STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	146062	A. BUILDING _____ B. WING _____	12/01/2005

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CENTER FOR HISPANIC ELDERLY	**1401 NORTH CALIFORNIA CHICAGO, IL 60622**

(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 24	F9999		
F9999	FINAL OBSERVATIONS	F9999		

STATE VIOLATIONS RESULTING FROM THE ANNUAL HEALTH SURVEY

[2 VIOLATIONS]

Violation #1:

300.610a)
300.682a)
300 682a)1)
300.682a)2)
300.682a)3)
300.682 a)4)

Section 300.610 Resident Care Policies

a) The facility shall have written policies and procedures, governing all services provided by the facility which shall be formulated by a Resident Care Policy Committee consisting of at least the administrator, the advisory physician, or the medical advisory committee and representatives of nursing and other services in the facility. These policies shall be in compliance with the Act and all rules promulgated thereunder . These written policies shall be followed in operating the facility and shall be reviewed at least annually by this committee, as evidenced by written, signed and dated minutes of such a meeting.

Section 300.682 Nonemergency Use of Physical Restrains

a)Physical restraints shall only be used when

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	146062	A. BUILDING _____ B. WING _____	12/01/2005

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CENTER FOR HISPANIC ELDERLY	1401 NORTH CALIFORNIA CHICAGO, IL 60622

(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 required to treat the resident ' s medical symptoms or as a therapeutic intervention, as ordered by a physician, and based on: 1)The assessment of the resident ' s capabilities and an evaluation and trial of less restrictive alternatives the could prove effective; 2) The assessment of a specific physical condition or medical treatment that requires the use of physical restraints, and how the use of physical restraints will assist the resident in reaching his or her highest practicable physical, mental or psychosocial well being; 3) Consultation with appropriate health professionals, such as rehabilitation nurses and occupational or physical therapists, which indicates that the use of less restrictive measures or therapeutic interventions has proven effective; and 4) Demonstration by the care planning process that using a physical restraint as a therapeutic intervention will promote the care and services necessary for the resident to attain or maintain the highest practicable physical, mental or psychosocial well being. Evidence includes: Based on record review, interviews and observation the facility failed to assure that 6 of 16 sampled residents (R2, R15, R16, R17, R18 & R20) using side rails were free of physical restraint usage which restricts freedom of movement and which resulted in injuries and situations for potential injury as evidenced by:	F9999		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	146062	A. BUILDING _____ B. WING _____	12/01/2005

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CENTER FOR HISPANIC ELDERLY	1401 NORTH CALIFORNIA CHICAGO, IL 60622

(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 1) Failure to adequately assess a resident's need for side rails or other restraints. 2) Failure to identify and address the continued use of side rails as the source of injury or potential injury after injury had occurred. 3) Failure to revise care plan approaches in a timely manner with known incidents or accidents involving the use of side rails for residents. 4) Failure to evaluate bed rails/beds/mattresses after known accidents/incidents to determine if the equipment was functioning properly. 5) Failure to identify/utilize less restrictive measures. 1. R17's diagnoses include dementia. Current care plan and physician orders state bilateral side rails are to be used for positioning and turning, in-bed mobility, and transfers into and out of bed. Bed Rail Assessment dated 10/05/05 states R17 is not able to turn/reposition self and is totally dependent on staff for transfers. Assessment then states side rails are used as an enabler for bed mobility, positioning, turning and transferring. Less restrictive measures were not identified. During confidential interview on 11/30/05 a Nurse's Aide who has cared for R17 stated that R 17 does not utilize side rails to position self in bed and could not use them to do this. Accident/Incident Report dated 08/27/05 at 12:30 p.m. states R17 fell under the right side rail to the floor. R17 was found facing the floor in the prone position. No injuries were noted and R17 was able to move all extremities. Further nurses notes indicate continued use of side rails after this event. There is no evidence of any revisions to assessment or care plan at that time. There is	F9999		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	146062	A. BUILDING _____ B. WING _____	12/01/2005

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CENTER FOR HISPANIC ELDERLY	1401 NORTH CALIFORNIA CHICAGO, IL 60622

(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 no evidence that anyone identified a problem with R17's bed rails and the role they played in resident fall. Accident/Incident Report dated 10/23/05 at 4:40p .m. states R17 observed on the floor again on the right side of bed. R17 slipped down between the right side rail and the bed. She was found lying on top of a blanket. No injuries were noted and R 17 was able to move all extremities. There is no evidence of any revisions to assessment or care plan at that time. Nurses notes dated 10/24/05 state side rail cushions were applied to side rails. Accident/Incident Report dated 10/25/05 at 3p.m. states R17 was again found on floor by Nurse's Aide. R17's side rails were up, however, she was able to slip through them. R17 was immediately checked for injuries with none found. Nurses notes dated 10/25/05 state R17's side rails were changed to" close the gap." 10/27/05 nurses note states new rails applied to bed today. There is no evidence of any revisions to assessment or care plan at that time. On 11/29/05 at approximately 2:45 p.m. Surveyor observed R17 in bed with two full padded side rails in up position. A gap of approximately six inches was observed between the bed frame and base of the left side rail. Staff were informed, and stated R17 has only fallen through the right side rail. Administrative staff was informed of situation on 11/29/05 at 3p.m. because of further injury potential due to ill fitting rail. On 11/30/05 at 9 a.m. R17 was observed in a different bed- which was low to floor, had four	F9999		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	146062	A. BUILDING _____ B. WING _____	12/01/2005

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CENTER FOR HISPANIC ELDERLY	**1401 NORTH CALIFORNIA CHICAGO, IL 60622**

(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 half padded side rails in the up position, and pads were on floor at each side of bed. 2. R18's diagnoses include organic brain syndrome, dementia, osteoporosis and cerebral vascular accident. Review of physician orders reveal that four 1/2 side rails on a low bed were ordered 06/22/05. Side rails were ordered for mobility and transfers. A soft cushion restraint for wheel chair was ordered 08/03/05 to prevent unassisted transfers and ambulation due to poor insight and judgment, impaired body dynamics, unsteady gait and poor body control. Use of wheel chair restraint was not addressed in care plan until 10/05/05 and care plan does not address the use of side rails at all. Informed consent for side rails and wheel chair cushion was not obtained until 11/29/05. Accident/Incident report dated 08/13/05 3p.m. indicates R18 fell out of low bed with side rails in up position. X-rays were done which showed no fractures. Accident/Incident report dated 08/16/05 11:55 p. m. indicates R18 again slipped from bed and side rails were up. R18 suffered abrasions to both hands and skin tear to right knee. Accident/Incident report dated 08/21/05 11p.m. indicates R18 found on floor again at foot of bed with bed rails up. R18 re-injured 08/16/05 injuries. Physician was notified and ordered x-rays if R18 complains of pain. Accident/Incident report dated 09/07/05 3:34 p.m. indicates R18 again found on floor in day room after sliding out of wheel chair. Neither incident	F9999		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	146062	A. BUILDING _____ B. WING _____	12/01/2005

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CENTER FOR HISPANIC ELDERLY	**1401 NORTH CALIFORNIA CHICAGO, IL 60622**

(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 29 report nor nurses notes indicate if R18 was utilizing a wheel chair restraint. R18 was hospitalized and returned with diagnosis of hairline fracture to hip. Accident/Incident report dated 10/08/05 12:30 p. m. indicates R18 found on floor next to bed with side rails in up position. No injuries noted. Accident/Incident report dated 10/09/05 6 p.m. indicated R18 found on floor next to low bed with padded sides. R18 complained of some pain and was medicated. Physician was notified. Physical therapy evaluation was ordered. Accident/Incident report dated 11/18/05 8:15 p.m. indicates R18 found on floor in bedroom. Report and nurses notes do not indicate if side rails were in up position, however R18 does have a current physician order for four 1/2 side rails. Nurses notes indicate R18 complained of pain to right side of ribs and was medicated for pain. Physician was paged, did not return call and will follow up in morning. There is no indication of follow up until 11/22/05 on evening shift when physician was again called and did not return call . "Will follow up in morning." There are no further nurses notes until 11/26/05 which states x -rays will be done on 11/27/05. Results of x-rays were received on 11/28/05 which showed R18 with an impacted fracture of the right femoral head and neck. Record review revealed there is no assessment for the use of the wheelchair cushion restraint and no revisions to assessments for side rails after several incidents of R18 falling out of bed over side rails. Care plan does not address the	F9999		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	146062	A. BUILDING _____ B. WING _____	12/01/2005

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CENTER FOR HISPANIC ELDERLY	1401 NORTH CALIFORNIA CHICAGO, IL 60622

(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 30	F9999		

use of side rails. On 11/30/05 at approximately 9 :45 a.m. R18 was observed in a low bed with four 1/2 side rails, pads along rails and padding on floor. During interviews on 11/30/05 with E13 & E14, Staff Nurses, both stated R18 is to have only quarter side rails up for mobility; however staff put up all rails for safety.

3. R20 is a 74 year old resident with diagnoses including Multiple CVAs (cerebral vascular accident), Seizure Disorder, Psychiatric Disorder and Depression. R20 is totally dependent on staff in all areas of care and unable to use rails for mobility purpose.

On 11/28/05 at approximately 2:05 pm, R20 was observed in bed with both side rails up. R20 was observed to be confused, disoriented and restless. Upon inspection by surveyor the left side of R20's side rail was noted to be unstable (wobbly /shaky) and pulling away from R20's mattress. R20's wife who was visiting at this time, was observed periodically redirecting R20 to relax and remain in bed.

On 11/30/05 at approximately 2:45 pm, R20 was again observed in bed asleep with bilateral side rails up. The left side rail was again observed wobbly and pulling away from R20's bed mattress upon inspection by surveyor. This movement created an even larger space between R20's mattress and the side rail.

Review of the facility's incident/accident files for the last 6 months documents on 08/04/05 at 9 am, staff found R20 on the floor, he slide from his bed between in a gap between the rails and bed. R20 had neither injuries nor complaints of pain at

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	146062	A. BUILDING _____ B. WING _____	12/01/2005

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CENTER FOR HISPANIC ELDERLY	1401 NORTH CALIFORNIA CHICAGO, IL 60622

(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 31 this time. The care plan for R20 has a revised date of 09/ 30/05 and documents under problem that R20 needs a side rail for bed mobility and transfers. This care plan has a goal that R20 will be able to use side rails for bed mobility and transfers. The goal date is 03/20/05 and ongoing. Review of this care plan indicates that R20's fall through the side rail on 08/04/05 was never addressed with interventions to prevent further falls. Clinical record review indicates that a fall assessment was done for R20 on 11/18/05 and scored R20 as 14. This indicates that R20 is high risk for falls. R20 also has a quarterly bed rail assessment dated 09/05 indicating that bed rails are used for bed mobility. 4. During the initial tour on 11/28/05 it was observed that there were four half side rails up for R16 and a floor mat near the bed. When surveyor asked E11, social service, why the side rails were up and the floor pad in place, E11 told surveyor because it is needed for "safety." R16 diagnosis include: Seizure Roeder, Depression Vertigo and above the knee amputation. Review of R16's chart has a consent signed on 9/14/05. The physical restraint used: side rails up times two while in bed. Reason physical restraint needed: For safety and enhancement of functional abilities. Review of R16's care plan since 2/10/05 documents R7 needs side rails for bed mobility. There is no mention of safety or any mention of recent falls with injuries that R16 has sustained trying to get out of bed. Per R16's minimum data	F9999		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	146062	A. BUILDING _____ B. WING _____	12/01/2005

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CENTER FOR HISPANIC ELDERLY	**1401 NORTH CALIFORNIA CHICAGO, IL 60622**

(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 32 set (MDS) of 8/8/05 and 11/7/05 R16 is moderately impaired. During interview with E10, nurse, in the conference room on 11/30/05, it was revealed that R16 has a history of going over the side rails. Per E10, R16 is very anxious and constantly moving in bed. Review of the incident report of 9/22/05 indicated side rails were up and R16 was found on the floor next to his bed. R16 was observed to have cranial area and forehead redness and abrasion in the middle. R16 told E10, "I fell." The report identifies that the side rails were in use. R16 was transferred to the hospital and admitted with a cranial contusion as a result of this incident. On 10/04/2005 per incident report states "R16 was found on the floor under his bed with side rails up high position ..... no external injuries noted but resident complains of back pain." Interview with E12, certified nurse aide (CNA), E 12 told the surveyor that she and another CNA, who no longer works here, put R16 to bed and the side rails were up. Interview of E9, CNA, told surveyor that R16 pulls himself up with his side rails. His side rails are for "safety." 5. R6 diagnoses include Asthma, Osteoporosis, Osteoarthritis, Hypertension and depression with agitation. R6 has had only one side rail up for bed mobility since 12/7/2004. On 11/9/2005 1:35 P.M. R6 found on the floor. Nurses notes state resident slipped out of bed. On 11/9/2005 nurses notes document 8:15 A.M: "	F9999		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	146062	A. BUILDING _____ B. WING _____	12/01/2005

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CENTER FOR HISPANIC ELDERLY	1401 NORTH CALIFORNIA CHICAGO, IL 60622

(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 33 call by daughter, I recommended put two side rails up, she said yes, I can't say it will prevent future falls." This entry was signed by E15, nurse, 11-7 shift. The current Physician order sheet documents an order for "Siderails of bed up times two per family request to facilitate mobility and transfer." 11/19/05 incident report, with person completing the report left blank, stated R6 falls/found on floor in resident room; stated "told patient not to try to get out of bed without help." Nurses notes of same date state found on rubber mattress on the floor. On 11/24/05 nurses notes document that R6 was found on the rubber mattress on the floor. All of the above incidents resulted in skin tears or abrasions. 6. R2 was observed in bed during the initial tour with two full rails up on 11/28/05 at 10 am and again all day on 11/29/05. R2 was also observed up 11/28/05 at 11 am sitting in a reclining chair with a tray table applied from 11 am to 2:30 pm. The tray was observed not released at any time while up during meals when staff fed R2 and during supervised activities. R2 was observed repositioning herself from side to side without the use of bedrail. Review of physician's order sheet reveals an order "reclining chair when up without a tray and two side rails up for mobility." There was no assessment for the use of the reclining chair with tray applied. Assessments also did not reflect why two full rails were being used for bed mobility instead of two half rails.	F9999		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	146062	A. BUILDING _____ B. WING _____	12/01/2005

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CENTER FOR HISPANIC ELDERLY	**1401 NORTH CALIFORNIA CHICAGO, IL 60622**

(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 34 Records indicate that on 9/17/05 during the day shift, R2 had an incident of fall from bed with the two side rails up. R2 noted on supine position on the side of her bed with a gushing open wound on the left upper side of her head. R2 was sent to the hospital for evaluation and treatment of her open wound. Review of nurses notes dated 10/9/05 reveal R2 fell out of bed with the two side rails up ending on the side of the bed with head contusion. Review of incident and care plan show no preventive actions done or a reassessment of R2's safety with the two full rails. The facility has been using two full rails for R2 for more than a year. R2 was documented as independently ambulating until June 2005. Care plan does not show plan for reduction of the restraints or a plan to prevent further deterioration and accidents. (A) Violation #2: 300.1210 b) 6) Section 300.1210 General Requirements for Nursing and Personal Care b)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.	F9999		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	146062	A. BUILDING _____ B. WING _____	12/01/2005

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CENTER FOR HISPANIC ELDERLY	1401 NORTH CALIFORNIA CHICAGO, IL 60622

(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 35 Based on observations, interviews and record review, the facility has failed to eliminate physical features within the environment that can cause a resident bodily harm by failing to eliminate a resident accessible water cooler/ dispenser in the 3rd floor television/dining room that exceeded the maximum allowable 110 degrees F and that caused R21 to sustain a burn on 5/4/2005. The written manufacturer's information for this cooler states that the hot water temperature in the unit ranges from 187 to 210 degrees F. Surveyors noted visible steam when hot water was poured from this unit. Findings include: R21 has diagnoses of Depression, Esophagitis and anxiety. R21 has modified independence per R21's current Minimum data set(MDS). The incident report of 5/4/05 documents R21 sustained a burn. Nurses notes document: "12: 00P.M. resident went to the 3rd floor TV room to get water from the cooler and states that she pushed the hot water tab and put her hand underneath to see how hot the water gets. Burn and blister to right hand knuckle on index finger." On 11/29/05 at 3:00 P.M. surveyor measured the hot water outlet from this free standing unit with the facility digital thermometer. The reading was 176.9 degrees F. Interview of E6, maintenance supervisor, at the time of observation, revealed that he had never taken any hot water temperature of the free stranding water dispenser . E6 immediately unplugged the unit and it was removed from resident accessibility.	F9999		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	146062	A. BUILDING _____ B. WING _____	12/01/2005

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CENTER FOR HISPANIC ELDERLY	1401 NORTH CALIFORNIA CHICAGO, IL 60622

(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	F9999		

There was no other free standing water dispenser with hot water availability in the facility. The other units were cold water only. There is no evidence the facility ever measured the temperature of the hot water from the free standing water dispenser before or after the injury occurred. This unit was purchased 8/19/04 and has remained in the 3rd floor dayroom/dining room all of this time.

There are 51 residents residing on the 3rd floor. At all times while surveyors were in the facility during the survey there were residents in this dining room. The floor houses skilled and intermediate residents with medical and cognitive problems. No staff was assigned to monitor and be present when residents had access to the unit .

Other hazards noted during the annual survey included:
1] On 11/28/05 during the initial tour of the facility it was observed that there were no caution signs on rooms 308 and 304 where oxygen was in use.
2] On 11/29/05 during the general tour the following were observed:
a] The Janitors closet on the 1st floor was unlocked, unattended and the door was ajar at approximately 2:25 P.M. This room contained 2 trigger spray bottles of odor eradicator; 2 cans of cleanser and 5 cans of disinfectant. There was a residents sitting in the doorway of her room less that 8 ' away at the time and numerous residents were present on the floor.
b] The soiled utility room door was observed unlocked and unattended at approximately 2:30 P.M. This room contained two barrels of biohazard waste. There are currently two

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	146062	A. BUILDING _____ B. WING _____	12/01/2005

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CENTER FOR HISPANIC ELDERLY	**1401 NORTH CALIFORNIA CHICAGO, IL 60622**

(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 isolations on the unit. c] On the 3rd floor there were a pair of scissors out on top of the medication cart on the east side short hallway. There were residents seated in this hallway with in a few feet of the cart. d] On the 3rd floor opposite 320 the bathroom door was observed open and a mop bucket filled with solution was stored there. Per E6 interview with the housekeeper it was revealed the solution was the eradicator. Residents were present in the hallway at this time. (A)	F9999		