Illinois Department of Public Health

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | IL6002026 | A. BUILDING: ______<br>B. WING ______ | C<br>02/25/2015 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| **COMMUNITY CARE CENTER** | **4314 SOUTH WABASH AVENUE**<br>**CHICAGO, IL 60653** |

| (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 | Final Observations<br><br>Statement of Licensure Violations<br><br>300.1210b)<br>300.1210d)6)<br>300.3240a)<br><br>Section 300.1210 General Requirements for Nursing and Personal Care<br><br>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.<br><br>Section 300.1210 General Requirements for Nursing and Personal Care<br><br>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:<br><br>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.<br><br>Section 300.3240 Abuse and Neglect | S9999 | Attachment A<br>Statement of Licensure Violations | |

Illinois Department of Public Health

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | IL6002026 | A. BUILDING: ______ B. WING ______ | C 02/25/2015 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| **COMMUNITY CARE CENTER** | **4314 SOUTH WABASH AVENUE CHICAGO, IL 60653** |

| (X4) ID PREFIX TAG | SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) | ID PREFIX TAG | PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY) | (X5) COMPLETE DATE |
|---|---|---|---|---|
| S9999 | Continued From page 1<br><br>a) An owner, licensee, administrator, employee or agent of a facility shall not abuse or neglect a resident.<br><br>These Regulations were not met as evidenced by:<br><br>Based on interview and record review the facility failed to have a system to adequately monitor one resident (R2) out of four reviewed for self injurious behaviors. This failure resulted in R2 obtaining a razor he used to cut his left arm.<br><br>Findings include:<br><br>R2 is a 57 year old resident with several diagnoses including Major Depressive disorder, Depressive disorder and Schizophrenia. R2 has a history of suicidal ideations with a plan and drug abuse.<br><br>The behavior note dated 12/12/14 indicates R2 showed his arm to E5 (social services). The forearm was noted with a long, red and swollen scratch.<br><br>On 2/18/15 at 2:45pm E5 (PRSC/psychiatric rehab services coordinator) stated, "yes, I saw his arm. He scratched himself with plastic. He didn't know why he did it. I asked him how he felt, what's his plan. He didn't have a plan. He was placed on one to one monitoring. He was allowed to leave his room. Even though he didn't have a plan he was still watched."<br><br>The incident report dated 2/9/15 indicates R2 came to the nurses station, left anterior forearm bleeding. Resident stated he cut himself because his medications were lowered and he was tired of | S9999 | | |

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | IL6002026 | A. BUILDING: ______ B. WING ______ | C 02/25/2015 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| COMMUNITY CARE CENTER | 4314 SOUTH WABASH AVENUE CHICAGO, IL 60653 |

| (X4) ID PREFIX TAG | SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) | ID PREFIX TAG | PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY) | (X5) COMPLETE DATE |
|---|---|---|---|---|
| S9999 | Continued From page 2 | S9999 | | |

being in pain.

Review of the November 2014 through February physician's orders do not indicate any of R2's medications were lowered.

The Daily Note dated 2/9/15 1:15pm indicates R2 was observed with a bloody left anterior forearm. When asked what happened he stated that he opened a shaver and cut his arm. When asked why did he cut himself he did not respond.

The social services note dated 2/9/15 by E4 (PRSD/psychiatric rehab services director) indicates he was informed by staff that R2 intentionally performed self harm by cutting himself. R2 reported that he wanted to harm himself to stop the pain. R2 stated that he did not want to live.

On 2/18/15 at 2:45pm E5 stated, "the nurse called me and said he had a cut. He told me he felt like cutting himself. He wanted to go to the hospital. This time he had a plan, so I had to stay with him. He didn't tell me what he cut himself with. He mentioned plastic. Then another time he mentioned a blade, then he said I don't know. "

On 2/18/15 at 3:00pm, E3 (nurse) stated, "he (R2) walked up to the desk. His arm was bleeding. He had cut himself. I asked him what he used to cut himself. He said a razor. I asked him where he got it from. He wouldn't say. I asked him where is it? He gave it to me. He had put it in his drawer. He said he picked the plastic away from the blade and then cut himself. The cuts were on the anterior surface of his arm. There were about 3-4 of them, somewhat long."

Review of the incident report did not include

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | IL6002026 | A. BUILDING: ______<br>B. WING ______ | C<br>02/25/2015 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| COMMUNITY CARE CENTER | 4314 SOUTH WABASH AVENUE<br>CHICAGO, IL 60653 |

| (X4) ID PREFIX TAG | SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) | ID PREFIX TAG | PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY) | (X5) COMPLETE DATE |
|---|---|---|---|---|
| S9999 | Continued From page 3<br><br>information about the razor that was used or a description of the cuts on R2's left forearm. The investigation does not indicate how R2 obtained the razor.<br><br>On 2/23/15 at 10:25am on the third floor E3 stated, "I discarded the blade in the sharps container. I remember if I mentioned the object he (R2) used to social services. No one from that department asked me anything."<br><br>On 2/23/15 at 10:35am E1 (administrator/abuse coordinator) stated, "the DON (E2/director of nursing) called me. She said there was an incident on the floor. A resident had cut himself. I did the final report. Since he (R2) wasn't here to investigate, I went through his meds, behaviors, etc. I'm waiting on him to come back to the facility to ask him that (what he used to cut himself)."<br><br>On 2/24/15 at 10:15am E2 (director of nursing) stated" we never saw the item he used to injure himself."<br><br>Review of the incident report does not indicate whether the first nurse that discovered the injury was thoroughly interviewed or other staff on the floor. The investigation did not determine what R2 used to cut his left forearm.<br><br>Care plan interventions dated 12/22/13 indicate the PRSC (psych rehab services coordinator) will make daily rounds 5 times a week to evaluate mood, address concerns, and provide supportive counseling as needed. Care plan dated 12/22/13 intervention includes room safety checks (frequency not specified). Care plan dated 12/22/13 intervention includes establishment of a written behavioral contract with R2. | S9999 | | |

Illinois Department of Public Health

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | IL6002026 | A. BUILDING: ____ <br> B. WING ____ | C <br> 02/25/2015 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| COMMUNITY CARE CENTER | 4314 SOUTH WABASH AVENUE <br> CHICAGO, IL 60653 |

| (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 <br> On 2/25/15 at 2:50pm, careplan interventions were reviewed with E1. E1 stated, I will ask the PRSD (psych rehab services director). We didn't sign a behavior contract with him (R2). <br> The facility was unable to present documentation that the interventions mentioned in R2's care plan were implemented or followed. <br> (B) | S9999 | | |