STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	145625	A. Building B. Wing	04/16/2021

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 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 0557 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Honor the resident's right to be treated with respect and dignity and to retain and use personal possessions. 40061 Based on observations, interviews, and record reviews, the facility failed to provide dignity for a resident (R185) who prefers to wear personal clothing instead of hospital gowns. This failure affected 1 (R185) out of 37 residents reviewed for dignity. Findings include: Record review of R185's face sheet reads medical diagnoses including but not limited to Contracture of Muscle and Hemiplegia and Hemiparesis following unspecified Cerebrovascular Disease affecting right dominant side. R185's comprehensive care plan reads [R185] displays a self-care deficit, requires extensive to total assist with ADLs (Activities of Daily Living) R/T (related to) generalized weakness, lack of coordination and hemiparesis to r (right) side. On 04/13/2021 at 11:12 AM, R185 was in a recliner. R185 was awake, alert, oriented, to person and place. R185 was wearing a blue hospital gown. When surveyor asked if R185 preferred to wear the hospital gown, R185 stated no. R185 stated [R185] did not know if [R185] had personal clothes but wants to wear clothes instead of hospital gowns. On 04/14/2021 at 09:19 AM, R185 was lying in bed wearing a hospital gown. On 04/15/2021 at 10:22 AM, R185 was lying in bed wearing a hospital gown. R185 stated again that R185 did not want to wear the hospital gown and prefer to wear personal clothing. At 10:27 AM, V24 (Certified Nursing Aide) stated R185 does have clean personal clothing in [R185's] closet and drawers. V24 stated facility staff only puts on R185's personal clothing when R185 is up in the chair, out in the hallway, or out for appointments. When surveyor asked for a policy regarding residents' rights, facility provided surveyor with copy of Illinois Long-Term Care Ombudsman Program Residents' Rights for People in Long-Term Care Facilities. Under the section titled Your Personal Property Rights, it reads: You have the right to keep and wear your own clothing. Reviewed facility policy titled Activities of Daily Living dated 10/2003. Under section B. Dressing, it reads: a. Residents are encouraged to choose clothing.

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	145625	A. Building B. Wing	04/16/2021

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 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	Reasonably accommodate the needs and preferences of each resident. 40061 Based on observations, interviews, and record reviews, the facility failed to ensure the call light strings were within reach for 2 (R37 and R91) of 37 residents reviewed for accommodation of needs. Findings include: On 04/13/2021 at 10:48 AM, R91 was lying in bed. R91's green call light string was hanging from the wall and laying on the floor. Call light string was on R91's left side not within reach of the resident. R91's face sheet includes a diagnosis of difficulty in walking. R91's comprehensive care plan reads R91 has potential for falls. One intervention for this focus reads Call light within resident's reach when in room. On 04/14/2021 at 09:27 AM, R37 was lying in bed. R37's green call light string was hanging from the wall and lying on the floor. Call light string was on R37's right side not within reach of the resident. Surveyor asked R37 how [R37] calls for assistance. R37 stated I can't reach it. That's no good. I can't reach it. R37 attempted to reach behind but could not reach the call light string. R37 stated call light string is often unreachable because staff forgets to attach it to R37's bed. R37 stated [R37] has to remind staff to give the call light string to [R37] and attach it to the bed where [R37] can reach it. At 09:40 AM, V10 (Certified Nursing Assistant) entered R37's room. V10 picked up R37's call light off the floor and attached it to R37's bed linen. V10 stated it should be where [R37] can reach it. R37's comprehensive care plan reads R37 has potential for falls. One intervention for this focus reads Call light within resident's reach when in room. Reviewed facility's policy titled Answering the Call Light last updated 09/2012. Under the section titled Guideline, it reads: 5. When the resident is in bed or confined to a chair be sure the call light is within easy reach of the resident.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	145625	A. Building B. Wing	04/16/2021

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 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 0578 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Honor the resident's right to request, refuse, and/or discontinue treatment, to participate in or refuse to participate in experimental research, and to formulate an advance directive. 41356 Based on Record Review, and Interview, the facility failed to follow policy to ascertain advance directives related to code status does not have both Physician order ,and Practitioner Order for Life-Sustaining Treatment for 1 out of 1 resident (R 198) reviewed for the sample of 37. This failure has the potential to affect 1 resident (R198) from receiving the right code treatment during emergency. Findings include: On 04/13/21 at 10:33 AM with R198 on her bed inside her room. Resident # 198 was unable to be interviewed. Resident # 198 was responding unrelated answers to the questions asked. On 04/14/21 at 12:56 PM during review of R198 health records. It was noted R198 does not have order for code status. V3 (Assistant Director of Nursing) after verification then submitted order related to R198 code status document dated 4/14/21 and Practitioner Order for Life-Sustaining Treatment (POLST) also dated 4/14/21. During interview on 4/14/21 V3 (Assistant Director of Nursing) stated, I don't know why R 198 does not have any code status order. V3 stated, Yes, R198 has an active order for hospice but I guess she was not admitted . 04/14/21 01:51 PM V23 (Social Services Director) stated, Although R198 Brief Interview for Mental Status (BIMS) score is 5, she has on, and off orientation. V23 states sometimes R98 can express her thoughts well. R198 can decide by herself. Regarding her code status order and Practitioner Order for Life-Sustaining Treatment (POLST) form. We missed it, what was lacking there was no order reflecting Resident # 198 code status and it should have been put in the doctor's order. I know that code status is important and both the order and Practitioner Order for Life-Sustaining Treatment (POLST) form should be done after resident make known their wishes. Yes, the order and the form was just done today 4/14/21. R1198 notes dated 3/25/20 and 4/10/20 it reads: 3/25/2020 12:11Social Service Note Text: Writer attempted to reach out to resident's guardian V39 (Legal State Guardian) regarding Advanced directives, there was no answer, but a voicemail was left. 4/10/2020 15:37 Social ServiceNote Text: Resident already has a guardian V39 through the Office of State Guardian. V39 makes all medical decisions on resident's behalf. Practitioner Order for Life-Sustaining Treatment (POLST) form dated 4/14/21 reads: Signature of Patient or Legal representative, Signature and Name was Resident # 198 on a handwritten form. Policy on Advance Directives dated 6/2005 review date 9/2018 reads: (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	145625	A. Building B. Wing	04/16/2021

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 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 0578 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	When a resident is admitted to the facility, a discussion of advance directives will take place between the resident or family / resident representative, if the resident is incompetent, and the facility staff. This enables the staff to readily and clearly ascertain how to treat the resident in advance of an emergency. Multiple copies of the Advanced Directive Form (order, POLST form etc.) should be made, as the Advanced Directive Form must accompany the resident when they leave the building. Advanced Directive Form should be reviewed when the resident is transferred from one care setting to another, there is a substantial change in the health status, or the resident treatment preference changes. This reviewed is dated and signed by the reviewer, and the location is also identified.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	145625	A. Building B. Wing	04/16/2021

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 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 0610 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Respond appropriately to all alleged violations. 39779 Based on observation, interview, and record review, the facility failed to thoroughly investigate an unwitnessed fall that resulted in a right lens dislocation, facial bruising, and a laceration to the face 1 or 1 resident (R92)reviewed in a sample of 37. Findings Include: R92 has diagnosis not limited to Hypothyroidism, Low Back Pain, Dementia, Insomnia, Major Depressive Disorder, Unspecified Cataract and Parkinson's Disease. R92 fell out of a wheelchair on 04/07/21 sustaining facial bruising and a laceration requiring sutures. R92 was transferred to the emergency room for evaluation/treatment and returned to the facility 04/08/21 with discharge diagnosis of lens dislocation and laceration. On 04/13/21 at 10:41 AM R92 was observed sitting in a recliner wheel chair. Bruising was observed to both eyes, right side of face, forehead, bridge of nose and a dark bruised area was observed under the right eye. R92 was observed looking over head with the neck hyperextended. On 04/13/21 at 10:45 AM V6 (Licensed Practical Nurse) stated R92 had a fall on 04/07/21. She had a laceration to her right eyebrow. On 04/14/21 at 11:13 AM V17 (Licensed Practical Nurse) stated R92 was in a 4 person room. We were aware that the vendor was in the room in the process of obtaining the equipment. We were rushing and in a hurry to get the process completed. I do not think anyone was in the room with her when she fell . I found her lying face down on the floor. Once we got her up she had a laceration. On 04/14/21 at 12:33 PM V22 (Psych Social Aide) stated when the fall happen they had put R92 in a regular wheelchair. On 04/14/21 at 02:25 PM V3 (Assistant Director of Nursing) stated the investigation is done in collaboration with the restorative nurse. Restorative is the one that does the investigation. I did not do any interviews. On 04/15/21 at 10:29 AM V32 (Certified Nurse Assistant) stated the day R92 fell hospice came to take the chair and bed and we had to put her in another chair. Everyone was in a rush because they were taking the bed. She was in the room with 3 other residents and fell around 4 pm. We transferred her to a normal wheelchair. It was in the hallway and we asked the V33 (Second Floor Manager) could we use that chair to transfer R92. V33 said to use that chair because they were going to bring the new bed right away. We put her in that wheel chair because it was available and I asked the nurse. On 04/15/21 at 11:05 AM V1 (Administrator) stated if a resident falls with an injury we should do interviews to see if anyone saw anything. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	145625	A. Building B. Wing	04/16/2021

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 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 0610 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	On 04/15/21 at 11:18 AM V33 (Registered Nurse/2nd Floor Unit Manager) stated while I was finishing medication orders the Certified Nurse Assistant said R92 fell . R92 has upper trunk weakness that is why we normally put her in a reclining wheel chair. I assessed the patient, she was face down on the floor and her face was bleeding. I asked everyone their statement and what they saw. I got a statement from everyone on the unit. I should have a statement from everyone that was on the unit that day. The rushing could be part of the cause she had fallen. It could have been avoided if we had known the vendors were coming and if we had ample time. On 04/15/21 11:24 AM V1 (Administrator) stated when a resident falls with an injury risk management take the staff statements. On 04/15/21 at 12:04 PM V33 stated I could not find the paper I wrote everyone statement down on. On 04/15/21 at 12:05 PM V34 (Nurse Practitioner) stated I was called and told she R92 had a fall from the wheel chair. She was face down and had a laceration based on the fall. She went to the emergency department and received sutures to the right side of her head. The CT (Computerized Tomography) scan of the head showed her right lens was dislodged. The lens in the eye was not in the right place it had moved. I believe the fall contributed to the dislodging of the lens. She usually use the Broda chair and is not able to sit up independently because she has poor trunk control. It is better for her to be in the reclining wheel chair to decrease the risk of falls. Based on the 2 day frame to follow up with the ophthalmologist that could be something serious with the lens dislodging. On 04/15/21 at 12:58 PM V35 (Ophthalmologist) stated the lens is the part of the eye that does the focusing. It can get displaced and is a major injury depending on how it happen. That is blunt head trauma. If it is a lens dislocation it may need to be relocated, removed and replaced with intraocular surgery On 04/15/21 at 02:37 PM V37 (Certified Nurse Assistant) stated I was not in the room when R92 fell . I was the one that helped put her in a wheel chair after the fall. They were not able to find the reclining wheel chair so they put her in a regular wheel chair. She has poor trunk control and need to be supervised. On 04/15/21 at 03:26 PM V31 (Restorative Nurse) stated when the tech came to get the bed and Broda chair the Certified Nurse Assistant's put her in a wheelchair. She is not capable of sitting in a wheelchair because her trunk is weak. Based on my investigation R92 had bilateral bruising across her eyes and bridge of nose. I was not aware that her right lens was dislocated. Based on the note the lens dislocation happen with the fall. I did not interview any staff members. The day shift told me what was going on and it seem like the day shift knew everything. I thought it was an adequate investigation. The investigation was more hear say. We go see the patient if they are able to communicate themselves. On 04/15/21 at 04:41 PM V38 (Certified Nurse Assistant) stated R92 should have been in a reclining wheel chair but we could not find one on the second floor. V33 (Second Floor Unit Manager) told us to transfer R92 to a regular wheel chair since it is going to be a quick transfer. R92 had no facial bruising prior to the fall. No one has asked me any questions about what happened. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	145625	A. Building B. Wing	04/16/2021

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 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 0610 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Record Review of Progress Note dated 04/07/21 document in part staff responded to room's call light. Noted resident on floor lying face down. Upon observation, noted with laceration with scant of amount of bleeding to face and bruising/edema to nasal septum. Pressure dressing applied to laceration. Record Review of Progress Note dated 04/08/21 document in part Patient seen and examined. Follow up post fall. Was sent out for imaging and evaluation due to extensive evidence of head trauma related to fall. Facial laceration sutured and recommended for follow up with ophthalmologist for lens dislocation. Skin- extensive facial bruising and orbital swelling, laceration approximated with sutures. Accidental fall from wheelchair- patient sent out to ED (Emergency Department) for imaging and evaluation due to extensive evidence of facial trauma related to fall. Record review of hospital records dated 04/07/21 document in part R92 Procedures Performed: Simple repair, superficial wounds, Face/Ears/Eyelids/Nose/Lips/ Mucous Membranes; 2.5 CM or less Laceration-Single repair. Hospital CT Brain without Contrast Clinical indication status post fall at Nursing Home Bruising to forehead, orbits, nose. There is a scalp hematoma over the right frontal bone. The lens of the right eye has been dislodged and is in the dependent portion of the right eyeball. Final Diagnosis: Lens Dislocation Additional Diagnosis: Laceration Policy: Injury Investigation revised 07/14 document 3. The (DON) Director of Nursing will initiate an investigation consisting of: a. Interviewing the person reporting the injury. C. Interview any witnesses that may know what caused or contributed to the injury. e. Interview other staff that had contact with the resident immediately prior to and after the discovery of the incident. f. Interview the resident's roommate. G. Review all circumstances surrounding the injury.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	145625	A. Building B. Wing	04/16/2021

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 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 0657 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Develop the complete care plan within 7 days of the comprehensive assessment; and prepared, reviewed, and revised by a team of health professionals. 40061 Based on observations, interviews and record reviews, the facility failed to update a resident's (R101) comprehensive care plan for 1 of 37 residents reviewed for care plans. Findings include: On 04/13/2021 at 11:36 AM, surveyor introduced self and stated the purpose of the interview to R101. R101 repeatedly stated what at the beginning of the interview. R101 stated you have to speak up, I can't hear that well. Surveyor spoke loudly to R101; however, R101 stated [R101] could still not hear. R101 motioned surveyor to come closer and speak to [R101's] ear. R101 stated [R101] did not have hearing aids. R101 stated [R101] has not been evaluated by ear doctor. On 04/14/2021 at 02:04 PM, surveyor reviewed R101's progress notes. Progress note written by V8 (Nurse) on 2/10/2021 at 3:32 PM reads R101 complained of difficulty hearing. The note reads R101 stated feeling like [R101's] ears were popping the night before. At 2:20 PM, V8 stated R101 has been hard of hearing for a while but could not state exactly when it started. V8 stated R101 complained of hard of hearing more and more lately. R101 stated in February, R101 complained of hard of hearing more than usual V8 stated [V8] notified V34 (Nurse Practitioner) and [V34] ordered ear drops for R101. V8 stated R101 is still hard of hearing after the ear drops but R101 doesn't complain as much. V8 stated you just have to get real close to her and talk to her. Reviewed R101's comprehensive care plan. It does not contain a focus for R101's hard of hearing. At 2:25 PM, V14 (Nurse) stated if a resident is hard of hearing, it should be included in the comprehensive care plan. V14 stated any nurse can update the care plan.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	145625	A. Building B. Wing	04/16/2021

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 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 0677 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide care and assistance to perform activities of daily living for any resident who is unable. 40061 Based on observations, interviews, and record reviews, the facility failed to ensure grooming needs (facial hair removal) for 1 (185) of 16 residents reviewed who were dependent upon staff assistance with activities of daily living (ADL) in a total sample of 37 residents. Findings include: Record review of R185's face sheet reads medical diagnoses including but not limited to Contracture of Muscle and Hemiplegia and Hemiparesis following unspecified Cerebrovascular Disease affecting right dominant side. R185's comprehensive care plan reads [R185] displays a self-care deficit, requires extensive to total assist with ADLs R/T (related to) generalized weakness, lack of coordination and hemiparesis to r (right) side. On 04/13/2021 at 11:12 AM, R185 was in a recliner. R185 was awake, alert and oriented to person and place. R185 with beard unshaved. Facial hair on jawline from left to right side of face. Mustache present. On 04/14/2021 at 09:21 AM, R185 lying down in bed. Beard unshaved. When asked if [R185] prefers to have a beard, R185 stated [R185] wanted a shave. R185 stated [R185] only wanted to keep the mustache. R185 stated staff did not offer shave last week. R185 stated last shave has been more than a month. On 04/15/2021 at 10:22 AM, R185 remained unshaved. R185 reiterated that [R185] wanted a shave but preferred to keep the mustache. At 10:27 AM, V24 (Certified Nursing Aide) stated [V24] does not know when the last time R185 got a shave. V24 stated facility staff do not chart when residents get shaved. Reviewed facility policy titled Shaving dated 04/2004. Under the section Procedure, it reads: 7. Shaving can be done at any time of the day.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	145625	A. Building B. Wing	04/16/2021

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 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 0684 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide appropriate treatment and care according to orders, resident’s preferences and goals. 40061 1.) Based on observations, interviews, and record reviews, the facility failed to follow a resident's (R37) comprehensive care plan and use off-loading heel protectors for 1 (R37) of 37 residents reviewed for quality of care. Findings include: R37's Wound Assessment Details Reports read [R37] has left and right heel vascular venous stasis wounds. On 04/14/2021 at 09:30 AM, R37 lying in bed. R37's bilateral heels wrapped in gauze. Bilateral heels rested on the bed. Off-loading heel protectors observed on the floor. At 09:36 AM, R37 stated they put on the boots [referring to the off-loading heel protectors] sometimes and sometimes they don't. Today they haven't put them on. At 09:44 AM, surveyor asked V10 (Certified Nursing Assistant) when R37 is supposed to wear the off-loading heel protectors. V10 stated [V10] did not know. V10 reviewed R37's Care Alert Card that was taped to the inside of [R37's] closet door. V10 stated it doesn't say on here when [R37] is supposed to wear them. At 10:40 AM, V11 (Wound Nurse) stated R37 is supposed to wear off-loading heel protectors at all times including when [R37] is in bed. Record review of R37's comprehensive care plan reads a focus for [R37's] alteration in skin integrity related to Arterial Insufficiency. One listed intervention for this focus reads off-loading heel protectors. At 12:15 PM, R37 lying in bed. R37's bilateral heels wrapped in gauze. Bilateral heels rested on the bed. Off-loading heel protectors not on. Reviewed facility's policy titled Skin Care Prevention las revised 12/2019. Under the section Guideline, it reads: 6. Unless contraindicated, elevate heels off bed surface and avoid skin-to-skin contact. Dining Observation 2).medication using sanitary procedures and performed hand hygiene for 2 (R148, R168) out of 8 residents reviewed during medication administration. The facility also failed to ensure food was served in a sanitary manner. This deficient practice has the potential to affect 162 out of 165 residents receiving food served on the first, second and third floor. On 04/13/21 at 12:28 PM staff members were observed passing lunch trays to the residents on the second floor with the fruit and orange colored drinks uncovered. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	145625	A. Building B. Wing	04/16/2021

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 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 0684 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	On 04/13/21 at 12:32 PM V15 (Certified Nurse Assistant) was observed passing multiple orange colored drinks that were uncovered on a cart to the residents on the second floor. V15 stated there are no lids for the cups. I prefill the cups because it is a lot of residents and I have to pass trays too. On 04/13/21 at 12:43 PM during Medication Administration observation on the third floor staff members were observed passing lunch trays with the juice and fruit uncovered. On 04/13/21 at 12:56 PM V16 (Licensed Practical Nurse) used a white Styrofoam tray to pass R168 medication. V16 poured Lactulose Solution 20 GM (Gram)/30ML (Milliliter) 40 gram into 2 medication cups, Potassium Chloride ER Tablet Extended Release 10 MEQ, Carbidopa-Levodopa Tablet 25-100 MG and Buspirone HCl (Hydrochloride) Tablet 10 MG into one medication cup and placed a cup of water onto a Styrofoam tray. V16 entered R168 room, placed the Styrofoam tray on R168 table, administered his medication, retrieved the tray, exited the room, placed the tray on the medication cart and proceeded to prepare R148 medication without performing hand hygiene. V16 checked R148 last medication administration time realizing it was too early for R148 medication to be given. V16 stated I use the tray if there is more medication and I cannot double up I put them on the tray. I have used the tray more than once and I did put the tray on R168 table. Using the tray more than once can cause cross contamination. Dining Observation On 04/14/21 at 12:30 PM. On the 1st Floor multiple meal tray was reviewed. Inside resident's room there are trays with glass that has orange colored liquid uncovered. V20 (Certified Nursing Assistant) stated, we do not cover lids when we received the cart from the kitchen and prepare meal tray with cup of drinks. We just pour the juice in the cup but does not put the lid on it. Let me show you. Then we walked to the Nurses Station and there was a dispenser with orange colored liquid. V20 then stated, Let me demonstrate, we just dispensed the juice inside the cup, I think it is orange juice of some kind. Then put the cup on the tray but does not put any lid on. The dispensed was also found with no date to determine when it was made. Findings Include: On 04/14/21 at 02:25 PM V3 (Assistant Director of Nursing) stated the white Styrofoam tray is not reusable because it can cause cross contamination. Hand hygiene should be done between residents. On 04/14/21 at 01:56 PM V4 (Dietary Manager) stated since residents are in the room one Certified Nurse Assistant should be pulling the big cart with the trays to each room and the other Certified Nurse Assistant the juice cart behind the large cart. The juice is put on the tray and taken into the rooms from the juice dispenser. The Certified Nurse Assistant should have been walking directly behind the large tray cart making the juice one by one. There is a potential for airborne illness, particles getting into the drinks and other residents taking the juice from the cart and placing it back on the cart. The pears were uncovered and they were walking with the tray. We do not individually cup up all the juices with covers, there is not enough man power. Total residents served was obtained from first, second and third floor census of 165 residents with 3 NPO (Nothing By Mouth) residents. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	145625	A. Building B. Wing	04/16/2021

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 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 0684 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Medication Administration Based on observation, interview and record review the facility failed to ensure staff administered medication using sanitary procedures and performed hand hygiene for 2 (R148, R168) out of 8 residents reviewed during medication administration. The facility also failed to ensure food was served in a sanitary manner. This deficient practice has the potential to affect 162 out of 165 residents receiving food served on the first, second and third floor. Findings Include: On 04/13/21 at 12:28 PM staff members were observed passing lunch trays to the residents on the second floor with the fruit and orange colored drinks uncovered. On 04/13/21 at 12:32 PM V15 (Certified Nurse Assistant) was observed passing multiple orange colored drinks that were uncovered on a cart to the residents on the second floor. V15 stated there are no lids for the cups. I prefill the cups because it is a lot of residents and I have to pass trays too. On 04/13/21 at 12:43 PM during Medication Administration observation on the third floor staff members were observed passing lunch trays with the juice and fruit uncovered. On 04/13/21 at 12:56 PM V16 (Licensed Practical Nurse) used a white Styrofoam tray to pass R168 medication. V16 poured Lactulose Solution 20 GM (Gram)/30ML (Milliliter) 40 gram into 2 medication cups, Potassium Chloride ER Tablet Extended Release 10 MEQ, Carbidopa-Levodopa Tablet 25-100 MG and Buspirone HCl (Hydrochloride) Tablet 10 MG into one medication cup and placed a cup of water onto a Styrofoam tray. V16 entered R168 room, placed the Styrofoam tray on R168 table, administered his medication, retrieved the tray, exited the room, placed the tray on the medication cart and proceeded to prepare R148 medication without performing hand hygiene. V16 checked R148 last medication administration time realizing it was too early for R148 medication to be given. V16 stated I use the tray if there is more medication and I cannot double up I put them on the tray. I have used the tray more than once and I did put the tray on R168 table. Using the tray more than once can cause cross contamination. On 04/14/21 at 02:25 PM V3 (Assistant Director of Nursing) stated the white Styrofoam tray is not reusable because it can cause cross contamination. Hand hygiene should be done between residents. On 04/14/21 at 01:56 PM V4 (Dietary Manager) stated since residents are in the room one Certified Nurse Assistant should be pulling the big cart with the trays to each room and the other Certified Nurse Assistant the juice cart behind the large cart. The juice is put on the tray and taken into the rooms from the juice dispenser. The Certified Nurse Assistant should have been walking directly behind the large tray cart making the juice one by one. There is a potential for airborne illness, particles getting into the drinks and other residents taking the juice from the cart and placing it back on the cart. The pears were uncovered and they were walking with the tray. We do not individually cup up all the juices with covers, there is not enough man power. Total residents served was obtained from first, second and third floor census of 165 residents with 3 NPO (Nothing By Mouth) residents. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	145625	A. Building B. Wing	04/16/2021

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 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 0684 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Policy: Medication Administration revised 07/14 document all medications are administered safely and appropriately. 3. Cleanse hands before and after administration of medication. Hand hygiene dated 06/17/20 document facility supports practicing hand hygiene, which includes the use of alcohol-based hand rub (ABHR) or hand washing to prevent the spread of pathogens and infections in healthcare settings. vii. After touching a patient or the patient's immediate environment.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	145625	A. Building B. Wing	04/16/2021

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 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 0685 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Assist a resident in gaining access to vision and hearing services. 40061 Based on observations, interviews, and record reviews, the facility failed to ensure treatment services to maintain hearing were afforded for 1 (R101) resident in a sample of 37 residents. Findings include: On 04/13/2021 at 11:36 AM, surveyor introduced self and stated the purpose of the interview to R101. R101 repeatedly stated what at the beginning of the interview. R101 stated you have to speak up, I can't hear that well. Surveyor spoke loudly to R101; however, R101 stated [R101] could still not hear. R101 motioned surveyor to come closer and speak to [R101's] ear. R101 stated [R101] did not have hearing aids. R101 stated [R101] has not been evaluated by ear doctor. On 04/14/2021 at 10:06 AM, surveyor reviewed R101's physician order sheet. It reads May be seen by Dentist/Audiologist/Podiatrist/Respiratory. It was ordered on 07/07/2020 and remains active. At 11:38 AM, V18 (Appointment and Transportation Scheduler) stated [V18] does not know the last time R101 was evaluated by an audiologist. V18 stated no staff instructed [V18] to make an appointment for R101 to see the audiologist. Surveyor requested to see documents of the last time R101 had an audiology screening or was evaluated by an audiologist. At 11:56 AM, V18 stated facility's Audiologist is V40. V18 stated R101 has not seen V40 or any other audiologist during stay at facility. At 02:04 PM, surveyor reviewed R101's progress notes. Progress note written by V8 (Nurse) on 2/10/2021 at 3:32 PM reads R101 complained of difficulty hearing. The note reads R101 stated feeling like [R101's] ears were popping the night before. At 2:20 PM, V8 stated R101 has been hard of hearing for a while but could not state exactly when it started. V8 stated R101 complained of hard of hearing more and more lately. R101 stated in February, R101 complained of hard of hearing more than usual V8 stated [V8] notified V34 (Nurse Practitioner) and [V34] ordered ear drops for R101. V8 stated R101 is still hard of hearing after the ear drops but R101 doesn't complain as much. V8 stated you just have to get real close to her and talk to her. At the completion of the survey, facility did not provide any information or documentation of R101's last audiology screening/evaluation. Reviewed facility policy titled Audiology last reviewed 09/2016. Under the section General, it reads: To provide audiology services to the resident as needed. Under the section Policy, it also reads: 1. If a resident appears to be having difficulty hearing, an audiology screen will occur.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	145625	A. Building B. Wing	04/16/2021

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 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 0689 Level of Harm - Actual harm Residents Affected - Few	Ensure that a nursing home area is free from accident hazards and provides adequate supervision to prevent accidents. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 39779 Based on observation, interview, and record review, the facility failed to ensure a resident was transferred to the appropriate medical asssitive equipment (wheelchair)and supervised. The facility also failed to identify and remove the risk of injury when a resident was transferred to the incorrect medical assistive equipment (wheelchair). This failure resulted in a fall with right lens dislocation, facial bruising and a laceration for 1 resident R92 in a sample of 37. Findings Include: R92 has diagnosis not limited to Hypothyroidism, Low Back Pain, Dementia, Insomnia, Major Depressive Disorder, Unspecified Cataract, and Parkinson's Disease. R92 fell out of a wheelchair on 04/07/21 sustaining facial bruising, and a laceration requiring sutures. R92 was transferred to the emergency room for evaluation/treatment, and returned to the facility 04/08/21 with discharge diagnosis of lens dislocation, and laceration. On 04/13/21 at 10:41 AM R92 was observed sitting in a recliner wheel chair. Bruising was observed to both eyes, right side of face, forehead, bridge of nose and a dark bruised area was observed under the right eye. R92 was observed looking over head with the neck hyperextended. On 04/14/21 at 09:42 AM V3 (Assistant Director of Nursing) ADON stated R92 fell on [DATE]. On 04/13/21 at 10:45 AM V6 (Licensed Practical Nurse) LPN stated R92 had a fall on 04/07/21. She had a laceration to her right eyebrow. On 04/14/21 at 12:36 PM V6 (Licensed Practical Nurse) LPN stated R92 did not have any bruising to the face on 04/05/21. 04/07/21 was the first time that she had fallen since I have been working here. On 04/14/21 at 04:23 PM V7 (Licensed Practical Nurse) LPN stated I did not see any bruising on R92 face on the morning of 04/07/21. She usually sit up in the Broda Chair from hospice and had it the entire time that she was on hospice. I never experience her sitting in a regular wheelchair. On 04/14/21 at 11:13 AM V17 (Licensed Practical Nurse) LPN stated R92 is impulsive, has poor safety awareness and is alert to self. R92 had just gotten discharged from hospice and we were not aware the vendors were here to get the bed that was leased. We was rushing and in a hurry to get the process completed. I do not think anyone was in the room with her when she fell . She was in a regular wheelchair. She did not have bruising to her face prior to the fall. I think one of her roommates may have pulled the call light when she fell . I found her lying face down on the floor. Once we got her up she had a laceration, and we administered first aid to stop the bleeding. On 04/14/21 at 12:33 PM V22 (Psych Social Aide) stated R92 did not have any bruising to her face prior to the fall. When the fall happen they had put her in a regular wheelchair. She had not been in a regular wheelchair. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	145625	A. Building B. Wing	04/16/2021

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 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 0689 Level of Harm - Actual harm Residents Affected - Few	On 04/15/21 at 12:26 PM V30 (Director of Therapy) stated currently R92 ADL's (Activities of Daily Living) are extensive to dependent. She has impaired vision and need help with everything. She is non ambulatory and is not independent with her trunk. Her neck tone is spastic and she is in extension with her head tilted backwards. She has poor trunk control and it is not adequate. I do not think that a wheel chair is appropriate for her. I feel that a reclining wheel chair is appropriate but the Broda chair has more appropriate padding and reclines. If she was in a wheel chair there is more of a potential of her falling. We are unable to reposition the wheel chair and she would require some reclining. She should not be in a wheel chair unattended and someone would need to be next to her so she does not fall out of the wheel chair. On 04/15/21 at 03:26 PM V31 (Restorative Nurse) stated R92 is extensive with hygiene, transfers and feeding. She has cataracts with low vision and can move about in a squirming restless manner. She is in a reclining wheel chair but she was in a broader chair which is padded and comfortable where they can recline the back. When the tech came to get the bed and Broda chair the Certified Nurse Assistant's put her in a wheelchair. She is not capable of sitting in a wheelchair because her trunk is weak. I would not have recommended that she be in a regular wheel chair at any time. R92 had not been in a regular wheel chair in a while. Based on my investigation R92 had bilateral bruising across her eyes and bridge of nose. Based on the note the lens dislocation happen with the fall. They found her on the floor face down. On 04/15/21 at 10:29 AM V32 (Certified Nurse Assistant) stated R92 has behaviors of being confused most of the time and is a little aggressive. She move about in the reclining wheel chair and have been in the reclining wheel chair since she was on hospice. The day she fell hospice came to take the chair and bed. We had to put her in another chair. Everyone was in a rush because they were taking the bed. She fell around 4 pm. She was in her room in the Broda chair. They asked me to transfer her to another chair because they were taking the bed and chair. We transferred her to a normal wheelchair. I had never seen R92 sit in a normal wheel chair. It was in the hallway and we asked the V33 (Second Floor Manager) could we use that chair to transfer R92. V33 said to use that chair because they were going to bring the new bed right away. We put her in that wheel chair because it was available and I asked the nurse. I believe I should have used another reclining wheel chair. That day she was moving a lot and I had to leave the room to get ice water for the other roommate. The Hospice guy came out of the room running and he was the one that told me R92 fell . We got her off of the floor and transfer her to the reclining wheel chair. I do not know where the reclining wheel chair came from. Her bed was not ready yet. There was no bruising to face before she fell . Definitely I would have brought her a reclining wheel chair. On 04/15/21 at 11:18 AM V33 (Registered Nurse/2nd Floor Unit Manager) stated R92 is alert and oriented to self, combative, supervision with feeding and total care. She normally stay in bed and was just discharged from hospice. The supply company said they came for her bed and assistive devices. While I was finishing medication orders the Certified Nurse Assistant said R92 fell . She went in and saw her on the floor. When she became hospice she was in a reclining wheel chair. I assessed the patient, she was face down on the floor, her face was bleeding and I started first aide. She was fighting and combative. The staff was definitely rushed and it was around 4 pm. The rushing could be part of the cause she had fallen. It could have been avoided if we had known they were coming and if we had ample time. It was a big issue. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	145625	A. Building B. Wing	04/16/2021

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 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 0689 Level of Harm - Actual harm Residents Affected - Few	On 04/15/21 at 12:05 PM V34 (Nurse Practitioner) stated R92 was advance dementia. She was having a decline on hospice until the end of March. She was discharged because she is not appropriate at this time. I was called and told she R92 had a fall from the wheel chair. She was face down and had a laceration based on the fall. She went to the emergency department and received sutures to the right side of her head. The CT scan of the head showed her right lens was dislodged. The lens in the eye was not in the right place it had moved. I believe the fall contributed to the dislodging of the lens. She usually use the Broda chair and she is not able to sit up independently and has poor trunk control. It is better for her to be in the reclining wheel chair to decrease the risk of falls. Based on the 2 day frame to follow up with the ophthalmologist that could be something serious with the lens dislodging. On 04/15/21 at 12:58 PM V35 (Ophthalmologist) stated the lens is the part of the eye that does the focusing. It can get displaced and is a major injury depending on how it happen. If there was a follow up for 2 days and they are unable to get an appointment they should be sent to the emergency room . If possible one should not wait until next week to see the ophthalmologist. To be on the safe side she can be seen before next week. That is blunt head trauma. If it is a lens dislocation it may need to be relocated, removed and replaced with intraocular surgery. On 04/15/21 at 02:37 PM V37 (Certified Nurse Assistant) C.N.A. stated I was not in the room when R92 fell . I was the one that helped put her in a wheel chair after the fall. They were not able to find the reclining wheel chair so they put her in a regular wheel chair. She need a reclining wheel chair. She has poor trunk control and need to be supervised. I would have put her in a reclining wheel chair. She had no bruising to her face prior to the fall. On 04/15/21 at 04:41 PM V38 (Certified Nurse Assistant) C. N.A. stated R92 has always been total care. She is a little aggressive and will scratch you. V32 (Certified Nurse Assistant) C.N.A. asked me to assist when R92 bed was being switched out. We transferred her to a regular wheelchair. She should have been in a reclining wheelchair but we could not find one on the second floor. We let V33 (Second Floor Unit Manager) know we checked on one side or the hall for a reclining wheel chair and she said there were no reclining wheelchairs, just transfer her to a regular wheelchair since it is going to be a quick transfer. She would always use a reclining wheelchair. R92 had no facial bruising prior to the fall. Record review of Hospice Physician's Orders/Plan of Care from 03/29/21 - 05/27/21 document in part DME (Durable Medical Equipment)/Supplies Bed with bolsters Broda chair for safety. Safety Measures: Fall precautions. Functional: Complete bed bound. Requires Broda chair for mobility. Total assistance with ADL's (Activities of Daily Living) and feeding. C right side. Clinical Update Progress Note document in part Patient received in Geri, poor trunk control and posture noted, head and neck kept tilted towards her back Record review of Hospice documents indicate R92 was discharged from Hospice 03/29/21 related to no longer appropriate, No longer terminal. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	145625	A. Building B. Wing	04/16/2021

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 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 0689 Level of Harm - Actual harm Residents Affected - Few	Record review of Care Plan indicate R92 is a fall risk and is non-compliant with fall precautions, gets out of chair and bed without staff assistance, potentially resulting in injury and has impaired vision related to cataracts date initiated 07/31/20. Interdisciplinary Resident Screen dated 01/29/21 indicate Dependent with Broda chair, non-ambulatory. Record Review of Progress Note dated 04/07/21 document in part staff responded to room's call light. Noted resident on floor lying face down. Upon observation, noted with laceration with scant of amount of bleeding to face and bruising/edema to nasal septum. Pressure dressing applied to laceration. Record Review of Progress Note dated 04/08/21 document in part Patient seen and examined. Follow up post fall was sent out for imaging, and evaluation due to extensive evidence of head trauma related to fall. Facial laceration sutured and recommended for follow up with ophthalmologist for lens dislocation. Skin-extensive facial bruising, orbital swelling, laceration approximated with sutures. Accidental fall from wheelchair - patient sent out to ED (Emergency Department) for imaging, and evaluation due to extensive evidence of facial trauma related to fall. Record review of hospital records dated 04/07/21 document in part R92 Procedures Performed: Simple repair, superficial wounds, Face/Ears/Eyelids/Nose/Lips/ Mucous Membranes; 2.5 CM or less Laceration-Single repair. Hospital CT Brain without Contrast Clinical indication status post fall at Nursing Home Bruising to forehead, orbits, nose. There is a scalp hematoma over the right frontal bone. The lens of the right eye has been dislodged and is in the dependent portion of the right eyeball. Final Diagnosis: Lens Dislocation Additional Diagnosis: Laceration Policy: Abuse Prevention Program dated 02/07/17 document the facility affirms the right of our residents to be free from abuse, neglect, exploitation, misappropriation of property or mistreatment. Neglect means failure to provide goods and services to a resident that are necessary to avoid physical harm, pain or mental anguish.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	145625	A. Building B. Wing	04/16/2021

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 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 0695 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide safe and appropriate respiratory care for a resident when needed. 44103 Based on observations, interviews, and record reviews, the facility failed to follow appropriate respiratory therapy care procedures for oxygen nasal cannula for 2 (R121, R196) of 6 residents, in a sample of 37 residents. Findings included: On 04/13/21 at 10:26 AM, observed R196 in bed sleeping. O2 concentrator off with connected oxygen nasal cannula connected to a water concentrator. Oxygen nasal cannula observed with no date and laying on top of a clean diaper, not inside a clean bag. On 04/13/21 at 10:28 AM interviewed V7 (Licensed Practical Nurse). V7 stated oxygen nasal cannulas should be changed once a week and are dated. On 04/13/21 at 10:33 AM observed R121 up in chair in no distress. Observed oxygen tank in room not in used with oxygen nasal cannula connected to the oxygen tank with no date, touching the floor, and not inside a clean bag. R121 stated he uses oxygen as needed. R121 stated does not remember when was the last time his oxygen tubing was changed. On 04/14/21 at 10:09 AM, observed R196 in bed sleeping in no distress. Observed oxygen concentrator off, not in use; oxygen nasal cannula not inside a clean bag laying on top of the oxygen concentrator. R121 has a diagnosis of CHRONIC OBSTRUCTIVE PULMONARY DISEASE, UNSPECIFIED. Physician order sheet for R121 reads, May apply 2L nasal cannula oxygen as needed for shortness of breath. This was ordered on 01/08/2021. R196 has a diagnosis of HEART FAILURE, UNSPECIFIED. Physician order sheet for R196 reads, Oxygen (02) @ 2-5 Liters/Minute per nasal cannula/Mask PRN. This was ordered on 03/13/2021. On 04/15/2021 at 10:46 AM interviewed V2 (Director of Nursing). V2 stated oxygen nasal cannula should be changed every Sunday and should be dated. V2 also stated if oxygen is not being used then the oxygen nasal cannula should be stored in a clean bag. Review of facility's Integra Respiratory Therapy Procedure Oxygen Therapy reads, Instructions will be given to change nasal cannula once a week or as needed. If the nasal cannula is not in use, it must be stored in its original bag or placed in a clean bag.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	145625	A. Building B. Wing	04/16/2021

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 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 0761 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Ensure drugs and biologicals used in the facility are labeled in accordance with currently accepted professional principles; and all drugs and biologicals must be stored in locked compartments, separately locked, compartments for controlled drugs. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 44103 Based on observations, interviews and record reviews, the facility failed to (a) properly date opened multi dose insulin pens, multi dose insulin vials, aerosol inhalers, nasal sprays, and eye drops for 12 residents (R13, R27, R29, R44, R66, R80, R94, R210, R207, R217, R226, and R331); (b) properly discard multi dose insulin pens within 28 days of opening for 2 residents (R115, R118); and (c) maintain medication carts free from expired house stock medications from second and third floor medication carts affecting 128 residents. Findings include: On [DATE] at 10:55 AM 2nd Floor Medication Cart #1 inspected with V6 (Licensed Practical Nurse). The following were observed: 1 house stock bottle of Melatonin with expiration date of ,d+[DATE] 1 bottle of house stock Aspirin 325mg with expiration date of ,d+[DATE] 1 bottle of house stock Aspirin 325mg with expiration date of ,d+[DATE] 1 bottle of house stock Loratadine 10mg with expiration date of ,d+[DATE] 1 bottle of house stock Vitamin B-6 with expiration date of ,d+[DATE] 1 bottle of house stock [NAME]-Vite with expiration date of ,d+[DATE] The following multi-dose medications were observed to be opened and without the date opened on the label: x2 Lispro Insulin Pen for R217 x1 Lantus Insulin Pen for R217 x1 Lispro Insulin Pen for R66 V6 stated, All opened insulin vials and insulin pens are stored in the medication cart and unopened ones should be stored in the refrigerator. On [DATE] at 11:33 AM first Floor east medication cart inspected with V3 (Assistant Director of Nursing). The following were observed: R331's opened Flonase Suspension 50 MCG/ACT (Fluticasone Propionate) 1 spray in both nostril Daily was observed with no open date. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	145625	A. Building B. Wing	04/16/2021

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 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 0761 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	R331's opened Symbicort Aerosol ,d+[DATE].5 MCG/ACT (BudesonideFormoterol Fumarate) 2 puff inhale orally two times a day was observed with no open date. R210's opened Latanoprost Solution 0.005 % Instill 1 drop in both eyes at bedtime was observed with no open date. R80's opened Latanoprost Solution 0.005 % Instill 1 drop in both eyes at bedtime was observed with no open date. R29's opened Symbicort Aerosol ,d+[DATE].5 MCG/ACT (BudesonideFormoterol Fumarate) 2 puff inhale orally two times a day was observed with no open date. R226's opened ProAir HFA Aerosol Solution 108 (90 Base) MCG/ACT (Albuterol Sulfate HFA) 2 puff inhale orally every 6 hours as needed was observed with no open date. R226's opened Symbicort Aerosol ,d+[DATE].5 MCG/ACT (BudesonideFormoterol Fumarate) 2 puff inhale orally every 12 hours was observed with no open date. R27's opened Symbicort Aerosol ,d+[DATE].5 MCG/ACT (BudesonideFormoterol Fumarate) 2 puff inhale orally two times a day was observed with no open date. R27's opened Symbicort Aerosol ,d+[DATE].5 MCG/ACT (BudesonideFormoterol Fumarate) 2 puff inhale orally two times a day was observed with no open date. R27's opened Ventolin HFA Aerosol Solution 108 (90 Base) MCG/ACT (Albuterol Sulfate HFA) 2 puff inhale orally every 6 hours as needed was observed with no open date. R27's opened Ventolin HFA Aerosol Solution 108 (90 Base) MCG/ACT (Albuterol Sulfate HFA) 2 puff inhale orally every 6 hours as needed was observed with no open date. R207's opened ProAir HFA Aerosol Solution 108 (90 Base) MCG/ACT (Albuterol Sulfate HFA) 2 puff inhale orally every 6 hours as needed was observed with no open date. R94's opened Mometasone Furoate Aerosol Powder Breath Activated 220 MCG/INH 2 puff inhale orally Daily was observed with no open date. R94's opened Mometasone Furoate Aerosol Powder Breath Activated 220 MCG/INH 2 puff inhale orally Daily was observed with no open date. V3 stated when inhalers are opened it is supposed to be labeled with the start and the end date. V3stated the eye drops are good for 30 days. V3 stated also stated, I think the inhaler last for 30 days. If it does not have an open date it would be hard to know when to discard it. V14 (Licensed Practical Nurse) stated, The inhalers should last 30 days. They have never been labeled with an open date to my knowledge. On [DATE] at 11:34 AM inspected 3rd floor medication cart #1 with V8 (Registered Nurse). The following were observed: (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	145625	A. Building B. Wing	04/16/2021

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 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 0761 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	x1 Lispro Insulin Pen for R115 with opened date written as [DATE] and expiration date written as [DATE]. x1 Levemir Insulin Vial for R118 with opened date written as [DATE] and expiration date written as [DATE]. x1 Opened Lantus Insulin Vial for R13 without the date opened on the label. x1 Opened Basaglar Insulin Kwikpen for R44 without the date opened on the label. 1 bottle of Ranitidine 75mg with expiration date of ,d+[DATE]. On [DATE] at 11:50 AM interviewed V3 (Assistant Director of Nursing). V3 stated, Unopened insulin vials and pens should be stored in the fridge and when opened, nurses should write the date it was opened on the label. 39779 On [DATE] at 11:33 AM V3 (Assistant Director of Nursing) reviewed the First Floor east medication cart with the surveyor. Inhalers were observed open in drawer with no labeled open date. R331 Flonase Suspension 50 MCG/ACT (Fluticasone Propionate) 1 spray in both nostril Daily was observed with no open date. Dispensed [DATE]. R331 Symbicort Aerosol ,d+[DATE].5 MCG/ACT (Budesonide Formoterol Fumarate) 2 puff inhale orally two times a day was observed with no open date. Dispensed [DATE]. V3 (Assistant Director of Nursing) stated when opened it is supposed to be labeled with the start and the end date. One bottle of Flonase Suspension 50 MCG/ACT (Fluticasone Propionate) was observed out of the bag with no name or label. There was no name observed on the Refresh tears. 105-A was written on the box with no name or open date. V3 (Assistant Director of Nursing) stated the eye drops are good for 30 days. R210 Latanoprost Solution 0.005 % Instill 1 drop in both eyes at bedtime was observed with no open date. Dispensed [DATE]. R80 Latanoprost Solution 0.005 % Instill 1 drop in both eyes at bedtime was observed with no open date. Dispensed [DATE]. R29 Symbicort Aerosol ,d+[DATE].5 MCG/ACT (Budesonide Formoterol Fumarate) 2 puff inhale orally two times a day was observed with no open date. Dispensed [DATE]. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	145625	A. Building B. Wing	04/16/2021

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 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 0761 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	V3 (Assistant Director of Nursing) stated I think the inhaler last for 30 days. If it does not have an open date it would be hard to know when to discard it. R226 ProAir HFA Aerosol Solution 108 (90 Base) MCG/ACT (Albuterol Sulfate HFA) 2 puff inhale orally every 6 hours as needed was observed with no open date. Dispensed [DATE]. R226 Symbicort Aerosol ,d+[DATE].5 MCG/ACT (Budesonide Formoterol Fumarate) 2 puff inhale orally every 12 hours was observed with no open date. Dispensed [DATE]. R27 Symbicort Aerosol ,d+[DATE].5 MCG/ACT (Budesonide Formoterol Fumarate) 2 puff inhale orally two times a day was observed with no open date. Dispensed [DATE]. R27 Symbicort Aerosol ,d+[DATE].5 MCG/ACT (Budesonide Formoterol Fumarate) 2 puff inhale orally two times a day was observed with no open date. Dispensed [DATE]. R27 Ventolin HFA Aerosol Solution 108 (90 Base) MCG/ACT (Albuterol Sulfate HFA) 2 puff inhale orally every 6 hours as needed was observed with no open date. Dispensed [DATE]. R27 Ventolin HFA Aerosol Solution 108 (90 Base) MCG/ACT (Albuterol Sulfate HFA) 2 puff inhale orally every 6 hours as needed was observed with no open date. Dispensed [DATE]. On [DATE] at 11:59 AM V14 (Licensed Practical Nurse) stated the inhalers should last 30 days. They have never been labeled with an open date to my knowledge. R207 ProAir HFA Aerosol Solution 108 (90 Base) MCG/ACT (Albuterol Sulfate HFA) 2 puff inhale orally every 6 hours as needed was observed with no open date. Dispensed [DATE]. R94 Mometasone Furoate Aerosol Powder Breath Activated 220 MCG/INH 2 puff inhale orally Daily was observed with no open date. Dispensed [DATE]. R94 Mometasone Furoate Aerosol Powder Breath Activated 220 MCG/INH 2 puff inhale orally Daily was observed with no open date. Dispensed [DATE]. Review of facility's pharmacy Medication Storage Guidance indicates for Multiple-Dose Vials for Injection-Date when opened and discard unused portion after 28 days or in accordance with manufacture's recommendations. It also indicates for Symbicort Inhalation Aerosol and Ventolin HFA Inhalation Aerosol - Date after opening the foil pouch. Review of facility's pharmacy policy for 5.3 Storage and Expiration of Medications, Biologicals, Syringes and Needles indicates 4. Facility should ensure that medications and biologicals: 4.1 Have an Expiration Date on the label; 4.2 Have not been retained longer than recommended by manufacturer or supplier guidelines. The same policy further indicates, 5. Once any medication or biological package is opened, Facility should follow manufacturer/supplier guidelines with respect to expiration dates for opened medications. Facility staff should record the date opened on the medication container when the medication has a shortened expiration date once opened.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	145625	A. Building B. Wing	04/16/2021

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 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 0791 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide or obtain dental services for each resident. 44103 Based on observations, interviews, and record reviews the facility failed to provide dental services to 1 (R138) out of 1 resident reviewed in the sample of 37. These failures have the potential to affect 1 resident (R138) in preventing complications related to R138's swallowing difficulty. On 04/14/21 at 10:06 AM, observed R138 with no teeth. R138 stated having a hard time chewing food at times. R138 stated, I lost my dentures long time ago and been asking staff for new ones but they are not doing anything. Surveyor asked R138 if he was seen by the dentist and R138 stated, No, I told them I need a dentist. On 04/14/21 at 11:37 AM, interviewed V18 (Scheduler). V18 stated R138 does not go for any dental appointments. V18 stated she is not aware of R138's needing a dental consultation. V18 stated in-house dental team supposed to come in the facility once a month. On 04/14/21 at 12:19 PM, observed R138 ate ten percent of food from his lunch tray. R138's lunch tray consisted of rice, broccoli, and chicken meat cut into small pieces. R138 stated, I can't eat it, it's hard to chew. I need dentures. On 04/14/21 at 12:24 PM, interviewed V21 (Licensed Practical Nurse). V21 stated R138 has been complaining about his mouth. V21 stated not sure when was the last time R138 has seen by the dentist. On 04/14/21 at 12:25 PM, interviewed V33 (Registered Nurse/2nd floor Unit Manager) stated R138 has been having dental issues and been asking for dentures over a month now, but we don't send residents for outpatient dental consultation if it's not an emergency like pain, we just wait for the in-house dentist to come and see the residents. V33 stated not sure when was the last time in-house dentist came in the facility. On 04/14/21 at 1:53 PM, interviewed V30 (Director of Therapy). V30 stated R138 is receiving speech therapy services for swallowing difficulty mainly because R138 cannot chew his regular food due to R138 has no teeth. V30 stated that R138's inability to properly chew would cause R138 to choke. V30 stated if R138 has dentures then it would help R138 to properly chew his food and swallow with no difficulty. R138's medical diagnosis list indicates DYSPHAGIA, OROPHARYNGEAL PHASE. Physician order sheet reads, May be seen by Dentist/Audiologist/Podiatrist/Respiratory. This was ordered on 12/1/2020. Review or dietary care plan focus reads, R138 has a chewing problem and receives Mechanical Soft/LCS diet secondary to dx dysphagia and DM. Weights (3/2021)149.4# down 3# (1/2021)151.6# down 5.2# (3.4%)x 3mo CBW:146.4# UBWR:149-152# BMI:19.3 underweight for age. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	145625	A. Building B. Wing	04/16/2021

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 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 0791 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Review of nursing care plan focus reads, R138 has oral/dental health problems r/t Poor oral hygiene with intervention that reads, Monitor/document/report to MD PRN s/sx of oral/dental problems needing attention: Pain (gums, toothache, palate), Abscess, Debris in mouth, Lips cracked or bleeding, Teeth missing, loose, broken, eroded, decayed, Tongue (black, coated, inflamed, white, smooth), Ulcers in mouth, Lesions. Reviewed R138's progress notes from 02/03/2021 through 04/14/2021. There are no notation in the progress notes that facility notified R138's responsible party of R138's need for dental services. There are no documentation from the progress notes that the facility obtain referral or follow up on R138's need for dental services. There are no notation from the progress notes about dental appointment. Review of facility's Guideline Dental Services Revision Date 9/16 reads, Guideline: 2. If dental care is needed, the nurse informs the resident and/or responsible party. 3. If the resident would like to use the facility dentist, that dentist is notified. 7. Nursing will document dental issues in the progress notes.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	145625	A. Building B. Wing	04/16/2021

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 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 0812 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	Procure food from sources approved or considered satisfactory and store, prepare, distribute and serve food in accordance with professional standards. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 41356 Based on Observation, Interview and Record Review the facility failed to maintain condiments free from expiration, follow policies on maintaining and discarding frozen meat product that are beyond the suggested good for consumption date, perform proper hand hygiene and seal drinking liquids for during meal time for consumption. These failures have the potential to affect 229 residents living in the facility to receive proper foods. Per the Federal Form 672 documents, 232 residents in the facility but 3 residents are NPO (nothing by mouth). Findings include: On [DATE] 12:18 PM with V4 (Food Service Supervisor). On the condiments shelves the following concerns were found: [NAME] Frotada was labeled with received date [DATE], open date [DATE] and expiration date [DATE]. Ground Cloves open date [DATE] and expiration date [DATE]. V4 stated that these condiments are expired and that it needs to be discarded. Then V4 threw the bottles in the garbage container. In the freezer a box of a beacon was found half full in plastic bags. On the box label date that reads [DATE]. V4 stated it is still good for consumption but said she will check the policy. On [DATE] at 9:55 AM with V4 inside the freezer the same box of beacon was found from yesterday. Label date was again read as [DATE], V4 was asked if it was still good for consumption. V4 answered per policy it is good for 3 months and now it is more than the suggested recommendation. On [DATE] 10:35 AM with V4 and V12 (Cook). During puree preparation V12 stepped out from his working area to the sink 3 times to perform handwashing. During the procedure V12 just wet his hands with water and dry it with paper towel for 8 seconds. V4 stated that it should be for 20 minutes when doing handwashing and soap should be used. On [DATE] at 12:30 PM. On the 1st Floor multiple meal tray was reviewed. Inside resident's room there are trays with glass that has orange colored liquid uncovered. V20 (Certified Nursing Assistant) stated, we do not cover lids when we received the cart from the kitchen and prepare meal tray with cup of drinks. We just pour the juice in the cup but does not put the lid on it. Let me show you. Then we walked to the Nurses Station and there was a dispenser with orange colored liquid. V20 then stated, Let me demonstrate, we just dispensed the juice inside the cup, I think it is orange juice of some kind. Then put the cup on the tray but does not put any lid on. The dispensed was also found with no date to determine when it was made. Policy on Storage of Frozen Foods dated 2017 reads: Frozen foods can deteriorate in quality the longer they are stored. Therefore, frozen foods are best if used within three months. Frozen food is discarded after three months. Policy on Handwashing dated 2017 reads: (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	145625	A. Building B. Wing	04/16/2021

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 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 0812 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	Food and nutrition services employees will practice safe food handling to prevent foodborne illness. Food and nutrition services employees will thoroughly wash their hands and exposed areas of their arms with soap and water in the designated hand-washing sink at the following times: Before engaging in food preparation. Following these steps to assure proper hand washing: Turn on water to a comfortable warm temperature. Moisten hands with water and apply soap to hands. Cover hands and exposed portion of arms with soap. Wash well under running water for twenty seconds. Pay attention to area between fingers, around nail beds and under nails. Nails should be short. Rinse hands well under running water, avoiding contact with the sink during rinsing. Let the water continue to run after you have finished rinsing. Use paper towel to dry off hands. Discard the used paper towel. Take a new paper towel and turn off faucet with paper towel and discard.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	145625	A. Building B. Wing	04/16/2021

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 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 0814 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	Dispose of garbage and refuse properly. 41356 Based on observation, and interview, the facility failed to contain garbage storage area on the dumpster for proper disposal. These failures have the potential to affect 232 residents living in the facility not to be free from sanitary problem related to garbage disposal.Per the Federal Form 672 documents, 232 residents in the facility but 3 residents are NPO (nothing by mouth). Findings include: On 04/14/21 at 10:43 AM with V4 (Food Service Director). Outside of the facility after passing through the ramp there were 3 dumpster near the parking lot. One for recycle and two of regular garbage. V13 (Dietary Aide) was seen throwing garbage in the dumpster with 2 lids closure were both bend and crocked that it was not able to be closed exposing the garbage inside. V13 tried to push the lid many times in order to close but to no avail both lids was still open. V13 then stated, I think it was messed up when the garbage collector comes in the facility and collect garbage. I think that is the reason that it cannot be closed. I agree rats or other pest may be attracted because garbage from the kitchen includes food are being discarded in that dumpster. V13 was pointing to the dumpster that the lids was unable to close. V4 stated, The facility has contracted an outside vendor providing us with garbage disposal services. Those dumpsters are provided by them and they are also the one who pick up garbage on a daily basis. Yes, I agree this may become a problem when pest like rats will be attracted because of the garbage. I need to contact the vendor and make this right. V4 stated that facility does not have policy related to outside of the facility garbage disposal.