	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	, ,	PLE CONSTRUCTION	(X3) DATE SU COMPLE	
			A. BUILDIN	G		C
		145311	B. WING _	·····		5/ 2011
	ROVIDER OR SUPPLIER	AB CTR	7	REET ADDRESS, CITY, STATE, ZIP CODE 77 DRAPER OLIET, IL 60432		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORREC (EACH CORRECTIVE ACTION SHOI CROSS-REFERENCED TO THE APPR DEFICIENCY)	ULD BE	(X5) COMPLETION DATE
F 323	40 plus residents in Residents were confloors. These reside waiting for cigarette During the observato be yelling at R 18 swearing at others to address R 18. R 52 was upset and reported R8 had sithat time was the occuld not assist this Residents were not paper cups. flick as hall way with lit ciga observed to sit whill wheelchairs fill the difficulty to keep trabehaviors. The small day roor smoke in the air. The windows open to he During an interview usually the only on morning smoke per difficult time inhalin states sometimes ther. The Psych Tec 12:30pm during this identified 30 reside and these resident FINAL OBSERVAT	res there were approximately a wheel chairs or standing. The were either smoking or estable to the second and third ents were either smoking or estable to the second and third ents were either smoking or estable to the second and third ents were either smoking or estable to the second and residents. A psych tech came of asking for help because she tolen \$0.50 from her. E10 at only staff in the day room and expected to put out cigarettes in the shes on the tables. Walk down expected to the second to have entered to have each of all the residents and the entered to the second to have the second to have the second to have the second to have the second to the expected to help the smoke herself. E10 the Psych Tech comes to help the was noted to come about a sobservation. The facility has ents who are unsafe smokers require extra supervision.	F 323			
	LICENSURE VIOL	ATIONS				

-	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	A. BUI		IPLE CONSTRUCTION NG	(X3) DATE SU COMPLE	TED
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	ROVIDER OR SUPPLIER	AB CTR		7	REET ADDRESS, CITY, STATE, ZIP CODE 777 DRAPER JOLIET, IL 60432	11/10	<i>5</i> /2011
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES 'MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	PRECEDED BY FULL PREFIX (EACH CORRECTIVE ACTION SHOULD BE		JLD BE	(X5) COMPLETION DATE	
F9999	a) The facility shall procedures, govern the facility which sh Resident Care Polici least the administrathe medical advisor representatives of rithe facility. These pwith the Act and all These written polici operating the facility least annually by this written, signed and meeting. Section 300.625 Idea i) Upon admission of facility or a decision offender in a facility with the medical directly shall specifically adan individualized plant.	esident Care Policies have written policies and ing all services provided by all be formulated by a cy Committee consisting of at attor, the advisory physician or y committee and nursing and other services in policies shall be in compliance rules promulgated thereunder. es shall be followed in y and shall be reviewed at is committee, as evidenced by dated minutes of such a entified Offenders of an identified offender to a to retain an identified the facility, in consultation ector and law enforcement, dress the resident's needs in an of care. incorporate the Identified	F99	999			
		d Recommendation into the care plan. (Section 2-201.6(f)					

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	ROVIDER OR SUPPLIER				REET ADDRESS, CITY, STATE, ZIP CODE	11/10	<i>3</i> /2011
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F9999	of the Act) I) If the identified of ILCS 150/2) or regis sex offender or if the and Recommendat Section 2-201.6(a) identified offender per to others within the required to have his facility subject to the under Section 2-102-201.6(d) of the Act of the identification of the Act of the identification of the identification of the identification. The facility shall quarterly for identification of the identification of identification of Long-Texton of Incident reports in the facility shall identification of	fender is a convicted (see 730 stered (see 730 ILCS 150/3) e Identified Offender Report ion prepared pursuant to of the Act reveals that the poses a significant risk of harm facility, the offender shall be so or her own room within the erights of married residents 8(e) of the Act. (Section etc.) evaluate care plans at least ed offenders for deffectiveness of the portions ified offense and shall iew. The facility shall modify essary in response to this lity remains responsible for atting the identified offender changes in the care plan that insure the safety of residents. Shall be submitted to the rem Care Field Operations in office of Health Care liance with Section 300.690 of y shall review its placement entified offenders based on plving the identified offender. Involving identified offenders, notify whether the incident abuse, aggressive behavior, acual behavior, as well as any	F99	999			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) M A. BU		PLE CONSTRUCTION G	(X3) DATE SURVEY COMPLETED		
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	ROVIDER OR SUPPLIER	AB CTR	ļ	7	REET ADDRESS, CITY, STATE, ZIP CODE 77 DRAPER OLIET, IL 60432		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES 'MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREF TAG		PROVIDER'S PLAN OF CORREC (EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APPI DEFICIENCY)	ULD BE	(X5) COMPLETION DATE
F9999	offender or others. other residents from offender, then the fidischarge the ident with Section 300.33 p) The facility shall enforcement agence Board, or the Department and whether aggressive behavior that would resident. Section 300.1210 Consumption of the resident and services to attar practicable physical well-being of the resident resident to meet the care needs of the resident of a facility shall and services to attar practicable physical well-being of the resident to meet the care needs of the resident to meet the care needs of the resident (Section 300.3240 Are sident. (Section 2 f) Resident as perpinvestigation of a regident indicates, it that another resident	If the facility cannot protect the in misconduct by the identified acility shall transfer or ified offender in accordance 300 of this Part. Inotify the appropriate local law by, the Illinois Prisoner Review rement of Corrections of the erit involved substance abuse, or, or inappropriate sexual incessitate relocation of that in accordance with a necessitate relocation of that in a care in an accordance with a properly supervised nursing care shall be provided to each erit total nursing and personal esident. In the facility cannot protect the independent of the interest in accordance with a properly supervised nursing care shall be provided to each erit total nursing and personal esident. In the facility cannot provide the interest in accordance with a properly supervised nursing care shall be provided to each erit total nursing and personal esident.	F9:	999			

		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING			(X3) DATE SURVEY COMPLETED	
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	PROVIDER OR SUPPLIER	AB CTR	•	7	REET ADDRESS, CITY, STATE, ZIP CODE 77 DRAPER OLIET, IL 60432		
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F9999	condition shall be in determine the most placement for the roof that resident as we residents and empl 3-612 of the Act) These Regulations by: Based on record refailed to prevent 23 physical, verbal and risk identified offend between 5/13/11 arhistory of aggressivinappropriate behavinappropriate in 2 of 24 sample in 2 of 24 R8) and 1 supplem	mmediately evaluated to a suitable therapy and esident, considering the safety well as the safety of other oyees of the facility. (Section were not met as evidenced view and interview the facility residents from sexual, d/or mental abuse by a high der (R155) while in facility and 10/8/11. R155 had a known re, violent and sexually viors towards residents and and/or mental abuse to 4 dents (R12, R19, R20 and emental residents (R33, R84, R123, R42, R127, R101, 143, R122, R154, R28, R61, ailed to: who are identified as high risk (IO) are provided supervision cumented on Criminal History HAR), for 2 of 2 sampled High R8) and one supplemental	F99	666			

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F9999	behavior contract of for 1 of 3 High Risk (R155) - set up a structure from mistreatment, - assess IO status as a means of devergence for residents with behaviors. Findings include: 1) R155 is a 26 year to facility 5/13/11 with disorder and Attention Disorder (ADHD). Fevaluation from transmursing home to the and threatening behand staff. Resident chronic psychiatric with medications. Fhospital included vingestures or behavior admission to a lock individual, group an 7/08/11 Criminal Hi assessed resident and Coffender. R155 was 2011 for aggressive to admission to facil Resident with acute psychiatric disorder medications.	which protects individuals intimidation and abuse. and risk levels on admission eloping an individual plan of with potential aggressive ar old male resident admitted ith diagnosis including Bipolar ion Deficit Hyperactivity R155's 5/11/11 psychiatric insferring hospital includes: ferred from Wood Glen is hospital due to aggressive naviors toward other residents it with acute exacerbation, disorder and non-compliant includes are dead of the color, destructive threats, fors. Resident requires included in the psychiatric unit with a milieu therapy. R155's story Analysis Report (CHAR), as a HIGH RISK Identified is hospitalized twice in May is behaviors and agitation, prior	F99	999			

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F9999	destructive threats, Resident requires a psychiatric unit with therapy. R155's 02/16/11 PA summary of service Aggression / Anger 5/13/11 psycho-soc Resident was living was hospitalized duanger. History of ste (guardian). Resider nursing homes sinc with Attention Defic History of substanc Resident admits to auditory hallucinatic and control his anger 5/17/11, 7/01/11, 8/Aggression Risk Asmoderate risk. These aggression a - 5/17/11 - R155 wirestlessness, mental abuse, poor impuls hostile and suspiciot toward others and harm 7/01/11 - R155 is very irritable when of However if someon anger prior to behar redirectable. In the cases the resident with the cases the resident and suspicion and and s	gestures or behaviors. Idmission to a locked I individual, group and milieu AS/MH screening includes Is required: Imanagement. Idal assessment includes: In on the streets / homeless and Ide to inability to control his Idealing money from his mother In thas been in and out of Idea age 12 years old, diagnosed Idea to inability to concentrate In a buse since a young child. In a buse since a young chil	F9	999			

-	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	A. BUI		IPLE CONSTRUCTION NG	(X3) DATE SU COMPLE	TED
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	ROVIDER OR SUPPLIER	AB CTR		7	REET ADDRESS, CITY, STATE, ZIP CODE 777 DRAPER JOLIET, IL 60432	11/10	3/2011
(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	provoked him or be with him. - 8/12/11 - can bec approached by staff co-residents and do anger appropriately - 10/07/11 - Can be often poor boundaring rather quickly. Need re-direction and de-All of these Aggress concluded R155 [do considerations outsiderations outsideration	came physically aggressive ome verbally aggressive when if to discuss behaviors with oes not always manage his de agitated and aggressive, ies. Triggered and escalates de staff assistance for descalations. Sion risk assessments des not require special safety dide the facility's standard and background results an Identified Offender. Offender (IO) risk of conclude or summarize the disk assessment includes: ally inappropriate with and can be difficult to ent has been involved in a with a co-resident and has veral verbal altercations with thas loose boundaries which interactions. The to be segregated from the pulation. The to be segregated from the pulation. The to be segregated from the pulation. The to be segregated from the pulation for supervision to assure the top included to monitor for ental status changes, monitor note and encourage	F99	999			

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	PROVIDER OR SUPPLIER	AB CTR		777 DF	ADDRESS, CITY, STATE, ZIP CODE RAPER ET, IL 60432		
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F9999	(CHAR), assessed Identified Offender. in May 2011 for agg agitation. Resident agitated quickly. He for behavioral or sy resident requires a to the nursing static monitoring. The lev sufficient for early changes. Regular a determine whether frequent individual R155 was admitted a roommate (R158 roommate until 6/2 placed into room 32 and remained with discharge from facisingle room while remained by - vio behavior, mood sw times, is unable to support and re-dire abusive and confro peers. Need to monitor for behaviors. Encoura as tolerated.	minal History Analysis Report resident as a HIGH RISK R155 was hospitalized twice gressive behaviors and can become frustrated and e should be closely monitored imptom changes. "This single room in close proximity on to permit ongoing visual rel of observation should be detection of behavioral assessments is necessary to closer monitoring or more contact is indicated." I 5/13/11 into room 304-1 with and remained with this 1/11. On 6/21/11 R155 was 24-2 with a roommate (R127) this roommate until 10/08/11 lity. R155 was never in a esiding at facility.	F99	999			

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F9999	inappropriate behat Bipolar disorder and playful and socially staff. Manifested by - dissings, pushes residents when not profanity, yelling, so peers and staff. - refer to psych/soc re-direct and monito behavior contractin 8/19/11 added behat threatening, poor be sexual comments a physical aggression with peers. 3) 8/08/11 Potential peers demonstrate. 4) 8/08/11 not motivo funauthorized subgroup attendance. 5) 5/19 and 8/8/11 health illness. Exhibit diagnosis awarenes behaviors, presents times and is unable support and re-dire behaviors. - Need to monitor for behaviors. Encoura as tolerated. 6) 8/9 and 8/19/11 obehaviors, disruptive with assessments, residential activities co-residents and st	viors related to diagnosis of d ADHD. Resident is often inappropriate with peers and ruptive behaviors, mood idents in wheel chairs / pokes authorized to do so. Use of creaming, confrontational with ial as needed (PRN) and or, attempt to engage in g as appropriate. aviors of intimidation, verbally bundaries, inappropriate and gesture behaviors, and history of altercations with d by physical aggression. Vated to change, admits to use ostances and inconsistent with example of the proof of the pro	F9:	999			

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F9999	different facility onc related to residents substance abuse us 8) 8/19/11 un-safe s R155's nursing note service / psycho-so 10/07/11 include maggressive, sexually and/or inappropriate co-residents and/or 2), 5/21 (X 2), 5/23, hospitalization), 6/0 6/13, 6/15, 6/16, 6/2 8/03, 8/08, 8/17, 8/3 (X 2) and required s Prevention Intervenhold on R155 but not 10/07/11. R155 was only sent between 5/13 and 1 incidents (5/27/11). R155 has been give contracts: 5/17/11 (regarding ly money, demonstrat behaviors toward proposition on residents, making statements to staff substance abuse us peers and staff in a on residents, making statements to staff substance abuse grants and 5/21/11 (To verbally co-resident due to 2	e alternate placement found behaviors, aggression and se. smoking in facility. es, incident reports and social cial service notes 5/16 - ultiple incidents of violent, y inappropriate, intimidating e behavioral incidents with staff members (5/16, 5/17 (X 5/24, 5/25, 5/27 (requiring 3, 6/06, 6/07, 6/11, 6/12 (X 2), 23, 6/24, 7/04, 7/15, 8/01, 18, 9/12, 9/13, 9/19, 9/20, 9/26 staff to perform Crisis ation - CPI, using a transport of sent to hospital), 9/28 and to ut to the hospital once 10/07/11 related to behavioral en six different Behavior coartering and asking peers for ing socially inappropriate eers, refraining from se, inappropriate touching of my way, putting shaving creme and yerbally inappropriate and peers. Agreeing to attend roups three times a week and	F99	999			

NAME OF PROVIDER OR SUPPLIER HILLCREST NURSING & REHAB CTR TO PREFER JOLIET, IL 60432 JOLIET, IL 60432 FREGRAT DORSES, CITY, STATE, ZIP CODE TOTO PRAPER TAG FREGRAT DORSES, CITY, STATE, ZIP CODE TOTO PRAPER JOLIET, IL 60432 PROVIDER'S PLAN OF CORRECTION EACH DEFICIENCY WIST BE PRECEDED BY FULL REGULATORY OR LISC INDENTIFYING INFORMATION) FREGRAT DORSECTIVE ACTION SHOULD BE CROSS REFERENCED TO THE APPROPRIATE DEFICIENCY TAG FREGRAT DORSECTIVE ACTION SHOULD BE CROSS REFERENCED TO THE APPROPRIATE DEFICIENCY FREGRAT DORSECTIVE ACTION SHOULD BE CROSS REFERENCED TO THE APPROPRIATE DEFICIENCY FREGRAT DORSECTIVE ACTION SHOULD BE CROSS REFERENCED TO THE APPROPRIATE DEFICIENCY FREGRAT DORSES PLAN OF CORRECTION PREFOR CROSS REFERENCED TO THE APPROPRIATE DEFICIENCY FREGRAT DORSES PLAN OF CORRECTION PREFOR CROSS REFERENCED TO THE APPROPRIATE DEFICIENCY FREGRAT DORSES PLAN OF CORRECTION PREFOR PROVIDER'S PLAN OF CORRECTION PREFOR PREFOR PROVIDER'S PLAN OF CORRECTION PREFOR PROVIDER'S PLAN OF CORRECTION PREFOR PREFOR PROVIDER'S PLAN OF CORRECTION PREFOR PREFOR PROVIDER'S PLAN OF CORRECTION PREFOR PROVIDER'S PLAN OF CORRECTION PREFOR PREFOR PREFOR PREFOR PROVIDER'S PLAN OF CORRECTION PREFOR PREFOR PREFOR PREFOR PROVIDER'S PLAN OF CORRECTION PREFOR PREFOR PREFOR PROVIDER'S PLAN OF CORRECTION PREFOR PREFOR PREFOR PROVIDER'S PLAN OF CORRECTION PREFOR PREFOR PREFOR PREFOR PROVIDER'S PLAN OF CORRECTION PREFOR PROVIDER'S PLAN OF CORRECTION PREFOR PREFOR PREFOR PROVIDER'S PLAN OF CORRECTION PREFOR PREFOR PREFOR PREFOR PROVIDER'S PROVIDER'S	-	OF DEFICIENCIES F CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	A. BUI		IPLE CONSTRUCTION NG	(X3) DATE SU COMPLE	TED
HILLCREST NURSING & REHAB CTR SILMARY STATEMENT OF DEFICIENCIES DOLET, IL. 60432 DOLET, IL. 60432			145311	B. WIN	NG _			
FPBEFIX TAG REGULATORY OR LSC IDENTIFYING INFORMATION) F9999 Continued From page 64 plan. 5/23/11 agree to demonstrate appropriate boundaries with peers and staff to ensure his and peer safety. To refrain from engaging in behaviors that interfere with his care. 6/16/11 to follow facility policies with regard to bartering and asking residents for money and to not demonstrate socially inappropriate behaviors toward peers. 6/21/11 refrain from any substance abuse use, attendance in facility sobriety groups, acceptance of periodic drug and alcohol testing upon return from outside passes 7/15/11 (5 of the 6 items stated in the 5/17/11 behavior contract as listed above.) All of R155's six Behavior contracts concluded by stating the resident's violating this contract may subject the resident to further consequences, including immediate involuntary discharge from facility as deemed appropriate by facility mental health care team. R155's 5/18/11 Skill Level of Functioning (SLOF), assessment summary includes should work toward developing a sense of awareness of his mental iliness in addition to anger management and resident should maintain sobriety. R155's medical records and group program documentation only included "Substance Abuse" group. There was no documentation of his attendance/participation and response to programing for anger management or awareness of mental illness. R155's 5/17/11 psycho-social assessment and			AB CTR		7	777 DRAPER	11/1	<i>5</i> /2011
plan. 5/23/11 agree to demonstrate appropriate boundaries with peers and staff to ensure his and peer safety. To refrain from engaging in behaviors that interfere with his care. 6/16/11 to follow facility policies with regard to bartering and asking residents for money and to not demonstrate socially inappropriate behaviors toward peers. 6/21/11 refrain from any substance abuse use, attendance in facility sobriety groups, acceptance of periodic drug and alcohol testing upon return from outside passes 7/15/11 (5 of the 6 items stated in the 5/17/11 behavior contract as listed above.) All of R155's six Behavior contracts concluded by stating the resident's violating this contract may subject the resident to further consequences, including immediate involuntary discharge from facility as deemed appropriate by facility mental health care team. R155's 5/18/11 Skill Level of Functioning (SLOF), assessment summary includes should work toward developing a sense of awareness of his mental illness in addition to anger management and resident should maintain sobriety. R155's medical records and group program documentation only included "Substance Abuse" group. There was no documentation of his attendance/participation and response to programing for anger management or awareness of mental illness. R155's 5/17/11 psycho-social assessment and	PRÉFIX	(EACH DEFICIENCY	MUST BE PRECEDED BY FULL	PREF		(EACH CORRECTIVE ACTION SHOWN CROSS-REFERENCED TO THE APPR	JLD BE	COMPLETION
assis. St. 100 progrado natos rodora patriana	F9999	plan. 5/23/11 agree to de boundaries with per peer safety. To refra that interfere with h 6/16/11 to follow fac bartering and asking not demonstrate so toward peers. 6/21/11 refrain from attendance in facility of periodic drug and from outside passe. 7/15/11 (5 of the 6 is behavior contract a All of R155's six Be stating the resident's subject the resident's subject the resident's ubject the resident's ubject the resident's acility as deemed a health care team. R155's 5/18/11 Skill assessment summatoward developing a mental illness in adand resident should R155's medical recommentation only group. There was not attendance/participal programing for angoof mental illness. R155's 5/17/11 psyconstructions.	monstrate appropriate ers and staff to ensure his and ain from engaging in behaviors is care. cility policies with regard to g residents for money and to cially inappropriate behaviors any substance abuse use, y sobriety groups, acceptance d alcohol testing upon return stems stated in the 5/17/11 s listed above.) havior contracts concluded by s violating this contract may to further consequences, envoluntary discharge from appropriate by facility mental I Level of Functioning (SLOF), ary includes should work a sense of awareness of his dition to anger management of maintain sobriety. ords and group program or included "Substance Abuse" to documentation of his ation and response to er management or awareness cho-social assessment and	F99	999			

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F9999	current use of illicit heroin), as well as a Behavior Contracts included refraining. The Behavior contracts on sequence including violation of contracts of the sequence including the Behavior contracts. The sequence including violation of contracts of the sequence of th	drugs (marijuana, cocaine and alcohol. R155 signed 5/17, 6/21 and 7/15/11 that from drug and alcohol use. acts listed possible ding involuntary discharge for a Social service notes 6/20, /11 all document behavioral drug use while residing at stance abuse group ance record only documents ween 5/13/11 admission and to 13 group meetings. His included requirements to sek. 6/16, 7/14 and 8/25/11 ess notes, completed by his a that R155 is calm, abnormal behaviors. There is nented other than on 5/27/11, ans were aware of his pliance, violent/aggressive	F99	666			

	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) N A. BU		IPLE CONSTRUCTION IG	(X3) DATE SU COMPLE	
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	PROVIDER OR SUPPLIER	AB CTR		7	REET ADDRESS, CITY, STATE, ZIP CODE 177 DRAPER IOLIET, IL 60432		
(X4) ID PREFIX TAG	(EACH DEFICIENC)	NTEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREF TAG		PROVIDER'S PLAN OF CORREC (EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APPI DEFICIENCY)	OULD BE	(X5) COMPLETION DATE
F9999	was delayed due to placement. On 10/07/11 R155's abusing a male co- 1:1 supervision up discharge 10/08/11 Review of facility's 10/28/11 into R33's sexually and physic 10/7/11, led the fac sexually, physically abused 23 resident 5/13/11 (admission immediate involunt. Admitting Minimum dated 9/4/11 shows oriented male with palsy, schizophreni and urine incontine assistance with his (ADL's). Review of a facility in which Z3 (police states R155 "whipp at me. (R155) told didn't. (R155) raped held down with his was jerking his pen stop. He said if I tol He told (R96) if he was all ready for be socks. He removed	s was accused of sexually resident and was placed on till Immediate involuntary	F9	999			

	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) N A. BU		PLE CONSTRUCTION IG	(X3) DATE SU COMPLE	
		145311	B. WII	NG _			C 5/2011
	ROVIDER OR SUPPLIER	AB CTR	•	7	REET ADDRESS, CITY, STATE, ZIP CODE 177 DRAPER IOLIET, IL 60432		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES / MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREF TAG		PROVIDER'S PLAN OF CORREC (EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APPI DEFICIENCY)	ULD BE	(X5) COMPLETION DATE
F9999	During a 10/27/11 1 hospital, R33 stated with him. He penetr sex with him (Rup against me, pind afraid to tell anyone he would do it again hospital from here because of being rate because of being rate. The following reside facility and surveyorallegations of abuse 96, 121, 12, 123, 19, 143, 122, 20, 154, 20, 154, 20, 154, 20, 154, 20, 154, 20, 154, 20, 154, 20, 154, 20, 154, 20, 154, 20, 155, 20, 20, 20, 20, 20, 20, 20, 20, 20, 20	10:00AM Interview at the cl (R155) "made me have sex rated me. I didn't want to have 155) would bite my ear, grind ch my chest I was too e. (R155) said if I tell anyone in. I have to go to a psychiatric because I'm feeling suicidal aped." The interviews obtained by the rest validate the multiple in the by R155 against Rs 84, 156, 19, 42, 127, 101, 146, 32, 80, 19, 42, 42, 42, 42, 42, 42, 42, 42, 42, 42	F9	999			

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		145311	B. WI				5/ 2011
	PROVIDER OR SUPPLIER	AB CTR	•	7	REET ADDRESS, CITY, STATE, ZIP CODE 77 DRAPER OLIET, IL 60432		
(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	allegation of abuse interview with R84 in of nights before (Random in the middle on me I was sleen He forced himself of fours and put his pelike a dog He came told me (R84) he we told." R84 was interviewed as a result of the abuse opened the bathroom in that position and crap out of me or kedidn't even scream scared. (R155) closs bathroom. He raper told him to stop and Review of assessment dated moderate risk for all assessment states a victim of bullying R84, and R84 is part of Minimum Data Shas no cognitive diff decision making. Pediagnosis include States	final report into this new dated 10/28/11 includes an n which he states, "A couple 155) left, he came into my of the night and forced himself eping. He took my clothes off. In me. He made me get on all enis in my ass and he did me e inside of me He (R155) ould come back with a gun if I are a second time by surveyors to ove incident. On 10/28/11 at a several months ago R155 and door and forced R84 "to get if I didn't he would beat the lill me. (R155) raped me. I for help because I was sed the door. I was using his a me before in his bathroom. If a don't do that, get away." I dent mood and cognition dated the ses and withdrawn and the several months ago R155 with the sed the door. I was using his at me before in his bathroom. If the second and cognition dated t	F99	999			

-	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) N A. BU		IPLE CONSTRUCTION IG	(X3) DATE SU COMPLE	
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	ROVIDER OR SUPPLIER	AB CTR		7	REET ADDRESS, CITY, STATE, ZIP CODE 177 DRAPER IOLIET, IL 60432		
(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)	OULD BE	(X5) COMPLETION DATE
F9999	having smoked SH with R155 in his roo ago, R156 fell asles woke up her clothe top of her having set. During interview with on 10/22/11 at 5:20 to staff R155 had sonsent. R156 refut the incident happer make a police report above nurse's note AMA (against medi. Facility interview day exhibited inappropring R137, R33, R101 at R155 pulled out his back and put it in problem to stop, here R156 stated R155 with Review of mood and dated 10/11/11 statialert and oriented to Minimum Data Set has no cognitive diff decision making. Problem diagnosis include Minimum Data Set has no cognitive diff decision making. Problem diagnosis include Minimum Data Set has no cognitive diff decision making. Problem diagnosis include Minimum Data Set has no cognitive diff decision making. Problem diagnosis include Minimum Data Set has no cognitive diff decision making. Problem diagnosis include Minimum Data Set has no cognitive diff decision making. Problem diagnosis include Minimum Data Set has no cognitive diff decision making. Problem diagnosis include Minimum Data Set has no cognitive diff decision making. Problem diagnosis include Minimum Data Set has no cognitive diff decision making. Problem diagnosis include Minimum Data Set has no cognitive diff decision making. Problem diagnosis include Minimum Data Set has no cognitive difference diagnosis include Minimum Data Set has no cognitive difference diagnosis include Minimum Data Set has no cognitive difference diagnosis include Minimum Data Set has no cognitive difference diagnosis include Minimum Data Set has no cognitive difference diagnosis include Minimum Data Set has no cognitive difference diagnosis include Minimum Data Set has no cognitive difference diagnosis include Minimum Data Set has no cognitive difference diagnosis include Minimum Data Set has no cognitive difference diagnosis include Minimum Data Set has no cognitive difference diagnosis include Minimum Data Set has no cognitive difference diagnosis include Minimum Data Set has no cognitive difference diagnosis include	e dated 10/11/11 states after AZAM (synthetic marijuana) om approximately one week ep on 155's bed. When she is were off and R155 was on ex. In E5 (psychosocial director) pm, E5 stated R156 reported ex with her without her used to go the hospital, saying ned weeks ago. R156 did rt on (10/10/11) confirming the and R156 signed out of the facility cal advise) on 10/15/11. Inted 10/9/11 states R155 iate behavior in R155's room. Ind R156 were present when penis and rubbed it on R101's eople's faces. R101 and R33 would not and then they left. Would bite R33 on the ear. Ind cognition assessment es R156 is 32 years old and is all spheres. Review of dated 9/18/11 shows R156 ficulties with memory or daily er Minimum Data Set, R156's	F9	999			

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	PROVIDER OR SUPPLIER	AB CTR	•	7	REET ADDRESS, CITY, STATE, ZIP CODE 777 DRAPER JOLIET, IL 60432		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES YMUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREF TAG		PROVIDER'S PLAN OF CORREC (EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APPF DEFICIENCY)	ULD BE	(X5) COMPLETION DATE
F9999	"whipped out his perpresent) R155 ir from everyone. Everyone. Everyone Everyone everyone everyone. Everyone everyone. Everyone everyone. Everyone everyone. Everyone everyone everyone. Everyone everyone. Everyone. Everyone everyone. Everyone everyone. Everyone everyone. Everyone everyone everyone. Everyone everyone. Everyone everyone everyone everyone. Everyone everyone everyone. Everyone everyone everyone everyone. Everyone everyone everyone everyone. Everyone everyone everyone everyone everyone. Everyone everyone everyone everyone everyone everyone. Everyone everyon	enis with (other residents attimidated everyone, he stole eryone was scared." 6/11 at 3:22 pm R155 would me on my thumb, arm and d his teeth to points. He d my dick. I know he would go ooms and threaten to break ey gave him money. d cognition assessment es R96 is 27 years old and is a all spheres. Review of dated 8/16/11 shows R96 has ties with memory or daily er Minimum Data Set, R96's Schizophrenia and alcohol view was dated 10/9/11. R155 I21's room while sleeping and pull his pants down and touch fight R155 and R155 would hit and chain and tell him to stop e him. I couldn't do anything I beat me more. I would fight trong Everybody feels key is bad, he swings it and it d he was too scared to tell uping R155 would get arrested. 26/11 at 2:00 pm that R155 s room at night and try to pull stated he tried to get along ould swing his keys and hit I21 said he was able to keep	F9	999			

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	PROVIDER OR SUPPLIER	AB CTR		7	REET ADDRESS, CITY, STATE, ZIP CODE 77 DRAPER OLIET, IL 60432		
(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	Review of R121's a cognition dated 10/old, alert and orient Minimum Data Set has no cognitive dif decision making. P diagnosis include S and depression. R12's Facility interview on the comparison of the compar	assessment mood and 10/11 states R121 is 52 years ed to all spheres. Review of dated 8/17/11 shows R121 ficulties with memory or daily er Minimum Data Set, R121's ichizophrenia, seizure disorder riew dated 10/9/11 stated "I s funny gestures. He went and the came out on my lapHe	F99	999			

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	ROVIDER OR SUPPLIER	AB CTR	•	7	REET ADDRESS, CITY, STATE, ZIP CODE 777 DRAPER JOLIET, IL 60432		
(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)	OULD BE	(X5) COMPLETION DATE
F9999	when he (R123) wo his girlfriend, R155 kissing R123 on his arms around R123 him to stop. It would He'd throw his keys On 10/26/11 at 12:5 would pinch him an elevator. R123 said tell R155 to stop bu R123 said he saw i others: touching bu wanted to kick his a would be the one ki Review of mood an dated 10/11/11 statalert and oriented to Minimum Data Set has no cognitive diff decision making. Pediagnosis include Seizure disorder an R19's facility intervir R155 tried to kiss Felpless. On 10/26 R155 "had no body always like that. He Once in the elevator can't get up. One tin and on my bed he sepsych tech and a renot stay off SHAZA	would be in his room talking to would come in and start a face. R155 would wrap his to pull him close. R123 told d happen two or three times.	F9	999			

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F9999	Review of abuse/ne 9/27/11 scores R19 Review of mood and dated 10/11/11 state alert and oriented to Minimum Data Set no cognitive difficul decision making. Pudiagnosis include Magenerative lumbar R42's facility intervir R155 put his arm a breasts. R155 wou inside his pants-like would pinch guys' ti On 10/26/11 at 12:2 R155 hugged her from the would reach aro R42 stated she did not do anything excent R155 had filed his to another resident. R (while R155) was in bragged he had been homes. Review of mood an 10/11/11 states R42 and oriented to all so Data Set dated 9/26 cognitive difficulties making. Per Minimuli includes Manic Depression fracture.	eglect risk assessment dated as low risk for abuse. d cognition assessment es R19 is 42 years old and is all spheres. Review of dated 9/18/11 shows R19 has ties with memory or daily er Minimum Data Set, R19's fanic Depression, ar and alcohol abuse. ew dated 10/11/11 states round R42 and touched her ald shake his dick around a sexual gestureR155 ts. 28pm R42 stated every time from behind in her wheelchair und and touch her breasts. not tell staff because they did eept tell him to stop. R42 said eeth to points and tried to bite 42 stated she did not feel safe at the building. R42 said R155 en kicked out of 10 nursing d cognition assessment dated 2 is 54 years old and is alert spheres. Review of Minimum B/11 shows R42 has no with memory or daily decision um Data Set, R42's diagnosis pression and chronic	F99	999			

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(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	R127 said R155 wo playing around. R12 R12's and R96's print R12's and R96's print R155 was himonths. (From 6/21 review of medical rehit people with his knesidents' genitals. and rubbed his peninterview with surver photos of R127 were cell phone) at 6:00 ptaken a photograph toilet. "He (R155) swasn't. There were started laughing." Review of Abuse/N10/10/11 states R12 denial/minimization Review of assessm 10/10/11 states R12 and oriented to all subata Set dated 8/23 cognitive difficulties making. Per Minimulation Review of Schizophreidisorder. R101's facility intervals would whip of R155 physically thresultook a stand again review of assessm 10/155 physically thresultook a stand again	build hit people in the chest, 27 said he saw R155 grab ivate parts. 10/26/11 at 3:50pm R127 s roommate for several 1/11 through 10/8/11, per ecord). R127 said R155 would keys and grabbed other R155 also exposed himself is on them. During a second eyors on 10/28/11 (after nude re observed on an unclaimed om, R127 stated R155 had of R127 while he was on the aid I was masturbating and I e other people in the room. He eglect Assessment dated 27 is at moderate risk and can awn. Nurses note dated	F99	9999			

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	ROVIDER OR SUPPLIER	AB CTR	•	7	REET ADDRESS, CITY, STATE, ZIP CODE 177 DRAPER IOLIET, IL 60432		
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F9999	room, his room." Review of assessment of the total service of assessment of the total service of assessment of the total service of the	and does not want R155 in the accurate his his would occur at night in a curfew is 10:00 pm but R155 l55) just did what he wanted. The spheres are recommended and cognition dated and is 41 years old and is alert spheres. Review of Minimum 6/11 shows R101 has no a with memory or daily decision and bipolar disorder. The wiew states R155 would pinch body and laugh. R146 saw ock. He'd bite her to arouse g him to stop. R155 also at people on the patio. It does not want R155 would pinch be accurate to a session and bipolar disorder. The work of the pation are session as R146 has no a with memory or daily decision and Data Set, R146's diagnosis or ession, Schizoaffective assive behavior.	F9	999			
	my debit card." R80: Per facility inte	erview R155 would bite her					

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		145311	B. WIN	IG _		11/15	5/ 2011
	PROVIDER OR SUPPLIER	AB CTR	l	7	REET ADDRESS, CITY, STATE, ZIP CODE 177 DRAPER IOLIET, IL 60432		
(X4) ID PREFIX TAG	(EACH DEFICIENC)	TEMENT OF DEFICIENCIES / MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREF TAG		PROVIDER'S PLAN OF CORREC (EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APPF DEFICIENCY)	ULD BE	(X5) COMPLETION DATE
F9999	shoulders and kisser R122: Per facility in (R155) hand on R1 R20: Per facility interests." R28: Per facility interests." R28: Per facility interests." R28: Per facility interests." R28: Per facility interests and mentally interests. Per facility interests. Per facility interests. Per facility interests. R140: Per facility interests. R	nterview R155 grabbed R153's ed her. terview R155 slapped his 22's private part. erview R155 grabbed R20 and g her breasts. terview R155 "tweaked erview R155 hugged R28 erview R155 whipped R61 in ain. erview R155 threw objects at terview felt intimidated by d to protect roommate from	F99	999			

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	PROVIDER OR SUPPLIER	AB CTR	•	7	REET ADDRESS, CITY, STATE, ZIP CODE 77 DRAPER OLIET, IL 60432		
(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	placement in visual the need for increasincluded R6 as a seand R8 were residing R7 and R8 were beand aggressive bethe R8 was originally as diagnosis to increasing the season of the sea	control of nursing station and sed supervision. This list also ex offender. As of 10/19/11 R7 ng in rooms with roommates. th assessed to have violent naviors. Idmitted to facility 10/13/06. R8 clude Schizoaffective disorder. A High Risk Identified Offender ressive and violent behaviors HAR was not completed until as recently physically assaulted ory of physical violence inside R8 is a high risk for future respite his low psychopathy. R8 in a single room. Idmard agitated at a resident that m (R102) for taking too long. The production of the facility by himself from the facility was anted to come back. E1 allowed back but was made contract on 7/12/11. In the facility more residents the discontraction of the facility mas are-admission date of 7/12/11.	F9	999			

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		145311	B. WIN	IG			C 5/2011
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(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	diagnosis includes was not identified a 10/26/11 criminal biresults include Aggitrespassing to land assessment scored of aggressive behating as a moreceipt of a 10/26/1 request. R57 was not receipt of a 10/26/1 request. R57's 10/3 scored him as a moreceipt of a 10/26/1 request. R57's 10/3 scored him as a moreceipt of a 10/26/11 request. R57's 10/3 scored him as a moreceipt of a 10/26/11 criming R74 was not identified agnosis including R74 was not identified as a moderate risk behaviors. R77 was admitted diagnosis including R77 was not identified a 10/26/11 criming R107 was admitted diagnosis including identified as an IO or criminal background continuity of R8 background check 11/15/11 9:20AM tethat she does not know we have a solution of R8 background check 11/15/11 9:20AM tethat she does not know we have a solution of R8 background check 11/15/11 9:20AM tethat she does not know we have a solution of R8 background check 11/15/11 9:20AM tethat she does not know we have a solution of R8 background check 11/15/11 9:20AM tethat she does not know we have a solution of R8 background check 11/15/11 9:20AM tethat she does not know we have a solution of R8 background check 11/15/11 9:20AM tethat she does not know we have a solution of R8 background check 11/15/11 9:20AM tethat she does not know we have a solution of R8 background check 11/15/11 9:20AM tethat she does not know we have a solution of R8 background check 11/15/11 9:20AM tethat she does not know we have a solution of R8 background check 11/15/11 9:20AM tethat she does not know we have a solution of R8 background check 11/15/11 9:20AM tethat she does not know we have a solution of R8 background check 11/15/11 9:20AM tethat she does not know we have a solution of R8 background check 11/15/11 9:20AM tethat she does not know we have a solution of R8 background check 11/15/11 9:20AM tethat she does not know we have a solution of R8 background check 11/15/11 9:20AM tethat she does not know we have a solution of R8 background check 11/15/11 9:20AM tethat she does	Bipolar affective disorder. R55 s an IO until after receipt of a ackground check request. The ravated assault and criminal R55's 10/31/11 IO risk I moderate risk due to history viors. Id to facility 4/28/10 and Major Depression and alcohol tidentified as an IO until after 1 criminal background check at 1/11 IO risk assessment oderate risk due to history of resince admission. Id to facility 4/19/01 and has unspecified schizophrenia. Id as an IO until after receipt hal background check request. Id as an IO until after receipt hal background check request. Id to facility 12/29/09 and Psychosis and alcohol abuse. Id to facility 02/04/09 and Psychosis. R107 was not until after receipt of a 10/26/11	F99	999			

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(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFI TAG	X	PROVIDER'S PLAN OF CORREC (EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APPR DEFICIENCY)	ULD BE	(X5) COMPLETION DATE
F9999	Continued From pa	ge 79	F99	99			
		(A)					
	300.810a) 300.1210b) 300.1210d)6)						
	Section 300.810 Ge	eneral					
	shall be on duty all services that meet residents. As a min	numbers and qualifications hours of each day to provide the total needs of the imum, there shall be at least twake, dressed, and on duty at					
	Section 300.1210 G Nursing and Persor	General Requirements for nal Care					
	and services to atta practicable physica well-being of the re- each resident's con plan. Adequate and care and personal of	provide the necessary care in or maintain the highest I, mental, and psychological sident, in accordance with aprehensive resident care I properly supervised nursing care shall be provided to each the total nursing and personal esident.					
	and services to atta practicable physica well-being of the re- each resident's con plan. Adequate and	provide the necessary care in or maintain the highest I, mental, and psychological sident, in accordance with aprehensive resident care I properly supervised nursing care shall be provided to each					

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		145311	B. WIN	۱G _		11/15	C 5/ 2011
	ROVIDER OR SUPPLIER	AB CTR		7	REET ADDRESS, CITY, STATE, ZIP CODE 777 DRAPER JOLIET, IL 60432	11/10	
(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	care needs of the re 6) All necessary pre assure that the resident in the resi	e total nursing and personal esident. ecautions shall be taken to dents' environment remains hazards as possible. All shall evaluate residents to see eceives adequate supervision revent accidents were not met as evidenced on and interviews facility failed and that smoke cigarettes are y smoke in designated failed to provide and moking program. of the facility's third floor at 10:30am on October 19 the re observed to have cigarette tops. No ash trays were at While touring the third floor, at 319 - 327, there was a ette smoke noted in the nat live down that hall said a ske in their room. R25 said the esidents smoke in their room are to lose their smoking	F99	999			

	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) N A. BU		PLE CONSTRUCTION IG	(X3) DATE SU COMPLE	
		145311	B. WII				C 5/2011
	PROVIDER OR SUPPLIER	AB CTR	•	7	REET ADDRESS, CITY, STATE, ZIP CODE 177 DRAPER IOLIET, IL 60432		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES / MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREF TAG		PROVIDER'S PLAN OF CORREC (EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APPI DEFICIENCY)	OULD BE	(X5) COMPLETION DATE
F9999	minutes later E10 (ash trays. A line of waiting for cigarette were approximately chairs or standing. the second and thir either smoking or w. During the observato be yelling at R18 at others residents. address R18. R52 because she report her. E10 at that tim room and could not Residents were not paper cup, flick as down hall way with were observed to smultiple wheelchair to have difficulty ke and the behaviors. The small day room smoke in the air. The windows open to he During an interview usually the only on morning smoke per difficult time inhalin states sometimes ther. The Psych Tec 12:30pm. during thi identified 30 resides	CNA) came with her cart and residents were noted to be es. Within a few minutes there of 40 plus residents in wheel Residents were coming from d floors. These residents were vaiting for cigarettes. Ition, residents were observed who was yelling and swearing A psych tech came to was upset and asking for help red R8 had stolen \$0.50 from the was the only staff in the day assist this resident. The dot put out cigarettes in the son the tables and walk lit cigarettes. Some residents it while others are standing, is fill the room. E10 appeared eping track of all the residents of the remove the smoke. The was observed to have thick there was no ventilation or elp remove the smoke. The with E10, she stated she is the with the residents for the riods. She was having a good the smoke herself. E10 the Psych Tech comes to help the was noted to come about the sobservation. The facility has the sentence of the support of the requirement of the sentence of the support of the su	F9	999			

	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	` ′	JLTIPLE CONSTRUCTION	(X3) DATE SU COMPLE	
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	ROVIDER OR SUPPLIER EST NURSING & REH	AB CTR		STREET ADDRESS, CITY, STATE, ZIP CODE 777 DRAPER JOLIET, IL 60432		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES / MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRE ((EACH CORRECTIVE ACTION SH' CROSS-REFERENCED TO THE APF DEFICIENCY)	OULD BE	(X5) COMPLETION DATE
F9999	Continued From pa	ge 82 (B)	F99	99		
	300.1210a) 300.1210b) 300.1210d)2)5) 300.3240a)					
	Section 300.1210 G Nursing and Person	General Requirements for nal Care				
	with the participation resident's guardian applicable, must de comprehensive car includes measurablemeet the resident's and psychosocial noresident's compreheallow the resident to practicable level of provide for dischargerestrictive setting be needs. The assess the active participat resident's guardian applicable. (Section	Resident Care Plan. A facility, n of the resident and the or representative, as evelop and implement a e plan for each resident that le objectives and timetables to medical, nursing, and mental eeds that are identified in the ensive assessment, which of attain or maintain the highest independent functioning, and ge planning to the least assed on the resident's care sment shall be developed with tion of the resident and the or representative, as in 3-202.2a of the Act)				
	and services to atta practicable physica well-being of the re- each resident's con plan. Adequate and care and personal of	provide the necessary care ain or maintain the highest I, mental, and psychological sident, in accordance with apprehensive resident care I properly supervised nursing care shall be provided to each e total nursing and personal				

-	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	A. BUI		TIPLE CONSTRUCTION NG	(X3) DATE SU COMPLE	
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(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES ' MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREF TAG		PROVIDER'S PLAN OF CORREC (EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APPF DEFICIENCY)	ULD BE	(X5) COMPLETION DATE
F9999	 		F99	999	P		
	care shall include, a and shall be practic seven-day-a-week I 2) All treatments an administered as ord 5) A regular prograr pressure sores, head breakdown shall be seven-day-a-week I enters the facility widevelop pressure sore clinical condition de sores were unavoid pressure sores sha services to promote and prevent new properties of a facility shall be seven-day-a-week I enters the facility widevelop pressure sores sha services to promote and prevent new properties. (Section 300.3240 All a) An owner, licens agent of a facility shall be resident. (Section 2) These Regulations Based on observation review the facility factor of R15 ulcers. -Develop and imple preventative skin plus were identified developing pressure.	section (a), general nursing at a minimum, the following ed on a 24-hour, basis: and procedures shall be dered by the physician. In to prevent and treat at rashes or other skin practiced on a 24-hour, basis so that a resident who athout pressure sores does not be ores unless the individual's emonstrates that the pressure lable. A resident having all receive treatment and expending, prevent infection, essure sores from developing. Abuse and Neglect Bee, administrator, employee or hall not abuse or neglect a 22-107 of the Act) Were not met as evidence by: on, interview and record alled to: assess and evaluate the 5's facility acquired pressure ment an individualize an of care for R15 and R11 as moderate risk for					

	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) N A. BU		PLE CONSTRUCTION IG	(X3) DATE SU COMPLE	
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	ROVIDER OR SUPPLIER	AB CTR	•	7	REET ADDRESS, CITY, STATE, ZIP CODE 177 DRAPER IOLIET, IL 60432		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREF TAG		PROVIDER'S PLAN OF CORREC (EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APPF DEFICIENCY)	ULD BE	(X5) COMPLETION DATE
F9999	approaches to stab R15's co-morbiditie -Develop relevant in and R15's needs in prevent worsening ulcer on the left hee -Obtain doctor's ord the treatment moda. These are for two (residents in the sar ulcers. These failures resu Stage II (fluid filled development of need to a Stage IV (with development of inferent in the sar ulcers. These failures resu Stage IV (with development of inferent in the sar ulcers. These failures resu Stage IV (with development of inferent in the sar ulcers. These failures resu Stage IV (with development of inferent in the sar ulcers. These failures resu Stage IV (with development of inferent in the sar ulcers. Findings include: 1. Interview with the 10-20-11 at 10:20 A and acquired a fluid on 04-25-11. E 4 st documented as "bli Staged. E2 confirm developed a comprevaluation, whether ulcer on R15's heel unavoidable. On 10 and 10 an	ilize or to improve R11's and s. Interventions specific to R11's order to promote healing and of R15 and R11's pressure el. Ider prior to administration of alities for R11. R15 and R 11) of three inple identified with pressure elected in (1) R15 developing a blister) that progressed in the exposed calcaneous) and the exposed calcaneous) and the exposed calcaneous and the exposed calcaneous. These R11 and R15's wound. (2) is an on the left heel (Stage I) ageable pressure ulcer. These R11 and R15 were avoidable of filled blister on the left heel atted this area was just ster" (StageII) it was not ed the facility had not ehensive analysis and it this facility acquired pressure	F9	999			

-	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) M A. BU		PLE CONSTRUCTION	(X3) DATE SU COMPLE	
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	PROVIDER OR SUPPLIER	AB CTR	•	7	REET ADDRESS, CITY, STATE, ZIP CODE 177 DRAPER IOLIET, IL 60432		
(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	Review of R15's sk no specific preventi implementations to worsening and to prinfection. Review of R15's Pr. (Norton) tool dated identified R15 as m pressure ulcer. Revassessment record Type of wound: Blist Location: Left Heel Date Observed: 04-Acquired (in the fact Comments: Fluid fill colors noted. R15's Doctor's Approximate for showed the form the fact of th	in care plan showed there is ve plan of care developed with promote healing, prevent revent the development of an essure Ulcer Risk Assessment 02-14-11 and on 04-27-11 oderate risk for developing view of R15's wound showed: Iter -25-11 illity). led, clear fluid, dark & white ointment progress notes/Order ollowing: nealing well. Exam)- left foot heel- ulcer ledial arch of wound with ecrotic tissue- debrided in vac (vacuum) month vithout complaints neel ulcer better. It superior wound il dressing	F9:	999			

STATEMENT OF DEI AND PLAN OF CORF		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) M A. BUI		PLE CONSTRUCTION IG	(X3) DATE SU COMPLE	
		145311	B. WI	NG			5/ 2011
NAME OF PROVIDE		AB CTR		7	REET ADDRESS, CITY, STATE, ZIP CODE 177 DRAPER IOLIET, IL 60432		
	EACH DEFICIENCY	TEMENT OF DEFICIENCIES / MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREF TAG		PROVIDER'S PLAN OF CORREC' (EACH CORRECTIVE ACTION SHOI CROSS-REFERENCED TO THE APPR DEFICIENCY)	ULD BE	(X5) COMPLETION DATE
(3) 00 Fe heel File Section 1 Sectio	ulcer. PE- left heel ulcoberided wound Stage IV- left how one in a rew of the laborated of the left heel) culture with was called of the left heel blister and the stageable due e. After it burst a week it becomes a week it becom	ote pain & foul odor from left cer -necrotic ulcer d- exposed calcaneous eel ulcer cuum) iquin 500 mg PO once daily)	F99	999			

	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	A. BUI		IPLE CONSTRUCTION NG	(X3) DATE SU COMPLE	TED
		145311	B. WIN	NG _			C 5/ 2011
	ROVIDER OR SUPPLIER				REET ADDRESS, CITY, STATE, ZIP CODE	11/10	5/2011
HILLCRE	ST NURSING & REH	AB CIR		,	JOLIET, IL 60432		
(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	Review of the most Sheet disclosed the treatment E3 applie was confirmed by E Nurse/E3 stated, "s red area, a non blan heel (Stage I)." There was no indiving address R11's press There was no comp conducted to promote worsening of R11's	ge 87 current Physician Order ere is no doctor order for this ed on R11's ulcer. This finding E3. At 2:00 PM, the Treatment the (R11) was admitted with enching (redness) on the left dualize plan of care to sure ulcer on the left heel. erehensive assessment ote healing and prevent pressure ulcer. These ermed by both E4 and E3 on	F99	999			
	a) The facility shall procedures, govern the facility which sh Resident Care Polic least the administrathe medical advisor representatives of rithe facility. These page 12 of	esident Care Policies have written policies and ing all services provided by all be formulated by a cy Committee consisting of at ator, the advisory physician or by committee and hursing and other services in policies shall be in compliance rules promulgated thereunder.					

	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) N A. BU		PLE CONSTRUCTION G	(X3) DATE SU COMPLE	JRVEY TED
		145311	B. WII	IG			5/ 2011
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(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREF TAG		PROVIDER'S PLAN OF CORREC (EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APPR DEFICIENCY)	ULD BE	(X5) COMPLETION DATE
F9999	These written policion operating the facilit least annually by the written, signed and meeting. Section 300.1210 Considering and Personal Comprehensive with the participation resident's guardian applicable, must decomprehensive carricludes measurab meet the resident's and psychosocial in resident's comprehensive carricludes measurab meet the resident to practicable level of provide for discharg restrictive setting by needs. The assess the active participating resident's guardian applicable. (Sectional b) The facility shall and services to attapracticable physical well-being of the reeach resident's complan. Adequate and care and personal cresident to meet the care needs of the resident resident to meet the care needs of the resident and the care needs of the resident to meet the care ne	ies shall be followed in y and shall be reviewed at is committee, as evidenced by dated minutes of such a General Requirements for nal Care Resident Care Plan. A facility, on of the resident and the or representative, as evelop and implement a re plan for each resident that le objectives and timetables to medical, nursing, and mental eeds that are identified in the ensive assessment, which of attain or maintain the highest independent functioning, and ge planning to the least assed on the resident's care sment shall be developed with a second of the resident and the or representative, as in 3-202.2a of the Act) provide the necessary care ain or maintain the highest I, mental, and psychological sident, in accordance with inprehensive resident care of properly supervised nursing care shall be provided to each the total nursing and personal resident. Restorative lude, at a minimum, the	F9	999			

NAME OF PROVIDER OR SUPPLIER HILLCREST NURSING & REHAB CTR STREET ADDRESS, CITY, STATE, ZIP CODE 777 DRAPER JOLIET, IL 60432	A. BUILDING COMPLETED	A. BUILD	TATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	
HILLCREST NURSING & REHAB CTR 777 DRAPER JOLIET, IL 60432	IR WING	B. WING	145311	
(VALID SLIMMARY STATEMENT OF DEFICIENCIES ID DEDOVIDED'S DI AN OF CODRECTION AND ANALOGO ANALOGO AND A	STREET ADDRESS, CITY, STATE, ZIP CODE 777 DRAPER	S	AB CTR	
(X4) ID SUMMARY STATEMENT OF DEFICIENCIES ID PROVIDER'S PLAN OF CORRECTION (X PREFIX TAG REGULATORY OR LSC IDENTIFYING INFORMATION) TAG REGULATORY OR LSC IDENTIFYING INFORMATION) TAG REGULATORY OR LSC IDENTIFYING INFORMATION) (X COMPLETED TO THE APPROPRIATE DEFICIENCY)	PREFIX (EACH CORRECTIVE ACTION SHOULD BE COMP TAG CROSS-REFERENCED TO THE APPROPRIATE	PREFIX	MUST BE PRECEDED BY FULL	PREFIX (EACH DEFICIENCY
F9999 Continued From page 89 3) All nursing personnel shall assist and encourage residents so that a resident who is incontinent of bowel and/or bladder receives the appropriate treatment and services to prevent urinary tract infections and to restore as much normal bladder function as possible. All nursing personnel shall assist residents so that a resident who enters the facility without an indwelling catheter is not catheterized unless the resident's clinical condition demonstrates that catheterization was necessary. 4) All nursing personnel shall assist and encourage residents so that a resident's abilities in activities of daily living do not diminish unless circumstances of the individual's clinical condition demonstrate that diminution was unavoidable. This includes the resident's abilities to bathe, dress, and groom; transfer and ambulate; toilet; eat; and use speech, language, or other functional communication systems. A resident who is unable to carry out activities of daily living shall receive the services necessary to maintain good nutrition, grooming, and personal hygiene. c) Each direct care-giving staff shall review and be knowledgeable about his or her residents' respective resident care plan. 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) These Regulations were not met as evidenced by: Based on observation, interview and record	the at the at the sing ident ent's sess dities ess dition e. let; ent ving tain ne. eand	F999	nnel shall assist and so that a resident who is and/or bladder receives the nt and services to prevent ns and to restore as much stion as possible. All nursing st residents so that a resident ity without an indwelling eterized unless the resident's monstrates that necessary. Innel shall assist and so that a resident's abilities iving do not diminish unless iving do not diminish unless individual's clinical condition minution was unavoidable. Sident's abilities to bathe, ransfer and ambulate; toilet; n, language, or other cation systems. A resident rry out activities of daily living vices necessary to maintain ming, and personal hygiene. -giving staff shall review and about his or her residents' care plan. buse and Neglect ee, administrator, employee or all not abuse or neglect a 2-107 of the Act) were not met as evidenced	3) All nursing person encourage resident incontinent of bower appropriate treatment urinary tract infection normal bladder functional shall associated which is unable to catheterization was as the facility of the demonstrate that distributed in activities of daily circumstances of the demonstrate that distributed in the facility of the demonstrate that distributed in the facility of the demonstrate that distributed in activities of daily circumstances of the demonstrate that distributed in the facility of

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	ROVIDER OR SUPPLIER	AB CTR		7	REET ADDRESS, CITY, STATE, ZIP CODE 177 DRAPER IOLIET, IL 60432		
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F9999	review the facility fa-Provide appropriar restore or improve -Develop an individ program for R11 to -Offer alternatives of devices other than incontinence pad th-Initiate a complete bladder assessmendadder assessmender appropriate intervermaintain R11's curresollow the facility be policy and procedure. These failures resures psychosocial harm. embarrassed (with incontinence pad), disgusted. " Findings include: On 10-19-11 at 12: the urge to go to the admitted they put dany choices, they donot. At first when the thought I'll die of enfor a while (diaper) depressed, I felt so have accidents (incohold it sometimes. It too long, I wet espeembarrassing really	te treatment and services to R11's bladder functioning ualized bowel and bladder enhance R11's quality of life. On incontinence containment the use of an adult disposable nat's more appropriate to R11. and accurate bowel and not for R11. Ince plan of care and with entions to help improve or eent bladder functioning. Dowel and bladder assessment re. Ited in emotional and R15 stated "I felt the use of the adult disposable depressed, felt old and disposable depressed, felt old and disposable depressed. I seldom ontinence episodes), I can't At times waiting for the staff ecially at night, that's but, I can't help it I can't take oom, I need someone	F9:	999			

	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:			(X3) DATE SU COMPLE		
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(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES / MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREF TAG		PROVIDER'S PLAN OF CORREC (EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APPF DEFICIENCY)	ULD BE	(X5) COMPLETION DATE
F9999	On 10-19-11at 2:10 Nurse/B&B Coordin Plan Coordinator (E certified yet, I'll be i started two weeks a the facility B&B poli list of residents on a know what type of p R11's Minimum Da change in status as presented by E8 or Section H0300 Urin R11's occasionally than seven episode Care Area Assessn Urinary incontinenc as addressed in ca and bladder assess care plan found in I finding was confirm PM. E8 stated, "the incontinent, she (R but there's no asse developed and not see." On 10-19-11 at 2:33 Staff/CNA (E9) disc alert and oriented. S and can walk from She wears diaper b incontinence but kn the toilet." When a	PM, the Restorative nator (E7) and the MDS/Care E8) stated "I'm (E7) not n class by Nov 2011. I (E7) ago, I really don't know about cy and procedure yet, I have a toileting program but I don't	F9:	999			

	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:			(X3) DATE SU COMPLE		
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	PROVIDER OR SUPPLIER	AB CTR	•	7	REET ADDRESS, CITY, STATE, ZIP CODE 177 DRAPER IOLIET, IL 60432		
(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 CORREC (EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APPR DEFICIENCY)	ULD BE	(X5) COMPLETION DATE
F9999	Review of the facility and procedure shown assessed for 72 ho admissionand will license nurse will grow grow and analysis members, from restreview and analysis patterns. These procession of R11. Review of R11's plaskin integrity showed both bowel and black.	ty bowel and bladder policy wed (1) each resident will be urs for voiding patterns on th significant change(2) The ather information from the s family/representative, staff ident observations and from s of the 72 hour voiding ocedures were not followed for an of care under impairment of ed that R11's incontinent of dder.	F9	999			

	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	, ,	PLE CONSTRUCTION	(X3) DATE SU COMPLE	
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	ROVIDER OR SUPPLIER	AB CTR	7	REET ADDRESS, CITY, STATE, ZIP CODE 77 DRAPER OLIET, IL 60432		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORREC (EACH CORRECTIVE ACTION SHOI CROSS-REFERENCED TO THE APPR DEFICIENCY)	ULD BE	(X5) COMPLETION DATE
F 323	40 plus residents in Residents were confloors. These reside waiting for cigarette During the observato be yelling at R 18 swearing at others to address R 18. R 52 was upset and reported R8 had sithat time was the occuld not assist this Residents were not paper cups. flick as hall way with lit ciga observed to sit whill wheelchairs fill the difficulty to keep trabehaviors. The small day roor smoke in the air. The windows open to he During an interview usually the only on morning smoke per difficult time inhalin states sometimes ther. The Psych Tec 12:30pm during this identified 30 reside and these resident FINAL OBSERVAT	res there were approximately a wheel chairs or standing. The were either smoking or estable to the second and third ents were either smoking or estable to the second and third ents were either smoking or estable to the second and third ents were either smoking or estable to the second and residents. A psych tech came of asking for help because she tolen \$0.50 from her. E10 at only staff in the day room and expected to put out cigarettes in the shes on the tables. Walk down expected to the second to have entered to have each of all the residents and the entered to the second to have the second to have the second to have the second to have the second to the expected to help the smoke herself. E10 the Psych Tech comes to help the was noted to come about a sobservation. The facility has ents who are unsafe smokers require extra supervision. IONS	F 323			
	LICENSURE VIOL	ATIONS				

-	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	A. BUI		IPLE CONSTRUCTION NG	(X3) DATE SURVEY COMPLETED	
		145311	B. WIN	NG _			5/ 2011
	ROVIDER OR SUPPLIER	AB CTR		7	REET ADDRESS, CITY, STATE, ZIP CODE 777 DRAPER JOLIET, IL 60432	11/10	<i>5</i> /2011
(X4) ID PREFIX TAG	(EACH DEFICIENCY	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)		ID PROVIDER'S PLAN OF CORF PREFIX (EACH CORRECTIVE ACTION S TAG CROSS-REFERENCED TO THE AI DEFICIENCY)		JLD BE	(X5) COMPLETION DATE
F9999	a) The facility shall procedures, govern the facility which sh Resident Care Polici least the administrathe medical advisor representatives of rithe facility. These pwith the Act and all These written polici operating the facility least annually by this written, signed and meeting. Section 300.625 Idea i) Upon admission of facility or a decision offender in a facility with the medical directly shall specifically adan individualized plant.	esident Care Policies have written policies and ing all services provided by all be formulated by a cy Committee consisting of at attor, the advisory physician or y committee and nursing and other services in policies shall be in compliance rules promulgated thereunder. es shall be followed in y and shall be reviewed at is committee, as evidenced by dated minutes of such a entified Offenders of an identified offender to a to retain an identified the facility, in consultation ector and law enforcement, dress the resident's needs in an of care. incorporate the Identified	F99	999			
		d Recommendation into the care plan. (Section 2-201.6(f)					

_	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	A. BUI		IPLE CONSTRUCTION NG	COMPLETED	
		145311	B. WIN	NG _			5/ 2011
	ROVIDER OR SUPPLIER				REET ADDRESS, CITY, STATE, ZIP CODE	11/10	<i>3</i> /2011
HILLCRE	ST NURSING & REH	AB CTR			JOLIET, IL 60432		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)			ID PROVIDER'S PLAN OF CORF PREFIX (EACH CORRECTIVE ACTION S TAG CROSS-REFERENCED TO THE A DEFICIENCY)		ULD BE	(X5) COMPLETION DATE
F9999	of the Act) I) If the identified of ILCS 150/2) or regis sex offender or if the and Recommendat Section 2-201.6(a) identified offender per to others within the required to have his facility subject to the under Section 2-102-201.6(d) of the Act of the identification of the Act of the identification of the identification of the identification. The facility shall quarterly for identification of the identification of identification of Long-Texton of Incident reports in the facility shall identification of	fender is a convicted (see 730 stered (see 730 ILCS 150/3) e Identified Offender Report ion prepared pursuant to of the Act reveals that the poses a significant risk of harm facility, the offender shall be so or her own room within the erights of married residents 8(e) of the Act. (Section etc.) evaluate care plans at least ed offenders for deffectiveness of the portions ified offense and shall iew. The facility shall modify essary in response to this lity remains responsible for atting the identified offender changes in the care plan that insure the safety of residents. Shall be submitted to the rem Care Field Operations in office of Health Care liance with Section 300.690 of y shall review its placement entified offenders based on plving the identified offender. Involving identified offenders, notify whether the incident abuse, aggressive behavior, acual behavior, as well as any	F99	999			

	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING			(X3) DATE SURVEY COMPLETED	
		145311	B. WI				C 5/2011
	ROVIDER OR SUPPLIER	AB CTR	ļ	7	REET ADDRESS, CITY, STATE, ZIP CODE 77 DRAPER OLIET, IL 60432		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES 'MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREF TAG		PROVIDER'S PLAN OF CORREC (EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APPI DEFICIENCY)	ULD BE	(X5) COMPLETION DATE
F9999	offender or others. other residents from offender, then the fidischarge the ident with Section 300.33 p) The facility shall enforcement agence Board, or the Department and whether aggressive behavior that would resident. Section 300.1210 Consumption of the resident and services to attar practicable physical well-being of the resident resident to meet the care needs of the resident of a facility shall and services to attar practicable physical well-being of the resident to meet the care needs of the resident to meet the care needs of the resident (Section 300.3240 Are sident. (Section 2 f) Resident as perpinvestigation of a regident indicates, it that another resident	If the facility cannot protect the in misconduct by the identified acility shall transfer or ified offender in accordance 300 of this Part. Inotify the appropriate local law by, the Illinois Prisoner Review rement of Corrections of the erit involved substance abuse, or, or inappropriate sexual incessitate relocation of that in accordance with a necessitate relocation of that in a care in an accordance with a properly supervised nursing care shall be provided to each erit total nursing and personal esident. In the facility cannot protect the independent of the interest in accordance with a properly supervised nursing care shall be provided to each erit total nursing and personal esident. In the facility cannot provide the interest in accordance with a properly supervised nursing care shall be provided to each erit total nursing and personal esident.	F9:	999			

-	TATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) M A. BUI		PLE CONSTRUCTION G	(X3) DATE SURVEY COMPLETED	
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	PROVIDER OR SUPPLIER	AB CTR	•	7	REET ADDRESS, CITY, STATE, ZIP CODE 77 DRAPER OLIET, IL 60432		
(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	condition shall be in determine the most placement for the roof that resident as we residents and empl 3-612 of the Act) These Regulations by: Based on record refailed to prevent 23 physical, verbal and risk identified offend between 5/13/11 arhistory of aggressivinappropriate behavinappropriate in 2 of 24 sample in 2 of 24 R8) and 1 supplem	mmediately evaluated to a suitable therapy and esident, considering the safety well as the safety of other oyees of the facility. (Section were not met as evidenced view and interview the facility residents from sexual, d/or mental abuse by a high der (R155) while in facility and 10/8/11. R155 had a known re, violent and sexually viors towards residents and and/or mental abuse to 4 dents (R12, R19, R20 and emental residents (R33, R84, R123, R42, R127, R101, 143, R122, R154, R28, R61, ailed to: who are identified as high risk (IO) are provided supervision cumented on Criminal History HAR), for 2 of 2 sampled High R8) and one supplemental	F99	666			

	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) M A. BU		PLE CONSTRUCTION	(X3) DATE SU COMPLE	
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		145311	B. WI	NG		11/1	5/2011
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F9999	behavior contract of for 1 of 3 High Risk (R155) - set up a structure from mistreatment, - assess IO status as a means of devergence for residents with behaviors. Findings include: 1) R155 is a 26 year to facility 5/13/11 with disorder and Attention Disorder (ADHD). Fevaluation from transmursing home to the and threatening behand staff. Resident chronic psychiatric with medications. Fhospital included vingestures or behavior admission to a lock individual, group an 7/08/11 Criminal Hi assessed resident and Coffender. R155 was 2011 for aggressive to admission to facil Resident with acute psychiatric disorder medications.	which protects individuals intimidation and abuse. and risk levels on admission eloping an individual plan of with potential aggressive ar old male resident admitted ith diagnosis including Bipolar ion Deficit Hyperactivity R155's 5/11/11 psychiatric insferring hospital includes: ferred from Wood Glen is hospital due to aggressive naviors toward other residents it with acute exacerbation, disorder and non-compliant includes are dead of the color, destructive threats, fors. Resident requires included in the psychiatric unit with a milieu therapy. R155's story Analysis Report (CHAR), as a HIGH RISK Identified is hospitalized twice in May is behaviors and agitation, prior	F9:	999			

	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING			(X3) DATE SURVEY COMPLETED	
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	ROVIDER OR SUPPLIER	AB CTR		7	REET ADDRESS, CITY, STATE, ZIP CODE 77 DRAPER OLIET, IL 60432		
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F9999	destructive threats, Resident requires a psychiatric unit with therapy. R155's 02/16/11 PA summary of service Aggression / Anger 5/13/11 psycho-soc Resident was living was hospitalized duanger. History of ste (guardian). Resider nursing homes sinc with Attention Defic History of substanc Resident admits to auditory hallucinatic and control his anger 5/17/11, 7/01/11, 8/Aggression Risk Asmoderate risk. These aggression a - 5/17/11 - R155 wirestlessness, mental abuse, poor impuls hostile and suspiciot toward others and harm 7/01/11 - R155 is very irritable when of However if someon anger prior to behar redirectable. In the cases the resident with the cases the resident and suspicion and and s	gestures or behaviors. Idmission to a locked I individual, group and milieu AS/MH screening includes Is required: Imanagement. Idal assessment includes: In on the streets / homeless and Ide to inability to control his Idealing money from his mother In thas been in and out of Idea age 12 years old, diagnosed Idea to inability to concentrate In a buse since a young child. In a buse since a young chil	F9	999			

-	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	A. BUI		IPLE CONSTRUCTION NG	(X3) DATE SU COMPLE	TED
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	ROVIDER OR SUPPLIER	AB CTR		7	REET ADDRESS, CITY, STATE, ZIP CODE 777 DRAPER JOLIET, IL 60432	11/10	3/2011
(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	provoked him or be with him. - 8/12/11 - can bec approached by staff co-residents and do anger appropriately - 10/07/11 - Can be often poor boundaring rather quickly. Need re-direction and de-All of these Aggress concluded R155 [do considerations outsiderations outsideration	came physically aggressive ome verbally aggressive when if to discuss behaviors with oes not always manage his de agitated and aggressive, ies. Triggered and escalates de staff assistance for descalations. Sion risk assessments des not require special safety dide the facility's standard and background results an Identified Offender. Offender (IO) risk of conclude or summarize the disk assessment includes: ally inappropriate with and can be difficult to ent has been involved in a with a co-resident and has veral verbal altercations with thas loose boundaries which interactions. The to be segregated from the pulation. The to be segregated from the pulation. The to be segregated from the pulation. The to be segregated from the pulation for supervision to assure the top included to monitor for ental status changes, monitor note and encourage	F99	999			

	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) M A. BUI		CONSTRUCTION	(X3) DATE SU COMPLE	TED
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	PROVIDER OR SUPPLIER	AB CTR		777 DF	ADDRESS, CITY, STATE, ZIP CODE RAPER ET, IL 60432		
(X4) ID PREFIX TAG	(EACH DEFICIENC)	TEMENT OF DEFICIENCIES / MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFI TAG		PROVIDER'S PLAN OF CORREC (EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APPR DEFICIENCY)	ULD BE	(X5) COMPLETION DATE
F9999	(CHAR), assessed Identified Offender. in May 2011 for agg agitation. Resident agitated quickly. He for behavioral or sy resident requires a to the nursing static monitoring. The lev sufficient for early changes. Regular a determine whether frequent individual R155 was admitted a roommate (R158 roommate until 6/2 placed into room 32 and remained with discharge from facisingle room while remained by - vio behavior, mood sw times, is unable to support and re-dire abusive and confro peers. Need to monitor for behaviors. Encoura as tolerated.	minal History Analysis Report resident as a HIGH RISK R155 was hospitalized twice gressive behaviors and can become frustrated and e should be closely monitored imptom changes. "This single room in close proximity on to permit ongoing visual rel of observation should be detection of behavioral assessments is necessary to closer monitoring or more contact is indicated." I 5/13/11 into room 304-1 with and remained with this 1/11. On 6/21/11 R155 was 24-2 with a roommate (R127) this roommate until 10/08/11 lity. R155 was never in a esiding at facility.	F99	999			

	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) M A. BU		PLE CONSTRUCTION G	(X3) DATE SU COMPLE	
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	PROVIDER OR SUPPLIER	AB CTR		7	REET ADDRESS, CITY, STATE, ZIP CODE 77 DRAPER OLIET, IL 60432		
(X4) ID PREFIX TAG	(EACH DEFICIENC)	TEMENT OF DEFICIENCIES 'MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREF TAG		PROVIDER'S PLAN OF CORREC (EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APPF DEFICIENCY)	ULD BE	(X5) COMPLETION DATE
F9999	inappropriate behat Bipolar disorder and playful and socially staff. Manifested by - dissings, pushes residents when not profanity, yelling, so peers and staff. - refer to psych/soc re-direct and monito behavior contractin 8/19/11 added behat threatening, poor be sexual comments a physical aggression with peers. 3) 8/08/11 Potential peers demonstrate. 4) 8/08/11 not motivo funauthorized subgroup attendance. 5) 5/19 and 8/8/11 health illness. Exhibit diagnosis awarenes behaviors, presents times and is unable support and re-dire behaviors. - Need to monitor for behaviors. Encoura as tolerated. 6) 8/9 and 8/19/11 obehaviors, disruptive with assessments, residential activities co-residents and st	viors related to diagnosis of d ADHD. Resident is often inappropriate with peers and ruptive behaviors, mood idents in wheel chairs / pokes authorized to do so. Use of creaming, confrontational with ial as needed (PRN) and or, attempt to engage in g as appropriate. aviors of intimidation, verbally bundaries, inappropriate and gesture behaviors, and history of altercations with d by physical aggression. Vated to change, admits to use ostances and inconsistent with example of the proof of the pro	F99	999			

	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	A. BUI		IPLE CONSTRUCTION NG	(X3) DATE SU COMPLE	TED
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(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREF TAG		PROVIDER'S PLAN OF CORREC (EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APPF DEFICIENCY)	ULD BE	(X5) COMPLETION DATE
F9999	different facility onc related to residents substance abuse us 8) 8/19/11 un-safe s R155's nursing note service / psycho-so 10/07/11 include maggressive, sexually and/or inappropriate co-residents and/or 2), 5/21 (X 2), 5/23, hospitalization), 6/0 6/13, 6/15, 6/16, 6/2 8/03, 8/08, 8/17, 8/3 (X 2) and required s Prevention Intervenhold on R155 but not 10/07/11. R155 was only sent between 5/13 and 1 incidents (5/27/11). R155 has been give contracts: 5/17/11 (regarding ly money, demonstrat behaviors toward proposition on residents, making statements to staff substance abuse us peers and staff in a on residents, making statements to staff substance abuse grants and 5/21/11 (To verbally co-resident due to 2	e alternate placement found behaviors, aggression and se. smoking in facility. es, incident reports and social cial service notes 5/16 - ultiple incidents of violent, y inappropriate, intimidating e behavioral incidents with staff members (5/16, 5/17 (X 5/24, 5/25, 5/27 (requiring 3, 6/06, 6/07, 6/11, 6/12 (X 2), 23, 6/24, 7/04, 7/15, 8/01, 18, 9/12, 9/13, 9/19, 9/20, 9/26 staff to perform Crisis ation - CPI, using a transport of sent to hospital), 9/28 and to ut to the hospital once 10/07/11 related to behavioral en six different Behavior coartering and asking peers for ing socially inappropriate eers, refraining from se, inappropriate touching of my way, putting shaving creme and yerbally inappropriate and peers. Agreeing to attend roups three times a week and	F99	999			

NAME OF PROVIDER OR SUPPLIER HILLCREST NURSING & REHAB CTR TO PREFER JOLIET, IL 60432 JOLIET, IL 60432 FREGRAT DORSES, CITY, STATE, ZIP CODE TOTO PRAPER TAG FREGRAT DORSES, CITY, STATE, ZIP CODE TOTO PRAPER JOLIET, IL 60432 PROVIDER'S PLAN OF CORRECTION EACH DEFICIENCY WIST BE PRECEDED BY FULL REGULATORY OR LISC INDENTIFYING INFORMATION) FREGRAT DORSECTIVE ACTION SHOULD BE CROSS REFERENCED TO THE APPROPRIATE DEFICIENCY TAG FREGRAT DORSECTIVE ACTION SHOULD BE CROSS REFERENCED TO THE APPROPRIATE DEFICIENCY FREGRAT DORSECTIVE ACTION SHOULD BE CROSS REFERENCED TO THE APPROPRIATE DEFICIENCY FREGRAT DORSECTIVE ACTION SHOULD BE CROSS REFERENCED TO THE APPROPRIATE DEFICIENCY FREGRAT DORSES PLAN OF CORRECTION PREFOR CROSS REFERENCED TO THE APPROPRIATE DEFICIENCY FREGRAT DORSES PLAN OF CORRECTION PREFOR CROSS REFERENCED TO THE APPROPRIATE DEFICIENCY FREGRAT DORSES PLAN OF CORRECTION PREFOR PROVIDER'S PLAN OF CORRECTION PREFOR PREFOR PROVIDER'S PLAN OF CORRECTION PREFOR PROVIDER'S PLAN OF CORRECTION PREFOR PREFOR PROVIDER'S PLAN OF CORRECTION PREFOR PREFOR PROVIDER'S PLAN OF CORRECTION PREFOR PROVIDER'S PLAN OF CORRECTION PREFOR PREFOR PREFOR PREFOR PREFOR PROVIDER'S PLAN OF CORRECTION PREFOR PREFOR PROVIDER'S PLAN OF CORRECTION PREFOR PREFOR PROVIDER'S PLAN OF CORRECTION PREFOR PROVIDER'S PLAN OF CORRECTION PREFOR PREFOR PREFOR PROVIDER'S PROVIDER'S PROVIDER'S PROVIDER'S PROVIDER'S PROVIDER'S PROVIDER'S PROVIDER'	-	OF DEFICIENCIES F CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	A. BUI		IPLE CONSTRUCTION NG	(X3) DATE SU COMPLE	TED
HILLCREST NURSING & REHAB CTR SILMARY STATEMENT OF DEFICIENCIES DOLET, IL. 60432 DOLET, IL. 60432			145311	B. WIN	NG _			
FPBEFIX TAG REGULATORY OR LSC IDENTIFYING INFORMATION) F9999 Continued From page 64 plan. 5/23/11 agree to demonstrate appropriate boundaries with peers and staff to ensure his and peer safety. To refrain from engaging in behaviors that interfere with his care. 6/16/11 to follow facility policies with regard to bartering and asking residents for money and to not demonstrate socially inappropriate behaviors toward peers. 6/21/11 refrain from any substance abuse use, attendance in facility sobriety groups, acceptance of periodic drug and alcohol testing upon return from outside passes 7/15/11 (5 of the 6 items stated in the 5/17/11 behavior contract as listed above.) All of R155's six Behavior contracts concluded by stating the resident's violating this contract may subject the resident to further consequences, including immediate involuntary discharge from facility as deemed appropriate by facility mental health care team. R155's 5/18/11 Skill Level of Functioning (SLOF), assessment summary includes should work toward developing a sense of awareness of his mental iliness in addition to anger management and resident should maintain sobriety. R155's medical records and group program documentation only included "Substance Abuse" group. There was no documentation of his attendance/participation and response to programing for anger management or awareness of mental illness. R155's 5/17/11 psycho-social assessment and			AB CTR		7	777 DRAPER	11/1	<i>5</i> /2011
plan. 5/23/11 agree to demonstrate appropriate boundaries with peers and staff to ensure his and peer safety. To refrain from engaging in behaviors that interfere with his care. 6/16/11 to follow facility policies with regard to bartering and asking residents for money and to not demonstrate socially inappropriate behaviors toward peers. 6/21/11 refrain from any substance abuse use, attendance in facility sobriety groups, acceptance of periodic drug and alcohol testing upon return from outside passes 7/15/11 (5 of the 6 items stated in the 5/17/11 behavior contract as listed above.) All of R155's six Behavior contracts concluded by stating the resident's violating this contract may subject the resident to further consequences, including immediate involuntary discharge from facility as deemed appropriate by facility mental health care team. R155's 5/18/11 Skill Level of Functioning (SLOF), assessment summary includes should work toward developing a sense of awareness of his mental illness in addition to anger management and resident should maintain sobriety. R155's medical records and group program documentation only included "Substance Abuse" group. There was no documentation of his attendance/participation and response to programing for anger management or awareness of mental illness. R155's 5/17/11 psycho-social assessment and	PRÉFIX	(EACH DEFICIENCY	MUST BE PRECEDED BY FULL	PREF		(EACH CORRECTIVE ACTION SHOWN CROSS-REFERENCED TO THE APPR	JLD BE	COMPLETION
assis. St. 100 progrado natos rodora patriana	F9999	plan. 5/23/11 agree to de boundaries with per peer safety. To refra that interfere with h 6/16/11 to follow fac bartering and asking not demonstrate so toward peers. 6/21/11 refrain from attendance in facility of periodic drug and from outside passe. 7/15/11 (5 of the 6 is behavior contract a All of R155's six Be stating the resident's subject the resident's subject the resident's ubject the resident's ubject the resident's acility as deemed a health care team. R155's 5/18/11 Skill assessment summatoward developing a mental illness in adand resident should R155's medical recommentation only group. There was not attendance/participal programing for angoof mental illness. R155's 5/17/11 psyconstructions.	monstrate appropriate ers and staff to ensure his and ain from engaging in behaviors is care. cility policies with regard to g residents for money and to cially inappropriate behaviors any substance abuse use, y sobriety groups, acceptance d alcohol testing upon return stems stated in the 5/17/11 s listed above.) havior contracts concluded by s violating this contract may to further consequences, envoluntary discharge from appropriate by facility mental I Level of Functioning (SLOF), ary includes should work a sense of awareness of his dition to anger management of maintain sobriety. ords and group program or included "Substance Abuse" to documentation of his ation and response to er management or awareness cho-social assessment and	F99	999			

	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) M A. BUI		PLE CONSTRUCTION G	(X3) DATE SU COMPLE	
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F9999	current use of illicit heroin), as well as a Behavior Contracts included refraining. The Behavior contracts on sequence including violation of contracts of the sequence including the Behavior contracts. The sequence including violation of contracts of the sequence of th	drugs (marijuana, cocaine and alcohol. R155 signed 5/17, 6/21 and 7/15/11 that from drug and alcohol use. acts listed possible ding involuntary discharge for a Social service notes 6/20, /11 all document behavioral drug use while residing at stance abuse group ance record only documents ween 5/13/11 admission and to 13 group meetings. His included requirements to sek. 6/16, 7/14 and 8/25/11 ess notes, completed by his a that R155 is calm, abnormal behaviors. There is nented other than on 5/27/11, ans were aware of his pliance, violent/aggressive	F99	666			

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F9999	was delayed due to placement. On 10/07/11 R155's abusing a male co- 1:1 supervision up discharge 10/08/11 Review of facility's 10/28/11 into R33's sexually and physic 10/7/11, led the fac sexually, physically abused 23 resident 5/13/11 (admission immediate involunt. Admitting Minimum dated 9/4/11 shows oriented male with palsy, schizophreni and urine incontine assistance with his (ADL's). Review of a facility in which Z3 (police states R155 "whipp at me. (R155) told didn't. (R155) raped held down with his was jerking his pen stop. He said if I tol He told (R96) if he was all ready for be socks. He removed	s was accused of sexually resident and was placed on till Immediate involuntary	F9	999			

	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) N A. BU		PLE CONSTRUCTION IG	(X3) DATE SU COMPLE	
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F9999	During a 10/27/11 1 hospital, R33 stated with him. He penetr sex with him (Rup against me, pind afraid to tell anyone he would do it again hospital from here because of being rate because of being rate. The following reside facility and surveyorallegations of abuse 96, 121, 12, 123, 19, 143, 122, 20, 154, 20, 154, 20, 154, 20, 154, 20, 154, 20, 154, 20, 154, 20, 154, 20, 154, 20, 154, 20, 155, 20, 20, 20, 20, 20, 20, 20, 20, 20, 20	10:00AM Interview at the cl (R155) "made me have sex rated me. I didn't want to have 155) would bite my ear, grind ch my chest I was too e. (R155) said if I tell anyone in. I have to go to a psychiatric because I'm feeling suicidal aped." The interviews obtained by the rest validate the multiple in the by R155 against Rs 84, 156, 19, 42, 127, 101, 146, 32, 80, 19, 42, 42, 42, 42, 42, 42, 42, 42, 42, 42	F9	999			

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	PROVIDER OR SUPPLIER	AB CTR	•	7	REET ADDRESS, CITY, STATE, ZIP CODE 77 DRAPER OLIET, IL 60432		
(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	allegation of abuse interview with R84 in of nights before (Raroom in the middle on me I was sleen He forced himself of fours and put his pelike a dog He came told me (R84) he we told." R84 was interviewed as a result of the abuse opened the bathroom in that position and crap out of me or kedidn't even scream scared. (R155) closs bathroom. He raper told him to stop and Review of assessment dated moderate risk for all assessment states a victim of bullying R84, and R84 is part of Minimum Data Shas no cognitive diff decision making. Pediagnosis include States	final report into this new dated 10/28/11 includes an n which he states, "A couple 155) left, he came into my of the night and forced himself eping. He took my clothes off. In me. He made me get on all enis in my ass and he did me e inside of me He (R155) ould come back with a gun if I are a second time by surveyors to ove incident. On 10/28/11 at a several months ago R155 and door and forced R84 "to get if I didn't he would beat the lill me. (R155) raped me. I for help because I was sed the door. I was using his a me before in his bathroom. If a don't do that, get away." I dent mood and cognition dated the ses and withdrawn and the several months ago R155 with the sed the door. I was using his at me before in his bathroom. If the second and cognition dated t	F99	999			

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(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)	OULD BE	(X5) COMPLETION DATE
F9999	having smoked SH with R155 in his roo ago, R156 fell asled woke up her clothe top of her having set. During interview with on 10/22/11 at 5:20 to staff R155 had sonsent. R156 refut the incident happer make a police repositive above nurse's note AMA (against medi. Facility interview day exhibited inappropring R137, R33, R101 at R155 pulled out his back and put it in problem to stop, here R156 stated R155 with Review of mood and dated 10/11/11 staticated and oriented to Minimum Data Set has no cognitive difference decision making. Problem diagnosis include Minimum Data Set has no cognitive difference decision making. Problem diagnosis include Minimum Data Set has no cognitive difference decision making. Problem diagnosis include Minimum Data Set has no cognitive difference decision making. Problem diagnosis include Minimum Data Set has no cognitive difference decision making. Problem diagnosis include Minimum Data Set has no cognitive difference decision making. Problem diagnosis include Minimum Data Set has no cognitive difference decision making. Problem diagnosis include Minimum Data Set has no cognitive difference decision making. Problem diagnosis include Minimum Data Set has no cognitive difference decision making. Problem diagnosis include Minimum Data Set has no cognitive difference decision making. Problem diagnosis include Minimum Data Set has no cognitive difference decision making. Problem diagnosis include Minimum Data Set has no cognitive difference decision making. Problem diagnosis include Minimum Data Set has no cognitive difference decision making diagnosis include Minimum Data Set has no cognitive difference decision making diagnosis include Minimum Data Set has no cognitive difference decision making diagnosis include Minimum Data Set has no cognitive difference decision making diagnosis include Minimum Data Set has no cognitive difference decision making diagnosis diagnosi	e dated 10/11/11 states after AZAM (synthetic marijuana) om approximately one week ep on 155's bed. When she is were off and R155 was on ex. In E5 (psychosocial director) pm, E5 stated R156 reported ex with her without her used to go the hospital, saying ned weeks ago. R156 did rt on (10/10/11) confirming the and R156 signed out of the facility cal advise) on 10/15/11. Inted 10/9/11 states R155 iate behavior in R155's room. Ind R156 were present when penis and rubbed it on R101's eople's faces. R101 and R33 would not and then they left. Would bite R33 on the ear. Ind cognition assessment es R156 is 32 years old and is all spheres. Review of dated 9/18/11 shows R156 ficulties with memory or daily er Minimum Data Set, R156's	F9	999			

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(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES YMUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREF TAG		PROVIDER'S PLAN OF CORREC (EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APPF DEFICIENCY)	ULD BE	(X5) COMPLETION DATE
F9999	"whipped out his perpresent) R155 ir from everyone. Everyone. Everyone Everyone everyone everyone. Everyone everyone. Everyone everyone. Everyone everyone. Everyone everyone everyone. Everyone everyone everyone. Everyone everyone everyone. Everyone everyone everyone. Everyone everyone everyone everyone. Everyone everyone everyone everyone. Everyone everyone everyone. Everyone everyone everyone. Everyone everyone everyone everyone. Everyone everyone everyone. Everyone everyone everyone everyone. Everyone everyone everyone everyone. Everyone everyone everyone everyone everyone everyone everyone. Everyone everyone everyone everyone everyone everyone everyone everyone. Everyone everyon	enis with (other residents attimidated everyone, he stole eryone was scared." 6/11 at 3:22 pm R155 would me on my thumb, arm and d his teeth to points. He d my dick. I know he would go ooms and threaten to break ey gave him money. d cognition assessment es R96 is 27 years old and is a all spheres. Review of dated 8/16/11 shows R96 has ties with memory or daily er Minimum Data Set, R96's Schizophrenia and alcohol view was dated 10/9/11. R155 I21's room while sleeping and pull his pants down and touch fight R155 and R155 would hit and chain and tell him to stop e him. I couldn't do anything I beat me more. I would fight trong Everybody feels key is bad, he swings it and it d he was too scared to tell uping R155 would get arrested. 26/11 at 2:00 pm that R155 s room at night and try to pull stated he tried to get along ould swing his keys and hit I21 said he was able to keep	F9	999			

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(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	Review of R121's a cognition dated 10/old, alert and orient Minimum Data Set has no cognitive dif decision making. P diagnosis include S and depression. R12's Facility interview on the comparison of the compar	assessment mood and 10/11 states R121 is 52 years ed to all spheres. Review of dated 8/17/11 shows R121 ficulties with memory or daily er Minimum Data Set, R121's ichizophrenia, seizure disorder riew dated 10/9/11 stated "I s funny gestures. He went and the came out on my lapHe	F99	999			

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(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)	OULD BE	(X5) COMPLETION DATE
F9999	when he (R123) wo his girlfriend, R155 kissing R123 on his arms around R123 him to stop. It would He'd throw his keys On 10/26/11 at 12:5 would pinch him an elevator. R123 said tell R155 to stop bu R123 said he saw i others: touching bu wanted to kick his a would be the one ki Review of mood an dated 10/11/11 statalert and oriented to Minimum Data Set has no cognitive diff decision making. Pediagnosis include Seizure disorder an R19's facility intervir R155 tried to kiss Felpless. On 10/26 R155 "had no body always like that. He Once in the elevator can't get up. One tin and on my bed he sepsych tech and a renot stay off SHAZA	would be in his room talking to would come in and start a face. R155 would wrap his to pull him close. R123 told d happen two or three times.	F9	999			

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F9999	Review of abuse/ne 9/27/11 scores R19 Review of mood and dated 10/11/11 state alert and oriented to Minimum Data Set no cognitive difficul decision making. Pudiagnosis include Magenerative lumbar R42's facility intervir R155 put his arm a breasts. R155 wou inside his pants-like would pinch guys' ti On 10/26/11 at 12:2 R155 hugged her from the would reach aro R42 stated she did not do anything excent R155 had filed his to another resident. R (while R155) was in bragged he had been homes. Review of mood an 10/11/11 states R42 and oriented to all so Data Set dated 9/26 cognitive difficulties making. Per Minimuli includes Manic Depression fracture.	eglect risk assessment dated as low risk for abuse. d cognition assessment es R19 is 42 years old and is all spheres. Review of dated 9/18/11 shows R19 has ties with memory or daily er Minimum Data Set, R19's fanic Depression, ar and alcohol abuse. ew dated 10/11/11 states round R42 and touched her ald shake his dick around a sexual gestureR155 ts. 28pm R42 stated every time from behind in her wheelchair und and touch her breasts. not tell staff because they did eept tell him to stop. R42 said eeth to points and tried to bite 42 stated she did not feel safe at the building. R42 said R155 en kicked out of 10 nursing d cognition assessment dated 2 is 54 years old and is alert spheres. Review of Minimum B/11 shows R42 has no with memory or daily decision um Data Set, R42's diagnosis pression and chronic	F99	999			

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F9999	R127 said R155 wo playing around. R12 R12's and R96's print R12's and R96's print R155 was himonths. (From 6/21 review of medical rehit people with his knesidents' genitals. and rubbed his peninterview with surver photos of R127 were cell phone) at 6:00 ptaken a photograph toilet. "He (R155) swasn't. There were started laughing." Review of Abuse/N10/10/11 states R12 denial/minimization Review of assessm 10/10/11 states R12 and oriented to all subata Set dated 8/23 cognitive difficulties making. Per Minimulation Review of Schizophreidisorder. R101's facility intervals would whip of R155 physically thresultook a stand again review of assessm 10/155 physically thresultook a stand again	build hit people in the chest, 27 said he saw R155 grab ivate parts. 10/26/11 at 3:50pm R127 s roommate for several 1/11 through 10/8/11, per ecord). R127 said R155 would keys and grabbed other R155 also exposed himself is on them. During a second eyors on 10/28/11 (after nude re observed on an unclaimed om, R127 stated R155 had of R127 while he was on the aid I was masturbating and I e other people in the room. He eglect Assessment dated 27 is at moderate risk and can awn. Nurses note dated	F99	9999			

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(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	room, his room." Review of assessment of the total service of a service of and oriented to all service of a s	and does not want R155 in the accurate his his would occur at night in a curfew is 10:00 pm but R155 l55) just did what he wanted. The spheres are recommended and cognition dated and is 41 years old and is alert spheres. Review of Minimum 6/11 shows R101 has no a with memory or daily decision and bipolar disorder. The wiew states R155 would pinch body and laugh. R146 saw ock. He'd bite her to arouse g him to stop. R155 also at people on the patio. It does not want R155 would pinch be accurate to a session and bipolar disorder. The work of the pation are session as R146 has no a with memory or daily decision and Data Set, R146's diagnosis or ession, Schizoaffective assive behavior.	F9	999			
	my debit card." R80: Per facility inte	erview R155 would bite her					

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	PROVIDER OR SUPPLIER	AB CTR	l	7	REET ADDRESS, CITY, STATE, ZIP CODE 177 DRAPER IOLIET, IL 60432		
(X4) ID PREFIX TAG	(EACH DEFICIENC)	TEMENT OF DEFICIENCIES / MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREF TAG		PROVIDER'S PLAN OF CORREC (EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APPF DEFICIENCY)	ULD BE	(X5) COMPLETION DATE
F9999	shoulders and kisser R122: Per facility in (R155) hand on R1 R20: Per facility interests." R28: Per facility interests." R28: Per facility interests." R28: Per facility interests." R28: Per facility interests and mentally interests. Per facility interests. Per facility interests. Per facility interests. R140: Per facility interests. R	nterview R155 grabbed R153's ed her. terview R155 slapped his 22's private part. erview R155 grabbed R20 and g her breasts. terview R155 "tweaked erview R155 hugged R28 erview R155 whipped R61 in ain. erview R155 threw objects at terview felt intimidated by d to protect roommate from	F99	999			

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F9999	placement in visual the need for increasincluded R6 as a seand R8 were residing R7 and R8 were beand aggressive bethe R8 was originally as diagnosis to increasing the season of the sea	control of nursing station and sed supervision. This list also ex offender. As of 10/19/11 R7 ng in rooms with roommates. th assessed to have violent naviors. Idmitted to facility 10/13/06. R8 clude Schizoaffective disorder. A High Risk Identified Offender ressive and violent behaviors HAR was not completed until as recently physically assaulted ory of physical violence inside R8 is a high risk for future respite his low psychopathy. R8 in a single room. Idmard agitated at a resident that m (R102) for taking too long. The production of the facility by himself from the facility was anted to come back. E1 allowed back but was made contract on 7/12/11. In the facility more residents the discontraction of the facility mas are-admission date of 7/12/11.	F9	999			

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F9999	diagnosis includes was not identified a 10/26/11 criminal biresults include Aggitrespassing to land assessment scored of aggressive behatary as admitted diagnosis includes abuse. R57 was no receipt of a 10/26/1 request. R57's 10/3 scored him as a modagressive behaviorally as a moderate risk behaviors. R74 was admitted diagnosis including R74 was not identified a 10/26/11 crimin R74's 10/31/11 IO ras a moderate risk behaviors. R77 was admitted diagnosis including R77 was not identified a 10/26/11 crimin R107 was admitted diagnosis including R77 was not identified as an IO of a 10/26/11 interesting identified as an IO of criminal background background check 11/15/11 9:20AM tethat she does not know we have a solution of R8 background check 11/15/11 9:20AM tethat she does not know we have a solution of R8 background check 11/15/11 9:20AM tethat she does not know we have a solution of R8 background check 11/15/11 9:20AM tethat she does not know we have a solution of R8 background check 11/15/11 9:20AM tethat she does not know we have a solution of R8 background check 11/15/11 9:20AM tethat she does not know we have a solution of R8 background check 11/15/11 9:20AM tethat she does not know we have a solution of R8 background check 11/15/11 9:20AM tethat she does not know we have a solution of R8 background check 11/15/11 9:20AM tethat she does not know we have a solution of R8 background check 11/15/11 9:20AM tethat she does not know we have a solution of R8 background check 11/15/11 9:20AM tethat she does not know we have a solution of R8 background check 11/15/11 9:20AM tethat she does not know we have a solution of R8 background check 11/15/11 9:20AM tethat she does not know we have a solution of R8 background check 11/15/11 9:20AM tethat she does not know we have a solution of R8 background check 11/15/11 9:20AM tethat she does not know we have a solution of R8 background check 11/15/11 9:20AM tethat she does not know we have a solution of R8 background check 11/15/11 9:20AM tethat she does not know we have a sol	Bipolar affective disorder. R55 s an IO until after receipt of a ackground check request. The ravated assault and criminal R55's 10/31/11 IO risk I moderate risk due to history viors. Id to facility 4/28/10 and Major Depression and alcohol tidentified as an IO until after 1 criminal background check at 1/11 IO risk assessment oderate risk due to history of resince admission. Id to facility 4/19/01 and has unspecified schizophrenia. Id as an IO until after receipt hal background check request. Id as an IO until after receipt hal background check request. Id to facility 12/29/09 and Psychosis and alcohol abuse. Id to facility 02/04/09 and Psychosis. R107 was not until after receipt of a 10/26/11	F99	999			

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F9999	Continued From pa	ge 79	F99	99			
		(A)					
	300.810a) 300.1210b) 300.1210d)6)						
	Section 300.810 Ge	eneral					
	shall be on duty all services that meet residents. As a min	numbers and qualifications hours of each day to provide the total needs of the imum, there shall be at least twake, dressed, and on duty at					
	Section 300.1210 G Nursing and Persor	General Requirements for nal Care					
	and services to atta practicable physica well-being of the re- each resident's con plan. Adequate and care and personal of	provide the necessary care in or maintain the highest I, mental, and psychological sident, in accordance with aprehensive resident care I properly supervised nursing care shall be provided to each the total nursing and personal esident.					
	and services to atta practicable physica well-being of the re- each resident's con plan. Adequate and	provide the necessary care in or maintain the highest I, mental, and psychological sident, in accordance with aprehensive resident care I properly supervised nursing care shall be provided to each					

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		145311	B. WIN	۱G _		11/15	C 5/ 2011
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(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	care needs of the re 6) All necessary pre assure that the resident in the resi	e total nursing and personal esident. ecautions shall be taken to dents' environment remains hazards as possible. All shall evaluate residents to see eceives adequate supervision revent accidents were not met as evidenced on and interviews facility failed and that smoke cigarettes are y smoke in designated failed to provide and moking program. of the facility's third floor at 10:30am on October 19 the re observed to have cigarette tops. No ash trays were at While touring the third floor, at 319 - 327, there was a ette smoke noted in the nat live down that hall said a ske in their room. R25 said the esidents smoke in their room are to lose their smoking	F99	999			

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F9999	minutes later E10 (ash trays. A line of waiting for cigarette were approximately chairs or standing. the second and thir either smoking or w. During the observato be yelling at R18 at others residents. address R18. R52 because she report her. E10 at that tim room and could not Residents were not paper cup, flick as down hall way with were observed to smultiple wheelchair to have difficulty ke and the behaviors. The small day room smoke in the air. The windows open to he During an interview usually the only on morning smoke per difficult time inhalin states sometimes ther. The Psych Tec 12:30pm. during thi identified 30 resides	CNA) came with her cart and residents were noted to be es. Within a few minutes there of 40 plus residents in wheel Residents were coming from d floors. These residents were vaiting for cigarettes. Ition, residents were observed who was yelling and swearing A psych tech came to was upset and asking for help red R8 had stolen \$0.50 from the was the only staff in the day assist this resident. The dot put out cigarettes in the son the tables and walk lit cigarettes. Some residents it while others are standing, is fill the room. E10 appeared eping track of all the residents of the remove the smoke. The was observed to have thick there was no ventilation or elp remove the smoke. The with E10, she stated she is the with the residents for the riods. She was having a good the smoke herself. E10 the Psych Tech comes to help the was noted to come about the sobservation. The facility has the sentence of the support of the requirement of the sentence of the support of the su	F9	999			

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F9999	Continued From pa	ge 82 (B)	F99	99		
	300.1210a) 300.1210b) 300.1210d)2)5) 300.3240a)					
	Section 300.1210 G Nursing and Person	General Requirements for nal Care				
	with the participation resident's guardian applicable, must de comprehensive car includes measurablemeet the resident's and psychosocial noresident's compreheallow the resident to practicable level of provide for dischargements. The assess the active participat resident's guardian applicable. (Section	Resident Care Plan. A facility, n of the resident and the or representative, as evelop and implement a e plan for each resident that le objectives and timetables to medical, nursing, and mental eeds that are identified in the ensive assessment, which a attain or maintain the highest independent functioning, and ge planning to the least ased on the resident's care sment shall be developed with tion of the resident and the or representative, as a 3-202.2a of the Act)				
	and services to atta practicable physica well-being of the re- each resident's con plan. Adequate and care and personal of	provide the necessary care ain or maintain the highest I, mental, and psychological sident, in accordance with apprehensive resident care I properly supervised nursing care shall be provided to each e total nursing and personal				

-	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	A. BUI		TIPLE CONSTRUCTION NG	(X3) DATE SU COMPLE	
		145311	B. WIN	NG _			5/ 2011
	ROVIDER OR SUPPLIER	AB CTR			REET ADDRESS, CITY, STATE, ZIP CODE 777 DRAPER JOLIET, IL 60432	11/10	72011
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(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES ' MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREF TAG		PROVIDER'S PLAN OF CORREC (EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APPF DEFICIENCY)	ULD BE	(X5) COMPLETION DATE
F9999	 		F99	999	P		
	care shall include, a and shall be practic seven-day-a-week I 2) All treatments an administered as ord 5) A regular prograr pressure sores, head breakdown shall be seven-day-a-week I enters the facility widevelop pressure sore clinical condition de sores were unavoid pressure sores sha services to promote and prevent new preventative skin plus who were identified developing pressure.	section (a), general nursing at a minimum, the following ed on a 24-hour, basis: and procedures shall be dered by the physician. In to prevent and treat at rashes or other skin practiced on a 24-hour, basis so that a resident who athout pressure sores does not be ores unless the individual's emonstrates that the pressure lable. A resident having all receive treatment and expending, prevent infection, essure sores from developing. Abuse and Neglect Bee, administrator, employee or hall not abuse or neglect a 22-107 of the Act) Were not met as evidence by: on, interview and record alled to: assess and evaluate the 5's facility acquired pressure ment an individualize an of care for R15 and R11 as moderate risk for					

	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) N A. BU		PLE CONSTRUCTION IG	(X3) DATE SU COMPLE	
		145311	B. WII	NG			5/ 2011
	ROVIDER OR SUPPLIER	AB CTR	•	7	REET ADDRESS, CITY, STATE, ZIP CODE 177 DRAPER IOLIET, IL 60432		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREF TAG		PROVIDER'S PLAN OF CORREC (EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APPF DEFICIENCY)	ULD BE	(X5) COMPLETION DATE
F9999	approaches to stab R15's co-morbiditie -Develop relevant in and R15's needs in prevent worsening ulcer on the left hee -Obtain doctor's ord the treatment moda. These are for two (residents in the sar ulcers. These failures resu Stage II (fluid filled development of need to a Stage IV (with development of inferent in the sar ulcers. These failures resu Stage IV (with development of inferent in the sar ulcers. These failures resu Stage IV (with development of inferent in the sar ulcers. These failures resu Stage IV (with development of inferent in the sar ulcers. These failures resu Stage IV (with development of inferent in the sar ulcers. Findings include: 1. Interview with the 10-20-11 at 10:20 A and acquired a fluid on 04-25-11. E 4 st documented as "bli Staged. E2 confirm developed a comprevaluation, whether ulcer on R15's heel unavoidable. On 10 and 10 an	ilize or to improve R11's and s. Interventions specific to R11's order to promote healing and of R15 and R11's pressure el. Ider prior to administration of alities for R11. R15 and R 11) of three inple identified with pressure elected in (1) R15 developing a blister) that progressed in the exposed calcaneous) and the exposed calcaneous) and the exposed calcaneous and the exposed calcaneous. These R11 and R15's wound. (2) is an on the left heel (Stage I) ageable pressure ulcer. These R11 and R15 were avoidable of filled blister on the left heel atted this area was just ster" (StageII) it was not ed the facility had not ehensive analysis and it this facility acquired pressure	F9	999			

-	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) M A. BU		PLE CONSTRUCTION	(X3) DATE SU COMPLE	
		145311	B. WI				5/ 2011
	PROVIDER OR SUPPLIER	AB CTR	•	7	REET ADDRESS, CITY, STATE, ZIP CODE 77 DRAPER OLIET, IL 60432		
(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	Review of R15's sk no specific preventi implementations to worsening and to prinfection. Review of R15's Pr. (Norton) tool dated identified R15 as m pressure ulcer. Revassessment record Type of wound: Blist Location: Left Heel Date Observed: 04-Acquired (in the fact Comments: Fluid fill colors noted. R15's Doctor's Approximate for showed the form the fact of th	in care plan showed there is ve plan of care developed with promote healing, prevent revent the development of an essure Ulcer Risk Assessment 02-14-11 and on 04-27-11 oderate risk for developing view of R15's wound showed: Iter -25-11 illity). led, clear fluid, dark & white ointment progress notes/Order ollowing: nealing well. Exam)- left foot heel- ulcer ledial arch of wound with ecrotic tissue- debrided in vac (vacuum) month vithout complaints neel ulcer better. It superior wound il dressing	F9:	999			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) M A. BU		PLE CONSTRUCTION IG	(X3) DATE SURVEY COMPLETED		
		145311	B. WI	•			5/ 2011
HILLCREST NURSING & REHAB CTR				7	REET ADDRESS, CITY, STATE, ZIP CODE 77 DRAPER OLIET, IL 60432		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)			ID PROVIDER'S PLAN OF CORP PREFIX (EACH CORRECTIVE ACTION S TAG CROSS-REFERENCED TO THE A DEFICIENCY)		ULD BE	(X5) COMPLETION DATE
	heel ulcer. PE- left heel ulcome Debrided wound Stage IV- left heel Wound vac (variance Antibiotic (Levar Follow up in a report was called or ESBL (Extended Spon R 15's wound. On 10-20-11 at 12: acquired the left heel filled blister and the to unstageable due tissue. After it burst after a week it become foul odor and had dowith infection. By the already in the hospi The wound progress exposure. " II. On 10-19-11 at 1 in bed lying on backpillow, heels still toustageable pressume asured at 1.5 cm	ote pain & foul odor from left cer -necrotic ulcer d- exposed calcaneous eel ulcer cuum) quin 500 mg PO once daily)	F9:	999			

	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1, ,		PLE CONSTRUCTION	UCTION (X3) DATE SUF COMPLET		
				A. BUILDING B. WING		(С	
		145311	B. WI	NG		11/15	5/2011	
NAME OF PROVIDER OR SUPPLIER HILLCREST NURSING & REHAB CTR				7	REET ADDRESS, CITY, STATE, ZIP CODE 77 DRAPER IOLIET, IL 60432			
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREF TAG		PROVIDER'S PLAN OF CORREC' (EACH CORRECTIVE ACTION SHOI CROSS-REFERENCED TO THE APPR DEFICIENCY)	ULD BE	(X5) COMPLETION DATE	
F9999	Sheet disclosed the treatment E3 applie was confirmed by E Nurse/E3 stated, "s red area, a non blan heel (Stage I)." There was no individual address R11's press There was no complete conducted to promotion worsening of R11's	ge 87 current Physician Order ere is no doctor order for this ed on R11's ulcer. This finding E3. At 2:00 PM, the Treatment the (R11) was admitted with enching (redness) on the left dualize plan of care to sure ulcer on the left heel. brehensive assessment ote healing and prevent pressure ulcer. These emed by both E4 and E3 on (B)	F99	999				
	a) The facility shall procedures, govern the facility which sh Resident Care Polic least the administrathe medical advisor representatives of rithe facility. These page 12 to 12 to 12 to 12 to 13 to 14 to 15 to	esident Care Policies have written policies and ing all services provided by all be formulated by a cy Committee consisting of at attor, the advisory physician or cy committee and hursing and other services in policies shall be in compliance rules promulgated thereunder.						

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) M A. BU		PLE CONSTRUCTION G	(X3) DATE SURVEY COMPLETED				
		145311	B. WI	NG			5/ 2011		
NAME OF PROVIDER OR SUPPLIER HILLCREST NURSING & REHAB CTR SUMMARY STATEMENT OF DEFICIENCIES				7	REET ADDRESS, CITY, STATE, ZIP CODE 77 DRAPER OLIET, IL 60432				
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)		(EACH DEFICIENCY MUST BE PRECEDED BY FULL		(EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX (EACH CORRE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG CROSS-REFERE		PROVIDER'S PLAN OF CORREC' (EACH CORRECTIVE ACTION SHOUNDER OF THE APPRENCED TO THE APPRENCED TO THE APPRENCE OF THE APPRENCE	ULD BE	(X5) COMPLETION DATE
F9999	These written policion operating the facilit least annually by the written, signed and meeting. Section 300.1210 Considering and Personal Comprehensive with the participation resident's guardian applicable, must decomprehensive carricludes measurab meet the resident's and psychosocial in resident's comprehensive carricludes measurab meet the resident to practicable level of provide for discharg restrictive setting be needs. The assess the active participating resident's guardian applicable. (Sectional b) The facility shall and services to attapracticable physical well-being of the reeach resident's complan. Adequate and care and personal cresident to meet the care needs of the resident resident to meet the care needs of the resident and the care needs of the resident to meet the care ne	es shall be followed in y and shall be reviewed at is committee, as evidenced by dated minutes of such a General Requirements for hal Care Resident Care Plan. A facility, nof the resident and the or representative, as evelop and implement a e plan for each resident that le objectives and timetables to medical, nursing, and mental eeds that are identified in the ensive assessment, which of attain or maintain the highest independent functioning, and ge planning to the least assed on the resident's care sment shall be developed with the or representative, as in 3-202.2a of the Act) provide the necessary care and or maintain the highest line or representative, as in 3-202.2a of the Act)	F9:	999					

NAME OF PROVIDER OR SUPPLIER HILLCREST NURSING & REHAB CTR STREET ADDRESS, CITY, STATE, ZIP CODE 777 DRAPER JOLIET, IL 60432	COMPLETED	G	(X2) MULTI A. BUILDIN	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	
HILLCREST NURSING & REHAB CTR 777 DRAPER JOLIET, IL 60432	C 11/15/2011		B. WING _	145311		
(VALID SLIMMARY STATEMENT OF DEFICIENCIES ID PROVIDER'S PLAN OF CORRECTION //	RESS, CITY, STATE, ZIP CODE ER	77 DRAPER	7	HILLCREST NURSING & REHAB CTR		
PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX (EACH CORRECTIVE ACTION SHOULD BE COMPL	DSS-REFERENCED TO THE APPROPRIATE DATE	(EACH CORRECTIVE ACTION SH CROSS-REFERENCED TO THE APP		' MUST BE PRECEDED BY FULL	(EACH DEFICIENC)	
F9999 Continued From page 89 3) All nursing personnel shall assist and encourage residents so that a resident who is incontinent of bowel and/or bladder receives the appropriate treatment and services to prevent urinary tract infections and to restore as much normal bladder function as possible. All nursing personnel shall assist residents so that a resident who enters the facility without an indwelling catheter is not catheterized unless the resident's clinical condition demonstrates that catheterization was necessary. 4) All nursing personnel shall assist and encourage residents so that a resident's abilities in activities of daily living do not diminish unless circumstances of the individual's clinical condition demonstrate that diminution was unavoidable. This includes the resident's abilities to bathe, dress, and groom; transfer and ambulate; toilet; eat; and use speech, language, or other functional communication systems. A resident who is unable to carry out activities of daily living shall receive the services necessary to maintain good nutrition, grooming, and personal hygiene. c) Each direct care-giving staff shall review and be knowledgeable about his or her residents' respective resident care plan. 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) These Regulations were not met as evidenced by: Based on observation, interview and record			F9999	nnel shall assist and s so that a resident who is I and/or bladder receives the ent and services to prevent ons and to restore as much ction as possible. All nursing ist residents so that a resident ity without an indwelling eterized unless the resident's amonstrates that necessary. nnel shall assist and s so that a resident's abilities living do not diminish unless it individual's clinical condition minution was unavoidable. It is individual's clinical condition minution was unavoidable. It is in a straight in the sident's abilities to bathe, it is a straight in the sident's abilities of daily living rices necessary to maintain ming, and personal hygiene. In a giving staff shall review and about his or her residents' care plan. In a buse and Neglect The ee, administrator, employee or neall not abuse or neglect a 2-107 of the Act) The were not met as evidenced	3) All nursing person encourage resident incontinent of bowe appropriate treatment urinary tract infection normal bladder function personnel shall assigned who enters the facing catheter is not catheter is	F9999

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING			(X3) DATE SURVEY COMPLETED		
		145311	B. WI	NG			5/ 2011
	NAME OF PROVIDER OR SUPPLIER HILLCREST NURSING & REHAB CTR			7	REET ADDRESS, CITY, STATE, ZIP CODE 177 DRAPER IOLIET, IL 60432		
(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	review the facility fa-Provide appropriar restore or improve -Develop an individ program for R11 to -Offer alternatives of devices other than incontinence pad th-Initiate a complete bladder assessmendadder assessmender appropriate intervermaintain R11's curresollow the facility be policy and procedure. These failures resure psychosocial harm. embarrassed (with incontinence pad), disgusted. " Findings include: On 10-19-11 at 12: the urge to go to the admitted they put dany choices, they donot. At first when the thought I'll die of enfor a while (diaper) depressed, I felt so have accidents (incohold it sometimes. It too long, I wet espeembarrassing really	te treatment and services to R11's bladder functioning ualized bowel and bladder enhance R11's quality of life. On incontinence containment the use of an adult disposable nat's more appropriate to R11. and accurate bowel and not for R11. Ince plan of care and with entions to help improve or eent bladder functioning. Dowel and bladder assessment re. Ited in emotional and R15 stated "I felt the use of the adult disposable depressed, felt old and disposable depressed, felt old and disposable depressed. I seldom ontinence episodes), I can't At times waiting for the staff ecially at night, that's but, I can't help it I can't take oom, I need someone	F9!	999			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING			(X3) DATE SURVEY COMPLETED		
		145311	B. WI	NG _			5/ 2011
NAME OF PROVIDER OR SUPPLIER HILLCREST NURSING & REHAB CTR (X4) ID SUMMARY STATEMENT OF DEFICIENCIES			•	7	REET ADDRESS, CITY, STATE, ZIP CODE 177 DRAPER IOLIET, IL 60432		
(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 SHO CROSS-REFERENCED TO THE APPF DEFICIENCY)	ULD BE	(X5) COMPLETION DATE
F9999	On 10-19-11at 2:10 Nurse/B&B Coordin Plan Coordinator (E certified yet, I'll be i started two weeks a the facility B&B poli list of residents on a know what type of p R11's Minimum Da change in status as presented by E8 or Section H0300 Urin R11's occasionally than seven episode Care Area Assessn Urinary incontinenc as addressed in ca and bladder assess care plan found in I finding was confirm PM. E8 stated, "the incontinent, she (R but there's no asse developed and not see." On 10-19-11 at 2:33 Staff/CNA (E9) disc alert and oriented. S and can walk from She wears diaper b incontinence but kn the toilet." When a	PM, the Restorative nator (E7) and the MDS/Care E8) stated "I'm (E7) not n class by Nov 2011. I (E7) ago, I really don't know about cy and procedure yet, I have a toileting program but I don't	F9:	999			

	TATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) ND PLAN OF CORRECTION IDENTIFICATION NUMBER: A. BUILDING			X3) DATE SURVEY COMPLETED			
		145311	B. WII				C 5/ 2011
NAME OF PROVIDER OR SUPPLIER HILLCREST NURSING & REHAB CTR			•	7	REET ADDRESS, CITY, STATE, ZIP CODE 177 DRAPER IOLIET, IL 60432		
(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 CORREC (EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APPF DEFICIENCY)	ULD BE	(X5) COMPLETION DATE
F9999	Review of the facility and procedure shown assessed for 72 ho admissionand will license nurse will grow grow and analysis members, from restreview and analysis patterns. These procession of R11. Review of R11's plaskin integrity showed both bowel and black.	ty bowel and bladder policy wed (1) each resident will be urs for voiding patterns on th significant change(2) The ather information from the s family/representative, staff ident observations and from s of the 72 hour voiding ocedures were not followed for an of care under impairment of ed that R11's incontinent of dder.	F9	999			