

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 03/11/2008
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 145856	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 03/07/2008
NAME OF PROVIDER OR SUPPLIER ALL FAITH PAVILION			STREET ADDRESS, CITY, STATE, ZIP CODE 3500 SOUTH GILES AVENUE CHICAGO, IL 60653	
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
F 000	INITIAL COMMENTS Complaint Investigation 0784548/IL31439 - No deficiencies 0784792/IL31689 - No deficiencies 0785073/IL31994 - No deficiencies 0785103/IL32040 - F329 0785266/IL32209 - No deficiencies 0785316/IL32261 - No deficiencies 0785603/IL32569 - F323 0880224/IL32969 - No deficiencies 0880245/IL32990 - No deficiencies 0890275/IL33028 - No deficiencies 0880286/IL33037 - No deficiencies	F 000		
F 323 SS=G	No extended survey was conducted. 483.25(h) ACCIDENTS AND SUPERVISION The facility must ensure that the resident environment remains as free of accident hazards as is possible; and each resident receives adequate supervision and assistance devices to prevent accidents. This REQUIREMENT is not met as evidenced by: Based on interview and record review, the facility failed to supervise R5 on 12/17/07. R5 struck R4 without provocation, while R4 was standing around in the 3rd floor dayroom area. This failure to provide adequate supervision resulted in R4 sustaining a swollen right eye and lips, and lacerations to lips. Findings include:	F 323		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

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

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F 323	<p>Continued From page 1</p> <p>R5 is a 48 year old male originally admitted to the facility on 11/30/07 with admitting diagnoses including Schizophrenia and Malignant Neoplasm Brain disorder.</p> <p>Nursing admission assessment dated 12/4/07 revealed that R5 required supervision in cognitive skills for daily decision making, and has wandering behavior which occurs 4-6 times daily and behavior cannot be easily altered.</p> <p>Review of clinical records and facility investigation showed the following: R4 was struck by R5 several times in the face and this was witnessed by the residents in the 3rd floor dayroom. Also witnessed was that the assault to R4 was unprovoked.</p> <p>Staff statements according to the investigation :</p> <p>The staff heard "grunt" which they recognized as R5's voice, and a CNA (certified nurses assistant) was asked to look for R5 "as his whereabouts weren't immediately known."</p> <p>Nurse Notes as written and dated :</p> <p>12/17/07 3:30PM "Upon hearing resident yelling CNA went to dayroom and found resident (R4) was hit in the R (right) eye and lips. Upon assessment R eye was swollen with laceration under eye and inside of the bottom lip. "</p> <p>12/18/07 10:00AM "Noted R eye swollen and bruised. Inquired the resident about cause of bruise/incident. Resident states 'I was hit by a man.' Incident charting done, Resident to Dr's. appointment with escort. "</p>	F 323			

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F 323	<p>Continued From page 2</p> <p>The Doctor's appointment scheduled on 12/18/07 as verified by the surveyor, was not related to the incident of 12/17/07.</p> <p>12/18/07 5:50PM Informed that resident was out on an MD's (medical doctor) appt. (appointment) and was sent to ER (Emergency room) for further eval. (evaluation).</p> <p>12/19/07 2:00AM "Confirmed that patient (R4) is admitted with catatonic state."</p> <p>In an interview of Z3 (MD- Internal medicine/ Resident Program) on 1/17/08 at 11:55AM Z3 stated the following:</p> <p>" She (R4) came to the clinic for regular appt. from the NH (Nursing home). First time in the med. clinic of the hospital accompanied by CNA. Came in without referral, pt. (patient) not verbal, and was observed with a black eye. NH staff was asked regarding the appt. The staff told me she did not know and that she is just an escort for 2 patients. NH was called and escort was informed that the pt. was assaulted by another resident. It happened the previous evening. Also info.(information) about the same resident (perpetrator) had bit the resident(R4), and that there was no medical attention regarding human bite. Then I decided to send the patient to be treated in ER. To see an Ophthalmologist for the eye injury, described per her recollection as " bad black eye, very swollen and ecchymotic lower eyelid. " The patient (R3) complain of pain on eye</p>	F 323			

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F 323	Continued From page 3 movement." Z2's orders as follows : "Ophthalmologist to rule out eye fracture Cat scan of the orbit. Antibiotics." Review of hospital records revealed the following: R4 had alleged that she had been raped at the NH, which is how she obtained injuries to her face. Emergency Department Notes dated 12/18/07 22 year old female who presents with eye pain. Pt. disheveled and has foul odor from urinating on herself. R eye edematous and ecchymotic with pain. No orbital fx (fracture), but a distal nasal fx per CT of face. Dx (diagnosis) Nasal fracture, R eye trauma. Interview of E2 (DON- Director of Nursing) on 1/17/08 revealed that the facility had investigated the resident to resident assault between R4 and R5, but they did not investigate the human bite and the sexual assault allegation. E2 during this interview confirmed that R4 was not sent to ER for evaluation but that R4 was sent to the clinic on 12/18/07 for an appointment set up previously prior to her admission to the facility. R4 remained hospitalized during surveyor's visit on 1/16/07, a month after the incident occurred.	F 323			
F 329 SS=D	483.25(l) UNNECESSARY DRUGS Each resident's drug regimen must be free from unnecessary drugs. An unnecessary drug is any	F 329			

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F 329	<p>Continued From page 4</p> <p>drug when used in excessive dose (including duplicate therapy); or for excessive duration; or without adequate monitoring; or without adequate indications for its use; or in the presence of adverse consequences which indicate the dose should be reduced or discontinued; or any combinations of the reasons above.</p> <p>Based on a comprehensive assessment of a resident, the facility must ensure that residents who have not used antipsychotic drugs are not given these drugs unless antipsychotic drug therapy is necessary to treat a specific condition as diagnosed and documented in the clinical record; and residents who use antipsychotic drugs receive gradual dose reductions, and behavioral interventions, unless clinically contraindicated, in an effort to discontinue these drugs.</p> <p>This REQUIREMENT is not met as evidenced by: Based on interview and record review the facility failed to obtain a consent before starting R11's psychotropic medication.</p> <p>Findings include:</p> <p>Review of MAR (Medication Assessment Record) reflect that R11 received Lexapro 10 mg every morning for the month of 09/07 and 10/07.</p> <p>In an interview on 02/25/08, E2 DON (Director of Nursing) when asked about the policy if there is an order for Lexapro, E2 stated "When there's an</p>	F 329			

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F 329	Continued From page 5 order the nurse gets a consent from the resident if not from the family." E2 further stated, "Lexapro was started at the hospital in March 2007, I know we still need to get a consent. " Surveyor asked if there a consent for R11's Lexapro. E2 said "We checked the chart and we don't see it." The facility did not obtain a consent from the resident's POA (Power of Attorney). On interview, POA stated that he did not want the resident to receive this psychotropic medication.	F 329			