

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

PRINTED: 08/26/2005  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>145497</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED  <b>C</b> <b>07/12/2005</b>
--	---	--	---

NAME OF PROVIDER OR SUPPLIER  <b>THREE SPRINGS LODGE NURSING H</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>161 THREE SPRINGS ROAD</b> <b>CHESTER, IL 62233</b>
--	--

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED 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	<p>FINAL OBSERVATIONS</p> <p>LICENSURE VIOLATIONS:</p> <p>300.1210a) The facility must provide the necessary care and</p>	F9999		
-------	---	-------	--	--

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

PRINTED: 08/26/2005  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>145497</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED  <b>C</b> <b>07/12/2005</b>
NAME OF PROVIDER OR SUPPLIER  <b>THREE SPRINGS LODGE NURSING H</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>161 THREE SPRINGS ROAD</b> <b>CHESTER, IL 62233</b>		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED 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	<p>Continued From page 8</p> <p>services to attain or maintain the highest practicable physical, mental, and psychosocial well-being of the resident, in accordance with each resident's comprehensive 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.</p> <p>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.</p> <p>300.2210b)2) Each facility shall maintain all electrical, signaling, mechanical, water supply, heating, fire protection, and sewage disposal systems in safe, clean and functioning condition. This shall include regular inspections of these systems.</p> <p>These requirement are not met as evidenced by:</p> <p>Based on record review and interview, the Facility failed to provide adequate supervision to prevent the elopement of one resident on the sample, R1. The Facility has identified 10 residents at high risk for elopement from the Facility. R1, who is cognitively impaired, left the Facility on 7/2/05 without the knowledge of the staff.</p> <p>Findings include:</p> <p>1) R1 was admitted to the Facility from home on</p>	F9999			

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

PRINTED: 08/26/2005  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>145497</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED  <b>C</b> <b>07/12/2005</b>
NAME OF PROVIDER OR SUPPLIER  <b>THREE SPRINGS LODGE NURSING H</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>161 THREE SPRINGS ROAD CHESTER, IL 62233</b>		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED 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	<p>Continued From page 9</p> <p>4/8/05, with diagnoses, in part, of Alzheimer's Dementia and Anxiety. During an interview with E2, Director of Nurses, on 7/11/05, E2 told the surveyor that R1's family could no longer care for her at home due to her increasing dementia. R1's medications include Aricept 10 mg every evening, Haldol 5 mg every 6 hours as needed for agitation and Xanax 0.5 mg BID "et may have 2 more doses 4 hours apart PRN daily".</p> <p>R1's assessment, completed by the Facility on 4/14/05, shows that R1 has short and long term memory problems, is moderately impaired in cognitive skills for daily decisionmaking, is independent for ambulation, has unsteady balance but is able to rebalance herself without physical support and has experienced a fall in the past 31-180 days. Facility Resident Assessment Protocols (RAPS) for R1, dated 4/18/05, state the following: Delirium RAP - "Res confusion, restlessness, wandering, pacing due to effects of progressing dementia"; Behavior Symptoms RAP - "Resident wanders about the N.H. looking for family. Staff tells her that her family knows where she is and they will be in to see her. Resident also tries to leave facility at times. Has electronic monitoring device on"; Falls RAP - "Res is at risk for falls due to meds, confusion, restlessness, rigidity, (Z3) states res fell once the past 6 months". The Facility completed a "Mental Status Questionnaire" on R1 on 4/15/05. R1 was given a score of 10, which, according to the form, represents "severe intellectual impairment".</p> <p>Facility nurses notes reflect that R1 began attempting to elope from the Facility soon after admission and had made several attempts to elope in the days immediately prior to eloping on 7/2/05. Nurses notes state "6/28/05 - out door few times. 6/29/05 - 12 PM, Attempting to elope.</p>	F9999			

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

PRINTED: 08/26/2005  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>145497</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED  <b>C</b> <b>07/12/2005</b>
NAME OF PROVIDER OR SUPPLIER  <b>THREE SPRINGS LODGE NURSING H</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>161 THREE SPRINGS ROAD CHESTER, IL 62233</b>		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED 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 10 Haldol given 1:15 PM. 6/30/05 - 5:30 PM, res very agitated, restless and combative, out doors constantly. Resistive, hitting staff, arguing with staff when attempt to bring back into facility. 7/1/05 - 11:30 AM - noted res. at door at end of A Hall, assisted back into building. 7/2/05 - Res has been in and out the doors numerous times". Facility incident investigation completed by E1 , Administrator states the following: " Approximately 10:30 AM on July 2, I was notified that resident (R1) had walked away from the facility. She was seen by a person passing by, walking on Three Springs Road (street in front of the facility), approximately 100 yards from the facility. When the passer-by stopped and approached (R1), she turned and ran away. She tripped and fell, suffering a small abrasion to the right side of her nose. Another person stopped and called 911. A nearby police car heard the call and sped to the facility. Meanwhile, E5, Licensed Practical Nurse (LPN), was preparing to give meds to (R1), unable to find her, E5 announced over the intercom that she was looking for (R1) and for everyone to start the search. A visitor told the staff that she had seen ( R1) about 3-4 minutes before the announcement. E6, Certified Nurses Aide (CNA), saw the police car go past the facility with its lights flashing. E5 ran outside and looked in the direction the police car went. The car stopped where R1 fell. E5, E7 , Housekeeper, and E8, CNA, started running toward the scene, E9, Food Service Supervisor, jumped in her car and drove to the scene. E5 administered first aid, made certain (R1) did not have any broken bones, placed her in E9's car and brought her back to the facility. In the meantime, the ambulance arrived and (R1) was taken to (the hospital) for evaluation. No other	F9999			

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

PRINTED: 08/26/2005  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>145497</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED  <b>C</b> <b>07/12/2005</b>
NAME OF PROVIDER OR SUPPLIER  <b>THREE SPRINGS LODGE NURSING H</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>161 THREE SPRINGS ROAD CHESTER, IL 62233</b>		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED 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	<p>Continued From page 11</p> <p>injuries were noted. (R1) was returned to the facility and is doing well. (R1) has a (electronic monitoring device) bracelet. E1 checked the bracelet July 3 and it was working. E1 checked the door alarms and they were working with the exception of the door alarm in the new addition. Evidently a visitor or an employee had exited through this door and failed to enter the proper code, and the alarm failed to reset. I reset the alarm and left instructions to check this alarm frequently. I called the local electrician to come out and check the alarm pad. He did not come in . I have contacted (an alarm service), they have ordered a new keypad and will be here to install it as soon as it arrive in their shop. (The alarm service) is here today to install a new alarm system on the new addition doors. This new system will reset automatically. The Care Plan Team has changed (R1's) care plan to prevent future elopements".</p> <p>The "passer-by" who found R1 and is referred to above in E1's investigation, is Z1. The surveyor interviewed Z1 by telephone on 7/12/05. Z1 gave the following account of the incident: "R 1 was closer to the group home than she was to ( the facility). I know the lady and her family and I assumed she still lived with Z3, R1's daughter. I thought it was odd that she had on a sweatshirt because it was really warm outside. She (R1) was walking right down the middle of the road. I had to tap on my car horn to get her to move and she finally got over to the side of the road. I didn't know she was a resident at (the facility). I decided to turn around and come back to pick her up. That's when I saw her fall on the chad on the side of the road - she fell flat on her face. When I got to her, I saw her face and the blood was just rolling. It took the ambulance forever to get there</p>	F9999			

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

PRINTED: 08/26/2005  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>145497</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED  <b>C</b> <b>07/12/2005</b>
NAME OF PROVIDER OR SUPPLIER  <b>THREE SPRINGS LODGE NURSING H</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>161 THREE SPRINGS ROAD CHESTER, IL 62233</b>		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED 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	<p>Continued From page 12</p> <p>- several other people had stopped by then and one of them called 911. It was so hot outside - I told another passer-by to go to (the facility). No one from (the facility) came until the passer-by went and told them. I was trying to get the lady some help. I didn't want to move her. I told her who I was and she shook her head that she knew who I was. Someone else asked her if she lived at (the facility) and she shook her head yes. Wouldn't speak - just shook her head. I sat with her 20 minutes before (the facility) came. The ambulance driver said that they arrived at the scene 15 minutes after receiving the call".</p> <p>The surveyor interviewed E5, on 7/12/05. E5 told the surveyor that R1 had been very agitated and would not lay down after breakfast despite the fact that she had been awake all night. E5 said that she saw R1 in the hallway while she finished passing medications to residents. E5 said that R1 was so agitated that she decided to go and get a PRN dose of Xanax. E5 stated that in the time she went to the nurses station, signed out R1's medication, and came back to the hallway where E5 last saw R1, R1 could not be found. E5 began asking people if they had seen R1. Z4, E1's wife, stated "(R1) just passed me - maybe she went to the new dining room". E5 did not see R1 there nor did she hear any door alarms sounding. When E5 could not find R1 she picked up the intercom and announced "all available staff - I cannot find (R1)". Facility staff then searched the facility. Another staff member stated that a police car with lights on just went by the facility going east. E5 said that she stated " oh my gosh - there's a squad car - she got out"! E5 told the surveyor "I thought (R1) had been hit by a car - I felt so bad". E5 stated that she ran out of the door to the crest of the road where all</p>	F9999			

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

PRINTED: 08/26/2005  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>145497</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED  <b>C</b> <b>07/12/2005</b>
NAME OF PROVIDER OR SUPPLIER  <b>THREE SPRINGS LODGE NURSING H</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>161 THREE SPRINGS ROAD</b> <b>CHESTER, IL 62233</b>		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED 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	<p>Continued From page 13</p> <p>the "commotion" was going on. E5 said that she was grateful that the "passer-bys" used their heads and did not move R1. E5 stated that one of the "passer-bys" had put guaze on R1's face. E5 further stated "it was really hot that day so I put (R1) in E9's car with the AC on and told the ambulance to follow me up to the facility so that I could get transfer papers.</p> <p>The facility staff did not know that the new door by the offices did not reset the same as the other doors. It took (E1) three times to get it reset when he came to the facility a little later".</p> <p>The surveyor attempted to interview R1 twice on 7/12/05. The surveyor asked R1 if she remembered going outside the other day and hurting her face. R1 stated "no". The surveyor asked R1 where she was from. R1 stated "I don't know". The surveyor asked R1 if she has any children. The first time R1 stated that she had five children, the second time she stated that she has three. (E1 told the surveyor that R1 actually has two children). R1 could not recall the names of her children. The surveyor then asked R1 if her daughter "lives around here". R1 stated "just down the road". R1's daughter, Z3, does live directly off of the road which runs in front of the facility, towards the west, however, R1 was headed in the opposite direction, or east, when she left the facility on 7/2/05. R1's nurse, E3, during an interview on 7/11/05, stated that R1 is "confused most of the time and would not have a good sense of directions".</p> <p>The surveyor interviewed Z2, R1's physician on 7/11/05. The surveyor asked Z2 if R1 would be aware of dangers in her environment. Z2 stated that R1 "would be aware that she shouldn't run into the street but she has dementia". The surveyor then asked Z2 if R1 should be outside</p>	F9999			

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

PRINTED: 08/26/2005  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>145497</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED  <b>C</b> <b>07/12/2005</b>
NAME OF PROVIDER OR SUPPLIER  <b>THREE SPRINGS LODGE NURSING H</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>161 THREE SPRINGS ROAD</b> <b>CHESTER, IL 62233</b>		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED 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 the facility alone. Z2 exclaimed "No! She should not be - her family keeps her involved in activities and takes her places". Three Springs Road is a two - lane, oil and chip road which runs from the east to west, located directly to the south of the facility. This road has no shoulder. The speed limit on Three Springs Road is 30 miles per hour in this area. R 1 was found on Three Springs Road approximately 1/10 th of a mile east of the facility. The immediate area is rural, with farm fields, a group home and several single family residences. The United States Weather Bureau's climatological data for 7/2/04 shows that the ambient air temperature at 10:55 AM was 77 degrees Fahrenheit. The maximum temperature on 7/2/05 was 83 degrees Fahrenheit. The sky was sunny.	F9999			