STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	14A057	A. BUILDING _____ B. WING _____	C 12/10/2010

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ALL AMERICAN NURSING HOME	5448 NORTH BROADWAY STREET CHICAGO, IL 60640

(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 CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
F 490	Continued From page 189 a) R 16, 17, 18, 19, 20, 21, 22, 23, 24, 25, 26, 27, 28, 29, and 30. b) Although the facility did not include him as with aggressive behavior in their list, R15 who has a diagnosis of Schizophrenia was observed on 11/9/10 at 11:55 PM to be agitated, verbally aggressive, and yelling in the 1st floor lobby. The facility took the following steps to remove the Immediate Jeopardy : 1) Staff members were informed to notify the nurse of any incident involving homicidal or aggressive behaviors, and the nurse will refer this to the case manager. The resident/s involved will be placed on 1:1 and the physician will be notified. The facility will comply with the doctor's orders and if the resident is ordered to go to the hospital, the 1:1 monitoring will continue until the resident is transported. Upon return from the hospital, the resident will be reassessed to determine if 1;1 monitoring is required and to determine the programs needed to address the resident's behavior until discharge from the facility. 2) All residents were reassessed by the case managers starting 11/5/10 to determine plan of care for existing homicidal or aggressive behaviors. Care plans were supposed to be updated by 11/12/10. Record review however, indicated that acceptable care plan updates were completed by 11/19/10. 3) R1 was placed in Symptom management and Anger management groups and 1;1 individual therapy with his case manager starting 11/5/10.	F 490		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	14A057	A. BUILDING _____ B. WING _____	C 12/10/2010

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ALL AMERICAN NURSING HOME	5448 NORTH BROADWAY STREET CHICAGO, IL 60640

(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 CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
F 490	Continued From page 190 4) R2 attended symptom management and 1:1 individual therapy with his case manager beginning 11/5/10. His case manager who is fluent in sign language will be on call 24 hours to address any aggressive behaviors from R2 during night time. 5)An inservice that included Review of facility's Policy and Procedure and Immediate reporting of hearsay or observation of residents with homicidal or aggressive behaviors to the nurse and social service director was conducted on 11/5/10 and was completed on 11/8/10 for all staff in all shifts. 6) The QA nurse conducted a study starting 11/12/10 to ensure that residents with aggressive and homicidal behaviors have appropriate interventions , that all incidents are investigated by the Director of Nursing, and all allegations of potential abuse and threats are investigated by the Administrator. This will be conducted monthly by the administrator to ensure compliance. 7) VP of QA will be in the facility 2-3 times per week to oversee that policies and procedures are followed by Administration regarding investigation of all incidents.	F 490		
F9999	FINAL OBSERVATIONS LICENSURE VIOLATIONS 300.610a) 300.3240a) 300.3240b) 300.3240d) 300.3240e) 300.3240f)	F9999		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	14A057	A. BUILDING _____ B. WING _____	C 12/10/2010

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ALL AMERICAN NURSING HOME	5448 NORTH BROADWAY STREET CHICAGO, IL 60640

(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 CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
F9999	Continued From page 191 Section 300.610 Resident Care Policies a) The facility shall have written policies and procedures, governing all services provided by the facility which shall be formulated by a Resident Care Policy Committee consisting of at least the administrator, the advisory physician or the medical advisory committee and representatives of nursing and other services in the facility. These policies shall be in compliance with the Act and all rules promulgated thereunder. These written policies shall be followed in operating the facility and shall be reviewed at least annually by this committee, as evidenced by written, signed and dated minutes of such a meeting. Section 300.3240 Abuse and Neglect a) An owner, licensee, administrator, employee or agent of a facility shall not abuse or neglect a resident. (Section 2-107 of the Act) b) A facility employee or agent who becomes aware of abuse or neglect of a resident shall immediately report the matter to the facility administrator. (Section 3-610 of the Act) d) A facility administrator, employee, or agent who becomes aware of abuse or neglect of a resident shall also report the matter to the Department. (Section 3-610 of the Act) e) Employee as perpetrator of abuse. When an investigation of a report of suspected abuse of a resident indicates, based upon credible evidence, that an employee of a long-term care facility is the perpetrator of the abuse, that employee shall	F9999		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	14A057	A. BUILDING _____ B. WING _____	C 12/10/2010

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ALL AMERICAN NURSING HOME	5448 NORTH BROADWAY STREET CHICAGO, IL 60640

(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 CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
F9999	Continued From page 192 immediately be barred from any further contact with residents of the facility, pending the outcome of any further investigation, prosecution or disciplinary action against the employee. (Section 3-611 of the Act) f) Resident as perpetrator of abuse. When an investigation of a report of suspected abuse of a resident indicates, based upon credible evidence, that another resident of the long-term care facility is the perpetrator of the abuse, that resident's condition shall be immediately evaluated to determine the most suitable therapy and placement for the resident, considering the safety of that resident as well as the safety of other residents and employees of the facility. (Section 3-612 of the Act) These Requirements are not met as evidenced by: Based on interview and record review, the facility failed to investigate allegations of abuse and altercations for 14 identified residents (R1, 2, 3, 4, 5, 6, 9, 10, 14, 20, 26, 49, 50, and 55) and for 7 unidentified residents in the sample of 55, to determine whether these altercations were actual physical and verbal abuse, or just manifestations of their psychiatric conditions. This resulted to the facility failing to protect the other residents in the facility from further abuse due to their failure to investigate the altercations. In the absence of investigations of altercations, this potential for risk of aggression, violence, and abuse was further increased, as there are 14 more residents (R15, 16, 17, 18, 19, 21, 22, 23, 24, 25, 27, 28, 29, and 30) identified by the facility as currently living in the facility with aggressive behaviors. The facility failed to follow their abuse policy	F9999		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	14A057	A. BUILDING _____ B. WING _____	C 12/10/2010

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ALL AMERICAN NURSING HOME	5448 NORTH BROADWAY STREET CHICAGO, IL 60640

(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 CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
F9999	Continued From page 193 which requires investigation of allegations of abuse to protect the other residents in the facility from abuse (R1, 2, 3, 4, 5, 6, 9, 10, 14, 20, 26, 49, 50, and 55) and for 7 unidentified residents in the sample of 55. The facility also failed to report initial and final allegations of these investigations of abuses to the IDPH. Findings include: 1) On 10/4/10, an allegation of the threat of bodily harm was made by R1 to R14 per facilty's 24 hr report and R1's nurses notes. R1 has a criminal offense record and is throroughly documented as paranoid, non-compliant with medications, agitated and physically aggressive towards staff and residents. Although R14 was moved to another room, there was no investigation made by the facility to determine validity of threat and refer R1 to the psychiatrist. Similarly, review of above identified residents records (R2, 3, 4, 5, 6, 9, 10, 14, 20, 26, 49, 50, and 55), facility's abuse investigations, unusual occurence reports and investgations, and interviews with staff, showed no evidence that the facility is investigating allegations of abuse or altercations between residents which are potential sources of abuse, nor is facility providing protection of other residents who are exposed to risk of violence and abuse from these residents. In one abuse investigation involving R10, the facility even allowed the alleged perpetrator, a facility staff to go back to work prior to the completion of the abuse final report. On an undetermined date, R3 made an allegation of rape to a staff that was not reported nor investigated by the facility. The facility also failed to report initial and final investigations of these allegations of abuses to the IDPH.	F9999		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	14A057	A. BUILDING _____ B. WING _____	C 12/10/2010

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ALL AMERICAN NURSING HOME	5448 NORTH BROADWAY STREET CHICAGO, IL 60640

(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 CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
F9999	Continued From page 194 2) During 11/5/10 interview at 2:10 PM, R1 said that he threw a trash can at one of his roommates, and hit him on the leg, as R1 thought his roommate would attack him. R1 said he cannot remember the name of his roommate but that he was yelling and screaming. R1 also said that E1 moved him to another room saying that he (R1) got on to R2, but then moved him (R1) back with R2 weeks later. This was not investigated. 3) Per Unusual Occurrence Report dated 6/8/10, at 4:25 PM, R4 had a physical altercation with R20. R4 also had another physical altercation with another unidentified resident on 6/28/10 at 2:45 PM. There was no accompanying investigation of Unusual Occurrence report to identify who the other resident is. Without the investigations, it cannot be determined whether R4 or R20 is the abuse perpetrator who initiated the physical altercation. There is no Unusual Occurrence report accompanying R4's report on 6/28/10 to identify the other resident involved in the fight. Per 3/29/10 Unusual Occurrence report, R4 was noted with a large bruise to the left ankle. No investigation was noted in R4's record, nor was there an investigation noted in the abuse investigations conducted by the facility. 4) During 11/3/10 interview at 3:17 PM, E8 said that 2-3 days prior to R3 pepper-spraying E3 (nurse) on 10/24/10, R3 accused people of raping her. When asked if R3 said any person in particular, E8 said R3 accused everyone that walked past her that day of coming to her room and raping her. Review of allegation of rape by R3 was not in facility's Abuse Files, Incident Reports and Investigation, and was not even in	F9999		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	14A057	A. BUILDING _____ B. WING _____	C 12/10/2010

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ALL AMERICAN NURSING HOME	5448 NORTH BROADWAY STREET CHICAGO, IL 60640

(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 CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
F9999	Continued From page 195 R3's record. There was no investigation of this allegation. There also was no reporting to E1, nor was there any report made to IDPH. 5) Per Unusual Occurrence reports, R5 and R49 had a physical altercation on 9/24/10 at 7:50 PM. R5 sustained slight swelling of the left wrist and little bruises to the right upper arm. R5 also had another physical altercation with an unidentified resident on 10/13/10 at 9:00 AM. There was no accompanying Unusual Occurrence report to identify the other resident. Review of the facility Abuse Investigations, Unusual Occurrence Reports and accompanying Investigations showed no evidence that these altercations were investigated. There was no investigation showing who was the perpetrator, who started it and why. There was no indication that R5 or R49 was protected from each other, nor was there an indication what the facility did to protect other residents who might be at risk from exposure to possible abuse and violence from R5, R49, or from the other unidentified resident. Furthermore, there was no abuse investigation sent to IDPH. 6) On 9/29/10 at 11:30 AM, facility's Unusual Occurrence reports indicated that R6 was noted in a physical altercation with R50. R50's report showed that this started as a verbal altercation that escalated to a physical fight. There is no evidence that the facility investigated this. There was no determination who started the altercations and why, nor was there any indication R6 or R50 or other residents are protected from risk of violence or abuse from the perpetrator in these 2 incidents of physical and verbal altercations. Like the previous incident, this also was not sent to IDPH.	F9999		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	14A057	A. BUILDING _____ B. WING _____	C 12/10/2010

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ALL AMERICAN NURSING HOME	5448 NORTH BROADWAY STREET CHICAGO, IL 60640

(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 CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
F9999	Continued From page 196 7) Per R6's Nurses Notes dated 6/27/10, at 7:30 AM, R6 was involved in a physical altercation with female resident and was noted with aggressive and agitated behavior. Review of facility's Unusual Occurrence reports and investigations and Abuse Investigations showed no evidence that this was investigated nor was there evidence IDPH was notified of the Initial nor Final Abuse Investigation result. 9) Per R9's Unusual Occurrence Report dated 4/20/10, R9 was observed in a physical altercation with another resident. R9 sustained slight swelling of the 2nd finger of the right hand. There was no investigation of the altercation. Furthermore, the other resident cannot be identified in the absence of a facility investigation, which poses a risk of aggression, violence and possible abuse to other residents who may come in contact with R9 or the other unidentified resident. During 11/12/10 interview with E30 (nurse) at 11:25 AM, E30 said that earlier that day, R9 threw his breakfast tray in the hallway, and told E30 to leave. E30 said that later, R9 agreed to take his medication, went to the nurses station, but left the floor, and went to the administrator's office instead, and threw a chair on the glass panel, breaking it in the process. During 11/12/10 interview at 11:00 AM, R9 said that he was upset because staff had been calling him baby rapist. R9 said that on 11/12/10 E1 twice ignored R9, including when E1 came to the 3rd floor earlier that day. R9 said he just wanted to complain to E1 that he cannot take it anymore, that staff and residents are talking behind his	F9999		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	14A057	A. BUILDING _____ B. WING _____	C 12/10/2010

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ALL AMERICAN NURSING HOME	5448 NORTH BROADWAY STREET CHICAGO, IL 60640

(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 CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
F9999	Continued From page 197 back, calling him baby rapist. R9 said that to protect himself, he kept a knife which he found at the facility patio on the first floor. R9 surrendered his 5 inch switch blade to surveyor and said he is going to use it to protect himself if they attack him. R9 added that after he smashed the facility's glass window with a chair on the first floor, E1 finally spoke with him and R9 said that he told E1 he kept a knife in his possession. When this lack of abuse investigations, protection of residents, and notification of IDPH were brought up to E1 (Administrator), E2 (Asst. Director of Nursing), and Z4 during daily status meeting on 11/4/10 and 11/9/10, there was no response from the facility explaining why these incidents, altercations, and abuse allegations were not investigated. (A) 300.1210a) 300.1210b)6) 300.4020a) 300.4030a)1)2) 300.4030h) 300.4030l)5)6) 300.4050a)4)5) Section 300.1210 General Requirements for Nursing and Personal Care a) The facility must provide the necessary care and services to attain or maintain the highest practicable physical, mental, and psychological well-being of the resident, in accordance with each resident's comprehensive assessment and	F9999		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	14A057	A. BUILDING _____ B. WING _____	C 12/10/2010

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ALL AMERICAN NURSING HOME	5448 NORTH BROADWAY STREET CHICAGO, IL 60640

(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 CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
F9999	Continued From page 198 plan of care. Adequate and properly supervised nursing care and personal care shall be provided to each resident to meet the total nursing and personal care needs of the resident. Restorative measures shall include at a minimum the following procedures: b) General nursing care shall include at a minimum the following and shall be practiced on a 24-hour, seven day a week basis: 6) All necessary precautions shall be taken to assure that the residents' environment remains as free of accident hazards as possible. All nursing personnel shall evaluate residents to see that each resident receives adequate supervision and assistance to prevent accidents. Section 300.4020 Reassessments for Residents with Serious Mental Illness Residing in Facilities Subject to Subpart S a) At least every three months, the PRSC shall document review of the resident's progress, assessments and treatment plans. If needed, the PRSC shall inform the appropriate IDT members of the change in resident's condition. The appropriate IDT member will reassess the individual and update the resident's assessment, assuring the continued accuracy of the assessment. Section 300.4030 Individualized Treatment Plan for Residents with Serious Mental Illness Residing in Facilities Subject to Subpart S a) On admission, information received from the admission source (e.g., resident, family, preadmission screening (PAS) agent) shall be used to develop an interim treatment plan. In	F9999		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	14A057	A. BUILDING _____ B. WING _____	C 12/10/2010

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ALL AMERICAN NURSING HOME	5448 NORTH BROADWAY STREET CHICAGO, IL 60640

(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 CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
F9999	Continued From page 199 developing an individual's interim treatment plan (IITP), the facility shall review the PAS/MH assessments and "Notice of Determination" and consider the use of this information in developing the interim treatment plan. The IITP shall focus on those behaviors and needs requiring attention prior to development of the individualized treatment plan (ITP). Each IITP shall be based on physician's orders and shall include diagnosis, allergies and other pertinent medical information. The following information shall also be considered, as appropriate, to allow for the identification and provision of appropriate services until a final plan is developed: 1) Known risk factors (e.g., wandering, safety issues, aggressive behavior, suicide, self-mutilation, possible victimization by others); 2) Observable resident medical/psychiatric conditions that may require additional immediate assessment or consultation; h) The ITP shall be reviewed by the IDT quarterly and in response to significant changes in the resident's symptoms, behavior or functioning; sustained lack of progress; the resident's refusal to participate or cooperate with the treatment plan; the resident's potential readiness for discharge and actual planned discharge; or the resident's achievement of the goals in the treatment plan. l) The ITP shall be based upon each resident's assessed functioning level, appropriate to age, and shall include structured group or individual psychiatric rehabilitation services interventions or skills training activities, as appropriate, in the following areas: 5) Symptom management skills; and 6) Substance abuse management	F9999		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	14A057	A. BUILDING _____ B. WING _____	C 12/10/2010

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ALL AMERICAN NURSING HOME	5448 NORTH BROADWAY STREET CHICAGO, IL 60640

(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 CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
F9999	Continued From page 200 Section 300.4040 General Requirements for Facilities Subject to Subpart S c) The facility's psychiatric rehabilitation program shall have the following overall goals: 5) Decrease psychotic, self-injurious, antisocial, and aggressive behaviors; Section 300.4050 Psychiatric Rehabilitation Services for Facilities Subject to Subpart S a) The facility shall develop and implement a psychiatric rehabilitation program. A facility may contract with an outside entity to provide all or part of the psychiatric rehabilitation program as long as individual residents' needs are met and subsection (c)(4) is met. The program shall be designed to allow a wide array of group and individual therapeutic activities, including, but not limited to, the following: 4) Aggression prevention and management, including resident screening (history of aggressive and assaultive behavior, precipitating factors, signals of escalating risk, and effective de-escalation strategies); identification and modification of environment risk factors (e.g., physical plant and resident mix); provision of skills training, behavioral, and appropriate psychopharmacological interventions based on individualized resident assessment; and policies and procedure for rapid response to behavioral emergencies. 5) Substance dependence and abuse management services, including toxicological screens, psychopharmacology, alcohol and drug education, group interventions, recovery programs (e.g., Alcoholics Anonymous (AA), Narcotics Anonymous (NA), Mentally Ill	F9999		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	14A057	A. BUILDING _____ B. WING _____	C 12/10/2010

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ALL AMERICAN NURSING HOME	5448 NORTH BROADWAY STREET CHICAGO, IL 60640

(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 CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
F9999	Continued From page 201 Substance Abusers (MISA)), and harm reduction These Requirements are not met as evidenced by: A) Based on observation, interviews, and record review, the facility failed to supervise 1 resident (R3) with homicidal ideation, and 17 identified (R1, 2, 4, 5, 6, 7, 8, 9, R10, R11, 12, 14, 20, 26, 49, 50, and 55) and 8 unidentified residents with aggressive and/or drug and alcohol-related behaviors, in the sample of 55. The facility also failed to utilize psychosocial assessments, provide psychosocial interventions, make referral to the psychiatrist, nursing department, and administration to address psychosocial needs of R3 with homicidal ideation and deterioration of mental status condition, as well as these other residents. The facility failed to assess R3's behavior on 10/17/10, intervene, refer R3 to the psychiatrist, and prevent R3 from bringing a weapon, dangerous to the staff and other residents. These failures resulted in R3 being sent to the hospital after pepper-spraying a nurse on the face on 10/24/10, which also affected some residents including R5, who sustained coughing and burning of his face and eyes from the pepper spray. This failure exposes other residents in the facility to risk of violence, aggression, and abuse from these residents with actual incidents of altercations and violence. The facility also failed to investigate threats of bodily harm and physical and verbal altercations involving the other aforementioned residents. This failure exposes other residents in the facility to risk of violence, aggression, and abuse from these residents with actual incidents of altercations and violence. The facility failed to assess these residents, address their behaviors	F9999		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	14A057	A. BUILDING _____ B. WING _____	C 12/10/2010

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ALL AMERICAN NURSING HOME	5448 NORTH BROADWAY STREET CHICAGO, IL 60640

(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 CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
F9999	Continued From page 202 and psychosocial and cognitive conditions, and refer aggressive and abusive behaviors to the different psychosocial programs and to the psychiatrist to prevent potential harm to other residents who are living alongside these residents with aggressive behaviors. The facility failed to assess these residents, address their behaviors and psychosocial and cognitive conditions, and refer their aggressive, abusive, and drug/alcohol- related behaviors to the different psychosocial programs and to the psychiatrist to prevent potential harm to themselves and to other residents who are living alongside these residents with aggressive behaviors. The facility also failed to prevent circulation of another deadly weapon (knife) and remove it from 1 aggressive resident's possession (R9), who found this knife at the facility patio. Findings include: 1) R3 has diagnoses of Schizoaffective Disorder, Bipolar Affective Disorder, Schizophrenia - Paranoid Type, and Mania with Psychosis. R3 was admitted to the facility on 8/17/10. Review of Level of Functioning - Skills Assessment dated 8/19/10 showed that the section for Behavior Expression / Psychiatric Symptoms was not completed by R3's case manager at all. This area includes determination whether R3 practices appropriate symptom monitoring, stress management, coping skills, appropriate conflict avoidance skills, and harm reduction strategies. It also also evaluates whether R3 has verbal / physical abuse/ aggression behaviors, and also destructive and addictive behaviors.	F9999		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	14A057	A. BUILDING _____ B. WING _____	C 12/10/2010

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ALL AMERICAN NURSING HOME	5448 NORTH BROADWAY STREET CHICAGO, IL 60640

(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 CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
F9999	Continued From page 203 During 11/3/10 interview at 4:00 PM with E5 (assigned case worker), E5 said that this initial assessment was never completed as R3 got defensive and upset when E5 started asking her about the portion of the assessment about drugs. E5 said that R3 viwed the questions in the assessment as too personal. During this interview, it was determined that E5 is not sure what other programs R3 was attending aside from the Communication Group that R3 attends with E5. E5 said R3 might be in other groups with the 2 other case workers E4 and E7 but is not sure of R3's attendance status with the other groups, her progress, and what goals were set for R3 in those groups. According to E5, R3 chose the other groups to attend herself. According to E6 (Director of Social Service) on 11/4/10 at 9:10 AM, the social service department does the individual residents initial and subsequent psychosocial assessments including elopement risk, aggression, homicidal tendencies, cognition, level of functioning, smoking and community safety assessment through the assigned case workers. According to E6, these assessments are done to figure out the resident's needs, and figure out drug problems and aggression. Then E5 said she corroborates with E1 (Administrator) to determine which program is right for the residents. When E4 (another case worker) was interviewed on 11/3/10 at 3:48 PM, E4 said that R51 told him before that R3 wanted to give R51 money to buy R3 a pistol at Wilson Street, so she (R3) can shoot staff. E4 added that when he confronted R3, R3 did not confirm nor deny that she asked R51 to buy a gun so she can shoot 2 staff	F9999		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	14A057	A. BUILDING _____ B. WING _____	C 12/10/2010

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ALL AMERICAN NURSING HOME	5448 NORTH BROADWAY STREET CHICAGO, IL 60640

(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 CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
F9999	Continued From page 204	F9999		

members. According to E4, R3 responded instead by saying, "You all are trying to beat me, and I need to protect myself !" Referring to R3's verbalization of homicidal ideation, E4 said that he charted this incident, informed the nurse (E11), E1 (Administrator), and R3's assigned case worker, E5. E4 also added that E11 gave R3 a prn medication to calm her down, after E4 informed her (E11) of R3's homicidal ideation.

Per R3's Social Service Progress Notes dated 10/17/10, E4 charted that "Resident appeared delusional and paranoid while talking to this writer (E4). Worker counseled resident on her behavior, but behavior continued . Worker informed nursing staff of the matter and resident was given a PRN. Worker will continue to monitor." Although E4 did not write what specific behavior R3 exhibited on 10/17/10, it was verified during above interview of E4 that this was the time when R51 reported to E4, that R3 told R51 to buy her a gun so she can shoot staff members. After this note, there was no further note to indicate monitoring of R3's homicidal ideation, nor of her paranoid behavior or delusions. There also was no indication of monitoring of R3's homicidal ideation noted in the nurses notes, nor on R3's behavioral monitoring sheet on 10/17/10, or after that date. However, R3's nurses notes indicated that earlier on the same day 10/17/10 at 12:00 PM, R3 was very paranoid and delusional, and told E8 (nurse) that the nurse aide spat on her food, and that R3 is not going to eat the food because it is being poisoned. E8 confirmed during 11/3/10 interview at 3:17 PM, that R3 was very paranoid and thinks that her food was being poisoned that day on 10/17/10.

During 11/3/10 interview at 4:00 PM, E5 denied

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	14A057	A. BUILDING _____ B. WING _____	C 12/10/2010

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ALL AMERICAN NURSING HOME	5448 NORTH BROADWAY STREET CHICAGO, IL 60640

(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 CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
F9999	Continued From page 205	F9999		

knowing that R3 expressed homicidal ideation on 10/17/10, nor was E5 aware of E4's observations that R3 was increasingly becoming more paranoid and was deteriorating. E4 said on 11/3/10 3:48 PM, that R3 had been increasingly getting paranoid and had been deteriorating. Similarly, on 11/4/10 at 12:05 PM, Despite E4's claim, E1 also denied having knowledge that R3 threatened to bring a gun to the facility to shoot staff. On 11/5/10 at 9:16 AM, E11 (nurse) also said she did not hear from any case worker like E4, that R3 expressed homicidal ideation and threatened to shoot staff on 10/17/10. Because of the breakdown in facility to communicate this deteriorating behavior and homicidal ideation, there also was no referral to the psychiatrist, nor was there any intervention to address R3's behavior.

Review of R3's Medication Administration Record (MAR) also showed no indication that R3 received her PRN medication Prolixin 5 mg. from E11 on 10/17/10, as claimed by E4, after R3 expressed homicidal threats. E11 said during above interview, that if she administers a PRN medication, it is charted in the residents record that the PRN medication was given. There also was no behavioral monitoring of R3's homicidal ideation which started on 10/17/10 in R3's Behavioral Monitoring sheet.

When E6 (Director of Social Services) was interviewed on 11/4/10 at 9:10 AM, E6 said that there are 2 communication books that she looks at during the facility's daily meeting. This is to address concerns like behavioral issues and altercations on specific residents. E6 said that if there is a problem, they have a case workers' meeting everyday, and if there is any individual

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	14A057	A. BUILDING _____ B. WING _____	C 12/10/2010

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ALL AMERICAN NURSING HOME	5448 NORTH BROADWAY STREET CHICAGO, IL 60640

(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 CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
F9999	Continued From page 206	F9999		

concern about a certain resident, the assigned case worker is informed either by E6 or the other case workers who knows the behavioral issue. E6 added that she also noted R3's paranoid behavior started when E6 searched R3's room among several other residents' rooms after a call was made alleging that R3 or other residents stole perfume from another resident. E6 continued that no one told her (E6) that R3 asked another resident to buy her a gun so she can shoot staff members. E6 said that if there is a resident with homicidal ideation, the safety of that resident and other residents, is taken into consideration. Furthermore, E6 said that if a resident exhibits a homicidal or aggressive behavior, the resident is assessed, the program the resident is in is reevaluated, and the care plan is updated with the new behavior. If there is a homicidal ideation, E6 added that the resident is closely monitored, the psychiatrist is called, or the resident is sent to the hospital.

Not only was there an absence of assessment, intervention, and monitoring of R3's homicidal ideation noted in the chart, but also there was no referral to a psychiatrist, to further evaluate and address this homicidal ideation. Furthermore, although E6 denied knowledge of this homicidal ideation, review of Social Service Department's Communication Task/ Record showed that E4 wrote on 10/17/10 that R3 asked R51 to bring a gun into the facility. There is no record of R3's homicidal behavior on 10/17/10 in the nurses report book. R3's psychiatrist saw R3 on 10/23/10, yet no one made her psychiatrist aware of the homicidal ideation and increasing paranoia that R3 had been exhibiting. Added to this, R3 was allowed to leave the facility without restriction despite the homicidal and paranoid

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	14A057	A. BUILDING _____ B. WING _____	C 12/10/2010

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ALL AMERICAN NURSING HOME	5448 NORTH BROADWAY STREET CHICAGO, IL 60640

(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 CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
F9999	Continued From page 207 behavior which allowed R3 to have access to whatever weapon she could get her hands on from outside of the facility. R3's nurses notes indicated that at 7:30 AM of 10/24/10, when R3 was told by the nurse E3 to get breakfast first, R3 became hostile and verbally and physically aggressive towards staff and co-residents. Although R3's chart did not indicate R3's specific aggressive behavior, interview with E9 (CNA/ certified nurse aide) on 11/3/10 at 2:59 PM, showed that E9 remembered R3 walking back and forth after breakfast at around 7:20 AM of 10/24/10, cursing and threatening to "kick E3's ass" and calling her a bitch. E9 said that she then heard E3 scream that R3 pepper-sprayed her. E9 continued that she then saw R3 go in the nurses station, and grab and kick the nurse, E3. E9 said R3 discharged the pepper spray again after this. E10 (Dietary Aide) also verified during 11/10/10 interview at 2:14 PM that R3 pepper-sprayed E3, hit E3, and discharged the pepper spray after staff helped separate R3 from E3. E10 said that after this, R3 left the building. When R5 was interviewed on 11/10/10 at 11:58 AM, R5 said that he was there when R3 pepper-sprayed E3. As a result, R5 said that his face and eyes were burning, and he was coughing. R5 said they had to evacuate the floor because of the pepper spray. E8 (nurse) also said that she could go to the floor when a code yellow was called on 10/23/10, because R3 pepper-sprayed the nurses station so much, that everyone was coughing and gagging. E12 (CNA) said on 11/10/10 at 1:39 PM that when this happened, she was coughing and the smell of the pepper spray made her nauseated. E12 said	F9999		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	14A057	A. BUILDING _____ B. WING _____	C 12/10/2010

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ALL AMERICAN NURSING HOME	5448 NORTH BROADWAY STREET CHICAGO, IL 60640

(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 CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
F9999	Continued From page 208 she is not sure if they took the residents to the dayroom, but remembered they closed the door because of the smell. Per nurses notes dated 10/25/10, at 11:00 AM, R3 returned to the facility after 2 days, agitated and verbally abusive to staff. Again, nurses notes did not specify R3's specific behavior on this date. However, when E1 was interviewed on 11/4/10 at 12:05 PM, E1 said that R3 came to his office with a friend, and afterwards attacked him and scratched the back of his neck. E1 said that a code yellow was called, and police also came. E1 said that R3 was sent to the hospital. Per R3's nurses notes dated 10/25/10, R3 was admitted to the hospital for Depression and Schizoaffective Disorder. Like the incident of R3's pepper-spraying E3, there was no incident investigation noted on file regarding R3's attack on E1. Per E2 (Assistant Director of Nursing), during 11/4/10 interview at 12:50 PM, there was no incident report made for R3 because R3 was not injured. Although E2 said she spoke to staff about these incidents, there was no written proof that R3's altercation with E3 and E1 were investigated. Review of R3's record showed no care plan addressing her homicidal ideation above. R3's care plan also did not have a date, and although paranoid behavior was mentioned, it did not indicate what measures were put in place to address the increasing paranoia exhibited, which might have prevented R3 from attacking the nurse and from being hospitalized. Similarly, the following are several examples of residents' aggressive behaviors not being	F9999		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	14A057	A. BUILDING _____ B. WING _____	C 12/10/2010

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ALL AMERICAN NURSING HOME	5448 NORTH BROADWAY STREET CHICAGO, IL 60640

(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 CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
F9999	Continued From page 209 assessed and addressed by the facility. Some of these residents are currently living in the facility thus exposing other residents, to risk of aggression, possible abuse, and violence. 2) R1 has diagnoses of Aggressiveness and Schizoaffective Disorder. R1 was admitted to the facility on 4/16/10. Review of R1's care plan indicated that R1 is an Identified Offender for Burglary in 1998 and Theft in 1997. R1 is still at the facility in room 419. Per Unusual Occurrence Report dated 5/23/10, at 8:00 PM, R1 had a verbal altercation with his roommate and were separated . There was no identification of the roommate as there is a lack of an unusual occurrence report identifying the other resident. On 6/18/10, at 12;45 PM, R1's Unusual Occurrence Report indicated that R1 had another physical altercation with another resident, R55. R1's nurses notes on 6/18/10 showed no indication what started the altercation or who started it. There also was no facility investigation involving these 2 altercations above, as per record review of Unusual Occurence Reports, Abuse Investigations, and facility investigations of the Unusual Occurence Reports. In the absence of a facility investigation, it cannot be determined what triggered the altercation or the aggression, and who started them. After this incident, there was no indication in R1's record how the facility is addressing his aggressive behavior to prevent it from recurring, and to ensure that other residents are not exposed to risk of aggression and violence from R1. In addition, the identity of the roommate with whom R1 had an altercation on 5/23/10 cannot be determined, thus it cannot be determined what supervision was provided to this other resident.	F9999		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	14A057	A. BUILDING _____ B. WING _____	C 12/10/2010

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ALL AMERICAN NURSING HOME	5448 NORTH BROADWAY STREET CHICAGO, IL 60640

(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 CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
F9999	Continued From page 210 The following records shows that R1 is aggressive and abusive to staff and other residents: R1's nurses notes dated 5/30/10 at 6:30 AM indicated that R1 was confrontational without provocation, and responded with anger and hostility to E3 during accucheck. R1 then started verbally abusing E3 who felt unsafe and uncomfortable. E3 charted she reported the behavior to the case worker and E1. On 5/31/10 at 6:30 AM, E3 again charted that R1 attempted to intimidate nurse by using aggressive body language during morning medication med pass, and R1's also refused to take his Haldol Decanoate. After numerous chartings of non-compliance with medications on 5/31/10, 6/13/10, 6/20/10, and 6/24/10, facility spoke with resident to address his non-compliance with medication, but R1 insisted he is not going to take medications. R1 signed a refusal of care paper per nurses notes dated 6/25/10. R1's nurses notes indicated again on 7/12/10 at 6:15 AM, that R1 was non-redirectable and verbally abusive to E3 while on medication line. E3 also charted R1 appeared paranoid and delusional stating that the nurse, referring to E3, is out to get him. E3 indicated this was endorsed to social service for intervention. On 7/29/10 E3 also charted that R1 slammed the door on E5's face. Similarly during the same date at 9:00 AM, E3 charted that R1 verbally abused E3 and CNAs during meal pass and bed-making. On 8/1/10, another nurse charted the R1 refused blood sugar check and displayed aggressive behaviors towards staff. On 8/16/10 E11 (nurse) also charted that R1 was paranoid about food at 10:00	F9999		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	14A057	A. BUILDING _____ B. WING _____	C 12/10/2010

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ALL AMERICAN NURSING HOME	5448 NORTH BROADWAY STREET CHICAGO, IL 60640

(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 CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
F9999	Continued From page 211 AM, and was verbally agitated and non-compliant with medications, and that social service and director of nursing were made aware. More refusal to take medications were charted on 9/3/10 (12 PM), 9/10/10 (9 PM), 9/12/10 (2 PM), 9/14/10 (2:30 PM), 9/18/10 (5 PM), 9/17/10 (2 PM) and 9/19/10 (2 PM). On 9/20/10 at 9:30 AM, E11 charted that R1 was agitated and was physically aggressive with other residents, and was not easily redirectable. Per E11's charting, Social Service Department was made aware of this behavior. R1 was sent to the hospital on 9/20/10, and was readmitted on 9/27/10. 9/28/10 nurses notes indicated that R1 was transferred to room 319 after R1 complained that his roommate was noisy, and would not let him sleep. On 9/30/10, at 7:00 AM, a nurses note entry indicated that R1's roommate complained about R1, but charting did not indicate what the complaint was. Per E3's charting on 10/4/10 at 2:30 AM, R1 bullied his roommate with physical harm, and threatened to beat up his roommate (R14). Review of 24 Hours Nursing Report dated 10/3/10 showed that R14 complained that R1 threatened him with physical harm, and that R14 is ready to fight R1 back. Per 24 Hour report dated 10/4/10, there were already 3 occasions of potential for fight and violence between R1 and R14, since R1 moved to R14's room and bullies R14. The report indicated a follow up with E1 and social service Department. Even though during 11/4/10 interview E4 (case worker) said that R1 denied saying anything to R14, there was no evidence of an investigation to get to the bottom of the allegation of verbal threat of bodily harm from R1, that R14 communicated	F9999		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	14A057	A. BUILDING _____ B. WING _____	C 12/10/2010

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ALL AMERICAN NURSING HOME	5448 NORTH BROADWAY STREET CHICAGO, IL 60640

(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 CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
F9999	Continued From page 212 to the nurse on 10/4/10. R1 was allowed to be at the facility unsupervised and his behavior not being addressed appropriately with programs addressing aggression, anger, and symptoms of his psychiatric diagnosis, referring to the threat of bodily harm to R2. He also had not been seen by a psychiatrist to determine validity of threat to R14, and to determine need for medication adjustment, acute hospitalization, or specific psychiatric programs that the psychiatrist might order. Although R14 was transferred to another room, there was no indication how the facility supervised R1 to prevent him from being verbally and physically aggressive to other residents as he had been thoroughly documented above, as abusive and threatening to both staff and other residents . Despite above incidents of both being physically and verbally aggressive to residents and to staff, and various charting of communication to social service department, there was no assessment to address R1's aggressive behaviors and anger issues, nor was there any program designed by case worker based on R1's assessment, to address continued verbal and physical aggression towards other residents and staff, and continued noncompliance with medications. The facility has numerous programs including Anger Management, Coping Skills and Stress Management, Symptom Management, Communication and Social Functioning, Community Reintegration program, etc, yet as of 11/2/10, according to the attendance sheet of all the facility programs, R1 is only attending Coping Skills program which is scheduled every Tuesday and Thursday, from 3:45 PM to 4:15 PM. There was no indication in Social Service Notes why R1 is not attending programs focusing on his verbal and physical aggression with both staff and	F9999		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	14A057	A. BUILDING _____ B. WING _____	C 12/10/2010

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ALL AMERICAN NURSING HOME	5448 NORTH BROADWAY STREET CHICAGO, IL 60640

(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 CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
F9999	Continued From page 213 residents. Despite numerous nurses notes entries above and on incidents of verbal and physical aggression, R1's Social Service Progress notes show no intervention and assessment or even referral to a psychiatrist to address R1's behaviors. There were no interventions despite continued nursing reports of intimidation and verbal and physical aggressions, including the 10/4/10 report that R1 threatened to beat up R14. There was no investigation to determine the validity of R1's threats to R14 so that intervention, counseling, and referral could be done, and so that R1 or R14 could be referred to appropriate psychosocial programs. R1 continued to stay on the 4th floor without proper investigation of the incidents of altercation, and without behavioral intervention from psychosocial department. Without intervention of multiple physical and verbal aggressive behaviors, R1 is a potential risk for violence and altercation to other residents on the floor, he may come in contact with. During 11/4/10 interview with E4, E4 said that R1 is just very angry at everyone. E4 added that R1 was paranoid that other residents will come at him. Similarly, E5 during 11/4/10 interview, said that R1 is very paranoid, can be aggressive verbally, and that he even went off on the psychiatrist. Despite this common knowledge, R1 is not on any program to address his anger and paranoia. R1's care plan for aggressive behavior dated 10/27/10 indicated that R1 will be encouraged to attend Symptom Management Group, yet attendance sheet for Symptom management group does not show R1 had been attending this group. Similarly, another care plan that started on 4/29/10 and is updated up to 10/27/10, indicated that R1 should be	F9999		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	14A057	A. BUILDING _____ B. WING _____	C 12/10/2010

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ALL AMERICAN NURSING HOME	5448 NORTH BROADWAY STREET CHICAGO, IL 60640

(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 CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
F9999	Continued From page 214	F9999		

encouraged to go out to a day program 2x per week. However, Outside Programs attendance showed no evidence that R1 attends any of the outside program at all.

During 11/5/10 interview at 2:10 PM, R1 said that he threw a thrash can at one of his roommate and hit him on the leg as R1 thought his roommate would attack him. R1 said he cannot remember the name of his roommate but that he was yelling and screaming. R1 also said that E1 moved him to another room saying that he (R1) got on to R2, but then moved him (R1) back with R2 weeks later. This too wasn't investigated nor addressed, nor communicated to R1's case manager.

3) R2 has diagnoses of Schizoaffective Disorder, Paranoid schizophrenia, and Deafness. R2 is currently residing in room 318.

Per Unusual Occurrence Report, on 1/5/10 at 7:00 PM, R2 had a physical altercation with R26 on the 3rd floor, resulting in scratches on his face. On 2/25/10 at 1:30 PM, R2's Unusual Occurrence Report indicated that R2 had another physical altercation with another resident (unidentified) without injury. There is no indication who this other resident is. Both physical altercations had no accompanying investigations to determine what caused the physical fight, which of the 2 residents started it, and why. On 5/23/10 at 8:00 PM, R2 also had a verbal altercation with his roommate, yet there was no indication who this roommate was due to the lack of another incident report. Again, there was no investigation to determine who the aggressor was, and why the altercation started. There also was no evidence of corresponding

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	14A057	A. BUILDING _____ B. WING _____	C 12/10/2010

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ALL AMERICAN NURSING HOME	5448 NORTH BROADWAY STREET CHICAGO, IL 60640

(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 CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
F9999	Continued From page 215	F9999		

interventions and programs after each of these incidents to address these aggressive behaviors.

Review of R2's Social service progress Notes showed no indication that R2's behavior during physical altercations on 1/5/10 and 2/25/10, and verbal altercation on 5/23/10, was assessed or referred to the psychiatrist. Per attendance sheet for Deaf Connect Program dated 11/2/10, R2 was not in attendance in this group, nor in any other program in the facility. R2's name showed in the Midwest Day Program outside of the facility, but there was no indication in R2's record that R2's goals, progress, and attendance were integrated with R2's over all psychosocial program.

R2's Social Service Progress Notes dated 6/10/10 indicated that he bullies other residents that he can manipulate, and that he had been seen taking their cigarettes and money. Although this note indicates that staff spoke with R2 regarding this behavior, on 7/8/10, social service progress entry in R2's record showed, that he continues to intimidate residents into giving him their money and cigarettes. On 11/1/10 notes, R2 was noted as delusional and agitated towards staff.

During 11/4/10 interview with E5 at 3:22 PM, E5 said that R2 is deaf and a little bit mute. E5 said that R2 can be aggressive verbally when angry, and also makes a fist at other residents and staff. E5 also confirmed that R2 balls his fist up, and would ask for money or cigarettes from other residents. E5 also said that she is not aware of any altercation between R1 and R2, yet Unusual Occurrence Report dated 5/23/10 indicated a verbal altercation between R2 and his roommate in room 318. Review of R1's chart showed that

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	14A057	A. BUILDING _____ B. WING _____	C 12/10/2010

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ALL AMERICAN NURSING HOME	5448 NORTH BROADWAY STREET CHICAGO, IL 60640

(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 CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
F9999	Continued From page 216	F9999		

R1 was in the same room as R2 during the time. There was no evidence that facility is providing supervision to R2 to address his aggressive behaviors towards other residents in the facility. In the absence of an investigation after altercation with R1, the facility has no way to determine whether R1 is the aggressor or R2 is, so that intervention can be provided to address R1's behavior and supervise him to prevent aggression and violence towards other residents.

When R2's care plan was checked, there was no care plan addressing R2's verbal and physical aggression at all. There also was no intervention to provide supervision to R1.

4) R9 was admitted to the facility on 3/8/10 with diagnoses of Schizoaffective Disorder. R9 is in room 325.

Per R9's Unusual Occurrence Report dated 4/20/10, R9 was observed in a physical altercation with another resident. R9 sustained slight swelling of the 2nd finger of the right hand. This other resident cannot be identified due lack of occurence report identifying the other resident. There is also a lack of investigation to determine who started the altercation and why.

Review of R9's police background check showed that R9 had multiple hits and needed a finger print check. As of 11/16/10, there was still no result of finger print check since admission 8 mths ago.

When assigned case worker E4 was interviewed on 11/12/10 at 2:55 PM, E4 said that resident does not have any aggressive behavior, and E4 was unaware of the 4/20/10 incident. Review of

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	14A057	A. BUILDING _____ B. WING _____	C 12/10/2010

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ALL AMERICAN NURSING HOME	5448 NORTH BROADWAY STREET CHICAGO, IL 60640

(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 CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
F9999	Continued From page 217 R9's care plan does not show that E4 put in place a plan of care for R9's aggressive behavior, and resident-to-resident altercation on 4/20/10. There also was no investigation of the altercation to determine who initiated the altercation, and what was the cause of the fight, to put in place interventions and program addressing the aggressive behavior in the event it was started by R9. Furthermore, the other resident cannot be identified in the absence of a facility investigation, and the absence of Unusual Occurrence report focusing on the other resident. It also cannot be determined whether R9 is the aggressor or the other unidentified resident is. In line with this, there was no provision of supervision to address this aggressive behavior for both R9, and the other unidentified resident. During 11/12/10 interview with E30 (nurse) at 11:25 AM, E30 said that earlier that day, R9 threw his breakfast tray in the hallway and told E30 to leave. E30 said that later, R9 agreed to take his medication, went to the nurses station, but left the floor, went to the administrator's office instead, and threw a chair on the glass panel, breaking it in the process. When asked, E30 said that it was about 10 minutes after R9 first threw his breakfast tray in the hallway before E30 asked him to go to the nurses station to get his medications. However, review of E30's nurses notes dated 11/12/10 showed that R9 threw his tray in the hallway at 8:00 AM and it was already 8:45 AM when R9 came for his medication and left. During this 45 minute period, there was no intervention noted in R9's record, nor was the case worker called to redirect or calm R9 down, and provide supervision during this outburst. During 11/12/10 interview at 11:00 AM, R9 said	F9999		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	14A057	A. BUILDING _____ B. WING _____	C 12/10/2010

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ALL AMERICAN NURSING HOME	5448 NORTH BROADWAY STREET CHICAGO, IL 60640

(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 CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
F9999	Continued From page 218	F9999		

that he was upset because staff had been calling him baby rapist. R9 said that on 11/12/10, E1 twice ignored R9, including when E1 came to the 3rd floor earlier that day. R9 said he just wanted to complain to E1 that he cannot take it anymore, that staff and residents are talking behind his back, calling him baby rapist. R9 said that to protect himself, he kept a knife which he found at the facility patio on the first floor. R9 surrendered his 5 inch switch blade to surveyor and said he is going to use it to protect himself if they attack him. R9 added that after he smashed the facility's glass window with a chair on the first floor, E1 finally spoke with him. R9 said that he told E1 he kept a knife in his possession.

Related to this, E1 was made aware of the knife that was taken by surveyor from R9 on 11/12/10. E1 was told that R9 said that he got the knife from the patio, and is keeping it to protect himself. Facility changed its contraband search policy to include bag search of residents and visitors upon entry to the facility. The facility started inservicing the front security to conduct the search at the entrance door starting 11/16/10. Record of inservice to include bag search upon facility entry showed that this was started on 11/16/10 with E14 and E31 (front desk security).

5) R4 has diagnoses of Psychosis, Aggressive Behavior, and Schizoaffective disorder. R4 was admitted to the facility on 2/26/10. R4 lives in room 320.

Per Unusual Occurrence Report dated 6/8/10, at 4:25 PM, R4 had a physical altercation with R20. R4 also had another physical altercation with another unidentified resident on 6/28/10 at 2:45 PM. There was no accompanying investigation or

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	14A057	A. BUILDING _____ B. WING _____	C 12/10/2010

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ALL AMERICAN NURSING HOME	5448 NORTH BROADWAY STREET CHICAGO, IL 60640

(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 CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
F9999	Continued From page 219 Unusual Occurrence report to identify who the other resident is. In the absence of an investigation of the above 2 physical altercations, it cannot be determined if it was R4 or R20 or the unidentified resident who initiated the physical altercation and why, in order to address this aggressive behavior in both altercations. During 11/5/10 interview of E17 (nurse) at 3:40 PM, E17 said that she heard noises coming from the room, and observed R4 and R20 having a physical fight. E17 said she asked them what happened, but could not remember what both residents said. E17 said that R4 makes noises, so it might have aggravated R20. Review of the facility's program attendance showed that R4 was not in any of the programs to address this aggressive behavior. The only program he was listed in was Macho Man dated 10/13/10 addressing independence. Added to that, this attendance sheet was not even signed by R4 that he attended the program. There also was no reassessment and supervision provided for R4 nor R20 to protect other residents from their aggressive behaviors. Additionally, since the other resident on 6/28/10 altercation cannot be identified, there was no evidence of supervision provided by the facility to ensure this other resident does not pose a risk of aggression and violence to other residents on the floor they live in. 6) R6 has a diagnoses of Traumatic brain Injury and Schizoaffective Disorder. Per nurses notes dated 6/27/10 at 7:30 PM, R6 was involved in a physical altercation with a female resident. R6 was observed with agitation	F9999		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	14A057	A. BUILDING _____ B. WING _____	C 12/10/2010

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ALL AMERICAN NURSING HOME	5448 NORTH BROADWAY STREET CHICAGO, IL 60640

(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 CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
F9999	Continued From page 220	F9999		

and with aggressive behavior. No Unusual Occurrence Report was noted among the Incident Report Book, nor was there an investigation noted to determine cause of fight and who started the altercation or even to identity of this female resident.

R6's unusual Occurrence report dated 9/29/10 at 11:30 AM also showed that R6 had another physical and verbal altercation with R50. Similarly, there is no investigation of this altercation to determine cause of the altercation, and who initiated the verbal altercation that escalated to a physical fight.

Per R6's care plan R6 has a history of Battery charges. R6's care plan did not address the aggressive behavior nor it indicate what kind of group R6 was placed in to address physical aggression.

There is no indication how the facility is supervising R6 or R50 or the other unidentified resident during the 6/27/10 altercation, nor is there indication what interventions were put in place to address their behaviors.

7) R5 has diagnosis of Depression with suicidal Ideation and is currently in room 325.

R5 and R49 had a physical altercation on 9/24/10 at 7:50 PM.

R5 also had another physical altercation with an unidentified resident on 10/13/10 at 9:00 AM. There was no accompanying Unusual Occurrence report to identify the other resident.

In both altercations, the facility has no evidence

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	14A057	A. BUILDING _____ B. WING _____	C 12/10/2010

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ALL AMERICAN NURSING HOME	5448 NORTH BROADWAY STREET CHICAGO, IL 60640

(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 CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
F9999	Continued From page 221 of investigations or supervision surrounding the above 2 dates. 8) R12 has a diagnoses of Schizoaffective disorder and Alcohol Abuse. R12 is currently in room 309 bed 2. Per nurses notes dated 8/17/10 at 7:00 AM, resident came to the hallways after watching TV, yelling that he cannot find his keys, and appeared to be very agitated. R12 grabbed the phone by the nurses station, and slammed it on the floor, and broke the receiver. R12 then started pacing and yelling that someone stole his key, and started smoking cigarette in the hallway by the nurses station. Per nurses notes, behavior cannot be redirected, and that R12 went to his room and threw his garbage on the hallway floor. R12 refused Prolixin, and went to sleep from 3:30 AM to 6:30 AM. At 2:00 PM that same day, E11 charted in R12's nurses notes, that he was ambulating in the unit, mumbling to self , agitated and verbally aggressive to other residents . Per Social Service Progress Notes dated 8/19/10, resident was counseled about the disruptive behavior which was found to be related to alcohol use. On 8/24/10 at 7:00 AM, R12 was charted as slamming every door he came through, and pushed the entrance door open at 6:00 AM, and went out of the facility shirtless. On 8/25/10 at 2:30 PM, R12 was again charted as verbally aggressive towards other residents. According to nurses noted dated 10/23/10 at 5:30	F9999		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	14A057	A. BUILDING _____ B. WING _____	C 12/10/2010

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ALL AMERICAN NURSING HOME	5448 NORTH BROADWAY STREET CHICAGO, IL 60640

(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 CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
F9999	Continued From page 222	F9999		

PM, R12 was noted with strong smell of alcohol, was intoxicated, agitated, aggressive, and restless. R12 admitted to staff he took alcohol while outside of the facility. When redirected to go to his room to sleep, R12 refused to go, and was unredirectable. Per nurses notes, R12 continued to be talkative and aggressive.

Despite R12's aggressive behavior, review of facility's attendance sheet showed no indication that R12 was attending any program to address aggressive behavior which might be related to diagnosis of Schizoaffective disorder. Similarly, there is also no indication that R12 is on any alcohol abuse related program to address his alcoholic abuse, even though it was already an issue as R12 started drinking after being sober for 11 months per Social service notes dated 8/19/10.

There is no indication that R12 was assessed and supervised by the facility to prevent his aggressive behaviors.

9) R7 was admitted to the facility on 8/25/10 with diagnosis of Schizoaffective Disorder.

R7's Nurses notes dated 9/30/10 (Thursday) indicated that per security, R7 was allowed to go out on pass at 11:00 PM. According to E17 (nurse) on 11/5/10 interview at 3:35 PM, curfew during weekdays starts at 10:00 PM. There was no indication why the security allowed R7 to leave after curfew started already. R7 did not come back until her daughter brought her back to the facility on 10/1/10 at 7:00 PM.

Per Nurses Notes dated 10/9/10 at 7:30 AM, R7 was charted as paranoid and talkative. At 10:57

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	14A057	A. BUILDING _____ B. WING _____	C 12/10/2010

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ALL AMERICAN NURSING HOME	5448 NORTH BROADWAY STREET CHICAGO, IL 60640

(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 CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
F9999	Continued From page 223 AM, according to the nurses notes, resident was noted with agitation and with aggressive behavior, and was seen at the lobby, ready to elope with all her belongings. R7 refused redirection and was given Ativan 2 mg. intramuscular at 11:00 AM. However, R7's nurses notes dated 10/9/10 indicated that at 11:00 AM (the same time the Ativan was given due to R7's agitation and aggressive behavior), R7 was allowed to sign out of the facility. It was charted that "on call staff was present in the lobby at this time." Instead of addressing R7's behavior manifestation from her psychiatric diagnosis, R7 was just given a PRN medication after refusing redirection, and was allowed to leave facility immediately. With agitation and aggressive behaviors exhibited on 10/9/10, R7 was a danger to self and others inside and outside of the facility. R7's nurses notes dated 10/9/10 at 11:50 AM, indicated that "Social Service present in the lobby at the time of this situation." At 4:45 PM on 10/9/10, R7 returned to the facility. Per R7's nurses notes dated 10/10/10 at 6:00 AM, R7 continued to be loud and aggressive. At 2:00 PM, R7 was charted as still verbally aggressive. However, E11 documented at 3:30 PM that R7 was out of the facility again unsupervised and returned the next day 10/11/10 at 3:30 PM. 10) R8 has diagnoses of Seizure, Left Eye Blindness, and Schizoaffective Disorder. R8 was admitted to the facility on 10/27/10. R8 is in room 302. Per R8's nurses notes 11/8/10, at 8:00 PM, R8 was noted with aggressive behavior, refused psych meds, and was verbally abusive to staff.	F9999		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	14A057	A. BUILDING _____ B. WING _____	C 12/10/2010

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ALL AMERICAN NURSING HOME	5448 NORTH BROADWAY STREET CHICAGO, IL 60640

(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 CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
F9999	Continued From page 224 R8's psychiatrist ordered R8 to be sent out to the hospital on 11/8/10, for psychiatric evaluation. However, there was no available bed at the hospital at the time, so R8 was kept at the facility while awaiting a hospital bed to open. On 11/9/10, R8 was charted as verbally abusive to staff for no apparent reason. R8 also came to the nurses station and threw a pair of pants at the nurse, saying it does not belong to her, then went back to bed to sleep until 6:00 AM. Finally at 1:00 PM, the facility received a call from the hospital to send R8 to the hospital Emergency Room. However, R8's nurses notes dated 11/9/10 at 1:00 PM indicated that R8 was out of the facility. R8 returned to the facility at 4:00 PM, and was picked up by ambulance staff at 7:00 PM. R8's nurses notes on 11/9/10 showed that at 4:30 PM, R8 was pacing back and forth at the hallway of the unit, and the ambulance was called during this time. Despite a physician order to send R8 to the hospital on 11/8/10 due to R8's need for psychiatric evaluation for aggressive behaviors, R8's behavior was not clearly addressed, nor was R8 supervised by staff . Instead, R8 was allowed to be around other residents at the facility unsupervised, and was even allowed to leave the building. Not only did R8 pose a danger to her self and other residents in the facility, but she also was a threat to others outside of the building, with her aggressive behavior. During 11/11/10 interview at 9:00 AM, E1 said that E13 (nurse) did not communicate to front desk security R8's restriction to leave the facility. However, as early as 11/5/10, Social Service Progress Notes indicated that front desk was notified not to allow R8 to go out until the social	F9999		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	14A057	A. BUILDING _____ B. WING _____	C 12/10/2010

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ALL AMERICAN NURSING HOME	5448 NORTH BROADWAY STREET CHICAGO, IL 60640

(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 CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
F9999	Continued From page 225 service initial interview is completed. When front desk security log book was reviewed on 11/12/10, it was noted that R8 was not on their list of residents restricted to go out of the building. 11) R10 was admitted to the facility on 12/4/09 with diagnoses of Schizophrenia and Substance Abuse. Review of R10's hospital record dated 12/1/09 showed that R10 tested positive for Cocaine and Tetrahydrocannabinol, while admitted at the hospital. Per Social Service Initial Interview dated 12/4/09, R10 admitted to using drugs 3 weeks prior to the interview, and said that he drinks occasionally and uses Cocaine. R10 also admitted to being charged and jailed for possession of controlled substance. Additionally R10 also said he had been incarcerated for fighting on the train. He also indicated during interview that he currently experiences hallucinations, hear voices, see objects and feel things that others do not. According to R10's Nurses Notes dated 2/4/10, at 9:00 AM, the social service department was made aware that a drug paraphernalia was found in R10's room. R10's Physician Order Sheet (POS) indicated that his physician ordered a urine test for drug screening. R10's urine drug test was collected on 2/4/10, and was reported by laboratory as positive for Cocaine and Marijuana on 2/5/10. Although R10's lab test was stamped "Physician	F9999		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	14A057	A. BUILDING _____ B. WING _____	C 12/10/2010

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ALL AMERICAN NURSING HOME	5448 NORTH BROADWAY STREET CHICAGO, IL 60640

(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 CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
F9999	Continued From page 226	F9999		

Notified Date 2/06/10," there was no indication whether this was just faxed to the physician, and if there was a follow up. Review of R10's Nurses Notes showed no evidence that R10's physician was notified and if he was, what orders were given to address R10's active use of multiple drugs. Moreover, R10's Psychiatric Progress Notes dated 2/6/10 showed no indication that R10's Physician was aware of the positive drug test that came out on 2/5/10. In fact, in this Psychiatric Progress Notes, R10's Physician did not check area for "Addictive (ETOH/ Drugs)" despite the positive drug test.

Per E5 (case worker), during 11/9/10 interview at 4:10 PM, she did not remember R10 as being positive in drug test. Similarly, during 11/9/10 interview at 3:53 PM, E4 (case worker) was also not aware that R10 had tested positive for drugs in the past. R10's Social Service Notes showed no indication that R10 was placed on a drug use/abuse program to address his drug use. R10 was actually allowed to go out on pass per nurses notes dated 2/5/10 at 9:30 PM and returned at 11:00 PM that night. Per E5 during 11/9/10 interview, R10 would leave at 7:00 AM and would come back at 6:00 PM everyday. E5 continued that if a resident is positive for drug test, the resident is referred to an out-patient drug rehab program, as there was no available inhouse drug rehab program in the facility until the late part of the year 2010, when Gateway conducted inhouse programs in the facility. E5 added that there was no one in the facility prior to the Gateway Program with a certification to conduct the drug rehab program in the facility, thus residents are referred to an outpatient drug rehab program. E5 also said the physician normally orders restriction on outside passes. E5

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	14A057	A. BUILDING _____ B. WING _____	C 12/10/2010

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ALL AMERICAN NURSING HOME	5448 NORTH BROADWAY STREET CHICAGO, IL 60640

(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 CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
F9999	Continued From page 227	F9999		

continued that the nurses normally refer the positive result to the physician, and communicate the orders to the different departments including to the Social Service Department and front security which enforces the pass restriction. In R10's case, as there was no referral to the physician of his positive drug test, R10 continued to leave the facility unrestricted and unsupervised, and his drug use was unmonitored and not addressed.

Per R10's Social Service Progress Notes dated 3/10/10, " Resident did not attend Substance Abuse groups."

According to R10's Nurses Notes, on 3/16/10 at 4:00 AM, R10 had a physical altercation with another resident. This other resident was not identified by the facility due to lack of unusual occurence report or investigation. And while a prn (as needed) medication was given and physician was paged through answering service, there was no indication that the physician called back and referral was made to address the altercation. Furthermore, per nurses notes 3/16/10 at 3:10 PM, R10 was noted as agitated, verbally aggressive and threatening to staff and peers with increased potential for violent behavior. R10 could not be redirected during this time and thus was sent to the hospital for psychiatric evaluation and aggressive behavior.

12) R11 was admitted to the facility on 6/2/10 with diagnosis of Schizoaffective disorder.

Per R11's Social service Interview dated 6/2/10, R11 indicated that he either had experienced hallucinations or currently had hallucinations during the interview. He also wrote that he used

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	14A057	A. BUILDING _____ B. WING _____	C 12/10/2010

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ALL AMERICAN NURSING HOME	5448 NORTH BROADWAY STREET CHICAGO, IL 60640

(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 CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
F9999	Continued From page 228	F9999		

Marijuana once in a while, and answered facility assessment questionnaire, that if he feels a compulsion to turn to alcohol and drugs, he will " buy some weed." He also answered he had been charged with a crime, but did not remember what. R11's Level of Functioning-Skills Assessment dated 6/3/10 indicated that R11 needed some physical help with travelling safely, and with recognizing common dangers. This assessment showed that R11 practiced appropriate conflict avoidance skills only sometimes, had an absence of verbal/physical abuse/aggression sometimes, had an absence of addictive behaviors sometimes, and was sometimes not dependent on others for decision-making. R11's 9/31/10 Social Service Progress notes also showed that R11's short and long term memory appeared impaired due to severe symptoms from his mental illness, according to his assigned case worker, E4. E4 also indicated that R11 appeared with poor insight and judgment, and with delusional thought content.

Review of R11's record showed that facility is not addressing R11's issue with drug use. He is not on any drug abuse related program to address his problem. R11 also did not have a care plan to address his drug abuse issue.

Despite above interview of R11, E4 wrote in R11's Community Survival Skills Assessment that R11 appears capable of an outside pass at the same date as the interview on 6/2/10. E4 also checked that R11 is capable of unsupervised outside pass privileges.

During 11/5/10 interview, E4 said that R11 has a community pass and that he is safe outside.