PRINTED: 08/16/2016 FORM APPROVED OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		(X2) MUL ⁻ A. BUILDI		CONSTRUCTION	(X3) DATE SURVEY COMPLETED		
		145734	B. WING				C 11/2016
	ROVIDER OR SUPPLIER EVERGREEN PARK,THE			10	REET ADDRESS, CITY, STATE, ZIP CODE 124 SOUTH KEDZIE /ERGREEN PARK, IL 60805		
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFI TAG	x	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD B CROSS-REFERENCED TO THE APPROPRI DEFICIENCY)		(X5) COMPLETION DATE
F 000	INITIAL COMMENTS	;	F	000			
	Complaint Investigat	ion					
F 154 SS=D	1694231/IL87321 - N 1694345/IL87442 - F 483.10(b)(3), 483.10(HEALTH STATUS, CA	154, F241, F250	F	154			
	language that he or s	right to be fully informed in he can understand of his or s, including but not limited to, ndition.					
	advance about care a	right to be fully informed in and treatment and of any or treatment that may affect ing.					
	by: Based on interview a	is not met as evidenced and record review the facility ent prior to cutting hair of one in the sample.					
	Findings include:						
	behalf of R2; Son ups cut without consent fr Resolution: Staff edu	ving grievance was filed on set that his mother's hair was rom him or the patient. cated on grooming of only be cut with consent of					
	R2's hair. E1 (Admini the hair was like a lar that contained mud o	n, surveyor inquired about strator) stated the back of ge long piece of matted hair r dirt. It was tangled and			TITLE		(VE) DATE

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

TITLE (X6) DATI

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.

Facility ID: IL6007322

		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1 ' '	PLE CONSTRUCTION		(X3) DATE SURVEY COMPLETED	
		145734	B. WING			C 8/11/2016	
	ROVIDER OR SUPPLIER EVERGREEN PARK,THE	I		STREET ADDRESS, CITY, STATE, ZIP CODE 10124 SOUTH KEDZIE EVERGREEN PARK, IL 60805		6/11/2016	
(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 COR (EACH CORRECTIVE ACTION S CROSS-REFERENCED TO THE A DEFICIENCY)	SHOULD BE	(X5) COMPLETION DATE	
F 154	way looked like a dre hair about 8 inches ir width. According to a family member was use the resident was ok whair on the back of he Nursing Assistant) cususpension day. On 8/4/16 at 10:48an hair was all matty. The and was pulling. Her thin strands. It was folike she was sleeping thought she was a hoco-worker E5 (CNA) because she did not touching her hair. (Ewith it, I can't brush it resident said it was on the composition of the was a hoco-worker E5 (CNA) because she did not touching her hair. (Ewith it, I can't brush it resident said it was on the composition of the was have asked me, but the Surveyor inquired whom to here (pointing I woke up and it was have asked me, but the Surveyor inquired whom to here (pointing I woke up and it was have asked me, but the somebody in here. Word hair. I don't know it, it's my hair. I don't know it, it's my hair. I was asle what happened. I had happened .I told then happened .I told then happened .I was asle what happened .I told then happened .I was asle what happened .I told then happened .I was asle what happened .I told then happened .I was asle what happened .I told then happened .I told then happened .I was asle what happened .I told then happened .I was asle what happened .I told then happ	lumped together that in no adlock just a large piece of a length and 5 inches in E3 (Nurse Supervisor) the apset that her hair was cut, with it. She had 2 strings of er head the CNA (Certified at it off. We did give her a strings of er head the composition of the ground of the ground of the ground of the ground. Honestly I smeless lady. I got my who is African American feel comfortable with me so said what am I gonna do who the ground of the grou	F 15	54			

	DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1 ' '	PLE CONSTRUCTION G		ATE SURVEY DMPLETED
		145734	B. WING _			C 08/11/2016
	ROVIDER OR SUPPLIER EVERGREEN PARK,THE			STREET ADDRESS, CITY, STATE, ZIP CODE 10124 SOUTH KEDZIE EVERGREEN PARK, IL 60805	,	<u> </u>
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL .SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORE (EACH CORRECTIVE ACTION S CROSS-REFERENCED TO THE AF DEFICIENCY)	HOULD BE	(X5) COMPLETION DATE
F 154 F 241 SS=G	to ask permission. SI said it was for patient day suspension." On 8/8/16 at 10:02am R2's hair E7 (License "When I admitted her want her hair cut. He The facility resident ri (October 2009) include Employees shall treat respect, and dignity. exercise their rights a extent possible. 483.15(a) DIGNITY A INDIVIDUALITY The facility must prommanner and in an envenhances each reside full recognition of his facility in the facility must prommanner and in an envenhances each reside full recognition of his facility in the facility must prommanner and in an envenhances each reside full recognition of his facility in the facility must prommanner and in an envenhances each reside full recognition of his facility in the facility must prommanner and in an envenhances each reside full recognition of his facility is a manner of choice. The facility must prommanner and in an envenhances each reside full recognition of his facility is a manner of choice. The facility is a manner of choice and the facility is a manner of choice. The facility is a manner of choice and the facility is a manner of choice. The facility is a manner of choice and the facility is a manner of choice. The facility is a manner of choice and the facility is a manner of choice and the facility is a manner of choice. The facility is a manner of choice and the facility	ng with the patient you have the said she didn't ask. She safety. I gave her a one of the safety her a one of the safe	F 1			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTI A. BUILDIN	IPLE CONSTRUCTION IG		(X3) DATE SURVEY COMPLETED	
		145734	B. WING _			C 08/11/2016
	ROVIDER OR SUPPLIER EVERGREEN PARK,THI	<u> </u>		STREET ADDRESS, CITY, STATE, ZIP CODE 10124 SOUTH KEDZIE EVERGREEN PARK, IL 60805		00/11/2010
(X4) ID PREFIX TAG	(EACH DEFICIENC	TATEMENT OF DEFICIENCIES BY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF COI (EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE DEFICIENCY)	SHOULD BE	(X5) COMPLETION DATE
F 241	old resident, admitter term stay on 7/28/20 Summary" progress 00:42 hours docume and alert & oriented on 8/04/2016 at 10:2 reported E3 (Nurse state member of R2 was uthe resident was ok who is African American I gonna document am I was asked me, but somebody in here. I wome body in here. I was asked me, but somebody in her	sheet R2, a ninety-one year d to the facility for a short 16. R2's "Admission note dated 7/29/2016 at nted: Pt (patient) is stable times three. 29pm, E1 (administrator) Supervisor) stated the family pset that her hair was cut, with it. 28am, E4 (CNA) stated R2's got my co-worker E5 (CNA) can because she did not feel touching her hair. (E5) said with it, I can't brush it. We et resident said it was ok after 29 R2 stated my hair was go to her bicep) when I came. gone. I wish they would that's what happened. To cut her hair R2 replied When I came here I had all with the county of the	F 2	41		

AND DI AN OF COPPECTION IDENTIFICATION NUMBER		' '	E CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
	145734	B. WING		C	
NAME OF PROVIDER OR SUPPLIER VILLA AT EVERGREEN PARK,THE	1407.04		STREET ADDRESS, CITY, STATE, ZIP CODE 10124 SOUTH KEDZIE EVERGREEN PARK, IL 60805	08/11/2016	
PREFIX (EACH DEFICIENCY N	EMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL C IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPE DEFICIENCY)	BE COMPLETION	
he made it known on 7/mother (R2's) hair should he received a call from discussing the condition cutting it. Z1 told E6 under his mother hair. Z1 stated, he came to told (7/31/16) to find R2's hamother was very upset. had to come and stay with the status of the statu	family member) reported (28/16 to E7 (nurse) his old not be cut. Z1 stated, a social worker (E6) in of R2's hair and possibly der no circumstance to cut the facility on the Sunday air was off. Z1 reported his One of his other brother with my mother one night. Ogress notes dated red red dere dere dere dere dere der	F 24'			

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		1 ' '	LE CONSTRUCTION	(X3) DATE SURVEY COMPLETED C	
		145734	B. WING		08/11/2016
	ROVIDER OR SUPPLIER EVERGREEN PARK,TH	IE .		STREET ADDRESS, CITY, STATE, ZIP CODE 10124 SOUTH KEDZIE EVERGREEN PARK, IL 60805	, 00.7.11.20.10
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F 250	Continued From pa	ge 5	F 25	0	
	by: Based on record re failed to assess the psychosocial interve due to a loss. This a (R2) displaying aggi unwanted hair cut b four. Findings include: According to a face old resident ,was ac short term stay on 7 Summary progress hours documented: & orient times three On 8/04/2016 at 10: hair was all matty. I who is African Amer comfortable with me what am I gonna do	view and interview the facility need for and provide entions for a resident upset applies to one of one residents ressive behavior after an y facility's staff, in a sample of sheet R2, a ninety-one year limitted to the facility for a 1/28/2016. R2's Admission note dated 7/29/2016 at 00:42 Pt (patient) is stable and alert 48am, E4 (CNA) stated R2's got my co-worker E5 (CNA) ican because she did not feel touching her hair. (E5) said with it, I can't brush it. We he resident said it was ok after			
	down to here (pointi I woke up and it was have asked me, but Surveyor inquired w somebody in here. my hair. I don't kno it, it's my hair. My s	n, R2 stated my hair was ng to her bicep) when I came. s gone. I wish they would that's what happened. ho cut her hair R2 replied When I came here I had all w. I don't know why they did on asked me what happened eep when they cut it. That's			

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F 250	happened I told ther I was asleep. R2 was give staff permission. On 8/08/2016 at 10: about R2's hair E7 (stated "When I adm not want her hair cu. On 8/10/2016 Z1 (R he made it known of mother (R2's) hair is he received a call frod discussing the condicutting it. Z1 told E6 his mother hair. Z1 stated, he came (7/31/16) to find R2' mother was very uphad to come and staff 8/01/2016 at 19:26 I became increasingly unable to be redirect intruders in her hom informed of the about of deescalate the recame to the facility the resident fell asle updated on resident received for Xanax, evaluation.	ad 3 or 4 people ask me what n I don't know what happened as adamant that she did not	F 25		
	medication (usually given to R2. There v	used to treat anxiety) was vas no progress note by the facility staff assessed			

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		145734	B. WING			C / 11/2016
	ROVIDER OR SUPPLIER EVERGREEN PARK,THE	<u> </u>		STREET ADDRESS, CITY, STATE, ZIP CODE 10124 SOUTH KEDZIE EVERGREEN PARK, IL 60805	, 33	7172010
(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 SHI CROSS-REFERENCED TO THE APP DEFICIENCY)	OULD BE	(X5) COMPLETION DATE
F 250	for R2 after displaying immediate need care 7/29/2016 did not add nor R2's family requehair. On 8/11/2016 at 10:0 about the cutting of habout the situation. R They couldn't hurt me use to not having hain home. It took me a loudirector) reported neitold about the incider after the resident's have On 8/11/2016 at 12:5 physician) reported the	g the negative behavior. R2's plan with an initial date of dress any negative behavior at not to cut the resident's 8am, R2 was interviewed er hair and how she felt that any more. I just have to get any more. I just have to get a back there. I just want to go ng time to grow my hair. 6am, E16 (social service ther she nor her staff were to involving R2 on 8/01/2016 hair was cut. 9pm, Z3 (attending the staff reported to him (on not herself She was agitated.	F 25	0		
	medication. On 8/11/2016 E2 repression evaluation was the psychiatrist only was the psychiatris	orted to the surveyor R2's s not completed. E2 stated visits the facility weekly and 12/2016. However, by the is at 2:30pm, E1 ned the surveyor the				