DEPARTMENT OF HEALTH AND HUMAN SERVICES CENTERS FOR MEDICARE & MEDICAID SERVICES

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION		(X3) DATE SURVEY COMPLETED			
			A. BUILDING		IG	С		
		145518	B. WIN	NG _		05/1	6/2005	5
NAME OF F	ROVIDER OR SUPPLIER				REET ADDRESS, CITY, STATE, ZIP CODE 201 SOUTH 10TH STREET			
MAR KA NURSING HOME					MASCOUTAH, IL 62258			
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREF TAG		PROVIDER'S PLAN OF CORREC (EACH CORRECTIVE ACTION SHOULD REFERENCED TO THE APPROPRIATE	BE CROSS-	COMPL DA	ÉTION
F9999	STATE LICENSUR Section 300.1210 (Nursing and Person a) The facility must and services to atta practicable physica well-being of the re each resident's con plan of care. Adequ	E FINDINGS: General Requirements for	F99	999				
FORM CMS-2:	567(02-99) Previous Version	s Obsolete Event ID: 95XM1	1 Fa	Cility	D: IL6005748 If cor	tinuation shee	t Page	6 of 10

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIP A. BUILDING		` <i>'</i>		(3) DATE SURVEY COMPLETED	
	145518		B. WIN	G		C 05/16/2005		
NAME OF PROVIDER OR SUPPLIER MAR KA NURSING HOME				20	REET ADDRESS, CITY, STATE, ZIP CODE 01 SOUTH 10TH STREET 1ASCOUTAH, IL 62258			
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFI TAG	Х	PROVIDER'S PLAN OF CORREC (EACH CORRECTIVE ACTION SHOULD REFERENCED TO THE APPROPRIATE D	BE CROSS-	(X5) COMPLETION DATE	
F9999	personal care need	meet the total nursing and	F99	99				
	assure that the residuant last free of accident last nursing personnel s	dents' environment remains hazards as possible. All shall evaluate residents to see eceives adequate supervision						
	These REGULATION by:	DNS are not met as evidenced						
	review, the facility fa supervision to preve resident (R1) of 15 facility to be elopem	on, interview, and record ailed to provide adequate ent the elopement of one residents assessed by the nent risks. This resulted in R1 facility without staff knowledge						
	had just seen R1 at room and were help toilet room on the so Practical Nurse - LF parking lot to report same time and obse	fied Nurses Aides - CNAs) a approximately 8:00 AM in her bing another resident within a outheast hall. E19 (Licensed PN) arrived at the facility at to work at approximately the erved R1 exit the southeast on duty heard the southeast R1 eloped.						
	Findings include:							
		proximately 11:45 AM, E10 (yed. E10 indicted that on 05/						

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145518		B. WI	NG		C 05/16/2005		
NAME OF PROVIDER OR SUPPLIER MAR KA NURSING HOME				20	REET ADDRESS, CITY, STATE, ZIP CODE 01 SOUTH 10TH STREET IASCOUTAH, IL 62258		
(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 E REFERENCED TO THE APPROPRIATE DE	BE CROSS-	(X5) COMPLETION DATE
F9999	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)		F99	999			

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING			(X3) DATE SURVEY COMPLETED	
145518		B. WIN			C 05/16/2005		
NAME OF PROVIDER OR SUPPLIER MAR KA NURSING HOME			,	20	EET ADDRESS, CITY, STATE, ZIP CODE D1 SOUTH 10TH STREET IASCOUTAH, IL 62258		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)			ID PROVIDER'S PLAN OF PREFIX (EACH CORRECTIVE ACTION TAG REFERENCED TO THE APPRO		BE CROSS-	(X5) COMPLETION DATE
F9999	was ambulating her E19 indicated R1 word cognitive state. E10 can't make it" and "R1 was not hurt and from this elopement pain and trouble her Other staff (E8 - LP duty at the time of the areas of the building were interviewed or indicated they did not unaware of R1's eleaabout it later. The Nurse Station of alarm which lights of when the hallway expended by the company of the company of the staff of the	r usual slow and steady way. ras confused per her usual of indicated R1 kept saying, "I My knees hurt." E19 indicated d suffered no health problems t. Her knees typically give R1 er. PN, E20 - LPN, E12 - CNA) on the elopement, but in other g besides the southeast hall, the 05/11 and 05/12/05. They tot hear the alarm and were experient until they heard does not have a signal or the sounds at the Nurse Station axit doors are opened. was reviewed on 05/11/05 record did not have the elopement in the nurse Examination Form, dated 05/ y Z3 (Physician), indicates R1 e: Dementia, Depression, ension, Syncope, and General a Set - MDS (resident full dated 02/08/05 indicates R1's Daily Decision-making is at aired level. The MDS also nort-term and long-term It also indicates R1 exhibits	F99	999			

DEPARTMENT OF HEALTH AND HUMAN SERVICES CENTERS FOR MEDICARE & MEDICAID SERVICES (X1) PROVIDER/SURPLIER/CLIA

AND PLAN OF CORRECTION (X		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING			(X3) DATE SURVEY COMPLETED	
145518		B. WIN	1G _		C 05/16/2005		
NAME OF PROVIDER OR SUPPLIER MAR KA NURSING HOME				2	REET ADDRESS, CITY, STATE, ZIP CODE 01 SOUTH 10TH STREET MASCOUTAH, IL 62258	00/10	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREF TAG		PROVIDER'S PLAN OF CORRECT (EACH CORRECTIVE ACTION SHOULD I REFERENCED TO THE APPROPRIATE D	BE CROSS-	(X5) COMPLETION DATE
F9999	has the following property leave the building." problem states, "wisupervision." One of this goal includes to device "placed on root and the monitoring defront exit doornot on 05/11/05, R1 was remember exiting the confused." When a recognize and avois ay that she could. The weather condition (08/05) were mild. The end of the residuence and farm langrassy areas on the grassy areas on the continues on a grassy areas on the continues on the continues on the grassy areas on the continues on the c	roblem/need: "attempts to The goal/objective for this Il not go outside without staff of the stated approaches for have a personal monitoring esident." vice only functioned for the hallway exit doors. as interviewed. R1 did not he building on her own. lurse Practitioner for R1's erviewed. She stated that R1 is asked if R1 is able to d dangers Z4 stated, "I can't	F99	999			