

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER 145904	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 08/19/2020
NAME OF PROVIDER OF SUPPLIER SMITH VILLAGE		STREET ADDRESS, CITY, STATE, ZIP 2320 WEST 113TH PLACE CHICAGO, IL 60643	
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 0609 Level of harm - Minimal harm or potential for actual harm Residents Affected - Few	Timely report suspected abuse, neglect, or theft and report the results of the investigation to proper authorities. Based on interviews and record reviews, the facility failed to immediately report an allegation of employee to resident sexual abuse to the administrator for 1 (R1) of 3 residents reviewed for abuse. Findings include: On 08/18/2020 at 11:59 AM, record review of facility's policy titled Abuse Prevention, Identification and Reporting Program last revised on 12/08/2017 under section 'g. Internal Reporting Requirements and Immediate Actions Taken' reads: Employees are required to immediately report any occurrence of potential and/or actual abuse or mistreatment they observe, hear about, or suspect, to the Administrator or other manger. Failure to report in a timely manner or to fully participate in an investigation is considered as serious as the abuse itself and will result in significant disciplinary action, up to and including termination. On 08/18/2020 at 12:34 PM, V8 (Ward Clerk) stated (V8) heard and saw R1 accuse V10 (Life Enrichment Facilitator) of sexual abuse. V8 stated (V8) did not report the allegation of sexual abuse to a manager, supervisor or administration on 06/11/2020. On 08/18/2020 at 1:03 PM, V3 (Life Enrichment Facilitator) stated R1 pointed to V10 and accused (V10) of sexual abuse. V3 stated (V3) did not report the allegation to the nurse or nursing supervisor on 06/11/2020. On 08/18/2020 at 1:54 PM, V2 (Director of Nursing) stated V1 (Administrator), V2 and two other supervisors were present on 06/11/2020. V2 stated neither supervisors, V1 nor V2 were notified of the sexual abuse allegation on 06/11/2020. V2 stated V1 and V2 were not aware of the allegation until 06/17/2020. On 08/19/2020 at 09:53 AM, V10 stated (V10) did not immediately report R1's allegation of sexual abuse to the manager on duty on 06/11/2020. On 08/19/2020 at 11:04 PM, record review of facility's Final Abuse Investigation Report submitted to the Illinois Department of Public Health on 06/22/2020 under the section titled 'Summary of Witness Statements, Resident Statements and Findings' read: The allegation of abuse was not reported immediately, thus delaying the investigation. This is not acceptable and against the Abuse Prevention, Identification and Reporting policy that staff are trained on.		
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.