Illinois D	epartment of Public	Health				
	IT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		E CONSTRUCTION		PLETED
		IL6009757	B. WING		1	C 27/2014
NAME OF F	PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, S	TATE, ZIP CODE		
WATERF	RONT TERRACE		JTH SHORE [), IL 60649	DRIVE		
(X4) ID PREFIX TAG	(EACH DEFICIENC)	TEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTI (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPRO DEFICIENCY)	LD BE	(X5) COMPLETE DATE
S9999	Final Observations		S9999			
	Statement of Licens	sure Violations:	TO THE PROPERTY OF THE PROPERT			
	300.610a) 300.1210b) 300.1210d)6) 300.3240a)					
	Section 300.610 Re	esident Care Policies				
	procedures, govern the facility which sh Resident Care Police least the administration the medical advisor representatives of representatives of representatives of residuality. These policity with the Act and all These written policity operating the facility least annually by the	have written policies and sing all services provided by a lall be formulated by a cy Committee consisting of at ator, the advisory physician or by committee and nursing and other services in policies shall be in compliance rules promulgated thereunder, les shall be followed in any and shall be reviewed at its committee, as evidenced by dated minutes of such a				
A COMMISSION OF THE PARTY OF TH	Section 300.1210 G Nursing and Persor	General Requirements for nal Care	TREEDWAYA DA LA CARLON DE LA CARLON DEL CARLON DE LA CARL			
	and services to atta practicable physical well-being of the res each resident's com plan. Adequate and	provide the necessary care in or maintain the highest l, mental, and psychological sident, in accordance with aprehensive resident care properly supervised nursing care shall be provided to each				

Illinois Department of Public Health
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

PRINTED: 09/10/2014 **FORM APPROVED** Illinois Department of Public Health STATEMENT OF DEFICIENCIES (X3) DATE SURVEY (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION AND PLAN OF CORRECTION **IDENTIFICATION NUMBER:** COMPLETED A. BUILDING: __ C IL6009757 B WING 08/27/2014 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 7750 SOUTH SHORE DRIVE WATERFRONT TERRACE CHICAGO, IL 60649 SUMMARY STATEMENT OF DEFICIENCIES (X4) ID PROVIDER'S PLAN OF CORRECTION PRÉFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX (EACH CORRECTIVE ACTION SHOULD BE COMPLETE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG CROSS-REFERENCED TO THE APPROPRIATE DATE TAG DEFICIENCY) S9999 Continued From page 1 S9999 resident to meet the total nursing and personal care needs of the resident. d) Pursuant to subsection (a), general nursing care shall include, at a minimum, the following and shall be practiced on a 24-hour, seven-day-a-week basis: 6) All necessary precautions shall be taken to assure that the residents' environment remains as free of accident hazards as possible. All nursing personnel shall evaluate residents to see that each resident receives adequate supervision and assistance to prevent accidents.

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 Regulations were not met as evidenced by:

Based on observation, interview and record review the facility neglected to provide a safe environment while leaving the maintenance cart unattended involving 2 residents (R1,R2). reviewed for neglect. The facility's policy regarding supervision of maintenence equipment was not followed.

This resulted in R1 being hit in the forehead with a wrench by R2.

R1 sustained two open areas approximately one inch in diameter and was sent to the hospital for evaluation. R1 required 8 sutures to his forehead.

Illinois Department of Public Health

STATE FORM IOYC11 If continuation sheet 2 of 4 Illinois Department of Public Health

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPLE CONSTRUCTION		(X3) DATE SURVEY	
AND PLAN	OF CORRECTION	IDENTIFICATION NUMBER:	A. BUILDING	:	COMP	LETED
						_
		IL6009757	B. WING		00/0	
		10009/3/			08/2	7/2014
NAME OF I	PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY,	STATE, ZIP CODE		
WATER	DON'T TERRACE	7750 SOU	ITH SHORE	DRIVE		
WAIERE	RONT TERRACE), IL 60649			
(X4) ID	SUMMARY STA	TEMENT OF DEFICIENCIES	T	DROVIDEDIS DI ANI OF CORRECTION	ON.	J
PREFIX	(EACH DEFICIENCY	MUST BE PRECEDED BY FULL	ID PREFIX	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOUL		(X5) COMPLETE
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			- Anny Principal Control of Contr	DEFICIENCY)		
S9999	Continued From pa	ge 2	S9999			
		90 2	00000			
			activation and the second and the se			
	The finding includes	S:	TO A PARTICULAR PROPERTY AND A PARTICULAR PR			
	A		na Andreas			
	An incident report s	ubmitted from the facility on				
	1/29/2014 reads, R	1 was hit by R2 in the	AND THE PARTY OF T			
	from the maintain	erbal altercation with a wrench	THE REAL PROPERTY OF THE PERSON OF THE PERSO			
	from the maintenance cart.					
	R1 sustained two open areas approximately one inch in diameter and was sent to the hospital for					
			The state of the s			in months a basis a said
	evaluation P1 roau	is and a section of the his family and				
	evaluation. R i requ	ired 8 sutures to his forehead.				
	On 8/5/2014, R1 was observed in his room using					
	a wheeled walker. No bruising was noted to R1's forehead. Sutures were removed.					
	Toreneau. Sulures w	vere removed.				
	R1 stated he and R	2 were roommatos sinos				
	R1 stated he and R2 were roommates since February 2014. R1 said he and R2 got along all right and had no altercation in the past.					
	ngm and had no and	creation in the past.				
	R1 stated on 7/29/2	014 he was coming from the				
	R1 stated on 7/29/2014, he was coming from the dining room due to staff calling a warning drill. R1					
	said he knew he had	d to come back to his room				
	and close the door	R1 ambulates with the use of				
	a wheeled walker.	The distriction with the distriction				
		м модельный в				
	R2, who uses a whe	elchair, was going to the				
	room also.	, - 33 13 1113				
	R1 said he was tryir	ng to close the door and R2				
	was moving too slov	v. R1 stated he said " FU" to 📗				I
	R2 while at the door	R1 said R2 picked up a				1
	wrench that was on	the maintenance cart outside			900	
		nim one time in the forehead				l
	with the wrench.	ii bhholurran				
		To the state of th				ĺ
	R1 said R2 was rem	oved from the room and is				I
now on another floor. R1 said he is not afraid of					I	
	R2 or to be in the fac	cility.				į
					į.	

Illinois Department of Public Health

Interview with (E3) Maintenance Director on

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Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

IL6009757

NAME OF PROVIDER OR SUPPLIER

WATERFRONT TERRACE

STREET ADDRESS, CITY, STATE, ZIP CODE

7750 SOUTH SHORE DRIVE

AME OF PROVIDER OR SUPPLIER	7750 SOU	DRESS, CITY, S' ITH SHORE D I, IL 60649		
X4) ID SUMMARY STATEMENT OF PREFIX (EACH DEFICIENCY MUST BE P TAG REGULATORY OR LSC IDENTIFY	DEFICIENCIES RECEDED BY FULL	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLE DATE
8/5/2014, (E3) said he was in remodeling the two bathroom connected. E3 said he heard came to the room to see R1 thelp. E3 said during interview that currently under major construction remodeling. R1 and R2 were they normally are in and about while working in the rooms he unattended outside the door of the said nothing like that had I three years he has been at the knows he cannot leave his cannot leave his cannot leave his cannot requipment used be under the supervision of the staff". (B)	s that are the altercation and leeding and got ne facility is ction and out of their room as the facility. E3 said left his cart f R1 and R2 room. appen to him in the facility. E3 said he t unattended. ed policy for : " any in the building will	S9999	DEFICIENCY)	

Illinois Department of Public Health