

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

PRINTED: 11/04/2013
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 14E836		(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 10/30/2013	
NAME OF PROVIDER OR SUPPLIER BELMONT NURSING HOME				STREET ADDRESS, CITY, STATE, ZIP CODE 1936 WEST BELMONT AVENUE CHICAGO, IL 60657			
(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			F 000			
F 323 SS=D	<p>Incident Investigation IRI of 10/4/13/ IL66011- F323.</p> <p>483.25(h) FREE OF ACCIDENT HAZARDS/SUPERVISION/DEVICES</p> <p>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.</p> <p>This REQUIREMENT is not met as evidenced by: Based on record reviews, interviews and observation, the facility failed to follow their policy for community access with regards to new admissions and failed to provide adequate supervision to prevent elopement, for one resident (R1) of the two who are identified as an elopement risk in the facility inside the sample of two.</p> <p>Findings include:</p> <p>R1 is a 30 year old who has multiple diagnoses which include, Bipolar Disorder, Anxiety and Schizoaffective Disorder.</p> <p>The Community Access Policy in part indicated;</p> <p>New residents are asked to stay in the building during the first 72 hours that they reside at the facility. Individuals are informed of this rule during the preadmission interview process. Exceptions</p>			F 323			

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

TITLE

(X6) DATE

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.

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

PRINTED: 11/04/2013
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 14E836	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 10/30/2013
NAME OF PROVIDER OR SUPPLIER BELMONT NURSING HOME			STREET ADDRESS, CITY, STATE, ZIP CODE 1936 WEST BELMONT AVENUE CHICAGO, IL 60657		
(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 323	<p>Continued From page 1 to this rule are made on a case to case basis.</p> <p>Universal Progress Notes dated 10/4/13 at 5:45 PM indicated, R1 entered the facility with a manic behavior. R1 was loud and expressed flight of ideas, demanding for cigarettes. R1 asked when she could get out so she could drink beer and party. R1 received a cigarette and went out to the back porch to smoke. R1 came back in for dinner but did not eat. R1 was seen walking back to the porch. When E3 (Certified Nursing Assistant/ CNA) went to get R1, R1 was no longer in the back porch. A resident told E3, that R1 went for a walk.</p> <p>On 10/25/13 at 10:50 AM, E4 (Psychiatric Rehab Services Coordinator/ PRSC) stated, staff assessed new residents for elopement risk within 4 days after admission, then quarterly and annually. Unless there's a change and they verbalized wanting to leave. After admission residents are kept or asked to be inside the building/facility for 72 hours before they can go on a pass. E4 added, if a resident verbalized or give indications that he/she is not staying, E4 will discuss it with the administrator, and counsel and monitor resident closely.</p> <p>On 10/25/13 at 11:40 AM E2 (Nurse) stated, R1 was loud and erratic during admission. R 1 was uncooperative. E3 (CNA) saw R1 go to the back porch. E2 was not sure somebody followed R1 to the porch. E2 added, staff let new residents smoke in the patio unsupervised since residents are still inside facility property.</p> <p>On 10/25/13 at 11:40 AM, E3 (CNA) stated, R1 was in the dining room antsy and manicky. R1</p>	F 323			

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

PRINTED: 11/04/2013
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 14E836		(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 10/30/2013	
NAME OF PROVIDER OR SUPPLIER BELMONT NURSING HOME				STREET ADDRESS, CITY, STATE, ZIP CODE 1936 WEST BELMONT AVENUE CHICAGO, IL 60657			
(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 323	<p>Continued From page 2</p> <p>walked to the porch. E3 asked R1 to come inside, to put her (R1) belongings in the bedroom. R1 told E3 she would go back inside after smoking. E3 left R1 in the porch. When E3 came back, R1 was no longer there.</p> <p>There was no evidence or indication that R1 was counseled or monitored closely when R1 was displaying erratic or agitated behavior. There was no indication that physician and E1 (administrator) was notified of R1's behavior prior to leaving the facility.</p> <p>E2 (Nurse) and E3 (Certified Nursing Assistant/CNA) let R1 out to the back porch unsupervised despite R1's behavior. Back porch has no gate and has open access to and from the street.</p>			F 323			