STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	IL6014377	A. BUILDING: _____ B. WING _____	C 06/16/2015

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
WARREN BARR LINCOLNSHIRE	150 JAMESTOWN LANE LINCOLNSHIRE, IL 60069

(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 VIOLATIONS 300.1210b) 300.1210d)6) 300.3240a) 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 resident to meet the total nursing and personal care needs of the resident. 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: 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. (Section 2-107 of the Act) THESE REGULATIONS WERE NOT MET AS EVIDENCED BY:	S9999	Attachment A Statement of Licensure Violations	

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S9999	Continued From page 1 Based on interview and record review, the facility failed to provide supervision to R 1 during toileting. This applies to one (R 1) of three residents reviewed for fall risk. The findings include: R 1 ' s nurses notes dated 06-08-15 at 02:15 showed: notified by Certified Nursing Assistant (E 5), noted bump/bruise to left frontal lobe. Resident (R 1) stated she bumped her head somewhere. Asked if she fell, resident said yes ... CNA stated she answered a call from (the) resident (R 1) assisted her (to) the bathroom, while sitting on toilet, she (R 1) asked for a cup to rinse her mouth, when Certified Nursing Assistant came back resident was sitting (on) the right side awkwardly. Notices bump and bruise on the left frontal lobe ...3.5 cm in diameter ... On 06-15-15 at 10:40 AM, E 6 (Restorative Nurse) stated, " She (R 1) is on hospice care, she is very weak because she is not eating well. She needs extensive assistance with her activities of daily living ' s, she needs one person assist with transfer from her wheelchair to the toilet. Yes, she is high risk for fall due to past fall incidents. Once in a while she will attempt to get up from her wheelchair. " On 06-15-15 at 12:30 PM via phone, E 4 (Charge Nurse) explained, " The Certified Nursing Assistant (E 5) told me the patient (R 1) has a bruise bump on her left forehead. When I went and check the patient (R 1), she was already in bed covered up. The Aide (E 5) told me she sat the patient on the toilet and left her because she needs to get a cup from my med cart. It is probably about 15 to 20 feet away from her (R1) room and when she came back E 5 said she saw the bruise on the patients head. " On 06-15-15 at 1:40 PM, E 5 (Certified Nursing	S9999		

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S9999	Continued From page 2 Assistant) described, " I worked at the assisted living, my supervisor told me that they do not have a Certified Nursing Assistant in the one wing of the nursing and if I do not go I will be written up. I went but I do not know the residents. No, I did not receive report; I tried to answer all the lights. She (R 1) call for help, she turned her call light, she said she wanted to use the bathroom, I sat her on the toilet then she wanted to gurgle her mouth because she said it was dry so I left her in the bathroom and went to the nursing station to get a cup. When I came back, I saw the bruise, she still sitting on the toilet leaning awkwardly on the right side. I do not know how she got the bump. I do not know about her. When I told the incoming Aide; she said yes, she is a fall risk, I did not know that. " (B) 300.200a) Section 300.200 Inspections, Surveys, Evaluations and Consultation a) All facilities to which this Part applies shall be subject to and shall be deemed to have given consent to annual inspections, surveys or evaluations by properly identified personnel of the Department, or by such other properly identified persons, including local health department staff, as the Department may designate. An inspection, survey or evaluation, other than an inspection of financial records, shall be conducted without prior notice to the facility. A visit for the sole purpose of consultation may be announced. The licensee, or person representing the licensee in the facility, shall provide to the representative	S9999		

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S9999	Continued From page 3 of the Department access and entry to the premises or facility for obtaining information required to carry out the Act and this Part. THESE REGULATIONS WERE NOT MET AS EVIDENCED BY: On Sunday, June 14, 2015 at 6:15am, the department was refused access to the facility during a complaint investigation. E7 (Registered Nurse/night shift) was the night shift supervisor and refused to cooperate or give the surveyor any item requested. E7 stated, " I will not give you anything until the am supervisor gets here. " E7 went on to add, " You cannot take my time away from my patients. " When asked for the census and staffing E7 stated, " I don ' t think I could give those to you. " The surveyor attempted to obtain material and E7 continued to refuse to cooperate, at 6:45AM, after contacting the supervisor, the surveyor left the building. (B)	S9999		