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

	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	A. BUI		PLE CONSTRUCTION IG	COMPLE	
		145338	B. WIN	IG _		12/2:	3/2011
	ROVIDER OR SUPPLIER		•	5	REET ADDRESS, CITY, STATE, ZIP CODE 112 EAST OGDEN AVENUE VESTMONT, IL 60559		
(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)	ULD BE	(X5) COMPLETION DATE
F 514	the resident, the ac The vital signs reco call and during the p telephoned, the time the code, when R14 what orders were g	ences took place, who found tual time the code was called. rded when found, when code process, the time that 911 was the 911 arrived and took over the physician was notified and took.		514			
F9999	LICENSURE VIOL 300.1210b)3) 300.1210d)6) 300.3240a)		F99	199			
	b) The facility shall and services to atta practicable physica well-being of the reeach resident's complan. Adequate and care and personal of	provide the necessary care in or maintain the highest l, mental, and psychological sident, in accordance with aprehensive resident care properly supervised nursing care shall be provided to each e total nursing and personal					
	care shall include, a and shall be practic seven-day-a-week l 3) Objective observ resident's condition emotional changes, determining care re further medical eva						

	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) M A. BUI		IPLE CONSTRUCTION IG	(X3) DATE SU COMPLE	
		145338	B. WIN	۱G _		12/2:	3/2011
	PROVIDER OR SUPPLIER	-	•	5	REET ADDRESS, CITY, STATE, ZIP CODE 512 EAST OGDEN AVENUE WESTMONT, IL 60559		
(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 SHOUND CROSS-REFERENCED TO THE APPRINTED DEFICIENCY)	ULD BE	(X5) COMPLETION DATE
F9999	resident's medical r 6) All necessary preassure that the resias free of accident nursing personnel sthat each resident rand assistance to personnel sthat each resident rand assistance to personnel sthat each resident rand assistance to personnel strategy and assistance to personnel strategy and assistance to personnel strategy and a facility stresident. These requirements by: A. Based on record facility failed to provide services for 4 days symptoms of a short resulting fracture. The experiencing new of shoulder without evidays, and a decline this is for one resident significant change current admission of including peripheral insufficiency, cerebirecord review indicates.	ecord. ecautions shall be taken to dents' environment remains hazards as possible. All shall evaluate residents to see eceives adequate supervision revent accidents.	F99	999			

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	PROVIDER OR SUPPLIER	т	•	5	REET ADDRESS, CITY, STATE, ZIP CODE 12 EAST OGDEN AVENUE VESTMONT, IL 60559		
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREF TAG		PROVIDER'S PLAN OF CORREC (EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APPR DEFICIENCY)	OULD BE	(X5) COMPLETION DATE
F9999	Review of facility's shoulder fracture or direct care staff obsto the right arm in a feed self on Thursonursing documentathis new pain and in 12/11/11 when and ice pack to the area bruise. There was a diagnosing and treation of the following are was provided to facility of this injury, followed surveyor: E8 (cna-nurse's aid (12/8/11) that R4 was complaining of a lost the gave R4 barely move her are E8 stated on 12/22 taken care of R4 for been fine, feeding I room. When E8 ca was unable to feed told E7 (nurse) that had R4 demonstration the milk carton as unable to feed told E7 (nurse): a nurse on Thursday (12/8/her right arm. On S	investigation into R4's f unknown origin shows that served R4 as having new pain addition to a sudden inability to day, 12/8/11. There is no ation or interventions regarding hability to feed self until order was received to apply an a due to the development of a another 24 hour delay in atment of the injury till written staff statements during their investigation into by interviews conducted by de): noticed on Thursday asn't moving her arm and was at of pain. Informed E7. E8 a drink and she (R4) could m. /11 at 1:50pm that he has ar 5 years. On 12/7/11, R4 had anerself as usual in the dining me in to work on 12/8/11, R4 herself as usual. E8 said he asomething was not right and the to E7 that she could not lift	F9	999			

-	NOF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SU COMPLET						
		145338	B. WIN	G		12/2:	3/2011
	PROVIDER OR SUPPLIER	Г	•	51	EET ADDRESS, CITY, STATE, ZIP CODE 12 EAST OGDEN AVENUE 1/ESTMONT, IL 60559		
(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 pain in the right E7 stated on 12/22/reported to her (E7) pain in her right sho arm. E7 stated she see any. E7 confirm or put any intervent stated that she calls several times during of R4's complaints arm but did not hea asked what intervent this change in cond 24 hour report that of pain but that was 12/10/11, she (E7) bed and feed her be herself. E7 stated the of physician notificat developed bruising obtained an order for R4 did not receive a assessment confirm the following day, 1 by E7 and by E2 (di (administrator) durin 12/22/11 at 12:40pr Review of nurse's r 12/10/11 do not do complaint of should to move arm and fe note dated 12/11/11 noticed a new bruis complaints of pain in movement. Review	arm. (at 2:00pm that E8 (cna) (at 2:00pm that E8 (cna) (at 1:00pm that E8 (cna) (at 2:00pm that E8 (cna) (at 1:00pm that	F99	99			

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F9999	nursing documental her arm and that a facility today and for physician visit or for further documentate complaints of pain provided over the conflaints of pain provided over the conflaints of pain 12/18/11 through 12 nursing entry on 12 complaints of pain 12/12/11, the nurse portable x-ray was the fracture of the redisplacement. R4 v 2:50pm on 12/12/11 shoulder fracture. It days between when aware of increased decline of moveme However, E1 and E of nursing) stated of they consider the d 12/11/11 because the shoulder because the shoulder because the injury have a single part of the shoulder because the injury have a single part of the shoulder because the injury have a single part of the shoulder because the injury have a single part of the shoulder because the injury have a single part of the shoulder because the injury have a single part of the shoulder because the injury have a single part of the shoulder because the injury have a single part of the shoulder because the injury have a single part of the shoulder because the injury have a single part of the shoulder because the injury have a single part of the shoulder because the should be s	tion states that R4 cannot lift physician "will come to the llow-up." There was no llow-up that day. There is no ion on R4 about her to the shoulder, how care was ourse of the course of 4 days, 2/12/11) or R4's response. A 2/12/11 at 6am notes continued to the area. At 11:00am on practitioner was notified and a taken at 12:15pm, confirming ight humeral neck with was sent out to the ER at 1 for evaluation of the right There was a delay of over 4 in facility staff first became complaints of pain and int. (2) (administrator and director on 12/22/11 at 10:40am that ate of the incident to be that is the date the bruising to the evident, even though they and occurred by 12/8/11.	F99	999			
	LICENSURE VIOLA 300.1210b)3) 300.1210d)3) 300.3240a)	ATIONS					
	Nursing and Person	General Requirements for nal Care provide the necessary care					

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F9999	practicable physica well-being of the re each resident's conplan. Adequate and care and personal of resident to meet the care needs of the resident to meet the care needs of the resident incontinent of bower appropriate treatment incontinent of bower incontinent of bower appropriate treatment in a section and shall associated the facility of the practical experiments and shall be practically seven-day-a-week and shall be practically seven-	in 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 e total nursing and personal esident. Innel shall assist and so so that a resident who is I and/or bladder receives the ent and services to prevent ons and to restore as much etion as possible. All nursing ist residents so that a resident lity without an indwelling eterized unless the resident's emonstrates that necessary. I section (a), general nursing at a minimum, the following sed on a 24-hour, basis: rations of changes in a possible in a	F99	999			

	EMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SUFPLAN OF CORRECTION IDENTIFICATION NUMBER: A. BUILDING (X3) DATE SUFPLIER (X3) DATE SUFPLIER (X2) MULTIPLE CONSTRUCTION (X3) DATE SUFPLIER (X4) DATE SUFFLIER (X4) DATE SU						
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F9999	Continued From pa B. Based on observinterview the facility	vation, record review and	F99	999			
	thorough bowel and factors that may pre 21 12, 17, 16 and Fincontinence (2) Obtain an accur residents in order to program to assist s 16 and R19's) in the incontinence (3). Identify the typ 12, 17, 16 and R 19's, 18, 19, 19, 19, 19, 19, 19, 19, 19, 19, 19	dividualized program based on 21 12, 17, 16 and R 19. mplement a facility bowel and at, evaluation and treatment re. ative to an adult disposable and modelling catheter policy and ant further development of por R14 and R27 in the					

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	, ,	(X2) MULTIPLE CONSTRUCTION A. BUILDING		JRVEY ETED
		145338	B. WING	<u> </u>	12/2	3/2011
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F9999	oriented stated, "I hand a half weeks, for my knee then, I' diaper (adult disposdiaper on me on me give choices! Tor not. I don't like u It's sticking out, loo in my room most of Look! (showing her disposable liner.) I' like this because the wear a diaper. It's at home. Of course the bathroom. At tintime that they get he don't come at specto go to the bathrool life I guess! The fee emotionally draining. On 12-23-11 at 12: understand why the commode. I even be home. I would think to help me transfer that would be bette on a brief and charthe beginning and clike a baby, you car you just need to go walk with it. The dia area. At home I we diaper." 2. On 12-21-11 at 1 been calling for hel	nave been here three to three I'm here for Physical Therapy I'll go back home. I use a sable brief) here; they put a y first day here. They didn't hey didn't ask me if I wanted it sing a diaper! It's disgusting! Ik its bulging! That's why I stay if the time. It's embarrassing! I pants bulging due to the adult m ashame people to see me his is not me. I'm not here to so thick! I never wear a diaper it I can feel the urge to go to mes when I call for help by the here I'm already wet. No, they iffic time to ask me if I wanted om. Get use to nursing home elling of wearing a diaper is	F9999			

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTI		PLE CONSTRUCTION G	(X3) DATE SURVEY COMPLETED				
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F9999	like dirt! They come my call light, they u the time they come diaper. They (staff) wait too long for my really don 't like to that they give you. I underpants. At hom disposable brief) ne go to the bathroom m wet almost all the for too long. When bathroom you can't pee on myself! Tha for this place. They light fast enough! Tregular time to ask bathroom, I need to At 10:45 AM, the C bathroom and obse with urine. Howeve when the CNA took On 12-22-11 at 12:2 "she (R16) can verbathroom, she weabrief), I think becaucan clean herself; r pants down, hers (inight. She needs as fall risk." 3. R21 was observe wheelchair on 12-2 "I need to be change 2:15 PM the CNA/E	e in at times and they turn off sually say they will be back by back I already pee on my here are not crabby, it's just I buzzer to get answered. I wear a diaper, but that's all asked my family to bring me he this (soiling her adult ever happened because I can on time. Here (in the facility)I be time. It's hard to sit and wait you want to go to the wait forever! I don't want to t's the only complaint I have just they don't answer the call They don't come in on a me if I wanted to use the o call them. " N.A E 11 took R16 to the erved R16's diaper saturated or R16 was able to void in toilet	F99	999			

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F9999	(R21) wears a diapocan't hold it. I don't toileting program. I brief) when she ask she's in therapy." 4. R12 stated on 1: my self to the bathreather than wetting to answer my call ligmyself. You wait for you need to help you convenience. " 5. On 12-21-11 at 1 physical therapy roo observed in the hall take her back to be to bed and changed which was soiled w (R17's) alert, with premember names wallot and keeps rep	ge 26 er because sometimes she know if she's in any specific change her (adult disposable ame to. She can stand up, 2-21-11 at 10:50 AM, I take oom, I'm not supposed to, but my bed, waiting for someone ght for assistance. I just take a long time for help here, so ourself. They come on their :30 PM, R17 was observed in om: At 2:00 PM, R17 was lway asking for someone to d. At 2:20 PM, E19 took R17 d her adult disposable brief ith urine. E18 stated "she's eriods of confusion, very well. She (R17) mumbles eating her name, but that's r behavior that I know." (B)	F99	999			