STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	145603	A. BUILDING _____ B. WING _____	C 12/13/2004

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
HEARTLAND HLTH CR CTR-PAXTON	**1001 EAST PELLS STREET PAXTON, IL 60957**

(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 LICENSURE 300.1210a) 300.1210b)4) 300.1210b)6) 300.3240a) 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. Personal care shall be provided on a 24-hour, seven day a week basis. All nursing personnel shall evaluate residents to see that each rsident receives adequate supervision and assistance to prevent accidents. An owner, licensee, administrator, employee or agent of a facility shall not neglect a resident. These regulations are not met, as evidenced by the following: Based on observation, interview and record review the facility failed to provide supervision to one of twenty nine residents (R1)on the Alzheimer's Unit by failing to visually account for	F9999		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	145603	A. BUILDING _____ B. WING _____	C 12/13/2004

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
HEARTLAND HLTH CR CTR-PAXTON	**1001 EAST PELLS STREET PAXTON, IL 60957**

(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 14 R1 on an hourly basis per unit protocol. Staff failed to supervise R1 for a period of at least two hours and 45 minutes. R1 fell, sustaining a subdural hematoma which required emergency surgery. R1 expired on 12/03/04. Findings include: An incident report dated 11/08/04 was received in the Regional Office on 11/09/04 which documented that R1, who resided on the Alzheimer's Unit was found on 11/08/04 at 4:45 p .m. lying on the floor in the bathroom with blood on the floor and skin tears to the forehead and knee. R1 was sent to the Emergency Room. E2, DON was contacted per telephone by Regional Office staff on 11/19/04 for additional information. E2 stated that R1 was unable to toilet herself independently prior to the fall. R1's November Physician's Order Sheet(POS) lists diagnoses of Alzheimer's Disease and Colostomy. R1 has a Physician's order dated 10/ 25/04 for Coumadin 5 mg daily three days er week and Coumadin 6 mg 4 days per week. The Resident 60-day Assessment dated 10/01/04 identified R1 as having long and short term memory problems with moderate impairment in decision making; requiring extensive assist of two for bed mobility and transfers; requiring limited assist of two to walk; and requiring total assist of one staff for dressing, toileting and personal hygiene. R1 was assessed as having no standing balance without physical assist, and as requiring partial physical support during sitting test and/or does not follow directions.	F9999		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	145603	A. BUILDING _____ B. WING _____	C 12/13/2004

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
HEARTLAND HLTH CR CTR-PAXTON	**1001 EAST PELLS STREET PAXTON, IL 60957**

(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 15 The Fall Risk Assessment dated 7/22/04 identifies R1 at risk for falls. The assessment identifies the following internal risk factors: requiring help of 2 assist for ambulation and transfers and is unwilling or unable to ask for help for transfers; unstable balance and difficulty walking; extensive assistance to re-position in chair; and extensive assistance with bed mobility. E2, Director of Nursing(DON), stated in interview on 12/1/04 at 1:55 p.m. that the facility fall assessment dated 7/22/04 was the most recent assessment done prior to R1's fall on 11/8/04. The Mobility Assessment dated 7/22/04 states that R1, "walked short distances per assist of (2) to BR[bathroom] or DR[dining room]." The facility Nursing Assessment Flow Sheet dated 11/1/04 states, "Ambulates (with 2), occas.[occasionally] 1-gait unsteady." The Care Plan dated 8/4/04 identifies R1as at risk for falls with poor safety awareness and requiring "assist and verbal cues with ADL's[Activities of Daily Living]." There are no approaches on the Care Plan addressing R1's risk for falls or dependence on staff for toileting, transfers, dressing, personal hygiene or toileting. The Care Plan addresses R1's potential for bleeding related to Coumadin treatment, with the approach of, "Prevent injury". Per review of the 11/08/04 nursing, staffing schedule for the Arcadia Unit, three Certified Nurse Aides (CNAs) E4, E5 and E9, and one Licensed Practical Nurse (LPN), E3, were assigned for the first shift. Arcadia Unit Director, LPN, E11 was also present on the unit on the first	F9999		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	145603	A. BUILDING _____ B. WING _____	C 12/13/2004

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
HEARTLAND HLTH CR CTR-PAXTON	1001 EAST PELLS STREET PAXTON, IL 60957

(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 16	F9999		

shift.

On 12/01/04 at 8:45 a.m. CNA, E4 was interviewed regarding R1's incident. E4 stated that she had worked the day shift on 11/08/04 and remembered R1 in the dining room for lunch. E4 stated after lunch R1 would normally be taken to her room to toilet and receive a breathing treatment. E4 stated that day (11/08/04) R1 had already had the breathing treatment before lunch. E4 stated she did not specifically remember toileting R1 after lunch, but there was no reason to take R1 to her room if she already had her treatment, so she and CNA partner, E5, would have toileted R1 in the bathroom across from the nurse's station and then had R1sit in a chair in the living room. E4 stated, "We do hourly resident checks on the unit and (CNA E5) had marked R1 as being in the living room at 1:00 p. m." E4 stated that R1 would not be able to get out of the living room chair by herself. E4 stated as far as she knows R1 would have still been in the living room when she went off shift, though she does not specifically remember this. E4 left the unit around 2:15 p.m. on 11/08/04.

CNA E5 was interviewed by telephone on 12/01 //04 at approximately 12:15 p.m. and again on 12 /09/04 at approximately 1:40 p.m. E5 stated she didn't remember toileting R1after lunch on 11/08/ 04, but stated R1 had already had a breathing treatment before lunch. E5 stated R1 was not physically capable of getting to her room by herself. E5 stated, "I do leave her (R1) on the toilet for a short time to get a brief or make the bed in the room, but I come right back and I always leave the bathroom door open if I leave." E5 stated that she had done the hourly resident

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	145603	A. BUILDING _____ B. WING _____	C 12/13/2004

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
HEARTLAND HLTH CR CTR-PAXTON	1001 EAST PELLS STREET PAXTON, IL 60957

(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 17 checks on 11/08/04 and did observe R1 sitting in the living room at 1:00 p.m. and 2:00 p.m. E3, LPN, was interviewed by telephone on 12/01 /04 at 12 noon. E3 was the day shift nurse on 11 /08/04. E3 recalled that usually R1 was taken to her room after lunch for a breathing treatment, but that day she was in her room after colostomy care, and E3 went ahead and gave her the breathing treatment at approximately 11:30 a.m. E3 stated the treatment would have lasted approximately 15 minutes, and she came back and disconnected the nebulizer but did not bring R1 back out of the room. E3 didn't remember seeing R1 after that. E3 stated that it was unlikely that R1 could take herself to the bathroom and take down her pants, as staff had to pull them out and over the colostomy pouch. The Arcadia Unit Director, E11 was interviewed on 12/01/04 at 9:45 a.m. E11 stated she had already left the unit for the day on 11/08/04 when staff had found R1. E11 does not remember seeing R1 that afternoon. E11 stated that R1 usually does not attempt to get up from the toilet by herself, and is one that can be left for brief periods of time to get supplies. E11 stated that staff utilize toileting sheets to document when they toilet residents. E11 showed the surveyor the toileting sheet with designated toileting times. This documented that R1 was last toileted on 11/ 8/04 at 12:45 p.m. It was initialed by CNAs E4 and E5. The 3:30 p.m. slot was blank. E11 also showed the hourly head count sheets that the staff code with the location of every resident every hour. The 11/08/04 hourly sheet documented R1 to be present in the living room at 1 p.m. and 2 p.m., and in her bedroom at 3 p.	F9999		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	145603	A. BUILDING _____ B. WING _____	C 12/13/2004

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
HEARTLAND HLTH CR CTR-PAXTON	1001 EAST PELLS STREET PAXTON, IL 60957

(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 18	F9999		

m. and 4 p.m. E5 had initialed the 1 p.m. and 2 p .m. slot and E7 had initialed the 3 p.m. and 4 p.m .

The facility Midnight Nursing Census Report for the Alzheimer's unit lists that on 11/8/04 there were 29 residents. The staffing schedule for the Arcadia Unit on 11/08/04 shows one LPN(E10) and two CNAs (E6, and E7) from 2-10 p.m. and an additional CNA (E8) from 4-9 p.m. Per interviews conducted on 12/1/04, none of the 2nd shift nursing staff had physically seen R1 until she was found at 4:45 p.m.

E10, LPN, was interviewed by telephone on 12/ 02/04 at 2:15 p.m. E10 stated she came on the unit on 11/08/04 at 2:00 p.m. and was occupied with report until 2:30 p.m. E10 stated she did not see R1 in the living room or any other area of the facility until she was notified by the CNA that R1 had fallen at quarter till five (4:45 p.m.). E10 described R1 lying on the floor in her bathroom on her right side and back, with blood on the floor . E10 stated that R1 was breathing and alert, and stated that she hurt all over. E10 sent a CNA to get the Unit Director E11, but she came back with Director of Nurse's E2 who took over R1's care.

E12, CNA, was interviewed on 12/1/04 per telephone and again on 12/09/04 at 1:05 p.m. E 12 stated that she started her shift on the Alzheimer's unit at 2:00 p.m. and received report. E12 stated she had not seen R1 in the living room. E12 stated that she passed linens in R1's bedroom around 2:15 p.m. and put a pad on R1's bed. E12 stated that R1 was not in the bedroom and she remembers the bathroom door was

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	145603	A. BUILDING _____ B. WING _____	C 12/13/2004

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
HEARTLAND HLTH CR CTR-PAXTON	**1001 EAST PELLS STREET PAXTON, IL 60957**

(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 19	F9999		

closed. E12 left the unit at approximately 2:30 p. m. when she found out she was supposed to work on the Medical Unit.

E6, CNA, was interviewed at 9:30 a.m. on 12/01/ 04. E6 stated she had not gotten on the unit on 11/08/04 until 2:30 p.m. E6 had worked a different hall and did not see R1. E6 stated that it was busy and that they need more than 2 CNAs between 2:00 and 4:00 p.m. E6 stated at 4:45 p. m. she and CNA, E7, went to get R1 for supper. They looked in R1's room and R1 was not sitting in her bedside chair. E6 stated the bathroom door was closed, which was unusual. They opened the door and found R1on the floor and saw a large pool of blood around R1's head. E6 stated she got the nurse immediately. E6 stated R1 usually would not get off the toilet by herself, but if she was in there long enough she could stand up and try to get out of the bathroom. E6 demonstrated that R1 was lying with her head at the doorway of the bathroom and her feet facing the sink and toilet, which was approximately five feet away. E6 stated R1's pants and incontinent brief were down. E6 stated "I think someone forgot her on the toilet."

E7, CNA, was interviewed at approximately 10:00 a.m. on 12/01/04. E7 stated she had come on duty at 2:00 p.m. on 11/08/04. E7 stated she did not see R1 in the living room when she came on the unit. E7 stated it had been hectic and she had helped with an incontinent resident in the central bath and had been down a hall answering a mobility alarm for another resident. E7 stated R1 was not in the dining room for snacks at 3:00 pm. E7 stated they did not take a snack to R1's room because R1 usually doesn't eat it. E7

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	145603	A. BUILDING _____ B. WING _____	C 12/13/2004

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
HEARTLAND HLTH CR CTR-PAXTON	1001 EAST PELLS STREET PAXTON, IL 60957

(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 20	F9999		

stated that she was doing the hourly checks, and did not get started on the 3:00 p.m. checks until 3 :30 p.m. E7 stated "I made the mistake. I didn't physically see her." E7 stated it was about 3:30 p.m. when she went to R1's room and found another resident (R4) in the room. E7 stated she took R4 out. E7 thought there was someone sitting in the chair by the bed, but she did not look behind the privacy curtain to see if it was R1. E7 verified that she had documented R1 as being in the room on the hourly check sheet. E7 stated it was at 4:45 p.m. when they went to get R1 for supper, that they found her on the floor in the bathroom. E7 stated R1 had "indents" on her " back" that looked like she had been sitting on the toilet too long.

E7 was interviewed again on 12/09/04 at approximately 2:30 p.m. E7 confirmed that she had documented R1 as being in her room at 3: 00 p.m. and at 4:00 p.m. on 11/08/04 without actually observing her.

The facility's investigation report dated 11/16/04 documents that E7 had observed R1at the 3:00 p .m. hourly check in the bedroom, and then documented R1 present in the bedroom at the 4: 00 pm check without visually observing R1. This discrepancy was clarified through the interviews with E7 on 12/01 and 12/09/04. This was also discussed with Director of Nurse's E2 on 12/01/ 04 at approximately 5:00 p.m.

E2, Director of Nurse's, was interviewed on 12/01 /04 at 11:00 a.m. E2 stated that she was called to the Arcadia Unit when the staff discovered R1. E2 stated that R1 had 3 small skin tears on the right forehead which were oozing blood. There

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	145603	A. BUILDING _____ B. WING _____	C 12/13/2004

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
HEARTLAND HLTH CR CTR-PAXTON	**1001 EAST PELLS STREET PAXTON, IL 60957**

(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 21	F9999		

was also blood on the back of R1's hair. E2 stated there were marks on R1's buttock which could have been from the toilet seat. E2 stated it did appear that R1 was trying to leave the bathroom. E2 stated that she started conducting an investigation right away; she spoke to staff that were there and called the day shift at home. E2 stated that she did ask staff directly if they had left R1 on the toilet and staff denied it. E2 verified that E7 had told her that she did not physically see R1 when she marked the hourly check sheet indicating R1 was in her bedroom. E 2 stated she has questioned the staff multiple times since then and still had no new information that would indicate how R1 got from the living room to her resident room bathroom. E2 stated CNA E7 was disciplined for documenting on the hourly sheets without visualizing the resident. On 12/01/04 at 5:00 pm, E2 acknowledged that this incident had brought to light issues especially with the hourly resident checks.

Z2, Daughter of R1, stated in interview on 12/3/ 04 at 8:40 a.m. that approximately 4 months ago when she visited R1, she found R1 sitting on the toilet in the bathroom unattended by staff. Z2 stated that she took care of R1, and then waited to see how long it would be, until staff came to check on R1. Z2 stated that she waited 45 minutes before any staff came into R1's room to check on her. Z2 stated that she talked to E4, CNA, when she came to the room. Z2 stated that E4 said "she (E4) forgot and left her (R1) on the toilet". Z2 stated that she reported the incident involving E4 and R1 to E11, the Alzheimer's Unit Director. Z2 stated that since she talked with E11 about R1 being left unattended by staff on the toilet, she has found R1 on the toilet unattended

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	145603	A. BUILDING _____ B. WING _____	C 12/13/2004

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
HEARTLAND HLTH CR CTR-PAXTON	1001 EAST PELLS STREET PAXTON, IL 60957

(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	F9999		

by staff several more times when visiting. Z2 stated that E10, LPN, notified her of R1's fall on 11/8/04 and told her that R1 had been left alone on the toilet.

E4, CNA, stated in interview on 12/3/04 at 11:55 a.m. that one day Z2 was at the facility and talked to her, but she does not remember what Z2 said to her. E4 stated that she does not remember forgetting R1 for 45 minutes, and stated that maybe she would have left R1 for 10 minutes. As the interview continued, E4 stated that she did not remember any of the conversation with Z2 on the day Z2 states that R1 was left for 45 minutes. E4 states that she is not aware of Z2 ever being upset with her.

E11, Alzheimer Unit Director, stated in interview on 12/3/04 at 1:35 p.m. that she does not remember having a conversation with Z2 about R 1 being left in the bathroom.

E7, CNA, stated during interview on 12/01/04 at 10:00 a.m. that there have been prior incidents within the last few weeks before R1's incident where the day shift had left a different resident (R 6) on the toilet and didn't tell second shift. E7 stated that Nurse E14 was aware of this because she made the comment that it had happened two days in a row.

LPN E14 was interviewed on 12/01/04 at 2:15 p. m. E14 acknowledged that there had been a couple of incidents with R6 that had occurred within the last month. E14 stated that she had let the day shift CNA's know not to leave R6 alone on the toilet. E14 stated that she did not recall the specific staff members involved. E14 was

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	145603	A. BUILDING _____ B. WING _____	C 12/13/2004

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
HEARTLAND HLTH CR CTR-PAXTON	**1001 EAST PELLS STREET PAXTON, IL 60957**

(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	F9999		

interviewed on 12/09/04 and stated again that she did not remember who the staff were and had not even remembered the incidents until she had been specifically asked about it by the surveyor on 12/01/04.

R6's assessment dated 11/16/04 shows long and short term memory problems, severe impairment with decision making, total dependence for toileting and hygiene, and extensive assistance required with ambulation and transfers.

The hospital History and Physical dated 11/9/04 states, "[R1] has a right subdural hematoma that is 3 cm[centimeters] wide at its greatest width and is the length of the calvarium it is causing a shift of the midline approximately 2.5-3 cm. The plan for this will be to correct [R1's] coagulation with fresh frozen plasma and emergency surgery ."

The Operative Report dated 11/9/04 states, "[R1] had been in the nursing home and had fallen apparently, and fractured her wrist. [R1] was then seen in the Emergency Room [of another hospital], at which time she was noted to develop a quick demise in her neurological condition. [R1] had been alert when she went into the Emergency Room, but after some time, she was noted to slip into a coma. An emergency CT [Computerized Tomography] scan showed a subdural hematoma, which suggested an acute form. [R1] was on Coumadin, thus exacerbating any type of bleeding problem. ..... I did feel that the hemorrhage was massive and the shift was significant, however, the family, after reviewing all the indications risks and alternatives elected to have operative management, understanding that

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	145603	A. BUILDING _____ B. WING _____	C 12/13/2004

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
HEARTLAND HLTH CR CTR-PAXTON	**1001 EAST PELLS STREET PAXTON, IL 60957**

(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 the risks were really quite high, and so was the potential for severe morbidity". Z1, Neurosurgeon, was interviewed on 12/03/04 at 9:00 a.m. When asked if R1's Subdural Hematoma could have been due to a stroke or spontaneous, Z1 stated that the incidence of spontaneous hemorrhage without a fall is less that 1percent. Z1 stated that in her opinion, R1's Subdural Hematoma was related to the fall. Z1 stated that, "Patients on Coumadin that suffer falls, have a mortality rate exceeding 80 percent, not a good combination[falls and Coumadin]". On 12/3/04 at 8:35 a.m. R1 was observed lying in a hospital bed. R1 was observed to have a tracheostomy in place, a urinary catheter, intravenous medication bag hanging and a splint to the left arm. R1 had a laceration to the right forehead with steri strips and a incision line on the right head. R1 did not respond to verbal stimuli. The facility Nurses Notes dated 12/3/04 at 2:30 p. m. state that R1 had expired earlier that day while in the hospital.	F9999		