

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 04/18/2009
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 146087	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 12/16/2008
NAME OF PROVIDER OR SUPPLIER SOUTHVIEW MANOR			STREET ADDRESS, CITY, STATE, ZIP CODE 3311 S. MICHIGAN AVE. CHICAGO, IL 60616		
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F 499	Continued From page 36 services.	F 499			
F9999	<p>The education and employment information provided by the facility for E28 shows no prior experience and a Bachelors Degree from Nigeria in Banking and Finance.</p> <p>No education/employment information was provided by the facility for E29.</p> <p>No education/employment information was provided by the facility for E30.</p> <p>FINAL OBSERVATIONS</p> <p>LICENSURE VIOLATIONS</p> <p>300.4010a) 300.4010b) 300.4050a) 300.4050a)4) 300.4050a)5)</p> <p>Section 300.4010 Comprehensive Assessments for Residents with Serious Mental Illness Residing in Facilities Subject to Subpart S</p> <p>a) The facility shall establish an Interdisciplinary Team (IDT) for each resident. The IDT is a group of persons that represents those professions, disciplines, or service areas that are relevant to identifying an individual's strengths and needs, and that designs a program to meet those needs. The IDT includes, at a minimum, the resident; the resident's guardian; a Psychiatric Rehabilitation Services Coordinator (PRSC); the resident's primary service providers, including an RN or an LPN with responsibility for the medical needs of the individual; a psychiatrist; a social worker; an</p>	F9999			

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F9999	<p>Continued From page 37</p> <p>activity professional; and other appropriate professionals and care givers as determined by the resident's needs. The resident or his or her guardian may also invite other individuals to meet with the IDT and participate in the process of identifying the resident's strengths and needs.</p> <p>b) The IDT must identify the individual's needs by performing a comprehensive assessment as needed to supplement any preliminary evaluation conducted prior to admission to the facility. The assessment shall be coordinated by a PRSC.</p> <p>Section 300.4050 Psychiatric Rehabilitation Services for Facilities Subject to Subpart S</p> <p>a) The facility shall develop and implement a psychiatric rehabilitation program. A facility may contract with an outside entity to provide all or part of the psychiatric rehabilitation program as long as individual residents' needs are met and subsection (c)(4) is met. The program shall be designed to allow a wide array of group and individual therapeutic activities, including, but not limited to, the following:</p> <p>4) Aggression prevention and management, including resident screening (history of aggressive and assaultive behavior, precipitating factors, signals of escalating risk, and effective de-escalation strategies); identification and modification of environment risk factors (e.g., physical plant and resident mix); provision of skills training, behavioral, and appropriate psychopharmacological interventions based on individualized resident assessment; and policies and procedure for rapid response to behavioral emergencies.</p> <p>5) Substance dependence and abuse management services, including toxicological</p>	F9999			

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F9999	<p>Continued From page 38</p> <p>screens, psychopharmacology, alcohol and drug education, group interventions, recovery programs (e.g., Alcoholics Anonymous (AA), Narcotics Anonymous (NA), Mentally Ill Substance Abusers (MISA)), and harm reduction.</p> <p>These regulations are not met, as evidenced by:</p> <p>Based on observation, interviews and record review the facility failed to provide mental health services to 6 residents in the sample (R8, R9, R2, R3, R14 and R7) who are identified as SMI (severely mentally ill) as follows:</p> <ol style="list-style-type: none"> 1. Failed to assess, plan, individualize develop and implement a treatment plan. (R8) 2. Failed to have an on-going monitoring/search procedure in place for a resident with drug seeking activity in the community. (R8) 3. Failed to provide consistent implementation during the resident's daily routine and across settings, of systematic plans which are designed to change inappropriate behaviors; provide a structured environment; develop, maintain and consistently implement across settings those programs designed to teach individuals the daily living skills they need to be more independent and self-determined. (R8, R9, R2, R3, R7 and R14) <p>These failures resulted in R8 bringing illegal drugs and drug paraphernalia into the facility and injecting them into his abdomen and behind the ear. R8 was later found in the bathroom unresponsive with a syringe in his stomach and a syringe behind his ear. 911 was called.</p>	F9999			

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F9999	<p>Continued From page 39</p> <p>Findings includes:</p> <p>1. The nursing notes for R8 dated 12/5/08 at 9:00 pm state, "Informed by resident (roommate of R8) resident (R8) was in washroom on floor. Went to resident room. Resident on floor in bathroom syringe in stomach - syringe behind ear. Code blue called. All staff nurse/CNA (Certified Nursing Assistant) in washroom. Applied cool cloth to resident face. Resident responding to cool cloth. Disoriented X 2 to place and time. 9:05 pm - 911 called. Ambulance arrived at 9:15 pm. Resident transferred to (local hospital). All drugs paraphernalia <sic> taken by security. Doctor called - awaiting return callBlood found behind ear of resident. Supervisor notified."</p> <p>The admission face sheet for R8 identifies original admission date of 7/18/08 with diagnoses including: Hypertension, Alcohol and Drug Abuse as well as Schizoaffective disorder. The Department of Human Services completed the Preadmission Screening and Annual Resident Review (PASARR) on 7/22/08 with the following findings:</p> <p>On 12/9/08 the facility provided a list of residents with "Serious Mental Illness/SMI." R8 was included on this list.</p> <p>The Preadmission Screening and Annual Resident Review (PASARR) for Mental Health completed 7/22/08 identifies the following for R8:</p> <p>Under "Substance Use/Abuse Assessment" lists the following substance abuse practiced by R8; Cocaine or crack - High level of use/abuse.</p>	F9999			

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F9999	<p>Continued From page 40</p> <p>Under "History of Antisocial/Maladaptive/Risk Behavior Assessment" lists:</p> <p>a) "Behavior Type-Antisocial behavior; Level-High; Time Frame-Several years Cocaine Abuse; Patient has been using cocaine for many years."</p> <p>b) "Behavior Type-Self injurious behaviors; Level-High; Time frame-8/2002 Suicide Attempt; Description-Patient was admitted to the hospital depressed with suicidal ideations."</p> <p>c) "Behavior type-Self injurious behavior; Level-High; Time frame-Unknown Year-Suicide Attempt; Description-Patient overdosed on pills."</p> <p>d) "Behavior Type-Self injurious behaviors; Level-High; Time frame-5/2008 Suicidal Ideations; Description-Patient was admitted to the hospital depressed with suicidal ideations."</p> <p>The determination by the (PASARR) agent was R8 was: Eligible for Nursing Facility with no time limit. The Special Services required were determined to be:</p> <p>a) Illness self management b) Mental Health Rehabilitation activities c) Professional Observation (MD/RN) for medication monitoring d) Adjustment and/or stabilization e) Substance use/abuse management f) Incentive program to improve participation in treatments g) Community reintegration activities h) Instrumental Activities of Daily Living training/reinforcement</p> <p>On 12/8/08, R8 was observed in the first floor social room, outside in a smoking area or in bed. On 12/9/08 at 10:30 am R8 stated, "I have been living here about 4 months. I am not in any programs but I would like to be in a group that</p>	F9999			

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F9999	<p>Continued From page 41</p> <p>goes out during the day." R8 was unaware of why he is not in groups and stated, "I got drugs to use when I was outside the building while on pass and brought them back with me through security. No one checks me when I come in. They ask if I have any booze or drugs sometimes. I just say no and walk by."</p> <p>On 12/8/08 at 1:00 pm E5 (Psychosocial Rehabilitation Director/PRSD) confirmed R8's statement when E5 stated, "When a resident returns from a pass the security ask if they have any drugs or alcohol. If they say 'no' security asks them to empty their pockets. If they refuse to empty their pockets, the resident just comes in. If they smell like alcohol they come in and we let the physician and families know."</p> <p>The Comprehensive Care Plans located in R8's medical record are preprinted plans. The facility uses checkmarks for the preprinted interventions.</p> <p>Preprinted Care Plan #45 (development date of 12/3/03) dated 8/22/08 under Physical and Psychosocial Needs notes problems as: The resident has a history of aggressive, inappropriate, attention-seeking and/or maladaptive behavior, but has demonstrated stability during the admission screening process and is therefore considered appropriate for admission. The History includes: Conflicts/altercations with others, Threatening behavior, Verbal or physical aggression, severe mental illness.</p> <p>Additional preprinted care plan #45 dated 7/25/08 notes group or 1:1 therapy to be done 5 days a week,</p>	F9999			

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F9999	<p>Continued From page 42</p> <p>Goals for both care plans #45 are: "Goal 1: The resident will behave in a manner consistent with resident conduct policies through the next review on 11/08. Goal 2: The resident will share/discuss anxiety provoking and/or otherwise disturbing thoughts with a care giver through 11/08. Goal 3: The resident will continue to meet and control anger from behaviors by 11/08."</p> <p>This plan does not identify the individual group therapies appropriate for R8 based on his PASSAR screening. The facility group therapy list for in-house and community based therapy programs does not include R8 in any of the groups.</p> <p>Care plan #84 (development date 3/17/07) dated 9/4/08 under psychotropic medication management includes the approach, "Involve the resident in the therapeutic milieu, ie: through structured individual and/or group counseling, activity therapy and rehabilitative programs."</p> <p>The goals for care plan #84 are: "Goal 1: The resident will be maintained on the lowest therapeutic medication dosage and engaged in counseling/behavioral programming to facilitate maximum functioning and well-being (goal is on-going)."</p> <p>This care plan does not include dates/days/name of groups R8 is to attend nor does it address consequences for not following facility policies/procedures. The facility group therapy list for in-house and community based therapy programs does not include R8 in any of the groups.</p>	F9999			

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F9999	<p>Continued From page 43</p> <p>Pre printed care plan #25 dated 7/23/08 (development date 12/3/2003) problem states, "The resident has a history of substance abuse/chemical dependency related to: (area checked) Severe Mental Illness with Problems and Symptoms manifested by: Going into the community to become intoxicated."</p> <p>The goals/objectives for Care Plan #25 are: " Goal 1: The resident will complete the first step of the Alcoholics Anonymous program by admitting that he/she is powerless over alcohol by next review 10/08. Goal 2: The resident will comply with the intake procedures of a substance abuse treatment program (ie: hospital, clinic-based, mental health agency or AA) by the next care plan review. Goal 3: The resident will refrain from using non-prescribed substances through the next review. Goal 4: The resident will (the rest of this statement is blank)."</p> <p>None of these care plans are individualized to address interventions for the problems identified by the PASSAR screening agent. The facility group therapy lists for both in house therapy and community therapy do not show R8 as being placed in any of the groups.</p> <p>The Resident Incentive Program received by E2 (Assistant Administrator) was reviewed on 12/9/08. This document lists the expectations of the facility by the residents as well as "Unacceptable Behaviors" with consequences and a description of the different levels (1-5).</p> <p>Under " Unacceptable Behaviors" the facility documents:</p>	F9999			

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F9999	<p>Continued From page 44</p> <p>The following things are considered UNACCEPTABLE BEHAVIORS for any residents of this facility will result in immediate drop in levels without any warning. <capital letters on facility policy></p> <p>5. CONSUMING DRUGS (over the counter or illegal) or ALCOHOL while taking psych meds, in the facility. THE RESULT WILL BE AN IMMEDIATE DROP TO LEVEL 1. Resident must have a clean drug screening before advancing to levels 3, 4 or 5 when illegal drugs are involved.</p> <p>During interview on 12/8/08 at 1:00 pm E5 stated he was unaware of the incident with R8 overdosing while in the facility. E5 stated when the incident report is completed a copy is put in his mailbox and he reads it when he comes in. E5 stated he had not seen a report regarding R8. E5 was accompanied to his mailbox and no incident report was found.</p> <p>The security level pass list was reviewed on 12/8/08 which was dated 12/5/08 and lists R8 at a level 3 (able to go out on community pass until 5:00 pm). On 12/9/08 at 9:52 am E6 (security) also confirmed R8 was still on the security list as level 3 (able to go out in the community on pass until 5:00 pm). E6 stated, "The list was probably out (printed) before he used the drugs so it wasn't changed."</p> <p>On 12/9/08 at 9:52 am E6 (security) also stated, "If someone doesn't attend day programming (E5) gives me a list and they are restricted that night. If someone violates a rule (E5) gives us a list so we can change the level on the list." E6 then looked through the past seven days level drop slips and confirmed R8 was not on these</p>	F9999			

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F9999	<p>Continued From page 45 documents.</p> <p>On 12/8/08, E1 (Administrator), E2 (Assistant Administrator) and E3 (Director of Nurses) were asked for the complete investigation into the incident on 12/5/08 with R8. No incident report was provided by the facility until 12/9/08. This investigation was begun after being notified by surveyor. E1, E2 and E3 were unable to give a reason why this investigation had not been completed prior to notification by surveyor.</p> <p>No summary or revision of R8's care plans have been done since the plans were initiated for R8. There were no level decreases implemented according to facility policy after R8 went into the community, bought drugs and drug paraphernalia, utilized these drugs in the bathroom of the facility and was sent to the hospital with drug overdose. The facility did not investigate this incident until after notification by the Illinois Department of Public Health which made it possible for R8 to continue to go out in the community and endanger himself and other residents by bringing drugs and drug paraphernalia into the facility.</p> <p>2. R9's current physicians' orders list admission date of 9/10/08 and diagnoses including: Bipolar Affective Disorder, Schizoffective and mania with psychosis.</p> <p>The PASSAR Mental Health screening completed 9/16/08 lists alcohol and cocaine/crack substance abuse at a 'high' risk. The recommendations from the PASSAR agency list nursing home placement is appropriate and R9 requires the following services:</p>	F9999			

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F9999	<p>Continued From page 46</p> <p>a) Professional observation (MD/RN) for medication monitoring, adjustment and/or stabilization.</p> <p>b) Instrumental Activities of Daily Living training/reinforcement</p> <p>c) Mental health Rehabilitation activities.</p> <p>d) Aggression/Anger management</p> <p>e) Illness self management</p> <p>f) Incentive program to improve participation in treatments.</p> <p>g) Community re-integration activities.</p> <p>h) Substance use/abuse management.</p> <p>The pre-printed care plans for R9 failed to individualize the treatment plan for R9 by identifying what programs R9 should attend based on the PASSAR assessment, the times/days of these programs.</p> <p>The facility list of Seriously Mentally Ill residents includes R9.</p> <p>A "Psychiatric Rehabilitative Services" progress note dated 12/2/08 from 28 (Psychosocial Rehabilitation Counselor/PRSC) lists a lengthy conversation between E28 and R9.</p> <p>On 12/9/08 at approximately 2:00 pm, E28 stated when he writes the progress notes it is on the same day he talks to the resident. E28 stated he met with R9 in her room or the day room and when he was done talking to her he wrote his progress note.</p> <p>The nursing notes show R9 was out on pass from 12/1/08 through 12/4/08. E28 was unable to explain how he spoke to R9 on 12/2/08 when she was gone.</p>	F9999			

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F9999	Continued From page 47 3. The current physicians' orders for R7 show admission date of 8/29/06 and include diagnoses of: Brain Injury, depression and history of cocaine, marijuana and alcohol abuse. The pre-printed care plans for R7 fail to address his individual treatment goals, fail to specify what groups R7 would benefit from attending and have no interventions added or deleted. The list of Seriously Mentally Ill residents includes R7. The in-house group therapy shows R7 to be attending a 9:30 am "skills" group run by an outside agency as well as going to community based therapy at the same times. 4. Facility nurses notes, dated 12/7/08, show "5:30 PM, R2 refused to take medication stating he had been out drinking and was afraid to take medication with alcohol. Did smell of alcohol." R2 has diagnoses, in part, of Major Depression and Bipolar Disorder. R2's facility plan of care shows a "Need" of "Going into the community to become intoxicated." The plan of care is not individualized for R2 - there are check marks in areas on the "packaged" plan of care which apply to R2. There are no progressive interventions over the past 6 months to assist R2 in obtaining his highest practicable level of psycho-social well being. R2 signed a Facility "Contract between resident and Facility for alcohol abuse" on 11/12/08, which states 1. I will remain alcohol free while I reside at Facility. 2. I will be subjected to alcohol testing at any time. If I test positive, my physician	F9999			

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 146087	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 12/16/2008
NAME OF PROVIDER OR SUPPLIER SOUTHVIEW MANOR			STREET ADDRESS, CITY, STATE, ZIP CODE 3311 S. MICHIGAN AVE. CHICAGO, IL 60616		
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F9999	<p>Continued From page 48</p> <p>will be notified and I may be subjected to an involuntary discharge. 7. I am unaware that if this condition is violated, that my community traveling pass will be suspended for up to 30 days."</p> <p>During a review of Facility's "Resident Incentive Program," the following was noted: "The Resident Incentive Program is based on two principles: 1. Everyone is responsible for their own actions and choices. 2. There are natural and logical consequences for all behaviors." The "Resident Incentive Program" has 5 levels, which progress from 1 being the most restrictive to 5, being the least restrictive. Levels 1 and 2 are not allowed passes into the community. Level 3 passes are issued until 5:00 PM. Level 4 passes are issued until 7:00 PM. Level 5 passes are issued until 9:00 PM.</p> <p>The "Program" further states that "Unacceptable Behaviors will result in immediate drop in levels without any warning." The unacceptable behaviors include" 5. Consuming drugs or Alcohol while taking psychotropic drugs in the Facility. The result will be an immediate drop to level 1." R2 remained at Level 3 throughout all days of the survey, 12/8/08-12/11/08.</p> <p>During an interview with E6, on 12/8/08, at approximately 3:45 PM, it was stated that on 12/8/08, no residents had their pass levels changed or dropped.</p> <p>Facility record review shows that R2 is not attending any mental health rehabilitative programming outside of the Facility. R2 did not attend any in-house programming throughout the days of the survey, 12/8/08-12/11/08.</p>	F9999			

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F9999	<p>Continued From page 49</p> <p>5. Throughout the days of 12/8/08 and 12/9/08, R3 was seen lying in bed sleeping or watching television in his room. R3 has diagnoses, in part, of Schizoaffective Disorder and Diabetes II. Facility record review shows that R3 is to attend mental health rehabilitative programming outside of the Facility on a daily basis. R3 did not attend any in-house rehabilitative service throughout days of the survey, 12/8/08-12/10/08.</p> <p>R3's Facility plan of care, dated 8/13/08 and 11/08, is not individualized to meet R3's needs. There are no progressive interventions to assist R3's in obtaining his highest practicable level of psycho-social well-being.</p> <p>R3 remained at a Level 4 pass status throughout the days of the survey despite the "Resident Incentive Program" stating that residents must "attend groups, programs, and recreational activities as scheduled."</p> <p>6. During an interview with R14 on 12/9/08, it was stated that he has resided at the Facility for 8 years and has wanted to move to a more independent living situation for the past 3 years. R14 said that no one at the Facility has helped him to find a more independent living situation nor are they preparing him to live more independently. R14 found a place on his own which would accept him and his partner, however the Facility is not doing anything to help him prepare to discharge, such as teaching him independent living skills.</p> <p>R14 has diagnoses, in part, of Schizoaffective</p>	F9999			

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F9999	<p>Continued From page 50</p> <p>Disorder, Hepatitis and Right Leg Cellulitis. A review of R14's clinical record shows that he is not taking any psychotropic medication. R14 has behaviors of being verbally abusive, angry and sad. R14 was seen mobilizing in a wheelchair throughout the Facility during all days of the survey. Facility schedule for outside mental health rehabilitative services shows that R14 is to attend day programming, Monday-Friday during the week. R14 did not attend day programming on 12/9 and 12/10/08.</p> <p>A review of R14's plan of care, dated 7/08 and 11/10/08, shows a need of "the resident and/or representative express the desire for the resident to move to a less structured environment. The resident's discharge potential and discharge planning needs have been assessed by the interdisciplinary Team." This care plan is a "canned" form which is not individualized. The plan of care interventions have not been changed or updated to enable R14 to reach his highest practicable level of psycho-social well being.</p> <p>7. Facility schedule for in-house mental health rehabilitative services indicates that "Skills Training" was to occur in the 5th floor day room at 3:00 PM on Wednesday. Observation from 3:00 PM - 3:25 PM shows that program did not occur.</p> <p style="text-align: center;">(A)</p> <p>300.615b) 300.615d)</p> <p>Section 300.615 Determination of Need</p>	F9999			

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F9999	<p>Continued From page 51</p> <p>Screening and Request for Criminal History Record Information</p> <p>b) All persons seeking admission to a nursing facility must be screened to determine the need for nursing facility services prior to being admitted, regardless of income, assets, or funding source. (Section 2-201.5(a) of the Act) A screening assessment is not required provided one of the conditions in Section 140.642(c) of the rules of the Department of Healthcare and Family Services titled Medical Payment (89 Ill. Adm. Code 140.642(c)) is met.</p> <p>d) Screening shall be administered through procedures established by administrative rule by the agency responsible for screening. (Section 2-201.5(a) of the Act) The Illinois Department on Aging is responsible for the screening required in subsection (b) of this Section for individuals 60 years of age or older who are not developmentally disabled or do not have a severe mental illness. The Illinois Department of Human Services is responsible for the screening required in subsection (b) of this Section for all individuals 18 through 59 years of age and for individuals 60 years of age or older who are developmentally disabled or have a severe mental illness. The Illinois Department of Healthcare and Family Services or its designee is responsible for the screening required in subsection (c) of this Section.</p> <p>These regulations are not met as evidenced by :</p> <p>Based on interview and record review the facility failed to assure that 2 residents in the sample (R10 and R12) were screened prior to being admitted to the facility to determine the need for</p>	F9999			

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F9999	<p>Continued From page 52 nursing home services .</p> <p>Findings include:</p> <p>During the initial tour with E8 (nurse/care plan coordinator) on 12/08/08 at approximately 10:00 am, R12 was noted in bed fully clothed. R12 who was noted to be alert and oriented stated during interview, "I've been here for awhile." Upon further interview, R12 added, "No I don't go to programming." E8, who was present during this observation added, "R12 has been here only 72 hours and has not been assessed for programs yet."</p> <p>Later during this tour R10, a young, alert and oriented resident was also noted on his bed. Upon interview R10 stated, "I've been here about 2 weeks, but I don't know why I'm here." Upon further interview, R10 added, "I had no where to go and was brought here from the police station."</p> <p>Record review indicated that R12 is a 70 year old resident who was admitted to the facility on on 11/15/08. There was no pre admission screening done for R12. This review indicated that R12 has been in the facility 23 days with no pre screening.</p> <p>Record review further indicated that R10 is a 39 year old resident who was admitted to the facility on 11/26/08. There was no diagnosis for R10. There was also no pre admission screening for R10. This review indicated that R10 has been in the facility 13 days with no pre screening.</p> <p>E12 (public aid coordinator) and E2 (director of nurses) were interviewed regarding preadmission screens for R10 and R12. E2 was unable to provide surveyor with a pre screen for R10 and</p>	F9999			