STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	145468	A. BUILDING _____ B. WING _____	C 09/16/2008

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CAMBRIDGE NURSING & REHAB CENTER	**9615 NORTH KNOX AVENUE SKOKIE, IL 60076**

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
F 309	Continued From page 4 order to plan care-completed and on going. 3.) Care plan sample for suicidal ideations-completed and ongoing. 4.) Suicide Precaution Policy- completed 9-9-08. 5.) Behavior monitoring sheets-completed 9-9-08. 6.) List of patients attending programs in community, and in facility-completed 9-1-08. 7.) In services on-going with staff regarding Suicide and Prevention-on going 9-9-08. Although the Immediate Jeopardy was removed on 9-10-08, the facility remains out of compliance at a severity level 2 to allow for implementation of all the above responses.	F 309		
F9999	FINAL OBSERVATIONS LICENSURE VIOLATIONS 300.1210a) 300.1210b)3) 300.1220b)2) 300.3240a) 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 psychosocial 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	F9999		

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F9999	Continued From page 5 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: 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. 300.1220 Supervision of Nursing Services b) The DON shall supervise and oversee the nursing services of the facility, including: 2) Overseeing the comprehensive assessment of the residents' needs, which include medically defined conditions and medical functional status, sensory and physical impairments, nutritional status and requirements, psychosocial status, discharge potential, dental condition, activities potential, rehabilitation potential, cognitive status, and drug therapy. 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 are not met as evidenced by: Based on staff interviews and closed record record review, the facility failed to provide the necessary treatment and services to prevent one	F9999		

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F9999	Continued From page 6 newly admitted resident (R3) with diagnoses including Suicide Ideation, who was refusing his psychotropic medication, from jumping from a second story window on 9-5-08 and committing suicide. Findings Include: In an interview with E1 (Administrator) on 9-9-08 at 11:10am, E1 stated R3's room was on the first floor. R3 jumped out of the window in a second floor room. The residents R4 and R5, who reside in this room, were not present in the room when R3 jumped out of the window. After questioning, E1 stated the rubber stopper in the window preventing the window from opening all the way was not present when R3 jumped from the window on 9-5-08. On 9-5-08 facility staff stated the following when asked where monitoring of a resident with Suicide Ideation would be documented. E5, RN (Registered Nurse) said, "Would be documented in the nurses notes." E6, LPN (Licensed Practical Nurse) stated, "If a resident has a diagnoses of Suicide Ideation there is a protocol. For this patient we didn't have any protocol because he didn't act out anything at all." E9 (RN) stated, "Usually with a diagnoses of Suicide Ideation we monitor this right away and document in the Medication Administration Record and Nurses Notes." E12 (RN) stated "In the psychotropic Medications sheet and Nurses Notes is where the monitoring of suicide ideation would be documented." E4 (RN) stated, "Yes, you could get it by talking to him to see if he has any suicide ideation and get it as soon as possible. The protocol here is	F9999		

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F9999	Continued From page 7 once he verbalizes suicide ideation we send him out." Upon review of R3's medical record on 9-9-08 there was no documentation that the facility monitored R3 for Suicide Ideation. In an interview with E3 (Director of Nursing) on 9-5-08 in E1 (Administrator's) office at 5:15pm, E3 stated that the facility did not want to give R3 any ideas by asking R3 if he had any suicide ideations. Review of R3's medical record revealed R3 was admitted from home to a Hospital on 8-21-08. R3 was 65 years old with a diagnoses that included Suicide Ideation. A note made by Z1(MD at hospital) reads R3 has a plan to commit suicide, "To drown in the lake." On 8-25-08, at a Hospital, a note made by Z2 (Urologist) during a consultation reads R3 mentioned suicide 6 times during the consultation. The consultation made by Z2 reads R3 had Cancer of the Prostate 10 years ago, received treatment and now has a diagnosis of Cancer of the Prostate again. R3 was discharged from the hospital and sent to the facility on 8-29-08. On the transfer sheet from the Hospital to the facility, Suicide Ideation is included as a diagnosis. At the facility R3's cumulative diagnoses include Suicide Ideation. Cancer of Prostate is not listed. A Geriatric Depression Scale was done on R3 at the facility on 8-30-08. It is documented R3 answered in the following way to the following questions. 1) Are you basically satisfied with your life? "No." 2) Have you dropped many of your activities? "Yes." 3) Do you feel your life is empty? "Yes." 4) Are you in good spirits most of the time? "No." 5) Do you feel helpless? "Yes." 6) Do you feel that your situation is hopeless? "I	F9999		

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F9999	Continued From page 8 think so." The facility failed to include Suicide Ideation in R3's care plan. Review of nurses and social service notes and medication administration record did not include any documentation by facility staff for monitoring or inquiring if R3 had any thoughts or plans to harm himself. R3 refused clozapine on 8-30-08 and 9-1-08. Z3 (Psychiatrist) was notified and stated to continue order until Z3 sees R3 again. R3 continued to refuse the clozapine on 9-2-08, 9-3-08 and 9-4-08. On 9-4-08 Z3 was again informed that R3 continued to refuse to take the clozapine with no new order. Review of R3's MDS (Minimum Data Set) indicates R3's mood was sad/pained and withdrawn. On 9-5-08 E2 CNA (Certified Nursing Assistant) stated, "Friday, eightish, I was standing outside on the first floor patio. I saw what appeared to be a body coming out of the second floor window. I realized it was a human being. I was standing on the first floor patio and he fell to the ground patio. I ran from the first floor to where his body was. He was breathing heavy. His left side was flaccid and he was bleeding from his head. He did not respond at all. I was yelling for help. In a few minutes a nurse (E5) came. She assessed him and found a weak pulse as well... in a few more minutes the Paramedics came." R3 was taken to a Hospital where he expired. (A)	F9999		