STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	145220	A. BUILDING _____ B. WING _____	C 04/26/2006

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
IMPERIAL OF HAZEL CREST	**3300 WEST 175TH STREET HAZEL CREST, IL 60429**

(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
F 325	Continued From page 35 In an interview with E10 (nurse aide) on 03-31-06 , E10 told surveyor R15 had a gradual decline from walking to a total transfer. R15 also declined from eating independently to being fed by staff. E10 told surveyor R15 did not adjust well at this facility.	F 325		
F9999	FINAL OBSERVATIONS LICENSURE VIOLATIONS 300.1210(a) 300.1210(b)(3) 300.3240(a) Section 300.1210 General Requirements for Nursing and Personal Care a) 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. b)3) Objective observations of changes in a resident's condition, including mental and emotional changes, as a means for analyzing and determining care required and the need for further medical evaluation and treatment shall be made by nursing staff and recorded in the resident's medical record. Section 300.3240 Abuse and Neglect	F9999		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	145220	A. BUILDING _____ B. WING _____	C 04/26/2006

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
IMPERIAL OF HAZEL CREST	**3300 WEST 175TH STREET HAZEL CREST, IL 60429**

(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 36 a) An owner, licensee, administrator, employee or agent of a facility shall not abuse or neglect a resident. (Section 2-107 of the Act). These requirements are not met as evidenced by : Based on observations, record reviews and interviews the facility neglected one resident, R4, by failing to provide specific supervision, monitoring, treatment and care. R4 was not monitored or observed by facility staff for approximately 14 hours, from 9:00 PM on 02/17/06 until 11:00 AM on 02/18/06, due to R4's aggressive behaviors. R4 was found behind a barricaded room door, dead on the floor in the bathroom doorway. Findings include: 1) Review of R4's closed record shows R4 is a 83 year old female admitted to the facility on 02-21-05 with diagnoses including dementia with delusional features, paranoia, schizo-affective disorder, hypertension and degenerative joint disease. Review of the facility incident report dated 02-18-06 states: "At 11:00AM, staff went to room ... and found patient lying in the bathroom unresponsive. 911 called, she was transported to local hospital emergency room. Patient was pronounced dead on arrival." In an interview with E10, nurse aide, on 4-12-06, E10 told surveyor she noticed that R4 did not come to breakfast so she knocked on the door after breakfast and there was no response. E10	F9999		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	145220	A. BUILDING _____ B. WING _____	C 04/26/2006

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
IMPERIAL OF HAZEL CREST	3300 WEST 175TH STREET HAZEL CREST, IL 60429

(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 37	F9999		

also told surveyor she meant to tell the nurse but got distracted. E10 told surveyor if R4 did not bother anyone, no one would bother to interact with R4. This was because R4 had a history of throwing forks and knifes at staff. E10 further went on to tell surveyor that she went back about 11:00AM and noticed that the door to R4's room was blocked. E10 than told surveyor, "I ran down the hall and called for help. Three other staff members helped get the door open. By the time we got the door open the fire department was coming down the hall. The fire department immediately went in the room. I saw (R4) on the floor with her bra above her breast. The room was a mess, the bed was pulled away from the wall, both dressers were out of place and there were clothes all over the floor. We did not do anything, we did not touch her."

In a phone interview with E8, staff nurse, on 04-14-06, E8 told surveyor she came on duty, (7:00 AM to 3:00PM), made rounds first thing in the morning and knocked on R4's door, and there was no answer. E8 also told surveyor she did not bother her (R4) at that time because of R4's history of aggressive behavior toward staff. E8 told surveyor she knocked on R4's door again about 10:30AM or 11:00AM and again no response. E8 noticed when she pushed the door she could not get it open. E8 further went on to tell surveyor she immediately called E1, administrator, and then 911. E8 told surveyor by the time we got the door open and saw R4 on the floor the paramedics were coming down the hall. E8 could not recall the amount of time it took to open R4's door. E8 also told surveyor she did not start cardiopulmonary resuscitation because R4's body was very cold, discoloration/gray, rigid

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	145220	A. BUILDING _____ B. WING _____	C 04/26/2006

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
IMPERIAL OF HAZEL CREST	**3300 WEST 175TH STREET HAZEL CREST, IL 60429**

(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 38	F9999		

and very stiff. E8 told surveyor R4 looked like she had been dead for a long time. The firemen were there and they took over.

In an interview with E16, housekeeping, on 04-14-06, E16 told surveyor the nursing staff had been trying to get R4's door open for about one hour. E16 also told surveyor the nursing staff got the door open before the fire department arrived. E 16 was not sure how long it was before the fire department arrived, once the door was open.

Review of the fireman's report dated 2-18-06 stated the following: Initial call received at 11:27 AM to above location, (facility), for person who barricaded herself in room and is no longer responsive. Upon arrival, staff had gained access to room. Patient was lying on her side in the bathroom doorway. After assessing, no pulse, no respirations, no vital signs, responsibility given to the police. Police contacted the medical examiner and local hospital was contacted to confirm no pulse, no respirations, and no vital signs. This was confirmed by Z5 (emergency room physician).

Review of the local police department report revealed the date and time of occurrence was between 02-17-06 at 2100 (9:00PM) and 02-18-06 at 11:15AM. The report also reveals the local police were called to the facility for R4 who had barricaded herself in a room and was now unresponsive. This report goes on to say an interview between E8, R4's nurse, and the police officer, that E8 knocked on R4's door at 7:15AM with no response and again at 11:15AM at which time E8 got suspicious. E10, R4's nurses aide, knocked on R4's door at 9:00AM with no

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	145220	A. BUILDING _____ B. WING _____	C 04/26/2006

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
IMPERIAL OF HAZEL CREST	3300 WEST 175TH STREET HAZEL CREST, IL 60429

(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 39	F9999		

response. E8 than told police officer that at 11: 15AM she forced her way into R4's room with the help of other staff members. This report also states R4 was last seen alive on 2-17-06 at 2100 hours, (9:00PM).

In an interview with Z6, Z7 and Z8, local paramedics, on 04-13-06 at the fire house, they told the surveyor that when they arrived at the facility the door to R4's room was open. They saw R4 lying on the floor in the doorway to the bathroom. They also told surveyor there was no need to do cardiopulmonary resuscitation because the body was extremely cold. Lividity, rigor mortis, discoloration and pooling of R4's bodily fluids were present.

In a phone interview with E13, night staff nurse, on 04-13-06 at 12:10PM, E13 told surveyor at the beginning of the shift there was a staff shortage. E13 told surveyor she had to call people at home at night to ask them if they wanted come to work. E13 also told surveyor this took a large portion of her time at the beginning of the night shift. E13 further went on to tell the surveyor she did not check R4's room because R4 did not require any medications or treatments. The lack of staff just did not allow her to assess every resident for the entire 8 hours. E13 told surveyor she realizes what she wrote and told the facility's administration is in direct conflict with what really happened. E13 also told surveyor she did not go to assess all of the residents on the floor because of the staffing shortage. E13 further went on to say that R4 was known for throwing things and cursing at the staff and if she was quiet staff would just leave her alone.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	145220	A. BUILDING _____ B. WING _____	C 04/26/2006

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
IMPERIAL OF HAZEL CREST	**3300 WEST 175TH STREET HAZEL CREST, IL 60429**

(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 40 In a phone interview with E14, (nurse aide), on 04-13-06 at 10:55AM, E14 told surveyor he was assigned to R4 on 02-17-06, (11:00pm to 7:00AM shift). E14 told surveyor he did not check on R4, nor did anyone else check on R4 the entire shift because of the staffing shortage. E14 also told surveyor that R4 would throw forks, knifes and plates at the staff. R4 would also curse and swear at the staff so the staff has become very apprehensive about caring for R4. E14 went on to tell surveyor he knows what he told the facility administration, and that it was directly opposite of what he is saying now because he was afraid of losing his job. (A)	F9999		