STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	ASL510337	A. BUILDING: _____ B. WING _____	08/01/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ST JOSEPH VILLAGE OF CHICAGO	4021 W BELMONT CHICAGO, IL 60641

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
A 000	Initial Comment Annual Licensure Violation at 295.2060 a)b)1)2)c)d) Type 3 Violation at 295.3020 a)1)2)3)5)6)d)1)2)3)4)5) Type 3 Violation at 295.4060 i)2)B)i)ii)iii)iv)v) Type 3	A 000		
A2060	Section 295.2060 Quality Improvement Program This Regulation is not met as evidenced by: Type 3 Section 295.2060 Quality Improvement Program a) The establishment shall establish an effective quality improvement program that encompasses oversight and monitoring, resident satisfaction, and ongoing quality improvement and implementation of any plan that addresses improved quality services. The quality improvement process implemented by the establishment must benchmark performance, be customer centered, be data driven, and focus on resident satisfaction. (Section 30(a) of the Act) For the purpose of this Section, "benchmark" means creating points of reference from which measurements can be made. b) A system shall be in place to facilitate the detection of issues and problems, to expedite the implementation of action, and to resolve problems. 1) Data analysis shall be used to identify and implement changes that will improve performance or reduce the risk of additional events.	A2060		

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A2060	Continued From page 1 2) The establishment shall maintain documentation that shows that data analysis has occurred and that actions, as appropriate, have been implemented to address identified issues and to resolve problems, as well as any follow-up actions taken by the establishment. c) The existence, results, and process of a quality improvement program cannot be used as evidence in any civil or criminal court proceeding. d) The result of the quality improvement program cannot be the sole basis for citing a violation. These Requirements are not met as evidenced by: Based on interview and record review, the facility failed to present any evidence of resident satisfaction survey and Quality Improvement Program. This deficient practice has the potential to affect all 31 residents who reside in the facility. Findings include: On entrance date of 7/25/24, facility administration including E2(Director of Nursing) and E3(Assistant Director of Nursing) were presented with written request for facility satisfaction survey and Quality Improvement Plan documents. E1(Executive Director) was given a copy of this request on 7/31/24. Presented resident roster included 31 residents. Facility was reminded of request for satisfaction survey results and Quality Improvement plan documents on August 1st and asked to present	A2060		

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A2060	Continued From page 2 requested documentation. Explanation of required components of QA program was given to E1(Executive Director), E2 and E3. No additional documentation was presented. E1(Executive Director) shook his head in understanding.	A2060		
A3020	Section 295.3020 Employee Orientation and Ongoing Training This Regulation is not met as evidenced by: Type 3 Section 295.3020 Employee Orientation and Ongoing Training a) Each new employee shall complete orientation within 10 days after the starting date of employment that includes: 1) The establishment's philosophy and goals; 2) Promotion of resident dignity, independence, self-determination, privacy, choice, and resident rights; 3) Confidentiality of resident records and resident information; 5) Abuse and neglect prevention and reporting requirements; and 6) Disaster procedures.	A3020		

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A3020	Continued From page 3 d) All training shall be documented with: 1) Date; 2) Starting and ending time; 3) Instructors and their qualifications; 4) Short description of content; and 5) Staff member's written signature. These Requirements are not met as evidenced by: Based on interview and record review, the facility failed to ensure completion of employee orientation as required for 2 employees (E8, E9) out of 5 reviewed for training requirements. Findings include: E11(Human Resources) provided employee files for review of completed orientation. After review, E11 was advised of missing training documentation. While E11 was able to locate additional training for some of the employees, E8(C.N.A) and E9(C.N.A) did not have documentation of all of the training as required. According to employee roster, E8 (Certified Nursing Assistant) was hired on 5/3/24. Employee file did not include documentation of completed Disaster Preparedness training. E9 was hired on 1/16/24 as a C.N.A. Employee file did not include documentation of Resident Rights, HIPAA (Health Insurance Portability and Accountability Act), Disaster Preparedness, and Abuse training.	A3020		

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A3020	Continued From page 4 Missing training requirements were reviewed with E11 (Human Resources) and E1 (Executive Director). On 7/31/24 E11(Human Resources) who is responsible for maintenance of employee files and training documentation stated there is follow up with staff when training is missing. Documentation of E8 and E9's missing training was not presented.	A3020		
A4060	Seciton 295.4060 Alzheimer's and Demential Programs This Regulation is not met as evidenced by: Type 3 Section 295.4060 Alzheimer's and Dementia Programs i) Training requirements for individuals working in a special program: 2) Staff training: B) Direct care staff must receive 16 hours of on-the-job supervision and training within the first 16 hours of employment following orientation. Training must cover: i) encouraging independence in and providing assistance with the activities of daily living; ii) emergency and evacuation procedures specific to the dementia population; iii) techniques for creating an environment	A4060		

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A4060	Continued From page 5 that minimizes challenging behaviors; iv) resident rights and choice for persons with dementia, working with families, caregiver stress; and v) techniques for successful communication These Requirements are not met as evidenced by: Based on interview and record review, the facility failed to ensure completion of 16 hours of on-the-job training in memory care for 5 caregivers (E6, E7, E8, E9, E10) out of 5 frontline workers reviewed for on the job training in memory care. Findings include: Hire Date Memory Care 16 hours on the job training documentation E6 4/29/24 None E7 5/28/24 None E8 5/03/24 None E9 1/16/24 None E10 11/7/23 None E11(Human Resources) is in the charge of employee files and was advised E6 through E10 employee files lacked documentation of on-the-job training. Regulation requirements were reviewed with E1(Executive Director) and E11(Human Resources). No additional documentation showing compliance with on-the-job training requirements was presented. On 7/31/24 E11 acknowledged some of the training was missing.	A4060		