

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 08/04/2006
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 145033	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 03/29/2006
NAME OF PROVIDER OR SUPPLIER TERRACE NURSING HOME			STREET ADDRESS, CITY, STATE, ZIP CODE 1615 SUNSET AVENUE WAUKEGAN, IL 60087		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED 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 463	Continued From page 43 06 at approximately 3pm the call light was not working properly in room 215, and 216. The panel at the nurses station was not working also. The residents in 215 and 216 were total care residents.	F 463			
F9999	FINAL OBSERVATIONS LICENSURE VIOLATION Section 300.3240a)b)e) Section 300.3240 Abuse and Neglect a) An owner, licensee, administrator, employee or agent of a facility shall not abuse or neglect a resident. (Section 2-107 of the Act) b) A facility employee or agent who becomes aware of abuse or neglect of a resident shall immediately report the matter to the facility administrator. (Section 3-610 of the Act) e) Employee as perpetrator of abuse. When an investigation of a report of suspected abuse of a resident indicates, based upon credible evidence, that an employee of a long-term care facility is the perpetrator of the abuse, that employee shall immediately be barred from any further contact with residents of the facility, pending the outcome of any further investigation, prosecution or disciplinary action against the employee. (Section 3-611 of the Act) Based on interviews, record review and observation the facility failed to ensure that 24 residents who are at risk for abuse and residing on the second floor remain free from abuse by a Certified Nurses Aide (CNA) (E6) by not:	F9999			

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 08/04/2006
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 145033	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 03/29/2006
NAME OF PROVIDER OR SUPPLIER TERRACE NURSING HOME			STREET ADDRESS, CITY, STATE, ZIP CODE 1615 SUNSET AVENUE WAUKEGAN, IL 60087		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED 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	<p>Continued From page 44</p> <p>1) thoroughly investigating an allegation of physical abuse by E6 against R12 on 02/04/06; 2) investigating a witnessed allegation of verbal abuse by E6 against R12; 3) investigating multiple allegations of abuse by E6 that were conveyed in a written letter dated 3/8/06 to E1 (Administrator); 4) completing abuse risk assessments on residents living on the second floor; 5) providing orientation and on-going sessions on issues related to abuse prohibition and practices; 6) reporting allegations of abuse to the State Agency.</p> <p>This failure resulted in R12 suffering fear and exposure to verbal abuse by E6 approximately 1 week after the initial allegation of physical abuse, and permitted E6 to continue to verbally abuse other residents.</p> <p>Findings include:</p> <p>R12 has multiple diagnoses including Parkinson's Disease and Dementia and is dependent on staff for most activities of daily living (ADLs) per the most recent Minimum Data Set (MDS) dated 3/7/06. The medical record did not include an assessment of R12's risk for abuse nor a care plan for abuse prevention.</p> <p>R12 had been assessed as being at risk for abuse but a copy of the assessment could not be located per E13's (Social Services) interview on 3/20/06 at 4:15 PM.</p> <p>During two interviews with R12 on 3/20/06 at 9:30 AM and 2:10 PM he stated the following: E6 (CNA) slapped him in the face about 3-4 weeks</p>	F9999			

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 08/04/2006
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 145033	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 03/29/2006
NAME OF PROVIDER OR SUPPLIER TERRACE NURSING HOME			STREET ADDRESS, CITY, STATE, ZIP CODE 1615 SUNSET AVENUE WAUKEGAN, IL 60087		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED 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	<p>Continued From page 45</p> <p>ago. E6 used the back of her hand to slap him in the face and she was wearing a big ring on her hand. This occurred in his room. E6 was mad and did not speak to him. He was "terrified" when it happened. E6 continued to work there and he was "in fear of her..." R12 said he reported this incident to the nurse. During an interview with R 12 on 3/14/06 at 2:00 PM he stated that he was in a concentration camp during World War II and was nearly starved to death.</p> <p>E15 (CNA Supervisor) was interviewed on 3/20/06 at 9:45 AM. E15 confirmed that approximately one month ago R12 had reported to her that E6 had slapped him. E15 said that she called E2 (Director of Nursing) at home to report the incident .</p> <p>E5 (CNA) was interviewed on 3/20/06 at 1:45 PM and 2:50 PM and stated the following: She was in R12's room with E6 about 1 week after R12 alleged that E6 had slapped him. She heard E6 say to R12, "if you needed a drink of water and it would keep you from dying I wouldn't give it to you." She reported this incident of verbal abuse to E2 (Director of Nursing) and repeated to her the words that E6 had said to R12. She was not working the weekend that R12 alleged that E6 slapped him but she saw him on the Monday (2/6 /06) morning after the weekend. At 7:10 AM on that Monday morning R12 told her that he was slapped by E6. R12's nose was very red and he would not let her wipe his face with a cloth because it hurt.</p> <p>E9 (CNA) was interviewed on 3/20/06 at 2:00 PM and stated the following: She talked with R12 on the Monday (2/6/06) morning following the</p>	F9999			

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 08/04/2006
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 145033	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 03/29/2006
NAME OF PROVIDER OR SUPPLIER TERRACE NURSING HOME			STREET ADDRESS, CITY, STATE, ZIP CODE 1615 SUNSET AVENUE WAUKEGAN, IL 60087		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED 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	<p>Continued From page 46</p> <p>allegation of abuse that occurred on the weekend . R12 told her the whole story about how E6 hit him and showed her how it happened. R12's nose was purplish-red. She asked R12 if he had told anybody and he said that nobody believed him.</p> <p>E2 (Director of Nursing) was interviewed on 3/20/06 at 10:00 AM and stated the following: The allegation of E6 slapping R12 in the face was not looked at as an abuse - it was a "complaint." He complained that he was slapped in the face and the Aide (E6) said it was an accident. She investigated this complaint by checking for marks on R12's face and by talking to R12 and E6. The incident occurred on 2/4/06 and there were no witnesses. She interviewed E6 by telephone. E6 stated that she was tightening R12's pants and her hand slipped and hit him in the face. She also talked to R12, E6, R12's nurse and E15 (CNA Supervisor). She did not talk with anybody else. She did not interview any other residents or CNA's. She did not feel it was abuse because the resident's behavior is that everyone is "out to get him - a victim complex." R12 had never before alleged that he had been hit or slapped. She did not report this incident to the Illinois Department of Public Health. She did not complete a formal abuse investigation. E2 said she had some hand written notes.</p> <p>E2 was interviewed again on 3/20/06 at 2:45 PM regarding the allegation of verbal abuse that was reported to her by E5. E2 stated the following: She recalls that E5 told her something about E6 being in R12's room and asking for water. She followed up by asking R12 if E6 had "done anything to him since the last incident." R12 had</p>	F9999			

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 08/04/2006
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 145033	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 03/29/2006
NAME OF PROVIDER OR SUPPLIER TERRACE NURSING HOME			STREET ADDRESS, CITY, STATE, ZIP CODE 1615 SUNSET AVENUE WAUKEGAN, IL 60087		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED 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	<p>Continued From page 47</p> <p>responded "no." There was nothing else to investigate. She did not do an investigation of this incident and did not notify Public Health. E2 said she did not write any notes.</p> <p>Z1 (family member) was interviewed on 3/20/06 at 10:45 AM and stated the following: He had observed E6 being verbally abusive to residents during mealtime. He first reported his concerns to E1 about two weeks ago. He also reported his concerns to E12 (Social Service Director). He wrote a letter and gave it to a staff member to give to E1. He kept a copy of the letter.</p> <p>Z1 provided a copy of the letter he wrote to E1. The letter is dated March 8, 2006. The following excerpts are from the letter: "...On...March 3, 2006 I was approached by one of the Aides at the facility. This aide informed me that ...(E6) has been verbally abusing numerous residents including my mother...She also let me know that (E6) has cursed at my mother to the point of bringing her to tears...I have also talked with other family members who say they have witnessed her being abusive also. The following day March 4, 2006 I went to visit my mother in the morning. While there I witnessed her verbally abusing and being belligerent and rude to another resident...Presently I am constantly worried about her care and wellbeing. I hope you will look into this matter with all seriousness due to the urgent issue at hand."</p> <p>E12 was interviewed on 3/20/06 at 11:00 AM and stated the following: On 3/10/06 Z1 complained to her of 'some roughness' that he had seen involving E6's treatment of residents. She immediately reported these concerns to the</p>	F9999			

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 08/04/2006
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 145033	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 03/29/2006
NAME OF PROVIDER OR SUPPLIER TERRACE NURSING HOME			STREET ADDRESS, CITY, STATE, ZIP CODE 1615 SUNSET AVENUE WAUKEGAN, IL 60087		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED 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	<p>Continued From page 48</p> <p>Administrator.</p> <p>E15 (CNA Supervisor) was interviewed on 3/20/06 at 9:45 AM and stated the following: About two weeks ago she received concerns from a family member (Z1) about how E6 talked to residents. She received a letter two Friday's ago (3/10/06) in the evening from Z1 who asked her to give it to E1 (Administrator). She gave the letter to E1 on Monday (3/13/06).</p> <p>E1 (Administrator) was interviewed on 3/20/06 at 10:00 AM and stated the following: She had received and read the letter and it was from Z1. She had solicited the letter from Z1. The letter said that a staff member had told Z1 that E6 was talking loudly and roughly with the residents. The letter did not warrant an abuse investigation. She could not find the letter at this time.</p> <p>E13 (Social Services) was interviewed on 3/20/06 at 4:15 PM and stated the following: She had not done abuse assessments on any residents on the second floor except for R12. She could not locate R12's abuse assessment but recalls that he was determined to be at risk for abuse.</p> <p>On 3/20/06 at 10:00 AM E1 was asked to present all Abuse In-services that were conducted for the past year. Z1 produced one in-service dated 1/24/06. E6's name was not on the attendance record. The in-service attendance record shows that 38 staff members attended. Z1 stated that the facility employs approximately 100 staff members.</p> <p>E6's was hired on 10/17/05 per documentation in her personnel file. There is no documentation in</p>	F9999			

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 08/04/2006
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 145033	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 03/29/2006
NAME OF PROVIDER OR SUPPLIER TERRACE NURSING HOME			STREET ADDRESS, CITY, STATE, ZIP CODE 1615 SUNSET AVENUE WAUKEGAN, IL 60087		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED 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	<p>Continued From page 49</p> <p>E6's file that demonstrates that E6 was fully oriented to the facility's abuse prohibition practices. A notation on the Employee Interview form dated 10/5/05 reads, "Extreme Caution D/T Waiver." This was completed by an outside screening service per E1. There is one " Progressive Discipline" form in the record which is dated 3/8/05 (06). This is a written warning which documents that E6 was loud and argumentative while on the nursing units and verbally inappropriate at times. There is no specific action taken other than an additional 60 days probation. E6's time record reports were reviewed for February and March 2006. E6 worked for 26 days after the initial allegation of physical abuse on 2/4/06.</p> <p>The facility's abuse policy dated 1999 states, " verbal abuse is the use of oral...language that willfully includes disparaging and derogatory terms to residents...Examples of verbal abuse include, but are not limited to, threats of harm, saying things to frighten a resident..."</p> <p>The "Facility Roster" form which was completed by E1 on 3/13/06 identifies E2 as the Abuse Prohibition Coordinator.</p> <p>(A)</p>	F9999			