PRINTED: 09/10/2010 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
		14G097	D. VVII			04/0	5/2010
	PROVIDER OR SUPPLIER				REET ADDRESS, CITY, STATE, ZIP CODE 7270 SOUTH SHORE DRIVE 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 APPR DEFICIENCY)	ULD BE	(X5) COMPLETION DATE
W 000	INITIAL COMMENT	TS	W	000			
W 149	Incident Report Inv Incident of 3-1- 483.420(d)(1) STAI CLIENTS		W	149			5/7/10
	policies and proced	evelop and implement written dures that prohibit ect or abuse of the client.					
	Based on interview failed to ensure the implemented for 1 cexpired (R1) when R1 every 15 minutes	s not met as evidenced by: and record review, the facility policy for neglect was of 1 client in the facility who the facility failed to supervise as a precaution for timely emergency treatment					
	Findings Include:						
	identifies R1 as a 6 diagnoses include I Seizure/Epilepsy (T NOS, and Anemia. ambulatory with a soutspoken, and opi Supervision is listed Administrator) state	lual Program Plan (IPP) i3 year old female whose Profound Mental Retardation, Temporal Lobe), Psychosis The IPP describes R1 as slight gimp, talkative, nionated. Level of d as close. E2 (Assistant ed on 3/15/10 at 2:30 p.m. is checking R1 every 15					
	3/16/10 at 12:45 p.i	ed E11 (facility physician) on m. The supervision level was of seizures as a safety					
LABORATOR'	I Y DIRECTOR'S OR PROVID	ا 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. BUI		PLE CONSTRUCTION  G	N (X3) DATE SURVE COMPLETED	
		14G097	B. WIN	IG _			C <b>5/2010</b>
	ROVIDER OR SUPPLIER		•	7:	REET ADDRESS, CITY, STATE, ZIP CODE 270 SOUTH SHORE DRIVE 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 SHO CROSS-REFERENCED TO THE APPR DEFICIENCY)	ULD BE	(X5) COMPLETION DATE
W 149	Continued From pa	ige 1	W 1	149			
	on 3/15/10 at 2:40 was on close monit Seizure Disorder.  The 24 hour Nursin dated 2/28/10 for th (R1) monitor for SC seizure."  E3 (Health Service 3/29/10 at 10:05 a. communicate inform support staff.	s Supervisor) was interviewed p.m. E3 said the reason (R1) foring was because of her ag Communication Report to TA-7P shift has an entry, "DB (shortness of breath), poss as Supervisor) stated on m. nurses use the report to mation to each other and					
	Program Revision I "Neglect - failure to	itled Abuse and Neglect Date December 2009 defines provide goods and/or to avoid physical harm, mental illness."					
	Facility policy for Le 10/17/09 defines:	evels of Supervision revised					
	responsible for the & SECURITY, for a serves. It is your rethe residents are the	upervision: All staff is CARE; WELFARE; SAFETY all the residents this facility esponsibility to know where nat your are assigned to and from abuse and neglect.					
	above as well as ke whereabouts know may move about in monitor through dir	coring: This includes all of the eeping the resident n at all times. The resident dependently but staff will ect observation at a minimum (documentation may be					

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		14G097	B. WIN				C <b>5/2010</b>
	ROVIDER OR SUPPLIER			7	REET ADDRESS, CITY, STATE, ZIP CODE 270 SOUTH SHORE DRIVE CHICAGO, IL 60649		
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W 149	E4 (Licensed Pract "Date of incident: 3 a.m. T/L (team lead A.M. care. Client u touch. Nurse notificated, body cold et	/Incident Report completed by ical Nurse / LPN) states, -1-10 Time of incident 6:15 der) (E5) try to wake client for nresponsive et (and) cold to ed examined client, (no) pulse (and) unresponsive to name when shaken; arm & legs	W 1	149			
	3/1/10. The note bed unresponsive, (Dead on arrival), F stated last time she 10:00 PM last night give patient her me	the Paramedic report dated reads "Patient found lying in upon exam, patient DOA Rigger/lividity noted, nurse a talked to patient was around it. Nurse stated she went to dication this morning and sponsive not breathing. No					
	by E2 (Assistant Ad Investigative follow DSP (Direct Su states "After dinner that (R1) was lookin started paceing (pa of times and, I ask safety it appear to r seizure so I (cont) to to be monitor and w shift. I left the floor was over and (R1) dayroom with staff	,					
	Surveyor interviewe	ed E7 on 3/16/10 at 3:10 p.m.					

	FOF DEFICIENCIES DF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) M A. BUI		PLE CONSTRUCTION  G	(X3) DATE SU COMPLE	TED
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	PROVIDER OR SUPPLIER			72	EEET ADDRESS, CITY, STATE, ZIP CODE 270 SOUTH SHORE DRIVE EHICAGO, IL 60649		
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W 149	E7 confirmed written that a seizure of have a seizure  DSP E8's state (E7) had said she (seizure at some pountil about 9:35, at room. At 9:50 p.m. come to (R1's) room (middle) day room to bathroom six timeshe was lying awaked she was out of breathing a little oustairs. I (E8) called she wouldn't response. Nurse coname twice and saidead cause she's bewell I'll keep eval of went back to dayrooffice & sat down. 10pm."  Surveyor interviewee E8 said, "I was assed 9:30 p.m. (R1) using (E4) nurse wanted pacing. E4 said she pacing the floor. (Flately. I went to R1 you called her name was alive at 9:50 peresponding to me of said she would look (Evening shift States).	en statement. E7 said R1 did on 2/28/10 during E7's shift.  ment states, "(2/28/10) staff R1) might be going to have a int(R1) was in the dayroom that time she went to her nurse (E4) came & ask me to m & get her & bring her to with me cause she has went es. When I got to her room are in bed & nurse (E4) said ath. She appeared to be to foreath, like walking up I (R1's) name, after 10 to 12 x and, but she was awake. I then E4) that there was no ame in the room called her id well we (know) she's not breathing. Nurse (E4) said an her. After she said that I om. The nurse went back to I (E8) worked 2nd shift 2pm - led E8 on 3/16/10 at 2:55 p.m. igned to (R1) on 2/28/10 at ually fights seizures by pacing. The was always out of breath is room at 9:50 p.m. Usually if e she would respond. (R1) and I left R1's room."  Supervisor on 2/28/10) E14's I (E14) am writing this	W ·	49			

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W 149	(R1) at 8:58 pm. (Rday room watching and (E8). She app  Follow up interview (Assistant Administ never informed E14 and (E8) called her  DSP E9's state on 2/28/10 from 9 lying in bed asleep from the doorway. getting up out of be stated R1 was snortime R1 was laying time she was on he against her arm (nd E9 was interviewed confirmed the inform E9 said he observed bedroom because with women.  LPN E4's state "2/28/109:30 p - (and) I took her to be again to go to bath 9:50 p - (R1) got up the bathroom door telling her to lay do on her bed took off down facing the wire saw her turning ard she wasn't going to to the middle day respectively.	Is to (R1). I (E14) checked on R1) was sitting in the middle TV with peers and staff (E7) eared to be fine."  with E14 conducted by E2 trator) dated 3/2/10, noted E8 If that (R1) was out of breath	W 1	49			

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W 149	(E8) came to her rotold her to get up alto me that (R1) was (E8) said that I thou I went to the room a breathing, her breathing, her breathing and she was thought. I told (E8) breathing and not to The light was turn of was about 10:15 p. around 11p to get h (respirations) 20 B/ (best I can remember took a blanket out ther up because she sheets. Around 11 look in on (R1) and glance into (R1's) resleeping around 1:3 (E5) called me to low wouldn't wake up. for a pulse on her was none. I a bluish in color (and were stiff and no low elbow (and) knees dilated. I saw no choreath against my for the said she called was restless and up (R1) had done this around when anxio because of her breath room, E8 called the said she called was restless and up (R1) had done this around when anxio because of her breath room, E8 called	ne gets sleepy or dozing off. from turn on the light (and) from turn on the light (and) frout 3 times. Then (E8) said is non-responsive. When she light (R1) had stop breathing. From the light (R1) was sathing wasn't shallow or from sleeping and not awake as I that (R1) was alive and from get her up but let her sleep. From the light the room that I came back to (R1's) room from vitals p(pulse)-80 R From (blood pressure) 149/82 From After taking her vitals I from closet (and) covered from was lying on top of her from (and) saw she was from (and) then her neck. From (and) then her neck. From (and) then her neck. From (and) legs from (and) legs from (and) then her neck (and) then her eyes were fixed and from (and) then her neck (and) legs from (and) then her neck (and	W	149			

	T OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) M A. BUI		PLE CONSTRUCTION G	(X3) DATE SU COMPLE	JRVEY TED
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W 149	said she took R1's because R1 had sy month or month and she would have to she got up walking be short of breath limuch.  Overnight DSP reviewed. The initial part as follows; "I committee. I always sto bed check I check I Every time I went to When the morning up (R1). She would that it was some wroall the nurse."  A follow up staff into conducted for the in 3/3/10. The follow by E2 (Assistant Actinterview reads as a "quest: How often conducted for the in 3/3/10. The follow by E2 (Assistant Actinterview reads as a "quest: How often conducted for the in 3/3/10. The follow by E2 (Assistant Actinterview reads as a "quest: How often conducted for the in 3/3/10. The follow by E2 (Assistant Actinterview reads as a "quest: How often conducted for the in 3/3/10. The follow by E2 (Assistant Actinterview reads as a "quest: How often conducted for the in 3/3/10. The follow by E2 (Assistant Actinterview reads as a "quest: How often conducted for the in 3/3/10. The follow by E2 (Assistant Actinterview reads as a "quest: How often conducted for the in 3/3/10. The follow by E2 (Assistant Actinterview reads as a "quest: How often conducted for the in 3/3/10. The follow by E2 (Assistant Actinterview reads as a "quest: How often conducted for the in 3/3/10. The follow by E2 (Assistant Actinterview reads as a "quest: How often conducted for the in 3/3/10. The follow by E2 (Assistant Actinterview reads as a "quest: How often conducted for the in 3/3/10. The follow by E2 (Assistant Actinterview reads as a "quest: How often conducted for the in 3/3/10. The follow by E2 (Assistant Actinterview reads as a "quest: How often conducted for the in 3/3/10. The follow by E2 (Assistant Actinterview reads as a "quest: How often conducted for the in 3/3/10. The follow by E2 (Assistant Actinterview reads as a "quest: How often conducted for the in 3/3/10. The follow by E2 (Assistant Actinterview reads as a "quest: How often conducted for the in 3/3/10. The follow by E2 (Assistant Actinterview reads as a "quest" had a "quest" had a "quest" had a "	could see her breathing. " E4 vital signs at 11:00 p.m. Imptoms like she had the last da half. When over exerted sit down and calm down. If around too much she would like someone running too  E6's written statement was all written statement reads in did bed check every thirty art on (R1's) end when I do her room and she was sleep. In the room she was sleep. It is the staff com (come) in to get her did get up that is when I heard from with her. One of the staff derview with E6, was he stigative follow up dated up interview was conducted diministrator). The follow up follows;  It did you complete the bed for 3rd shift?  In the staff complete the bed for 3rd shift?  In the staff complete the bed for 3rd shift?  In the staff complete the bed for 3rd shift?  In the staff complete the bed for 3rd shift?  In the staff complete the bed for 3rd shift?  In the staff complete the bed for 3rd shift?  In the staff complete the bed for 3rd shift?  In the staff complete the bed for 3rd shift?  In the staff complete the bed for 3rd shift?  In the staff complete the bed for 3rd shift?  In the staff complete the bed for 3rd shift?  In the staff complete the bed for 3rd shift?  In the staff complete the bed for 3rd shift?  In the staff complete the bed for 3rd shift?  In the staff complete the bed for 3rd shift?  In the staff complete the bed for 3rd shift?  In the staff complete the bed for 3rd shift?  In the staff complete the bed for 3rd shift?  In the staff complete the bed for 3rd shift?	W	149			

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		14G097	B. WIN				C <b>5/2010</b>
	ROVIDER OR SUPPLIER			7	REET ADDRESS, CITY, STATE, ZIP CODE 270 SOUTH SHORE DRIVE CHICAGO, IL 60649		
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W 149	Continued From pa	ge 7	W	149			
	notice (R1's) chest Ans: I did not notice						
	Ans: always lays o						
	question: Did you n position during you Ans: No changes v						
	E6 stated bed chec E6 said, "I go room around room. (R1) Cover pulled up are turned toward door looked like she was (R1) been sick?" -" breathing, (E5) said off on the night she	ed E6 on 3/17/10 at 7:45 a.m. ek is done every 15 minutes. to room, cut on light and go looked like she was asleep. ound neck on her side. Face asleep. E6 said, "I asked has had trouble with her d." E6 said, "there was a call passed. I could do the job help. Everything went e slept all night."					
	statement reads, "A second floor I ask (anything. She said to do bed check shokay. I told if need would be on the flowas talking to (E4) kept getting in and talked to her and to a blanket on her shokay.	•					
	Follow up interview	with E10, conducted by E2					

	OF DEFICIENCIES F CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	( )		E CONSTRUCTION	(X3) DATE SU COMPLE	
		440007	A. BUIL B. WIN				С
NAME OF B	ROVIDER OR SUPPLIER	14G097	1			04/0	5/2010
	W LIVING CENTER			727	ET ADDRESS, CITY, STATE, ZIP CODE  O SOUTH SHORE DRIVE  ICAGO, IL 60649		
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	E5's, (program reads, " I (E5) call of responds. I called didn't get no responser and touch her, body was stiff and I (E5) called for their look at (R1) that she had possible t	rator) dated 3/2/10, noted E10 a floor after 3:30 a.m.  supervisor) written statement out to (R1) and didn't get no out to a second time and still nds. At this time I walk over to leg blanket over body and her still didn't get no respond. I nurse (E4) to come to take a e is none responding. (E4) he room and check her and ast away."  CARE SERVICES  sure that specific health care nts are met.  s not met as evidenced by: and record review, the facility equate health care monitoring) who expired in March 2010	W 1				5/7/10

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7		.5	A. BUILDIN	NG		C
		14G097	B. WING _			5/2010
NAME OF P	ROVIDER OR SUPPLIER			REET ADDRESS, CITY, STATE, ZIP CODE		
LAKEVIE	W LIVING CENTER			7270 SOUTH SHORE DRIVE CHICAGO, IL 60649		
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W 318	Continued From pa	nge 9	W 318			
W 331	written policies and mistreatment, negle W331 - The facility nursing services in 483.460(c) NURSIN The facility must pr services in accordate This STANDARD is Based on interview failed to provide adfor 1 of 1 client (R1 when the facility failed to provide adfor 1 of 1 client (R1 when the facility failed to provide adfor 1 of 1 client (R1 when the facility failed to provide adfor 1 of 1 client (R1 when the facility failed to provide adformation to the facility failed to provide appropriate observed.  C. Initiate Cardioperfacility policy.  D. Ensure nursing	must develop and implement I procedures that prohibit ect or abuse of client.  must provide clients with accordance with their needs. NG SERVICES  ovide clients with nursing ance with their needs.  s not met as evidenced by: and record review, the facility equate health care monitoring who expired in March 2010	W 331			5/7/10

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W 331	identifies R1 as a 6 diagnoses included Seizure/Epilepsy (7 NOS, and Anemia. ambulatory with a soutspoken and opin Supervision is lister Administrator) state close supervision is Annual Review of Adated January 01, 2 is FULL RESUSCITER1's State of Illinois R1 died on 3/1/10. Acute Myocardial In Atherosclerotic Heacompleting cause of (facility physician).  Review of Accident E4 (Licensed Pract "Date of incident: 3 a.m. T/L (team lead A.M. care. Client utouch. Nurse notifinoted body cold et et (and) movement stiffening when mora.m.; paramedics a arrived (at) 6:32. F (and) said she expirated (at) said she expirated (at) and (E11)	lividual Program Plan (IPP) 3 year old female whose Profound Mental Retardation, Temporal Lobe), Psychosis The IPP describes R1 as slight gimp, talkative, nionated. Level of d as close. E2 (Assistant ed on 3/15/10 at 2:30 p.m. s checking every 15 minutes. Advanced Directives for R1 2008, states the current status TATION.  s Certificate of Death states Immediate cause of death is	W	331			

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W 331	Continued From pa	ge 11	W:	331			
	3/1/10. The report, At location 06:28 scene 07:04. The rin bed unresponsive (Dead on arrival), Restated last time she 10:00 PM last night give patient her me found patient unrestrauma noted." The notes no spontaneous absent, no chest was consciousness unrewarm lividity/pooling reassessment portinon-reactive and dimultiple leads.	the Paramedic report dated documents Dispatch at 06:24 At patient 06:31, Departed note reads "Patient found lying e, upon exam, patient DOA rigger/lividity noted, nurse talked to patient was around rouse stated she went to dication this morning and reponsive not breathing. No Findings portion of form ous respirations, lung sounds all expansion, level of responsive lying on side sking. Management and on of form notes pupils lated. ECG rhythm asystole -					
	March 8, 2010, con Administrator / Res states, "Resident in the following individe roommates) none of incidentStaff writted were held with the fracility Supervisor, (E4) LPN, (E13) LP Person), (E9) DSP, shift facility supervisor, (E17) E Supervisor, (E17) E Supervisor, (E17) E Supervisor."An ercompleted, and rever physician (E11) where an on March 1, 200	ative follow-up report dated appleted by E2 (Assistant idential Services Director) anterview was completed with duals: (R4 - R13) R2, R3 - (of whom had witnessed any en statements, and interviews following staff: (E12), AM (E10) - night shift supervisor, PN, (E6) DSP (Direct Support (E7) DSP, (E14) - Evening sor, (E8) DSP, E15 DSP, E3 are Supervisor) (E16) Program DSP, (E5) Program environmental review was ealed that as per attending to came to the facility at 8:30 to to review the incident, by, and confer with (E2)					

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) M A. BUI		PLE CONSTRUCTION G	(X3) DATE SURVEY COMPLETED	
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	PROVIDER OR SUPPLIER EW LIVING CENTER		•	72	REET ADDRESS, CITY, STATE, ZIP CODE 270 SOUTH SHORE DRIVE 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 APPF DEFICIENCY)	ULD BE	(X5) COMPLETION DATE
W 331	LPN confirm that ca acute Myocardial Ir action is (1) confer funeral arrangemer (interdisciplinary terincident (3) refer incommittee for revier regarding policy an service nursing states and service nursing states are service nursing states. Surveyor reviewed by E2 (Assistant Action Investigative follow DSP E7's state 2/28/10) I start notion unhappy a little. State day room a couplant as set (seat) for (R1) might have a set and between 9:30 - 9:30 was in the chair in the Surveyor interviewed E7 confirmed written thave a seizure DSP E8's state (E7) had said she (seizure at some pountil about 9:35, at room. At 9:50 p.m. come to (R1's) room (middle) day room to bathroom six times.	rator), (E3) HSS, and (E4) ause of death for (R1) was if arctionThe facility's plan of with guardian regarding its, (2) schedule a special IDT am) meeting to review the cident to Human Rights aw, (4) re - inservice staff d procedures, (5) re - in fregarding facility protocol."  written statements obtained diministrator) during the up dated March 8, 2010:  ment states "After dinner (on cing that (R1) was looking he started paceing (pacing) in ple of times and, I ask (R1) to r safety it appear to me that seizure so I (cont) to let (R1) in to be monitor and watch of my shift. I left the floor I my shift was over and (R1) he dayroom with staff (E8)"  and E7 on 3/16/10 at 3:10 p.m. in statement. E7 said R1 did on 2/28/10 during E7's shift.  The ment states, "(2/28/10) staff R1) might be going to have a sint(R1) was in the dayroom that time she went to her nurse (E4) came & ask me to make the second in the cause she has went es. When I got to her room the in bed & nurse (E4) said	W	331			

	F OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	A. BUI		IPLE CONSTRUCTION  IG	COMPLE	TED
		14G097	B. WIN	IG _		04/0!	5 <b>/2010</b>
	PROVIDER OR SUPPLIER			7	REET ADDRESS, CITY, STATE, ZIP CODE 7270 SOUTH SHORE DRIVE CHICAGO, IL 60649	04700	3,2010
(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 SHOI CROSS-REFERENCED TO THE APPR DEFICIENCY)	JLD BE	(X5) COMPLETION DATE
W 331	breathing a little our stairs. I (E8) called she wouldn't respon notified the nurse (I response. Nurse can ame twice and saidead cause she's be well I'll keep eval or went back to dayrooffice & sat down. 10pm."  Surveyor interviewe E8 said, "I was assi 9:30 p.m. (R1) usu (E4), nurse, wante to pacing. E4 said pacing the floor. (Rately. I went to R1 you called her nam was alive at 9:50 p. responding to me can said she would look DSP E9's state on 2/28/10 from 91 lying in bed asleep. From the doorway. Getting up out of be stated R1 was snortime R1 was laying time she was on he against her arm (not E9 was interviewed confirmed the inform E9 said he observed.)	ge 13  ath. She appeared to be t of breath, like walking up (R1's) name, after 10 to 12 x and, but she was awake. I then E4) that there was no ame in the room called her d well we (know) she's not reathing. Nurse, (E4) said a her. After she said that I bom. The nurse went back to I (E8) worked 2nd shift 2pm -  ed E8 on 3/16/10 at 2:55 p.m. Igned to (R1) on 2/28/10 at ually fights seizures by pacing. d me to bring (R1) to me due she was out of breath from It) was always out of breath Is room at 9:50 p.m. Usually if e she would respond. (R1) m., I told (E4) she is not alling her name. The nurse after her, I left R1's room."  ment notes E9 did bed check I15 P to 10:15 P. (R1) was E9 reported doing bed check E9 said E9 never saw (R1) d going to the bathroom. E9 ing loudly. E9 stated at one flat on her back, and another or side with her face resting brandly how she sleeps).  I on 3/16/10 at 2:36 p.m., E9 mation given in his statement. d R1 from the door of the male staff don't usually work	W3	331			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) M A. BUI		PLE CONSTRUCTION G	(X3) DATE SURVEY COMPLETED	
		14G097	B. WIN	IG _			C <b>5/2010</b>
	PROVIDER OR SUPPLIER		•	7	REET ADDRESS, CITY, STATE, ZIP CODE 270 SOUTH SHORE DRIVE CHICAGO, IL 60649		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFI TAG		PROVIDER'S PLAN OF CORREC (EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APPR DEFICIENCY)	ULD BE	(X5) COMPLETION DATE
W 331	"2/28/109:30 p - (and) I took her to be again to go to bath 9:50 p - (R1) got up the bathroom door telling her to lay do on her bed took off down facing the wir saw her turning aroshe wasn't going to to the middle day ro (and) escort (R1) to her sit there until should be came to her rotold her to get up alto me that (R1) was (E8) said that I thou I went to the room a breathing, her breal abored and she was thought. I told (E8) breathing and not to The light was turn of was about 10:15 p. around 11p to get how (respirations) 20 B/(best I can remember took a blanket out ther up because she sheets. Around 11 look in on (R1) and glance into (R1's) rosleeping around 1:5 (E5) called me to low wouldn't wake up.	ment reads as follows; (R1) got up to go to bathroom bed. 9:40 p (R1) got up room et (and) back to bed. I once more but I stop her (at) (and) walk her back to her bed wn and go to sleep. I sat her her shoes and pantsshe lay andow about 10 to 15 mins I und toward the door. I felt sleep (at) this time so I walk from and ask (E8) to come of middle day room (and) let are gets sleepy or dozing off. from turn on the light (and) frout 3 times. Then (E8) said of non responsive. When she aght (R1) had stop breathing. From the shear of the shear	W	3331			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MU A. BUIL	JLTIPLE CONSTRUCTION DING		(X3) DATE SURVEY COMPLETED	
		14G097	B. WING			C <b>5/2010</b>	
	PROVIDER OR SUPPLIER		•	STREET ADDRESS, CITY, STATE, 2 7270 SOUTH SHORE DRIVE CHICAGO, IL 60649	•		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES YMUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFI) TAG	PROVIDER'S PLAN ( (EACH CORRECTIVE A CROSS-REFERENCED TI DEFICIE	ACTION SHOULD BE O THE APPROPRIATE	(X5) COMPLETION DATE	
W 331	bluish in color (and were stiff and no lo elbow (and) knees dilated. I saw no choreath against my for Surveyor interviewed E4 said she called was restless and up (R1) had done this around when anxio because of her breather room E8 called was unresponsive. was sleeping and I said she took R1's because R1 had sy month or month and she would have to she got up walking be short of breath I much. E4 said the bedtime was not rechecked at 6:15 a.r Pulmonary Resuscattempted when R1 3/1/10. E5 said R1 in. R1's arms were there was no pulse was gone for awhile she called 911, the she was gone.  Overnight DSP reviewed. The initial part as follows; "I cominute. I always stiff and since the stiff and she was stiff and she was stiff as follows; "I cominute. I always stiff and since the stiff and she was stiff as follows; "I cominute. I always stiff and since the stiff and she was stiff as follows; "I cominute. I always stiff and since the stiff and she was stiff as follows; "I cominute. I always stiff and since the stiff and she was stiff and she was stiff as follows; "I cominute. I always stiff and she was	also notice that (R1) was cold, ) her limbs - arms (and) legs nger easily to bend (at) the her eyes were fixed and nest movement or felt her	W 3	31			

	FOF DEFICIENCIES DF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	A. BUII		IPLE CONSTRUCTION  NG	(X3) DATE SU COMPLE	TED
		14G097	B. WIN	IG _			5 <b>/2010</b>
	PROVIDER OR SUPPLIER		,	7	REET ADDRESS, CITY, STATE, ZIP CODE 7270 SOUTH SHORE DRIVE 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 SHOI CROSS-REFERENCED TO THE APPR DEFICIENCY)	JLD BE	(X5) COMPLETION DATE
W 331	When the morning up (R1). She would that it was some wr call the nurse."  A follow up staff inteconducted for the ir 3/3/10. The follow by E2 (Assistant Acinterview reads as follows: How often of (check) on 2/28/10. Ans. every 15 min ques: what time frate Ans: starting @ 10 ques: How are bed Ans: I opened the walked in the room ques: where were years: at the end of ques: while comple notice (R1's) chest Ans: I did not notice question: What post Ans: always lays of question: Did you in position during your Ans: No changes were were years: No changes were years. Years always lays of the years	her room she was sleep. staff com (come) in to get her d get up that is when I heard ong with her. One of the staff  erview with E6, was evestigative follow up dated up interview was conducted dministrator). The follow up follows;  did you complete the bed for 3rd shift? enutes  me did you do bed (check) 0:30 pm - 5:30 am  (checks) completed? door, turned on the lights, & looked around  you standing at? (R1's) bed  ting bed (checks) did you going up & down? e.  ition does (R1) sleep in? n her side  otice any changes in sleeping r bed (check)	W3	331			

	F OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	A. BUI		IPLE CONSTRUCTION  NG	(X3) DATE SU COMPLE	
		14G097	B. WIN	1G _			5 <b>/2010</b>
	PROVIDER OR SUPPLIER			7	REET ADDRESS, CITY, STATE, ZIP CODE 7270 SOUTH SHORE DRIVE CHICAGO, IL 60649	0-1700	372010
(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 SHOU CROSS-REFERENCED TO THE APPR DEFICIENCY)	JLD BE	(X5) COMPLETION DATE
W 331	around room. (R1) Cover pulled up are turned toward door looked like she was (R1) been sick?" -" breathing, (E5) said off on the night she didn't need/ask for smoothly, everyone  E5's (program s reads, " I (E5) called didn't get no respor her and touch her, I body was stiff and I (E5) called for the r look at (R1) that she the nurse came in t said that she had p  Surveyor interviewe E5 confirmed the in statement. E5 said was laying on her a blankets up. No on said she was traine stiff she had been g shocked, I would ha nurse. No CPR wa paramedics said (R E5 said (R1) had a to walk to take her I  E12's written st A nurse (E4) LPN of supervisor (supervi	to room, cut on light and go looked like she was asleep. Jound neck on her side. Face a After she was found (R1) still a saleep. E6 said, "I asked has had trouble with her I." E6 said, "there was a call passed. I could do the job help. Everything went a slept all night."  Supervisor) written statement but to (R1) and didn't get no but to a second time and still hads. At this time I walk over to be blanket over body and her still didn't get no respond. I hourse (E4) to come to take a se is none responding. (E4) he room and check her and last away."  Jed E5 on 3/16/10 at 11:11 a.m. formation in her written when she found (R1) she rm on the right side with the se moved the blankets. E5 d in CPR. R1's body was so gone for awhile. I was ave started CPR, I got the s done. E5 said the 1) had been gone for awhile. hernia, it was difficult for her	W	331			

-	F OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	A. BUI		IPLE CONSTRUCTION  IG	(X3) DATE SU COMPLE	TED
		14G097	B. WIN	IG _			5 <b>/2010</b>
	PROVIDER OR SUPPLIER			7	REET ADDRESS, CITY, STATE, ZIP CODE 7270 SOUTH SHORE DRIVE 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 SHOU CROSS-REFERENCED TO THE APPR DEFICIENCY)	JLD BE	(X5) COMPLETION DATE
W 331	911. @ that time no called 911 report to that was unresponse Par(a) medic in facil Nurse (E4) was in the covers on her up to right side she was rearound both eyes a Surveyor interviewed a.m. E12 confirmed Physician Progress (facility physician) of Got a call that paties morning around 6:1 pt. at 8:30 a.m. Pt. Most probable cause (Myocardial Infarctic Atherosclerotic Carhas a large fixed Hibreath(e) harder & Surveyor interviewed 3/16/10 at 12:45 p.1 cause of death on the Acute Myocardial Infarctic Acute	ot sure of time was seconds I dispatcher we had individual sive. Approx. 6:24 A I let the ity run up stairwell to 2nd Fl. bedroom (R1) was in bed with her shoulder laying on the not breathing skin pale blue nd mouth."  ed E12 on 3/16/10 at 11:02 d her written statement  a record completed by E11 on 3/1/10, reads as follows " ent found (without) vitals this 5 AM. Came to pronounce cold, pale & pupils dilated. Se of death is Acute MI	W	331			

	FOF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) M A. BUI		LE CONSTRUCTION	COMPLE	TED
		14G097	B. WIN	IG			C <b>5/2010</b>
	PROVIDER OR SUPPLIER			727	EET ADDRESS, CITY, STATE, ZIP CODE 70 SOUTH SHORE DRIVE HICAGO, IL 60649	0-700	3/2010
(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 APPR DEFICIENCY)	ULD BE	(X5) COMPLETION DATE
W 331	dated 2/28/10 for th (R1) monitor for SC seizure." E3 (Health on 3/29/10 at 10:05 communicate inform support staff  During the Daily Stance 3:25 p.m. with E1 (Administrator), and Supervisor), survey action after the deal were suspended. Echanged. All DSPs protocol. The prototo see if the individual falling. Staff must with E3 (Health Services on 3/15/10 at 2:40 was on close monit	ge 19  g Communication Report ne 7A-7P shift has an entry, " DB (shortness of breath), poss th Services Supervisor) stated a.m. nurses use the report to mation to each other and  atus Meeting on 3/15/10 at Administrator), E2 (Assistant E3 (Health Services for asked about corrective th of R1. E4, E8, and E9 Bed check protocol was were inserviced on the new focol requires use of a flashlight ual's chest is rising, and walk to each individual's bed.  S Supervisor) was interviewed form. E3 said the reason (R1) oring was because of her E3 was asked why nursing	W	331			
	staff was being inse investigative follow always initiate CPR nursing or staff. Th and no reason was suspended due to v procedure specific performance stand. The undated Staff I includes the followi Make periodic chec treatments are bein	erviced as a result of the up. E3 said nursing should a. No CPR was initiated by the nurse, E4, was asked why given. The nurse was violation of facility policy and to failure to meet job ards including initiating CPR.  Nurse Job Description and duties: the sto ensure that prescribed are properly administered by the to evaluate the resident's					

	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	A. BUI		IPLE CONSTRUCTION  IG	COMPLE	TED
		14G097	B. WIN	IG _		04/05	5/2010
	ROVIDER OR SUPPLIER			7	REET ADDRESS, CITY, STATE, ZIP CODE 270 SOUTH SHORE DRIVE 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 SHOI CROSS-REFERENCED TO THE APPR DEFICIENCY)	ULD BE	(X5) COMPLETION DATE
W 331	The undated Emerg Procedure states, "Cardiac Arrest 1. Determine the re 2. If the resident had contact the physicia 3. If the resident do resuscitate order, of system.	es residents as needed.  gency Care - Basic Policy and esident's code status. as a do not resuscitate order, an oes not have a do not ontact the emergency medical monary resuscitation per	W	331			
	notes dated 2-10-1 (with) new orders in dated 2/10/10 are for CBC (Complete Blot (Comprehensive MR/O (rule out) pulmodated 2/10/10 are for the results note Chest Xray results fixed hiatal hernia is There is no pneumodated in the results fixed hiatal hernia is There is no pneumodated at (LPN) stated 3/2 a.m. she took R1's 2/28/10) because For the last month or moderated she would down. If she got up	ord was reviewed. Nurse's 0 7:45 P note "seen by (E11) oted." Physician's orders or Chest x-ray PA and lateral ood Count) and CMP etabolic Profile). "easy SOB or ted 2/16/10 marked as STAT CO2 level as critical low. dated 2/16/10 state Large is seen. Lungs are clear. Onia, pleural or pericardial of 16/10 at approximately 9:45 vital signs at 11:00 p.m. (on 15 had symptoms like she had onth and a half. When over have to sit down and calm of walking around too much of breath like someone					

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA (X2) MULT IDENTIFICATION NUMBER: A. BUILDII			PLE CONSTRUCTION  G	(X3) DATE SU COMPLE	
		14G097	B. WIN	IG _			C <b>5/2010</b>
	PROVIDER OR SUPPLIER		•	7	REET ADDRESS, CITY, STATE, ZIP CODE 270 SOUTH SHORE DRIVE 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
W 331	p.m. "(R1) was alway informed a couple of had hernia in chest E6 (DSP) stated 3/a.m. After she was she was asleep. E6 sick?" -" had trouble said."  E5 (DSP) stated 3/a.m., (R1) had a hewalk to take her brown br	16/10 at approximately 2:55 ays out of breath lately, (I was) of weeks before death, she, can't lay down after eating."  17/10 at approximately 7:45 found (R1) still looked like said, "I asked has (R1) been with her breathing, (E5)  16/10 at approximately 11:11 trinia, it was difficult for her to eath.  2d E11 (facility physician) at d, "I did not get any call about weeks." E11 said "I never critical low lab level for CO2. If bould have the lab re-check it."  11 anursing in-service training dated 3/5/10. Summary of portance of notifying MD of noting on 24(hour) report also any elevated or critical levels, representative's name from the called over"  2d E3 (Health Services 10/10 at 10:05 a.m. regarding ab work and chest x-ray on dered 2/10/10. E3 said as an issue with lab at the	W	331			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	` ′	JLTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
			A. BUIL	DING		С
		14G097	B. WING	G		5/2010
	ROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZIP CODE 7270 SOUTH SHORE DRIVE 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 CORRE (EACH CORRECTIVE ACTION SHI CROSS-REFERENCED TO THE APP DEFICIENCY)	OULD BE	(X5) COMPLETION DATE
W 331 W9999	is why he ordered to information regarding R1's breathing issured to sit up for 1/2 houthernia. This inform support staff by nurus 24 hour report. The	hing problems (2/10/10) that he chest Xray. There is no not further notification to E11 of es. E3 said R1 was supposed rafter eating due to the hiatal ation was given to direct sing and written in the Daily ere is no documentation in the no notation of the abnormal se's notes	W 3			
	a) The facility shall procedures governithe facility which shinvolvement of the shall be available to public. These writte operating the facility least annually.  Section 350.1210 Homaintain each residual promaintain each residual procedure.	esident Care Policies have written policies and ng all services provided by all be formulated with the administrator. The policies of the staff, residents and the en policies shall be followed in y and shall be reviewed at				

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	,		PLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
		14G097	A. BUILDING  B. WING		C		
NAME OF F	ROVIDER OR SUPPLIER	140097		STR	EET ADDRESS, CITY, STATE, ZIP CODE	04/0	5/2010
LAKEVIE	EW LIVING CENTER			72	270 SOUTH SHORE DRIVE HICAGO, 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 CORRECT (EACH CORRECTIVE ACTION SHOU CROSS-REFERENCED TO THE APPR DEFICIENCY)	JLD BE	(X5) COMPLETION DATE
W9999	b) Nursing services supervision of the hoy a registered profugractical nurse, or to Section 350.1230 N d) Direct care personal profugractical nurse, or to Section 350.1230 N d) Direct care personal profugractical nurse, or to maladaptive behavioursing or psychosomal section 350.3240 A a) An owner, licens or agent of a facility resident. (Section 2 Section 350.1235 L a) Every facility shart to make decisions or treatment, including limit life-sustaining of these Regulations by:  Based on interview failed to provide ad for one client (R1) when the facility fail A. Ensure adequate	to provide immediate realth needs of each resident ressional nurse or a licensed response of the equivalent.  Sursing Services  Innel shall be trained in, but refollowing: refollow	W98	999			

	FOF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) M A. BUI		IPLE CONSTRUCTION  IG	(X3) DATE SU COMPLE	
		14G097	B. WIN	IG _			C <b>5/2010</b>
	PROVIDER OR SUPPLIER			7	REET ADDRESS, CITY, STATE, ZIP CODE 270 SOUTH SHORE DRIVE 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)	ULD BE	(X5) COMPLETION DATE
W9999	monitored appropriis observed.  C. Initiate Cardioper facility policy.  D. Ensure nursing recommendations factivity.  Findings include:  A. The 9/16/09 Indidentifies R1 as a 6 diagnoses include I Seizure/Epilepsy (T NOS, and Anemia. ambulatory with a soutspoken and opiris listed as close. Estated on 3/15/10 a is checking every 1  Facility policy for Least Company of the SECURITY, for a serves. It is your rethe residents are the that they are free from 2. Close Monital above as well as keywhereabouts known may move about in	al with a history of seizures is ately when pre-seizure activity almonary Resuscitation as per evaluates and makes or client with known seizure ividual Program Plan (IPP) 3 year old female whose Profound Mental Retardation, Temporal Lobe), Psychosis The IPP describes R1 as slight gimp, talkative, nionated. Level of Supervision 52 (Assistant Administrator) to 2:30 p.m. close supervision 5 minutes.  Evels of Supervision revised evels of Supervision revised pervision: All staff is CARE; WELFARE; SAFETY If the residents this facility esponsibility to know where at your are assigned to and om abuse and neglect.	W99	999			

-	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) M A. BUI		PLE CONSTRUCTION  G	(X3) DATE SU COMPLE	TED
		14G097	B. WIN	IG _			5 <b>/2010</b>
	ROVIDER OR SUPPLIER		•	7:	EET ADDRESS, CITY, STATE, ZIP CODE 270 SOUTH SHORE DRIVE CHICAGO, IL 60649		
(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)	ULD BE	(X5) COMPLETION DATE
W9999	Annual Review of Adated 1/1/08, states RESUSCITATION.  R1's State of Illinois R1 died on 3/1/10. Acute Myocardial In Atherosclerotic Heacompleting cause of (facility physician).  Review of Accident E4 (Licensed Pract "Date of incident: 3 a.m. T/L (team lead A.M. care. Client utouch. Nurse notifin noted body cold et et (and) movement stiffening when mora.m.; paramedics a arrived (at) 6:32. P (and) said she expirat 6:37 a.m. (E11) he can to pronounce A."  Surveyor reviewed 3/1/10. The report , At location 06:28 scene 07:04. The incident of A. The incident of A	(documentation may be advanced Directives for R1, is the current status is FULL is Certificate of Death states Immediate cause of death is infarction due to art Disease. Person if death is listed as E11  /Incident Report completed by ical Nurse / LPN) states, -1-10 Time of incident 6:15 (E5) try to wake client for incident (E5) try to wake client for incident old examined client, (no) pulse (and) unresponsive to name when shaken; arm & legs (and) unresponsive to name when shaken; arm & legs (and). Police aramedics exam client et red Physician notified (E11) said he'll be there as soon as the client dead. arrived at 8:53  the Paramedic report dated documents Dispatch at 06:24 At patient 06:31, Departed note reads "Patient found lying"	W99	999			
	(Dead on arrival), F stated last time she 10:00 PM last night	e, upon exam, patient DOA tigger/lividity noted, nurse talked to patient was around Nurse stated she went to dication this morning and					

-	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) M A. BUI		IPLE CONSTRUCTION IG	(X3) DATE SU COMPLE	
		14G097	B. WIN	NG _			C <b>5/2010</b>
	PROVIDER OR SUPPLIER			7	REET ADDRESS, CITY, STATE, ZIP CODE 7270 SOUTH SHORE DRIVE 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 APPE DEFICIENCY)	ULD BE	(X5) COMPLETION DATE
W9999	trauma noted." The notes no spontaneor absent, no chest was consciousness unrowarm lividity/pooling reassessment portinon-reactive and dimultiple leads.  Review of Investiga 3/8/10, completed & Administrator/Resident in the following individing roommates) none of incident Staff writted were held with the fracility Supervisor, (E4) LPN, (E13) LP Person), (E9) DSP, shift facility supervisor, (E17) ES (Health Servic Supervisor, (E17) ES (Health Servic Supervisor, (E17) E Supervisor, (E17) E Supervisor, (E11) wham on March 1, 20 examine (R1's) book (Assistant Administ LPN confirm that calcute Myocardial Infaction is (1) confer funeral arrangement (interdisciplinary tealincident (3) refer incommittee for revieregarding policy and conscious supervisor incident (3) refer incommittee for revieregarding policy and conscious supervisor incident (3) refer incommittee for revieregarding policy and conscious supervisor incident (3) refer incommittee for revieregarding policy and conscious supervisor incident (3) refer incommittee for revieregarding policy and conscious supervisor incident (3) refer incommittee for revieregarding policy and conscious supervisor incident (3) refer incommittee for revieregarding policy and conscious supervisor.	ponsive not breathing. No Findings portion of form ous respirations, lung sounds all expansion, level of esponsive lying on side sking. Management and on of form notes pupils lated. ECG rhythm asystole - lative follow-up report dated by E2 (Assistant lential Services Director) of terview was completed with luals: (R4 - R13) R2, R3 - (of whom had witnessed any en statements, and interviews following staff: (E12), AM (E10) - night shift supervisor, N, (E6) DSP (Direct Support (E7) DSP, (E14) - Evening sor, (E8) DSP, E15 DSP, E3 des Supervisor) (E16) Program	W99	999			

	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	A. BUI		IPLE CONSTRUCTION  NG	COMPLE	TED
		14G097	B. WIN	1G _			5 <b>/2010</b>
	ROVIDER OR SUPPLIER		1	7	REET ADDRESS, CITY, STATE, ZIP CODE 7270 SOUTH SHORE DRIVE 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 SHOI CROSS-REFERENCED TO THE APPR DEFICIENCY)	ULD BE	(X5) COMPLETION DATE
W9999	by E2 (Assistant Ad Investigative follow DSP E7's statement 2/28/10) I start noticular unhappy a little. She the day room a couplave a set (seat) for (R1) might have a stay in the day room movies for the end between 9:30 - 9:30 was in the chair in the Surveyor interviewed E7 confirmed written not have a seizure of the season of the seas	written statements obtained dministrator) during the up dated 3/8/10:  It states, "After dinner (on cing that (R1) was looking he started paceing (pacing) in ple of times and, I ask (R1) to r safety it appear to me that seizure so I (cont) to let (R1) in to be monitor and watch of my shift. I left the floor I my shift was over and (R1) he dayroom with staff (E8)"  and E7 on 3/16/10 at 3:10 p.m. in statement. E7 said R1 did on 2/28/10 during E7's shift.	W99	999			
	had said she (R1) r seizure at some po until about 9:35, at room. At 9:50 p.m. come to (R1's) room to bathroom six timeshe was lying awakes she was out of breathing a little out stairs. I (E8) called she wouldn't response the nurse (I response. Nurse can ame twice and saidead cause she's be well I'll keep eval or	at states, "(2/28/10) staff (E7) night be going to have a sint(R1) was in the dayroom that time she went to her nurse (E4) came & ask me to m & get her & bring her to with me cause she has went es. When I got to her room the in bed & nurse (E4) said with. She appeared to be to of breath, like walking up (R1's) name, after 10 to 12 x and, but she was awake. I then E4) that there was no ame in the room called her d well we (know) she's not reathing. Nurse, (E4) said in her. After she said that I om. The nurse went back to					

	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	,	ULTIPI LDING	LE CONSTRUCTION	(X3) DATE S COMPLE	ETED
		14G097	B. WIN	IG			C <b>5/2010</b>
	PROVIDER OR SUPPLIER			727	ET ADDRESS, CITY, STATE, ZIP CODE 70 SOUTH SHORE DRIVE HICAGO, IL 60649		
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES  Y MUST BE PRECEDED BY FULL  SC IDENTIFYING INFORMATION)	ID PREF TAG		PROVIDER'S PLAN OF CORRE (EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APP DEFICIENCY)	OULD BE	(X5) COMPLETION DATE
W9999	Surveyor interviewer E8 said, "I was ass 9:30 p.m. (R1) us (E4), nurse, wanted to pacing. E4 said pacing the floor. (Flately. I went to R1 you called her name was alive at 9:50 presponding to me of said she would look DSP E9's statemer 2/28/10 from 9:15 libed asleep. E9 regithe doorway. E9 supout of bed going R1 was snoring low was laying flat on his was on her side with arm (normally how E9 was interviewed confirmed the infor E9 said he observed bedroom because with women.  LPN E4's statemer9:30 p - (R1) got took her to bed. 9: to bathroom et (and got up once more lidoor (and) walk he lay down and go to	ed E8 on 3/16/10 at 2:55 p.m. igned to (R1) on 2/28/10 at ually fights seizures by pacing. If me to bring (R1) to me due she was out of breath from (R1) was always out of breath is room at 9:50 p.m. Usually if we she would respond. (R1) .m., I told (E4) she is not calling her name. The nurse k after her, I left R1's room."  Int notes E9 did bed check on P to 10:15 P. (R1) was lying in ported doing bed check from aid E9 never saw (R1) getting to the bathroom. E9 stated adly. E9 stated at one time R1 her back, and another time she th her face resting against her	W99	999			

-	FOF DEFICIENCIES DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	A. BUI		IPLE CONSTRUCTION  IG	(X3) DATE SU COMPLE	TED
		14G097	B. WIN	1G _			5/2010
	PROVIDER OR SUPPLIER		•	7	REET ADDRESS, CITY, STATE, ZIP CODE 270 SOUTH SHORE DRIVE 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 CORRECT (EACH CORRECTIVE ACTION SHOU CROSS-REFERENCED TO THE APPR DEFICIENCY)	JLD BE	(X5) COMPLETION DATE
W9999	facing the window a turning around toware going to sleep (at) to middle day room are escort (R1) to midd there until she gets came to her room to her to get up about me that (R1) was noted (E8) said that I thou I went to the room a breathing, her breathing, her breathing and not to the light was turn of was about 10:15 p. around 11p to get horself (respirations) 20 B/(best I can remember took a blanket out to her up because she sheets. Around 11 look in on (R1) and glance into (R1's) respirations around 1:3 (E5) called me to low wouldn't wake up. for a pulse on her wouldn't wake up. for a pulse o	about 10 to 15 mins I saw her ard the door. I felt she wasn't his time so I walk to the ad ask (E8) to come (and) le day room (and) let her sit sleepy or dozing off. (E8) urn on the light (and) told 3 times. Then (E8) said to on responsive. When she light (R1) had stop breathing. and notice that (R1) was athing wasn't shallow or as sleeping and not awake as I that (R1) was alive and to get her up but let her sleep. off and we left the room that I came back to (R1's) room are vitals p( pulse)-80 R P (blood pressure) 149/82 per). After taking her vitals I he linen closet (and) covered to was lying on top of her as 30 before going downstairs I she was still sleepingI she was still sleepingI show (at) R1 because she I went to (R1's) room (and) felt wrist (and) then her neck also notice that (R1) was cold, her limbs - arms (and) legs inger easily to bend (at) the her eyes were fixed and nest movement or felt her	W99	999			

-	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	A. BUI		IPLE CONSTRUCTION  NG	(X3) DATE SU COMPLE	TED
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	ROVIDER OR SUPPLIER			7	REET ADDRESS, CITY, STATE, ZIP CODE 7270 SOUTH SHORE DRIVE CHICAGO, IL 60649	0-1100	3/2010
(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 SHOU CROSS-REFERENCED TO THE APPR DEFICIENCY)	JLD BE	(X5) COMPLETION DATE
W9999	(R1) had done this around when anxio because of her brearoom E8 called R1 unresponsive. E4 s sleeping and I could she took R1's vital s R1 had symptoms I month and a half. I have to sit down an walking around too breath like someon the blanket placed removed when R1 was asked why Car (CPR) was not atte 6:15 a.m. on 3/1/10 rigor mortis set in. Everything was cold said she assumed I she saw her. E4 sa paramedics came at Covernight DSP E6's reviewed. The initial part as follows; "I cominute. I always st bed check I check I be check I check I went to When the morning up (R1). She would that it was some wroall the nurse."  A follow up staff into conducted for the in 3/3/10. The follow	before, got up and walked us, I didn't want her to do this athing. When E8 came to the three times. E8 said R1 was said, "I checked her, (R1) was d see her breathing." E4 said signs at 11:00 p.m. because ike she had the last month or When over exerted she would id calm down. If she got up much she would be short of e running too much. E4 said on R1 at bedtime was not was checked at 6:15 a.m. E4 rdio Pulmonary Resuscitation mpted when R1 was found at it. E5 said R1 was cold and R1's arms were stiff. If it is a said she was gone.  Se written statement was all written statement reads in the did bed check every thirty art on (R1's) end when I do ner room and she was sleep. It is a staff com (come) in to get her diget up that is when I heard ong with her. One of the staff erview with E6, was investigative follow up dated up interview was conducted diministrator). The follow up	W99	999			

	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	A. BUI		IPLE CONSTRUCTION  NG	(X3) DATE SU COMPLE	
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	ROVIDER OR SUPPLIER		·	7	REET ADDRESS, CITY, STATE, ZIP CODE 7270 SOUTH SHORE DRIVE CHICAGO, IL 60649		<i>3</i> ,23.13
(X4) ID PREFIX TAG	(EACH DEFICIENCY	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
W9999	(check) on 2/28/10 Ans. every 15 mir ques: what time fra Ans: starting @ 10 ques: How are bed Ans: I opened the o walked in the room ques: where were y Ans: at the end of o ques: while comple notice (R1's) chest Ans: I did not notic question: What pos Ans: always lays o question: Did you n position during you Ans: No changes o Surveyor interviewe E6 stated bed chec E6 said, "I go room around room. (R1) Cover pulled up arc	lid you complete the bed for 3rd shift? nutes me did you do bed (check) 0:30 pm - 5:30 am  (checks) completed? door, turned on the lights, & looked around rou standing at? (R1's) bed ting bed (checks) did you going up & down? e.  ition does (R1) sleep in? n her side  otice any changes in sleeping r bed (check)	W98	999	,		
	looked like she was (R1) been sick?" -" breathing, (E5) said off on the night she	s asleep. E6 said, "I asked has had trouble with her I." E6 said, "there was a call passed. I could do the job help. Everything went					

	FOF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) N A. BU		PLE CONSTRUCTION G	(X3) DATE SU COMPLE	
		14G097	B. WII	NG _			C <b>5/2010</b>
	PROVIDER OR SUPPLIER			7:	REET ADDRESS, CITY, STATE, ZIP CODE 270 SOUTH SHORE DRIVE 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 APPR DEFICIENCY)	ULD BE	(X5) COMPLETION DATE
W9999	E5's (program supereads, " I (E5) call of responds. I called didn't get no response her and touch her, body was stiff and I (E5) called for their look at (R1) that she had possible the nurse came in the said that she had possible the said that she had possible the said that she had possible the said she was trained the said she was trained she was trained she was trained she was trained shocked, I would have the said (R1) had a to walk to take her estated that was unresponse parker nurse (E4) LPN called supervisor (supervisor (s	ervisor) written statement but to (R1) and didn't get no out to a second time and still ands. At this time I walk over to leg blanket over body and her still didn't get no respond. I hurse (E4) to come to take a le is none responding. (E4) he room and check her and last away."  Led E5 on 3/16/10 at 11:11 a.m. afformation in her written when she found (R1) she arm on the right side with the le moved the blankets. E5 d in CPR. R1's body was so gone for awhile. I was lave started CPR, I got the standard the left of the	W9	999			

	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) M A. BUI		PLE CONSTRUCTION  G	(X3) DATE SU COMPLE	JRVEY TED
		14G097	B. WIN	1G _			C <b>5/2010</b>
	ROVIDER OR SUPPLIER		•	72	REET ADDRESS, CITY, STATE, ZIP CODE 270 SOUTH SHORE DRIVE 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 APPR DEFICIENCY)	ULD BE	(X5) COMPLETION DATE
W9999	(facility physician) of "Got a call that patimorning around 6:1 pt. at 8:30 a.m. Pt Most probable caus (Myocardial Infarcti Atherosclerotic Carhas a large fixed Hibreath(e) harder & Surveyor interviewe 3/16/10 at 12:45 p. cause of death on the Acute Myocardial Infarcti the only thing I coulsudden death. E11	record completed by E11 on 3/1/10, reads as follows ent found (without) vitals this 5 AM. Came to pronounce cold, pale & pupils dilated. Se of death is Acute MI on) (secondary) to dio vascular Disease. Pt. also atal Hernia which make her unable to compensate much."  ded E11 (facility physician) on m. E11 was asked why the he death certificate is listed as a farction. E11 replied, it was lid think of that would cause said there was no problem	W99	999			
	staff told me. The pher, she was alread the time of death programmed she might before. The close is because of seizure last time I saw R1 sand talking."  The 24 hour Nursing dated 2/28/10 for the (R1) monitor for SC seizure." E3 (Healton 3/29/10 at 10:05 communicate inform support staff  During the Daily Sta 3:25 p.m. with E1 (A)	aid R1 was already cold, the caramedics wouldn't touch dy cold with rigor. E11 said robably was late in the night, at have died a few hours supervision was probably as as a safety precaution. "The she was up walking around ag Communication Report to PA-7P shift has an entry, "OB (shortness of breath), possith Services Supervisor) stated is a.m. nurses use the report to mation to each other and attus Meeting on 3/15/10 at Administrator), E2 (Assistant)					
		Administrator), E2 (Assistant E3 (Health Services					

	FOF DEFICIENCIES DF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) M A. BUI		IPLE CONSTRUCTION	(X3) DATE SU COMPLE	TED
		14G097	B. WIN	1G _			C <b>5/2010</b>
	PROVIDER OR SUPPLIER		•	7	REET ADDRESS, CITY, STATE, ZIP CODE 270 SOUTH SHORE DRIVE CHICAGO, 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 SHO CROSS-REFERENCED TO THE APPR DEFICIENCY)	ULD BE	(X5) COMPLETION DATE
W9999	action after the dea were suspended. It changed. All DSPs protocol. The prototo see if the individing falling. Staff must were suspended at 2:40 was on close monit Seizure Disorder. Staff was being inserinvestigative follow always initiate CPR nursing or staff. The and no reason was suspended due to procedure specific performance stand. The undated Staff I includes the following Make periodic check treatments are being direct care staff and physical and emotion Monitor and assess. The undated Emery Procedure states, "Cardiac Arrest 1. Determine the real contact the physicia 3. If the resident directs care, system.	vor asked about corrective of R1. E4, E8, and E9 Bed check protocol was were inserviced on the new ocol requires use of a flashlight ual's chest is rising, and walk to each individual's bed.  Is Supervisor) was interviewed p.m. E3 said the reason (R1) foring was because of her E3 was asked why nursing erviced as a result of the up. E3 said nursing should the nurse, E4, was asked why given. The nurse was violation of facility policy and to failure to meet job ards including initiating CPR.  Nurse Job Description and to esident's as needed.  Gency Care - Basic Policy and the sident's code status.  Besident's code status.	W99	999			

	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) M A. BUI		IPLE CONSTRUCTION  IG	(X3) DATE SU COMPLE	TED
		14G097	B. WIN	1G _			5/ <b>2010</b>
	ROVIDER OR SUPPLIER			7	REET ADDRESS, CITY, STATE, ZIP CODE 1270 SOUTH SHORE DRIVE 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 APPR DEFICIENCY)	JLD BE	(X5) COMPLETION DATE
W9999	Continued From pa protocol. 5. Contact the phy		W99	999			
	notes dated 2-10-1 (E11) (with) new or orders dated 2/10/1 lateral CBC (Comp	ord was reviewed. Nurse's 0 7:45 PM note "seen by ders noted." Physician's 0 are for Chest x-ray PA and lete Blood Count) and CMP etabolic Profile). "easy SOB - o."					
	on the results note Chest Xray results fixed hiatal hernia is	tted 2/16/10 marked as STAT CO2 level as critical low. dated 2/16/10 state Large s seen. Lungs are clear. onia, pleural or pericardial					
	a.m. she took R1's 2/28/10) because F the last month or m exerted she would down. If she got up	16/10 at approximately 9:45 vital signs at 11:00 p.m. (on R1 had symptoms like she had nonth and a half. When over have to sit down and calm of walking around too much of breath like someone					
	p.m. "(R1) was alwainformed a couple of	16/10 at approximately 2:55 ays out of breath lately, (I was) of weeks before death, she , can't lay down after eating."					
	a.m. After she was she was asleep. E6	17/10 at approximately 7:45 found (R1) still looked like said, "I asked has (R1) been with her breathing, (E5)					

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION  A. BUILDING  B. WING			(X3) DATE SURVEY COMPLETED C 04/05/2010	
		14G097					
NAME OF PROVIDER OR SUPPLIER  LAKEVIEW LIVING CENTER			•	7	REET ADDRESS, CITY, STATE, ZIP CODE 270 SOUTH SHORE DRIVE CHICAGO, IL 60649		
(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 CORREC (EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APPR DEFICIENCY)	SHOULD BE COMPLÉTION	
W9999	a.m., (R1) had a he walk to take her bre walk to take her bre surveyor interviewed 12:45 p.m. E11 said (R1) in the last few got called about a class informed, I was informed attendance record of meeting states, "Im lab results documed in nurses notes of a making sure to get lab when results and Surveyor interviewed Supervisor) on 3/29 delay in obtaining la 2/16/10 that was on sometimes there was local hospital, the is On 3/29/10 at 10:05 notified of the breat is why he ordered to information regarding R1's breathing issue to sit up for 1/2 houndernia. This inform support staff by nur 24 hour report. The	Info/10 at approximately 11:11 arnia, it was difficult for her to eath.  India End E11 (facility physician) at cd, "I did not get any call about weeks." E11 said "I never critical low lab level for CO2. If build have the lab re-check it."  Inursing in-service training dated 3/5/10. Summary of portance of notifying MD of noting on 24(hour) report also any elevated or critical levels, representative's name from e called over."  Inursing in-service training dated 3/5/10. Summary of portance of notifying MD of noting on 24(hour) report also any elevated or critical levels, representative's name from e called over."  Inursing in-service training detect any elevated or critical levels, representative's name from e called over."  Inursing in-service training detect also of notifying MD of notif	W99	999			