Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	IL6001176	A. BUILDING: _____ B. WING _____	C 08/17/2018

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BEACON HEALTH CENTER	4538 NORTH BEACON CHICAGO, IL 60640

(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) COMPLETE DATE
S9999	Final Observations Statement of Licensure Violation: 1 of 1 Violation 300.610a) 300.1210b) 300.1210d)3)6) 300.3240a) Section 300.610 Resident Care Policies a) The facility shall have written policies and procedures governing all services provided by the facility. The written policies and procedures shall be formulated by a Resident Care Policy Committee consisting of at least the administrator, the advisory physician or the medical advisory committee, and representatives of nursing and other services in the facility. The policies shall comply with the Act and this Part. The written policies shall be followed in operating the facility and shall be reviewed at least annually by this committee, documented by written, signed and dated minutes of the meeting. Section 300.1210 General Requirements for Nursing and Personal Care 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	S9999	Attachment A Statement of Licensure Violations	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	IL6001176	A. BUILDING: _____ B. WING _____	C 08/17/2018

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BEACON HEALTH CENTER	4538 NORTH BEACON CHICAGO, IL 60640

(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) COMPLETE DATE
S9999	Continued From page 1	S9999		

resident to meet the total nursing and personal care needs of the resident. Restorative measures shall include, at a minimum, the following procedures:

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:

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.

6) All necessary precautions shall be taken to assure that the residents' environment remains as free of accident hazards as possible. All nursing personnel shall evaluate residents to see that each resident receives adequate supervision and assistance to prevent accidents.

Section 300.3240 Abuse and Neglect

a) An owner, licensee, administrator, employee or agent of a facility shall not abuse or neglect a resident. (A, B) (Section 2-107 of the Act)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	IL6001176	A. BUILDING: _____ B. WING _____	C 08/17/2018

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BEACON HEALTH CENTER	4538 NORTH BEACON CHICAGO, IL 60640

(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) COMPLETE DATE
S9999	Continued From page 2 These Requirements are not met as evidenced by: Based on interview and record review, the facility neglected to implement the Suspected Substance Abuse Care Plan after testing positive for opiates and neglected to follow their Outside Pass privilege Policy by not revising or restricting outside pass privileges after testing positive for opiates for 1 of 1 (R1) residents reviewed for substance abuse. This failure resulted in R1 being allowed to independently access the community and was found lying outside on a sidewalk unresponsive, and being pronounced dead by the local paramedics. R1's death certificate documents the cause of death Fentanyl (4-ANPP), Furanylfentanyl, and hydrocodone toxicity. Findings Include: R1 is a 57 year old resident admitted to the facility on 12/20/17 with diagnoses of, but not limited to, muscle weakness, diabetes mellitus type 2, absence of right and left leg below the knee, pressure ulcer left hip stage 4, pressure ulcer other site stage 3. R1 was found unresponsive on 7/25/18 on a sidewalk and pronounced dead by paramedics. R1's death certificate documents cause of death as Fentanyl (4-ANPP), Furanylfentanyl, and hydrocodone toxicity. After review of R1's POS (Physician's Order Sheet), there is no order for Fentanyl. There is an order for hydrocodone/acetaminophen 10-325 milligrams, give one tablet every six hours as needed for pain dated 7/1/18. The MAR (Medication Administration Sheet) documents last dose of Hydrocodone 325/10 milligrams given to	S9999		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	IL6001176	A. BUILDING: _____ B. WING _____	C 08/17/2018

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BEACON HEALTH CENTER	4538 NORTH BEACON CHICAGO, IL 60640

(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) COMPLETE DATE
S9999	Continued From page 3	S9999		

R1 was 7/24/18 at 8:00 AM. R1 has a unsupervised open pass to the community by V15 MD (Medical Doctor)

The Community Survival Skills Assessment dated 6/7/18 documents, R1 appears capable of unsupervised outside passes. Section 10. The resident sufficiently follows rules addressing medication compliance, participation in his/her treatment plan, appropriate hygiene and grooming and treats others with respect, is checked off yes.

On 8/15/18 at 9:00 AM V1 Administrator, V3 ADON (Assistant Director of Nursing), V4 Social Services, V12 Acting DON (Director of Nursing), and V13 Assistant Administrator stated that the Community Survival Skills Assessment is based on the MDS (Minimum Data Set) 7 day look back period. For R1 this was 6/1 through 6/7 / 2018. R1 was compliant during this period. Writer asked if this is a true assessment of behavior during the entire quarter and they answered no. Progress notes dated 6/3/18 document R1 missed his blood sugar test at 11:30 and missed his 5:00 PM medications and blood sugar test due to remaining out on pass. Writer asked why a more precise drug screen was not ordered for R1, when there was a suspicion of substance abuse, and R1 was prescribed Hydrocodone. V1 answered that's what the doctor ordered. V1 stated the Substance Abuse Care Plan was initiated because of the 5/6/18 incident, we did not suspect substance abuse before that, and there was no history.

On 8/2/18 at 4:30 PM V1 Administrator stated that R1 left the facility around 8:00 AM on 7/24/18. R1 signed out in the log book. I got a call from the police the morning of 7/25/18 saying

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	IL6001176	A. BUILDING: _____ B. WING _____	C 08/17/2018

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BEACON HEALTH CENTER	4538 NORTH BEACON CHICAGO, IL 60640

(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) COMPLETE DATE
S9999	Continued From page 4	S9999		

they found R1 on Lawrence (Street) unresponsive. The paramedics pronounced him dead, and stated it did not appear to have been from foul play. R1 signed out but did not put a time returning in the log book. R1 had an order for outside unrestrictive pass, we followed the doctors orders.

On 8/16/18 at 2:20 PM via telephone V1 stated that when R1 will not return at curfew, 10:00 PM, we (facility staff) called his cell phone and didn't get an answer, we called the family and left a message, we did not call the police.

On 8/3/18 at 9:49 AM and 8/8/18 at 12:30 PM V4 Social Service Director stated that R1 had an order for outside pass privileges from his PCP (Primary Care Physician). Residents with pass privileges are supposed to come back for scheduled medications, or if they have an order, they can take them with them when they leave. The residents are supposed to be back in the building by 10:00 PM. If they are not, they have to call the Nurse on duty. There had been a few encounters where we educated and counseling R1 on refusing care meds and treatment. R1 was able to make his own decisions and had a right to refuse meds and treatment, we cannot control that. The only intervention we used for R1 was re-education. We did not do a behavioral contract. We had never suspended pass privileges for R1. The only intervention we used was counseling and education. We suggested groups for R1, but he refused to attend. The drug test in May was positive, but R1 was prescribed Norco here. I was informed of his suspected drug use on 7/6/18. I have been here since June of this year, since then, I have not suspected R1 of drug abuse. R1 has some resistance to wound care, he was getting better after education. Our

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	IL6001176	A. BUILDING: _____ B. WING _____	C 08/17/2018

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BEACON HEALTH CENTER	4538 NORTH BEACON CHICAGO, IL 60640

(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) COMPLETE DATE
S9999	Continued From page 5	S9999		

policy for pass privileges is the the first offence is education and counseling, but no suspension of pass privilege. The second offense, we restrict pass privileges. R1 was here for rehab and medication management. R1 has never had a suspension of pass privileges.

On 8/15/18 at 12:30 PM V15 Primary Care Physician via telephone stated that I did not suspect substance abuse, that's why I didn't order a more detailed test. R1 was noncompliant, but I would talk with him and he would get better. I was not aware he was discharged from Physical Therapy for lack of participation. I did know he would refuse medication and wound care, but after talking with him he would improve, so I didn't restrict his pass.

The Minimum Data Set Section C Brief Interview for Mental Status (test for cognation) dated 6/8/18 for R1 documents 15 out of 15.

Progress Notes for R1 document; 7/3/18 Resident been oof (out of facility) since apprx.. 10:30 AM resident missed his 1 PM/5 PM meds (medications) and blood sugar at that time. Resident left in fair condition. 7/4/18 Resident refused all meds. 7/5/18 Glucerna two times a day Glucerna 1.2 did not want. 7/8/18 @ (at) approx. 10:25 AM resident went oof (out of facility) without returning for 1 PM/5 PM meds and blood sugar @ this time. Resident left in fair condition via w/c (wheelchair) @ that time. 7/10/18 Resident invited to community integration group, Stepping Stones and has agreed to join. However, resident was not in attendance today due to being out on pass. 7/13/18 Social Services, Care Plan and Therapy Representative met with resident on 7/11/18 to have a Care Plan

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	IL6001176	A. BUILDING: _____ B. WING _____	C 08/17/2018

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BEACON HEALTH CENTER	4538 NORTH BEACON CHICAGO, IL 60640

(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) COMPLETE DATE
S9999	Continued From page 6	S9999		

meeting on 7/12 at 9 AM to discuss care issues. CP (Care Plan) was to be in his room (per his request). At 9 AM staff from SS (Social Services), CP (Care Plan) and Therapy present for meeting. Resident not in his room, not in Dining Room, not on smoking Patio. Resident signed out of building at 7:10 AM and has not returned, DON (director of Nursing) and Administrator aware. 7/17/18 Resident refused his 7 U (units) of Humalog (insulin) @ this time. Resident stated " I'll be back." social services notified @ at this time. 7/16/18 Resident given 1/2/cup juice. Resident went oof (out of facility) before writer could re-check his blood sugar. Social Services notified @ this time. 7/19/18 Humalog inject 7 U subcutaneously three times a day related to type two diabetes mellitus without complications. Resident did not want it. R1 continues to be noncompliant with letting staff weigh him weekly, will try and get social services involved. 7/21/18 Humalog inject 7 U subcutaneously three times a day related to type two diabetes mellitus without complications. Out on pass.

On 8/10/18 at 11:30 AM V10 Physical Therapy Director stated that R1 was discharged on 7/12/18 from PT (Physical Therapy) for lack of participation. The PT order was for prosthetic leg training starting on 5/6/18. There was a Care Plan meeting and a re-evaluation was done on 7/20/18. We saw R1 once on 7/23.

On 8/8/17 at 10:30 AM V7 Wound Care Nurse stated that I have worked here about two months. R1 sometimes just flat out refused wound care. Other times he was not in the building when the wound care was to be done. We talked about compliance many times, educated on turning, off loading, he understood. I would set up times

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	IL6001176	A. BUILDING: _____ B. WING _____	C 08/17/2018

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BEACON HEALTH CENTER	4538 NORTH BEACON CHICAGO, IL 60640

(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) COMPLETE DATE
S9999	Continued From page 7	S9999		

agreeable to R1 for wound care and he would not be in the building. He had a manual wheelchair with a cushion and a low air loss mattress. R1 was supposed to take supplements for his wounds, he didn't usually take them. R1 refused to see the Wound Care Doctor. R1 has declined wound care numerous times.

Progress Note dated 6/12/18 written by V11 Wound Care Physician documents ; Signing off on patient who remains in the facility due to refusals.

Progress Note dated 6/19/18 by V7 Wound Care Nurse documents Resident (R1) approached for wound care and assessment by wound care nurse and wound care physician this AM. The resident stated that he had not been seen by a wound doctor in a long time. Wound Doctor advised the resident that she used to follow him however he never was available to be seen and he was always out of the facility when doing her rounds. Resident was asked if he wanted to be seen by wound care doctor this morning and he refused again stating maybe in a month. The resident has refused wound care multiple times. He has been educated multiple of the risks and consequences of not following proper wound protocol and protective and preventive measures. The resident is frequently verbally abusive to staff and frequently refuses wound care. MD (Medical Doctor) aware, no new orders at this time, Adam (administration) and Social Services also aware.

R1's wound assessment worksheet dated 1/8/18 documents R1's sacrum pressure ulcer measured 1 (centimeter) by 1 (centimeter) with a depth of 0.3 (centimeter). The Skin and Wound Assessment dated 7/18/18 documents R1's

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	IL6001176	A. BUILDING: _____ B. WING _____	C 08/17/2018

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BEACON HEALTH CENTER	4538 NORTH BEACON CHICAGO, IL 60640

(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) COMPLETE DATE
S9999	Continued From page 8	S9999		

sacrum pressure ulcer as measuring 3.2 (centimeter) by 3.0 (centimeter) with a depth of 0.2 (centimeter). The documents do not indicate centimeter. V7 stated that the measurements were in centimeters.

On 8/10/18 at 9:30 AM V8 LPN (Licensed Practical Nurse) stated that R1 was compliant about AM meds, not compliant with afternoon meds. He did not take meds with him. I work Wednesday, Thursday, Friday. Not often here for afternoon meds. He usually came back around 9 to 10 PM, so I didn't see him return. My shift ends at 7 PM.

Progress Notes dated 5/2/18 at 1:40 PM by V1 Administrator document ; R1 is suspected to be under the influence. He appears to be drowsy and sleepy. Staff collected urine. Awaiting for results. Will make needed recommendations when result comes.

Laboratory results for R1 collected 5/2/18 document urine drug screen positive for opiates. There are no quantitative or qualitative results.

On 8/10/18 at 10:30 AM ADON (Assistant Director of Nursing) stated that the drug test for R1 was positive, we assumed it was from his prescription for Norco here and did not restrict pass.

The Care Plan for R1 dated 5/2/18 documents; R1 is suspected to be under the influence of substance abuse-drowsy and sleepy. Fair developed ability to control impulses. Allowing negative, inappropriate persons to influence his use of substances. Problems and symptoms are manifested by: Going into the community to

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	IL6001176	A. BUILDING _____ B. WING _____	C 08/17/2018

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BEACON HEALTH CENTER	4538 NORTH BEACON CHICAGO, IL 60640

(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) COMPLETE DATE
S9999	Continued From page 9	S9999		

become intoxicated. On going self-harmful/self-destructive behavior (e.g.continuing to use substances in spite of serious health problems/consequences. Poor compliance with facility rules and regulations, not entering a treatment program. Failure to accept responsibility for actions and to be honest with oneself. Interventions: Work with resident to establish a verbal or written behavioral contract specifying what is and what is not allowed Make sure the resident is aware of rules prohibiting use of alcohol, illicit substances and intoxication. Meet with the IDT (interdisciplinary Team) to discuss the extent of the resident's illness. The physician may consider a referral to the psychiatrist and/or write an order restricting pass privileges. Implement increasingly restrictive interventions in an effort to help the resident break the addictive cycle. Interventions may include, supervision while in the community, restricted independent pass privileges, implementation of money guidance and budget controls to reduce/prevent access to substances.

The Care Plan for R1 dated 5/22/18 documents, R1 appears to be capable of outside passes. Interventions/Tasks- Explain that receiving and maintaining an on-going pass privilege is contingent upon compliance with her/his care/treatment plan. Explain that any violation of the facility policy governing substance use alcohol, illicit drugs will result in immediate revocation of this pass.

The facility policy titled,Outside Pass Policy dated 8/2017 documents Consequences of Non Compliance; Persons who receive an outside pass and engage in non-compliant behavior, including but not limited to, substance use/abuse,

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	IL6001176	A. BUILDING: _____ B. WING _____	C 08/17/2018

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BEACON HEALTH CENTER	4538 NORTH BEACON CHICAGO, IL 60640

(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) COMPLETE DATE
S9999	Continued From page 10 bringing contraband into the facility, criminal behavior, behaviors that constitute a public nuisance or danger and aggressive, inappropriate behavior. Administration, the physician and or social service director will evaluate the individuals behavior and consider revoking outside pass privileges. Once revoked, the following consequences apply. First revocation- two weeks of pass suspension. Second revocation - one month pass suspension. (B)	S9999		