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

PRINTED: 08/31/2007 FORM APPROVED OMB NO. 0938-0391

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | ' ' | | LE CONSTRUCTION | (X3) DATE SURVEY COMPLETED | |
|--|--|--|-------------------|--------|---|-------------------------------|----------------------------|
| | | | | ILDING | | | |
| | | 145269 | B. WI | NG | | 07/2 | 20/2007 |
| | PROVIDER OR SUPPLIER EN HOME | | | 112 | ET ADDRESS, CITY, STATE, ZIP CODE 210 95TH STREET DAL VALLEY, IL 61240 | | |
| (X4) ID PREFIX TAG | (EACH DEFICIENC | ATEMENT OF DEFICIENCIES BY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION) | ID PREF TAG | | PROVIDER'S PLAN OF CORRI (EACH CORRECTIVE ACTION SI CROSS-REFERENCED TO THE AP DEFICIENCY) | IOULD BE | (X5) COMPLETION DATE |
| | Continued From p noted to be dirty a time indicated that cleaned once a we FINAL OBSERVA | nd linty. Interview with E5 at the the litters are supposed to be eek. | | 456 | | | |
| | LICENSURE VIOL 300.1210a) 300.7020a)1)4) Section 300.1210 Nursing and Personal Services to attracticable physical well-being of the releash resident's corplan of care. Adequations care and personal care need Section 300.7020 Aman Resident assess requirements in other regulations, shall infunctional, and objection 300.7020 Aman Resident assess requirements in other regulations, shall infunctional, and objection 300.7020 Aman Resident assess requirements in other regulations, shall infunctional, and objection 300.7020 Aman Resident assess requirements in other regulations, shall infunctional, and objection 300.7020 Aman Resident assess requirements in other regulations, and objection 300.7020 Aman Resident assess requirements in other regulations, and objection 300.7020 Aman Resident assess requirements in other regulations, and objection 300.7020 Aman Resident assess requirements in other regulations, and objection 300.7020 Aman Resident assess requirements in other regulations, and objection 300.7020 Aman Resident assess requirements in other regulations, and objection 300.7020 Aman Resident assess requirements in other regulations, and objection 300.7020 Aman Resident assess requirements in other regulations, and objection 300.7020 Aman Resident assess requirements in other regulations. | ATIONS General Requirements for nal Care provide the necessary care ain or maintain the highest all, mental, and psychological sident, in accordance with apprehensive assessment and pate and properly supervised ersonal care shall be provided meet the total nursing and | F31 | | | | |
| ; ; ; ; | within 14 days after 1) Assessments behavioral and a ful as direct observatio shall attempt to inte resident's family, the | assessment shall be completed admission. It is shall include at least a nctional assessment, as well ns of the resident. The facility rview the resident, the eresident's representative, ent direct care givers. This | | | | | |

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(X3) DATE SURVEY

| AND PLAN OF CORRECTION | | IDENTIFICATION NUMBER: | | LDING | G | COMPLE | COMPLETED | | |
|---|--|--|---------------------|---|--|------------|----------------------------|--|--|
| 145269 | | | B. WII | 1G | | 07/20/2007 | | | |
| NAME OF PROVIDER OR SUPPLIER OAK GLEN HOME | | | | STREET ADDRESS, CITY, STATE, ZIP CODE 11210 95TH STREET COAL VALLEY, IL 61240 | | | | | |
| (X4) ID PREFIX TAG | | | ID PREFIX TAG | | PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY) | | (X5) COMPLETION DATE | | |
| | attempt shall be dod 4) The assessme by direct care staff of needed, and shall in components in substitute. These REGULATION by: Based on observation review, the facility faresidents on the Alz and R37) from one of inappropriate sexual findings include: Nurses notes and Sthat R22 was admitted unit from home on Components that R22 has diagnoted from memory probles independence in coordinates delirium/disordered to psychosocial well be required supervision ambulation, transfer, limited assistance with extensive assist with (Activities of Daily Lingenbullation Potential). | cumented. nent process shall be ongoing or other professionals, as include the assessment section (a)(2). INS are not met as evidenced ons, interview, and record alled to protect four female heimer's Unit (R34, R35, R36, male resident who exhibited behaviors (R22). In the facility's Alzheimer's 13/30/2007. Initial MDS dated 04/12/07 documents ses including Diabetes, imer's disease, and Asthma. In the R22 has short and long ms and has modified anitive skills. In triggers under thinking, mood, behaviors, or ing. MDS notes that R22 and set up help for and eating. R22 required the hygiene and dressing and toilet use and bathing. ADL | F99 | 999 | | | | | |

(X2) MULTIPLE CONSTRUCTION

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|---|--|--|-----------|---------|--|-------------------------------|----------------------------|
| | | | A. BU | | | | |
| | | 145269 | B. WIII | · · · · | | 07/20/2007 | |
| | | | | 1. | REET ADDRESS, CITY, STATE, ZIP CODE 1210 95TH STREET COAL VALLEY, IL 61240 | | |
| (X4) ID PREFIX TAG | (EACH DEFICIENC) | Y MUST BE PRECEDED BY FULL | | | PROVIDER'S PLAN OF CORRECT (EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APPROPRIES OF T | ULD BE | (X5) COMPLETION DATE |
| | THE SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) | | 112 CO | | | | |

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(X3) DATE SURVEY

| ND PLAN OF CORRECTION | | IDENTIFICATION NUMBER: | | ILDIN | NG | COMPLETED | | | |
|--------------------------|--|------------------------|---------|--|----|------------|----------------------------|--|--|
| | 145269 | | B. WING | | | 07/20/2007 | | | |
| OAK GLEN HOME | | | | STREET ADDRESS, CITY, STATE, ZIP CODE 11210 95TH STREET COAL VALLEY, IL 61240 | | | | | |
| (X4) ID PREFIX TAG | SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) | | | ID PROVIDER'S PLAN OF CO PREFIX (EACH CORRECTIVE ACTION TAG CROSS-REFERENCED TO THE DEFICIENCY) | | ULD BE | (X5) COMPLETION DATE | | |
| F9999 | PROVIDER OR SUPPLIER LEN HOME SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) | | F99 | 999 | | | | | |

(X2) MULTIPLE CONSTRUCTION

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|---|--|--|---------------------|--------|--|----------------------------|----------------------------|
| | | IDENTIFICATION NOMBER, | A. BUI | LDING | 3 | COMPL | -F LED |
| 145269 | | B. WIN | 1G | | 07/20/2007 | | |
| NAME OF PROVIDER OR SUPPLIER OAK GLEN HOME | | | | 11 | EET ADDRESS, CITY, STATE, ZIP CODE 1210 95TH STREET OAL VALLEY, IL 61240 | | |
| (X4) ID PREFIX TAG | | | ID PREFIX TAG | | PROVIDER'S PLAN OF CORRECT (EACH CORRECTIVE ACTION SHOU CROSS-REFERENCED TO THE APPRI DEFICIENCY) | JLD BE | (X5) COMPLETION DATE |
| F9999 | Continued From pa | ge 18 | F9999 | | | | |
| | On 05/08/07 at 6:45 p.m., nurses notes document that R22 put his arm through R35's arm insisting that he was taking R35 toward his room. Nurse documents that R35 was confused and did not understand what R22 wanted and was pulling away. Nurse documents that when it wasexplained that R35 did not want to go with him, R22 became angry. Social Service notes dated 05/11/07 and Behavior meeting notes dated 05/14/07 state that R22 has had no further episodes of inappropriate sexual behavior toward another resident and was taken off 1:1 observation as of 05/11/07. Nurses notes dated 06/07/07 at 7:00 p.m., state that R22 took R35 by the hand and was going to take her to her room. Nurse documents that R22 was pulling on R35's arm stating she was his wife. | | | | | | |
| | incident reports doct sun porch and was oup R34's blouse and was sitting on the ed refused to get up sta | 0 a.m., nurses notes and ument that R22 was out in the observed placing his hands trubbing her breasts. R22 fige of R34's chair and ating that R34 was his wife. | | | | · | |
| | R22 has a potential f behavior R/T (related | for inappropriate sexual dto) R22 demonstrates behaviors toward female | | | | | |
| | | ne to decrease sexual drive, 1 monitoring, contact other | | | | | |

PRINTED: 08/31/2007 DEPARTMENT OF HEALTH AND HUMAN SERVICES FORM APPROVED **CENTERS FOR MEDICARE & MEDICAID SERVICES** OMB NO. 0938-0391 STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY IDENTIFICATION NUMBER: AND PLAN OF CORRECTION COMPLETED A. BUILDING B. WING 145269 07/20/2007 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE **11210 95TH STREET** OAK GLEN HOME COAL VALLEY, IL 61240 (X4) ID SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION 1D (X5) COMPLETION PRÉFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX (EACH CORRECTIVE ACTION SHOULD BE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG TAG CROSS-REFERENCED TO THE APPROPRIATE DATE DEFICIENCY) Continued From page 19 F9999 F9999 enforcement talk with R22, contact family. re-direct R22 away from other female residents when he is attempting to touch them inappropriately, have male CNA take care of R22 when scheduled, encourage R22 to participate in activities, and offer newspaper for R22 to read. Care plan goal states that R22 will not touch female staff or residents inappropriately with a note dated 07/06/07 "goal has not been met." In interviews on 07/12/07 at 2:20 p.m. and on 07/16/07 at approximately 10:30 a.m. and 1:00 p.m. E1 (Administrator) and E10 (Alzheimer's Unit Coordinator) stated that R34, R35, R36, and R37 all had Alzheimer's disease or dementia and were not capable of decision making. (A)