STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	145758	A. BUILDING _____ B. WING _____	C 02/28/2006

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
GLENWOOD HEALTHCARE & REHAB.	**19330 SOUTH COTTAGE GROVE GLENWOOD, IL 60425**

(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 324	Continued From page 11 needed for any resident identified by the IDT on an interim basis as needed during episodes of exit seeking behaviors until the behaviors subside. (This may be for a few minutes, a few hours, or a few days, depending on the resident's behaviors. 1:1 means the resident will remain in visual site of a staff member at all times while the behavior continues). 17. All agency nurses will be provided with an orientation to the facility. This orientation will include door alarms, location monitoring, elopement risk book, wandering residents, emergency elopement, and who to notify in case of system malfunction and missing person protocol prior to working. 18. Facility's Social Work Consultant was notified to provide the staff with a directed in-service. This in-service was scheduled and conducted on 2/1/06 (11:00 am) and was regarding supervision of residents, i.e.:location monitoring, answering door alarms, answering code alert alarms, keeping them safe, visual observation, elopements, types of residents that elope, why a resident may elope, Brain Injury residents, how their brain works/doesn't work, parts of the brain and how it effects a person. It employees did not attend the initial in-service on 2/1/06 (2:00 pm). An audit of those who attend will be compared to payroll to assure 100% of staff attended. This audit will be completed by a member of the management team. Any staff who have not viewed the directed inservice will be required to do so.	F 324		
F9999	FINAL OBSERVATIONS 300.1210(a) 300.1210(b)(3)	F9999		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	145758	A. BUILDING _____ B. WING _____	C 02/28/2006

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
GLENWOOD HEALTHCARE & REHAB.	**19330 SOUTH COTTAGE GROVE GLENWOOD, IL 60425**

(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 12 300.1210(b)(6) 300.2210(b)(2) 300.3100(d)(2) 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. 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. Section 300.2210 Maintenance b) Each facility shall: 2) Maintain all electrical, signaling, mechanical, water supply, heating, fire protection, and sewage disposal systems in a safe, clean and	F9999		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	145758	A. BUILDING _____ B. WING _____	C 02/28/2006

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
GLENWOOD HEALTHCARE & REHAB.	**19330 SOUTH COTTAGE GROVE GLENWOOD, IL 60425**

(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 13 functioning condition. This shall include regular inspections of these systems. Section 300.3100 General Building Requirements d)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 : Based on observation, record review and interviews, the facility failed to adequately supervise and monitor one resident identified as an elopement risk (R3), who left the facility while wearing an electronic monitoring device and without staff having knowledge of her leaving. Findings include: R3 is a 43 year old resident who was admitted to the facility on 12/14/05. R3 has diagnoses including seizure disorder and schizophrenia. According to the resident assessment instrument dated 12/27/05, R3 has difficulties with long term and short term memory and lacks independent cognitive skills for decision making. The Elopement Risk Assessment dated 12/18/05, identified that R3 was an elopement risk. The facility "Frequent Flyer" list updated on 1/31/06, identified that R3 was an elopement risk and required an electronic monitoring device for safety. R3 does not have a physician's order to	F9999		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	145758	A. BUILDING _____ B. WING _____	C 02/28/2006

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
GLENWOOD HEALTHCARE & REHAB.	**19330 SOUTH COTTAGE GROVE GLENWOOD, IL 60425**

(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 14 leave the facility unaccompanied and has no pass privileges. On 1/28/06 at 6:15 AM, it was documented in the nursing notes that R3 approached facility staff requesting a pair of scissors. According to the note, R3 wanted to remove her electronic monitoring device. There was no documentation indicating that facility staff implemented any additional safety measures to ensure the resident's safety or to prevent an elopement. During an interview on 2/15/06 at approximately 5:20 PM, E4 (certified nursing assistant) stated that R3 also approached her on the evening of 1/ 28/06 between the hours of 8:30 PM and 9:00 PM, to ask for scissors to remove the electronic monitoring device from her ankle. E4 stated that the resident reported that the device was uncomfortable. E4 could not recall if she informed the nurse who was working the unit (E5) of the resident's request. "I think I told the nurse, I don't remember" said E4. During an interview on 2/15/06, E5 (nurse) stated that she was not aware of the resident's request for scissors to remove her electronic monitoring device. E5 confirmed that E4 did not inform her of the resident's request for scissors. E5 documented in the Nurse's Note dated 1/28/06 at 9:45 PM, that R3 was resting in bed. E5 stated that she left work at approximately 10:00 PM. A Nurse's Note dated 1/28/06 at 11:45 PM documented, "noted resident not in her room." R 3 apparently left the facility between the hours of 9:45 PM when resident last seen, and 11:45 PM, unaccompanied and without staff knowing that she left. According to the note, staff initiated a	F9999		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	145758	A. BUILDING _____ B. WING _____	C 02/28/2006

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
GLENWOOD HEALTHCARE & REHAB.	**19330 SOUTH COTTAGE GROVE GLENWOOD, IL 60425**

(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 15 search and were not able to locate the resident. A Nurse's Note dated 1/29/06 at 12:00 AM, documented that facility staff received a call from the resident's sister who was "very upset." The Nurse's Note further documented that R3 was at the local police station where the sister had taken her. On review of the Police Call Detail Report, it was documented at 11:55 PM that a call was received from a concerned citizen regarding R3. The resident had wandered approximately one mile from the facility. The police responded to the call and arrived at the location at 11:59 PM. The report further documented that R3 was dressed in "sweater, blue jeans walking northbound looking lost." During a telephone interview on 2/15/06 at 9:00 PM, Z1 stated that when the police picked the resident up, they looked up her last name in a directory, found a relative with the same last name and dropped her off at this relative's house. Z1 stated that the relative then notified her of the situation since she was the primary family member involved. Z1 called the nursing home. Z 1 stated that she is the power of attorney and that the nursing home had not informed her that the resident eloped. Z1 further stated during the interview that she was quite upset with facility staff for "allowing this to happen." Z1 stated that R3 has spent most of her life in facilities for the mentally ill where there is a locked unit. Z1 stated that before she decided on this facility, she inquired about the safety and was reassured that the resident would not be able to leave unaccompanied.	F9999		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	145758	A. BUILDING _____ B. WING _____	C 02/28/2006

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
GLENWOOD HEALTHCARE & REHAB.	**19330 SOUTH COTTAGE GROVE GLENWOOD, IL 60425**

(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 16	F9999		

During a telephone interview on 2/16/06, Z2 (physician) stated that he was not called on the night that the resident eloped from the facility. Z2 stated that he was not informed of the elopement until several days later, when he came into the facility to see another resident. In addition, Z2 stated that he was never informed that the resident was an elopement risk. Z2 stated that R 3 was not safe to leave the facility because she was not compliant with her medications. R3 is non-compliant with medications for her seizure disorder. According to the facility policy for Missing Residents, "the resident's attending physician will be notified."

The facility is a single story structure with three wings. All of the resident rooms are at ground level. None of the windows are armed with any type of alarm. The front entrance has two sets of double glass doors. The outer double glass door closest to the street does not have an alarm to detect electronic monitoring devices. The inner double glass door is armed with an alarm for electronic monitoring devices. The door off the dining room leads to the locked patio area, where access to the street is not possible. This door is armed with a manual alarm and an alarm for the electronic monitoring device. Each wing has an exit door that allows direct access to the street. None of these exit doors are armed with an alarm for an electronic monitoring device. These doors are only equipped with a manual alarm.

During an interview on 2/16/06, E6 (maintenance director) stated that the facility's alarm system is not an effective means of preventing an elopement from the facility. E6 stated that the

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	145758	A. BUILDING _____ B. WING _____	C 02/28/2006

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
GLENWOOD HEALTHCARE & REHAB.	**19330 SOUTH COTTAGE GROVE GLENWOOD, IL 60425**

(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 17 alarm is sometimes set off by other electronic devices (cell phones, pagers, computers). E6 stated that the alarm was not installed by the manufacturer, but by the maintenance at the facility. E6 stated that he has mentioned to the previous administration, as well as the manufacturer, of the identified problems with the system. E6 further stated that since R3's elopement from the facility on 1/28/06, the system has not been inspected or serviced by the manufacturer. On 2/15/06 the facility's alarm system for electronic monitoring devices was not functioning properly. When R2, who wears an electronic monitoring device on her ankle, was taken out of the door in the dining room, the alarm was not activated. E3 (director of nursing) was present when the alarm was tested and confirmed that the alarm was not activated. A test of the front door also revealed that the system was not functioning properly. The surveyor placed an electronic monitoring device on the ankle and in a pocket. On each test, the alarm was not activated when leaving the facility. The alarm was only activated when the surveyor came back into the facility. The facility failed to supervise and monitor a resident identified as an elopement risk. R3 left the facility without staff having knowledge of how she left and without staff having knowledge of when she left. Facility staff identified problems with the alarm system prior to the elopement; and have not had the system serviced by the manufacturer or inspected since the elopement. Facility staff failed to ensure the safety of residents identified as an elopement risk.	F9999		