	RS FOR MEDICARE							OMB NO.	APPRO 0938-0	
STATEMENT	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUP IDENTIFICATION	PLIER/CLIA	(X2) M A. BUI		PLE CONSTRUCTION		(X3) DATE SU COMPLE	JRVEY	
		1454	97	B. WIN	IG		-		C 2/2005	
NAME OF P	ROVIDER OR SUPPLIER	SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE								
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F9999	FINAL OBSERVAT	IONS		F99	999					
	LICENSURE VIOL	ATIONS:							l	
	300.1210a) The facility must p	rovide the necess	ary care and						l	
FORM CMS-2	567(02-99) Previous Version	s Obsolete	Event ID: QLQR11	Fa	cility I	ID: IL6009393	If contir	nuation sheet	Page 8	of 15
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DEPARTMENT OF HEALTH AND HUMAN SERVICES

PRINTED: 08/26/2005

CENTER		AND HUMAN SERVICES	(¥2)	AL II T	TIPLE CONSTRUCTION	FORM OMB NO.	08/26/2005 APPROVED 0938-0391
	AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		(A. BU			(X3) DATE SURVEY COMPLETED C	
		145497	B. WI	NG _			_ 2/2005
NAME OF P	ROVIDER OR SUPPLIER				REET ADDRESS, CITY, STATE, ZIP CODE		
THREE SPRINGS LODGE NURSING H					161 THREE SPRINGS ROAD CHESTER, IL 62233		
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F9999	Continued From pa	-	F9	999)		
	services to attain or practicable physica well-being of the re each resident's com plan of care. Adeq nursing care and per to each resident to personal care need 300.1210b)6) All necessary preca assure that the resi as free of accident nursing personnel st that each resident r and assistance to p 300.2210b)2) Each facility shall m signaling, mechanic protection, and sew clean and functionin include regular insp These requirement Based on record re Facility failed to pro prevent the elopem sample, R1. The F residents at high ris Facility. R1, who is	r maintain the highest I, mental, and psychosocial sident, in accordance with nprehensive assessment and uate and properly supervised ersonal care shall be provided meet the total nursing and is of the resident. autions shall be taken to dents' environment remains hazards as possible. All shall evaluate residents to see receives adequate supervision					
	Findings include:						
	1) R1 was admitted	d to the Facility from home on					

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CENTER		AND HUMAN SERVICES	(X2) M	<u>ил -</u>	TIPLE CONSTRUCTION	FORM	08/26/2005 APPROVED 0938-0391
AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		A. BU			COMPLE		
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THREE SPRINGS LODGE NURSING H					161 THREE SPRINGS ROAD CHESTER, IL 62233		
(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	4/8/05, with diagno Dementia and Anxi E2, Director of Nurs surveyor that R1's if her at home due to 's medications inclu- evening, Haldol 5 m for agitation and Xa 2 more doses 4 how R1's assessmen 4/14/05, shows tha memory problems, cognitive skills for co- independent for am balance but is able physical support an past 31-180 days. Protocols (RAPS) f following: Delirium restlessness, wand progressing demen - "Resident wander family. Staff tells h she is and they will also tries to leave fa monitoring device co for falls due to med rigidity, (Z3) states months". The Fac Status Questionnai given a score of 10 represents "severe Facility nurses n attempting to elope admission and had elope in the days in 7/2/05. Nurses not	age 9 ses, in part, of Alzheimer's tety. During an interview with ses, on 7/11/05, E2 told the family could no longer care for o her increasing dementia. R1 ude Aricept 10 mg every ng every 6 hours as needed anax 0.5 mg BID "et may have urs apart PRN daily". ht, completed by the Facility on t R1 has short and long term is moderately impaired in daily decisionmaking, is abulation, has unsteady to rebalance herself without and has experienced a fall in the Facility Resident Assessment or R1, dated 4/18/05, state the RAP - "Res confusion, lering, pacing due to effects of atta"; Behavior Symptoms RAP is about the N.H. looking for er that her family knows where be in to see her. Resident acility at times. Has electronic on"; Falls RAP - "Res is at risk ls, confusion, restlessness, res fell once the past 6 ility completed a "Mental are" on R1 on 4/15/05. R1 was b, which, according to the form, intellectual impairment". notes reflect that R1 began from the Facility soon after made several attempts to anediately prior to eloping on the state "6/28/05 - out door - 12 PM, Attempting to elope.	F9	999	9		

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		AND HUMAN SERVICES				FORM	08/26/2005 APPROVED 0938-0391	
		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) N A. BUI		TIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED		
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NAME OF P	ROVIDER OR SUPPLIER			S	TREET ADDRESS, CITY, STATE, ZIP CODE			
THREE SPRINGS LODGE NURSING H					161 THREE SPRINGS ROAD CHESTER, IL 62233			
(X4) ID PREFIX TAG	(EACH DEFICIENCY	ATEMENT OF DEFICIENCIES MUST BE PRECEEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREF TAG	۶IX	PROVIDER'S PLAN OF CORRECT (EACH CORRECTIVE ACTION SHOULD I REFERENCED TO THE APPROPRIATE D	BE CROSS-	(X5) COMPLETION DATE	
F9999	Haldol given 1:15 P very agitated, restite constantly. Resistin staff when attempt 05 - 11:30 AM - not Hall, assisted back has been in and ou Facility incident , Administrator state Approximately 10:3 that resident (R1) h facility. She was se walking on Three S the facility), approxi facility. When the p approached (R1), s tripped and fell, suf right side of her nos and called 911. An call and sped to the Licensed Practical give meds to (R1), announced over the looking for (R1) and search. A visitor to R1) about 3-4 minu E6, Certified Nurse car go past the faci ran outside and loo car went. The car s , Housekeeper, and toward the scene, E jumped in her car a administered first a have any broken bo and brought her ba meantime, the amb	PM. 6/30/05 - 5:30 PM, res ess and combative, out doors ve, hitting staff, arguing with to bring back into facility. 7/1/ ted res. at door at end of A into building. 7/2/05 - Res it the doors numerous times". investigation completed by E1 es the following: " 30 AM on July 2, I was notified had walked away from the een by a person passing by, Springs Road (street in front of imately 100 yards from the basser-by stopped and she turned and ran away. She fering a small abrasion to the se. Another person stopped nearby police car heard the e facility. Meanwhile, E5, Nurse (LPN), was preparing to unable to find her, E5 e intercom that she was d for everyone to start the old the staff that she had seen (ites before the announcement. is Aide (CNA), saw the police lity with its lights flashing. E5 oked in the direction the police stopped where R1 fell. E5, E7 d E8, CNA, started running E9, Food Service Supervisor, and drove to the scene. E5 id, made certain (R1) did not ones, placed her in E9's car ick to the facility. In the oulance arrived and (R1) was	F9	999	9			
		tal) for evaluation. No other						

Facility ID: IL6009393

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STATE MENOR OF CORRECTION (M1) PROVIDERSUPPLIEURLING (M2) MULTIPLE CONSTRUCTION (M3) DATE SUPPLY IMME OF PROVIDER OR SUPPLIER Image: State			AND HUMAN SERVICES				FORM	08/26/2005 APPROVED 0938-0391
145497 8-WING 07/12/2005 IMME OF PROVIDER OR SUPPLIER THREE SPRINGS LODGE NURSING H SIMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEEDED BY FULL (EACH DEFICIENCY MUST BE PRECEEDED BY FULL (EACH DEFICIENCY MUST BE PRECEEDED BY FULL (EACH DEFICIENCY MUST BE PRECEEDED BY FULL (FROM DEFICIENCY MUST BE PRECEEDED BY FULL (EACH CORRECTIVE ACTION SHOULD BE CROSS.) COMMETTION (EACH CORRECTIVE ACTION SHOULD BE CROSS.) COMMETTION (COMMETTION (EACH CORRECTION CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS.) COMMETTION (EACH CORRECTION (EACH CORRECTION CORRECTION (EACH CORREC						(X3) DATE SURVEY COMPLETED		
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CHESTER, IL 62233 CMAID PREFIX TAC SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MIST BE FRACEEQED BY PULL REGULATORY OR LSCIDENTIFYING INFORMATION) D PREFIX TAC PROVIDER STATEMENT OF CORRECTION (EACH DEFICIENCY) COMPLETION (Completion (Each DEFICIENCY) F9999 Continued From page 11 injuries were noted. (R1) was returned to 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 visit or on a 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 or dered a new keypad and will be here to install it as soon as it arrive in their shop. (The alarm system will reset automaticall). The Care Plan Team has changed (R1's) care plan to prevent future elopements'. The "passer-by" who found R1 and is referred to above in E1's investigation, is Z1. The survey or interviewed Z1 by telephone on 71/2/05. 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 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 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 gott ber, I saw her fall on the blood ow sigut	NAME OF P	ROVIDER OR SUPPLIER			ST	TREET ADDRESS, CITY, STATE, ZIP CODE		
Preferx TAG (EACH DEFICIENCY MUST BE PRECEEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) PREFIX TAG (EACH CORRECTIVE ACTION SHOULD BE CROSS. REFERENCED TO THE APPROPRIATE DEFICIENCY) COMPLETION DATE F9999 Continued From page 11 F9999 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 enset. 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 system on the new addition. Care Plan Team has changed (R1s) care plan to prevent future elopements". The "passer-by" who found R1 and is referred to above in E1's investigation, is Z1. The survey or interviewed Z1 by telephone on 71/2/05. 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 ived 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 had to tap on my car horn to get her to move and she finally opt over to the side 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 had to tap on whe rasa ensident at (the facility). I decided to tu	THREE SPRINGS LODGE NURSING H							
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 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 on the new addition doors. This new system on the new addition doors. The Care Plan Team has changed (R1's) care plan to prevent future elopements'. 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 varm outside. She (R1) was walking right down the middle of the road. I had to tap on my car hom to get her to move and she finally got over to the side of the road. I had to tap on my car hom to get her to move and she finally out over to the side of the road. I had to tap on my car hom to get her to move and she finally got over to the side of the road. I had to tap on my car hom to get her to move and she finally and taw her fall on the chad on the side of the road - she fiell flat on her face. When I got to her, I saw her fall on the road. When I side of the road - she fiell flat on her face. When I	PRÉFIX	(EACH DEFICIENCY	MUST BE PRECEEDED BY FULL	PREF	IX	(EACH CORRECTIVE ACTION SHOULD E	BE CROSS-	COMPLETION
	F9999	injuries were noted facility and is doing monitoring device) bracelet July 3 and the door alarms and exception of the do Evidently a visitor of through this door and code, and the alarm alarm and left instru- frequently. I called out and check the alarm alarm and left instru- frequently. I called out and check the alarm alarm and left instru- frequently. I called out and check the alarm alarm and left instru- frequently. I called out and check the alarm alarm and left instru- frequently. I called out and check the alarm alarm and left instru- frequently. I called out and check the alarm alarm and left instru- frequently. I called out and check the alarm alarm and left instru- frequently. I called out and check the alarm asystem on the new system will reset au Team has changed future elopements". The "passer-by" to above in E1's inv surveyor interviewe Z1 gave the followin 1 was closer to the the facility). I know assumed she still lift thought it was odd to because it was real was walking right d had to tap on my cal she finally got over didn't know she was decided to turn arou up. That's when I s side of the road - sh got to her, I saw he	. (R1) was returned to the well. (R1) has a (electronic bracelet. E1 checked the it was working. E1 checked d they were working with the or alarm in the new addition. or an employee had exited nd failed to enter the proper in failed to reset. I reset the uctions to check this alarm the local electrician to come alarm pad. He did not come in (an alarm service), they have bad and will be here to install it in their shop. (The alarm addition doors. This new utomatically. The Care Plan I (R1's) care plan to prevent who found R1 and is referred vestigation, is Z1. The ed Z1 by telephone on 7/12/05. ng account of the incident: "R group home than she was to (the lady and her family and I ved with Z3, R1's daughter. I that she had on a sweatshirt Ily warm outside. She (R1) own the middle of the road. I as a resident at (the facility). I und and come back to pick her saw her fall on the chad on the he fell flat on her face. When I or face and the blood was just	F99	999	9		

Facility ID: IL6009393

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AND HUMAN SERVICES & MEDICAID SERVICES (X1) PROVIDER/SUPPLIER/CLIA	(X2) N	/ULT	TIPLE CONSTRUCTION	FORM OMB NO.	
AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		ILDIN	NG		
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TEMENT OF DEFICIENCIES MUST BE PRECEEDED BY FULL SC IDENTIFYING INFORMATION)			(EACH CORRECTIVE ACTION SHOULD	BE CROSS-	(X5) COMPLETION DATE
ge 12 ble had stopped by then and 911. It was so hot outside - I -by to go to (the facility). No y) came until the passer-by . I was trying to get the lady want to move her. I told her shook her head that she knew ne else asked her if she lived she shook her head. I sat with ore (the facility) came. The aid that they arrived at the fter receiving the call". erviewed E5, on 7/12/05. E5 at R1 had been very agitated own after breakfast despite d been awake all night. E5 c1 in the hallway while she edications to residents. E5 o agitated that she decided to dose of Xanax. E5 stated that t to the nurses station, signed h, and came back to the ast saw R1, R1 could not be sking people if they had seen stated "(R1) just passed me - the new dining room". E5 did or did she hear any door When E5 could not find R1 she com and announced "all nnot find (R1)". Facility staff acility. Another staff member car with lights on just went by st. E5 said that she stated " s a squad car - she got out"! r "I thought (R1) had been hit ad". E5 stated that she ran he crest of the road where all	F99	999			
	<u>& MEDICAID SERVICES</u> (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 145497 ESING H TEMENT OF DEFICIENCIES MUST BE PRECEEDED BY FULL SC IDENTIFYING INFORMATION) ge 12 De had stopped by then and D11. It was so hot outside - I by to go to (the facility). No y) came until the passer-by I was trying to get the lady want to move her. I told her shook her head that she knew he else asked her if she lived she shook her head. I sat with ore (the facility) came. The aid that they arrived at the fter receiving the call". erviewed E5, on 7/12/05. E5 at R1 had been very agitated own after breakfast despite d been awake all night. E5 1 in the hallway while she edications to residents. E5 agitated that she decided to lose of Xanax. E5 stated that t to the nurses station, signed a, and came back to the ast saw R1, R1 could not be sking people if they had seen stated "(R1) just passed me - the new dining room". 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WING 145497 STREET ADDRESS, CITY, STATE, ZIP CODE 161 THREE SPRINGS ROAD CHESTER, IL 62233 TEMENT OF DEFICIENCIES MUST BE PRECEEDED BY FULL C. DIENTIFVING INFORMATION) ID PREFIX TAG PROVIDER'S PLAN OF CORRECT (EACH CORRECTIVE ACTION SHOULD) REFERENCED TO THE APPROPRIATE D ge 12 F9999 We had stopped by then and D11. It was so hot outside - I- by to go to (the facility). No () came until the passer-by I was trying to get the lady want to move her. I told her shook her head, I sat with the else asked her if she lived she shook her head, I sat with the fter receiving the call". erviewed E5, on 7/12/05. E5 at 81 had been very agitated down after breakfast despite d been awake all night. E5 1 in the hallway while she edications to residents. E5 agitated that she decided to lose of Xanax. E5 stated that t to the nurses station, signed , and came back to the sking people if they had seen stated "(R1) just passed me - the new dining room". E5 did r did she hear any door When E5 could not find R1 she om and announced all nnot find (R1)". Facility staff acility. Another staff member car with lights on just went by st. E5 staid that she stated " s a squad car - she got out"! r" thought (R1) had been hit ad". E5 stated that she ran	AND HUMAN SERVICES FORM & MEDICAID SERVICES OMB NO. (X1) PROVIDER/SUPPLIENCIA DENTIFICATION NUMBER: 145497 (X2) MULTIPLE CONSTRUCTION A BUILDING B. WING 145497 (X2) MULTIPLE CONSTRUCTION A BUILDING B. WING THEE SPRINGS ROAD CHESTER, LL 62233 TEMENT OF DEFIDIENCIES WIST BE PRECEDED BY FULL CORRECTIVE ACTION SHOULD BE CROSS. (C) DENTIFICATION NORMATION) Ge 12 Be had stopped by then and D11. It was so hot outside - 1 by to go to (the facility). No () came until the passer-by I was trying to get the lady want to move her. I told her shook her head that she knew he else asked her if she lived she shook her head. I sat with re (the facility) came. The aid that they arrived at the first receiving the call". Erviewed E5, on 7/12/05. E5 agitated that she decided to lowe of Xnax. E5 stated that to the nurses station, signed , and came back to the sist saw R1, R1 could not be sking people if they had seen the new dining room". E5 did r did she hear any door then E5 could not find R1 she om and announced "all not find [R1]". Facility staff acility. Another staff member car with lights on just went by st. E5 said that she stated " s a squad car - she got out"! r 'I thought (R1) had been hit ad'. E5 stated that she ran

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		AND HUMAN SERVICES				FORM	08/26/2005 APPROVED 0938-0391
	OF DEFICIENCIES F CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) M A. BU		TIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
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THREE SPRINGS LODGE NURSING H					161 THREE SPRINGS ROAD CHESTER, IL 62233		
(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 REFERENCED TO THE APPROPRIATE D	BE CROSS-	(X5) COMPLETION DATE
F9999	was grateful that the heads and did not r of the "passer-bys" E5 further stated "itt put (R1) in E9's car ambulance to follow could get transfer p The facility staff door by the offices other doors. It took reset when he carm The surveyor att on 7/12/05. The sur remembered going hurting her face. R asked R1 where sh know". The survey children. The first t five children, the se has three. (E1 told has two children). I of her children. The her daughter "lives down the road". R directly off of the ro facility, towards the headed in the oppo she left the facility of during an interview confused most of th good sense of direct	as going on. E5 said that she e "passer-bys" used their nove R1. E5 stated that one had put guaze on R1's face. was really hot that day so I with the AC on and told the v me up to the facility so that I apers. did not know that the new did not reset the same as the t (E1) three times to get it e to the facility a little later". tempted to interview R1 twice rveyor asked R1 if she outside the other day and 1 stated "no". The surveyor e was from. R1 stated "I don't or asked R1 if she has any ime R1 stated that she had cond time she stated that she the surveyor that R1 actually R1 could not recall the names e surveyor then asked R1 if around here". R1 stated "just I's daughter, Z3, does live bad which runs in front of the west, however, R1 was site direction, or east, when on 7/2/05. R1's nurse, E3, on 7/11/05, stated that R1 is " he time and would not have a ctions".	F9!	9999			
	on 7/11/05. The sub be aware of danger stated that R1 "wou run into the street b	erviewed Z2, R1's physician irveyor asked Z2 if R1 would is in her environment. Z2 ild be aware that she shouldn't out she has dementia". The d Z2 if R1 should be outside					

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		AND HUMAN SERVICES				FORM	08/26/2005 APPROVED 0938-0391
STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:			(X2) MULTIPLE CONSTRUCTION A. BUILDING			JRVEY TED	
		145497	B. WI	NG _			C 2/2005
NAME OF P	ROVIDER OR SUPPLIER				REET ADDRESS, CITY, STATE, ZIP CODE		
THREE S	PRINGS LODGE NU	RSING H			161 THREE SPRINGS ROAD CHESTER, IL 62233		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	ATEMENT 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 D	BE CROSS-	(X5) COMPLETION DATE
F9999	Continued From pa the facility alone. Z	age 14 22 exclaimed "No! She should	F9	999			
	not be - her family l and takes her place Three Springs F chip road which rur located directly to t road has no should	keeps her involved in activities es". Road is a two - lane, oil and ns from the east to west, he south of the facility. This ler. The speed limit on Three					
	1 was found on Thi approximately 1/10 The immediate are group home and se The United States climatological data	th of a mile east of the facility. a is rural, with farm fields, a everal single family residences. Weather Bureau's for 7/2/04 shows that the					
	degrees Fahrenhei	ature at 10:55 AM was 77 t. The maximum temperature egrees Fahrenheit. The sky					

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