		AND HUMAN SERVICES				FORM	04/30/2011 APPROVED 0938-0391
	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING			(X3) DATE SURVEY COMPLETED	
		14E168	B. WIN	1G		12/23/2010	
NAME OF P	ROVIDER OR SUPPLIER				REET ADDRESS, CITY, STATE, ZIP CODE		
WINCRE	ST NURSING CENTE	R CORP			326 NORTH WINTHROP AVENUE CHICAGO, IL 60660		
(X4) ID PREFIX TAG	(EACH DEFICIENC)	TEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFI TAG		PROVIDER'S PLAN OF CORREC (EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APPR DEFICIENCY)	JLD BE	(X5) COMPLETION DATE
F 490	The Immedicacy withowever the facility a severity level 2. The facilitly took the the Immediate Jeop Immedicate Correct The Administrator, 11/30/11 with servit Wincrest Nursing C years have already procedure to abate F323, F250,F407. Services have been assume the respect Social Worker Cons precautroy and pre- already in place to in the facility and to weapon, sharp obje resident 's room or abatement and pre- taken which was di QA meeting on 12/	as removed on 12/13/10, remains out of compliance at e following actions to removed pardy.	F 4	490			
F9999			F99	999			
	LICENSURE VIOL 300.610a) 300.1210a) 300.1210b)6) 300.1220b)2)3) 300.3240a) 300.4050a) 300.4050b)	ATIONS					

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		HAND HUMAN SERVICES E & MEDICAID SERVICES				FORM	04/30/2011 APPROVED 0938-0391
	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) N A. BU		TIPLE CONSTRUCTION	(X3) DATE SI COMPLE	
		14E168	B. WI	NG _		12/2	3/2010
NAME OF P	ROVIDER OR SUPPLIER				REET ADDRESS, CITY, STATE, ZIP CODE		
WINCRE	ST NURSING CENTE	R CORP			6326 NORTH WINTHROP AVENUE CHICAGO, IL 60660		
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREF TAG	IX	PROVIDER'S PLAN OF CORREC (EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APPR DEFICIENCY)	JLD BE	(X5) COMPLETION DATE
F9999	Continued From pa	age 38	F9	999)		
	Section 300.610 R	esident Care Policies					
	procedures, govern the facility which sh Resident Care Poli least the administra the medical advisor representatives of the facility. These p with the Act and all thereunder. These followed in operatin reviewed at least a evidenced by writte of such a meeting.	nursing and other services in policies shall be in compliance I rules promulgated written policies shall be ng the facility and shall be nnually by this committee, as en, signed and dated minutes General Requirements for					
	and services to atta practicable physica well-being of the re each resident's cor plan of care. Adequ nursing care and po to each resident to personal care need b) General nursing minimum the follow a 24-hour, seven d 6) All necessary pro assure that the resi as free of accident	care shall include at a ving and shall be practiced on ay a week basis: ecautions shall be taken to idents' environment remains hazards as possible. All					
		shall evaluate residents to see receives adequate supervision					

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		AND HUMAN SERVICES				FORM	04/30/2011 APPROVED 0938-0391	
	OF DEFICIENCIES F CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) M A. BU		IPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED		
		14E168	B. WI	NG _		12/2:	3/2010	
NAME OF P	ROVIDER OR SUPPLIER				REET ADDRESS, CITY, STATE, ZIP CODE			
WINCRE	ST NURSING CENTE	R CORP		-	6326 NORTH WINTHROP AVENUE CHICAGO, IL 60660			
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES ' MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREF TAG		PROVIDER'S PLAN OF CORRECT (EACH CORRECTIVE ACTION SHOL CROSS-REFERENCED TO THE APPR(DEFICIENCY)	LD BE	(X5) COMPLETION DATE	
F9999	Continued From pa	ge 39	F9	999				
	and assistance to p	revent accidents.						
	Section 300.1220 S Services	Supervision of Nursing						
	nursing services of 2) Overseeing the of the residents' need defined conditions a sensory and physic status and requiren discharge potential potential, rehabilitat and drug therapy. 3) Developing an up for each resident ba comprehensive ass and goals to be acc orders, and person Personnel, represe nursing, activities, of modalities as are of be involved in the p plan. The plan shall reviewed and modifi needed as indicated The plan shall be re- months.	upervise and oversee the the facility, including: comprehensive assessment of s, which include medically and medical functional status, al impairments, nutritional nents, psychosocial status, dental condition, activities tion potential, cognitive status, p-to-date resident care plan ased on the resident's ressment, individual needs complished, physician's al care and nursing needs. nting other services such as dietary, and such other reparation of the resident care I be in writing and shall be fied in keeping with the care d by the resident's condition. eviewed at least every three						
		ee, administrator, employee						
	resident. (Section 2 Section 300.4050	r shall not abuse or neglect a 2-107 of the Act) Psychiatric Rehabilitation es Subject to Subpart S						

CENTER	RS FOR MEDICARE	AND HUMAN SERVICES				FORM . OMB NO.	04/30/2011 APPROVED 0938-0391
	T OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	A. BUI	ILDIN	TIPLE CONSTRUCTION	(X3) DATE SU COMPLE	
		14E168	B. WIN	√G _		12/23	3/2010
NAME OF P	PROVIDER OR SUPPLIER				REET ADDRESS, CITY, STATE, ZIP CODE		
WINCRE	ST NURSING CENTE	R CORP			6326 NORTH WINTHROP AVENUE CHICAGO, IL 60660		
(X4) ID PREFIX TAG	(EACH DEFICIENC)	TEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREF TAG		PROVIDER'S PLAN OF CORRECT (EACH CORRECTIVE ACTION SHOU CROSS-REFERENCED TO THE APPR DEFICIENCY)	JLD BE	(X5) COMPLETION DATE
F9999	 a) The facility shall psychiatric rehabilit contract with an our part of the psychiatric rehabilit contract with an our part of the psychiatric rehabilit contract with an our part of the psychiatric long as individual the subsection (c)(4) is designed to allow a individual therapeur limited to, the follow 1) Skills training procomprehensive rank major domains of s functioning, community of the system of the sy	develop and implement a tation program. A facility may tside entity to provide all or tric rehabilitation program as esidents' needs are met and met. The program shall be a wide array of group and tic activities, including, but not ving: ograms addressing a age of skill areas, including the eelf-maintenance, social unity living, occupational optom management, and nanagement. Skills training e published, validated modules ed curricula for teaching , trainer's manuals and monstrate the skills to be a training-to-mastery dresses discrete sets of skill oduces targeted skills in a d regulates the difficulty of a momentum of success; instructions and modeling, of new material, auditory and on, role playing and practice, itive feedback for attention	F99	999			

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		AND HUMAN SERVICES				FORM	04/30/2011 APPROVED 0938-0391	
	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) N A. BU		IPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED		
		14E168	B. WII	NG _		12/23	3/2010	
NAME OF P	ROVIDER OR SUPPLIER				REET ADDRESS, CITY, STATE, ZIP CODE			
WINCRE	ST NURSING CENTE	R CORP		-	326 NORTH WINTHROP AVENUE CHICAGO, IL 60660			
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES ' MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREF TAG		PROVIDER'S PLAN OF CORREC (EACH CORRECTIVE ACTION SHOI CROSS-REFERENCED TO THE APPR DEFICIENCY)	JLD BE	(X5) COMPLETION DATE	
F9999	needed. 2) Incentive programinterviewing, behavindividual positive reconomy. 3) Strategies for skihomework, in vivo fmanagement skills, self-management skills, self-evaluation and 4) Aggression preventincluding resident saggressive and assifactors, signals of ede-escalation strate modification of environ physical plant and rocedure for remergencies. 5) Substance depermanagement service screens, psychopharmacolor individualized resident service screens, psychopharmacolor individualized reside and procedure for remergencies. 5) Substance depermanagement service screens, psychopharmacolor individualized reside and procedure for remergencies. 5) Substance depermanagement service screens, psychopharmacolor individualized reside and procedure for remergencies. 5) Substance depermanagement service screens, psychopharmacolor individualized reside and procedure for remergencies. 5) Substance depermanagement service screens, psychopharmacolor individualized residents by the face approach to each reconsistent plan of consistent	ms, such as motivational ioral contracting, shaping or einforcement, and token ill generalization, such as raining, resource problem-solving skills, and kills (self-monitoring, self-reinforcement). ention and management, creening (history of aultive behavior, precipitating escalating risk, and effective egies); identification and ronment risk factors (e.g., resident mix); provision of vioral, and appropriate gical interventions based on ent assessment; and policies apid response to behavioral ndence and abuse ces, including toxicological armacology, alcohol and drug terventions, recovery oholics Anonymous (AA), bus (NA), Mentally III a (MISA)), and harm reduction.	F9	999				

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		I AND HUMAN SERVICES				FORM	04/30/2011 APPROVED 0938-0391
STATEMENT	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) M A. BU		IPLE CONSTRUCTION	(X3) DATE SU COMPLE	
		14E168	B. WII	\G _		12/2;	3/2010
NAME OF P	ROVIDER OR SUPPLIER				REET ADDRESS, CITY, STATE, ZIP CODE		
WINCRE	ST NURSING CENTE	R CORP			326 NORTH WINTHROP AVENUE CHICAGO, IL 60660		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES / MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREF TAG		PROVIDER'S PLAN OF CORREC (EACH CORRECTIVE ACTION SHOU CROSS-REFERENCED TO THE APPR DEFICIENCY)	ULD BE	(X5) COMPLETION DATE
F9999	 interview, the facilit residents received a prevent: A) The potential rist to inappropriate sm smoking material: F also failed to ensure smoking behaviors appropriate smokin resident floors were staff as required by B) The potential rist identified with high obtaining and concersident's belonging R6). In addition, the facilistructural psychoso sampled residents R17) identified with A)providing psychot that addressed spereturn to the comm B) providing a prog substance abuse o and a mental illness C) providing intervetor 	on, record review, staff y failed to ensure that appropriate supervision to k of fire related incidents due oking and/or possession of R10, R14, and R17. Facility e residents identified with were reassessed for g levels. (R10, R14, R17), and e monitored for smoking by facility smoking policy. k of injuries from residents risk behavior problems from ealing weapons in the gs or in resident rooms. (R5, lity failed to provide on-going ocial programing for 7 of 51 (R1, R5, R6, R7, R10, R12, a mental illness by not: social groups or programing cific behaviors or needs to unity. ram for residents with r history of substance abuse	F9	999			
	D) addressing resid	lents not attending					

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CENTER STATEMENT	S FOR MEDICARE	AND HUMAN SERVICES & MEDICAID SERVICES (X1) PROVIDER/SUPPLIER/CLIA	(X2) N	/ULT	TIPLE CONSTRUCTION	PRINTED: 04/30/201 FORM APPROVED OMB NO. 0938-039 (X3) DATE SURVEY	
AND PLAN O	FCORRECTION	IDENTIFICATION NUMBER:	A. BU	ILDII	NG	COMPLE	TED
		14E168	B. WI	NG _		12/23	3/2010
	ROVIDER OR SUPPLIER	R CORP			IREET ADDRESS, CITY, STATE, ZIP CODE 6326 NORTH WINTHROP AVENUE CHICAGO, IL 60660		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREF TAC		PROVIDER'S PLAN OF CORRECT (EACH CORRECTIVE ACTION SHOL CROSS-REFERENCED TO THE APPRO DEFICIENCY)	JLD BE	(X5) COMPLETION DATE
F9999	Continued From pa	ge 43	F9	999	9		
	psychosocial progra	aming on a routine basis.					
	These failures had residents of the fac	the potential to impact all 69 ility.					
	Findings include:						
	Room 208 and note some haziness in the of 3 beds in the roo was smoking in the roommate R10." R with clothes on the closet. Surveyor inf Service Coordinato E6 and E8 (CNA) c cigarette odor. Sur does rounds on res E6 responded "the supposed to do hou	-					
	form, E6 went to dr with room numbers hourly. The form he documentation the monitored for smok	d to review the hourly check awer and pulled out a form and hours to be checked off ad no check marks or 2nd floor residents were being ing. Surveyor asked E8 if she unds since 8:00 AM, E8 said out yet."					
	floor on 12/8/10 at other residents smo On the 1st floor, at to review the hourly responded "I haven	unds on the 1st floor and 3rd 10:50 to ensure there were no oking in undesignated areas. 11:00 AM, surveyor requested v check form. E7 (CNA) 't filled it out yet." E7 ecked form for the 1st unit.					

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		AND HUMAN SERVICES				FORM	: 04/30/2011 APPROVED . 0938-0391
	FOF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) N A. BU		IPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
		14E168	B. WI	NG _		12/2	3/2010
NAME OF P	ROVIDER OR SUPPLIER				REET ADDRESS, CITY, STATE, ZIP CODE		
WINCRE	ST NURSING CENTE	R CORP			6326 NORTH WINTHROP AVENUE CHICAGO, IL 60660		
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREF TAC		PROVIDER'S PLAN OF CORREC (EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APP DEFICIENCY)	OULD BE	(X5) COMPLETION DATE
F9999	Surveyor went to the check and 10:50 Al- cigarette smoke in facility identified sm extremely cold, wine was on blowing in the bed with covers over R17 if he was smole come out from und interviewed regarding and handed survey that was already che stated," I did not che was asked why wa form checked before "Oh I made a mistat At 11:15 AM on 12/ of residents on smole security guard (E10) his desk but did ret R10, R16, R17 wer list. R10 was admitted the with diagnosis inclue R10's September 2/ assessed R10 mining R10's last smoking assessed R10 as a "independently able materials." Nurses' documents R10 do policy and attempts	he 3rd floor and did a room M noted a lingering odor of Room 304 (R17's room, noker). The room was adow was open and the fan the room on high. R17 was in erhead. Surveyor questioned king. R17 refused to answer or er the cover. (E5) was ing room check monitoring, for at 10:50am a room check hecked for 11:00 am. E5 heck that E9 (CNA) did that. E9 s the 11:00am room rounds rehand, and E9 responded, ike." /8/10 surveyor requested a list oking level 2 group from 0). E10 did not have a list at rieve a list from DON (E2). re not identified on the Level 2 to facility in February 2010 uding Paranoid Schizophrenia. 2010 Minimum Data Set mally cognitive impairment. t in activities of daily living. assessment dated 3/20/10 a level 1 smoker e to handle smoking notes dated 9/28/10 es not follow the smoking is to smoke in his room and continue to monitor R10 from	F9	999			

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CENTERS FOR MEDICARE & MEDICAID SERVICES OM STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3)	(3) DATE SURVEY COMPLETED
14E168 B. WING	12/23/2010
NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE	
WINCREST NURSING CENTER CORP 6326 NORTH WINTHROP AVENUE CHICAGO, IL 60660	
(X4) IDSUMMARY STATEMENT OF DEFICIENCIESIDPROVIDER'S PLAN OF CORRECTIONPREFIX(EACH DEFICIENCY MUST BE PRECEDED BY FULLPREFIX(EACH CORRECTIVE ACTION SHOULD BTAGREGULATORY OR LSC IDENTIFYING INFORMATION)TAGCROSS-REFERENCED TO THE APPROPRI. DEFICIENCY)	D BE COMPLÉTION
 F9999 Continued From page 45 F9999 Continued From page 45 R10's care plan dated 9/6/10 denotes R10 is currently on level 1 smoking. He is reported to smoke in washroom with a peer. Cigarette butt is found in the toilet. The care plan had not been updated after the smoking incident of 9/26/10. On 12/9/10 at 2:30 PM, surveyor observed R10 standing in the 1st floor hallway outside E1's office. R10 approached surveyor "are you the one that said I was smoking in my room? You weren't in my room when I was there. I left out at ten in the morning." Surveyor asked R10 if he ever smoked in his room. R10 responded no. When surveyor informed R10 his non-compliant smoking history was in medical chart, R10 walked away from surveyor. Social service notes denote R10 consistent inappropriate behavior: 4/20/10-R10 goes out to the community and panhandles, also sells cigarettes and pop to peers. R10 was not placed in any program for smoking or panhandling. 2) R17's diagnosis includes Paranoid Schizophrenia; Acute Psychosis; Schizo-Affective. R17 was observed on 12/ 8/10 at 10:50am in bed with covers ore head. R17 refused the request to remove covers from over head or to respond to questions regarding the smell of smoke in room. R17 on 12/8/10 at 4:00pm struck surveyor on right ram shouting. " want to talk to you," and scurried to a comer and began babbling to self." 	

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CENTER		AND HUMAN SERVICES	(¥2)	AL 11 T	TIPLE CONSTRUCTION	FORM	04/30/2011 APPROVED 0938-0391
	OF DEFICIENCIES OF CORRECTION	IDENTIFICATION NUMBER:	(A2) N			COMPLE	
		14E168	B. WII	NG _		12/23	3/2010
NAME OF P	ROVIDER OR SUPPLIER				REET ADDRESS, CITY, STATE, ZIP CODE		
WINCRE	ST NURSING CENTE	R CORP			6326 NORTH WINTHROP AVENUE CHICAGO, IL 60660		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES / MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREF TAG		PROVIDER'S PLAN OF CORRECT (EACH CORRECTIVE ACTION SHOU CROSS-REFERENCED TO THE APPR DEFICIENCY)	JLD BE	(X5) COMPLETION DATE
F9999	Continued From pa	ge 46	F9	999	9		
	give surveyor an as	nt was requested. E6 did not ssessment. E6 returned to 10 and stated, "I will assess					
		gional Office on 12/15/10 a nt dated 12/13/10, which in owing:					
		-Potential for causing injury to smoking in unauthorized areas smoking materials.					
	Moderate problem- the facility safe smo	 Potential for safely following bking policy. 					
	Recommendations	and outcome:					
		e of handling/carrying any and requires supervision when 7-18)					
	Total Score is 8 and	d places R17 in Level 2.					
	In addition, E17 cor	mments in part depict:					
	The following client facility smoking rule	is unable to comply with the es.					
	denotes that R17: " antisocial personali	sment dated 12/13/10 in part has a substance abuse and ty, as well as very delusional vior noted at times."					
		blaced in a program by facility above deficits in behavior.					
		t reports dated 9/10/10 t involving R14. Report					

		I AND HUMAN SERVICES				FORM	04/30/2011 APPROVED 0938-0391
	F OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) N A. BUI		TIPLE CONSTRUCTION	(X3) DATE SU COMPLE	
		14E168	B. WIN	NG _		12/2:	3/2010
NAME OF P	ROVIDER OR SUPPLIER				REET ADDRESS, CITY, STATE, ZIP CODE		
WINCRE	ST NURSING CENTE	R CORP			6326 NORTH WINTHROP AVENUE CHICAGO, IL 60660		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES / MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREF TAG		PROVIDER'S PLAN OF CORREC (EACH CORRECTIVE ACTION SHOU CROSS-REFERENCED TO THE APPR DEFICIENCY)	ULD BE	(X5) COMPLETION DATE
F9999	includes documenta cigarette butt on dir started small fire in present in the room security, 911 alarm notified. The incide place safely outside hospitalized for psy diagnosis includes Nurses notes dated reminder about sma area for smoking. In R14's record date level 2 smoker due facility's smoking por smoking group 2 tir R14's care plan der smoking. He is non policy. He smokes needs reminders of included for R14: R in room and will sm 3-5 times per week encourage and sup authorized areas. V cigarettes from ash materials by asking Explain rules and ro in the nursing home Remind resident that monitoring smoking resident that non-co in the medical reco cigarettes at certair in smoking group 2	ation that R14 threw a lit rty clothes and accidently his room. No one was a The fire was extinguished by pulled, local fire/police ent denotes all residents led to e of the facility. To be rchiatric evaluation. R14 Schizophrenia. d 7/6/10 denotes R14 needs oking policy and designated The last smoking assessment ed 8/15/05 assessed R14 as a to his noncompliance with the olicy. R14 attends the facility's mes per week. notes "R14 is on level 2 ncompliant with facility smoking in undesignated areas, He f policy of smoking. Goals t14 will not observed smoking noke in patio with minimal cues . Interventions include: pervise to smoke only in Verbally discourage taking trays. Check for smoking pervise to smoke only in Verbally discourage taking trays. Check for smoking pervise to smoke only in Verbally discourage taking trays. Check for smoking pervise to smoke only in Verbally discourage taking trays. Check for smoking pervise to smoke only in Verbally discourage taking trays. Check for smoking pervise to smoke only in Verbally discourage taking trays. Check for smoking pervise to smoke only in Verbally discourage taking trays. Check for smoking pervise to smoke only in Verbally discourage taking trays. Check for smoking pervise to smoke only in Verbally discourage taking trays. Check for smoking pervise to smoke only in Verbally discourage taking trays. Check for smoking pervise to smoke only in Verbally discourage taking trays. Check for smoking pervise to smoke only in Verbally discourage taking trays. Check for smoking pervise to smoke only in Verbally discourage taking trays. Check for smoking pervise to smoke only in Verbally discourage taking trays. Check for smoking pervise to smoke only in Verbally discourage taking trays. Check for smoking pervise to smoke only in Verbally discourage taking trays. Check for smoking pervise to smoke only in Verbally discourage taking trays. Check for smoking pervise to smoke only in Verbally discourage taking trays. Check for smoke only in Verbally discourage taking trays. C	F9	996			

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STATEMENT	FOF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) M A. BU		TIPLE CONSTRUCTION	(X3) DATE S COMPLE	URVEY
		14E168	B. WI	NG _		12/2	3/2010
NAME OF P	ROVIDER OR SUPPLIER				IREET ADDRESS, CITY, STATE, ZIP CODE		
WINCRE	ST NURSING CENTE	R CORP			6326 NORTH WINTHROP AVENUE CHICAGO, IL 60660		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES / MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREF TAG	ΞIX	PROVIDER'S PLAN OF CORRE (EACH CORRECTIVE ACTION SH CROSS-REFERENCED TO THE API DEFICIENCY)	IOULD BE	(X5) COMPLETION DATE
F9999	Continued From pa incident and did no	-	F9	999	9		
	this facility to provid smoking and use of is only to occur in d by the management team. Upon admission, each the desire to smoke determine the indivi- smoking policy. Indonon-compliant, typi- with regard to smoke Level 2 roster.	olicy states it is the policy of de supervision with regard to f smoking materials. Smoking lesignated areas established at and the interdisciplinary ach resident who expresses e will be evaluated to idual's ability to comply with dividuals assessed as cally exercising poor judgment king safety will be place on the owed in the front patio at s include:					
	 evaluate residents programs. B) The resident will policy by staff member the policy, following privileges. This stat the resident and facts smoking materials. D) Psychosocial stat 1:1 basis, as necessible Reassessment with sooner if required. F) All staff member monitoring, supervisite state s	will ask the residents to sign g explanation of rules and tement will constitute between cility concerning safe use of all aff will make room checks on a					

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		AND HUMAN SERVICES & MEDICAID SERVICES				FORM	04/30/2011 APPROVED 0938-0391	
		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) N A. BU		TIPLE CONSTRUCTION	(X3) DATE SURVE COMPLETED		
14E168			B. WI	NG _		12/23/2010		
NAME OF PROVIDER OR SUPPLIER WINCREST NURSING CENTER CORP				0	REET ADDRESS, CITY, STATE, ZIP CODE 6326 NORTH WINTHROP AVENUE CHICAGO, IL 60660			
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES ' MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREF TAC	IX	PROVIDER'S PLAN OF CORREC (EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APP DEFICIENCY)	ULD BE	(X5) COMPLETION DATE	
F9999	 infractions. G) Special approact corresponding to the entered in the reside H) Social service we smokers, with clear problem behavior. Level 1- Independer Residents are assee "independent " throe evaluation and care privilege permits the smoking material. cigars. Non-compliance wi Level 2-Supervised All residents and gue facility regulations of handling of all smool level 2 require mon Level 2 Rules Residents are not any smoking material. Cigarettes will be staff at pre-establis Each resident wi Non-compliance sinfractions will be of the facility. Review of record diagnoses that including Disorder. R6 has a 	hes and interventions e smoking program will be ents' care plan. ill maintain a list of level 2 dentification of smokers with nt Use of Smoking Material ssed and designated as ough the interdisciplinary e planning process. Level 1 e resident to carry his/her own This include cigarettes, pipes, Il result in the termination of Use of Smoking Material uests must adhere to the governing smoking and safe king materials. Residents at itoring and supervision. It allowed to hold and or carry ial. e distributed by designated hed time. Il adhere to this policy. will result in forfeiture of and persons with repeated onsidered for discharge from	F9	999				

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		AND HUMAN SERVICES & MEDICAID SERVICES				FORM	: 04/30/2011 APPROVED . 0938-0391	
STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		(X2) N A. BU		TIPLE CONSTRUCTION		(X3) DATE SURVEY COMPLETED		
14E168			B. WI	NG _		12/23/2010		
NAME OF PROVIDER OR SUPPLIER					IREET ADDRESS, CITY, STATE, ZIP CODE 6326 NORTH WINTHROP AVENUE			
WINCREST NURSING CENTER CORP					CHICAGO, IL 60660			
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES ' MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREF TAG		PROVIDER'S PLAN OF CORR (EACH CORRECTIVE ACTION SI CROSS-REFERENCED TO THE AF DEFICIENCY)	HOULD BE	(X5) COMPLETION DATE	
F9999	Continued From pa	ge 50	F9	999	9			
	09/13/10 document	ta Set) assessment dated s under Behavioral symptoms ing R6 being resistive to care						
	had exhibited aggre	er problem showed that R6 essive behavior towards peer threaten to hurt him after t getting his ways.						
	was agitated and up pulled a knife of abo to stab another resi	d 12/29/09 document that R6 pset with another resident, out 1 foot long and threatened dent with it. The knife was ysician was notified and R6 I.						
	reflects: -Inform resident that weapons that reside room -After this incident, the facility, the facility contract. Review with the facility indicated on eviction within 3 -Encourage resider refrain from exhibitity others -Provide 1:1 intervery being upset/aggress -Observe and monity agitation/aggression -Refer to MD for every	nt to follow treatment plan to ng any forms of aggression on ention to express reasons for sive with others tor for any S/S of						

Facility ID: IL6010060

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		I AND HUMAN SERVICES				FOR	D: 04/30/2011 M APPROVED D. 0938-0391	
STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) N A. BU		LTIPLE CONSTRUCTION		(X3) DATE SURVEY COMPLETED	
14E168			B. WI	NG	i	12/23/2010		
NAME OF PROVIDER OR SUPPLIER WINCREST NURSING CENTER CORP				S	STREET ADDRESS, CITY, STATE, ZIP CC 6326 NORTH WINTHROP AVENUE CHICAGO, IL 60660	DDE		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES ' MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREF TAC	FIX	PROVIDER'S PLAN OF CO	N SHOULD BE	(X5) COMPLETION DATE	
F9999	pointed was observinterviewed on 12/0 that he found the kr R6 was asked what stated that he atten facility on Mondays Every Wednesday 10:30 AM he goes and work there by e R6 added that he a Facility does not ha R6's aggressive be When interviewed of stated that nearby of residents knives, gl the residents walk i contract found it wa there's no current/0 Review of clinical re aggressive with co- goes out to the com intoxicated as chart intoxicated, can be threatening to staff notes indicate R6 c abuse issues, batter interview, was also about killing himsel "sometimes I feel th Nurses notes dated document that R6 h medication. Care Plan Approac	ved in R6's window sill. When ved in R6's PM, R6 stated hife outside a month ago. t programs he goes to. R6 ved substance abuse in the from 8:30 AM to 9:00 AM. and Friday from 9:30 AM to to VA (Veteran Administration) escorting the hospital patients. ttends bingo and card games. ve a structure program for havior and medication refusal. on 12/08/10 at 1:25 PM, E6 college students give the oves, socks and shoes when n the street. Review of R6's as dated 01/29/08. E6 added updated contract for R6. ecord reflects that R6 is very peers, intimidating them. R6 munity and comes back ted on 9/15/10, "when come very abusive and and peers." Psychosocial ontinues to have substance ery and harmful behavior. Per asked if he had any feeling f or hurting himself. R6 stated	F9	999	99			

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DEPARTMENT OF HEALTH AND HUMAN SERVICES CENTERS FOR MEDICARE & MEDICAID SERVICES						FORM	APPROVED 0938-0391	
STATEMENT	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) N A. BU		LTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED 12/23/2010		
		14E168	B. WI	NG				
NAME OF PROVIDER OR SUPPLIER WINCREST NURSING CENTER CORP					TREET ADDRESS, CITY, STATE, ZIP CODE 6326 NORTH WINTHROP AVENUE CHICAGO, IL 60660			
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES ' MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREF TAG		PROVIDER'S PLAN OF CORRECT (EACH CORRECTIVE ACTION SHOL CROSS-REFERENCED TO THE APPR DEFICIENCY)	JLD BE	(X5) COMPLETION DATE	
F9999	 and remind to take daily. Note and observe reactions. Report to MD (phy) Observe for S/S of appetite, weight loss feelings of worthless. Report S/S noted Monitor S/S of agit compliance. R6 goes into the control into his room. R6 in knife for more than intervened on this control had a plan on his behavior and preveresident is allowed intoxicated and bed others without any has not followed its harming others by fisearching for weap R6 is allowed to haview of staff and performed into that R5 had physica (R15). Nurses notes dated document that resident that resident is allowed to haview. 	PM (afternoon) medications for adverse medication /sician) f depression, change in s, increased insomnia, sness	F9	99:	9			

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CENTER	TMENT OF HEALTH		PRINTED: 04/30/2011 FORM APPROVED OMB NO. 0938-0391					
	STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		(X2) N A. BU		TIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED		
	14E168		B. WI	NG _		12/23/2010		
NAME OF PROVIDER OR SUPPLIER					REET ADDRESS, CITY, STATE, ZIP CODE			
WINCREST NURSING CENTER CORP					6326 NORTH WINTHROP AVENUE CHICAGO, IL 60660			
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES / MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREF TAG		PROVIDER'S PLAN OF CORREC (EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APPR DEFICIENCY)	ULD BE	(X5) COMPLETION DATE	
F9999	Continued From pa	ige 53	F9	999	9			
	face above left eye	taining minor laceration on the brow. Physician was notified hospital for psyche						
	PM, R15 had come 10:00 PM, swinging verbal altercation.	n interview on 12/8/10 at 2:00 to R5's room around 9:30- g a knife, after they had a R5 stated "I kicked R15 in his 15 tumbled out the door. I hit ped the knife."						
	stated that she atte on Mondays from 8 and Thursdays fron goes to human enh	d on 12/08/10 at 12 noon and inds substance abuse program 3:30 AM to 9:00 AM. Tuesdays n 8:00 AM to 12:00 PM she nancer, other days reads bible, h horseshoes or takes a walk.						
	12/06/10 and 12/08 numerous random activities and/or pro observed in bed sle 12/06/10, if she atter morning or if he pla that afternoon. R5 plans. On 12/08/10 observed in bed an attending any activity	s made during the survey on 8/10, R5 was observed on occasions not engaged in any ograms in the facility. R5 was beeping. R5 was asked on ended any activity that ans on attending any activity responded that she has no 0 at 10:00 AM, R5 was d was asked if she plans on ity that day. R5 responded ans to attend any activity						
	diagnoses that inclu	howed that R12 has ude Schizophrenia, Paranoia, ly substance abuse.						
		on 12/06/10 R12 stated that m on Tuesdays and						

		AND HUMAN SERVICES				FORM	04/30/2011 APPROVED 0938-0391
STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) M A. BUI		TIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED		
14E168		B. WI	NG _		12/23/2010		
NAME OF PROVIDER OR SUPPLIER					REET ADDRESS, CITY, STATE, ZIP CODE		
WINCREST NURSING CENTER CORP					6326 NORTH WINTHROP AVENUE CHICAGO, IL 60660		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREF TAG		PROVIDER'S PLAN OF CORREC (EACH CORRECTIVE ACTION SHOU CROSS-REFERENCED TO THE APPR DEFICIENCY)	JLD BE	(X5) COMPLETION DATE
F9999	Thursdays from 8:0 Wednesdays and F visit her son. R12 w visiting son. R12 st movies and crafts. planning to attend a going to do that day planning to attend a waiting for a friend Records show that altercation with and choke another resid regarding problem planned interventio and how to safegua aggressive behavio behaviors such as panhandling, selling are no programmed how to prevent thes 7) Record review sl that include Schizo Retardation. When interviewed of stated that he atten Wednesdays from 8 days watch televisio asked if he plans of day. R7 responded attend any activity to R7's record reflects aggressive behavior documented on 9/2 program. R7 was to	00 AM to 2:00 PM. Mondays, Fridays she goes to home to vas asked what she does if not ated go downstairs watch R12 was asked if she was any activity and what she was y. R12 responded she was not any activity and that she is to walk in the park. on 8/28/10, R12 had an other peer and attempted to dent. Review of care plan showed the facility had no on on how to monitor resident ard other residents from her ors. R12 is documented with going out in the street g and abusing drugs. There d interventions planned on se problems. howed that R7 has diagnoses phrenia, Psychosis and Mild on 12/07/10 at 11:00 AM R7 nds program on Mondays and 8:30 AM to 1:30 PM then other on and play cards. R7 was on attending any activity that d that he has no plans to	F9	999			

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		AND HUMAN SERVICES				FORM	04/30/2011 APPROVED 0938-0391
		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	` ´	(X2) MULTIPLE CONSTRUCTION A. BUILDING			JRVEY TED
		14E168	B. WI	NG		12/23	3/2010
NAME OF PROVIDER OR SUPPLIER					REET ADDRESS, CITY, STATE, ZIP CODE		
WINCREST NURSING CENTER CORP					326 NORTH WINTHROP AVENUE CHICAGO, IL 60660		
(X4) ID PREFIX TAG	(EACH DEFICIENC)	TEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREF TAG	IX	PROVIDER'S PLAN OF CORRECT (EACH CORRECTIVE ACTION SHOU CROSS-REFERENCED TO THE APPR DEFICIENCY)	JLD BE	(X5) COMPLETION DATE
F9999	altercation with roo hospitalization.	mmate leading to	F99	999			
	only up to 7/20/10 a psychosocial interv problems such as F compliance and un are no planned pro	ocial notes reflect charting and no documented rention for all the behavior R7's aggressions, non cooperative behaviors. There grams for the behaviors being are no preventive measures harm to others.					
	and Substance Abu an outside group (p substance abuse a	cudes Bipolar Schizophrenia use. R1 is scheduled to attend osychological counseling) for nd money management 2 attend inhouse womens group					
	for not abiding by c picking up men in it tries to speak to str reported to solicit for needs set limits. Ca has history of subst abuse. R1 was las	e plan denotes R1's behavior surfew, going out late at night nappropriate clothing, and rangers in car and was or sex in community. She are plan further denotes R1 tance drug abuse/cocaine t hospitalized for soliciting sex drug use. R1's lab was positive 4/13/10.					
	9/20/10 denoted R morning due to exc not attend her subs program despite re when awake will go	by chosocial note dated 1 is difficult to get up in the cessive late night keeping. Will stance abuse program and day minders to wake up, however o out in community on and off. fund time to get money and will ly on her choice.					

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