		AND HUMAN SERVICES			OMB NO.	<b>APPROVE 0938-039</b>
		& MEDICAID SERVICES	C000 141 H 1	TIPLE CONSTRUCTION	OCS DATE SE	IRVEY
ITATEMENT IND PLAN C	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	A BUILD		COMPLE	TED C
		144009 B. WING		1	4/2006	
NAME OF P	ROVIDER OR SUPPLIER	<u></u>		REET ADDRESS, CITY, STATE, ZIP	CODE	
RIVEREI	OGE HOSPITAL		ſ	FOREST PARK, IL 60136		
(X4) ID PRIEFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LISC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF C (EACH CORRECTIVE ACT) CROSS-REFERENCED TO TI DERCIENCE	ON SHOULD BE HE APPROPRIATE	COMPLETION DATE
A 115	482.13 PATIENT F	RIGHTS	A 11	1		
	A hospital must properlient's rights.	otect and promote each		Riveredge Hospital now ensu- are provided care in a safe so- following comprehensive step	etting by taking the	
,	Surveyor: 15166	is not met as evidenced by:		<ul> <li>Revised policy for patient to require a physician order to child and adolescent patients roommate.</li> </ul>	give approval for	
	A. Based on Hospital policy review, a review of occurrence reports, a review of the Hospital's internal investigation, clinical record review, and staff interview, it was determined that the Hospital failed to provide care in a safe setting. Hence, the Hospital failed to comply with the Condition of Patient Rights.			<ul> <li>Reviewed and revised paras indicated to ensure that the and comprehensive procedure patients and documenting parasidate.</li> </ul>	ere are appropriate es for monitoring tient observation	
	Findings include:	fied to ensure patient safety. t A-144A)		Trained and re-educated expectations for completing a patient observation rounds, resigns/symptoms of sexual resout behaviors for children, adaluts and reassessing patient	nd documenting acognizing the active and acting olescents and	
	were adequately m	iled to ensure that the patients conitored, and that patient		conditions to ensure the appropherence observation is assigned.		
	(Refer to citation at 3. The Hospital fai	iled to reassess the patient's		<ul> <li>Review implemented by h to ensure that the staff are call safe care at all times to all part complying fully with policies at</li> </ul>	pable of providing lients; staff not nd procedures	
	safety needs and re (Refer to citation at	espond with interventions. t A-144C)		related to petient safety were terminated.  Implemented auditing pro-	·	
	4. The Hospital failed to ensure patients were monitored in accordance with the physician's orders.  (Refer to citation at A-144D)			observation rounds during rea any areas of non-compliance education and disciplinary acti and implemented reviews of v system to monitor staff compli	Il time to identify and provided re- lon as indicated ideo surveillance	
		iled to ensure documentation precautions included patient		policy.		

Any deficiency statement ending with an asterisk (\*) denotes a deficiency which the institution may be excused from correcting providing it is idetermined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclossible 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 disclossible 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.

DEPARTMENT OF HEALTH AND HUMAN SERVICES FORM APPROVED OMB NO. 0938-0391 CENTERS FOR MEDICARE & MEDICAID SERVICES STATEMENT OF DEFICIENCIES (X1) PROVIDER/BUPPLIER/CLIA IDENTIFICATION NUMBER: (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION COMPLETED A. BUILDING AL WING 144000 09/04/2008 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE **8311 WEST ROOSEVELT ROAD** RIVEREDGE HOSPITAL FOREST PARK, IL. 60130 PROVIDER'S PLAN OF CORRECTION (X4) ID PREFIX TAG SUMMARY STATEMENT OF DEPICIENCIES (XII) COMPLETION (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE A 115 Continued From page 1 Implemented a meeting every Friday A 115 morning of interdisciplinary staff that provide (Refer to citation at A-144E) weekend coverage in order to strategize for patients identified as high risk. The Hospital failed to ensure that medical evaluation were conducted for all patients alleging · Ordered a bar scanner ( Morse Watchman sexual contact. Tour Guard) to be installed in every patient (Refer to citation at A-144F) room in order to ensure that timely and accurate A 144 482.13(c)(2) PATIENT RIGHTS: CARE IN SAFE A 144 10 minute rounds are being conducted by staff. SETTING 482,13(c)(2) PATIENT RIGHTS: CARE IN The patient has the right to receive care in a safe SAFE SETTING (Deficiency A) setting. This STANDARD is not met as evidenced by: Riveredge Hospital now ensures patients are Surveyor: 15166 safe from sexual contact A. Based on a review of Hospital occurrence reports, clinical record review, a review of the The Policy "Room Assignment/Registered 9/8/08 police report, and staff interview, it was determined for 4 of 5 patients, (Pt. #1, #2, #4 and Nurse Responsibility" (No: 703.405) was revised requiring a physician order to give approval for #5) that the Hospital failed to ensure patient child and adolescent patients to have a safety. roommate. The policy was submitted to the 9/24/08 Medical Executive Committee and approved. Findings include: The Policy and Procedure for Precautions and 9/8/08 1. Hospital occurrence report reviewed on 9/3/08 Observations (No: 706.08) was revised clearly dated 8/30/08 indicated "time of incident AML delineating the need for visual monitoring of middle of night, last evening,... reported by lab patients a minimum of every 10 minutes. The person that possible sexual activity was occurring policy requires patient observation rounds in room 284 between (Pt. #1) and his roommate... documentation to include both patient location We questioned both (Pt. #1) and his roommate and activity codes. For patients sleeping in their and it was reported that sexual activity may have room at the time of rounds, the policy requires occurred... Patients immediately separated... staff to visually watch for chest rising and falling (Pt. #1) placed on 1:1 precautions... Incident to ensure patient is breathing as well as to verify reported to ... Police ... " the patient is in the correct assigned bed, the policy also states: "Any cognitively delayed Hospital occurrence report reviewed 9/3/08 dated patients (i.e. Autism, MR, PDD) admitted will be 8/30/06 indicated, "time of incident AM, at night, placed in a blocked room for safety, recognizing last evening," included, "... It was reported by lab their increased vulnerabilities." The policy was submitted to the Medical Executive Committee personnel, possible sexual activity was occurring and approved. 9/24/08

DEPARTMENT OF HEALTH AND HUMAN SERVICES FORM APPROVED OMB NO. 0938-0391 CENTERS FOR MEDICARE & MEDICAID SERVICES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: OCOL DATE SURVEY STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION 023 MULTIPLE CONSTRUCTION A. BUILDING a wing 144000 09/04/2006 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE **6311 WEST ROOSEVELT ROAD** RIVEREDGE HOSPITAL FOREST PARK, SL 60130 SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (200) COMPLETION (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE REFIX A 144 Continued From page 2 A 144 Staff were reeducated regarding expectations 9/10/08 in room 284 involving Pt. (#2) and his for completing and documenting patient roommate... We questioned both patients, Pt. ( observation rounds by the nurse managers at #2) and his roommate. It was reported that sexual their unit meetings. Additional Patient Rounds activity may have occurred..." Training was done for MHA's and Nurses by the nurse managers, behavioral management 2. The clinical record of Pt. #1 reviewed 9/3/08 coordinator and staff development director. Included that this was a year-old male admitted 8/22/06 to the 2 South Boys Adolescent The Rounds Training included a handout on 10/29/08 Patient Rounds Expectations that was signed by each MHA/Nurse. Unit with a diagnosis of The record included documentation of 10/29/08 The signs/symptoms of sexual reactive and a history of agitation and physical aggression. acting out behaviors for children/adolescents The patient was placed on assault and elopement and adults was reviewed with the MHA's/ precautions on admission, which required every Nurses by the nurse managers, behavioral ten minute observation. The nursing progress management coordinator and staff note dated 8/30/08 at 1:02 P.M. included, "... in development director. At this time a handout the middle of the night... roommate came over to was provided for staff reference and a post (Pt. #1's) bed, forced his clothes off, and put (Pt. test was given related to the specific age #1's) penis in his mouth...\* population. 3. The clinical record of Pt. #2 reviewed 9/3/08 10/28/08 The expectations for patient rounds and included that this was a year-old male information on sexually reactive/acting out Ongoing admitted 8/23/08 to the 2 South Boys Adolescent behaviors have been added to the clinical Unit with a diagnosis of the state of the think of the state of the st component of orientation for new employees and the annual compliance fair. was "out of control, aggressive, and violent". The record also included a history of Autism. The The Supervisor Report/Audit on Patient 9/4/08 patient was placed on assault and elopement Rounds, which is completed by the Nursing Ongoing precautions on admission, which required every Supervisors, was revised by the CNO to ten minute monitoring. On 8/30/08 at 10:00 A.M. include checks for safety rounds being Pt #2 was placed on sexual acting out and 1:1 assigned on the patient assignment sheet. precautions. The nursing progress note dated observation codes being accurate for activity 8/30/08 at 3:20 P.M. indicated that (at 7:15 AM), and location and observation status being current with physician orders. Also, the shift ... Pt. (#2) said roommate was on top of him change check was revised to include the from the back for about 5 min. Writer asked if he supervisor reviewing with staff the need to penetrated, Pt. (#2) said I think so...\* check that patient is in his/her assigned bed during each 10 minute rounds, as applicable. 4. The Forest Park Police Report reviewed The revised Patient Rounds Report/Audit form 9/5/08 9/3/08 dated 8/30/08 at 12:21 P.M. included, (Pt. was implemented. #1)"Criminal Sexual Assault... Suspect... (Pt.

		AND HUMAN SERVICES  8 MEDICAID SERVICES			OMB NO	APPROVEI . 0938-039
	T OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 144009	()(2) MU A. BUILL B. WINK		•	EURVEY ETED C 04/2008
NAME OF F	PROVIDER OR SUPPLIER	14400	<del>-1</del>	STREET ADDRESS, CITY, STATE, ZIP CODE	1 084	P4/2000
RIVERE	OGE HOSPITAL			8311 WEST ROOSEVELT ROAD FOREST PARK, IL 60130		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SCIDENTIFYING INFORMATION	ID PREFIX TAG	PROVIDERS PLAN OF CORREC (EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APPI DEFICIENCY)	ULD BE	COMPLETION DATE
	pants down and 'ins his (Pt. #2's) but for admitted putting (Pt mouth for about a rr 5. The clinical recominctuded that this was admitted 7/26/08 to transferred to 2 Wer including ####################################	(Pt. #2) was able to pull his serted his (Pt. #1's) penis into a about 5 minutes (Pt. #2's) minute (Pt. #2's) minute (Pt. #2's) minute (Pt. #2's) minute (Pt. #4' reviewed 9/3/08 as a 1/2-year-old female the 2 North Unit and later at Unit with multiple diagnoses cord included documentation, initial Psychiatric Evaluation, igence-low average Severity of liness Criteria or personal safety/protection* unded documentation that Pt. educal acting out, and that the maucide, fall, seizure, and reautions, upon admission. progress note, dated 8/3/08 cord further included, "Staff if having sex with a male a status she needs a high a supervision."  If of Pt. #5 reviewed 9/3/08 at empervision."  If of Pt. #5 reviewed 9/3/08 at empervision."	A 14	Monitoring Plan: A random audit of observation rounds is completed twiby the Nursing Supervisors to asses are conducting 10 minute rounds an compliance with the following: 1) Ro assigned on the assignment sheet; Observation codes are accurate and activity and location and 3) Observateflects current physician orders. We non-compliant staff member, the nursupervisor provides coaching, re-ediand/or disciplinary action, as needed from is then given to the CNO for retrending. The results will be reported Performance Improvement Committee.  Responsible Individuals: Shiraz Butt Director; Carol Carlson, PI Director; Hawkins, Staff Development Director Longtin, CNO	ce per shift s that staff d are in unds are ?) I include tion status ith any sing acation I. The riew and d to the se. After be	

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TATEMEN	T OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(XZ) MUL A BUILD	TIPLE CONSTRUCTION	(X3) DATE	SURVEY LETED
		144009	B. WING		09/	C 104/2006
VAME OF P	PROVIDER OR SUPPLIER		s	TREET ADDRESS, CITY, STATE, ZIP CO	ODE	
RIVERE	DGE HOSPITAL		1	S311 WEST ROOSEVELT ROAD FOREST PARK, IL 60130		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES  'MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	PREFIX TAG	PROVIDER'S PLAN OF CO (EACH CORRECTIVE ACTION CRIOSS-REFERENCED TO THE DEFICIENCY)	N SHOULD BE	(XS) COMPLE DATE
A 144	Continued From pa	ge 4	A 14	4		
	found in Day Room with a mentally reta	having sexual intercourse rded female (Pt #4)."				
	CEO, COO, and Di	gs were conveyed to the rector of Risk Management on 9/3/06 at approximately P.M.				
	the Hospital's Patter Form, clinical record Hospital's internal in	tal policy review, a review of one of the control o		482.13(c)(2) PATIENT RIGHTS SAFE SETTING (Deficiency B)		
	(Pt.#1, #2 #4 and #5 ensure the patients	in in the Hospital falled to were adequately monitored, ervations were documented	-	Riveredge Hospital ensures that adequately monitored and that p observations are documented as Staff were reeducated regarding	expectations	9/10/08
- 1	Findings include:			for completing and documenting observation rounds by the nurse their unit meetings. Additional P	managers at	
- };	"Precautions and Ob 9/4/06 at 11:30 A.M.	POC-TX 115 (359) entitled, servations, was reviewed on The policy requires, "All require visual monitoring at a		Training was done for MHA's an nurse managers, behavioral ma coordinator and staff developme Rounds Training included a hand	nagement nt director. The stout on Patient	
<b> </b>	minimum of every 10	minutes."		Rounds Expectations that was si MHA/Nurse.	gned by each	10/29/0
	9/4/08 at 11:30 A. M.	on Form." was reviewed on		The Supervisor Report/Audit on a Rounds, which is completed by the Supervisors, was revised by the include checks for safety rounds on the patient assignment sheet,	he Nursing CNO to being assigned observation	9/4/08 Ongoing
a	V3/08 included that the condition of the	included documentation of		codes being accurate for activity and observation status being cur physician orders. Also, the shift of was revised to include the super- with staff the need to check that p her assigned bed during each 10	rent with hange check risor reviewing patient is in his minute	
	history of agitation a	nd physical aggression.		rounds, as applicable. The revise Rounds Report/Audit form was in		9/5/08 Ongoing

		AND HUMAN SERVICES & MEDICAID SERVICES			FORM	: 10/17/2006 APPROVED . 0938-0391
STATEMEN	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDENSUPPLIER/CLIA IDENTIFICATION NUMBER:	(XZ) MAJI A. BUILD	TIPLE CONSTRUCTION ING	(X3) DATE S COMPLI	
		144008	B. WING		i	4/2008
	ROVIDER OR SUPPLIER DGE HOSPITAL		s	TREET ADDRESS, CITY, STATE, ZIP CODE 6311 WEST ROOSEVELT ROAD FOREST PARK, RL 60130		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL BC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORREC (EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APPR DEFICIENCY)	ULD BE	(XS) COMPLETION DATE
A 144	precautions on adm Observation/Precau included documents	ced on assault and elopement	A 14	Any developmentally delayed patient Autism, MR, PDD) and/or patients or Acting Out Precautions will be placed blocked room for safety upon admiss recognizing their increased vulnerable	n Sexually i in a ion,	9/8/08 Ongoing
	included that this wa admitted 8/23/08 to Unit with a diagnosis record included docs screening that Pt. #2 aggressive, and viola included a history of placed on assault ar admission. The Pat	mentation in the admission		The Risk Management Director Initia reviews of video surveillance system week to monitor staff compliance with for completing 10 minute patient obschecks at night. The Risk Managemen notifies the CNO/COO immediately use any staff member not complying with for appropriate disciplinary action. The Management Director/ Human Resouterminated three MHA's and one num complying with the patient rounds policy.	five days a the policy ervation ant Director pon finding the policy he Risk arces se for not	8/30/08 Ongoing 9/24/08
in particular particul	from 7:10 A.M. throubed, asieep".  5. The Hospital's integrated, included a wing 9/3/08, included a wing 9/3/08, dated 8/30/06 oblebotomist). The significant included in the report indicated in a statement written dicated that she prostients prior to informations. The patients eparated until E#2 in attents.  The clinical record occurred that this was	gh 7:30 A.M., Pt. #2 was "In a mai investigation reviewed itten statement reviewed on the statement indicated that E#10 seed inappropriate sexual #1 and Pt #2 at 7:15 AM. That E #10 informed hospital beeved activity. However the by E #10, the employee ceeded to draw labe on four ning the nurse E #2 of the property P#1 and Pt#2 were not tervened and separated the property pear-old female at 2 Month Light and Indiana.		Monitoring Plan: A random audit of probservation rounds will be completed shift by the Nursing Supervisors to as staff are conducting 10 minute round in compliance with the following: 1) R assigned on the assignment sheet; 2! Observation codes are accurate and activity and location and 3) Observative reflects current physician orders. Wit compliant staff member, the nursing a provides coaching, re-education and disciplinary action, as needed. The figiven to the CNO for review and trend reported in the monthly Performance Improvement Committee meeting.  Responsible Individuals: Brent Longting Gabe Nunez, Risk Management Direct Gara, COO.	twice per seess that is and are ounds are include on status in any non-supervisor orm is then ling and	

		TAND HUMAN SERVICES			,	APPHOVED
		& MEDICAID SERVICES				<u>. 0938-0391</u>
	FOF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(XZ) M. A. BUIL	ALTIPLE CONSTRUCTION DING	(XS) DATE 8 COMPLI	ETED
		144000	B. WIN	3	1	C 4 <b>/2008</b>
NAME OF P	ROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE,	ZIP CODE	
DIVEDE	OGE HOSPITAL		1	8311 WEST ROOSEVELT RO	DAD	
				FOREST PARK, IL 60130		<del></del>
(X4) ID PREFIX TAG	(EACH DEFICIENCY	ATEMENT OF DEFICIENCIES  Y MUST BE PRECEDED BY FULL  SC IDENTIFYING INFORMATION)	ID PREFID TAG	PROVIDER'S PLAN (EACH CORRECTIVE CROSS-REFERENCED ) DEFICIE	ACTION SHOULD BE TO THE APPROPRIATE	COMPLETION DATE
A 144	Continued From pa		A 1-	The CEO provided the excommunication by phiebo	spectations for	10/30/08
	7/26/08 required se and seizure precau minute monitoring.	Physician's orders dated xual acting out, suicide, fall tions, which required every 10 The progress notes dated by E.#2 included information		Vice President of Operation CNO educated the phletoreporting of any suspicious inappropriate behaviors in charge nurse.	ons in a meeting. The otomists regarding the us, unusual or	10/29/08
	that at 7:30A.M., Pt. having sexual intercobservation/precaut to include the require	.#4 and Pt.#5 were found course The patient tion form dated 8/3/08 failed red behavior code from #. The behavior code verifies		The Pharmacy and Environment of the Pharmacy and Environmental directors relative suspicious, unusual, obehaviors to the unit charmaches.	eir respective garding the reporting of or inappropriate	1
	The same clinical re order dated 8/11/08 change in observati 1:1 24 hour monitor patient is within arm LOS (line of sight) ( patient is within eyes immediate interventi minute monitoring), monitoring from 1:1 observation/precauti	secord contained a physician's at 11:A.M. which required a con monitoring of Pt.#4 "D/C ing ( which requires that the is reach at all times), place pt which requires that the sight and close enough for ion in addition every ten LOS is a decrease level of monitoring. The patient ion form falled to include the was carried out by staff		General Orientation now in the contractual staff regar reporting of all suspicious, inappropriate patient behalt charge unit.  Monitoring Ptan: All incide philebotomists, pharmacist staff are involved will be reappropriate and timely confine the philebotomists. ClaeAnn Hawkins, Staff De Brent Longtin, CNO; Gebe	ding the immediate, unusual and aviors to the unit and reports in which the is, and environmental eviewed for immunication.  Carey Carlock, CEO; evelopment Director;	10/29/08 Ongoing
i	9/3/08, included that initially admitted to the on 8/2/08 at 7:20 A.A. West, with a diagnost included. Physician's required sexual acting opening the procesuition of the required include the required includes the req	s orders dated 8/2/08		Management Director		

		I AND HUMAN SERVICES  8 MEDICAID SERVICES				M APPROVI ). 0938-03	
	TATEMENT OF DEFICIENCIES NO PLAN OF CORRECTION DENTIFICATION NUMBER:		1, -,	(X2) MULTIPLE CONSTRUCTION A. BUILDING		SURVEY LETED	
		144009	B. WING		09/	C 04/2008	
	PROVIDER OR SUPPLIER DGE HOSPITAL		s	THEET ADDRESS, CITY, STATE, ZIP CODE 8311 WEST ROOSEVELT ROAD FOREST PARK, IL 80130			
(X4) ID PREFIX TAG	· (EACH DEFICIENCY	ATEMENT OF DEFICIENCIES  / MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION	ID PREFIX TAG	PROVIDER'S PLAN OF CORR (EACH CORRECTIVE ACTION SI CROSS-REFERENCED TO THE AP DEPICIENCY)	HOULD BE	COMPLETIC DATE	
A 144	Continued From pa	ige 7	A 14	4			
	CEO, COO, and Diduring an interview 11:15 AM and 3:00  C. Based on policy and staff interview, hospital failed to reat This was found in 1 (Pt.#4).  Findings include:  1. Policy number 11 Observations" was r 1:00P.M. The policy RN, as part of the asprocess, may increase observation or add a snaure individual paid admitted 7/26/08 to 1 transferred to 2 Westinctuding Bluster Bellington, dated 8/3/08 at reports Pt. was found to the poer. Due to her MR evel of structure and ollowing observation traff members prior to 1/26/08 "touching peer."	ngs were conveyed to the rector of Risk Management on 9/4/08 at approximately at P.M.  review, clinical record review, it was determined that the assess patients safety needs, of 5 clinical records reviewed  5(359) titled "Precautions and reviewed on 9/2/08 at included a statement, "the ssessment/reassessment as any level of precaution to tient and milieu safety."  If of Pt. #4 reviewed 9/2/08, as all year-old female the 2 North Unit and later at Unit with multiple diagnoses. In 10:00 A.M., included, "Staff di having sax with a male it status she needs a high a supervision." Pt.#4 had the a documented by various of the above incident:  Pers and staff" by E.#4 nale intake specialist" by		482.13(c)(2) PATIENT RIGHTS: C SAFE SETTING (Deficiency C) Riveredge Hospital now reassesse safety needs.  The Policy and Procedure for Prec Observations (No: 706.08) states to change in the patient's condition meassessment of the observation lerent RN and review with the attending plurase were reeducated regarding reassessment of observation level Patient Rounds Training conducted nurse managers, behavioral manadirector and the staff development.  The signa/symptoms of sexual reacting out behaviors for children/ad and adults was reviewed with the Nurses by the nurse managers, being management coordinator and staff development director. At this time was provided for staff reference an was given related to the specific agrouplation. The information on sexual required to reassess these patients of the patients exhibit grooming beliate required to reassess these patients attending physician for a change in observation/precaution level, as neanew physician order is then docume patients' rounds form and patient treplan by the RN.	autions and hat arry andates wel by the hysician. the with the director. The seconds and a post test e sally added to a for new arrivers, staff ents with the eded. This inted on the	10/29/08 10/29/08 9/5/08 Ongoing	

		I AND HUMAN SERVICES			FORM	): 10/17/2008 I APPROVED ): 0938-0391
STATEMEN	STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION  (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  144009		(X2) MUL A. BUILD B. WING		(CS) DATE SURVEY COMPLETED  C  09/04/2008	
	PROVIDER OR SUPPLIER DGE HOSPITAL		s	TREET ADDRESS, CITY, STATE, ZIP CODE 8311 WEST ROOSEVELT ROAD FOREST PARK, IL 60130		<b>74200</b>
(X4) ID PREFIX TAG	(EACH DEFICIENCY	MUST BE PRECEDED BY FULL	PREFIX TAG		JLD BE	COMPLETION DATE
	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)			EFIX (EACH CORRECTIVE ACTION SHOULD BE AG CROSS-REFERENCED TO THE APPROPRIATE		9/4/08
	LOS from 8/26/06 the was no order to disco	was conveyed to the Unit		revised Rounds/Audit Report was imple Nurse Managers now review Patient Observation Records for accuracy five week and then initial the form.		9/5/08 Ongoing

PRINTED: 10/17/2008 DEPARTMENT OF HEALTH AND HUMAN SERVICES **FORM APPROVED** OMB NO. 0938-0391 CENTERS FOR MEDICARE & MEDICAID SERVICES (X3) DATE SURVEY STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA 0(2) MULTIPLE CONSTRUCTION AND PLAN OF CORRECTION IDENTIFICATION NUMBER: COMPLETED A BUILDING BL WING 144000 09/04/2008 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE **8311 WEST ROOSEVELT ROAD** RIVEREDGE HOSPITAL FOREST PARK, IL 60130 PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) COMPLETION DATE (X4) ID PREFIX ID PREFIX TAG TAG DEEKCHENCY Monitoring Plan: A 144 Continued From page 9 A 144 Nursing Supervisors audit the Patient Surveyor: 19840 Observation sheets twice each shift and complete the Rounds/Audit Reports which E. Based on review of Hospital policy, clinical include ensuring 100% compliance for record review and staff interview it was documentation on the Patients' Rounds form determined that in 3 of 5 (Pts. #1, 2 & 5) clinical for MD Orders related to change in records reviewed, the Hospital failed to ensure precautions/observations. With a nondocumentation of patient observation and compliant staff member, the nursing supervisor precautions included patient behaviors. provides coaching, re-education and/or disciplinary action, as needed. The form is Findings include: then given to the CNO for review and trending. The results are reported to the Performance Improvement Committee. 1. The Hospital policy reviewed on 9/3/08 at 3:00 PM, titled, "Precaution and Observations" required, "...conduct routine patient observation Responsible Individuals: Shiraz Butt. Medical Director, Brent Longtin, CNO (walking rounds) and visually observes and records the whereabouts and behavior of the 482.13(c)(2) PATIENT RIGHTS: CARE IN patient using the coding system provided .... SAFE SETTING (Deficiency E) 2. The clinical record of Pt. #1 was reviewed on Q/R/NR The Policy and Procedure for Precautions and 9/3/08. Pt. #1 was a veer old male admitted Observations (No: 706.08) was revised clearly on 8/22/08 with diagnosis of delineating the need for visual monitoring of t. The clinical record contained the patients a minimum of every 10 minutes. The observation and precaution forms documenting policy requires patient observation rounds Pt. #1 's behaviors. However on 8/30/08 from documentation to include both patient location 10:40 AM to 11:00AM, the forms lacked every 10 10/24/08 and activity codes. The policy was submitted to minute documentation of the behavior of Pt. #1. the Medical Executive Committee and Ongoing approved. 3. The clinical record of Pt. #2 was reviewed on 9/3/08. Pt. #2 was a prear old male admitted 9/10/08 Staff were re-educated regarding expectations on 8/23/06 with diagnosis of for fully and accurately completing and clinical record contained the observation and documenting patient observation rounds. This precaution forms documenting Pt. #2 's was done by the nurse managers at their behaviors. However on 8/28/08 from 8:40 AM to respective unit meetings. Additional Patient 11:40 AM and 12:50PM to 2:50PM, the forms Rounds Training was done for MHA's and lacked consistent every 10 minute documentation Nurses by the nurse managers, behavioral of the behavior of Pt. #2. management coordinator and staff development director. The Rounds Training included a handout on Patient Rounds The clinical record of Pt. # 5 was reviewed on. 10/29/08 Expectations that was signed by each MHA/ 9/3/08. Pt. #5 admitted with diagnosis of Nurse

	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	A BUILD	TIPLE CONSTRUCTION	(X3) DATE S	
		144000	8. WING		•	C <b>4/2006</b>
NAME OF P	ROVIDER OR SUPPLIER	1	s	TREET ADDRESS, CITY, STATE, ZIP CODE	1 040	W2000
RIVEREI	OGE HOSPITAL		1	8311 WEST ROOSEVELT ROAD FOREST PARK, IL 60130		•
(X4) ID	FIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL		ID	PROVIDER'S PLAN OF CORRECT		(COMPLETICE
PRÉFIX TAG	REGULATORY OR I	SCIDENTIFYING INFORMATION)	PREFIX	(EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APP DEFICIENCY)		DATE
A 144	Continued From pa	nge 10	A 14	The Supervisor Report/Audit on Pati	ent Rounds	9/4/08
		order. The clinical record		which is completed by the Nursing S	upervisors,	0.4.00
	contained the obse	rvation and precaution forms		was revised by the CNO to include o		
	documenting Pt. #	5 's behaviors. However on		observation codes are accurate for a		1
l	8/2/08 from 12"10f	PM to 1:10PM, the forms		location and observation status is cu	ment with	
	lacked consistent,	every 10 minute he behavior of Pt. #3.		physician orders.		
}	COCCUMENTATION OF I	ne bendvior of PL #3.		Monitoring Plan: A random audit of p	atient	
1	5. The above findle	ngs were conveyed to the		observation rounds will be completed		l
ŀ	Chief Nursing Offic	er during interview at 3:45 pm		shift by the Nursing Supervisors. Ro		
1	on 9/3/08.			Reports will be reviewed by the CNC		
I				be analyzed each month and reports Committee. After 4 months, continue		
	record review and a	v of Hospital policy, clinical staff interview, it was		will be re-evaluated by the PI Commi		
1	failed to engine me	of 2 (Pt. #1) the Hospital dical evaluation of all patients		Responsible Individual: LeeAnn Haw		
	alleging sexual con	tact.		Development Director; David Lee, Be Management Coordinator; Brent Lon		
- 1	Findings include:	į		482.13(c)(2) PATIENT RIGHTS: CAP	DE IN GAEE	
l		į		SETTING (Deficiency F)	AE IN GALE	•
1	1. Hospital policy n	Wiewed on 9/3/08 at 3:00 PM,			}	
- 1	med Sexual Cont	act Between Patients "		Policy and procedure for Sexual Con		10/24/08
- 1	nationts who have a	de and intervention for ingaged in sexual intercourse		Between Patients (No: 706.09) was n		400000
1	7. Attending Phys	ician/Medical Practitioner		ad hoc MEC approved the policy chairevised policy now states, " Upon pat		10/28/08
	firects Nursing Staff	regarding clinical guidelines		staff observation, or clinical judgment		
11	or the care includ	le but not limited to		Nursing Supervisor/Attending Physici		
[ ]	ransier to the Eme	roency Room Medical		sexual contact involving penetration of	ccurred/	
	Evaluation, and Lab	testingSTD *		may have occurred, the Supervisor a		
1.	The effect of			Charge Nurse facilitate timely transport patients involved to the local Emerge		
16	A I De Canical recor	d of Pt. #1 was reviewed on		patients involved to the local emerger for rape/trauma evaluation. The Atten		
	on 8/22/08 with diag	ear old male admitted		Physician may determine that a media		
	lursing documentati	on dated 8/30/08 at 1:02 PM		examination can be done by the inten		
1 10	ndicated sexual con	tact between Pt. #1 and his		unit in a timely manner.	}	
10	commate. The clini	cal record lacked	1	The mulead policy was paradided to the	a Alessaina	10/30/08
d	ocumentation of tra	nsfer to the Emergency		The revised policy was provided to the Supervisors/Nursing Managers for the		IU/JU/Ud
j P-	icom, medicai evait	lation or evaluation by the		and their signatures were obtained, in		
A	ttending physician f	or Pt. #1.	· · · · · · · · · · · · · · · · · · ·	their understanding and agreement to with this policy.		

		E & MEDICAID SERVICES				. 0938-039	
STATEMEN	T OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/BUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) ML A. BUIL	JLTIPLE CONSTRUCTION DING	(X3) DATE S COMPLI		
		144000	B. WIN	a	· ·	4/2008	
	PROVIDER OR SUPPLIER DGE HOSPITAL		STREET ADDRESS, CITY, STATE, ZIP CODE 8011 WEST ROOSEVELT ROAD FOREST PARK, IL. 60130				
(X4) ID PRIEFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFDI TAG	PROVIDERS PLAN OF (EACH CORRECTIVE ACT CROSS-REFERENCED TO DEFICIENC	TION SHOULD BE THE APPROPRIATE	COMPLETION DATE	
A 144	3. The above finding	ngs were conveyed to the ring interview at approximately	A 14	The policy for sexual contact including medical evaluation reviewed with staff following. Monitoring Plan: Risk Managany allegation of sexual contincident report is completed it sexual contact involving a patient, staff member or other on the premises of the facility Management Director review alleged sexual contact to ensure requirements are followed. A findings from Critical Events in Cause Analyses are reviewed Leadership Team and preser Performance Improvement C Medical Executive Committee any recommendations made occurrences and to ensure the complying with the policy for of all patients involved.  Responsible Individuals: Brendabe Nunez, Risk Manageme Butt, Medical Director	procedures, is any allegation.  sement is notified of act. In addition, an for any allegation of tient and another or perpetrator while or. The Risk is all incidents of sure policy if investigative Analyses and Root of by the Executive intendion to the ormittee and is for approval of to prevent future at staff are medical evaluation of the condition of the cond	10/28/08 Ongoing	