Practical Nurse), and V57 (Certified Nursing Assistant) said R22 had a fall overnight. When I asked R22 about R22's face, R22 said I'm cool, I'm fine. R22 was my resident that day. On 10/20/23 at 4:26 PM, V68 (Restorative Aide) stated I saw R22 about an hour to two hours after I talked to V55 (Laundry Aide). I did not go all the way into R22's room. R22's head was wrapped up with a white gauze bandage. R22 was laying in the bed with back to me. I did not see R22's face. I asked R22 what was going on/what was wrong? R22 said R22 wasn't feeling good. On 10/20/23 at 4:52 PM, V57 (Certified Nursing Assistant) stated we [me, V21 (Licensed Practical Nurse) and V56 (Licensed Practical Nurse)] heard a verbal altercation in the hallway. Went to see what was going on. R22 was swinging at R26. We intervened to hold R22's hand to stop R22 from swinging and to hold R22. We were telling R22 to stop swinging. R22 was swinging at us too. We sent both R26 and R22 to their rooms to separate them. We were blocking R22's swinging/hits. We did not hold R22 down. I did not punch or hit R22. I did not stab R22 with any object. I didn't see nobody hit R22. I didn't see anything happen after they went to their rooms. R22 was not my resident that day. The Administrator is the Abuse Coordinator. I don't recall the last in-service on abuse, but I know about abuse. Physical, mental, financial are types of abuse. If I witness abuse, then I'm supposed to report immediately to the Abuse Coordinator, the Administrator. No, I do not cuss at the residents. No, I do not use foul language	S9999			

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6003958	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED C 11/07/2023
--	--	--	---

NAME OF PROVIDER OR SUPPLIER MORGAN PARK HEALTHCARE	STREET ADDRESS, CITY, STATE, ZIP CODE 10935 SOUTH HALSTED STREET CHICAGO, IL 60628
---	--

(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 16</p> <p>at the residents. R22 was in the wheelchair. R22 could roll self to the room. R22 went to the room on R22's own.</p> <p>Facility daily staff schedule dated 10/12/23, 7 AM-3 PM, indicates V56 (Licensed Practical Nurse), V21 (Licensed Practical Nurse) and V57 (Certified Nursing Assistant) were scheduled to work on 3 North.</p> <p>Facility daily staff schedule dated 10/12/23, 3 PM-11 PM, indicates V56 (Licensed Practical Nurse), was scheduled to work on 3 North.</p> <p>Facility daily staff schedule dated 10/13/23, 7 AM-3 PM, indicates V56 (Licensed Practical Nurse), V21 (Licensed Practical Nurse) and V57 (Certified Nursing Assistant) were scheduled to work on 3 North.</p> <p>Attendance/Timecard document, printed 10/17/23, indicates that on 10/12/23, V56 (Licensed Practical Nurse) was clocked in for 15:00 hours, V21 (Licensed Practical Nurse) was clocked in for 9 hours, V57 (Certified Nursing Assistant) was clocked in for 7:30 hours.</p> <p>Attendance/Timecard document, printed 10/17/23, indicates that on 10/13/23, V56 (Licensed Practical Nurse) was clocked in for 7:30 hours, V21 (Licensed Practical Nurse) was clocked in for 7:45 hours, V57 (Certified Nursing Assistant) was clocked in for 6:15 hours.</p> <p>Corrective Action Notices, dated 10/13/23, indicate V56 (Licensed Practical Nurse), V21 (Licensed Practical Nurse) and V57 (Certified Nursing Assistant) were suspended pending investigation for alleged abuse toward a resident.</p>	S9999		

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6003958	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____		(X3) DATE SURVEY COMPLETED C 11/07/2023
NAME OF PROVIDER OR SUPPLIER MORGAN PARK HEALTHCARE			STREET ADDRESS, CITY, STATE, ZIP CODE 10935 SOUTH HALSTED STREET CHICAGO, IL 60628		
(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 17</p> <p>Facility Incident Investigation initial report, 10/13/23 (one day after the incident), alleges resident abuse.</p> <p>Chicago Police Department report documents date of occurrence as 10/12/23. On 10/13/23 at approximately 5 PM, surveyor observed two police officers enter the facility. Surveyor asked V1 (Administrator) if the police officers were there for the incident surveyor was investigating and V1 said yes.</p> <p>Facility Abuse Prevention Program Facility Policy and Procedure, 1/4/18, documents in part: Abuse is defined as the willful infliction of injury, unreasonable confinement, intimidation or punishment with resulting physical harm, pain, or mental anguish. During orientation of new employees, the facility will cover at least the following topics: what constitutes abuse, neglect, exploitation, mistreatment and misappropriation of resident property; staff obligations to prevent and report abuse, neglect, exploitation, mistreatment and misappropriation of resident property; dementia knowledge, awareness, management and prevention of abuse/mistreatment; how to assess, prevent and manage aggressive, violent and/or catastrophic reactions of residents in a way that protects both residents and staff; how to recognize and deal with burnout, frustration, and stress that may lead to inappropriate responses or abusive reaction to residents; an employee's obligation under the law for reporting a suspected crime to the facility, the state survey agency and local law enforcement; the time frames for reporting; and managements obligation to prohibit retaliation against anyone who makes a report. Employees are required to report any incident, allegation or suspicion of potential abuse, neglect, exploitation,</p>	S9999			

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6003958	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 11/07/2023
--	--	---	---

NAME OF PROVIDER OR SUPPLIER MORGAN PARK HEALTHCARE	STREET ADDRESS, CITY, STATE, ZIP CODE 10935 SOUTH HALSTED STREET CHICAGO, IL 60628
---	--

(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 18</p> <p>mistreatment, or misappropriation of resident property they observe, hear about, or suspect to the administrator immediately or to an immediate supervisor who must then immediately report it to the administrator. In the absence of the administrator, reporting can be made to an individual who has been designated to act as administrator in the administrator's absence. Reports should be documented, and a record kept of the documentation. Supervisors shall immediately inform the administrator or person designated to act as administrator in the administrator's absence of all reports of incidents, allegations or suspicion of potential abuse, neglect, exploitation, mistreatment, or misappropriation of resident property. Upon learning of the report, the administrator or a designee shall initiate an incident investigation. The nursing staff is additionally responsible for reporting on a facility incident report the appearance of suspicious bruises, lacerations, or other abnormalities as they occur. Upon report of such occurrences, the nursing supervisor is responsible for assessing the resident, reviewing the documentation, and reporting to the administrator or the person designated to act on behalf of the administrator in the administrator's absence. If the resident complains of physical injuries or if resident harm is suspected, the resident's physician will be contacted for further instructions. Employees of this facility who have been accused of abuse, neglect, exploitation, mistreatment, or misappropriation of resident property will be removed from resident contact immediately until the results of the investigation have been reviewed by the administrator. Incidents or allegations involving abuse, neglect, exploitation, mistreatment, or misappropriation of resident property will be reviewed by administration and shall be investigated as</p>	S9999		

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6003958	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 11/07/2023
NAME OF PROVIDER OR SUPPLIER MORGAN PARK HEALTHCARE			STREET ADDRESS, CITY, STATE, ZIP CODE 10935 SOUTH HALSTED STREET CHICAGO, IL 60628		
(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 19</p> <p>indicated and appropriate. When an allegation of abuse, exploitation, neglect, mistreatment, or misappropriation of resident property has occurred, the resident's representative and the Department of Public Health's regional office shall be informed that an occurrence of potential abuse, neglect, exploitation, mistreatment, or misappropriation of resident property has been reported and is being investigated. This report shall be made immediately, but not later than two hours after the allegation is made, if the events that cause the allegation involve abuse or resulted in serious bodily injury; or not less than 24 hours if the events that cause the allegation do not involve abuse and did not result in serious bodily injury. Within five working days after the report of the occurrence, a complete written report of the conclusion of the investigation, including steps the facility has taken in response to the allegation, will be sent to the Department of Public Health. The facility shall also contact local law enforcement authorities in the following situations: Suspected physical abuse involving physical injury inflicted on a resident by a staff member or a visitor.</p> <p>Facility Behavior Management for Agitated Behavior, 4/14, documents in part: Allow time to calm down with 1:1 explanation of why behavior is inappropriate and unacceptable in a calm, soft voice. Document all interventions attempted and administered and the resident's response to medical interventions.</p> <p>According to the Facility Assessment, 5/16/2023, the facility offers mental health and behavior care. Manages the medical conditions and medication-related issues causing psychiatric symptoms and behavior, identify and implement interventions to help support individuals with</p>	S9999			

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6003958	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 11/07/2023
--	--	---	--

NAME OF PROVIDER OR SUPPLIER MORGAN PARK HEALTHCARE	STREET ADDRESS, CITY, STATE, ZIP CODE 10935 SOUTH HALSTED STREET CHICAGO, IL 60628
---	--

(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 20</p> <p>issues such as dealing with anxiety, care of someone with cognitive impairment, care of individuals with depression, trauma/PTSD, other psychiatric diagnoses, intellectual or developmental disabilities.</p> <p>(A)</p> <p>2 of 3</p> <p>300.1210b) 300.1210d)3) 300.1210d)6)</p> <p>Section 300.1210 General Requirements for Nursing and Personal Care</p> <p>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.</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>3) Objective observations of changes in a resident's condition, including mental and emotional changes, as a means for analyzing and determining care required and the need for further medical evaluation and treatment shall be made by nursing staff and recorded in the resident's medical record.</p>	S9999		
-------	--	-------	--	--

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6003958	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 11/07/2023
--	--	---	---

NAME OF PROVIDER OR SUPPLIER MORGAN PARK HEALTHCARE	STREET ADDRESS, CITY, STATE, ZIP CODE 10935 SOUTH HALSTED STREET CHICAGO, IL 60628
---	--

(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 21</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 are not meet as evidence by:</p> <p>Based on interviews and record reviews, the facility failed to ensure that the resident's environment remains free of accidental hazards for one resident (R6) who had 13 disposable shaving razors stored at bedside; failed to provide supervision and interventions for two residents (R10 and R13) with substance abuse; and failed to provide adequate supervision for a cognitively impaired resident (R3) and assess and diagnose the resident (R3) for a history of substance abuse which resulted in R3 overdosing on opiates in the facility. R3 was intubated and admitted to the hospital with a diagnosis that included but not limited to Hypercapnic respiratory failure secondary to opiates overdose, altered mental status, secondary to opiate overdose and opiate abuse.</p> <p>Findings include:</p> <p>1) R3's medical record indicate, R3 is a 73-year-old male resident that was admitted to the facility initially on 08/30/23 with diagnosis information list that includes but not limited to Schizophrenia unspecified, Major Depressive Disorder, recurrent, unspecified, Hyperlipidemia unspecified, Essential (Primary) Hypertension, Chronic Atrial Fibrillation unspecified, Chronic Obstructive Pulmonary Disease unspecified.</p>	S9999		

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6003958	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 11/07/2023	
NAME OF PROVIDER OR SUPPLIER MORGAN PARK HEALTHCARE		STREET ADDRESS, CITY, STATE, ZIP CODE 10935 SOUTH HALSTED STREET CHICAGO, IL 60628		
(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 22</p> <p>R3's medical record Progress Note by V6 LPN (Licensed Practical Nurse) documented in part that on 09/27/23 at 10:15am upon rounding, R3 was found unresponsive. Rapid Response (referring to code call to all present staff in the facility) notified and R3 was transferred to the local hospital.</p> <p>R3's EMS (Emergency Medical Services) report documented in summary that on arrival to the location (facility) at 11:01am, EMS crew found 73-year-old male (R3) lying supine on the top of his bed. Initially patient (R3) was completely unresponsive. His eyes were pinpointed and not responding to the light. (R3's) skin was cold and diaphoretic. The respiratory rate was severely decreased and inadequate. According to the nurse, who called 911 that morning, patient was not taking any narcotic based medications because patient's current medical conditions do not require any strong painkillers. Patient (R3) was found unresponsive approximately 20 to 30 minutes earlier. The nurse stated that the patient is usually ambulatory at the scene (facility) and very active. ALS (Advance Life Services) Care was initiated at bed side including initial dose of Narcan 2 milligrams followed by EKG and vital signs monitoring supportive oxygen, and IV access. Patient removed from the scene and situated on ambulance stretcher in the treatment compartment of unit 76. The second dose of 2mg of Narcan was administered. Shortly later it was noticed that patient (R3) respiratory rate increased to about 24 and SPo2 reading increased from initial 66% on room air to 97%. At this point, patient was still completely unresponsive with GCS of three. On-route to (local hospital) ALS care continued. The third dose of 2 milligrams of Narcan IV was administered due to patient's altered mental</p>	S9999		

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6003958	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 11/07/2023
NAME OF PROVIDER OR SUPPLIER MORGAN PARK HEALTHCARE			STREET ADDRESS, CITY, STATE, ZIP CODE 10935 SOUTH HALSTED STREET CHICAGO, IL 60628		
(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 23</p> <p>status. Shortly after it was noticed that patient opened his eyes and started talking. Patient (R3) admitted snorting one line of heroin sometime earlier this morning. Patient stated he had been using heroin over the past 20 years.</p> <p>R3's hospital record showed documentation that R3 arrived at the hospital in altered mental status and that on 09/27/23 at 11:39am R3 was started on mechanical ventilation with high respiratory rate and will be admitted to ICU (Intensive Care Unit) for further management of hypercapnic respiratory failure likely secondary to opiate abuse.</p> <p>R3's hospital record also showed assessment documentation dated 09/27/23 timed 8:30pm that documented in part that R3's laboratory and radiology result showed R3 presented to the hospital with altered mental status, found to be hypercapnic respiratory failure requiring intubation, Hypercapnic respiratory failure secondary to opiates overdose, altered mental status, secondary to opiate overdose, opiate abuse, healthcare acquired pneumonia, AKI likely prerenal, COPD, chronic atrial fibrillation, schizophrenia, depression, hypertension, history of substance abuse, with plan to continue mechanical ventilation and started on Zosyn (Antibiotics).</p> <p>On 10/02/23 at 12:16pm, V4 SSD (Social Services Director) stated in part that R3 went out to the hospital unresponsive. R3 did not have community pass, R3 is only able to go out with family due to his Brief Interview for Mental Health (BIMS) 04. That due to the BIMS score, R3 did not qualify for independent pass. V4 stated that R3 was not on the substance abuse list.</p>	S9999			

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6003958	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 11/07/2023
--	--	---	---

NAME OF PROVIDER OR SUPPLIER MORGAN PARK HEALTHCARE	STREET ADDRESS, CITY, STATE, ZIP CODE 10935 SOUTH HALSTED STREET CHICAGO, IL 60628
---	--

(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 24</p> <p>R3's MDS (Minimum Data Set) assessment dated 09/06/23 scored R3's BIMS (Brief Interview for Mental Status) as 04 indicating that R3 is cognitively impaired.</p> <p>R3's medical record Order Summary Report and the MAR (Medication Administration Record) dated 09/01/23 to 09/30/23 showed no order for any narcotic medication.</p> <p>On 10/02/23 at 12:40pm, V8 CNA (Certified Nurse's Aide) stated that she (V8) is familiar with R3 and she was the CNA (Certified Nurse's Aide) assigned to care for R3 on 09/27/23. V8 stated that she made rounds when she got on the floor and R3 was alert. Then when breakfast came to the floor, I (V8) got (R3's) breakfast tray as R3 was in bed. V8 stated, "I (V8) tapped R3 and told R3 that the breakfast tray is here. R3 turned around that morning. R3 did not eat much because normally R3 will eat everything in the tray." V8 stated after a while I (V8) came back to check on R3 and R3 said he was not that hungry. V8 stated, "I (V8) took the tray and left. After I (V8) started my resident AM morning routine care, I went into the room and R3 was not responding, not moving and will not answer to name call. The nurse (V6) was passing medicine in the hallway, so I alerted (V6) and we called a Rapid Response (referring to all staff in the facility at the time where called/paged to the scene of incident)."</p> <p>On 10/04/21 at 10:06am, ten (10) residents were noted smoking in the smoking patio with no staff monitoring or supervision. At 10:07am, this observation was brought to the attention of V49 (Activity Aide) who was standing inside away from the patio. At 10:08am, V49 stated, "I'm supposed to sit out there (in the patio) while they were</p>	S9999		

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6003958	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED C 11/07/2023
--	--	--	---

NAME OF PROVIDER OR SUPPLIER MORGAN PARK HEALTHCARE	STREET ADDRESS, CITY, STATE, ZIP CODE 10935 SOUTH HALSTED STREET CHICAGO, IL 60628
---	--

(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 25</p> <p>smoking."</p> <p>On 10/04/23 at 10:15am, R3 was noted in bed. R3 was not easily arousable and was with oxygen at 3 liters via nasal cannula. V6 (LPN) who was present when this observation was made stated that R3 returned during the night around 2:00am on 10/04/23 and was very sleepy now. V6 stated R3 had not received any medicine that morning because the medications had not arrived to us (referring to the facility). When the surveyor asked to see R3's medication orders, V6 could not produce any medication order for V6 in the computer. V6 stated, "I (V6) don't know why there is no medication orders and will have to check from V46 (LPN) who admitted R3 back to the facility."</p> <p>At 10:17am, the surveyor asked whether R3 had gone out or received a visitor on the day of the incident (09/27/23). V6 stated that after making her rounds and before R3 was sent to the hospital, V6 saw R3 go downstairs with the elevator, but did not see R3 return to the floor because she was passing medicine. V6 stated she did not see any visitor visiting R3 and that R3 normally goes downstairs to smoke. "Like I said before (referring to 10/02/23 interview), I did not give any medication to R3 that day and R3 was not on any narcotic medication."</p> <p>On 10/04/23 at 10:09am, Surveyor asked V52 RDO (Regional Director of Operations) about facility surveillance video footage. V52 stated, "we (facility) used to have that but not anymore. It is an old system, and it is not functional."</p> <p>On 10/04/23 at 11:19am, V46 (LPN) stated that, "I (V46) have only been here (Employed at the facility) two weeks. There are some (residents)</p>	S9999		

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6003958	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED C 11/07/2023
NAME OF PROVIDER OR SUPPLIER MORGAN PARK HEALTHCARE		STREET ADDRESS, CITY, STATE, ZIP CODE 10935 SOUTH HALSTED STREET CHICAGO, IL 60628		
(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 26</p> <p>on the second floor that are always drinking on the first floor. Some go out in the front of the facility and there is no staff monitoring outside. They can get whatever they want when it comes to weed or alcohol. V46 stated that in this type of nursing home (referring to the facility) and in this area it is not uncommon. It is normal to see these types of residents overdose on illicit drugs. I (V46) have helped at least two residents in caring for them (residents) from overdose." The surveyor asked V46 what they meant in "caring for them." V46 stated giving them Narcan from them having overdosed on illicit drugs. When asked to identify the two residents, V46 stated she couldn't remember who they are (referring to the residents). "We (Facility) have Narcan stored on the medication carts in case of overdose."</p> <p>On 10/04/23 at 12:49pm, V45 (Activity Director) stated in part that the activity aide opens the patio at 9am to 10am, 12pm to 1pm, 3pm to 4pm and the night shift (3pm to 11pm) CNAs (Certified Nurse's Aides) open the patio at 7pm to 8pm. The surveyor asked V45 how the resident is being monitored during the smoking time. V45 stated that there should be two activity aides one in the patio and one by the door to the patio. The activity aide is never to leave the residents out in the patio by themselves without visually monitoring what they (residents) are doing. They (activity aides) are to make sure the residents are all inside the facility after smoking time and lock the patio. V45 stated that if they (referring to the residents) are still outside in the patio there should be an aide out there with them. And if they are in sessions (psycho-social groups) and out in the patio there should be a social worker present out there (patio) with the resident. Both V48 and V49 (Activity Aides) are assigned to monitor the resident today during smoking time.</p>	S9999		

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6003958	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 11/07/2023
--	--	---	---

NAME OF PROVIDER OR SUPPLIER MORGAN PARK HEALTHCARE	STREET ADDRESS, CITY, STATE, ZIP CODE 10935 SOUTH HALSTED STREET CHICAGO, IL 60628
---	--

(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 27</p> <p>On 10/04/23 at 2:58pm, V4 (Social Services Director) stated that the residents are all over the building and there is no way she (V4) would know where the residents are getting the drugs from. V4 stated, "there is no reason to monitor any of the resident unless that resident is identified as a problem with substance abuse."</p> <p>On 10/11/23 at 8:53am, V2 DON (Director of Nurse's) stated in part that she (V2) has no idea how they (referring to residents) get the substance they abuse. V2 stated that they always deny the use (of illicit drugs). V2 stated there was no reason to suspect drug and substance abuse. V2 claimed it was never clarified. Despite that the hospital records reviewed by the surveyor do show substance abuse. V2 further stated that R3 was going to deny use of drugs any way. That the paramedics just assumed that R3 was on drugs, and they gave R3 Narcan and R3 did not respond to it. V2 stated that normally they will respond to Narcan. When asked what Narcan medication is, V2 stated that it is a medication used in adverse effect of opiates. V2 stated after the paramedics gave Narcan, R3 was still unresponsive, normally the resident will respond to Narcan with substance abuse. Upon request, the facility was unable to present any recorded documentation of a visual account of R3 trying to leave the facility with visitors or family.</p> <p>The facility was unable to present any individualized plan of care upon R3's return to the facility on 10/04/23 for substance abuse and diagnosis that will address the use of opiates as recorded in R3's hospital documentation to increase the level of supervision for R3. No plan of care centered on addressing R3 endangering health condition. No plan presented to address</p>	S9999		

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6003958	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 11/07/2023
--	--	---	---

NAME OF PROVIDER OR SUPPLIER MORGAN PARK HEALTHCARE	STREET ADDRESS, CITY, STATE, ZIP CODE 10935 SOUTH HALSTED STREET CHICAGO, IL 60628
---	--

(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 28</p> <p>systemic approach to enable other residents that are cognitively impaired in ensuring safety throughout the facility environment.</p> <p>On 10/11/23 at 12:43pm V54 NP (Nurse Practitioner) stated, "I (V54) saw (R3) when he was first admitted, and he had a diagnosis of schizophrenia. There was no diagnosis of substance abuse." V54 stated that she went through the admission papers from the hospital R3 was admitted from. R3's diagnosis were COPD, Congestive Heart failure ECHO 22%. V54 stated that she was told R3 went to the hospital on 09/27/23 and that he was assessed on 10/10/23 after returning to the facility from the hospital. V54 stated that she was told that R3 went to the hospital and was diagnosed with altered mental status secondary to opiate abuse, COPD, Respiratory problems. The surveyor asked V54 what in her professional opinion did that mean? V54 stated it means he altered himself mentally and he had respiratory failure, COPD, CHF, and he was diagnosed with opioids abuse. V54 stated opioid abuse meant R3 used and abused opioids. When asked what Narcan is used for, V54 stated Narcan is a reversal medication for heroin overdose. The surveyor asked V54 where in her professional opinion she thought R3 got the opioids from, V54 stated that R3 could possibly get the drugs from anyone, family member or friends.</p> <p>On 10/11/23 at 2:02pm, V1(Administrator) presented R3's updated face sheet documentation that showed a re-admission diagnosis of Unspecified Bacteria Pneumonia onset dated 10/03/23 with no diagnosis addressing the use of opioids. R3's plan of care presented did not show any plan of care for substance abuse, V1 stated this is just a</p>	S9999		

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6003958	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 11/07/2023
NAME OF PROVIDER OR SUPPLIER MORGAN PARK HEALTHCARE		STREET ADDRESS, CITY, STATE, ZIP CODE 10935 SOUTH HALSTED STREET CHICAGO, IL 60628		
(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 29</p> <p>suspicion.</p> <p>On 10/11/23 at 3:06pm, V53 (Regional Nurse Consultant) who was present when the IJ template was presented to V1 stated, "I (V53) can agree with the supervision tag but for assessment and diagnosis there is no reason for that." V53 asked, "Do you (referring to the surveyor) mean we (facility) should add the diagnosis of substance abuse?" Surveyor indicated that it wasn't in her place to provide advice.</p> <p>On 10/17/23 at 10:31am, upon inquiry from the surveyor, both V1 (Administrator) and V2 (DON) stated that the camera system is down and does not work.</p> <p>On 10/17/23 at 11:13am, V40 (Laundry Aide) stated in part that residents are going about in the facility drunk and using drugs, and when these observations are brought to the administration, they just downplay it (referring to the concerns).</p> <p>On 10/17/23 at 2:34pm, interview with V54 (NP) regarding R3's diagnosis not including incident of opioids abuse, V54 stated, "normally R3 should have the diagnosis that showed substance abuse and as it is now it has not been included." V54 then stated, "but I don't do that (Referring to diagnosis list), the MDS people (referring to MDS Coordinator) will have to add the diagnosis."</p> <p>On 10/17/23 at 2:58pm, interview with V2 regarding supervision of resident going in and out of the facility, V2 stated that they (facility) were trying to switch from the old security company and were hiring security staff for the day shift.</p> <p>On 10/17/23 at 3:05pm, V1 stated, "yes, we are hiring now for all shifts (referring to the security</p>	S9999		

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6003958	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 11/07/2023
--	--	---	---

NAME OF PROVIDER OR SUPPLIER MORGAN PARK HEALTHCARE	STREET ADDRESS, CITY, STATE, ZIP CODE 10935 SOUTH HALSTED STREET CHICAGO, IL 60628
---	--

(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 30 staffing)."</p> <p>Surveyor observed residents outside in the front of the facility with no staff supervision on three days of the survey, 10/02/23, 10/03/23 and 10/04/23.</p> <p>The facility policy on Supervision and Safety dated 3/15 documented in part that the facility strives to make the environment as free from hazards as possible and resident safety and supervision are facility-wide priorities. Resident supervision is a core component to resident safety, staff are to increase safety factors as much as possible. Staff are to make visual rounds on residents minimally every two hours and more often, if necessary, based on resident's assessment needs.</p> <p>The facility Care Plan policy dated 1/23 documented in part that all residents will have comprehensive assessments and an individualized plan developed to assist them in achieving and maintaining their optimal status. Procedure listed includes but not limited to care plans reviewed and discussed individually, all concerns, problems, needs.</p> <p>The facility policy on Admission of Resident dated 1/23 documented in part that the purpose of the policy includes but not limited to gathering information as a basis for planning individualized therapeutic care and to ensure adherence to facility policies. Procedure includes but not limited to using information obtained, contact the physician (attending) ensuring that admission orders cover all aspects of required care and treatment.</p> <p>2) On 10/02/23 at 11:05am, on the 3rd floor North</p>	S9999		

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6003958	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____		(X3) DATE SURVEY COMPLETED C 11/07/2023
NAME OF PROVIDER OR SUPPLIER MORGAN PARK HEALTHCARE			STREET ADDRESS, CITY, STATE, ZIP CODE 10935 SOUTH HALSTED STREET CHICAGO, IL 60628		
(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 31</p> <p>wing, R6 was noted sitting in the wheelchair and on the side table multiple disposable shaving razors were noted on the bedside table and some in the shower basin on the side table. At 11:07am, when this was shown to V21 LPN (Licensed Practical Nurse), V21 stated that the residents are allowed to keep the disposable razors at bedside, but not in this amount. V21 counted them and stated they should be used with supervision. The surveyor then asked what the facility policy on hazards and supervision is, V21 stated that sharp objects should not be kept at the bedside because some other resident can walk into the room and pick them up and cut themselves.</p> <p>On 10/02/23 at 2:26pm V2 DON (Director of Nurse's) stated in part that no sharps including disposable razors should be kept at the resident bedside, and that they should be used with staff supervision.</p> <p>The facility policy on Supervision and Safety documented in part that the facility strives to make the environment as free from hazards as possible and resident safety and supervision are facility-wide priorities. Staff are to increase safety factors as much as possible.</p> <p>3) On 10/3/23 during investigation, R9 was observed in her room. Surveyor inquired about R9's knowledge of residents consuming alcoholic beverages in the facility.</p> <p>On 10/3/23 at 10:45 AM, R9 said, "I've seen residents getting drunk in the lobby quite frequently. When the nurses try to catch them, they (residents) hide the alcohol. A lot of the agency nurses may not even know what's going on with the drinking."</p>	S9999			

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6003958	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 11/07/2023
--	--	---	---

NAME OF PROVIDER OR SUPPLIER MORGAN PARK HEALTHCARE	STREET ADDRESS, CITY, STATE, ZIP CODE 10935 SOUTH HALSTED STREET CHICAGO, IL 60628
---	--

(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 32</p> <p>R9 is 39 year old with diagnosis including but not limited to: Hypertension, Gastro- Esophageal Reflux disease, Generalized Edema, Acquired absence of lung and Endocarditis.</p> <p>R9's BIMS (Brief Interview for Mental Status) score is 15, which indicates cognitively intact.</p> <p>R13 is 68 year old with diagnosis including but not limited to: Alcohol Abuse, Cocaine abuse, Heart failure, Hypertension and Atherosclerotic Heart Disease.</p> <p>R13 ha a BIMS (Brief Interview of Mental Status) score of 15, which indicates cognitively intact.</p> <p>R10 is 59 year old with diagnosis including but not limited to: Alcohol use, with intoxication, Hypertensive emergency, Opioid use, Acute Kidney failure, Acute Respiratory failure and Acute pulmonary edema.</p> <p>R10 has a BIMS (Brief Interview of Mental Status) score of 15, which indicates cognitively intact.</p> <p>During investigation (10/3/23- 10/5/23), Residents observed in the main dining area and the smoking patio unsupervised (with no staff member present).</p> <p>On 10/4/2023 at 11:20 AM, V46 LPN/ Licensed Practical Nurse said, "I have been working here for two weeks. On the 2nd floor I saw R10 drunk when he came to the unit."</p> <p>On 10/4/23 at 11:45 AM, V21 (Licensed Practical Nurse) said, I have been here for 11 years. I just caught R13 with alcohol on 10/4/23. Resident's drink on the 1st floor (common area) all the time.</p>	S9999		

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6003958	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED C 11/07/2023
--	--	--	---

NAME OF PROVIDER OR SUPPLIER MORGAN PARK HEALTHCARE	STREET ADDRESS, CITY, STATE, ZIP CODE 10935 SOUTH HALSTED STREET CHICAGO, IL 60628
---	--

(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 33</p> <p>A lot of them are still using drugs and drinking alcohol. We (Facility) are not sure how they (residents) get drugs or alcohol in the facility. On the 1st floor in the main dining area, I have smelled alcohol but can never pinpoint where the smell is coming from. This is when I will usually begin a search. I have searched and found liquor on residents in the past."</p> <p>On 10/4/23 at 12:06 PM V4 (Social Service Director) said, "R10 has drank alcohol in the main lobby. We have caught him intoxicated several times. The last time I saw R10 drinking was around 9/29/23."</p> <p>Surveyor inquired about behavior contract, care plan and interventions for R10 and R13.</p> <p>On 10/5/23 at 12:10 PM, V4 said, "R10 or R13 don't have a specific Alcohol care plan. They have substance abuse care plan. That is basically the same thing, but I will put an alcohol care plan in. They (R10 and R13) should have an alcohol care plan. R10 is being involuntarily discharged because of the drinking. R13 is on a 30 day restriction now. She (R13) can't get a pass to go outside the facility for 30 days. Other residents drink in the facility too, but it is hard to pinpoint exactly who it is. This has been going on all year."</p> <p>Surveyor inquired about security in the facility.</p> <p>On 10/4/23 at 3:32 PM, V38 (Human Resource Director) said, "We just hired security staff for the overnight shift. Security starts at 8 PM and the lobby doors lock at 8 PM. Curfew depends on resident's pass. Some residents may come in after 8 PM."</p> <p>Surveyor requested R13's Nursing progress note</p>	S9999		

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6003958	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 11/07/2023
--	--	---	---

NAME OF PROVIDER OR SUPPLIER MORGAN PARK HEALTHCARE	STREET ADDRESS, CITY, STATE, ZIP CODE 10935 SOUTH HALSTED STREET CHICAGO, IL 60628
---	--

(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 34</p> <p>regarding R13 drinking alcohol in the facility, authored by V21 on 10/2/23. R13's Nursing progress note was never received.</p> <p>R10's Progress note dated 12/29/22 documents, it was reported that R10 was drinking alcohol in the main dining room area on the first floor.</p> <p>R10's Nursing progress note dated 1/2023 documents, Social Services encouraged R10 to attend inpatient substance abuse treatment at Alcoholism and Substance Abuse center. R10 was educated on noncompliance with the treatment plan.</p> <p>R10's Nursing progress noted dated 2/20/23 documents, Social Services met with R10 due to R10's noncompliance with Substance and Alcohol Abuse program.</p> <p>R10's Care plan excluded Focus or Interventions pertaining to Alcohol Abuse/ Use in facility.</p> <p>R13's Care plan excluded Focus or Interventions pertaining to Alcohol Abuse/ Use in facility.</p> <p>Facility policy titled, Substance Use Procedure and Policy documents, it is the policy of Facility that the possession, sale, distribution and/or use of alcohol and/or other drugs is strictly prohibited in this facility.</p> <p>Facility policy titled, Supervision and Safety documents, Resident supervision is a core component to resident safety.</p> <p>(No Violation)</p> <p>3 of 3</p>	S9999		

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6003958	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED C 11/07/2023
--	--	--	---

NAME OF PROVIDER OR SUPPLIER MORGAN PARK HEALTHCARE	STREET ADDRESS, CITY, STATE, ZIP CODE 10935 SOUTH HALSTED STREET CHICAGO, IL 60628
---	--

(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 35</p> <p>300.690a) 300.690b) 300.690c)</p> <p>Section 300.690 Incidents and Accidents</p> <p>a) The facility shall maintain a file of all written reports of each incident and accident affecting a resident that is not the expected outcome of a resident's condition or disease process. A descriptive summary of each incident or accident affecting a resident shall also be recorded in the progress notes or nurse's notes of that resident.</p> <p>b) The facility shall notify the Department of any serious incident or accident. For purposes of this Section, "serious" means any incident or accident that causes physical harm or injury to a resident.</p> <p>c) The facility shall, by fax or phone, notify the Regional Office within 24 hours after each reportable incident or accident. If a reportable incident or accident results in the death of a resident, the facility shall, after contacting local law enforcement pursuant to Section 300.695, notify the Regional Office by phone only. For the purposes of this Section, "notify the Regional Office by phone only" means talk with a Department representative who confirms over the phone that the requirement to notify the Regional Office by phone has been met. If the facility is unable to contact the Regional Office, it shall notify the Department's toll-free complaint registry hotline. The facility shall send a narrative summary of each reportable accident or incident to the Department within seven days after the occurrence.</p>	S9999		

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6003958	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 11/07/2023
NAME OF PROVIDER OR SUPPLIER MORGAN PARK HEALTHCARE		STREET ADDRESS, CITY, STATE, ZIP CODE 10935 SOUTH HALSTED STREET CHICAGO, IL 60628		
(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 36</p> <p>These Requirements were not met as evidence by:</p> <p>Based on interview and record review the facility failed to report to IDPH (Illinois Department of Public Health) incidents of illicit drug overdose for one resident (R3) in the sample reviewed for opiates overdose. This failure affected R3 who was found unresponsive and was transferred to the hospital via EMS, R3 was intubated (Mechanical Ventilation) for adequate airway protection and was admitted to ICU (Intensive Care Unit) for further management of Altered Mental Status secondary to opiates abuse and Hypercapnic Respiratory failure secondary to opiate abuse.</p> <p>Findings include:</p> <p>On 09/27/23 at 10:15am, R3 had a change in condition. R3 was found unresponsive and was transferred to the local hospital. Assessment showed that R3 has altered mental status secondary to opiates overdose. Emergency care rendered to R3 includes but not limited to intubation (Mechanical Ventilation) for adequate airway protection and was admitted to ICU (Intensive Care Unit) for further management of Hypercapnic Respiratory failure secondary to opiate abuse.</p> <p>R3's hospital record Encounter Summary showed reason for hospital visit includes Respiratory Distress, drug overdose.</p> <p>EMS (Emergency Medical Services) report showed documentation that according to the nurse, who called 911 this morning, patient was not taking any narcotic based medications</p>	S9999		

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6003958	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 11/07/2023
NAME OF PROVIDER OR SUPPLIER MORGAN PARK HEALTHCARE		STREET ADDRESS, CITY, STATE, ZIP CODE 10935 SOUTH HALSTED STREET CHICAGO, IL 60628		
(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 37</p> <p>because patient's current medical conditions do not require any strong painkillers. Patient (R3) was found unresponsive approximately 20 to 30 minutes earlier. The nurse stated that patient is usually ambulatory at the scene (facility) and very active. ALS (Advance Life Services) Care was initiated at bed side including initial dose of Narcan 2 milligrams followed by EKG and vital signs monitoring supportive oxygen, and IV access. Patient removed from the scene and situated on ambulance stretcher in the treatment compartment of unit 76. The second dose of 2mg of Narcan was administered. Shortly later it was noticed that patient (R3) respiratory rate increased to about 24 and SPo2 reading increased from initial 66% on room air to 97%. At this point, patient was still completely unresponsive with GCS of three. On-route to (local hospital) ALS care continued. The third dose of 2 milligrams of Narcan IV was administered due to patient's altered mental status. Shortly after it was noticed that patient opened his eyes and started talking. Patient (R3) admitted snorting one line of heroin sometime earlier this morning.</p> <p>R3's medical record showed documentation on the MDS (Minimum Data Set) that R3 BIMS score is 04, indicating that R3 is cognitively impaired and does not have an independent community pass without supervision due to BIMS score of 04 showing that R3 is cognitively impaired.</p> <p>R3's medication list showed no order for narcotic medication.</p> <p>On 10/11/23 at 11:02am, V1 (Administrator) stated that she (V1) did report to IDPH because I (V1) do not think it should be reported.</p>	S9999		

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6003958	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 11/07/2023
NAME OF PROVIDER OR SUPPLIER MORGAN PARK HEALTHCARE			STREET ADDRESS, CITY, STATE, ZIP CODE 10935 SOUTH HALSTED STREET CHICAGO, IL 60628		
(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 38</p> <p>On 11/02/23 at 5:01pm the facility reviewed diagnosis listed on the plan of care includes poisoning by heroin, accidental unintentional initial encounter.</p> <p>The facility policy Incident / Accident reports dated 04/23 documented in part the incident / accident report is completed for all accidents, or incidents that includes where there is injury or potential for result in injury. Procedure listed includes but not limited to accidental / incidental unusual occurrences, all unexpected events that occur that cause actual or potential harm to a resident. The policy indicated that the administrator, director of Nursing, Assistant Director of Nursing, or Nursing Supervisor must notify the following if a serious injury occurs: the IDPH (Illinois Department of Public Health) as soon as possible within twenty-four (24) hours of occurrence. A narrative follow-up summary of incident is to be sent to the IDPH within five (5) working days. Incident of unknown origin are to be investigated though roughly to rule out abuse. These are to be reported to IDPH. The policy indicated that results of investigations are analyzed, and findings discussed in safety meetings.</p> <p>(No Violation)</p>	S9999			