STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING			(X3) DATE SURVEY COMPLETED		
		14E168	B. WIN	IG		12/20/2005		
NAME OF PROVIDER OR SUPPLIER WINCREST NURSING CENTER CORP			•	63	EET ADDRESS, CITY, STATE, ZIP CODE 326 NORTH WINTHROP AVENUE HICAGO, IL 60660			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)		ID PREFI TAG		PROVIDER'S PLAN OF CORRECT (EACH CORRECTIVE ACTION SHOULD I REFERENCED TO THE APPROPRIATE D	BE CROSS-	(X5) COMPLETION DATE	
F 323	octopus electrical c that they did not ap the resident is using	tion are all the wirings and an onnections. Staff indicated prove all the electrical wiring g.		323				
F 458 SS=B	per resident in mult	SIDENT ROOMS easure at least 80 square feet iple resident bedrooms, and at et in single resident rooms.	F4	158			1/11/06	
	: Based on observation provide residents in minimum of 80 squared. Findings Include: Room 112 contained measured and four per resident bed. Room 303 contained measured and four per resident bed. Room 305 contained measured and four per resident bed.	on, the facility failed to 3 multiple bed rooms a are feet of living space. In a d three resident beds, was a d to measure 75 square feet of to measure 68 square feet and four resident beds, was d to measure 68 square feet and four resident beds, was d to measure 67 square feet and four resident beds, was d to measure 67 square feet						
F9999	FINAL OBSERVAT	IONS	F99	999				
	LICENSURE VIOLA	ATIONS:						

DEPARTMENT OF HEALTH AND HUMAN SERVICES CENTERS FOR MEDICARE & MEDICAID SERVICES (X1) PROVIDER/SUBBLIED/CLIA

	TATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		A. BUILDING			(X3) DATE SURVEY COMPLETED	
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F9999	Nursing and Person a) The facility must and services to atta practicable physica well-being of the re each resident's cor plan of care. Adequ nursing care and pe to each resident to personal care need measures shall incl following procedure b) General nursing minimum the follow a 24-hour, seven d 3) Objective observ resident's condition emotional changes and determining ca further medical eva made by nursing st resident's medical eva made py nursing st resident's medical eva	General Requirements for nal Care provide the necessary care ain or maintain the highest all, mental, and psychological sident, in accordance with an accordance with a sident, in accordance with a sident and properly supervised are sonal care shall be provided and the resident. Restorative alude at a minimum the ses: a care shall include at a sing and shall be practiced on any a week basis: a vations of changes in a sident and and and and and and and are required and the need for aluation and treatment shall be aff and recorded in the record. The shall be taken to idents' environment remains a hazards as possible. All shall evaluate residents to see receives adequate supervision	F99	999			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) M A. BUI		PLE CONSTRUCTION G	(X3) DATE SURVEY COMPLETED			
		14E168	B. WII	B. WING			12/20/2005		
NAME OF PROVIDER OR SUPPLIER WINCREST NURSING CENTER CORP			•	63	EET ADDRESS, CITY, STATE, ZIP CODE 326 NORTH WINTHROP AVENUE 3HICAGO, IL 60660				
			ID PREF TAG		PROVIDER'S PLAN OF CORRECT (EACH CORRECTIVE ACTION SHOULD REFERENCED TO THE APPROPRIATE D	(X5) COMPLETION DATE			
F9999 Cont	inued From pa	ge 16	F99	999					
Servia) Easerviab) The nursi 2) Or the redefines statu discher poter and compand order personal nursi modification in plans. The properties of the poterior of the personal nursi modification in plans. The plans of the personal nursi modification in plans of the personal nursi modification in plans. The plans of the personal nursi modification in plans of the personal nursi nu	(EACH DEFICIENCY MUST BE PRECEEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)								

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	` ′	(X2) MULTIPLE CONSTRUCTION (X3) DATE SU COMPLET			
		14E168	B. WII	NG		12/20/2005	
NAME OF PROVIDER OR SUPPLIER WINCREST NURSING CENTER CORP			•	6	REET ADDRESS, CITY, STATE, ZIP CODE 326 NORTH WINTHROP AVENUE CHICAGO, IL 60660		
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F9999	condition shall be in determine the most placement for the roof that resident as a residents and employ: These Requirement by: Based on observational review of policy failed to implement prevent one resident threatening behavior placing other resident 2 drinks, he is verbet to others. Facility is possible attacks on Findings Include: R2 was observed of the elevator. Surveysmell of alcohol. R2 and threatening for elevator in front of so on the elevator with stated, " If it spills of also threatened to be in and knocked on to become agitated beat him up in the fithe facility."	f the abuse, that resident's mmediately evaluated to a suitable therapy and esident, considering the safety well as the safety of other oyees of the facility. Its are not met as evidenced sion, interview, record review y and procedures, the facility intervention strategies to not, (R2), with aggressive and for, from harming R3 and ents and staff at risk. When R ally and physically threatening a not supervising R2 to prevent a others. In 12-06-05 at 10:00 am on the surveyor and staff. R11 was an a cup of hot coffee. R2 on me. I will hurt you." R2 on me. I will get him outside of yor "I am not the right color! I	F9:	999			
		or!" R2 stood in front of the tening matter. R2 was					

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F9999	elevator with the renot intervene when verbally threatening. Surveyors observed on 6500 North Shewith R3. R2 was hence in threatening the survey team outon R2 has a diagnosis Bipolar Disease, Al Substance Abuse. R2 left the facility of returned until 3:00 Ambulance was cafacility before ambuthe facility approxin R2 stated that he house admitted that he had and walked back to four miles) with the below zero. Interview was done pm R2 stated "I caget alcohol wheneved to get drink everydadoes the facility do 2 stated," they just Review of the nurse following dates that threatening behavior	E3 (Nurse) was on the sidents and surveyor. E3 did R2 exhibited aggressive g behavior. d R2 on 12-06-05 at 12:30 pm ridan coming out of a bank olding his hand around R3's matter. This was observed by tside of facility at lunch time of Schizo- Affective Disorder, coholic Abusive and Poly on 12-06-05 and did not am. On 12-07-05. Iled but resident left the lance arrived. R2 returned to nately 1:30 pm on 12-07-05. ad left the facility to go up in the hospital. He then d walked out of the hospital of the facility (approximately temperature and wind factor with R2 on 12-07-05 at 3:15 an get drunk every day. I can get drunk every day. I can get I want it. But I cannot afford ay." Surveyor asked R2 what when he comes in drunk? R let me sleep."	F99	999				

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F9999	husband (R2) durin 04-02-05 at 7:00 pr was intoxicated and face several time w of the room to go to eye causing swellin abusive to the wife. 2) 04-03-05 - 1:45 at transfer R2 who wa abusive. Face flush talking continually. Chicago Police Depam. Police came a verbally abusive an police. 3) 05-25-05 - R2 was towards his wife an 4) 07-25-05 - The rehistory of Domestic notes. 5) 10-21-05- As wit R3 by trying to cholleft buttock and purnoted with strong stried to attack Admir R2 "punched the freglass," "very difficult Aggressive and Hc Police were called. The police report st "Battery". 6) 11-11-05- 2:30 a about his pants and physical confrontativery aggressive towards result of the police report st "Battery".	g an altercation on Saturday n while in their room 204. R2 d he punched his wife in the hen she refused to let him out to the tavern. R2 hit R3 in left ag. R2 continued verbally Police were called. am Ambulance here to as verbally and physically and, smell of alcohol, and Tried to hit the security guard. cartment was called.at 4:00 and talked to R2 who was d using profanity. R2 hit the	F99.	999			

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F9999	Expectation stated, 00 pm during the significant with the curfew rule each individual's with the care plan does behavior toward his care plan does not and abuse of alcoholdrinking. After discussing the 1 acknowledging the more supervision a surveyor again obsidehind the facility pm on 12/8/05. Who from the facility has behavior the last two aware of any consetreatment plan as a surveyor as a surveyor again obsidehind the facility pm on 12/8/05. Who from the facility has behavior the last two aware of any consetreatment plan as a surveyor as a surveyor again obsidehind the facility pm on 12/8/05. Who from the facility has behavior the last two aware of any consetreatment plan as a surveyor again obsidehing the facility has behavior the last two aware of any consetreatment plan as a surveyor again obsidehing the facility has behavior the last two aware of any consetreatment plan as a surveyor again obsidehing the facility has behavior the last two aware of any consetreatment plan as a surveyor again obsidehing the facility has behavior the last two aware of any consetreatment plan as a surveyor again obsidehing the facility pm on 12/8/05.	se Rules and Behavioral "(11) Evening curfew is at 9: ummer and 8:00 pm during the idents are expected to comply which is established for the ell-being." This is not being	F99	999				