

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 02/10/2014
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 146062	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 08/21/2013
NAME OF PROVIDER OR SUPPLIER CENTER HOME HISPANIC ELDERLY			STREET ADDRESS, CITY, STATE, ZIP CODE 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)	(X5) COMPLETION DATE	
F 323	Continued From page 24 deficiency does not recur. Beginning 08/12/13 (to be completed by 08/19/13), inservices have been held with all Facility staff. The inservices were conducted by the Administrator and/or Director of Nursing and included: 1) a review of the requirement that the Facility reasonably assures that residents' environment remain as accident free as possible; 2) a review of the alleged deficiency; 3) a review of how to identify, assess and monitor residents with wandering, pacing, aggressive and/or unusual behaviors; 4) a review of how to handle these specific behaviors, how and when to increase supervision and monitoring, when to call the physician and/or send the resident out, when to initiate one on one monitoring; 5) a review of the Facility's policies and procedures on the prevention, investigation and reporting of abuse; and 6) a review of the use of the Risk Assessment tool for Abuse and Neglect. Inservices will be part of the new employee orientation training. Inservices will be conducted for all employees quarterly. IV. How corrective actions will be monitored. Quality Assurance Committee has met to assure that systems are in place and are effective in preventing abuse and that each resident receives the level of supervision that he or she needs. The Director of Nursing will review all reports of unusual occurrences, reports of abuse, neglect, assessments of new admissions and readmissions to assure that all assessments are accurate, interventions are appropriate and are carried out. Administrator will monitor for overall compliance. V. Completion Date: 08/16/13	F 323			
F9999	FINAL OBSERVATIONS	F9999			

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 02/10/2014
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 146062	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 08/21/2013
NAME OF PROVIDER OR SUPPLIER CENTER HOME HISPANIC ELDERLY			STREET ADDRESS, CITY, STATE, ZIP CODE 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)	(X5) COMPLETION DATE	
F9999	<p>Continued From page 25 LICENSURE VIOLATIONS</p> <p>300.1210b) 300.1210d)3) 300.3240a) 300.3240f)</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> <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>	F9999			

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 02/10/2014
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 146062	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 08/21/2013
NAME OF PROVIDER OR SUPPLIER CENTER HOME HISPANIC ELDERLY			STREET ADDRESS, CITY, STATE, ZIP CODE 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)	(X5) COMPLETION DATE	
F9999	Continued From page 26 f) Resident as perpetrator of abuse. When an investigation of a report of suspected abuse of a resident indicates, based upon credible evidence, that another resident of the long-term care facility is the perpetrator of the abuse, that resident's condition shall be immediately evaluated to determine the most suitable therapy and placement for the resident, considering the safety of that resident as well as the safety of other residents and employees of the facility. (Section 3-612 of the Act) THESE REQUIREMENTS WERE NOT MET AS EVIDENCED BY: Based on interview and record review the facility, failed to protect 3 of 3 female residents(R1, R4 and R5) from potential sexual abuse from R3 a male resident. On 8/12/2013, as a result of escalating inappropriate behavior, R3 removed sheets from R5 , touched R4 and was found on top of R1 a cognitively impaired female resident. This failure had the potential to affect 17 other female residents(R2, R6-R21) residing on the 3rd floor. Findings Include: Face Sheet documents that R3 was admitted on 10/19/2012 with the following pertinent diagnosis, senile dementia/delusional and depressive features, muscle weakness and altered mental status. Abuse Investigation dated 5/22/2013 states that R3 was found laying on the floor clothed with a female resident next to him, the female resident had no underpants on. R3 was sent and admitted to the hospital. Hospital Record dated 5/29/2013 states R3's chief complaint was inappropriate sexual behavior, aggressive and disorganized. Discharge Note	F9999			

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 02/10/2014
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 146062	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 08/21/2013
NAME OF PROVIDER OR SUPPLIER CENTER HOME HISPANIC ELDERLY			STREET ADDRESS, CITY, STATE, ZIP CODE 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)	(X5) COMPLETION DATE	
F9999	Continued From page 27 from the hospital states, " Direction given by staff received Haldol decanoate 50 milligram via injection today and will be given every 4 weeks with due date on 7/1/2013. Depo-Provera 150 milligram injection received today and will be given every 4 weeks due date on 7/1/2013. Clinical Assessment Report dated 6/4/2013 states that family declined De-provera injections ' and Haldol injections ' . It also states that R3 is ambulatory, independent for bed mobility, transfers, dressing, eating and toilet use. Care Plan dated 6/14/2013 and revised on 7/15/2013 states " Monitor hourly times 72 hours and make every attempt to keep in highly supervised areas during the day. " Social Service Note dated 7/18/2013 states, " Per administration and nursing staff he is now being discharged from our resident monitoring list. Writer will visit as needed to check on well being. " Care Plan for Psychotropic Medications dated 7/26/2013 states, R3 should receive Ativan as needed. Monitor for target behaviors like pacing, wandering, disrobing, inappropriate response to verbal communication, violence/aggression towards staff and others. " Nurses Note dated 8/12/2013 at 7:00AM states, " resident ambulating the hallways. Noted wandering in and out of other residents room. Reoriented by staff. Resident verbalized understanding. Escorted to day room to be with other staff. 8:30AM, resident in room 320-2 reports unwilling to leave room for breakfast reports male resident was in room last night wandering in and out twice last night. Resident placed on every 15 minute monitoring by staff. 8:35AM informed doctor of behavior, new order to send resident out to Psych facility to evaluate Family member made aware. 8:45AM, resident noted eating in dining room area still on 1:1	F9999			

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 02/10/2014
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 146062	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 08/21/2013
NAME OF PROVIDER OR SUPPLIER CENTER HOME HISPANIC ELDERLY			STREET ADDRESS, CITY, STATE, ZIP CODE 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)	(X5) COMPLETION DATE	
F9999	<p>Continued From page 28</p> <p>observation. Paramedic transport stated it will take 45 minutes for arrival to pick up R3. 1:20PM, R3 was noted in room 308 in bed with female resident(R1). Nurse entered room resident was facing window fixing pants. Nurse escorted R3 out of room. Nurse assessed R1. While nurse was on the phone with administration R3 was noted wandering in and out of rooms. R3 was found in room 323-2. Paramedics arrived and escorted R3 out to the hospital. "</p> <p>On 8/13/2013 at 12:12PM, E6(Certified Nursing Assistant) stated, " at about 1:20PM I was going into the room to provide care I noted the door closed, I opened and saw R3 on top of R1. I talked to him and said what are you doing? He got off of her and I stayed in the room and called the nurse(E5) to come in and assess both residents. Both residents went to the hospital. "</p> <p>On 8/13/2013 at 1:57PM E4(Social Service Director) stated, " I was just hired 2 weeks ago the previous social service worker assigned for R3 is no longer here, I am R3's current social worker. R3 is alert and oriented of self. R3 needs direction from staff, R3 likes to walk around. For inappropriate sexual behavior I believe R3 was monitored every 15 minutes, R3 is confused, I am not sure about procedures for supervision you will have to ask the E2(DON). "</p> <p>On 8/13/2013 at 3:17PM, E5(Nurse) stated " I was alerted by E6(CNA) screaming. When I arrived I saw R3 standing at the window by R3's bed fixing his pant zipper. I was trying to get R3 out for psychological evaluation. I called the administrator after R3 was found on top of R1 and R3 disappeared while I was on the telephone. We had to search for him again. With redirection R3 is compliant. R1 was assessed she had an incontinent brief on during the incident, When I assessed her one side of the</p>	F9999			

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 02/10/2014
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 146062	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 08/21/2013
NAME OF PROVIDER OR SUPPLIER CENTER HOME HISPANIC ELDERLY			STREET ADDRESS, CITY, STATE, ZIP CODE 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)	(X5) COMPLETION DATE	
F9999	<p>Continued From page 29</p> <p>incontinent brief was opened. R1 was on every 15 minute monitoring starting at about 8:30AM. At 1:15PM, R3 was in the day room with both activity aides, the activity aids saw R3 last before the incident happened. Everybody is responsible to monitor R3, no one person is assigned. If I knew of R3's sexual history I would have kept R3 in close proximity of the nursing station all the time. I do not know how R3 got away from the activity aides that were in the dining room. When they saw him leave they should have told me. R3 should have been monitored more. "</p> <p>On 8/14/2013 at 12:00Noon via telephone, Z1(Psychiatrist) stated, I saw R3 while in the hospital and when R3 returned to the nursing home. I ordered Depo-Provera for R3 while in the hospital and the injections were to continue monthly to decrease sexual aggression that R3 has. When R3 returned from the hospital I continued the order for monthly Depo-Provera injections. R3 was on Aricept and R3 would wander. This resident needed to be supervised, structured supervision. If R3 ' s sexually inappropriate behaviors continued, he needed to be hospitalized. Family refused for R3 to receive Depo-Provera, Haldol injections and hospitalization. R3 is a high risk individual, R3 absolutely needed to have a separate setting, a separate floor and keep him separate from other residents. That is hard to do in an opened population. R3 clearly needed an intervention. I wanted R3 to go to a specific hospital, family declined. I told them I could not be his doctor because this is a dangerous situation. I am no longer his Psychiatrist because of these reasons. R3 needs to be in a separate facility that can handle high risk patients. "</p> <p>On 8/14/2013 at 1:05PM, E8(Acitivity Aide) stated, " I was not there when it happened. I went to</p>	F9999			

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 02/10/2014
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 146062	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 08/21/2013
NAME OF PROVIDER OR SUPPLIER CENTER HOME HISPANIC ELDERLY			STREET ADDRESS, CITY, STATE, ZIP CODE 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)	(X5) COMPLETION DATE	
F9999	Continued From page 30 lunch at 12Noon and I have an hour for lunch, Talk to E9(Activity Aide) she covered for me. " On 8/14/2013 at 1:10PM, E2(DON) stated, " If necessary we do 1:1. It is stress on the staff. If we feel that R3 was a true danger to himself or others we provide 1:1. They found R3 on top of R1, but R3 did not penetrate. " On 8/14/2013 at 1:33PM, E9(Activity Aide) stated, " I start at 8:30AM and work until 4:30PM. I went to lunch at 12 noon and have an hour for lunch. The certified nursing assistants were in the dining room. I can not remember the names. R3 was with me in the morning doing activity. When I went to lunch I do not know what happened. No body from activity was on the 3 rd floor at 1PM. " On 8/14/2013 at 12:43PM, E5(Nurse) stated, " I was the receiving nurse on 6/1/2013 and I educated the family on Depo-Provera to decrease sexual aggression. I was aware that something happened, I just was not thinking on 8/12/2013. Family did not want any medication. " Nurses Noted dated 6/1/2013 documents that E5(Nurse) re-admitted R3 and informed the family of Depo-Provera injection for decrease of sexual aggression. Family wanted R3 observed closely because R3 received the injections in the hospital. On 8/14/2013 at 3:06PM, via telephone and E13(Staff interpreter), Z2 stated, " I was not aware that the hormone shot needed to be given every 4 weeks. R3 received it in the hospital, I had to sign consent in the hospital and I did. When R3 got here I did not want R3 on those 2 injections. " On 8/14/2013 at 2:11PM, E5(Nurse) " I was supposed to start duty at 6AM, I punched in at 6:30AM. On 8/12/2013 R3 was having problems from the night shift. No one reported it. A resident (R4) told me that R3 was in and out of	F9999			

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 02/10/2014
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 146062	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 08/21/2013
NAME OF PROVIDER OR SUPPLIER CENTER HOME HISPANIC ELDERLY			STREET ADDRESS, CITY, STATE, ZIP CODE 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)	(X5) COMPLETION DATE	
F9999	Continued From page 31 her room pulling the sheets off of her and that she was afraid to come out of the room. That is when I put R3 on every 15 minute monitoring. I did not give any medication. The 1:1 documentation is an error that I wrote. Looking back on things giving R3's history of sexual aggression and I was the readmitting nurse on 6-1-2013 who talked to the family about the Depo-Provera injections to decrease sexual aggression. I should have kept R3 with me at the nursing station until I got him out. R3 should have been put on 1:1 observation, I feel so bad, the incident with R1 should not have happened, I should have called 911 and kept R3 with me until 911 arrived. There are so many things I should have done differently. " Medication Administration Record was reviewed and R3 had an ordered for Benztropine 2 milligrams every 8 hours for agitation. It was not given on 8/12/2013. On 8/14/2013 at 3:40PM, Z3(Medical Doctor) stated, " I am the attending physician for R1 and R3. R3 is always wandering. The administrator wanted to dump him to another facility when the last incident happened. I pleaded with the administrator to keep him here. I do not know what to do with a resident that needs help like this. I am familiar with the last sexual incident. R3 did it again, R3's mind is not right. R3 did not penetrate R1, I don ' t even believe that R3 can get an erection. I do not know what happened, R3 did it again. In terms of supervision speak with the director of nursing. I understand all residents need to be safe, but what are we going to do with this resident. The family told me about the residents drooling so I tapered the Haldol. R3 was overmedicated. The family wants me to discontinue needed medications. If we dumped this resident to another facility that facility will get	F9999			

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 02/10/2014
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 146062	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 08/21/2013
NAME OF PROVIDER OR SUPPLIER CENTER HOME HISPANIC ELDERLY			STREET ADDRESS, CITY, STATE, ZIP CODE 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)	(X5) COMPLETION DATE	
F9999	Continued From page 32 the problems. " On 8/12/2013 at 11:48AM with tour guide E3(Restorative Nurse), R1 and R2 were in assisted chairs in the dining room being assisted to eat lunch. E3 stated that neither resident was cognitively independent. According to the Physician Order Sheet dated 8/13/2013 R1 was admitted on 9/20/2008 with the following pertinent diagnosis: Senile dementia with delusional/depressive features, difficulty in walking, unspecified debility, dysphagia and abnormal gait. The Minimum Data Set dated 5/13/2013 states that R1 was asked cognitive questions and did not answer any question. According to the Abuse Investigation Report dated 8/12/2013 ; On 8/12/2013 at 1:25PM, E6(Certified Nursing Assistant) found R1 female resident(laying in R1 ' s assigned bed and room) with R3 a male resident on top of her. E6 alerted E5 while in the room. E5(Nurse) entered the room and found R1 by the window fixing pants and zipper. The Chicago Police were called and arrived at 1:35PM. R1 was sent to the hospital for evaluation and treatment. R3 was sent to the hospital for a psychological evaluation. Hospital Record dated 8/12/2013 was reviewed for R1. Diagnosis was possible sexual assault. R1 arrived in the emergency room in a sweatshirt and incontinent brief. R1 is alert and oriented to person only. " Family at bedside do not want a rape kit done at this time as they feel it will be more traumatic to the patient because of the dementia. Family wants resident transferred back to nursing home and will look for different placement in the next couple of days. Pelvic exam revealed no bleeding or signs of trauma. R1 was discharged back to the Nursing home in stable condition on 8/12/2013. " On 8-16-2013 at 9:30AM, R4, Spanish speaking	F9999			

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 02/10/2014
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 146062	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 08/21/2013
NAME OF PROVIDER OR SUPPLIER CENTER HOME HISPANIC ELDERLY			STREET ADDRESS, CITY, STATE, ZIP CODE 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)	(X5) COMPLETION DATE	
F9999	Continued From page 33 only, ambulatory with a walker cane, alert and oriented to person, place and thing stated via E11(Social Service Aide) " I reported a man was in my room on 8/12/2013. A man came into the room and took off the sheet of my roommate R5 and threw it to the floor. I heard the sheet drop. The man walked over to me and touched me like he was waking me up. I cursed him out. I thought he was family of my roommate(R5). When he came and touched me I knew he was not family of R5. I told him what are you doing here, shame on you, you already dropped R5's cover. Get out of here. As I said that to him he went away. When I went to eat I saw him, I told the staff what he did. I was not sure of what time it happened because I was nervous. The staff were offering him food. I became upset when I saw him drop my roommate, R5's sheet. I felt safe until he touched me. Then I felt unsafe, he was not my roommates family. Why was he in here. They should have taken him and put him in jail. I would be upset if that were to happen again. Staff re-assured me that he is no longer in the facility. If I were wearing a shoe I would have hit him with it. " R5's Face Sheet was reviewed, it documents that R4 is 99 years old and list the following diagnosis; Alzheimers, fracture of pelvis and cerebral degenerations. The Facility's Abuse Prevention Program Facility Procedures dated 2012 states, " Resident Assessment: as part of the resident social history evaluation and MDS assessments, staff will identify residents with increased vulnerability for abuse, neglect, mistreatment or who have needs and behaviors that might lead to conflict. Through the Care Planning process, staff will identify any problems, goals and approaches which would reduce the chances of abuse which would reduce	F9999			

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 02/10/2014
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 146062	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 08/21/2013
NAME OF PROVIDER OR SUPPLIER CENTER HOME HISPANIC ELDERLY			STREET ADDRESS, CITY, STATE, ZIP CODE 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)	(X5) COMPLETION DATE	
F9999	<p>Continued From page 34</p> <p>the chances of abuse, neglect or mistreatment for these residents. Staff will continue to monitor the goals and approaches on a regular basis. Protection of Residents, Residents who allegedly mistreated another resident will be removed from contact with other residents during the course of the investigation. The accused residents condition shall be immediately evaluated to determine the most suitable therapy, care approaches and placement considering his or her safety as well as safety of other residents and employees of the facility. Quality Management Review: Any investigation that concluded that abuse occurred shall be reviewed by the facility quality management committee for possible changes in facility practices to ensure that similar events do not occur again. "</p> <p>On 8/16/2013 at 10:46AM, E1(Administrator) stated, " We were investigated for a previous sexual incident that R3 had in May of 2013. We put R3 on hourly monitoring. I got a call about his behavior on 8/12/2013. They were sending R3 out. Family took R3 out the day before maybe they did not give him his medication. He returned confused. Then I got another call about him on top of R1. I told the staff to follow the abuse protocol. I understand that all residents had a right to be free from sexual incident, R3 was re-direct able R3 should have been provided a 1:1 earlier to prevent R1 from having that incident. R1 will not be returning to the facility we will be issuing a 30 day notice because we cannot take care of his needs. "</p> <p>(B)</p>	F9999			