STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	` ′	PLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED C	
			A. BUILDIN	G		
		145850	B. WING			5/2012
	ROVIDER OR SUPPLIER POINTE REHAB & NU	RSING	58	BEET ADDRESS, CITY, STATE, ZIP CODE B25 WEST CERMAK ROAD BICERO, IL 60804		
(X4) ID PREFIX TAG	(EACH DEFICIENC)	TEMENT OF DEFICIENCIES  / MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORREC' (EACH CORRECTIVE ACTION SHOI CROSS-REFERENCED TO THE APPR DEFICIENCY)	ULD BE	(X5) COMPLETION DATE
F 406	eye was messed up belt buckle. I asses ambulance. R6 had R5 didn't get along from another floor a	age 13 Iven R6 came to me did say his or and said R5 hit in eye with sed him and called 911 If issues but was mild manner, with people and was moved and not long after always with the other residents but	F 406			
F9999	Was re-directable : FINAL OBSERVAT LICENSURE VIOL 300.610a) 300.1210b) 300.1210d)3) 300.1220b)2)3) 300.3240a)		F9999			
	a) The facility shall procedures, govern the facility which shall resident Care Police least the administration the medical advisor representatives of the facility. These pwith the Act and all These written policic operating the facility least annually by the written, signed and meeting.  Section 300.1210 Consisting and Person to the facility shall and services to attach the facility shall and services as the services and the facility shall and services to attach the facility shall and services as the facility shall and services as the facility shall and services to attach the facility which shall are the facility shall and services to attach the facility shall and services the facility shall sh	nursing and other services in policies shall be in compliance rules promulgated thereunder. ies shall be followed in y and shall be reviewed at is committee, as evidenced by dated minutes of such a				

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AND PLAN OF CORRECTION (		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION  A. BUILDING			(X3) DATE SURVEY COMPLETED	
	145850		B. WING			C <b>03/15/2012</b>	
	NAME OF PROVIDER OR SUPPLIER  CEDAR POINTE REHAB & NURSING				REET ADDRESS, CITY, STATE, ZIP CODE 5825 WEST CERMAK ROAD CICERO, IL 60804	1 00/10	3/2012
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC 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	well-being of the re- each resident's con plan. Adequate and care and personal of resident to meet the care needs of the re- shall include, at a re- procedures: d) Pursuant to subsicare shall include, a and shall be practical seven-day-a-week of 3) Objective observation resident's condition emotional changes determining care re- further medical eva made by nursing staresident's medical re- Section 300.1220 S Services b) The DON shall s nursing services of 2) Overseeing the of the residents' needs defined conditions a sensory and physical status and requirer discharge potential, potential, rehabilitat and drug therapy. 3) Developing an up each resident base comprehensive ass and goals to be acc and personal care a	sident, in accordance with aprehensive resident care properly supervised nursing care shall be provided to each e total nursing and personal esident. Restorative measures ninimum, the following section (a), general nursing at a minimum, the following ed on a 24-hour, casis: ations of changes in a including mental and as a means for analyzing and equired and the need for luation and treatment shall be aff and recorded in the ecord.  Supervision of Nursing supervise and oversee the the facility, including: comprehensive assessment of so, which include medically and medical functional status, al impairments, nutritional nents, psychosocial status, dental condition, activities con potential, cognitive status, obto-date resident care plan for	F99	999			

Facility ID: IL6009948

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION  (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  145850		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) M A. BU		PLE CONSTRUCTION G	(X3) DATE SURVEY COMPLETED	
		B. WI			C <b>03/15/2012</b>		
	POINTE REHAB & NU	RSING	•	58	REET ADDRESS, CITY, STATE, ZIP CODE 825 WEST CERMAK ROAD BICERO, IL 60804		
(X4) ID PREFIX TAG	(EACH DEFICIENC)	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	activities, dietary, a are ordered by the the preparation of t plan shall be in writ modified in keeping indicated by the res shall be reviewed a Section 300.3240 A a) An owner, licens agent of a facility si resident.  These requirement by:  Based on record refailed to follow their identifying patterns abuse for two of for for possible abuse, failure resulted in o trauma and R5 with Findings Include:  Facility's abuse preincluded the followidating occurred mistreatment implementing system and allegations of raggressively, filing accurate and R5's social service	nd such other modalities as physician, shall be involved in he resident care plan. The ing and shall be reviewed and with the care needed as sident's condition. The plan t least every three months abuse and Neglect ee, administrator, employee or hall not abuse or neglect a swere not met as evidence view and interview facility abuse policy regarding and occurrences for potential air residents (R5, R6) reviewed out of a sample of 7. This he resident (R6) with left eye in a stab wound to the neck.	F9!	999			

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		B. WI			C <b>03/15/2012</b>		
	ROVIDER OR SUPPLIER	RSING	•	5	REET ADDRESS, CITY, STATE, ZIP CODE 825 WEST CERMAK ROAD CICERO, IL 60804		
(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 APPI DEFICIENCY)	ULD BE	(X5) COMPLETION DATE
F9999	dangerous object (I security. R5 felt intimated by R5 to inform staff of matters into his own. Interview with E1 (A 9:00 AM states that generated for the bound random check of personal record involuntary/judicial 10-24-11, (R5) was repeatedly striking altercations with personal report for the cannot find the nurincident of 10-24-11. R5's licensed progrand his room mate confrontation. R5's 11-13-11 R5 noted others. Interview with E10 Service coordinator no anger managements and the residents, not until 19 security.	roommate and explained to f any issues and not to take h hands by using violence.  Administrator) on 3-2-12 at incident on 10-19-11 was not ent fork because it was just a ersonal items by security.  Is denotes petition for admission to the hospital on accused by peer of him. (R5) has had history of ers before.  (Director of Nursing) on M, states unable to locate the he incident on 10-24-11 and isses notes in regards to that I involving R5.  Tress notes dated 11-5-11 R5 resident on the bathroom. ess notes dated 11-12-11 R5 got into real serious verbal licensed progress notes dated to physical aggressive towards  (Psychiatric Rehabilitation on 3-13-12 states there was nent program set up for the the December. E10 states if the program was available R5	F9:	999			

Facility ID: IL6009948

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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	,			(X3) DATE SURVEY COMPLETED		
		145850	B. WIN	۱G _		03/1	C 5/ <b>2012</b>	
	ROVIDER OR SUPPLIER	RSING		į	REET ADDRESS, CITY, STATE, ZIP CODE 5825 WEST CERMAK ROAD CICERO, IL 60804	00/10	5/2012	
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES 'MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREF TAG		PROVIDER'S PLAN OF CORREC' (EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APPR DEFICIENCY)	ULD BE	(X5) COMPLETION DATE	
F9999	Service Director) or was not hired until a aware of R5's histor other resident in the R5's licensed progradenotes R5 upset with padlock at him. R5's dated 9-18-11 R5 in another resident with E2 states there was carrier of the state, services that were paduring November. E2 Management was on November and did in December. E2 states 1:1 counseling.  Interview with E8 (F Service coordinator one of the residents September 2011. E R5's history of aggrage resident in august a anger management Consultant at that ti October was not given R5's history of aggrage plan dated 11-provide supportive in week, Psychiatric R Coordinator will visite evaluate mood and	Psychiatric Rehabilitation 13-13-12 at 1:15 PM states after October and was not ry of physical altercations with 2 past. 2 past. 3 past. 4 past and threw 5 licensed progress notes 6 washroom attempting to whip 7 past belt. 6 huge problem with insurance 8 which stopped paying for the 6 provided to the residents	F99	<b>39</b> 9				

AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION  A. BUILDING			(X3) DATE SURVEY COMPLETED	
	145850		B. WING			C <b>03/15/2012</b>	
	NAME OF PROVIDER OR SUPPLIER  CEDAR POINTE REHAB & NURSING				REET ADDRESS, CITY, STATE, ZIP CODE 5825 WEST CERMAK ROAD CICERO, IL 60804	00/10	3/2012
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)			ID PROVIDER'S PLAN OF CORRECTIVE ACTION SHOWN TAG CROSS-REFERENCED TO THE APPOPULATION OF CORRECTIVE ACTION SHOWN THE APPOPULATION OF CROSS-REFERENCED TO THE APPOPULATION OF CORRECTION OF CORR		ULD BE	(X5) COMPLETION DATE
F9999	Rehabilitation Servi month of Decembe  R5's unusual occur 5:00 PM R5 stated him in the neck on object, causing sma assessment dated observable injuries: neck .5x.5 cm (cent to left eye, left eye record review of dedenotes R6 alleged dining room for dinr with a belt. R5 states cratched on left sic R5's preliminary 24 on 12-20-11 at 5 PM alleged that R6 scratched for his monotonic stated to hospit treatment.  R6' preliminary 24-12-20-11 5 PM, hall (R6) was involved in peer (R5). Unable to that lead to incident transported to hospit treatment. Record rand comprehensive occurrence dated 1 physical altercation stated R6 approach the neck when he as	rence report date 12-20-11 at another resident (R6) struck the left side with a sharp all laceration. The investigation 12-20-11 at 5:00 PM denotes R5 had injury to left side of timeters) scratch and R6 injury red with laceration to face. escription of the incident that he was on his way to the ner when R5 hit him in the face at R6 owed me money and R6	F99	999			

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		B. WII			C <b>03/15/2012</b>		
	NAME OF PROVIDER OR SUPPLIER  CEDAR POINTE REHAB & NURSING				REET ADDRESS, CITY, STATE, ZIP CODE 825 WEST CERMAK ROAD CICERO, IL 60804		
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F9999	Incident happened that hour were busy residents.  Interview E1 (Admin AM, states " I saw that R6 and signed off corecords but I don't that stabbed, we believe that police were not press charges again.  R5's hospital record discharge diagnosis neck. Record review progress notes date resident (R5) return transported to anothe evaluation.  Record review of R12-20-11 at 1817 (6) in by emergency mand are talking with Computerized tomorno lens seen. Patie evaluation and specto operating room for R6 on 3-2-12 at 3:4 my room he (R5) something back. He missed then I stabbof scissors to get his	fast, no witness. Staff working a taking care of other  nistrator) on 3-14-12 at 11:00 he incident report for R5 and on it. We had the hospital hink we concluded that R5 got ed it was a scratch". E1 states iffied but R5 and R6 refused to nst each other.  ds dated 12-21-11 denotes is: stab wound to left zone 2 w of R5's licensed nurses ed 12-21-11 11:10 AM denotes it de to the facility and her hospital for psychiatric  6's hospital records dated it of the facility and her hospital for psychiatric  6's hospital records dated it of the facility and her hospital for psychiatric  6's hospital records dated it of the facility and her hospital for psychiatric  6's hospital records dated it of the facility and her hospital for psychiatric  6's hospital records dated it of the facility and her hospital for psychiatric  6's hospital records dated it of the facility and her hospital for psychiatric  6's hospital records dated it of the facility and her hospital for psychiatric  6's hospital records dated it of the facility and her hospital for psychiatric  6's hospital records dated it of the facility and her hospital for psychiatric  6's hospital records dated it of the facility and her hospital for psychiatric  6's hospital records dated it of the facility and her hospital for psychiatric  6's hospital records dated it of the facility and her hospital for psychiatric  6's hospital records dated it of the facility and her hospital for psychiatric  6's hospital records dated it of the facility and her hospital for psychiatric  6's hospital records dated it of the facility and her hospital for psychiatric  6's hospital records dated it of the facility and her hospital for psychiatric  6's hospital records dated it of the facility and her hospital for psychiatric  6's hospital records dated it of the facility and her hospital for psychiatric  6's hospital records dated it of the facility and her hospital for psychiatric  6's hospital records dated it of the facility and her hospital for psychiatric  6's hospital for psychia	F9	999			
	swung again and hi	ctical Nurse) on 3-13-12 at					

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION  (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  145850		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) N A. BU		PLE CONSTRUCTION G	(X3) DATE SURVEY COMPLETED	
		B. WING			C <b>03/15/2012</b>		
	NAME OF PROVIDER OR SUPPLIER  CEDAR POINTE REHAB & NURSING				REET ADDRESS, CITY, STATE, ZIP CODE 825 WEST CERMAK ROAD CICERO, IL 60804	,	
(X4) ID PREFIX TAG	(EACH DEFICIENC)	NTEMENT 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	4:25 PM, states "Repeople. R5 approach laceration on the new happened. Then Rewas messed up an buckle. I assessed ambulance. R6 had R5 didn't get along from another floor a	5 could not get along with ched me with a small eck, but did not tell me what 6 came to me did say his eye d said R5 hit in eye with belt	F9	999			