STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	` '		E CONSTRUCTION	` '	E SURVEY PLETED
145838		B. WING			C		
NAME OF F	ROVIDER OR SUPPLIER	143030	D. WING		EET ADDRESS, CITY, STATE, ZIP CODE	05/2	28/2013
PETERSON PARK HEALTH CARE CTR				61	141 NORTH PULASKI ROAD HICAGO, IL 60646		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREF TAG		PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPODE DEFICIENCY)	BE	(X5) COMPLETION DATE
F 309 F9999	Continued From pa until the day after." FINAL OBSERVAT			309 999			
	LICENSURE VIOL	ATIONS				ļ	
	300.610a) 300.1010h) 300.1210b) 300.1210d)3)6) 300.3240a)						
	a) The facility shall procedures, govern the facility which she Resident Care Police least the administration the medical advisor representatives of the facility. These pwith the Act and all These written policioperating the facility least annually by the	esident Care Policies have written policies and ling all services provided by all be formulated by a cy Committee consisting of at ator, the advisory physician or ry committee and hursing and other services in colicies shall be in compliance rules promulgated thereunder. les shall be followed in ly and shall be reviewed at lis committee, as evidenced by dated minutes of such a					
	h) The facility shall of any accident, injuresident's condition safety or welfare of limited to, the presedecubitus ulcers or percent or more wit facility shall obtain of care for the care	Medical Care Policies notify the resident's physician ury, or significant change in a that threatens the health, a resident, including, but not ence of incipient or manifest a weight loss or gain of five thin a period of 30 days. The and record the physician's plan or treatment of such accident, condition at the time of					

AND DI AN OF CORRECTION . IDENTIFICATION NUMBER:		, ,		E CONSTRUCTION	(X3) DATE SURVEY COMPLETED C 05/28/2013		
	145838						
NAME OF PROVIDER OR SUPPLIER PETERSON PARK HEALTH CARE CTR				6	REET ADDRESS, CITY, STATE, ZIP CODE 141 NORTH PULASKI ROAD CHICAGO, IL 60646	,	
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES 'MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREF TAG		PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROP DEFICIENCY)	BE	(X5) COMPLETION DATE
F9999	notification Section 300.1210 G Nursing and Persor b) The facility shall and services to atta practicable physical well-being of the reseach resident's com plan. Adequate and care and personal of resident to meet the care needs of the reshall include, at a reprocedures: d) Pursuant to subsicare shall include, a and shall be practicated seven-day-a-week in a seven-day-a-w	General Requirements for hal Care provide the necessary care in or maintain the highest I, mental, and psychological sident, in accordance with aprehensive resident care properly supervised nursing care shall be provided to each e total nursing and personal esident. Restorative measures hinimum, the following ection (a), general nursing at a minimum, the following ed on a 24-hour, basis: ations of changes in a particular including mental and as a means for analyzing and quired and the need for luation and treatment shall be aff and recorded in the ecord. The precautions shall be taken esidents' environment remains the hall evaluate residents to see eceives adequate supervision revent accidents.		999			

AND DUAN OF CODDECTION INDESTRUCTION NUMBERS		` '		E CONSTRUCTION	(X3) DATE SURVEY COMPLETED		
		145838	B. WING	i			28/ 2013
NAME OF PROVIDER OR SUPPLIER PETERSON PARK HEALTH CARE CTR				6	EET ADDRESS, CITY, STATE, ZIP CODE 141 NORTH PULASKI ROAD HICAGO, IL 60646		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES 'MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREF TAG		PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPODE DEFICIENCY)	BE	(X5) COMPLETION DATE
F9999	by: Based on interview failed to thoroughly their own facility po for treatment after a spilled on one (R1) for assessments ar failure resulted in a was subsequently sevaluation and was 2nd degree burn the treatment on a hospital per the facility's date of 4/28/13, has mental status changof aspiration precauphysician's order straight order of mechaliquids, aspiration precauphysician's order straight order order order order order orde	and record review the facility assess, and did not follow licy to obtain physician orders in incident of hot soup was of three residents reviewed ind physician orders. This delay of treatment for R1 who sent to the hospital for assessed to have sustained a at required hospitalization and		999			

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING				(X3) DATE SURVEY COMPLETED		
	145838					C 05/28/2013		
NAME OF PROVIDER OR SUPPLIER PETERSON PARK HEALTH CARE CTR				6	EEET ADDRESS, CITY, STATE, ZIP CODE 141 NORTH PULASKI ROAD CHICAGO, IL 60646			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)			Х	PROVIDER'S PLAN OF CORRECTIOI (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPI DEFICIENCY)	BE	(X5) COMPLETION DATE	
F9999	incident. I should have have known what he roommate the CNA in changed and cleanthe roommate what the roommate what the roommate to prove burned." On 5/22/13 at 11:22 assistant) stated the noodles hot. I don't noodles on the table spilled in the bed. His skin was red at real red, it was a liguid on 5/22/13 at 11:56 stated "A CNA cam was pinkish color. I was pinkish in color He's incontinent so cream. I went to reopm and it changed peeling in the genita stated she informed called the covering doctor was on vaca send the resident of evaluation.	that this patient had an ave written it in the so that all the shifts would appened. I should have told By pm E9 (certified nurses he roommate was screaming as sitting on the bed and she harge and we went there and hed everything. "They asked happened. He said he asked hepare noodles for him and he are anodles for him and he have an average and the land have a state of the land have a state o	F99	999				
	On 5/22/13 at 12:11	1 pm E7 (registered nurse						

AND DUAN OF CODDECTION INFORMATION NUMBERS		(X2) MUI A. BUILE		(X3) DATE SURVEY COMPLETED			
		145838	B. WING	B. WING			C 28/2013
NAME OF PROVIDER OR SUPPLIER PETERSON PARK HEALTH CARE CTR				6	REET ADDRESS, CITY, STATE, ZIP CODE 141 NORTH PULASKI ROAD CHICAGO, IL 60646		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)			IX	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPODE DEFICIENCY)	BE	(X5) COMPLETION DATE
F9999	supervisor) stated I about it. I found out came back to work supervise at night. usually they inform they are on another have assessed the but I didn't know." On 5/11/13 at 10:38 stated "I work the 1 on 3-11 shift. It was was documented in burned by the soup my shift. It was slight reports of complain paged by the 3-11 induring my shift. It was eany progress at the resident." Per the local hospit Evaluation dated 5/Present History initity year old male who is facility presents to the chief complaint of a and scrotum. Patier on his perineum yethe nursing home residents: There is both buttocks compenis. Disposition: Other as the came of the service of the s	about it on 5/13/13 when I from 5 pm to 1 am. I was in the building and me. They would page me if floor. I didn't know, I could resident or done something B am E11 (registered nurse) 1-7 shift. I know it happened not endorsed in the book. It has the chart that the resident got. I assessed the resident on ontly reddened. There was not sof pain. The doctor was nurse but the doctor didn't call was just slight redness. I didn't and the silvadene was put on al Emergency Physician 13/13 al comments: "This is a 97 s a resident of a nursing he emergency room with a burn to his buttocks penis and apparently spilled hot soup sterday however according to ecords there was no discovery afternoon. The patient is	F99	999			

		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	` '	TIPLE CONSTRUCTION NG		(X3) DATE S COMPL		
	145838 B. WING				C 05/28/2013			
NAME OF PROVIDER OR SUPPLIER PETERSON PARK HEALTH CARE CTR				STREET ADDRESS, CITY, 6141 NORTH PULASK CHICAGO, IL 6064	(I ROAD			
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFI TAG	(EACH CORRE	'S PLAN OF CORRECTION ECTIVE ACTION SHOULD ENCED TO THE APPROPN DEFICIENCY)	BE	(X5) COMPLETION DATE	
F9999	Upon admission, reassessment, chang pain or an exacerba Pain Questionnaire from the resident, fa party. By receiving i knows the resident be more specific to scores 5 or above of Comprehensive Paicompleted. The facility policy for Changes/Documen 1. Accidents/Incider Service given and k-Notification of physical follow-through of or The facility policy for cases requiring Phy In case acute condi NH facility to call 91 are to be followed: 1. Call and/or page landline and wait for 2. If MD does not can amount, nurse may if no response and treatment, Medical 3. If no reply in received send resident to the residents medical ci judgement, then no designee. Receiving	nent: A. Pain Screening admission, each MDS e of condition or when new ation of pain is suspected, the will be filled out with input amily member, or responsible nput from someone who well, pain management can the resident. If the resident on the Pain Questionnaire, the in Assessment must be or Resident Condition tation dated 5/21/13 reads: nts with or without injuries the points for documentation. Sician and family member in notified. Results and ders, if any or Procedures to follow in visician attention: tion change/s not requiring 1, the followinf procedures residents physician and	F99	99				

	AND DUAN OF CODDECTION DENTIFICATION NUMBER.		` '		LE CONSTRUCTION	(X3) DATE SURVEY COMPLETED			
PETERSON PARK HEALTH CARE CTR STREET ADDRESS, CITY, STATE, ZIP CODE 6141 NORTH PULASKI ROAD CHICAGO, IL 60646 (X4) ID PREFIX TAG SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) F9999 Continued From page 15 There is no documented evidence that the pain questionnaire was completed after the incident on 5/12/13. On 5/28/13 at 1:38 pm Z1 (doctor) stated he was covering for Z2 (doctor) at the time of the incident. Stated he doesn't remember when he was notified of the incident "I think it was the day"			145838	B. WING	·				
PREFIX TAG (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) F9999 Continued From page 15 There is no documented evidence that the pain questionnaire was completed after the incident on 5/12/13. On 5/28/13 at 1:38 pm Z1 (doctor) stated he was covering for Z2 (doctor) at the time of the incident. Stated he doesn't remember when he was notified of the incident "I think it was the day (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY) F9999 (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)					61	141 NORTH PULASKI ROAD	,		
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that R1 be sent to the local hospital. Z1 stated it was hard to say whether he would've sent the resident to the hospital had he been notified the day of the incident because "They didn't call me until the day after." (B)	F9999	There is no docume questionnaire was of 5/12/13. On 5/28/13 at 1:38 covering for Z2 (doincident. Stated he was notified of the iafter. Z1 stated whe that R1 be sent to twas hard to say whe resident to the host day of the incident I	ented evidence that the pain completed after the incident on pm Z1 (doctor) stated he was ctor) at the time of the doesn't remember when he incident "I think it was the day en he was notified he ordered he local hospital. Z1 stated it ether he would've sent the poital had he been notified the because "They didn't call me	F99	999				