

Department of Health & Human Services  
Centers for Medicare & Medicaid Services

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  145625	(X2) MULTIPLE CONSTRUCTION  A. Building B. Wing	(X3) DATE SURVEY COMPLETED  10/07/2022
NAME OF PROVIDER OR SUPPLIER  California Terrace		STREET ADDRESS, CITY, STATE, ZIP CODE  2829 South California Blvd Chicago, IL 60608	
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 0558  Level of Harm - Minimal harm or potential for actual harm  Residents Affected - Few	<p>Reasonably accommodate the needs and preferences of each resident.</p> <p>40061</p> <p>Based on observations, interviews and record reviews, the facility failed to follow a resident's (R4) preferences to have daily showers and clean clothes for 1 of 8 residents reviewed for bathing.</p> <p>Findings include:</p> <p>R4's 09/01/2022 Admission MDS (Minimum Data Set) Assessment documents in part that R4 requires limited assistance with one person physical assist with dressing. It also documents in part that R4 needs physical help in part of bathing activity with one person physical assist. R4 with impairment to one side of upper and lower extremities.</p> <p>On 10/04/2022 at 12:55 PM, survey team interviewed R4 with V9 (Certified Nurse Aide) acting as translator. R4 was wearing an orange long-sleeve with black joggers at the time of the interview. R4 was alert and oriented to person, place, and time. R4 stated [R4] takes a shower once a week. R4 stated [R4] had a shower yesterday but most of the time, the staff give [R4] a wet towel to wash up in bed. R4 stated [R4] prefers to have a shower daily. R4 stated [R4] can shower on own but needs set up help. R4 stated [R4] had four showers total since being in the facility. R4 stated staff do not help [R4] change to clean clothes daily. R4 stated [R4] has plenty of clean clothes to change into. Survey team observed a large clear plastic bag of clean clothes on top of R4's dresser.</p> <p>On 10/05/2022 at 11:40 AM, surveyor observed R4 in the same clothes as yesterday.</p> <p>At 11:53 AM, V14 (Nurse Manager for R4's Unit) stated V27 (R4's family member) communicated to V14 that R4 wanted daily showers. V14 stated I took care of it and told my CNAs (Certified Nurse Aides) and put it in place. V14 stated I always do rounds and make sure [R4's] clothing gets changed and that [R4] is getting [R4's] showers daily. V14 stated R4 is alert enough to make needs known. V14 stated resident clothing should be changed daily.</p> <p>At 12:47 PM, survey team conducted a follow-up interview with R4 with V21 (Nurse) acting as translator. R4 stated [R4] did not get a shower yesterday and has been in the same clothes for the past 3 days.</p> <p>On 10/06/2022 at 10:13 AM, survey team conducted a follow-up interview with R4 with V21 translating. R4 stated staff did not offer a shower yesterday. R4 in new clothes.</p> <p>(continued on next page)</p>		

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.

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
FORM CMS-2567 (02/99) Previous Versions Obsolete	Event ID:  145625	Facility ID:  145625  If continuation sheet Page 1 of 13

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<p>F 0558</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>At 11:59 AM, V2 (Director of Nursing) stated if a resident's preference is daily shower, the facility tries to accommodate it. V2 stated it is important to assist residents to have clean clothes daily because it is beneficial for their health and overall well-being. V2 stated facility needs to accommodate residents' preferences to make sure their needs are met.</p> <p>Surveyor reviewed facility's concern forms. Grievance dated 08/31/2022 documents in part that R4 wanted a shower.</p> <p>Surveyor reviewed R4's physician order sheets. It documents that R4's shower times are Mondays during day-shift and Tuesdays during evening-shift. Daily showers not ordered.</p> <p>Surveyor reviewed R4's September and October Medication Administration Records. They document in part that R4 did not receive daily showers.</p> <p>Surveyor reviewed R4's September and October Point of Care charting. Records document in part that R4 did not receive daily bathing activities.</p> <p>Surveyor reviewed R4's comprehensive care plan. It does not contain focuses for R4's ADL (Activities of Daily Living) care needs. Does not mention dressing or bathing preferences.</p> <p>Facility's policy titled Bathing last revised 05/2021 documents in part: All residents are given a bath or shower at least once per week, based on resident Preference, by the Certified Nursing Assistant.</p>		

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<p>F 0584</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Honor the resident's right to a safe, clean, comfortable and homelike environment, including but not limited to receiving treatment and supports for daily living safely.</p> <p>46342</p> <p>Based on observation, interview and record review the facility failed to provide a homelike environment to R4 in a sample of 8 residents reviewed for home like environment.</p> <p>Findings include:</p> <p>On 10/04/22 at 10:27 AM, V4 (Housekeeper) stated that she (V4) sometimes sees gnats if food or juice are left at the bedside.</p> <p>On 10/04/22 at 11:54 PM, V10 (Housekeeping Floor Technician) stated that if there is food or juice laying around that would attract flies or gnats. V10 stated that the facility uses an exterminator and there is a solution which can be put down the drain to get rid of the gnats. V10 stated that housekeeping department daily responsibilities include sweeping &amp; mopping the floors, wiping down all surfaces, emptying the garbage cans, cleaning the bathrooms, and replacing paper products.</p> <p>On 10/04/22 at 12:06 PM, V11 (Licensed Practical Nurse) stated that soiled linen or clothing is put into a plastic bag, and then removed from the room to prevent the room from smelling and to not attract flies or bugs.</p> <p>On 10/04/22 at 12:56 PM, surveyor observed gnats on R4's tray table, flying around the dome covering the lunch entree and sitting next to the meal tray. Surveyor observed garbage can in R4's room filled to the top with trash including 5 bottles of oral supplement cartons, fast food coffee containers, gloves, tissues and paper. Surveyor interviewed R4 with V9 (Certified Nursing Aide) interpreting. R4 stated, housekeeping hasn't been here for 2 days. Surveyor observed soiled pair of black sweatpants and a pair of black underwear inside out with visible remnants of feces on them laying in the tub area of R4's bathroom. R4 stated that he (R4) had had an accident 3 or 4 days ago with diarrhea and that he (R4) had tried to wash out the clothing on his (R4) own to clean them.</p> <p>On 10/04/22 at 1:23 PM, V4 (Housekeeper) stated that the housekeeper assigned to the 2nd floor called off today and that she (V4) was asked to cover it. V4 stated that there was a lot of garbage in R4's trash can and that even if the trash was not thrown out in the morning the 2-10PM housekeeping shift should have emptied R4's garbage the previous night.</p> <p>On 10/04/22 at 1:27 PM, V8 (Certified Nursing Aide) stated that soiled clothing is bagged and labeled with resident's name and room number and then put into the laundry chute so that laundry can clean and sanitize the clothing. V8 stated that soiled clothing should not be left in a resident's room.</p> <p>On 10/05/22 at 11:58 AM, V14 (Registered Nurse, 2nd Floor Unit Manger) stated that gnats/flies used to be more of an issue at the facility but is no longer something V14 sees. V14 stated that if she (V14) did see flies or gnats housekeeping would be notified. V14 does not remember seeing flies or gnats in R4's room. V14 stated CNAs remove soiled clothing/linen and diapers immediately to remove the odor from the room and to prevent flies/gnats from being attracted to the smell.</p> <p>(continued on next page)</p>		

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<p>F 0584</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>On 10/05/22 at 12:47 PM, surveyor observed what appeared to be the same pair of soiled black sweatpants and black underwear with remnants of feces on them laying in R4's bathtub area. Surveyor interview R4 with V21 (Licensed Practical Nurse) interpreting. R4 stated that he (R4) tried to clean them. R4 stated that he (R4) wants the dirty clothing cleaned by laundry.</p> <p>On 10/05/22 at 1:11 PM, V26 (Director of Housekeeping) stated that resident rooms are cleaned on a daily which includes washing the bathroom, emptying the garbage cans, sweeping/mopping the floor, wiping down the surfaces to keep the resident's rooms clean and free of pests or bugs. V26 stated that each housekeeper should do an initial walk through at the beginning of their shift to check for spilled items on the floor, and garbage in cans so these issues can be addressed immediately. V26 stated that if flies or gnats are seen in a resident's room then V26 would notify pest company who comes to the facility weekly. V26 stated that gnats can come from drains but are attracted to juice and food.</p> <p>On 10/06/22 at 10:16 AM, surveyor observed in R4's bathroom what appears to be the same pair of soiled black sweatpants with remnants of feces on them laying in the same location in the tub area. Surveyor asked V2 (Director of Nursing) to describe the black sweatpants. V2 stated the sweatpants looked dirty and should be sent down to laundry for cleaning. V2 stated that it is not okay for soiled pants or any other soiled clothing or linens to be kept in a resident's room. V2 stated it is the CNAs responsibility to bag soiled clothing or linen and sent it down to laundry for cleaning.</p> <p>R4 has a diagnosis of but not limited to unspecified lack of coordination, weakness, difficulty in walking, hemiplegia and hemiparesis following cerebral infarction affecting right dominant side, type 2 Diabetes Mellitus without complications, seizures.</p> <p>R4's Brief Mental Status Interview (BIMS) dated 09/01/22 documents score of 13 indicating R4 is cognitively intact.</p> <p>Facility policy titled, Pest Control dated 10/2018 documents in part, the facility shall maintain an on-going pest control program to ensure that the building is kept free from insects and garbage and trash are not permitted to accumulate.</p> <p>Facility document titled, Job Description for Housekeeper documents in part, performs housekeeping and cleaning activities within well established guidelines and assigned areas and shift(s) to ensure that quality standards, safety guidelines and customer service expectations are met. The housekeeper is responsible for satisfactory and timely completion of assigned cleaning area according to schedule and empties, cleans and relines wastebaskets and places bags in receptacle to be transported to dumpster.</p> <p>Facility policy titled, Linen Handling dated 02/21/20 documents in part that contaminated laundry is bagged or contained at the point of collection and that the facility should handle all used laundry as potentially contaminated and use standard precautions.</p> <p>Facility job description dated 2003 titled, Certified Nursing Assistant documents in part that the CNAs assist residents with performing all assigned tasks in accordance with established policies and procedures and ensure personal care needs are being met in accordance with his/her wishes.</p> <p>(continued on next page)</p>		

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F 0584  Level of Harm - Minimal harm or potential for actual harm  Residents Affected - Few	Facility provided the document titled, Residents' Rights for People in Long-Term Care Facilities undated from the Illinois Department on Aging which documents in part that residents have the right to make own choices and the facility must treat you (resident) with dignity and respect in a manner that promotes quality of life and the facility must be safe, clean, comfortable and homelike.		

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<p>F 0600</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Protect each resident from all types of abuse such as physical, mental, sexual abuse, physical punishment, and neglect by anybody.</p> <p>46342</p> <p>Based on interview and record review, the facility failed to keep a resident (R1) free from abuse in a sample of 8 residents reviewed for abuse.</p> <p>Findings include,</p> <p>Facility's Final Incident Investigation Report dated 09/08/22 final regarding R1 and R2 documents in part, that on 09/05/22, R1 reported that R2 hit R1 while on the elevator. R2 denies hitting R1 and refuses to be assessed by a psychologist. R1 sustained a quarter-sized bruise on her (R1) right forearm. R3 was on the elevator during the alleged incident and stated that R2 became upset when R1 would not allow the elevator to stop on the 2nd floor which prompted a verbal and physical altercation.</p> <p>R1 has diagnosis not limited to Bipolar Disorder, Generalized Anxiety Disorder, Type 2 Diabetes Mellitus, Unspecified Disorder of Adult Personality and Behavior, Epilepsy, Chronic Obstructive Pulmonary Disease, Congestive Heart Failure, Schizophrenia, Nicotine Dependence, Insomnia, History of Falling, Weakness, Patient's Noncompliance with other Medical Treatment. R1's Brief Mental Status Interview (BIMS) dated 09/02/22 documents that R1 is cognitively intact.</p> <p>R2 has diagnosis not limited to Anxiety Disorder, Schizophrenia, Unspecified Convulsions, Epilepsy, Unspecified Problems Related to Psychosocial Circumstances, Nicotine Dependence. R2's BIMS dated 07/21/22 documents that R2 is moderately cognitively impaired. R2 has care plans for risk for potential abuse related to mental/emotional challenges, presents with behaviors as evidenced by initiating physical aggression towards peers, behavioral concerns as evidenced by becoming verbally/physically aggressive towards staff, ineffective coping skills and poor impulse control secondary to diagnosis of schizophrenia.</p> <p>R1's progress health status note dated (09/05/22) documents in part, resident informed staff that she (R1) was stuck in the head by a male peer on the elevator.</p> <p>R1's progress note dated (09/06/22) documents in part, R1 reported R2 struck R1 in the head, face and arm, and (R1) sustained a bruise to her right forearm.</p> <p>R1's social service progress note dated (09/06/22) documents in part, resident was involved in a physical altercation where she received aggression while on elevator, and R1 stated, I don't know why he hit me.</p> <p>Surveyor attempted to meet with R2 on 10/04/22 and 10/05/22. R2 did not respond to questions regarding the incident on (09/05/22) with R1. R2 has a history of physical altercations with other residents and staff per chart review.</p> <p>(continued on next page)</p>		

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<p>F 0600</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>On 10/04/22 at 1:41 PM, surveyor interviewed V5 (Social Service Director) who stated that she (V5) was not working the night of the altercation and there were no witnesses to the incident. V5 stated that R1, and R2 are friends and that they borrow things from each other. R1 and R2 had not had any prior altercations prior to the 09/05/22 event. V5 stated she (V5) observes R1 and R2 interact during smoke breaks and their interactions are back to normal, no physical or verbal aggression has been observed. V5 stated that interventions for R2 include participation in social groups and staff monitoring R2 one to one during check-ins. V5 stated that R2 received counseling to encourage R2 to utilize de-escalation techniques when he (R2) feels frustrated or upset.</p> <p>On 10/05/22 at 10:55 AM, R1 stated that she (R1) was going to different floors with R2 and R3 looking for cigarettes and they were all in the elevator together. R1 stated that R2 wanted to stop on the 2nd floor but she (R1) wanted to go to the 1st floor instead. R1 stated that all of a sudden R2 started to hit her (R1) in the face and shoulder. R1 stated that R3 started to yell to get R2 to stop hitting her (R1). R1 stated that she (R1) reported it to the nurse working that night and that she (R1) had a bruise on her (R1) arm from R2 hitting her. R1 stated that she (R1) does not go into R2's room anymore because R2 is violent. R1 stated that she (R1) feels safe in the facility and around R2 when they are in the hallways or outside for a smoke break together but R1 does not want R2 to go into her (R1) room.</p> <p>On 10/05/22 at 11:15 AM, R3 stated that she (R3) was on the elevator with R1 and R2 the night R2 hit R1. R3 stated that there was no staff or other residents on the elevator with them when the incident occurred. R3 stated that they were looking for cigarettes and going to different floors to ask other residents for extra cigarettes. R3 stated that R2 wanted to go to the 2nd floor but R1 kept telling R2 that there was no one on the 2nd floor and that they should go to the 1st floor instead. R3 stated that R1 continually stated that they should not go to the 2nd floor over and over again. R3 stated that R2 told R1 to shut up but R1 kept talking and that's when R2 turned around and punched R1 in the face four times and the shoulder area twice. R3 stated that she (R3) told R2 that she (R3) was going to tell on him (R2) and R2 said, I don't care. R3 stated that when the elevator door opened, she (R3) went and told the nurse about what had happened. R3 did not remember the nurse's name. R3 stated that she (R3) feels safe at the facility and around R2 even when in the elevator but that R3 does not feel comfortable when R3 comes to her (R3) room at night.</p> <p>On 10/05/22 at 11:22 AM, V16 (Licensed Practical Nurse/Restorative) described R2 as quiet, withdrawn, and who does not make eye contact and barely speaks. V16 stated that R2 does not wander into other resident's rooms and only looks for R3 who is R2's girlfriend. V16 stated she (V16) has witnessed R2 getting verbally aggressive, not physically aggressive.</p> <p>On 10/05/22 at 11:28 AM, V15 (Licensed Practical Nurse) described R2 as extremely quiet and usually keeps to himself except to spend time with R3. V15 stated R1 or R3 has never verbalized that they do not feel safe around R2. V15 stated she (V15) has completed abuse training and identified different types of abuse including physical, mental, verbal.</p> <p>(continued on next page)</p>		



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<p>F 0600</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>On 10/05/22 at 2:36 PM, V23 (Registered Nurse, 11-7 shift) stated that she (V23) did not remember the incident. Surveyor showed V23 the documentation V23 had entered into R1's progress notes however V23 stated she (V23) does not remember anything from that night. V23 stated that R1 and R2 are best buddies and like to smoke together. V23 stated that R1 wanders constantly throughout the night. V23 stated that R2 does not wander around the units and that he (R2) only goes to the doorway of R3's room and calls out R3's name to get her (R3)'s attention. V23 has not observed R2 entering inside R2 or R3's room. V23 stated that R2 can be verbally aggressive but that she (V23) has never seen him (R2) be physically aggressive and that R2 responds rapidly to redirection. V23 stated that if an instance of abuse was reported she (V23) would separate the residents immediately, examine the resident for injury, notify the abuse coordinator, resident's doctors and family or guardian.</p> <p>On 10/05/22 at 2:47 PM, per telephone interview V24 (Licensed Practical Nurse, 3-11 shift) stated she (V24) was on duty the night of 09/05/22 and remembers R1 reporting that R2 had stuck her (R1) on the elevator. V24 stated that R1 and R2 were separated and R1 was checked for injuries. V24 did not note any injuries. The doctor, family and abuse coordinator were notified. V24 stated that R1 continued to be closely monitored for changes in behavior and/or change in vitals. V24 stated that she (V24) has gone through abuse training and that some of the different kinds of abuse include physical, sexual, mental, and verbal.</p> <p>On 10/05/22 at 1:54 PM, surveyor observed R2 and R3 waiting in hallway for the outside door to open for smoke break. At 1:56 PM, surveyor observed R1 arrive, cut in line and sit close to R2 and R3. R1 and R2 and R3 did not acknowledge or talk with each other. At 2:00 PM, surveyor observed R2 and R3 sitting together outside at the table smoking, while R1 sat within 8-10 feet of R2 and R3 while R1 talked to other residents. Surveyor observed R1 move within 2-3 feet for R2 and R3. At 2:11 PM, R2 stood up and went inside without talking or addressing R1.</p> <p>On 10/06/22 at 12:32 PM, V1 (Administrator) stated that after she (V1) was notified by staff an abuse reportable was sent out immediately and an investigation was completed. V1 stated that R1 reported to her (V1) that she (R1) was on the elevator with R2 and R3 searching for cigarettes. R2 wanted to get off on the 2nd floor, but R1 wanted to get off on the 1st floor. R1 reported to V1 that when the elevator went past the 2nd floor R2 became upset and hit R1. V1 stated that R1 and R2 do not generally hang out together however recently R1 and R3 have become friends and that R2 and R3 are a couple. V1 spoke to R1, R2, and R3 about the incident. R2 admitted to being on the elevator but did not say he (R2) hit R1. V1 stated that R3 substantiated what R1 reported about the incident. V1 stated that a psychiatric eval was ordered for R2 but that R2 would not participate in the evaluation. V1 stated that R1 sees a psychologist on a regular basis and R1 stated that she (R1) still feels safe at the facility. V1 stated that R2 does not go into R1's room because they do not travel in the same social circles. V1 stated that abuse in-servicing is done at the time of hire, annually and as needed. V1 stated that this year the facility has done 7-8 facility wide in-servicing programs on abuse which included the different types of abuse, and how and when to report.</p> <p>Facility document titled, Abuse Prevention Program - Policy dated 11/27/17 documents in part, residents have the right to be free from abuse, neglect, exploitation, misappropriation of property or mistreatment.</p>		



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<p>F 0677</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide care and assistance to perform activities of daily living for any resident who is unable.</p> <p>46342</p> <p>Based on observation, interview and record review the facility failed to provide ADL (Activities of Daily Living) care to a resident (R4) in a sample of 8 residents. This failure resulted in R4 not receiving appropriate assistance with daily personal hygiene care.</p> <p>Findings include:</p> <p>On 10/04/22 at 12:56 PM, survey team observed R4 sitting in room wearing orange sweatshirt, and navy sweatpants. Survey team interviewed R4 with V9 (Certified Nursing Assistant) acting as translator. R4 stated he had not washed his (R4) face or washed out his (R4) mouth this morning. R4 stated that staff did not put deodorant on him (R4) today, and that he (R4) would like it used every day. R4 stated that the staff does not change his (R4)'s clothes daily, and only change his (R4) clothes after he (R4) receives a shower. R4 stated he (R4) would like his (R4) clothing changed every day. Survey team observed large clear bag of folded clothing labeled with R4's name located on top of bedroom dresser.</p> <p>On 10/05/22 at 12:47 PM, surveyor observed R4 sitting in room wearing orange sweatshirt, and navy sweatpants. Surveyor interviewed R4 with V21 (Licensed Practical Nurse) acting as translator. R4 stated that the staff had not washed his (R4) face or mouth today. R4 stated the has been wearing the same clothes for the past 3 days. R4 stated that he (R4) wanted to be dressed in clean clothing every day. Surveyor observed large clear bag of folded clothing labeled with R4's name located on top of bedroom dresser.</p> <p>On 10/05/22 at 11:58 PM, V14 (Registered Nurse, 2nd Floor Nursing Manager) stated that R4 can make his (R4) needs known and that R4 does not refuse personal care when offered. V14 stated that R4's clothing should be changed daily and R4 should be groomed daily. V14 stated deodorant should be used as part of the grooming process.</p> <p>On 10/06/22 at 10:13 AM, surveyor observed R4 sitting in chair in room wearing flannel pajama pants, and a gray long sleeved shirt. Surveyor interviewed R4 with (V21) acting as translator. R4 stated that his (R4) face and mouth had not been washed yet today. Surveyor observed dentures soaking in container in R4's bathroom.</p> <p>On 10/06/22 at 12:00 PM, V2 (Director of Nursing) stated that ADLs including face washing, oral care should be provided daily and that resident should be dressed in clean clothing every day if that is the resident's preference. V2 stated that the reason ADLs are important is for the overall well being of the residents, to make sure the resident's needs are being met, so that the residents look presentable and feel better about themselves.</p> <p>R4 has a diagnosis of but not limited to unspecified lack of coordination, weakness, difficulty in walking, hemiplegia and hemiparesis following cerebral infarction affecting right dominant side, type 2 Diabetes Mellitus without complications, seizures.</p> <p>(continued on next page)</p>		

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NAME OF PROVIDER OR SUPPLIER  California Terrace		STREET ADDRESS, CITY, STATE, ZIP CODE  2829 South California Blvd Chicago, IL 60608	
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F 0677  Level of Harm - Minimal harm or potential for actual harm  Residents Affected - Few	<p>R4's Brief Mental Status Interview (BIMS) dated 09/01/22 documents score of 13 indicating R4 is cognitively intact. Section G - Functional Status for personal hygiene documents how resident maintains personal hygiene including combing hair, brushing teeth, shaving, applying makeup, washing/drying face and hands (excludes baths and showers) is documented that R4 requires limited assistance with one-person physical assist. Function Status for dressing documents R4 requiring limited assistance with one-person physical assist.</p> <p>R4's care plans dated 09/28/22 reviewed. It does not contain focuses for R4's ADL (Activities of Daily Living) care needs.</p> <p>Surveyor reviewed facility's concern forms. Grievance dated 09/27/2022 documents in part family has issue with ADLs.</p> <p>Facility policy dated 05/21 titled, Activities of Daily Living documents in part that activities of daily living is encouraged to prevent disability and return or maintain residents at their maximal level of functioning, resident self-image is maintained, equipment and instruction for mouth care provided, residents are encouraged to choose clothing.</p> <p>Facility job description dated 2003 titled, Certified Nursing Assistant documents in part that the CNAs assist residents with daily mouth care, assist resident with dressing/undressing, and to perform all assigned tasks in accordance with established policies and procedures.</p>		

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<p>F 0689</p> <p>Level of Harm - Actual harm</p> <p>Residents Affected - Few</p>	<p>Ensure that a nursing home area is free from accident hazards and provides adequate supervision to prevent accidents.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> 40061</p> <p>Based on interviews and record reviews, the facility failed to provide adequate supervision for 2 residents (R7 and R8) of 8 residents reviewed for supervision. This failure resulted in R7 sustaining a 2cm (centimeter) forehead laceration that required three sutures.</p> <p>Findings include:</p> <p>R7's medical diagnoses include but are not limited to unspecified dementia with behavioral disturbance, weakness, unspecified lack of coordination, wandering in diseases classified elsewhere, unspecified bilateral hearing loss, history of falling, other abnormalities of gait and mobility, and vascular dementia.</p> <p>R7's MDS (Minimum Data Set) assessment dated [DATE] documents in part: R7 is rarely/never understood. R7 also has short and long-term memory problems and no memory/recall ability. R7's cognitive skills are severely impaired. R7 has inattention and disorganized thinking that are continuously present.</p> <p>Surveyor reviewed R7's comprehensive care plan. Care plan initiated 04/12/2022 documents in part that R7 has impaired cognitive function/dementia or impaired thought process related to dementia and paranoid schizophrenia as evidence of inattention, disorganized thought content, confusion, and forgetfulness. Care plan initiated 07/18/2022 documents in part that R7 may be at risk for potential abuse related to behavior of wandering into peers' rooms. Care plan initiated 08/22/2022 documents in part that R7 has potential for falls related to progressive dementia, hard of hearing, impaired cognition, poor safety awareness, history of falls, and history of bending over to pick up invisible objects from the floor.</p> <p>R8's medical diagnoses include but are not limited to unspecified dementia with behavioral disturbance, restlessness and agitation, unspecified hearing loss in bilateral ears, vascular dementia with behavioral disturbance, cognitive communication deficit and Alzheimer's Disease.</p> <p>R8's Quarterly MDS assessment dated [DATE] documents in part: R8 has inattention that fluctuates and disorganized thinking that is continuously present. R8 has delusions and physical, verbal and other behaviors that occurred 1 to 3 days during the look back period. The behaviors significantly intrude on the privacy or activity of others.</p> <p>Surveyor reviewed R8's comprehensive care plan. Care plan initiated 01/29/2022 documents in part that R8 is at risk for altered thought process related to diagnosis of Alzheimer's Disease. Care plan initiated 01/29/2022 documents in part that R8 has a potential to demonstrate verbally abusive behaviors related to dementia. Care plan initiated 01/29/2022 documents in part that R8 has been physically aggressive towards peers and staff due to diagnosis of dementia and poor impulse control. Care plan initiated 01/29/2022 documents in part that R8 has a behavior problem related to verbally and physically acting out when agitated.</p> <p>(continued on next page)</p>		

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<p>F 0689</p> <p>Level of Harm - Actual harm</p> <p>Residents Affected - Few</p>	<p>Facility's Report of Resident Incident/Accident reads [R7] was walking on the unit and walked into [R8's] personal space which resulted with [R7] being pushed to the floor.</p> <p>On 10/04/2022 at 2:19 PM, V13 (Nurse) stated R7's dementia has progressed and gotten worst. V13 cannot make out what R7 says due to R7's disorganized thinking. V13 stated R7 wanders around the unit a lot.</p> <p>On 10/05/2022 at 10:42 AM, V15 (Nurse) stated R7 gets up and wanders a lot. V15 stated R7's gait is steady but R7 is frail. V15 stated R8 stands in the hallway and sometimes tries to grab people.</p> <p>At 11:09 AM, V17 (Nurse) stated [V17] was on break when the incident between R7 and R8 occurred. V17 did not witness the incident but described R7 as someone that likes to touch people or pat people's shoulders. V17 stated R7 needs one-to-one monitoring because R7 is always busy and [R7's] dementia has progressed. V17 stated R7 has poor safety awareness. V17 stated R8 with history of physical and verbal aggression. V17 stated R8 gets easily agitated. R8 gets irritated when someone gets in [R8's] personal space. V17 stated if someone gets too close to R8 then staff need to immediately diffuse the situation. V17 stated it is not safe to have R7 near R8 because R7 doesn't know what [R7] is doing. V17 stated R7 does not know to stay away from R8. R7 just wanders and does own thing.</p> <p>At 11:25 AM, V18 (Certified Nurse Aide) stated R7 wanders a lot and requires one-to-one monitoring. V18 stated the facility cannot accommodate R7's safety because they have multiple residents to look after. V18 stated R7 requires a lot of redirection because R7 is constantly wandering.</p> <p>At 12:26 PM, V19 (Nurse) stated V19 was in a resident's room when the incident between R7 and R8 occurred. V19 did not witness the incident but describes R7 as oriented to self only and is confused. V19 stated R7 needs a lot of monitoring because R7 wanders and sometimes goes into people's rooms. V19 stated R7 does not have safety awareness. V19 stated R8 is territorial of the area that [R8] stands in. V19 stated R7 would not know to avoid R8. V19 stated We shouldn't have let [R7] get that close to [R8]. I don't know how it happened. [R7] doesn't even follow instructions. You have to hold [R7's] arm to guide [R7] into the room. [R7] can't follow verbal instructions.</p> <p>At 3:09 PM, V20 (Certified Nurse Aide) stated R7 is very confused. Staff need to monitor R7 because [R7] is a wanderer. V20 stated R7 requires one-to-one monitoring. V20 stated R8 stands in the hallway most of the time and does a lot of fussing. V20 stated R8 is hard to redirect and bothers people. R8 bothers people when people are walking past. R8 doesn't like people walking too close to [R8.] V20 stated R7 and R8 cannot be in the same area together. R7 does not understand to be clear of R8. V20 stated R7 cannot follow verbal direction. R7 won't understand if you tell [R7] to stay away from R8. V20 stated staff have to physically pull R7 away and redirect. V20 stated during R7 and R8's incident, V20 was sitting at the nurses' desk charting. V20 stated R7 came out of nowhere. My head was down in the computer. R8 started fussing on R7. Before I could get up to remove R7 from R8's personal space, [R8] pushed [R7] and [R7] fell . [R7] fell forward and had a gash on [R7's] forehead that was bleeding. V20 stated I was too busy working on the computer. I didn't see R7 approach [R8]. I heard R8 talk to R7. That's when I looked up. When I started to walk up and redirect R7, that's when R8 pushed R7 and [R7] fell in the floor. V20 stated facility sent R7 to the hospital for evaluation due to gash on the forehead.</p> <p>R7's hospital records dated 09/11/2022 documents in part a diagnosis of facial trauma. R7 sustained a 2cm laceration that required three sutures.</p> <p>(continued on next page)</p>		

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F 0689  Level of Harm - Actual harm  Residents Affected - Few	<p>Facility's Dementia policy created 05/2022 documents in part:</p> <p>A resident who displays or is diagnoses with Dementia, receives the appropriate treatment and services to attain or maintain his or her highest practicable physical, mental, and psychosocial well-being.</p> <p>Treatment and Services: .</p> <p>2. Ensuring that the necessary care and services are person-centered and reflect the resident's goals, while maximizing the resident's dignity, autonomy, privacy, socialization, independence, choice, and safety;</p> <p>Facility's Wandering, Unsafe policy created 05/17/2022 documents in part:</p> <p>The facility will strive to prevent unsafe wandering while maintaining the least restrictive environment for residents who are at risk of elopement.</p> <p>Facility's Safety and Supervision of Residents policy created 10/2021 documents in part:</p> <p>Resident supervision is a core component of the systems approach to safety.</p>		