STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		IPLE CONSTRUCTION	(X3) DATE SU COMPLE	(X3) DATE SURVEY COMPLETED	
			A. BUILDIN			С	
		145581	B. WING _			3/2005	
NAME OF PROVIDER OR SUPPLIER CAHOKIA NURSING & REHAB CENTER			2	REET ADDRESS, CITY, STATE, ZIP CODE ANNABLE COURT CAHOKIA, IL 62206			
(X4) ID PREFIX TAG	(EACH DEFICIENCY	STATEMENT OF DEFICIENCIES NCY MUST BE PRECEEDED BY FULL DR 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 OBSERVAT	TONS	F9999				
	STATE LICENSUR	E FINDINGS:					

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) M A. BUI		IPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED		
		145581	B. WIN				3 /2005	
NAME OF PROVIDER OR SUPPLIER CAHOKIA NURSING & REHAB CENTER				2	REET ADDRESS, CITY, STATE, ZIP CODE 2 ANNABLE COURT CAHOKIA, IL 62206	,		
(X4) ID PREFIX TAG			ID PREF TAG		PROVIDER'S PLAN OF CORREC (EACH CORRECTIVE ACTION SHOULD REFERENCED TO THE APPROPRIATE D	'E ACTION SHOULD BE CROSS-		
F9999	necessary care and the highest practical psychosocial well-baccordance with ear assessment and play properly supervised care shall be provided the total nursing an resident. 300.1210b)6) All be taken to assure environment remain possible. All nursing residents to see the adequate supervisit accidents. These REGULATIO by: Based on record refacility failed to proving prevent the elopem sample (R1). The firesidents at high-riscognitively impaired without the knowled. Findings Include: R1 was admitted to on 1/18/05 with diawith Depression and saccordance without and supervision and	facility must provide the diservices to attain or maintain able physical, mental, and being of the resident, in ach resident's comprehensive an of care. Adequate and dinursing care and personal ded to each resident to meet dipersonal care needs of the mecessary precautions shall that the residents' as free of accident hazards as ag personnel shall evaluate at each resident receives on and assistance to prevent on and assistance to prevent oview and observation, the vide adequate supervision to the facility has identified 20 sk for elopement. R1, who is differ the facility on 1/19/05	F99	999				

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	` ′	(2) MULTIPLE CONSTRUCTION (X3) DATE S COMPLE . BUILDING				
	145581		B. WI			C 02/03/2005		
NAME OF PROVIDER OR SUPPLIER CAHOKIA NURSING & REHAB CENTER				2	EET ADDRESS, CITY, STATE, ZIP CODE ANNABLE COURT AHOKIA, IL 62206			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)		ID PREF TAG		PROVIDER'S PLAN OF CORRECT (EACH CORRECTIVE ACTION SHOULD B REFERENCED TO THE APPROPRIATE D	(X5) COMPLETION DATE		
F9999	show that his media mg three times a da four hours as need Haloperidol 2 mg damg/ml injection intra needed for psychotomic every evening extablets Mon/Wed/F R1's Assessment a hospital state the for "Memory for recent to both recent and had a head/brain tr. Concentration: Abnobjects in 1 and 5 may concentration to Time day, date, month an Orientation to Place General Fund of Kr. Insight to Psychiatr Judgement Concerbecause of his dem Aggressive Though strangulate his son Diagnosis: Demen Trauma, Possible F. History of Present I have dementia fron got hurt in Korea ar inside his head. He incontinent and also screaming and yellight.	cations include Haloperidol 0.5 ay; Haloperidol 1 mg every ed for psychotic agitation; aily at 4:00 PM; Haloperidol 5 amuscular every 4 hours as ic agitation; and Coumadin 5 except take one and one-half ri. Ind History & Physical from the ollowing: /past events: abnormal, poor remote events, but knows he auma when he was in Korea. ormal, cannot remember 3 ininutes. Example 2: Abnormal, disoriented to had year. Example 3: Does not know where he is nowledge: Poor. ic Condition: Poor. ining Everyday Activities: Poor, it is Secondary to Head frontal Lobe Syndrome. Ilness: patient is known to in a head injury. He said he and a tin/metal plate was placed to has been wandering at night, to has been getting combative,	F9:	999				

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		145581		B. WING			C 3/2005	
NAME OF PROVIDER OR SUPPLIER CAHOKIA NURSING & REHAB CENTER			1	2	EET ADDRESS, CITY, STATE, ZIP CODE ANNABLE COURT EAHOKIA, IL 62206			
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F9999	"1/8/05, (R1) has no supervision, up this moving hands up a prn's x 2 this shift w 1/9/05, Required 1: constantly turning to bedside table in the fist and threaten to without any improved 1/11/05, Has been everything, pushing others rooms and is supervision. Receithis evening with litting given an IM shot bego to bed." A review of facility admitted to the facinassessed as being bracelet alarm was after admission. The to sound an alarm a wearing the alarm a Facility nurses noted 1/18/05, 9:30 PM, Flinen cart, refused to continues to show aggression. Combistaff. Chasing nurse fist. Res grabbed the turn it over. Attempt 1/19/05, 12:30 AM, increased agitation would not stay in both stays in the supervision.	eeded almost constant sevening, walking around, and down on walls. Needed with little effectiveness. 1 observation. Was over the large table, chairs and e observation room. Made a hit staff. Given prn Ativan ement in his behavior. very hard to re-direct and into g carts around, going into	F99	999				

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(X4) ID PREFIX TAG			ID PREF TAG		PROVIDER'S PLAN OF CORREC (EACH CORRECTIVE ACTION SHOULD REFERENCED TO THE APPROPRIATE [RECTIVE ACTION SHOULD BE CROSS-		
F9999	Continued From pa	ge 10	F99	999				
	hospital on 1/21/05 To date, R1 remain "Facility Reporting states "Police called found on Range La cars, at 6:50 PM". Quality Assurance for Elopements", s R1's elopement: 1.) "When was the resident? At 6:15 F 2.) Where did you nurses station with 11.) What was the saw him/her last? sweat pants with bour 14.) Did you speak her return? I said (1 stated over at you he said No, not col 15.) Is the resident Yes, he was wearing bracelet did not sour removed it and apputhe alarms. 16.) Did you see the see the resident lead 17.) How were you had eloped from the	Form" description of event d to inform staff that R1 was ne in Cahokia flagging down The facility form entitled "Investigative Question Guide tates the following concerning last time you saw the PM, on 1/19/05. see him/her? Standing at the me eating applesauce. resident wearing when you A white t-shirt and navy blue rown house slippers. To the resident following his/R1) where have you been? Rur house. I said, are you cold? d. I in the wanderguard program? The wanderguar						
	/05 at 1845, "I (Z1) Lane in reference to	e #050714, states that on 1/19 was dispatched to 402 Range o a confused subject in front of on arrival I spoke with Z2 who						

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F9999	stated she was lead noticed an older maker residence. Z2 subject asked her for observed that the maker residence is subject asked her for observed that the maker residence is subject asked her for observed that the maker is with his naticalled (the facility) to the nursing home is enroute to pick up for police because the confused and was at a resident at the confused and was at a resident at the police because the confused and was at a resident at the police because the confused and was at a resident at the police because the confused in the surveyor interval 1/05 concerning R/19/05. E1 stated to for the facility with vior of the door alarms is E1 that R1 was last approximately 6:30 elopement. E1 states been outside the Famental confusion. discovered that R1 working upon return On 1/31/05, the sur with Z3, R1's physicif R1 would be awarenvironment. Z3 states and the surveyor have been outside in the survey have been outside.	ving the residence when she ale subject standing in front of said that the older male or a ride to St. Louis. Z2 hale subject had a bracelet on time on it. Z2 told me she o inquire if they had patient. Said that they would be R1. Z2 stated that she called male subject seemed anxious to leave the residence acility arrived and stated R1 he nursing home and said that R1 left the nursing home. R1 ck to the nursing home". It eloping from the facility on 1 hat R1 must have gotten out is stors as staff did not hear any sounding. A staff member told it seen in the hallway at 1-6:35 PM, prior to the seed that R1 should not have acility by himself due to his E1 stated that Facility staff is alarm bracelet was not in to the facility. Veyor spoke on the telephone cian. The surveyor asked Z3	F99	999				

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F9999	that's where he need at the nursing home. Range Lane is local facility. Range Land road which intersed properties. The policane is 35 mph. Capproximately 1/10 of the facility. Camplane road. The positive of a mile and is 8/1 United States Weard data for 1/19/05 shot temperature was 45 minimum temperature.	eds to be - he's not appropriate e". Inted directly to the north of the e is a very busy 2-lane paved ets commercial and residential sted speed limit on Range amp Jackson Road is the of a mile to the southwest period Jackson is a very busy 4-sted speed limit on Camp. To the northeast of the ial road named St. Michael erform the facility to Range effices" is approximately 4/10th's Oth's of a mile by road. The ther Bureau's climatological lows that the maximum of degrees Fahrenheit. The lare was 29 degrees erage temperature was 37 tr. There was trace	F99	999			