

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 09/01/2020
NAME OF PROVIDER OF SUPPLIER CENTER HOME HISPANIC ELDERLY		STREET ADDRESS, CITY, STATE, ZIP 1401 NORTH CALIFORNIA CHICAGO, IL 60622	
For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)		
F 0607 Level of harm - Minimal harm or potential for actual harm Residents Affected - Some	Develop and implement policies and procedures to prevent abuse, neglect, and theft. Based on interview and record review, the facility failed to follow and implement their abuse policy and procedure by failing to do the following: respond immediately to protect a resident from abuse (R1), immediately report an allegation of abuse to the administrator, and ensure that an employee (V4 CNA-Certified Nursing Assistant) completed all components of abuse training. These failures have the potential to affect 22 of 24 residents (R1, R2, R6, R7, R8, R9, R10, R11, R12, R13, R14, R15, R16, R17, R18, R19, R20, R21, R22, R23, R24, R25) reviewed for abuse in a sample of 25. Findings include: Facility's Final Incident Investigation Report dated 08.19.2020 documents V4 (CNA) alleged on 8.14.2020 at 3:45 PM that she witnessed V3 (CNA) holding at the same time with her hand the nose and mouth of (R1) twice. She (V4) also stated that V3 was whacking him with a gown. Date of occurrence is documented as 8.13.2020 around 8:15 PM. On 8.20.2020 at 2:18 PM, V4 (CNA) said: I was getting ready to leave at 8:00 PM, hurrying to get ready. I had a bus to catch. V3 said: Hey, can you give me a (brief)? I came into the room, she was holding his hands, she told me he kicked her in the chin. She asked me to put the (brief) on him. He was scratching my hands while I was putting the (brief) on him. I looked up, she was pinching his nose, holding her hand over his mouth as if to suffocate him. I didn't say anything, I freaked out. I didn't stop her. I had to hurry up to leave to catch a bus. I exited the building. About three minutes later, I called the front desk, I called at approximately 8:23 PM. I told her (receptionist) what happened. I told her I didn't know what to do. She told me to call the state. V4 said: I didn't receive any training (abuse). After the situation happened, that's when they informed me of abuse, the chain of command. On 8.28.2020 at 10:28 AM, V4 said: They called yesterday and told me I had to complete (online abuse training) by 2:00 PM today. Before I got suspended they had me sign a bunch of papers. Yeah, I would have signed for something I didn't receive. On 8.20.2020 at 11:36 AM, V1 (Administrator) said V4 related to him the next day (8.14.2020), she had reported the alleged abuse to IDPH (Illinois Department of Public Health). On 8.21.2020 at 1:20 PM, V1 provided this writer with a blank form from (online education company) stating: This is V4's. She didn't complete the training, she said she did (form documents no completed courses found). The expectation is abuse training (online abuse training) will be completed within three days of hire. We overlooked it (online abuse training), we were in crisis management (due to Covid-19). V4 did not protect R1 when alleged abuse occurred, did not immediately report the alleged abuse to V1, and did not complete all components of abuse training. On 8.28.2020 at 2:50 PM, V2 (Acting Director Of Nursing, DON) confirmed V3's assignment, and provided an updated resident room assignment for 8.13.2020. V3's Employee Report documents V3 was suspended on 8.14.2020, the day following the alleged incident. V3 was not removed from resident contact immediately, but remained on the unit assigned to R1, R2 and R6-R25. The facility's Abuse Prevention Program Policy (effective November 28, 2017) states the following, Purpose The purpose of this policy and Abuse Prevention Program is to describe the process for identification assessment, and protection of residents from abuse, neglect misappropriation of property, and exploitation. This will be accomplished by: -orienting and training employees on how to deal with stress and difficult situations, and how to recognize and report occurrences of abuse neglect, exploitation, and misappropriation of property; -immediately protecting residents involved in identified reports of possible abuse, neglect, exploitation, mistreatment, and misappropriation of property; III. Orientation and Training of Employees During orientation of new employees, the facility will cover: -Procedures for reporting incidents of abuse, neglect, exploitation or the misappropriation of resident property; V. Internal Reporting Requirements and Identification of Allegations Employees are required to report any incident, allegation or suspicion of potential abuse, neglect, exploitation, mistreatment or misappropriation of resident property they observe, hear about, or suspect to the administrator immediately, to an immediate supervisor who must then immediately report it to the administrator or to a compliance hotline or compliance officer. VI. Protection of Residents The facility will take steps to prevent potential abuse while the investigation is underway. 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 The employee shall not be permitted to return to work until the results of the investigation have been reviewed by the administrator and it is determined that any allegation of abuse, neglect, exploitation, mistreatment or misappropriation of resident property is unsubstantiated. .		
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE		TITLE	(X6) DATE

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.