

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6002315	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 03/29/2024
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NAME OF PROVIDER OR SUPPLIER PARK VIEW REHAB CENTER	STREET ADDRESS, CITY, STATE, ZIP CODE 5888 NORTH RIDGE CHICAGO, IL 60660
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S 000	Initial Comments Facility Reported Incident of January 24, 2024	S 000		
S9999	Final Observations Statement of Licensure Violations: 300.610 a) 300.1210 b) 300.3210 t) 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 care needs of the resident. Section 300.3210 General	S9999		

Illinois Department of Public Health LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE Electronically Signed	TITLE	(X6) DATE 04/15/24
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S9999	<p>Continued From page 1</p> <p>t) The facility shall ensure that residents are not subjected to physical, verbal, sexual or psychological abuse, neglect, exploitation, or misappropriation of property.</p> <p>These requirements are not met as evidenced by:</p> <p>Based on interview and record review, the facility failed to follow its policy on abuse for one (R1) resident of three reviewed. This deficiency led to R1 being punched by R2 on the top of his head, and R1 suffered a laceration requiring/receiving two staples.</p> <p>Findings include:</p> <p>R1's current face sheet documents R1 is a 76-year-old individual, admitted to the facility on 11/22/2017, and his medical diagnosis include but not limited to: chronic obstructive pulmonary disease, unspecified, aphasia, dysphagia, oropharyngeal phase, hemiplegia, unspecified affecting unspecified side.</p> <p>R1's MDS (Minimum Data Set) Section C - Cognitive Patterns-BIMS (Brief Interview for Mental Status), dated 2/21/24, documents R1's BIMS is 15/15, indicating R1 has intact cognition, and R1's MDS section E- behavior documents R1 does not exhibit behavioral issues.</p> <p>R2's current face sheet documents R2 is a 45 year old individual, admitted to the facility on 04/24/2024, and his medical diagnosis include but not limited to disorganized schizophrenia, auditory hallucinations, anxiety disorder, unspecified, depression, unspecified.</p>	S9999		

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S9999	<p>Continued From page 2</p> <p>R2's MDS (Minimum Data Set), Section C-Cognitive Patterns, dated 02/05/2024, does not score R2's BIMS (Brief interview for Mental status). R2's MDS section E-Behavior documents R2's behaviors as hallucinations, delusions, and physical behavioral symptoms directed to others such as hitting, kicking, pushing, threatening others, screaming, and cursing at others, occurred one to three days.</p> <p>R1's Nursing Progress notes, dated 1/24/2024 14:20, documents V7(Registered Nurse-RN) was at the nurse's station at about 2:00pm doing her charting, when it was reported by another resident, (R9) that R1 had been punched in the head by R2. V7 immediately rushed to the resident's room and found him sitting in his wheelchair with minimal bleeding on the right side of his head. R1 was assessed, he was noticed to have a minor cut on the right side of his head, and was able to communicate with hand gestures that he was punched in the head while sitting in his chair. R1 was sent to community hospital for further assessment.</p> <p>R1's Nursing Progress Notes, dated 1/24/2024 at 22:11, documents, "(R1) returned safely nearby hospital with 3 staples to top middle back of head, and said he has headache and Tylenol given, will monitor for effectiveness."</p> <p>R1's hospital records dated 1/24/2023 documents: "-You (R1) were seen and evaluated here in the emergency department after you were punched in the head and suffered a laceration over the back your head. -Staples were placed. -Please follow up in 10 days to have the staples removed with your primary care doctor or here in</p>	S9999		
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S9999	<p>Continued From page 3</p> <p>the emergency department."</p> <p>Police report number, dated 01/24/2024, documents: -AGG(Aggressive) Battery. Name of victim- R1</p> <p>R2's progress notes, dated 01/24/2024 at 15:09, R2 punched another resident(R1) in the head which lead to minimal bleeding.</p> <p>Facility reported Incident Report (FRI-Final), dated 1/30/2024, documents V7 reported to administration that R1 was observed bleeding from the back of his head, was assessed and was noted to have a laceration. R1 stated he was hit in the head by R1. Both R1 and R2 were sent to the nearby hospital, and R1 come back to the facility with two staples top mid back of the head. The FRI further documents based on the known factors from medical records and interviews, the following conclusions have been determined about the original allegations: Abuse.</p> <p>On 3/26/2024 at 10:36am, R1 stated R2 hit him on the top of his head as he was sitting in his room, and pointed to the top of his head, stating he bled when R2 hit him, and he was taken to the hospital and received two stitches. R1 stated he did not provoke R2 before R2 hit him, and R2 just walked in and hit him. R1 said he did not like it when R2 hit him, and he felt pain in his head.</p> <p>On 03/26/2024 at 10:47am, V7 (Registered Nurse) said she was the nurse on duty when R2 hit R1 unprovoked. V7 stated she was completing her charting at the nursing station, when R9 alerted her that R1 was bleeding on the head. V7 stated she rushed to R1's room and found R1 bleeding from a small laceration on the head, and R2 had punched R1 on the head with no</p>	S9999		
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S9999	<p>Continued From page 4</p> <p>provocation. V7 stated she assessed R1 and called V14 (Wound Care Nurse/LPN), who came and assessed R1 and put a dressing on R1's laceration on the head. V7 stated she then notified R1 and R2's providers and both residents were sent to nearby hospitals for further evaluations. V7 stated R1 received 2 staples on the head and returned to the facility. V7 stated R2 has a history of violence such as punching walls, and other residents feared him. V7 stated residents are not allowed to hit each other and hitting is a form of mental and physical abuse.</p> <p>On 3/27/2024 at 9:52am V14(Licensed practical Nurse-LPN/Wound Care) stated on the day R1 was punched by R2, V7 called him to the unit to assess R1, and V14 went to R1's room and found him bleeding from the right side of the top of his head. V14 stated he assessed R1, and saw R1 had a laceration on the scalp, therefore V14 cleaned the laceration with normal saline, applied pressure then wrapped it with gauze, and R1 was to the hospital for further evaluation and treatment. V14 stated residents are supposed to be kept safe in the facility and not be hit by peers or staff. V14 stated hitting is physical aggression/abuse and should not happen in the facility.</p> <p>On 03/27/2024 at 10:43am, V3(Director of Nursing) stated residents cannot hit each other because residents have to be free of injury, but sometimes residents might hit someone unwillingly because of their diagnosis, but resident had a right to be free of physical abuse.</p> <p>On 3/27/2024 at 12:38pm, V18 (Social Services Director) stated R1 has never shown physical aggression, and R1 stated he was sitting in his wheelchair in his room, R2 come from the back</p>	S9999		

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S9999	<p>Continued From page 5</p> <p>and hit him on the head with his hand. V18 said R1 told him he (R1) was upset about the incident. V18 stated residents are not supposed to hit each other because that is abuse, and it can affect the resident emotionally and physically.</p> <p>On 03/27/2024 at 1:18pm, R9 was observed in the hallway walking towards his room. R9 is alert and oriented to person, place, time, and situation. R9's BIMS score, dated 1/10/2024, documents R9's BIMS as 15/15, indicating R9's cognition is intact. R9 stated on the day R2 hit R1, he was in the room with R1 and R2 come to the room and hit R1 on the head with his (R2) knuckle, and R1 suffered a cut and was bleeding. R9 stated he went and informed V7(Registered Nurse) of what happened.</p> <p>On 03/27/2024 at 3:15pm, V1 (Administrator) stated she is the Abuse Coordinator and residents are not supposed to hit each other because hitting is a form of physical abuse, and it can lead to physical injury and the victim (resident) can be severely impacted mentally, and cognitively by being abused.</p> <p>Facility policy titled: ABUSE PREVENTION PROGRAM-POLICY, dated 1/20, documents: -The facility prohibits abuse, neglect, misappropriation of property, and exploitation of its residents, including verbal, mental, sexual, or physical abuse, corporal punishment, and involuntary seclusion. The facility has a "no tolerance" philosophy; persons found to have engaged in such conduct will be terminated. - Abuse means any physical or mental injury or sexual assault inflicted upon a resident other than by accidental means.</p>	S9999		
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