#### DEPARTMENT OF HEALTH AND HUMAN SERVICES CENTERS FOR MEDICARE & MEDICAID SERVICES

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		, ,		PLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED			
			A. BUI	LDING	3		C	
		145995	B. WIN	IG			7/2011	
NAME OF P	ROVIDER OR SUPPLIER				EET ADDRESS, CITY, STATE, ZIP CODE			
RENAISS	SANCE AT MIDWAY,	ГНЕ			137 SOUTH CICERO HICAGO, IL 60632			
(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 223	Continued From pa	ge 9	F2	223				
F9999	FINAL OBSERVAT	TIONS	F99	999				
	LICENSURE VIOL	ATIONS						
	300.610a) 300.1210a) 300.3240a) 300.3300c) 300.3300d)							
	Section 300.610 R	esident Care Policies						
	procedures, govern the facility which sh Resident Care Polic least the administra the medical advisor representatives of r the facility. These with the Act and all thereunder. These followed in operating reviewed at least and	nursing and other services in policies shall be in compliance						
	a) The facility must and services to atta practicable physica	General Requirements for hal Care  provide the necessary care hain or maintain the highest l, mental, and psychological sident, in accordance with						

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	` '		PLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
			A. BUII	DING	G	(	C
		145995	B. WIN	G			7/2011
NAME OF PROVIDER OR SUPPLIER  RENAISSANCE AT MIDWAY, THE		•	44	EET ADDRESS, CITY, STATE, ZIP CODE 437 SOUTH CICERO HICAGO, IL 60632			
(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
F9999	plan of care. Adequation of care and personal care need.  Section 300.3240  a) An owner, licens or agent of a facility resident. (Section 300.3300 Tec) Reasons for Trait 1) A facility may investigate a resider following reasons: A) for medical reasons for the resident's C) for the physical seadility staff or facility D) for either late paresident's stay, excand XIX of the Feder purposes of this Senon-receipt of paying If payment is not resubmission of a bill to the resident and payment within 30 or received within such the received within such the received within such the resident or cereived or cer	and properly supervised personal care shall be provided meet the total nursing and its of the resident.  Abuse and Neglect  ee, administrator, employee of shall not abuse or neglect a 22-107 of the Act)  Transfer or Discharge  Install property of the Act of the neglect of the	F99	999			

## 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  IG	(X3) DATE SU COMPLE	TED
		145995	B. WIN	1G _		05/27	C <b>7/2011</b>
NAME OF PROVIDER OR SUPPLIER  RENAISSANCE AT MIDWAY, THE				4	REET ADDRESS, CITY, STATE, ZIP CODE 1437 SOUTH CICERO CHICAGO, IL 60632	00,21	72011
(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 SHO' CROSS-REFERENCED TO THE APPR DEFICIENCY)	ULD BE	(X5) COMPLETION DATE
F9999	the amount of the b transfer or discharge resident shall have facility. Such payme or discharge proceed not apply to those in provided under the (Section 3-401 of the d) Involuntary transfrom a facility shall discussion required Section and by a madays.  These Requirments  Based on observation interviews the facility resident (R1) in the Mental Abuse where to allow R1 to enter after hospitalization staff to throw R1's parbage. R1 obserfrom the facility and lot.  R1 returned to a locative before the facility and lot.  This failure to allow home multiple times	sible party has the right to pay ill in full up to the date the e is to be made and then the the right to remain in the ent shall terminate the transfer edings. This subsection does esidents whose care is Illinois Public Aid Code. (B)	F99	999			

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

AND PLAN OF CORRECTION  (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		A. BUIL		ELE CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
	145995	B. WIN	G		05/27	C <b>7/2011</b>
NAME OF PROVIDER OR SUPPLIER  RENAISSANCE AT MIDWAY, THE			443	EET ADDRESS, CITY, STATE, ZIP CODE 37 SOUTH CICERO HICAGO, IL 60632		
PREFIX (EACH DEFICIENCY MUS	MENT OF DEFICIENCIES UST BE PRECEDED BY FULL DENTIFYING INFORMATION)	ID PREFI TAG		PROVIDER'S PLAN OF CORRECT (EACH CORRECTIVE ACTION SHOU CROSS-REFERENCED TO THE APPR DEFICIENCY)	JLD BE	(X5) COMPLETION DATE
"Pt. (patient) C/O (comupper R (Right) leg and pain above groin and a with his medical progression Vitals BP (blook (pulse) 114 R-(Respiral wheezing Assessment wheezing Assessment wheezing Assessment The nurses notes dated denote the following: "C/O pain lower abdominodules that are full of also has numbness/so area Contacted MD (in pain management. Spiresident to hospital for abdomen pain groin are 114; T-97.5."  R1 was transferred to the (Director of ER) was in 9:48am and stated, "Ringle (referencing Nursing Hindung back last night. We have contacted to help R1. An onsite visit was contacted Registered Nurse/Resentrance conference states."	ale and the physician 5/12/11 denotes in part the inplains of) numbness in it desticles. Pt. C/O sharp abdomen. Pt. is unhappy ess and states he is very ood pressure) 112/40 Ptation) 18 Lungs-Rales ent of plan Hiatal Hernia."  ad 5/17/11-11am, in part in menstates has two if fluid that needs draining preness in groin (medical doctor) regarding boke with MD- send in evaluation of lower rea. VS B/P-119/92; Ptate emergency room. Z1 interviewed on 5/18/11 at its still here. They shome) refused to take him ave documentation saying and refused to take R1 cted our Social Service."  Inducted on 5/18/11, and E1 storative) during the stated, "I am covering the rector of nursing) is out,	F99	099			

#### DEPARTMENT OF HEALTH AND HUMAN SERVICES CENTERS FOR MEDICARE & MEDICAID SERVICES

` '		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) M	ULTI	PLE CONSTRUCTION	(X3) DATE SU COMPLE	
			A. BUI	LDIN	G	c	
		145995	B. WIN	IG _			7/2011
NAME OF PROVIDER OR SUPPLIER  RENAISSANCE AT MIDWAY, THE			4	REET ADDRESS, CITY, STATE, ZIP CODE 437 SOUTH CICERO CHICAGO, IL 60632			
(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 SHOI CROSS-REFERENCED TO THE APPR DEFICIENCY)	ULD BE	(X5) COMPLETION DATE
F9999	alleged refusal of R 5/17/11 to allow R1 discharged 5/17/11 lower back pain, I owill call the hospital surveyor, E1 called supervisor nurse) a nursing home. E1 are sending R1 back E2 (Admission Dire 5/18/11 regarding to return to the nursing (hospital social servasked me why on a sked me why on a stated, "the hospital R1, and they just secoming back."  Z1 was interviewed person E1 who spome to send R1 back called and left a me told me not to send administrator said rows upset, and late asked us to return I E1 on 5/19/11 was statement that R1 was statement that R1 was statement that R1 was statement stated.	I regarding the discharge, and a by the night nurse on to return. E1 stated," R1 was to hospital complained of lo not know about refusal, I now. In the presence of and spoke to Z4 (identified as and requested R1 return to after ending call stated, "they are to accept R1's ghome and stated, "Z5 vice case manager) called and 5/17/11 R1 couldn't come all to E3 (risk manager)."  eyor on 5/18/11-3:00pm after g if R1 had returned and I was working on a shelter for ent R1 there. R1 is not  on 5/19/11 and stated, "The ke to me on 5/18/11 and told k, later after R1 was enroute assage on my voicemail and R1 back. E1 said her no. Then R1 was returned, R1 are that evening called and R1."  interviewed regarding Z1's was returned to nursing home,	F99	999			
	and refused admiss	vas returned to nursing home, sion again. E1 stated, "Oh, in building with 2 paramedics					

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

	F OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	A. BUI		IPLE CONSTRUCTION  IG	(X3) DATE SU COMPLE	TED
		145995	B. WIN	1G _		05/27	C 7/2011
	ROVIDER OR SUPPLIER	ГНЕ		4	REET ADDRESS, CITY, STATE, ZIP CODE 437 SOUTH CICERO CHICAGO, IL 60632	00/21	72011
(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)	ULD BE	(X5) COMPLETION DATE
F9999	the afternoon. I say do not know what he Below outlines in pathospital and ambulat that sequence the enursing home and the ER Documentation 5/17/11-17:15 hour give report. Per E7 anymore.  1840 hour -Z6 (Emwith Risk managem nursing home, disconsisted for the enursing home and the with Risk managem nursing home, disconsisted for the enursing hour -NH contraction and the enursing hour -NH contraction for the enursing.  2115 hour-per ambut to accept pt. Pt. refunction between the enursing hour -VI. Called lunch will return called the enursing hour -VI. Called Nilled	w R1 in lobby, E3 took over, I happened."  art the documentation of the ance company provided by Z1 events of R1 returning to the the refusal to accept:  5/17-5/18/2011:  s-NH (nursing home called to (nurse), zero bed available  ergency Room Doctor) spoke then, here talked to E7 at the ussed this is against the law-  g CB (call back) from RN dursing home).  tacted and notified that pt. is  ulance company, NH refused turned to ED (Emergency ed NH, Nurse busy having l.  PH spoke with E7 and was that hospital would be	F99	999			

## 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		TIPLE CONSTRUCTION  NG	(X3) DATE SU COMPLE	TED
		145995	B. WIN	NG _			C <b>7/2011</b>
	PROVIDER OR SUPPLIER	THE	<b>.</b>	4	REET ADDRESS, CITY, STATE, ZIP CODE 4437 SOUTH CICERO CHICAGO, IL 60632		
(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	states," I don't know keep hanging up. Called.  2315 hour-Pt escor 1052) NH would r nursing home. Nur been dischargedp personal effects. P with E7 and E7 refu 2350 hour-Z9 (ER/I states pt. discharge notification/procedu going into no details so he can't come he personal belonging on me. Called backhold with no responsive proper placement of 1622 hour-ambular refusing pt. pt. not thospital.  1745 hour- pt. arrive home. Spoke with nursing home.	what's going on, why they CPD (Chicago Police Dept)  ted to NH per Z8 (Officer-beat not allow pt. to enter the sing Supervisor (E7) pt. has ot. not allowed to obtain any er Z8 pt. requested to speak used to speak with pt.  Nurse) - spoke with E9 who edasked about proper and E9 stated, "I'm not is about this. That's all I know ere." Attempted to ask about is and the phone was hung up is and repeatedly placed on ise.  etpt to remain in ED until an be obtained.  Ince called stating they are to be accepted. pt to return ed back post sent to nursing E3 who told to send back to back tonursing home per	F99	999			

### DEPARTMENT OF HEALTH AND HUMAN SERVICES CENTERS FOR MEDICARE & MEDICAID SERVICES

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) M A. BUI		IPLE CONSTRUCTION IG	(X3) DATE SURVEY COMPLETED	
		145995	B. WIN	1G _			C <b>7/2011</b>
	PROVIDER OR SUPPLIER	ГНЕ	1	44	REET ADDRESS, CITY, STATE, ZIP CODE 437 SOUTH CICERO CHICAGO, IL 60632		-
(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	walked in with pt. at us, shook their h backroomA lady (E1) asked to spea (RN restorative) int Nursing). E1 and E not accepting pt. bacalledER pt. RN home had accepted contactedtold to be guy (E6) came up to doing my report, as stated, I am upset, you need to get out E6 then instructed boxes of his persor E6 threatening me garbage. Our pt is Officers Z2 and Z3 could not throw his "she would take cas she was, and she sof nursing)." When stay there. E3 said uses drugs and alcotold E3 and Z2 and soon as we arrived we can take pt. bactransports.  On 5/19/11 at 11:00 seated in a wheelch wrong, wouldn't let me out, sent me bawho would not let y "E3, E6 and E2. It days in the Emerger	on our stretcher, staff looked eads, and went into the at the nursing home named to to me in a backroom. E1 roduced me to E3 (Director of E3 told me spoke to hospitalack. I (ambulance driver/Z10) and was informed nursing	F99	999			

### DEPARTMENT OF HEALTH AND HUMAN SERVICES CENTERS FOR MEDICARE & MEDICAID SERVICES

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		DENTIFICATION NUMBER:		LDING	PLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
		145995	B. WIN	IG			C <b>7/2011</b>
NAME OF PROVIDER OR SUPPLIER  RENAISSANCE AT MIDWAY, THE			•	44	EET ADDRESS, CITY, STATE, ZIP CODE 137 SOUTH CICERO HICAGO, IL 60632		
(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
F9999	face redden. E4 (R prompting, Vital Sig increase Pulse -of a "R1 was upset, just happened over pasme."  On 5/23/11 at 5:48 were interviewed at that the ambulance staff; felt threatened we got there. It was refusing to take a p (E6) said he was in The guy was asking had put them outsid getting ready to rain back the patient, but personal items back Asian lady said the statements."  The facility failed to in part depicts depring goods or services thand/or maintain me	aking, uncontrollably crying, at's nurse) contacted, after gns taken of R1 revealed 102; B/P-138/90. E4 stated, thinking about what has t 2 days, that's what he told om Z2 and Z3 (Police Officers) and stated, "responded to a call driver was assaulted by a d, and they backed off when about the nursing home atient in also. Guy named charge and an Asian lady. It was a provide on the parking lot. It was a not the parking lot. It was a not they are them to bring his k in and they, E6 and the y would. I will testify to my a follow their abuse policy that invation by an individual of that are necessary to attain and psychosocial cion, the mental abuse	F99	999			