Illinois Department of Public Health

AND PLAN OF CORRECTION  (X1) PROVIDER/SUPPLIER/CLIA  IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION  A. BUILDING:		(X3) DATE SURVEY COMPLETED	
		IL6009872	B. WING		07/30/2015
NAME OF	PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY,	STATE, ZIP CODE	
WEST C	HICAGO TERRACE N	H 928 JOLIE WEST CH	ET ROAD IICAGO, IL	60185	
(X4) ID SUMMARY STATEMENT OF DEFICIENCIES PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL TAG REGULATORY OR LSC IDENTIFYING INFORMATION)			ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTI (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPRO DEFICIENCY)	DBE COMPLETE
S9999	Final Observations		S9999		
	Statement of Licens	sure Violatations			
	Section 300:690b)c	) Incidents and Accidents			
	serious incident or a Section, "serious" m that causes physical c) The facility shall, Regional Office with reportable incident or accident resident, the facility law enforcement punotify the Regional of purpose of this section by phone only mea representative who the requirement to rephone has been me contact the Regional Department's toll-free The facility shall serious and the section of th	notify the Department of any accident. For purposes of this neans any incident or accident. I harm or injury to a resident. Iby fax or phone, notify the nin 24 hours after each or accident. If a reportable results in the death of a shall, after contacting local resuant to Section 300.695, Office by phone only. For the ion, "notify the Regional Office ns talk with a Department confirms over the phone that notify the Regional Office by it. If the facility is unable to all Office, it shall notify the ecompliant registry hotline and a narrative summary of dent to the Department within a occurrence.			
	Based on record rev failed to notify State involving residents.  This applies to two r	riew and interview, the facility Agency of serious incidents esidents of nine residents for behavior in the sample of		Attachment Statement of Licensure	

Illinois Department of Public Health

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

TITLE

(X6) DATE

08/20/15

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DAT COM	(X3) DATE SURVEY COMPLETED	
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NAME OF	PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY,	STATE, ZIP CODE			
WEST C	HICAGO TERRACE N	IH 928 JOLIE	ET ROAD IICAGO, IL	60405			
()(A) ID	SHAMADVST	ATEMENT OF DEFICIENCIES					
(X4) ID PREFIX TAG	(EACH DEFICIENC	Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF (EACH CORRECTIVE ACT CROSS-REFERENCED TO T DEFICIENC	TON SHOULD BE THE APPROPRIATE	(X5) COMPLETE DATE	
S9999	Continued From pa	age 1	S9999				
	The findings includ	e:	What have been seen as the see				
	admitted to facility of with diagnoses of mon-dependent alcoholistory and physical R15 had been hosp monitoring in behavand suicidal ideation R15's Suicidal/Self	e's notes, show R15 was on July 10, 2015 from hospital najor depression, and ohol abuse. Hospital physician I dated July 5, 2015 showed bitalized for stabilization and vioral unit for alcohol abuse n.  Harm Assessment form dated 5 as having recurrent					
	thoughts of wishing suicidal attempts. I and outcome asses	for death, and history of Documental recommendations is ment included "Resident is a a history of suicidal ideation					
	showed R15 had be Psychiatric Rehabili consuming alcohol while in the facility.	uly 20, 2015 at 2:30 PM een counseled by E8 (PRSD) itation Service Director for on July 18 and July 19, 2015 E8 stated on July 30, 2015 at ne R15 did not appear ne meeting.					
	showed R15 was appants on and blood used a blade from a wrist because shew Progress notes show	uly 20, 2015 at 6:00 PM oproaching dining area without on her wrist. R15 stated she makeup sharpener to cut her wanted to end her life. wed and R15 was transferred to					
	2015 at 11:37 PM, s	t Documentation of July 20, howed R15 was found to rms, two lines in each arm					

Illinois Department of Public Health

PRINTED: 09/01/2015 FORM APPROVED

Illinois Department of Public Health

S9999 Continued From page 2 measuring approximately 12 (cm) centimeters long. Noted to have large amount of blood in tub. Documentation shows R15's physician and family were notified of incident. There is no documentation that IDPH was notified of incident of R15.  On July 28, 2015 at 1:30 PM E1, Administrator stated she was informed by her consultant IDPH did not have to be notified because it was not considered "serious". On July 28th, 2015 and July 29th, 2015 E1 was requested for the facility's "Incident Reporting Policy". The facility did not provide the policy.  2) R10 was admitted on April 14, 2015 with multiple medical conditions including paranoid schizophrenia, depressive disorder NEC (not elsewhere classified), hypertension, and esophageal reflux.  The incident report dated July 5, 2015 at 11:34 PM showed R10 reported to staff he was hearing voices and angels were beside him telling him to hurt someone. Staff was with R10 on a one to one monitoring when R10 went to his bathroom and punched the mirror. R10 sustained laceration to back of his right hand. R10 was sent to the			(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION  A. BUILDING:			(X3) DATE SURVEY COMPLETED	
WEST CHICAGO TERRACE NH  928 JOLIET ROAD WEST CHICAGO, IL 60185    CACH DEFICIENCY MUST BE PRECIDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)   PROVIDER'S PLAN OF CORRECTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE			IL6009872	B. WING		07/	30/2015	
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hospital.  On July 29, 2015 at 9:15 AM, E2 (Director of Nursing/DON) stated staff reported to her on July 5, 2015 R10 was having auditory hallucinations with voices telling him to hurt someone. E2 said she instructed staff to place R10 on a one to one monitoring. Staff was in the room with R10 when he went to the bathroom and punched the mirror in the bathroom. R10's hand was bleeding. The physician was notified of the hallucination prior to		measuring approxin long. Noted to have Documentation shows R15's physici incident. There is n was notified of incident have to be n considered "serious 29th, 2015 E1 was n "Incident Reporting provide the policy.  2) R10 was admitted multiple medical conschizophrenia, depredesewhere classified esophageal reflux.  The incident report of PM showed R10 report of the policy where and angels where the minited punched the minited back of his right head punched staff to the pathroom. Staff was the went to the bathroom. R10 monitoring. Staff was the went to the bathroom. R10 monitoring.	mately 12 (cm) centimeters e large amount of blood in tub.  sian and family were notified of to documentation that IDPH ent of R15.  1:30 PM E1, Administrator remed by her consultant IDPH otified because it was not ". On July 28th, 2015 and July requested for the facility's Policy". The facility did not don April 14, 2015 with notitions including paranoid essive disorder NEC (not 1), hypertension, and dated July 5, 2015 at 11:34 ported to staff he was hearing were beside him telling him to was with R10 on a one to a R10 went to his bathroom error. R10 sustained laceration and. R10 was sent to the  9:15 AM, E2 (Director of distaff reported to her on July wing auditory hallucinations in to hurt someone. E2 said on place R10 on a one to one in the room with R10 when noom and punched the mirror 0's hand was bleeding. The	S9999				

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