STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	14G362	A. BUILDING _____ B. WING _____	C 03/02/2010

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
PINE TERRACE	**2017 NORTH PINE STREET WAUKEGAN, IL 60085**

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
W 000	INITIAL COMMENTS COMPLAINT INVESTIGATION C# 1070442 / IL# 45765 W336 W368 W382 COMPLAINT INVESTIGATION C# 1070732 / IL# 46070 W318 W331 W368 COMPLAINT INVESTIGATION C# 1070785 / IL# 46130 W318 W331 W368	W 000		
W 318	483.460 HEALTH CARE SERVICES The facility must ensure that specific health care services requirements are met. This CONDITION is not met as evidenced by: Based on record review and interview, the facility failed to meet the health care needs for 3 of 11 clients out of the sample(R6,R7,R10) when the facility failed to : 1. Administer Dilantin as ordered by R10's physician, giving an incorrect dosage of Dilantin for 7 days. R10 has a history of Dilantin Toxicity,	W 318		4/8/10

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE TITLE (X6) DATE

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	14G362	A. BUILDING _____ B. WING _____	C 03/02/2010

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
PINE TERRACE	2017 NORTH PINE STREET WAUKEGAN, IL 60085

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
W 318	Continued From page 1 resulting in a hospitalization for Dilantin Toxicity. 2. Follow a physician's order to decrease R10's Dilantin dosage. 3. Administer Vitamin B complex injections as ordered by the physician for R6 and R7. Findings include: Refer to deficiencies cited under: W331 - The facility must provide clients with nursing services in accordance with their needs. W368 - The system must ensure that all drugs are administered in compliance with the physician's orders.	W 318		
W 331	483.460(c) NURSING SERVICES The facility must provide clients with nursing services in accordance with their needs. This STANDARD is not met as evidenced by: Based on record review and interview, the facility failed to properly supervise and give medications as ordered by the physician for 1 of 1 client with a known history of Dilantin Toxicity(R10). Findings include: R10, per review of Individual Service Plan dated 6/17/09, is a 41 year old male whose diagnoses include Profound Mental Retardation, Seizure Disorder, Hemorrhoids, and Constipation. The Discharge Instructions form for R10, entitled, "Short Stay Record", dated 1/18/10 was	W 331		4/8/10

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	14G362	A. BUILDING _____ B. WING _____	C 03/02/2010

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
PINE TERRACE	**2017 NORTH PINE STREET WAUKEGAN, IL 60085**

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
W 331	Continued From page 2 reviewed. Under Discharge summary and final diagnoses", it reads, but is not limited to, "Dilantin toxicity. Now 18.3(normal dilantin blood level is 10-20). Symptoms resolved. Decrease Dilantin dose to 100(milligrams) q(every) hs(bedtime). The Physician Order Sheet(POS) dated 1/16/10-2/14/10 for R10 was reviewed. An order was entered on the POS dated 1/25/10 which reads, "Dilantin 150mg(milligrams) TID(three times per day.) This order was not signed or timed. The Medication Administration Record(MAR) dated 1/16/10-2/14/10 was reviewed. R10's order for Dilantin 100mg at bedtime was discontinued on the 25th of January, and a new order was written for Dilantin 100mg tablet, plus Dilantin 50mg tablet, dated 1/25/10. A Physician Consultation Report for R10 dated 2/4/10 was reviewed. Under Findings, it reads, but is not limited to, "In past review of records - dilantin inconsistently given. Will monitor much more closely." Under Recommendations, it reads, "1. Clearly give 1 tsp(teaspoon) 3x(times)/day(with syringe) of dilantin. 2. Check Dilantin level 2 weeks, and call w/(with) result." This form was signed by Z7(physician). A prescription dated 2/4/10 was also noted by Z7 which read, "Dilantin suspension 125mg/5cc(cubic centimeters). 1 tsp po(by mouth) TID."(1 teaspoon is equal to 5 cc or 5 ml(milliliters). The MAR dated 1/16/10-2/14/10 for R10 was again reviewed. A new entry dated 2/11/10 was noted for R10. It reads, Phenytoin(Dilantin) 125mg/5ml susp(suspension). Take 5 ml (125mg) by mouth 3 times daily." This order was typed on a sticker from pharmacy, dated 2/5/10.	W 331		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	14G362	A. BUILDING _____ B. WING _____	C 03/02/2010

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
PINE TERRACE	2017 NORTH PINE STREET WAUKEGAN, IL 60085

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
W 331	Continued From page 3 The first time R10 received this new dosage of 125mg 3 times per day, was at 8pm on 2/11/10. Per review of the MAR, R10 continued on the 150mg tablet dosage until 2/11/10, receiving his last dose at 4pm on 2/11/10, even though the order had been changed by Z7 on 2/4/10 to 125mg three times per day, in oral suspension. The History and Physical report for R10 from the inpatient hospital stay from 2/14/10 - 2/18/10, dated 2/15/10 was reviewed. Under reason for admission, it reads, but is not limited to, "Mental Status change, Dilantin toxicity. ...Dilantin level was over 60. Patient transferred to this hospital per family request. This morning Dilantin level is down to 44.6. ...Telemetry leads which the patient attempted to take off repeatedly were still in place. Telemetry monitor was showing sinus tach" Under Past History, it reads, "Seizure disorder, mental retardation. From previous records I learned that patient was at this same hospital last month with similar problem. At that time Dilantin level was 35.5." This History and Physical was dictated by Z10(physician). The Consultation Report for R10 dated 2/15/10 for the hospital stay of 2/14/10 - 2/18/10 was reviewed. This report was dictated by Z11(physician). Under Impression, it reads, "Dilantin toxicity inpatient with chronic epilepsy and mental retardation. There is a clear concern about recurrent episodes of dilantin toxicity due to possibility of improper dilantin dosing by nursing staff. My recommendation will be to hold dilantin and discontinue in the future with the introduction of Keppra as an antiepileptic agent after Dilantin level falls below 20." During a phone interview with Z7 on 2/24/10 at	W 331		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	14G362	A. BUILDING _____ B. WING _____	C 03/02/2010

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
PINE TERRACE	2017 NORTH PINE STREET WAUKEGAN, IL 60085

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
W 331	Continued From page 4 11:30am, Z7 was asked if he could explain all of the medication changes for R10 since 1/18/10. Z7 stated that R10 was released from the hospital on 1/18/10 with a diagnosis of Dilantin Toxicity. At the time R10 was discharged, one of the hospitalists(name not given) discharged R10 with a dosage of Dilantin 100mg in tablet form. Z7 stated that a lab level was done on the 22nd of January, and R10's Dilantin blood level was noted at 4.1. Z7 explained that normal blood levels for Dilantin are 10-20, so Z7 gave an order to increase R10's Dilantin dose to 150mg three times per day on 1/25/10. Z7 stated R10's Dilantin blood levels were tested again on 2/2/10, and R10's level was noted at 20.8. Z7 stated that R10 was seen in his office on 2/4/10, and the facility sent over R10's current paperwork, which indicated that currently R10 was receiving Dilantin 150mg three times per day. Z7 stated that Z8(sister) brought R10 to his appointment. Z7 stated that since R10's level was now at 20.8, he decreased R10's Dilantin dosage to 125mg three times per day, in liquid form. Z7 confirmed that R10 should have started the new dosage when he wrote the order on 2/4/10, not 7 days later on 2/11/10. Z7 stated that luckily R10 suffered no permanent damage. Z7 stated that he will be extra clear with the facility from this point on with medication changes, and will write the orders at an eighth grade level, to make sure the facility clearly understands the order. Z7 stated that R10 needed to be hospitalized on 2/14/10, because he received the incorrect dose of his Dilantin for an extra 7 days. and was monitored on a telemetry floor since he was bradycardic(with a low heart rate) and had a contraction abnormality. Z7 stated that R10 could have experienced serious cardiac arrhythmias because his Dilantin level was so	W 331		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	14G362	A. BUILDING _____ B. WING _____	C 03/02/2010

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
PINE TERRACE	2017 NORTH PINE STREET WAUKEGAN, IL 60085

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
W 331	Continued From page 5 elevated. Z7 stated that he has now discontinued R10's Dilantin, and started him on a new medication for seizures, called Keppra. Z7 explained that Keppra is much more expensive, but it is not known for toxicity. Z7 stated that with the facilities history of not giving the Dilantin as ordered, Keppra is a safer medication to give R10 for his seizures. During a second phone interview with Z7 on 2/24/10 at 12:45pm, Z7 was asked if he gave the new prescription to the facility on 2/4/10, when he changed R10's Dilantin order. Z7 stated that normally he gives the paperwork to whom ever accompanies the client. Z7 stated that he could not remember if he gave the prescription to Z8(sister), or if he directly faxed the medication to pharmacy. During a phone interview with Z8 on 2/24/10 at 1:10pm, Z8 stated that Z7 gave her a form he filled out, and new prescription, and that she gave the paperwork to E4(Regional Trainer) on 2/4/10, after she brought R10 home from his doctor's appointment. Z8 stated that E4 was waiting for her and R10 to return from the appointment. Z8 stated that E4 asked her what has to be done with R10's medication, and Z8 stated she told E4 to look at the paperwork, and the new prescription. During an interview with E5(Executive Director) on 2/24/10 at 10:00am, this surveyor asked E5 if R10 had been recently hospitalized. E5 stated that R10 was sent to the hospital on 2/14/10. E5 stated that R10 did not appear to be right when he woke up that morning, so he was sent to the hospital. E5 stated that he was not sure if R10 was transported by staff, or by ambulance. This	W 331		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	14G362	A. BUILDING _____ B. WING _____	C 03/02/2010

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
PINE TERRACE	2017 NORTH PINE STREET WAUKEGAN, IL 60085

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
W 331	Continued From page 6 surveyor asked E5 if any documentation was present in the chart, indicating the change in R10's condition. E5 stated that it would not be in the chart, but he would have to look to see if it was documented someplace else. E5 never presented this surveyor with any facility documentation regarding R10's change of condition, other than the one piece of paper notice to Public Health indicating his admission to the hospital for Dilantin Toxicity. This surveyor asked if he was aware of the medication error with R10's Dilantin order, and why there was a delay in starting R10's new Dilantin dose. E5 stated that I would need to speak with E4, so she could explain the delay. During an interview with E4(via telephone) on 2/24/10 at 12:20pm, E4 stated that she never received any paperwork from Z8. E4 stated that with the way their process works, they cannot start any new orders until they receive the paperwork that goes with it. E4 stated that they did not receive the paperwork until 2/11/10, and that is when they started the new dosage of Dilantin. This surveyor asked about the date of 2/5/10 on the sticker on the MAR for the new dosage of Dilantin, which is now in liquid form. E4 stated that they did not clarify that new order with the physician. E4 stated that they would not need to clarify the order, because they did not receive any paperwork that matched the new order from pharmacy. During an interview with E5 on 2/24/10 at 12:50pm, E5 stated that I should speak with E16(Corporate Nurse) to help clarify why the new dosage change did not occur until 2/11/10. E16 explained(via the phone on this same date and time), that the 2/5/10 date on the pharmacy	W 331		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	14G362	A. BUILDING _____ B. WING _____	C 03/02/2010

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
PINE TERRACE	2017 NORTH PINE STREET WAUKEGAN, IL 60085

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
W 331	Continued From page 7 sticker located on the MAR, indicates that is when the order was faxed to us. It doesn't mean that the facility received an order though. E16 stated that 2/5/10 is the date pharmacy filled the medication. E16 stated that the pharmacy then has 24 hours to get the medication to the home facility. E16 stated that she was the nurse involved with the medication changes for R10 that occurred on 1/25/10 and on 2/11/10. E16 stated that pharmacy delivered the liquid medication(Dilantin). E16 stated that the Direct care staff(name not specified) notified the supervisor(name not specified), who then notified her(E16). E16 stated that they received the bottle of liquid Dilantin without an order. E16 stated that she was notified of the bottle of Dilantin being received without an order on 2/08/10. E16 stated that she did not know why she was not notified until 2/8/10, when the order was written on 2/4/10. E16 explained that her priority was to find the order for the bottle of Dilantin that they received in the facility for R10. E16 stated that she did not know when the bottle of liquid Dilantin was received at the facility. E16 stated that she pursued the issue with pharmacy, and with the physician, and then started the new order on the pm shift on 2/11/10. The Fax Confirmation Report dated and timed 2/4/10 at 8:39pm. was reviewed. The fax was to Pharmacy, and was from E4. The cover sheet to pharmacy, from E4 reads, "To Whom it may Concern, Please see the attached script and consultation report regarding R10. He needs a bottle of the Dilantin suspension with the correct instructions printed. Could we also please have a new MAR with this medication/instructions printed on it for staff documentation? Additionally, we would greatly appreciate a few	W 331		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	14G362	A. BUILDING _____ B. WING _____	C 03/02/2010

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
PINE TERRACE	2017 NORTH PINE STREET WAUKEGAN, IL 60085

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
W 331	Continued From page 8 syringes (minus needle obviously) to administer the medication orally. Any questions, please give me a call personally....Thanks E4. The result of this report was documented CP(completed). During an interview with E5 on 2/24/10 at 1:30pm, E5 was presented with the Fax Confirmation Report, and asked if he was aware that E4 had sent this report to pharmacy, when E4 had stated prior that she never received any paperwork after R10 attended his doctor's appointment on 2/4/10. E5 stated that he would have to speak with E4 regarding the fax. At a later interview with E5 on this same date at 2:00pm, E5 stated that he was trying to contact E4 by phone, but that she was in meetings all day, and was not answering her phone. E5 did not present this surveyor with any new information or explanation, regarding the fax sent from E4 to the pharmacy. The facility failed to administer Dilantin as ordered by R10's physician, which resulted in a four day hospitalization for Dilantin Toxicity, requiring Telemetry monitoring for cardiac arrhythmias.	W 331		
W 336	483.460(c)(3)(iii) NURSING SERVICES Nursing services must include, for those clients certified as not needing a medical care plan, a review of their health status which must be on a quarterly or more frequent basis depending on client need. This STANDARD is not met as evidenced by: Based on record review, observation, and interview, the facility failed to ensure that quarterly nursing reports were current for 3 of 4	W 336		4/8/10

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	14G362	A. BUILDING _____ B. WING _____	C 03/02/2010

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
PINE TERRACE	2017 NORTH PINE STREET WAUKEGAN, IL 60085

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
W 336	Continued From page 9 clients in the sample(R1, R3, R4), and for 3 clients outside of the sample(R5, R6, R7). Findings include: R1, per review of Individual Profile General Data sheet with a revision date of 11/02, is a 67 year old male whose diagnoses include Mild Mental Retardation, Anti-Social Personality Disorder, and Seizure Disorder. R3, per review of Physician Order Sheet dated 9/18/09, is a 26 year old female whose diagnoses include Moderate Mental Retardation, Status Post Traumatic Brain Injury, and Left Sided Hemiparesis. R4, per review of Individual Service Program dated 6/22/09, is a 39 year old male whose diagnosis includes Mild Mental Retardation. R5, per review of Individual Service Program dated 7/6/09, is a 37 year old male whose diagnoses include Mild Mental Retardation, Generalized Anxiety Disorder, and Bipolar Mixed Disorder. R6, per review of Individual Service Program dated 7/22/09, is a 62 year old male whose diagnoses include Mild Mental Retardation, and Expressive Language Disorder. R7, per review of Individual Service Program dated 8/7/09, is a 58 year old female whose diagnoses include Moderate Mental Retardation, and Down Syndrome. Findings include:	W 336		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	14G362	A. BUILDING _____ B. WING _____	C 03/02/2010

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
PINE TERRACE	2017 NORTH PINE STREET WAUKEGAN, IL 60085

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
W 336	Continued From page 10 Morning observations were held on 2/11/10. At 7:50am, E7(Registered Nurse) entered the facility. E7 stated that she was here to obtain blood pressures of the clients, and to give Vitamin B Complex injections to two clients in the home(R6 and R7) E7 also stated that she was here to complete nursing quarterly reports, since they were behind on some of the clients. This surveyor asked why the nursing quarterly reports were behind. E7 explained that she has not received a paycheck since she was hired in December of 2009. E7 stated that she told E4(Regional Trainer) back in January that she still had not received a check. E7 stated that some of the reports were completed in her computer, but she could not afford to purchase the ink cartridge to print out the quarterly report, so that is why some of them are not current in the chart. The above clients quarterly nursing reports were reviewed., Results are as follows: R1- last quarterly available in the medical chart is dated 9/09. R3- last quarterly available in the medical chart is dated 5/09. R4- last quarterly available in the medical chart is dated 9/09. R5-last quarterly available in the medical chart is dated 9/09. R6- last quarterly available in the medical chart is dated 8/09. R7-last quarterly available in the medical chart is dated 9/09. During an interview with E4(Regional Trainer) on 2/11/10 at 1:15pm, E4 stated that the process for E7 is to e-mail the quarterly reports to her. E4 stated then she could print the quarterly reports	W 336		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	14G362	A. BUILDING _____ B. WING _____	C 03/02/2010

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
PINE TERRACE	2017 NORTH PINE STREET WAUKEGAN, IL 60085

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
W 336	Continued From page 11 out, and place them into the individual charts.	W 336		
W 368	483.460(k)(1) DRUG ADMINISTRATION The system for drug administration must assure that all drugs are administered in compliance with the physician's orders. This STANDARD is not met as evidenced by: Based on record review, observation, and interview, the facility failed to administer medications as ordered by the physician for 1of 1 client who receives Dilantin, with a known history of Dilantin Toxicity(R10), and for 2 of 2 clients who receive monthly Vitamin B Complex injections(R6,R7). Findings include: R6, per review of Individual Service Plan dated 7/22/09, is a 62 year old male whose diagnoses include Mild Mental Retardation, and Expressive Language Disorder. R7, per review of Individual Service Plan dated 8/7/09, is a 58 year old female whose diagnoses include Moderate Mental Retardation, and Down Syndrome. R10, per review of Individual Service Plan dated 6/17/09, is a 41 year old male whose diagnoses include Profound Mental Retardation, Seizure Disorder, Hemorrhoids, and Constipation. 1. The Discharge Instructions form for R10, entitled, "Short Stay Record", dated 1/18/10 was reviewed. Under Discharge summary and final diagnoses", it reads, but is not limited to, "Dilantin toxicity. Now 18.3(normal dilantin blood	W 368		4/8/10

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	14G362	A. BUILDING _____ B. WING _____	C 03/02/2010

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
PINE TERRACE	2017 NORTH PINE STREET WAUKEGAN, IL 60085

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
W 368	Continued From page 12 level is 10-20). Symptoms resolved. Decrease Dilantin dose to 100(milligrams) q(every) hs(bedtime). The Physician Order Sheet(POS) dated 1/16/10-2/14/10 for R10 was reviewed. An order was entered on the POS dated 1/25/10 which reads, "Dilantin 150mg(milligrams) TID(three times per day.) This order was not signed or timed. The Medication Administration Record(MAR) dated 1/16/10-2/14/10 was reviewed. R10's order for Dilantin 100mg at bedtime was discontinued on the 25th of January, and a new order was written for Dilantin 100mg tablet, plus Dilantin 50mg tablet, dated 1/25/10. A Physician Consultation Report for R10 dated 2/4/10 was reviewed. Under Findings, it reads, but is not limited to, "In past review of records - dilantin inconsistently given. Will monitor much more closely." Under Recommendations, it reads, "1. Clearly give 1 tsp(teaspoon) 3x(times)/day(with syringe) of dilantin. 2. Check Dilantin level 2 weeks, and call w/(with) result." This form was signed by Z7(physician). A prescription dated 2/4/10 was also noted by Z7 which read, "Dilantin suspension 125mg/5cc(cubic centimeters). 1 tsp po(by mouth) TID."(1 teaspoon is equal to 5 cc or 5 ml(milliliters). The MAR dated 1/16/10-2/14/10 for R10 was again reviewed. A new entry dated 2/11/10 was noted for R10. It reads, Phenytoin(Dilantin) 125mg/5ml susp(suspension). Take 5 ml (125mg) by mouth 3 times daily." This order was typed on a sticker from pharmacy, dated 2/5/10. The first time R10 received this new dosage of 125mg 3 times per day, was at 8pm on 2/11/10. Per review of the MAR, R10 continued on the	W 368		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	14G362	A. BUILDING _____ B. WING _____	C 03/02/2010

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
PINE TERRACE	2017 NORTH PINE STREET WAUKEGAN, IL 60085

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
W 368	Continued From page 13 150mg tablet dosage until 2/11/10, receiving his last dose at 4pm on 2/11/10, even though the order had been changed by Z7 on 2/4/10 to 125mg three times per day, in oral suspension. During a phone interview with Z7 on 2/24/10 at 11:30am, Z7 was asked if he could explain all of the medication changes for R10 since 1/18/10. Z7 stated that R10 was released from the hospital on 1/18/10 with a diagnosis of Dilantin Toxicity. At the time R10 was discharged, one of the hospitalists(name not given) discharged R10 with a dosage of Dilantin 100mg in tablet form. Z7 stated that a lab level was done on the 22nd of January, and R10's Dilantin blood level was noted at 4.1. Z7 explained that normal blood levels for Dilantin are 10-20, so Z7 gave an order to increase R10's Dilantin dose to 150mg three times per day on 1/25/10. Z7 stated R10's Dilantin blood levels were tested again on 2/2/10, and R10's level was noted at 20.8. Z7 stated that R10 was seen in his office on 2/4/10, and the facility sent over R10's current paperwork, which indicated that currently R10 was receiving 150mg three times per day. Z7 stated that Z8(sister) brought R10 to his appointment. Z7 stated that since R10's level was now at 20.8, he decreased R10's Dilantin dosage to 125mg three times per day, in liquid form. Z7 confirmed that R10 should have started the new dosage when he wrote the order on 2/4/10, not 7 days later on 2/11/10. 2. Morning observations were held on 2/11/10. At 7:50am, E7(Registered Nurse) entered the facility. E7 stated that she was here to obtain blood pressures of the clients, and to give Vitamin B Complex injections to two clients in the	W 368		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	14G362	A. BUILDING _____ B. WING _____	C 03/02/2010

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
PINE TERRACE	2017 NORTH PINE STREET WAUKEGAN, IL 60085

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
W 368	Continued From page 14 home(R6 and R7) E7 asked E8(Direct Care Staff) for syringes. E7 explained to this surveyor that she does not have a key to the medication room, and was told she should just ask staff for syringes when she arrives in the facility. E7 also asked E8 to bring the Vitamin B Complex medication to her as well. E8 explained that he does not know where they keep the syringes, since he does not give injections, as he is not a nurse. E7 stated that she was unsure when R6 and R7 received their last Vitamin B Complex injections. E7 stated that she started working at this facility the end of December, 2009, and that she has never given either client their Vitamin B Complex injections since her start of employment. The Medication Administration Record sheets were reviewed for R6. For the date of 8/19/09-9/17/09, R6 received his Cyanocobalamin(Vitamin B Complex) 1000mcg(micrograms)/ml(milliliter) intramuscular monthly injection on 9/17/09 in his left deltoid. Per review of the Medication Administration Order sheets dated 9/18/09-10/17/09, 10/18/09-11/16/09, 11/17/09-12/16/09, 12/17/09-1/15/10, as well as for the current month of January 2010 through to the current date of 2/11/10, R6 has not received his monthly Vitamin B Complex injections as ordered by R6's physician. E7 confirmed at 8:15am on 2/11/10, that R6 has not received his monthly Vitamin B Complex injections since 9/17/09. The Medication Administration Record sheets were reviewed for R7. For the date of 7/20/09-8/18/09, documentation shows that R7 received her Cyanocobalamin(Vitamin B Complex) 1000 mcg/ml intramuscular monthly	W 368		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	14G362	A. BUILDING _____ B. WING _____	C 03/02/2010

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
PINE TERRACE	2017 NORTH PINE STREET WAUKEGAN, IL 60085

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
W 368	Continued From page 15 injection on 8/17/09 in her right deltoid, and for the dates of 8/19/09-9/17/09, R7 received her monthly injection on 9/17/09 in her left deltoid. Per review of the Medication Administration Order sheets dated 9/18/09-10/17/09, 10/18/09-11/16/09, 11/17/09-12/16/09, 12/17/09-1/15/10, as well as for the current month of January 2010 through to the current date of 2/11/10, R7 has not received her monthly Vitamin B Complex injections as ordered by R7's physician. E7 confirmed at 8:15am on 2/11/10 that R7 has not received her monthly Vitamin B Complex injection since 9/17/09. E7 stated at this same time and date that the reason both R6 and R7 probably did not receive their injections is because there are no syringes in the facility for the medication to be administered. During an interview with E2(Facility Representative) on 2/11/10 at 9:20am, E2 explained that when the previous nurse was here, she took care of all of the ordering of medical supplies. E2 stated that she would not look to see if syringes were fully stocked, since she is not a nurse, and syringes would not be a product that she would ever use, since she cannot give injections. During an interview with E4(Regional Trainer) on 2/11/10 at 1:15pm, E4 stated that they do not give a key to their nurses to the medication room. E4 stated that E7 can order syringes from the pharmacy, or borrow from one of their other facilities in the area. E4 stated that she has brought syringes with her today. The facility failed to ensure that both R6 and R7 received their monthly Vitamin B Complex injections as ordered by their physicians.	W 368		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	14G362	A. BUILDING _____ B. WING _____	C 03/02/2010

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
PINE TERRACE	2017 NORTH PINE STREET WAUKEGAN, IL 60085

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
W 382	483.460(l)(2) DRUG STORAGE AND RECORDKEEPING The facility must keep all drugs and biologicals locked except when being prepared for administration. This STANDARD is not met as evidenced by: Based on record review, observation, and interview, the facility nurse failed to ensure that for 2 of 2 clients who receive monthly Vitamin B Complex injections(R6,R7), that the medication was kept locked and/or secured. Findings include: R1, per review of Individual Profile General Data Sheet with a revision date of 11/02, is a 67 year old male whose diagnoses include Mild Mental Retardation, Anti-Social Personality Disorder, and Seizure Disorder. R6, per review of Individual Service Program dated 7/22/09, is a 62 year old male whose diagnoses include Mild Mental Retardation, and Expressive Language Disorder. R7, per review of Individual Service Program dated 8/7/09, is a 58 year old female whose diagnoses include Moderate Mental Retardation, and Down Syndrome. Morning observations were held on 2/11/10. At 7:50am, E7(Registered Nurse) entered the facility. E7 stated that she was here to obtain blood pressures of the clients, and to give Vitamin B Complex injections to two clients in the home(R6 and R7) E7 asked E8(Direct Care Staff) for syringes. E7 explained to this surveyor	W 382		4/8/10

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	14G362	A. BUILDING _____ B. WING _____	C 03/02/2010

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
PINE TERRACE	2017 NORTH PINE STREET WAUKEGAN, IL 60085

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
W 382	Continued From page 17 that she does not have a key to the medication room, and was told she should just ask staff for syringes when she arrives in the facility. E7 also asked E8 to bring the Vitamin B Complex medication to her as well. E8 stated that he does not know where they keep the syringes, since he is not a nurse, and does not give injections. E8 did give the Vitamin B Complex(Cyanocobalamin 1000mcg(micrograms)/ml(milliliter) intramuscular injectable medication contained in a vial, to E7. Two vials were given, one for R6 and one for R7, both with labels for the above medication. E7 stated that she would also need alcohol wipes, and E8 brought her a box. E7 set the alcohol wipes down on the kitchen table, with both vials of Vitamin B Complex resting on the top of the open alcohol box. E7 sat at the kitchen table, with all of the clients while they were eating their breakfast at the first kitchen table. As each client would finish their breakfast, E7 would take their blood pressure. At 8:30am, E3(Direct Care Staff) entered the kitchen area, and told E7 that another client, (R1) just told her that he had a seizure. E3 stated that she did not witness the seizure, and that R1 seems alert. E3 stated that he might be saying he had a seizure so he doesn't have to go to workshop. E7 left the kitchen area, to assess R1. E7 left the two vials of Vitamin B Complex medication unsecured, resting in the open alcohol wipes box, unattended on top of the first kitchen table. E7 left the kitchen area at 8:30am, and did not return to the kitchen area until 8:33am. Clients and staff were walking in and out of the kitchen area during this three minute time span. When E7 returned to the kitchen area, this surveyor asked E7 if she was aware she left the two medication vials of Vitamin B Complex	W 382		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	14G362	A. BUILDING _____ B. WING _____	C 03/02/2010

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
PINE TERRACE	2017 NORTH PINE STREET WAUKEGAN, IL 60085

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
W 382	Continued From page 18 unattended, while she assessed R1. E7 stated that she should not have left the medication unattended. During an interview with E4(Regional Trainer) on 2/11/10 at 1:15pm, E4 was informed that E7 left the Vitamin B Complex unattended for an approximate three minute time span. E4 confirmed that the medication should not have been left unattended.	W 382		
W9999	FINAL OBSERVATIONS LICENSURE VIOLATIONS 350.620a) 350.1060e) 350.1060j) 350.3240a) 350.3240f) Section 350.620 Resident Care Policies a) The facility shall have written policies and procedures governing all services provided by the facility which shall be formulated with the involvement of the administrator. The policies shall be available to the staff, residents and the public. These written policies shall be followed in operating the facility and shall be reviewed at least annually. Section 350.1060 Training and Habilitation Services e) An appropriate, effective and individualized program that manages residents' behaviors shall be developed and implemented for residents with aggressive or self-abusive behavior. Adequate,	W9999		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	14G362	A. BUILDING _____ B. WING _____	C 03/02/2010

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
PINE TERRACE	2017 NORTH PINE STREET WAUKEGAN, IL 60085

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
W9999	Continued From page 19 properly trained and supervised staff shall be available to administer these programs. j) Appropriate records shall be maintained for each resident functioning in these programs. These shall show appropriateness of the program for the individual, resident's response to the program and any other pertinent observations and shall become a part of the resident's record. Section 350.3240 Abuse and Neglect a) An owner, licensee, administrator, employee or agent of a facility shall not abuse or neglect a resident. (Section 2-107 of the Act) f) Resident as perpetrator of abuse. When an investigation of a report of suspected abuse of a resident indicates, based upon credible evidence, that another resident of the long-term care facility is the perpetrator of the abuse, that resident's condition shall be immediately evaluated to determine the most suitable therapy and placement for the resident, considering the safety of that resident as well as the safety of other residents and employees of the facility. (Section 3-612 of the Act) Based on record review and interview, the facility failed to implement their policies and procedures to prevent sexual abuse, impacting 2 of 2 clients involved in a sexual encounter (R2,R5). Findings include: R2, per review of Individual Service Program dated 8/24/09, is a 27 year old male whose diagnoses include Moderate Mental Retardation, and Bipolar Mixed.	W9999		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	14G362	A. BUILDING _____ B. WING _____	C 03/02/2010

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
PINE TERRACE	2017 NORTH PINE STREET WAUKEGAN, IL 60085

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
W9999	Continued From page 20 R4, per review of Individual Service Program dated 6/22/09, is a 39 year old male whose diagnosis includes Mild Mental Retardation. R5, per review of Individual Service Program dated 7/6/09, is a 37 year old male whose diagnoses include Mild Mental Retardation, Generalized Anxiety Disorder, and Bipolar Mixed Disorder. R8, per review of Individual Service Program dated 1/14/10, is a 57 year old female whose diagnoses include Mild Mental Retardation, and Depressive Disorder, not otherwise specified. R9, per review of Individual Service Program dated 1/14/10, is a 44 year old male whose diagnoses include Moderate Mental Retardation, and Bipolar Mixed. R9 is his own guardian. During an interview with E4 (Regional Trainer) on 2/10/10 via telephone at 2:10pm, this surveyor asked E4 if the facility received any allegations of abuse or neglect, any incidents, or medication errors since November 24th of 2009. E4 stated that there were none of the above. During an interview with Z1 (Day Training #1 Staff) on 2/11/10 at 10:00am, this surveyor asked if there were any allegations of abuse or neglect, or incidents that occurred since 11/4/09. Z1 stated that there was one allegation of sexual abuse that was reported to their Day Training location. Z1 stated that the allegation involved R5, who attends their workshop, and another client, R5's roommate (R2), who attends another workshop location(Day Training site #2).	W9999		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	14G362	A. BUILDING _____ B. WING _____	C 03/02/2010

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
PINE TERRACE	2017 NORTH PINE STREET WAUKEGAN, IL 60085

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
W9999	Continued From page 21	W9999		

Z1 presented this surveyor with an Incident/Injury/Illness Report involving R5 dated 2/4/10 at 1:30pm. Under Description of Event, it reads, ".....Z1 spoke to R5. He reported that his roommate (R2) touches him in his privates, pointing to his crotch in the front and his butt(buttocks). R5 said R2 tickles him on his privates while he's sleeping until he wakes up. R5 said R2 touches him over his pajamas and that he touched his butt crack. R5 stated that he told his over-night staff, (E8).....this morning. He (R5) said he told E4 (Regional Trainer) the first time it happened, which was about 1-2 weeks ago." Under Treatment Provided/Action Taken, it reads, "Z1 spoke to R5. Asked him to get up and immediately tell a staff if it happens again." Under Comments&Recommendations, it reads, "Called Home Facility. Spoke to E9 (Direct Care Staff). Reported R5's allegations. She (E9) will call the Administrator, E5 (Facility Director), and ask him to call me." Under this same area, on 2/5/10, an entry is noted that reads, "Called R5's mom/guardian(Z5) and reported incident. She (Z5) said R5's dad told her about it last night."

This surveyor asked Z1 if E5 ever returned her call. Z1 stated that he did not, but E4(Regional Trainer) did call back, who Z1 stated is a trainer but is acting as the RSD(Residential Services Director). Z1 stated that she spoke with E4 on 2/4/10 at 4:15pm. Z1 stated that E4 would talk to the over-night staff (E8). Z1 stated that E4 told her that she had no knowledge of the first incident that happened 1-2 weeks prior. Z1 stated that E4 had said she was never told about the first incident by R5.

During an interview with E4 on 2/11/10 at 1:15pm, E4 was again asked if there were any

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	14G362	A. BUILDING _____ B. WING _____	C 03/02/2010

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
PINE TERRACE	2017 NORTH PINE STREET WAUKEGAN, IL 60085

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
W9999	Continued From page 22 allegations of abuse and neglect since 11/24/09. Again E4 stated that they were none. This surveyor asked E4 about the allegation of sexual abuse between R2 and R5 on 2/4/10. E4 stated that the first time that this allegation was brought to her attention was on 2/4/10. E4 stated that is when R5 came to me and asked if he could switch rooms. E4 stated that she was not aware that a prior incident of sexual abuse occurred 1-2 weeks prior to the incident of 2/4/10 between R2 and R5. E4 stated it was not reported to her by R5. E4 stated she never saw the incident from the workshop. E4 stated that she talked to her Exec (Executive Director, E5) about this allegation. E4 stated that right now E5 takes all of the phone calls for issues of allegations. E4 stated that R5 did not come to her the first time that it happened. E4 stated that R5 just came to her after the incident of 2/4/10, and asked to have a room change. E4 explained that is when she said it would be ok to make the room change. E4 was asked if she herself interviewed R5 or R2 about this incident. E4 stated that she did not. E4 stated that she spoke with her manager about the incident. E4 explained that she does not do any of the investigation. E4 explained that investigation reports do not come to her. E4 stated that her exec, E5 did not tell her to investigate this incident. E4 stated that E5 told her that someone else would do the investigation. E4 stated the person who did the investigation was E10 (Acting Qualified Mental Retardation Professional). E4 stated that the investigation report will be sent to her, so that this surveyor can review it. This surveyor asked what was done to keep R5 safe, as well as other clients in the facility, until this incident could be thoroughly investigated. E4 stated that by changing rooms, they did take care of the	W9999		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	14G362	A. BUILDING _____ B. WING _____	C 03/02/2010

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
PINE TERRACE	2017 NORTH PINE STREET WAUKEGAN, IL 60085

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
W9999	Continued From page 23 situation. On 2/11/10, at 2:30pm, E4 presented this surveyor with one piece of paper, entitled, "Investigative Committee Findings," dated 2/4/10. This report reads, "The investigative committee was initiated to investigate an allegation of resident to resident inappropriateness involving R2 and R5 made by Day training facility (#3). The investigative committee interviewed all residents of the facility. All of the individuals presented well groomed, with good hygiene. Throughout the interviews the other individuals could not corroborate the allegation made by Day Training #3....In conclusion, after thorough investigation, the committee was unable to substantiate the allegation. However, at the request of R2 and R5, a room switch was accommodated." This report was signed by E10. The report states the wrong Day Training location (Day Training location #3). The allegation was actually reported by R5 to Day Training location #1. During an interview with R5 on 2/11/10 at 10:00am, this surveyor asked R5 if R2 ever touched him in a way that made him uncomfortable. R5 stated that R2 touched his private stuff. R2 stated that he told E4, and that E4 stated it would be ok to move to the spare bedroom. R5 also stated he told the staff, E8 (Direct Care Staff) the night it happened(2/4/10). R5 asked E8 if he could move to the open bedroom, because R2 was touching his private parts. R5 stated that E8 told R2 to knock it off, and that R5 would have to ask E4 if it would be ok to move rooms. R5 stated that when he told E4 the first time it happened, E4 stated that she would handle it. R5 stated that he did not think	W9999		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	14G362	A. BUILDING _____ B. WING _____	C 03/02/2010

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
PINE TERRACE	2017 NORTH PINE STREET WAUKEGAN, IL 60085

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
W9999	Continued From page 24	W9999		

E4 really did anything about it because it happened a second time, and E4 did not say it was ok to change rooms until it happened the second time. R5 could not remember the date the first time R2 touched R5's private area, but thought it was about 1-2 weeks before the second incident. During a second interview with R5 on 2/16/10 at 12:25pm, R5 was asked if any staff ever spoke with him about the two separate incidents of inappropriate touching of his private area by R2. R5 stated that no staff talked with him about it at his home, after the incidents were reported. R5 stated that E4 did not talk to him about the incident. R5 was asked if E10 spoke with him about this incident. R5 stated that he does not even know who that person is.

During an interview with R2 on 2/11/10 at 2:45pm, R2 was asked if he ever touched R5 in his private area. R2 stated that he was touching and digging in R5's butt (buttocks). R2 stated that he did not mean to do it. R2 stated that he told R5 that he was sorry. R2 stated that R5 cannot be his roommate anymore. R2 stated that the facility will have to get him a new roommate. R2 stated that R5 told him to stop touching him, and then he stopped.

During an interview with R4 on 2/16/10 at 12:05pm, this surveyor asked R4 if R2 ever touched him inappropriately, in his private groin area. R4 stated that R2 has never touched him, but that R2 has pulled his pants down in the home. R4 stated he pulled his pants down just last week. R4 stated a few other people were around when it happened, but staff did not see it happen. R4 stated that staff are aware that R2 does this. R4 stated that R2 always shows his private parts in the bathroom. R4 stated that he

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	14G362	A. BUILDING _____ B. WING _____	C 03/02/2010

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
PINE TERRACE	2017 NORTH PINE STREET WAUKEGAN, IL 60085

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
W9999	Continued From page 25 touched E11 (Direct Care Staff). This surveyor asked R4 where he touched E11. R4 placed his hand on his left breast, and stated, "right there." R4 stated that was a long time ago, and E11 does not work here anymore. During an interview with R9 on 2/16/10 at 12:35pm, R9 was asked if R2 has ever touched him inappropriately in his private area. R9 stated that he has never touched him, but that he touched R5 on his private area. R9 stated that R2 pulls his pants down in the bathroom all the time, and also pulls his pants down when he is in his bedroom, and leaves his door open so everyone can see. R9 stated that R2 used to be his roommate, but that he bothered him too much. R9 stated that R2 talks trouble. R9 stated that R2 kicked him in the chest a long time ago. R9 stated that they have to do something about R2. R9 stated that they should write a report about R2. R9 stated that R5 was really sad after R2 touched him in his private area. During an interview with R8 on 2/16/10 at 12:20pm, R8 was asked if R2 ever touched her inappropriately in her private areas. R8 stated that R2 did not touch her, but that he touched her boyfriend, R5. R8 stated that she would not talk to R2 about this situation, because he likes to hit staff, and that R8 does not want to get hit by R2. During an interview with Z5 (Day Training #1 Senior Vice President) on 2/16/10 at 12:00pm, Z5 stated that they spoke with E4 and R5's guardian about this allegation. Z5 stated that the facility has not contacted them about the outcome of their investigation into the incident of R2 and R5. Z5 stated that when R5 brought this situation to her attention, and that this same sexual touching	W9999		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	14G362	A. BUILDING _____ B. WING _____	C 03/02/2010

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
PINE TERRACE	2017 NORTH PINE STREET WAUKEGAN, IL 60085

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
W9999	Continued From page 26	W9999		

happened about 1-2 weeks prior to the 2/4/10 incident, that this did not sit well with her. Z5 stated that R5 has never been known to lie or sway the truth in all the years that she has known him. When asked whether R4, R8, and R9 are interviewable, Z5 stated that all three clients are verbal and communicate well.

During an interview with E5 (Executive Director) on 2/16/10 at 1:00pm, E5 stated that he was not aware that the first allegation happened with R2 and R5, prior to the incident on 2/4/10. E5 stated that he doubts that R5 told E4 about the first incident because E4 is very rarely in the home. E5 stated that during the investigation, R5 denied it all. E5 stated that he is not aware if R2 has a sexual history because he has not been responsible for this region for very long. E5 never presented this surveyor with any investigative interviews of any staff or clients during this survey process.

The Day Training #2 Developmental Center Incident Report involving R2 dated and timed 2/1/10 at 1:10pm was reviewed. Under Description of Incident, it reads, "A female client came to staff and told her that R2 had exposed his genitals to another female client. He had put the female clients' hand on his genitals." Under Corrective Measures Taken, it reads, "Staff immediately separated both R2 and the female client and had them both wash their hands. Staff talked to R2 about inappropriate touching and R2 laughed." Under Persons/Agency Informed of Incident, it reads, "E12(Qualified Mental Retardation Professional) via fax report on 2/1/10."

During an interview with Z2 (Day Training

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	14G362	A. BUILDING _____ B. WING _____	C 03/02/2010

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
PINE TERRACE	2017 NORTH PINE STREET WAUKEGAN, IL 60085

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
W9999	Continued From page 27 location #2 staff), Z2 stated that on 2/1/10, R2 exposed himself to another resident at workshop. Z2 stated the female resident to which R2 exposed himself lives in the community, not at his home facility. Z2 stated that E12 was the Qualified Mental Retardation Professional at the time, and that this report was faxed over to the home facility to his attention. Z2 stated that she is not sure if there has been any response back from the facility regarding this incident. Z2 stated that there has been lots of turnover at R2's home facility. Z2 stated that R2 will do sexually explicit incidents about once per year. Z2 stated it is their policy to either fax or send to the home any incidents along with the driver of the van to ensure the home facility is aware of any incident that occurs at Day Training. During an interview with E4 (Regional Trainer) on 2/11/10 at 1:15pm, E4 stated that she was not aware of this incident with R2 on 2/1/10. E4 stated that she did not receive the fax from Day Training, and that E12 is no longer employed at this facility. E4 confirmed that no investigation was completed for this incident of 2/1/10. The facility Policy No: 5.52 with a revision date of 11/08 entitled as, "Individual Rape or Sexual Assault", was reviewed. Under Policy, it reads, "The agency shall provide set procedures to be followed in the event that a rape or sexual assault is suspected to have occurred to an individual." Under Definitions, Abuse, it reads, "The willful infliction of injury, unreasonable confinement, intimidation, or punishment with resulting harm, pain, or mental anguish." Under Purpose, it reads, A. To protect the human rights of individuals. B. To gather evidence which will facilitate	W9999		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	14G362	A. BUILDING _____ B. WING _____	C 03/02/2010

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
PINE TERRACE	2017 NORTH PINE STREET WAUKEGAN, IL 60085

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
W9999	Continued From page 28 investigations and assist in the prosecution of persons committing rape or sexual assault. C. To establish and maintain an organized notification procedure for instances of suspected rape or sexual assault. D. To provide for accurate and complete staff documentation of suspected rape or sexual assault.. Under Procedure, it reads, A. Any employee of the agency who receives a report or who suspects that rape or sexual assault has occurred shall immediately notify the designated management staff using the emergency call list and supply all relevant information. B. In cases where rape is suspected or discovered the Administrator shall: 1. Immediately have the individual transported to the emergency room for examination and securing of evidence. D. If examination indicates that not rape, sexual assault or injury has occurred, the individual shall be returned to the appropriate site and the investigation is ended, unless the report or suspicion indicates that other issues require investigation. The facility policy No: 5.24 with a revision date of 11/08 entitled," Investigative Committee", was reviewed. Under Policy, it reads, "The facility shall establish an Investigative Committee to assist in the protection of individual resident rights and provide a liaison between the individual and the administration of the facility." Under Purpose, it reads, The Investigative Committee shall be responsible for the following: A. To identify, review and determine if alleged violations of any individual's rights, including	W9999		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	14G362	A. BUILDING _____ B. WING _____	C 03/02/2010

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
PINE TERRACE	2017 NORTH PINE STREET WAUKEGAN, IL 60085

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
W9999	Continued From page 29 abuse and neglect have occurred. B. To investigate allegations in a professional and impartial manner. C. To protect individuals from further harm. Under Procedure, it reads, ... 2. If the allegation is one of the following situations the Administrator or designee will contact law enforcement by calling 911 or the local emergency number: * Sexual abuse of an individual by a staff member, another resident, or a visitor. R2's Behavior Program Form dated 8/1/09 was reviewed. Under Individual's Program Assessment, it reads, "R2 has been noted displaying behaviors of aggression towards others. R2 has limited number of incidents with high intensity." Under Program Long Term Goal, it reads, "R2 will display no more than 1 incident of aggression for 4 consecutive months by 3/31/10. There is no mention in R2's Behavior Program for monitoring, tracking, or developing a baseline of sexually inappropriate touching. The facility failed to follow it's policy when they failed to fully investigate an allegation of sexual abuse, implement measures to protect R5 from further sexual assault, implement measures to protect the other clients in the home from sexual assault, and implement measures to monitor R2's sexually inappropriate behaviors. (A) 350.1210 350.1420a) 350.3240a)	W9999		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	14G362	A. BUILDING _____ B. WING _____	C 03/02/2010

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
PINE TERRACE	2017 NORTH PINE STREET WAUKEGAN, IL 60085

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
W9999	Continued From page 30 Section 350.1210 Health Services The facility shall provide all services necessary to maintain each resident in good physical health. Section 350.1420 Compliance with Licensed Prescriber's Orders a) All medications shall be given only upon the written, facsimile or electronic order of a licensed prescriber. The facsimile or electronic order of a licensed prescriber shall be authenticated by the licensed prescriber within 10 calendar days, in accordance with Section 350.1610. All such orders shall have the handwritten signature (or unique identifier) of the licensed prescriber. (Rubber stamp signatures are not acceptable.) These medications shall be administered as ordered by the licensed prescriber and at the designated time. Section 350.3240 Abuse and Neglect a) An owner, licensee, administrator, employee or agent of a facility shall not abuse or neglect a resident. (Section 2-107 of the Act) These Regulations were not met as evidenced by: Based on record review and interview, the facility failed to properly supervise and give medications as ordered by the physician for 1 of 1 client with a known history of Dilantin Toxicity (R10). Findings include: R10, per review of Individual Service Plan dated 6/17/09, is a 41 year old male whose diagnoses	W9999		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	14G362	A. BUILDING _____ B. WING _____	C 03/02/2010

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
PINE TERRACE	2017 NORTH PINE STREET WAUKEGAN, IL 60085

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
W9999	Continued From page 31 include Profound Mental Retardation, Seizure Disorder, Hemorrhoids, and Constipation. The Discharge Instructions form for R10, entitled, "Short Stay Record," dated 1/18/10, was reviewed. Under "Discharge summary and final diagnoses," it reads, but is not limited to, "Dilantin toxicity. Now 18.3 (normal dilantin blood level is 10-20). Symptoms resolved. Decrease Dilantin dose to 100 (milligrams) q (every) hs (bedtime). The Physician Order Sheet(POS) dated 1/16/10-2/14/10 for R10 was reviewed. An order was entered on the POS dated 1/25/10 which reads, "Dilantin 150mg (milligrams) TID (three times per day). This order was not signed or timed. The Medication Administration Record (MAR) dated 1/16/10-2/14/10 was reviewed. R10's order for Dilantin 100mg at bedtime was discontinued on the 25th of January, and a new order was written for Dilantin 100mg tablet, plus Dilantin 50mg tablet, dated 1/25/10. A Physician Consultation Report for R10 dated 2/4/10 was reviewed. Under Findings, it reads, but is not limited to, "In past review of records - dilantin inconsistently given. Will monitor much more closely." Under Recommendations, it reads, "1. Clearly give 1 tsp (teaspoon) 3x(times)/day (with syringe) of dilantin. 2. Check Dilantin level 2 weeks, and call w/ (with) result." This form was signed by Z7 (physician). A prescription dated 2/4/10 was also noted by Z7 which read, "Dilantin suspension 125mg/5cc (cubic centimeters). 1 tsp po (by mouth) TID."(1 teaspoon is equal to 5 cc or 5 ml (milliliters). The MAR dated 1/16/10-2/14/10 for R10 was again reviewed. A new entry dated 2/11/10 was noted for R10. It reads, Phenytoin (Dilantin) 125mg/5ml susp (suspension). Take 5 ml	W9999		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	14G362	A. BUILDING _____ B. WING _____	C 03/02/2010

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
PINE TERRACE	2017 NORTH PINE STREET WAUKEGAN, IL 60085

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
W9999	Continued From page 32	W9999		

(125mg) by mouth 3 times daily." This order was typed on a sticker from pharmacy, dated 2/5/10. The first time R10 received this new dosage of 125mg 3 times per day, was at 8:00pm on 2/11/10. Per review of the MAR, R10 continued on the 150mg tablet dosage until 2/11/10, receiving his last dose at 4:00pm on 2/11/10, even though the order had been changed by Z7 on 2/4/10 to 125mg three times per day, in oral suspension.

The History and Physical report for R10 from the inpatient hospital stay from 2/14/10 - 2/18/10, dated 2/15/10 was reviewed. Under reason for admission, it reads, but is not limited to, "Mental Status change, Dilantin toxicity. ...Dilantin level was over 60. Patient transferred to this hospital per family request. This morning Dilantin level is down to 44.6. ...Telemetry leads which the patient attempted to take off repeatedly were still in place. Telemetry monitor was showing sinus tach." Under Past History, it reads, "Seizure disorder, mental retardation. From previous records I learned that patient was at this same hospital last month with similar problem. At that time Dilantin level was 35.5." This History and Physical was dictated by Z10(physician).

The Consultation Report for R10 dated 2/15/10 for the hospital stay of 2/14/10 - 2/18/10 was reviewed. This report was dictated by Z11(physician). Under Impression, it reads, "Dilantin toxicity inpatient with chronic epilepsy and mental retardation. There is a clear concern about recurrent episodes of dilantin toxicity due to possibility of improper dilantin dosing by nursing staff. My recommendation will be to hold dilantin and discontinue in the future with the introduction of Keppra as an antiepileptic agent

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	14G362	A. BUILDING _____ B. WING _____	C 03/02/2010

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
PINE TERRACE	2017 NORTH PINE STREET WAUKEGAN, IL 60085

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
W9999	Continued From page 33 after Dilantin level falls below 20." During a phone interview with Z7 on 2/24/10 at 11:30am, Z7 was asked if he could explain all of the medication changes for R10 since 1/18/10. Z7 stated that R10 was released from the hospital on 1/18/10 with a diagnosis of Dilantin Toxicity. At the time R10 was discharged, one of the hospitalists (name not given) discharged R10 with a dosage of Dilantin 100mg in tablet form. Z7 stated that a lab level was done on the 22nd of January, and R10's Dilantin blood level was noted at 4.1. Z7 explained that normal blood levels for Dilantin are 10-20, so Z7 gave an order to increase R10's Dilantin dose to 150mg three times per day on 1/25/10. Z7 stated R10's Dilantin blood levels were tested again on 2/2/10, and R10's level was noted at 20.8. Z7 stated that R10 was seen in his office on 2/4/10, and the facility sent over R10's current paperwork, which indicated that currently R10 was receiving Dilantin 150mg three times per day. Z7 stated that Z8 (sister) brought R10 to his appointment. Z7 stated that since R10's level was now at 20.8, he decreased R10's Dilantin dosage to 125mg three times per day, in liquid form. Z7 confirmed that R10 should have started the new dosage when he wrote the order on 2/4/10, not 7 days later on 2/11/10. Z7 stated that luckily R10 suffered no permanent damage. Z7 stated that he will be extra clear with the facility from this point on with medication changes, and will write the orders at an eighth grade level to make sure the facility clearly understands the order. Z7 stated that R10 needed to be hospitalized on 2/14/10 because he received the incorrect dose of his Dilantin for an extra 7 days, and was monitored on a telemetry floor since he was bradycardic (with a low heart rate) and had a	W9999		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	14G362	A. BUILDING _____ B. WING _____	C 03/02/2010

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
PINE TERRACE	2017 NORTH PINE STREET WAUKEGAN, IL 60085

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
W9999	Continued From page 34	W9999		

contraction abnormality. Z7 stated that R10 could have experienced serious cardiac arrhythmias because his Dilantin level was so elevated. Z7 stated that he has now discontinued R10's Dilantin, and started him on a new medication for seizures, called Keppra. Z7 explained that Keppra is much more expensive, but it is not known for toxicity. Z7 stated that with the facility's history of not giving the Dilantin as ordered, Keppra is a safer medication to give R10 for his seizures.

During a second phone interview with Z7 on 2/24/10 at 12:45pm, Z7 was asked if he gave the new prescription to the facility on 2/4/10, when he changed R10's Dilantin order. Z7 stated that normally he gives the paperwork to whoever accompanies the client. Z7 stated that he could not remember if he gave the prescription to Z8 (sister), or if he directly faxed the medication to pharmacy.

During a phone interview with Z8 on 2/24/10 at 1:10pm, Z8 stated that Z7 gave her a form he filled out, and new prescription, and that she gave the paperwork to E4 (Regional Trainer) on 2/4/10, after she brought R10 home from his doctor's appointment. Z8 stated that E4 was waiting for her and R10 to return from the appointment. Z8 stated that E4 asked her what has to be done with R10's medication, and Z8 stated she told E4 to look at the paperwork, and the new prescription.

During an interview with E5 (Executive Director) on 2/24/10 at 10:00am, this surveyor asked E5 if R10 had been recently hospitalized. E5 stated that R10 was sent to the hospital on 2/14/10. E5 stated that R10 did not appear to be right when

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	14G362	A. BUILDING _____ B. WING _____	C 03/02/2010

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
PINE TERRACE	2017 NORTH PINE STREET WAUKEGAN, IL 60085

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
W9999	Continued From page 35	W9999		

he woke up that morning, so he was sent to the hospital. E5 stated that he was not sure if R10 was transported by staff, or by ambulance. This surveyor asked E5 if any documentation was present in the chart, indicating the change in R10's condition. E5 stated that it would not be in the chart, but he would have to look to see if it was documented someplace else. E5 never presented this surveyor with any facility documentation regarding R10's change of condition, other than the one piece of paper notice to Public Health indicating his admission to the hospital for Dilantin Toxicity. This surveyor asked if he was aware of the medication error with R10's Dilantin order, and why there was a delay in starting R10's new Dilantin dose. E5 stated that I would need to speak with E4 so she could explain the delay.

During an interview with E4 (via telephone) on 2/24/10 at 12:20pm, E4 stated that she never received any paperwork from Z8. E4 stated that with the way their process works, they cannot start any new orders until they receive the paperwork that goes with it. E4 stated that they did not receive the paperwork until 2/11/10, and that is when they started the new dosage of Dilantin. This surveyor asked about the date of 2/5/10 on the sticker on the MAR for the new dosage of Dilantin, which is now in liquid form. E4 stated that they did not clarify that new order with the physician. E4 stated that they would not need to clarify the order, because they did not receive any paperwork that matched the new order from pharmacy.

During an interview with E5 on 2/24/10 at 12:50pm, E5 stated that I should speak with E16(Corporate Nurse) to help clarify why the new

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	14G362	A. BUILDING _____ B. WING _____	C 03/02/2010

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
PINE TERRACE	2017 NORTH PINE STREET WAUKEGAN, IL 60085

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
W9999	Continued From page 36 dosage change did not occur until 2/11/10. E16 explained (via the phone on this same date and time) that the 2/5/10 date on the pharmacy sticker located on the MAR, indicates that is when the order was faxed to us. It does not mean that the facility received an order though. E16 stated that 2/5/10 is the date pharmacy filled the medication. E16 stated that the pharmacy then has 24 hours to get the medication to the home facility. E16 stated that she was the nurse involved with the medication changes for R10 that occurred on 1/25/10 and on 2/11/10. E16 stated that pharmacy delivered the liquid medication(Dilantin). E16 stated that the direct care staff (name not specified) notified the supervisor(name not specified), who then notified her (E16). E16 stated that they received the bottle of liquid Dilantin without an order. E16 stated that she was notified of the bottle of Dilantin being received without an order on 2/08/10. E16 stated that she did not know why she was not notified until 2/8/10, when the order was written on 2/4/10. E16 explained that her priority was to find the order for the bottle of Dilantin that they received in the facility for R10. E16 stated that she did not know when the bottle of liquid Dilantin was received at the facility. E16 stated that she pursued the issue with pharmacy, and with the physician, and then started the new order on the pm shift on 2/11/10. The Fax Confirmation Report dated and timed 2/4/10 at 8:39pm. was reviewed. The fax was to Pharmacy, and was from E4. The cover sheet to pharmacy, from E4 reads, "To Whom it may Concern, Please see the attached script and consultation report regarding R10. He needs a bottle of the Dilantin suspension with the correct instructions printed. Could we also please have	W9999		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	14G362	A. BUILDING _____ B. WING _____	C 03/02/2010

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
PINE TERRACE	**2017 NORTH PINE STREET WAUKEGAN, IL 60085**

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
W9999	Continued From page 37 a new MAR with this medication/instructions printed on it for staff documentation? Additionally, we would greatly appreciate a few syringes (minus needle obviously) to administer the medication orally. Any questions, please give me a call personally....Thanks E4." The result of this report was documented CP(completed). During an interview with E5 on 2/24/10 at 1:30pm, E5 was presented with the Fax Confirmation Report, and asked if he was aware that E4 had sent this report to pharmacy, when E4 had stated prior that she never received any paperwork after R10 attended his doctor's appointment on 2/4/10. E5 stated that he would have to speak with E4 regarding the fax. At a later interview with E5 on this same date at 2:00pm, E5 stated that he was trying to contact E4 by phone, but that she was in meetings all day, and was not answering her phone. E5 did not present this surveyor with any new information or explanation regarding the fax sent from E4 to the pharmacy. The facility failed to administer Dilantin as ordered by R10's physician, which resulted in a four day hospitalization for Dilantin Toxicity, requiring Telemetry monitoring for cardiac arrhythmias. (A)	W9999		