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

TATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		, ,		(X3) DATE SURVEY COMPLETED	
	145809	B. WING _		09/2	3/2010
	SING CTR	:	263 SKOKIE BOULEVARD		
(EACH DEFICIENC)	/ MUST BE PRECEDED BY FULL	ID PREFIX TAG	(EACH CORRECTIVE ACTION SHO	OULD BE	(X5) COMPLETION DATE
Practical Nurse) did procedure when sh will call the supervi 911. On 9/14/10 at 11:50 Nurse) did not know outlets were in the Review of the disast drills attendance sh months done from no detailed written regarding the fire demergencies. E1 (administrator) daily status meeting plans written or dor sure E10 will. FINAL OBSERVAT LICENSURE VIOLATION 100.3240a) 300.3240d) 300.3240e) Section 300.3240 Abuse and Neglect a) An owner, licens or agent of a facility resident. (Section 200.3240) A facility administration of the sure statement of the sure sure sure sure sure sure sure sur	d not know the correct le smells smoke. E27 stated sor, the administrator or call Dam E28 (RN- Registered w where the red or emergency levent of power outage. Ster drill binder showed fire leets on 3 shifts at alternating 19/2009 to 9/2010. There are disaster plan and procedure drill or other potential Stated on 9/10/10 at 4:45pm 19, there are no other disaster line by facility, but will make TIONS ATIONS Lee, administrator, employee or shall not abuse or neglect a 12-107 of the Act) Strator, employee, or agent				
resident shall also	report the matter to the				
	ROVIDER OR SUPPLIER SUMMARY STA (EACH DEFICIENCY REGULATORY OR L Continued From pa Practical Nurse) did procedure when sh will call the supervis 911. On 9/14/10 at 11:50 Nurse) did not know outlets were in the Review of the disas drills attendance sh months done from a no detailed written regarding the fire of emergencies. E1 (administrator) ad daily status meeting plans written or dor sure E10 will. FINAL OBSERVAT LICENSURE VIOLA 300.3240a) 300.3240a) 300.3240d) 300.3240e) Section 300.3240 Abuse and Neglect a) An owner, licens or agent of a facility resident. (Section 2 d) A facility adminis who becomes away resident shall also of	ROVIDER OR SUPPLIER SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) Continued From page 69 Practical Nurse) did not know the correct procedure when she smells smoke. E27 stated will call the supervisor, the administrator or call 911. On 9/14/10 at 11:50am E28 (RN- Registered Nurse) did not know where the red or emergency outlets were in the event of power outage. Review of the disaster drill binder showed fire drills attendance sheets on 3 shifts at alternating months done from 9/2009 to 9/2010. There are no detailed written disaster plan and procedure regarding the fire drill or other potential emergencies. E1 (administrator) stated on 9/10/10 at 4:45pm daily status meeting, there are no other disaster plans written or done by facility, but will make sure E10 will. FINAL OBSERVATIONS LICENSURE VIOLATIONS 300.3240a) 300.3240d) 300.3240e)	ROVIDER OR SUPPLIER DOK TERRACE NURSING CTR SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) Continued From page 69 Practical Nurse) did not know the correct procedure when she smells smoke. E27 stated will call the supervisor, the administrator or call 911. 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DEPARTMENT OF HEALTH AND HUMAN SERVICES CENTERS FOR MEDICARE & MEDICAID SERVICES (X1) PROVIDER/SUPPLIER/CLIA

AND PLAN OF CORRECTION	PROVIDER/SUPPLIER/CLIA DENTIFICATION NUMBER:	A. BUILDING			COMPLETED	
	145809	B. WIN	NG	09/2:	3/2010	
NAME OF PROVIDER OR SUPPLIER LAKE COOK TERRACE NURSING OF	CTR		STREET ADDRESS, CITY, STATE, ZIP CO 263 SKOKIE BOULEVARD NORTHBROOK, IL 60062	•		
(X4) ID SUMMARY STATEMEN PREFIX (EACH DEFICIENCY MUST TAG REGULATORY OR LSC IDEI	BE PRECEDED BY FULL	ID PREFIX TAG		N SHOULD BE E APPROPRIATE	(X5) COMPLETION DATE	
that an employee of a lor the perpetrator of the abuimmediately be barred frowith residents of the facil of any further investigation disciplinary action against These Requirements we by: Based on interviews and facility failed to prevent of eight residents in a samp physically and psycholog. This failure resulted in Residents in a samp physically and psycholog. This failure resulted in Residents in a samp physically and psycholog. This failure resulted in Residents in a samp physically and psycholog. This failure resulted in Residents and staff at the samp physical staff and shower against his will also forcibly removed from his facility had knowledge of abuse that R8 was subject administrator and staff staff as the samp physically failed investigation and had not preventive measures to prev	ator of abuse. When an of suspected abuse of a d upon credible evidence, ng-term care facility is use, that employee shall om any further contact lity, pending the outcome on, prosecution or st the employee. The employee of the employee	F99	999			

	FOF DEFICIENCIES DF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) M A. BU		IPLE CONSTRUCTION NG	(X3) DATE SURVEY COMPLETED	
		145809	B. WI	NG _		09/2	3/2010
NAME OF PROVIDER OR SUPPLIER LAKE COOK TERRACE NURSING CTR			1	2	REET ADDRESS, CITY, STATE, ZIP CODE 263 SKOKIE BOULEVARD NORTHBROOK, IL 60062	,	
(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 APP DEFICIENCY)	OULD BE	(X5) COMPLETION DATE
F9999	R8 is alert, ambular able to make his not able to make his not 2. On September 7 initial tour, R8 states the staff in this facil mean by his statem dragged into the shapeen ripped off his the staff for the last he is so tired of this out of this place as chance. R8 stated months ago to report dragged him back if asked what happer away, he stated the when I reported it, if asked who is they the wastwo women where the just ripped my 3. On September 7 interview with (R8), mostly three staff if shower and rip his are raping him. When practice been going couple of years and going on. When as (R8) stated YES to and the Administrative with E1 (Ashe was aware of the YES, she is aware of molestation during the staff in	tes with minimal assist and is seeds known to staff. 7. 2010 at 9:50 a.m. during the double he is tired of being raped by ity. When asked what did he nent, R8 told surveyor he is ower and his clothes have body three times a week by couple of years. R8 stated abuse, that he is going to get soon as he gets the first he almost got away a couple of it to the police but the men noto this place (facility). When need that made him want to run ay raped me that morning and no one believed me. R8 was hat raped him. He replied it no raped me in the shower, clothes off of me. 7. 2010 at 10:00 a.m. during an he stated that every time two nembers drag him into the clothes off his body that they en asked how long has this gon? (R8) responded for a double not cares about what is ked if he reported this incident the Social Service department	F9:	999			

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

	FOF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION IDENTIFICATION NUMBER: A. BUILDING			(X3) DATE SURVEY COMPLETED		
		145809	B. WIN	IG _		09/2:	3/2010
	PROVIDER OR SUPPLIER	SING CTR		2	REET ADDRESS, CITY, STATE, ZIP CODE 63 SKOKIE BOULEVARD IORTHBROOK, IL 60062		
(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 APPF DEFICIENCY)	ULD BE	(X5) COMPLETION DATE
F9999	Illinois Dept. of Pub. No!, I did not report this every time he control this every time the c	nvestigated and reported to blic Health (IDPH). E1 stated it to IDPH because R8 says gets a shower. 7, 2010 at 1:45 p.m. during an (Social Service Director, if R8 reported incidents of tion to this office she 14 was asked if R8 eloped the month of June and she at he was very upset after and attempted an elopement on the was asked if an investigation ated to the allegation on June the rape and elopement. E14 stated that E17 was the one ower. E14 stated that E17 was as listed as working that unit ed to investigate the incident. The elopement reported, E14 did speak to R8 and he has many times if we keep giving	F99	999			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING			(X3) DATE SURVEY COMPLETED	
		145809	B. WIN	NG _		09/2	3/2010
	PROVIDER OR SUPPLIER	SING CTR	•	2	REET ADDRESS, CITY, STATE, ZIP CODE 263 SKOKIE BOULEVARD NORTHBROOK, IL 60062		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES / MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREF TAG		PROVIDER'S PLAN OF CORRE (EACH CORRECTIVE ACTION SH CROSS-REFERENCED TO THE API DEFICIENCY)	IOULD BE	(X5) COMPLETION DATE
F9999	afternoon. E15 state wanted to know who him being raped agasked if she investicalleged incident of responded NO, she about the elopement I did not do any rept I do not know if an concluded. 8. On September 8 interview with E8 (Outletter there were two on June 24, 2010. E8 because R8 is always shower and that R8 stated he reported (Administrator). 9. On September 8 interview with E16 one of the female selected (Administrator). 9. On September 8 interview with E16 one of the female selected (Administrator). 9. On September 8 interview with E16 one of the female selected (Administrator). 10. Review of the female selected (Administrator) and yelling do asked why other opnot chosen, E16 stated that word and yelling do asked why other opnot chosen, E16 stated that word and yelling do asked why other opnot chosen, E16 stated that word and yelling do asked why other opnot chosen, E16 stated that word and yelling do asked why other opnot chosen, E16 stated that word and yelling do asked why other opnot chosen, E16 stated that the residents are free feared or the feared of the feared or the feare	when he came back in that ed that R8 was very upset and that E14 was going to do about gain this morning. E15 was gated and reported the rape and elopement? E15 only spoke to R8 briefly int, not the sexual molestation. Forting to anyone or IDPH and investigation had been and that showered (R8) in the stated he remembers as upset when he gets a stated he remembers as upset when he gets a stated he allegation of rape to E1 and (CNA), when asked if she was staff that showered R8 on June other dates; E16 responded and if she was aware that R8 ars. E16 stated R8 starts to by take him into the shower, askes 2 or 3 staff to shower at R8 was calling them bad on not give me a shower. When obtions of hygiene care were atted she did not know. If acility's Abuse Prevention he facility is to assure that all rom abuse. The facility ent and abuse of its residents,	F99	999			

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

-	T OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	A. BUILDING		COMPLETED	
		145809	B. WING	i	09/2	23/2010
	PROVIDER OR SUPPLIER	SING CTR	S	STREET ADDRESS, CITY, STATE, ZIP COD 263 SKOKIE BOULEVARD NORTHBROOK, IL 60062	•	
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORI (EACH CORRECTIVE ACTION S CROSS-REFERENCED TO THE A DEFICIENCY)	SHOULD BE	(X5) COMPLETION DATE
F9999	and has establisher resident secure enstates that the purpose that the facility is don't and prevent occurror abuse of their refollowing bullets: -Establishing an erresident sensitivity, prevention of mistrate atments -Identifying occurred mistreatments -Immediately protectidentified reports of a legations of the legation and report future of the legation and report within 2 of abuse to the legation and report within 2	od a resident sensitive and vironment. The facility's policy pose of the policy is to assure oing all that it can to control rences of mistreatment, neglect esidents. The facility states the environment that promotes are resident security and eatment rences and patterns of potential cting residents involved in f possible abuse rems to investigate all reports mistreatment promptly and aking the necessary changes occurrences did timely investigative reports	F999			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING			(X3) DATE SURVEY COMPLETED	
		145809	B. WIN	IG _		09/2	3/2010
	NAME OF PROVIDER OR SUPPLIER LAKE COOK TERRACE NURSING CTR			STREET ADDRESS, CITY, STATE, ZI 263 SKOKIE BOULEVARD NORTHBROOK, IL 60062			
(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
F9999	Continued From pa	ge 75	F99	999			
	Physical Abuse :						
	Complaints from Remembers	esidents, staff or family					
	Sexual Abuse:						
	Torn, stained or blo Unexplained hostili members	ody underclothing ty or fear of staff or family					
	Psychological/Emo	tional Abuse:					
	environment	rest in self activities or evious social activities					
	Review of the Facil	ity's Complaint Log:					
	office to complain a shower room. Per s asked what he mea	R8 went to the social service again of being raped in the social service notes when ant by being raped "R8 stated e my clothes off me without the feels like rape."					
	Quality Assurance	Worksheet:					
	Elopement dated Ju section of describe social service depa attempts. The repo	ity review of resident's une 24, 2010 under the any previous elopements; rtment states, no recent rt states however in the past ted to elope because he does					

		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MU A. BUILI	ILTIPLE CONSTRUCTION DING	(X3) DATE SURVEY COMPLETED		
		145809	B. WING	5	09/2	23/2010	
	ROVIDER OR SUPPLIER	SING CTR	\$	STREET ADDRESS, CITY, STATE, ZIP CO 263 SKOKIE BOULEVARD NORTHBROOK, IL 60062	•		
(X4) ID PREFIX TAG	(EACH DEFICIENC)	TEMENT OF DEFICIENCIES / MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF COR (EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE DEFICIENCY)	SHOULD BE	(X5) COMPLETION DATE	
F9999	indicates that R8 is times a week on M Fridays. Social Service Note Review of social second aware by the CNA' and verbally abusing went to give R8 a second of the place." Review of social second of the place." Specialized Service "On 6/24/2010 Some remains apparent. same care, for instashowers and refuse second of the place."	ty's shower list for Central Unit is scheduled for showers three ondays, Wednesday and les: ervice notes dated January 4, y social service was made is that R8 was being physically re toward them when they shower." O, New Years Day per social bit all 3 of the CNA's told R8 if he ower him they would call his ot care and continued to fight from putting him in the ervice notes dated June 24, of the review period R8 had not ent attempts. Due to the supset because he was taking a shower, R8 decided because he wanted to leave	F999	99			