

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

PRINTED: 06/19/2014
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 145803	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 06/12/2014
NAME OF PROVIDER OR SUPPLIER MATHER PAVILION			STREET ADDRESS, CITY, STATE, ZIP CODE 820 FOSTER STREET EVANSTON, IL 60201		
(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 Annual Licensure and Certification Survey Validation Survey for Subpart U: Alzheimer's Unit The Mather Pavilion is in compliance with Subpart U. 77 Administrative Code 4, Section 300.700	F 000			
F 225 SS=D	483.13(c)(1)(ii)-(iii), (c)(2) - (4) INVESTIGATE/REPORT ALLEGATIONS/INDIVIDUALS The facility must not employ individuals who have been found guilty of abusing, neglecting, or mistreating residents by a court of law; or have had a finding entered into the State nurse aide registry concerning abuse, neglect, mistreatment of residents or misappropriation of their property; and report any knowledge it has of actions by a court of law against an employee, which would indicate unfitness for service as a nurse aide or other facility staff to the State nurse aide registry or licensing authorities. The facility must ensure that all alleged violations involving mistreatment, neglect, or abuse, including injuries of unknown source and misappropriation of resident property are reported immediately to the administrator of the facility and to other officials in accordance with State law through established procedures (including to the State survey and certification agency). The facility must have evidence that all alleged violations are thoroughly investigated, and must prevent further potential abuse while the investigation is in progress.	F 225			

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.

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F 225	<p>Continued From page 1</p> <p>The results of all investigations must be reported to the administrator or his designated representative and to other officials in accordance with State law (including to the State survey and certification agency) within 5 working days of the incident, and if the alleged violation is verified appropriate corrective action must be taken.</p> <p>This REQUIREMENT is not met as evidenced by: Based on interview and record review, facility failed to follow their abuse policy for two residents (R5 and R7) out of three residents reviewed for abuse. This failure resulted in the facility not interviewing all the witnesses and not sending a final investigation report to state agency within five days.</p> <p>Findings Include:</p> <p>Facility's abuse policy denotes establishing guidelines to prevent or deal with allegations and/or reports of verbal, sexual, physical and or mental abuse. Verbal abuse is the use of oral, written, or gestured language that includes disparaging and derogatory terms to residents or families, or within their hearing distance, regardless of their age, ability to comprehend, or disability.</p> <p>Internal Reporting: Employees are required to report immediately any occurrences of potential mistreatment they observe, hear about, or suspect to a supervisor or the Administrator. Supervisor shall immediately inform the Administrator of all reports of potential</p>	F 225			

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F 225	<p>Continued From page 2</p> <p>mistreatment. Upon learning of the report, the Administrator shall initiate an incident investigation.</p> <p>Final Investigation Report: The investigator will report the conclusion of the investigation in writing within five working days of the reported incident. The final investigation report shall contain the following: name, age, diagnosis and mental status of the allegedly abused or neglected. Facts determined during the process of the investigation, review of medical record and interview of witness; and conclusion of the investigation based on known facts. Attach a summary of all interviews, conducted, with the names, address, and phone numbers. The Administrator is then responsible for forwarding a final written report of the results of the investigation and any corrective action taken to the Department of Public Health within five working days of the reported incident.</p> <p>Facility's incident report dated 5-29-14 denotes description of the incident: the daughter of R7 reported to the Admissions manager that R7's roommate (R5) made racial comments out loud while in their room. Both residents were separated; R5 was moved to another room.</p> <p>E2 (Director of Nursing) on 6-11-14 at 9:55 AM stated admissions manger made her aware of the allegation of the racial remark by R5 towards R7 and faxed the incident report to IDPH. E2 stated at that time both residents already had been assigned to separate rooms when the incident was reported to her. E2 stated since both residents had been separated, she did not see that a final investigation report had to be done and sent to state agency. E2 stated she did not</p>	F 225			

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F 225	<p>Continued From page 3</p> <p>interview R5 or R7, but the abuse coordinator (E3) did interview the residents involved and determined that abuse could not be substantiated. E2 stated she did not interview R7's daughter or investigate the allegation to see if there were any witnesses present.</p> <p>E3 (Social Service Director) on 6-11-14 at 10:30 AM stated did hear that R5 was not getting along with R7 and that R5 had gotten verbally upset with R7 because of his TV was too loud and R5 had verbalized his displeasure with R7 inappropriately. E3 stated the when the incident was reported to her both residents were no longer in the same room. E3 stated she did not interview R7's daughter but did talk to R5 and R7.</p> <p>Facility's interview sheet dated 5-29-14 denotes R7 reported he could not stand his roommates (R5) meanness when he pointed and verbalized to him as that black guy. R7 reported in the interview he would not mind staying in his room if given another roommate. Facility's interview sheet denotes R5 reported he was upset about R7 ' s TV being too loud at night. Facility's report had no documentation/narrative that R7's daughter was interviewed.</p> <p>E1 (Administrator) on 6-11-14 at 11:00 AM stated was informed by the admissions coordinator about the incident involving R5 and R7 and was told by corporate manager that the incident report was all that had to be done since both residents were no longer in the same room any more. E1 stated since the issue had been resolved they did not interview R7 ' s daughter. E1 stated there was no written final report since she was instructed by her corporate manager a final report was not necessary. E1 stated she would fax the final</p>	F 225			

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F 225	Continued From page 4 summary to IDPH. E1 stated the residents involved were interviewed but the daughter who made the allegation was not interviewed. R5 and R6's incident report denotes faxed to state agency on 6-12-14 at 8:57 AM summary of the incident: This is the final report to the incident reported 5-29-14	F 225			