

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER 145479	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 09/02/2020
NAME OF PROVIDER OF SUPPLIER ATRIUM HEALTH CARE CENTER		STREET ADDRESS, CITY, STATE, ZIP 1425 WEST ESTES AVENUE CHICAGO, IL 60626	
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 0600 Level of harm - Minimal harm or potential for actual harm Residents Affected - Few	<p>Protect each resident from all types of abuse such as physical, mental, sexual abuse, physical punishment, and neglect by anybody.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</p> <p>Based on record review and interview the facility failed to ensure the resident has the right to remain free of abuse for 1 (R1) in a sample of 8 residents reviewed for employee to resident abuse. Findings include: R1 is alert and oriented X 3.</p> <p>R1's care plan includes Mood Distress which presents as conflictual, difficult behavior with other persons related to SMI [DIAGNOSES REDACTED]. Care plan also includes Behavior Symptoms/Verbal Aggression. Review of facility incident investigation reports reveals on 5/31/2020, V3 (Certified Nurse Assistant) had been rough to R1 during care. R1 was assessed with [REDACTED]. R2 (Witness and roommate of R1) was not available for interview during the investigation. The incident investigation documentation included a written interview signed by R2. This happens every day when V3 works. The most recent incident was yesterday (5/29/2020) during 1st and 2nd shift. V3 came into the room and grabbed R1 by her feet. She said, 'I'm not going to force feed you because I'm busy.' She left and came back in yelling R1's name, telling her to get up and eat. V3 grabbed R1's feet, pulling on her, hitting R1's left arm and back with an open hand. R1 replied 'Ouch, you hit me.' V3 replied by yelling her name again and saying 'I told you to get up.' She hit her again on her shoulder and her back. After this, she told her 'Get up. You're wet. You know how to go to the bathroom.' She then forcefully changed R1, snatching off her clothes and pants. On 8/31/2020 at 10:58AM R1 stated, V3 (CNA) started hitting me one time in May. I told the staff and they fired her. I have not had incidents since. I feel safe at this time. My roommate witnessed this incident. I do not have any problems because of the incident in May. The staff at this time treat me well. V1 (Administrator) on 8/31/2020 at 10:30AM stated the 5/31/20 incident concerning R1 was substantiated by the facility. V3 was terminated. Facility followed its abuse prevention protocol. Staff are inserviced regularly on abuse prevention. Facility Abuse Prevention Program Policy includes the statement Residents have the right to remain from abuse, neglect, exploitation, misappropriation of property or mistreatment.</p>		
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE		TITLE (X6) DATE	

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