PRINTED: 08/31/2010 FORM APPROVED OMB NO. 0938-0391

	FOF DEFICIENCIES DF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	A. BUI		PLE CONSTRUCTION	(X3) DATE S COMPLE	ETED
		14E506	B. WI	IG			C 8/2010
	ROVIDER OR SUPPLIER	NTER		73	EET ADDRESS, CITY, STATE, ZIP CODE 25 SOUTH EXCHANGE HICAGO, IL 60649		
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREF TAG		PROVIDER'S PLAN OF CORRI (EACH CORRECTIVE ACTION SI CROSS-REFERENCED TO THE AP DEFICIENCY)	HOULD BE	(X5) COMPLETION DATE
F 000	Complaint Investig 0985397/ IL 45133 Incident Report Inv 45441 F223, F323 and F4 Incident Report Inv 45908 F223, F323 and F4 A partial extended 483.13(b), 483.13(ABUSE/INVOLUN) The resident has the sexual, physical, a punishment, and in The facility must not or physical abuse, involuntary seclusi This REQUIREME by: Based on record refailed to ensure that physical abuse by known history of phesulting in R6 punthe face with a closwith a fractured not monitor and period behavior led to this another resident at	ation: 3 - No deficiencies. vestigation of 12/09/09/ IL 490 . vestigation of 01/18/10/ IL 490 I survey was conducted. b)(1)(i) FREE FROM TARY SECLUSION The right to be free from verbal, and mental abuse, corporal involuntary seclusion. out use verbal, mental, sexual, corporal punishment, or		2223	DEFICIENCY)		3/1/10
LABORATOR		DER/SUPPLIER REPRESENTATIVE'S SIGN	NATURE		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.

-	FOF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) N A. BU		IPLE CONSTRUCTION	(X3) DATE SU COMPLE	TED
		14E506	B. WI	۱G _			C 8/2010
	ROVIDER OR SUPPLIER	ITER		7	REET ADDRESS, CITY, STATE, ZIP CODE 7325 SOUTH EXCHANGE CHICAGO, IL 60649	02/10	3/2010
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT 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 APPR DEFICIENCY)	ULD BE	(X5) COMPLETION DATE
F 223	aggressive and vio incident. An immediate jeopont:00pm with E1 (Adnurses), E4 (investopsychiatric rehabile E7 (admission direction of the immediate jeop begun on 01/18/10 when R6 punched fist knocking R5 to glasses and fracture. The Immediate Jeopon of the Immediate Jeopon on 01/18/10 when R6 punched fist knocking R5 to glasses and fracture. The Immediate Jeopon on the Immediate Jeopon on 01/18/10 when R6 punched fist knocking R5 to glasses and fracture. The Immediate Jeopon on the Immediate Jeopon on 01/18/10 when R6 punched fist knocking R5 to glasses and fracture. The Immediate Jeopon on the Immediate Jeopon on 01/18/10 when R6 punched fist knocking R5 to glasses and fracture. The Immediate Jeopon on 01/18/10 when R6 punched fist knocking R5 to glasses and fracture. The Immediate Jeopon on 01/18/10 when R6 punched fist knocking R5 to glasses and fracture. The Immediate Jeopon on 01/18/10 when R6 punched fist knocking R5 to glasses and fracture. The Immediate Jeopon on 01/18/10 when R6 punched fist knocking R5 to glasses and fracture. The Immediate Jeopon on 01/18/10 when R6 punched fist knocking R5 to glasses and fracture. The Immediate Jeopon on 01/18/10 when R6 punched fist knocking R5 to glasses and fracture. The Immediate Jeopon on 01/18/10 when R6 punched fist knocking R5 to glasses and fracture. The Immediate Jeopon on 01/18/10 when R6 punched fist knocking R5 to glasses and fracture. The Immediate Jeopon on 01/18/10 when R6 punched fist knocking R5 to glasses and fracture. The Immediate Jeopon on 01/18/10 when R6 punched fist knocking R5 to glasses and fracture. The Immediate Jeopon on 01/18/10 when R6 punched fist knocking R5 to glasses and fracture. The Immediate Jeopon on 01/18/10 when R6 punched fist knocking R5 to glasses and fracture. The Immediate Jeopon on 01/18/10 when R6 punched fist knocking R5 to glasses and fracture. The Immediate Jeopon on 01/18/10 when R6 punched fist knocking R5 to glasses and fracture.	lent behavior prior to this ardy was called on 02/11/10 at dministrator), E2 (Director of tigative nurse) E5, PRSD itation service Director) and ctor). pardy was determined to have at approximately 5:25pm R5 in the face with a closed the floor, breaking R5's eyering R5's nose. Appardy was removed on the facility remains out of erity level 2, to allow the ement and evaluate the enew plan. Asistory of aggressive/violent lity. R4's aggression has cal assaults to residents in the ver separated/moved to tect 3 residents (R3, R12 and buse, following physical	F	223			
	diagnosis including recent MDS (minim indicates R6's cogr The initial screenin R6 as mentally ill	o the facility on 12/28/08 with Schizophrenia. The most num data set) dated 01/05/10 nition is coded as modified. g done on 12/23/08 identified and receiving psychotropic as approved for nursing facility					

	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) N A. BUI		PLE CONSTRUCTION G	COMPLE	TED
		14E506	B. WIN	IG			C 8/2010
	ROVIDER OR SUPPLIER	ITER		73	EET ADDRESS, CITY, STATE, ZIP CODE 325 SOUTH EXCHANGE HICAGO, IL 60649	0271	3/2010
(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
F 223	level of care. Review of medical 02/10/10 through 0 had physically aggresidents and staff admission. R6 has behaviors as follow -12/2009 = newly a - 02/11/09 = R6 upwall. - 03/25/09 = R6 strain apparent reason E4 (investigative notate that R6 was hearing R6 to strike both reand R8 while on the evidence of psychological apparents even to twoices at time of about 10 apparents and R6 with E4 or punched R9 in the had some redness orders R9 was sent the face. R6 went to 04/08/09 = readmit psychotropic medication.	record during survey of 2/16/10 indicated that R6 has ressive behaviors toward since 2 months after had aggressive/violent rs: dmitted to the facility. set pulled soap dispenser off ruck 2 peers (R7 and R8) for rus. Interview with rs: urse) on 02/11/10 indicated g voices at the time which told sidents, so R6 slapped R7 re elevator. There was no otropic medication changes or hough R6 indicated hearing puse to R7 and R8. tout of his chair and hit R9 in run 02/11/10 indicated that R6 face with a closed fist. R9 face and swelling. Per Physician's to a local hospital for x-ray of the hospital psych evaluation.	F	223			

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

	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	A. BUI		IPLE CONSTRUCTION IG	(X3) DATE SU COMPLE	
		14E506	B. WIN	1G _			C 8/2010
	ROVIDER OR SUPPLIER	TER		7	REET ADDRESS, CITY, STATE, ZIP CODE 7325 SOUTH EXCHANGE CHICAGO, IL 60649	V271	3/2010
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES 'MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREF TAG		PROVIDER'S PLAN OF CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPR DEFICIENCY)	JLD BE	(X5) COMPLETION DATE
F 223	psychotropic medical a new one started. provided that R6 was or signs and symptonew psychotropic in discontinuance of the medications. - 08/10/09 = R6 on chairs down hallwas for unknown reason wall. Resident to how the compact of the medication or treatment of the compact of	ations were discontinued and There was no evidence as monitored for tolerance of ome of adverse effects of this nedication and the ne previous psychotropic unit very agitated, throwing y, states, he is very frustrated as. R6 noted beating hand on ospital. dmitted to the facility. Facility evidence of a change in R6's ment plan upon this after readmit) = R6 agitated, staff, in the hallway. moke room stated he had his left ear. Staff noted small ticking out from inner ear. R6 y agitated complaint of bicked up chair and threw it recent episode of attempting (psychiatric rehabilitation ator) office to attack a female ession was non provoked and yellow called (a code used by nounced over the facility's dicating staff assist needed	F2	223			

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

	FOF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	A. BUI		TIPLE CONSTRUCTION NG	(X3) DATE SU COMPLE	
		14E506	B. WIN	1G _			C 8/2010
	ROVIDER OR SUPPLIER	TER		7	REET ADDRESS, CITY, STATE, ZIP CODE 7325 SOUTH EXCHANGE CHICAGO, IL 60649	0271	3/2010
(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
F 223	reason. R5 sent to face revealed a nas Interview with E4 re that on 01/18/10 a she between R5 and R6 awaiting Dinner to land R6 appeared to within minutes R6 pclosed fist, knocking her glasses. E4 con laceration to the brithe left eye and a suppon further intervithe hospital where a suppon further interview rewho qualifies under lill), E5 stated we use the treatment plan, R6's care plan data in one narrative parabusive behavioral facility property who displayed physically other residents; hitt claiming he was he frustrating him. 04/r (punched) a female him, while R6 was sof the 4th floor nurse the voices that he had a suppon for the suppon	ck R5 in face for no apparent local hospital. X-ray of R5's sal fracture. egarding this incident indicated verbal altercation occurred while they were in line of served. Staff intervened of have backed away, but bunched R5 in the face with a g R5 to the floor and breaking intinued, "R5 was noted with a dge of her nose, redness to crape to R5's inner bottom lip. I we E4 stated, "R5 was sent to ex-ray showed a broken nose". It provide evidence of a R6 based on these identified in, behavior, impulsiveness,	F2	223			

	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) M A. BUII		PLE CONSTRUCTION 3	(X3) DATE SI COMPLE	TED
		14E506	B. WIN	IG			C 8/2010
	PROVIDER OR SUPPLIER	ITER	,	73	EET ADDRESS, CITY, STATE, ZIP CODE 325 SOUTH EXCHANGE HICAGO, IL 60649		9,2010
(X4) ID PREFIX TAG	(EACH DEFICIENC)	TEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFI TAG		PROVIDER'S PLAN OF CORREC (EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APPF DEFICIENCY)	ULD BE	(X5) COMPLETION DATE
F 223	attempted to attack Incident was unprostaff member (first others restrained R staff to get to fema was called and R6 Doctor's order. 1/19 aggressive inciden female peer standinasked resident to go The corresponding self or others or dephysically abusive date of 04/19/10. Teach time an incide date and the approor evaluated, even achieved. There were no interpsychiatrist and methough following so stated hearing voic Further review of the R6, and even though minor, the pattern of instant frustration aphysical aggression staff attempting to the Record review sho behaviors as they ominimal and not spand usually include encourage. This fa and reassess this obehavior in spite of	a female staff member. voked and expected. Male to respond to behavior) and 6 who was struggling with le staff member. Code yellow was sent out to hospital per 9/10 R6 had physically t which involved R6 and ng behind each other in line, let his stomach off her. goal is for R6 will not harm stroy facility's property due to behavior. There was a goal his goal date was updated ent occurred, however this goal aches have not been revised though the goal has not been rventions including R6's edication adjustment even one incidents R6 consistently les caused the altercation. The on-going violent behavior of gh some of the injuries were of behavior by R6 reveals and often times immediate on toward residents and the diffuse the situation. ws facility documenting occur, but facility's approach is ecific to the current altercation the sto explore and continue to alter to update and assess ongoing aggressive/violent programming and medication constitute a comprehensive	F 2	223			

	FOF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) M A. BU		IPLE CONSTRUCTION IG	(X3) DATE SU COMPLE	
		14E506	B. WI	NG _			C 8/2010
	ROVIDER OR SUPPLIER W BEACH CARE CEN	TER	•	7	REET ADDRESS, CITY, STATE, ZIP CODE 325 SOUTH EXCHANGE CHICAGO, IL 60649		
(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
F 223	reassessment nor heffectiveness in chabehaviors towards Interview with E2 (I stated to surveyor at that R6 had medica 04/09 and 05/09, he evidence that facility medications when a potential adverse/ r 2) Review of most set) dated 10/14/09 and admitted to facincluding Bipolar, Setoh (alcohol) abus moderately impaire substance abuse, a use. The initial screidentified R4 as me psychotropic medical nursing facility lever R4 was transferred facility secondary to Record review indications with aggressive below the condition of facility after the condition of facility after the condition of facility after the condition of the condit	nas it not been analyzed for its anging R6's aggressive residents and staff. Director of nurses) on 02/11/10 and later provided evidence ation added/adjustment in owever E2 failed to provide y staff was monitoring these added or discontinued for negative effects on R6. recent MDS (minimum data o shows that R4 is 43 years old illity 7/06/09 with diagnosis achizophrenia Paranoid type, see. R4's cognition is coded as d and R4 has a history of alcohol, marijuana and cocaine sening done prior to admission antally ill and receiving stations and was approved for I of care. To this facility from another or aggression toward peer. Cated R4 (a 3rd floor resident) havior in the facility as follows: In after admission) = R4 struck Cated another resident on the service of the control of the contro	F:	223			

	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) M A. BUI		PLE CONSTRUCTION G	(X3) DATE SU COMPLE	
		14E506	B. WIN	NG _			C 8/2010
	ROVIDER OR SUPPLIER W BEACH CARE CEN	ITER	•	7	REET ADDRESS, CITY, STATE, ZIP CODE 325 SOUTH EXCHANGE CHICAGO, IL 60649		
(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 SHOU CROSS-REFERENCED TO THE APPR DEFICIENCY)	JLD BE	(X5) COMPLETION DATE
F 223	Continued From pa	ige 7	F	223			
	Code yellow called however R4 still ag extinguisher sustain thumb with active bhospital. -10/18/09 = R4 strua closed fist. R12 to physician's orders.	R4 punched R11 in the face. and diffused the altercation, itated punched fire ning a 2 cm laceration to right eleeding. R4 was sent to local ack R12 in the cheekbone with a hospital for x-ray per R4 remained on this floor with trisk for further abuse.					
	-11/19/09 = R4 veri resident for unknow	bally abusive to another vn reasons.					
	unknown. During interview on assessment by state	nched R13 in face for reason 02/11/10, E4 added, "upon ff R13 had redness to left eye order was sent to local					
	-12/15/09 - R4 in fro of this mother fuc picture on wall.	ont lobby stating wanting out -" R4 then threw fist into					
	door when not allow physically and verb Code yellow called arrive R4 hit R3 (3r closed fist. The agg unprovoked. R4 was returned to same flonever separated frof further abuse.	out unauthorized alarmed wed to smoke became ally threatening toward staff. however before staff could d floor resident) in jaw with a gression was impulsive and as sent to local hospital but oor when readmitted, R4 was om R3 putting R3 at risk for					
	- 01/13/10 = R4 agi	tated on floor, hit R14 and					

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

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		14E506	B. WIN	1G _			C 8/2010
	ROVIDER OR SUPPLIER W BEACH CARE CEN	TER		7	REET ADDRESS, CITY, STATE, ZIP CODE 7325 SOUTH EXCHANGE CHICAGO, IL 60649	02) 10	3/2010
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES 'MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREF TAG		PROVIDER'S PLAN OF CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPR DEFICIENCY)	JLD BE	(X5) COMPLETION DATE
F 223	was undirectable of There was no treating the qualifies under sindicates that the catreatment plan. Revergerding aggress documents altercat narrative paragraph decrease his anger staff when feeling a date is 01/05/10. The was also another categories of the current witten in form, with a goal of aggression by construstrated. The goal the facility's approate to the current altercates the current altercates and the current al	ment plan for R4 even though subpart S. Interview with E5 are plan is used for the view of the care plan ion) for R4 dated 10/20/09 ions as they occurred in a n. There was a goal of R4 to aggression by consulting angry and frustrated. The goal his goal was never met. There are plan developed dated eat of the incidents as they same narrative paragraph R4 to decrease anger sulting staff when angry and I date was 03/05/10, however ch is minimal and not specific eation and has interventions of traged to speak with staff oset, remove resident to PRN to decrease symptoms of the to update and assess and aggressive/violent constitute a comprehensive mas it not been analyzed for its anging R6's aggressive	F2	223			
	remove the Immedi						

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1 '		PLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
			A. BUILDING B. WING		С		
		14E506	D. WIIV			02/18/2	
	ROVIDER OR SUPPLIER W BEACH CARE CEN	TER		73	EET ADDRESS, CITY, STATE, ZIP CODE 325 SOUTH EXCHANGE HICAGO, IL 60649		
(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
F 223	Continued From pa	ge 9	F 2	223			
	25,2010.	ged from the facility January					
		dentified all residents at high potential for violence.					
	a. Identifying si potential aggression situations, including precipitating risk, and effective do b. Action to be situations including Emergency resident held over the next of	rviced on the following: Igns and symptoms of In/aggressive factors, signals of escalating e-escalation strategies. e taken in potential aggressive Code Yellow Policy. It counsel meetings will be week for all residents In efacility's policy and house					
	aggressive behavior staff management varies re-inservice staff as findings will be pres	ciplinary team) will review all brs/incidents to determine if was appropriate and will a needed. A summary of sented to the Qa (quality tee and medical director					
F 323 SS=J	Date of completion 483.25(h) FREE OF HAZARDS/SUPER	ACCIDENT	F3	323			3/1/10
	environment remain as is possible; and	sure that the resident as as free of accident hazards each resident receives on and assistance devices to					

	FOF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) M A. BUI		IPLE CONSTRUCTION IG	(X3) DATE SU COMPLE	JRVEY TED
		14E506	B. WIN	1G _			C 8/2010
	PROVIDER OR SUPPLIER W BEACH CARE CEN	ITER	•	7	REET ADDRESS, CITY, STATE, ZIP CODE 7325 SOUTH EXCHANGE CHICAGO, IL 60649		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES Y 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
F 323	Continued From pa	ige 10	F3	323			
	by: Based on record re failed to provide ne resident (R6) with k aggressive behavioresident (R5) in the resulted in an injury had been identified	NT is not met as evidenced eview and interview the facility ocessary supervision for one known history of physically or from punching another aface with a closed fist which with a fractured nose. R6 by facility as having a history violent behavior prior to this					
	Immediate Jeopard (Director of nurses) PRSD (psychiatric and E7 (admission	s failure resulted in an dy. E1 (Administrator), E2 dy. E4 (investigative nurse) E5, rehabilitation service Director) director) was notified of the dy on 02/11/10 at 1:00pm.					
	begun on 01/18/10 when R6 punched	pardy was determined to have at approximately 5:25pm R5 in the face with a closed the floor, breaking R5's eye ring R5's nose.					
	02/11/10, the facility at severity level 2,	te Jeopardy was removed on y remained out of compliance to allow the facility to, fully luate the effectiveness of the					
	behavior and show violent behavior in t	ory of aggressive/violent ed continued aggressive and the facility without on-going supervision. The facility's					

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA	(X2) M	ULTII	PLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
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		14E506	B. WIN	IG _			B/2010
	ROVIDER OR SUPPLIER W BEACH CARE CEN	ITER	•	73	EEET ADDRESS, CITY, STATE, ZIP CODE 325 SOUTH EXCHANGE HICAGO, IL 60649		
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F 323		ige 11 /monitor R4's aggression has cal assaults to residents in the	F3	323			
	facility on 12/24/08 Schizophrenia. The 12/23/09 identified receiving psychotro	old resident admitted to the with diagnosis including initial screening done on R6 as mentally ill and opic medications and was ag facility level of care.					
	R6 has had aggres facility as follows:	sive/violent behaviors in the					
	-12/20/09 = newly a	admitted to the facility.					
	- 02/11/09 = R6 ups wall.	set pulled soap dispenser off					
	for no apparent rea E4 (investigative nu that R6 was hearing	ruck 2 co-peers (R7 and R8) sons. Interview with urse) on 02/11/10 indicated g voices at the time which told sidents, so R6 slapped R7 e elevator.					
		ence of staff supervision/ ough R6 displayed aggressive is incident.					
	the face. Interview with E4 or punched R9 in the	t out of his chair and hit R9 in n 02/11/10 indicated that R6 face with a closed fist. R9 face and swelling. Per Physician's					

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

		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING			(X3) DATE SURVEY COMPLETED	
		14E506	B. WIN	IG _		02/18	C 8/2010
	PROVIDER OR SUPPLIER	TER		7	REET ADDRESS, CITY, STATE, ZIP CODE 7325 SOUTH EXCHANGE CHICAGO, IL 60649	02710	3/2010
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F 323	orders R9 was sent the face. R6 went to 04/08/09 = readmitt psychotropic medic 04/17/09 = A new pmedication. 05/21/10 = nurses psychotropic medic a new one started. There was no evide monitored for tolera symptoms of adver psychotropic medic of the previous psychotropic medic of the psychotropic medic of th	to a local hospital for x-ray of a hospital psych evaluation. The ted to the facility with new ation order. The sychotropic added to R6's The sychotropi	F3	323			

	EMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) N A. BU		PLE CONSTRUCTION G	(X3) DATE SURVEY COMPLETED	
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	ROVIDER OR SUPPLIER	ITER		7:	REET ADDRESS, CITY, STATE, ZIP CODE 325 SOUTH EXCHANGE CHICAGO, IL 60649	<u> </u>	3/2010
(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
F 323	constipation, then prodown hallway. 01/07/10 = R6 with to come into PRSC service co-coordinated staff member. Aggrunexpected. Code facility staff and an intercom system inductor residents' be only 18/10 = R6 structures on R5 sent to face revealed a natinterview with E4 restant on 01/18/10 at between R5 and R6 appeared to within minutes R6 produced fist, knockin her glasses. E4 collaceration to the brithe left eye and a suppon further intervithe hospital where Facility staff did not treatment plan for fareas of aggression anger toward resident of the resident's care however surveyor's dated 02//8/09 staten arrative paragraph	recent episode of attempting (psychiatric rehabilitation ator) office to attack a female ression was non provoked and yellow called (a code used by mounced over the facility's dicating staff assist needed rehavior) ck R5 in face for no apparent local hospital. X-ray of R5's sal fracture. regarding this incident indicated verbal altercation occurred while they were in line on served. Staff intervened on have backed away, but bounched R5 in the face with a g R5 to the floor and breaking intinued, "R5 was noted with a redge of her nose, redness to crape to R5's inner bottom lip. I we E4 stated, "R5 was sent to exercise to the served a broken nose".	F	323			

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

-	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	A. BUI		IPLE CONSTRUCTION IG	(X3) DATE SURVEY COMPLETED	
		14E506	B. WIN	IG _			C 8/2010
	ROVIDER OR SUPPLIER	TER	.	7	REET ADDRESS, CITY, STATE, ZIP CODE 325 SOUTH EXCHANGE CHICAGO, IL 60649	<u> </u>	3,20.0
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREF TAG		PROVIDER'S PLAN OF CORRECTIVE ACTION SHOUNDS OF THE APPRINCE O	JLD BE	(X5) COMPLETION DATE
F 323	property when upse physically abusive presidents; hitting per claiming he was he frustrating him. 04/(punched) a female him, while R6 was sof the 4th floor nurse the voices that he R6 had physically a attempted to attack Incident was unprostaff member (first to others restrained R staff to get to femal was called and R6 Doctor's order. 1/19 aggressive incident female peer standin asked resident to go The corresponding self or others or dephysically abusive I date of 04/19/10. The each time an incided date and the approof or evaluated, even achieved. There were no interpsychiatrist and methough following so stated hearing voice Further review of the R6, and even though minor, the pattern of instant frustration and in	ge 14 et. 03/25/09 R6 has displayed behaviors toward other eers while on elevators, aring voices that was 10/09 R6 physically attacked e resident who walked pass sitting quietly in a chair in front ees station because he said hears told him to do so. 1/9/10 aggressive incident in which he a female staff member. woked and expected. Male to respond to behavior) and 6 who was struggling with e staff member. Code yellow was sent out to hospital per 10/10 R6 had physically which involved R6 and and behind each other in line, et his stomach off her. goal is for R6 will not harm stroy facility's property due to behavior. There was a goal his goal date was updated ent occurred, however this goal aches have not been revised though the goal has not been revenue incidents R6 consistently es caused the altercation. The on-going violent behavior of the some of the injuries were of the some	F	323			

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		(X2) M A. BU		PLE CONSTRUCTION G	(X3) DATE SURVEY COMPLETED		
		14E506	B. WI	NG _			C 8/2010
	ROVIDER OR SUPPLIER W BEACH CARE CEN	TER		7	REET ADDRESS, CITY, STATE, ZIP CODE 325 SOUTH EXCHANGE CHICAGO, IL 60649		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG		PROVIDER'S PLAN OF CORREC (EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APPR DEFICIENCY)	ULD BE	(X5) COMPLETION DATE
F 323	staff attempting to decrease staff attempting to depend on the part of the par	diffuse the situation. ws facility documenting occur, but facility's approach is ecific to the current altercation is to explore and continue to lure to update and assess ongoing aggressive/violent programming and medication onstitute a comprehensive mas it not been analyzed for its anging R6's aggressive	F	323			

AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	A. BUI		IPLE CONSTRUCTION IG	(X3) DATE SURVEY COMPLETED	
		14E506	B. WI	NG _			C 8/2010
	ROVIDER OR SUPPLIER	TER	Į	7	REET ADDRESS, CITY, STATE, ZIP CODE 325 SOUTH EXCHANGE CHICAGO, IL 60649	02 /11	5,25.0
(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)	JLD BE	(X5) COMPLETION DATE
F 323	aggressive/violent follows: - 08/04/09 (1 month a female resident. - 08/20/09 = R4 purhead. - 09/07/09 at 10am door of the facility. - 09/07/09 at 6pm = Code yellow called however R4 still ag extinguisher sustain thumb with active bhospital. - 10/18/09 = R4 struation active bhospital. - 10/18/09 = R4 struation active bhospital. - 11/19/09 = R4 verification active bhospital. - 11/21/09 = R4 verification active bhospital active bhospital.	dent) has documented behavior in the facility as after admission) = R4 struck ached another resident on the example of the exa	F	323	,		
		ont lobby stating wanting out -" R4 then threw fist into					

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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING			(X3) DATE SURVEY COMPLETED	
		14E506	B. WIN	IG _			C 8 /2010
	ROVIDER OR SUPPLIER	TER		7	REET ADDRESS, CITY, STATE, ZIP CODE 325 SOUTH EXCHANGE CHICAGO, IL 60649	02710	3/2010
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES 'MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFI TAG		PROVIDER'S PLAN OF CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPR DEFICIENCY)	JLD BE	(X5) COMPLETION DATE
F 323	-12/09/09 = R4 ran door when not allow physically and verb Code yellow called arrive R4 hit R3 (3rd closed fist. The aggunprovoked. R4 wareturned to same flow never separated from further abuse. - 01/13/10 = R4 aggwas undirectable control of the called and the control of the	out unauthorized alarmed ved to smoke became ally threatening toward staff. however before staff could d floor resident) in jaw with a pression was impulsive and as sent to local hospital but bor when readmitted, R4 was am R3 putting R3 at risk for itated on floor, hit R14 and	F3	323			

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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING			(X3) DATE SURVEY COMPLETED	
		14E506	B. WIN	IG _			C 8 /2010
	PROVIDER OR SUPPLIER	TER	•	7	REET ADDRESS, CITY, STATE, ZIP CODE 7325 SOUTH EXCHANGE CHICAGO, IL 60649		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	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)	JLD BE	(X5) COMPLETION DATE
F 323	effectiveness in chabehaviors towards There was no evide supervised/monitor each altercation to aggression/violence The Immediate Jeo 02/15/10, however compliance at seve facility to fully imple effectiveness of the The facility submitter remove the Immediate F323 1. R6 was discharge 25,2010. R4 was discharge 25,2010. R4 was discharge 25,2010. 2. The facility has in risk for aggression/residents identified have an individualize with the consideration identification and marisk factors (eg, rooskills training, behabehavioral contract psychopharmacologindividualized resid completed by the in reviewed quarterly changes in the residents.	anging R6's aggressive residents and staff. ence that R4 was ed by facility staff following prevent further e harm to other residents. pardy was removed on the facility remains out of rity level 2, to allow the ment and evaluate the new plan. ed the following plan to ate Jeopardy: ged from the facility January dentified all residents at high potential for violence. All at high risk for aggression will ted treatment plan put in place on of the following: odification of environmental m placement), provision of vioral interventions (e.g.,	F3	323			

	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING		(X3) DATE SURVEY COMPLETED		
		14E506	B. WIN	IG _	C 02/18/2		
	ROVIDER OR SUPPLIER W BEACH CARE CEN	TER		73	EET ADDRESS, CITY, STATE, ZIP CODE 325 SOUTH EXCHANGE HICAGO, IL 60649	OZ/ IV	0/2010
(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
F 323	conduct rounds how at high risk for aggreprovide closer obsecase by case basis identified at high risinterdisciplinary teadevelop and addresses resident. 3. Clinical staff will PRSD/designee reaggression risk, reinformation obtained physician. 4. The administrated daily to monitor the identified at high rist PRSD/designee will treatment plans for risk for aggression an incident and been modifications to the re-inservice the PR incidents of aggres appropriate intervel basis. The QA team review interventions	arly on all residents identified ression. The facility will revations for residents on a resident sk will have a special am care plan meeting to as aggression risk with the resident background defrom resident, family, and resident sk for aggression. The review the individualized residents identified at high upon admission, in response navior occurrences and make a plan when needed and will sc. The IDT will review all sive behaviors and determine nations on a case by case in medical/ psychiatrist will is implemented monthly.	F3	323			
F 490 SS=J	A facility must be a enables it to use its efficiently to attain	/RESIDENT WELL-BEING dministered in a manner that resources effectively and or maintain the highest	F	190			3/1/10
	well-being of each	I, mental, and psychosocial resident.					

	STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) M A. BUII		LE CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
		14E506	B. WIN	G			C 8/2010
	ROVIDER OR SUPPLIER	NTER		732	EET ADDRESS, CITY, STATE, ZIP CODE 25 SOUTH EXCHANGE HICAGO, IL 60649	, , ,	<u> </u>
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFI TAG		PROVIDER'S PLAN OF CORREC (EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APPF DEFICIENCY)	ULD BE	(X5) COMPLETION DATE
F 490	Continued From pa	age 20	F4	190			
	by: Based on record refailed to provide effectively and eprevent one sample physical harm by a a known history of behavior since 2 m facility's failure to available to it has linjury for another rehad been identified	eview and interviews the facility fective administrative services afficiently use it resources to ed resident (R5) from a another resident (R6). R6 has physically aggressive/violent anoths after admission. The use administrative resources ed to this serious preventable esident and caused harm. R6 by facility as having a history violent behavior prior to this					
	1:00pm with E1 (Anurses), E4 (investigation (psychiatric rehabile E7 (admission directly the immediate jeous begun on 01/18/10 R6 punched R5 in knocking R5 to the glasses and fracture The Immediate Jeous 15/10, however compliance at sever facility to fully implementation of the R4 also has a history facility to have a sever facility to fully implementation of the R4 also has a history facility to fully implementation of the R4 also has a history facility to fully implementation of the R4 also has a history facility for the facility facility for the facility facili	pardy was determined to have approximately 5:25pm when the face with a closed fist floor, breaking R5's eyering R5's nose. Spardy was removed on the facility remains out of erity level 2, to allow the ement and evaluate the					
	violent behavior in admission to the fa	the facility since 1 month after acility. The facility's failure to illable has resulted in 7					

		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) M A. BUI		IPLE CONSTRUCTION IG	(X3) DATE SURVEY COMPLETED		
		14E506	B. WIN	NG _		C 8/2010		
	ROVIDER OR SUPPLIER N BEACH CARE CEN	TER	•	7	REET ADDRESS, CITY, STATE, ZIP CODE 325 SOUTH EXCHANGE CHICAGO, IL 60649			
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG		PROVIDER'S PLAN OF CORREC (EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APPR DEFICIENCY)	ULD BE	(X5) COMPLETION DATE	
F 490	The facility also fail protect 3 residents further abuse, follow Findings include: 1) Record Review resident admitted to diagnosis including recent MDS (minimindicates R6's cognometric The initial screening R6 as mentally ill amedications and walevel of care. R6 has had aggres follows: -12/2009 = newly are recorded to apparent real to apparent real E4 (investigative not that R6 was hearing R6 to strike both reand R8 while on the There was no evide medication change.	ed to separate/move R4 to (R3, R12 and 14) from wing physical assault. shows that R6 is a 54 year old to the facility on 12/28/08 with Schizophrenia. The most rum data set) dated 01/05/10 hition is coded as modified. If you do not not receiving psychotropic as approved for nursing facility sive/violent behaviors as dmitted to the facility. Set pulled soap dispenser off ruck 2 co-peers (R7 and R8) sons. Interview with ruse) on 02/11/10 indicated groices at the time which told sidents, so R6 slapped R7	F	490				

	FOF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) N A. BU		PLE CONSTRUCTION G	(X3) DATE SU COMPLE	TED
		14E506	B. WII	IG _			C 8/2010
	PROVIDER OR SUPPLIER	ITER		7	REET ADDRESS, CITY, STATE, ZIP CODE 325 SOUTH EXCHANGE CHICAGO, IL 60649	, J.,	5/20:0
(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 APPF DEFICIENCY)	ULD BE	(X5) COMPLETION DATE
F 490	- 04/01/09 = R6 good the face. Interview with E4 of punched R9 in the had some redness orders R9 was sent the face. R6 went to 04/08/09 = R6 read psychotropic medication. 04/17/09 = A new promedication. 05/21/10 = nurses psychotropic medication. 05/21/10 = nurses psychotropic medication. Surveyor noted the that R6 was monitorand symptoms of a psychotropic medication of the previous psychotropic medication.	tout of his chair and hit R9 in n 02/11/10 indicated that R6 face with a closed fist. R9 face and swelling. Per Physician's to a local hospital for x-ray of to hospital psych evaluation. Imitted to the facility with new cation order. In the sychotropic added to R6's In the sindicated that 2 of R6's cations were discontinued and the discontinued and the discontinuance chotropic medications. In the sychotropic added to R6's In the sychotropi	F	190			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		ULT	IPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED		
		14E506	B. WIN				C 8/2010	
	PROVIDER OR SUPPLIER	TER	•	7	REET ADDRESS, CITY, STATE, ZIP CODE 7325 SOUTH EXCHANGE CHICAGO, IL 60649	, , , ,		
(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	
F 490	piece of cigarette sto local hospital. -12/08/09 = R6 very constipation, then produced to the produced facility staff and an intercom system include to residents' be only 18/10 = R6 structures on R5 sent to face revealed a nasunterview with E4 restat on 01/18/10 as between R5 and R6 appeared to within minutes R6 produced first, knocking her glasses. E4 con laceration to the brithe left eye and a suppon further interview the hospital where standing plans for Facility staff did not treatment plan for Fareas of aggression anger toward reside	his left ear. Staff noted small ticking out from inner ear. R6 y agitated complaint of picked up chair and threw it recent episode of attempting (psychiatric rehabilitation ator) office to attack a female ession was non provoked and yellow called (a code used by nounced over the facility's dicating staff assist needed ehavior) ck R5 in face for no apparent local hospital. X-ray of R5's sal fracture. Egarding this incident indicated verbal altercation occurred while they were in line on served. Staff intervened on have backed away, but bounched R5 in the face with a gr R5 to the floor and breaking intinued, "R5 was noted with a dge of her nose, redness to crape to R5's inner bottom lip. ew E4 stated, "R5 was sent to ex-ray showed a broken nose".	F 4	190				

	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) N A. BU		IPLE CONSTRUCTION IG	(X3) DATE SU COMPLE	TED
		14E506	B. WI	NG _			C 8/2010
	ROVIDER OR SUPPLIER	ITER		7	REET ADDRESS, CITY, STATE, ZIP CODE 325 SOUTH EXCHANGE CHICAGO, IL 60649	UZ/ IV	0/2010
(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
F 490	who qualifies under the resident's care however surveyor's dated 02/8/09 indice behaviors as they cominimal and not spand usually include encourage. This fair and reassess this cobehavior does not coreassessment nor leffectiveness in chabehaviors towards. The corresponding self or others or dephysically abusive date of 04/19/10. The each time an incided date and the approor evaluated, even achieved. There were no interpsychiatrist and methough following so stated hearing voice Further review of the R6, and even though instant frustration aphysical aggression staff attempting to colline the property of the pattern of the property of the pattern of the patte	r Subpart S, E5 stated we use plan as the treatment plan, a review of R6's care plan ates facility documenting occur, but facility's approach is ecific to the current altercation as to explore and continue to lure to update and assess ongoing aggressive/violent constitute a comprehensive has it not been analyzed for its anging R6's aggressive	F	490			

	FOF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	A. BUI		IPLE CONSTRUCTION IG	COMPLE	TED
		14E506	B. WI	NG _			C 8/2010
	PROVIDER OR SUPPLIER	ITER		7	REET ADDRESS, CITY, STATE, ZIP CODE 325 SOUTH EXCHANGE CHICAGO, IL 60649	02/10	0/2010
(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 APPF DEFICIENCY)	ULD BE	(X5) COMPLETION DATE
F 490	medications when a potential adverse/ r 2) Review of most set) dated 10/14/09 and admitted to faci including Bipolar, SEtoh (alcohol) abus moderately impaire substance abuse, a use. The initial screidentified R4 as me psychotropic medic nursing facility leve R4 was transferred facility 2ndary to ag Record review indice with aggressive belowith aggressive belowith a female resident. -08/04/09 (1 month a female resident. -08/20/09 = R4 purchead. -09/07/09 at 10am door of facility after not separated from putting R10 @ risk -09/07/09 at 6pm = Code yellow called however R4 still ag extinguisher sustain thumb with active be hospital.	added or discontinued for negative effects on R6. recent MDS (minimum data of shows that R4 is 43 years old dility 7/06/09 with diagnosis achizophrenia Paranoid type, ase. R4's cognition is coded as and R4 has a history of alcohol, marijuana and cocaine pening done prior to admission antally ill and receiving actions and was approved for I of care. To this facility from another agression toward peer. Cated R4 (a 3rd floor resident) mavior in the facility as follows: In after admission) = R4 struck The R4 tried to run out front altercation with R10. R4 was R10 or moved from this floor, for further abuse. R4 punched R11 in the face, and diffused the altercation,	F	490			

	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) M A. BUI		TPLE CONSTRUCTION NG	COMPLE	TED
		14E506	B. WI	NG _			C 8 /2010
	ROVIDER OR SUPPLIER	ITER		7	REET ADDRESS, CITY, STATE, ZIP CODE 7325 SOUTH EXCHANGE CHICAGO, IL 60649	02/10	3/2010
(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
F 490	a closed fist. R12 to physician's orders. R12, putting R12 at -11/19/09 = R4 verification resident for unknown. -11/21/09 = R4 purtunknown. During interview or assessment by statiand per physician's hospital for x-ray. -12/15/09 - R4 in froof this mother fucspicture on wall. -12/09/09 = R4 randoor when not allow physically and verb Code yellow called arrive R4 hit R3 (3r closed fist. The aggunprovoked. R4 wareturned to same flinever separated frof further abuse. - 01/13/10 = R4 agging was undirectable or There was no treat R4 qualifies under Illness). Interview will plan is used for the care plan (regardin 10/20/09 document 10/20	hospital for x-ray per R4 remained on this floor with a risk for further abuse. bally abusive to another win reasons. ached R13 in face for reason a 02/11/10, E4 added, "upon a first R13 had redness to left eyes order was sent to local control lobby stating wanting out." R4 then threw fist into a cout unauthorized alarmed wed to smoke became ally threatening toward staff. Thowever before staff could defloor resident) in jaw with a gression was impulsive and as sent to local hospital but soor when readmitted, R4 was om R3 putting R3 at risk for a stated on floor, hit R14 and	F	490			

	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) M A. BUI		PLE CONSTRUCTION G	(X3) DATE SI COMPLE	
		14E506	B. WIN	NG _			C 8/2010
	PROVIDER OR SUPPLIER W BEACH CARE CEN	TER		7:	REET ADDRESS, CITY, STATE, ZIP CODE 325 SOUTH EXCHANGE CHICAGO, IL 60649		
(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
F 490	goal of R4 to decre consulting staff whe frustrated. The goa was never met. The developed dated 0' incidents as they or narrative paragraph decrease anger ag when angry and fru 03/05/10, however minimal and not spand has interventio encouraged to speaupset, remove reside to decrease symptoupdate and assess aggressive/violent becomprehensive real analyzed for its effeaggressive behavior. During interview on failed to provide eval different floor or use from further abuse) R10, R12 and R3. The facility submitter remove the Immediated in the Immediated and an indeveloped in conjunction of the Immediated and Immediated American and Immediated	ase his anger aggression by en feeling angry and I date is 01/05/10. This goal ere was also another care plan I/05/10 with a repeat of the courred written in same of form, with a goal of R4 to gression by consulting staff strated. The goal date was the facility's approach is ecific to the current altercation and of resident was ak with staff before becoming dent to quieter area, offer PRN omes of agitation. This failure to and reassess this ongoing behavior does not constitute a seessment nor has it not been ectiveness in changing R6's for towards residents and staff. O2/11/10 E1 and E2 also dence that R4 was moved to unit (to protect the resident following physical abuse to	F	490			

	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) M A. BU		PLE CONSTRUCTION	(X3) DATE SU COMPLE	
		14E506	B. WI				C 8/2010
	ROVIDER OR SUPPLIER W BEACH CARE CEN	TER		7:	REET ADDRESS, CITY, STATE, ZIP CODE 325 SOUTH EXCHANGE CHICAGO, IL 60649	, 02/11	9,2010
(X4) ID PREFIX TAG	X (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)		ID PREF TAG		PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)		(X5) COMPLETION DATE
F 490	staff training is com a. Identifying sig impending aggress including precip escalating risk, and strategies. b. Action to be to situation including of c. Clinical staff of PRSD/designee recomplete aggression risk resident backgroun assessment, and be obtained from resident 3. Facility administremergency resident the facility abuse por 4. Facility administreviews all aggress determine if staff m and will re-inservice of findings will be p	ipleted in each of these areas: Ins and symptoms of ion/aggressive situations, Ditating factors, signals of I effective de-escalation aken in potential aggressive Code Yellow Policy, Vill be re-inserviced by the garding the completion of assessment, review of d check and IDPH risk ackground information lent, family and physician. Fator will conduct an t counsel meeting concerning Dicy and house rules. Fation will ensure the IDT team ive behaviors/incidents to anagement was appropriate e staff as needed. A summary resented the QA committee or monthly for review.	F	490			

	STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SI COMPLE COMPLE					
7.11.2.1.2.1.1.0		.5	A. BUIL	LDING		C
		14E506	B. WIN	G		8/2010
	ROVIDER OR SUPPLIER W BEACH CARE CEN	ITER		STREET ADDRESS, CITY, STATE, ZIP COI 7325 SOUTH EXCHANGE CHICAGO, IL 60649	DE	
(X4) ID PREFIX TAG	(EACH DEFICIENC)	TEMENT OF DEFICIENCIES / MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	X (EACH CORRECTIVE ACTION	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	
F 490	Continued From pa	nge 29	F 4	90		
F9999	FINAL OBSERVAT	TIONS	F99	99		
	LICENSURE VIOL	ATIONS				
	300.1210a) 300.1210b)3) 300.1210b)6) 300.1220b)3) 300.3240a) 300.3240f) Section 300.1210 (Nursing and Person	Seneral Requirements for nal Care				
	and services to atta practicable physica well-being of the re each resident's cor plan of care. Adequ nursing care and po	provide the necessary care ain or maintain the highest al, mental, and psychological sident, in accordance with aprehensive assessment and tate and properly supervised ersonal care shall be provided meet the total nursing and als of the resident.				
	minimum the follow a 24-hour, seven d 3) Objective observesident's condition emotional changes and determining ca	care shall include at a ring and shall be practiced on ay a week basis: rations of changes in a including mental and in a a means for analyzing are required and the need for illuation and treatment shall be				

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		PLE CONSTRUCTION G	(X3) DATE SU COMPLE	TED
		14E506	B. WIN	IG _			C 8/2010
	PROVIDER OR SUPPLIER	ITER		7	REET ADDRESS, CITY, STATE, ZIP CODE 325 SOUTH EXCHANGE CHICAGO, IL 60649	02710	3/2010
(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 APPRODE DEFICIENCY)	JLD BE	(X5) COMPLETION DATE
F9999	made by nursing st resident's medical (6) All necessary properties as free of accident nursing personnels that each resident and assistance to pursing services b) The DON shall some services of the accomprehensive assure and goals to be accorders, and person Personnel, represenursing, activities, and activities as are of the plan shall be remonths. Section 300.3240 Area a) An owner, licensor agent of a facility resident. (Section of the resident indicates, that another reside	aff and recorded in the record. ecautions shall be taken to dents' environment remains hazards as possible. All shall evaluate residents to see receives adequate supervision prevent accidents. Supervision of Nursing supervise and oversee the the facility, including: p-to-date resident care plan ased on the resident's resesment, individual needs complished, physician's all care and nursing needs. Inting other services such as dietary, and such other redered by the physician, shall preparation of the resident care I be in writing and shall be fied in keeping with the care d by the resident's condition. Eviewed at least every three	F99	999			

	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) M A. BUI		PLE CONSTRUCTION G	(X3) DATE SI COMPLE	TED
		14E506	B. WIN	IG _			C 8/2010
	ROVIDER OR SUPPLIER	ITER		7	REET ADDRESS, CITY, STATE, ZIP CODE 325 SOUTH EXCHANGE CHICAGO, IL 60649		
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y 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
F9999	determine the most placement for the resident as residents and emp 3-612 of the Act) These requirement by: Based on record refailed to ensure the physical abuse by known history of phresulting in R6 punthe face with a closwith a fractured normonitor and period behavior led to this another resident aridentified by facility aggressive and vio incident.	mmediately evaluated to to suitable therapy and resident, considering the safety well as the safety of other loyees of the facility. (Section as are not met as evidenced eview and interview the facility at a resident is free from failing to supervise R6, with mysically aggressive behavior, ching another resident (R5) in sed fist resulting in an injury se. The facility's failure to ically re-assess R6's negative is serious preventable injury for and caused harm. R6 had been as having a history of lent behavior prior to this	F99	999			
	behavior in the factoresulted in 7 physicological facility. R4 was new another unit to professional factores.	history of aggressive/violent dity. R4's aggression has cal assaults to residents in the ver separated/moved to tect 3 residents (R3, R12 and use, following physical assault.					
	Findings include:						
	resident admitted to diagnosis including recent MDS (minimindicates R6's cogni	shows that R6 is a 54 year old the facility on 12/28/08 with Schizophrenia. The most num data set) dated 01/05/10 hition is coded as modified initial screening done on					

	FOF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) M A. BU		IPLE CONSTRUCTION IG	(X3) DATE SI COMPLE	
		14E506	B. WI	NG _			C 8/2010
	PROVIDER OR SUPPLIER W BEACH CARE CEN	TER		7	REET ADDRESS, CITY, STATE, ZIP CODE 325 SOUTH EXCHANGE CHICAGO, IL 60649		
(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 APPF DEFICIENCY)	ULD BE	(X5) COMPLETION DATE
F9999	12/23/08 identified receiving psychotro approved for nursin Review of medical 02/10/10 through 0 had physically aggresidents and staff admission. R6 has behaviors as follow -12/2009 = newly a - 02/11/09 = R6 upwall. - 03/25/09 = R6 strain no apparent reason E4 (investigative nuthat R6 was hearing R6 to strike both reand R8 while on the evidence of psychological p	R6 as mentally ill and opic medications and was ag facility level of care. record during survey of 2/16/10 indicated that R6 has ressive behaviors toward since 2 months after had aggressive/violent s: dmitted to the facility. set pulled soap dispenser off ruck 2 peers (R7 and R8) for as. Interview with arse) on 02/11/10 indicated g voices at the time which told sidents, so R6 slapped R7 re elevator. There was no obtropic medication changes or hough R6 indicated hearing buse to R7 and R8. It out of his chair and hit R9 in an 02/11/10 indicated that R6 face with a closed fist. R9 face and swelling. Per Physician's at to a local hospital for x-ray of thospital psych evaluation.	F9:	999			

	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) M A. BU		IPLE CONSTRUCTION IG	(X3) DATE SI COMPLE	
		14E506	B. WI	NG _			C 8/2010
	ROVIDER OR SUPPLIER W BEACH CARE CEN	ITER		7	REET ADDRESS, CITY, STATE, ZIP CODE 7325 SOUTH EXCHANGE CHICAGO, IL 60649		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	MMARY STATEMENT OF DEFICIENCIES DEFICIENCY MUST BE PRECEDED BY FULL TORY OR LSC IDENTIFYING INFORMATION) TAG PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)		(X5) COMPLETION DATE			
F9999	Continued From pa	ige 33	F9:	999			
	psychotropic medica new one started. provided that R6 was or signs and symptonew psychotropic in discontinuance of the medications. - 08/10/09 = R6 on chairs down hallwas for unknown reason wall. Resident to he could be staffed in the provided and the country of the country	he previous psychotropic unit very agitated, throwing y, states, he is very frustrated ns. R6 noted beating hand on					
	throwing things at s -08/20/09 = R6 in s	moke room stated he had					
	<u> </u>	his left ear. Staff noted small ticking out from inner ear. R6					
		y agitated complaint of bicked up chair and threw it					
	to come into PRSC service co-coordina staff member. Aggr unexpected. Code facility staff and an	recent episode of attempting (psychiatric rehabilitation ator) office to attack a female ression was non provoked and yellow called (a code used by anounced over the facility's dicating staff assist needed					

	FOF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) M A. BUI		IPLE CONSTRUCTION	(X3) DATE SU COMPLE	
		14E506	B. WIN	IG _			C 8/2010
	PROVIDER OR SUPPLIER W BEACH CARE CEN	TER	•	7	REET ADDRESS, CITY, STATE, ZIP CODE 7325 SOUTH EXCHANGE CHICAGO, IL 60649		
(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 APPF DEFICIENCY)	OULD BE	(X5) COMPLETION DATE
F9999	reason. R5 sent to face revealed a nast Interview with E4 re that on 01/18/10 are between R5 and R6 awaiting Dinner to land R6 appeared to within minutes R6 pclosed fist, knockin her glasses. E4 con laceration to the brithe left eye and a suppon further intervithe hospital where Facility staff did not treatment plan for Fareas of aggression and anger toward running interview rewho qualifies under Mentally III), E5 stacare plan as the tresurveyor's review of states the following "R6 has physically R6 destroys facility 03/25/09 R6 has dibehaviors toward of while on elevators, voices that was frus physically attacked who walked pass here.	ck R5 in face for no apparent local hospital. X-ray of R5's sal fracture. egarding this incident indicated verbal altercation occurred 6 while they were in line oe served. Staff intervened of have backed away, but ounched R5 in the face with a g R5 to the floor and breaking intinued, "R5 was noted with a dge of her nose, redness to crape to R5's inner bottom lip. ew E4 stated, "R5 was sent to x-ray showed a broken nose."	F99	999			

	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) M A. BUI		PLE CONSTRUCTION 3	(X3) DATE SI COMPLE	TED
		14E506	B. WIN	IG			C 8/2010
	ROVIDER OR SUPPLIER	ITER		73	EET ADDRESS, CITY, STATE, ZIP CODE 325 SOUTH EXCHANGE HICAGO, IL 60649		2 2
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y 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
F9999	told him to do so. 1 aggressive incident attack a female star unprovoked and ex (first to respond to restrained R6 who to female staff men and R6 was sent o order. 1/19/10 R6 h incident which invostanding behind earesident to get his some self or others or de physically abusive date of 04/19/10. Teach time an incided date and the approor evaluated, even achieved. There were no interpsychiatrist and mentiough following some stated hearing voice Further review of the R6, even though some the pattern of behaffustration and ofter aggression toward attempting to diffuse Record review show behaviors as they cominimal and not spand usually included.	said the voices that he hears /9/10 R6 had physically tin which he attempted to ff member. Incident was spected. Male staff member behavior) and others was struggling with staff to get ober. Code yellow was called ut to hospital per Doctor's had physically aggressive lived R6 and female peer och other in line, asked stomach off her. goal is that R6 will not harm stroy facility's property due to behavior. There was a goal his goal date was updated ent occurred, however this goal aches have not been revised though the goal has not been reventions including R6's edication adjustment even ome incidents R6 consistently es caused the altercation. The on-going violent behavior of ome of the injuries were minor, vior by R6 reveals instant in times immediate physical residents and the staff	F99	999			

AND PLAN OF CORRECTION IDENTIFICA		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) M A. BUI		PLE CONSTRUCTION G	(X3) DATE SURVEY COMPLETED C 02/18/2010	
		14E506	B. WIN				
NAME OF PROVIDER OR SUPPLIER RAINBOW BEACH CARE CENTER			'	73	EET ADDRESS, CITY, STATE, ZIP CODE 325 SOUTH EXCHANGE HICAGO, IL 60649		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)			ID PROVIDER'S PLAN OF CO PREFIX (EACH CORRECTIVE ACTION TAG CROSS-REFERENCED TO THE DEFICIENCY)		ULD BE	(X5) COMPLETION DATE
F9999	and reassess this obehavior in spite of regimen does not or reassessment nor reffectiveness in chabehaviors towards Interview with E2 (I 02/11/10, E2 stated provided evidence, added/adjustment i E2 failed to provide was monitoring the discontinued for poeffects on R6. 2) Review of the modata set) dated 10/years old and admidiagnosis including Paranoid type, Etol cognition is coded a R4 has a history of marijuana and cocadone prior to admisill and receiving psywas approved for n R4 was transferred facility secondary to Record review indiagnosis including the secondary to Record review indiagnosis including psywas approved for n R4 was transferred facility secondary to Record review indiagnosis including psywas approved for n R4 was transferred facility secondary to Record review indiagnosis including psywas approved for n R4 was transferred facility secondary to Record review indiagnosis including psywas approved for n R4 was transferred facility secondary to Record review indiagnosis including psywas approved for n R4 was transferred facility secondary to Record review indiagnosis including psywas approved for n R4 was transferred facility secondary to Record review indiagnosis including psywas approved for n R4 was transferred facility secondary to Record review indiagnosis including psywas approved for n R4 was transferred facility secondary to R6/04/09 (1 month a female resident.	programming and medication onstitute a comprehensive has it not been analyzed for its anging R6's aggressive	F99	999			

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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING			COMPLETED	
		14E506	B. WIN	IG _			C 8/2010
NAME OF PROVIDER OR SUPPLIER RAINBOW BEACH CARE CENTER				7	REET ADDRESS, CITY, STATE, ZIP CODE 325 SOUTH EXCHANGE CHICAGO, IL 60649	, 02) 10	3/2010
(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
F9999	door of facility after not separated from putting R10 at risk: -09/07/09 at 6pm = Code yellow called however R4 still ag extinguisher sustain thumb with active behospital. -10/18/09 = R4 struated a closed fist. R12 to physician's orders. R12, putting R12 at -11/19/09 = R4 ver resident for unknown. During interview or assessment by stain and per physician's hospital for x-ray." -12/15/09 - R4 in froof this mother fucpicture on wall. -12/09/09 = R4 randoor when not allow physically and verb Code yellow called arrive R4 hit R3 (3r closed fist. The aggunprovoked. R4 was and per physically and verb Code yellow called arrive R4 hit R3 (3r closed fist. The aggunprovoked. R4 was and per physically and verb Code yellow called arrive R4 hit R3 (3r closed fist. The aggunprovoked. R4 was and per physically and verb Code yellow called arrive R4 hit R3 (3r closed fist. The aggunprovoked. R4 was and per physically and verb Code yellow called arrive R4 hit R3 (3r closed fist. The aggunprovoked. R4 was and per physically and verb Code yellow called arrive R4 hit R3 (3r closed fist. The aggunprovoked. R4 was and per physically and verb Code yellow called arrive R4 hit R3 (3r closed fist. The aggunprovoked. R4 was and per physically and verb Code yellow called arrive R4 hit R3 (3r closed fist. The aggunprovoked. R4 was and per physically and verb Code yellow called arrive R4 hit R3 (3r closed fist. The aggunprovoked. R4 was and per physically and verb Code yellow called arrive R4 hit R3 (3r closed fist. The aggunprovoked. R4 was and per physically and verb C4 hit R3 (3r closed fist. The aggunprovoked. R4 was and per physically and verb C4 hit R3 (3r closed fist. The aggunprovoked. R4 was and per physically and verb C4 hit R3 (3r closed fist. The aggunprovoked. R4 was and per physically and verb C4 hit R3 (3r closed fist. The aggunprovoked. R4 was and per physically and verb C4 hit R3 (3r closed fist. The aggunprovoked. R4 was and per physically and verb C4 hit R3 (3r closed fist. The aggunprovoked. R4 was and per physically	= R4 tried to run out front altercation with R10. R4 was R10 or moved from this floor, for further abuse. R4 punched R11 in the face. and diffused the altercation, itated punched fire ning a 2 cm laceration to right eleeding. R4 was sent to local lack R12 in the cheekbone with the hospital for x-ray per R4 remained on this floor with the risk for further abuse.	F99	999			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) M A. BU		IPLE CONSTRUCTION IG	(X3) DATE SURVEY COMPLETED C 02/18/2010	
	14E506		B. WI	NG _			
NAME OF PROVIDER OR SUPPLIER RAINBOW BEACH CARE CENTER			•	7	REET ADDRESS, CITY, STATE, ZIP CODE 325 SOUTH EXCHANGE CHICAGO, IL 60649		
(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 CORREC (EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APPR DEFICIENCY)	ULD BE	(X5) COMPLETION DATE
F9999	never separated frofurther abuse. - 01/13/10 = R4 agi was undirectable or There was no treat R4 qualifies under indicates that the contreatment plan. Rev (regarding aggress documents altercat narrative paragraph decrease his anger staff when feeling a date is 01/05/10. The was also another control of the current written in form, with a goal of aggression by constructed. The goal the facility's approat to the current alterces and the current	tated on floor, hit R14 and ode yellow called. ment plan for R4 even though subpart S. Interview with E5 are plan is used for the view of the care plan ion) for R4 dated 10/20/09 ions as they occurred in a n. There was a goal of R4 to aggression by consulting angry and frustrated. The goal his goal was never met. There are plan developed dated eat of the incidents as they same narrative paragraph R4 to decrease anger sulting staff when angry and I date was 03/05/10, however ch is minimal and not specific eation and has interventions of traged to speak with staff oset, remove resident to PRN to decrease symptoms of the to update and assess and ang aggressive/violent constitute a comprehensive has it been analyzed for its anging R6's aggressive	F9:	999			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 14E506		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MI A. BUII	ULTIPLE CONSTRUCTION LDING	(X3) DATE S COMPL	(X3) DATE SURVEY COMPLETED	
			G	C 02/18/2010			
NAME OF PROVIDER OR SUPPLIER RAINBOW BEACH CARE CENTER				STREET ADDRESS, CITY, STATE, ZIP COL 7325 SOUTH EXCHANGE CHICAGO, IL 60649			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)		ID PREFI TAG	PROVIDER'S PLAN OF COR (EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE DEFICIENCY)	SHOULD BE	(X5) COMPLETION DATE	
F9999	Continued From pa	nge 39	F99	99			
		(A)					