PRINTED: 07/18/2016 FORM APPROVED OMB NO. 0938-0391

		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		TIPLE CONSTRUCTION NG		(X3) DATE SURVEY COMPLETED	
		145180	B. WING		0.7	C 7/12/2016	
	PROVIDER OR SUPPLIER	EIGHTS		STREET ADDRESS, CITY, STATE, ZIP 490 WEST 16TH PLACE CHICAGO HEIGHTS, IL 60411	CODE		
(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 C (EACH CORRECTIVE ACTIC CROSS-REFERENCED TO TH DEFICIENCY	ON SHOULD BE HE APPROPRIATE	(X5) COMPLETION DATE	
F 000	INITIAL COMMEN	TS	F 0	00			
	Complaint Investig	gation					
F 226 SS=B	1693735/IL86744 - 1693798/IL86823 - 483.13(c) DEVELC ABUSE/NEGLECT	F226, F279 PP/IMPLMENT	F 2	26			
	policies and proced mistreatment, negl	evelop and implement written dures that prohibit ect, and abuse of residents on of resident property.					
	by: Based on interview failed to follow the identify those at ris	NT is not met as evidenced v and record review the facility abuse prevention policy to k for abuse and neglect for 9 (2-R9,R11) all reviewed fro rocedure.					
	Findings include:						
	has a history of bei Progress Note 4/8/ victim of a physical resident. Abuse Inv R2 made an allega another resident. F reviewed and it doe addressing the hist	listory 3/21/16 documents R2 ing abused by a relative. 16 documents R2 was the altercation by another vestigation 7/1/16 documents ition of sexual abuse against 82's entire care plan was es not contain any plan of care cory of or recent allegation of ddressing R2 as a victim of another resident.					
	2. Social Service H	listory 9/14/15 documents R3					
ABORATOR	L Y DIRECTOR'S OR PROVII	DER/SUPPLIER REPRESENTATIVE'S SIG	SNATURE	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.

Facility ID: IL6008064

	TATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:			TIPLE CONSTRUCTION ING		COMPLETED		
		145180	B. WING		07	C // 12/2016		
	PROVIDER OR SUPPLIER	EIGHTS		STREET ADDRESS, CITY, STATE, ZIP CC 490 WEST 16TH PLACE CHICAGO HEIGHTS, IL 60411		712/2010		
(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 A DEFICIENCY)	SHOULD BE	(X5) COMPLETION DATE		
F 226	Progress Note 6/30 involved in a physic resident. Entire car has a care plan for aggression initiated addressing R3's ris. 3. Behavior Note 6/ allegation of physic Investigation docur member raped him and does not have sexual abuse. 4. Social Service N a history of agitatio uncooperativeness behavior. Progress had a physical alter R5's entire care planot contain any pla addressing R5's besonather resident was sexual intercourse, because no one wo Social Service Progress R6 told staff that shanother resident unwas reviewed and the addressing this allerisk for abuse.	cal altercation with another e plan was reviewed and R3 potential for physical in on 12/7/15, but no care plan sk of abuse. 2/13/16 R4 has made an all abuse. Preliminary Abuse nents R4 alleged a staff. R4's care plan was reviewed a plan of care for alleged ote 6/4/16 documents R5 has n, combativeness, and verbally aggressive Note 6/30/16 documents R5 reation with another resident. In was reviewed and it does n of care prior to 7/11/16		26				
	a history of hospita behaviors. Behavio	ote 5/15/16 documents H7 has lization for aggressive r Progress Note 5/24/16 ed office and group room						

DEPARTMENT OF HEALTH AND HUMAN SERVICES CENTERS FOR MEDICARE & MEDICAID SERVICES (Y1) PROVIDED (STATEMENT OF DEFICIENCIES (Y1) PROVIDED (STATEMENT)

	ATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA ID PLAN OF CORRECTION IDENTIFICATION NUMBER:			IPLE CONSTRUCTION NG		(X3) DATE SURVEY COMPLETED		
		145180	B. WING _		07	C // 12/2016		
	PROVIDER OR SUPPLIER	EIGHTS		STREET ADDRESS, CITY, STATE, ZIP CODE 490 WEST 16TH PLACE CHICAGO HEIGHTS, IL 60411		712/2010		
(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 CORRE (EACH CORRECTIVE ACTION SH CROSS-REFERENCED TO THE APP DEFICIENCY)	OULD BE	(X5) COMPLETION DATE		
F 226	doors several times attending a group recame increasing not stop the group Late Entry Nurse P documents R7 was inappropriate behad to a female resident room. R7's entire of there is no plan of sexual behaviors of there is no plan of sexual behaviors of the progress Notes 4/5 and 7/5/16 documents R8 was altercation with a stroom, R8 stated "I plan reviewed on 7 evidence that R8 was altercation with a stroom, R8 stated "I plan reviewed on 7 evidence that R8 was altercation with a stroom, R8 stated "I plan reviewed in a pmale resident and atteintended victim reviewed and there this altercation or F9. Nurse Progress "received physical aresident, Social Se R9 had a physical aresident, R9 was st Review of entire called the stopping of the progress are sident, R9 was st Review of entire called the progress of the progress are sident. Social Se R9 had a physical aresident, R9 was st Review of entire called the progress of the progress are sident. Social Se R9 had a physical are sident, R9 was st Review of entire called the progress of the progress are sident. Social Se R9 had a physical are sident, R9 was st Review of entire called the progress of the progress are sident.	while residents were neeting inside the room, R7 ly agitated because staff would meeting and speak with him. rogress Note 5/23/16 accused of a sexually vior, R7 exposed his genitals at while she was in her own are plan was reviewed and care addressing inappropriate f R7 or risk for sexual abuse. istory 4/4/16 documents R8 ng a victim of abuse. Nurse 6/16 - 4/8/16, 4/20/16, 5/31/16, ant R8 has verbal and we behaviors toward staff and rse Progress Note 7/7/16 involved in a physical aff member in the shower just beat them up." Entire care //11/16 and there is no ras care planned for ors. Note 7/7/16 documents R11 hysical altercation between a a staff member, R11 was not. R11's entire care plan was are no care plans addressing	F 2	26				

DEPARTMENT OF HEALTH AND HUMAN SERVICES CENTERS FOR MEDICARE & MEDICAID SERVICES (Y1) PROVIDED (STATEMENT OF DEFICIENCIES (Y1) PROVIDED (STATEMENT)

	TATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA ND PLAN OF CORRECTION IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING			(X3) DATE SURVEY COMPLETED	
	145180		B. WING _		C 07/12/2016		
	PROVIDER OR SUPPLIER	EIGHTS		STREET ADDRESS, CITY, STATE, ZIP CODE 490 WEST 16TH PLACE CHICAGO HEIGHTS, IL 60411	,	12/2010	
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES / MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORREC (EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APPF DEFICIENCY)	ULD BE	(X5) COMPLETION DATE	
F 279 SS=B	altercation with coldays after R9 was I does not have any risk of abuse. On 7/11/16 at 12:50 Director) stated resbased on past histored the facility. On 7/12/16 at 12:30 are susceptible to a There are no assess which address whe vulnerability for abuthe allegations of a Abuse Prevention F. Assessment: As paevaluation and MD identify residents wabuse, neglect, misof resident property behaviors that might care planning proceproblems, goals, arreduce the chances mistreatment or misproperty for these remonitor the goals a basis. 483.20(d), 483.20(b) COMPREHENSIVE	Deer" developed on 7/11/16, 2 nit by another resident. R9 other care plans addressing open, E4(Social Service idents are assessed for abuse by and current behaviors in open, E4 stated all residents abuse. Dem, E4 stated all residents abuse. Description of the resident and revise the resident social history assessments, staff will lith increased vulnerability for attreatment, or misappropriation of the resident and approaches, which would a of abuse, neglect, or sappropriation of resident esidents. Staff will continue to and approaches on a regular (a)(1) DEVELOP of the results of the assessment and revise the resident's	F 2				

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		, ,	PLE CONSTRUCTION IG	COM	(X3) DATE SURVEY COMPLETED	
		145180	B. WING _			C / 12/2016
	NAME OF PROVIDER OR SUPPLIER APERION CARE CHICAGO HEIGHTS			STREET ADDRESS, CITY, STATE, ZIP CODE 490 WEST 16TH PLACE CHICAGO HEIGHTS, IL 60411		
(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 CORREC (EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APPF DEFICIENCY)	ULD BE	(X5) COMPLETION DATE
F 279	plan for each resided objectives and time medical, nursing, at needs that are iden assessment. The care plan must to be furnished to a highest practicable psychosocial well-b §483.25; and any s be required under § due to the resident's §483.10, including the under §483.10 (b) (4) This REQUIREMENT by: Based on interview failed to develop contained a buse risk for 9 of reviewed for risk of the progress Note 4/8/victim of a physical resident. Abuse Inv R2 made an allegat another resident. Reviewed and it doe addressing the history of the progress of th	evelop a comprehensive care ent that includes measurable tables to meet a resident's and mental and psychosocial tified in the comprehensive It describe the services that are tain or maintain the resident's physical, mental, and eing as required under ervices that would otherwise (483.25 but are not provided as exercise of rights under the right to refuse treatment). In the right to refuse treatment of the residents (R2-R9,R11) abuse interventions.	F 27	9		

AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		` '		LE CONSTRUCTION	(X3) DATE SURVEY COMPLETED		
		145180	B. WING	i			C 12/2016
	PROVIDER OR SUPPLIER	EIGHTS		4	STREET ADDRESS, CITY, STATE, ZIP CODE 490 WEST 16TH PLACE CHICAGO HEIGHTS, IL 60411	1 017	12/2010
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFI TAG		PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROFIDERICIENCY)) BE	(X5) COMPLETION DATE
F 279	2. Progress Note 6, involved in a physic resident. Entire car has a care plan for aggression initiated addressing R3's ris 3. Behavior Note 6, allegation of physic Investigation documember raped him and does not have sexual abuse. 4. Social Service N a history of agitation uncooperativeness behavior. Progress had a physical alter R5's entire care planot contain any planaddressing R5's be 5. Progress Note 5, another resident was sexual intercourse, because no one wo Social Service Progress R6 told staff that shanother resident unwas reviewed and taddressing this allerisk for abuse.	/30/16 documents R3 was cal altercation with another e plan was reviewed and R3 potential for physical d on 12/7/15, but no care plan sk of abuse. /13/16 R4 has made an cal abuse. Preliminary Abuse ments R4 alleged a staff. R4's care plan was reviewed a plan of care for alleged ote 6/4/16 documents R5 has n, combativeness, and verbally aggressive Note 6/30/16 documents R5 reation with another resident. In was reviewed and it does not care prior to 7/11/16 chaviors. //31/16 documents R6 told staff as rough with her during R6 did not tell anyone buld believe her. Late Entry gress Note 6/1/16 documents ne had sexual intercourse with nwillingly. R6's entire care planthere is no plan of care gration of sexual abuse or R6's		279			
	a history of hospital behaviors. Behavio documents R7 kick	ote 5/15/16 documents R7 has lization for aggressive ir Progress Note 5/24/16 ted office and group room is while residents were					

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		145180	B. WING		07	C / 12/2016	
	PROVIDER OR SUPPLIER	EIGHTS		STREET ADDRESS, CITY, STATE, ZIP CODI 490 WEST 16TH PLACE CHICAGO HEIGHTS, IL 60411		712/2010	
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRE ((EACH CORRECTIVE ACTION SH CROSS-REFERENCED TO THE APP DEFICIENCY)	OULD BE	(X5) COMPLETION DATE	
F 279	became increasing not stop the group Late Entry Nurse P documents R7 was inappropriate behavior a female resident room. R7's entire of there is no plan of sexual behaviors, a for sexual abuse. 7. Social Service H has a history of bei Progress Notes 4/5 and 7/5/16 docume physically aggressiother residents. Nu documents R8 was altercation with a stroom, R8 stated "I plan reviewed on 7 evidence that R8 was aggressive behaviors." 8. Nurse Progress was involved in a pmale resident and a the intended victim reviewed and there this altercation or F9. Nurse Progress "received physical a resident. Social Service Progress services and physical aresident. Social Services Progress services Progress Progres	neeting inside the room, R7 ly agitated because staff would meeting and speak with him. rogress Note 5/23/16 accused of a sexually vior, R7 exposed his genitals t while she was in her own are plan was reviewed and care addressing inappropriate aggressive behaviors, or risk distory 4/4/16 documents R8 and a victim of abuse. Nurse larger with the shear of a victim of abuse. Nurse larger with the shear of a victim of abuse. Nurse larger with the shear of a victim of abuse. Nurse larger with the shear of a physical and we behaviors toward staff and are Progress Note 7/7/16 involved in a physical larger member in the shower ust beat them up." Entire care larger with the shower with	F 2	79			
	Review of entire ca	ruck by a male resident. re plan documents R9 now "engaged in a verbal/physical					

AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING				(X3) DATE SURVEY COMPLETED	
		145180	B. WING	i			C 12/2016
	NAME OF PROVIDER OR SUPPLIER APERION CARE CHICAGO HEIGHTS			4	STREET ADDRESS, CITY, STATE, ZIP CODE 190 WEST 16TH PLACE CHICAGO HEIGHTS, IL 60411	<u> 077</u>	12/2010
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES 'MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFI TAG		PROVIDER'S PLAN OF CORRECTIO (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROP DEFICIENCY)	BE	(X5) COMPLETION DATE
F 279	altercation with cordays after R9 was hose not have any risk of abuse. On 7/11/16 at 12:50 Director) stated resusced on past histor the facility. On 7/12/16 at 12:30 are susceptible to a planned for abuse at the allegations of all the allegations of all the allegations of all the allegations of all the allegations of abuse, and approach appropriation of residents. Staff will and approaches on Care Plan policy - A comprehensive assignant of care developation of care developations of care developations and main Concerns, problems listed based on resident Care Cooling and Concerns in Resident Care	Deer" developed on 7/11/16, 2 nit by another resident. R9 other care plans addressing open, E4(Social Service idents are assessed for abuse by and current behaviors in open, E4 stated all residents abuse, but are only care after an occurrence. Sements for R2-R9 or R11 ther they have an increased ase or neglect, or after any of ouse. Program - Through the care staff will identify any problems, hes, which would reduce the neglect, or mistreatment or resident property for these continue to monitor the goals a regular basis. All residents will have a dessments and individualized ped to assist them in taining their optimal status. So, needs, and/or strengths are ident's individual needs. When a resident's condition the redinator is notified by a redisciplinary Team. The care	F2	279			