STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	145237	A. BUILDING _____ B. WING _____	C 12/02/2011

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
REGENCY REHABILITATION CENTER	**6631 MILWAUKEE AVENUE NILES, IL 60714**

(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 281	Continued From page 8 supervisor was hysterical and not giving any direction. E4 said that she recalls her last interaction with R1 was around 9:30pm, E4 said that R1 was sitting on the bed and when asked if he needed anything R1 said no. E4 said that R1 was fully dressed when she observed him hanging in the bathroom, and said that she couldn't see what was around his neck. E4 said that it appeared to be a shiny cord. On 10/18/11 at 3:00pm E3 (charge nurse), said that she didn't think to complete an incident report after R1's incident of 10/13/11. E3 said that she was aware of the facility's incident reporting policy. On 10/19/11 at 4:00pm during the daily status meeting E2 (director of nursing), said that their was no incident report completed after the incident involving R1. According to the facility's accident and incident report policy indicates to document all accidents/incidents occurring to residents. The policy indicate documentation must be on "Resident Accident and Incident Reports" as well as in the nurses notes.	F 281		
F9999	FINAL OBSERVATIONS LICENSURE VIOLATION: 300.610a) 300.1035a)3) 300.1035a)4) 300.3240a) Section 300.610 Resident Care Policies a) The facility shall have written policies and procedures, governing all services provided by the facility which shall be formulated by a	F9999		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	145237	A. BUILDING _____ B. WING _____	C 12/02/2011

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
REGENCY REHABILITATION CENTER	**6631 MILWAUKEE AVENUE NILES, IL 60714**

(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 9	F9999		

Resident Care Policy Committee consisting of at least the administrator, the advisory physician or the medical advisory committee and representatives of nursing and other services in the facility. These policies shall be in compliance with the Act and all rules promulgated thereunder. These written policies shall be followed in operating the facility and shall be reviewed at least annually by this committee, as evidenced by written, signed and dated minutes of such a meeting.

Section 300.1035 Life-Sustaining Treatments
a) Every facility shall respect the residents' right to make decisions relating to their own medical treatment, including the right to accept, reject, or limit life-sustaining treatment. Every facility shall establish a policy concerning the implementation of such rights. Included within this policy shall be:
3) procedures for providing life-sustaining treatments available to residents at the facility;
4) procedures detailing staff's responsibility with respect to the provision of life-sustaining treatment when a resident has chosen to accept, reject or limit life-sustaining treatment, or when a resident has failed or has not yet been given the opportunity to make these choices;

Section 300.3240 Abuse and Neglect
a) An owner, licensee, administrator, employee or agent of a facility shall not abuse or neglect a resident.

These regulations are not met as evidenced by:

Based on interview and record review the facility

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	145237	A. BUILDING _____ B. WING _____	C 12/02/2011

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
REGENCY REHABILITATION CENTER	**6631 MILWAUKEE AVENUE NILES, IL 60714**

(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 10	F9999		

neglected to provide services for 1 of 3 residents (R1). R1 was observed hanging from a pipe in the bathroom ceiling and the facility staff left R1 hanging until paramedics arrived at the facility. The facility also neglected to follow their medical emergency response policy and assess R1, and initiate CPR (Cardiopulmonary Resuscitation), and the facility neglected to follow their presume death policy and assess R1 for signs of death. The failures resulted in R1 being pronounced dead at the facility by the local paramedics.

Findings include:

According to the clinical record nurses notes dated 10/14/11 at 3:14am (late entry for 10/13/11), denotes at 11:50am a certified nurse aid rushed to the nurses station and shouted to please come quick, to room 103. The note indicates that nurse and supervisor went immediately to room 103. Upon entering the bathroom door, R1 was noted hanging from the ceiling, with a chair under him and one leg off the chair. R1 was assessed by placing a pulse oximeter on his finger with no pulse recorded and no respirations noted. R1 was also noted to look pale in color. The note indicates that the certified nurse aid called 911 and the evening supervisor called the director of nursing and nurse noted to continue to assess R1.

On 10/18/11 at 3:40pm E4 (certified nurse aid), said that while making rounds on the night of 10/13/11 at approximately 11:45pm, she observed that R1's bed had been slept in, but didn't see R1. E4 said that she called R1's name but didn't get a

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	145237	A. BUILDING _____ B. WING _____	C 12/02/2011

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
REGENCY REHABILITATION CENTER	**6631 MILWAUKEE AVENUE NILES, IL 60714**

(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 11	F9999		

response. E4 said that she entered the room and noted the bathroom light on, but the door was closed. E4 said that she knocked on the bathroom door but R1 didn't answer. E4 said that she entered the bathroom and noted that R1 was hanging from a pipe in the bathroom. E4 said that she froze in shock, but then closed the door and ran for help from the nurses station to come to room 103. E4 said that she recalls R1's right leg/foot touching the chair, and that his color was noted to be make up like. E4 said that two nurses, E3 (charge nurse) and E5 (nurse supervisor) came to room 103 to assist. E4 said that both nurses came to room 103, however E4 said that she didn't go back into the bathroom. E4 said that she then went and called 911, however E4 said that the charge nurse was nervous and not directing staff. E4 also said that the supervisor was hysterical and not giving any direction. E4 said that she recalls her last interaction with R1 was around 9:30pm, E4 said that R1 was sitting on the bed and when asked if he needed anything R1 said no. E4 said that R1 was fully dressed when she observed him hanging in the bathroom, and said that she couldn't see what was around his neck. E4 said that it appeared to be a shiny cord.

On 10/18/11 at 3:00pm E3 (charge nurse), said that on 10/13/11 she last spoke with R1 at around 9:00pm while passing out medication, E3 said that R1 was dispensed Ambien 10mg (sedative). E3 said that R1 was sitting on the bed. E3 said that she didn't have anymore interactions again with R1. E3 said around 11:45pm E4 came running to the nurses station, yelling to come to room 103. E3 said that E4 was yelling and was hysterical saying room 103 in the bathroom. E3

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	145237	A. BUILDING _____ B. WING _____	C 12/02/2011

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
REGENCY REHABILITATION CENTER	**6631 MILWAUKEE AVENUE NILES, IL 60714**

(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 12	F9999		

said that E4, and E5 (nurse supervisor), and herself ran to room 103. E3 said upon entering room 103 bathroom R1 was observed hanging from a pipe in the ceiling. E3 said that she was in shock, but noted R1 was fully dressed with one foot hanging and one foot touching a chair. E3 said they all rushed out went back to nurses station, and E5 called the director of nursing, and E4 called 911. E3 said that she went back to R1's bathroom and noted that R1 wasn't breathing. E3 said that she pushed R1's dangling leg unto the chair. E3 said she then placed a pulse oximeter on to R1's finger. E3 said that meter didn't record any oxygen saturation or pulse rate. E3 said that she noted something black around R1's neck. E3 said that then she left the bathroom. E3 said that she didn't go back into the bathroom after that. E3 said that when she initially went into the bathroom she called R1's name with no response, E3 said that R1's face / hands were pale in color. E3 said that R1's advance directives indicated that R1 was a full code. E3 said that CPR (cardiopulmonary resuscitation) was not initiated. E3 said that she didn't attempt to take a radial pulse, also E3 denied attempting to take vital signs. E3 said that she didn't listen for breath sounds or heart sounds with the use of a stethoscope. E3 also said she was aware of the facility's Medical Emergency Response policy and the Presumed death policy.

On 10/19/11 at 12:00pm via telephone E5 (nurse supervisor), said that on the night of 10/13/11 around 11:45pm E4 came runnig to the nurse station yelling to come to room 103's bathroom. E5 said that along with E3 and E4 they went to room 103. E5 said upon entering the bathroom

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	145237	A. BUILDING _____ B. WING _____	C 12/02/2011

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
REGENCY REHABILITATION CENTER	**6631 MILWAUKEE AVENUE NILES, IL 60714**

(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 13	F9999		

R1 was observed hanging from the ceiling. E5 said that she got scared and left the bathroom. E5 said that she went to call the director of nursing and the administrator. E5 said that she didn't go back into the bathroom. E5 said that she didn't perform any assessments on R1, just recall R1 hanging there. E5 said that she was afraid to touch R1. E5 said she was aware of the facility's policy Medical Emergency Response, and the Presumed policy.

A review of the employee files of both E3 and E5 show their nursing license were found to be current and both were currently certified at CPR. According to E4's employee file E4 is currently certified in CPR.

The facility's medical emergency response policy indicates the policy of the facility to provide each resident with necessary emergency treatment. The policy indicates upon being alerted to an emergent situation, the nurse will quickly assess the resident. Initial assessment will include airway, include breathing status, pulse and level of consciousness and any visible injury. The policy denotes staff will initiate CPR, following the CPR guidelines establish airway, support breathing, and circulation until paramedics arrive.

On 10/19/11 at 4:00pm E1 (administrator), said that she felt when the nurse arrived to R1's bathroom and found R1 handing from the pipe in the ceiling that the nurse presumed R1 to already to be dead. E1 provided survey team with a copy of the presumed death policy.

According to the presumed death policy denotes CPR will not be performed after an unwitnessed

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	145237	A. BUILDING _____ B. WING _____	C 12/02/2011

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
REGENCY REHABILITATION CENTER	**6631 MILWAUKEE AVENUE NILES, IL 60714**

(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 14 cardiac arrest if all the following is present. Pupils fixed and dilated, mottled discoloration of the body, absence of reflexes, bowel and bladder sphincter control gone, and absence of vital signs (pulse, blood pressure), with the presence of the other symptoms listed above. The policy also denotes before a decision not to resuscitate is made, all of the above mentioned must be verified by two licensed nurses, one of which shall be a Registered nurse. The policy also denotes a finding shall be documented in the nursing notes, along with signature of both license nurses, and attending physician notified. A	F9999		