	epartment of Public	Health (X1) PROVIDER/SUPPLIER/CLIA		E CONSTRUCTION			
	OF CORRECTION	IDENTIFICATION NUMBER:				PLETED	
		IL6001523	B. WING			C 01/08/2025	
NAME OF P	ROVIDER OR SUPPLIER	STREET AL	DRESS, CITY, S	STATE, ZIP CODE			
CENTER	HOME HISPANIC EL	DERLY		RNIA			
			D, IL 60622	PROVIDER'S PLAN OF CORRE		(XE)	
(X4) ID PREFIX TAG	(EACH DEFICIENCY	Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	(EACH CORRECTIVE ACTION SE CROSS-REFERENCED TO THE AP DEFICIENCY)	IOULD BE	(X5) COMPLET DATE	
S 000	Initial Comments		S 000				
	Complaint Investiga	ation 24810279/IL182709					
S9999	Final Observations		S9999				
	Statement of Licens	sure Violations					
	300.610a) 300.1210b) 300.1210d)1) 300.1610a)1)						
	Section 300.610 R	esident Care Policies					
	procedures governi facility. The written be formulated by a Committee consisti administrator, the a medical advisory co of nursing and othe policies shall comp The written policies the facility and shal	dvisory physician or the ommittee, and representatives r services in the facility. The ly with the Act and this Part. shall be followed in operating I be reviewed at least annually documented by written, signed					
	Section 300.1210 (Nursing and Persor	General Requirements for nal Care					
	care and services to practicable physica well-being of the re- each resident's com plan. Adequate and care and personal of	shall provide the necessary o attain or maintain the highest I, mental, and psychological sident, in accordance with nprehensive resident care I properly supervised nursing care shall be provided to each e total nursing and personal					
	ment of Public Health	DER/SUPPLIER REPRESENTATIVE'S SIG	NATURE	TITLE		(X6) DATE	
	cally Signed					01/13/2	
TE FORM	1		6899	(3P311	If continu	ation sheet 1	

TATEMENT OF DEFICIENC	()	VIDER/SUPPLIER/CLIA	(X2) MULTIPLE	E CONSTRUCTION		
ND PLAN OF CORRECTION		TIFICATION NUMBER:	A. BUILDING:			PLETED
	ILE	6001523	B. WING			C 08/2025
AME OF PROVIDER OR SL	PPLIER	STREET A	DDRESS, CITY, S	TATE, ZIP CODE		
ENTER HOME HISPA	NIC ELDERLY		RTH CALIFOR	RNIA		
(X4) ID SUMM	ARY STATEMENT O			PROVIDER'S PLAN OF	CORRECTION	(X5)
RÉFIX (EACH DE		PRECEDED BY FULL YING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE AC CROSS-REFERENCED TO DEFICIEN	THE APPROPRIATE	COMPLETE DATE
S9999 Continued F	rom page 1		S9999			
care needs o	of the resident.					
nursing care	d shall be practi	on (a), general t a minimum, the ced on a 24-hour,				
hypodermic,	 Medications, including oral, rectal, hypodermic, intravenous and intramuscular, shall be properly administered. 					
Section 300. Procedures	Section 300.1610 Medication Policies and Procedures					
a) Deve	elopment of Med	lication Policies				
and procedu obtaining, di and disposir policies and the Act and t facility. The	res for properly spensing, admir g of drugs and procedures sha his Part and sha se policies and J	dopt written policies and promptly histering, returning, medications. These Il be consistent with all be followed by the procedures shall be in le federal, State and				
These regula	ations were not	met as evidenced by	:			
review, the f failing to hav stock. This f medication f experiencing	e R3's Norco pa ailure resulted in or more then 24 J excruciating le	nanage R3's pain by ain medication in ה R3 going without his	5			
Findings incl	ude:					
	heet documents	resident is a				

STATEMEN	Pepartment of Public IT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		CONSTRUCTION	COM	E SURVEY PLETED
		IL6001523	B. WING			C 08/2025
NAME OF F	PROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, ST	TATE, ZIP CODE		
CENTER	HOME HISPANIC EL	DERLY	RTH CALIFOR O, IL 60622	NIA		
(X4) ID PREFIX TAG	(EACH DEFICIENC)	TEMENT OF DEFICIENCIES / MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CC (EACH CORRECTIVE ACTIO CROSS-REFERENCED TO THE DEFICIENCY)	N SHOULD BE	(X5) COMPLETI DATE
S9999	Continued From pa	ge 2	S9999			
	limited to: atherosci other extremities wi lower limb, peripher right leg, essential (back pain, peripher with implants and g (generalized).	ignoses including but not lerosis of native arteries of ith ulceration, cellulitis of right ral vascular disease, pain in (primary) hypertension, low al vascular angioplasty status rafts, muscle weakness (MDS) section C (dated Nov				
	21, 2024) documen Interview for Menta indicating that R3's	its that R3 has a Brief I Status (BIMS) score of 14, cognition is intact.				
	has an alteration in additional and/or we issues related to no right leg. Care plan	D/16/2024) documents that R3 skin integrity and is at risk for orsening of skin integrity on pressure chronic ulcer of documents that R3 periphera nd is at increased risk of skin				
	documents in part: facilitate resident in resident comfort, pr dignity and facilitate of this policy is to a effective pain manage	Policy (revised 08/2021) It is the policy of the facility to dependence, promote reserve and enhance resident a life involvement. The purpose ccomplish that goal through ar agement program. Around the ment should be considered has pain 12 out of 24 hours.	e			
	documents in part: products are ordere	ng Policy (dated 02/2017) Medications and related ed from pharmacy on a timely ts should be sent in 72 hours e.				
		veyor was conducting a tion related to residents not				

STATEMEN	epartment of Public IT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE A. BUILDING:	CONSTRUCTION		E SURVEY PLETED	
		IL6001523	B. WING			C 1/08/2025	
NAME OF F	PROVIDER OR SUPPLIER	STREET AI	DDRESS, CITY, S	TATE, ZIP CODE			
ENTER	HOME HISPANIC EL	DERLY	RTH CALIFOR O, IL 60622	NIA			
(X4) ID	SUMMARY STA	TEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF (CORRECTION	(X5)	
PRÉFIX TAG		Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE ACT CROSS-REFERENCED TO T DEFICIENC	HE APPROPRIATE	COMPLET DATE	
S9999	Continued From pa	ige 3	S9999				
	investigation, surve determine if the res medications, as per 9:38AM, R3 stated, with my medication on time, and it is given I have is with my par Norco is not given to order. I can have a needed, and they a they continuously ru low and close to run nurses wait to the lak keep running out of times I have to wait to get here. It deper Some nurses wait to the medication and medications for 3 d Norco from the con me Tylenol. The nu supplement my Nor convenience box, the instead, and make I am waiting for the supposed to have to not given it to me s Right now, they do stock. My pain leve the right and left leop pain from 10/10 to in my knee, and I h the Norco to allevia pain that is not beir don't always have ru this keeps on happ	hey will just give me Tylenol me wait for my Norco for days Norco right now. I was he Norco for pain. They have ince yesterday, around noon. not have my medication in I is 8 out of 10. My pain is in g. The Norco brought down my 4 out of 10. I also have arthritis ave a wound as well, so I need the pain. I am experiencing ing controlled because they my medications in stock, and ening over and over again."					
		10:18 AM, V4 (2nd floor urse) stated, "He (R3) does					

STATEMEN	epartment of Public T OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	A. BUILDING: _	CONSTRUCTION	COM	E SURVEY PLETED C
		IL6001523	B. WING		01/	08/2025
NAME OF F	PROVIDER OR SUPPLIER	STREET AL	DRESS, CITY, ST	ATE, ZIP CODE		
CENTER	HOME HISPANIC EL	DERLY	RTH CALIFOR	NIA		
			D, IL 60622			
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES / MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF (EACH CORRECTIVE ACT CROSS-REFERENCED TO T DEFICIENC	ION SHOULD BE HE APPROPRIATE	(X5) COMPLET DATE
S9999	Continued From pa	ge 4	S9999			
	him Tylenol for pain because R3's Norce the script for R3's N nurse practitioner. T the 3rd floor. It look yesterday (01/01/20 gave R3 his Norco R3's Norco is support as needed for pain. to replace the medi never retrieved any (medication convert I will be able to log Norco for R3 from t box). This morning	a currently. I have been giving a. I gave R3 Tylenol for pain o is not in stock. I have to get lorco from the doctor or the There is a convenient box on s like R3 ran out of Norco 025). The last time that we is on 01/01/2025 at 11:50 AM. osed to be given every 6 hours The convenient box is there cation that we do not have. I medications from the nience box), so I am not sure if in. I did not try to retrieve the the (medication convenience I gave R3 a Tylenol for pain, he convenient box to retrieve				
	the medication cart noted that the medi R3's Norco 10/325 At 10:25 AM, surve floor licensed practi convenience box lo Surveyor observed (medication conver observed that V4 di open the (medication did not have a corre medication. V4 requ (3rd floor licensed p Norco 10/325 MG t management. Surv successfully logging When V14 selected	•				
	noted to not have the	the convenience box was ne Norco 10/325 MG tablets in a not able to retrieve the Norco				

AND PLAN OF CORRECTION IDENTIFICATION NUMBER: A. BUILDING: COMP IL6001523 B. WING 01/0 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE CENTER HOME HISPANIC ELDERLY 1401 NORTH CALIFORNIA CHICAGO, IL 60622 (X4) ID PREFIX TAG SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) ID S9999 Continued From page 5 S9999	ESURVEY PLETED C 08/2025
IL6001523 B. WING 01/0 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 1401 NORTH CALIFORNIA CHICAGO. IL 60622 1401 NORTH CALIFORNIA CHICAGO. IL 60622 (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) S9999 Continued From page 5 S9999	(X5) COMPLETE
1401 NORTH CALIFORNIA CHICAGO, IL 60622 (X4) ID PREFIX TAG SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) ID PREFIX PREFIX TAG PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY) S9999 Continued From page 5 S9999	COMPLETE
CENTER HOME HISPANIC ELDERLY CHICAGO, IL 60622 (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) S9999 Continued From page 5 S9999	COMPLETE
CHICAGO, IL 60622(X4) ID PREFIX TAGSUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)ID PREFIX TAGPROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)S9999Continued From page 5S9999	COMPLETE
PREFIX TAG(EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)PREFIX TAG(EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)S9999Continued From page 5S9999	COMPLETE
TAG REGULATORY OR LSC IDENTIFYING INFORMATION) TAG CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY) S9999 Continued From page 5 S9999	
pain medication.	
On 01/02/2025, at 1:02 PM, V2 (director of nursing-DON) stated, "I was working on the 2nd floor yesterday and I gave R3's last Norco tablet around 11:50 AM. There was only one Norco left in the bingo card, and I re-ordered it after I gave the last pill. The nurses should not wait to re-order the medication. The pain medication should be re-ordered when there are a few pills left in the bingo card, to avoid running out of the medications. I re-ordered it right away, but it has not been delivered yet." On 01/02/2025, at 1:23 PM, V7 (director of clinical services) stated, "The pharmacy will automatically replenish medications that are not controlled every 3 days. The Norco for R3 has to be re-ordered because it is a as needed (PRN)	
medication. At this time, R3 is out of his Norco tablets. The policy is that the medications should be re-ordered before the last pill is used. The nurse is not supposed to wait till the last pill is given before they order the medication. The	
nurses on the floor are not supposed to wait to order the medications when the medications run out, the medications should be re-ordered prior to running out. The (medication convenience box) is	
like a convenience box for medications that run out of the resident's medication supply. When nurses run out of the resident's medications, the	
nurses can temporarily retrieve the medications from the (medication convenience box), while they wait for pharmacy to deliver the resident's	
medication supply. When the medications run out, the (medication convenience box) is another	
source of temporarily obtaining medication. R3 has an order for Norco 10/325 MG every 6 hours	
as needed. R3's Norco medication ran out yesterday (01/01/2025). R3's Norco was linois Department of Public Health	

If continuation sheet 6 of 9

STATEMEN	Department of Public NT OF DEFICIENCIES I OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		CONSTRUCTION	(X3) DATE SURVEY COMPLETED C	
		IL6001523	B. WING			08/2025
NAME OF I	PROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, ST	TATE, ZIP CODE		
CENTER	R HOME HISPANIC EL	DERLY	ORTH CALIFOR 60, IL 60622	NIA		
CHICAGO, IL 60622 (X4) ID SUMMARY STATEMENT OF DEFICIENCIES PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL (EACH DEFICIENCY MUST BE PRECEDED BY FULL (EACH DEFICIENCY DUST BY			TION SHOULD BE	(X5) COMPLET		
TAG	REGULATORY OR L	SC IDENTIFYING INFORMATION)	TAG	CROSS-REFERENCED TO DEFICIENC		DATE
S9999	Continued From pa	ige 6	S9999			
	re-ordered by V2 (DON) on 01/01/2025, after the				
		as given around noon. R3 is				
		Norco medication. The				
		nience box) is not currently				
		stocked with the Norco 10/325 MG medication				
	and that's why R3 did not receive the Norco for					
	pain. The Norco is not currently available in the					
	(medication convenience box) because the					
	pharmacy did not stock the Norco 10/325 MG in					
	the convenience box. I spoke to the pharmacy,					
	and they said that R3's Norco supply is on the					
	way to the facility, and it will be here during the					
	evening shift, close to 3:00 PM. The pharmacy					
	should have stocked the convenience box with					
	the Norco 10 MG, h	nowever, they failed to do so				
	and that is why R3 has not received the pain					
	medication."					
		1:37 PM, V9 (medication				
		nanager/pharmacy) stated,				
		lents in the facility who had ar	ו			
		325 MG tablets. At this time,				
		ent who has an active				
		medication. R3 receives this				
		led for pain every 6 hours. Th	e			
		nience box) is not currently				
		edication, that's why the nurse	e			
		e the Norco from the				
		as not able to do so. Once we	;			
	```	n convenience box) with the				
		ablets, the nurses will be able on in case the resident's				
	0					
		t. I will send you a master list that are supposed to be filled				
		convenience box). I will also				
		edication convenience box) lis	st			
		325 MG tablet supply have	21			
		he pain medication as a "Stat"				
		and it should arrive at the				
		id 3:00 PM. R3's Norco supply	,			
	aomy today, aroun	a c.co i m. no c noice supply	1			

STATEMEN	Department of Public NT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		CONSTRUCTION	(X3) DATE SURVEY COMPLETED C	
		IL6001523	IL6001523 B. WING		01/0	
NAME OF F	PROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, ST	TATE, ZIP CODE		
CENTER	HOME HISPANIC EL	DERLY	RTH CALIFOR O, IL 60622	NIA		
(X4) ID PREFIX TAG	(EACH DEFICIENC)	TEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF ( (EACH CORRECTIVE ACT CROSS-REFERENCED TO T DEFICIENC	ION SHOULD BE THE APPROPRIATE	(X5) COMPLET DATE
S9999	Continued From pa	ige 7	S9999			
	will also arrive at th PM."	e facility today, around 3:00				
	Hand (dated 01/04/ from V18 (National Services/Pharmacy convenience box) i	<ul> <li>containing. The (medication nventory list documented that blets of Norco 10/325 MG in</li> </ul>				
	practitioner) stated for pain, scheduled bilateral legs. R3 ha leg, which also cau pain. R3 needs the When R3 does not medication on time When R3 does not medication as sche the resident's pain Tylenol in between. make sure that R3' here, and the nurse time that a script ne me to write the scri know that the Norce	10:0 1AM, V10 (nurse , "R3 takes Norco 10/325 MG for 8 hours. R3 has pain in as a vascular wound on the lef ses R3 to have increased Norco for pain management. receive the Norco pain , R3 will request to have it. receive the Norco pain eduled or in a timely manner, will increase. R3 does have I order R3's Norco, and I s Norco is filled. I am always es must let me know ahead of eeds to be written, in order for pt. The nurses should let me o medication needs to be re 5 Norco pills left in the bingo				
	documents, "Resid 11:50 AM. Provider script. Resident has	e (dated 01/01/2025) ent received last Norco at notified and request new s order for Tylenol to be ile waiting for script for Norco				
	R3's Physician Ord Norco Oral Tablet 1 rtment of Public Health	ers (dated 01/02/2025) state: 0-325 MG				

	T OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED	
		IL6001523	B. WING		– C 01/08/202	
AME OF F	PROVIDER OR SUPPLIER	STREET AI	DDRESS, CITY, ST	ATE, ZIP CODE		
ENTER	HOME HISPANIC EL	DERLY	RTH CALIFOR O, IL 60622	NIA		
(X4) ID PREFIX TAG	(EACH DEFICIENC)	TEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF (EACH CORRECTIVE ACT CROSS-REFERENCED TO 1 DEFICIENC	TION SHOULD BE	(X5) COMPLET DATE
S9999	Continued From pa	age 8	S9999			
	(Hydrocodone-Ace Drug*. Give 1 table for pain related to p	taminophen) *Controlled t by mouth three times a day pain in right leg.				
	(dated 01/02/2025)	tion Review (Wound Nurse) documents that R3 has a asuring 5.1 x 4.0 x 0.2.				