STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	14E356	A. BUILDING _____ B. WING _____	C 09/13/2004

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
REDWOOD MANOR	**WEST FRANKLIN STREET SESSER, IL 62884**

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEEDED 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) COMPLETION DATE
F9999	FINAL OBSERVATIONS STATE LICENSURE VIOLATIONS: 300.1030a) The advisory physician or medical advisory committee shall develop policies and procedures to be followed during the various medical emergencies that may occur from time to time in long-term care facilities. These medical emergencies include, but are not limited to, such things as: 1) Pulmonary emergencies (for example, airway obstruction, foreign body aspiration, and acute respiratory distress, failure, or arrest). 2) Cardiac emergencies (for example, ischemic pain, cardiac failure, or cardiac arrest). 4) Toxicologic emergencies (for example, untoward drug reactions and overdoses). 300.1210a) The facility must provide the necessary care and services to attain or maintain the highest practicable physical, mental, and psychosocial well-being of the resident, in accordance with each resident's comprehensive	F9999		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	14E356	A. BUILDING _____ B. WING _____	C 09/13/2004

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
REDWOOD MANOR	**WEST FRANKLIN STREET SESSER, IL 62884**

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEEDED 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) COMPLETION DATE
F9999	Continued From page 22 assessment and plan of care. 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. 300.1210b)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. 300.2220d) All cleaning compounds, insecticides, and all other potentially hazardous compounds or agents shall be stored in locked cabinets or rooms. These REGULATIONS are not met as evidenced by: Based on interviews, record reviews, and observation, the facility neglected to provide a suicidal assessment and precautions & prevention for one resident (R1) who was at risk for suicide, and to adequately supervise the resident. R1, who had a history of suicidal attempts, did not have any suicidal precautions on the care plan from 7/2/04 until he died on 8/27 /04. R1 died on 8/27/04 after obtaining and drinking some pine oil base disinfectant from the janitor's closet in the facility. The janitor's closet door was observed on 9/08/04 not locking after the door was closed. The facility staff failed to provide appropriate Cardio-Pulmonary Resuscitation by not clearing R1's airway prior to doing chest compressions.	F9999		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	14E356	A. BUILDING _____ B. WING _____	C 09/13/2004

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
REDWOOD MANOR	**WEST FRANKLIN STREET SESSER, IL 62884**

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEEDED 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) COMPLETION DATE
F9999	Continued From page 23 The findings include: R1 was a 43 year old male admitted to the facility on 9/26/02 with the diagnoses of Major Depression disorder with Psychotic Features, Obsessive Compulsive Disorder, and Alcohol Dependence. A psychological evaluation completed on 6/15/02 indicated R1's admission to the facility was by court order due to the charge of "Criminal Damage to Property" because he was found "Unfit to Stand Trial". The evaluation indicated R1 called 911 after trying to commit suicide by taking too much of his prescription drugs. The evaluation indicates back to approximately 1984, R1 had several psychiatric hospitalizations. Also, R1 had been admitted to three long-term care facilities but was non-compliant with those settings, frequently leaving facilities, drinking, then returning to the facilities. R1's record contains two tickets for shoplifting from local stores. On 3/30/04, R1 was cited for taking six boxes of an over-the-counter sleep agent. On 7/30/03, R1 was charged with taking 2 boxes of over-the-counter allergy medicine. The local police records indicate on 8/01/2003 at 15: 35 a call was received from the facility staff requesting assistance with R1 due to him threatening to commit suicide by way of overdose . R1 was then taken by the local ambulance for evaluation. Then, on 8/7/03, R1 called 911 stating he was going to commit suicide. When the officer walked into the facility, the staff inquired why the police were there. The officer said he was responding to a call from a man stating that he was going to commit suicide.	F9999		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	14E356	A. BUILDING _____ B. WING _____	C 09/13/2004

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
REDWOOD MANOR	**WEST FRANKLIN STREET SESSER, IL 62884**

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEEDED 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) COMPLETION DATE
F9999	Continued From page 24 Facility staff checked the pay phone and talked to R1 who was placing the call. The staff told the officer R1 had stated no further help was needed. On 6/21/04, R1 was admitted to a local psychiatric unit in the hospital due to Depression. The admission notes stated R1 did not have any suicidal ideations or intentions. The note said R1 's insight to his illness and social judgement was poor. Also, the admission note states R1 had a past history of suicidal and self injury and assaultive behavior. The Minimum Data Set dated 7/14/04 indicates: Section E. Mood and Behavioral Patterns assesses R1 to ask repetitive questions and repetitive health complaints up to five times a week. Section 2. Mood Persistence: One or more indicators of depressed, sad, or anxious mood were not easily altered by attempts to "cheer up", console, or reassure the resident over last 7 days was coded 2 which means indicators present, not easily altered. 3. Change in Mood, Resident's mood status has changed as compared to status of 90 days ago (or since last assessment if less than 90 days ago), is coded a 2 which is deteriorated. Behavioral Symptoms section e. Resists Care (resists taking medications/injections, ADL assistance, or eating) is assessed as behavior happens occurred 1 to three days in the last 7 days which was easily altered. 5. Changes in Behavioral Symptoms is coded a 2 which is deteriorated. On 8/27/04, R1 committed suicide in the facility. E6 (Registered Nurse) and E8 (Certified Nurses Aid) were interviewed on 8/27/04 at 4:50AM.	F9999		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	14E356	A. BUILDING _____ B. WING _____	C 09/13/2004

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
REDWOOD MANOR	WEST FRANKLIN STREET SESSER, IL 62884

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEEDED 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) COMPLETION DATE
F9999	Continued From page 25	F9999		

They knocked on R1's door. There was no answer. E6 and E8 opened the door and saw R1 lying on his back. E6 stated R1 had vomited and was not breathing. E6 said she called R1's name and tried to shake him. E6 told E8 to call 911. E 6 stated she rolled R1 over to place a Cardio-Pulmonary Resuscitation board under R1. Then, E6 did chest compressions. E6 stated by that time E8 was back from calling 911. E8 stated a mask was applied to R1. E8 did the respirations. E6 stated the local police responded to the 911 call. E6 stated the local police took over. E6 stated she did not smell a strong odor of the pine oil base disinfectant until R1 was taken out of the facility in an ambulance. E6 stated she was in shock from "that". E6 stated she did not clear R 1's airway prior to starting CPR as per the facility's policy and procedure.

The police report indicates the officer arrived at the facility on 8/27/04 at 0443. R1 was without a pulse and not breathing. The officer began Cardio-Pulmonary Resuscitation. A strong odor of the cleaning agent was being emitted from R1 's mouth and the vomit. The police officer asked E8 for a mask to do the respirations for CPR. The police report indicates R1 was not receiving CPR at the time of his arrival to the facility. The Emergency Medical Services report indicates their arrival at the facility as being 0452. The pulse was Asystole, no respirations, no blood pressure. Cardio-Pulmonary Resuscitation was being done by the first responders. R1 was transported to the hospital at 0516.

On 9/8/04, R5 was interviewed and stated he removed the mattress from R1's room because of the vomit. R5 found a bottle of pine oil base

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	14E356	A. BUILDING _____ B. WING _____	C 09/13/2004

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
REDWOOD MANOR	**WEST FRANKLIN STREET SESSER, IL 62884**

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEEDED 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) COMPLETION DATE
F9999	Continued From page 26	F9999		

disinfectant lying under R1's bed. R5 reported this to E1 (Administrator). E1 stated the police were immediately notified. The police report indicates a large bottle of pine oil base disinfectant was under R1's bed. There was a suicide note and other items in the room which are in custody as evidence in the police vault.

During the interview with E6 (RN) and E8 (CNA), they revealed that bed checks are completed on all residents every hour of the night. E8 (CNA) does bed checks on even hours. The E6 (RN) does bed checks on odd hours. The facility has a sheet for bed checks initialed by E8 (CNA) every hour for 8/26/07 and 8/27/04.

On 9/7/04, R2, who is R1's roommate, was interviewed. R2 stated at 10:30PM on August 26 , R1 was coughing and breathing hard. At 2:30 AM, R2 noticed R1 coughing again and a strong smell of pine oil base disinfectant, but R2 thought someone was cleaning the bathroom. R2 asked R1 if he should get the nurse. R1 stated no. At 4 :50AM, R2 stated E6 (RN) was trying to arouse R 1. R2 observed vomit on R1's shirt and bed.

The supply closet was observed on all days of the survey by the survey staff to be locked. However, during a demonstration by E9 (maintenance) on 9/9/04 it was determined that the self-closing devices on the hinges would fail to shut the door completely unless the door was released with 6 inches or greater opening. The door would close but fail to latch securely.

E9 (Maintenance Supervisor) and E11 (Maintenance) were interviewed concerning the