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. BUI		IPLE CONSTRUCTION IG	(X3) DATE SU COMPLE	
		14G031	B. WIN	IG _			C 8/2008
	ROVIDER OR SUPPLIER			2	REET ADDRESS, CITY, STATE, ZIP CODE 4955 NORTH HIGHWAY 12 LAKE ZURICH, IL 60047	00,00	3/2000
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)		ID PREFI TAG		PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)		(X5) COMPLETION DATE
W 455	towels from the roo E14 and E15, Direct during the observat cottage. They were They stated that so washroom or the kin hands, due to soap available in the othe that the kitchen sink E16, Housekeeper was interviewed du PM. She stated thr there is not enough the dispensers. Sh House Mother (E17 In the clean utility re soap, one was half three gallons was 6 during the observat the soap she uses to	d staff should use paper m dispensers. At Care Staff, were present ion on Angel Guardian interviewed at 12:15 PM. metimes they use the staff tchen sink to wash their and paper towels not being er locations. They confirmed is used for food preparation. For Angel Guardian cottage, ring the observation, at 12:45 ough an interpreter, E14, that paper towels to put into all e stated that she had told the following. For were 3 gallons on liquid full. The expiration date on all form the following the composition of the following the composition of the following	W 2				

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING			(X3) DATE SURVEY COMPLETED	
		140024	B. WING			С	
NAME OF P	ROVIDER OR SUPPLIER	14G031		СТП	DEET ADDRESS CITY STATE ZID CODE	08/08	8/2008
MOUNT ST JOSEPH				2	REET ADDRESS, CITY, STATE, ZIP CODE 4955 NORTH HIGHWAY 12 AKE ZURICH, IL 60047		
(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 APPRODEFICIENCY)	JLD BE	(X5) COMPLETION DATE
W9999	a) The facility shall habilitation services sensorimotor, and eresident in the facility b) Each resident shall: b) Each resident shall: 1) Be based upon the and valid instrument available. 2) Provide the basis appropriate programe the resident. d) There shall be explained and habilitation services the training and habilitati	provide training and so to facilitate the intellectual, effective development of each ty. Intellective deve	W99	999	DEFICIENCY)		
	Section 350.3240 A	Abuse and Neglect					
	a) An owner, licens	ee, administrator, employee					

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		14G031	B. WIN	G			3/2008
	NAME OF PROVIDER OR SUPPLIER MOUNT ST JOSEPH (X4) ID SUMMARY STATEMENT OF DEFICIENCIES PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL PROPERTY OF DEFICIENCY MUST BY PRO				EET ADDRESS, CITY, STATE, ZIP CODE 1955 NORTH HIGHWAY 12 AKE ZURICH, IL 60047	, 00,00	5,200
	(EACH DEFICIENC)		ID PREFI TAG		PROVIDER'S PLAN OF CORREC (EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APPR DEFICIENCY)	ULD BE	(X5) COMPLETION DATE
W9999	resident. These Regulations by: Based on record redetermined the facility and Guard and Safely meet the housed in 5 of 7 company. Marcellina, Significant and Safely meet the housed in 5 of 7 company. Marcellina, Significant and Safely meet the housed in 5 of 7 company. Marcellina, Significant and Safely meet the housed in 5 of 7 company. Marcellina, Significant and Safely meet the housed in 5 of 7 company. Marcellina, Significant and Safely meet the house in 5 of 7 company. The safety and well-these hours." 1) According the the (IHP), dated 9/07, In the safety and 9/07, In	were not met as evidenced eview and interview, it was ility failed to: re were adequate staff to oring during the night shift on anella cottages, when R8 fell resulting in a serious injury e is adequate direct care staff is established staffing pattern e needs of all residents ottages, Angel Guardian, St. cacred Heart and Guanella. tion titled "Night Aid" (no date) rvise and assist residents ours. Will be responsible for being of all residents during ne Individual Habilitation Plan R8 is 70 yrs. old and her	W99	999	DEFICIENCY)		
	Osteoarthritis of the replacement, and e an IQ of 24 and fur 7 months. She is o memory loss assocresides on Guanell	Profound Mental Retardation, e spine, status post hip early onset Dementia. She has nctions at a level of 2 yrs. and on medication for short term ciated with the Dementia. She a Hall and uses a walker due the IHP functional assessment					

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	T OF DEFICIENCIES DF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) M A. BUI		IPLE CONSTRUCTION IG	(X3) DATE SURVEY COMPLETED	
		14G031	B. WIN	1G _			C 8/2008
	PROVIDER OR SUPPLIER ST JOSEPH		•	2	REET ADDRESS, CITY, STATE, ZIP CODE 24955 NORTH HIGHWAY 12 LAKE ZURICH, IL 60047		
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W9999	a fire alarm. An incident report, following document 5:40 AM and as R8 This fall was not wifound on the floor falone, with blood of face. R8's walker with She was sent to the returned to the facil acute fractures. She hospital the same as an inability to ambur R8 back to the facil repeat X-rays were instructions were that her home. R8 was (Administrator). She from her room during was scared and that The nurses' progres following document notified of R8's returned for R8 was staneeded total care. hospital a third time because of increas pupil, and slight ble ear. E1, Administrator, sthat R8 is back at the diagnosis of Urinary following documents of the face	dated 7/23/08, contained the ation. A fire alarm sounded at was exiting her room she fell. thessed by staff, and R8 was acce down, unable to get up oming from her nose and/or was next to her, overturned. Emergency Room, and ity after being cleared of any he had multiple bruises on her was readmitted to the afternoon, on 7/23, because of alate. The hospital discharged ity the evening of 7/25. All negative and discharge hat R8 could recuperate best as interviewed by E1 he stated that she was hurrying and the fire alarm because she	W99	999			

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(X4) ID PREFIX TAG			PREFIX (EACH CORRECTIVE ACTION S		PROVIDER'S PLAN OF CORREC (EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APPR DEFICIENCY)	ULD BE	(X5) COMPLETION DATE
W9999	was no cranial invo According to the far night shift from 9:00 7/23/08 was staffed staff (DCS) (E9) wa and Marcellina cott E8, Human Resou 1:00 PM. She state cottage should hav census provided by 15 residents, Marce E9, DCS, was inter She confirmed that Marcellina and Gua shift of 7/22 to 7/23 are connected by a that the hallway of standing in the othe cannot be seen from a resident calling from heard from one cott According to E9, th approximately 5:40 Marcellina cottage wheelchair. She st residents who use wall confirmed with E13 during an interview stated she immedia had been with and calling to, and assis for an evacuation. hurried through the hallway outside the	cility staffing schedule, the DPM on 7/22, to 6:00 AM on I as follows: One direct care as assigned to the Guanella ages. This was confirmed by the Dept (HR) on 7/22/08 at ed that on night shift each are one DCS. According to the E1 on 7/1/08, Guanella has ellina has 16 residents. Viewed on 7/29/08 at 2:15 PM. she was covering both anella cottages on the night yold. She stated the cottages walkway with fire doors, but one cottage can be seen when er, however the bedrooms in that distance. She said that om their bedroom could not be	W9:	999			

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W9999	told her "No." E9 s did not see other stresident she would check on Marcellina arriving in Marcellina arriving in Marcellina arriving in Marcellina arriving in Marcellina (Administrator, Hou Marcellina) was lead down on the floor, stated that R8 uses should have stand getting up because especially during a E1 was interviewed on 7/30/08 at 1:00 cottage should have confirmed that E9 wand Marcellina cott to 7/23/08, and also the distance betwee E1 stated her bedroand that on 7/23/08 fire alarm and found (2) According to the 7/1/08, Guanella has 16, St. Mary's has Angel Guardian has 2:00 PM, that the cost. Mary and Sacre cottage cannot be stated that on the nis one DCS for eac Angel Guardian beneeds. She said the	f was there and the resident aid she did not go any further, aff in the hallway, and told the return. She then went back to a cottage. E9 stated that upon a, another staff had arrived Guanella. As she walked ors to Guanella, E1 use Mother for Guanella and uning over R8, who was face partially in the hallway. E9 ther walker independently, but by assistance when first of her unsteadiness,	W99	999			

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W9999	and said that she is scheduling. She co staffing pattern stat pairs of the cottage Guanella and Marc Sacred Heart. She on night shift, one I cover a pair of the confirmed that DCS safety concerns wh tries to provide ade always successful. ongoing problem, b and is trying to hire The facility's night sto 7/27/08, was rev Guardian cottage, vnights, had only one July. St. Mary and covered by one DC Guanella and Marc by one DCS on 13 the staff has proble House Mothers. E13 (DON) confirm that Angel Guardian at night because of She stated that the for the seven cottage with her own duties residents on Angel dependent on staff	ort staffed. PM, E8 (HR) was interviewed a responsible for staff on firmed the established ed by E1. She stated that two is are connected by a hallway; ellina, and St. Mary and said that when short of staff DCS has been assigned to connected cottages. E8 is have told her they have en short staffed, and that she quate staffing, but is not She stated this has been an ut that administration is aware	W99	999			

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W9999	DCS have voiced or residents when the confirmed that from MRSA were diagnothree were from An also confirmed that cases of Pneumonthe end of 6/08 throto use universal pressure of the control of the cont	oncerns about the safety of y are short staffed. She a 2/08 to 3/08, four cases of used at the facility and that gel Guardian cottage. She there were approximately 28 ia throughout the facility from ough 7/08. She said DCS are ecautions when caring for ed administration is aware of	W9	999			