STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	145310	A. BUILDING _____ B. WING _____	C 07/14/2005

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
MERCY HEALTH CARE REHAB CENTER	**19000 HALSTED STREET HOMEWOOD, IL 60430**

(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 manitain 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 needs of the resident. 300.1210b)6) All necessary precautions shall be taken to assure that the resident's 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.	F9999		

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F9999	Continued From page 15 300.1220b) The DON shall supervise and oversee 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 status, discharge potential, dental condition, activities potential, rehabilitation potential, cognitive status, and drug therapy. 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 accomplished, physician's orders, and personal care and nursing needs. Personnel representing other services such as nursing, activities, dietary, and such other modalities 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. The plan shall be reviewed at least every three months. 300.2900d)2) All exterior doors shall be equipped with a signal that will alert the staff if a resident leaves the building. Any exterior door that is supervised during certain periods may have a disconnect device for part-time use. If there is constant 24 hour a day supervision of the door, a signal is not required. These requirements are not met as evidenced by	F9999		

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F9999	Continued From page 16 :	F9999		

Based on observation, record review and interviews the facility failed to assure dock doors are locked which allowed one resident (R14) who is diagnosed with Alzheimer disease to elope from the facility, crossing a heavily used major North-South thoroughfare.

Findings Include:

R14 was admitted to the facility on 04/06/05 and diagnoses includes Alzheimer disease. Patient Information and Transfer Form dated 04/06/05, from another Long Term Care Facility, states the reason for R14's transfer was because of attempts to leave that facility.

In R14's record was an Elopement Risk Assessment which was neither dated nor signed by person partially completing form. The assessment identified that R14 was transferred from another facility due to attempts to leave that facility. Only part of the assessment had been completed. Assessment did not identify any interventions, did indicate interventions to be included in care plan, and contained no summary, conclusions or recommendations. R14 's care plan dated 04-19-05 did not address the problem of attempts to leave the facility.

On 07/12/05 at approximately 11a.m. surveyor heard E5, Receptionist, announcing that a resident was out of the building. Surveyor proceeded to the front lobby and out to the parking lot and saw R14 in the middle of Halsted Street. Cars were crossing north and south while resident attempted to cross street. R14 was able

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F9999	Continued From page 17 to cross street by the time staff had reached her. She was bought back to facility. Surveyor then walked around building and saw a ramp which led to an open dock door. Surveyor proceeded up the ramp went through the open door which led to a space that opened to the kitchen and to double doors. Surveyor went through double door which opened to a small space and sliding door leading to secured unit. Beam opened the doors to the secure unit where R14 lives. E5 was interviewed at approximately 11:15a.m. and stated she saw R14 out at the end of the parking lot when she announced that a resident was out of the facility. Approximately 11:20a.m. Surveyor walked the secured unit (300-400) with E2, Director of Nurses. All doors were secure. E2 stated it was believed that R14 eloped from the facility by the dock door after someone tripped the security door beam opening the door to the secured unit. During interview E1 stated that just prior to R14 eloping from the facility there had been a delivery and apparently the dock doors were not locked after delivery.	F9999		