STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	145792	A. BUILDING _____ B. WING _____	04/29/2011

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
WOODBRIDGE NURSING PAVILION	2242 NORTH KEDZIE CHICAGO, IL 60647

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
F9999	Continued From page 57 LICENSURE VIOLATIONS 300.1210a) 300.1210b)4) 300.1210b)6) 300.3240a) Section 300.1210 General Requirements for Nursing and Personal Care a) The facility must provide the necessary care and services to attain or maintain the highest practicable physical, mental, and psychological well-being of the resident, in accordance with each resident's comprehensive assessment and plan of care. Adequate and properly supervised nursing care and personal care shall be provided to each resident to meet the total nursing and personal care needs of the resident. b) General nursing care shall include at a minimum the following and shall be practiced on a 24-hour, seven day a week basis: 4) Personal care shall be provided on a 24-hour, seven day a week basis. 6) All necessary precautions shall be taken to assure that the residents' environment remains as free of accident hazards as possible. All nursing personnel shall evaluate residents to see that each resident receives adequate supervision and assistance to prevent accidents. Section 300.3240 Abuse and Neglect a) An owner, licensee, administrator, employee or agent of a facility shall not abuse or neglect a resident. (Section 2-107 of the Act)	F9999		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	145792	A. BUILDING _____ B. WING _____	04/29/2011

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
WOODBRIDGE NURSING PAVILION	2242 NORTH KEDZIE CHICAGO, IL 60647

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
F9999	Continued From page 58 These regulations are not met, as evidenced by the following: Based on observation, interview, and record review, the facility failed to: a) ensure that 1 sampled resident (R30) who was high risk for elopement in the sample of 30, was monitored to prevent leaving the facility unsupervised. b) ensure that 3rd floor dining room window bolts, which prevent full opening of windows in the dining room, are not broken. c) inform staff that 1 sampled resident with dementia (R30) in the sample of 30 was high risk for elopement. This failure resulted to R30 successfully leaving the 3rd floor unit through the 3rd floor Dining Room window on 4/20/11 at 5:05 AM, and falling to the1st floor patio concrete floor, sustaining injuries. As a result of these injuries, R30 expired at the hospital on 4/20/11. This has the potential to affect 24 residents who are listed as high risk for elopement (R31-R54) on the 3rd floor. Findings include : 1) R30 was admitted to the facility on 10/18/10 with diagnoses of Chronic Encephalopathy, Dementia with Behavioral Disturbance, Anxiety, and Depression. R30's care plan dated 4/19/11 mentioned that R30 has moderately impaired cognitive skills for daily decision making, is ambulatory with cane, and is alert but with bouts of confusion. His care plan also showed that he has a wandering, roaming, or pacing behavior related to Dementia,	F9999		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	145792	A. BUILDING _____ B. WING _____	04/29/2011

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
WOODBRIDGE NURSING PAVILION	2242 NORTH KEDZIE CHICAGO, IL 60647

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
F9999	Continued From page 59 manifested by attempts to leave the facility without an escort, and roaming in and out of peer's room. Review of R30's Nurses Notes dated 10/19/10, indicated that R30 made multiple attempts to leave the unit during 3-11 shift. On an undetermined shift on 10/19/10, R30's nurses notes also indicated that he was anxious, and verbalized that he "wants to go home." On 10/21/10, R30's nurse's notes also showed that he again voiced desire to go home on an undetermined shift. R30's nurses notes also indicated that on 3/30/11, after an altercation with another resident, R30 became hostile, uncooperative and wanted to leave the facility. During 4/22/11 interview at 1:38 PM, E5 (11-7 Certified Nurse Aide/ CNA) said that on 4/20/11, she was the only CNA working on the 3rd floor during 11-7 shift. E5 mentioned that the facility was short-staffed that night, so they moved another 3rd floor CNA to the 2nd floor, and left her to care for 50 plus residents. E10 confirmed that she was floated to the 2nd floor during 11-7 shift on 4/20/11 and that normally there are 2 CNAs during night shift on the 3rd floor. Facility's census on 4/20/11 indicated that there were 56 residents, including R30, on the 3rd floor under E5's care on 11-7 shift. Facility's list indicated that 24 of these residents (R31-R54) on the 3rd floor are listed as high risk for elopement. E5 said she was up and down all night, but at around 4:30 to 5:00 AM, she was sitting at the small hallway near the 3rd floor dayroom/dining room.	F9999		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	145792	A. BUILDING _____ B. WING _____	04/29/2011

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
WOODBRIDGE NURSING PAVILION	**2242 NORTH KEDZIE CHICAGO, IL 60647**

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
F9999	Continued From page 60 E5 said R30 came back twice and motioned to her on the second time, if he could go to the 3rd floor dining room. E5 said yes, and R30 went to the dining room and kept the door closed, without any staff supervising him. E5 went to the Utility Room and said that 5-10 minutes later, she heard a strange noise coming from the 3rd floor dining room. E5 said that when she opened the dining room door, she saw that the first window on the left was opened, and linens tied to the leg of a table, were hanging out of the window. E5 continued that she thought that she saw the top of R30's head. E5 screamed for E6 (3rd floor nurse) to come, and when she looked down the window, E5 saw R30 lying on the 1st floor patio. E5 said she does not know how R30 opened the 3rd floor dining room window. E5 said that she did not see R30 carry linens to the dining room either. During 4/26/11 observation of the 3rd floor unit, the linen cart is just outside the 3rd floor dining room door, and R30 could have easily taken linen without E5's knowledge when E5 went inside the Utility Room, especially that the 3rd floor dining room door was kept closed during that time. E5 said that on 11-7 shift, the 3rd floor dining room door is usually closed, so that no residents could go inside the room unsupervised or unmonitored. E5 said that normally, on 11-7 shift, they do not allow residents inside the dining room by themselves because they could choke or slip and fall. However, E5 said that R30 does this routine everyday, and no one told her that R30 is confused, had previous elopement attempts, and had verbalized a desire to go home. E5 added that had she known these, she would have monitored R30 closely. E5 also added that R30 is even allowed to leave the unit and go to other floors unsupervised.	F9999		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	145792	A. BUILDING _____ B. WING _____	04/29/2011

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
WOODBRIDGE NURSING PAVILION	**2242 NORTH KEDZIE CHICAGO, IL 60647**

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
F9999	Continued From page 61 Similarly, during 4/26/11 interview with E6 at 4:00 PM, E6 also said that she is not aware that previously R30 verbalized desire to go home on 3/30/11. R30's 3/30/11 nurses notes and social service progress notes, show that R30 expressed desire to go home on this date. E6 added that there is also a list of residents at high risk for elopement on the 3rd floor, but that R30's name is not included in that list. Furthermore, E5 continued that R30's wristband is not color coded to indicate that he is an elopement risk. During 4/26/11 conversation with E7 (Social Service Assistant) and E8 (Social Worker) at 1:30 PM, E7 said that the list of residents at high risk for elopement (prior to revision on 4/20/11 after R30 fell) included R30's name. E8 also said that R30's wrist band was color coded to indicate that he is an elopement risk when he first came in to the facility. E8 was not sure if on 4/20/11 R30's wristband was still color coded to reflect risk for elopement. E7 was unable to produce the elopement list prior to 4/20/11 because he said that with the revision, the new names were already added to the previous list. R30's care plan for elopement, wandering, pacing, and roaming behavior dated 4/18/11, showed that it was not updated when R30 verbalized desire to go back home on 3/30/11. Although these interventions included posting his photo at the nurses station and notifying staff of elopement risk potential, these intervention were not done, as both E5 and E6 were not even aware that R30 is an elopement risk. According to E6 during 4/26/11 interview, R30's name was not even included in the list of elopement risk residents, nor was his wrist band coded to reflect	F9999		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	145792	A. BUILDING _____ B. WING _____	04/29/2011

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
WOODBRIDGE NURSING PAVILION	2242 NORTH KEDZIE CHICAGO, IL 60647

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
F9999	Continued From page 62	F9999		

high risk for elopement. The color coding of wrist band of R30 for elopement risk was not part of his care plan. According to E8, when he interviewed R30 on 3/30/11, R30 was not able to provide E8 with an address to where R30 desired to be discharged.

During 4/22/11 observation with E9 (Maintenance Director) at 11:40 AM, the 3rd floor Dining Room was noted with 4 windows facing Kedzie Street. Each window has a left and right glass panel that could slide to the side but can only be opened to a maximum of 7 inches, if the window bar bolt is in place at the latch. This bar prevents full opening which is up to 32 inches sideways and 18 inches from top to bottom per measurement with facility ruler. Per E9, when he got to the facility on 4/20/11 at around 7:00 AM, the window bar was already put back in place, but the screw/bolt that holds it in place was missing. E9 said that this window bar prevents the sliding to the right of the window panel of the 1st window. E9 added that it might have been the years of banging the window during opening that broke the screw/bolt that holds the window bar in place. E9 explained that R30 might have been the 1st person to have lifted and removed the window bar which allowed him to slide open the window fully. E9 said that he did not see any screwdriver and that using a screw driver to remove the screw would have been improbable. E9 added that when he checked the rest of the 3rd floor windows, he discovered that 3 out of the 4 windows in the dining room had window bars with broken bolts/screws. Several resident rooms (3) according to E9 were also found with broken window bolts, but all had been replaced already as of 4/20/11.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	145792	A. BUILDING _____ B. WING _____	04/29/2011

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
WOODBRIDGE NURSING PAVILION	**2242 NORTH KEDZIE CHICAGO, IL 60647**

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
F9999	Continued From page 63	F9999		

Review of R30's Chicago Fire Department record showed that 911 was dispatched on 4/20/11 at 5:16 AM, and arrived at the facility at 5:20 AM. This Fire Department incident report #111100146 indicated, that R30 was found at the facility's outdoor terrace with a large hematoma to the left side of the head and with shortening and rotation of the left leg. This report also showed that at 5:30 AM, R30's ECG showed that he had sinus bradycardia, his heart rate was at 48/minute, his BP was at 70/40, and his respiration was at 28/minute. At 5:41 AM, his BP was at 76/P and his heart rate remained at 48.

During a 4/27/11 phone interview with Z1 at 7:20 AM, Z1 said that R30's BP was never stable when he came to ER. Z1 said that R30's abdomen became distended so a DPL was performed and blood was found in his abdomen. Z1 added that with that finding and the drop in R30's hemoglobin, R30 was sent to the OR for an Exploratory Laparotomy. Z1 said that she suspected initially that the cause of internal bleeding was the spleen, because there was a large collection of fluid around R30's spleen. Z1 continued that R30 had about 500 cc of blood removed intraabdominally, and a large retroperitoneal hematoma. Z1 said that she did not find the active source of bleeding when she opened up R30, and despite of the blood and fluids he was given since he was admitted, R30's BP did not stabilize. According to Z1, everytime R30's aorta was unclamped, his blood pressure would drop despite the pressors and blood, and that it was probably from the hemorrhagic shock and acidosis. Z1 said that the bleeding was from his trauma from the injuries he sustained after his

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	145792	A. BUILDING _____ B. WING _____	04/29/2011

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
WOODBRIDGE NURSING PAVILION	2242 NORTH KEDZIE CHICAGO, IL 60647

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
F9999	Continued From page 64 fall. Per Surgery and Procedure Documentation dated 4/20/11 11:21 AM, R30 was provided with morgue care at this time. Review of facilty's list of resident on the 3rd floor on elopement risk showed that on 4/20/11, 24 residents in the list (R31 - R54) were all identified by the facility as elopement risks. (A) Section 300.4030 Individualized Treatment Plan for Residents with Serious Mental Illness Residing in Facilities Subject to Subpart S c) The plan for each resident shall state specific goals that are developed by the IDT. The resident's major needs shall be prioritized, and approaches or programs shall be developed with specific goals, to address the higher prioritized needs. If a lower priority need is not being addressed through a specific goal or program, a statement shall be made as to why it is not being addressed or how the need will be otherwise addressed. d) The ITP shall contain objectives to reach each of the individual's goals in the plan. Each objective shall: 1) Be developed by the IDT; 2) Be based on the results obtained from the assessment process;	F9999		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	145792	A. BUILDING _____ B. WING _____	04/29/2011

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
WOODBRIDGE NURSING PAVILION	2242 NORTH KEDZIE CHICAGO, IL 60647

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
F9999	Continued From page 65 3) Be stated in measurable terms and identify specific performance measures to assess; and 4) Be developed with a projected completion or review date (month, day, year). e) Services designed to implement the objectives in the resident's ITP shall specify: 1) Specific approaches or steps to meet the objective; 2) Planned skills training, skill generalization technique, incentive/behavior therapy, or other interventions to accomplish the objectives, including the frequency (number of times per week, per day, etc.), quantity (in number of minutes, hours, etc.) and duration (period of time, i.e., over the next 6 months) and the support necessary for the resident to participate; 3) The evaluation criteria and time periods to be used in monitoring the expected results of the intervention; and 4) Identification of the staff responsible for implementing each specific intervention. g) ITP Documentation: 2) The resident's response to the ITP and progress toward goals shall be documented in progress notes. These regulations are not met as evidenced by: Based on observations, record review and interview, the facility failed to ensure the residents' individual treatment plans (ITP) contain measurable terms and identify specific performance measures to assess and have specific approaches or steps to meet the objectives; failed to document the response to the ITP and progress toward the goals for 3	F9999		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	145792	A. BUILDING _____ B. WING _____	04/29/2011

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
WOODBRIDGE NURSING PAVILION	2242 NORTH KEDZIE CHICAGO, IL 60647

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
F9999	Continued From page 66	F9999		

(R17, R18, R27) of 4 residents identified with severe mental illness diagnoses out of 30 sampled residents. The findings include:

1) R17 is a 58 year old, ambulatory female who was admitted on 2/18/02 and re-admitted on 6/21/10 with diagnoses that includes Bipolar disorder per the face sheet and physician's order sheet (P.O.S.) Review of the P.O.S. and the medication administration record (MAR) documents R17 is receiving Depakote and Abilify, psychoactive medications. R17 is alert and orient times two with periods of confusion per the care plan.

On 4/27/11 at 10:40 a.m., R17 stated she does not attend any psychosocial groups. R17 stated she has been here for 7 to 8 months, she exercises in the morning and takes her meals in the lower level during the week and on the weekends, she eats in the 3rd floor dayroom. R17 stated she sleeps well at night but is always so sleepy during the day. R17 was still in the bed with night clothes on. R17 stated she does meets and speak with her counselor at least weekly.

Review of the care plan/ITP does not have specific approaches or steps to accomplish the objectives. Nor are the objectives specific or measurable. It is unclear why R17 is here except for structure, medication administration and support. There are no strengths or weaknesses documented and there is no plan for what areas the facility is assisting R17 toward.

Review of the 1:1 (one on one) documentation (6/1/10 to 4/1/11) documents a monthly dialog

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	145792	A. BUILDING _____ B. WING _____	04/29/2011

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
WOODBRIDGE NURSING PAVILION	2242 NORTH KEDZIE CHICAGO, IL 60647

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
F9999	Continued From page 67 with R17 on socializing appropriate with others, encouraging medication compliance and the importance of attending psychosocial groups and maintaining ADLs (activities of daily living). There is no documented progress in these areas nor are the ADLs specified as to what areas R17 is actively working on. Review of the skills training care plan dated 9/8/10 documents R17 has poor insight into her diagnoses and her need for structured environment. There were no measurable terms or objectives as to how the facility is assisting R17 toward meeting the skills training deficit. This is the only documented information presented on skills training. 2) R18 is a 52 year old, ambulatory male who was admitted on 8/7/08 and re-admitted on 10/13/10 with diagnoses that includes schizo-affective disorder per the face sheet and the P.O.S.. Review of the P.O.S. and M.A.R. document R18 is receiving Seroquel, Trazadone and Celexa, all psychoactive medications. R18 is alert and orient times 2 with periods of confusion per the care plan. R18 was seen either in his room sleeping or in the dining room eating. R18 is Spanish speaking only. Review of R18's care plan/ITP documents R18 to have decreased grooming skills, such as, as brushing his teeth. The goal is to have him brush his teeth 3 times a day. There is no documented response to this goal. Other behaviors documented in care plan are R18's inappropriate hugging and touching of others, pacing and	F9999		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	145792	A. BUILDING _____ B. WING _____	04/29/2011

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
WOODBRIDGE NURSING PAVILION	2242 NORTH KEDZIE CHICAGO, IL 60647

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
F9999	Continued From page 68 wandering, asking repetitive questions and non-compliance with smoking. There are no documented response to these areas. Review of the Social Service Progress Notes dated 1/24/11 and 10/25/10 document the same problematic areas as stated in the care plan. The progress notes do not state what specific approaches are being utilized nor the specific performance measures he has accomplished or not accomplished. Review of the 1:1 monthly documentation (6/1/10 through 4/1/11)documents he is counseled on attending psychosocial programming in which R18 will agree then change his mind, the need for medication compliance and his resistance to meet with a psychiatrist and/or psychologist. There is no documented progress in these areas or what specific steps are being taken, besides counseling, for R18 to progress in treatment. 3) R27 is a 55 year old ambulatory female who was admitted on 6/3/05 and re-admitted on 2/18/11 with diagnoses that includes Schizo-affective disorder per the face sheet and P.O.S. Review of the P.O.S. and M.A.R. document R27 is receiving Depakote and Geodon, both psychoactive medication. R27 is alert and orient times two per the care plan. On 4/28/11 at 2 p.m., R27 was laying on her bed dressed in street clothes listening to her music. R27 is missing her upper teeth and her lower teeth were black and jagged. R27 stated she attends a group every Wednesday and the topics vary from learning to cope and dealing with stress. R27 stated she does not know how long	F9999		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	145792	A. BUILDING _____ B. WING _____	04/29/2011

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
WOODBRIDGE NURSING PAVILION	**2242 NORTH KEDZIE CHICAGO, IL 60647**

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
F9999	Continued From page 69 she has been in the facility and she meets with E7 (Social Service Designee) on occasion. Review of the care plan/ITP documents she is socially inappropriate, has disruptive behavior, has extreme anxiety and exhibits restlessness, and refuses care. The approaches are not measurable or specific, and the goals are unrealistic, such as, behavior will remain stable until next quarter, will only have one disruptive behavior episode per quarter and will engage in conversation daily. There is no documented response to these goals. Review of the 3/10/11 Social Service progress notes document R27 to be orient times three and has access to the community unsupervised. There is no other documented information on what progress R27 has accomplished nor what other areas R27 may be working on. (B) Section 300.4090 Personnel for Providing Services to Persons with Serious Mental Illness for Facilities Subject to Subpart S b) Psychiatric Rehabilitation Services Director 1) A Psychiatric Rehabilitation Services Director (PRSD) shall be: A) A licensed, registered, or certified psychiatrist, psychologist, social worker, occupational therapist, rehabilitation counselor, psychiatric nurse or licensed professional counselor who has a minimum of at least one year supervisory experience and at least one year of experience	F9999		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	145792	A. BUILDING _____ B. WING _____	04/29/2011

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
WOODBRIDGE NURSING PAVILION	2242 NORTH KEDZIE CHICAGO, IL 60647

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
F9999	Continued From page 70 working directly with persons with serious mental illness and who has attended an Illinois Department of Public Aid (IDPA) training program; or c) Psychiatric Rehabilitation Services Coordinator 1) A Psychiatric Rehabilitation Services Coordinator (PRSC) shall be an occupational therapist or possess a bachelor's degree in a human services field (including but not limited to: sociology, special education, rehabilitation counseling or psychology) and have a minimum of one year of supervised experience in mental health or human services. 5) There shall be a PRSC for each 30 residents. These regulations are not met as evidenced by: Based on observations, record review and interview, the facility failed to have a qualified PRSD (Psychiatric Rehabilitation Service Director) and failed to ensure 1 of 2 PRSC (Psychiatric Rehabilitation Service Counselor) was qualified for 37 residents identified as severe mentally ill residents. The findings include: On 4/27/11 at 10:30 a.m., E1 stated there is no PRSD. E1 stated the PRSD quit on 3/15/11 after being employed for 91 days. E1 stated there two social service counselors, E7 and E8. On 4/28/11 at 2 p.m., Z5 (corporate nurse) stated E8 has been employed since 9/7/10 and E7 has been employed since 5/12/03. Z5 stated E8 is counselor and E7 is a designee from social service department.	F9999		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	145792	A. BUILDING _____ B. WING _____	04/29/2011

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
WOODBRIDGE NURSING PAVILION	**2242 NORTH KEDZIE CHICAGO, IL 60647**

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
F9999	Continued From page 71 Review of E8's educational background and resume revealed E8 has a Bachelor's of Arts degree and has had 3 years of experience with mentally ill residents. E8 is qualified as a counselor. Review of E7's application for employment dated 5/12/03 documents he graduated from high school and is enrolled in college for an associate's degree but had no dates documented as attendance dates. Z5 confirmed with E7 that he has not finished college nor has he received a associate degree. E7 is not qualified as counselor. On 4/29/11 at 10 a.m., E1 presented E7's high school diploma with graduation date of May 1999. Review of the case load of severe mentally ill residents documents 37 residents. Therefore, the case load for E8 is over by 7 residents. (B)	F9999		