	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULT	IPLE CONSTRUCTION	(X3) DATE SU COMPLE	
			A. BUILDIN	IG		
		145856	B. WING _			C <b>8/2008</b>
	ROVIDER OR SUPPLIER		3	REET ADDRESS, CITY, STATE, ZIP CODE 1500 SOUTH GILES AVENUE CHICAGO, IL 60653		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECT (EACH CORRECTIVE ACTION SHOU CROSS-REFERENCED TO THE APPR DEFICIENCY)	JLD BE	(X5) COMPLETION DATE
F 490	Continued From pa	ge 12	F 490			
	the facility remained Severity Level 2 in	cy was removed on 6-18-08, d out of compliance at a order to evaluated training ;lace to address identified				
		med that the facility took the remove the Immediate				
	1). New Administra	ator in facility				
	policies dealing with	ator has implemented new nidentification and mentia residents at risk for				
	3). These new poli Dementia coordina	cies will be overseen by the tor.				
		ew policies and procedures to n Dementia resident with or.				
	5). New Administration the new Dementia	ator will monitor compliance of policies.				
F9999		will do chart audits, rounds o monitor compliance. IONS	F9999			
	LICENSURE VIOLA	ATIONS				
	300.1210a) 300.1210b)4)6) 300.1220b)2)3) 300.3240a)f)					

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

AND PLAN OF CORRECTION (X1)	) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	A. BUII		E CONSTRUCTION	(X3) DATE SU COMPLE	TED
	145856	B. WIN	G			C <b>8/2008</b>
NAME OF PROVIDER OR SUPPLIER  ALL FAITH PAVILION			3500	T ADDRESS, CITY, STATE, ZIP CODE D SOUTH GILES AVENUE CAGO, IL 60653		
PREFIX (EACH DEFICIENCY MU	MENT OF DEFICIENCIES ST BE PRECEDED BY FULL DENTIFYING INFORMATION)	ID PREFI TAG		PROVIDER'S PLAN OF CORRECTIVE ACTION SHOUNCED TO THE APPRINCED TO THE APPR	JLD BE	(X5) COMPLETION DATE
and services to attain of practicable physical, movell-being of the reside each resident's compression of care. Adequate nursing care and personal care needs or b) General nursing carminimum the following a 24-hour, seven day a 4) Personal care shall seven day a week bas 6) All necessary precates assure that the resident as free of accident haz nursing personnel shall that each resident receand assistance to previous Section 300.1220 Supposervices b) The DON shall supenursing services of the 2) Overseeing the computation of the residents' needs, we defined conditions and sensory and physical in status and requirement discharge potential, depotential, rehabilitation and drug therapy.	peral Requirements for Care ovide the necessary care or maintain the highest nental, and psychological ent, in accordance with ehensive assessment and and properly supervised onal care shall be provided et the total nursing and f the resident. The shall include at a and shall be practiced on a week basis: be provided on a 24-hour, is. utions shall be taken to not ents' environment remains eards as possible. All all evaluate residents to see enves adequate supervision went accidents.  The ervision of Nursing ervise and oversee the efacility, including: aprehensive assessment of which include medically a medical functional status, mpairments, nutritional tas, psychosocial status, ental condition, activities a potential, cognitive status, obdate resident care plan	F99	99			

	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	A. BUI		IPLE CONSTRUCTION	(X3) DATE SU COMPLE	TED
		145856	B. WIN	IG _			3 <b>/2008</b>
	ROVIDER OR SUPPLIER			3	REET ADDRESS, CITY, STATE, ZIP CODE 1500 SOUTH GILES AVENUE CHICAGO, IL 60653		3,200
(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 SHOU CROSS-REFERENCED TO THE APPR DEFICIENCY)	JLD BE	(X5) COMPLETION DATE
F9999	and goals to be accorders, and person. Personnel, represe nursing, activities, of modalities as are of be involved in the plan. The plan shall reviewed and modificated as indicated. The plan shall be remonths.  Section 300.3240 A a) An owner, licens or agent of a facility resident. f) Resident as perprinvestigation of a register indicates, I that another resider is the perpetrator of condition shall be indetermine the most placement for the register is and employed.	complished, physician's all care and nursing needs. Inting other services such as dietary, and such other redered by the physician, shall preparation of the resident care. If be in writing and shall be fied in keeping with the care of the resident's condition. Eviewed at least every three of the service and Neglect ee, administrator, employee of shall not abuse or neglect a cetrator of abuse. When an export of suspected abuse of a chased upon credible evidence, and of the long-term care facility of the abuse, that resident's mediately evaluated to a suitable therapy and the safety of other oyees of the facility.	F99	999			
	These Regulations by:	were not met as evidenced					
	interviews the facility for one resident, R' a history of negative behavior. This failur onset of negative, a in R1 hitting his root clock radio causing	tons, record reviews and ty failed to provide supervision I, who demonstrated and had e, aggressive, acting out re to intervene with an acute aggressive behavior resulted immate, R2, in the head with a R2 to be transferred to the agnosis of acute subdural					

	T OF DEFICIENCIES DF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) M A. BUI		TIPLE CONSTRUCTION  NG	(X3) DATE SU COMPLE	TED
		145856	B. WIN	NG _			C <b>8/2008</b>
	PROVIDER OR SUPPLIER			3	REET ADDRESS, CITY, STATE, ZIP CODE 3500 SOUTH GILES AVENUE CHICAGO, IL 60653		
(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 APPR DEFICIENCY)	ULD BE	(X5) COMPLETION DATE
F9999	hematoma with seve (strokes) and currer. Findings include:  Observations made room, there was bloth R2's bed. There was pillows, on the matter bedsheets. There was bloth R2's bed and again locked and no other were allowed in this the local police deport of the loc	e on 5-31-08 of R1 and R2's bood noted on the floor under as blood saturated in the tress, on blankets and was blood on the ceiling above ast the wall. This room was residents or staff members is room per instructions from eartment.  Ew of R2 is a 77 year old male lity on 4-16-08 with the des advanced dementia are's, cerebral vascular all vascular disease and a left shoulder.  Intreport dated 5-30-08 bed with head of bed elevated was left facial swelling, eye with left eye closure. The and gown. Laceration to left in the ressure applied to ling to clear airway, radial	F99	999			

	FOF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) M A. BUI		IPLE CONSTRUCTION IG	(X3) DATE SU COMPLE	
		145856	B. WIN	IG _			C <b>8/2008</b>
	PROVIDER OR SUPPLIER			3	REET ADDRESS, CITY, STATE, ZIP CODE 500 SOUTH GILES AVENUE CHICAGO, IL 60653		
(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 APPF DEFICIENCY)	ULD BE	(X5) COMPLETION DATE
F9999	of his bodily function had experienced who probably due to the incident in the nurs. Interview on 5-31-0 stated that she oper room and saw R2 ly draining from it. E5 closer, she saw R2 face. E5 also stated apply pressure to spick parts of the rad was swollen and had the There was blood or stand. R2 was not to moving.  Interview on 6-2-08 (staff nurse) stated facing the door. R2 was blood on his face lock radio in the bear broken pieces of shis face and neck. It removed the broken on and around R2's pressure to control said that she saw of facility and emerge (emergency medical was transferred to the Further review of R was totally depended aily living. R2 was	extremities. This is the extent ns. The several strokes R2 nile in the hospital are injuries he sustained from the ng facility.  8, E5 (certified nurse's aide) ned the door to R1 and R2's ying in his bed with blood went on to say that as she got had a clock radio lying on his dithat before the nurse could top the bleeding she had to dio out of R1 head. R2's eye ad lacerations on his cheek. In the pillow and on the night alking, but his feet were  in conference room with E4 that she saw R2 lying in bed as face was swollen and there ce and gown. There was a red with R2. There were narp plastic on various parts of E4 also stated that once she in pieces of sharp plastic from, a face she began to apply and stop the bleeding. E4 ther staff members from the ncy care was started. EMS al service) was called and R2	F99	999			

	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) M A. BUI		IPLE CONSTRUCTION  IG	(X3) DATE SU COMPLE	
		145856	B. WIN	IG _			C <b>8/2008</b>
	ROVIDER OR SUPPLIER		•	3	REET ADDRESS, CITY, STATE, ZIP CODE 500 SOUTH GILES AVENUE CHICAGO, IL 60653		
(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 APPR DEFICIENCY)	ULD BE	(X5) COMPLETION DATE
F9999	Continued From pa	ge 17	F99	999			
	shows R1 is a 50 y facility on 11-10-07 vascular accident, I left ventricular shur with dementia and Review of R1's adm reveals R1 was fou around and unable and why he was ou local hospital also sand had medical pr confusion and disorder.	nission records dated 11-07 nd in the street wandering to tell authorities who he was it alone. The consult from a states that R2 was confused oblems that attributed to his rientation.					
	reveals R1 experied status. R1 became looking around the him. Scolding him to kicking on doors. To times a week in the only one intervention again. The intervention	ial service notes dated 5-5-08 nced periods of altered mental angry with another resident, unit for him and than scolding by yelling and screaming and his occurred two to three past few weeks. There was on implemented over and over tion was to walk R1 outside in No other interventions were					
	R1 became external and cursing at the	s dated 5-28-08 indicated that ally agitated this AM. yelling charge nurse and nurse's aide. as to walk with resident and ling.					
	that R1 recently ha behaviors in the pa unusual for R1, but	18, E3 (social service) stated d been having abrupt, agitated st month. This was very attributed it to his diagnosis of confirmed his social service					

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

-	T OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) M A. BUI		PLE CONSTRUCTION  G	COMPLE	TED
		145856	B. WIN	1G			C <b>8/2008</b>
	PROVIDER OR SUPPLIER			35	EET ADDRESS, CITY, STATE, ZIP CODE 500 SOUTH GILES AVENUE HICAGO, IL 60653	00710	<i>3</i> /2303
(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 SHOI CROSS-REFERENCED TO THE APPR DEFICIENCY)	ULD BE	(X5) COMPLETION DATE
F9999	notes dated 5-5-08 Review of R1's phystates: nurse concesudden out-burst continue with psychosychology evaluate three weeks after the behavior had began and the station and hands, clothes and did not realize what linterview on 6-2-08 stated that the policisaw R1 sitting on the station with blood of shoes. Z4 further with the obvious person of the blood on his one in the facility and Phone interview on stated that he was once by the facility related to medical of problems. This is with the facility to the horizontal of R1's behavior incidents in the facility incidents in the facility of the place.	and 5-28-08.  Sicians notes dated 5-28-08, erned about agitation and interventions were to hological evaluation. The ion was initiated on 5-28-08, he negative acting out in.  Ind E5 on 5-31-08, both stated ter the incident, R1 went to the sat down with blood on his shoes. Both stated that R1 the had done.  If Z4 (police detective) Z4 termen that answered the call he bench beside the nurse's in his hands, clothes and rent on to state that R1 was to have attacked R2 because person. Z4 also stated that no ctually saw R1 attack R2.  6-10-08, Z5 (psychologist) only informed of R1's agitation and did not know if it was concerns or just behavioral thy R1 was transferred out of spital.  6-6-08 Z6 (medical attending) from the facility notified him at and he did not know of any	F99	999			

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

	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	A. BUIL	JLTIPLE CONSTRUCTION  DING	(X3) DATE SI COMPLE	TED
		145856	B. WIN	G		C <b>8/2008</b>
	ROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZIP COE 3500 SOUTH GILES AVENUE CHICAGO, IL 60653	•	0/2000
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES 'MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFI) TAG	PROVIDER'S PLAN OF COR (EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE A DEFICIENCY)	SHOULD BE	(X5) COMPLETION DATE
F9999	Continued From pa behaviors and if she would have interver	e would have known she	F99			