		AND HUMAN SERVICES				FORM	11/21/2007 APPROVED 0938-0391
STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		(X2) M A. BUI		IPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED		
		145850	B. WI	۱G		C 03/09/2007	
NAME OF P	ROVIDER OR SUPPLIER			STF	REET ADDRESS, CITY, STATE, ZIP CODE		
WESTSH	IRE NURSING & REH	IAB CTR			5825 WEST CERMAK ROAD CICERO, IL 60804		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES ' MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREF TAG		PROVIDER'S PLAN OF CORRECT (EACH CORRECTIVE ACTION SHOU CROSS-REFERENCED TO THE APPR DEFICIENCY)	JLD BE	(X5) COMPLETION DATE
F 490	said she had not set The facility's policy abuse of a physical and notification of t Medical Director wi unable to provide s support the timely in Protocol. FINAL OBSERVAT LICENSURE VIOLA 300.1210a) 300.1210b)6) 300.3240a) 300.3240a) 300.3240f) Section 300.1210 C Nursing and Person a) The facility must and services to atta practicable physical well-being of the re each resident's com plan of care. Adequ nursing care and per to each resident to personal care need b)6) All necessary p assure that the resi as free of accident nursing personnel s	ATIONS General Requirements for nal Care provide the necessary care in or maintain the highest in or maintain the highest isident, in accordance with hprehensive assessment and iate and properly supervised ersonal care shall be provided meet the total nursing and s of the resident. Drecautions shall be taken to dents' environment remains hazards as possible. All shall evaluate residents to see receives adequate supervision		999			
	Section 300.3240 A a) An owner, licens	buse and Neglect ee, administrator, employee					

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		145850	B. WING			C 03/09/2007	
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F9999	Continued From pa	age 10	F9	999)		
	or agent of a facility resident. f) Resident as perp investigation of a re- resident indicates, that another reside is the perpetrator o condition shall be in determine the most placement for the r of that resident as or residents and empl 3-612 of the Act) This REQUIREMEN Based on observat review the facility fa- residents in the bui supervising one res- accused of sexually R2. This failure res-	y shall not abuse or neglect a betrator of abuse. When an eport of suspected abuse of a based upon credible evidence, nt of the long-term care facility f the abuse, that resident's mmediately evaluated to t suitable therapy and esident, considering the safety well as the safety of other loyees of the facility. (Section NT is not met as evidenced by: ion, interview and record ailed to ensure the safety of lding by not adequately sident (R1) after he was y assaulting another resident, ulted in the facility not taking asures to protect all residents in after the allegation of sexual					
	Findings include:						
	including Bipolar Ai personality traits ar ideation. R2 was ac 03/01/07 from the lincident report com on duty) dated 03/0 following informatic reported that a mal bed number) force	female with diagnoses ffective Disorder with mixed nd recent episode of suicidal dmitted to the facility on ocal hospital. Review of an apleted by E3 (registered nurse 03/07 at 6:45pm noted the on: "This female resident e peer in Rm# (lists room and ed her to have sex with him x d that she told him 'no' and					

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CENTE	RS FOR MEDICARE	AND HUMAN SERVICES				FORM OMB NO.	11/21/2007 APPROVED 0938-0391
STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		(X2) N A. BU		IPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED		
		145850	B. WI	NG _		C 03/09/2007	
NAME OF F	ROVIDER OR SUPPLIER				REET ADDRESS, CITY, STATE, ZIP CODE		
WESTSH	IIRE NURSING & REF	IAB CTR			5825 WEST CERMAK ROAD CICERO, IL 60804		
(X4) ID PREFIX TAG	(EACH DEFICIENC)	TEMENT OF DEFICIENCIES / MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREF TAG		PROVIDER'S PLAN OF CORREC (EACH CORRECTIVE ACTION SHOU CROSS-REFERENCED TO THE APPR DEFICIENCY)	JLD BE	(X5) COMPLETION DATE
F9999	that she tried to pushim to get off of her The pt's room mate no and to get off her The incident was re who was visiting R2 further stated that to notified, both R1 ar were notified and the were paged. R2 was evaluation and her facility A.M.A. (again taken to the police and was released to later. The facility's Prelim Investigation Report (Assistant Director until 3/5/07, two da initially reported to surveyor and stated when the incident we back to work on Mo E2 if R1 was being measures were being female residents from told that the sex be consensual and R1 more closely. E2 we incident report stati E2 said she had no stated that she had (the nurse who fille only person who wa CNA (certified nurse	sh him off of her and also told and to get out of her room. e said that she did hear pt. say er." eported to E3 by R2's mother 2 in the facility. E3's report he administrator (E1) was and R2 were interviewed, police he physician and psychiatrist is sent to the hospital for family signed her out of the inst medical advice). R1 was station for further questioning back to the facility 2 hours hinary 24 hour Incident t prepared by E2, ADON of Nurses) was not submitted ys after the incident was staff. E2 was interviewed by d that she was not on duty was reported and just came onday 3/5/07. Surveyor asked monitored and what ng taken to protect other om R1. E2 stated that she was tween R1 and R2 was was not being monitored as shown a copy of the ng the allegation against R1. t seen that report yet. E2 also not yet spoken to R1 or E3 d out the incident report. The as interviewed by E2 was one	F9	999			

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		145850	B. WIN	√G		C - 03/09/2007	
NAME OF P	PROVIDER OR SUPPLIER				REET ADDRESS, CITY, STATE, ZIP CODE		
WESTSH	IRE NURSING & REF	IAB CTR			825 WEST CERMAK ROAD CICERO, IL 60804		
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREF TAG		PROVIDER'S PLAN OF CORRECT (EACH CORRECTIVE ACTION SHOU CROSS-REFERENCED TO THE APPR DEFICIENCY)	JLD BE	(X5) COMPLETION DATE
F9999	year old male who on 01/16/07 with di Schizophrenia and notes and Social Si revealed the follow On 01/18/07 R1 gr had wandered from the other resident w was redirected and resident. R1 was re unacceptable. On 01/20/07 R1 we and propositioned H told to stay away fro On 01/20/07 at 12:0 in proximity and att inappropriately stat wife," "you're going want to date you." On 01/21/07 the 24 R1 had made inapp towards female stat monitoring and cou the allegations by si the accusations. On 01/27/07 R1 wa aggressive towards threats that he wou R1 was counseled upset with female p attracted to him and	was readmitted to the facility iagnoses including seizure disorder. R1's nursing ervice progress notes ing: rabbed another resident who n another floor claiming that was in his room last night. R1 he let go of the other eminded that his behavior was ent into a male peer's room him for sexual contact. R1 was om the male peer. 00am resident was too close tempting to hug CNAs ting, "you're going to be my to be my girlfriend," and "I 4 hour report also noted that propriate sexual advances ff. He was placed on 1:1 unseled. When confronted with staff on 01/22/07 R1 denied as noted to be verbally is a female peer and made uld follow her to the bathroom. by staff that he should not get peers who are not sexually d that he should concentrate ther than getting involved in a	F99	999			

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(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREF TAG		PROVIDER'S PLAN OF CORREC (EACH CORRECTIVE ACTION SHOU CROSS-REFERENCED TO THE APPR DEFICIENCY)	ULD BE	(X5) COMPLETION DATE
F9999	On 02/19/07 R1 wa wandering into a fe that he may have b and did not remem On 02/24/07 R1 wa sexual comments t denied. Surveyor ir (Psychosocial Reha Coordinator) and a inappropriate sexual does have these ba here. E5 also state monitoring, he is b no differently than for R1 noted that has sexually inappropriate E6 (CNA) told surv and R2 sitting on R 03/02/07 around 3: E6 for coming into curse at her, telling and stay out of his did not want to report he has cursed at he and left the room. S where R1 resides a any residents curre	as counseled for reportedly emale peer's room. R1 stated out he must have been tired ber. as again counseled for making to a male peer, which he nterviewed E5, R1's PRSC abilitative Services sked her about R'1s al behaviors .E5 stated that R1 ehaviors and that is why he is of that R1 is not on a 1:1 being monitored by the staff but usual. Review of the care plan e is not care planned for	F9	999			

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