STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	14E147	A. BUILDING ______ B. WING ______	R 05/10/2007

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
COLUMBUS MANOR RES CARE HOME	5107 21 WEST JACKSON BOULEVARD CHICAGO, IL 60644

(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 407}	Continued From page 46 the pills and when he was given the liquid form of the drug he was reported to spit it out in the water fountain (According to the nurses' notes). Review of the laboratory values indicated that the levels of this medication have been sub-therapeutic since at least 2/06. The resident still has an order for the medication. There has been no follow-up by staff and there is no indication of any attempts to intervene. R13 is identified as a sex offender with a diagnosis including major depression and polysubstance abuse. R13 is not receiving specialized rehabilitative services to address the behaviors identified by the facility. R13 did not go to an outside program and was interviewed on 3/26/07 at approximately 12:00 noon stating,"...sometimes I go to the program and sometimes I climb over the fence and go get drunk." E1(director of nursing) interviewed on 3/28//07 at approximately 10:00am stated," R13 is on a 30 day notice, angry, verbally and physically abusive, he climbs over the fence and sneaks out of the facility." R5 is identified with a diagnosis including Major Depression. R5 physician ordered a program to address the behaviors. E1(director of nursing) interviewed on 3/28/07 and stated," resident is refusing to go."	{F 407}		
{F9999}	FINAL OBSERVATIONS LICENSURE VIOLATIONS 300.1210b)6) 300.3240a)	{F9999}		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	14E147	A. BUILDING ______ B. WING ______	R 05/10/2007

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
COLUMBUS MANOR RES CARE HOME	5107 21 WEST JACKSON BOULEVARD CHICAGO, IL 60644

(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}	Continued From page 47 300.3240b) 300.3240d) 300.3240f) Section 300.1210 General Requirements for Nursing and Personal Care b) General nursing care shall include at a minimum the following and shall be practiced on a 24-hour, seven day a week basis: 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 300.3240 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) d) A facility administrator, employee, or agent who becomes aware of abuse or neglect of a resident shall also report the matter to the Department. (Section 3-610 of the Act) f) Resident as perpetrator of abuse. When an investigation of a report of suspected abuse of a resident indicates, based upon credible evidence, that another resident of the long-term care facility is the perpetrator of the abuse, that resident's condition shall be immediately evaluated to determine the most suitable therapy and placement for the resident, considering the safety of that resident as well as the safety of other residents and employees of the facility. (Section 3-612 of the Act)	{F9999}		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	14E147	A. BUILDING ______ B. WING ______	R 05/10/2007

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
COLUMBUS MANOR RES CARE HOME	5107 21 WEST JACKSON BOULEVARD CHICAGO, IL 60644

(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}	Continued From page 48 These Regulations are not met as evidenced by: Based on observations, interviews and record reviews, it was determined that the facility failed to ensure the safety of residents in the facility by not: 1. Providing adequate monitoring and supervision for three residents (R8 and R18 in a sample of 24 residents, who were identified at high risk for smoking. R28, who was outside of the sample, from smoking in non-designated areas.) This failure resulted in residents smoking in non-designated areas (such as: while laying in bed, walking the hallway, and sitting in the recreation room), without any evidence of appropriate staff interventions, and creating conditions having the potential for life threatening harm to residents. 2. Providing adequate supervision and monitoring for two residents in a sample of 24 residents - R26, who is confused & severely cognitively impaired as identified on her MDS and facility nursing assessments and R27 who had a history of physically violent behavior within the facility, a history of substance abuse with documented non-compliance with a substance abuse prevention regime, paranoia and schizophrenia. This failure resulted in an incident of sexual abuse involving R26 and R27. The facility had no program in place to monitor R27's behavior prior to the incident. The facility did not take any appropriate measures to prevent further incidents instigated by R27 upon his return from an elopement, and no evidence of staff implementing any appropriate interventions (supervision or monitoring) to prevent the abusive incident from possibly occurring.	{F9999}		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	14E147	A. BUILDING ____ B. WING ____	R 05/10/2007

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
COLUMBUS MANOR RES CARE HOME	**5107 21 WEST JACKSON BOULEVARD CHICAGO, IL 60644**

(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}	Continued From page 49 EXAMPLE #1: On 3/26/07 at 12:15 PM, surveyor accompanied a certified nurse's aide (CNA/E13) to the room of R8. Upon entering the room, surveyor observed a blue haze in the room and strong odor of cigarette smoke. Surveyor saw R8 laying in bed, with his legs straight in front of him, crossed, smoking a cigarette. When R8 saw surveyor and staff coming further into the room, surveyor observed R8 tossed the lit cigarette towards the opened window. Then, surveyor observed the lit cigarette bounce off the wooden window seal, and out of the opened window. E12 reported that R8 was always smoking in his room. Surveyor asked E12 what she did about residents smoking in their room. E12 replied, "I tell them once (not to smoke in their rooms.) They (the residents) usually get mad and want to fight. I only tell them once, because I don't want to get hurt." However, surveyor did not observed E12 redirect R8 or take away his smoking materials. At 4:00PM on 3/26/07, surveyor interviewed the CNA (E13) and nurse (E14), who were responsible for R8's care and supervision on the evening shift. When asked, E13 and E14 stated that they were not informed that anyone was found smoking in non-designated areas on the day shift on 2/26/07. E14 said that the nurse should be informed when a resident is found smoking in his room. But, the interview with E14 on 2/26/07 indicated this was not done when R8 was observed smoking in his room by staff and surveyor. During the Daily Status Meeting on 3/27/07 with E1 and E2, the survey team expressed concerns that R8 was smoking while laying in bed. The	{F9999}		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	14E147	A. BUILDING ______ B. WING ______	R 05/10/2007

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
COLUMBUS MANOR RES CARE HOME	**5107 21 WEST JACKSON BOULEVARD CHICAGO, IL 60644**

(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}	Continued From page 50 surveyor team prompted facility staff to consider that R8 required monitoring and supervision to smoke safely. While conducting the environmental tour on 3/28/07 at appropriately 1:00 PM, surveyor and the director of maintenance (E10) went into R8's room. Upon entering the room, E10 said, "I don't think you want to go in there. It stinks really bad." When surveyor walked into R8's room, surveyor observed a strong odor of cigarette smoke and observed a blue haze to the room. R8 was observed laying in bed with an opened pack of cigarettes on a nearby night stand. Surveyor asked R8 was he smoking in his room, while in bed. R8 smiled and stated, "Yeah." E10 told surveyor that R8 and his roommate were known to smoke in non-designated smoking areas of the facility. Also, Surveyor observed cigarette butts in the toilet of R8's bathroom, with ashes on the toilet seat. Review of R8's clinical record documents that R8 is a 60 year old male, with diagnosis including: Bipolar Disorder and Hypothyroidism. Review of R8's plan of care documented that R8's noncompliance with smoking in a safe manner was a focus of his care starting on 2/28/05, and was to continue until 4/18/07. R8's care plan states: "The resident (R8) demonstrates non-compliance with safe smoking regulation as evidenced by: Smoking in resident room... other: Resident has had the smoking policy reviewed and is aware of facility smoking policy, however demonstrates poor decision making skills... Approaches/Interventions (to address this care issues with R8)... Remind the resident (R8) that staff will be observing and	{F9999}		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	14E147	A. BUILDING ______ B. WING ______	R 05/10/2007

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
COLUMBUS MANOR RES CARE HOME	5107 21 WEST JACKSON BOULEVARD CHICAGO, IL 60644

(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}	Continued From page 51 supervising smoking-related behavior... Close monitoring of resident's (R8's) room for signs of inappropriate smoking-Remove all smoking items from room at this time." However, even as R8 demonstrated an inability to smoke in designated areas, the facility staff failed to implement the above plan of care to ensure R8 smoked in a safe manner. During the Environmental Tour on 3/28/07 at 12:30 PM with the maintenance director (E10), surveyor observed residents smoking in non-designated areas. R28 was observed smoking as he walked down the hallway of building 15 on the 1st floor. R18 was observed sitting and smoking in the recreation room. E10 said R18 should not be smoking in this area. He told R18 not to smoke in this area. R18 was observed to say profanity to E10. Then E10 told surveyor that it was a problem to get residents not to smoke in non-designated areas, and for staff to address resident's behaviors. He again identified R18 as one of the residents often found smoking in non-designated areas. E10 indicated that like R18 the resident would get upset if staff tried to redirect them, and said some residents would want to fight. Also during the environmental tour on 2/28/07, surveyor observed evidence of resident smoking in non-designated areas. There were cigarette burns on furniture in residents' rooms and the window seal in the hallway. Surveyor also observed cigarette butts on the floor of hallway, in resident's bathroom, window seal, and grounds of courtyard.	{F9999}		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	14E147	A. BUILDING ______ B. WING ______	R 05/10/2007

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
COLUMBUS MANOR RES CARE HOME	5107 21 WEST JACKSON BOULEVARD CHICAGO, IL 60644

(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}	Continued From page 52 Surveyor observed that the center courtyard was a designated smoking area, but there were no appropriate containers for residents to discard smoking material. The only container observed in the courtyard was a large plastic garbage can. In this garbage can, survey saw paper products with numerous cigarette butts. On 3/27/07 at 11:00 AM, surveyor observed a young male resident smoking a cigarette in this opened courtyard with several other residents. Surveyor observed this resident throw his lit cigarette onto the grass area when he was finished smoking. Also, there were numerous cigarette butts observed laying in the grass and on the ground. Then, surveyor observed an elderly female resident pick up several of the cigarette butts on the ground, and open them up to collect the tobacco. E1 came into the courtyard area, and surveyor pointed out to him this elderly female residents. Surveyor informed E1 that this female resident was collecting cigarette butts. E3 told surveyor that it was a problem to get resident to smoke in an appropriate manner. The facility provided a list of residents at risk for smoking in non-designated areas on 3/29/07. R8 and R18's names were on the list, and three other residents' names. However, R28 was not identified as a high risk smoker. The survey team observed other residents smoking inappropriately, and observed evidence in the facility that indicated there may be more than just five residents smoking inappropriately in the facility as during the environmental tour on 2/28/07 at 12:30 PM with the maintenance director (E10), the following observations were made: Building 7 - Cigarette burns on top of one night stand E10 said it was hard to stop residents from	{F9999}		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	14E147	A. BUILDING ______ B. WING ______	R 05/10/2007

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
COLUMBUS MANOR RES CARE HOME	5107 21 WEST JACKSON BOULEVARD CHICAGO, IL 60644

(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}	Continued From page 53 smoking in their rooms. Common Shower Area - The laundry room had cigarette butt on the floor at the entrance. Building 15, Room 6 - One dresser with several cigarette burns on top of it. Building 21 - On the first floor in the hallway, ashes were observed in the window seal. Room 7 - Cigarette butt in the toilet and ashes on the toilet seat. Center Court Yard - Area had no appropriate containers for residents to discard cigarette butts. Appropriately 20 cigarette butts or more were observed on the ground and in the grass. Review of the facility's Resident Smoking Policy states: "The policy of the home, simply stated, is that no members of the (facility's) community, resident or staff are allowed to smoke outside of the designated smoking area. Smoking in the courtyards, weather permitting is allowed. If a resident violates this policy the following consequences will be in effect: The resident will be required to extinguish all smoking material. They will be immediately counseled by the intervening staff member and if further smoking is desired they will be directed to the smoking area. A second violation of smoking policy will require, at the earliest convenience, a Comprehensive Care Plan meeting. At this meeting both staff and the resident will agree upon a plan of action to assist the resident into compliance. A highly regarded option, available to the (staff) will refer the resident into an in-house safe smoking group. In addition, all appropriate staff will be notified and increased monitoring will take effect. If the resident violates the smoking policy while engaged in group services, he or she will be	{F9999}		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	14E147	A. BUILDING ____ B. WING ____	R 05/10/2007

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
COLUMBUS MANOR RES CARE HOME	5107 21 WEST JACKSON BOULEVARD CHICAGO, IL 60644

(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}	Continued From page 54 counseled into the staff administered program of cigarette distribution. The resident will enter into an agreement not to purchase or keep cigarettes in his or her possession. All resident smoking materials will be available through a designated staff person and administered by that staff person. The resident will be expected to remain in the safe smoking group, in addition all smoking material will be administered by staff until corrective changes and policy compliance is assured. If violations of smoking policies persist, and all staff efforts are frustrated then staff will convene a care plan meeting. Staff and the resident will review the resident's smoking history and the services provided to help the resident be in compliance. If a new plan of services can be agreed upon and the resident shows some promise of change then a contract to further service can be established. If a resident resists or refuses to alter unsafe smoking habits they will be given a 30 day notice to find other accommodations. Staff will assist in replacement." However, there was no evidence of this policy being implemented. R8 and R18 continued to freely carry and use smoking material, in the absence of facility staff's supervision, while be noncompliant. There was no evidence of R8 and R18 participating in any therapeutic groups to help them address issues of noncompliance with smoking. Review of the facility's behavioral contract for safe smoking states: "... (The Facility) has a mission to provide a smoke free environment. The staff recognizes that smoking of cigarettes and such products are harmful and most often cause life-threaten and life disruptive medical condition. Likewise, the	{F9999}		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	14E147	A. BUILDING ______ B. WING ______	R 05/10/2007

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
COLUMBUS MANOR RES CARE HOME	5107 21 WEST JACKSON BOULEVARD CHICAGO, IL 60644

(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}	Continued From page 55	{F9999}		

Continued From page 55

facility recognizes that nicotine is an addictive substance for many. Following are some expectations and possible consequences for residents who elect to smoke. No smoking within resident rooms at all times; No smoking within the facility's common areas at any time; No smoking within 25 feet of any facility entrance at any time; No smoking within the facility's smoking room from 10:00 pm-6:00 am. Consequences for inappropriate smoking may include removal of all smoking materials, smoking under supervision only, level restriction, and/or transfer for evaluation/treatment." R8 and R18 signed this behavioral contract for safe smoking. R8 indicated he understood the need to follow this behavioral contact. R18 signed, but he did not check the box indicating he (R18) had been informed of the harmfulness of smoking, or the consequences of inappropriate smoking. Both residents (R8 and R18) demonstrated a disregard for following their behavioral contracts. The facility staff had no evidence of enforcing the behavioral contract or any safe smoking policy for R8 and R18. The lack of staff intervention created conditions which had the potential for life threatening harm to residents in the facility.

EXAMPLE #2

Review of the incident report dated 10/23/06 at 12:10 pm stated," Above name individual (R27) was found in her (R26) room/bed with male peer laying on her. Resident's (R26) pants were down.

Review of closed medical record revealed that R27 was a 43 year old male with diagnoses of Schizophrenia, Paranoid and Substance Abuse. Review of the resident assessment dated 08/05/06 shows, "Cognitive Skills for Daily

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	14E147	A. BUILDING ______ B. WING ______	R 05/10/2007

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
COLUMBUS MANOR RES CARE HOME	5107 21 WEST JACKSON BOULEVARD CHICAGO, IL 60644

(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}	Continued From page 56 Decision-Making score 2 (Moderately impaired - decision poor cue/supervision required). Review of the medical record from the transfer facility that R27 was admitted from, dated 09/30/06 stated, "The patient continues to present as psychotics and at imminent risk of harm to others. Problem List: (1) Violent behavior, (2) Substance Abuse and (3) Delusions." Surveyor observed R26 was a 91 year old female. Upon interview R26 was unable to answer simple questions. R26's diagnoses include Schizophrenia, Depression and hypertension. Review of the resident assessment dated 12/14/06 stated, "Cognitive Skill for Daily Decision Making score 3 (Severely Impaired- never/ rarely made decision)." In a telephone interview with E7 (Certified Nurse Aide), on 03/29/07 at 9:10 am, E7 stated, "I walk in the bathroom. I did not see any body. I hear her (R26) making a noise. She was moaning and saying Oh! Oh! I came out of the bathroom. I was looking for her did not see her. I came around the corner R26 was in her bed. She was in her bed. She had her head at the foot of the bed. I see him (R27) on top of R26. He had stripped her from waist down. I yell at him. He jumped up. I saw his pant was open. I did not see his penis. He came off R26 and ran out of the room. He ran out of the side door of the facility to the outside. R27 was in her room." Review of the nursing notes confirmed that R27 was not supervised to prevent episodes of violent behavior.	{F9999}		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	14E147	A. BUILDING ______ B. WING ______	R 05/10/2007

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
COLUMBUS MANOR RES CARE HOME	5107 21 WEST JACKSON BOULEVARD CHICAGO, IL 60644

(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}	Continued From page 57 (A) 300.1410a) 300.4000a) 300.4010c) 300.4040a)1) 300.4040a)2) 300.4040a)4) 300.4040e) 300.4050a)1) 300.4050b) 300.4080 300.4090b)3)4) 300.4090c)3) Section 300.1410 Activity Program a) The facility shall provide an ongoing program of activities to meet the interests and preferences and the physical, mental and psychosocial well-being of each resident, in accordance with the resident's comprehensive assessment. The activities shall be coordinated with other services and programs to make use of both community and facility resources and to benefit the residents. Section 300.4000 Applicability of Subpart S a) Beginning July 1, 2002, a licensed SNF or ICF providing services to persons with serious mental illness shall meet the requirements of this Subpart S. Applicability of this Subpart S shall not affect a facility's compliance with the remainder of this Part. Section 300.4010 Comprehensive Assessments for Residents with Serious Mental Illness Residing in Facilities Subject to Subpart S c) A comprehensive assessment must be	{F9999}		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	14E147	A. BUILDING ______ B. WING ______	R 05/10/2007

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
COLUMBUS MANOR RES CARE HOME	5107 21 WEST JACKSON BOULEVARD CHICAGO, IL 60644

(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}	Continued From page 58 completed by the IDT no later than 14 days after admission to the facility. Reports from the pre-admission screening assessment or assessments conducted to meet other requirements may be used as part of the comprehensive assessment if the assessment reflects the current condition of the individual and was completed no more than 90 days prior to admission. The assessment shall include at least the following: Section 300.4040 General Requirements for Facilities Subject to Subpart S a) The psychiatric rehabilitation services program of the facility shall provide the following services as needed by facility residents under Subpart S: 1) 24 hours of continuous supervision, support and therapeutic interventions; 2) Psychotropic medication administration, monitoring, and self-administration; 4) Psychiatric rehabilitation services addressing major domains of functioning and skills development: self-maintenance, social and community living, occupational preparedness, symptom management, and substance abuse avoidance; e) The facility shall have written policies and procedures related to smoking, including smoke-free areas, risk assessment for individuals who smoke, and the conditions and locations where smoking is permitted in the facility, if permitted at all. Section 300.4050 Psychiatric Rehabilitation Services for Facilities Subject to Subpart S a) The facility shall develop and implement a psychiatric rehabilitation program. A facility may contract with an outside entity to provide all or	{F9999}		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	14E147	A. BUILDING ______ B. WING ______	R 05/10/2007

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
COLUMBUS MANOR RES CARE HOME	5107 21 WEST JACKSON BOULEVARD CHICAGO, IL 60644

(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}	Continued From page 59 part of the psychiatric rehabilitation program as long as individual residents' needs are met and subsection (c)(4) is met. The program shall be designed to allow a wide array of group and individual therapeutic activities, including, but not limited to, the following: 1) Skills training programs addressing a comprehensive range of skill areas, including the major domains of self-maintenance, social functioning, community living, occupational preparedness, symptom management, and substance abuse management. Skills training programs should: A) Include available published, validated modules with highly structured curricula for teaching targeted skills (e.g., trainer's manuals and videotapes that demonstrate the skills to be learned); B) Proceed within a training-to-mastery framework that addresses discrete sets of skill competencies, introduces targeted skills in a graded fashion, and regulates the difficulty of exercises to create a momentum of success; C) Include focused instructions and modeling, frequent repetition of new material, auditory and visual representation, role playing and practice, and immediate positive feedback for attention and participation; and D) Be adjusted in content, form and duration to match residents' profiles in terms of stress tolerance, learning impairments, and motivational characteristics. Environmental conditions shall be arranged to help compensate for deficits in resident concentration, attention, and memory (e.g., reduction of distracting stimuli and extensive use of supportive reminder cues), as needed. b) The facility's psychiatric rehabilitation program shall be integrated with other services provided to	{F9999}		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	14E147	A. BUILDING ______ B. WING ______	R 05/10/2007

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
COLUMBUS MANOR RES CARE HOME	5107 21 WEST JACKSON BOULEVARD CHICAGO, IL 60644

(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}	Continued From page 60 residents by the facility to develop a cohesive approach to each resident's overall needs and consistent plan of care. Section 300.4080 Community Based Rehabilitation Programs for Residents with Serious Mental Illness Residing in Facilities Subject to Subpart S Community-based (off-site) rehabilitation programs shall be used as an adjunct to the facility program where their use will assist in community reintegration or in the development of relationships with the agency that will be providing services to the individuals after discharge. The facility shall develop and maintain working relationships and written agreements with community agencies that provide psychiatric rehabilitation services. Appropriate records shall be maintained for residents receiving psychiatric rehabilitation services from outside agencies. These records shall show the appropriateness of the program for the individual, the ITP objectives addressed, the interventions being utilized, the resident's response to the program, the responsible community agency staff, and any other pertinent observations. Section 300.4090 Personnel for Providing Services to Persons with Serious Mental Illness for Facilities Subject to Subpart S b)3) Each facility shall have a PRSD for the psychiatric rehabilitation program who is assigned responsibility for: A) Developing and implementing the facility's psychiatric rehabilitation program; B) Developing and implementing the facility's staff training and in-service programs relating to the psychiatric rehabilitation program; and C) Ensuring the coordination and monitoring of	{F9999}		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	14E147	A. BUILDING ____ B. WING ____	R 05/10/2007

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
COLUMBUS MANOR RES CARE HOME	**5107 21 WEST JACKSON BOULEVARD CHICAGO, IL 60644**

(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}	Continued From page 61	{F9999}		

the residents' participation in the psychiatric rehabilitation program ITP.
b)4) The PRSD shall ensure that each resident's ITP is developed by an Interdisciplinary Team and is individualized, states the progressive goals of treatment, includes measurable objectives, is written in behavioral terms, is understandable and acknowledged by resident and staff, and is implemented.

c)3) Each resident admitted to the facility shall have a PRSC to act as a case manager. The PRSC will be identified as the staff member to whom the resident primarily relates for the coordination of service.

These Regulations were not met as evidenced by the following:

Based on direct observation, record review and interview, the facility had a census of 141 residents and, according to the Resident Census and Conditions of Residents completed by E5 (Medical Services Coordinator), all of them have a documented psychiatric diagnosis. The census form also indicated that none of the residents have behavioral symptoms and none of the residents receive health rehabilitative services.

Specifically, the facility failed to:
· Provide any Psychiatric Rehabilitation Services for mental illness for 81 of 141 residents in the facility with psychiatric diagnoses and only provided limited services for the remaining 60 residents who attend a day program outside of the facility but receive no services in the facility. There was no coordination of services between the facility and the Community Based

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	14E147	A. BUILDING ______ B. WING ______	R 05/10/2007

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
COLUMBUS MANOR RES CARE HOME	5107 21 WEST JACKSON BOULEVARD CHICAGO, IL 60644

(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}	Continued From page 62 Rehabilitation Programs (day program). a) The facility was unable to provide any documentation to demonstrate the coordination of services with the day programs. b) The facility failed to maintain appropriate records for residents receiving psychiatric rehabilitation services from outside agencies. · Provide a Psychiatric Rehabilitation Services Program for all residents in the facility. 141 of 141 residents, with psychiatric diagnoses, who require an individualized treatment plan, did not have a comprehensive assessment developed by the appropriate professionals. a) The facility failed to provide the staff necessary to conduct the required assessments in order to develop an individualized treatment plan. They also failed to provide the staff necessary to monitor and intervene in behavioral matters. They failed to provide the staff necessary to ensure that the residents receive treatment in a structured setting. b) The facility does not have a Psychiatric Rehabilitation Services Director (PRSD). c) The facility does not have any Psychiatric Rehabilitation Services Coordinators (PRSCs). · Have comprehensive assessments as part of the residents' clinical records which would identify their specific areas of need. a) The residents do not have individualized treatment plans based on a comprehensive assessment. b) There were no records shall show the appropriateness of the program for the individual, the ITP objectives addressed, the interventions being utilized, the resident's response to the program, the responsible community agency staff, and any other pertinent observations.	{F9999}		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	14E147	A. BUILDING ______ B. WING ______	R 05/10/2007

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
COLUMBUS MANOR RES CARE HOME	**5107 21 WEST JACKSON BOULEVARD CHICAGO, IL 60644**

(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}	Continued From page 63	{F9999}		

Continued From page 63

· Monitor, document and provide the appropriate interventions when residents were:
a) Smoking in an unsafe manner (R8)
b) Appearing intoxicated (R25, R4, R13)
c) Wandering (R13, R16)
d) Non-compliant with medications (R17)
e) Displaying inappropriate behavior (R29).

· Provide:
a) Any structured in-house activity programming.
b) Provide an Activities Program that benefits the residents' quality of life and provides structured, meaningful activities during their recreational time;
c) Provide a qualified professional to direct the activities program.

· Provide adequate, appropriate professional staff to provide the necessary social services for all residents in the facility. The facility failed to employ a qualified social worker on a full time basis.

Findings include:

The facility failed to ensure that all residents have a comprehensive assessment and an individualized treatment plan developed by the appropriate professionals. On interview, E1 (Director of Nursing), E2 (Assistant Administrator) and E4 (Activity Consultant) confirmed that the facility has no in-house programs. They also confirmed that there is no Psychiatric Rehabilitation Services Director (PRSD) and there are no Psychiatric Rehabilitation Services Coordinators (PRSCs).

Sixty residents were listed as attending a day

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	14E147	A. BUILDING ______ B. WING ______	R 05/10/2007

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
COLUMBUS MANOR RES CARE HOME	**5107 21 WEST JACKSON BOULEVARD CHICAGO, IL 60644**

(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}	Continued From page 64 program outside of the facility; however they receive no in-house programming when they return. Eighty-one residents receive no programming at all. There is no coordination of services with the day programs because there are no in-house programs and no specialized staff to coordinate the care. The facility was unable to present any documentation from the resident's day programs. Clarification of the Social Service Staff and their hours was requested on all days of the survey 3/26/07 to 3/31/07. The facility never presented the information; therefore the team determined that the facility does not employ a full-time social worker. 1) The facility does not have a Psychiatric Rehabilitation Services Director (PRSD). 2) The facility does not have any Psychiatric Rehabilitation Services Coordinators (PRSC). On interview, E1 (Director of Nursing), E2 (Assistant Administrator) and E4 (Activity Consultant) confirmed that the facility has no in-house programs. They also confirmed that there is no Psychiatric Rehabilitation Services Director (PRSD) and there are no Psychiatric Rehabilitation Services Coordinators (PRSCs). In addition it was confirmed that there is no Activity Director. On 3/26/07 at 12:15 PM, surveyor accompanied a certified nurse's aide (CNA/E12) to the room of R8. Upon entering the room, surveyor observed a blue haze in the room and strong odor of cigarette smoke. Surveyor saw R8 laying in bed, with his legs straight in front of him, crossed, smoking a cigarette. When R8 saw surveyor and staff coming further into the room, surveyor observed R8 toss the lit cigarette towards the	{F9999}		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	14E147	A. BUILDING ______ B. WING ______	R 05/10/2007

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
COLUMBUS MANOR RES CARE HOME	**5107 21 WEST JACKSON BOULEVARD CHICAGO, IL 60644**

(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}	Continued From page 65	{F9999}		

opened window. Then, surveyor observed the lit cigarette bounce off the wooden window sill, and out of the opened window. E12 reported that R8 was always smoking in his room. Surveyor asked E12 what she did about residents smoking in their room. E12 replied, "I tell them once (not to smoke in their rooms.) They (the residents) usually get mad and want to fight. I only tell them once, because I don't want to get hurt." However, surveyor did not observe E12 redirect R8 or take away his smoking materials.

During the Daily Status Meeting on 3/27/07 with E1 and E2, the survey team expressed concerns that R8 was smoking while laying in bed. The surveyor team prompted facility staff to consider that R8 required monitoring and supervision to smoke safely.

While conducting the environmental tour on 3/28/07 at appropriately 1:00 PM, surveyor and the director of maintenance (E10) went into R8's room. Upon entering the room, E10 said, "I don't think you want to go in there. It stinks really bad." When surveyor walked into R8's room, surveyor observed a strong odor of cigarette smoke and observed a blue haze to the room. R8 was observed laying in bed with an opened pack of cigarettes on a nearby night stand. Surveyor asked R8 was he smoking in his room, while in bed. R8 smiled and stated, "Yeah". E10 told surveyor that R8 and his roommate were known to smoke in non-designated smoking areas of the facility. Also, Surveyor observed cigarette butts in the toilet of R8's bathroom, with ashes on the toilet seat.
Review of R8's clinical record documents that R8 is a 60 year old male, with diagnosis including: Bipolar Disorder and Hypothyroidism.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	14E147	A. BUILDING ______ B. WING ______	R 05/10/2007

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
COLUMBUS MANOR RES CARE HOME	5107 21 WEST JACKSON BOULEVARD CHICAGO, IL 60644

(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}	Continued From page 66 Review of R8's plan of care documented that R8's noncompliance with smoking in a safe manner was a focus of his care starting on 2/28/05, and was to continue till 4/18/07. R8's care plan states: "The resident (R8) demonstrates non-compliance with safe smoking regulation as evidenced by: Smoking in resident room. Resident has had the smoking policy reviewed and is aware of facility smoking policy, however demonstrates poor decision making skills... Approaches/Interventions (to address this care issues with R8)... Remind the resident (R8) that staff will be observing and supervising smoking-related behavior... Close monitoring of resident's (R8's) room for signs of inappropriate smoking-Remove all smoking items from room at this time." However, even as R8 demonstrated an inability to smoke in designated areas, the facility staff failed to implement the above plan of care to ensure R8 smoked in a safe manner. R25 was observed on 3/26/07 at approximately 3:00 PM stumbling outside of the facility front door, breath smelling of alcohol, verbally abusive, refusing redirection by E1 (Director of Nursing). On 3/27/07, at approximately 12:00 noon, R25 approached the med line and was not given meds. E6 stated, "He is drunk and I cannot give medicines." R25, on 3/28/07, was observed from approximately 10:45 AM to 10:55 AM in the dining room yelling and shouting; there was no staff redirection. R25's gait was unsteady. R25's CNA, on 3/28/07 at approximately 11:00 AM stated, "I saw him earlier, was fussing, appeared drunk." E1 and E5 confirmed that this resident drinks almost on a daily basis. The resident does not attend any day program. He receives no rehabilitative services. There was no	{F9999}		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	14E147	A. BUILDING ______ B. WING ______	R 05/10/2007

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
COLUMBUS MANOR RES CARE HOME	5107 21 WEST JACKSON BOULEVARD CHICAGO, IL 60644

(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}	Continued From page 67 documentation to indicate that the staff were tracking the resident's behavior or making attempts at intervention. Despite these behaviors, no staff interventions were observed. R4 is an identified sex offender and was observed during the med pass conducted on 3/27/07 at approximately 12:00 noon in line for medication. R4's breath smelled of alcohol, speech was slurred, and gait was not steady. R4 was not given medications, E6 (charge nurse) stated, "He is drunk again. I cannot give the medication." R4 was assigned to a "human enhancement" program outside of the facility and did not attend on 3/27/07. Review of the nurses' notes for R4 indicated that the resident used alcohol on previous occasions. The nurses' notes stated, "On 11/07/06 Alert/coherent; vague complaints, suicidal/auditory hallucination; noted smell of alcohol - Acknowledged usage." On 03/15/07 the nurses' notes documented, "Alert with noticeable strong smell of alcohol." The resident has no comprehensive assessment and he has no individualized program plan that addresses his needs and behavior. He receives no rehabilitative services. There was no documentation to indicate that the staff were tracking the resident's behavior and attempting to intervene. R13 is listed as a sex offender and has diagnoses including major depression and polysubstance abuse. R13 was observed on Monday 3/26/07 and Tuesday 3/27/07 wandering outside the facility during the hours from 3:00 PM to 4:00 PM. R13 did not go to an outside program and was interviewed on 3/26/07 at	{F9999}		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	14E147	A. BUILDING ______ B. WING ______	R 05/10/2007

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
COLUMBUS MANOR RES CARE HOME	5107 21 WEST JACKSON BOULEVARD CHICAGO, IL 60644

(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}	Continued From page 68 approximately 12:00 noon stating, "...sometimes I go to the program and sometimes I climb over the fence and go get drunk." E1(Director of Nursing) interviewed on 3/28//07 at approximately 10:00 AM stated, "R13 is on a 30 day notice, angry, verbally and physically abusive, he climbs over the fence and sneaks out of the facility." The resident has no comprehensive assessment and he has no individualized program plan that addresses his needs and behavior. He receives no rehabilitative services. There was no documentation to indicate that the staff were monitoring and tracking the resident's behavior. R13 is not receiving specialized rehabilitative services to address the behaviors identified by the facility. R17 had diagnoses that included Schizophrenia. He was observed on 2 days of the survey to be in the facility; he was either in his room or walking in the hallway. The "Monthly Summary Report" described the resident as, "Easily upset and sometimes anxious, noisy and hostile." According to the resident assessment dated 6/20/06 and 12/30/06 the resident is receiving a specialized behavior symptom evaluation program and Group Therapy. These programs do not exist in the facility. The resident assessment profiles were not completed. The nurses' notes document that he is non-compliant with his medications. It was documented that the resident will not take his Depakote. He will not take the pills and when he was given the liquid form of the drug he was (according to the nurses' notes) reported to have spit it out in the water fountain. Review of the laboratory values indicated that the levels of this medication have	{F9999}		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	14E147	A. BUILDING ______ B. WING ______	R 05/10/2007

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
COLUMBUS MANOR RES CARE HOME	5107 21 WEST JACKSON BOULEVARD CHICAGO, IL 60644

(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}	Continued From page 69 been sub-therapeutic since at least 2/06. There has been no follow-up by staff and there is no indication of any attempts to intervene. The resident still has an order for the medication. In addition, it was observed that there were pills on the floor outside the medication room. On 03/26/07 at 11:55 AM, Surveyor observed one small red pill and one oval pink pill at the base of the medication door. On 03/27/07 at 11:30 AM, Surveyor observed a small red pill at the base of the closed medication door. During daily status meeting on the survey team inform the Director of Nursing (E1) of concerns that medication were not being swallow by resident and are left available on the floor to confused residents. E1 stated, "Residents not swallowing medications after being administered is a problem." He stated after medications are passed, they find pills on the floors and in residents' rooms. There is no documentation that reflects what staff does when they find pills on the floor after medication pass. R17 has a photocopied Smoking Care plan in his record. However, his name is not on it and none of the Problems, Goals or Approaches are identified as appropriate for this resident. The resident had no comprehensive assessment and he had no individualized program plan that addresses his needs and behavior. He receives no rehabilitative services. R5 is identified with a diagnosis including Major Depression. R5's physician ordered a program to address the behaviors. E1 (Director of Nursing) was interviewed on 3/28/07 and stated, "resident is refusing to go."	{F9999}		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	14E147	A. BUILDING ____ B. WING ____	R 05/10/2007

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
COLUMBUS MANOR RES CARE HOME	**5107 21 WEST JACKSON BOULEVARD** **CHICAGO, IL 60644**

(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}	Continued From page 70 On 3/27/07 from 1:15 PM to 1:30 PM in the Dining Room, R29 was observed standing by closed entrance door in the corner by herself. R29 was standing, clapping her hands, laughing out loud and rocking herself back and forth. R29 had her hands in pocket with her right pant leg rolled up to knee. Although numerous staff were walking in and out of Dining Room, no intervention was provided. Surveyor pointed this out to E2 (Assistant Administrator) who removed R29 from the room. The resident had no comprehensive assessment and she had no individualized program plan that addresses her needs and behavior. She receives no rehabilitative services. R16 had diagnoses that included Chronic Undifferentiated Schizophrenia. He was observed on 2 days of the survey to be walking around in the hallways. The resident does not attend a day program and he receives no programming in the facility. The resident had no comprehensive assessment and he had no individualized program plan that addresses his needs and behavior. He receives no rehabilitative services. It was also observed that there are very few activities. During the group interview, the residents stated that there are 2 activities - Bingo and Church. On interview, E1 (Director of Nursing), E2 (Assistant Administrator) and E4 (Activity Consultant) confirmed that the facility has no Activity Director. The facility had no Activities Program in place on the day the survey began, March 26, 2007. As the facility did not have a program in place, there was no Director of the Activities to run a program. On interview E1 (Director of Nursing), E2 (Assistant	{F9999}		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	14E147	A. BUILDING ______ B. WING ______	R 05/10/2007

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
COLUMBUS MANOR RES CARE HOME	**5107 21 WEST JACKSON BOULEVARD CHICAGO, IL 60644**

(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}	Continued From page 71 Administrator) and E4 (Activity Consultant) confirmed that the facility has no Activity Director. During the Group Interview, 10 of 10 residents stated that there was no Activity Director. Recreational Activities were available on a limited basis. It was observed during the survey that there was one person (E11) providing social services to the residents. On interview, E1 (Director of Nursing) stated that E11 works part time and is preparing to retire. He stated that there is another person who works part time in the evening. During the Group Interview, 10 of 10 residents confirmed that the only social service staff is E11 and another person who works in the evening after school. (A)	{F9999}		