

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 145670	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 08/15/2013
NAME OF PROVIDER OR SUPPLIER CHALET LIVING & REHAB CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE 7350 NORTH SHERIDAN ROAD CHICAGO, IL 60626		
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F 323	Continued From page 17 do this at varied times to ensure that behaviors are being monitored and addressed appropriately. This will continue to be discussed weekly at the Behavior meetings and monthly QA meetings. This will be on-going. 19. Abuse policy updated 8/2/13 for revised screening employees procedure, clarification on bruises and injuries of unknown origin, protecting residents during investigation, and reporting. Update again on 8/12/13 for emphasis on immediacy of reporting.	F 323			
F9999	FINAL OBSERVATIONS LICENSURE VIOLATIONS 300.1210a) 300.1210b) 300.1210d)3) 300.3240a) 300.3240f) Section 300.1210 General Requirements for Nursing and Personal Care a) Comprehensive Resident Care Plan. A facility, with the participation of the resident and the resident's guardian or representative, as applicable, must develop and implement a comprehensive care plan for each resident that includes measurable objectives and timetables to meet the resident's medical, nursing, and mental and psychosocial needs that are identified in the resident's comprehensive assessment, which allow the resident to attain or maintain the highest practicable level of independent functioning, and provide for discharge planning to the least	F9999			

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F9999	<p>Continued From page 18</p> <p>restrictive setting based on the resident's care needs. The assessment shall be developed with the active participation of the resident and the resident's guardian or representative, as applicable. (Section 3-202.2a of the Act)</p> <p>b) The facility shall provide the necessary care and services to attain or maintain the highest practicable physical, mental, and psychological well-being of the resident, in accordance with each resident's comprehensive resident care plan. Adequate and properly supervised nursing care and personal care shall be provided to each resident to meet the total nursing and personal care needs of the resident.</p> <p>d) Pursuant to subsection (a), general nursing care shall include, at a minimum, the following and shall be practiced on a 24-hour, seven-day-a-week basis:</p> <p>3) Objective observations of changes in a resident's condition, including mental and emotional changes, as a means for analyzing and determining care required and the need for further medical evaluation and treatment shall be made by nursing staff and recorded in the resident's medical record.</p> <p>Section 300.3240 Abuse and Neglect</p> <p>a) An owner, licensee, administrator, employee or agent of a facility shall not abuse or neglect a resident. (Section 2-107 of the Act)</p> <p>f) Resident as perpetrator of abuse. When an investigation of a report of suspected abuse of a resident indicates, based upon credible evidence, that another resident of the long-term care facility</p>	F9999			

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F9999	<p>Continued From page 19</p> <p>is the perpetrator of the abuse, that resident's condition shall be immediately evaluated to determine the most suitable therapy and placement for the resident, considering the safety of that resident as well as the safety of other residents and employees of the facility. (Section 3-612 of the Act)</p> <p>THESE REQUIREMENTS WERE NOT MET AS EVIDENCED BY:</p> <p>Based on observations, interviews and record reviews the facility failed to ensure one of 20 sampled residents (R5) was protected from abuse in a sampled 20, reviewed for abuse. The lack of supervision and monitoring for R5, who is cognitively impaired, resulted in sexual assault by another resident (R6). R5 had known behaviors that put her at risk for being abused and the facility failed to have interventions in place for preventing abuse.</p> <p>Findings Include:</p> <p>R5 is a 56 year old female admitted to facility on 8/24/12 with diagnoses to include Schizophrenia, Delusional Disorder, Dysphasia, Diabetes type II, Hepatitis C., Asthma, Difficulty walking and Hypothyroidism per POS (Physician Order Sheet) dated 12/24/12.</p> <p>MDS (Minimum Data Set) dated 6/21/13 denotes R5 speech score is 2, (indicating no speech); makes self-understood score is 3 (indicating rarely/never understands); understanding verbal content score is 2 (indicating sometimes understood). Cognitive Patterns score is 1 denoting memory problems; cognitive skills for Daily Decision Making score is 3 (indicating severely impaired). Signs and Symptoms of Delirium score is 2 (indicating behavior fluctuates).</p>	F9999			

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F9999	<p>Continued From page 20</p> <p>R5's behaviors consist of wandering into other resident rooms and getting into empty/unoccupied beds, taking her clothes off, walking up close to others, and staring at others. Documentation and interviews over the course of the survey from family, nurses, CNA ' s (Certified Nursing assistants), physicians, psychiatrists and social services indicated that R5 should have been monitored closely because of these at risk behaviors.</p> <p>On 8/09/13 at approximately 4:40PM, Z4 (Family member of R5), stated that R5 was severely cognitively impaired. She wanders and has been doing it for quite some time. Z4 stated that R5 does not talk and she visits R5 two to three times per month. "R5 could not consent for sex because she would not know what the person is talking about. She just stares." Z4 stated that about 3 months ago she was visiting R5 and saw her standing in a man's room as she was getting off the elevator. Z4 said she went to the room and asked the man what R5 was doing in his room but got no answer. Z4 said she did not know why they (staff) wanted to change R5's room so she would be closer to the nursing station.</p> <p>Nursing admission assessment dated 12/28/12 remarks that R5 was non-communicative and has wandering behaviors. Nurses notes on 8/25/12 remarks about incident where R5 was in a male room. "They were yelling at her telling her to get out".</p> <p>Incident report dated 9/16/12 remarks that R5 was abused. R5 was physically assaulted by another resident while on patio on September 16, 2012 where she sustained scratches to the face.</p> <p>Care Plan dated 12/29/12 indicates R5 had fading bruises on arms and right lateral thigh.</p> <p>Social Services Quarter Care Plan note dated 4/04/13 remarks that R5 was observed wandering</p>	F9999			

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F9999	<p>Continued From page 21</p> <p>and pacing throughout 4th floor. "She is alert but often does not respond to staff prompts. Resident is often non-responsive to others and may stare at people. This staring sometimes upsets peers who are not familiar with R5 and she needs redirection from this behavior. She has history of wandering into other 's room. Often R5 is heard or seen laughing which may be a response to internal stimuli".</p> <p>Per Nursing note dated 6/30/13, R5 was found with bruise on the upper right eye lid. Documentation states "no injury noted and no red eye noted, denies pain, continue monitoring, vital signs taken, given oral medications, endorsed to next shift".</p> <p>Wandering Behavior Care Plan dated 7/20/13 remarks resident wanders into other resident's rooms. Care Plan does not address resident taking her clothes off, getting close to and staring at peers inappropriately. There is no Care Plan addressing R5's history of physical abuse or being at high risk for abuse after assault incident on 7/20/13.</p> <p>According to incident report dated 7/21/13, R5 is a 56 year old female who was sexually assaulted by another R6 (male resident) on the 7/20/13 at approximately 6:00PM. E3 (CNA-Certified Nursing Assistant) entered R6's room to pick up dinner trays. When she pulled back privacy curtain, she saw R6 standing at side of the bed with his pants down. He hurriedly proceeded to pull his pants up as she entered the space. E3 saw R5 lying supine in his bed with her pants and diaper pulled down.</p> <p>On 8/08/13 at approximately 10:30AM E2 (DON - Director of Nursing) said she interviewed R6 and said he/R6 fondled her clitoris but did not have sexual intercourse with R5.</p> <p>On 8/07/13 at approximately 1:45PM, E1</p>	F9999			

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F9999	<p>Continued From page 22</p> <p>(Assistant administrator) corroborated the same accounts of the sexual assault incident on 7/20/13 involving R5 and R6. E1 indicated Resident's physicians, families, police and State Agency were notified and indicated residents were placed on close observation monitoring. E1 stated that E2 in the facility and knew more details about the incident.</p> <p>On 8/07/13 at approximately 2:00PM, E2 said there were no physician orders for R6 or R5 in the charts regarding one to one monitoring, sending the residents out to hospital for evaluation, pass privileges for R6, or discontinuing monitoring for R6. E2 said she forgot to write down the telephone orders of 7/20/13 and 7/21/13.</p> <p>On 8/07/13 at approximately 2:30PM, E2 discussed the events that occurred on 7/20/13 and 7/21/13. R6 was maintained on 1:1 and transferred to another unit immediately following the incident. Resident's doctors were notified of incident and R6 's doctor said to keep R6 on close monitoring. E2 said, during interview with R6, he said he did not have sexual intercourse with R5, he just fondled her clitoris and said "go ahead and call the police, I will tell the police the same thing I told you". R6 said he did have sex in 30 years. Resident's families were notified. Police were notified and came to facility and interviewed both residents.</p> <p>On 8/07/13 at approximately 3:45PM, E3 said R5 had a look of shock on her face and her eyes were wide open; looked fearful. E3 said she was shocked to see this and yelled out to nurse for help as she pulled up R5's pants. Nurse's came to room to help. E3 indicated that the room housed three males and that roommates were not present during the time of the incident. The nurses attended to R6 and she escorted R5 back</p>	F9999			

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F9999	<p>Continued From page 23</p> <p>to her room. E3 said she remained on 1:1 with R5 until she was sent to E.R.(Emergency Room) about two hours later. R5 interviewed by female police before being sent to E.R. E3 said R5 usually does not talk at all but eventually talked to nurse in E.R. about incident and was confused. First she said she did not consent to sex and then stated she said yes to sex, but appeared confused and fearful during the conversations. E3 said she was not present when actual rape kit was done by the doctor.</p> <p>On 8/07/13 at 4:25PM, E4 (Social Services) said she was in facility on the day after the incident, 7/21/13, and that R6 was out of facility on pass when she arrived. E4 said R6's wife had called the facility and spoke with her about R6's being paranoid and fearful of returning to facility because of Police asking him questions the day before. The wife said she did not know what to do. E4 said she told the wife she could bring him back to facility for admission to hospital for psychiatric evaluation or she could take R6 to the closest E.R. E4 stated she left work that evening before R6 and his wife returned to facility.</p> <p>Observation on 8/07/13 at approximately 5:15PM, R5 was in the dayroom sitting with E3 awaiting the dinner meal. R5 sat with her head hanging down at times; impulsive movements were noted, i.e., standing up suddenly. R5 could not answer any questions.</p> <p>On 8/07/13 at approximately 5:15PM, E8 (Medication nurse) she stated that R5 does not talk, appears "zombie like". "She needs redirection at times. I float to different units and was endorsed that R5 was on close monitoring".</p> <p>On 8/08/13 at 2:00PM, R5 observed walking down the hall with E16. R5's pants and diaper were falling down. E2 was made aware. On 8/08/13 at 2:25PM, E2 stated, " Maybe we could</p>	F9999			

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F9999	Continued From page 24 get R5 some clothes that button up from the back so she will not take them off. " On 8/08/13 at 4:00PM, Z1 (Attending Physician) stated that he was notified by nurses of incident on 7/20/13 and that R5 was sent to emergency room for evaluation with close monitoring. Z1 said that this was uncharacteristic of both residents, and that R5 has to be watched and needed more supervision; "staff should monitor closely". Z1 stated that R6 just recovering from medical issues and was weak. Z1 said he was surprised about the incident. Z1 stated he was not aware R6 went out on pass the next day. On 8/08/13 at approximately 4:30PM, Z2 (Psychiatrist) stated he was very surprised to hear about the assault incident of R5 and R6 because it has never happened before with either of them. Z2 indicated that when notified he ordered for R6 to be placed on close monitoring and he was relocated to another unit. Z2 indicated he was not aware resident went out on pass with wife the following day. On 8/09/13 at 10:15AM Z3 (Attending Physician of R5) indicated he was notified of incident on 7/20/13 and followed protocol for R5 to be sent out to hospital for evaluation and no forced trauma was found. He stated that R6 had no aggressive behaviors prior to incident and had no previous acts documented. Hospital History and Physical record dated 7/20/13 remarks that R5 received vaginal examination performed, rape-kit applied and prophylactic antibiotic treatments were given by mouth. Also, Labs were drawn for HIV, Hepatitis B and C. Patient is denying pain, vaginal discharge, vaginal bleeding, and other concerns. Right and left adnexum displays no mass, no tenderness, and no fullness. No rash or tenderness to labia. There are no foreign body	F9999			

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F9999	Continued From page 25 around the vagina. She will intermittently answer questions, but has a very blunted affect. R5 remains in facility at this time and she is maintained on one to one monitoring for wandering behaviors into resident rooms, taking off her clothes, walking close up to people and staring. R5 continues to require constant redirection as she attempts to enter into rooms of other residents. Her room is located in the back corridor of the secured unit where two rooms down from her room are three rooms of male residents. (B)	F9999		