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

AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION  A. BUILDING			(X3) DATE SURVEY COMPLETED	
145946		B. WING			C <b>11/21/2006</b>		
NAME OF PROVIDER OR SUPPLIER  RENAISSANCE AT HILLSIDE				4	REET ADDRESS, CITY, STATE, ZIP CODE 600 NORTH FRONTAGE ROAD HILLSIDE, IL 60162	1 1/2	1/2000
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)		ID PREFI TAG		PROVIDER'S PLAN OF CORRECTIVE ACTION SHOWN CROSS-REFERENCED TO THE APPR DEFICIENCY)	OULD BE COMPLÉTION	
F 225	Continued From page 9  The agency will then send a copy of the CNA Registry check to the facility prior to sending staff to work to the facility. This is ongoing and initiated as of 11/9/06. If someone is found to have a disqualifying condition, they must have a waiver to work in the facility. If not, they will not be allowed to work in the facility. This is ongoing and was initiated as of 11/9/06.  All nursing supervisory staff were also in serviced on the need for a CNA Registry check from the agency prior to allowing them to work in the building. This was completed as of 11/9/06. In servicing was done for all facility staff on 9/16 on abuse, on 10/23 for investigating bruises of unknown origin, and on 10/12 on preventing fraud and abuse.  A QI tool was developed and will be completed on all new hires and agency staff by the Human Resources Director. This will be given to the Administrator who will correct any issues immediately and report any issues at the QI meeting. Administrator will be responsible for monitoring all above.		F 2	F 225			
F9999	a) The facility must and services to atta practicable physica well-being of the re	s General Reuirements for	F99	199			

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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) M A. BUI		IPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
		145946	B. WIN	1G _			C <b>1/2006</b>
NAME OF PROVIDER OR SUPPLIER  RENAISSANCE AT HILLSIDE				4	REET ADDRESS, CITY, STATE, ZIP CODE 1600 NORTH FRONTAGE ROAD HILLSIDE, IL 60162		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES YMUST 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)	OULD BE	(X5) COMPLETION DATE
F9999	nursing care and pot to each resident to personal care need.  Section 300.3240 A  a) AN OWNER, LICEMPLOYEE OR ACNOT ABUSE OR NOT ABUSE	arte and properly supervised ersonal care shall be provided meet the total nursing and s of the resident.  Abuse and Neglect  CENSEE, ADMINISTRATOR, GENT OF A FACILITY SHALL EGLECT A RESIDENT. The Act)  Its were not met as evidenced on, record review and y failed to ensure that one ree from physical abuse cy employee, Z1. Z1 had a labuse entered into the state. This failure to check in the facility allowing an with a history of abusing the facility. This failure (R1) to be injured by Z1	F99	999			

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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) M A. BUII		PLE CONSTRUCTION  G	(X3) DATE SURVEY COMPLETED	
		145946	B. WIN	G			C 1 <b>/2006</b>
NAME OF PROVIDER OR SUPPLIER  RENAISSANCE AT HILLSIDE				46	EET ADDRESS, CITY, STATE, ZIP CODE 600 NORTH FRONTAGE ROAD ILLSIDE, IL 60162		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)		ID PREFI TAG		PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)		(X5) COMPLETION DATE
F9999	motion in lower extrassistance with act  Review of the nurse 11:10 pm state, "3 (CNA-E3) informed agency nurse (Z1) that she thought receive headboard as a restold agency nurse to and to let it go. CNA words on separate sitting on side of be and oriented to nan with no distress not dry dressing on. Not indentations on fles resident what happ stated, 'this big guy and threw me down motioning with her Resident denies pastates 'it hurts a littl Resident transported.  According to writter 09-16-06 at 11:10 pwriter when asked a man came to my arms and almost the arm hurts right now.  Upon prompting by checked the Health and Surveyor confirmed an administration stated, "I don't checked the stated, "I don't ch	d has a limited range of remities. R1 requires vities of daily living.  e's notes dated 09-15-06 at 11 Certified Nurse Aide me that she witnessed throw' resident into bed, and sident's head was going to hit resident arm was bleeding A wrote incident in her own sheet. Received resident din her room. Resident alert he and time. Resident calm ed. Noted right forearm with oted large circular h under torn skin. Asked ened to arm? Resident came in here grabbed me in the bed.' Resident hands in demonstration. in except to injury site red.' 09-16-06 at 2:30 pm ed to the hospital."  In statement of R1 dated om, "Resident informed this what happened to her arm that room, he grabbed me on my rew me in the bed. My right	F99	999			

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

AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION  A. BUILDING			(X3) DATE SURVEY COMPLETED	
		145946	B. WING			C <b>11/21/2006</b>	
NAME OF PROVIDER OR SUPPLIER  RENAISSANCE AT HILLSIDE				4	REET ADDRESS, CITY, STATE, ZIP CODE 1600 NORTH FRONTAGE ROAD HILLSIDE, IL 60162	11/2	172000
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC 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
F9999	depend on the age on all agency nurse registry for the nurse background checks agency checks the come into the facility background checks. Interview with E2 (Interview would do the professional regagency would do the most verify the backenurses."  Review of the Z3 (Interview well as professional regagency would do the profe	ency to do background checks es. We do not check the CNA ses. The facility does not do son agency nurses. The background of the nurses that ty. The facility does not do son agency nurses."  Director of Nurses) on min the administrator's office, not check the CNA registry or gistry for agency nurses. The ne background check. We do ground check of professional coolice report) dated 09-15-06 deposition of Senior Citizen."  The police report states, a report stated wounds were someone's hand applying orearm causing skin tears, and. The doctor further related yound care, a Tetanus shot, as skin back together and	F99	999			
		(^)					