PRINTED: 07/23/2007 FORM APPROVED OMB NO. 0938-0391

	FOF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) M A. BUI		FIPLE CONSTRUCTION	(X3) DATE SI COMPLE	
			B. WIN				С
		145970	D. ****	•		01/0	3/2007
NAME OF F	PROVIDER OR SUPPLIER				REET ADDRESS, CITY, STATE, ZIP CODE 2649 EAST 75TH ST		
SOUTH	SHORE NUR & REHA	B CENTER			CHICAGO, IL 60649		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREF TAG		PROVIDER'S PLAN OF CORREC (EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APPI DEFICIENCY)	OULD BE	(X5) COMPLETION DATE
F 000	INITIAL COMMEN	τs	F	000			
	Complaint #068485	52 / IL25996 - No deficiencies.					
	Complaint # 06848	90/ IL26035 - No deficiencies.					
	Complaint # 06848 cited.	75/ IL26021 - F324 and F224					
F 224	-	survey was conducted. REATMENT OF RESIDENTS	F	224	l l		1/3/07
SS=J	policies and proced mistreatment, negle	evelop and implement written dures that prohibit ect, and abuse of residents on of resident property.					
	by: Based on interview neglected to super a behavior of wand rooms. This negled R10's whereabouts entering the room of 11/23/06 and sewas sent to a local hours and continue as R11, as well as out of other resider as well.	s and record review the facility vise a resident (R10) who has ering in and out of residents' to supervise and monitor at all times resulted in R10 of R11 at 1:00AM the morning xually assaulting R11. R10 hospital but returned within to to reside on the same floor continuing to wander in and has rooms putting them at risk					
	Jeopardy. E1 (adn nurses) were notified on 01/02/07, at app Immediate Jeopard	esulted in an Immediate ninistrator) and E3 (Director of ed of the Immediate Jeopardy proximately 1:40Pm. The ly was determined to have 6 when R10 entered the room					
LABORATOR	Y DIRECTOR'S OR PROVID	DER/SUPPLIER REPRESENTATIVE'S SIGI	NATURE		TITLE		(X6) DATE

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

-	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) M A. BUII		PLE CONSTRUCTION G	(X3) DATE SU COMPLE	
		145970	B. WIN				C 3/2007
	ROVIDER OR SUPPLIER	B CENTER		26	EET ADDRESS, CITY, STATE, ZIP CODE 649 EAST 75TH ST CHICAGO, IL 60649		
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F 224	of R11 at 1:00AM at Findings include: R10 is a 79 year of to the facility on 11, including "Altered MR10 was admitted R10 sexually assaut Record review of the included an incident 1:00AM indicated of "R10 found naked if room 340 bed 1. RR11's penis in R10 the male resident. If underwear down, approached, R10 the male resident. If which was a follows: R11. R10 was nake penis in his hand. Finto bed with R11 write R11's underwear wery agitated and the "I"m going to kill your redirected to chair if monitor R10 1:1". Clinical record reviesent to a local hosp 11/23/06 at 2:10AM	Id resident who was admitted /20/06 with diagnoses //ental Status and Dementia." to the facility 3 days prior to ulting R11. The facility's abuse files of the summary dated 11/23/06 at locumentation as follows: In room with patient (R11) in the stand climbing into bed with R10 had pulled R11's reatened staff and writer of kill you, I will f you up."	F 2	224			

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		145970	B. WI	NG _			C 3/2007
	ROVIDER OR SUPPLIER	B CENTER		2	REET ADDRESS, CITY, STATE, ZIP CODE 2649 EAST 75TH ST CHICAGO, IL 60649		
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F 224	Nurses' notes dated documentation as fambulate down hal Nurses' notes dated documentation for l'R10 up ambulatory wander in and out of R10 remain agitate. Surveyor did not not monitoring at this tis sexual encounter was 24 hours earlier. On this day at apprecament (administrator) brouto the conference of regarding R10 recent R10's return to the 1 on R10 on 11/24/at 3:30Pm". E4 was regarding R10 contimonitoring through don't know what habe surveyor questioned of R10 being on 1: continue it. E5 states the 1:1". This interview with earlier interview who what happenders a state of the states of the	d 11/23/06 at 2:45Pm ollows: "R10 continues to lway". d 11/24/06 indicates R10 as follows: y around unit continues to of rooms and doors on unit. d". ote any documented 1:1 me even though R10 had this with another resident less that coximately 3:25Pm E1 ught E4 and E5 (both nurses) oom to talk to surveyor siving 1:1 monitoring upon facility. E4 stated, "I started 1: 106 and it continued until I left is further interviewed inuing to receive 1:1 out the evening. E4 stated, "I	F	224			

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	PROVIDER OR SUPPLIER	B CENTER	•	26	REET ADDRESS, CITY, STATE, ZIP CODE 649 EAST 75TH ST CHICAGO, IL 60649		
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F 224	Upon further interviprovide documental Neither E4 nor E5 cas how R10 continueresidents rooms on monitoring. On 11/30/06 at app R11 were both obsigroup on the 3rd flot During daily status 4:40PM, E1, E2 an interviewed regardi R11 especially since and out of residents receives 1:1 monitor R11 are both cogni E3 added, "I just spis here in the building that a lot of dementand R10's behavior floor". Surveyor cound E3 with regard added "R10 was sufurther interview E1 monitoring R10 by On the next day of was observed mover own with a sitter prompting by after R10 had after prompting by S100 on 12/06/06 at app floor conference/exemption of the sitter prompting by S100 on 12/06/06 at app floor conference/exemption of the sitter prompting by S100 on 12/06/06 at app floor conference/exemption of the sitter prompting by S100 on the sitter prompting by S100 on 12/06/06 at app floor conference/exemption of the sitter prompting by S100 on the sitter promptin	ew neither E4 or E5 could tion of 1:1 monitoring for R10. could provide an explanation used to wander in and out of 11/24/06 if there was 1:1 proximately 3:20PM, R10 and served in the same activity for of the facility. On this day at approximately de E3 (Director of nurses) were not not seen to continue to wander in the seen that the seen the seen that th	F 2	224			

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		145970	B. WI	1G			C 3/2007
	PROVIDER OR SUPPLIER SHORE NUR & REHA	B CENTER		26	EET ADDRESS, CITY, STATE, ZIP CODE 649 EAST 75TH ST HICAGO, IL 60649		
(X4) ID PREFIX TAG	(EACH DEFICIENC)	TEMENT OF DEFICIENCIES / MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREF TAG		PROVIDER'S PLAN OF CORRECT (EACH CORRECTIVE ACTION SHOU CROSS-REFERENCED TO THE APPR DEFICIENCY)	JLD BE	(X5) COMPLETION DATE
F 224	observed on the nig R10. During this interview observed on the nig he had documented the incident summal wandered up and co out of residents's ro on 11/20/06 and R: Upon further interview R10 going into R11 trying to get a hold up all night, agitate The 3 CNAs' that nour heavy wetters a residents including wanderer. There we for R10 until after the CNA (certified nurse even though this we and 76 - 78 resider was still hard to ma Upon further interviewed to man Upon further interviewed to man Upon further interviewed by survival to 1:1 continues once	ght R11 was assaulted by w E10 described what he had ght of this incident exactly as dit in his nurses' notes and on ary. E10 added that R10 has lown the hallways and in and poms since R10's admission 10 was not easily redirected. ew E10 stated, "At the time of 's room I was on the phone of Z1 because R10 had been d and wouldn't settle down. ight were busy with changing and watching other wandering R12 who is blind and also a vas no special monitoring done his incident. I then assigned a e assistant) for 1:1 for R10, as hard with only 3-4 CNAs' ats". E10 further added, "R10 mage even on 1:1 monitoring". I'm not sure I can say that any floor is safe because of the ed constant supervision and 176 - 78 residents. It gets	F:	224			

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	ROVIDER OR SUPPLIER	B CENTER		26	EET ADDRESS, CITY, STATE, ZIP CODE 49 EAST 75TH ST HICAGO, IL 60649		
(X4) ID PREFIX TAG	(EACH DEFICIENC)	TEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFI TAG	X	PROVIDER'S PLAN OF CORRECT (EACH CORRECTIVE ACTION SHOU CROSS-REFERENCED TO THE APPR DEFICIENCY)	JLD BE	(X5) COMPLETION DATE
F 224	11/23/06 after R10 the hospital". Upon further, interviously remember. I gotten at least another from his psyche evice something should be R10." The facility had knowed going in and out of neglected to knowed This neglect put all risk and had negation of the procedure, revised policy defines "Sexilimited to sexual has exual assault." The section, "9. When suspected abuse of the procedure of the resident of th	returned from a psych eval at riew Z1 continued to say, "I get so many calls, but I have ther call since R10 came back aluation. I agree that be done by the facility about of the residents' rooms but where R10 was at all times. The residents on the 3rd floor at the consequences for R11. Accility's "Abuse, Mistreatment, oriation of Property Policy and d7/99 was reviewed. This had a policy also, requires under an investigation of a report of a resident indicates, based be that another resident of the ator of the abuse, the a shall be immediately mine the most suitable therapy the resident, considering the ent as well as the safety of the most suitable therapy the resident, considering the ent as well as the safety of the most suitable therapy the resident on 11/23/06, when om of R11 at 1:00AM and R11. E1 (administrator) and ses) were notified of the	F 2	224			

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		145970	B. WIN				C 3/2007
	PROVIDER OR SUPPLIER SHORE NUR & REHA	17.7		2	REET ADDRESS, CITY, STATE, ZIP CODE 2649 EAST 75TH ST CHICAGO, IL 60649	<u> 0170.</u>	5/2007
(X4) ID PREFIX TAG	(EACH DEFICIENC)	TEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREF TAG		PROVIDER'S PLAN OF CORREC (EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APPR DEFICIENCY)	ULD BE	(X5) COMPLETION DATE
F 224	approximately 1:40 abatement plan on Jeopardy was remed 12/20/06 at approximately 1:40. The facility took the Immediate Jeopard Actions taken: 1. R10 was dischard 12/20/06 to a local this local hospital, I facility but was transcould best meet his R11 remains at the additional incident incident of 11/23/06. 2. The IDT (Interdistincidents in the facility and reside identified by the ID 72 hours. All results Medical Director as 3. The facility did at there was no regist facility. 4. The facility with the wandering and sex Date of completion QA monthly and as a sex page 12/20/20/20/20/20/20/20/20/20/20/20/20/20	iPM. The facility faxed an 01/03/07. The Immediate oved and corrected, on imately 4:00 PM. If following steps to remove the dy. If ged from the facility on hospital. After discharge from R10 did not return to the asferred to another facility that is behavioral needs. If acility with no other or display of ill effects from the solution of the completing all plan to meet at least 2 times int exhibiting behaviors. If will be closely observed for so will be reviewed by the solution when we will as QA committee. In audit and found currently thered sex offenders in the another interesting with an another sex of the completing with the completing with the sex of the completing with the sex of the completing with the comple	F	224			

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		145970	B. WIN	G			C 3/2007
	ROVIDER OR SUPPLIER	B CENTER		264	ET ADDRESS, CITY, STATE, ZIP CODE 19 EAST 75TH ST IICAGO, IL 60649		
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F 224	Continued From pa	age 7	F 2	24			
	behaviors c) immediate sepa c) notification of su d) assessments Date of completion needed/ QA will me 6. The facility revie plans of each ident 7. All residents ide residents with sexu on every 2 hour ch behaviors are exhi placed on every 4 inappropriate beha placed on every 8 A tool was develop 2 hour room check high risk residents. Date of completion needed/QA will mo 8. Administrator or who exhibit wande	ration and documentation. pervisors and Administrator. : 01/02/06 and On-going as onitor monthly and as needed. wed and updated the care diffied wanderer. Intified as wanderers as well as ual inappropriate will be placed ecks. If no inappropriate obted after 2 weeks they will be shours checks for 4 weeks. If no viors are identified they will be shours checks for 8 weeks. The defor staff to utilize with every as of identified wanderers and the control of the contro					
	QA monitoring mor	: 01/02/07 and On-going with othly and as needed.					
		be reviewed at daily meeting ith a monitoring tool put in ed.					

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AND FLAN C	O CORRECTION	IDENTIFICATION NOWIBER.	A. BUIL	DING	<u> </u>		
		145970	B. WIN	G			C 3/2007
	ROVIDER OR SUPPLIER SHORE NUR & REHA	B CENTER		26	EET ADDRESS, CITY, STATE, ZIP CODE 649 EAST 75TH ST HICAGO, IL 60649		
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F 224	Continued From pa	ge 8	F 2	24			
		all incidents and reported to QA committee monthly for					
F 324 SS=J		: 01/02/07 and On-going with asis initially and as needed. DENTS	F 3	24			1/3/07
00-0		sure that each resident supervision and assistance accidents.					
	by: Based on observation reviews, the facility R10. Because of the sample (R11) was: R10 is new to the facility's failure of R10's whereabout into the room of R1 sexually assaulting the facility approximate placed back on the continued to wander resident's rooms. This failure resulted E1 (Administrator) were informed of the O1/02/07 at approximated on 11/23/06 started on 11/23/06	ion, interviews and record failed to adequately supervise is failure one resident in the sexually assaulted by R10. acility and has a history of to monitor R10 and be aware uts resulted in R10 wandering 1 at 1:00 in the morning, R11. Upon R10's return to nately 3 hours later following a a local hospital, R10 was same floor as R11 and er, going in and out of d in an Immediate Jeopardy. and E3(Director of nurses) he Immediate Jeopardy on imately 1:40Pm. The y was determined to have 5 when R10 entered the room e Am and sexually assaulted					

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		145970	B. WING	3	01/	C 03/2007
	PROVIDER OR SUPPLIER	AB CENTER		STREET ADDRESS, CITY, STATE, ZIP CO 2649 EAST 75TH ST CHICAGO, IL 60649	•	
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CO (EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE DEFICIENCY)	I SHOULD BE	(X5) COMPLETION DATE
F 324	Continued From p	age 9	F 3	24		
	(administrator) wa in the facility, spectors stated, "Yes, there on". E1 then provide files. Record review of the included an incided 1:00AM indicated "R10 found naked room 340 bed 1. RR11's penis in R10 the male resident. Underwear down. When approached	proximately 10:30AM E1 s interviewed regarding abuse ifically sexual abuse. E1 is a sexual abuse I'm working ded surveyor with his abuse the facility's abuse files in the summary dated 11/23/06 at documentation as follows: in room with patient (R11) in 110 was kneeling down with 120 had pulled R11's R10 became agitated when 1210 threatened staff and oing to kill you, I will f you				
	notes dated 11/23, 1:00Am as follows R11. R10 was nal penis in his hand, into bed with R11 R11's underwear very agitated and "I"m going to kill your redirected to chair monitor R10 1:1". Further review of the administrator, did duty the night of the This interview indinurses station when	linical record indicated nurses /06 at : "R10 found in room 340 with ked kneeling down with R11's R10 was observed climbing while attempting to remove when discovered R10 became threatened writer. R10 states ou", I will f you up" R10 was by by nurse station by writer to this file indicated E2 (assistant an interview with E10 (nurse on the incident) on 11/24/06. Cated that E10 was at the en he observed R10 going into and later went to see why R10				

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	ROVIDER OR SUPPLIER	B CENTER		2	REET ADDRESS, CITY, STATE, ZIP CODE 649 EAST 75TH ST CHICAGO, IL 60649	1 0170	3/2007
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F 324	had gone into the rowas climbing into be documented that all R10 pulling down Rassumed that R10 was down and R10 privates. Knowing inappropriate, E10 and R11. At that powith E10 and was vent to a local hospevaluation at 2:10 A returned to the facil 3 hours later). Clinical record revies staff 's documentate ambulatory around and out of rooms an agitated." There we monitoring at this tis sexual encounter level behavior of wander stated, "R10 had 1: at approximately 3: brought E4 and E5 conference room to R10 receiving 1:1 rothe facility. E4 stated, "I don't keft."	oom. When E10 arrived, R10 ed with R11. It was further though E10 did not witness R11's underwear it was did it since R11's underwear 's hand was near R11's	F	324			

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	PROVIDER OR SUPPLIER SHORE NUR & REHA	B CENTER		2	REET ADDRESS, CITY, STATE, ZIP CODE 649 EAST 75TH ST CHICAGO, IL 60649		
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F 324	assigned a 1:1 durithey wanted me to picked up by ambu Surveyor questione of R10 being on 1: continue it. E5 state the 1:1". This interview with E4's earlier intervied don't know what haresponse to questic continuation of 1:1 Upon further interviprovide documental Neither E4 nor E5 of as how R10 continuation of monitoring. On 11/30/06 at app R11 were observed group in the 3rd flood During daily status 4:40Pm, E1, E2 an interviewed regarding R11 especially since and out of residents receives 1:1 monitor R11 are both cognitive spoke with our building, and he (pseudomentia residents behavior may contiled the province of the provin	ng the 7:00 to 3:00 shift and continue this until R10 was lance, I assigned a CNA ". ed E5 as to who informed her I and who asked her to ed, "E4 asked me to continue E5 is clearly in conflict with when E4 told surveyor "I appened after I left (in on by surveyor regarding for R10). I we neither E4 or E5 could ation of 1:1 monitoring for R10. could provide an explanation used to wander in and out of a 11/24/06 if there was 1:1	F:	324			

DEPARTMENT OF HEALTH AND HUMAN SERVICES CENTERS FOR MEDICARE & MEDICAID SERVICES (X1) PROVIDER/SUBBLIED/CLIA

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		145970	B. WIN	G			C 3/2007
	ROVIDER OR SUPPLIER	B CENTER		26	EET ADDRESS, CITY, STATE, ZIP CODE 49 EAST 75TH ST HICAGO, IL 60649	1 01700	3/2001
(X4) ID PREFIX TAG	(EACH DEFICIENC)	TEMENT OF DEFICIENCIES / MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFI TAG	X	PROVIDER'S PLAN OF CORREC (EACH CORRECTIVE ACTION SHOI CROSS-REFERENCED TO THE APPR DEFICIENCY)	ULD BE	(X5) COMPLETION DATE
F 324	with a sitter present after R10 had sexult prompting by survetime surveyor observed ime surveyor observed on 12/06/06 at appelloor conference/exterved on the night and counter on 11/23 observed on the night had documented the incident summate wandered up and cout of residents's roon 11/20/06 and Right redirected." Upon further intervered in the busy with character of Z1 because R10 and wouldn't settle were busy with charactering other war R12 who is blind an continued, "There was done for R10 until a assigned a CNA (continued, "There was done for R10, even thous CNAs' and 76 - 78." R10 was still hard monitoring". Upon can't say if 1:1 continued or not."	t. (R10 was moved 7 days ally assaulted R11 and after eyor as well, this was the 1st rved R10 receiving 1:1	F3	24			

DEPARTMENT OF HEALTH AND HUMAN SERVICES CENTERS FOR MEDICARE & MEDICAID SERVICES (X1) PROVIDER/SURPLIER/CLIA

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F 324	resident on the 3rd wanderers who need only 3-4 CNAs' with overwhelming at time. On 12/04/06 at apprinterviewed by surveceiving calls from behavior including encounter. Z1 state from the facility reg 11/23/06 after R10 the hospital". Upon further interved on't remember, I gotten at least another from his psych evanshould be done by R10 is a 79 year of to the facility on 11 including "Altered MR10 was admitted R10 was admitted R10 sexually assautive R10 was at a residents on the 3rd consequences for IThe Immediate Jec 11/30/06 at approx	floor is safe because of the ed constant supervision and n 76 - 78 residents. It gets nes." proximately 12:30PM Z1 was reyor (per phone) about the facility regarding R10's wandering and sexual ed, "I've gotten a lot of calls arding R10 and I did get a call returned from a psych eval at returned from a psych eval at lew Z1 continued to say, "I get so many calls, but I have ther call since R10 came back luation. I agree that something the facility about R10." Id resident who was admitted (20/06 with diagnoses Mental Status and Dementia. To the facility 3 days prior to ulting R11. In welding R10's going in and onts' rooms but failed to know all times. This failure put all defloor at risk and had negative	F3	324			
	resident (R10) from 1:00AM and sexua (administrator) and	quately supervise one n entering the room of R11 at lly assaulted R11. E1 E3 (Director of Nurses) were ediate Jeopardy on 01/02/07,					

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		145970	B. WIN	G		C 3/2007
	PROVIDER OR SUPPLIER	B CENTER		STREET ADDRESS, CITY, STATE, ZIP CODI 2649 EAST 75TH ST CHICAGO, IL 60649	•	3,2001
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES / MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFI) TAG	PROVIDER'S PLAN OF CORF (EACH CORRECTIVE ACTION S CROSS-REFERENCED TO THE A DEFICIENCY)	SHOULD BE	(X5) COMPLETION DATE
F 324	at approximately 1: abatement plan on The Immediate Jec corrected, on 12/20. The facility took the Immediate Jeopard Actions taken: 1. R10 was dischart 12/20/06 to a local this local hospital, If facility but was trancould best meet his R11 remains at the additional incident of 11/23/06. 2. The IDT (Interdistincidents in the facility and the IDT) (Interdistincidents in the facility incidents in the facility and IDT) and IDT (Interdistincidents in the facility Any reside identified by the IDT) and IDT (Interdistincidents in the facility and IDT) and IDT (Interdistincidents in the facility and IDT) and IDT (Interdistincidents in the facility and IDT) a	40Pm. The facility faxed an 01/03/07. pardy was removed and 0/06 at approximately 4:00 PM. It following steps to remove the lay. It ged from the facility on hospital, after discharge from R10 did not return to the sferred to another facility that is behavioral needs. It facility with no other facility with no other facility and completing all folian to meet at least 2 times int exhibiting behaviors. It will be closely observed for so will be reviewed by the so well as QA committee. In audit and found currently ered sex offenders in the part of the sex o	F3	24		

DEPARTMENT OF HEALTH AND HUMAN SERVICES CENTERS FOR MEDICARE & MEDICAID SERVICES (X1) PROVIDER/SURPLIED/CLIA

	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	A. BUII		IPLE CONSTRUCTION IG	COMPLE	TED
		145970	B. WIN	IG _		01/03	3/2007
	ROVIDER OR SUPPLIER	B CENTER		2	REET ADDRESS, CITY, STATE, ZIP CODE 649 EAST 75TH ST CHICAGO, IL 60649		
(X4) ID PREFIX TAG	(EACH DEFICIENC)	TEMENT OF DEFICIENCIES / MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFI TAG		PROVIDER'S PLAN OF CORREC (EACH CORRECTIVE ACTION SHOI CROSS-REFERENCED TO THE APPR DEFICIENCY)	JLD BE	(X5) COMPLETION DATE
F 324	a) Abuse policy arb) proper interventibehaviors c) immediate separation notification of sure d) assessments Date of completion needed/ QA will mode. The facility reviet plans of each ident of of	ad procedures on related to abuse and ration and documentation. pervisors and Administrator. control of the co	F3	324	DEFICIENCY)		
	9. All incidents will	hthly and as needed. be reviewed at daily meeting th a monitoring tool put in d.					

DEPARTMENT OF HEALTH AND HUMAN SERVICES CENTERS FOR MEDICARE & MEDICAID SERVICES (X1) PROVIDER/SUBBLIED/CLIA

	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	A. BUI		PLE CONSTRUCTION G	(X3) DATE SU COMPLE	
		145970	B. WIN	IG		01/03	C 3/2007
	ROVIDER OR SUPPLIER	B CENTER		2	EET ADDRESS, CITY, STATE, ZIP CODE 649 EAST 75TH ST CHICAGO, IL 60649	01700	3/2001
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREF TAG		PROVIDER'S PLAN OF CORREC' (EACH CORRECTIVE ACTION SHOI CROSS-REFERENCED TO THE APPR DEFICIENCY)	JLD BE	(X5) COMPLETION DATE
F 324	Continued From pa	ge 16	F 3	324			
		all incidents and reported to QA committee monthly for					
F9999	Date of completion: QA on a monthly ba FINAL OBSERVAT	-	F99	999			
	LICENSURE VIOLA	ATIONS					
	LICENSURE VIOLA	ATIONS					
	300.610a) 300.1210a) 300.3240a) 300.3240f)						
	a) The facility shall procedures, govern the facility which she Resident Care Police least the administration the medical advisor representatives of the facility. These pwith the Act and all thereunder. These followed in operation reviewed at least at evidenced by writted of such a meeting.	nursing and other services in policies shall be in compliance rules promulgated written policies shall be any the facility and shall be noually by this committee, as en, signed and dated minutes					
	Nursing and Person a) The facility must	General Requirements for nal Care provide the necessary care ain or maintain the highest					

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) M A. BUI		IPLE CONSTRUCTION IG	(X3) DATE SURVEY COMPLETED	
		145970	B. WIN	IG _			C 3/2007
	PROVIDER OR SUPPLIER SHORE NUR & REHA	B CENTER	•	2	REET ADDRESS, CITY, STATE, ZIP CODE 2649 EAST 75TH ST CHICAGO, IL 60649		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFI TAG		PROVIDER'S PLAN OF CORREC (EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APPF DEFICIENCY)	ULD BE	(X5) COMPLETION DATE
F9999	well-being of the re each resident's conplan of care. Adequation of care and personal care and personal care needs. Section 300.3240 Aa) An owner, licens or agent of a facility resident. f) Resident as perpinvestigation of a resident indicates, I that another resident is the perpetrator or condition shall be indetermine the most placement for the roof that resident as we residents and emploacement for the roof that resident and emploacement for the roof that resident and emploacement for the roof that resident and emploacement for the Rollowing: Based on interview neglected to supervalue a behavior of wand rooms. This failure R10's whereabouts entering the room conformation of 11/23/06 and sexual sexual and continue as R11, as well as R11, as R11	I, mental, and psychological sident, in accordance with apprehensive assessment and late and properly supervised ersonal care shall be provided meet the total nursing and is of the resident.	F99	999			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MI A. BUIL		PLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
		145970	B. WIN				C 3/2007
	ROVIDER OR SUPPLIER	B CENTER	•	26	EET ADDRESS, CITY, STATE, ZIP CODE 49 EAST 75TH ST HICAGO, IL 60649		
(X4) ID PREFIX TAG	(EACH DEFICIENC)	TEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	K	PROVIDER'S PLAN OF CORREC' (EACH CORRECTIVE ACTION SHOI CROSS-REFERENCED TO THE APPR DEFICIENCY)	JLD BE	(X5) COMPLETION DATE
F9999	Continued From pa	age 18	F99	99			
	to the facility on 11 including "Altered M R10 was admitted R10 sexually assau Record review of the included an incider 1:00AM indicated or "R10 found naked in room 340 bed 1. R R11's penis in R10 the male resident. In underwear down. F approached. R10 the states, 'I'm going to Review of R10's clinotes dated 11/23/found in room 340 kneeling down with was observed climicatempting to remodiscovered R10 be threatened writer. Fyou", I will f you chair by nurse stating 1:1." Clinical record reviesent to a local hosp 11/23/06 at 2:10AM	ne facility's abuse files at summary dated 11/23/06 at documentation as follows: in room with patient (R11) in a10 was kneeling down with 's hand climbing into bed with R10 had pulled R11's R10 became agitated when hreatened staff and writer o kill you, I will f you up.'" nical record indicated nurses 06 at 1:00AM as follows: "R10 with R11. R10 was naked of R11's penis in his hand. R10 bing into bed with R11 while ve R11's underwear when came very agitated and R10 states 'I'm going to kill up.' R10 was redirected to on by writer to monitor R10 ew indicated that R10 was bital for a psych eval on If but R10 returned to the ely 3 1/2 hours later, on					
	Nurses' notes date	d 11/23/06 at 2:45PM state:					

DEPARTMENT OF HEALTH AND HUMAN SERVICES CENTERS FOR MEDICARE & MEDICAID SERVICES (X1) PROVIDER/SURPLIER/CLIA

	FOF DEFICIENCIES DF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	A. BUI		PLE CONSTRUCTION G	COMPLE	TED
		145970	B. WIN	IG _			C 3/2007
	ROVIDER OR SUPPLIER	B CENTER		26	REET ADDRESS, CITY, STATE, ZIP CODE 649 EAST 75TH ST CHICAGO, IL 60649	<u>, 01700</u>	5/2001
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES YMUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFI TAG		PROVIDER'S PLAN OF CORREC (EACH CORRECTIVE ACTION SHOI CROSS-REFERENCED TO THE APPR DEFICIENCY)	ULD BE	(X5) COMPLETION DATE
F9999	Nurses' notes dated documentation for land up ambulators wander in and out of R10 remain agitate. Surveyor did not not monitoring at this tis sexual encounter was 24 hours earlier. On 12/03/06 at app (administrator) brouto the conference of the conference of the conference of the conference of the thickness of R10 set at 3:30 PM". Earegarding R10 continuoitoring through don't know what has E5 was later interviately wanted me to picked up by ambusturveyor questione of R10 being on 1:1 continue it. E5 states the 1:1." This intervied on't know what has response to questic continuation of 1:1 interview neither E4 documentation of 1	d 11/24/06 included R10 as follows: y around unit continues to of rooms and doors on unit. d". Interest any documented 1:1 me even though R10 had this with another resident less that a roximately 3:25PM, E1 aght E4 and E5 (both nurses) boom to talk to surveyor iving 1:1 monitoring upon facility. E4 stated, "I started 4/06 and it continued until I was further interviewed inuing to receive 1:1 but the evening. E4 stated, "I	F99	1999			

	FOF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) M A. BUI		PLE CONSTRUCTION G	(X3) DATE SU COMPLE	
		145970	B. WIN	1G _			C 3/2007
	PROVIDER OR SUPPLIER SHORE NUR & REHA	B CENTER	•	2	REET ADDRESS, CITY, STATE, ZIP CODE 649 EAST 75TH ST CHICAGO, IL 60649		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES / MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREF TAG		PROVIDER'S PLAN OF CORREC (EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APPI DEFICIENCY)	OULD BE	(X5) COMPLETION DATE
F9999	rooms on 11/24/06 On 11/30/06 at app R11 were both obs group on the 3rd flot During daily status 4:40PM, E1, E2 an interviewed regardi R11 especially since and out of residents receives 1:1 monitor R11 are both cognijust spoke with our building, and he (psecives) dementia residents behavior may conticulate with regard to supe was supervised, "he E1 could not provide by the facility staff. On the next day of was observed moveroom with a sitter prompting by second provided after prompting by second provided and provided provided and provided provided and provided provid	vander in and out of residents' if there was 1:1 monitoring. vander in and out of residents' if there was 1:1 monitoring. variance in the same activity or of the facility. on this day at approximately d E3 (Director of Nurses) were ng separation of R10 from se R10 continues to wander in se rooms. E1 stated that R10 oring now and that R10 and tively impaired. E3 added, "I psychiatrist who is here in the sychiatrist) said that a lot of are hypersexual and R10's nue on another floor." It to interview E1, E2 and E3 ervision of R10. E1 added "R10 owever upon further interview le evidence of monitoring R10 was moved 7 sexually assaulted R11 and	F99	999			

	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) M A. BUI		PLE CONSTRUCTION G	(X3) DATE SURVEY COMPLETED	
		145970	B. WI	1G			C 3/2007
	ROVIDER OR SUPPLIER	B CENTER		26	EET ADDRESS, CITY, STATE, ZIP CODE 649 EAST 75TH ST HICAGO, IL 60649		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES / MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREF TAG		PROVIDER'S PLAN OF CORREC (EACH CORRECTIVE ACTION SHOI CROSS-REFERENCED TO THE APPR DEFICIENCY)	ULD BE	(X5) COMPLETION DATE
F9999	he had documented the incident summar wandered up and do out of residents's roon 11/20/06 and Rough Turying to get a hold up all night, agitate The 3 CNAs' that nour heavy wetters a residents including wanderer. There we for R10 until after the CNA (certified nurse even though this wand 76 - 78 resident was still hard to ma Upon further interving 1:1 continues once E10 finally stated, "resident on the 3rd wanderers who need only 3-4 CNAs' with overwhelming at times."	d it in his nurses' notes and on ary. E10 added that R10 has lown the hallways and in and coms since R10's admission 10 was not easily redirected. ew E10 stated, "At the time of 's room I was on the phone of Z1 because R10 had been d and wouldn't settle down. ight were busy with changing and watching other wandering R12 who is blind and also a vas no special monitoring done his incident. I then assigned a e assistant) for 1:1 for R10, as hard with only 3-4 CNA's hats." E10 further added, "R10 mage even on 1:1 monitoring." I leave in the morning or not." I'm not sure I can say that any floor is safe because of the ed constant supervision and a 76 - 78 residents. It gets nes."	F99	999			
	interviewed by survice receiving calls from behavior including encounter. Z1 state from the facility reg 11/23/06 after R10 the hospital." Upor continued to say, "I many calls, but I has since R10 came ba	review of the facility regarding R10's wandering and sexual ed, "I've gotten a lot of calls arding R10 and I did get a call returned from a psych eval at a further interview, Z1 don't remember. I get so we gotten at least another call ack from his psyche evaluation.					

	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	` ′	ULTIP	LE CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
		145970	B. WIN		·		C 3/2007
	PROVIDER OR SUPPLIER	B CENTER	ı	26	EET ADDRESS, CITY, STATE, ZIP CODE 49 EAST 75TH ST HICAGO, IL 60649	,	
(X4) ID PREFIX TAG	(EACH DEFICIENC)	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREF TAG		PROVIDER'S PLAN OF CORREC' (EACH CORRECTIVE ACTION SHOI CROSS-REFERENCED TO THE APPR DEFICIENCY)	JLD BE	(X5) COMPLETION DATE
F9999	facility about R10." The facility had known going in and out of neglected to known This neglect put all risk and had negation on 12/20/06, the facility defines "Sex limited to sexual has exual assault." The section 9, "When a suspected abuse of on credible evidence facility is a perpetra resident's condition evaluated to determand placement for safety of the reside	owledge of R10's wandering, other residents' rooms, but where R10 was at all times. residents on the 3rd floor at ve consequences for R11. dility's "Abuse, Mistreatment, oriation of Property Policy and d 7/99 was reviewed. This ual Abuse Includes but not trassment, sexual coercion or his policy also requires under in investigation of a report of a resident indicates, based be, that another resident of the ator of the abuse, the shall be immediately hine the most suitable therapy the resident, considering the not as well as the safety of a employees of the facility." (A)	F9!	999			