STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	145852	A. BUILDING _____ B. WING _____	C 04/15/2011

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
EMERITUS AT PROSPECT HEIGHTS	**700 EAST EUCLID AVENUE PROSPECT HEIGHTS, IL 60070**

(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	FINAL OBSERVATIONS LICENSURE VIOLATIONS 330.710a) 330.4240a) Section 330.710 Resident Care Policies a) The facility shall have written policies and procedures which shall be formulated with the involvement of the administrator. These written policies shall be followed in operating the facility and shall be reviewed at least annually by the Administrator. They shall be in compliance with the Act and all rules promulgated thereunder. Section 330.4240 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) These Requirements wee not met as evidenced by: Based on interview and record review the facility neglected to respond to the facility's entry door audible alarm and to the alert departure (Wander Guard) audible alarm, for 1 sampled resident. The facility also neglected to frequently monitor R1 who was identified to be at risk for elopement and wandering. The facility also neglected to follow their policy and notify the physician of a change in condition, and failed to follow their policy for elopment perimeter security and their policy for wander guard use. These failures resulted in R1 wandering out of the facility on 2/22/11 at approximately 10:55pm, wandering	F9999		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	145852	A. BUILDING _____ B. WING _____	C 04/15/2011

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
EMERITUS AT PROSPECT HEIGHTS	**700 EAST EUCLID AVENUE PROSPECT HEIGHTS, IL 60070**

(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 1	F9999		

into the a busy street, and being struck by a motor vehicle. R1 was transported to the hospital and was pronounced dead upon arrival.

Findings include:

The facility's event management report completed and signed on 2/23/11 by E1 (administrator) indicates that on 2/22/11 at 10:50pm R1 eloped from the facility. The report indicates that R1 exited the building, was struck by a motor vehicle in front of the community while attempting to cross the street. The report indicates local police and ambulance responded, and R1 was transported to the local hospital where he was pronounced dead at approximately 11:37pm. The report indicates the nurse in charge at time of the incident was E9.

On 2/23/11 at 12:46pm E1, (administrator) said that yesterday R1 was outside of the building and was struck by a car. E1 said it was close to 11:00pm at night. E1 said that the incident occurred on Euclid avenue. E1 said that she was unsure how R1 got out of the building. E1 said the facility is in the process of investigating the incident now.

On 3/8/11 at 12:15pm via telephone, E15 (certified nurse aide) said that she cared for R1 on the evening of 2/22/10. E15 said that R1 seemed confused that evening. E15 said that around 5:50pm R1 was in his room and had put 4 rolls of toilet paper in toilet, and was sitting on the toilet naked. E15 said that she assisted R1 getting dressed, and assisted him to dinner at 6:15pm. E15 said that saw R1 again in his room at 7:30pm just standing there fully dressed. E15

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	145852	A. BUILDING _____ B. WING _____	C 04/15/2011

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
EMERITUS AT PROSPECT HEIGHTS	**700 EAST EUCLID AVENUE PROSPECT HEIGHTS, IL 60070**

(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 2	F9999		

said that R1 was saying that he wanted to go to the emergency room. E15 was not able to recall what R1 was complaining about. E15 said that she reported to E4 (nurse) that R1 was confused and wanted to go to the emergency room. E15 said that E4 told her she would follow up with R1. E15 said that she last saw R1 at around 9:40pm when making last round lying in bed fully dressed. E15 said she left the facility at 10:00pm, the end of her shift. E15 said that residents assistants are required make rounds on their resident upon arrival, every two hours and as needed. E15 said she recalls that R1 did have an alert departure anklet on his right ankle that evening. E15 also said that she was not aware of any increased monitoring or frequent checks for residents with alert departure alarms. E15 said that staff are required to go outside and check if an alarms is heard via the panel/pager.

The facility zone activity report which date/time stamps when doors are opened and alarms are reset was reviewed. According to the report on 2/22/11 the skilled entry door was opened and the alarm went off at 10:26pm, and was reset at 11:53pm (1hour and 27 minutes). The report also indicates that the front door alarm was noted at 10:50pm and was reset at 11:53pm (1 hour and 3 minutes). On 2/23/11 at 2:00pm, E3 said that staff have been in-serviced to respond to the door alarm system/alert departure system immediately.

On 2/23/11 at 2:00pm, E3 (maintenance director) said that when the door is opened the audible alarm is noted in (2) places, the care office on the firs floor, and on the skilled nursing area on the first floor. E3 said that there is no audible alarm

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	145852	A. BUILDING _____ B. WING _____	C 04/15/2011

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
EMERITUS AT PROSPECT HEIGHTS	**700 EAST EUCLID AVENUE PROSPECT HEIGHTS, IL 60070**

(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 3	F9999		

on the second floor, however staff should wear pagers and the pagers will alarm identifying the open door alarmed. E3 also said that after 7:30pm the front door is locked preventing entrance from the outside, but a person can exit from the inside.

On 3/3/11 at 10:30am, E1 (administrator) said that R1 was wearing a departure alert system placed on him by E4 (resident care coordinator), after she observed R1 going out of the building on Friday, 2/18/11. E1 said that the facility will place an alert departure system on residents who are at risk for safety and elopement risk. E1 also said that the E4 failed to obtain a physician orders or notify R1's family for consent for the alert departure system. E1 said that the physician and family were not notified because it was a Friday night. E1 said that facility nursing staff is required to check the alert departure system daily, and document on the medication administration record.

According to R1's current physician order sheet there was no order entry for R1's use of a alert departure alarm, and there was no signed consent informing R1 and/or R1's power of attorney of R1's use of the alert departure alarm. A review of the nursing progress notes showed no entries denoting that R1's physician or power of attorney were informed of a change in R1's condition on 2/18/11.

On 4/13/11 at 2:00pm, E1 said that E4 did not follow the facility procedure before applying the alert departure alarm on R1's ankle. E1 said that E4 failed to evaluate R1 for the alert departure alarm, and then notify the attending physician

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	145852	A. BUILDING _____ B. WING _____	C 04/15/2011

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
EMERITUS AT PROSPECT HEIGHTS	**700 EAST EUCLID AVENUE PROSPECT HEIGHTS, IL 60070**

(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 4	F9999		

and family or power of attorney to get an order and consent to apply the alert departure alarm. E1 said that the facility has no specific policy regarding residents leaving the facility as long as they sign in and out. E1 said that residents identified to be at elopment risk and wear a alert departure alarm are not expected to leave the facility.

On 3/3/11 at 10:45am, E3 (maintenance) said that E3 observed R1 attempting to exit the building through the door at approximately 11:00pm on 2/18/11. E3 also said that a portable radio left in the stairwell next to the door was R1's radio.

On 2/23/11 during the course of the survey both the front and the skilled entry doors were observed by the survey team to be in working order. The door had audible alarms at the alarm panel in skilled nursing unit and in the care room office in the front on the first floor. On 2/23/11 at 2:00pm, E3 (maintenance director) said that the door alarms are only audible on the first floor. During the observation of the alarm panel located in the care room office, the audible alert could not be heard outside of the office if the door was closed. Both E1 and E3 said that the care room office is closed at night after 10:00pm. E3 said that staff working on the second floor are suppose to keep pagers which also alarm when the front and skilled entry door are opened. On 2/23/11 the pager system was found to be in working order. E3 also said that the entry point are also triggered to alarm when residents wearing an alert departure system. E3 said that the alarm is not recorded on the facility's zone activity report, but indicates the alarm is audible

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	145852	A. BUILDING _____ B. WING _____	C 04/15/2011

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
EMERITUS AT PROSPECT HEIGHTS	**700 EAST EUCLID AVENUE PROSPECT HEIGHTS, IL 60070**

(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 5	F9999		

in the skilled nursing area and not the pager system. On 2/23/11 the alert departure system was observed to be in working order. On 2/23/11 E3 also stated that facility staff has been inserviced to respond to the alarm panels/pagers and go to the entry door identified on the panel as soon as the alarm is heard. E3 said that staff were inserviced to check outside of the facility and reset the alarm within minutes.

On 2/23/11 at 2:00pm, E3 said that after 7:30pm the front door is locked preventing entrance from the outside, but a person can exit from the inside.

On 2/23/11 at 12:46pm, E1 said that when the door alarm or alert departure system is sounded the staff in the skilled nursing area are required to check all the triggered entry doors, and alert the staff on the second floor to check the front door entry way and outside of the building. E1 said once the all clear is given the staff or the nurse working in the skilled nursing unit should reset the alarm panel.

On 3/3/11 at 1:05pm via telephone, E9 (charge nurse) said that the evening of 2/22/11 was like any other evening until approximately 11:00pm when a unknown woman came running down the hallway of the facility yelling that there was a man in the middle of the street on a walker. E9 said that she yelled to the other nurse working to call 911. E9 said that she didn't call code yellow or code green. E9 said that she ran outside and saw R1 lying on the ground on the other side of the street from the facility. E9 said that R1 was on the south side of the street (the facility located on north side of the street). E9 said that she went to assess R1 and noted that he had a pulse

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	145852	A. BUILDING _____ B. WING _____	C 04/15/2011

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
EMERITUS AT PROSPECT HEIGHTS	**700 EAST EUCLID AVENUE PROSPECT HEIGHTS, IL 60070**

(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 6	F9999		

and shallow breathing. E9 said that R1 was unresponsive. E9 noted R1 bleeding from the head/face, and R1's skull was cracked in the back. E9 said when she went outside the ambulance emergency service was already on the scene. E9 said that she was unaware of who the lady running down the hall was, and could not explain how the unknown woman was able to get in the front entry door. E9 said the front entry door is locked from entry at 8:00pm every night by the Concierge service. E9 said during the time in question she was not near the alarm panel, nor does she carry a pager. E9 said that she recalls the alarm panel alerting earlier around 10:20pm for the receiving hall entry door. E9 said that she does not recall the front entry door alarming. E9 said that she recalls E11 (certified nurse aid) checking the receiving hall entry door, and checking outside after the alarm at 10:20pm. E9 said that when the front entry door alert alarms she gets on the walkie talkie and calls the staff on the assisted living side to check outside of the facility to see if someone left the facility causing the door alert to alarm. E9 said that nursing staff is not aware of what happens on the assisted living side of the facility. E9 said that there is no licensed nurse on the assisted living side overnight. E9 said that she is not sure what staff responsibilities are on the assisted living side. E9 said that she is not responsible for supervision of residents on the assisted living side of the facility. E9 said that the skilled nursing unit monitors residents identified as wandering or elopement risk that reside on the skilled nursing unit.

On 3/8/11 at 2:00pm via telephone, E12 (nurse) said that she was giving report to E9 around

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	145852	A. BUILDING _____ B. WING _____	C 04/15/2011

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
EMERITUS AT PROSPECT HEIGHTS	**700 EAST EUCLID AVENUE PROSPECT HEIGHTS, IL 60070**

(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 7	F9999		

11:00pm when she said she heard a woman screaming running down the hall that a resident was in the street and was almost hit by their car. E12 said that she ran out of the facility out the front door with the woman. E12 said that when she got outside there was debris all over the street including a broken walker. E12 said that R1 was on the ground and that he was hit by (2) motor vehicles. E12 said that R1 was lying on the ground across the street on the south side of the street. E12 said that she assessed R1 with bleeding from the head. E12 said that R1's skull was cracked open and she was able to see tissue inside of the skull which was surounded by a 12 inch pool of blood. E12 said that she also noted a fracture of the left arm. E12 said that R1 was assessed with a weak pulse, minimal breathing, and found to be unresponsive. E12 said that she immediately ran back in the faciity to call 911. E12 said that she was first to arrive on the scene. R1 noted fully dressed with shoes and coat. E12 said she cannot recall if any alarms alert that night. E12 said that R1's picture was not in in the skilled unit identifying him as a resident who wanders. E12 said that she did not recognize R1. E12 said that the woman was able to enter the building through the front door at 11:00pm, and also said she was able to enter the building through the front door after exiting the door. E12 said the door was not locked. E12 said that the front door is usually locked after 8:00pm to prevent entrance from outside. E12 said that she did not call a code yellow or code green on the night of 2/22/11. E12 said when the alarm is heard staff goes to the panel to see what the alarm is about, and put a code in twice to reset the alarm and then get on the radio to have assisted living aides check for residents.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	145852	A. BUILDING _____ B. WING _____	C 04/15/2011

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
EMERITUS AT PROSPECT HEIGHTS	**700 EAST EUCLID AVENUE PROSPECT HEIGHTS, IL 60070**

(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 8 On 3/3/11 at 12:15pm, E5 (Concierge) said that she worked until 7:30pm on 2/22/11 and when she left she took the locking mechanism off the door which means the door is locked. E5 said you can go out from the inside, but cannot come in from the outside once the mechanism is removed from the door. E5 said that at 7:30pm she was sure she took the mechanism off the door. On 3/3/11 at 11:45am, E6 (business office director) said that she came to the facility at 8:15pm on 2/22/11, checked to see if the door was locked, and noted that it was locked. E6 said that the concierge reports to her and she was doing a follow up. E6 said she had to enter the facility through the skilled nursing entrance. E6 said she left the facility a few minutes later. On 3/3/11 at 12:45pm, E8 (certified nurse aide) said that on 2/22/11 she worked on the skilled nursing side of the facility, and that she was taking out the garbage when saw a tall woman running down the hallway yelling the that there is a man in the street on a walker, and refuses to get out of the street. E8 said that she ran in the direction of the front door along with a nurse. E8 said that she went out of the from door and propped a chair in the door to keep the door from locking. E8 said that residents on the alert departure system are required to sign in and out upon leaving the facility. E8 was unaware if it requires increased monitoring. E8 said that she recalls the door alarm panel going off at 10 something, said she looked out of the room and saw her co-worker (E11) resetting the panel. E8 said that on 2/22/11 she did not carry the pager.	F9999		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	145852	A. BUILDING _____ B. WING _____	C 04/15/2011

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
EMERITUS AT PROSPECT HEIGHTS	**700 EAST EUCLID AVENUE PROSPECT HEIGHTS, IL 60070**

(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 9 E8 said that the alert departure system alarm did not alarm the night of 2/22/11, and the only alarm she recalls is the alarm that she observed E11 reset. E8 said that E11 told her that she went to the receiving door, and saw no one outside and reset the alarm. E8 said that the receiving door locks from the outside, preventing re-entry/entry. On 3/3/11 via telephone at 12:25pm, E7 (certified nurse aid) said that she worked the assisted living side of the facility, but worked on the first floor. E7 said that upon coming to work at 10:15pm or 10:20pm there was a resident call on the first floor; there was a resident involved in a fall. E7 said that she and 3 other staff members went to assist the resident. E7 said that she was in the room assisting the resident for about 20 minutes. E7 said at about 10:55pm a call on the radio was heard to report to the wellness office because there was an emergency. E7 said that another staff member told her that there has been an accident. E7 said that they started checking the resident on the first floor, and called on the radio for the second floor staff to check their residents to ensure everyone was okay. After checking the residents on the first floor I went outside to see what was going on, and I noticed a walker in the street, and the walker had R1's room number on it. We called on the radio to the second floor, to check on R1. E7 said that she ran into the facility went to R1's room and noted that he was missing, and that his bed was still made. E7 denied ever getting an alarm on her pager, and said that she did not hear the door alarm or the alert departure system alarm going off. E7 said that if the alert departure system goes off it will alarm in the skilled nurses side of the facility and not in the pager system.	F9999		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	145852	A. BUILDING _____ B. WING _____	C 04/15/2011

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
EMERITUS AT PROSPECT HEIGHTS	**700 EAST EUCLID AVENUE PROSPECT HEIGHTS, IL 60070**

(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 10	F9999		

E7 said if the alert departure system alarms skilled nursing would have to call out on the radio to the assisted living side of the facility. E7 said that the front door is not monitored after 8:00pm. E7 said that she was not made aware of any door alarm alerting and was only made aware of the emergency situation called on the radio. E7 said that she was assisting a resident in room 130 when the emergency radio call was received. E7 said that at the start of her shift she obtains a walkie/talkie and pager.

On 3/3/11 at 1:20pm via telephone, E10 (certified nurse aide) said that on the night of 2/22/11 she recalls being called to the wellness office about 10:55pm. The call came over the radio emergency. E10 said that she was informed that an incident occurred outside. E10 said they were told to check all residents, and the nurse was calling 911. E10 said after checking her residents she went outside and saw a walker in the street, and a resident lying on the ground across the street. E10 said she looked at the walker and it had R1's name and room number on it. E10 said she went back into the facility and informed upstairs staff to check R1's room. E10 said that she had her pager with her but said it did not alert her to any door opening that night. E10 said if the alert departure alarm alerted, it would only alert in the skilled nursing unit, and the skilled staff would have to call over the radio to alert assisted living staff that the alert departure alarm alerted. E10 said that no such call was made the night of 2/22/11.

On 3/3/11 at 2:35pm, E17 (lead resident assistant) said that resident assistants (RA) are to make rounds upon the start of their shift to

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	145852	A. BUILDING _____ B. WING _____	C 04/15/2011

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
EMERITUS AT PROSPECT HEIGHTS	**700 EAST EUCLID AVENUE PROSPECT HEIGHTS, IL 60070**

(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 11	F9999		

check on assigned residents. E17 said that RA's should check residents on the joggers list more frequent because of the risk of elopement. E17 said all RA's working on the assisted living side of the facility carry a pager and radio . E17 said if the alert departure alarm alerts skilled nursing they will call a code yellow, and all staff will check residents on joggers list. E17 said any door alarms that alert skilled nursing will make a call over the radio system to check specific entry door.

On 3/3/11 at 1:45pm, E16 (resident assistant) said that she was off duty at 10:00pm and was waiting in the dinning room for a ride home when around 11:00pm an unknown woman came running down the hallway from the front door yelling there was a man in the street with a walker. E16 said that staff went running outside, and E9 (nurse) told her to call 911. E16 said that she called the RA's down from the second floor. E16 said that no one called a code yellow, and said she did not hear any alarms alerting that night. E16 said she can hear the audible alarm where she is sitting in the dinning room. E16 said she went outside and saw the walker in the street, and saw R1's name and room number on the walker. E16 said she reported the name/number to the nurse. E16 said during the course of her shift 2:00pm to 10:00pm she did not recall E11 resetting an alarm panel, or going outside to check. E16 also said that she observed R1 lying outside across the street from the facility on the south side of the road.

According to the alert departure alarm policy, alarms are not sent to pagers but are sent to the main panel in the skilled nursing unit. The policy

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	145852	A. BUILDING _____ B. WING _____	C 04/15/2011

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
EMERITUS AT PROSPECT HEIGHTS	**700 EAST EUCLID AVENUE PROSPECT HEIGHTS, IL 60070**

(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 12	F9999		

indicates once the alarm is read on the panel, it should be immediately announced over the radio system (code yellow) including location of door. A staff member must confirm that someone is in route to the door alarm in question. If there is no confirmation over the radio, staff members will announce until confirmation is received. The nearest available staff member will go to the alarm source and will inspect the area. If nothing is found, staff will exit the alarmed door and visually inspect the perimeter of building. If the reason for the alarm is identified by the staff member, they are to announce over the radio system that the door in alarm is clear, and wait for a response. If the reason for the alarm is not found, staff will immediately announce a check of residents in the joggers club first, and then the attendance check of all other residents. The attendance check is to continue until all residents are accounted.

According to the elopement/perimeter security policy, all first floor doors are alarmed with a perimeter and alert departure alarm device. When the door is opened an alarm is sent to a panel in skilled nursing and assisted living, and a page is sent to every pager in the system. When an alarm occurs, staff is to check the panels and/or pager for the location of the alarm and is to immediately announce alarm source over the radio system (code green). The nearest available staff member will go to the alarm source and will inspect the area. If nothing is found, staff will exit the alarmed door and visually inspect the perimeter of building. If the reason for the alarm is identified by the staff member, they are to announce over the radio system that the door in alarm is clear, and wait for a

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	145852	A. BUILDING _____ B. WING _____	C 04/15/2011

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
EMERITUS AT PROSPECT HEIGHTS	**700 EAST EUCLID AVENUE PROSPECT HEIGHTS, IL 60070**

(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 13 response. If the reason for the alarm is not found, staff will immediately announce a check of residents in the joggers club first, and then the attendance check of all other residents. The attendance check is to continue until all residents are accounted. (AA)	F9999		