OVIDER OR SUPPLIER	14E238	B. WING		
	•			09/13/20
		405	REET ADDRESS, CITY, STATE, ZIP CODE 5 CENTRAL AVENUE GHLAND PARK, IL 60035	
(EACH DEFICIENC	TATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRE (EACH CORRECTIVE ACTION SH CROSS-REFERENCED TO THE API DEFICIENCY)	HOULD BE CON
INITIAL COMMENTS	3	F 000		
	-	F 174		
access to the use of	a telephone where calls can			
by: Based on observation failed to provide resid	on and interviews, the facility dents with access to a			
sampled residents w interview and seven	ho were present in the group residents (R22 through R28)			
potential to effect all	the residents who do not			
The findings include:				
09/11/2013 at 10:12 residents (R10, R22, and R28). R22, R23, only one working pay phone is located in a They (R22, R23 and	am with eight alert, oriented R23, R24, R25, R26, R27 and R28 stated that there is phone to make calls. The busy hallway on first floor. R28) also stated that there is			
	Annual Licensure ar 483.10(k) RIGHT TO WITH PRIVACY The resident has the access to the use of be made without bein This REQUIREMEN' by: Based on observation failed to provide residents telephone where the being overheard. This applies to one of sampled residents we interview and seven from the supplement This practice of facil potential to effect all have their own phone The findings include: Resident's group me 09/11/2013 at 10:12 residents (R10, R22, and R28). R22, R23, only one working pay phone is located in a They (R22, R23 and another phone on the working.	The resident has the right to have reasonable access to the use of a telephone where calls can be made without being overheard. This REQUIREMENT is not met as evidenced by: Based on observation and interviews, the facility failed to provide residents with access to a telephone where they can make calls without being overheard. This applies to one of 21 residents (R10) sampled residents who were present in the group interview and seven residents (R22 through R28) from the supplemental sample. This practice of facility non-compliance had the potential to effect all the residents who do not have their own phone. The findings include: Resident's group meeting was conducted on 09/11/2013 at 10:12 am with eight alert, oriented residents (R10, R22, R23, R24, R25, R26, R27 and R28). R22, R23, and R28 stated that there is only one working pay phone to make calls. The phone is located in a busy hallway on first floor. They (R22, R23 and R28) also stated that there is another phone on the second floor, but it is not working.	Annual Licensure and Certification Survey 483.10(k) RIGHT TO TELEPHONE ACCESS F 174 WITH PRIVACY F 174 WITH PRIVACY F 174 The resident has the right to have reasonable access to the use of a telephone where calls can be made without being overheard. This REQUIREMENT is not met as evidenced by: Based on observation and interviews, the facility failed to provide residents with access to a telephone where they can make calls without being overheard. This applies to one of 21 residents (R10) sampled residents who were present in the group interview and seven residents (R22 through R28) from the supplemental sample. This practice of facility non-compliance had the potential to effect all the residents who do not have their own phone. The findings include: Resident's group meeting was conducted on 09/11/2013 at 10:12 am with eight alert, oriented residents (R10, R22, R23, R24, R25, R26, R27 and R28). R22, R23, and R28 stated that there is only one working pay phone to make calls. The phone is located in a busy hallway on first floor. They (R22, R23 and R28) also stated that there is another phone on the second floor, but it is not	Annual Licensure and Certification Survey 483.10(k) RIGHT TO TELEPHONE ACCESS WITH PRIVACY The resident has the right to have reasonable access to the use of a telephone where calls can be made without being overheard. This REQUIREMENT is not met as evidenced by: Based on observation and interviews, the facility failed to provide residents with access to a telephone where they can make calls without being overheard. This applies to one of 21 residents (R10) sampled residents who were present in the group interview and seven residents (R22 through R28) from the supplemental sample. This practice of facility non-compliance had the potential to effect all the residents who do not have their own phone. The findings include: Resident's group meeting was conducted on 09/11/2013 at 10:12 am with eight alert, oriented residents (R10, R22, R23, R24, R25, R26, R27 and R28), R22, R23, and R28 stated that there is only one working pay phone to make calls. The phone is located in a busy hallway on first floor. They (R22, R23 and R28) also stated that there is another phone on the second floor, but it is not working.

(X2) MULTIPLE CONSTRUCTION

DEPARTMENT OF HEALTH AND HUMAN SERVICES CENTERS FOR MEDICARE & MEDICAID SERVICES

STATEMENT OF DEFICIENCIES

(X1) PROVIDER/SUPPLIER/CLIA

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

PRINTED: 09/23/2013 FORM APPROVED OMB NO. 0938-0391

(X3) DATE SURVEY

						O. 0938-039
	TATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE A. BUILDING _	(X3) DATE SURVEY COMPLETED		
		14E238	B. WING		0	9/13/2013
NAME OF PI	ROVIDER OR SUPPLIER	-	S	TREET ADDRESS, CITY, STATE, ZIP CODE		
ΑΒΒΟΤΤ Ι	HOUSE			05 CENTRAL AVENUE IIGHLAND PARK, IL 60035		
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRE (EACH CORRECTIVE ACTION SH CROSS-REFERENCED TO THE API DEFICIENCY)	IOULD BE	(X5) COMPLETIO DATE
F 174	Continued From page On 09/11/2013, the p	e 1 hone located in the first floor	F 174			
	hallway was observe elevator, drinking fou smoking area with pe located on second flo area near a lounge. T not working. E1 (adm	d situated between the intain, and the exit to cople walking by. The phone oor is in an open exercise The second floor phone is ninistrator) stated that the				
F 070	month and she has b activated.	has been defective for one been trying to get the phone	F 070			
F 272 SS=E	483.20(b)(1) COMPF ASSESSMENTS	REHENSIVE	F 272			
	a comprehensive, ac	duct initially and periodically curate, standardized nent of each resident's				
	resident assessment by the State. The as least the following:	dent's needs, using the instrument (RAI) specified sessment must include at				
	Customary routine; Cognitive patterns; Communication; Vision;	nographic information;				
	Continence;	ing; and structural problems;				
	Disease diagnosis ar Dental and nutritiona Skin conditions; Activity pursuit; Medications;					

Facility ID: IL6000038

If continuation sheet Page 2 of 7

	-	ID HUMAN SERVICES MEDICAID SERVICES				FOF	ED: 09/23/2013 RM APPROVED O. 0938-0391
STATEMENT	DF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	, <i>i</i>		E CONSTRUCTION	(X3) DAT	E SURVEY IPLETED
		14E238	B. WING			09	9/13/2013
NAME OF P	ROVIDER OR SUPPLIER		•	S	TREET ADDRESS, CITY, STATE, ZIP CODE		
ABBOTT	HOUSE				05 CENTRAL AVENUE HGHLAND PARK, IL 60035		
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREF TAG		PROVIDER'S PLAN OF CORREC (EACH CORRECTIVE ACTION SHOL CROSS-REFERENCED TO THE APPR DEFICIENCY)	ILD BE	(X5) COMPLETION DATE
F 272	the additional assess areas triggered by the Data Set (MDS); and	e 2 mmary information regarding ment performed on the care e completion of the Minimum rticipation in assessment.	F	272			
	by: Based on observatio interview the facility facomprehensive evalu severe mental illness use of psychotropic m resident assessment This is for seven of 2° R9, R14, R4 and R5) 21 residents. Findings include: 1. R8's current physic receiving Abilify 30 m 8/10/11; Chlorpromaz (6/6/12) and 25 mg at Haloperidol 200 mg D every month (11/22/1 also showed R8 has 3 Type. R8's 8/16/13 Minimur	ailed to conduct a ation of residents who have (SMI) mood, behaviors and nedication by using complete					

Facility ID: IL6000038

If continuation sheet Page 3 of 7

	S FOR MEDICARE &	(X1) PROVIDER/SUPPLIER/CLIA	(X2) MUUTU	PLE CONSTRUCTION		O. 0938-039
	CORRECTION	IDENTIFICATION NUMBER:	· ,	G	COMPLETED	
		14E238	B. WING		09	9/13/2013
NAME OF P	ROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZIP CODE		
ABBOTT	HOUSE			405 CENTRAL AVENUE HIGHLAND PARK, IL 60035		
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRE (EACH CORRECTIVE ACTION SH CROSS-REFERENCED TO THE APF DEFICIENCY)	OULD BE	(X5) COMPLETIO DATE
F 272	 psychotropic medicat trigger legend to see Assessment (CAA) to related to these trigge integrated CAA show evaluation of R8 to sh hallucinations, delusio behaviors. R8's 2/27/ assessment showed weeks. The facility ha evaluation of R8's un non-pharmacological attempted prior or after facility. On 9/13/13 at 11:30 a rehabilitation service gets irritable by the til Haloperidol Decanoa not explain the effectif multiple antipsychotic R8 on 9/12/13 at 10:3 conversation. He was stated he was not sun take his medications. R16's current physi R16 has diagnosis of type. R16's 5/22/13 MDS to mood, behavior and to 	tions. It was noted on the integrated Care Area of find thorough evaluation ared problems. R8's 2/19/13 ed no comprehensive now his paranoid ideations, ons or undesirable 09 (admission) psychosocial he was not bathing for ad no comprehensive desirable behaviors, what interventions were er his admission to the am E3, psychiatric counselor (PRSC) stated R8 me he is due for getting te injection, but she could iveness of R8 receiving c medications. 30 am was able to engage in a alert and oriented and re if he should continue to ician orders showed she is a 10 mg 8:00 am and 8:00 etiapine 300 mg 8:00 PM cian orders also showed Schizophrenia paranoid	F 2	72		

If continuation sheet Page 4 of 7

S FOR MEDICARE &		()(0)		OMB NO. (
D PLAN OF CORRECTION (X1) PROVIDENSOPPLIER/CLIA IDENTIFICATION NUMBER:		· ,		(X3) DATE SURVEY COMPLETED	
	14E238	B. WING		09/13	/2013
ROVIDER OR SUPPLIER		:	STREET ADDRESS, CITY, STATE, ZIP CODE		
HOUSE					
(EACH DEFICIENC	CY MUST BE PRECEDED BY FULL	ID PREFIX TAG	(EACH CORRECTIVE ACTION SHOL	ILD BE	(X5) COMPLETIO DATE
integrated CAA show evaluation of R16 to non-pharmacological attempted to alleviate On 9/13/13 at 10:00 oriented to time place doctor insists she shi medication. On 9/13/13 at 11:30 to the facility from an and since then she h medications. 3. R2's current physi R2 has diagnoses in disorder and Bipolar physician's order she showed R2 receives Prolixin 5 mg twice a Psychotropic Drug U does not include Pro antipsychotic medica R2's mental illness. F psychotropic drug nu include the specific b use of Prolixin and R monitoring record on behavior. 4. R9's current physi R9 has Schizophreni disorder. The POS d	vs a comprehensive o her paranoia, what I interventions the facility e paranoid ideations. am R16 was pleasant, alert e and person stated her ould taken her current am E3 stated that R16 came o outside rehabilitation center has improved with the current cian orders (8/27/13) showed cluding Schizoaffective disorder. The current eet (POS) dated 08/27/13 the antipsychotic medication of day. R2's CAA form for se in the medical record lixin as one of the ations being used to treat R2's last 4 Quarterly ursing assessments do not behavioral problem for the t2's daily behavioral ly lists anxiety as a targeted cian orders (8/15/13) showed ia disorder and Bipolar ated 08/15/13 lists an order	F 272			
	ROVIDER OR SUPPLIER HOUSE SUMMARY S (EACH DEFICIENC REGULATORY OR Continued From pag integrated CAA show evaluation of R16 to non-pharmacologica attempted to alleviate On 9/13/13 at 10:00 oriented to time plac doctor insists she sh medication. On 9/13/13 at 11:30 to the facility from an and since then she f medications. 3. R2's current physic R2 has diagnoses in disorder and Bipolar physician's order she showed R2 receives Prolixin 5 mg twice a Psychotropic Drug U does not include Pro antipsychotic medica R2's mental illness. I psychotropic drug nu include the specific to use of Prolixin and R monitoring record on behavior. 4. R9's current physi R9 has Schizophren disorder. The POS d	CORRECTION IDENTIFICATION NUMBER: Identification Prolimer Number: Identification Prolimer Number: Identification Prolimer Number: Identification Prolimer Number: Ident Identification	IDENTIFICATION NUMBER: A BUILDING. 14E238 B. WING ROVIDER OR SUPPLIER B. WING HOUSE ID SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) ID Continued From page 4 ID integrated CAA shows a comprehensive evaluation of R16 to her paranoia, what non-pharmacological interventions the facility attempted to alleviate paranoid ideations. F 272 On 9/13/13 at 10:00 am R16 was pleasant, alert oriented to time place and person stated her doctor insists she should taken her current medication. F 272 On 9/13/13 at 11:30 am E3 stated that R16 came to the facility from an outside rehabilitation center and since then she has improved with the current medications. S. R2's current physician orders (8/27/13) showed R2 has diagnoses including Schizoaffective disorder and Bipolar disorder. The current physician's order sheet (POS) dated 08/27/13 showed R2 receives the antipsychotic medication Prolixin 5 mg twice a day. R2's CAA form for Psychotropic Drug Use in the medical record does not include Prolixin as one of the antipsychotic medications being used to treat R2's mental illness. R2's last 4 Quarterly psychotropic drug nursing assessments do not include the specific behavioral problem for the use of Prolixin and R2's daily behavioral monitoring record only lists anxiety as a targeted behavior. 4. R9's current physician orders (8/15/13) showed R9 has Schizophrenia disorder and Bipolar disorder. The POS dated 08/15/13 lists an order	CORRECTION IDENTIFICATION NUMBER: A. BUILDING 14E238 B. WING ROVIDER OR SUPPLIER B. WING STREET ADDRESS, CITY, STATE, ZIP CODE AGUSE STREET ADDRESS, CITY, STATE, ZIP CODE (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) REFERENCE TO THE APRR Continued From page 4 Integrated CAA shows a comprehensive evaluation of R16 to her paranoia, what non-pharmacological interventions the facility attempted to alleviate paranoid ideations. On 9/13/13 at 10:00 am R16 was pleasant, alert oriented to time place and person stated her doctor insists she should taken her current medication. On 9/13/13 at 11:30 am E3 stated that R16 came to the facility from an outside rehabilitation center and since then she has improved with the current medication. On 9/13/13 at 11:30 am E3 stated that R16 came to the facility from an outside rehabilitation center and since dren she las improved with the current physician's order sheet (POS) dated 08/27/13 showed R2 receives the antipsychotic medication Prolixin 5 mg twice a day. R2's CAA form for Psychotropic Drug Use in the medication Prolixin 5 mg twice a day. R2's CAA form for Psychotropic drug nursing assessments do not include the specific behavioral problem for the use of Prolixin and R2's daily behavioral monitoring record only lists anxiety as a targeted behavior. Ist and Singer The CVS R9 has Sc	CORRECTION IDENTIFICATION NUMBER: A BUILDING COMPLE 14E238 B. WING 09/13 ROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 405 CENTRAL AVENUE HIGHLAND PARK, IL. 60035 ID PROVIDER'S PLAN OF CORRECTION 09/13 REQUARTORY OR LISC IDENTIFYING INFORMATION) ID PROVIDER'S PLAN OF CORRECTION ADDIA DESCRETERING 00 Continued From page 4 IF 272 PROVIDER'S PLAN OF CORRECTION SHOULD BE CROSS.REFERENCED TO THE APPROPRIATE DEFICIENCI'S Continued From page 4 IF 272 F 272 Continue from page 4 F 272 Continued From page 4 F 272 F 272 Continue for an outside reprosins tated her doctor insists she should taken her current medication. DI 9/13/13 at 10:00 am R16 was pleasant, alert oriented to the place and person stated her doctor insists she should taken her current medications. S. 25 current physician orders (8/27/13) showed R2 has diagnoses including Schizoaffective disorder and Bipolar disorder. The current physician's order sheig worder based to reat R2's mantal indices. R2's EAA form for Psychotic medication as one of the antipsychotic medication bring used to treat R2's mental ilinees. R2's last 4 Quarenty' psychotropic Drug Use in the medicati

Facility ID: IL6000038

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CENTERS FOR MEDICARE & MEDICAID SERVICES OMB NO. 0938-0391 STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY **IDENTIFICATION NUMBER:** AND PLAN OF CORRECTION COMPLETED A. BUILDING 14E238 B. WING 09/13/2013 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE **405 CENTRAL AVENUE** ABBOTT HOUSE HIGHLAND PARK, IL 60035 SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X5) COMPLETION (X4) ID ID (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX (EACH CORRECTIVE ACTION SHOULD BE PREFIX DATE REGULATORY OR LSC IDENTIFYING INFORMATION) CROSS-REFERENCED TO THE APPROPRIATE TAG TAG DEFICIENCY) F 272 Continued From page 5 F 272 5. R14's current physician orders (8/15/13) showed R14 has diagnoses including Bipolar disorder and Schizoaffective disorder. R14's current POS dated 08/15/13 lists Haloperidol 50 mg IM monthly as one of his scheduled medications. R14's quarterly psychotropic nursing assessment dated 05/15/13 does not include Haloperidol as one of R14's psychotropic medications. R14's guarterly psychiatric assessment dated 05/15/13 does not list any specific behavioral problems for the use of Haloperidol and the current 3 months of daily behavioral monitoring records only lists anxiety as a target behavioral symptom. R4 and R5 are the other examples of the facility not conducting comprehensive evaluation of residents, cognition, mood, behavior and psychotropic medications. F 458 F 458 483.70(d)(1)(ii) BEDROOMS MEASURE AT LEAST 80 SQ FT/RESIDENT SS=C Bedrooms must measure at least 80 square feet per resident in multiple resident bedrooms, and at least 100 square feet in single resident rooms. This REQUIREMENT is not met as evidenced by: Based on observation and measurement of all resident rooms multiple resident rooms provide less than 80 square feet per resident bed. This failure impacts 36 of the facility resident rooms. The facility has a population of 103 seriously mentally ill residents residing in an intermediate care facility and although the residents may may have some medical complications, the facility does not routinely admit seriously ill residents

FORM CMS-2567(02-99) Previous Versions Obsolete

DEPARTMENT OF HEALTH AND HUMAN SERVICES

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PRINTED: 09/23/2013

FORM APPROVED

	RS FOR MEDICARE &	MEDICAID SERVICES				OMB NO	<u>). 0938-039</u>
		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	` '	MULTIPLE CONSTRUCTION JILDING		(X3) DATE SURVEY COMPLETED	
		14E238	B. WING			09/	/13/2013
NAME OF F	ROVIDER OR SUPPLIER	1			STREET ADDRESS, CITY, STATE, ZIP CODE	1 00	
ABBOTT	HOUSE				405 CENTRAL AVENUE HIGHLAND PARK, IL 60035		
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREF TAG		PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPF DEFICIENCY)	BE	(X5) COMPLETION DATE
F 458	who are medically co ambulation aides, ox equipment. Findings Include: The following multi re be less than 80 squa being measured durin Rooms 101, 102, 103 110, 111, 115, 118, 12 207, 209, 210, 217, 2 square feet offering 6 Rooms 112, 113, 114	mpromised needing ygen or suctioning esident rooms were found to re feet per resident bed after ng the survey of 11/01/12: 3, 105, 106, 107, 108, 109, 21, 123, 202, 204, 205, 206, 18, and 219 provide 131 66 square feet per bed. , 117, 120, 208, 211, 212, 24 provide 139 square feet	F	458	8		

DEPARTMENT OF HEALTH AND HUMAN SERVICES

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FORM APPROVED