STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	145995	A. BUILDING _____ B. WING _____	C 10/02/2014

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
RENAISSANCE AT MIDWAY, THE	**4437 SOUTH CICERO CHICAGO, IL 60632**

(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 Complaint Investigations: 1483460/IL71286-no deficiencies cited. 1483980/IL71903-no deficiencies cited. 1484031/IL71965-no deficiencies cited. 1484071/IL72007-F157 cited. 1484332/IL72307-no deficiencies cited.	F 000		
F 157 SS=D	483.10(b)(11) NOTIFY OF CHANGES (INJURY/DECLINE/ROOM, ETC) A facility must immediately inform the resident; consult with the resident's physician; and if known, notify the resident's legal representative or an interested family member when there is an accident involving the resident which results in injury and has the potential for requiring physician intervention; a significant change in the resident's physical, mental, or psychosocial status (i.e., a deterioration in health, mental, or psychosocial status in either life threatening conditions or clinical complications); a need to alter treatment significantly (i.e., a need to discontinue an existing form of treatment due to adverse consequences, or to commence a new form of treatment); or a decision to transfer or discharge the resident from the facility as specified in §483.12(a). The facility must also promptly notify the resident and, if known, the resident's legal representative or interested family member when there is a change in room or roommate assignment as specified in §483.15(e)(2); or a change in resident rights under Federal or State law or regulations as specified in paragraph (b)(1) of this section. The facility must record and periodically update	F 157		

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 157	Continued From page 1	F 157		

the address and phone number of the resident's legal representative or interested family member.

This REQUIREMENT is not met as evidenced by:
Based on interview and record review, the facility failed to follw their change of condition policy and notify a resident's family member of a change in a resident's condition for 1 of 5 residents (R2) reviewed for a change of condition.

Findings include:

Z5 (Family member) said in interview (09.25.2014, 11:10 a.m.) that the facility did not contact her of R2's eye injury until two days after R2 was injured. She said she found out about the injury when she came to the facility on 09.08.2014 to take R2 to an appointment. At that time she noted that resident had redness to his left eye.

Z5 said she took R2 to the Ophthalmology Clinic to be seen, where he was diagnosed with a sub-conjunctival hemorrhage due to trauma.

E7 (Registered Nurse) said during interview (09.25.2014, 4:39 p.m.-4:52 p.m.) that she was notified by staff on 09.07.2014 (a little after breakfast) that R2 had pink eye. E7 said she called R2's family member after assessing R2, looking at R2's medication, paging R2's physician.

E7 reviewed a Nurses Note (09.07.2014, 10:06 p.m.) and confirmed that she was the writer of note. E7 said she did notify R2's family member after she spoke with R2's physician, but did not

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F 157	Continued From page 2 chart that because "of too much that had happened." She also said " if it's not charted, then it's a problem." Review of R2's medical Nurses Progress Notes dated 09.07.2014 and Clinic Record 09.08.2014 confirms the above. Review of the facility's "Change in Resident's Condition" policy and procedure notes: "2. Once the physician has been notified and a plan developed, the nursing or social service staff will alert the resident and family of the issue and any physician's orders. 3. The communication with the resident and their responsible party as well as the physician will be documented in the resident's record or other appropriate documents."	F 157		