Printed: 05/12/2024 Form Approved OMB No. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(XI) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 11/18/2022
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 con	tact 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 0600 Level of Harm - Actual harm Residents Affected - Few			

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:

Facility ID:

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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 11/18/2022
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 con	l tact 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 0600 Level of Harm - Actual harm Residents Affected - Few	Chicago, IL 60608 plan to correct this deficiency, please contact the nursing home or the state survey agency. SUMMARY STATEMENT OF DEFICIENCIES		m, V1 stated she spoke with R1 of the incident but continues to tealing his money and then he asks bilitative Aide), V3 stated on g and talking extremely loud the accusing R2 of stealing his money. bushed R1 while in the wheelchair ore. R2 is very quiet and to his self. yor asked V5 if she was on the unit was very loud, he was extra loud that towards the elevator and R1 started led R1 to the floor. The who stays to himself, he has no roice screaming very loudly and doorway and immediately started istrator) was present and told R1 g at me and saying what do you was talking very loudly and saying in money. After I asked R1 the 1 started yelling at me and told V1 I oh and asked V1 to give him \$1. loud voice as he accuses anyone thone, surveyor asked V6 if she was is money and begging for a dollar. id R1 did not remember the er altercation of this matter from is a reward of some kind. We see the same of the property or columnary seclusion and any physical

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NAME OF PROVIDER OR SURRUM		CTREET ADDRESS SITY STATE T	ID CODE
NAME OF PROVIDER OR SUPPLII	ER	STREET ADDRESS, CITY, STATE, ZI	I CODE
California Terrace		2829 South California Blvd Chicago, IL 60608	
For information on the nursing home's	plan to correct this deficiency, please con	tact 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)		ion)
F 0600	Purpose:		
Level of Harm - Actual harm		Abuse Prevention Program is to descri	
Residents Affected - Few	assessment and protection of resid	lents from abuse, neglect, misappropri	ation of property and exploitation
redicente / trediced i ew	This will be accompanied by:		
	Establishing an environment that promotes resident sensitivity, resident security and prevention of mistreatment		
	Immediately protecting residents in misappropriation of property	volved in identified reports of possible	abuse, neglect, exploitation and
	The Facility prohibits abuse, neglect, exploitation, misappropriation of property and exploitation of its residents, including verbal, mental, sexual or physical abuse, corporal punishment and involuntary seclusion. The facility has a no tolerance philosophy.		
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			NO. 0936-0391
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 11/18/2022
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 con	tact 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 0689 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few			

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 11/18/2022	
NAME OF PROVIDER OR CURRU		CTDEET ADDRESS SITU STATE 7		
	NAME OF PROVIDER OR SUPPLIER		STREET ADDRESS, CITY, STATE, ZIP CODE	
California Terrace		2829 South California Blvd Chicago, IL 60608		
For information on the nursing home's	plan to correct this deficiency, please con	tact 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 0689 Level of Harm - Minimal harm or	Surveyor asked V6 what interventions are in place to prevent another altercation of this matter from happening. V6 said R1 has groups but he will not show up unless he gets a reward of some kind. We continue to redirect R1 and talk to him about invading other people space.			
potential for actual harm Residents Affected - Few	Surveyor asked V6 about R2 and his behaviors. V6 said R2 is quiet and to self. He has never had a behavior before this altercation. During review of R1's record on 11/18/22 at 10:58 am, surveyor noted the care plan was not revised after the altercation on 11/1/22 and no behavior monitoring sheets. Surveyor asked V4 (Psychosocial Rehabilitative Aide) how often is R1's behaviors monitored. V4 responded rounds are completed every hour on the units. Care Plan dated 07/01/22 - Resident may be at risk for potential abuse related to behavior problem as evidenced by verbally and physically acting out when agitated. Abuse Policy: Abuse Prevention Policy - not dated, Template # 71146759.3 Residents have the right to be free from abuse, neglect, exploitation, misappropriation of property or mistreatment. This includes but is not limited to corporal punishment, involuntary seclusion and any physical or chemical restraint not required to treat the resident's medical symptoms.			
	Purpose:			
	The purpose of this policy and the 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 accompanied by:			
	Establishing an environment that promotes resident sensitivity, resident security and prevention of			
	mistreatment			
	Immediately protecting residents involved in identified reports of possible abuse, neglect, exmisappropriation of property		abuse, neglect, exploitation and	
The Facility prohibits abuse, neglect, exploitation, misappropriation of proper residents, including verbal, mental, sexual or physical abuse, corporal punish The facility has a no tolerance philosophy.				