PRINTED: 02/26/2008 FORM APPROVED OMB NO. 0938-0391

	TATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) M A. BUI		TIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
		445000	B. WIN				
		14E669				05/1	6/2007
	PROVIDER OR SUPPLIER  LAND NURSING HON	IE		:	REET ADDRESS, CITY, STATE, ZIP CODE 2427 WEST 127TH STREET BLUE ISLAND, IL 60406		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES  MUST BE PRECEDED BY FULL  SC IDENTIFYING INFORMATION)	ID PREF TAG		PROVIDER'S PLAN OF CORREC (EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APPI DEFICIENCY)	OULD BE	(X5) COMPLETION DATE
F 000	INITIAL COMMEN	rs	F	000			
	Annual Certification	n and Licensure					
	Complaint 0791906/IL28579 = F224 & F324						
F 152 SS=D	An extend survey was conducted. 483.10(a)(3)&(4) EXERCISE OF RIGHTS			152	2		6/15/07
00-2	In the case of a resident adjudged incompetent under the laws of a State by a court of competent jurisdiction, the rights of the resident are exercised by the person appointed under State law to act on the resident's behalf.						
	judged incompeten surrogate designate	ident who has not been to by the State court, any legal ed in accordance with State ne resident's rights to the State law.					
	by: Based on interview failed to provide R4 representative that interest. E3 (Activity Director/ Psychiatri Coordinator) an em	and record review, the facility with a surrogate or does not have a conflict of y Director/ Social Service c Rehabilitation Services aployee of the facility has (POA) over R4's health.					
	Findings Include:						
	5/9/07, during a me approximately 10:5	w, E3 is R4's POA over health. eeting that started at 6am, E3 confirmed she was lth, although she is a full time cility.					
LABORATOR'	Y DIRECTOR'S OR PROVID	DER/SUPPLIER REPRESENTATIVE'S SIGI	NATURE		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.

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	ROVIDER OR SUPPLIER	IE		2427 V	ADDRESS, CITY, STATE, ZIP CODE VEST 127TH STREET I ISLAND, IL 60406		
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F 174 SS=C	access to the use of be made without be made without be.  This REQUIREMEI by: Based on record refailed to provide reatlephone where can overheard.  Findings include:  1. During the Group 1:45 PM) residents telephone in the faciliting room and corby staff and resider.  2. R11 stated durin 1:00 PM), she goes phone to make per 3. Review of R12's 7:00 PM) document that R12 was makin her and she did not be made without the state of the	the right to have reasonable of a telephone where calls can being overheard.  NT is not met as evidenced eview and interview the facility asonable access to use of a falls can be made without being to Interview (05/08/2007 at stated that they use the cility's office or in the facility's oversations can be overheard existed that they use the cility's office or in the facility's oversations can be overheard existed that they use the overheard existed that they use the cility's office or in the facility's exercise to use the pay	F 1	74	DEFICIENCY)		6/10/07
	of the claim made thereafter was more 4. E1(Administrator Room 9 on 05/09/2 residents may make	nents after R12 was informed by his wife, every phone call litored.  It is a stated during interview (in 2007 at 10:56 AM) that e phone calls on the facility's none in the facility's living					

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		14E669	B. WING _		05/1	6/2007
	PROVIDER OR SUPPLIER	IE	2	REET ADDRESS, CITY, STATE, ZIP CODE 1427 WEST 127TH STREET BLUE ISLAND, IL 60406	•	
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F 203 SS=D	REQUIREMENTS  Before a facility trarresident, the facility if known, a family nof the resident of the the reasons for the language and mant the reasons in the required under paramust be made by the before the resident  Notice may be made by the before transfer or dindividuals in the faunder (a)(2)(iv) of the lath improves su immediate transfer paragraph (a)(2)(i) transfer or discharge urgent medical need of this section; or a the facility for 30 data.  The written notice is this section must in or discharge; the local transferred or discharge; th	fied in paragraph (a)(5)(ii) of tice of transfer or discharge agraph (a)(4) of this section he facility at least 30 days is transferred or discharged.  The as soon as practicable discharge when the health of cility would be endangered this section; the resident's fficiently to allow a more or discharge, under of this section; an immediate decide is required by the resident's decided, under paragraph (a)(2)(ii) resident has not resided in	F 203			6/10/07

	TATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA ND PLAN OF CORRECTION IDENTIFICATION NUMBER:		(X2) N A. BUI		IPLE CONSTRUCTION  IG	(X3) DATE SURVEY COMPLETED		
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F 203	disabilities, the mainumber of the ager protection and advodisabled individuals the Developmental Bill of Rights Act; a who are mentally ill telephone number the protection and a individuals establish Advocacy for Mental This REQUIREMENT Based on interview failed to provide Restransfer and dischaself addressed envon how to appeal his the facility.  Findings Include:  1. At approximately transferred to the his was found in R9's of the hospital. Z1 (Pritelephone and asket transfer to the hospital. Z1 state 5/7/07, and had a created and the facility. He told the family from the facility, he the hospital and su facility. Z1 said, "I can order for the restriction and are for the restriction."	ling address and telephone acy responsible for the ocacy of developmentally sestablished under Part C of Disabilities Assistance and and for nursing facility residents, the mailing address and of the agency responsible for advocacy of mentally ill hed under the Protection and ally Ill Individuals Act.  NT is not met as evidenced  and record review, the facility with a 30 day notice of age, along with a letter and elope instructing the resident is involuntary discharge from a 10:45am, 5/7/07, R9 was ospital. No Physician's order clinical record for transfer to a 10:45am, 5/8/07, at approximately and that he was in the facility, a liscussion with the family of a 10:45am, 5/8/07, at approximately and that he was in the facility, a 10:45am, 5/8/07, at approximately and that he was in the facility, a 10:45am, 5/8/07, at approximately and that he was in the facility, a 10:45am, 5/8/07, at approximately and that he was in the facility, a 10:45am, 5/8/07, at approximately and that he was in the facility, and that if the R9 kept eloping would have to send him out to a 10 gest another more secure and the 11 gest another was the 12 gest another was the 13 gest another was the 14 gest another was the 15 gest another was the 15 gest another was the 16 gest another was the 17 gest another was the 17 gest another was the 18 gest another was the 19 gest another was th	F:	203				

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ANDILANC	OCKLOTION	IDENTIFICATION NOMBER.	A. BUIL	DING	COMIL	LILD
		14E669	B. WIN	G	05/1	6/2007
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F 203	Continued From pa	ige 4	F 2	03		
	R9) was interviewe about R9's transfer that he was in the f with R9's Physician cousin continues to him out. Later, the f that R9 was transfer hospital called Z2 a refused to take the have to find somew was asked if either	imately 8:30pm, Z2 (Cousin of d by telephone. Z2 was asked from the facility. Z2 stated acility, Monday, 5/7/07. Spoke a, who told him that if his elope. He will have to send facility calls him and tells him erred to the hospital. The and told him that the facility resident back and he would where else for him to go. Z2 he or R9 had received a 30 antary discharge from the o."				
F 224 SS=L	transferred to the h "Judicial admission ILCS 5/4-500)." Un description of any a transfer to the hosp "Deppersion & Sch not contain any inci threats to other res diagnosis of Menta 483.13(c) STAFF T  The facility must de policies and proced mistreatment, negle and misappropriation  This REQUIREMENT by: Based on observati interview the facility	REATMENT OF RESIDENTS evelop and implement written dures that prohibit ect, and abuse of residents on of resident property.  NT is not met as evidenced ion, record review and	F 2	24		6/15/07

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NAME OF PROVIDER OR SUPPLIER  BLUE ISLAND NURSING HON	lE	•	STREET ADDRESS, CITY, STATE, ZIP 2427 WEST 127TH STREET BLUE ISLAND, IL 60406	•		
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staff coverage on 5 and 4:42pm. All of members left the rewithout supervision 2. protect 2 resident from an aggressive assaulted R8 and F.  This resulted in all 5/05/2007, lacking supervision. The faindependent and 1 assistance for bath and 8 residents depender residents independer residents independent on staff independent on staff independent and 1 for eating. This failure was ide Jeopardy on 5/07/2 team at 3:10pm, du E2 (director of nurs Jeopardy.  Findings include:  1. Per record review facility 4/19/07, 5/5, 3.25 miles to the hoand was returned to first elopement, 4/1 assessment was up making the residen -On all 3 elopement	lity failed to provide nursing 5/05/2007 between 3:30pm the on duty nursing staff esidents in the facility alone	F 2	224			

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F 224	observed the facility and residents who monitored continuous. R9 has an elopem stating that the resi access. R9 was not an escort (staff, fan monitor resident what the facility's Elopen missing.  E10 (RN), who was eloped Saturday, 5, at approximately 2: observed R9 at 3pr to smoke on the bastarted looking for Fresident. E10 went CNA/nurse aide (E10 thought a second shift, but has cut without telling Ewere left in the built E10 reported, the preturned to the facility on 5/10/2007 the s Z6 (state police), ob local police departing calls from the facility police's recorded	of 5/07/2007, the surveyor y's back patio is not fenced in smoke were not being usly while smoking. ent care plan dated 4/3/07 dent has no community to leave the facility without nily). Staff was to closely nen he sits outside and follow nent Policy when resident is the nurse on duty when R9 /5/07 was interviewed, 5/7/07 56pm. E10 stated that she n. R9 went out of the building ck patio. At 3:30pm, E10 R9 and could not find the out of the building with a 11) to search for the resident. In the search for the residents. She E7 had signed in for the the remaining residents. She E7 had signed in for the red left the building to get a hair 10. The remaining residents ding with only the Cook (E9). To olice was called when she ity. Urveyor with the assistance of tained information from the nent regarding emergency y. According to the local alls on 5/05/2007 at 1642 hour m facility came to the police tem. At that time, there was a	F 2	224			

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F 224	take my break on the before I start preparation smoking where was acting like his pation when after breloped Saturday. I only one in the build 3:30pm." E9, further the elopement, Sur (LPN/nurse) came talk R9 back in the come back and R9.  E7 was interviewed 4:28pm. E7 stated saw R9 when he sis subsequently left the E10. He found out, return to the facility 5/9/07, E7 was dische jeopardized the he left the building.  -The facility's Elope everyone except the search for a missing nurse on duty left the missing resident.  Per record review assessment stated access. The reside facility with staff or contain an physicial access to community community. 5/7/07, E3 (Activity	had eloped from the building. "I he back patio around 3pm aring dinner. R9 was on the n I was out there, breaking. He usual self. I left him on the eak. I did not know he had did not know that I was the ding with the residents at er stated that he knew about had 5/6/07, because E12 and got him to see if he could building. He couldn't get R9 to continued to walk away.  d, 5/9/07 at approximately that he worked 5/5/07 and igned in at 3pm. E7 he building without informing that R9 had eloped upon his at or about 4:30pm. On charged from his job because safety of the residents when the nurse on duty is go out and ag resident. 5/5/07, E10, the he building to search for a lew R9's updated elopement and only go out of the family. R9's record did not an order for permission for ity or no permission for access	F 22	24		

-	STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		A. BUI		IPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
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F 224	asked why R9 never stated that she new community access go out in the commoder of the commoder	dinator) was interviewed and er had community access? E3 er assessed him for because R9 never asked to	F 2	224			
	was interviewed co 1/27/07. R13 stated room talking togeth something. He did R12 asked R8 to do answer and slappe (R8's left eye was s	proximately 12:15pm, R13 ncerning incident dated If that he and R12 were in R8's er, when R12 asked R8 to do not remember exactly what D. R12 did not like R8's d the resident in the face. scratched causing bruising) s anger to R13. R12 tried to					

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F 224	turn R13 over in his R12 around the wa the floor, head first, in the hallway and f scene. E7 (CNA) w that responded. R1 and left the room. Fe the resident in the froom 2 and 3. R13 and R12 tried to fol the door of room 2. R13. R13 was asked involved? R13 adm. "friends" before the drinking in the facility had any alcohol. Resolution of the extra the record review R12 was transferre. Next, R12's clinical resident had been extra the resident had been extra the resident had been extra the resident had seen the resident had been extra the resident had been extra the resident had been extra the resident had seen the resident had been extra the resident had been extra the resident to resident had been extra the resident to resident had been extra the resident to resident to resident had been extra the resident to resident had been extra the resident to resident to resident to resident to resident to resident to stop staff eventually left without the resident the resident to stop staff eventually left without the resident the resident to stop staff eventually left without the resident to stop staff eventually left without the resident to stop staff eventually left without the resident the resident to stop staff eventually left without the resident the re	ist in order to stop from hitting. The noise could be heard out inally brought the staff to the as one of the staff members 3 got back in his wheelchair 12 followed and tried to hit hallway between resident wheeled himself into his room low. E7 tried to bar R12 from R12 hit E7 trying to get to ad if there was any alcohol itted that he and R12 were incident and had been ty. R13 stated the R8 had not 13 was asked about how R12 ol? The resident stated that und the corner where he buys w, the police were called and	F 2	224			

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F 224	the resident become R8 had complained "uncomfortable" are note, 12/21/06).  The immediate jeop 5/10/2007. However second level. The stook the following a Immediate Jeopard -All resident's diagrassessed as relate evaluation of the reappropriate staff where admissions to regulation. Each reprograming has an Completed by 5/15 compliance by social-Residents most at	es too aggressive to handle. It to staff about feeling bund R12 (Social Service bardy was removed on er, the severity remains at the surveyor confirmed the facility actions to remove the ly: noses were reviewed and do to implementation and equirements of Sub Part S. Ill continue this practice with maintain compliance with the sident identified in need of individualized program. //2007 to be monitored for al service.		2224	DEFICIENCY)		
	were identifiedResidents at risk wand placed in the moomFacility will have a monitor the front arday until the electrinstalled and electrices have been do not have common 7pm on 5/09/2007Any resident who access will not be a without an escortThis procedure will electric monitoring	will have their photos taken nedication room and the break a staff member assigned to not back doors for 24 hours a committering device system is its monitoring device safety applied to all residents who unity access. This will start by allowed out of the building. I remain in effect until the device system has been at installation date is Friday,					

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F 224 F 226 SS=F	May 11, 2007. 483.13(c) STAFF T The facility must depolicies and proceed mistreatment, negleand misappropriation. This REQUIREMED by: Based on record refailed to have an atwhich address the and to provide adestaff members. Findings include: On 5/8/2007 the survitten abuse policidid not have any or employee's abuse. On 5/9/2007 the survitten abuse policidid not have any or employee's abuse of designated abuse of asked about who wabuse training? E2 asked what type of members receive? individual training. documentation regathe last year. On 5/She did not have a staff members abuse.	PREATMENT OF RESIDENTS  Evelop and implement written dures that prohibit ect, and abuse of residents on of resident property.  In the surveyor reviewed the facility ouse policy and procedures training of all staff members quate abuse training for all staff members quate abuse training.  Inveyor interviewed E2, who was one of the facility's coordinators. The surveyor was responsible for the staff replied, I am. The surveyor training do all the staff E2 replied, It's an one to one The surveyor requested any arding abuse training within 19/2007 at 3pm, E2 reported, my documentation regarding se training.		224			6/7/07	
	During the abuse in the following was s	nterview with staff members tated:						

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AND PLAN O	F CORRECTION	IDENTIFICATION NUMBER:	A. BUILDIN	G	COMPLE	IED
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F 272 SS=F	were interviewed of Prohibition. Both straining consisted of talking to E2 (DON) -E16(CNA) and E1 05/10/2007 regardistated she did rece at the facility. When the training consisted asked me what I we abuse and if I had a informed the survey any training at the form the facility must consisted asked me what I we abuse and if I had a informed the survey any training at the form the facility must consisted as a comprehensive, a reproducible assess functional capacity.  A facility must make assessment of a respecified by the Stainclude at least the Identification and do Customary routine; Cognitive patterns; Communication; Vision; Mood and behavior Psychosocial well-to the survey of the stain the Identification and do Customary routine; Cognitive patterns; Communication; Vision; Mood and behavior Psychosocial well-to the survey of the	ENA) and E15(Activity Aide) in 05/08/2007 regarding Abuse aff members informed the not received any training or rices at the facility related to ated, His Abuse Prohibition of reading a pamphlet and of for 15 minutes.  7(CNA) were interviewed on a ng Abuse Prohibition training a sked by the surveyor what ed of, E16 responded: "E2 ould do if I came across any any CNA experience." E17 yor that she had not received facility related to Abuse  COMPREHENSIVE  Induct initially and periodically accurate, standardized sment of each resident's  e a comprehensive sident's needs, using the RAI ate. The assessment must following: emographic information;	F 272			6/10/07

AND PLAN OF CORRECTION  (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		A. BUILDIN	IPLE CONSTRUCTION  IG	(X3) DATE SURVEY COMPLETED		
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	PROVIDER OR SUPPLIER	ME	2	REET ADDRESS, CITY, STATE, ZIP CODE 427 WEST 127TH STREET BLUE ISLAND, IL 60406		<del>,,_,,</del>
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORREC (EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APP DEFICIENCY)	OULD BE	(X5) COMPLETION DATE
F 272	Continence; Disease diagnosis Dental and nutritio Skin conditions; Activity pursuit; Medications; Special treatments Discharge potentia Documentation of the additional asseresident assessme Documentation of This REQUIREME by: Based on record refailed to 1. complete an accresidents (R9 and 2. maintain a standassessment for Su (MDS), for all 10 s. R4, R5, R6, R7, Routside of the sam R16, R17, R18, R2 R25, R26, R27& R Findings include: 1. Per record revied Data Set (MDS) date includes L Mood and Behawere recorded as a exhibited. Under S Well-Being, the factors are sease interactions.	and health conditions; nal status;  and procedures; al; summary information regarding essment performed through the ent protocols; and participation in assessment.  NT is not met as evidenced eview and interview, the facility curate initial assessment for 2 R12)  dardized reproducible abpart S of minimum data sheet ampled residents (R1, R2, R3, R, R9 & R10) and 18 residents ple (R11-R12, R13, R14, R15, I9, R20, R21, R22, R23, R24,	F 272			

OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	A. BUILDING			(X3) DATE SURVEY COMPLETED	
	14E669	B. WIN	IG _		05/16	6/2007
	IE		2	427 WEST 127TH STREET		
(EACH DEFICIENCY	/ MUST BE PRECEDED BY FULL			(EACH CORRECTIVE ACTION SHOU	JLD BE	(X5) COMPLETION DATE
responds costively never did a significate became physically to attend day progres inappropriate when expressed an unco was not at ease with day programs and	to new activities. The facility ant change when the resident and verbally abusive. Refused aming. Became socially he push himself of R8 who mfortable feeling to E3. R8 th staff. Refused to go to the left the facility more than twice	F2	272			
changed under Sec Section C Commun Section E. Mood ar interview with E1 (I she did not receive	ction B Cognitive Patterns; nication/Hearing Patterns; and nd Behaviors Patterns. Per DON), 5/8/07, E1 admitted that input from all direct care staff					
in the facility and 2 No Subpart S section or quarterly MDSs syear. On 5/07/2007 in Roof nurses/ DON) states Subpart S section of all residents. Howe problem, the facility place the Subpart S medical records. E2 told the surveyor contain a hand writt residents by 5/08/2 On 5/08/2007 the states of the surveyor subpart S medical records.	closed record (R10 and R12). cons were included in any full for residents within the last com 9 at 4:30pm, E2 (director ated during interview the of the MDS was completed for ver, due to a computer v is unable to print out and S section for any residents ors, the resident's record would ten Subpart-S section for the 007. urveyor reviewed some					
	ROVIDER OR SUPPLIER  LAND NURSING HON  SUMMARY STA (EACH DEFICIENCY REGULATORY OR L  Continued From paresponds costively never did a significate became physically to attend day progrinappropriate when expressed an uncowas not at ease with day programs and without signing out.  R9's admission MD changed under Secsection C Commur Section E. Mood ar interview with E1 (I she did not receive involved with R9. T MDS.  3. The surveyor rein the facility and 2 No Subpart S section of nurses/ DON) standard Subpart S section of nurses/ DON) standard Subpart S section of all residents. Howe problem, the facility place the Subpart S medical records. E2 told the surveyor contain a hand writ residents by 5/08/2  On 5/08/2007 the signal supplies the surveyor contain a hand writ residents by 5/08/2	ROVIDER OR SUPPLIER  LAND NURSING HOME  SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)  Continued From page 14 responds costively to new activities. The facility never did a significant change when the resident became physically and verbally abusive. Refused to attend day programing. Became socially inappropriate when he push himself of R8 who expressed an uncomfortable feeling to E3. R8 was not at ease with staff. Refused to go to the day programs and left the facility more than twice without signing out.  R9's admission MDS dated 3/28/07, was changed under Section B Cognitive Patterns; Section C Communication/Hearing Patterns; and Section E. Mood and Behaviors Patterns. Per interview with E1 (DON), 5/8/07, E1 admitted that she did not receive input from all direct care staff involved with R9. Therefore, the changes on the MDS.  3. The surveyor reviewed all the residents MDS in the facility and 2 closed record (R10 and R12). No Subpart S sections were included in any full or quarterly MDSs for residents within the last year.  On 5/07/2007 in Room 9 at 4:30pm, E2 (director of nurses/ DON) stated during interview the Subpart S section of the MDS was completed for all residents. However, due to a computer problem, the facility is unable to print out and place the Subpart S section for any residents	ROVIDER OR SUPPLIER  LAND NURSING HOME  SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)  Continued From page 14 responds costively to new activities. The facility never did a significant change when the resident became physically and verbally abusive. Refused to attend day programing. 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However, due to a computer problem, the facility is unable to print out and place the Subpart S section for any residents medical records.  E2 told the surveyors, the resident's record would contain a hand written Subpart-S section for the residents by 5/08/2007.  On 5/08/2007 the surveyor reviewed some	ROVIDER OR SUPPLIER  LAND NURSING HOME  SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)  Continued From page 14 responds costively to new activities. The facility never did a significant change when the resident became physically and verbally abusive. Refused to attend day programing. Became socially inappropriate when he push himself of R8 who expressed an uncomfortable feeling to E3. R8 was not at ease with staff. Refused to go to the day programs and left the facility more than twice without signing out.  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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:			(X2) MULTIPLE CONSTRUCTION			(X3) DATE SURVEY COMPLETED	
			A. BUI	LDIN	G	- J LL	· <del>-</del>
		14E669	B. WI	NG _		05/1	6/2007
	ROVIDER OR SUPPLIER  LAND NURSING HON	1E		24	REET ADDRESS, CITY, STATE, ZIP CODE 427 WEST 127TH STREET BLUE ISLAND, IL 60406		
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREF TAG	IX	PROVIDER'S PLAN OF CORRECT (EACH CORRECTIVE ACTION SHOUT CROSS-REFERENCED TO THE APPR DEFICIENCY)	JLD BE	(X5) COMPLETION DATE
F 272	Subpart-S. This dra duplication of the S assessment instrur 483.20(k)(3)(i) COI	aft copy was not an exact Subpart S for the state required		272 281			6/10/07
SS=D		ded or arranged by the facility ional standards of quality.					
	by: Based on observat staff failed to meet pre-signing for med for 2 of 10 sampled	NT is not met as evidenced ion and record review, facility professional standards by dications before administering diresidents and 5 residents (R1, R2, R11, R13, R19, R25,					
	afternoon medication 4:08 PM to 4:17 PM administered medical R11, R13, R19, R2	us observed during the on pass on 05.08.2007 from M. E5 prepared and cations to 7 residents (R1, R2, 25 and R26). E5 pre-signed all e administering them to the					
	Record) for the abo	R (Medication Administration ove residents documented that nedications for the residents.					
	"Fundamental Con In the reference, ur it reads as follows:	wed a reference book, cepts and Skills for Nursing." nder Medication Administration "Documentation of an is done after the patient has on."					

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION  (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MUL	TIPLE CONSTRUCTION  NG	(X3) DATE SURVEY COMPLETED	
		14E669	B. WING		05/	16/2007
	ROVIDER OR SUPPLIER	1E		TREET ADDRESS, CITY, STATE, ZIP COD 2427 WEST 127TH STREET BLUE ISLAND, IL 60406	•	
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES  Y MUST BE PRECEDED BY FULL  SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORF (EACH CORRECTIVE ACTION S CROSS-REFERENCED TO THE A DEFICIENCY)	HOULD BE	(X5) COMPLETION DATE
F 319 SS=D	FUNCTIONING  Based on the compresident, the facility who displays mental difficulty receives a services to correct  This REQUIREMED by: Based on interview failed to provide on and one resident opsychosocial treatrifacility to ease adjucare facility.  R9 and R12 were little the facility. Both resident of the chart were not addressort of treatment resulted involuntarily discharged to the control of the control of treatment resulted involuntarily discharged to the control of the contr	orehensive assessment of a must ensure that a resident all or psychosocial adjustment appropriate treatment and the assessed problem.  NT is not met as evidenced and record review, the facility re resident in the sample (R9) resident in the sample (R12) with ment and services from the restment to living in a long term riving at home prior to entering sidents had behavior problems riving at home prior to entering sidents had behavior problems riving at home prior to entering sidents had behavior problems riving at home prior to entering sidents had behavior problems riving at home prior to entering sidents had behavior problems and in their living conditions resed by the facility. This lack red in both residents being riged from the facility without a with the facility without a resident was his father before entering the 9's father had recently passed reason for his being placement In Social Service notes dated,	F 319	,		6/15/07
	Director/Social Ser Rehabilitation Cool of the resident's fat	written by E3 (Activity vice Director / Psychiatric rdinator), the facility was aware her passing away and that he the home that he had lived in				

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) M A. BUI		IPLE CONSTRUCTION  NG	COMPLETED	
		14E669	B. WIN	1G _		05/16	6/2007
	PROVIDER OR SUPPLIER	IE .	•	2	REET ADDRESS, CITY, STATE, ZIP CODE 2427 WEST 127TH STREET BLUE ISLAND, IL 60406		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES  MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFI TAG		PROVIDER'S PLAN OF CORREC' (EACH CORRECTIVE ACTION SHOI CROSS-REFERENCED TO THE APPR DEFICIENCY)	ULD BE	(X5) COMPLETION DATE
F 319	all his life. A care phis father's death a the facility. The apprenance to the resident. The consisted of sendin that did not specific a Daily Status meeresident did not talk understand that his approaches E3 wrohim time to talk abe environment". 5/9/0 interviewed by telep 8:30pm. Z2 was as and his problem ad Z2 stated that R9 a and he totally unde explained to him abwas staying at the could be resolved. at home and he known R9 has 'no affect' a he understands but facility ever gave R "No, they called me to do it and I did." E psychosocial treatmeloped from the fact 5/5/07, 5/6/07) resudischarging the resulting the resulting single propersion, Abuse and Schizoa involuntarily dischaproper notice, 1/27/1 staff member. R1	lan dated 4/3/07, referenced and his problem adjusting to proaches did not include 1:1 at times and dates for talking a facility's intervention and the resident to a work shop ally deal with his problems. At ting, E3 stated that the and felt that R9 did not father was dead. One of the ote on his care plan was "Give but DAD & change of 107, Z2 (cousin of R9) was chone at approximately ked about R9's father's death justing to the nursing home. It tended his father's funeral restood what it meant. "I pout the the death and that he nome only until family issues His father wanted him to stay aw that was his father's wish. Indicate the does." Z2 was asked if the 19 grief counseling. Z2 stated, as on the telephone and told means and the facility on 3 occasions (4/19/07, alting in the facility involuntarily ident without proper notice.  W, R12 has a diagnosis of Alcohol Dependency, Cocaine affective. The resident was reged from the facility without 107 for hitting 2 residents and 2 had a care plan dated, and alcohol. The approach was life and a care plan dated, and alcohol. The approach was	F	319			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTI	PLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
, and I LAIN C	CONNECTION	ISERTII IOATION NOMBER.	A. BUILDIN	G	JOIVII EE	
		14E669	B. WING		05/1	6/2007
NAME OF P	ROVIDER OR SUPPLIER			EET ADDRESS, CITY, STATE, ZIP CODE		
BLUE IS	LAND NURSING HON	IE		LUE ISLAND, IL 60406		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES  MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTIVE ACTION SHOWN CROSS-REFERENCED TO THE APPR DEFICIENCY)	JLD BE	(X5) COMPLETION DATE
F 319	Continued From pa	ge 18	F 319			
F 323 SS=D	groups and their ou individualized. 5/10 (DON) stated that t before coming to th not address his adj Admission papers of resident had "Place addressed by the fa 483.25(h)(1) ACCID	•	F 323			6/10/07
	by: Based on observati failed to ensure the	NT is not met as evidenced ion and interview, the facility residents' environment accident hazards as possible.				
	surveyor conducted accompanied by E- surveyor observed either the east or the questioned by the start in either of the	etween 2:30pm and 2pm, the d an environmental tour while 1 (Administrator). The there were no grab bars in the west bathrooms. When surveyor about the lack of grab ase bathrooms, E1 responded: the about the grab bars				
	handle hole, rake a	he surveyor observed a long nd shovel unattended and were leaning against a shed.				
	2. E8 (Nurse/LPN)	was observed during the				

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTI	IPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
AND PLAN C	JF CORRECTION	IDENTIFICATION NUMBER:	A. BUILDIN	IG	COMPLE	IED
		14E669	B. WING _		05/1	6/2007
NAME OF P	ROVIDER OR SUPPLIER			REET ADDRESS, CITY, STATE, ZIP CODE		
BLUE IS	LAND NURSING HON	IE		427 WEST 127TH STREET BLUE ISLAND, IL 60406		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES  MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORREC (EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APPR DEFICIENCY)	ULD BE	(X5) COMPLETION DATE
F 324 SS=L	12:18 PM. E8 prepathen took the medication cart unlicontact. When question or esponse. 483.25(h)(2) ACCID The facility must enreceives adequate devices to prevent and the facility factories and the factories and the facility factories and the fac	on pass from 12:15 PM to ared medication for R6. E8 cation to where R3 was sitting R3's medication. E8 left the ocked and out of direct visual stioned by the surveyor, E8 DENTS  Issure that each resident supervision and assistance accidents.  INT is not met as evidenced and ion, interview and record alled to: rvise 1 of 10 sampled one resident outside the e interventions to prevent R9 the facility on 3 separate per facility on 3 separate per facility on 5/5/07.  Indequately supervise 25 of 26 facility on 5/5/07 between the members search in while staff members search	F 324	DEFICIENCY)		6/15/07
	facility. R12 after comphysically abused, one staff member (	onsumption of alcohol two residents (R8, R13) and E7).				
	residents:	inability to supervise paired resident (R9), eloped 3				

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION  (X		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULT	IPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
712 1 271		.5	A. BUILDIN	NG	00 22	
		14E669	B. WING _		05/1	6/2007
	PROVIDER OR SUPPLIER	1E	2	REET ADDRESS, CITY, STATE, ZIP CODE 2427 WEST 127TH STREET BLUE ISLAND, IL 60406		
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F 324	-Twenty-five reside nursing personnel to 10 residents identife In addition, the faci independent and 14 assistance for bath and 8 residents dependents dependent on staff independent on staff independent and 1 for eating.  This failure was idea Jeopardy on 5/07/2 team at 3:10pm, due E2 (director of nursidents Jeopardy).  Findings Include:  1. Per record review facility 4/19/07, 5/5, 3.25 miles to the hold and was returned to first elopement, 4/1 assessment was upmaking the residents observed the facility and residents who monitored continuous.	age 20  8 & R13) were injured. Ents were left without qualified to supervise. The facility has fied with behavioral symptoms. Ility has 12 residents 4 residents dependent of staffing; 18 residents independent pendent on staff assistance for ents independent and 3 and on staff for transferring; 23 lent and 3 residents for toilet use; and 25 residents resident dependent on staff  entified as an Immediate 2007. On 5/10/2007 the survey uring the daily status, informed sing/DON) of the Immediate  w, R9 had eloped from the //07 and 5/6/07. R9 had walked ome of (Z2) each elopement of the facility by Z2. After R9's 9/07, R9's Elopement podated from a score of 6 to 8, at at risk for elopement. It incidents, R9 walked away on the back patio where on 5/07/2007, the surveyor y's back patio is not fenced in smoke were not being ously while smoking. Itent care plan dated 4/3/07	F 324			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) M A. BUII		PLE CONSTRUCTION  G	(X3) DATE SURVEY COMPLETED	
		14E669	B. WIN	G		05/1	6/2007
	ROVIDER OR SUPPLIER	E	•	24	EET ADDRESS, CITY, STATE, ZIP CODE 427 WEST 127TH STREET LUE ISLAND, IL 60406		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFI TAG		PROVIDER'S PLAN OF CORREC (EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APP DEFICIENCY)	OULD BE	(X5) COMPLETION DATE
F 324	access. R9 was not an escort (staff, fan monitor resident what the facility's Elopen missing.  E10 (RN), who was eloped Saturday, 5, at approximately 2: observed R9 at 3pr to smoke on the bastarted looking for fresident. E10 went CNA/nurse aide (EE10 thought a second shift, but has cut without telling Ewere left in the build E10 reported, the preturned to the facility on 5/10/2007 the sZ6 (state police), ob local police departing calls from the facility police's recorded calls from the f	dent has no community to leave the facility without nily). Staff was to closely nen he sits outside and follow nent Policy when resident is  the nurse on duty when R9 /5/07 was interviewed, 5/7/07 56pm. E10 stated that she n. R9 went out of the building ck patio. At 3:30pm, E10 R9 and could not find the out of the building with a 11) to search for the resident. Ind CNA (E7) was still in the the remaining residents. She E7 had signed in for the ad left the building to get a hair ind. The remaining residents ding with only the Cook (E9). olice was called when she ity. urveyor with the assistance of tained information from the nent regarding emergency y. According to the local alls on 5/05/2007 at 1642 hour m facility came to the police tem. At that time, there was a	F3	324			
		n I was out there, breaking. He usual self. I left him on the					

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	A. BUI		TPLE CONSTRUCTION  NG	(X3) DATE SURVEY COMPLETED	
		14E669	B. WIN	IG _		05/16	6/2007
	PROVIDER OR SUPPLIER	IE .	•	2	REET ADDRESS, CITY, STATE, ZIP CODE 2427 WEST 127TH STREET BLUE ISLAND, IL 60406	,	
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F 324	patio when after broeloped Saturday. It only one in the build 3:30pm." E9, furthed the elopement, Sur (LPN/nurse) came talk R9 back in the come back and R9.  E7 was interviewed 4:28pm. E7 stated saw R9 when he sis subsequently left the E10. He found out, return to the facility 5/9/07, E7 was discone jeopardized the he left the building.  -The facility's Elope everyone except the search for a missing nurse on duty left the missing resident.  Per record review Fassessment stated, access. The reside facility with staff or contain an physicia access to community community.  5/7/07, E3 (Activity Supervisor/Social Sehabilitative Coorasked why R9 neves stated that she never the saturday of the second several second secon	eak. I did not know he had did not know that I was the ding with the residents at a stated that he knew about haday 5/6/07, because E12 and got him to see if he could building. He couldn't get R9 to continued to walk away.  I, 5/9/07 at approximately that he worked 5/5/07 and gned in at 3pm. E7 he building without informing that R9 had eloped upon his at or about 4:30pm. On charged from his job because safety of the residents when he ment Policy States that he nurse on duty is go out and gresident. 5/5/07, E10, the he building to search for a resident only go out of the family. R9's record did not norder for permission for access	F3	324			

		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION			(X3) DATE SURVEY COMPLETED	
			A. BUI	LDIN	G		
		14E669	B. WIN	IG		05/1	6/2007
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F 324	go out in the comm  -5/9/07, E13 (nurse personnel, was interespersonnel, each of the complained further stated that he had no community everywhere. "Yes, in his pocket. I didn what to do with it. Fon a bus."  2. On 5/10/07 at ap was interviewed co 1/27/07. R13 stated room talking togeth	-	F	324			
	answer and slappe (R8's left eye was s R12, then turned hi turn R13 over in his R12 around the wa the floor, head first.	b. R12 did not like R8's d the resident in the face. scratched causing bruising) s anger to R13. R12 tried to s wheelchair. R13 grabbed ist in order to stop from hitting The noise could be heard out finally brought the staff to the					

	FOF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) M A. BUI		IPLE CONSTRUCTION  NG	COMPLE	
		14E669	B. WIN	IG _		05/16	6/2007
	PROVIDER OR SUPPLIER	E	•	2	REET ADDRESS, CITY, STATE, ZIP CODE 2427 WEST 127TH STREET BLUE ISLAND, IL 60406		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFI TAG		PROVIDER'S PLAN OF CORREC (EACH CORRECTIVE ACTION SHOI CROSS-REFERENCED TO THE APPR DEFICIENCY)	ULD BE	(X5) COMPLETION DATE
F 324	scene. E7 (CNA) w that responded. R1 and left the room. Feather resident in the room 2 and 3. R13 and R12 tried to fol the door of room 2. R13. R13 was asked involved? R13 adm "friends" before the drinking in the facilith had any alcohol. Roobtained the alcohol there is a store aroulit. Per record review R12 was transferre.  Next, R12's clinical resident had been existent had been existe	as one of the staff members 3 got back in his wheelchair 12 followed and tried to hit hallway between resident wheeled himself into his room low. E7 tried to bar R12 from R12 hit E7 trying to get to dif there was any alcohol hitted that he and R12 were incident and had been ty. R13 stated the R8 had not l3 was asked about how R12 ol? The resident stated that und the corner where he buys y, the police were called and	F3	324			

NAME OF PROVIDER OR SUPPLIER  BLUE ISLAND NURSING HOME  SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)  F 324 Continued From page 25  The immediate jeopardy was removed on 5/10/2007. However, the severity remains at the second level. The surveyor confirmed the facility took the following actions to removal the Immediate Jeopardy:  -All resident's diagnosis were reviewed and assessed as related to implementation and evaluation of the requirements of Sub Part S. Appropriate staff will continue this practice with	SURVEY LETED
BLUE ISLAND NURSING HOME  (X4) ID PREFIX TAG  (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)  F 324  Continued From page 25  The immediate jeopardy was removed on 5/10/2007. However, the severity remains at the second level. The surveyor confirmed the facility took the following actions to removal the Immediate Jeopardy:  -All resident's diagnosis were reviewed and assessed as related to implementation and evaluation of the requirements of Sub Part S.	16/2007
F 324 Continued From page 25  The immediate jeopardy was removed on 5/10/2007. However, the severity remains at the second level. The surveyor confirmed the facility took the following actions to removal the Immediate Jeopardy: -All resident's diagnosis were reviewed and assessed as related to implementation and evaluation of the requirements of Sub Part S.  PREFIX TAG  PREFIX TAG  (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE CROSS-R	
The immediate jeopardy was removed on 5/10/2007. However, the severity remains at the second level. The surveyor confirmed the facility took the following actions to removal the Immediate Jeopardy: -All resident's diagnosis were reviewed and assessed as related to implementation and evaluation of the requirements of Sub Part S.	(X5) COMPLETION DATE
5/10/2007. However, the severity remains at the second level. The surveyor confirmed the facility took the following actions to removal the Immediate Jeopardy: -All resident's diagnosis were reviewed and assessed as related to implementation and evaluation of the requirements of Sub Part S.	
new admissions to maintain compliance with the regulation. Each resident identified in needed of programing has an individualize program.  Completed by 5/15/2007 to monitored for compliance by social service.  -Residents most at risk for elopement (residents that smoke, but do not have community access) were identified.  -Residents at risk will have their photos taken and placed in the medication room and the break room.  -Facility will have a staff member assigned to monitor the front and back doors for 24 hours a day until the electric monitoring device system is installed and electric monitoring device safety devices have been applied to all residents who do not have community access. This will start by 7pm on 5/09/2007.  -Any resident who does not have community access will not be allowed out of the building without an escort.  -This procedure will remain in effect until the electric monitoring device system has been	
installed. Estimated installation date is Friday, May 11, 2007.  F 332 483.25(m)(1) MEDICATION ERRORS F 332 SS=D  The facility must ensure that it is free of	6/10/07

-	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	A. BUII		IPLE CONSTRUCTION  IG	(X3) DATE SU COMPLE	
		14E669	B. WIN	IG _		05/16	6/2007
	ROVIDER OR SUPPLIER	IE		2	REET ADDRESS, CITY, STATE, ZIP CODE 2427 WEST 127TH STREET BLUE ISLAND, IL 60406	,	
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES  / MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFI TAG		PROVIDER'S PLAN OF CORREC (EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APPR DEFICIENCY)	ULD BE	(X5) COMPLETION DATE
F 332		tes of five percent or greater.  NT is not met as evidenced	F3	332			
	by: Based on observati facility failed to ens error rates of 5% or	ion and record review, the ure that it is free of medication regreater. 40 opportunities a total of 4 medication errors					
	Findings include:						
	medication pass or 4:52 PM. E4 prepartor R26. E4 administrated: E4 administrated: E4 administrated: E4 administrated: E4 administrated: E5	bserved for the afternoon 05.07.2007 from 4:29 PM to red 1 tablet of Clonidine 0.1mg stered the medication to E4 at hinistering the medication, E4 one too early, it's due at 6 of R26's medical record order for Clonidine HCI 0.1 mouth every 6 hours,					
	Metformin HCI 500 tablets for a total do administered the m Reconciliation of R Physician's Order for take 3 half tablets (evening. Take with	edications for R19 including mg (Glucophage) 3-1/2 cose of 750 mg. E4 then edication to R19 at 4:48 PM. 19's medical record noted a cor Metformin HCI 500 mg, 750 mg) by mouth every food or meals. E4 did not lication with food or a meal.					
	medication pass or 4:17 PM. E5 admin	oserved for the afternoon o 05.08.2007 from 4:08 PM to istered 2 puffs of Combivent onhaler to R2. E5 did not wait a					

		IT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	A. BUIL	LDING	(X3) DATE S COMPLE	
NAME OF PROVIDER OR SUPPLIER  BLUE ISLAND NURSING HOME   (X4) ID PREFIX TAG (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)  F 332 Continued From page 27  STREET ADDRESS, CITY, STATE, ZIP CODE  2427 WEST 127TH STREET  BLUE ISLAND, IL 60406  PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)  F 332			14E669	B. WIN	IG	05/1	6/2007
PREFIX TAG (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)  F 332 Continued From page 27  F 332			ME	•	2427 WEST 127TH STREET	•	
1.00	PRÉFIX	(EACH DEFICIENC)	Y MUST BE PRECEDED BY FULL	PREFI	(EACH CORRECTIVE ACTIO CROSS-REFERENCED TO THI	ON SHOULD BE E APPROPRIATE	(X5) COMPLETION DATE
4. E4 prepared medications for R19 including Metformin HCl 500 mg (Glucophage) 3-1/2 tablets for a total dose of 750 mg. E4 then administered the medication to R19 at 4:48 PM. Reconcilitation of R19 s medical record noted a Physician's Order for Metformin HCl 500 mg, take 3 half tablets (750 mg) by mouth every evening. Take with food or meals. E4 did not administer the medication with food or a meal.  F 406 483.45(a) SPECIALIZED REHABILITATIVE SERVICES  If specialized rehabilitative services such as, but not limited to, physical therapy, speech-language pathology, occupational therapy, and mental health rehabilitative services for mental illness and mental retardation, are required in the resident's comprehensive plan of care, the facility must provide the required services; or obtain the required services from an outside resource (in accordance with §483.75(h) of this part) from a provider of specialized rehabilitative services.  This REQUIREMENT is not met as evidenced by:  Based on observation, record review, and interview the facility failed to:  1. provide structural programs for 3 of 10 sampled residents (R7, R8, & R9) and 2 residents outside the sample (R11& R12), according to each resident's identified needs.  2. provide structural programing for R7 and R11 who are both high functioning residents and not engaged in any meaningful programs.  3. provide a psychosocial program that addressed R12 aggressive behavior and	F 406	minute between put  4. E4 prepared med Metformin HCI 500 tablets for a total dadministered the macconciliation of R Physician's Order for take 3 half tablets (evening. Take with administer the med 483.45(a) SPECIAL SERVICES  If specialized rehath not limited to, physician's comprehensive must provide the resident's comprehensive provider of specialistic and mental retardates resident's comprehensive provider of specialistic accordance with §4 provider of specialistic accordance with services for accordan	edications for R19 including mg (Glucophage) 3-1/2 ose of 750 mg. E4 then nedication to R19 at 4:48 PM. 19's medical record noted a for Metformin HCl 500 mg, (750 mg) by mouth every food or meals. E4 did not dication with food or a meal. LIZED REHABILITATIVE  collitative services such as, but ical therapy, speech-language iconal therapy, and mental exervices for mental illness attion, are required in the itensive plan of care, the facility equired services; or obtain the rom an outside resource (in 483.75(h) of this part) from a zed rehabilitative services.  NT is not met as evidenced iten, record review, and y failed to: all programs for 3 of 10 (R7, R8, & R9) and 2 one sample (R11& R12), resident's identified needs. all programing for R7 and R11 functioning residents and not eaningful programs. Osocial program that				6/10/07

	FOF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	A. BUII		IPLE CONSTRUCTION  IG	(X3) DATE SU COMPLE	
		14E669	B. WIN	.G		05/16	6/2007
	ROVIDER OR SUPPLIER	E	•	2	REET ADDRESS, CITY, STATE, ZIP CODE 427 WEST 127TH STREET BLUE ISLAND, IL 60406		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFI TAG		PROVIDER'S PLAN OF CORREC (EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APPF DEFICIENCY)	ULD BE	(X5) COMPLETION DATE
F 406	substance abuse. A R12 should have re program. No evider receiving the progra 4. provide R9, a co demonstrating an a treatment plan to ac elopements from th 3/21/2007. R9 on 5 hospital transfer du 5. provide psychoso of each resident's f (R1, R5, R8, R11, I The lack of the faci programing lead to facility. R9 walked 3 facility to a relative' resident, was asses appropriate for uns This failure was ide Jeopardy on 5/07/2 team at 3:10pm, du E2 (director of nurs Jeopardy.  Findings include:  1. Per record review Schizophrenia and Preadmission Scre Review (PASARR) specialized mental	According to R12's care plan aceived a drug treatment foce was found of R12 am. Infused resident, djustment problem with a ddress the problem. R9 had 3 are facility since admission /07/2007 had an involuntary e to this behavior. Incial services which is based functional level and age group. R14, R22 & R24) If the provide adequate R9's elopements from the size (Z2) home. R9 a confused seed by the facility to be not supervised community access. Intified as an Immediate foot. On 5/10/2007 the survey fring the daily status, informed ing/DON) of the Immediate  W, R9 has a diagnosis of Depression. The resident's ening and Annual Resident indicates that R9 needed health Rehabilitative services. Test listed in the PASARR following:	F	106			

	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	A. BUI		PLE CONSTRUCTION  G	COMPLE	
		14E669	B. WIN	IG _		05/16	6/2007
	ROVIDER OR SUPPLIER	1E	•	2	REET ADDRESS, CITY, STATE, ZIP CODE 427 WEST 127TH STREET BLUE ISLAND, IL 60406		
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES  Y MUST BE PRECEDED BY FULL  SC IDENTIFYING INFORMATION)	ID PREFI TAG		PROVIDER'S PLAN OF CORREC (EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APPF DEFICIENCY)	ULD BE	(X5) COMPLETION DATE
F 406	-Daily Supervision -Structured Enviror -Development of PeAssistance with Se Community Living A Community	nment ersonal Support Network elf - Maintenance & Activities.  occasions (4/19/07, was allowed to eloped from ility's patio area where d sit outside is not fenced. This ously monitored by staff. R9 tio due to lack of supervision. Z2 (cousin of R9) 5/9/07, did nunity skills because his father re. The resident was put at allowed to elope.  ed and a treatment program esident which would have ed environment. R9 did not am. And the facility has no in Examples of the raming that the facility failed to counseling when his father ance and community skills. Per Activity Director/ CNA Service Director/ Psychiatric ice Coordinator) 5/7/07, R9 nmunity skills training because asked and his Physician never nis Physician's order saying go out into the community. W with Z2 concerning R9's ne facility, Z2 stated that he facility about R9's body odor	F	406			

-	FOF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	,	LE CONSTRUCTION	(X3) DATE S COMPLI	
			A. BUILDING		-	
		14E669	B. WING		05/1	16/2007
	PROVIDER OR SUPPLIER	IE	242	ET ADDRESS, CITY, STATE, ZIP ( 27 WEST 127TH STREET UE ISLAND, IL 60406	•	
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES  / MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF C (EACH CORRECTIVE ACTI CROSS-REFERENCED TO TI DEFICIENCY	ON SHOULD BE HE APPROPRIATE	(X5) COMPLETION DATE
F 406	indicates that the remental health rehal PASARR complete would be for the cli return home within R8's Specific Level dated 3/1/07 was in arrival at the facility treatment program assessment. R8's (under Physical and problems for R8; U 9/8/06) and poor pe 9/8/06). No dischar urination and hygie since initiated. Only quarterly. 4 of 4 day observed in the fact and neat. She did r did not smell of urin complain of the resulting a Daily Statinterviewed about I skills training. E3 si was a new admit (8 with her urinating on longer has that never asked to go never assessed he on improving what resident had. E3 stand stayed in her resident from the resulting of the sprograms; visited wand front room. R8 program, 3/5/07. Si the facility. The prodepression, poor depression, poor depressi	esident needs specialized bilitatives services. The d 10/23/06 states, "The plan ent to become stabilized and 6 months." Per record review, of Functioning Assessment hitiated 6 months after her and was incomplete. No was developed from the Comprehensive Care Plan Psychosocial Needs list 2 rinating on the floor (dated ersonal hygiene (dated ersonal hygiene (dated ersonal hygiene) are plan was found. The ne had never been updated at the dates changed on a sys of the survey, R8 was sility. The resident was clean not smell of urine. R8's room ne. R8's roommate did not ident urinating on the floor. The stated that when the resident stated that when the resident stated that when the resident out in the community, E3 roommunity skills or worked community skills or worked community skills that the lated that R8 was "Isolative floor and hygiene. She problem. Because the resident out in the community, E3 roommunity skills or worked community skills that the lated that R8 was "Isolative floor and hygiene. She problem. Because the resident out in the community skills or worked community skills that the lated that R8 was "Isolative floor and hygiene. She problem her facility." urvey, R8 attended day with residents in the patio area started attending a day is months after her arrival at gram addresses her ecision making skills and ne facility failed at admission	F 406			

	FOF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MU	JLTIPL	LE CONSTRUCTION	(X3) DATE SU COMPLE	
72			A. BUIL	DING		00 22	
		14E669	B. WINC	<u> </u>		05/10	6/2007
	PROVIDER OR SUPPLIER	IE	:	242	ET ADDRESS, CITY, STATE, ZIP CODE 27 WEST 127TH STREET UE ISLAND, IL 60406		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES  / MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	(	PROVIDER'S PLAN OF CORREC (EACH CORRECTIVE ACTION SHOU CROSS-REFERENCED TO THE APPR DEFICIENCY)	ULD BE	(X5) COMPLETION DATE
F 406	to address R8's poor was put at risk in a resident (R12). This being physically ab 3. R12 has a diagnous Depression, Cocair Dependency. R12's states that the reside easily frustrated; su and placement issue R12's stay at the faverbally abusive be facility never addressibehavioral problem escalated over time physically abusing one Staff member (4. R7 is a 41 years include Depression Anxiety Disorder. Manax and Trazado Review of R7's mos Set) of 03/12/2007 independence for coindependent in all A During initial tour of was observed sittin the surveyor why he was responded: "I got of to stay." R7 Per E1 facility on a 2 day per serious distinction and 2 day per serious control of the surveyor why he was responded: "I got of to stay." R7 Per E1 facility on a 2 day per serious control of the surveyor and the surveyor and the surveyor and the surveyor why he was responded: "I got of to stay." R7 Per E1 facility on a 2 day per serious control of the surveyor and the sur	or decision making skills, R8 relationship with a violent is relationship resulted in R8 used (1/27/07) by R12.  osis of Schizoaffective, Major ne Abuse and Alcohol is preadmission screening dent has low stress tolerance, dicidal gesture or attempts; uses. During the first 30 days of incility his physically and shavior manifested itself. The issed any of the R8's is. R8's behavioral problem is resulting in the resident itwo residents (R8, R13) and (E7, CNA), 1/27/07.  old with diagnoses that it, Bipolar Disorder and Acute Medications include Lexapro, one.	F 40	06			

	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MU	JLTIF	PLE CONSTRUCTION	(X3) DATE SU COMPLE	
7.1.10 1 27.11 0	o o a a constant	is Entri (e) (Tient NemsEnt	A. BUIL	.DINC	G	001111 22	125
		14E669	B. WIN	G		05/16	6/2007
	ROVIDER OR SUPPLIER	IE		24	EET ADDRESS, CITY, STATE, ZIP CODE 127 WEST 127TH STREET LUE ISLAND, IL 60406		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES  / MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	K	PROVIDER'S PLAN OF CORREC (EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APPR DEFICIENCY)	ULD BE	(X5) COMPLETION DATE
F 406	Continued From pa	ige 32	F 4	06			
	sitting on the facility	:30 AM, R7 was observed y's smoking patio smoking. R7 throughout most of the day, patio, smoking.					
	Major Depression a	r with diagnoses that include and Schizoaffective. e Zoloft, Risperdal, Trazodone					
	R11 was observed television. R11 info did not attend prog color and do puzzle stay in her room an television programs	ur of the facility on 05/07/2007, sitting on her bed watching rmed the surveyor, that she ram, because all they did was es. R11 stated she preferred to d watch religious theme s. R11 stated she was at the e had no place to live.					
	surveyor observed psychosocial progra group. Among the residen R22 with a languag functioning; R1, R5 R11, R24 younger	om 12:45pm and 1:20pm, the 15 residents attending a am, given by an outside ts were in attendance was be barrier; R11 high a, & R8 low functioning; R1, residents (under 55 years old) 2 older residents (over 55					
		wed the out service's contract e service agreement specified					

	F CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	A. BUI		IPLE CONSTRUCTION  IG	COMPLE	
		14E669	B. WIN	IG _		05/16	6/2007
	ROVIDER OR SUPPLIER  _AND NURSING HON	IE	•	2	REET ADDRESS, CITY, STATE, ZIP CODE 2427 WEST 127TH STREET BLUE ISLAND, IL 60406		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES  / MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFI TAG		PROVIDER'S PLAN OF CORREC (EACH CORRECTIVE ACTION SHOI CROSS-REFERENCED TO THE APPR DEFICIENCY)	JLD BE	(X5) COMPLETION DATE
F 406	based on profile of groups, levels of furisk  On 5/09/2007 between the surveyors met woutside program set surveyor asked why facility assigned to there were some in the facility only had be conducted.  The immediate jeop 5/10/2007. However second level. The stook the following a lmmediate Jeopard -All resident's diagrassessed as related evaluation of the real programing has an Completed by 5/15 compliance by socing -Residents most at that smoke, but dowere identifiedResidents at risk wand placed in the moom.  -Facility will have a monitor the front ar	een 11:46am and 12:47pm, with 2 representatives from the ervices ( Z3 & Z4) The y was all the residents in the the one group? Z3 stated dividual sessions. However, one time period for a group to early was removed on er, the severity remains at the surveyor confirmed the facility actions to removal the ly: nosis were reviewed and d to implementation and quirements of Sub Part S. ill continue this practice with maintain compliance with the sident identified in needed of individualize program. /2007 to monitored for	F 4	106	,		
		ic monitoring device safety applied to all residents who					

	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MUI	LTIPLE CONSTRUCTION	(X3) DATE SU COMPLE	
AND FLAN C	TOURIECTION	IDENTIFICATION NOMBER.	A. BUILD	DING	COMPLE	ILD
		14E669	B. WING		05/1	6/2007
	ROVIDER OR SUPPLIER	IE	S	TREET ADDRESS, CITY, STATE, ZIP CODE 2427 WEST 127TH STREET BLUE ISLAND, IL 60406		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES  MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORREC (EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APPI DEFICIENCY)	OULD BE	(X5) COMPLETION DATE
F 406	Continued From pa	ge 34	F 40	06		
F 458 SS=B	do not have community on 5/09/2007.  -Any resident who concess will not be a without an escort.  -This procedure will electric monitoring constalled. Estimated May 11, 2007.  483.70(d)(1)(ii) RESEMBER of the second seco	does not have community allowed out of the building  I remain in effect until the device system has been a installation date is Friday,	F 45			
	square feet in single	e resident rooms.				
	Findings include:					
		I1, a 3 bed room, was le 66 square feet per resident				
FOOO		12, a 3 bed room, was le 74 square feet per resident	F999			
F9999	FINAL OBSERVAT	IONO	F999	28		
	LICENSURE VIOLA	ATIONS				

	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) M A. BUI		PLE CONSTRUCTION  G	(X3) DATE SU COMPLE	
		14E669	B. WIN	IG _		05/16	6/2007
	ROVIDER OR SUPPLIER	IE		2	REET ADDRESS, CITY, STATE, ZIP CODE 427 WEST 127TH STREET BLUE ISLAND, IL 60406		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES  / MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFI TAG		PROVIDER'S PLAN OF CORRECT (EACH CORRECTIVE ACTION SHOU CROSS-REFERENCED TO THE APPR DEFICIENCY)	JLD BE	(X5) COMPLETION DATE
F9999	Nursing and Person a) The facility must and services to atta practicable physica well-being of the re each resident's con plan of care. Adequ nursing care and pe to each resident to personal care need measures shall incl following procedure b) General nursing minimum the follow a 24-hour, seven de 3) Objective observ resident's condition emotional changes and determining ca further medical eva made by nursing st resident's medical i 6) All necessary pro assure that the resi	General Requirements for nal Care provide the necessary care ain or maintain the highest I, mental, and psychological sident, in accordance with aprehensive assessment and late and properly supervised ersonal care shall be provided meet the total nursing and las of the resident. Restorative and at a minimum the las: care shall include at a minimum the last last last last last last last last	F99	999	DEFICIENCY		
	that each resident rand assistance to p						
	Section 300.1220 S	Supervision of Nursing					

	FOF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) M A. BUI		PLE CONSTRUCTION  G	(X3) DATE SI COMPLE	
		14E669	B. WIN	IG		05/1	6/2007
	PROVIDER OR SUPPLIER	E	•	24	EET ADDRESS, CITY, STATE, ZIP CODE 427 WEST 127TH STREET LUE ISLAND, IL 60406		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES YMUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFI TAG		PROVIDER'S PLAN OF CORRE (EACH CORRECTIVE ACTION SH- CROSS-REFERENCED TO THE APF DEFICIENCY)	OULD BE	(X5) COMPLETION DATE
F9999	nursing services of 2) Overseeing the of the residents' need defined conditions a sensory and physic status and requiren discharge potential potential, rehabilitar and drug therapy.  Section 300.3240 A a) An owner, licens or agent of a facility resident. f) Resident as perp investigation of a reresident indicates, I that another resider is the perpetrator or condition shall be indetermine the most placement for the reof that resident as we residents and employ:  Based on observation review the facility factors and employ:  1. adequately superesidents (R9) and sample (R12).  2. provide adequate	upervise and oversee the the facility, including: comprehensive assessment of s, which include medically and medical functional status, al impairments, nutritional nents, psychosocial status, dental condition, activities tion potential, cognitive status, status and Neglect ee, administrator, employee a shall not abuse or neglect a cetrator of abuse. When an export of suspected abuse of a cased upon credible evidence, and of the long-term care facility of the abuse, that resident's mediately evaluated to a suitable therapy and esident, considering the safety well as the safety of other oyees of the facility.  Is are not met as evidenced on, interview and record	F99	999			

	FOF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) M A. BUI		PLE CONSTRUCTION  G	(X3) DATE SU COMPLE	
		14E669	B. WIN	1G _		05/16	6/2007
	PROVIDER OR SUPPLIER	IE	•	2	REET ADDRESS, CITY, STATE, ZIP CODE 427 WEST 127TH STREET BLUE ISLAND, IL 60406		
(X4) ID PREFIX TAG	(EACH DEFICIENC)	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 APPRO DEFICIENCY)	JLD BE	(X5) COMPLETION DATE
F9999	3. provide staff to a residents left in the 3:30pm and 4:42pr searched the comm.  4. monitor R12's confacility. R12 after confacility. R12 after confacility. R12 after confacility. R12 after confacility abused the one staff member (Industrial of the facility's residents:  One cognitively implication of the facility's residents:  Two residents (R8-Twenty-five residents independent on staff residents independent and 3 for toilet use; and 2 resident dependent.  Findings Include:  1. Per record review facility 4/19/07, 5/5, 3.25 miles to the hold and was returned to first elopement, 4/1	dequately supervise 25 of 26 facility on 5/5/07 between n, while staff members nunity for R9.  Insumption of alcohol in the ensumption of alcohol wo residents (R8, R13) and E7).  Inability to supervise  paired resident (R9),eloped 3  & R13) were injured.  Ints were left without qualified to supervise them. The facility entified with behavioral ion, the facility has 12 ent and 14 residents assistance for bathing; 18 ent and 8 residents assistance for dressing; 23 ent and 3 residents for transferring; 23 residents residents dependent on staff 5 residents independent and 1	F99	999			

	FOF DEFICIENCIES DF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) M A. BUI		IPLE CONSTRUCTION	(X3) DATE SU COMPLE	
		14E669	B. WIN	IG _		05/1	6/2007
	ROVIDER OR SUPPLIER	E		2	REET ADDRESS, CITY, STATE, ZIP CODE 427 WEST 127TH STREET BLUE ISLAND, IL 60406		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFI TAG		PROVIDER'S PLAN OF CORRE (EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APP DEFICIENCY)	OULD BE	(X5) COMPLETION DATE
F9999	-On all 3 elopemen from the facility from the facility from residents smoke. On observed the facility and residents who is monitored continuous -R9 has an elopem stating that the resi access. R9 was not an escort (staff, fan monitor resident which the facility's Elopem missing.  E10 (RN), who was eloped Saturday, 5, at approximately 2: observed R9 at 3:0 building to smoke of E10 started looking resident. E10 went CNA/nurse aide (E: E10 thought a second shift, but has cut without telling Ewere left in the build E10 reported the poreturned to the facility police department's at 1642 hour (4:42 facility and 1642 hour (4:	t at risk for elopement. It incidents, R9 walked away In the back patio where In 5/07/2007, the surveyor It's back patio is not fenced in Ismoke were not being It usly while smoking. It care plan dated 4/3/07 It dent has no community It to leave the facility without Inily). Staff was to closely Iten he sits outside and follow Iten Policy when resident is In the nurse on duty when R9 It/5/07, was interviewed 5/7/07 Iten he sits outside and follow Iten nurse on duty when R9 Iten nurse on duty without Ite	F99	999			

	FOF DEFICIENCIES OF CORRECTION	S (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY COMPLETED  A. BUILDING (X3) DATE SURVEY					
		14E669	B. WIN	IG		05/1	6/2007
	PROVIDER OR SUPPLIER	1E		24	EET ADDRESS, CITY, STATE, ZIP CODE 127 WEST 127TH STREET LUE ISLAND, IL 60406	,	
(X4) ID PREFIX TAG	(EACH DEFICIENC)	TEMENT OF DEFICIENCIES  Y MUST BE PRECEDED BY FULL  SC IDENTIFYING INFORMATION)	ID PREF TAG		PROVIDER'S PLAN OF CORREC (EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APPE DEFICIENCY)	OULD BE	(X5) COMPLETION DATE
F9999	4:06pm. E9 stated not aware that R9 It take my break on the before I start preparation smoking whe was acting like his pation when after breloped Saturday. It only one in the build 3:30pm." E9 furthe the elopement, Sur (LPN/nurse) came talk R9 back in the come back and R9 E7 was interviewed 4:28pm. E7 stated saw R9 when he sis subsequently left the E10. He found out return to the facility 5/9/07, E7 was discounted by the left the building. The facility's Elope everyone except the left the building. The facility is Elope everyone except the and search for a mourse on duty, E10 a missing resident.  Per record review It assessment stated access. The reside facility with staff or	d missing person.  d, 5/9/07 at approximately that Saturday, 5/5/07, he was nad eloped from the building. "I he back patio around 3:00pm uring dinner. R9 was on the n I was out there, breaking. He usual self. I left him on the eak. I did not know he had did not know that I was the ding with the residents at r stated that he knew about nday 5/6/07, because E12 and got him to see if he could building. He couldn't get R9 to continued to walk away.  d, 5/9/07 at approximately that he worked 5/5/07 and gned in at 3:00pm. E7 he building without informing that R9 had eloped upon his at or about 4:30pm. On charged from his job because safety of the residents when ment Policy States that he nurse on duty is to go out issing resident. On 5/5/07, the , left the building to search for	F99	9999			

	FOF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) M A. BUI		IPLE CONSTRUCTION	(X3) DATE SI COMPLE	
		14E669	B. WIN	1G _		05/1	6/2007
	PROVIDER OR SUPPLIER	E	•	2	REET ADDRESS, CITY, STATE, ZIP CODE 2427 WEST 127TH STREET BLUE ISLAND, IL 60406		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREF TAG		PROVIDER'S PLAN OF CORRE (EACH CORRECTIVE ACTION SH CROSS-REFERENCED TO THE APP DEFICIENCY)	OULD BE	(X5) COMPLETION DATE
F9999	community.  On 5/7/07, E3 (Acti Supervisor/Social Sine Rehabilitative Coor asked why R9 never stated that she never community accessing out in the common on 5/9/07, E13 (nupersonnel, was interested that R9 was community. "R9 wood Buy me a candy based about the elearrived at his house stated that all 3 time walked 3.25 miles to about the condition arrived. "He always He needed a bath. about it." Z2 further surprised that R9 k because he had no took him everywher few dollars in his powouldn't know what know how to get on 2. On 5/10/07 at ap was interviewed co 1/27/07. R13 stated	vity Director/ CNA Service Director/ Psychiatric dinator) was interviewed and er had community access. E3 er assessed him for because R9 never asked to unity.  The aide, who is a direct care erviewed and asked about y and community skills. E13 not able to function in the full say to me, 'Here's a dollar. The aide say to me, 'Here's a dollar. The and would be handing me a september of the resident eloped, he of the resident when he had on clothes that smelled. I complained to the facility stated that he was completely new how to get to his house community skills. His father re. "Yes, he probably had a pocket. I didn't check, but he is to do with it. He does not	F99	999			

	FOF DEFICIENCIES DF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) M A. BUI		IPLE CONSTRUCTION	(X3) DATE SU COMPLE	
		14E669	B. WIN	IG _		05/1	6/2007
	ROVIDER OR SUPPLIER	E		2	REET ADDRESS, CITY, STATE, ZIP CODE 1427 WEST 127TH STREET BLUE ISLAND, IL 60406		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES  MUST BE PRECEDED BY FULL  SC IDENTIFYING INFORMATION)	ID PREFI TAG		PROVIDER'S PLAN OF CORRE (EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APP DEFICIENCY)	OULD BE	(X5) COMPLETION DATE
F9999	R12 asked R8 to do answer and slapped (R8's left eye was since R12 then turned his turn R13 over in his R12 around the wasthe floor, head first, in the hallway and first. In the hallway and first scene. E7 (CNA) with the resident in the frooms 2 and 3. R13 room and R12 tried from the door of root to R13. R13 was as involved? R13 admifriends" before the drinking in the facility had any alcohol. Rootained the alcohol there is a store around the rescalating in the facility was transferred. R12's clinical record been escalating in the facility without some special was found in R8's return to his room, and verbally abusive resident's breath. Store R12 was transferred.	not remember exactly what b. R12 did not like R8's did the resident in the face. It is anger to R13. R12 tried to so wheelchair. R13 grabbed list in order to stop from hitting. The noise could be heard out inally brought the staff to the last one of the staff members and to so wheelchair like to be as one of the staff members and to be a sone of the staff members and the staff like to hit like to followed and tried to hit like to follow. E7 tried to bar R12 like to follow. E7 tried to bar R12 like the like to follow. E7 tried to bar R12 like the like like like like like like like lik	F99	999			

	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MU	JLTII	PLE CONSTRUCTION	(X3) DATE SU COMPLE	
			A. BUIL	.DIN	G		
		14E669	B. WIN	G		05/1	6/2007
	ROVIDER OR SUPPLIER	IE		24	EET ADDRESS, CITY, STATE, ZIP CODE 427 WEST 127TH STREET LUE ISLAND, IL 60406		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES  / MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	K	PROVIDER'S PLAN OF CORREC' (EACH CORRECTIVE ACTION SHOI CROSS-REFERENCED TO THE APPR DEFICIENCY)	JLD BE	(X5) COMPLETION DATE
F9999	left without signing called. R12 has a c instructs staff to mo female resident (R8 resident becomes thad complained to	out and the police were care plan dated 11/27/06, that conitor his relationship with a B) and call the police when the coo aggressive to handle. R8	F99	99			
		(A)					
	300.4090c)						
		Personnel for Providing s with Serious Mental Illness of to Subpart S					
	c) Psychiatric Coordinator	Rehabilitation Services					
	Coordinator (PRSC therapist or posses human services fiel sociology, special ecounseling or psych	ic Rehabilitation Services c) shall be an occupational s a bachelor's degree in a ld (including but not limited to: education, rehabilitation hology) and have a minimum ervised experience in mental ervices.					
	licensed nursing ho that of a Psychiatric Coordinator on Jan least five years of e may petition the De continue to act in the does not possess a	al who is employed at a come in a capacity similar to come in a capacity similar to come in a capacity surary 1, 2002 and who has at experience in that capacity epartment for approval to nat role even if the individual a bachelor's degree in human cartment will consider					

# DEPARTMENT OF HEALTH AND HUMAN SERVICES CENTERS FOR MEDICARE & MEDICAID SERVICES (X1) PROVIDER/SUPPLIER/CLIA

	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) M A. BUII		IPLE CONSTRUCTION  IG	(X3) DATE SU COMPLE	
		14E669	B. WIN	IG _		05/10	6/2007
	ROVIDER OR SUPPLIER	IE	,	2	REET ADDRESS, CITY, STATE, ZIP CODE 427 WEST 127TH STREET BLUE ISLAND, IL 60406		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES  MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFI TAG		PROVIDER'S PLAN OF CORREC (EACH CORRECTIVE ACTION SHOU CROSS-REFERENCED TO THE APPR DEFICIENCY)	JLD BE	(X5) COMPLETION DATE
F9999	subsection (h) of the to grant approval. approval if the individual professional standartaining.  3) Each reside have a PRSC to act PRSC will be identified whom the resident coordination of server.  4) The response	ed in accordance with is Section in deciding whether The Department may revoke vidual fails to continue to meet ards or to complete required ent admitted to the facility shall as a case manager. The fied as the staff member to primarily relates for the	F99	999			
	C) To review a understanding the taschedule; D) To prepare active participation E) To provide of the psychiatric reprograms; and F) To monitor self-directed care at the treatment plan.	e resident to the facility;  nd assist the resident in treatment plan and program  and assist the resident with in the treatment plan review;  and/or coordinate the delivery chabilitation services  the resident in the areas of and for overall compliance with					
	Based on record re	eview and interview the facility person serve as a PRSC to					

	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) M A. BUI		PLE CONSTRUCTION  G	(X3) DATE SU COMPLE	
		14E669	B. WIN	IG _		05/1	6/2007
	ROVIDER OR SUPPLIER	E	•	2	REET ADDRESS, CITY, STATE, ZIP CODE 427 WEST 127TH STREET BLUE ISLAND, IL 60406		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFI TAG		PROVIDER'S PLAN OF CORRE (EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APP DEFICIENCY)	OULD BE	(X5) COMPLETION DATE
F9999	coordinate services (R7, R8, R9) and 2 (R11 & R12) identificates.  Findings include:  1. R8 has a diagnor Unspecified Psychological Psychologi	sis of Major Depression and posis. R8's PASARR screening esident needs specialized politatives services. The data 10/23/06 states, "The planent to become stabilized and 6 months." Per record review, of Functioning Assessment estated 6 months after her and was incomplete. No was developed from the Comprehensive Care Plan Psychosocial Needs list 2 rinating on the floor (dated ersonal hygiene (dated plan was found. The urination ever been updated since ates changed on a quarterly.	F99	999	DEFICIENCY)		
	resident urinating o Status meeting, E3 care plan and commentat when the resid (8/25/06), there was on the floor and by	nte did not complain of the n the floor. During a Daily was interviewed about R8's munity skills training. E3 stated ent was a new admit a problem with her urinating giene. She no longer has that the resident never asked to go					

	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) M A. BU		IPLE CONSTRUCTION	(X3) DATE SURVE COMPLETED	
		14E669	B. WI	NG _		05/1	6/2007
	ROVIDER OR SUPPLIER	IE	•	2	REET ADDRESS, CITY, STATE, ZIP CODE 427 WEST 127TH STREET BLUE ISLAND, IL 60406		
(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 SHO CROSS-REFERENCED TO THE APPI DEFICIENCY)	ULD BE	(X5) COMPLETION DATE
F9999	out in the communic community skills or community skills or community skills or community skills the R8 was "Isolative and to the facility." R8 attended day provide the residents in the pat started attending a months after her arrogram addressed decision making skills facility failed at additional decision making skills facility failed at additional problem and placement is states that the resident frustrated, such and placement is such a state over time physically abusing one Staff member (1). R7 is a 41 year include Depression Anxiety Disorder. Not an axiety Disorder. Not axiety Disord	ty, E3 never assessed her worked on improving what e resident had. E3 stated that nd stayed in her room when Four of 4 days of the survey, ograms, and visited with io area and front room. R8 day program, 3/5/07, six rival at the facility. The sher depression, poor ills and anxiety. Because the hission to address R8's poor ills, R8 was put at risk in a violent resident (R12). This d in R8 being physically y R12.  This din R8 being physically y R12.  This din R8 being physically y R12.  This din R8 being physically y R12.  The sead and Alcohol is preadmission screening dent has low stress tolerance, sicility his physically and shavior manifested itself. The seed any of the R8's s. R8's behavioral problem is resulting in the resident two residents (R8, R13) and E7, CNA), 1/27/07.  The sead of the R8's shad in the resident two residents (R8, R13) and E7, CNA), 1/27/07.  The sead of the R8's shad in the resident two residents (R8, R13) and E7, CNA), 1/27/07.  The sead of the R8's shad in the resident two residents (R8, R13) and E7, CNA), 1/27/07.  The sead of the R8's shad in the resident two residents (R8, R13) and E7, CNA), 1/27/07.  The sead of the R8's shad in the resident two residents (R8, R13) and E7, CNA), 1/27/07.  The sead of the R8's shad in the resident two residents (R8, R13) and E7, CNA), 1/27/07.	F9:	999			

# DEPARTMENT OF HEALTH AND HUMAN SERVICES CENTERS FOR MEDICARE & MEDICAID SERVICES (X1) PROVIDER/SUPPLIER/CLIA

	FOF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) M A. BUI		TIPLE CONSTRUCTION  NG	(X3) DATE SU COMPLE	
		14E669	B. WIN	IG _		05/10	6/2007
	PROVIDER OR SUPPLIER	E	•	2	REET ADDRESS, CITY, STATE, ZIP CODE 2427 WEST 127TH STREET BLUE ISLAND, IL 60406	,	
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFI TAG		PROVIDER'S PLAN OF CORREC (EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APPR DEFICIENCY)	ULD BE	(X5) COMPLETION DATE
F9999	was observed sittin the surveyor if he a R7 responded, "no surveyor why he was responded: "I got of to stay." Per E1(Acon a 2 day pass on girlfriend with a per On 05/10/2007 at 8 sitting on the facility was also observed out on the smoking 4. R11 is a 53 year include Major Depr Medications include and Lorazepam.  Review of R11's mo 02/21/2007, scores independence for coindependent in all A During the initial toor R11 was observed television. R11 info not attend program color and do puzzle stay in her room and television programs facility because she 5. Per record review Schizophrenia and	ADLs.  If the facility on 05/07/2007, R7 g in his room. When asked by ttended an outside program,  "When asked by the as at the facility, R7 livorced and needed a place dministrator), R7 left the facility 05/07/2007 to help R7's sonal problem.  30 am, R7 was observed o's smoking patio smoking. R7 throughout most of the day, patio, smoking.  Told with diagnoses that ession and Schizoaffective.  E Zoloft, Risperdal, Trazodone ost recent MDS dated R11 as a "1" or modified ognitive status and	F99	999			

-	FOF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) M A. BUI		IPLE CONSTRUCTION	(X3) DATE SU COMPLE	
		14E669	B. WIN	1G _		05/1	6/2007
	PROVIDER OR SUPPLIER	IE .		2	REET ADDRESS, CITY, STATE, ZIP CODE 1427 WEST 127TH STREET BLUE ISLAND, IL 60406		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES 'MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREF TAG		PROVIDER'S PLAN OF CORRE (EACH CORRECTIVE ACTION SHI CROSS-REFERENCED TO THE APF DEFICIENCY)	OULD BE	(X5) COMPLETION DATE
F9999	specialized mental The needed service screening were the -Medication Manag-Daily Supervision -Structured Environ-Development of Pe-Assistance with Se Community Living A Community Livin	indicates that R9 needed health Rehabilitative services. es listed in the PASARR following:  ement ersonal Support Network elf - Maintenance & Activities.  cocasions (4/19/07, was allowed to elope from the spatio area where residents de is not fenced. This area is positored by staff. R9 eloped to lack of supervision. Per rousin of R9) 5/9/07, R9 did nunity skills because his father re. The resident was put at allowed to elope.  ed and a treatment program esident which would have eld environment. R9 did not am, and the facility has no in	F99	999			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION  A. BUILDING  B. WING			(X3) DATE SURVEY COMPLETED 05/16/2007		
		14E669						
NAME OF PROVIDER OR SUPPLIER  BLUE ISLAND NURSING HOME				STREET ADDRESS, CITY, STATE, ZIP CODE 2427 WEST 127TH STREET BLUE ISLAND, IL 60406				
(X4) ID PREFIX TAG	(EACH DEFICIENC)	TEMENT OF DEFICIENCIES  MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	<	PROVIDER'S PLAN OF CORREC (EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APPI DEFICIENCY)	OULD BE	(X5) COMPLETION DATE	
F9999	6. The surveyor reviservice)'s employed background qualified 5/9/2007 E3 was quegarding her qualithe surveyor she had qualified PRSC and The surveyor found among E3's persor the year 2005. The eligible for a PRSC approved program. E3 was responsible completion of the pasked for this evided	riewed E3's (PRSC/social e file. E3's file indicated E3's ed her to be a nurse aide. On uestioned by the surveyor fication as a PRSC. E3 told ad petitioned the state to be a d she had received a letter. If the letter for the state agency anel documentation dated in letter indicated she was , after the completion of an In addition, the letter stated e for filing evidence of the rogram with the state. E3 was ence. The surveyor was told mentation to be presented.  (A)	F99	99				