DEPARTMENT OF HEALTH AND HUMAN SERVICES CENTERS FOR MEDICARE & MEDICAID SERVICES (X1) PROVIDER/SUBBLIED/CLIA

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	A. BUI		PLE CONSTRUCTION G	(X3) DATE SURVEY COMPLETED	
		14G204	B. WIN	IG			C 4/2009
	PROVIDER OR SUPPLIER		ļ	38	EET ADDRESS, CITY, STATE, ZIP CODE 802 SOUTH OLD WILKE ROAD OLLING MEADOWS, IL 60008		200
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES 'MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREF TAG		PROVIDER'S PLAN OF CORREC' (EACH CORRECTIVE ACTION SHOI CROSS-REFERENCED TO THE APPR DEFICIENCY)	ULD BE	(X5) COMPLETION DATE
W 331 W9999		y has not fully implemented not had an opportunity to reness.	W S				
	a) The facility shall procedures governithe facility which ship involvement of the shall be available to public. These writte operating the facility least annually. Section 350.1210 Horn maintain each resident these services including: b) Nursing services supervision of the horn content of the facility shall promaintain each resident these services including:	esident Care Policies have written policies and ng all services provided by hall be formulated with the eadministrator. The policies of the staff, residents and the en policies shall be followed in and shall be reviewed at Health Services Divide all services necessary to lent in good physical health, hude, but are not limited to, the To provide immediate health needs of each resident fessional nurse or a licensed					

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION		PLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
AND LINE OF COMMENTAL		IDENTILIOATION NOMBEN.	A. BUILDING		G	C	
		14G204	B. WIN	IG _			4/2009
	ROVIDER OR SUPPLIER		•	3	REET ADDRESS, CITY, STATE, ZIP CODE 802 SOUTH OLD WILKE ROAD COLLING MEADOWS, IL 60008		
(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 APPR DEFICIENCY)	JLD BE	(X5) COMPLETION DATE
W9999	Continued From pa	ge 23	W99	999			
	Section 350.1220 F	Physician Services					
	of any accident, injucondition that threa welfare of a resider the presence of inc	•					
	d) Direct care personare not limited to, the state of the	onnel shall be trained in, but ne following: of illness, dysfunction or ior that warrant medical, ocial intervention. ired to meet the health needs					
	shall be available, v	priately qualified nursing staff which may include licensed d other supporting personnel, lous nursing service activities. Resident Record					
	b) The facility shall for each resident. T kept current, compl times to those pers	keep an active medical record his resident record shall be ete, legible and available at all onnel authorized by the hid to the Department's					
	progression toward	dent record including and regression from at goals shall be maintained.					

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		IULTI	IPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
, ID I LANC	O CONTROLLON	IDEITH IOMIONIUMDEN.	A. BUI	LDIN	IG		
		14G204	B. WIN	1G _			C 4/2009
	ROVIDER OR SUPPLIER			3	REET ADDRESS, CITY, STATE, ZIP CODE 1802 SOUTH OLD WILKE ROAD ROLLING MEADOWS, IL 60008		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES / MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREF TAG		PROVIDER'S PLAN OF CORREC (EACH CORRECTIVE ACTION SHOI CROSS-REFERENCED TO THE APPR DEFICIENCY)	JLD BE	(X5) COMPLETION DATE
W9999	1) The progress rechanges in the resising significant changes occurrence by the schange. Section 350.3240 A a) An owner, licensor agent of a facility resident. (Section 2 These Regulations by: Based on record refailed to meet the nin the sample (R2, to affect 11 of 11 cl R12, R13, R14, R1 failed to: 1. Communicate billness, and after a the local hospital and the local hospital and 2. Perform nursing R2's illness. R2 was a diagnosis of pneudos. Communicate billness, and after a the local hospital and 2. Perform nursing R2's illness. R2 was a diagnosis of pneudos. Communicate billness, and after a the local hospital and 2. Perform nursing R2's illness. R2 was a diagnosis of pneudos. Perform nursing R2's illness. R2 was a diagnosis of pneudos. Perform nursing R2's illness. R2 was a diagnosis of pneudos. Perform nursing R2's illness. R2 was a diagnosis of pneudos. Perform nursing R2's illness. R2 was a diagnosis of pneudos. Perform nursing R2's illness. R2 was a diagnosis of pneudos. Perform nursing R2's illness. R2 was a diagnosis of pneudos. Perform nursing R2's illness. R2 was a diagnosis of pneudos. Perform nursing R2's illness. R2 was a diagnosis of pneudos. Perform nursing R2's illness. R2 was a diagnosis of pneudos. Perform nursing R2's illness. R2 was a diagnosis of pneudos. Perform nursing R2's illness. R2 was a diagnosis of pneudos. Perform nursing R2's illness. R2 was a diagnosis of pneudos.	cord shall indicate significant dent's condition. Any shall be recorded upon staff person observing the Abuse and Neglect ee, administrator, employee y shall not abuse or neglect a 2-107 of the Act) were not met as evidenced eview and interview, the facility tursing needs of 4 of 4 clients R3, R4, R7), with the potential ients (R6, R8, R9, R10, R11, 5, R16, R17) when the facility etween staff regarding R3's week, R3 was transported to a condexpired.	W99	999			

DEPARTMENT OF HEALTH AND HUMAN SERVICES CENTERS FOR MEDICARE & MEDICAID SERVICES (X1) PROVIDER/SURPLIER/CLIA

-	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	A. BUI		IPLE CONSTRUCTION IG	COMPLE	TED
		14G204	B. WIN	IG _			C 4/2009
	ROVIDER OR SUPPLIER		•	3	REET ADDRESS, CITY, STATE, ZIP CODE 8802 SOUTH OLD WILKE ROAD ROLLING MEADOWS, IL 60008		
(X4) ID PREFIX TAG	(EACH DEFICIENC)	TEMENT OF DEFICIENCIES / MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREF TAG		PROVIDER'S PLAN OF CORREC (EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APPR DEFICIENCY)	ULD BE	(X5) COMPLETION DATE
W9999	Infection. Findings include: 1. R3, per review of Plan(IPP) dated 5/2 female whose diag Mental Retardation Disorder, and Micro The faxed documer Public Health dated was reviewed. Under Vomited at 5:10 pm. taken to the hospital admitted that R3 had at day training after that she took R3's twas 98.6 degrees. Over to the facility at Mental Retardation let E4 (Registered During an interview E6 confirmed that see regarding R3's emeassessment or document to the chart regarding R3's emeassessment or document to the hospital admitted to the hospi	of Individual Performance 27/08, was a 51 year old noses included Severe, Obsessive-Compulsive ocephalous. Int to the Illinois Department of d and timed 3/26/09 at 5:15pm der description, it reads, "R3 911 was called, and R3 was al via ambulance. She was epital. R3 died at 5:00am al." In with E11 (Licensed Practical ng) on 4/2/09 at 12:20pm, E11 an emesis on Friday 3/20/09, or she ate lunch. E11 stated temperature at that time, and it E11 explained that she called and spoke with the Qualified Professional (E6) so E6 could Nurse) know. In with E6 on 4/2/09 at 3:00pm, she did speak with E4 esis at day training. No umentation could be located in	W99	999			
	Service Personnel) stated that she wor	on 4/3/09 at 10:10am, E13 ked the weekend of 3/21/09 stated that R3 just was lying in					

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		14G204	B. WI	۱G			C 4/2009
	ROVIDER OR SUPPLIER		•	38	REET ADDRESS, CITY, STATE, ZIP CODE 802 SOUTH OLD WILKE ROAD COLLING MEADOWS, IL 60008		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREF TAG		PROVIDER'S PLAN OF CORREC (EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APPI DEFICIENCY)	OULD BE	(X5) COMPLETION DATE
W9999	lunch or dinner. E1 just a nibble here a held her left ear, buthe facility on 3/18/n normal for R3. During an interview 4/1/09 at 1:45pm, E on Monday, Tuesdathrough 3/25/09, ar something, but that R3 was also hat E3 stated that R3's one loose stool on Thursday, 3/24/09. drink, but she never During a phone inte 4/2/09 at 1:00pm, Z workshop on Mondwanted to send her told Z1 that R3 had into Monday morning send R3 to workshop to take R3 to Z1 from 9:50am to 4:3 would eat was just On Tuesday 3/24, Zhome from workshop on Wednesday, 3/24, Zhome from workshop on Wed	d and did not eat breakfast, a stated that she would eat and there. E13 stated that R3 at since E13 had just started at 59, she thought this was with E3 (Medical Driver) on a stated that she sat with R3 ay, and Wednesday, 3/23/09 and tried to get R3 to eat R3 would not eat. E3 stated aving loose stools, off and on. sister told her that she had Sunday, 3/22/09 and also on E3 stated she did get R3 to rate anything. Erview with Z1 (Guardian) on E3 stated that R3 did not go to ay, 3/23/09. Z1 stated that E6 to workshop, but after staff been up all night on Sundaying, Z1 told the staff not to 50. Z1 came and picked her 1's house. Z1 stated R3 slept 50pm. Z1 confirmed all she a few noodles. Z1 stated that R3 again stayed 50p and slept all day.	W9s	999			
	the doctor. Z1 state	on Thursday, she took R3 to ed that R3 lost 2 pounds, ads to 85 pounds. Z1 stated					

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		14G204	B. WIN	1G _			C 4/2009
	PROVIDER OR SUPPLIER		•	3	REET ADDRESS, CITY, STATE, ZIP CODE 802 SOUTH OLD WILKE ROAD COLLING MEADOWS, IL 60008	•	
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREF TAG		PROVIDER'S PLAN OF CORREC (EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APP DEFICIENCY)	OULD BE	(X5) COMPLETION DATE
W9999	as well. Z1 stated R3 went to bed. Z² 2:00pm. At 4:45pm, Z1 return R3 in bed with black she did not know he there with vomit on just lying there listle called 911 at that tiparamedics arrived stated the direct can her blood pressure pressure cuff was be the paramedic if he paramedic stated her blood pressure cuff was be the paramedic if he paramedic stated her blood pressure cuff was be the paramedic stated her blood pressure cuff was be the paramedic if her paramedic stated that R3 edidn't do the timely nurse did not assess buring an interview Personnel) on 4/2/0 R3 was sick during stated that R3 look time. E8 stated that that she was not eadidn't want to stay to buring an interview 8:45am, E7 stated the she k Thursday and also	ard yellow stool that morning after the doctor's appointment, I left the facility around a rined to the facility and found k vomit over her. Z1 stated ow long R3 had been lying her and stated that she was ess on her side. Z1 stated she me. Z1 stated when they took her vital signs. Z1 re staff (E10) had tried to take but thought the blood broken. Z1 stated E10 asked could look at the cuff, but the e needed to take care of R3. Expired on 3/27 around that this was a preventable in. Z1 stated that the nurse in stated that the facility just assessments, and that the sis R3 as far as Z1 was aware. Exwith E8 (Direct Service in 3/23/09. E8 in the let the nurse (E4) know atting, was holding her ear and	W99.	999			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) M A. BUI		IPLE CONSTRUCTION IG	(X3) DATE SURVEY COMPLETED	
		14G204	B. WIN	NG _			C 4/2009
	PROVIDER OR SUPPLIER			3	REET ADDRESS, CITY, STATE, ZIP CODE 8802 SOUTH OLD WILKE ROAD ROLLING MEADOWS, IL 60008		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES 'MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREF TAG		PROVIDER'S PLAN OF CORRE- (EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APP DEFICIENCY)	OULD BE	(X5) COMPLETION DATE
W9999	coughing. The nurse but R3 had been he never saw her on M. The nursing notes of time frame of 3/20/0 assessment was do 3/20/09, after her e. The first entry was It reads, "Staff advisorkshop per family nose. No fever." It Nurse E4. A second entry was 11:00am. It reads, c(with) a cold, runn around the house, learache. Advised to for her to see the position of the entry on 3/26/0 was taken to see ple today. He indicated counter) ear wax so provided. Client in cold to touch. Advieating. I advised si for supper, and to leit at all." The entry for 17:30 "Facility staff called called 911, and clie had thrown - up a be seen as well as the counter of the counter o	o sore from all of the se saw her on Thursday, 3/26, ome all week, and the nurse flonday through Wednesday. Were reviewed for R3 from the 29 through 3/27/09. No occumented in the notes on mesis at day training. Inoted on 3/23/09 at 12:00pm. sed that R3 is home from y request due to cold, runny was signed by Registered Is noted for 3/25/09 at "Staff advised that R3 is still y nose, afebrile. Up walking holding head, may have an that we need an appointment	W99	999			

DEPARTMENT OF HEALTH AND HUMAN SERVICES CENTERS FOR MEDICARE & MEDICAID SERVICES (X1) PROVIDER/SURPLIER/CLIA

	FOF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	A. BUI		IPLE CONSTRUCTION IG	COMPLE	TED
		14G204	B. WIN	IG _			C 4/2009
	PROVIDER OR SUPPLIER		1	3	REET ADDRESS, CITY, STATE, ZIP CODE 802 SOUTH OLD WILKE ROAD ROLLING MEADOWS, IL 60008		2000
(X4) ID PREFIX TAG	(EACH DEFICIENC)	TEMENT OF DEFICIENCIES / MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFI TAG		PROVIDER'S PLAN OF CORREC' (EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APPR DEFICIENCY)	ULD BE	(X5) COMPLETION DATE
W9999	called, advised R3 There is no evidence lung sounds, blood intake, weight, presor digital number of evidence that R3's Documentation onlifever" in the chart. During an interview 1:15pm, E4 stated temperature on R3 specific number wrexplained that she to R3's head, and the explained that R3 head so no actual temperstated she did not a not see R3 on 3/25 R3 would have had seen her. On 3/26/09, E4 stothat R3 let her touch they felt cold. E4 staff told E4 that R3 she did not go with physician, because appointment. E4 cospeak with the physupdate him on R3's there were no considetermine how must was able to ingest the puring an interview 4/2/09 at 10:30am, be a form the directions.	passed away at hospital." ce that R3 was assessed for pressure, heart rate, oral sence or absence of diarrhea, fremperature. There is no temperature was assessed. y states, "afebrile" or "no from 3/23/09 through 3/26/09. with E4 and E6 on 4/1/09 at that she never actually did a a, and that is why there is no itten in the nursing notes. E4 just had staff hold their hand hat R3 did not feel warm. E4 has a phobia of being touched, rature could be taken. E4 cassess R3 on 3/23/09, and did /09 either. E4 explained that if I a fever, then she would have pped to see R3, and explained h her hands and feet, and that tated this was the first time 3 was not eating. E4 stated R3 when she went to see her her sister took her to the onfirmed that she did not scician during this week to be condition. E4 confirmed that she did not sumption records available to ch oral intake of solid food R3 during this week's time span. with E1 (Administrator) on E1 stated that there used to the care staff would fill out each a space for oral consumption.	W99	999			

-	FOF DEFICIENCIES DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) N A. BU		IPLE CONSTRUCTION IG	COMPLE	TED
		14G204	B. WII	NG _			C 4/2009
	ROOK EAST			3	REET ADDRESS, CITY, STATE, ZIP CODE 802 SOUTH OLD WILKE ROAD ROLLING MEADOWS, IL 60008		42003
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES 'MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREF TAG		PROVIDER'S PLAN OF CORREC (EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APPR DEFICIENCY)	ULD BE	(X5) COMPLETION DATE
W9999	E1 stated that wher of 2008, the form si confirmed that unle vital signs in the Ph not routinely obtain monthly basis. E1 Policies regarding via someone displays signed to a change when nursing shout to the physician. During an interview Nurse) on 4/2/09 at was very cooperative taken. E11 stated signed R3's temperature of During a phone into 1:00pm, Z1 stated thaving her vital signed even loved to have shot. Z1 stated that on 3/26/09, R3 was any problem with he taken. During an interview Personnel) at 2:45ph had a problem if you During this same in Personnel) said that obtaining the blood E10 stated R3 allow the blood pressure	n the nurse quit in December copped being filled out. E1 ss a client has an order for sysician's Orders, that they do vital signs, not even on a confirmed that they have no when to take vital signs if symptoms of illness, when build contact the nurse in e in a client's condition, or id report changes of condition with E11 (Licensed Practical 12:20pm, E11 stated that R3 we with having her vital signs she had no problem obtaining in 3/20/09, at day training. Erview with Z1 on 4/2/09 at that R3 was not resistive to instaken. Z1 stated that she her blood drawn or getting a town the paramedics came is cooperative and didn't have aving her blood pressure with E9 (Direct Service of the parameters of the parameters of the pressure on R3 on 3/26/09, wed her to do so. E10 stated cuff didn't work though on R3. Eading for R3, because she	W9	999			

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		14G204	B. WIN	1G _			C 4/2009
	PROVIDER OR SUPPLIER		•	3	REET ADDRESS, CITY, STATE, ZIP CODE 8802 SOUTH OLD WILKE ROAD ROLLING MEADOWS, IL 60008		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREF TAG		PROVIDER'S PLAN OF CORREC (EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APP DEFICIENCY)	OULD BE	(X5) COMPLETION DATE
W9999	reviewed for R3. Ureads, "It is impor R3's sensory conce touched, please be necessary, such as showering that you touch her and wher as not to upset her mention that R3 ha vital signs taken in The facility failed to assessments during through 3/26/09, in monitoring, lack of assessing lung sou lack of monitoring governiting and diarrh temperatures versus forehead, lack of focommunicate to nu of providing information of providing informatical communicate to nu of providing informatical communicate in the Unusual Incides 2/16/09 at 8:30pm. Behavior Displayed reads, "took a temp Was given 2 tylenotemp went up to 10 procedures: What online the providing informatical communicates which is the unusual Incides 2/16/09 at 8:30pm. Behavior Displayed reads, "took a temp was given 2 tylenotemp went up to 10 procedures: What online the unit of	ram dated 7/1/08 was nder Proactive strategies, it tant that staff are aware of erns. She does not like being aware of this and if helping her get dressed or prepare her that you need to be you will be touching her so in anyway." There is no sany difficulty with having her Behavioral Program. In provide on-going nursing get the time frame of 3/20/09 cluding lack of vital sign monitoring oral intake, lack of nds, weight management, pastrointestinal issues such as ea, taking actual its estimating by touching R3's collow through when staff ring professionals, and lack action to R3's physician.	W99.	999			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		IDENTIFICATION NUMBER:		ULTIPL LDING	LE CONSTRUCTION	(X3) DATE SURVEY COMPLETED		
		14G204	B. WIN	IG			C 4/2009	
	PROVIDER OR SUPPLIER		3802 SOUT		ET ADDRESS, CITY, STATE, ZIP CODE 22 SOUTH OLD WILKE ROAD DLLING MEADOWS, IL 60008			
(X4) ID PREFIX TAG	(EACH DEFICIENC)	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREF TAG		PROVIDER'S PLAN OF CORREC (EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APPR DEFICIENCY)	ULD BE	(X5) COMPLETION DATE	
W9999	reads, "called 911." During an interview 8:45am, E7 stated sick on Friday, 2/13 her that she didn't feat. E7 stated she During an interview at 10:00am, Z2 sta Valentine's Day, Sa that he wanted to the but that she didn't was too sick. Z2 stand a temperature, stated that he didn'received a call on Management was a call on Management with the staff call was a call on Management was a call on M	with E7 (cook) on 4/2/09 at that R2 told her that she felt 8/09. E7 stated that R2 told eel good and didn't want to provided R2 with juice. with Z2 (guardian) on 4/1/09 ted that he saw R2 on aturday, 2/14/09. Z2 stated ake R2 out for Valentine's day, want to go out because she rated he was not sure if R2 but that R2 was sweaty. Z2 t go to see R2 on Sunday, but Monday, 2/16/09, letting him inperature was 105 degrees, in her way to the hospital by ted that R2 was very sick, that ospital for four weeks on life that R2 was having a very er breathing, and that he didn't that she had that high of a with E8 (Direct Service 199 at 9:20am, E8 stated that 2 was sick on Friday. E8 ranted to eat was soup, and	W99	999				

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	ROVIDER OR SUPPLIER		•	38	REET ADDRESS, CITY, STATE, ZIP CODE 802 SOUTH OLD WILKE ROAD COLLING MEADOWS, IL 60008		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES YMUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREF TAG		PROVIDER'S PLAN OF CORREC (EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APPI DEFICIENCY)	OULD BE	(X5) COMPLETION DATE
W9999	herself busy. E12 s gave her Tylenol for During an interview Retardation Profess E6 stated that the s feeling good on Sat stated that she ask nurse. E6 did not conurse or not. E6 k. The nursing notes wassessment or entron 2/16/09, an entireads, "House calle fever of 101.7. The (as needed) Tylenol for next four hours resolve. They calle was then 99.8 degrof Tylenol and mon my arrival at 0800, it was 102 degrees liquids. Directed to temperature and canote was signed by assessment of lunghad been eating, or present was located entry for 2/17/09, a "Called by house at that client had been temp was 101.9 dedegrees. Ambulance mergency room. On the present was located to the present was located entry for 2/17/09, and "Called by house at that client had been temp was 101.9 dedegrees. Ambulance mergency room. This is present was located to the present was located entry for 2/17/09, and "Called by house at that client had been temp was 101.9 dedegrees. Ambulance mergency room. This is the profession of the present was located to the present was located entry for 2/17/09, and "This is the present was located to the present was located entry for 2/17/09, and "This is the present was located to the present was located entry for 2/17/09, and "This is the present was located entry for 2/17/09, and "This is the present was located entry for 2/17/09, and "This is the present was located entry for 2/17/09, and "This is the present was located entry for 2/17/09, and "This is the present was located entry for 2/17/09, and "This is the present was located entry for 2/17/09, and the present was located entry for 2/17/	bys finds things to do to keep stated she thinks that they	W99	999			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) M A. BUI		IPLE CONSTRUCTION IG	(X3) DATE SURVEY COMPLETED		
		14G204	B. WIN	IG _			C 4/2009	
NAME OF PROVIDER OR SUPPLIER CLEARBROOK EAST			•	3	REET ADDRESS, CITY, STATE, ZIP CODE 802 SOUTH OLD WILKE ROAD ROLLING MEADOWS, IL 60008			
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES 'MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREF TAG		PROVIDER'S PLAN OF CORREC (EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APPI DEFICIENCY)	OULD BE	(X5) COMPLETION DATE	
W9999	Monday, the 16th, I unclear if the dates since E4 wrote and she stated she didriconfirmed that no vidth. At first E4 stashe saw R2 on Frict remembered she digreat. E4 confirme to the doctor, to let temperatures over the direct care staff corror of patient condition contact the physicia patient condition. A hand created by sta 2/14 and 2/15 was had temperatures from 99.4 to 102.8. on this hand made nursing notes. During an interview (Qualified Mental Richard that the direct document in the nursing notes. During an interview (Qualified Mental Richard that the staff just withis sheet of paper, information. E6 stadocument all of the notes. When E6 lo	n, E4 stated that she was off because it was a holiday. It is are off in the nursing notes, entry for the 16th, even though it work that day. E4 ital signs were taken on the ated that she was not clear if lay, the 13th, but then later id see R2, and that she was d that she never made a call him know about the elevated the weekend. With E1 (Administrator) on E1 confirmed that they had no ake vital signs, when to have ntact the nurse with a change or when the nurse should an regarding a change in a temperature form, that was aff for over the weekend of presented to this surveyor. It from 2/15 and 2/16, ranging Not all of the temperatures form were present in the con 4/1/09 at 2:00pm, E6 etardation Professional) at care staff are not allowed to rses notes, and that they do vital signs form. E6 stated rote the temperatures down on and called the nurse with the sted that the nurse should temperatures in the nurses oked at the nurses notes, she is confused, since it seems that	W995	999				

DEPARTMENT OF HEALTH AND HUMAN SERVICES CENTERS FOR MEDICARE & MEDICAID SERVICES (X1) PROVIDER/SUBBLIED/CLIA

AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) N A. BUI		PLE CONSTRUCTION G	COMPLETED		
		14G204	B. WIN	IG			C 4/2009
	ROOK EAST			38	EET ADDRESS, CITY, STATE, ZIP CODE 302 SOUTH OLD WILKE ROAD OLLING MEADOWS, IL 60008	, 0-1/1-	7200
(X4) ID PREFIX TAG	(EACH DEFICIENC)	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREF TAG		PROVIDER'S PLAN OF CORREC (EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APPR DEFICIENCY)	ULD BE	(X5) COMPLETION DATE
W9999	4/7/09 at 9:10am, 2 that things had gott that he was not aw temperatures on the admission into the would be his expectant assessment at the given on-going upon temperatures, and explained that with him summaries of each the home to see his he feels when there updates, he is not in the would expend assessments perform exhibited by this clip. The facility failed to assessments for Riccondition starting of which included a late except for temperatures assessment of courses assessment of courses physician, and oral intake during his starting of the second transfer of the second transfer of the second transfer of the second transfer or temperatures assessment of courses as a course as a cours	erview with Z3 (physician) on Z3 stated," He was surprised en so bad with R2." Z3 stated are that R2 had been running e weekend, preceding her hospital. Z3 stated that it tation that the nurse perform he first sign of illness, and be ates on the elevated nursing assessments. Z3 this facility, the nurse will give each client, when he comes to a clients. Z3 stated, however, e is a need for day-to-day eally being updated. Texplained to Z3 that R2 did no assessments performed kness other than a, Z3 stated that was not good, at to see thorough rmed at the first sign of illness ent. To provided on-going 2, when she had a change of a 2/13/09 through 2/16/09, at the composition of the physician of the Physician Order Sheet 2 year old female whose	W99.	999			
		Mild Mental Retardation, Major c Rhinitis, Cerebral Palsy, and					

DEPARTMENT OF HEALTH AND HUMAN SERVICES CENTERS FOR MEDICARE & MEDICAID SERVICES (X1) PROVIDER/SUBBLIED/CLIA

	FOF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) M A. BUI		PLE CONSTRUCTION G	COMPLE	TED
		14G204	B. WIN	IG _			C 4/2009
	NAME OF PROVIDER OR SUPPLIER CLEARBROOK EAST (X4) ID SUMMARY STATEMENT OF DEFICIENCIES				REET ADDRESS, CITY, STATE, ZIP CODE 802 SOUTH OLD WILKE ROAD COLLING MEADOWS, IL 60008	, , , , , , , , , , , , , , , , , , , ,	
(X4) ID PREFIX TAG	(EACH DEFICIENC)	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFI TAG		PROVIDER'S PLAN OF CORREC' (EACH CORRECTIVE ACTION SHOI CROSS-REFERENCED TO THE APPR DEFICIENCY)	ULD BE	(X5) COMPLETION DATE
W9999	Spastic Paraplegia The faxed docume Illinois Department timed for 3/29/09 at Under description, labored breathing. hospital via ambula further observation During an interview Nurse at day training stated that on 3/18/called her to come having a difficult tin listened to R4's lun sounded congested cough. R4 had no have a temperature that she thought R4 swallow. E11 states spoke with E6 (Qua Professional), so slaware of R4's situal During an interview 8:45am, E7 stated coughing all week I 3/23/09. E7 stated stated that R4 was eating too. E7 stated stated that 3/18/09 the facility. When IE13 stated that she that t	nt regarding R4 sent to the of Public Health dated and t 7:48am. was reviewed. it reads, "R4 showed rapid, 911 was called. R4 went to ince. She was admitted for	W99	999			

DEPARTMENT OF HEALTH AND HUMAN SERVICES CENTERS FOR MEDICARE & MEDICAID SERVICES (X1) PROVIDER/SURPLIER/CLIA

	T OF DEFICIENCIES DF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION (X3) DATE SURVE COMPLETED		TED		
		14G204	B. WI	1G _			C 4/2009
	PROVIDER OR SUPPLIER		L	3	REET ADDRESS, CITY, STATE, ZIP CODE 8802 SOUTH OLD WILKE ROAD ROLLING MEADOWS, IL 60008	, 0-171-	
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES 'MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREF TAG		PROVIDER'S PLAN OF CORREC (EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APPR DEFICIENCY)	ULD BE	(X5) COMPLETION DATE
W9999	E13 stated that she the staff (she could member's name) the here. E13 stated in a hospital, just by the E13 stated that one of when she went to staff who got R4 upstaff gave R4 breat that she felt they we not cough up the sewas no nurse to asswith a suction mack worked a double the in a recliner and could be stated that the firm and could be stated that who morning, 3/29/09, there, bringing R4 to that even though shat this facility for a source does not intereally get to know the nurse is mostly in the facility. During an interview Personnel) on 4/2/0 she worked with R4 stated that she let to was not feeling well stated she told the	e made a comment to one of not remember the staff at R4 seemed too sick to be a her opinion, R4 belonged in ne way she sounded. Saturday, 3/28/09 (weekend to the hospital) she was the othat day. E13 stated that hing treatments. E13 stated ere ineffective, since R4 could ecretions on her own. There sist the client to expectorate nine. E13 stated that she at day, and all R4 did was lay	W99	999			

DEPARTMENT OF HEALTH AND HUMAN SERVICES CENTERS FOR MEDICARE & MEDICAID SERVICES (X1) PROVIDER/SUPPLIED/CLIA

	FOF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) M A. BUI		IPLE CONSTRUCTION IG	COMPLETED	
		14G204	B. WIN	IG _			C 4/2009
	PROVIDER OR SUPPLIER			3	REET ADDRESS, CITY, STATE, ZIP CODE 802 SOUTH OLD WILKE ROAD ROLLING MEADOWS, IL 60008	0-1/1-	
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREF TAG		PROVIDER'S PLAN OF CORREC (EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APPR DEFICIENCY)	ULD BE	(X5) COMPLETION DATE
W9999	not sure if E4 let the information. E8 ex gone at this point, a attend workshop. During an interview Personnel) on 4/2/0 the Saturday prior to (3/21/09), that R4 hoongestion. E12 st R4 breathing treath cannot remember it illness at all. E12 st 3/29/09, she came and that when she R4 was having a distated that she told. The nursing notes if was no assessmen call from the nurse difficulty in swallow. During an interview E6 confirmed that st E11 regarding R4's 3/18/09. E6 stated about the situation, in for a video swalloperformed. E6 state this information in the should have document with her assessment.	t herself. E8 stated she was e doctor know that plained that R4 was already as she had already left to with E12 (Direct Service 19 at 9:00am, E12 stated that o her going out to the hospital and been coughing a lot, with ated that the staff were giving ments. E12 stated that she if the nurse saw R4 during her tated that on the morning of in at 7:00am that morning, came in, the staff told her that efficult time breathing. E12 the staff to call 911.	W99	999			

DEPARTMENT OF HEALTH AND HUMAN SERVICES CENTERS FOR MEDICARE & MEDICAID SERVICES (X1) PROVIDER/SURPLIER/CLIA

` '		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	A. BUILDING			(X3) DATE SURVEY COMPLETED		
		14G204	B. WIN	1G _		04/14	2 4 /2009	
	ROVIDER OR SUPPLIER		<u> </u>	3	REET ADDRESS, CITY, STATE, ZIP CODE 802 SOUTH OLD WILKE ROAD ROLLING MEADOWS, IL 60008	0-171-	72003	
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREF TAG		PROVIDER'S PLAN OF CORREC' (EACH CORRECTIVE ACTION SHOI CROSS-REFERENCED TO THE APPR DEFICIENCY)	JLD BE	(X5) COMPLETION DATE	
W9999	sign monitoring, co swallowing was prewas signed by E4. On 3/27/09, there was signed by E4. On 3/27/09, there was signed by E4. The regarding R4's commot feeling well, here and just not being hand just not give (medications)." This no assessment registemperature was, or oral intaction of the last entry noted timed at 3/29/09 at to advise client gett rapid labored breat entry timed at 1400 "Client admitted to Department). Adm (Urinary Tract Infect This note was also During an interview on 4/1/09 at 2:30 provery 'mucousy' on a second process."	at involving lung sounds, vital ugh, congestion, or difficulty in ugh, congestion, as as entry timed at 8:30am. In ugh, breakfast well, lungs clear, distress." The note was ugh as a sone was no assessment ugh as a sone through ugh as a sone throat. In ugh as a sone throat. In ugh as a sone throat. In ugh as a sone throat, as a sone is also signed by E4, and ing what the reading of the ugh as a sone throat. In ugh as a sone throat, and in the chart was dated and and and and and and and and and an	W99	999				
		4 stated they also obtained an vallow, and that it will be done						

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) M A. BUI		IPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED		
		14G204	B. WIN	1G _			C 4/2009	
	PROVIDER OR SUPPLIER		•	3	REET ADDRESS, CITY, STATE, ZIP CODE 8802 SOUTH OLD WILKE ROAD ROLLING MEADOWS, IL 60008			
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES ' MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREF TAG		PROVIDER'S PLAN OF CORREC (EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APPI DEFICIENCY)	OULD BE	(X5) COMPLETION DATE	
W9999	confirmed that R4 h stated that R4 would was swallowing, and uncomfortable to as E4 stated that R4 w attention and when medication, which i applesauce. E4 stated that she sadden to the r times as well, E4 stated that she sadden to the sadde	y in the hospital. E4 has a swallowing problem. E4 d stretch her neck when she d that it made them ssure she wasn't aspirating. Yould cough at meal times for she sometimes took her s crushed, and placed in ated that she would cough when she wasn't swallowing. Saw the client on Friday, gh E8 stated that R4 had sshop when E4 arrived at the stated that when the staff called 28/09, regarding R4 having a e directed staff they could give edications. E4 could not ual temperature was taken, t the entry reads, "No fever." In staff called on 3/29/09, to aving a very difficult time er, it was, "Totally out of the d that R4 continued to attend 1/09 through 3/27/09, despite in asked if the physician was is week, regarding R4's If that she called Z3 on the day bital. E4 stated," R4 did not as such a crash in R4's erview with Z3 (physician) on 3 stated that he was treating hma, and Bronchitis, but that e extent of difficulty R4 had er swallowing. Z3 stated that	W99	999				

DEPARTMENT OF HEALTH AND HUMAN SERVICES CENTERS FOR MEDICARE & MEDICAID SERVICES (X1) PROVIDER/SUPPLIER/CLIA

AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) M A. BUI		IPLE CONSTRUCTION IG	(X3) DATE SURVEY COMPLETED		
		14G204	B. WIN	1G _		04/14	2 4 /2009
NAME OF PROVIDER OR SUPPLIER CLEARBROOK EAST				3	REET ADDRESS, CITY, STATE, ZIP CODE 802 SOUTH OLD WILKE ROAD ROLLING MEADOWS, IL 60008		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES 'MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREF TAG		PROVIDER'S PLAN OF CORRECT (EACH CORRECTIVE ACTION SHOU CROSS-REFERENCED TO THE APPR DEFICIENCY)	JLD BE	(X5) COMPLETION DATE
W9999	on day-to-day with nurse is present where she gives a summand day-to-day events, information is being that he would expet thorough assessments as a change in conformation needs to can determine the result of the facility failed to assessments of day during the illness R through 3/29/09, facommunication bet professional staff, a physician on these changes. 4. R7, per review of dated 3/1/09, is a 5 diagnoses include I Urgency Incontinent The faxed document lillinois Department timed for 2/4/09 at 3 description, it reads contacted her physical contacted out. The faxed dout.	does not know what is going his clients. Z3 stated the nen he does his rounds, and ary of each client, but with the Z3 does not feel this g shared with him. Z3 stated at the nurse to complete a ent whenever one of his clients and that this to be shared with him, so he next plan for treatment. In provide evidence of nursing y-to-day events that occurred 4 experienced from 3/18/09 ailed to provide ongoing ween direct care staff, to and failed to update the ongoing patient condition of Physician Order Sheet 8 year old female whose Mental Retardation, Urinary are, and Allergic Rhinitis. Int involving R7 sent to the of Public Health dated and 8:35am. was reviewed. Under s, "R7 was feeling ill. We ician who recommended she took R7 to the hospital, to get alts: R7 has a UTI (Urinary	W99	999			
	for 10/29/09, 12/1/0	es notes for R7 notes an entry 09, 12/8/08, 12/14/08, and e from 12/19/08 is the last					

		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) M A. BUI		PLE CONSTRUCTION G	(X3) DATE SURVEY COMPLETED	
		14G204	B. WI	1G			C 4/2009
	ROVIDER OR SUPPLIER			38	REET ADDRESS, CITY, STATE, ZIP CODE 802 SOUTH OLD WILKE ROAD COLLING MEADOWS, IL 60008		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES 'MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREF TAG		PROVIDER'S PLAN OF CORREC (EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APPI DEFICIENCY)	OULD BE	(X5) COMPLETION DATE
W9999	of R7's symptoms r 2/4/09 was located assessments could currently clear of he symptoms, such as frequency, or temporal During an interview Retardation Profess E6 stated that there this illness in R7's or chart to locate this be found. E4 (Reg during this same infor the form, but als Both E4 and E6 collassessment or doc regarding her illness interview on this sal confirmed that the assessment of that the sal confirmed that the sal co	notes for R7. No assessment egarding her incident of in the chart. No on-going be located indicating if R7 is er Urinary Tract Infection color or smell of urine, erature. I with E6 (Qualified Mental sional) on 4/2/09 at 1030am, e is a doctor's form regarding chart. E6 went through the form, but the form could not istered Nurse) was present terview. E4 also went to look to could not locate the form. Infirmed there is no umentation in R7's chart, s on 2/4/09. During an earlier me date at 9:45am, E6 assessment and arding this illness should be	W99	999			