STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		` ′	PLE CONSTRUCTION G	CON	(X3) DATE SURVEY COMPLETED		
		145914	B. WING			C / 08/2013	
	PROVIDER OR SUPPLIER OINT NURSING & RE	HAB CENTER		STREET ADDRESS, CITY, STATE, ZIP CODE 1010 WEST 95TH STREET CHICAGO, IL 60643		700/2010	
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORREC (EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APPE DEFICIENCY)	ULD BE	(X5) COMPLETION DATE	
F 323	will provide labor ar following-Main Alur and install one dark mounted gear hing. This document did facility automated operating properly. On 5/16/2013 durin on 6/11/2013 E1 (a to the survey, he was with the door proper	ond/or materials to perform the ninum Entry System to furnish a bronze continuous surface e. not link any evidence that the loor locking system was not g morning status meeting and dministrator) expressed prior as aware there was a problem rly closing when someone nis condition that did not ock.	F 32				
	a) The facility shall procedures governifacility. The written be formulated by a Committee consisti administrator, the a medical advisory coof nursing and other	esident Care Policies have written policies and ing all services provided by the policies and procedures shall Resident Care Policy					

	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	A. BUILDING			COMPLETED	
		145914	B. WING	i			08/ 2013
	PROVIDER OR SUPPLIER OINT NURSING & RE	EHAB CENTER		1	STREET ADDRESS, CITY, STATE, ZIP CODE 1010 WEST 95TH STREET CHICAGO, IL 60643	1 00/1	50/2013
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFI TAG		PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPODE DEFICIENCY)	BE	(X5) COMPLETION DATE
F9999	the facility and shall by this committee, and dated minutes Section 300.1040 (Assault Survivors a) For the purposes definitions shall app 2) Sexual Assault sexual conduct or sin Section 12-12 of including, without li Sections 12-13 through the community of the car who are suspected assaulted in a long (Section 3-808 of the 1) Notify local law erequirements of S	s shall be followed in operating II be reviewed at least annually documented by written, signed of the meeting. Care and Treatment of Sexual so of this Section, the following oly: an act of nonconsensual sexual penetration, as defined the Criminal Code of 1961, mitation, acts prohibited under ough 12-16 of the Criminal adhere to the following e and treatment of residents of having been sexually term care facility or elsewhere the Act): enforcement pursuant to the ection 300.695; ce provider if medical care is or, as quickly as reasonably and environment to ensure g for emergency or law nnel to arrive. The facility shall and privacy of the survivor, fincident code to avoid	F99	999	,		
	preserve evidence and not to launder clothing or bed line	vivor. take all reasonable steps to of the alleged sexual assault, or dispose of the resident's ns until local law enforcement ther they have evidentiary					

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F9999	change clothes or bedone so since the sed) The facility shall draft a descriptive set assault pursuant to 300.690. Section 300.1210 Conversing and Personal Comprehensive with the participation resident's guardian applicable, must decomprehensive car includes measurabed meet the resident's and psychosocial noresident's comprehensive car includes measurabed meet the resident's and psychosocial noresident's comprehensive car includes measurabed meet the resident's comprehensive car includes measurabed meet the resident's comprehensive car includes measurabed meet the resident's comprehensive setting between the resident's guardian applicable between the facility shall and services to attapracticable physical well-being of the reeach resident's complan. Adequate and care and personal coresident to meet the care needs of the resident to meet the care needs of the resi	couraging the survivor not to bothe, if he or she has not sexual assault. Inotify the Department and summary of the alleged sexual the requirements of Section General Requirements for hal Care Resident Care Plan. A facility, in of the resident and the 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 of attain or maintain the highest independent functioning, and ge planning to the least assed on the resident's care ment shall be developed with tion of the resident and the or representative, as provide the necessary care as an or maintain the highest I, mental, and psychological sident, in accordance with inprehensive resident care I properly supervised nursing care shall be provided to each et total nursing and personal	F99	999			

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	PROVIDER OR SUPPLIER	HAB CENTER		STREET ADDRESS, CITY, STATE, ZIP O 1010 WEST 95TH STREET CHICAGO, IL 60643	•	700/2010
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F9999	b) The DON shall s nursing services of 2) Overseeing the of the residents' needs defined conditions a sensory and physic status and requirent discharge potential, potential, rehabilitation and drug therapy. 3) Developing an upeach resident base comprehensive assumed and goals to be accomprehensive assumed goals to g	the facility, including: comprehensive assessment of s, which include medically and medical functional status, al impairments, nutritional nents, psychosocial status, dental condition, activities tion potential, cognitive status, o-to-date resident care plan for d on the resident's ressment, individual needs complished, physician's orders, and nursing needs. Personnel, services such as nursing, and such other modalities as physician, shall be involved in the 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. care and services provided to sing facility.	F99			

AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING			COMPLETED		
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	PROVIDER OR SUPPLIER OINT NURSING & RE	HAB CENTER		STREET ADDRESS, CITY, STATE, ZI 1010 WEST 95TH STREET CHICAGO, IL 60643	IP CODE	00/0	70/2013
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFI TAG		ION SHOULD I HE APPROPR	BE	(X5) COMPLETION DATE
F9999	determine the most placement for the re of that resident as we residents and employ These requirements. Based on observation interview, the facility (R11) from being sereport the assault to a timely manner, far and failed to protect from the perpetrator reviewed for abuse. Findings Include: The medical record diagnoses include: Cerebral Vascular AR11's Minimum Datindicates C0500 Sur (resident unable to C1300 (A), Inattent was scored 1 (Behadoes not fluctuate). R11 was observed in her room in a while place. Resident was Surveyor asked R1 male resident (R10 in his room or bed. Saturday and I don' about."	inmediately evaluated to a suitable therapy and esident, considering the safety well as the safety of other oyees of the facility. Is are not met as evidenced by: on, record review and y failed to protect 1 resident exually assaulted, failed to the appropriate authorities in illed to seek treatment for R11, to other residents on the unit of R10) for 1 of 14 residents I date 06/07/13 indicates R11 Dementia, Late Affect Accident and Gait Abnormality. It a Sets (MDS) dated 06/12/13 immary Score was 00 complete the interview). It is and Disorganized thinking avior continuously present on 07/03/13 at 9:00am, sitting eelchair with chair alarm in as alert and oriented X 2. 1 was she found in bed with a 1. R11 stated, "No, I was not No, I was not in his room to the know what you are talking used and unable to tell what	F99	999			

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		145914	B. WING			C / 08/2013
	PROVIDER OR SUPPLIER	EHAB CENTER	STREET ADDRESS, CITY, STATE, ZIP CODE 1010 WEST 95TH STREET CHICAGO, IL 60643		-	
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFI TAG	PROVIDER'S PLAN OF CORRECT (EACH CORRECTIVE ACTION SHOUTH COROSS-REFERENCED TO THE APP DEFICIENCY)	OULD BE	(X5) COMPLETION DATE
F9999	stated, "There wer happened on a Sat Nurse Aide (CNA) were in the male's Sunday (06/30/12) send her out to the give any orders. Strannot determine ir gave her permission R10 is on every 15 On 07/03/13 at 2:5 telephone stated, going to answer at going off. It was ap when alarm went of I saw the wheelchat (R10's room). I no asked (R10) to get of her. I tried to get (R10) off her. He with (R11). (R11) was used the buttocks. It down the hall. I token urse came to the (R11) when the nurclothes were off. He the floor. (R10) par middle thigh. You of the buttocks. E1 (R11). His pants we pants up. E19 escon She asked him to gis confused and do do something. (R10) monitoring."	age 32 Oam, E1 (Administrator) re two residents found in bed. It turday. It was the Certified that found them in bed. They room(R10). It was reported on . We didn't call the police or hospital. The physician didn't ne was checked by the nurse. I ff the female resident (R11) on. She is confused at times. minutes monitoring." Opm, E17 (CNA) per "It was around 2:30pm. I was call light. I heard the alarm proximately 3 - 4 minutes fff. Upon stepping in the room, nir to the right of the bed in ticed (R10) on top of (R11). I off (R11) and he didn't get off thim off but was unable to get was moving up and down on indressed from the waist down. In pulled down where you could I noted a housekeeper coming of her to get the nurse and the room. (R10) was still on top rise came down. (R11) bottom are diaper and pants were on nots were pushed down to his could see the back and top part go (nurse) and I got (R10) off the down and he pulled the orted (R10) out of the room. The policy of the room. The policy of the room of the room of the room of the room. The policy of the room. The policy of the room of the room. The policy of the room of the room. The policy of the room. The policy of the room of the room. The policy of the room of the room. The policy of the room of the room of the room. The policy of the room of the room of the room of the room. The policy of the room of the r	F99	99		

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		145914	B. WING	i		C / 08/2013
	PROVIDER OR SUPPLIER POINT NURSING & RE	HAB CENTER	,	STREET ADDRESS, CITY, STATE, ZIP CODE 1010 WEST 95TH STREET CHICAGO, IL 60643		36,2310
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFI TAG		ULD BE	(X5) COMPLETION DATE
F9999	nurse. So, I waved needed her. I was running. She asked know why they need E19 (Nurse) on 07/was on the phone of coming back to the the housekeeper dogesturing me to corthe hall. I asked the nurse (E22). When (R10) and (R11) lying behind (R11). I immore He was fully dressed on (R10). She (R11) waist down. The other the Nurses' station CNA (E17) take (R11's) room and doge Afterwards E22 (Nurse on duty (E20). He (Ithe administrator (Existence of the existence of	ge 33 ng hall, E17 said to get the to E19 and told her E17 waving at her and she came what was wrong. I said I don't ded you right away." 03/13 at 10:00am, stated, "I letting report for a resident facility. When I stood up I saw own hall and she was ne down the hall. I went down housekeeper to call another I enter (R10's) room. I saw ng in bed. (R10) was lying nediately told him to get up. d. There was nothing exposed) was undressed from the ner nurse and I walked him to and placed him on 1:1. I had 11) to her room. I went to id body assessment. I went to id body assessment. I went to id body assessment. I went to id body assessment be (E22) and I (E19) called the ven an order from the Nurse of get lab work for Sexually les (STD) for (R10). No, I want to the hospital or call the E20 said that the policy and the administrator and ody assessment on (R11). I he shower room and washed had went by his leadership. The Z10) didn't give an order to ne hospital. (R11) is alert and is on every 15 minutes 1 understand what happened "No. she does not"	F99	999		

	FOF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MUL A. BUILD		ONSTRUCTION	COM	E SURVEY PLETED
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	PROVIDER OR SUPPLIER POINT NURSING & RE	HAB CENTER		1010 V	ET ADDRESS, CITY, STATE, ZIP CODE WEST 95TH STREET AGO, IL 60643		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFI TAG	<	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPI DEFICIENCY)	BE	(X5) COMPLETION DATE
F9999	she just heard the a On 07/03/13 at 10: Coordinator/Manag manager on duty. I floor. I was called to up there, a nurse (Ecouple of residents the room lying in be got up on the floor. station. I was told the (R11) was taken to take her (R11) to he observation. She we room and cleaned usend her out to the administrator." On 07/03/13 at 2:10 stated, "I received the nurses. She informed me sexual intercourse. sexual assault." Surveyor asked Z10 assess the R11 for stated, "No, I didn't informed me what he panel." On 07/09/13 at 2:00 telephone stated, "consensual sex. She know if she can ma male had taken advhas the Power Of A cannot make decisi The resident was no be assessed nor we	appened to her. The CNA said alarm going off." 50am, E20 (MDS er on Duty) stated, "I was the was doing rounds on the 1st of the third floor. When I came E22) made me aware that a (R10 and R11) were found in ind. They were separate when I He (R10) was at the nurse's ney were lying in bed together. The dining room. I told them to er room and do body as taken to the bath/shower up. I didn't call the police or hospital. I called the opm, Z10 (nurse practioner) a call about (R11) from one of ormed me that (R11) was with a male resident (R10). The that they were possibly having There was no evidence of the check her. The nurses happened, I ordered a STD opm, Z12 (family member) per The facility said it was the cantage of her. My husband ttorney for his mother. She	F99	99			

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		145914	B. WING		Ot	C 3/ 08/2013
	PROVIDER OR SUPPLIER	HAB CENTER		STREET ADDRESS, CITY, STATE, ZIP CODE 1010 WEST 95TH STREET CHICAGO, IL 60643		7/00/2013
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFI TAG		ULD BE	(X5) COMPLETION DATE
F9999	from R10. The medical record diagnoses include: Bipolar, Dementia at The incident report indicates "(R10) is of confusion. Allege on another resident manner. R10 and F separated and prov. On 07/03/13 at 9:19 in the dining room and oriented with stime). R10 was obs 3rd floor unit. On 07/03/13 at 9:3 lady was found in hon't know her namintercourse with a laasked, "Could I took R10 left the dining into his room. At a came out of his room interesident resident r	ored, supervised or protected date 3/6/13 for R10's Schizo-Affective Disorder, and Altered Mental Status. dated 06/29/13 at 4:00pm, alert and oriented with periods edly R10 was observed lying t (R11) in an inappropriate R11 were immediately yided one to one supervision". 5am, R10 was observed sitting during breakfast. R10 was alert ome confusion (dates and served ambulating throughout soam, surveyor asked R10 if a his bed. R10 stated, "Yes, I he. She was in my bed. I had ady." During the interview R10	F99)99		

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	PROVIDER OR SUPPLIER	HAB CENTER		STREET ADDRESS, CITY, STATE, 2 1010 WEST 95TH STREET CHICAGO, IL 60643	• • • • • • • • • • • • • • • • • • •	700/2013	
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES 'MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFI TAG		TION SHOULD BE THE APPROPRIATE	(X5) COMPLETION DATE	
F9999	licensed mental heascore was 11. C. Cascore 11 will be referevaluation. No evidence of a pseconducted on R10 of The social services 06/04/13 "staff report making inappropriate Writer met with resistent (R10) to reinappropriate commo6/08/13 "staff report (R10) was swearing 06/25/13 "Staff report (R10) was swearing at peers". resident (R10) namon safe sex practice encouraged to commany interest in purso other peers". 07/04/13 "staff report (R10) was making scomments and three resident (R10) regain in the resident (R10) regain in the peers of the resident (R10) regain in the resident (R10)	alth professional. R10's total omments were that a total erred for psychiatric sychiatric evaluation being was found. progress notes indicates on orted to writer that resident was te comments towards staff. dent regarding report on ate behavior. Writer educated frain from making sexually nents or threats to staff". orted to writer that resident g and threatening staff". orted that resident (R10) was 07/1/13 at 8:45am, "met with e below to provide education es. Resident (R10) is municate with staff if he has uing sexual relationships with orted to writer that resident sexually inappropriate atening staff. Writer meet with reding report on sexually vior. Writer educated resident making sexually nents or threats to staff". ated 06/29/13 does not as sent out to the hospital for 00am, Surveyor asked E23	F99	999			

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(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRE (EACH CORRECTIVE ACTION SH CROSS-REFERENCED TO THE APP DEFICIENCY)	OULD BE	(X5) COMPLETION DATE
F9999	worked on Saturda doing my last round walked into (R10's) me do you want to your nurse. When I trying to hug me. H unable to get away he kiss me in my m to redirect his beha was trying to break if I was married. I s broke away and go (CNA). He was alrig was placed on a 1: physician and was out to the hospital. On 07/08/13 at 3:30 Director) stated, "V 15 minutes and 1:1 evaluation until after the staff." The care plan (physician and was out to the hospital. On 07/08/13 at 3:30 Director) stated, "V 15 minutes and 1:1 evaluation until after the staff." The care plan (physician and care plan (physician and provide activity). There was no assessintervention on care behavior for R10. The Abuse Preventindicates: copy of the incident the witnesses, if an administrator with it such incident. Resianother resident withom contact with the staff.	08/13 at 10:30am, stated, "I y (7am to 3pm) shift. I was d at the end of the shift. I room and I said Hi. He asked be my friend? I told him, I am was walking pass he was e grabbed me so tight, I was from him. He asked me could touth. I said "No". I was trying vior while he was holding me. I away from him. He asked me aid yes, he loosened up and I t a male certified nurse aide ght with the male CNA. He 1 monitoring. I called the given an order to send R10 Dpm, E21 (Memory Care Ve were monitoring him every . He was not sent out for the incident of 07/06/13 with sical and psychosocial needs) cates R10 has a history of all behavior, of touching staff	F99	99		

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	PROVIDER OR SUPPLIER	EHAB CENTER		STREET ADDRESS, CITY, STATE, ZIP 1010 WEST 95TH STREET CHICAGO, IL 60643	CODE	00/	,
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFI TAG		N SHOULD I E APPROPR	BE	(X5) COMPLETION DATE
F9999	determine the mos approaches and pl her safety, as well employees of the full upon receiving repabuse, the charge examine the reside examination must incident report and Any incident that into be reported with Law Enforcement of sexual abuse of a Upon receiving infoabuse, the Administ will request that a reservices departme concerning the incireaction to his/her investigation. Unleaded the administration of the administration of the administration of the administration of the social provide the administration of the safety as well as the safety as the safety as well as the safety as the safe	mmediately evaluated to t suitably therapy, care acement, considering his or of the other residents and acility. Forts of physical or sexual nurse will immediately ent. Findings of the be recorded in a separate the resident's medical record. Evolves crimes to a resident is in 2 hour of the incident. The Officials will be informed in a resident by another resident. Formation concerning a report of strator or Director of Nursing representative of the social ent monitor resident's feeling dent as well as the resident's involvement in the se otherwise requested by the service representative will strator and the Director of en report of his/her findings in	F99	999			