STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	145856	A. BUILDING ______ B. WING ______	C 05/12/2008

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ALL FAITH PAVILION	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 Investigations 0881234/IL34055-F492 0881389/IL34220-no deficiency 0881472/IL34303-no deficiency 0881508/IL34339-F312 0881525/IL34353-no deficiency 0881548/IL34380-no deficiency 0881668/IL34492-nodeficiency No extended survey conducted	F 000		
F 312 SS=D	483.25(a)(3) ACTIVITIES OF DAILY LIVING A resident who is unable to carry out activities of daily living receives the necessary services to maintain good nutrition, grooming, and personal and oral hygiene. This REQUIREMENT is not met as evidenced by: Based upon meal observations, staff interviews and record reviews the facility failed to ensure that two (R8 & R11) of 11 residents dependent in feeding received assistance in feeding. Findings include: During the 5/8/08 lunch meal observation on the facility skilled unit R8 was seated at a table with her food tray uncovered. R8 is totally dependent in feeding and identified as a feeder by the facility provided record. The facility occupational therapist was observed across the room feeding another resident for about five minutes, and stated," I was feeding R8 , I am just switching	F 312		

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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	145856	A. BUILDING ______ B. WING ______	C 05/12/2008

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F 312	Continued From page 1 between the two residents, I was coming back to feed R8." R11 was observed in bed with lunch tray uncovered during the lunch meal of 5/8/08, and staff was not present. R11 has contractures to hands, and is identified per the facility record as a feeder. After approximately five minutes, the CNA (certified nurse aide) assigned to R11 was located and stated," R11 feeds herself." E1 (director of nursing) was informed of the above observations and stated," I will follow-up."	F 312		
F 492 SS=D	483.75(b) ADMINISTRATION The facility must operate and provide services in compliance with all applicable Federal, State, and local laws, regulations, and codes, and with accepted professional standards and principles that apply to professionals providing services in such a facility. This REQUIREMENT is not met as evidenced by: Based upon record reviews and interviews the facility failed to contact the family, police and Illinois Dept. of Public Health according to their policies to assure compliance with State and local laws for one resident in sample (R3) that did not return to facility after a pass. Findings include: R3 is alert and oriented per interview of 5/8/08 and stated," I left on 3/9/08 and got sick and they (my church) took me to the hospital. I had an ear infection really bad. I came back on 3/19/08, I	F 492		

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	145856	A. BUILDING ______ B. WING ______	C **05/12/2008**

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ALL FAITH PAVILION	**3500 SOUTH GILES AVENUE** **CHICAGO, IL 60653**

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F 492	Continued From page 2 was to sick to call, I thought the hospital called." The review of the social services notes depicts: "3/19/08-Resident was readmitted to the facility today from ... following admission for chest pain." Nurses notation denotes;"3/11/08-9am...informed responsible party...of resident not returning." E1 was interviewed and stated," we should have called the family, the police and your dept. when R3 did not return, I will follow-up." The record does not depict the notification of police and or the Illinois dept of Public health notification as denoted in the facility policies and unusual occurrences.	F 492		