PRINTED: 11/07/2011 FORM APPROVED OMB NO. 0938-0391

F 000 INITIAL COMMENTS  Extended Survey conducted.  F 323 SS=J  The facility must ensure that the resident environment remains as free of accident hazards as is possible; and each resident receives adequate supervision and assistance devices to		T OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	\ \ \ \ \ \ \		TIPLE CONSTRUCTION	(X3) DATE SI COMPLE	
NAME OF PROVIDER OR SUPPLIER  ABBINGTON REHAB & NURSING CTR   (X4) ID PREFIX TAG (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)  F 000 INITIAL COMMENTS  F 323 Extended Survey conducted.  F 323 483.25(h) FREE OF ACCIDENT  The facility must ensure that the resident environment remains as free of accident hazards as is possible; and each resident receives adequate supervision and assistance devices to								
ABBINGTON REHAB & NURSING CTR    X44   ID   PREFIX TAG   (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)   PREFIX TAG   (EACH CORRECTIVE ACTION SHOULD BE COMPLETIC DATE			146065				08/0	9/2011
PRÉFIX TAG  (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)  F 000  INITIAL COMMENTS  F 000  Incident Investigation of 07/13/11/IL53738  Extended Survey conducted.  483.25(h) FREE OF ACCIDENT HAZARDS/SUPERVISION/DEVICES  The facility must ensure that the resident environment remains as free of accident hazards as is possible; and each resident receives adequate supervision and assistance devices to			ING CTR		3	31 WEST CENTRAL		
Incident Investigation of 07/13/11/IL53738  Extended Survey conducted.  F 323 SS=J HAZARDS/SUPERVISION/DEVICES  The facility must ensure that the resident environment remains as free of accident hazards as is possible; and each resident receives adequate supervision and assistance devices to	PRÉFIX	(EACH DEFICIENC)	Y MUST BE PRECEDED BY FULL	PREF		(EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APPI	OULD BE	COMPLETION
Extended Survey conducted.  F 323 SS=J HAZARDS/SUPERVISION/DEVICES  The facility must ensure that the resident environment remains as free of accident hazards as is possible; and each resident receives adequate supervision and assistance devices to	F 000	INITIAL COMMEN	тѕ	F	000			
F 323 SS=J HAZARDS/SUPERVISION/DEVICES  The facility must ensure that the resident environment remains as free of accident hazards as is possible; and each resident receives adequate supervision and assistance devices to		Incident Investigat	ion of 07/13/11/IL53738					
environment remains as free of accident hazards as is possible; and each resident receives adequate supervision and assistance devices to		483.25(h) FREE O	F ACCIDENT	F:	323			8/11/11
		environment remains as is possible; and	ns as free of accident hazards each resident receives					
This REQUIREMENT is not met as evidenced by: Based on observation, record review and interview the facility failed to ensure that 1 resident identified as high risk for wandering/elopement (R2) was provided with adequate supervision when he eloped from the facility and the alarm system failed to activate.  This failure affected R2, with the potential to affect 2 other residents identified by the facility as wanderers, R1 and R3. On 07/13/11 R2 left the building without the alarm system being activated. He was hit and killed by a train a short time later while crossing nearby train tracks.  The facility was unaware that R2 had eloped from the facility or why the alarm system failed to activate. This resulted in an Immediate Jeopardy.		by: Based on observarinterview the facility resident identified a wandering/elopeme adequate supervisifacility and the alar. This failure affected affect 2 other reside wanderers, R1 and building without the activated. He was attime later while crown the facility or vactivate. This result	tion, record review and y failed to ensure that 1 as high risk for ent (R2) was provided with on when he eloped from the m system failed to activate.  d R2, with the potential to ents identified by the facility as R3. On 07/13/11 R2 left the e alarm system being nit and killed by a train a short ssing nearby train tracks.  aware that R2 had eloped why the alarm system failed to ted in an Immediate Jeopardy.					
Although the Immediacy of the situation was removed on 07/19/11 at 4:15 PM the facility remains out of compliance at a level 2 until the  LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE  TITLE  (X6) DATE	LABORATO :	removed on 07/19/ remains out of com	/11 at 4:15 PM the facility pliance at a level 2 until the	UATURE.		TITE 5		(VC) 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.

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

	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) M A. BU		PLE CONSTRUCTION  G	COMPLE	
		146065	B. WII	NG			C 9 <b>/2011</b>
	ROVIDER OR SUPPLIER	ING CTR		31	EET ADDRESS, CITY, STATE, ZIP CODE  1 WEST CENTRAL  OSELLE, IL 60172		3/2011
(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 APPI DEFICIENCY)	OULD BE	(X5) COMPLETION DATE
F 323	effectiveness of the can be evaluated. E1 (administrator) Immediate Jeopard Findings include:  According to the myear old, ambulator the facility on 05/07 Advanced AIDS, (ASyndrome), Encept brain), Seizures an (status post) resect Cognitive Dysfunct Upon admission R2 2nd floor of the 2 status and floor of the 2 status floor of the 2 status floor of the 2 status floor of the 3 status floor of the 2 status floor of the 3 status floor of the 2 status floor fl	e facility's plan of correction was notified by phone of the ly on 07/19/11 at 10:00 AM.  edical record R2 was a 45 ry male who was admitted to 7/11. His diagnoses included acquired Immune Deficiency halopathy (swelling of the d Brain Cancer with s/p ion in 2006, vp shunt, 2010, ion and Substance Abuse. 2 was assigned a room on the tory building.  5/08/11 at 6:50 am by E 5, RN ight shift) documents that 2 was oriented to the smoking and the time breakfast is  e 3-11 shift) documents on m, "needs re-direction at all a forgetful."	F;	323			

	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) M A. BUI		TIPLE CONSTRUCTION	(X3) DATE SU COMPLE	
		146065	B. WIN	۱G _			C <b>9/2011</b>
	ROVIDER OR SUPPLIER	ING CTR	•	3	REET ADDRESS, CITY, STATE, ZIP CODE 31 WEST CENTRAL ROSELLE, IL 60172		
(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 323	understanding but it forgetful.  E5's end of shift no documents: Reside times during shift. It seemed forgetful. Nesident wants to sabout smoking rule  E5's end of shift no documents: Res w floor several times. Res was re-directed mad. At 2:30 am alipatio. Staff checked door to smoke. Resident or smoke. Resident or smoke. Resident of the content of	gulation. Resident verbalized resident seemed to be te of 05/14/11 at 7:05 am ent was seen wandering 3 Re-directed several times but leeds constant cueing. Smoke but was reminded as & regulations.  Ite of 05/17/11 at 7:30am as seen wandering on 1st holding cigarette & lighter. It is discovered times. Res got very arm-door was heard by the discovered to open as was re-directed per CNA."  Iding to Z1's (psychiatrist) as note R2 was alert and ome periods of forgetfulness. It is note R2 was alert and one set and sometimes wishes to that R2's judgement and R2 was diagnosed with Major	F	323			
	stated that although	suicidal ideation. Z1 also n R2 wished to be more as not showing signs of hurting					

	FOF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) M A. BUI		IPLE CONSTRUCTION	(X3) DATE SU COMPLE	JRVEY TED
		146065	B. WIN	1G _			C <b>9/2011</b>
	PROVIDER OR SUPPLIER	ING CTR	<b>,</b>	3	REET ADDRESS, CITY, STATE, ZIP CODE B1 WEST CENTRAL ROSELLE, IL 60172		
(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)	OULD BE	(X5) COMPLETION DATE
F 323	himself.  E5's end of shift no documents: "At 2:3 was heard. Nurses coming from. Res. Nurse let him in and why? Res replied, "asked, "how did he I have a good mem the code."  The note further do counseled about le unsupervised. E5 a informed E2( social E2 stated on 08/09, counceling R2 regathe code to the patialso stated that the careplan after the irrestricted, placed or closely.  5/22/11, 6:55 am E shift a smell of cigal hallway by R2's roor room. E5 told CNA regarding smoking again observed on E1(administrator) sover the smoking princident and he was go out to the patio a were initiated at this closely.	te on 05/20/11 at 7:15 am 0 am loud thud several times checked where the sound is (R2) was seen outside patio. If asked how did he get out & I went out for smoke." Nurse know the code?" Res replied, ory." Res won't tell how he got cuments that R2 was	F	323			

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	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) M A. BU		PLE CONSTRUCTION	(X3) DATE SU COMPLE	
		146065	B. WI	NG			C <b>9/2011</b>
	ROVIDER OR SUPPLIER	ING CTR	'	31	EET ADDRESS, CITY, STATE, ZIP CODE I WEST CENTRAL OSELLE, IL 60172		
(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 APPF DEFICIENCY)	ULD BE	(X5) COMPLETION DATE
F 323	(licensed practical the facility without processes the searched the building the gas station (whice searched the building the gas station (whice gas station (whice gas station) and the gas station (whice gas station) and the search of the facility intervened and device was implemed to the search of the facility interventions disease part the doctor's official and he was returned to the facility intervention of the facility interventions after the hospital.  No further document record that the facility interventions after the hospital.  The only reference after this occurred to 6/29/11 which stationally intervention of the facility of the facility intervention after the facility of the facility	nurse) documents that R2 left permission. After staffing R2 was seen coming from ich is located on the other in tracks.) At this point the and the use of a wandering ented.  Progress notes documents incidents of attempted out the month of June, 2011. 11 R2 was seen by the physician at 10 am. At 11:30 ce called stating that R2 was a sent to the hospital. R2 lity at 4:30 pm. as not monitored more closely ause his doctor at the clinic and that he wasn't actually and that he wasn't actually to the incident in the record was a note by E8 (LPN) on ted, "Denies any suicidal lopement Risk Assessment that his wandering device was 707/11. E2 stated on 07/15/11 ass privileges" were reinstated sessed and noted to be	F	323			

Facility ID: IL6000020

	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) M	ULTII	PLE CONSTRUCTION	(X3) DATE SU COMPLE	
			A. BUI	LDIN	G		C
		146065	B. WIN	IG			9/2011
	ROVIDER OR SUPPLIER TON REHAB & NURS	ING CTR		3	EET ADDRESS, CITY, STATE, ZIP CODE  1 WEST CENTRAL  OSELLE, IL 60172		
(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 323	On 07/11/11 a 10:3 documents that R2 before 7:50 PM. wir seen by the recepti pm crossing the str station. (across the approximately 9:55 through the patio do R2 was counceled he was told he may he could not go out  The physician was device was re-appli was changed to "cate E3's (nurse on duty 07/13/11 document medication at approximation at approximation of the physician was observed by Erounds (approximation in his room or the process the street betracks). E4 returned he could not get to was an accident. A entered the building missing from the fathat someone had IE1 (administrator) swas called to the faccident. E1 was a accident. E1 was a the scene to identification.	left the building sometime thout signing out. He was onist at approximately 8:15 eet heading towards the gas railroad tracks). At pm R2 returned to the facility oor. by E2 after he returned and have his pass revoked and on his own anymore.  Inotified and the wandering ied on 07/12/11. R2's order an only go out with family".  In ote in the record dated is that R2 was given his eximately 9 PM. After that he 3 leaving his room. During tely 20 minutes later), R2 was ne patio. All staff were in the facility. At approximately for nurse, E4 was asked to as station, (which is located eyond two sets of railroad da a short time later stating that the gas station because there it 10:15 PM a police officer gand asked if anyone was cility. The officer also stated	Fí	323			

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

	F OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	A. BUI		IPLE CONSTRUCTION	COMPLE	TED
		146065	B. WIN	IG _			C 9 <b>/2011</b>
	PROVIDER OR SUPPLIER	ING CTR	•	3	REET ADDRESS, CITY, STATE, ZIP CODE  1 WEST CENTRAL  ROSELLE, IL 60172	0070	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
(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 323	wandering device we E1 also stated that with the facility's ala investigation was u was able to leave the alarm. R2's warhis ankle and could On 07/14/11 survey services director) of the facility. The 2 rewandering devices placement and function care staff were obsularms were activated disable the alarms explained that all of be input in order to after it is triggered. any of the alarms opersonally tested R 07/12/11 prior to attisport of the social service notes was checked prior to the time of R2's elo E9, CNA was intervited at the time of the was in a resident's hear any alarms go E10, CNA was intervited and stated that she off on 07/13/11 and have to punch in the	was still attached to his ankle. there were no problems found arm system and their nable to determine how R2 ne building without triggering ndering device remained on not be tested by the facility. For accompanied by E2 (social hecked all alarmed doors in emaining residents who wear were assessed for the proper ction of their devices. Direct erved and interviewed as the ted. Staff acted quickly to after coming to the area. E2 if the alarms require a code to stop the alarm from ringing No problems were found with n 07/14/11. E2 stated that she 2's wandering device on taching it to his ankle. E2's also reflect that the alarm to it's application.  I on 07/15/11 and stated that anything unusual with R2 on thear any alarms go off at pement from the facility. Viewed on 07/15/11 and stated the elopement of 07/13/11 she room doing care and did not	F	323			

	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) M	ULTII	PLE CONSTRUCTION	(X3) DATE SU COMPLE	
72 . 27		.5	A. BUII	DIN	G		
		146065	B. WIN	G			C <b>9/2011</b>
	ROVIDER OR SUPPLIER  TON REHAB & NURS	ING CTR	·	3	EET ADDRESS, CITY, STATE, ZIP CODE 1 WEST CENTRAL OSELLE, IL 60172		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES  MUST BE PRECEDED BY FULL  SC IDENTIFYING INFORMATION)	ID PREFI TAG	Х	PROVIDER'S PLAN OF CORREC' (EACH CORRECTIVE ACTION SHOI CROSS-REFERENCED TO THE APPR DEFICIENCY)	ULD BE	(X5) COMPLETION DATE
F 323	when staff became building, they did no	ige 7 13/11 shortly after 9:00 PM aware that R2 was not in the ot know where he was, and agger to indicate that he had	F3	323			
	and record review t	rough interview, observation, hat the facility took the remove the Immediate					
	wandering device p	eviewed and revised it's policies and procedures. plementation : Director of					
		est all door alarms daily and mplemented by Maintenance					
		evice system is being tested y and a log will be kept. Maintenance					
	devices on resident	r placement of wandering ts will be done daily and a log e nurse will be responsible.					
	not be allowed to g	vear wandering devices will o out on the patio without one . charge nurse, direct care					
	assure that all residuevices will have the	esments will be reviewed to dents who need wandering tem. Careplans will be assessments as appropriate.					

	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MU	JLTIPLE CONSTRUCTION	(X3) DATE SU COMPLE	
7.11.0 1 27.11 0	. CONTRICTION	ibertii iertiiertiieliberti	A. BUIL	DING		
		146065	B. WING	3		C <b>9/2011</b>
	ROVIDER OR SUPPLIER FON REHAB & NURS	ING CTR	:	STREET ADDRESS, CITY, STATE, ZIP CODE 31 WEST CENTRAL ROSELLE, IL 60172		
(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 APPF DEFICIENCY)	ULD BE	(X5) COMPLETION DATE
F 323	7. On or before 07/with appropriate factoric designee will conduincluding: Supervise housekeeping as who was the inservices will as a review of the rereasonably assures remains as accidentable and a review of the action of the action of the factoric design of the procedures for wanter actions of the conduction of the procedures for compliantable for overall compliants of the facility's abater accepted on 07/19/	tor or social services.  19/11, inservices will be held cility staff. Administrator or uct the inservices. Staff ors, dietary, maintenance, rell as direct care staff.  include:  equirement that the facility stata residents' environment at free as possible.  Illegations  acility's revised policies and adering devices.  will be monitored by charge nee through daily rounds and trends in noncompliance ditional inservices will be ector of Nursing will monitor nee through her supervision of ment plan was reviewed and 11 at 4:00 PM.	F 3:			
F9999	FINAL OBSERVAT LICENSURE VIOL 300.610a) 300.1210b) 300.1210d)6) 300.3100d)2)		F99 <sup>9</sup>	99		

	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) N	IULTI	PLE CONSTRUCTION	(X3) DATE SU COMPLE	
,		.5	A. BUI	LDIN	G		C
		146065	B. WIN	NG _			9/2011
	ROVIDER OR SUPPLIER  TON REHAB & NURS	ING CTR		3	REET ADDRESS, CITY, STATE, ZIP CODE  1 WEST CENTRAL  COSELLE, IL 60172		
(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
F9999	a) The facility shall procedures, govern the facility which she Resident Care Police least the administrative medical advisor representatives of reviewed at least and evidenced by writter of such a meeting.  Section 300.1210 Consumption of the facility shall and services to attapracticable physical well-being of the representative of	esident Care Policies  have written policies and sing all services provided by sall be formulated by a cy Committee consisting of at ator, the advisory physician or cy committee and nursing and other services in solicies shall be in compliance rules promulgated written policies shall be and shall be annually by this committee, as an, signed and dated minutes  General Requirements for hall Care  provide the necessary care ain or maintain the highest I, mental, and psychological sident, in accordance with aprehensive resident care I properly supervised nursing care shall be provided to each the total nursing and personal esident.  section (a), general nursing at a minimum, the following sed on a 24-hour,	F99	999			

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

	FOF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) N A. BU		TIPLE CONSTRUCTION  NG	COMPLE	
		146065	B. WII	NG _			C 9 <b>/2011</b>
	ROVIDER OR SUPPLIER	ING CTR		3	REET ADDRESS, CITY, STATE, ZIP CODE 31 WEST CENTRAL ROSELLE, IL 60172	1 00/0	3/2011
(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
F9999	as free of accident nursing personnel sthat each resident rand assistance to personal strate and will alert the building. Any experience for part-time hour a day supervisive required.  Section 300.3240 Aa) An owner, licens or agent of a facility resident. (Section 300.3240 Aa) and owner, licens or agent of a facility resident. (Section 300.3240 Aa) and owner, licens or agent of a facility resident identified a wandering/elopement adequate supervisifacility and the alart.  This failure affected affect 2 other reside wanderers, R1 and building without the	hazards as possible. All shall evaluate residents to see receives adequate supervision prevent accidents.  General Building  ows shall be equipped with a the staff if a resident leaves atterior door that is supervised and may have a disconnect a use. If there is constant 24 sion of the door, a signal is not abuse and Neglect ee, administrator, employee a shall not abuse or neglect a 2-107 of the Act)  s are not met as evidenced  on, record review and a failed to ensure that 1 as high risk for ent (R2) was provided with on when he eloped from the em system failed to activate.  d R2, with the potential to ents identified by the facility as R3. On 07/13/11 R2 left the elarm system being	F9	999			
	or agent of a facility resident. (Section 2) These requirement by: Based on observation interview the facility resident identified a wandering/elopeme adequate supervisifacility and the alar. This failure affected affect 2 other reside wanderers, R1 and building without the activated. He was head of the section of the s	y shall not abuse or neglect a 2-107 of the Act) s are not met as evidenced fon, record review and y failed to ensure that 1 as high risk for ent (R2) was provided with on when he eloped from the m system failed to activate. d R2, with the potential to ents identified by the facility as R3. On 07/13/11 R2 left the					

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

	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	A. BUI		TIPLE CONSTRUCTION  NG	(X3) DATE SU COMPLE	
		146065	B. WIN	NG _			C 9 <b>/2011</b>
	ROVIDER OR SUPPLIER	ING CTR		;	REET ADDRESS, CITY, STATE, ZIP CODE 31 WEST CENTRAL ROSELLE, IL 60172	00,00	3/2011
(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)	ULD BE	(X5) COMPLETION DATE
F9999	from the facility or vactivate.  Findings include:  According to the mayear old, ambulator	aware that R2 had eloped why the alarm system failed to edical record R2 was a 45 y male who was admitted to	F99	999			
	Advanced AIDS, (A Syndrome), Encept brain), Seizures and (status post) resect Cognitive Dysfuncti Upon admission R2 2nd floor of the 2 st	7/11. His diagnoses included acquired Immune Deficiency halopathy (swelling of the d Brain Cancer with s/p ion in 2006, vp shunt, 2010, on and Substance Abuse. 2 was assigned a room on the ory building.					
	rules of the facility, served. E3 (1st floor nurse	2 was oriented to the smoking and the time breakfast is 3-11 shift) documents on m, "needs re-direction at all forgetful."					
	am documents the "Resident wanted to shift)] Nurse explain rules, regulation & showever forgetful. A went off. CNA immore [R2] smoking outside supervised res. Resident and the supervised res. Resident and the supervised res.	shift note of 05/11/11 at 7:00 following: o smoke during shift. [night ned again regarding-smoking schedule. Easily re-directed, At 4:20 am front door alarm ediately checked and saw res. de. Staff stayed and swas told not to go outside se again explained regarding -					

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION  A. BUILDING			(X3) DATE SURVEY COMPLETED	
146065		B. WING			C <b>08/09/2011</b>		
NAME OF PROVIDER OR SUPPLIER  ABBINGTON REHAB & NURSING CTR			•	3	REET ADDRESS, CITY, STATE, ZIP CODE  1 WEST CENTRAL  ROSELLE, IL 60172		
(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 APPF DEFICIENCY)	ULD BE	(X5) COMPLETION DATE
F9999	smoking rules & re understanding but forgetful."  E5's end of shift not documents: "Reside times during shift. I seemed forgetful. Nesident wants to about smoking rule E5's end of shift not documents: "Res w floor several times Res was re-directe mad. At 2:30 am al patio. Staff checked door to smoke. Resident wants to several times Res was re-directe mad. At 2:30 am al patio. Staff checked door to smoke. Resident of the control of the co	gulation. Resident verbalized resident seemed to be  see of 05/14/11 at 7:05 am ent was seen wandering 3 Re-directed several times but Needs constant cueing. Smoke but was reminded as & regulations."  see of 05/17/11 at 7:30am was seen wandering on 1st holding cigarette & lighter. In discovered times. Res got very arm-door was heard by the discovered was re-directed per CNA."  reding to Z1's (psychiatrist) and one periods of forgetfulness. Feels helpless, hopeless, no rest and sometimes wishes to that R2's judgement and R2 was diagnosed with Major	F9:	999			

		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION  A. BUILDING			(X3) DATE SURVEY COMPLETED		
		146065	B. WING			C <b>08/09/2011</b>		
NAME OF PROVIDER OR SUPPLIER  ABBINGTON REHAB & NURSING CTR				STREET ADDRESS, CITY, STATE, ZIP CODE 31 WEST CENTRAL ROSELLE, IL 60172				
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F9999	himself.  E5's end of shift no documents: "At 2:3 was heard. Nurses coming from. Res. Nurse let him in anywhy? Res replied, 'asked, 'how did he have a good memorathe code."  The note further docounseled about le unsupervised. E5 a informed E2 (social stated on 08/09/11 counceling R2 regathe code to the patialso stated that the careplan after the irrestricted, placed oclosely.  5/22/11, 6:55 am Eshift a smell of cigal hallway by R2's roor room. E5 told CNA regarding smoking was again observed door. E1 (administre E5 went over the stafter the incident at tried to go out to the interventions were supervise R2 more	te on 05/20/11 at 7:15 am 0 am loud thud several times checked where the sound is (R2) was seen outside patio. d asked how did he get out & I went out for smoke.' Nurse know the code?' Res replied, I wry." Res won't tell how he got cuments that R2 was aving the building lso documented that she worker) of the issue. E2 that she remembered arding smoking rules and that o was probably changed. E2 re were no changes to R2's neident and R2 was not in checks or monitored more  5 documents that earlier in the rette smoke was noted in the om. R2 denies smoking in his to supervise R2 closely in his room. At 7:00 am R2 d on his way out the patio ator) stated on 08/09/11that moking policy again with R2 and he was re-directed when he e patio at 7:00 am. No other initiated at this time to	F9:	999				

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F9999	(licensed practical of the facility without presented the building the gas station (whiside of 2 sets of transfacility intervened a device was implemed. Nursing progress in were no incidents of throughout the more 06/28/11, R2 was sphysician at 10:00 office called stating was sent to the host facility at 4:30 pm. monitored more clocking distribution of the was not actually. No further document record that the facility interventions after the hospital. The office the record after this (LPN) on 06/29/11 suicidal plans."  On 07/0711 R2's Eform documented to discontinued on 07, that R2's "out on parafter R2 was re-assfollowing facility point of the record	nurse) documents that R2 left permission. After staffing R2 was seen coming from ich is located on the other in tracks.) At this point the and the use of a wandering ented.  otes document that there of attempted elopement with of June, 2011. However on the end the infectious disease am. At 11:30 am the doctor's that R2 was suicidal and he expital. R2 returned to the E1stated that R2 was not usely after his return because in misunderstood R2 and that is suicidal at all.  Intation was found in the ity implemented any further R2 returned to the facility from only reference to the incident in a coccurred was a note by E8 which stated, "Denies any lopement Risk Assessment that his wandering device was 1/07/11. E2 stated on 07/15/11 ass privileges" were reinstated sessed and noted to be	F9	999				

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F9999	by the receptionist crossing the street station (across the approximately 9:55 through the patio dafter he returned an his pass revoked a own anymore.  The physician was device was re-appliant was changed to "cate E3's (nurse on duty 07/13/11 document medication at approximation at approximation in his room or the was observed be rounds (approximation in his room or the was observed be rounds (approximation in his room or the was observed be tracks). E4 returned he could not get to was an accident. A entered the building missing from the fathat someone had be seened to identify visible and he was wandering device was device was called to the fathat was wandering device was wandering device was wandering device was de	heading towards the gas railroad tracks). At pm R2 returned to the facility for. R2 was counseled by E2 and he was told he may have and he could not go out on his motified and the wandering led on 07/12/11. R2's order an only go out with family."  I) note in the record dated is that R2 was given his eximately 9:00 pm. After that y E3 leaving his room. During lely 20 minutes later), R2 was an epatio. All staff were in the facility. At approximately or nurse, E4 was asked to as station (which is located leyond two sets of railroad did a short time later stating that the gas station because there is 10:15 pm a police officer gand asked if anyone was cility. The officer also stated	F9	999				

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F9999	investigation was used was able to leave to the alarm. R2's was his ankle and could on 07/14/11 survey (social services directly who wear wandering the proper placemed devices. Direct care interviewed as the acted quickly to disto the area. E2 exprequire a code to be alarm from ringing problems were four 07/14/11. E2 stated R2's wandering devattaching it to his a also reflect that the its application.	arm system and their nable to determine how R2 he building without triggering ndering device remained on I not be tested by the facility.  Yor, accompanied by E2 ector), checked all alarmed. The two remaining residents and devices were assessed for ent and function of their estaff were observed and alarms were activated. Staff able the alarms after coming lained that all of the alarms e input in order to stop the after it is triggered. No and with any of the alarms on I that she personally tested vice on 07/12/11 prior to nkle. E2's social service notes a alarm was checked prior to	F99	999				
	she did not notice a 07/13/11 and did not the time of R2's eld E9, CNA was intervituat at the time of the	anything unusual with R2 on ot hear any alarms go off at openent from the facility.  viewed on 07/15/11 and stated the elopement of 07/13/11 she room doing care and did not						
	hear any alarms go E10, CNA was inte and stated that she off on 07/13/11, an							

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F9999 (	Continued From pa	ge 17 (A)	F9	999				