		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1, ,	IULTIPL LDING	E CONSTRUCTION	(X3) DATE SURVEY COMPLETED		
		145311	B. WI	1G			C 06/2012	
	PROVIDER OR SUPPLIER	AB CTR		777	ET ADDRESS, CITY, STATE, ZIP CODE DRAPER LIET, IL 60432			
(X4) ID PREFIX TAG	(EACH DEFICIENC)	JMMARY STATEMENT OF DEFICIENCIES ID PROVIDER'S PLAN OF CORRECTION PREFIX (EACH CORRECTIVE ACTION SHOULD BE ATORY OR LSC IDENTIFYING INFORMATION) TAG CROSS-REFERENCED TO THE APPROPRIATION DEFICIENCY)		OULD BE	(X5) COMPLETION DATE			
F 309	notified Z1 if R18 w increased tiredness Z1 was not notified signs of increased behaviors. Z1 also wanted to follow up	age 10 vas exhibiting signs of signs due to her cardiac problems. by facility R18 was showing tiredness or change in normal said he was not aware that Z2 with R18 after her 11/23/11 different ICD was being	F;	309				
F9999	FINAL OBSERVAT Licensure Violation		F99	999				
	300.610a) 300.1010 h) 300.1210a) 300.1210b) 300.1210d)1)3) 300.1220b)2)3) 300.1620a) 300.1630d) 300.3240a)							
	a) The facility sha procedures, govern the facility which sh Resident Care Poli least the administra the medical adviso representatives of	esident Care Policies all have written policies and hing all services provided by hall be formulated by a cy Committee consisting of at ator, the advisory physician or ary committee and hursing and other services in policies shall be in compliance						

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) N A. BU		PLE CONSTRUCTION G	(X3) DATE SURVEY COMPLETED		
		145311	B. WI				C 6/2012	
	ROVIDER OR SUPPLIER	AB CTR		7	REET ADDRESS, CITY, STATE, ZIP CODE 77 DRAPER OLIET, IL 60432	, 01/0	0/2012	
(X4) ID PREFIX TAG	(EACH DEFICIENCY	SUMMARY STATEMENT OF DEFICIENCIES EACH DEFICIENCY MUST BE PRECEDED BY FULL EGULATORY OR LSC IDENTIFYING INFORMATION) BY PROVIDER'S PLAN OF CORRECTION SHOUL PREFIX (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPROVIDER'S PLAN OF CORRECTION SHOUL DEFICIENCY)		ULD BE	(X5) COMPLETION DATE			
F9999	with the Act and all These written polici operating the facility least annually by th	ge 11 rules promulgated thereunder. es shall be followed in y and shall be reviewed at is committee, as evidenced by dated minutes of such a	F9	999				
	h) The facility physician of any ac change in a resider health, safety or we but not limited to, th manifest decubitus of five percent or m The facility shall ob plan of care for the	Medical Care Policies shall notify the resident's cident, injury, or significant at's condition that threatens the elfare of a resident, including, are presence of incipient or ulcers or a weight loss or gain ore within a period of 30 days. Itain and record the physician's care or treatment of such shange in condition at the time						
	a) Comprehent facility, with the part the resident's guard applicable, must decomprehensive car includes measurab meet the resident's and psychosocial n	General Requirements for nal Care usive Resident Care Plan. A ticipation of the resident and dian or representative, as evelop and implement a e plan for each resident that le objectives and timetables to medical, nursing, and mental eeds that are identified in the ensive assessment, which						

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) M A. BU		PLE CONSTRUCTION G	(X3) DATE SURVEY COMPLETED	
		145311	B. WII				C 6/2012
	ROVIDER OR SUPPLIER	AB CTR		7	REET ADDRESS, CITY, STATE, ZIP CODE 77 DRAPER OLIET, IL 60432	1 04/0	0/2012
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES 'MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREF TAG		PROVIDER'S PLAN OF CORRECT (EACH CORRECTIVE ACTION SHOUTH CROSS-REFERENCED TO THE APPROPRIES OF THE AP	ULD BE	(X5) COMPLETION DATE
F9999	allow the resident to practicable level of provide for discharg restrictive setting by needs. The assess the active participat resident's guardian applicable. (Section b) The facility care and services to practicable physical well-being of the releach resident's complan. Adequate and care and personal care and personal cresident to meet the care needs of the remeasures shall included following procedures of the remeasures shall included following and shall included following and shall seven-day-a-week of the properly administration of the properly admi	attain or maintain the highest independent functioning, and ge planning to the least ased on the resident's care ament shall be developed with ion of the resident and the or representative, as a 3-202.2a of the Act) shall provide the necessary of attain or maintain the highest all, mental, and psychological sident, in accordance with aprehensive resident care aproperly supervised nursing care shall be provided to each at total nursing and personal asident. Restorative and at a minimum, the second at a minimum, the per practiced on a 24-hour, coasis: subsection (a), general anclude, at a minimum, the per practiced on a 24-hour, coasis:	F9	999			

-	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	A. BUI		TIPLE CONSTRUCTION NG	(X3) DATE SURVEY COMPLETED	
		145311	B. WIN	۱G _			5/ 2012
	ROVIDER OR SUPPLIER	AB CTR			REET ADDRESS, CITY, STATE, ZIP CODE 777 DRAPER JOLIET, IL 60432	04/00	5/2012
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES 'MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	T BE PRECEDED BY FULL PREFIX (EACH CORRECTIVE ACTION SHOULD BE		JLD BE	(X5) COMPLETION DATE	
F9999	Continued From pa resident's medical r	•	F99	999			
	b) The DON sl nursing services of 2) Overseeing assessment of the rinclude medically defunctional status, se impairments, nutritic psychosocial status condition, activities potential, cognitive sometical, cognitive sometical, cognitive sometical, representant personnel, representant personnel, representant plan. The plan share reviewed and modifineeded as indicated	onal status and requirements, discharge potential, dental potential, rehabilitation status, and drug therapy. an up-to-date resident care ent based on the resident's essment, individual needs complished, physician's orders,					

` '		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULT A. BUILDI	FIPLE CONSTRUCTION NG	(X3) DATE SURVEY COMPLETED		
		145311	B. WING			C 6/2012	
	ROVIDER OR SUPPLIER	AB CTR		TREET ADDRESS, CITY, STATE, ZIP CODE 777 DRAPER JOLIET, IL 60432			
(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 CORREC (EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APPR DEFICIENCY)	ULD BE	(X5) COMPLETION DATE	
F9999	a) All medicati the written, facsimil licensed prescriber order of a licensed authenticated by th calendar days, in a 300.1810. All such handwritten signatulicensed prescriber are not acceptable.	compliance with Licensed or so ons shall be given only upon e or electronic order of a . The facsimile or electronic prescriber shall be e licensed prescriber within 10 ccordance with Section orders shall have the ure (or unique identifier) of the . (Rubber stamp signatures) These medications shall be dered-by the licensed	F9999				
	d) If, for any reason medication order caprescriber shall be reasonable, dependentation made in the Section 300.3240 A a) An owner, licens agent of a facility stresident. (Section 2	Abuse and Neglect ee, administrator, employee or nall not abuse or neglect a					
	by:	view and interviews facility					

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		(X2) M A. BU		PLE CONSTRUCTION G	(X3) DATE SURVEY COMPLETED		
		145311	B. WII				C 6/2012
	PROVIDER OR SUPPLIER	AB CTR	,	7	REET ADDRESS, CITY, STATE, ZIP CODE 77 DRAPER OLIET, IL 60432		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT 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 APPF DEFICIENCY)	ULD BE	(X5) COMPLETION DATE
F9999	- provide care and sover a two day perito R18's unresponsed administer cardiace physician; - monitor pulse rate internal cardiace definiternal cardiace definition de	services in a timely manner od (3/12 - 3/13/12) preceding siveness and death; comedication as ordered by the electric formal cardiac status / pacemaker / ibrillator (ICD), functioning; and monitor a resident with coagulation profile (PT and change in condition s and fatigue); g physician of a change in y manner; y and procedure to obtain repacemaker function. If failures, medical evaluation, ices were not provided before esponsive in her bed at the resident(R18), with a facility. To facility 01/07/11 with a failure, Auto Internal Cardiac, Diabetes Mellitus, Congestive Obstructive (COPD).	F9	999			

NAME OF PROVIDER OR SUPPLIER HILLCREST NURSING & REHAB CTR STREET ADDRESS, CITY, STATE, ZIP CODE 777 DRAPER JOLIET, IL 60432	STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		A. BU		IPLE CONSTRUCTION NG	(X3) DATE SURVEY COMPLETED		
HILLCREST NURSING & REHAB CTR 777 DRAPER JOLIET, IL 60432			145311					
			AB CTR	•	7	777 DRAPER	•	
	PRÉFIX	(EACH DEFICIENC)	Y MUST BE PRECEDED BY FULL			(EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APPR	ULD BE	(X5) COMPLETION DATE
F9999 Continued From page 16 ischemic cardiomyopathy and severe left ventricular dysfunction. R18's ejection fraction (Ef), was severely reduced, 30-35%, on the Electro-cardiogram (ECG), with a prolonged 'QRS duration'. R18's eardiomyopathy can improve from re-synchronization therapy and this would involve upgrading the ICD device and adding a left ventricular lead. "Will discuss this with R18's family in the office. I will try to arrange for a follow-up visit in the office, We could discuss the risk and benefits of upgrade at a later time. She is on Coumadin therapy right now for atrial fibrillation. R18's 11/23/11 hospital discharge instructions include to arrange a follow-up visit with Z2 in two weeks. R18's medical record clid not include documentation R18 was evaluated by Z2 or any cardiologist between 11/23/11 discharge and 3/13/12 death. R18's March 2012 physician orders (POS), include: Digoxin 125 mcg daily, Lasix 40 mg, Lisinopril 10 mg daily, Aldactone 12.5 mg daily, Coumadin 3.5 mg daily, Coreg 6.25 mg twice daily and Zocor 40 mg daily. R18's March 2012 medication administration record (MAR), failed to include documentation on 3/12/12 Digoxin, 11. addition R18's pulse rate was not evaluated and recorded 3/12 and 3/13/12. R18's medical record 01/07/11 - 3/13/12 failed to include physician orders for pacemaker / ICD	F9999	ischemic cardiomyd ventricular dysfunci (Ef), was severely relectro-cardiogram "QRS duration". R1 improve from re-sy would involve upgra adding a left ventric with R18's family in for a follow-up visit discuss the risk and time. She is on Cotatrial fibrillation. R18's 11/23/11 hos include to arrange a weeks. R18's medidocumentation R18 cardiologist betwee 3/13/12 death. R18's March 2012 include: Digoxin 12 Lisinopril 10 mg da Coumadin 3.5 mg of daily and Zocor 40 R18's March 2012 record (MAR), faile 3/12/12 Digoxin 12: During 3/30/12 inte said that she does given her 3/12/12 Erate was not evalua 3/13/12. R18's medical recordination.	opathy and severe left tion. R18's ejection fraction reduced, 30-35%, on the (ECG), with a prolonged 8's cardiomyopathy can nchronization therapy and this ading the ICD device and cular lead. "Will discuss this the office. I will try to arrange to in the office, We could discharge instructions a follow-up visit with Z2 in two cal record did not include 8 was evaluated by Z2 or any en 11/23/11 discharge and physician orders (POS), 25 mcg daily, Lasix 40 mg, ily, Aldactone 12.5 mg daily, daily, Coreg 6.25 mg twice mg daily. medication administration do to include documentation on 5 mcg was administered. rview E1 (acting DON / CEO), not know why R18 was not Digoxin. In addition R18's pulse ated and recorded 3/12 and ard 01/07/11 - 3/13/12 failed to	F9	999			

		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) M A. BUI		PLE CONSTRUCTION G	(X3) DATE SURVEY COMPLETED	
		145311	B. WIN				C 6/2012
	PROVIDER OR SUPPLIER	AB CTR		7	REET ADDRESS, CITY, STATE, ZIP CODE 77 DRAPER OLIET, IL 60432	,	
(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	monitoring. During a 3/30/12 serviewed R18's ent checks were found hospital in Novemb Facility Pacemaker includes = Upon ad theres an order for schedule date and physician order. R18's blood coagul INR), results on 3/1 PT 60.7 (norm 20.2 R18's medical reconthorough assessme coagulation results. In addition R18's content of the physician order that addition R18's content of the physician order that a days, starting on 3/01/12 and star 02/27/12, but the number of this order transcontent on 02/23/12. Also on 02/23/12 the was thoroughly asselevated blood clotter R1's 01/2412 and 00	2:30AM interview, E1 said she ire file and no pacemaker except for the one done at the er 2011. policy and procedure mission / re-admission ensure pacemaker check and obtain time of pacer check per ation time profile (PT and 2/12 were "Critically High" = 2-30.8) and INR 6.17 (2-3). rds failed to include any ent in response to the altered end and compared to hold Coumadin this evening, repeat PT /INR et Coumadin 3.5 mg daily on curse (E6), wrote "Coumadin T/INR on 3/011/12" on the I file included a written warning eription error which resulted in the ered Coumadin 3.5 mg dose were is no documentation R18 essed related to critically	F99	999			

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTAND PLAN OF CORRECTION IDENTIFICATION NUMBER: A. BUILDING		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	,		IPLE CONSTRUCTION NG	(X3) DATE SU COMPLE		
		145311	B. WII	NG _			C 6/2012	
	PROVIDER OR SUPPLIER	AB CTR	•	7	REET ADDRESS, CITY, STATE, ZIP CODE 777 DRAPER JOLIET, IL 60432			
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT 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)	ULD BE	(X5) COMPLETION DATE	
F9999	During a 3/30/12 1 aide), said she was PM-11 PM shift. R1 and usually was ve bed and would not acted abnormal bea and did not fight it. evening (3/13/12), bed (approximately covers, which she r During a 3/30/12 11 aide), said she was shift nurse aide. E8 acting differently coand wanting to be after lunch. R18 us not want to go to be about R18 being tir During a 3/30/12 11 aide), said she wor R18. E9 said that F tired that day. During a 3/30/12 in was R18's 3/13/12 that R18 was not act to lay down. E18 us R18's current care with interventions to syncope, fatigue ar There was no docuphysician progress tiredness and chan	:13 PM interview, E4 (nurse R18's nurse aide 3/13/12 3 8 had increased confusion ry anxious about being put to want to go. On 3/13/12 R18 cause she wanted to go to bed Another un-usual thing that was that after we put R18 to 9:30 PM), R18 kicked off her never did before. 1:12 AM interview, E8 (nurse R18's 03/13/12 7 AM-3 PM said that On 3/13/12 R18 was implaining of feeling really tired but in bed after breakfast and ually wanted to stay up and did ed. E8 said the nurse knew	F9	999				

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) M A. BU		PLE CONSTRUCTION G	(X3) DATE SURVEY COMPLETED	
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F9999	During a 3/30/12 12 Z1 (R18's physician COPD and Cardiac notified Z1 if R18 w increased tiredness Z1 was not notified signs of increased to behaviors. Z1 also wanted to follow up	ge 19 2:45 PM telephone interview 1), said R18 was very sick with 1 problems. Staff should have 1 as exhibiting signs of 2 due to her cardiac problems. 2 by facility R18 was showing 2 iiredness or change in normal 2 said he was not aware that Z2 2 with R18 after her 11/23/11 3 different ICD was being	F9:	999			