STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	145977	A. BUILDING ______ B. WING ______	C 09/28/2007

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
RENAISSANCE AT SOUTH SHORE,THE	2425 EAST 71ST STREET CHICAGO, IL 60649

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE

F9999 Continued From page 20 F9999

LICENSURE VIOLATIONS

300.690a)
300.1030a)3)
300.1210a)4)
300.1210a)5)
300.1210b)3)
300.1210b)4)
300.1210b)6)
300.3240a)

Section 300.690 Serious Incidents and Accidents
a) The facility shall notify the Department of any incident or accident which has, or is likely to have, a significant effect on the health, safety, or welfare of a resident or residents. Incidents and accidents requiring the services of a physician, hospital, police or fire department, coroner, or other service provider on an emergency basis shall be reported to the Department.

Section 300.1030 Medical Emergencies
a) The advisory physician or medical advisory committee shall develop policies and procedures to be followed during the various medical emergencies that may occur from time to time in long-term care facilities. These medical emergencies include, but are not limited to, such things as:
3) Traumatic injuries (for example, fractures, burns, and lacerations).

Section 300.1210 General Requirements for Nursing and Personal Care
a) The facility must provide the necessary care and services to attain or maintain the highest practicable physical, mental, and psychological well-being of the resident, in accordance with each resident's comprehensive assessment and

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	145977	A BUILDING ______ B WING ______	C 09/28/2007

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
RENAISSANCE AT SOUTH SHORE,THE	2425 EAST 71ST STREET CHICAGO, IL 60649

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
F9999	Continued From page 21	F9999		

plan of care. Adequate and properly supervised nursing care and personal care shall be provided to each resident to meet the total nursing and personal care needs of the resident. Restorative measures shall include at a minimum the following procedures:
4) All nursing personnel shall assist and encourage residents so that a resident's abilities in activities of daily living do not diminish unless circumstances of the individual's clinical condition demonstrate that diminution was unavoidable. This includes the resident's abilities to bathe, dress, and groom; transfer and ambulate; toilet; eat; and use speech, language, or other functional communication systems. A resident who is unable to carry out activities of daily living shall receive the services necessary to maintain good nutrition, grooming, and personal hygiene.
5) All nursing personnel shall assist and encourage residents with ambulation and safe transfer activities as often as necessary in an effort to help them retain or maintain their highest practicable level of functioning.
b) General nursing care shall include at a minimum the following and shall be practiced on a 24-hour, seven day a week basis:
3) Objective observations of changes in a resident's condition, including mental and emotional changes, as a means for analyzing and determining care required and the need for further medical evaluation and treatment shall be made by nursing staff and recorded in the resident's medical record.
4) Personal care shall be provided on a 24-hour, seven day a week basis. This shall include, but not be limited to, the following:
6) All necessary precautions shall be taken to assure that the residents' environment remains as free of accident hazards as possible. All

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	145977	A. BUILDING ______ B. WING ______	C 09/28/2007

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
RENAISSANCE AT SOUTH SHORE,THE	2425 EAST 71ST STREET CHICAGO, IL 60649

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
F9999	Continued From page 22	F9999		

nursing personnel shall evaluate residents to see that each resident receives adequate supervision and assistance to prevent accidents.

Section 300.3240 Abuse and Neglect
a) An owner, licensee, administrator, employee or agent of a facility shall not abuse or neglect a resident. (Section 2-107 of the Act)

These Requirements were not met as evidenced by:

Based on observations, record reviews and interviews the facility failed to implement care in a timely manner for 1 sampled resident (R3) to prevent further severe injuries. R3 had multiple falls within a short period, (4 months) with numerous injuries. No up-dated care plan was implemented after the falls. No interventions instituted to prevent further falls. As a result of facility failure to address frequent falls and failure to implement timely interventions for 4 months, R3 fell again and enucleated her right eye while in the facility from a fall. On 7-4-07, R3 suffered a subdural hematoma post fall.

Findings Include:

Closed record review of R3's clinical records indicated R3 is an 87 year old female admitted to the facility on 1-30-07. R3 has diagnoses to include dementia, congestive heart failure, renal failure, hemodialysis, chronic obstructive pulmonary disease, and asthma.

Review of R3's clinical records indicates R3 was assessed in the MDS, dated 8-9-07, with cognitive ability as being modified independence. R3's ambulation is assessed as extensive

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	145977	A. BUILDING ______ B. WING ______	C 09/28/2007

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
RENAISSANCE AT SOUTH SHORE,THE	**2425 EAST 71ST STREET CHICAGO, IL 60649**

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
F9999	Continued From page 23	F9999		

assistance and one person physical assist. According to R3's care plan there was no plan to prevent falls implemented until 8-17-07. The plan of care for falls was implemented after her sixth fall, in which she sustained a severe injury.

Review of the the facility's records and nursing notes dated 4-7-07, documented R3 fell. R3 was transferred to an acute hospital with the diagnosis of a head injury. R3 fell again on 6-29-07 in the facility but sustained no injuries. R3 fell again on 7-4-07, and acquired an acute subdural hemorrhage and a 4cm horizontal occipital laceration. On 8-15-07, R3 fell again on her right side and hit the right side of her head without injury. R3 fell again on 8-17-07 and hit her head on the right side. From this fall R3 sustained an injury to her right eye. According to nursing notes dated 8-17-07, R3's right eye was full of blood and a gel like drainage was coming from her eye. A laceration to the inner corner of her the eye was noted. R3 was again transferred to the hospital with the diagnosis of right eye enucleation.

During phone interview with E12 (nurse's assistant), on 9-21-07, E12 told surveyor that on 8-17-07 at about 4:00AM she heard a loud sound coming from R3's room. E12 went to R3's room and saw R3 on the floor by her bed. E12 went on to tell surveyor that she saw R3's right eye had thick clear fluid draining out of her eye. E12 yelled down the hall for the nurse to come immediately. E12 told surveyor that she realized that R3's right eye was not in her head and she began to look for R3's eye on the floor. E12 went on to say that she slowly began to move the garbage can and the bedside table while sitting on the floor with R3 to find her eye. E12 told surveyor that the nurse came in the room and

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	145977	A. BUILDING ____ B. WING ____	C 09/28/2007

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
RENAISSANCE AT SOUTH SHORE,THE	2425 EAST 71ST STREET CHICAGO, IL 60649

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
F9999	Continued From page 24	F9999		

began to prepare R3 for transport the hospital.

Review of R3's clinical records, according to the MDS from 4-7-07 thur 8-9-07, the facility had identified that R3 was declining in physical condition. There are no interventions or changes in approaches relating to R3's frequent falls. There is no plan of care, no interventions or evaluations in the clinical records evaluating R3's decline in physical condition and unsteady gait in the plan of care. Not until after the enucleation of her right eye and 6 falls, did the facility address the falls in her plan of care. There was no documentation in R3's plan of care that addressed R3's change of condition related to ambulation and safety concerns.

During interview with E1 (Director of Nursing), on 9-21-07, E1 told surveyor that R3 "had enough cognitive ability to know what was going on around her. We cannot put restraints on her because it would restrain her ability to move. We could not put her in a low bed because it would cause more harm because of her need to walk. We cannot put a helmet on her because she would keep taking it off and it would cause more problems. We were at a loss in caring for R3 and it is unfortunate that she kept hurting herself."

During interview with E11 (staff nurse), on 9-21-07, E11 told surveyor that R3 had been declining in her physical condition and had been experiencing increase in falls.

During interview with E14 (staff nurse), on 9-21-07, E14 told surveyor that R3 has had a lot of falls, and most of the falls happened on the night shift. E14 went on to tell surveyor that R3 would not follow the directions of the staff for

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	145977	A. BUILDING ____ B. WING ____	C 09/28/2007

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
RENAISSANCE AT SOUTH SHORE,THE	2425 EAST 71ST STREET CHICAGO, IL 60649

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
F9999	Continued From page 25	F9999		

ambulation and along with her decline in physical condition, she kept falling

During phone interview with Z2 (attending physician), on 9-21-07, Z2 told surveyor that R3's physical condition was declining due to a long history of hemodialysis, heart problems and her last episode of pneumonia. Z2 further went on to tell surveyor that it is not uncommon for the elderly to have a decline in their medical condition which can cause an increase in falls.

Review of the facility's fall policy reveals the following: "the facility will act in a proactive manner to identify and assess those residents at risk for falls. Plan for preventive strategies, ...and facilitate as safe an environments as possible. All residents falls will be assessed and the resident's existing plan of care will be evaluated for needed changes."
2... Plan of care should include interventions to reduce fall and injuries related to falls....
5. the physician or nurse practitioner should address any medical or medication risk factors during the MDS assessment period if someone is identified as being at high risk of falling.
6. If a fall occurs:
c. Care planning is developed., reviewed and updated
This was not followed for R3.

(A)