## Illinois Department of Public Health (X1) PROVIDER/SUPPLIER/CLIA STATEMENT OF DEFICIENCIES (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION **IDENTIFICATION NUMBER:** COMPLETED A. BUILDING: С B. WING IL6002430 03/06/2014 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 7445 N. SHERIDAN ROAD WATERFORD NURSING & REHAB, THE CHICAGO, IL 60626 SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X4) ID ID (X5) COMPLETE (EACH DEFICIENCY MUST BE PRECEDED BY FULL (EACH CORRECTIVE ACTION SHOULD BE PRÉFIX PREFIX DATE REGULATORY OR LSC IDENTIFYING INFORMATION) CROSS-REFERENCED TO THE APPROPRIATE TAG TAG DEFICIENCY) S9999 Final Observations S9999 STATEMENT OF LICENSURE VIOLATIONS: 300.610a) 300.1210b) 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 Section 300.1210 General Requirements for Nursing and Personal Care b) The facility shall provide the necessary care and services to attain or maintain the highest practicable physical, mental, and psychological well-being of the resident, in accordance with each resident's comprehensive resident care plan. Adequate and properly supervised nursing care and personal care shall be provided to each resident to meet the total nursing and personal care needs of the resident Section 300.3240 Abuse and Neglect a) An owner, licensee, administrator, employee or agent of a facility shall not abuse or neglect a resident. (Section 2-107 of the Act) These requirements are not met as evidenced by: Illinois Department of Public Health

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

6899

| TATEMEN       | Department of Public<br>NT OF DEFICIENCIES<br>OF CORRECTION   | (X1) PROVIDER/SUPPLIER/CLIA<br>IDENTIFICATION NUMBER:   |                            | CONSTRUCTION   |                 | E SURVEY<br>PLETED |
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|               |   |   | A. BUILDING: _             |  |                 |                    |
|               |   | IL6002430   | B. WING                    |  |                 | C<br>06/2014       |
| IAME OF I     | PROVIDER OR SUPPLIER  | STREET A  | DDRESS, CITY, ST           | TATE, ZIP CODE   |                 |                    |
| VATERF        | ORD NURSING & RE  | HAR THE   | SHERIDAN RO<br>O, IL 60626 | AD   |                 |                    |
| (X4) ID       |   | TEMENT OF DEFICIENCIES  | ID                         | PROVIDER'S PLAN OF                                       |                 | (X5)               |
| PREFIX<br>TAG |   | Y MUST BE PRECEDED BY FULL<br>SC IDENTIFYING INFORMATION)   | PREFIX<br>TAG              | (EACH CORRECTIVE ACT<br>CROSS-REFERENCED TO<br>DEFICIENC | THE APPROPRIATE | COMPLE<br>DATE     |
| S9999         | Continued From pa   | age 1   | S9999                      |  |                 |                    |
|               | reviews, the facility<br>order for allowing a<br>community pass; a<br>to be out in the com<br>supervise and mon<br>community pass fo<br>cold weather and h<br>procedures for extr<br>of 10 sample reside<br>reviewed for comm<br>On 2/11/14 at 2:00<br>room sitting on the<br>oriented to name, p<br>right hands were w<br>wrap dressing. The<br>dressing. He was of<br>upon approach. R<br>admitted to facility of<br>include: Hydroceph<br>disabilities, Syncop<br>and Urinary Inconti<br>walker. | PM, R1 was observed in his<br>bed. He was alert and<br>place and time. R1's left and<br>rapped in post-surgical ace<br>ere was no bleeding noted to<br>calm though slightly guarded<br>1 is a 51 year old male<br>on 1/23/13 with diagnosis to<br>halus, Moderate intellectual<br>re and collapse, abnormal gait,<br>nence and walks with a |                            |  |                 |                    |
|               | moderate intellectu<br>acute discharge pla  | "R1 with history of<br>rmality of gait, incontinent and<br>al disability. Resident has no<br>an due to his inability to make<br>manage self when in the   |                            |  |                 |                    |
|               |   | 3 remarks, "R1 may go out on<br>d with family/guardian."  |                            |  |                 |                    |
|               | just came back from   | oximately 2:00PM, R1 said, "I<br>m the hospital, had surgery<br>nds." When asked if resident  |                            |  |                 |                    |

|                          | Department of Public  | (X1) PROVIDER/SUPPLIER/CLIA   | (X2) MULTIPLE   | CONSTRUCTION   | (X3) DATE SURVEY                 |                         |
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|                          | OF CORRECTION   | IDENTIFICATION NUMBER:  | . ,             |  |                                  | PLETED                  |
|                          |   | IL6002430   | B. WING         |  |                                  | C<br>06/2014            |
| NAME OF                  | PROVIDER OR SUPPLIER  | STREET AD   | DRESS, CITY, ST | TATE, ZIP CODE   |                                  |                         |
|                          |   | 1445 N. S   | HERIDAN RO      | AD   |                                  |                         |
| WAIERF                   | FORD NURSING & RE   | CHICAGO   | D, IL 60626     |  |                                  |                         |
| (X4) ID<br>PREFIX<br>TAG | FIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX  |   |                 | PROVIDER'S PLAN OF<br>(EACH CORRECTIVE ACT<br>CROSS-REFERENCED TO T<br>DEFICIENC | ION SHOULD BE<br>THE APPROPRIATE | (X5)<br>COMPLET<br>DATE |
| S9999                    | Continued From pa   | ge 2  | S9999           |  |                                  |                         |
|                          | had any pain at this<br>have any pain." Wi<br>have surgery, R1 si<br>happened last mon<br>said, "I went out on<br>convenience store<br>wearing gloves or a<br>did not think he wor<br>did not think he wor<br>did not think he wor<br>did not remember h<br>nursing home. R1 si<br>the nursing home. R1 si<br>the nursing home. R1 si<br>the nursing home. R1<br>si hands and bliste<br>did not focus on the<br>past achievements<br>walk-a-thons and o<br>stated that he once<br>Wisconsin from Eva<br>in one day. R1 app<br>mannerisms and eva<br>has been using a w<br>nursing home. Whe<br>pass privileges, R1<br>myself. I plan to go<br>ticket. I have to do<br>anybody to buy a lo<br>asked about what of<br>outside of nursing h<br>gloves or a hat. My<br>They are o.k."<br>Incident reported da<br>10:30AM remarks ti<br>go on pass and upo<br>the nurse about pai<br>blister was noted w<br>pass that morning,<br>wearing a hat or glo<br>specify how long R | a time, R1 responded, " I don't<br>hen asked what caused him to<br>tated that he had incident that<br>th when he was on pass. R1<br>a pass to go to the<br>to play the lottery. I was not<br>a hat." He commented that he<br>uld be gone that long and he<br>now long he was away from<br>stated that when he returned to<br>he told the nurse about pain in<br>ers. During the interview, R1<br>e incident but talked a lot about<br>, such as participating in<br>ther community events. R1<br>walked to Milwaukee,<br>anston, Illinois and back home<br>beared childlike in his<br>kpressions. R1 stated that he<br>valker since living at the<br>en asked about community<br>replied, "I still go on pass, by<br>o out tomorrow to get a lottery<br>it because you can't trust<br>ttery ticket for you." When<br>slothes he wears when going<br>nome, R1 said, "I don't have<br>hands are wrapped already.<br>ated 1/06/14 at approximately<br>hat "R1 signed out of facility to<br>on return, R1 complained to<br>n on his right 4th finger and a<br>hen resident came back from<br>R1 indicated that he was not<br>oves." The report did not<br>1 had been out on pass but<br>t the nurse documents about |                 |  |                                  |                         |

| STATEME                  | Department of Public<br>NT OF DEFICIENCIES<br>I OF CORRECTION   | (X1) PROVIDER/SUPPLIER/CLIA<br>IDENTIFICATION NUMBER:   | • •                        |  |                                  | E SURVEY<br>PLETED      |
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|                          |   | IL6002430   | B. WING                    |  |                                  | C<br><b>06/2014</b>     |
| NAME OF                  | PROVIDER OR SUPPLIER  | STREET AI   | DDRESS, CITY, S            | TATE, ZIP CODE   |                                  |                         |
| WATER                    | FORD NURSING & RE   | HAR THE   | SHERIDAN RO<br>O, IL 60626 | DAD  |                                  |                         |
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| \$9999                   | multiple blisters on<br>report dated 1/06/1<br>notified at 6:00PM a<br>1/07/14 at approxim<br>of Nurses), remarks<br>in the morning R1 f<br>intact blisters; by 11<br>and topical antibioti<br>room on 1/07/14."<br>1/06/14 denotes,"R<br>shopping, no escor<br>Nurse's notes dated<br>R1 complained of p<br>noted with blister. F<br>blister after he cam<br>morning. ROM/Ra<br>Temperature 96.5F<br>20, Blood Pressure<br>physician and famil<br>Nurse's notes dated<br>"R1 with blisters to<br>index ring finger an<br>aware with order to<br>room for evaluation<br>at 8:50AM remarks<br>transport. At 9:00A<br>emergency room n<br>arrived for transpor<br>(Emergency Medica<br>resident admitted to<br>diagnosis of frost b<br>Nurse's admission<br>4:00PM, remarks 5<br>from community ho<br>bite to left and right<br>assistance of walke | 1/07/14 at 4:30PM. Incident<br>4 remarks, "Physician was<br>and responded back on<br>nately 8:45AM." E2 (Director<br>s in the report that "On 1/07/14<br>had pain in all fingers and<br>1:00AM R1 had received oral<br>ics. R1 was sent to emergency<br>Resident sign out sheet dated<br>1 signed out at 10:35AM to go<br>t."<br>d 1/06/14 at 4:30PM remarks,"<br>bain on right 4th finger and<br>le claimed he noticed the<br>le back from pass this<br>nge of Motion intact.<br>7, Pulse Rate 81, Respirations<br>157/93. Left message to<br>y and awaiting call back.<br>d 1/07/14 at 3:45PM remarks,<br>right hand on 5 fingers and lef<br>d pinky finger. Physician made<br>send resident to emergency<br>h. Nurse's notes dated 1/07/14<br>at 9:35AM, ambulance<br>t, care rendered by two EMT's<br>al Technicians). At 1:30PM,<br>p community hospital, with | t                          | DEFICIENC  | YY)                              |                         |

|   | Pepartment of Public<br>IT OF DEFICIENCIES<br>OF CORRECTION   | (X1) PROVIDER/SUPPLIER/CLIA<br>IDENTIFICATION NUMBER:   | (X2) MULTIPLE<br>A. BUILDING: _ | CONSTRUCTION   | СОМ            | E SURVEY<br>PLETED |
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|   |   | IL6002430   | B. WING                         |  |                | C<br>06/2014       |
| NAME OF I   | PROVIDER OR SUPPLIER  | STREET AL   | DRESS, CITY, ST                 | TATE, ZIP CODE   |                |                    |
| WATERF  | ORD NURSING & RE  | HAR THE   | SHERIDAN RO<br>D, IL 60626      | AD   |                |                    |
| (X4) ID   |   | TEMENT OF DEFICIENCIES  | ID                              | PROVIDER'S PLAN OF   |                | (X5)               |
| PREFIX<br>TAG   |   | / MUST BE PRECEDED BY FULL<br>SC IDENTIFYING INFORMATION)   | PREFIX<br>TAG                   | (EACH CORRECTIVE ACT<br>CROSS-REFERENCED TO T<br>DEFICIENC | HE APPROPRIATE | COMPLET<br>DATE    |
| S9999   | Continued From pa   | ge 4  | S9999                           |  |                |                    |
|   | At 5:45PM, paged p<br>verified and faxed t<br>treatment applied to<br>as ordered." Nurse<br>9:50PM remarks, "<br>purple in color, able<br>Nurses noted dated<br>"Observed pinky fin   | ained of soreness with pain.<br>bhysician with medications<br>o pharmacy. At 9PM,<br>o left and right hand 8 fingers<br>s's notes dated 1/10/14 at<br>resident pinky on left hand<br>to move without difficulty."<br>d 1/11/14 at 10:00PM remarks,<br>ger with purple discolorations,<br>oed by resident, able to move  |                                 |  |                |                    |
| fin<br>Nu<br>"R<br>de<br>do<br>at<br>ha<br>wf<br>se<br>nu<br>tre<br>na<br>co<br>pir<br>wi:<br>2:0<br>op<br>dif<br>da<br>we<br>ori<br>Da<br>es<br>no<br>at | "Resident left and r<br>described by reside<br>done as ordered"<br>at 1:45PM remark,<br>hands as ordered. I<br>when touched. Not<br>serous drainage fro<br>nurse's notes rema<br>treatment on finger<br>nail bed on Left and<br>complained of pain<br>pinky. PRN (as nee<br>with relief. "Nurses<br>2:00PM remark, "Ti<br>open blisters, able<br>difficulty on left and<br>dated 1/16/14 at 11<br>went out for schedu<br>orthopedic surgeon<br>member." Nurse's<br>2:30PM remark, "A<br>Daily Living) care. L<br>eschar at tip. No si<br>noted from fingers." | d 1/13/14 at 4:00PM remark,<br>ight pinky fingers, also as<br>ent with mild pain. Treatment<br>Nurse's notes dated 1/14/14<br>"Treatment administered to<br>No pain or discomfort noted<br>ted with minimal amount of<br>om 3 fingers." At 8:30PM<br>rk, "Assessment and<br>s done. Noted purple color of<br>d right pinky fingers. Resident<br>when touched on left and right<br>oded) Norco 10-325mg given<br>s notes dated 1/15/14 at<br>reatment done to fingers with<br>to move fingers with slight<br>right fingers." Nurse's notes<br>:20AM remark, " Resident<br>aled appointment with<br>via medicar, escorted by staff<br>notes dated 1/17/14 at<br>ssisted with ADL (Activities of<br>eft pinky finger remains with<br>gns of purulent drainage<br>" Nurse's notes dated 1/18/14<br>"Left fingers with eschar at the<br>to sign of infection noted." |                                 |  |                |                    |

| Illinois D               | epartment of Public  | Health  |                     |   | FORM                           | APPROVED                 |
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| STATEMEN                 | NT OF DEFICIENCIES<br>OF CORRECTION  | (X1) PROVIDER/SUPPLIER/CLIA<br>IDENTIFICATION NUMBER:   |                     | E CONSTRUCTION  |                                | E SURVEY<br>PLETED       |
|                          |  | IL6002430   | B. WING             |   |                                | C<br>06/2014             |
| NAME OF I                | PROVIDER OR SUPPLIER   | STREET AL   | DRESS, CITY, S      | TATE, ZIP CODE  |                                |                          |
|                          |  | 1445 N. S   | HERIDAN RO          | DAD   |                                |                          |
| WAIERF                   | ORD NURSING & RE   | HAB, THE CHICAGO  | D, IL 60626         |   |                                |                          |
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| S9999                    | Continued From pa  | ige 5   | S9999               |   |                                |                          |
|                          | discuss the plan for<br>dated 2/04/14 at 12<br>back to facility with   | (Family) and made aware, to<br>r amputation." Nurse's notes<br>2:40PM remark, "Resident<br>recommendation for<br>and left finger tips scheduled   |                     |   |                                |                          |
|                          | remark, "R1 was di<br>fingers and anticipa<br>records dated 1/08,<br>facility from hospita<br>severe frost bite." F<br>dated January, 201<br>course of treatment<br>doctors and nurses<br>record dated 1/21/1<br>go out of facility on<br>R1 had signed out  | d physical notes dated 1/07/14<br>agnosed with frost bite to<br>ating surgery." Hospital<br>/14 remark, "R1 returned to<br>I on 1/08/14 with Diagnosis of<br>POS/Physician's Order Sheet<br>4 indicates R1 was provided a<br>t to the hands for frost bite by<br>. Meanwhile, facility's sign out<br>4 indicates, R1 continued to<br>community pass unescorted.<br>on other days in January but<br>sing and only the month of<br>e. |                     |   |                                |                          |
|                          | remarks, "R1 prese<br>blistering of fingers<br>(NH) resident, poor<br>(1/06/14) morning h<br>convenience store<br>wearing any gloves<br>and blistering of fin<br>with severe pain. F<br>taking new medicat<br>hands. Physical Ex<br>disproportionately h<br>the history of hydro<br>phalanges of all fing<br>and ring fingers on | arge which is consistent with<br>cephalus. Middle and distal<br>gers on right hand and little<br>left hand are covered in   |                     |   |                                |                          |
|                          | fluid. Dressing was  | lightly soaked with serous<br>done in ER by surgery after<br>History of unsteady gait/ataxia,   |                     |   |                                |                          |

| STATEMEN                 | epartment of Public<br>IT OF DEFICIENCIES<br>OF CORRECTION  | (X1) PROVIDER/SUPPLIER/CLIA<br>IDENTIFICATION NUMBER:   |                            | CONSTRUCTION   |                                   | E SURVEY<br>PLETED      |  |
|--------------------------|---|---|----------------------------|--|-----------------------------------|-------------------------|--|
|                          |   | IL6002430   | B. WING                    |  |                                   | C<br>03/06/2014         |  |
| NAME OF F                | PROVIDER OR SUPPLIER  |   | DDRESS, CITY, ST           |  |                                   |                         |  |
| WATERF                   | ORD NURSING & RE  | HAR THE   | SHERIDAN RO<br>O, IL 60626 | AD   |                                   |                         |  |
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| S9999                    | Continued From pa   | ge 6  | S9999                      |  |                                   |                         |  |
|                          | Plan: Deroofed blis<br>applied. Will apply skeep arm elevated.  | ented with frost bite to fingers.<br>ters on fingers, dressing<br>Silvadene ointment daily. And<br>Pain control. Resident has<br>both hands. Surgery on   |                            |  |                                   |                         |  |
|                          | 2/10/14 remarks, "F<br>treatments to finger<br>surgical amputation<br>Sheet/POS dated 1<br>receive antibiotic/Au<br>mouth three times p<br>blisters on fingers."<br>Continue to apply S<br>fingers with open bl<br>weeks, more after r<br>Norco/Hydrocodone<br>every six hours as r<br>remarks, "Schedule<br>of right and left sma<br>frost bite on 2/11/14 | s dated 1/16/14 through<br>Patient received assessment,<br>is and an evaluation for<br>of fingers." Physician's Order<br>/08/14 remarks, "Patient is to<br>ugmentin 500-125mg 1 tab by<br>ber day for five days for open<br>Weekly skin assessments.<br>Silvadene creame 1 percent to<br>isters twice daily for two<br>normal saline cleanse. Give<br>e 10-325mg by mouth for pain<br>needed. POS dated 2/10/14<br>ed for surgery for amputation<br>all fingertip and ring finger tips<br>4 at 7:30AM at community<br>d 1/27/14, patient to continue<br>ational therapy." |                            |  |                                   |                         |  |
|                          | remarks, "Receive<br>amputation to throu<br>was debrided, nail p<br>removed, nail plate<br>loose and may be b<br>fingertip amputation<br>According to Z3 (we  | s surgical notes dated 2/11/14<br>d right small fingertip<br>gh to dip joint, right ring finger<br>blate was loose and was<br>s under remaining fingers also<br>ost in the future; left small<br>n occurred through dip joint."<br>eather report) dated January   |                            |  |                                   |                         |  |
|                          | dropped to -15 deg  | , Monday, the mercury<br>reesestablishing a breaking<br>inus 14 degrees and wind chill<br>per hour "  |                            |  |                                   |                         |  |

| IL600243         NAME OF PROVIDER OR SUPPLIER         WATERFORD NURSING & REHAB, THE         (X4) ID<br>PREFIX<br>TAG       SUMMARY STATEMENT OF DEFIC<br>(EACH DEFICIENCY MUST BE PRECED<br>REGULATORY OR LSC IDENTIFYING IN         S9999       Continued From page 7         On 2/11/14 at approximately 1:30F<br>member/POA/Power of Attorney) s<br>requested that facility not let R1 go<br>on 1/21/14 due to his recent hand<br>said, "R1 is not able to manage on<br>there in the cold weather. He strug  | 0 E<br>STREET ADDR<br>7445 N. SHE<br>CHICAGO, I<br>IENCIES<br>DED BY FULL<br>FORMATION)  | B. WING<br>RESS, CITY, ST/<br>ERIDAN ROA                 | PROVIDER'S PLAN OF CORREC<br>(EACH CORRECTIVE ACTION SHO | 03/0 | C<br>06/2014            |
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| On 2/11/14 at approximately 1:30F<br>member/POA/Power of Attorney) s<br>requested that facility not let R1 go<br>on 1/21/14 due to his recent hand<br>said, "R1 is not able to manage on<br>there in the cold weather. He strug  |  |  | CROSS-REFERENCED TO THE APP<br>DEFICIENCY)               |      | (X5)<br>COMPLET<br>DATE |
| member/POA/Power of Attorney) s<br>requested that facility not let R1 gc<br>on 1/21/14 due to his recent hand<br>said, "R1 is not able to manage on<br>there in the cold weather. He strug   |  | S9999  |  |      |                         |
| <ul> <li>that big street. R1 has history of we to Milwaukee and this type of behar worries the family." Z1 said, " He think that losing his fingers is a big needs to be supervised more close.</li> <li>On 2/11/14 at 11:30AM, E2 (directed DON) stated that she interviewed I about cold injury incident. E2 (DO went out on pass and did not wear as reported by resident. R1 said he would be ok." E2 stated that there assessment done on the R1's fingnurse documented about it in her p E2 stated that she realized how set finger injuries were on 1/07/14 becomultiple blisters and was complain all fingers. R1 was sent to the Emerger physician's orders. On 2/11/13 approximately 3:30PM, E1 (Admin asked about incident regarding R1 that R1's incident was unfortunated not to go out on pass as recently a On 2/11/14 at 5:30PM, E2 said, "N should be going out on pass in bac as icy cold weather or lot of snow. receptionist and staff about plan at residents are not allowed to go out should have been discussed at residents."</li> <li>On 2/13/14 at approximately 12:00 (Attending Physician), stated that Figure 12:00 (Physician), stated that physician), stated that figure 12:00 (Physician), stated that physician)</li> </ul> | stated that they<br>o out on pass<br>injuries. Z1<br>his own out<br>geles to cross<br>alking far, like<br>avior by him<br>does not even<br>deal. R1<br>ely."<br>or of nurses/<br>R1 on 1/09/14<br>N) said, "R1<br>gloves or hat<br>e thought it<br>e was no<br>er injury but the<br>progress notes.<br>evere R1's<br>cause he had<br>ing of pain on<br>ergency Room<br>at<br>istrator) was<br>. E1 stated<br>. He was asked<br>as last week.<br>lo residents<br>d weather such<br>We talked to<br>nd that<br>t on pass. This<br>sident council |  |  |      |                         |

| STATEMEN                 | Pepartment of Public<br>IT OF DEFICIENCIES<br>OF CORRECTION   | (X1) PROVIDER/SUPPLIER/CLIA<br>IDENTIFICATION NUMBER:  | . ,                        | CONSTRUCTION             |     | E SURVEY<br>PLETED |
|--------------------------|---|--|----------------------------|--------------------------|-----|--------------------|
|                          |   |  | A. BUILDING: _             |                          |     |                    |
|                          |   | IL6002430  | B. WING                    |                          |     | C<br>06/2014       |
| NAME OF I                | PROVIDER OR SUPPLIER  | STREET A   | DDRESS, CITY, ST           | TATE, ZIP CODE           |     |                    |
| WATERF                   | ORD NURSING & RE  | HAR THE  | SHERIDAN RO<br>O, IL 60626 | AD                       |     |                    |
| (X4) ID<br>PREFIX<br>TAG | (EACH DEFICIENC)  | MARY STATEMENT OF DEFICIENCIES         ID         PROVIDER'S PLAN OF CORRECTION           EFICIENCY MUST BE PRECEDED BY FULL         PREFIX         (EACH CORRECTIVE ACTION SHOULD BE           'ORY OR LSC IDENTIFYING INFORMATION)         TAG         CROSS-REFERENCED TO THE APPROPRIATE   |                            | (X5)<br>COMPLETI<br>DATE |     |                    |
|                          |   |  |                            | DEFICIENC                | SY) |                    |
| S9999                    | Continued From pa   | ige 8  | S9999                      |                          |     |                    |
|                          | and appropriately d<br>intelligent enough to<br>should not have be<br>I told administration<br>He has moderate c<br>be in a nursing hom<br>to manage resident<br>residents. R1 should<br>after 1/06/14 becau<br>continuously, he's c<br>avoided."<br>On 2/13/14 at 10:20<br>Director-SSD) state<br>and psychological c<br>depression. E8 stat<br>appeared depresses<br>situational depressi<br>for an evaluation by<br>2/12/14. | a, if he was properly supervised<br>ressed. R1is childlike and not<br>o be leaving on his own. R1<br>en allowed outside on his own<br>in that he needs to be cared for<br>ognitive impairment, needs to<br>ne. Z2 said, "He expected staff<br>is and to better manage<br>Id not have gone out even<br>use he needs to be supervised<br>childlike. This could have been<br>DAM, E8 (Social Services<br>ed that R1 is here for medical<br>condition. R1 had some<br>ted that when R1 first came he<br>ed but it was thought to be<br>ion. E8 stated that a consult<br>y a psychiatrist was placed on | •<br>•                     |                          |     |                    |
|                          | because of hydroce<br>about things he wa<br>because he could r<br>ADLS (Activities of<br>ambulate outdoors,<br>walks one step at a<br>because he is unab<br>MDS (minimum dat<br>for the BIMS (Brief<br>a score 10 out of 15<br>cognitive impairment<br>R1 ' s community s   | urvival skills assessment  |                            |                          |     |                    |
|                          | dates of 1/31, 4/25,<br>documented the fol<br>to be capable of ou   | , 7/23 and 9/17/2013<br>llowing: The resident appears<br>tside pass privileges at this<br>ppears to be capable, but still  |                            |                          |     |                    |

| STATEMEN      | epartment of Public<br>IT OF DEFICIENCIES<br>OF CORRECTION   | (X1) PROVIDER/SUPPLIER/CLIA<br>IDENTIFICATION NUMBER:  | . ,                        | CONSTRUCTION   |                 | E SURVEY<br>PLETED |
|---------------|--|--|----------------------------|--|-----------------|--------------------|
| AND PLAN      | OF CORRECTION  | IDENTIFICATION NOMBER.   | A. BUILDING: _             |  |                 |                    |
|               |  | IL6002430  | B. WING                    |  |                 | C<br>06/2014       |
| NAME OF F     | PROVIDER OR SUPPLIER   | STREET A   | DDRESS, CITY, S            | TATE, ZIP CODE   |                 |                    |
| WATERF        | ORD NURSING & RE   | HAR THE  | SHERIDAN RO<br>O, IL 60626 | AD   |                 |                    |
| (X4) ID       |  | TEMENT OF DEFICIENCIES   | ID                         | PROVIDER'S PLAN OF   |                 | (X5)               |
| PRÉFIX<br>TAG |  | / MUST BE PRECEDED BY FULL<br>SC IDENTIFYING INFORMATION)  | PREFIX<br>TAG              | (EACH CORRECTIVE ACT<br>CROSS-REFERENCED TO 1<br>DEFICIENC | THE APPROPRIATE | COMPLET<br>DATE    |
| S9999         | Continued From pa  | ige 9  | S9999                      |  |                 |                    |
|               | needs the doctor ' s   | s orders.  |                            |  |                 |                    |
|               | assessment for R1 order. This assess   | nunity survival skills<br>did not reflect the physician ' s<br>nent was not revised after it<br>was not capable of being<br>n the community.   | 8                          |  |                 |                    |
|               | E6 (CNA) were pre<br>entered the front do<br>cane. R8 had no co<br>on a short skirt, swo<br>shoes.<br>When R8 was aske<br>"It's in my room. I ju | 15PM E4 (Receptionist) and<br>sent in the area when R8<br>por of facility walking with a<br>oat, gloves or hat on. R8 had<br>eater and anklet socks and<br>ed if she had a coat, R8 said,<br>ust stepped outside to see how<br>a 64 year old female with<br>ophrenia and Manic | /                          |  |                 |                    |
|               |  | nat residents do not have to just going out to smoke.  |                            |  |                 |                    |
|               | "Temperature in Ch   | cal weather reporting agent),<br>nicago on 2/11/14 ranged from<br>es to a low of minus 4 degrees   |                            |  |                 |                    |
|               | an 81 year old male<br>memory difficulty a   | ident report dated 1/03/14, R3<br>e with diagnosis of Dementia,<br>nd Pacemaker reported falling<br>t on community pass.   |                            |  |                 |                    |
|               |  | e temperature on 1/03/14<br>of 20 degrees to low 1degree<br>ago.   |                            |  |                 |                    |
|               | the community duri   | date 01/25/14, R3 fell out in ng icy, cold and snow. R3 s to 5th fingers and abrasions   |                            |  |                 |                    |

|               | Pepartment of Public<br>IT OF DEFICIENCIES<br>OF CORRECTION  | (X1) PROVIDER/SUPPLIER/CLIA<br>IDENTIFICATION NUMBER:  |                            | CONSTRUCTION   |                 | E SURVEY<br>PLETED |  |
|---------------|--|--|----------------------------|--|-----------------|--------------------|--|
|               |  |  | A. BUILDING:               |  |                 |                    |  |
|               |  | IL6002430  | B. WING                    |  |                 | C<br>03/06/2014    |  |
| NAME OF       | PROVIDER OR SUPPLIER   | STREET A   | DDRESS, CITY, S            | TATE, ZIP CODE   |                 |                    |  |
| WATERF        | ORD NURSING & RE   | HAR THE  | SHERIDAN RO<br>O, IL 60626 | AD   |                 |                    |  |
| (X4) ID       |  | TEMENT OF DEFICIENCIES   | ID                         | PROVIDER'S PLAN OF                                       |                 | (X5)               |  |
| PREFIX<br>TAG |  | Y MUST BE PRECEDED BY FULL<br>SC IDENTIFYING INFORMATION)  | PREFIX<br>TAG              | (EACH CORRECTIVE ACT<br>CROSS-REFERENCED TO<br>DEFICIENC | THE APPROPRIATE | COMPLET<br>DATE    |  |
| S9999         | Continued From pa  | ige 10   | S9999                      |  |                 |                    |  |
|               | him up. Then nurs remarks that R3 wa   | rt states that two men helped<br>se ' s notes dated 1/25/14,<br>alks with a stooped posture,<br>Its sent to physician. R3 walks  | 5                          |  |                 |                    |  |
|               | observed walking to<br>alert and oriented to<br>to have a great stoo<br>and began to talk a<br>he was just about to<br>surveyor. When as<br>responded, "Which<br>already told them a<br>question about a fa<br>one last month hap<br>curb after getting of<br>three people helped<br>and cold. People c<br>don't remember wh | oximately 2:00PM, R3<br>owards his walker in his room,<br>o name, place. R3 observed<br>oped posture. R3 sat on bed<br>bout life in general. R3 said<br>o step out but will talk with<br>sked about fall incident, R3<br>fall? I fell several times. I<br>bout it." R3 responded to<br>Il in January, R3 said, "The<br>pened as I was stepping to the<br>ff the bus and I fell. Two or<br>d me up. It was icy out there<br>an get hurt, that stuff is deep.<br>bether or not I had on gloves." | ə<br>I                     |  |                 |                    |  |
|               | dates of 9/10 and 1<br>resident appears to<br>privileges at this tim<br>can take the bus. T  | survival skills assessment with<br>2/05/2013 documented: The<br>be capable of outside pass<br>ne. Resident is ambulatory and<br>his assessment was not<br>/03 and 1/25/2014 during the<br>cy condition.  |                            |  |                 |                    |  |
|               | observed standing<br>cigarette. Care Plar<br>is a 39 year old with   | proximately 2:05PM, R10<br>in front of facility smoking a<br>n dated 2/14/14 indicates R10<br>n mild mental retardation and<br>r Affective Disorder.   |                            |  |                 |                    |  |
|               |  | ted 1/03/14 indicate R10 had while out on community pass days.   |                            |  |                 |                    |  |

| IT OF DEFICIENCIES  | (X1) PROVIDER/SUPPLIER/CLIA  |  |   |  | E SURVEY<br>PLETED  |
|---|--|--|---|--|---|
| OF CORRECTION   | IDENTIFICATION NUMBER:   | A. BUILDING: _   |   |  |   |
|   | IL6002430  | B. WING  |   |  | C<br>06/2014  |
| PROVIDER OR SUPPLIER  | STREET A   | DDRESS, CITY, ST   | ATE, ZIP CODE   |  |   |
| ORD NURSING & RE  | HAR THE  |  | AD  |  |   |
|   | CHICAG   |  |   |  |   |
| (EACH DEFICIENC)  | MUST BE PRECEDED BY FULL   | ID<br>PREFIX<br>TAG  | (EACH CORRECTIVE ACT<br>CROSS-REFERENCED TO 1   | TION SHOULD BE   | (X5)<br>COMPLET<br>DATE   |
| Continued From pa   | ige 11   | S9999  |   |  |   |
| 1/03/14 ranged fror<br>degrees Fahrenhei<br>1/03/14 remarks th<br>on duty that she fel  | n 20 degrees to a low minus 2<br>t." Incident report dated<br>at R10 reported to the nurse<br>I in the snow.   | 2  |   |  |   |
| station due to a larg   | ge pile of snow causing her to   |  |   |  |   |
|   |  | 3  |   |  |   |
| a date of 11/13/201<br>appears to be capa<br>at this time. The as<br>after R10's fall on 1  | 3 documented: The resident<br>ble of outside pass privileges<br>sessment was not reviewed<br>/03 and 2/02/2014 during the  |  |   |  |   |
| 2/11/14 at 2:30PM,<br>developed Severe v<br>not specify provisio<br>residents whom go   | E1 presented a newly<br>Weather Policy. This policy did<br>ns for or the management of<br>out on community passes and  | b  |   |  |   |
| dated October 201<br>Weather Conditions<br>how the facility with<br>interior environmen<br>address what action<br>take to ensure the<br>facility for commun | I entitled "Severe Winter<br>s". This policy addresses<br>maintain a comfortable<br>it for the residents. It does not<br>ns if any the facility staff will<br>safety of residents leaving the<br>ity pass or outside for smoking   |  |   |  |   |
|   | OF CORRECTION<br>PROVIDER OR SUPPLIER<br>ORD NURSING & RE<br>SUMMARY STA<br>(EACH DEFICIENCC<br>REGULATORY OR L<br>Continued From path<br>According to Z3, "Te<br>1/03/14 ranged from<br>degrees Fahrenhei<br>1/03/14 remarks th<br>on duty that she fel<br>Incident report date<br>reported having a fa<br>station due to a larg<br>lose her balance ar<br>According to Z3, "C<br>2/02/14 ranged from<br>Fahrenheit."<br>R10's community s<br>a date of 11/13/201<br>appears to be capa<br>at this time. The as<br>after R10's fall on 1<br>extreme cold and ic<br>During an interview<br>2/11/14 at 2:30PM,<br>developed Severe 1<br>not specify provisio<br>residents whom go<br>smoke breaks durin<br>On 2/11/2014 E1 (d<br>dated October 201<br>Weather Conditions<br>how the facility with<br>interior environment<br>address what action<br>take to ensure the st<br>facility for community<br>R10's community st<br>According to Z3, "C<br>2/02/14 ranged from<br>C 2/02/14 ranged from<br>C 2/02/04 ranged fr | OF CORRECTION       IDENTIFICATION NUMBER:         IL6002430       IL6002430         PROVIDER OR SUPPLIER       STREET A         ORD NURSING & REHAB, THE       7445 N.:<br>CHICAG         SUMMARY STATEMENT OF DEFICIENCIES<br>(EACH DEFICIENCY MUST BE PRECEDED BY FULL<br>REGULATORY OR LSC IDENTIFYING INFORMATION)       Continued From page 11         According to Z3, "Temperature in Chicago on<br>1/03/14 ranged from 20 degrees to a low minus 2<br>degrees Fahrenheit." Incident report dated<br>1/03/14 remarks that R10 reported to the nurse<br>on duty that she fell in the snow.         Incident report dated 2/02/14 remarks R10<br>reported having a fall while walking from the gas<br>station due to a large pile of snow causing her to<br>lose her balance and fall.         According to Z3, "Chicago temperature on<br>2/02/14 ranged from 23 degrees to low 7 degrees<br>Fahrenheit."         R10's community survival skills assessment with<br>a date of 11/13/2013 documented: The resident<br>appears to be capable of outside pass privileges<br>at this time. The assessment was not reviewed<br>after R10's fall on 1/03 and 2/02/2014 during the<br>extreme cold and icy condition.         During an interview with E1 (Administrator) on<br>2/11/14 at 2:30PM, E1 presented a newly<br>developed Severe Weather Policy. This policy did<br>not specify provisions for or the management of<br>residents whom go out on community passes and<br>smoke breaks during extreme cold weather days         On 2/11/2014 E1 (administrator) present a policy<br>dated October 2011 entitled " Severe Winter<br>Weather Conditions " . This policy addresses<br>how the facility with maintain a comfortable<br>interior environment for the residents. It does not<br>address what actions if any the facility staff will<br>take to | OF CORRECTION       IDENTIFICATION NUMBER:       A. BUILDING:         IL6002430       B. WING         PROVIDER OR SUPPLIER       STREET ADDRESS, CITY, ST         ORD NURSING & REHAB, THE       7445 N. SHERIDAN RO<br>CHICAGO, IL 60626         SUMMARY STATEMENT OF DEFICIENCIES<br>(EACH DEPICIENCY MUST BE PRECEDED BY FULL<br>REGULATORY OR LSC IDENTIFYING INFORMATION)       ID<br>PREFIX<br>TAG         Continued From page 11       S9999         According to Z3, "Temperature in Chicago on<br>1/03/14 ranged from 20 degrees to a low minus 2<br>degrees Fahrenheit." Incident report dated<br>1/03/14 ranged from 20 degrees to a low minus 2<br>degrees Fahrenheit." Incident report dated<br>1/03/14 ranged from 20 degrees to a low minus 2<br>degrees Fahrenheit." Incident report dated<br>1/03/14 ranged from 20 degrees to low 7 degrees<br>Fahrenheit."         Incident report dated 2/02/14 remarks R10<br>reported having a fall while walking from the gas<br>station due to a large pile of snow causing her to<br>lose her balance and fall.         According to Z3, "Chicago temperature on<br>2/02/14 ranged from 23 degrees to low 7 degrees<br>Fahrenheit."         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SHERIDAN ROAD<br/>CHICAGO, IL 60626         SUMMARY STATEMENT OF DEFICIENCIES<br/>SUMMARY STATEMENT OF DEFICIENCIES<br/>REQULATORY OR LSC IDENTIFYING INFORMATION)       ID<br/>PREVIDERTY<br/>TAG         Continued From page 11       S9999         According to Z3, "Temperature in Chicago on<br/>1/03/14 ranged from 20 degrees to a low minus 2<br/>degrees Fahrenheit." Incident report dated<br/>1/03/14 ranged from 20 degrees to a low minus 2<br/>degrees Fahrenheit." Incident report dated 2/02/14 remarks that R10 reported to the nurse<br/>on duty that she fell in the snow.         Incident report dated 2/02/14 remarks R10<br/>reported having a fall while walking from the gas<br/>station due to a large pile of snow causing her to<br/>lose her balance and fall.         According to Z3, "Chicago temperature on<br/>2/02/14 ranged from 23 degrees to low 7 degrees<br/>Fahrenheit."         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SHEFIIDAN ROAD         CHICAGO, IL 60626       CHICAGO, IL 60626       D         SUMMARY STATEMENT OF DEFICIENCY MUST BE PRECEDED BY FULL       ID<br/>PREFX       PROVIDER'S PLAN OF CORRECTION SHOULD BE<br/>CROSS-REFERENCED TO THE APPROPRIATE<br/>DEFICIENCY MUST BE PRECEDED BY FULL       PREFX       CROSS-REFERENCED TO THE APPROPRIATE<br/>DEFICIENCY         Continued From page 11       S9999       CROSS-REFERENCED TO THE APPROPRIATE<br/>DEFICIENCY       S9999         According to Z3, "Temperature in Chicago on<br/>1/03/14 ranged from 20 degrees to a low minus 2<br/>degrees Fahrenheit." Incident report dated<br/>1/03/14 ranged from 20 degrees to a low minus 2<br/>degrees Fahrenheit." Incident report dated<br/>1/03/14 ranged from 23 degrees to low 7 degrees<br/>station due to a large pile of snow causing her to<br/>lose her balance and fall.       S9999         According to Z3, "Chicago temperature on<br/>2/02/14 ranged from 23 degrees to low 7 degrees<br/>Fahrenheit."       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SHERIDAN ROAD<br>CHICAGO, IL 60626         SUMMARY STATEMENT OF DEFICIENCIES<br>SUMMARY STATEMENT OF DEFICIENCIES<br>REQULATORY OR LSC IDENTIFYING INFORMATION)       ID<br>PREVIDERTY<br>TAG         Continued From page 11       S9999         According to Z3, "Temperature in Chicago on<br>1/03/14 ranged from 20 degrees to a low minus 2<br>degrees Fahrenheit." Incident report dated<br>1/03/14 ranged from 20 degrees to a low minus 2<br>degrees Fahrenheit." Incident report dated 2/02/14 remarks that R10 reported to the nurse<br>on duty that she fell in the snow.         Incident report dated 2/02/14 remarks R10<br>reported having a fall while walking from the gas<br>station due to a large pile of snow causing her to<br>lose her balance and fall.         According to Z3, "Chicago temperature on<br>2/02/14 ranged from 23 degrees to low 7 degrees<br>Fahrenheit."         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SHEFIIDAN ROAD         CHICAGO, IL 60626       CHICAGO, IL 60626       D         SUMMARY STATEMENT OF DEFICIENCY MUST BE PRECEDED BY FULL       ID<br>PREFX       PROVIDER'S PLAN OF CORRECTION SHOULD BE<br>CROSS-REFERENCED TO THE APPROPRIATE<br>DEFICIENCY MUST BE PRECEDED BY FULL       PREFX       CROSS-REFERENCED TO THE APPROPRIATE<br>DEFICIENCY         Continued From page 11       S9999       CROSS-REFERENCED TO THE APPROPRIATE<br>DEFICIENCY       S9999         According to Z3, "Temperature in Chicago on<br>1/03/14 ranged from 20 degrees to a low minus 2<br>degrees Fahrenheit." Incident report dated<br>1/03/14 ranged from 20 degrees to a low minus 2<br>degrees Fahrenheit." Incident report dated<br>1/03/14 ranged from 23 degrees to low 7 degrees<br>station due to a large pile of snow causing her to<br>lose her balance and fall.       S9999         According to Z3, "Chicago temperature on<br>2/02/14 ranged from 23 degrees to low 7 degrees<br>Fahrenheit."       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|                          | NT OF DEFICIENCIES<br>OF CORRECTION  | (X1) PROVIDER/SUPPLIER/CLIA<br>IDENTIFICATION NUMBER:   |                            | CONSTRUCTION   | (X3) DATE SURV<br>COMPLETER<br>C |                        |  |
|--------------------------|--|---|----------------------------|--|----------------------------------|------------------------|--|
|                          |  | IL6002430   | B. WING                    |  |                                  | 03/06/2014             |  |
| IAME OF                  | PROVIDER OR SUPPLIER   | STREET AD   | DRESS, CITY, S             | TATE, ZIP CODE   |                                  |                        |  |
| VATERF                   | ORD NURSING & RE   |   | SHERIDAN RO<br>D, IL 60626 | AD   |                                  |                        |  |
| (X4) ID<br>PREFIX<br>TAG | (EACH DEFICIENC)   | ATEMENT OF DEFICIENCIES<br>Y MUST BE PRECEDED BY FULL<br>.SC IDENTIFYING INFORMATION)   | ID<br>PREFIX<br>TAG        | PROVIDER'S PLAN OF<br>(EACH CORRECTIVE ACT<br>CROSS-REFERENCED TO T<br>DEFICIENC | ION SHOULD BE<br>HE APPROPRIATE  | (X5)<br>COMPLE<br>DATE |  |
| S9999                    | Continued From pa  | age 12  | S9999                      |  |                                  |                        |  |
|                          | that residents were<br>pass according to I<br>how and who deter<br>appropriate for con<br>"They will have to r | ity Pass. The policy indicated<br>a not assessed for community<br>evel of ability. When asked<br>mines if a resident is<br>munity passes, E1 said,<br>evisit and revise how<br>are assessed and managed<br>ther conditions."<br>(A) |                            |  |                                  |                        |  |