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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING			(X3) DATE SI COMPLE	(X3) DATE SURVEY COMPLETED	
			B. WING			С		
		14E848	D. W.			06/1	4/2005	
NAME OF PROVIDER OR SUPPLIER					REET ADDRESS, CITY, STATE, ZIP CODE			
CEDARWOOD HEALTH CARE CENTER				136 SOUTH DIPPER LANE DECATUR, IL 62522				
(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-	(X5) COMPLETION DATE	
F9999	FINAL OBSERVAT	TIONS	F9:	999				
	300.650(a) 300.660(a)							
FORM CMS-2	567(02-99) Previous Versions	s Obsolete Event ID: 84X31	l Fa	acility	ID: IL6003081 If cor	tinuation shee	t Page 6 of 11	

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION (X A. BUILDING				X3) DATE SURVEY COMPLETED	
		14E848	B. WIN				C 4/2005	
NAME OF PROVIDER OR SUPPLIER CEDARWOOD HEALTH CARE CENTER			•	1	REET ADDRESS, CITY, STATE, ZIP CODE 36 SOUTH DIPPER LANE DECATUR, IL 62522	,		
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F9999	personnel policies to operation of the factor operation of the factor operation of the factor operation of the factor of the facility shall enassistant complies approved on the Derector of Section 300.663 a disqualifying crimal a waiver. The facility shall not in a position with derector of the following offer Health Care Worker (LCS 46/25]). These requirements: Based on interview review the facility fare Registry prior to allowed the care director of the care of the following Adirect resident care	evelop and maintain written that are followed in the ility. mploy an individual as a the facility has inquired of the ne information in the Registry	F99	999				

Event ID: 84X311

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) M A. BUI		IPLE CONSTRUCTION	E CONSTRUCTION (X3) DATE SU COMPLE			
		14E848	B. WI			C 06/14/2005			
NAME OF PROVIDER OR SUPPLIER CEDARWOOD HEALTH CARE CENTER			•	1	REET ADDRESS, CITY, STATE, ZIP CODE 36 SOUTH DIPPER LANE DECATUR, IL 62522				
(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 CORRECTION PREFIX (EACH CORRECTIVE ACTION SHOULD BE C TAG REFERENCED TO THE APPROPRIATE DEFIC		BE CROSS-	(X5) COMPLETION DATE		
	residents thus puttidanger of abuse. A a resident occurred a resident occurred According to E3's, 6 employee file, E3 b Interview with E1, A 30pm confirmed that a 3rd shift CNA. In Director of Nursing stated that the staff 2 CNAs working the shift, for the entire f was one of two CN the facility. Per obsconstruction consist housing a maximum. The actual work sole E1, Administrator, 6 worked and verified Hours Tracking For January 25 thru Felperiod. According to the "In Illinois Department dated 2-18-05, on 2 R1 reported that E3 with R1. According "R1 reports she CNA stated 'Don't because my feet hunurse later in the shyour light? My feet down here.' Reside	crime direct access to ng residents in the facility in an incident of verbal abuse of involving E3 on 02-15-05. Certified Nurses Aide (CNA), egan work on 1-26-05. Administrator, on 6-7-05 at 1: at E3 was assigned to work as a sterview with E2, Acting (DON), on 6-7-05 at 10:55am ing schedule usually has only enight shift, this being the 3rd acility. According to E1, E3 As on the 3rd shift working in servation the facility ts of two residential corridors	F9!	999					

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		14E848	B. WIN				C 4/2005
NAME OF PROVIDER OR SUPPLIER CEDARWOOD HEALTH CARE CENTER			•	1:	REET ADDRESS, CITY, STATE, ZIP CODE 36 SOUTH DIPPER LANE DECATUR, IL 62522		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	ATEMENT OF DEFICIENCIES MUST BE PRECEEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFI TAG		PROVIDER'S PLAN OF CORREC (EACH CORRECTIVE ACTION SHOULD REFERENCED TO THE APPROPRIATE D	BE CROSS-	(X5) COMPLETION DATE
F9999	-15-05 stated that cand the facility star. The facility's "Report Abuse", dated 3-14 allegation was consemployment was second employment was a form called "hiring process. The "Confirmation Numwhen the Nurse Aid Other information wand Jan 2. "The pwas to sign and da Other areas that we background check Competency Pass, available when the Health Nurse Aide According to the fact and Neglect: Detect (undated), "part I" states that "the fact individuals who has abusing, neglecting misappropriation of will have criminal by certification confirmer easonable efforts any past criminal part of the fact of the second efforts any past criminal part of the fact of the second efforts any past criminal part of the fact of the second efforts any past criminal part of the fact of the second efforts any past criminal part of the fact of the second efforts any past criminal part of the fact of the second efforts any past criminal part of the fact of the second efforts any past criminal part of the second efforts any past criminal part of the fact of the second efforts any past criminal part of the second efforts any past criminal part of the second efforts any past criminal part of the second efforts and the second efforts	rm - IDPH Notification" dated 2 on 2-15-05 E3 was suspended ted the investigation. ort of Allegation of Verbal 1-05 stated that after the sidered to be founded E3's ubsequently terminated on 2-ative survey on 6-7-05 a aloyee file showed that staff Registry Verification" in the is form in E3's file included the iber: L1933"that was given de Registry was contacted. Written in was "no test required person completing this form te, this area was left blank. Here blank included "all information that is all information that is Illinois Department of Public Registry is contacted. cility policy entitled "Abuse ation and Prevention Program" that discusses screening illity will not knowingly employ we been found guilty of gor mistreating residents or of their property. All employees ackground checks and license mation. The facility will make to uncover information about	F99	999			

Event ID: 84X311

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) M A. BU		PLE CONSTRUCTION G	(X3) DATE SU COMPLE		
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NAME OF PROVIDER OR SUPPLIER CEDARWOOD HEALTH CARE CENTER			'	1:	REET ADDRESS, CITY, STATE, ZIP CODE 36 SOUTH DIPPER LANE DECATUR, IL 62522			
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F9999	interviewed about the available on E3's Ristated that since Eathat time and the Distance that the presence of the On speaker phone, obtained: " The September 22, 200 disqualifying crime) was revoked on Jarreceipt of any further registry representatives a revoked. At 3:45pm on 6-7-0 Nurse Aide Registry additional information to the Z2, Registry was revoked due to from allegations on home. Z2 stated the this information prion number and would but would have to sable to verify that the 1933" was only given was March 9, 2005 who called on Marcreceived the information, the waiver a January 2002. Z2 about E3 was avail	the lack of information egistry Verification form. E1 If was not the Administrator at ON was changed since by have any answers to the ed to call the the Nurse Aide at information was available, the investigator, with the call the following information was Background check was done 2 and has a disqualifier (with a waiver but the waiver nuary 2002." E1 declined er information offered by the tive including why the waiver of the surveyor called the yand obtained the following on about E3's file. According Representative, the waiver of findings of resident abuse 11-1-01 at an area nursing that anyone calling would get for to getting the confirmation not get the automated system, speak to a person. Z2 was not confirmation number of "Leen out on one date and that are z2 stated that the person confirmed that this information able either by calling the the Internet since January	F9:	999				

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F9999	According to intervi Administrator, verif complete a Nurse A status for E3 prior t allowed E3 to begin known finding of ele Biweekly Payroll He at the facility for 7.5	ige 10 few on 6-7-05 at 4:05pm E1, fied that the facility failed to Aide Registry check to verify to hiring on 1-21-05 and in working on 1-26-05 with a der abuse. According to the "ours Tracking Form" E3 was 5 hours on Jan 25, 2005. Idministrator, this was probably	F99	999			