Illinois Department of Public Health FOR

	NT OF DEFICIENCIES NOF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		PLE CONSTRUCTION  G:	(X3) DATE SURVEY COMPLETED
			A. DUILDING		
		IL6008692	B. WING		03/27/2015
NAME OF I	PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY,	STATE, ZIP CODE	
DANISH	HOME, THE		RTH NEWCA ), IL 60631	ASTLE AVENUE	
(X4) ID		ATEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF CORRECTI	
PREFIX TAG		Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPRO DEFICIENCY)	
Z 000	COMMENTS		Z 000		
	Complaint Investiga	ation	oos-adilministra-idiningiming		
	1581287/ IL75606		Andrew Commence		
Z9999	FINDINGS		Z9999		
	a) The facility shall I procedures governing facility. The written put be formulated by a language of committee consisting administrator, the admedical advisory conformation of nursing and other policies shall comply the written policies the facility and shall	esident Care Policies have written policies and ing all services provided by the policies and procedures shall Resident Care Policy ng of at least the dvisory physician or the pommittee, and representatives or services in the facility. The ly with the Act and this Part. shall be followed in operating libe reviewed at least annually documented by written, signed			
	Section 300.1210 G Nursing and Person	General Requirements for nal Care			
	facility, with the partithe resident's guardiapplicable, must device comprehensive care includes measurable	sive Resident Care Plan. A cicipation of the resident and lian or representative, as velop and implement a e plan for each resident that e objectives and timetables to medical, nursing, and mental		Attachment Statement of Licensure	

Illinois Department of Public Health

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

TITLE

(X6) DATE

PRINTED: 05/22/2015 FORM APPROVED

Illinois Department of Public Health

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	NT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIP	LE CONSTRUCTION	(X3) DATE	
AND FLAIR	OF CORRECTION	IDENTIFICATION NUMBER:	A. BUILDING	S:	COMF	PLETED
	<i>!</i>					
		IL6008692	B. WING		03/2	27/2015
NAME OF I	PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY,	STATE, ZIP CODE	***************************************	
				ASTLE AVENUE		
DANISH	HOME, THE		, IL 60631	TO LEE AVENUE		
(X4) ID	SUMMARY STA	ATEMENT OF DEFICIENCIES		PROMINEDIS DI AN OS CORRECTI	~ 1 i	
PREFIX	(EACH DEFICIENCY	Y MUST BE PRECEDED BY FULL	ID PREFIX	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOUL		(X5) COMPLETE
TAG	REGULATORY OR L	SC IDENTIFYING INFORMATION)	TAG	CROSS-REFERENCED TO THE APPROI		DATE
	<u> </u>	*		DEFICIENCY)		
Z9999	Continued From pa	ge 1	Z9999			
	and nevchosocial n	eeds that are identified in the	· catalogues			
	resident's compreh-	ensive assessment, which				
		o attain or maintain the highest				
		independent functioning, and				
j		ge planning to the least				
ļ	restrictive setting ba	ased on the resident's care				
		sment shall be developed with				
		tion of the resident and the				
		or representative, as				
4	applicable. (Section	n 3-202.2a of the Act)				
	b) The facility s	shall provide the necessary				
	care and services to	o attain or maintain the highest				
		I, mental, and psychological				THE CONTRACTOR OF THE CONTRACT
		sident, in accordance with				WITH THE PARTY OF
	each resident's com	nprehensive resident care				
	plan. Adequate and	properly supervised nursing				
i	care and personal c	care shall be provided to each		Control of the Contro		
		total nursing and personal		A Committee of the Comm		
	care needs of the re			Total and the second se		
	d) Pursuant to	subsection (a), general				
		nclude, at a minimum, the per practiced on a 24-hour,				
	seven-day-a-week b					
	ouvon day a trock s	74313.				
	6) All necessar	ry precautions shall be taken				
	to assure that the re	esidents' environment remains				
	as free of accident h	nazards as possible. All			100	
	nursing personnel sl	hall evaluate residents to see			la l	
		eceives adequate supervision				
1	and assistance to pr	event accidents.				
Appropriate	Santian 200 1220 C					
;	Section 300.1220 St Services	upervision of Nursing				
		nall supervise and oversee the	000000000000000000000000000000000000000			
	nursing services of t	the facility including	PORTOGORA			
		an up-to-date resident care	and the second s			
		nt based on the resident's	путуппалала			
		essment, individual needs	Of Advanced		ĺ	
		omplished, physician's orders,				

Illinois Department of Public Health

STATEMEN	NT OF DEFICIENCIES N OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		LE CONSTRUCTION		E SURVEY PLETED
		Martin for a continuos c	A. BUILDING:		OOM	PLETED
Militario de la Companio de la Companio de		IL6008692	B. WING		03/	27/2015
NAME OF	PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY,	STATE, ZIP CODE	**************************************	
DANISH	HOME, THE	5656 NOF	RTH NEWCA	STLE AVENUE		
DA1110	NOWIL, IIIL	CHICAGO	D, IL 60631	<u></u>		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF C (EACH CORRECTIVE ACTION (EACH CORRECTIVE ACTION (EACH) (EA	ON SHOULD BE HE APPROPRIATE	(X5) COMPLETE DATE
Z9999	Continued From pa	age 2	Z9999			
	and personal care a Personnel, represent nursing, activities, of modalities as are or be involved in the pilan. The plan shall reviewed and modificated the plan shall be remonths. Section 300.3240 A a) An owner, license	and nursing needs. enting other services such as dietary, and such other ordered by the physician, shall preparation of the resident care all be in writing and shall be dified in keeping with the care do by the resident's condition. eviewed at least every three  Abuse and Neglect see, administrator, employee or hall not abuse or neglect a	Lagag			
	These requirements	s are not met as evidenced by:				
	failed to update care noncompliance with increased supervisione (R1) of three reselopement; failed to for one (R1) resident with dementia. This from the facility on 2 temperatures while Findings include: Facility's last Annual State of Illinois Depalicense is for both Sand expires 12/31/11 R1 resided in a skilled date she eloped according of communit was only one call in	n alarm bracelet and need for ion to prevent elopement for sidents reviewed for provide adequate supervision at of three residents reviewed is failure resulted in R1 eloping 2/7/14 in subzero inadequately dressed.  al Licensure was on 10/16/14. Partment of Public Health Skilled and Sheltered Care 16. Ided care bed (room 135) on cording to nursing notes. am Z1(Police Officer in ty relations) indicated there last 2 years for an elopement				
	from the facility and R1 is no longer in the	that was (R1). ne facility but according to 14 EV#03696, " officer	WHITE PROPERTY AND ADDRESS AND		The state of the s	

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA

AND PLAN OF CORRECTION   IDENTIFICATION NUMBER:   A. BUILDING:   COMPLET	EIED
IL6008692 B. WING 03/27/2	
The state of the s	//2015
NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE	
DANISH HOME, THE 5656 NORTH NEWCASTLE AVENUE CHICAGO, IL 60631	
(X4) ID SUMMARY STATEMENT OF DEFICIENCIES ID PROVIDER'S PLAN OF CORRECTION PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL TAG REGULATORY OR LSC IDENTIFYING INFORMATION)  TAG CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
responded to call of a missing person of tender age from (the facility). Missing is (R1) female age 72 Missing wearing a pink, white and gray shirt, gray pants, no jacket and suffers from dementia. Missing walked out of home approximately 0830 am. R1 was found by neighbors who took her to the police station. R1 was then transported to the hospital. Police report notes approximate time of exposure is 10 to 15 minutes. On the report E1 (president and Chief Executive officer of the facility) is quoted as saying. "(alarm bracelet) should have been on (R1) and was not, which affects staff."  On 3/26/15 at 10:00 am E1 stated, "She (R1) was sent to another facility. She left the dining room on ground floor. Took elevator to tobby and walked out. It was subzero temperature. She was safe fast. She has Alzheimer dementia. About 45 minutes later police called and said they had her. Moved out 2 weeks later. In her case did not have (alarm bracelet) because she wasn't risk to wander away. Did not report as not required because no injury."  On 3/26/15 at 2:00 pm E2(Director of Nursing) stated, "I was her(R1) nurse at time she left. E3(Certified Nursing Assistant/ C.N.A.) was her C.N.A. E3(C.N.A) look her down to breakfast. E4(Dietary Manager) knows that (R1) not to leave building by self. She took (alarm) bracelet off. Z4(companion for R1) found it in room. Companion starts at 10:00 am. More then 2 years did not wander off. She was elopement risk. Taking off (alarm bracelet) increases risk of elopement. When left through door had camera video. Cameras are kept in rursing station, front desk and in (E5) office. No one always looking at camera. (Her) care plan during time (R1 eloped). She was right by nursing station. She	

Illinois Department of Public Health

Z9999 Continued From page 4  was cutting it or forcing it out of hand. We didn't chart that (R1) was taking it off. She was supposed to have alarm bracelet on when she left. Supposed to do visual. In December started cutting and forcing (alarm bracelet) off. 8:35 am not in dining room. 911 called around 9:00 am. 9:13 received call from Police."  On 3/2/115 at 9:50 pm E6(Registered Nurse) stated, "Since 2011 I've been working with her. Only work part-time. It was a lot of times she cut it (alarm bracelet) off." I told Z3( former Director of Nursing). On 3/26/15 at 3:50 pm Z5( Attending Physician for R1) stated, "Moderately conflused. Anxious, agitated, always worried. Hindsight is 20/20. Demonstrate behavior and don't have locked unit. Should have been transferred. I wasn't aware she was taking it (alarm bracelet) off. Then we have to figure out some other solution. Would have said we need to find placement."  On 3/26/15 at 4:00 pm Z2(Guardian of R1) stated, "She left from Hotel. She was independent living( before admitted to facility). Flourished but eventually more and more confused. One day (while at hotel) went out. Police had to bring her back twice. She did well(at facility). One day wandered out. I knew taking off (alarm bracelet). I hoped they were monitoring her. They didn't watch her enough. Giving her too much credit or not enough. Moderate dementia. Safety risk."  Incident report of 27/14 notes R1 was sent to the emergency room after the elopement with "no frostities to any externities."  Requested care plan in place immediately prior to R1 elopement. Received care plan dated 2/14/13 in which R1 is described as elopement tikk and	STATEMEN	NT OF DEFICIENCIES I OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1	E CONSTRUCTION	1 ' '	E SURVEY PLETED
NAME OF PROVIDER OR SUPPLIER  SOUMMARY STATEMENT OF DEFICIENCIES  CHICAGO, IL 50631  DREAT REVISION STATEMENT OF DEFICIENCIES  IEACH DEFICIENCY MUST BE PRECEDED BY FULL  TAG  COntinued From page 4  Was cutting it or forcing it out of hand. We didn't chart that (R1) was taking it off. She was supposed to have alarm bracelet on when she left. Supposed to do visual. In December started cutting and forcing lalarm bracelet) off. 8:35 am not in dining room. 9:11 called around 9:00 am. 9:13 received call from Police."  On 372/15 at 9:50 pm E6(Registered Nurse) stated, "Since 2011 Five been working with her. Only work part-lime. It was a lot of times she out it (alarm bracelet) off." I told Z3 (former Director of Nursing). On 32/26/15 at 3:50 pm Z5( Attending Physician for R1) stated, "Moderately confused. Anxious, agitated, always worned. Hindisght is 20/20. Demonstrate behavior and don't have locked unit. Should have been transferred. I wasn't aware she was taking it (alarm bracelet) off. Then we have to figure out some other solution. Would have said we need to find placement."  On 3/26/15 at 4:00 pm Z2(Guardian of R1) stated, "She left from Hotel. She was independent living before admitted to facility). Flourished but eventually more and more confused. One day (while at hotel) went out. Police had to bring her back twice. She did well(at facility). One day wandered out. I knew taking off (alarm bracelet). I hoped they were monitoring her. They clidn't watch her enough. Giving her too much credit or not enough. Moderate dementia. Safety risk."  Incident report of 27/144 notes R1 was sent to the emergency room after the elopement with "no frostbles to any extremilies."  Requested care plain in place immediately prior to R1 elopement. Received care plain added 2/14/13 in which R1 is described as elopement risk and			IL6008692	B. WING		03/	27/2015
DANISH HOME, THE    (A4) ID   SUMMARY STATEMENT OF DEPICIENCIES   CHICAGO, It. 60631   (EACH DEPICIENCY MUST BE PRECEDED BY FUIL TAG   PROVIDER'S PLAN OF CORRECTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DATE OF A CROSS-REFERENCED TO THE APPROPR	MANAE OF!	CONTRACTOR OF CHIRDHED				1 0012	2//2013
DANISH HOME; THE   CHICAGO, IL 60631     DANISH   DANISH   CEACH DEFICIENCY MUST BE PRECEDED BY FULL (EACH DEFICIENCY MUST BE PRECEDED BY FULL)     TREGULATORY OF LSC IDENTIFYING INFORMATION)   PRETX TAG     TREGULATORY OF LSC IDENTIFYING INFORMATION)   PRETX TAG     TREGULATORY OF LSC IDENTIFYING INFORMATION     TREGULATORY OF LSC IDENTIFYING INFORM	NAME OF	PROVIDER OR SUFFLIER					
Description   Summary Statement of Descriptions   Precipies   Pr	DANISH	HOME, THE			STLE AVENUE		
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approach was to issue a bracelet alarm. After 2/14/13 there are no updated care plans	Z9999	was cutting it or for chart that (R1) was supposed to have a left. Supposed to dutting and forcing not in dining room. 9:13 received call from 3/27/15 at 9:50 stated, "Since 2011 Only work part-time it(alarm bracelet) of Nursing). On 3/2 Physician for R1) st Anxious, agitated, a 20/20. Demonstrat locked unit. Should wasn't aware she woff. Then we have solution. Would haplacement." On 3/26/15 at 4:00 stated, "She left froi independent living (Flourished but ever confused. One day Police had to bring well (at facility). One taking off (alarm bramonitoring her. The Giving her too much Moderate demential Incident report of 2/emergency room af frostbites to any ext Requested care pla R1 elopement. Recin which R1 is descripted approach was to issupproach was to issupproach was to issupproach.	roing it out of hand. We didn't is taking it off. She was alarm bracelet on when she do visual. In December started (alarm bracelet) off. 8:35 am 911 called around 9:00 am. from Police."  pm E6(Registered Nurse) 1 I've been working with her. e. It was a lot of times she cut off." I told Z3( former Director 26/15 at 3:50 pm Z5( Attending stated, "Moderately confused. always worried. Hindsight is the behavior and don't have do have been transferred. I was taking it(alarm bracelet) to figure out some other ave said we need to find  pm Z2(Guardian of R1) of Hotel. She was before admitted to facility). Intually more and more (while at hotel) went out. her back twice. She did to day wandered out. I knew acclet). I hoped they were ey didn't watch her enough. In credit or not enough. A Safety risk."  17/14 notes R1 was sent to the fiter the elopement with "no tremities."  In in place immediately prior to decived care plan dated 2/14/13 wribed as elopement risk and sue a bracelet alarm. After	Z9999	DEFICIENCY)		

acknowledging R1's issue with taking off the Illinois Department of Public Health

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Illinois Department of Public Health STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY

H COOCCO		
IL6008692 B. WING	03/27/2015	

NAME OF PROVIDER OR SUPPLIER

STREET ADDRESS, CITY, STATE, ZIP CODE

DANISH	HOME, THE	5656 NOR CHICAGO		STLE AVENUE	
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICE (EACH DEFICIENCY MUST BE PRECED REGULATORY OR LSC IDENTIFYING IN	ED BY FULL	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
Z9999	alarm bracelet and what approached fer she elopes there is an additional care plan put in place dated 2/7/14 as R1 eloped. This care plan initial rounding and that alarm bracelet be during change of shift and through On 3/27/15 at 1:30 pm E2(DON) stadmission there 's comprehensive (Z5) Attending physician for (R1) documented the History and Physical. On 12/19/11. Changes are noted in In No documentation take off (alarm fone note refused. Don't find documented to do if takes off bracelet but kept on all time. Care plan not reviewed with her taking off bracelet more on agitation and anxiety. Care be reviewed every 3 months. (Z3) Director of Nursing was in charge of Facility could not locate policy and place for elopement at the time E1 Revised policy dated 3/3/14 states, resident who is not compliant in we (alarm bracelet) device will be discitled to the community."	anal elopement , the same day ites hourly e checked out shift. itated, " on e assessment. oes a yearly nly one done is ursing notes. oracelet). Just umentation should have iewed and et. It focused e plan should former of care plans. " procedure in eloped. "any at risk earing the the	Z9999		
inois Depart	ment of Public Health		***************************************		<del></del>