

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

PRINTED: 05/04/2012
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 145856	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 11/10/2011
NAME OF PROVIDER OR SUPPLIER ALL FAITH PAVILION			STREET ADDRESS, CITY, STATE, ZIP CODE 3500 SOUTH GILES AVENUE CHICAGO, IL 60653		
(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	
F 490	Continued From page 23 during the morning meeting. I am not sure if E1 started any interviews with staff before I did. If it were me at the time of incident and I was notified I would have made everyone stay and write out a statement. I would have called Z1 (R1's attending physician) then the medical director if not returning a call promptly." When writer questioned E2 regarding the time frame of sending R1 out for evaluation to the hospital, E2 stated that the doctor just said to send her out. E2 agreed that R1 should have been sent out 911 versus medical transport which took over 1 and 1/2 hours to arrive to the facility. On 11/10/11 at 10:47 AM Z1, (R1's attending physician) was phoned regarding the incident between his patient and R2. When questioned whether or not R1 would have the cognitive capacity to consent to sex Z1 replied, "Of course not. She has late stage Dementia and Huntington's Chorea." When questioned regarding the timeliness of the facility in notifying him and seeking medical treatment Z1 replied, "I might have been called earlier but mornings are very busy. When I did call my intentions were for them to send her out immediately for a rape kit."	F 490			
F9999	FINAL OBSERVATIONS LICENSURE VIOLATIONS 300.1210d)6) 300.3240a) Section 300.1210 General Requirements for Nursing and Personal Care d)6) All necessary precautions shall be taken to assure that the residents' environment remains	F9999			

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

PRINTED: 05/04/2012
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 145856	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 11/10/2011
NAME OF PROVIDER OR SUPPLIER ALL FAITH PAVILION			STREET ADDRESS, CITY, STATE, ZIP CODE 3500 SOUTH GILES AVENUE CHICAGO, IL 60653		
(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	<p>Continued From page 24</p> <p>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.</p> <p>Section 300.3240 Abuse and Neglect</p> <p>a) An owner, licensee, administrator, employee or agent of a facility shall not abuse or neglect a resident.</p> <p>These Regulations were not met as evidenced by:</p> <p>Based on interviews, observations and record review the facility failed to protect one resident (R1) from being sexually abused by another resident (R2) out of 5 residents reviewed for abuse and neglect in a sample of 18 residents. R2 had non-consensual sexual intercourse with a demented resident (R1).</p> <p>Findings include:</p> <p>Facility Incident Report dated 11/3/11 at 5:15 AM documents, "Resident (R1) was observed in room 423 lying in (R2's) bed with (R2) on top of her naked. Staff intervened, Resident did not appear distressed. MD notified. Resident sent to ER for evaluation. (R2) relocated to another unit. Next of kin notified."</p> <p>R1 is a 34 year old female resident with diagnoses to include Huntington's Chorea, Dementia and Organic Mood Disorder.</p> <p>R1's current care plan dated 9/14/11 documents, "Problem: Resident exhibits multiple behavioral</p>	F9999			

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

PRINTED: 05/04/2012
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 145856	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 11/10/2011
NAME OF PROVIDER OR SUPPLIER ALL FAITH PAVILION			STREET ADDRESS, CITY, STATE, ZIP CODE 3500 SOUTH GILES AVENUE CHICAGO, IL 60653		
(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	<p>Continued From page 25</p> <p>issues. Problem: Resident is prone to injury. Approach: Monitor when ambulating and wandering, redirect to dayroom/bedroom promote proper sitting or lying down. Monitor resident for safety when wandering when disrobing remove from common area and re-dress resident."</p> <p>R2 is a 66 year old male resident admitted to the third floor of the facility on 4/1/11. R2 has a diagnosis of Schizoaffective Disorder and Dementia. Per Physician's order sheet dated 10/6/11 R2 was transferred to the fourth floor, room 423 (almost one month prior to incident).</p> <p>R2's current care plan dated 10/11/11 documents, "Problem: Resident has a history of aggressive behavior related to verbal outbursts, dementia impaired cognition, decision making and/or judgement, poor impulse control, low frustration tolerance, dx (diagnosis) of traumatic brain injury and dx of severe mental illness: schizoaffective disorder. Manifested by hostile verbalization, hostile actions, isolation, critical of peers, critical of staff, refuses care, refuses meds, refuses to eat, strikes out." "Problem: Resident has a history of inappropriate behavior manifested by: verbal outbursts, cusses, swears, verbal intimidation, wandering into peers rooms, undressing, taking peers belongings."</p> <p>On 11/4/11 at 12:15 PM E8, Dementia Unit Director stated that he arrived to the unit (4th floor Dementia Unit) around 6:00 AM. The charge nurse E10 immediately told him that they discovered R2 having sexual intercourse with R1. E8 stated that he escorted R2 to the third floor, checked on R1 and notified E1, Administrator of the incident. E8 stated that R1 is in later stages</p>	F9999			

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

PRINTED: 05/04/2012
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 145856	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 11/10/2011
NAME OF PROVIDER OR SUPPLIER ALL FAITH PAVILION			STREET ADDRESS, CITY, STATE, ZIP CODE 3500 SOUTH GILES AVENUE CHICAGO, IL 60653		
(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	<p>Continued From page 26</p> <p>of Huntington's Chorea and has not spoken in over a year. E8 stated that staff feed R1 now and she has the cognition level of a two year old. R1 wanders all over; and has for the 4 years that she has been here. E8 states that he was opposed to R2 being transferred to the 4th floor from the beginning and made that clear to E1, Administrator. While on the floor (4th floor) R2 frequently made sexual comments to female staff and residents like "Come to my bedroom I want to have sex with you." R2 had been observed touching female residents. E8 stated that he was able to re-direct R2 but the female staff were not able to re-direct him so easily. All the staff on this unit said that he should not be here. E8 stated that the night shift nurse began writing up an incident report and talked to the day shift nurse about calling the police. They decided that it was E2's (DON) responsibility. E8 stated that he is not sure when E2 was notified of the incident.</p> <p>On 11/4/11 at 2:00 PM E10, LPN (Licensed Practical Nurse) stated the following, "On 11/3/11 at about 5:20 AM the aide got me and I went to (R2's) room. (R2) was naked and on top of (R1). (R2) got up immediately and started to dress; he kept saying 'You giving me a shot, You giving me a shot.' The aides took (R1) to her room. I didn't call the police because I don't know the protocol on the third floor (where R2 had been transferred from). I wasn't sure if this was consensual or not. I didn't know what to do. Then (E8) came on and I told him and he called E1 (Administrator) and E2, DON. I paged the doctor but he didn't call back. I told the day shift nurse that maybe (R1) needed to be sent out. Security had to be called because (R2) was getting agitated. I wasn't sure whether this was rape or consensual. I couldn't</p>	F9999			

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

PRINTED: 05/04/2012
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 145856	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 11/10/2011
NAME OF PROVIDER OR SUPPLIER ALL FAITH PAVILION			STREET ADDRESS, CITY, STATE, ZIP CODE 3500 SOUTH GILES AVENUE CHICAGO, IL 60653		
(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	<p>Continued From page 27</p> <p>tell if (R2) had penetrated her (R1). The room smelled awful so it is hard to say that it didn't happen; it definitely smelled like intercourse. (R1) was only wearing a gown that was pulled to the side. He (R2) took off her diaper and had it in his drawer."</p> <p>On 11/9/11 at 11:55 AM E13, CNA (Certified Nurse Aide) stated the following, "I found (R1) in (R2's) room. (R2) was on top of her having sex with her. I told (R2) to get off of her. (R2) got up and I went to get (E10), LPN and (E20) CNA (Certified Nurse Aide). When we got back to the room (R2) was getting dressed. (R1) was still in bed. Then (E20) and I took her to her room to wash her up. (R1) gets up and wanders through the night into other rooms. We re-direct her the best that we can, but it's just the two of us and if we are all busy it is hard to prevent her from going into another room. I went back to (R2's) room to see what happened to her diaper and underwear. (R2) said he took it off, and pulled it out of his drawer. I told him (R2) that he can't be doing stuff like that with her and he said 'Well, she came into my room and got in my bed.' I said you can get in trouble for what you just did. R2 stated, 'You have nothing to do with this and it's none of your business. You want some of this, you want me to do this to you?'"</p> <p>During telephone interview with E20, CNA on 11/9/11 at 12:20 PM E20 stated the following, "After making rounds E13 was looking for (R1), I told her to look in room 423. E13 and I took her (R1) to her room and tried to keep her in there. She stayed there until we left around 5:56 AM."</p> <p>R1's Physicians' order dated 11/3/11 documents,</p>	F9999			

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

PRINTED: 05/04/2012
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 145856	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 11/10/2011
NAME OF PROVIDER OR SUPPLIER ALL FAITH PAVILION			STREET ADDRESS, CITY, STATE, ZIP CODE 3500 SOUTH GILES AVENUE CHICAGO, IL 60653		
(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	<p>Continued From page 28</p> <p>"Send resident to (local Hospital) Evaluation for Rape." Another order with same date documents, "Ethinyl Estra-Norgestrel 50 mcg (micrograms) 2 tabs (on-time dose) PO (by mouth) at 6 AM tomorrow. Please call to schedule appointment to get tested for STD's (Sexually Transmitted Diseases)." Ethinyl Estra-Norgestrel is a combination female hormone drug that prevents ovulation. Source, "2010 Nursing Spectrum Drug Handbook."</p> <p>R2's progress notes document the following incidents:</p> <p>10/10/2011 2:24 PM, "(R2) was observed by CNA (Certified Nurse Aide) and LPN (Licensed Practical Nurse) pushing a female resident to his bedroom, they instructed (R2) not to push any residents wheelchairs for any reason."</p> <p>10/11/2011 10:32 AM, "(R2) was observed by the activity assistant rubbing on a female residents arm in a sexual/affectionate manner."</p> <p>10/17/2011 1:12 PM, "Resident continues to make sexual statements towards female residents on the unit, i.e. I need sex, I want you to come to my room with me."</p> <p>10/26/2011 2:57 PM, "Upon entering the unit; night shift CNA reported that (R2) was observed coming out of female residents room (room 409). When approached by staff resident became verbally hostile, started to curse and threaten staff. Resident has made sexual advances towards other female residents on the unit. Will report to the Administrator and Social Services Director."</p>	F9999			

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

PRINTED: 05/04/2012
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 145856	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 11/10/2011
NAME OF PROVIDER OR SUPPLIER ALL FAITH PAVILION			STREET ADDRESS, CITY, STATE, ZIP CODE 3500 SOUTH GILES AVENUE CHICAGO, IL 60653		
(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	<p>Continued From page 29</p> <p>On 11/8/11 at 10:15 AM E8, (Dementia Director) confirmed that he had informed E1, Administrator on 10/26/11 regarding R2's behaviors as documented in his progress note of same date listed above.</p> <p>On 11/4/11 at 2:45 PM E1, Administrator and E2, DON (Director of Nursing) were notified of an Immediate Jeopardy regarding the incident between R1 and R2. E1 and E2 denied any knowledge of R2's sexually aggressive behaviors. E1 offered paperwork from the hospital where R1 had been evaluated. E1 stated that it showed inconclusive evidence to support sexual intercourse. E1 contended that this incident was a "consensual" event and stated that R1 had entered into R2's room supported by video surveillance. E1 further contended that the incident is not considered as an assault because both residents are demented and R1 displayed no outward signs of distress.</p> <p>On 11/9/11 at 2:55 PM E1, Administrator stated that he received a call from E8, (Dementia Director) a little after 6 AM. E1 states that E8 told him that he transferred R2 to the third floor, he didn't say anything about aggression or rape. E1 stated that he arrived to the facility between 8:30 and 9 AM and called E2, DON before 10. E1 identified himself as the facility's "Abuse Coordinator" but stated that E2 conducted the interviews with staff. E1 stated that he did not interview any residents and he did not call the police..</p> <p>The facility's Abuse Prevention Program documents the following:</p>	F9999			

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

PRINTED: 05/04/2012
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 145856	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 11/10/2011
NAME OF PROVIDER OR SUPPLIER ALL FAITH PAVILION			STREET ADDRESS, CITY, STATE, ZIP CODE 3500 SOUTH GILES AVENUE CHICAGO, IL 60653		
(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 30 "Definitions: Abuse: abuse means any physical or mental injury or sexual assault inflicted upon a resident other than by accidental means in a facility. Sexual Abuse includes, but is not limited to, sexual harassment, sexual coercion, or sexual assault." "Protection of Residents: The facility will take steps to prevent mistreatment while the investigation is underway. Residents who allegedly mistreated another resident will be removed from contact with that resident during the course of the investigation. the accused resident's condition shall be immediately evaluated to determine the most suitable therapy, care approaches, and placement, considering his or her safety, as well as the safety of other residents and employees of the facility." "Resident Protection Investigation Paths: Possible Sexual Abuse: Determine if the allegation involves either physical sexual contact involving penetration, or verbal harassment or physical contact that did not involve penetration. If an allegation of physical or sexual contact with penetration is involved. Do not shower, bathe or change clothes of person attacked. If clothes have been changed, save the clothes for inspection. Contact the police. In cooperation with the police, have resident examined at the hospital. Leave any bed linens in place; do not touch or move anything in the area of the alleged offense, pending further direction from involved law enforcement agencies. In consultation with the police, proceed with the facility's own investigation procedures in step 5 and interview of witnesses in step 6."	F9999			

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

PRINTED: 05/04/2012
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 145856	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 11/10/2011
NAME OF PROVIDER OR SUPPLIER ALL FAITH PAVILION			STREET ADDRESS, CITY, STATE, ZIP CODE 3500 SOUTH GILES AVENUE CHICAGO, IL 60653		
(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	<p>Continued From page 31</p> <p>On 11/9/11 at 2:35 PM E2, DON stated, "I didn't find out about the incident until around 10:00 AM during the morning meeting. I am not sure if E1 started any interviews with staff before I did. If it were me at the time of incident and I was notified I would have made everyone stay and write out a statement. I would have called Z1 (R1's attending physician) then the medical director if not returning a call promptly." When writer questioned E2 regarding the time frame of sending R1 out for evaluation to the hospital, E2 stated that the doctor just said to send her out. E2 agreed that R1 should have been sent out 911 versus medical transport which took over 1 and 1/2 hours to arrive to the facility.</p> <p>On 11/10/11 at 10:47 AM Z1 (R1's attending physician) was phoned regarding the incident between his patient and R2. When questioned whether or not R1 would have the cognitive capacity to consent to sex, Z1 replied, "Of course not. She has late stage Dementia and Huntington's Chorea." When questioned regarding the timeliness of the facility in notifying him and seeking medical treatment, Z1 replied, "I might have been called earlier but mornings are very busy. When I did call my intentions were for them to send her out immediately for a rape kit."</p> <p>(A)</p>	F9999			