STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	14E506	A. BUILDING _____ B. WING _____	C 07/31/2008

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
RAINBOW BEACH CARE CENTER	**7325 SOUTH EXCHANGE 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 11 LICENSURE VIOLATIONS	F9999		

LICENSURE VIOLATIONS

300.1210a)
300.1210b)4)
300.1210b)6)
300.1220b)3)

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 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.

b) General nursing care shall include at a minimum the following and shall be practiced on a 24-hour, seven day a week basis:
4) Personal care shall be provided on a 24-hour, seven day a week basis.
6) All necessary precautions shall be taken to assure that the residents' environment remains as free of accident hazards as possible. All nursing personnel shall evaluate residents to see that each resident receives adequate supervision and assistance to prevent accidents.

Section 300.1220 Supervision of Nursing Services

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	14E506	A. BUILDING _____ B. WING _____	C 07/31/2008

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
RAINBOW BEACH CARE CENTER	**7325 SOUTH EXCHANGE 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 12 b) The DON shall supervise and oversee the nursing services of the facility, including: 3) Developing an up-to-date resident care plan for each resident based on the resident's comprehensive assessment, individual needs and goals to be accomplished, physician's orders, and personal care and nursing needs. Personnel, representing other services such as nursing, activities, dietary, and such other modalities as are ordered by the physician, shall be involved in the preparation of the resident care plan. The plan shall be in writing and shall be reviewed and modified in keeping with the care needed as indicated by the resident's condition. The plan shall be reviewed at least every three months. These Requirements were not met as evidenced by: Based on record review and interviews, the facility failed to ensure that a resident identified with poor community survival skills received adequate monitoring and supervision, in an effort to prevent the resident from leaving the facility unaccompanied, for one resident who does not have independent community passes (R3), who was away from the facility for more than 30 days without facility staff having knowledge of his whereabouts. Findings include: 1. R3 is a 57 year old resident who was readmitted to the facility on 1/2/08 with diagnoses including schizophrenia and prostate cancer. According to the most recent resident assessment dated 4/8/08, facility staff identified	F9999		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	14E506	A. BUILDING _____ B. WING _____	C 07/31/2008

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
RAINBOW BEACH CARE CENTER	7325 SOUTH EXCHANGE 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 13 that R3 had difficulties with long and short term memory recall, and moderately impaired cognitive skills for daily decision making. Facility staff also identified that R3 had behavioral symptoms of wandering. The Community Survival Skills Assessment completed by facility staff on 3/27/07, indicated that R3 would not be considered for independent outside pass privileges. The assessment also indicated that R3 would not be able to safely navigate in the community independently, and does not have the ability to adhere to pass privilege policies. The assessment further indicated that R3, "is allowed into the community with staff only." There was no assessment in the clinical record indicating that R3 had independent community survival skills. On review of the most recent physician orders dated 2/1/08, R3 had an order for, "May have therapeutic day/overnight passes with relatives and/or friends with medications and instructions unless otherwise specified." R3 did not have a physician's order for independent pass privileges. On 3/11/08 at 1:10 AM, facility staff documented, "resident ran out of north side exit door; staff unable to catch resident." According to the nurses note dated 3/11/08, R3 did not return to the facility until 8:45 AM. R3 was away from the facility for more than 7 hours without facility staff having knowledge of his whereabouts. There was no documentation in the clinical record to support that facility staff made any attempts to locate the resident. Facility staff failed to ensure the safety of R3. When the resident returned to the facility on the	F9999		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	14E506	A. BUILDING _____ B. WING _____	C 07/31/2008

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
RAINBOW BEACH CARE CENTER	**7325 SOUTH EXCHANGE 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 14 morning of 3/11/08, facility staff did not reassess the resident's elopement risk. Upon further review of the clinical record, it was determined that R3 did not have a plan of care to address his needs related to his risk of elopement. Facility staff failed to implement a plan of care to ensure the resident's safety. Facility staff did not reassess the resident's elopement risk until a month later. The Elopement Risk Assessment dated 4/12/08, indicated that R3 was not an elopement risk. This assessment is not accurate, as R3 had previously eloped from the facility, and has been identified by facility staff to have behaviors of wandering. Facility staff failed to assess and identify the need to monitor and supervise R3 in an effort to prevent an elopement. On the morning of 6/20/08, R3 eloped from the facility again. According to the Incident Summary report completed by facility staff on 6/20/08 at 8:00 PM, "resident not in facility at the change of shift." According to the report, the physician was notified and the family was called. Facility staff documented that a missing person report was filed. On review of the clinical record, facility staff documented that R3 was not in the facility when the evening nurse started her shift. During an interview on 7/23/08 at approximately 12:20 PM in the conference room, E6 (nurse) stated that she started her shift on the morning of 6/20/08, between the hours of 6:00 AM and 7:00 AM. According to E6, R3 was in the facility when she started her shift. E6 stated that R3 was scheduled for radiation treatment on the morning	F9999		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	14E506	A. BUILDING _____ B. WING _____	C 07/31/2008

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
RAINBOW BEACH CARE CENTER	**7325 SOUTH EXCHANGE 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 15 of 6/20/08. E6 further stated that R3 receives radiation treatments 5 days per week, and is transported by van and escorted by staff to all of his clinic appointments. E6 stated that she knows that the resident was in the facility, but does not recall seeing him. E6 stated that she was informed by other staff that the resident "snatched his bag lunch and left the facility." E6 further stated that she thought R3 got on the van to go to his appointment. E6 stated that when she found out that R3 was not on the van, she assumed that he made his own arrangements for transportation to his clinic appointment. The resident's treatment center is more than 40 miles away from the facility, and not accessible to public transportation. In addition, R3 does not have the cognitive skills to make independent travel arrangements to the treatment center. Facility staff were not able to provide any documentation to support that R3 did/did not use facility transport services to his clinic appointment, or any documentation to support that the resident was in the facility on the morning of 6/20/08. Facility staff were not able to determine when the resident eloped from the facility. During a telephone interview on 7/23/08 at approximately 12:30 PM, Z3 (outside agency) stated that someone from the facility called the cancer treatment center on the morning of 6/20/08 and informed staff that R3 would not be in for radiation treatment because he was "MIA" (missing in action). Z3 stated that the resident did not come in for his treatment on 6/20/08. Z3 stated that the resident has treatments 5 days per week, Monday through Friday. Z3 stated that on the resident's next scheduled treatment on 6/23/08, she called the facility to find out if the	F9999		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	14E506	A. BUILDING _____ B. WING _____	C 07/31/2008

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
RAINBOW BEACH CARE CENTER	7325 SOUTH EXCHANGE 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 16	F9999		

resident was coming in for his scheduled radiation treatment. Z3 stated that E6 informed her that R3 had not returned to the facility. Z3 stated that she was concerned and called the emergency contact, which was the resident's brother (Z5).

During a telephone interview on 7/25/08 at approximately 4:45 PM, Z5 stated that E8 (night shift nurse) called him on 6/20/08 at 2:00 AM, to inform him that R3 was not in the facility. Z5 stated that he spoke to the staff at the cancer treatment center and was informed that R3 last received his treatment on 6/19/08. Z5 stated that he is not sure if R3 returned to the facility on 6/19/08. Although facility staff make transportation arrangements for R3 and send him to his appointments for radiation treatment with facility staff, facility staff were not able to provide documentation to support that the resident returned to the facility on 6/19/08.

During a telephone interview on 7/23/08 at approximately 10:20 PM, Z1 stated that the cancer treatment center informed the family that R3 did not receive his radiation treatments on 6/20/08 or 6/23/08. Z1 stated that she called the facility on 6/23/08 and was informed by staff that R3 left the facility on 6/20/08. Z1 questioned, "Why didn't somebody call us?" Facility staff failed to notify the family of the resident's elopement from the facility.

Z1 stated that the family became very concerned after R3 had been out of the facility for several days, and when there was no follow-up call from facility staff to update the family on the resident's status. Z1 stated that R3 is not able to take care of himself. Z1 stated, "He wouldn't know how to

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	14E506	A. BUILDING _____ B. WING _____	C 07/31/2008

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
RAINBOW BEACH CARE CENTER	**7325 SOUTH EXCHANGE 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 17 get food for himself or protect himself from the heat." Z1 stated that the facility called the police and filed a missing person report on 6/20/08, but did not offer any further assistance with trying to locate R3. Z1 stated that the family made attempts to find the resident by making daily telephone calls to hospitals and shelters. Z1 stated that after two weeks, the family had given up hope and started making telephone calls to the morgue, as they "just knew he was dead." Z1 stated that on 7/20/08, the veterans hospital called the family and informed them that R3 had been brought into the hospital. Z1 stated that the hospital staff reported that R3 had been brought into the hospital by the police. R3 was hospitalized and treated for an electrolyte imbalance. Z5 stated that when he visited with R3 at the hospital on 7/21/08, he was weak and appeared more confused than usual. Z5 stated that the resident was unable to account for the period of time he was away from the nursing home. Z5 stated that the resident reported that he slept in the park. Facility staff were aware that R3 was an elopement risk, as he had previously eloped from the facility. The facility did not have a plan of care to address the resident's needs related to his elopement risk. This resulted in the facility's failure to provide supervision and monitoring, in an effort to ensure resident safety. (A)	F9999		