### Statement of Deficiencies and Plan of Correction

**Provider/Supplier/CLIA Identification Number:**

145864

**Date Survey Completed:**

08/15/2013

**Multiple Construction**

- **Building:** _____________________________
- **Wing:** _____________________________

**Name of Provider or Supplier:**

Forest Edge Healthcare Rehab Ctr

**Street Address, City, State, Zip Code:**

8001 South Western Avenue

Chicago, IL 60620

---

### Summary Statement of Deficiencies

(Each deficiency must be preceded by full regulatory or LSC identifying information)

#### F 226

Continued From page 8

Abuse incident that occurred the night of 8/12/13.

Section V of "The Facility Abuse Prevention Program" indicate that "if a crime, particularly involving physical or sexual abuse is suspected, it must be reported to the state survey agency, and local law enforcement under the following time frames:

1. Serious bodily injury - immediately but not later than two hours after forming the suspicion.
2. All others - not later than 24 hours after forming the suspicion.

---

#### F9999

**Final Observations**

**Licensure Violations**

- 300.610a)
- 300.695b)(1)
- 300.695c)(2)
- 300.3240a)

Section 300.610 Resident Care Policies

a) The facility shall have written policies and procedures governing all services provided by the facility. The written policies and procedures shall be formulated by a 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. The policies shall comply with the Act and this Part. The written policies shall be followed in operating the facility and shall be reviewed at least annually by this committee, documented by written, signed and dated minutes of the meeting.
### SUMMARY STATEMENT OF DEFICIENCIES

<table>
<thead>
<tr>
<th>Event ID: F9999</th>
<th>Continued From page 9</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Section 300.695 Contacting Local Law Enforcement</strong></td>
<td></td>
</tr>
<tr>
<td>b) The facility shall immediately contact local law enforcement authorities (e.g., telephoning 911 where available) in the following situations:</td>
<td></td>
</tr>
<tr>
<td>1) Physical abuse involving physical injury inflicted on a resident by a staff member or visitor;</td>
<td></td>
</tr>
<tr>
<td>c) The facility shall develop and implement a policy concerning local law enforcement notification, including:</td>
<td></td>
</tr>
<tr>
<td>2) Contacting local law enforcement in situations involving physical abuse of a resident by another resident;</td>
<td></td>
</tr>
<tr>
<td><strong>Section 300.3240 Abuse and Neglect</strong></td>
<td></td>
</tr>
<tr>
<td>a) An owner, licensee, administrator, employee or agent of a facility shall not abuse or neglect a resident. (Section 2-107 of the Act)</td>
<td></td>
</tr>
<tr>
<td>These requirements are not met as evidenced by:</td>
<td></td>
</tr>
<tr>
<td>Based on observation, record review and interview, the facility failed to ensure the protection of one resident (R1) in a sample of six residents reviewed for physical abuse. This resulted in R1 requiring twelve stitches to the right upper lip, and a bruised left shoulder. The facility failed to follow their abuse policy and procedures</td>
<td></td>
</tr>
<tr>
<td>Findings include:</td>
<td></td>
</tr>
</tbody>
</table>
**FOREST EDGE HEALTHCARE REHAB CTR**

<table>
<thead>
<tr>
<th>ID PREFIX TAG</th>
<th>SUMMARY STATEMENT OF DEFICIENCIES</th>
<th>ID PREFIX TAG</th>
<th>PROVIDER'S PLAN OF CORRECTION</th>
</tr>
</thead>
<tbody>
<tr>
<td>F9999</td>
<td>Continued From page 10</td>
<td>F9999</td>
<td></td>
</tr>
</tbody>
</table>

R1 was observed on 08/13/13 at 2:50pm in the facility conference room with several stitches and a large amount of swelling to the right upper lip and mouth area.

R1 on 08/13/13 at 2:50pm stated that on the night of 8/12/13, E7 CNA (Certified Nurse’s Assistant) physically abused him in room. "I asked (E7) for a sandwich for my roommate, when I went to give it to him, he was not in the room. So, I ate the sandwich. (E7) came into the room and stated 'you played me; I'm going to mess you up.' The first time he hit me, I moved my head, the second time he swung and hit my mouth and he swung again and hit my shoulder. Then I went to the bathroom. I was bleeding. I went back into the room. I noticed blood all over the floor. When I was in the emergency room, the nurse there called the police. I spoke to the police in the hospital."

The incident/accident report date 08/12/13 9:20pm indicate a moderately large amount of blood was observed on floor of patient room. "I (E5 -Nurse) was told, there was altercation over a sandwich."

The nurse’s notes date 08/12/13 at 9:30pm indicates staff member came to nurse stating he had altercation with resident in room. Nurse went to room. Noting moderate amount of blood on the floor. Resident in bathroom and would not come out of washroom, immediately sent staff member off the floor.

E5 (Nurse) on 08/13/13 at 3:30pm stated that the incident occurred around approximately 9:20pm on the night of 8/12/13. "I did not observe the incident, but (E7) came to me and stated he had an altercation with a patient about a sandwich. I went into room and there was a moderate to large amount of blood on the floor. (R1) was in the
Continued From page 11
bathroom, I asked (R1) if he was okay and (R1) just mumbled as if he had something in his mouth. (R1) removed the face towel and he had a large laceration to his right upper lip, and inside right lip. (E7) was immediately sent off the unit. I called the shift supervisor and reported the incident. I applied first aide to (R1) and contacted physician. (R1) was transported to the emergency room. (E5) stated he did not call the police because (E4,Evening Supervisor) informed him that the police would be called by the emergency room. "E4 stated per telephone interview on 8/14/13 at 8:45am that "I didn't call the police". Surveyor asked why the police were not called. E3 (Assistant Director of Nursing) on 08/14/13 at 11:15am stated, "The administrator and the director of nursing was called." E1 (Administrator) on 08/13/13 at 11:30am stated, "We're about to fax the incident right now, review of the document indicated it was the abuse incident that occurred the night of 8/12/13." The Abuse Prevention Program and Procedure indicate: Staff supervision will be conducted on a regular basis, supervisors will monitor the ability of the staff to meet the needs of residents, staff understanding of individual resident care needs, and situations such as inappropriate language, insensitive handling or impersonal care will be corrected as they occur. Incidents short of willful abuse will be handled through counseling, training and, if necessary or repeated, the facility's progressive discipline policy.
The Abuse Prevention Program and Procedure (V). Internal Reporting Requirements and Identification of Allegation: If a crime, particularly involving physical or sexual abuse, is suspected, it must be reported to the state agency and local law enforcement under the following timeframes:
<table>
<thead>
<tr>
<th>ID PREFIX</th>
<th>SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)</th>
<th>ID PREFIX</th>
<th>PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)</th>
<th>COMPLETION DATE</th>
</tr>
</thead>
</table>
| F9999     | Continued From page 12
Serious bodily injury - Immediately but not later than 2 hours after forming suspicion.
All others - not later than 24 hours after forming the suspicion.                                                                 | F9999     |                                                                                                                                                    |                 |