

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

PRINTED: 01/04/2013
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 145960		(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 12/21/2012	
NAME OF PROVIDER OR SUPPLIER PRESENCE RESURRECTION LIFE CTR				STREET ADDRESS, CITY, STATE, ZIP CODE 7370 WEST TALCOTT AVENUE CHICAGO, IL 60631			
(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			
	Annual Licensure and Certification Survey						
	Resurrection Life Center is in compliance with the Sheltered Care Facility Code (77 Illinois Administrative Code 330) for this survey.						
	Validation survey for Subpart U: Alzheimer unit Resurrection Life Center is in substantial compliance with Subpart U, 77 Illinois Administrative Code 300.7000.						
F 225 SS=D	483.13(c)(1)(ii)-(iii), (c)(2) - (4) INVESTIGATE/REPORT ALLEGATIONS/INDIVIDUALS			F 225			
	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						

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>prevent further potential abuse while the investigation is in progress.</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, the facility failed to notify the State Agency, both immediately and within five working days of the incident and failed to thoroughly investigate, an allegation of staff to resident abuse involving one of three residents (R25) in the supplemental sample reviewed for Abuse/Neglect.</p> <p>Findings include:</p> <p>On 12/20/12 at 11:00pm a review of the facility's files on reported abuse showed an allegation reported by R25 on 4/9/12 at 10:30pm. The facility only interviewed the resident, the Certified Nurses Assistant (CNA) and the Registered Nurse (RN) on duty at the time. No other staff or residents were interviewed. The facility's only corrective action was to reassign the CNA to another resident. The facility did not suspend the CNA per their protocol or report the allegation to the State Agency.</p> <p>On 12/20/12 at 3:40pm E1 (Administrator) stated,</p>			F 225			

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F 225	<p>Continued From page 2</p> <p>"we did not report it to the state." E1 continued to state, "We investigated the allegation and determined it was unsubstantiated."</p> <p>The facility's policy, "Reporting and Investigation of Abuse, Neglect and /or Misappropriation of resident property" dated 12/29/11 states, "B. Administration Responsibilities: 1. The Administrator/design, on becoming aware of alleged abuse, neglect and/or misappropriation of a resident's property, shall report the matter immediately by telephone to the following a) the resident's representative b) regional office of the Illinois Department of Public Health (utilize the Hot Line on weekends/holidays) c) resident physician d) local ombudsman e) local police department (if sexual or physical abuse) f) Provena Senior Services Risk Manager 2. In addition to the phone call, a preliminary report must be faxed to the Regional Office of the Illinois Department of Public Health with factual details available at the time of the notification." None of these were done by the administrator.</p>			F 225			