| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | 14E390 | A. BUILDING _____ B. WING _____ | C 02/10/2012 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| BAYSIDE TERRACE | 1100 SOUTH LEWIS AVENUE WAUKEGAN, IL 60085 |

| (X4) ID PREFIX TAG | SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) | ID PREFIX TAG | PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY) | (X5) COMPLETION DATE |
|---|---|---|---|---|
| F 000 | INITIAL COMMENTS<br><br>Complaint Investigations:<br>#1270235/IL56063 and<br>#1270375/IL56243 -F323 | F 000 | | |
| F 323 SS=D | 483.25(h) FREE OF ACCIDENT HAZARDS/SUPERVISION/DEVICES<br><br>The facility must ensure that the resident environment remains as free of accident hazards as is possible; and each resident receives adequate supervision and assistance devices to prevent accidents.<br><br>This REQUIREMENT is not met as evidenced by:<br>Based on interview and record review, 1 of 1 residents (R2) in the sample, and facility staff failed to; provide adequate monitoring prior to injury, failed to call a physician immediately after injury occurred, and failed to send resident to hospital emergency room after self injury.<br><br>Findings include:<br><br>R2 who has a diagnosis of Major Depression, Bipolar with psychotic features, anxiety and a history of suicidal ideations and self injuries.<br>On interview of E3, it was found that on 1/23/12 R2 complained to E3 that her "depression had worsened and she wanted to go to the drug store, buy a razor and cut her stomach".<br>R2 was placed on 1:1 supervision until 1/24/12, and no physician was notified of her suicidal ideations.<br>On interview of E3, she stated she removed the | F 323 | | |

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
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| F 323 | Continued From page 1<br>1:1 supervision for R2 on 1/24/12, after speaking to R2 who reassured her "she feels no urge to hurt herself". No staff conference or notification was made to a physician.<br>On interview of E1 and E2, both stated it is facility policy and procedure for staff to notify a physician of a resident who is expressing, or who has attempted suicide/self harm.<br>On interview of E3 and R2 it was found on 1/25/12, R2 went to the drug store and bought herself some razor blades as she had threatened staff to do on 1/23/12, and R2 cut her abdomen. R2 was sent to the hospital on 1/25/12 after nursing staff informed the psychologist of R2's suicidal ideations and her infliction of self injury.<br><br>In addition to the staff not calling the physician to notify of R2's self injury on 1/24/12, and failing to continue supervision of R2 until seen by a physician on 1/23/12 and 1/24/12. Facility staff did not send R2 to the emergency room promptly after self injury, and nursing staff provided treatment to R2's wound without physicians orders. | F 323 | | |