

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

PRINTED: 06/14/2007  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>145180</b>		(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED  <b>12/04/2006</b>	
NAME OF PROVIDER OR SUPPLIER  <b>RIVIERA MANOR</b>				STREET ADDRESS, CITY, STATE, ZIP CODE <b>490 WEST 16TH PLACE CHICAGO HEIGHTS, IL 60411</b>			
(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
F 469	Continued From page 30 toilet.  Gnats were noted in room 118 and room 120.  During interview, residents indicate they have complained about these issues to facility and has not been met particularly, the mice activities during the night. Many screens are torn in the windows allowing for easy entrance for pest coming into the facility.			F 469			
F9999	FINAL OBSERVATIONS  Licensure Violations  300.610a) 300.1210b)6) 300.3020d)2)D)  300.610 Resident Care Policies a) The facility shall have written policies and procedures, governing all services provided by the facility which shall be formulated by a Resident Care Policy Committee consisting of at least the administrator, the advisory physician or the medical advisory committee and representatives of nursing and other services in the facility. These policies shall be in compliance with the Act and all rules promulgated thereunder. These written policies shall be followed in operating the facility and shall be reviewed at least annually by this committee, as evidenced by written, signed and dated minutes of such a meeting.  300.1210 General Requirements for Nursing and Personal Care  b)6) All necessary precautions shall be taken to			F9999			

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

PRINTED: 06/14/2007  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>145180</b>		(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED  <b>12/04/2006</b>	
NAME OF PROVIDER OR SUPPLIER  <b>RIVIERA MANOR</b>				STREET ADDRESS, CITY, STATE, ZIP CODE <b>490 WEST 16TH PLACE CHICAGO HEIGHTS, IL 60411</b>			
(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 31</p> <p>assure that the residents' environment remains as free of accident hazards as possible. All nursing personnel shall evaluate residents to see that each resident receives adequate supervision and assistance to prevent accidents.</p> <p>300.3020 Codes and Standards</p> <p>d)2)D) Facility shall establish and enforce written procedures to prohibit smoking in resident sleeping rooms and corridors. Smoking is permitted only in controlled areas.</p> <p>These REQUIREMENTS are not met as evidenced by the following:</p> <p>Based on random observations made during the initial tour and environmental tour, record review, and the facility smoking policy, the facility failed to properly supervise and monitor three residents in the sample and one outside the sample (R15, R16, R17 &amp; R25) who have a known and documented unsafe behavior of smoking in their rooms and other inappropriate areas.</p> <p>The facility also failed to provide supervision for these residents sampled and other residents with evidence of cigarette smoking in their rooms.</p> <p>Findings include:</p> <p>1. During observation on 11-27-06 during initial tour at 10:30 am, cigarette smoke was noted in room 141. R15 was noted sitting at bedside holding a plastic bottle cover full of cigarette butts. R15 denied smoking in the room but the cigarette smoke could be smelled in the hallway. Staff were noted passing by room 141 without checking. At 11-27-06 at 12:40 pm, cigarette</p>			F9999			

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

PRINTED: 06/14/2007  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>145180</b>		(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED  <b>12/04/2006</b>	
NAME OF PROVIDER OR SUPPLIER  <b>RIVIERA MANOR</b>				STREET ADDRESS, CITY, STATE, ZIP CODE <b>490 WEST 16TH PLACE CHICAGO HEIGHTS, IL 60411</b>			
(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 32</p> <p>smoke was again noted in the hallway adjacent to room 141 with the door closed. Surveyors noted upon entering the room that R15 was sitting in bed smoking a cigarette. R15 was using the plastic bottle cover with a paper backing as an ashtray. R15 stated that there is no rule or law against smoking in his room and continued to smoke. E3 (nurse) was notified of the problem went into R15's room, and upon seeing R15 smoking indicated that she would notify the behavior aide about the incident. R15 was noted with cigarette burn holes on his bedsheet and on his plastic chair.</p> <p>Review of R15's records on 11-29-06 at 10:00 am, reflected that the incident was not recorded and there was no indication that any staff intervention occurred. R15 indicated that he has been smoking in the room and has not been told by staff not to do it. Last documented note by social service staff was 8-22-06 and nurse's note was 11-8-06.</p> <p>E21, behavior aide, indicated that R15 has been identified as one of the residents that smoke in his bedroom. E21 indicated that when he sees R15 smoke in the room, he tells the resident to extinguish his smoking material and reminds him to smoke in the designated area. The incident is reported to E7. E21 indicated that R15 has been observed smoking in the room. E21 was not aware of any smoking protocols to follow.</p> <p>R15's record did not show any interventions when caught smoking in his room including the incident of 11-27-06. E21 indicated that when staff inform the behavior aide about an incident of unsafe smoking, the behavior aide notifies E7 about it. R15's record reflects that care plan</p>			F9999			

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

PRINTED: 06/14/2007  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>145180</b>		(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED  <b>12/04/2006</b>	
NAME OF PROVIDER OR SUPPLIER  <b>RIVIERA MANOR</b>				STREET ADDRESS, CITY, STATE, ZIP CODE <b>490 WEST 16TH PLACE CHICAGO HEIGHTS, IL 60411</b>			
(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 33</p> <p>dated 12-13-05 has identified smoking in his room as a problem with goal to comply with treatment. Intervention consist of: Provide guidelines and rules for smoking, Encourage resident to follow guidelines and rules and praise and reward. Documentation shows resident continues to smoke in his room. On 11-15-06 R15's Care Plan for smoking was revised to include intervention: Provide resident with cigarette while in smoking areas only. Staff will supervise resident at all times while smoking. Staff will keep cigarettes and lighter at nurse's station. Staff will monitor resident room for smoking on a daily basis. These interventions have not been followed as R15 continued to have smoking materials and has been smoking unsafely in his room without intervention. There are three other residents in the room who are affected by his smoking in the room.</p> <p>2. During initial tour 11-27-06 at 10:00 am, room 161 was noted with cigarette butt on the toilet bowl and ashes on the bathroom floor and at bedside. The same condition was observed on 11-28-06 at 9:00 am. when cigarette butts and ashes were noted in the bathroom and cigarette butts at bedside and bathroom. On 11-28-06 at 2:00 pm, R16 was noted sitting on the toilet seat smoking, viewable from the hallway with cigarette smoke noticeable from the hallway in front of the nurse's station. Staff nurse was notified of the incident.</p> <p>Review of R16's record on the next day 11-29-06 reflects the incident was not reported and there was no intervention on the behavior. R16's bathroom and bedside was again observed with ashes and a cigarette butt in the bathroom. R16 has diagnoses that include Schizo-affective and</p>			F9999			

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

PRINTED: 06/14/2007  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>145180</b>		(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED  <b>12/04/2006</b>	
NAME OF PROVIDER OR SUPPLIER  <b>RIVIERA MANOR</b>				STREET ADDRESS, CITY, STATE, ZIP CODE <b>490 WEST 16TH PLACE CHICAGO HEIGHTS, IL 60411</b>			
(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 34</p> <p>Seizure disorder. R16 has a cognitive difficulty with poor safety awareness.</p> <p>E7 on 11-29-06 at 3:30 pm indicated that R16 did smoke in the room mostly sitting on the toilet bowl. R16's roommate also smoked but was compliant with smoking in the designated area.</p> <p>R16 has an identified behavior of non-compliance with smoking safety. This has not been addressed in his assessment, care plan and documentation of any intervention.</p> <p>3. During the initial tour on 11-27-06 at 10:20 am with E20, Room 152 was checked and had cigarette smoke noticeable from the hallway. Ashes and cigarette butts were noted on the floor next to bed 2 and bed 3. R17 was asked on the hallway by E20 if he was in the third bed, and R17 acknowledged that he transferred to this room a week ago. No follow up about smoking was noted during the interview but the housekeeper was asked to clean up the room. At 11:00 am, room 152 was rechecked and floor was swept. At 12:30 pm, cigarette smoke was again noted by the hallway of room 152. R17 was noted coming out of the room. Again room floor was noted with new ashes and a cigarette butt on the floor. At 3:00 pm, R17 approached surveyor and R17 was asked if he smokes in his room. R17 acknowledge that he does once in a while when there is no space in the smoking room. R17 indicated that he was never asked about smoking in his room before.</p> <p>R17's record shows no intervention on this unsafe smoking practice. Record did show that R17 has an anger management behavior of tantruming and self harm when he does not get</p>	F9999					

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

PRINTED: 06/14/2007  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>145180</b>		(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED  <b>12/04/2006</b>	
NAME OF PROVIDER OR SUPPLIER  <b>RIVIERA MANOR</b>				STREET ADDRESS, CITY, STATE, ZIP CODE <b>490 WEST 16TH PLACE CHICAGO HEIGHTS, IL 60411</b>			
(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 35</p> <p>his cigarettes which are given to him in packs of three to prevent theft. There is no investigation of ashes, cigarette butts and noticeable cigarette smoke from the hallway observed for three days on 11-27-06, 11-28-06 and 11-29-06. Cigarette burn holes also noted on the bed cover.</p> <p>4. At 3:30 pm on 11-28-06, R25 was observed with a lighted cigarette in room 111 which he threw into the toilet bowl. R25 was asked if he was just smoking and he did not respond but left the room. R37 who was in bed indicated that he does not smoke. R37 indicated that R25 has been smoking in the room every now and then. Two CNA in the hallway were notified of the concern and were brought to the room to show cigarette butt and the smell of cigarette smoke.</p> <p>On record review 11-29-06, there was no indication that this concern was followed up and intervened upon. Documentation did not show any intervention and care plan did not address unsafe smoking practices.</p> <p>5. During the initial tour 11-27-06 9:45 to 10:45 am with E20, the following conditions were observed:</p> <p>a. During initial tour, room 119 had noticeable cigarette butts and ashes on the floor. R20 is identified as high risk smoking in undesignated areas particularly while in bed. Staff indicated on interview that he has been caught numerous times smoking in his room but no intervention occurs and he continues to do so.</p> <p>b. Room 156 had a bed cover with multiple cigarette burns.</p> <p>c. Room 160 had cigarette ashes and butts on the floor by the bedside and by the bathroom. Bed B had cigarette burns on the bed cover.</p>			F9999			

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

PRINTED: 06/14/2007  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>145180</b>		(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED  <b>12/04/2006</b>	
NAME OF PROVIDER OR SUPPLIER  <b>RIVIERA MANOR</b>				STREET ADDRESS, CITY, STATE, ZIP CODE <b>490 WEST 16TH PLACE CHICAGO HEIGHTS, IL 60411</b>			
(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 36</p> <p>d. Room 161 had noticeable cigarette smoke smell in the room, ashes on the floor and cigarette butt on the toilet bowl. R9 was noted in the room. R9 walked out without being questioned by E20. R9 is identified by assessment as a non-compliant smoker who smokes often in unsafe areas. No intervention noted on the chart.</p> <p>e. Room 153 had cigarette ashes on the floor.</p> <p>6. During the general tour 11-27-06 from 1:30 pm to 3:00 pm, and 11-28-06 from 9:00 am to 11:30 am, the following conditions were noted:</p> <p>a. Room 104 had a noticeable cigarette smoke with residents inside the room. Review of record indicate both residents have not had any intervention about smoking in their room.</p> <p>b. Room 149 was noted with ashes and cigarette butts on the floor. Resident in the room is identified as a resident with unsafe smoking practice. Review of record the next day shows no intervention recorded on R38.</p> <p>c. Rooms 121 and 150 had cigarette burns on the bed covers.</p> <p>d. Room 151 had cigarette ashes and butt noted in the bathroom with noted cigarette smoke smell in the bathroom.</p> <p>e. Room 133 had cigarette butts and ashes on the floor at bedside.</p> <p>f. Room 120 and 161 had cigarette butts and ashes on the floor at bedside and noticeable cigarette smoke smell.</p> <p>g. During observation of room 116, noticeable cigarette smoke was noted coming from this room. Ashes were noted next to bed C. This concern was shown to E1 who was at the vicinity. There was no follow up or investigation documentation regarding this safety concern.</p>			F9999			

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

PRINTED: 06/14/2007  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>145180</b>		(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED  <b>12/04/2006</b>	
NAME OF PROVIDER OR SUPPLIER  <b>RIVIERA MANOR</b>				STREET ADDRESS, CITY, STATE, ZIP CODE <b>490 WEST 16TH PLACE CHICAGO HEIGHTS, IL 60411</b>			
(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 37</p> <p>Review of smoking policy submitted on 11-29-06 reflect the following:</p> <ol style="list-style-type: none"> <li>1. The facility has designated one area inside the facility for resident smoking that is monitored for safety and comfort.</li> <li>2. Residents may smoke outside the facility in area outside the station one exit and outside the Activity room.</li> <li>3. The director of resident services shall maintain smoking schedule for the smoking area inside the facility.</li> <li>4. The resident area will be monitored while in use.</li> <li>5. Fireproof ashtray will be provided.</li> <li>6. When an alarm is sounded, all smoking privileges will be suspended.</li> <li>7. The resident smoking policy will be presented to all residents upon admission.</li> <li>8. Staff shall report all violations of the smoking policy to the Resident Service Director.</li> <li>9. Resident smoking assessment is completed at least annually for all residents.</li> </ol> <p>The policy does not address how residents with unsafe smoking practices are supervised compliance for resident safety is assured. Residents with identified unsafe practice are not monitored for safety and compliance. Conditions indicating unsafe practices such as ashes, butts and cigarette burns in the resident rooms are not investigated to assure resident safety and resident compliance. The facility has been aware of these unsafe practice but had not provided proper supervision and structured interventions. The policy did not provide adequate procedures to assure safe smoking but has not been revised for unknown number of years. Facility staff assigned to assure safe smoking practices, such</p>			F9999			