

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 04/28/2005
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 145970	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 02/18/2005
NAME OF PROVIDER OR SUPPLIER SOUTH SHORE NUR & REHAB CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE 2649 EAST 75TH ST CHICAGO, IL 60649		
(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) COMPLETION DATE	
F9999	<p>FINAL OBSERVATIONS</p> <p>Licensure</p> <p>300.1210a) 300.1210b)4) 300.1210b)6)</p> <p>Adequate and properly supevised nursing care and personal care shall be provided to each resident to meet the total nursing and personal care needs of the resident.</p> <p>Personal care shall be provided on a 24-hour,</p>	F9999			

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 04/28/2005
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 145970	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 02/18/2005
NAME OF PROVIDER OR SUPPLIER SOUTH SHORE NUR & REHAB CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE 2649 EAST 75TH ST CHICAGO, IL 60649		
(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) COMPLETION DATE	
F9999	<p>Continued From page 15 seven day a week basis.</p> <p>All nursing personnel shall evaluate residents to see that each resident receives adequate supervision and assistance to prevent accidents.</p> <p>These regulations are not met, as evidenced by the following:</p> <p>Based on observation, record review and interviews the facility failed to:</p> <ol style="list-style-type: none"> 1. Provide supervision and monitoring for 2 residents in the sample of 30 (R21 and R23). R 21 who has a diagnosis of schizophrenia, dementia and a history of wandering eloped from the facility and was found on the street corner by paramedics. R23 who is blind, non-ambulatory and an insulin dependent diabetic was sent to a clinic appointment without an escort, dropped off in the lobby and left sitting there by himself until the driver returned. 2. Failed to notify the physician after R21 returned to the facility after her elopement. 3. Failed to notify the physician and assess R23's blood sugar level after R23 was returned to the facility at 7:30pm. 4. Failed to complete an incident report after R23 's return from the clinic. <p>Findings include:</p> <p>1.) R21 is a 71 year old female with diagnoses including schizophrenia, dementia and metastatic colon cancer. R21 was admitted to the 2nd floor</p>	F9999			

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 04/28/2005
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 145970	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 02/18/2005
NAME OF PROVIDER OR SUPPLIER SOUTH SHORE NUR & REHAB CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE 2649 EAST 75TH ST CHICAGO, IL 60649		
(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) COMPLETION DATE	
F9999	<p>Continued From page 16 of the facility on 12-23-04.</p> <p>During a tour of the facility on 02-17-05 R21 was observed in her room lying in bed with her eyes closed. She was appropriately dressed and had a monitoring device attached to her left ankle. Z4 and a nurse from hospice were at her bedside. R 21 was able to tell surveyor the date but not the day of the week or what month it was. She identified Z4 as her husband's son.</p> <p>On 01-04-05 at 12:45pm nurses notes state that R21 was not in her room when staff went to get her for lunch. A search of the unit was conducted and the stairways and areas surrounding the facility. Review of the facility's incident report indicates that R21 was not returned to the facility until 4:20pm accompanied by Z4 (R21's son).</p> <p>On the facility's incident report it was indicated that R21's mental status prior to the incident was "alert-disoriented". Review of the nurses notes for R21's admission assessment state that R21 was alert and confused. R21's initial assessment has her coded as a (2), moderately impaired, decisions poor, cues/supervision required. R21's care plan dated 01-03-05 states that R21 has poor decision making skills and safety awareness . Resident is a wanderer and is at risk for elopement. Resident has a history of eloping. Resident is diagnosed with dementia and schizo affective disorder.</p> <p>Z4 was interviewed by surveyor and stated that he was notified at 1:30pm that R21 was missing. Z4 stated he found his mother himself after checking local hospitals. He stated his mother was picked up on the street by paramedics at 12:04pm approximately 10 blocks west and 5 blocks north of the facility. R21 was sitting in the lobby of the emergency room until she was picked up by Z4 at approximately 4:00pm. Z4 further stated</p>	F9999			

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 04/28/2005
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 145970	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 02/18/2005
NAME OF PROVIDER OR SUPPLIER SOUTH SHORE NUR & REHAB CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE 2649 EAST 75TH ST CHICAGO, IL 60649		
(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) COMPLETION DATE	
F9999	<p>Continued From page 17</p> <p>that R21 was wearing a coat but was not wearing a wristband and could not be positively identified. Z4 also told surveyor that when hospital personnel asked R21 who she was she gave them a different name. Z1 (nurse practitioner) told surveyor that she was in the nursing home when R21 was returned but did not examine her. Further review of the nurses notes do not indicate that the physician was notified.</p> <p>Z4 was interviewed further and stated that he toured the facility twice before his mother was admitted. Z4 stated that he told many staff members including E7 (guest services liaison) that R21 was a wanderer and very "cagey" and would be 20 minutes behind him after he left. Z4 further stated that R21 was in restraints at the hospital prior to her admission due to her attempts to leave. Z4 stated that E7 told him that R21 would be on a secure floor and her picture would be posted at the front desk.</p> <p>During interview with surveyor on 01-13-05 E7 denied telling Z4 that R21 would be on a secure floor. E7 also denied any knowledge of R21's wandering behavior.</p> <p>E11 (front desk) was interviewed on 02-17-05 and stated that she last saw R21 on 01-04-05 sitting in the front lobby at 10am just before going on break. R21 was wearing a coat and talking to other residents. E11 also stated that she was not aware at the time that R21 was a wanderer and there was no picture of R21 at the desk. E12 stated that she saw R21 in the lobby around 11am and asked the clerk at the desk to call her unit to have someone come and get her.</p> <p>2.) R23 is an 85 year old male with multiple</p>	F9999			

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 04/28/2005
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 145970	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 02/18/2005
NAME OF PROVIDER OR SUPPLIER SOUTH SHORE NUR & REHAB CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE 2649 EAST 75TH ST CHICAGO, IL 60649		
(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) COMPLETION DATE	
F9999	<p>Continued From page 18</p> <p>diagnoses including renal disease, hypertension, insulin dependent diabetes mellitus and congestive heart failure. R23 is also blind and non-ambulatory. R23 is careplanned for falls due to his impaired mobility and blindness. On 11-24-04 R23 had a scheduled clinic appointment outside the facility. Review of the appointment log indicated that R23's appointment was for 3:00pm and he needed an escort. There was no escort sent. Z5, (R23's son) was interviewed and stated that he usually comes to the facility to escort R23 to appointments but could not make it that day. Z5 further stated that R23 was dropped off at the clinic and sat in the lobby the entire time until transportation came back to pick him up. Review of the nurses notes revealed that R23 returned to the facility at 7:30 pm. R23's record contained an appointment card stating that he was not to eat or drink for 4 hours prior to his scheduled 3:30 test. Further review of the nurses notes do not indicate that there was a nursing assessment performed when R23 returned to the facility nor was the attending physician notified. Nurses notes did state however that R23 did not see the doctor at the clinic. Review of the facility's blood glucose monitoring log indicated that R23's blood sugar was not checked when he returned. There was also no documentation that R23 received a meal. R23 was interviewed and stated that he went to the appointment alone and he never saw the doctor. R23 further stated that he can't do things for himself and needs someone to go with him on appointments. E12 stated that she did not know why R23 was not escorted to his appointment but if they are ready to go the driver will take them by themselves.</p>	F9999			