STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	145424	A. BUILDING _____ B. WING _____	C 02/24/2005

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
GLENSHIRE NURSING & REHAB CTRE	**22660 SOUTH CICERO AVENUE RICHTON PARK, IL 60471**

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEEDED 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
F9999	FINAL OBSERVATIONS LICENSURE VIOLATIONS: 300.1210a) The facility must provide the necessary care and services to attain or maintain the highest practicable physical, mental, and psychosocial well-being of the resident, in accordance with each resident's comprehensive assessment and plan of care. Adequate and properly supervised nursing care and personal care shall be provided to each resident to meet the total nursing and personal care needs of the resident. 300.1210b)6) All necessary precautions shall be taken to assure that the residents' environment remains as free of accident hazards as possible. All nursing personnel shall evaluate residents to see that each resident receives adequate supervision and assistance to prevent accidents. 300/1220b) The DON shall supervise the nursing services of the facility, including: 300.1220b)2) Overseeing the comprehensive assessment of the resident's needs, which include medically defined conditions and medical functional status, sensory and physical impairments, nutritional status and requirements, psychosocial status, discharge potential, dental condition, activities potential, rehabilitation potential, cognitive status, and drug therapy.	F9999		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	145424	A. BUILDING _____ B. WING _____	C 02/24/2005

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
GLENSHIRE NURSING & REHAB CTRE	**22660 SOUTH CICERO AVENUE RICHTON PARK, IL 60471**

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEEDED 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
F9999	Continued From page 25 300.1220b)3) Developing an up-to-date resident care plan for each resident based on the resident's comprehensive assessment, individual needs and goals to be accpmplished, physician's orders, and personal care and nursing needs. Personnel representing other services such as nursing, activities, dietary, and such other modatities as are ordered by the physician shall be involved in the preparation of the resident care plan. The plan shall be in writing and shall be reviewed and modified in keeping with the care needed as indicated by the resident's condition. 300.3240f) Resident as perpetrator of abuse. When an investigation of a report of suspected abuse of a resident indicates, based upon credible evidence, that another resident of the Long Term Care facility is the perpetrator of the abuse, that resident's condition shall be immediately evaluated to determine the most suitable therapy and placement for the resident, considering the safety of that resident as well as the safety of other residents and employees of the facility. These requirements are not met as evidenced by : Based on record review, staff interview and police interview, the facility failed to: 1) adequately supervise and monitor R1 on 1/29/05 which resulted in a premeditated act of physical assault against R2; and 2) ensure that the safety of the other residents in the facility was protected by allowing R1 to return to the facility after an aggressive incident for 17 days without a care plan and interventions in place to address physical aggression and alcohol abuse.	F9999		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	145424	A. BUILDING _____ B. WING _____	C 02/24/2005

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
GLENSHIRE NURSING & REHAB CTRE	**22660 SOUTH CICERO AVENUE RICHTON PARK, IL 60471**

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEEDED 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
F9999	Continued From page 26 Findings include: 1. Review of the accident incident reports indicated that on 1/29/05 at 5:25pm, R1 began an argument with R2 about the use of the cordless phone. The report went on to say that during the argument, R1 stabbed R2 in the left shoulder and cut the right side of his neck near the ear. The incident report is in the name of R1 (there was no incident report for R2). The incident report does not describe R1's state of mind, what implement was used, where the weapon came from, or the outcome that R1 was subdued by the police and taken to jail. The initial report of the incident was not sent to IDPH until 2/8/05 and as of 2/16/05, the final report had not been sent. 2. Review of the police report indicated that R1 argued with R2 about the phone. After the initial argument, R1 left and then returned with a knife. Several witnesses saw the knife and warned R2. As R2 turned around, he was stabbed in the left shoulder and across the right side of his face and neck. On interview, on 2/16/05, Z2 stated that he was the responding officer. He went on to say that it was necessary for him to use the Taser on R1, to subdue him, in order to take him into custody. He further stated that this incident was a "premeditated act" - that R1 and R2 argued and then R1 went to his room and came back with a knife to purposely stab R1. Z2 described the knife as a steak knife. He also stated that while they were all at the police station (R2 went in order to sign a complaint against R1) R2 was noted to have active bleeding from his wounds, especially the left shoulder. R2 was offered medical treatment, but he declined to go to the	F9999		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	145424	A. BUILDING _____ B. WING _____	C 02/24/2005

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
GLENSHIRE NURSING & REHAB CTRE	**22660 SOUTH CICERO AVENUE RICHTON PARK, IL 60471**

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEEDED 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
F9999	Continued From page 27 hospital. According to Z2, R2 did allow the EMS on site to clean and put a dressing on the wound. R1 was arrested and spent the night in jail. 3. Review of the facility admission/discharge logs indicated that R1 had not been discharged from the facility when he was arrested. On 1/30/ 05 (the day after the incident), R1 showed up at the facility and was allowed to come back in as a resident. On interview, E1 (Administrator) stated that initially she had told the facility staff that R1 was not allowed to come back into the building. However, on Sunday afternoon, 1/30/05, E2 (Asst. Administrator) called E1 and told her that the resident had been dropped off; he was released at the bond court and told to come back to the facility until his court date. According to E1 , E2 had spoken to Z1 (Psychiatrist) who felt it was safe for R1 to come back into the facility. The only intervention that was implemented by the facility, was to tell R1 and R2 to stay away from each other. 4. On interview on 2/17/05, Z1 stated that he is a psychiatrist and he is familiar with both R1 and R 2. He stated that he was contacted on 1/30/05 regarding R1 returning from the facility. He did indicate that he did not know nor was aware of all of the details of the incident as stated in the police report. He was not aware of the premeditated nature of the incident - that R1 went to his room and came back with a knife to stab R 2. He was not aware that it was difficult for the police to subdue R1 and that it required the use of a Taser. He further stated that if he had been at the facility on Sunday, he would have certified R1 and sent him to the hospital. He also stated, " A geriatric setting is not appropriate for" R2. Z1	F9999		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	145424	A. BUILDING _____ B. WING _____	C 02/24/2005

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
GLENSHIRE NURSING & REHAB CTRE	**22660 SOUTH CICERO AVENUE RICHTON PARK, IL 60471**

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEEDED 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
F9999	Continued From page 28 stated that R1 was sent to the hospital for a psychiatric hospitalization on 2/16/05 and that he will not be returning to the facility. 5. Review of the clinical record for R1, indicated that there is no documentation to indicate that Z1 was notified on 1/30/05 that R1 had returned to the facility. There is a note in the nurses' notes indicating that Z1 was not notified until 2/4/05. The only charting in the nurses' notes related to the stabbing incident was a note written on 1/29/05 which stated, "Resident in altercation with another resident involving a knife." There is no evidence that R1's mood or behavior was being monitored. Review of the care plan for R1 indicated that the facility did not implement a plan to ensure that other residents were safe. There was no mention of the severe nature of the physical assault to R2. The resident was in the facility for 18 days after the incident without a plan of care to address his capacity for physical violence towards another resident. 6. R1 has diagnoses which include Alcoholism and Delirium Tremens. On interview, E1 and E2 both confirmed that R1 drinks frequently and problems arise when he has been drinking. It was stated that R1 would walk up to a local convenience store to purchase alcohol. It was stated by Z2 on interview, that R1 was observed walking up to the convenience store on 1/30/05 - the same day that he returned to the facility from jail. There was no indication that this resident was receiving treatment for substance abuse problems that is known to precipitate behavior.	F9999		