		AND HUMAN SERVICES				FORM	03/23/2005 APPROVED 0938-0391
STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:			(X2) N A. BUI		TIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
		14E168	B. WI	NG _		C 02/01/2005	
NAME OF P	ROVIDER OR SUPPLIER			ST	REET ADDRESS, CITY, STATE, ZIP CODE	-	
WINCRE	ST NURSING CENTE	R CORP			6326 NORTH WINTHROP AVENUE CHICAGO, IL 60660		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)			ID PROVIDER'S PLAN OF ( PREFIX (EACH CORRECTIVE ACTION S TAG REFERENCED TO THE APPROI		SHOULD BE CROSS- COMPLETION	
F9999	LICENSURE: 300.1210a) The facility must and services to atta practicable physica well-being of the re each resident's com plan of care. Adeq nursing care and po to each resident to personal care need 300.1210b)3) Objective obse resident's condition emotional changes and determining ca further medical eva made by nursing st resident's medical in 300.1210b)6) All necessary p assure that the resi as free of accident	est provide the necessary care ain or maintain the highest I, mental, and psychosocial sident, in accordance with nprehensive assessment and uate and properly supervised ersonal care shall be provided meet the total nursing and Is of the resident. rvations of changes in a a, including mental and , as a means for analyzing re required and the need for luation and treatment shall be aff and recorded in the	F9!	995			

Facility ID: IL6010060

If continuation sheet Page 8 of 12

CENTER	RS FOR MEDICARE	HAND HUMAN SERVICES				FORM OMB NO.	03/23/2005 APPROVED 0938-0391
STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) N A. BU		IPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
		14E168	B. WI	NG		C 02/01/2005	
NAME OF P	PROVIDER OR SUPPLIER				REET ADDRESS, CITY, STATE, ZIP CODE		
WINCREST NURSING CENTER CORP					326 NORTH WINTHROP AVENUE CHICAGO, IL 60660		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	ATEMENT OF DEFICIENCIES MUST BE PRECEEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREF TAG		PROVIDER'S PLAN OF CORRECT (EACH CORRECTIVE ACTION SHOULD REFERENCED TO THE APPROPRIATE D	BE CROSS-	(X5) COMPLETION DATE
F9999	Continued From pa	ige 8	F9	999			
	that each resident r and assistance to p	receives adequate supervision prevent accidents.					
	These requirement	s are not met as evidenced by					
	and Schizophrenia, facility on 2/25/04. notes dated 3/2/04, for Indicators of Ag Behavior dated 3/3 Assessment dated burning down his b potential for causin smoking in unauthor smoking materials R1's Social History 1 " has problems w has a history of bur upset and had suic plan and hospital re a history of setting another nursing hor hospital record date R1 had delusions, insight, and had po Per facility's Acc 30/04 at around 7:4 pile of his clothes of drawer in his room. of E7 ( security offic ) at around 2:15 Pl E7 went inside R1's was a lot of smoke	sis of Schizoaffective disorder , and was admitted to the Per R1's Social Service , per Screening Assessment gressive and/or Harmful /04, and per Social History 3/2/04, R1 has " a history of ed deliberately" and " g injury to self or others from orized areas or careless use of ." Furthermore, according to Assessment dated 3/2/04, R rith his ex wife and as a result ming his bed when he was idal thoughts." Per R1's care ecord dated 2/13/04, R1 has mattress / bedroom on fire in me in February 2004. R1's ed 2/13/04 also mentioned that hallucinations, was lacking in oor judgment. cident / Incident report, on 12/ 40 AM, R1 deliberately set a on fire and put it under his . Per 1/14/05 phone interview cer at facility door on 12/30/04 M, it was found out that when s room on 12/30/04, there in the room. E7 said he noted hich E7 put out ) was coming					

Facility ID: IL6010060

If continuation sheet Page 9 of 12

CENTER		AND HUMAN SERVICES	(X2) A	T	TIPLE CONSTRUCTION	FORM A	03/23/2005 APPROVED 0938-0391
	OF CORRECTION	IDENTIFICATION NUMBER:	(A. BU			(X3) DATE SURVEY COMPLETED	
		14E168	B. WI	NG _		C 02/01/2005	
NAME OF P	ROVIDER OR SUPPLIER				REET ADDRESS, CITY, STATE, ZIP CODE		
WINCREST NURSING CENTER CORP					6326 NORTH WINTHROP AVENUE CHICAGO, IL 60660		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	MUST BE PRECEEDED BY FULL	ID PREF TAG		PROVIDER'S PLAN OF CORREC (EACH CORRECTIVE ACTION SHOULD REFERENCED TO THE APPROPRIATE D	BE CROSS-	(X5) COMPLETION DATE
F9999	ST NURSING CENTER CORP SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) Continued From page 9 from a pile of clothes under R1's drawer . E7 added that R1 was shaking his head and saying he was sorry inside his room at the time. It was also found out during interview of E6 ( certified nurse assistant on 11-7 shift ), that E6 was on her way out of the facility when R1 set his clothes on fire and did not smell the smoke in R1's room, nor have E6 smothered the clothes on fire. E5 (7-3 CNA) said during 1/14/05 interview, that E 5 saw R1 in front of his room saying fire on 12/30 /04. E5 added that, E5 then told E6 who was waiting for the elevator , to call security to come check R1's room. E6 said she never saw the fire as she was on her way out to leave the facility. However, facility investigation dated 12/30/04 inaccurately noted that E5 and E6 smelled the smoke and had smothered the clothes on fire. Per interview on 1/24/05 at around 3:50 PM, E1 ( Administrator ) said that the fireman that talked to R1 after R1 set his clothes on fire said that, R1 added that this was the reason why R1 set his clothes on fire and that, R1 also threatened to burn everyone in the building if the police don't lock his wife up. Added to this, per R1 nurses' notes dated 12/30/04 at 7:40 AM, R1 deliberately set the fire because he was upset with his family situation. When E4 ( Social Service Director ) was interviewed on 1/31/05, E4 said that around Christmas Eve, E4 spoke briefly to R1 who was with his daughter at the time, from being out on pass. E4 said that R1 mentioned that he was not staying with his ( R1's ) family over the weekend as planned because of a personal problem with his wife at home.		F9	999			

Facility ID: IL6010060

If continuation sheet Page 10 of 12

		AND HUMAN SERVICES				FORM . OMB NO.	03/23/2005 APPROVED 0938-0391
		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) N A. BUI			(X3) DATE SURVEY COMPLETED	
		14E168	B. WI	NG _		C 02/01/2005	
NAME OF P	ROVIDER OR SUPPLIER				TREET ADDRESS, CITY, STATE, ZIP CODE		
WINCRE	ST NURSING CENTE	R CORP			6326 NORTH WINTHROP AVENUE CHICAGO, IL 60660		
(X4) ID PREFIX TAG	(EACH DEFICIENCY		ID PREF TAG	IX	PROVIDER'S PLAN OF CORREC (EACH CORRECTIVE ACTION SHOULD REFERENCED TO THE APPROPRIATE D	BE CROSS-	(X5) COMPLETION DATE
F9999	Continued From pa	ige 10	F99	998	9		
	(EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) Continued From page 10 The facility was aware that R1 reacts impulsively when upset by his family situation. The facility was aware that on one previous incident , this family situation led to fire setting. Upon the resident's early return from the pass, the facility took no safety precautions and measures to safeguard and monitor R1 closely after this statement. According to Z1 ( R1's Psychiatrist ) during 1/31/05 phone interview, "if R1 is upset with his wife, this should be a red flag to the facility to monitor R1 closely, because of R 1's diagnosis and history of burning things when he gets upset with his wife." Per R1's record and per interview of E4(social service director) , R1 is on a level II smoker's list because of his non-compliance with smoking regulations in the past. Per E4 , R1 was caught in the past by E4 and her aide smoking in his room . According to R1's social service notes dated 3/3/04, R1 was observed giving other residents cigarettes too. E4 explained that the residents on Level II Smoker's list are not trustworthy when in comes to being compliant with the smoking regulations. According to E4 and per facility's Smoking Policy, these residents like R1 cannot keep their own smoking material. The staff keeps the residents' smoking materials for them and they should smoke only under supervision. E4 added that the security staff checks residents who had been out on pass when they come back to the facility. On 1/31/05 , E4 said that she witnessed that when R1 came back with R1's daughter around evening of Christmas Eve, E9 ( security officer ) did not check whether R1 had smoking materials in his						

Facility ID: IL6010060

If continuation sheet Page 11 of 12

		AND HUMAN SERVICES				FORM . OMB NO.	03/23/2005 APPROVED 0938-0391
STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) M A. BU		IPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED C	
		14E168	B. WI	NG _		02/01/2005	
NAME OF P	PROVIDER OR SUPPLIER				REET ADDRESS, CITY, STATE, ZIP CODE		
WINCREST NURSING CENTER CORP				-	326 NORTH WINTHROP AVENUE CHICAGO, IL 60660		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	ATEMENT OF DEFICIENCIES MUST BE PRECEEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREF TAG		PROVIDER'S PLAN OF CORRECT (EACH CORRECTIVE ACTION SHOULD I REFERENCED TO THE APPROPRIATE D	BE CROSS-	(X5) COMPLETION DATE
F9999	2999 Continued From page 11 pocket, nor checked R1's bags for smoking materials. Per E4, the facility's normal procedure is for the security officer to have residents coming back from the outside to empty their pockets for smoking materials. When E9 was interviewed on 1/31/05, E9 admitted that security normally does not check residents family members for smoking materials when they come back with the residents to the facility from the outside. E9 said during the interview that he had R1 empty R1's pocket to check for smoking materials around Christmas Eve when he came back even though E4 denied seeing E9 check for contraband smoking materials. On 1/31/05, when surveyor was in the copier room across the front desk, surveyor observed that E9's back was turned away from the door as he was doing some work by the overhead TV, away from the front desk . During this observation, 2 residents came in from the outside and were not checked for smoking materials. Review of the facility's Smoking Management		F94	999			
	Policy / Protocol, F room checks on a ' Based on R1's histo personal problem v Eve, this should ha basis for R1 to ensi possession any sm When fire depar contacted on 1/25/0 department records	Psychosocial staff will make 1:1 basis, as necessary. ory and statement about his with his wife on Christmas id been done on a regular ure that R1 will not have in his noking material. tment records personal was 05 at 10:15 AM, fire s personal said that the fire involving R1 noted that the					

Facility ID: IL6010060

If continuation sheet Page 12 of 12