

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6001598	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 04/30/2009
NAME OF PROVIDER OR SUPPLIER CENTRAL PLAZA RESIDENTIAL HOME		STREET ADDRESS, CITY, STATE, ZIP CODE 321 27 NORTH CENTRAL CHICAGO, IL 60644		
(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) COMPLETE DATE
Z 000	COMMENTS Licensure Complaint investigation 0981488/IL40724	Z 000		
Z9999	FINDINGS LICENSURE VIOLATIONS 300.1210a) 300.1210b)6) 300.2210b)1) 300.6040a)1) 300.6040a)2) 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)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 300.2210 Maintenance b) Each facility shall:	Z9999		

Illinois Department of Public Health

TITLE

(X6) DATE

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6001598	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 04/30/2009
NAME OF PROVIDER OR SUPPLIER CENTRAL PLAZA RESIDENTIAL HOME		STREET ADDRESS, CITY, STATE, ZIP CODE 321 27 NORTH CENTRAL CHICAGO, IL 60644		
(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) COMPLETE DATE
Z9999	<p>Continued From page 1</p> <p>1) Maintain the building in good repair, safe and free of the following: cracks in floors, walls, or ceilings; peeling wallpaper or paint; warped or loose boards; warped, broken, loose, or cracked floor covering, such as tile or linoleum; loose handrails or railings; loose or broken window panes; and any other similar hazards.</p> <p>Section 300.6040a) General Requirements for Facilities Subject to Subpart T</p> <p>a) The psychiatric rehabilitation services program of the facility shall provide the following services as needed by residents of the facility:</p> <p>1) 24 hours of continuous supervision, support and therapeutic interventions; 2) Psychotropic medication administration, monitoring, and self-administration;</p> <p>These Regulations were not met as evidenced by:</p> <p>Based on observation record review and interview, the facility failed to supervise and monitor 1 sampled resident (R1), displaying delusional and bizarre conversation , and failed to implement the facility's safety practice by ensuring a window on the second floor was secured with L-style brackets to prevent the window from rising more than 6-8 inches These failures resulted in subsequently allowing R1 to fall out the window and cause a hip fracture which required hospitalization.</p> <p>Findings includes:</p> <p>R1 is a 46 year old resident diagnosed with schizo affective disorder, and history of social anxiety disorder. On 4/28/09 at 4:35pm E3(Front</p>	Z9999		

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6001598	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 04/30/2009
NAME OF PROVIDER OR SUPPLIER CENTRAL PLAZA RESIDENTIAL HOME			STREET ADDRESS, CITY, STATE, ZIP CODE 321 27 NORTH CENTRAL CHICAGO, IL 60644		
(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) COMPLETE DATE	
Z9999	<p>Continued From page 2</p> <p>desk receptionist), said that on 4/2/09 sometimes in the evening after 8:00pm she remembers R1 fully dressed and had a large bag packed walking to the front door. E3 said that R1's behavior was not her normal behavior, E3 said that something just wasn't right about R1's behavior. E3 said that R1 was babbling and she couldn't understand what R1 was saying. E3 said that she flagged down a cna (Certified Nursing Aide), to detain R1 from walking out of the facility. E3 said she then phoned the nursing station and requested nursing to come and assess R1 regarding her bizarre behavior.</p> <p>E5(Certified Nursing Aide), said she was flagged down by E3 on 4/2/09 at around 10:00pm, to assist with R1 because she was trying to leave the facility. E5 said that she held R1's hand until nursing arrived to escort R1 back to the nurses station. E5 said that R1 was saying "They are calling me, I have to meet them, I'm going to meet them".</p> <p>On 4/28/09 at 4:15pm E4(Licensed Practical Nurse), said that on 4/2/09 at around 10:00pm she received a call from the front desk reporting that R1 was trying to leave the facility. E4 said that she went to assess R1 and escort R1 back to the nurses station. E4 said that she assessed R1 as having delusional conversation, and bizarre conversation, E4 said she can't recall what R1 actually said but did say that R1 was delusional/bizarre in conversation. E4 said that R1 displayed no other behaviors that night. After taking R1 behind the nurses station E4 said that she phoned the physician to notify him of R1's abnormal behavior. E4 said she received an order to give Haldol 5mg intramuscular injection now and every 2 hours as needed. A review of the clinical record medication administration</p>	Z9999			

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6001598	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 04/30/2009
NAME OF PROVIDER OR SUPPLIER CENTRAL PLAZA RESIDENTIAL HOME			STREET ADDRESS, CITY, STATE, ZIP CODE 321 27 NORTH CENTRAL CHICAGO, IL 60644		
(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) COMPLETE DATE	
Z9999	Continued From page 3 record indicates that R1 received the medication at 10:20pm on 4/2/09. E4 said that R1 said she wanted to go upstairs and go to bed a few minutes after receiving her medication. According to the nurses notes dated 4/2/09 at 10:45pm notes that R1 states that she feels better, and want to go bed. E4 writes that R1 seemed calm less delusional and more focused. E4 instructed R1 to inform staff if she has any problems. E4 said that she felt it was safe to send R1 upstairs unsupervised and no 1:1 monitoring 25 minutes after administering the Haldol injection. E4 said that cns's are responsible for monitoring residents on the residents floors. E4 said there usually no side effects to assess for after administering Haldol. A review of the current (Lexi Comps Drug Reference Handbook 13th Edition), notes Haldol adverse reactions as central nervous system agitation, anxiety, confusion, depression, drowsiness, restlessness, and vertigo. The therapeutic onset of Haldol is noted to be 30-60 minutes. E7(Certified Nurses Aide), said on 4/2/09 she was the only cna on the second floor, and there should be 2 cna's on each floor. E7 said she noticed R1 with abnormal behaviors throughout the evening E7 said that R1 had excessive pacing, E7 said R1 pace back an forth until her pants were falling down which is not normal for her, also E7 said that knowing R1 her wanting to leave the facility would be abnormal for her. E7 said that she last saw R1 at about 11:00pm walking from the smoking room on the second floor and going into her room. E7 said she never saw R1 in the bed. E7 said that she alerted to R1 falling out of the window about 15 minutes later while she was in the bathroom. E7 said that she was never told by a nurse to monitor R1.	Z9999			

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6001598	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 04/30/2009
NAME OF PROVIDER OR SUPPLIER CENTRAL PLAZA RESIDENTIAL HOME		STREET ADDRESS, CITY, STATE, ZIP CODE 321 27 NORTH CENTRAL CHICAGO, IL 60644		
(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) COMPLETE DATE
Z9999	Continued From page 4 On 4/10/09 E2 (Director of Nursing) said that residents acting out with abnormal behavior and receive antipsychotic medication will be monitored 1:1 or increased supervision, but the facility relies on individual nursing judgement to determine how residents are monitored. On 4/28/09 4:20pm E6(Licensed Practical Nurse), said that she was worked on 4/2/09 but wasn't assigned to R1. E6 said she saw R1 at the nursing station before she received the Haldol injection, and noticed that R1's conversation was bizarre, but didn't see R1 again until she was on the ground outside. E6 said that after observing R1 on the ground outside that her conversation was still bizarre, E6 said that R1 was saying "she was trying to catch her blessing". E6 said when she gives a resident an antipsychotic medication for abnormal behaviors she waits for the medication to be therapeutic before releasing the resident and should be supervised until she is sure of the effect. E6 said that she feels that R1's bizarre conversation on the ground wasn't a therapeutic outcome. E6 said that cna's are responsible for monitoring residents, on the residents floor. On 4/10/09 R2 said that she was sleep when R1 fell out of the window, but R2 said she heard R1 yelling for help from outside the window, when she called the front desk. On 4/14/09 at 10:30am R1 said that she complained to staff that the middle window needed a screen several times but one ever replaced the screen in. R1 said that she remembers getting the injection of Haldol and going upstairs to the smoking room, and then going to her bedroom, R1 said the window was	Z9999		

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6001598	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 04/30/2009
NAME OF PROVIDER OR SUPPLIER CENTRAL PLAZA RESIDENTIAL HOME		STREET ADDRESS, CITY, STATE, ZIP CODE 321 27 NORTH CENTRAL CHICAGO, IL 60644		
(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) COMPLETE DATE
Z9999	<p>Continued From page 5</p> <p>open and she looked out to get some air and fell out of the window. R1 said that she felt drowsy and sleepy after receiving the Haldol injection.</p> <p>On 4/30/09 at 10:45am Z1(psychiatrist) said that he was notified by the nurse on 4/2/09 regarding R1 displaying agitation and delusional behavior. Z1 said that he order Haldol 5mg intramuscular, and to monitor the resident after receiving the medication. Z1 said that R1 should have 1:1 observation for 1 to 2 hour or until sleep.</p> <p>Nursing notes dated 4/2/09 11:10pm R1's room mate R2 called the front desk stating that R1 was calling for help from outside their window 2 floors down.</p> <p>On 4/10/09 with E8(Maintenance Supervisor), surveyor observed three windows in room 211 (R1's room), each window had L-type brackets securing the window. E8 said that the L- type brackets are place on the windows for safety precautions, only allowing the windows to raise 6' to 8". On the middle window the L-type brackets were placed above the window allowing the window to open completely (18 3/4"), with no screen observed. This is the window which R1 fell.(W1) The L-type bracket was fasten to the metal frame on all windows with two screws, but the L-type bracket on the window(W1), the L-type bracket was screwed into a groove on the window frame with 1 screw. E8 said that the L-type brackets should be fastened to the frame and not the groove which allows the L-type bracket to move up and down. E8 also said that the (W1) was the window in which the air conditioner usually goes and when the the air conditioner was removed last fall possibly the L-type bracket was not reset to the appropriate height. E 8 said that his staff are instructed to do</p>	Z9999		

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6001598	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 04/30/2009
NAME OF PROVIDER OR SUPPLIER CENTRAL PLAZA RESIDENTIAL HOME			STREET ADDRESS, CITY, STATE, ZIP CODE 321 27 NORTH CENTRAL CHICAGO, IL 60644		
(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) COMPLETE DATE	
Z9999	Continued From page 6 weekly checks on all windows to ensure the L-type brackets are placed in the appropriate heights, E8 was unable to provide E9 (assistant maintenance supervisor), said that he has been employed by the facility for 8 years, and the facility have historically placed L-type brackets on the windows for residents safety. E9 said that all staff are initially instructed to secure the L-type brackets to the window frame and not in the groove.	Z9999			