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

	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	A. BUII		E CONSTRUCTION	COMPLE	TED	
		14G048	B. WIN	G		08/30	0/2006	
	ROVIDER OR SUPPLIER		STREET ADDRESS, CITY, STATE, ZIP COL 300 CHURCH STREET ZEIGLER, IL 62999			U		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFI TAG		PROVIDER'S PLAN OF CORRECT (EACH CORRECTIVE ACTION SHOU CROSS-REFERENCED TO THE APPR DEFICIENCY)	JLD BE	(X5) COMPLETION DATE	
W9999	FINAL OBSERVAT	TIONS	W99	99				
		esident Care Policies have written policies and						
	procedures governing the facility which ship involvement of the shall be available to public. These writted operating the facility least annually. Section 350.1210 Harmaintain each resident these services including: b) Nursing services supervision of the harmaintain each resident these services including:	ing all services provided by sall be formulated with the administrator. The policies of the staff, residents and the en policies shall be followed in any and shall be reviewed at dealth Services povide all services necessary to dent in good physical health, ude, but are not limited to, the sto provide immediate nealth needs of each resident fessional nurse or a licensed						

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

	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) M A. BUI		PLE CONSTRUCTION G	COMPLE	TED
		14G048	B. WIN	IG		08/30) 0/2006
	ROVIDER OR SUPPLIER		•	30	EET ADDRESS, CITY, STATE, ZIP CODE 00 CHURCH STREET EIGLER, IL 62999		
(X4) ID PREFIX TAG	(EACH DEFICIENC)	TEMENT OF DEFICIENCIES / MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFI TAG		PROVIDER'S PLAN OF CORRECT (EACH CORRECTIVE ACTION SHOU CROSS-REFERENCED TO THE APPR DEFICIENCY)	JLD BE	(X5) COMPLETION DATE
W9999	services, in accords shall include, but at The DON shall part 3) Periodic reevalut quality of services a 6) Development of resident to provide the total habilitation 7) Modification of the of the resident's date. A registered nursappropriate, in plant training of facility ped Direct care personare not limited to, the 1) Detecting signs of maladaptive behave nursing or psychos 2) Basic skills requand problems of the 3) First aid in the ped Sufficient, approach shall be available, approached and problems of the services shall have the field of develop g) Nursing service competence and expressions and approached and expressions and approached and expressions. Section 350.3240 A.	Aursing Services be provided with nursing ance with their needs, which re not limited to, the following: ticipate in: ation of the type, extent, and and programming. a written plan for each for nursing services as part of a program. he resident care plan, in terms illy needs, as needed. See shall participate, as uning and implementing the ersonnel. Honnel shall be trained in, but the following: Hof illness, dysfunction or ior that warrant medical, ocial intervention. Here is do meet the health needs the residents. Here residents. Here residents are plan, in terms in terms in the providing intervention or ior that warrant medical, ocial intervention. Here to meet the health needs the residents. Here residents are plan, in terms in terms in terms in the providing intervention in the providing staff which may include licensed do ther supporting personnel, ious nursing service activities. Here providing nursing knowledge and experience in mental disabilities. Here providing nursing knowledge and experience in mental disabilities. Here providing nursing knowledge and experience in mental disabilities. Here providing nursing knowledge and experience in mental disabilities. Here providing nursing knowledge and experience in mental disabilities. Here providing nursing knowledge and experience in mental disabilities. Here providing nursing knowledge and experience in mental disabilities. Here providing nursing knowledge and experience in mental disabilities. Here providing nursing knowledge and experience in mental disabilities. Here providing nursing knowledge and experience in mental disabilities. Here providing nursing knowledge and experience in mental disabilities. Here providing nursing knowledge and experience in mental disabilities.	W99	999			
	a) An owner, licens	ee, administrator, employee shall not abuse or neglect a					

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

	FOF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) M A. BUI		IPLE CONSTRUCTION IG	(X3) DATE SU COMPLE	TED
		14G048	B. WIN	1G _		08/30	C 0 /2006
	PROVIDER OR SUPPLIER			3	REET ADDRESS, CITY, STATE, ZIP CODE 300 CHURCH STREET ZEIGLER, IL 62999	00,00	3/2000
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES 'MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREF TAG		PROVIDER'S PLAN OF CORRECT (EACH CORRECTIVE ACTION SHOUT CROSS-REFERENCED TO THE APPR DEFICIENCY)	JLD BE	(X5) COMPLETION DATE
W9999	aware of abuse or rimmediately report administrator. (Sector) A facility administrator abuse or neglect of report the matter by the resident's reprethe Act) d) A facility administrator who becomes aware sident shall also reportment. (Section These REGULATION by the following: Based on interview facility failed to provise for R1 after changed resulting into: 1) Monitor R1 after having some congection and actinate 9:00 P.M. when the "congestion noted it time." In addition, so reported to the nurs respiratory distress P.M.		W99	999			

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

	FOF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	A. BUILDING		IPLE CONSTRUCTION NG	COMPLETED	
		14G048	B. WIN	1G _			C 0/2006
	PROVIDER OR SUPPLIER			3	REET ADDRESS, CITY, STATE, ZIP CODE 300 CHURCH STREET ZEIGLER, IL 62999	1 00,00	312000
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREF TAG		PROVIDER'S PLAN OF CORREC (EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APPR DEFICIENCY)	JLD BE	(X5) COMPLETION DATE
W9999	surrounding R1's de Findings include: Per physician's order male with diagnose Retardation, Cereb According to nursin (LPN) documented as follows: Temper: Respirations - 20, Ealso charted that R upper lung for awhice contacted the facilit R1's change in con E5 documented E1 shift log for 8/12/06 recorded that R1 has lungs; Please obsethat R1's oxygen sataken. Per interview with EE5 said that she per check on R1 becaused "we can't leave frequently." On the nursing log 8/12/06, E3 documented S1/2/06, E3/2/06, E	eath on 8/13/06. ers, R1 was a 44 year old as of Profound Mental ral Palsy, and Epilepsy. g notes dated 8/12/06, E5 R1's vital signs at 1:30 P.M. ature - 96 degrees, Pulse - 76, Blood Pressure 120/78. E5 1 "had a little congestion le" and that she had sy's Administrator (E1) about	W99	999			

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

-	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	A. BUI		IPLE CONSTRUCTION NG	(X3) DATE SU COMPLE	TED
		14G048	B. WIN	1G _			D /2006
	ROVIDER OR SUPPLIER			3	REET ADDRESS, CITY, STATE, ZIP CODE 800 CHURCH STREET ZEIGLER, IL 62999	00/30	3/2000
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES 'MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFI TAG		PROVIDER'S PLAN OF CORRECTIVE ACTION SHOUNDS OF THE APPRINCED TO THE APPRI	JLD BE	(X5) COMPLETION DATE
W9999	Per nurse's notes of E19 (LPN) charted large amount of wa g-tube checked for "Tolerated feeding 4. Nail beds cyanot oxygen was given, the head of R1's bedegrees. E19 noted Temp, 97.1 degree Respirations - 44, E19 charted that shadministrator at 1:4 condition prior to catransport R1 to the documentation shorespiratory failure, If and failed to assess initiating oxygen per According to the an emergency call was was dispatched at scene at 2:12 A.M. vital signs as: "BP-respirations - 28, purhonchi in all fields" the ambulance at 2. The emergency rock. M. that R1's respirats were down, he range, and lung sowith multi rales." The	lated 8/13/06, timed 1:30 A.M., that R1 was incontinent, with tery stool, peri care provided, placement. E19 noted that R1 well. Lung fields congested X ic." E19 documented that 3 liters per nasal cannula and ad was elevated at 45 d that R1's vital signs were: s, Pulse - unable to obtain, Blood pressure 88/40. The contacted the facility's 5 A.M. of R1's change of alling 911 at 1:50 A.M. to hospital. Nursing ws that although R1 was in E19 continued R1's feeding s R1's O2 level prior to r nasal cannula. Thoulance services report, the staken at 1:57 A.M., the unit 1:58 A.M. and arrived on the The EMTs documented R1's 95/55. Pulse - 140, ulse ox unable to read, lungs when they assessed R1 in	W99	999			
	Per review of the fa	cility's nursing notes, the					

	FOF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) M A. BUI		FIPLE CONSTRUCTION NG	(X3) DATE SU COMPLE	TED
		14G048	B. WI	NG _			C 0/2006
	PROVIDER OR SUPPLIER		•	3	REET ADDRESS, CITY, STATE, ZIP CODE 300 CHURCH STREET ZEIGLER, IL 62999		
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W9999	the intensive care of P.M." on 8/13/06. According to the horeport dated 8/13/0 hospital "for respiral were labored when emergency room. It was tachycardic." Tassessed with "Respineumonia, Atrial F. Sepsis." Per review of R1's of death was listed cause of Aspiration During telephone in Room Physician, or said that when R1 at R1 was in severe reseptic and was very intubate R1 with a bit that R1 "should have the facility called 91 according to teleph primary physician, or said that R1 was make a turn for the work that R1 has had a hill very quickly resurversely explained that starting at 10:00 P. E19 said that when	that R1 had been admitted to unit and "expired at 10:21 aspital's history and physical 6, R1 was brought to the story distressRespirations he was brought to the dis O2 sats were low and he he report states that R1 was spiratory failure due to be fibrillation, Hypokalemia, and death certificate, R1's cause as Sepsis with an underlying Pneumonia. Interview with Z1, Emergency of 8/22/06 at 10:00 A.M., Z1 arrived at the ER on 8/13/06, espiratory distress, probably younstable. Z1 said he had to be preathing tube. Z1 also stated we been out here long before"	W99	999			

	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) M A. BUI		PLE CONSTRUCTION G	(X3) DATE SU COMPLE	TED
		14G048	B. WIN	1G _			C 0 /2006
	ROVIDER OR SUPPLIER			3	REET ADDRESS, CITY, STATE, ZIP CODE 00 CHURCH STREET (EIGLER, IL 62999		
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W9999	nothing urgent. E19 did bed check at 11 anything unusual. E staff came to her w (DSP/Direct Supporter the staff came to her w (DSP/Direct Supporter the staff came to her w (DSP/Direct Supporter the staff came to her was 99 normal for R1. E19 said that she fif 11:00 P.M. when she did not go into was resting. E19 coassessment of R1 coa	R1 had some congestion, but a said that the night shift staff 1:00 P.M. and did not report 1:19 stated that the only time as at 10:00 P.M. when E8 at Person) reported that R1's 1:57 degrees which is about 1:57 degrees which is about 1:58 at 1:58	W99	999			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) M A. BUI		PLE CONSTRUCTION G	(X3) DATE SUR COMPLETE	
		14G048	B. WIN	1G			C 0/2006
	PROVIDER OR SUPPLIER		•	30	REET ADDRESS, CITY, STATE, ZIP CODE 00 CHURCH STREET EIGLER, IL 62999		
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W9999	R1 was "lethargic, and said R1 did not or cough, however, not taken R1's vital that R1 stayed up for and was put back to P.M. E3 said that around care staff came to having some "rattling E3 said she went downwas 95.6 degrees, some congestion in was not unusual for that R1's O2 satural Per continuing interchange at 10:00 P. said that both E3 are said that they went no sign of distress thowever, per intervisaid she did not downwas did not go into R1's said that they had "walk-throughs at show." According to an into 10:40 A.M., E5 state nurse on 8/12/06 are 2:00 P.M. E5 said to P.M. and she heard first got him up. E5	R1 his feeding at 7:00 P.M., acted like he didn't feel good." have any shortness of breath E3 confirmed that she had signs at this time. E3 stated or awhile after his feeding, bed around 8:30 or 9:00 d 9:30 P.M., one of the direct her and reported that R1 was hig sounds in his upper chest. own to assess R1, took his orded his temperature which E3 stated that she did hear at R1's bronchial area which at R1. There is no evidence within levels were checked. There was not breath. There is no evidence within levels were checked. There is no evidence within levels were checked. There is no evidence was not breath. There is no evidence which has not breath.	W99	999			

	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) M A. BUI		IPLE CONSTRUCTION	(X3) DATE SURV COMPLETED	
		14G048	B. WIN	NG _			C 0/2006
	PROVIDER OR SUPPLIER		•	3	REET ADDRESS, CITY, STATE, ZIP CODE 800 CHURCH STREET ZEIGLER, IL 62999		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES ' MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREF TAG		PROVIDER'S PLAN OF CORREC (EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APP DEFICIENCY)	OULD BE	(X5) COMPLETION DATE
W9999	R1 gets sick really without being check Per interview with EP.M., E8 said that sright" after his feedinad a different type so she took his tem degrees, and tried could not get a read nurse (E3) that R1 responded that R1 R1's breathing sour According to an interpolation of the said his breathing was rattling well. E9 said his breathing was rattling vibrations in repositioned him. Ewarm, like he had a reported this to both responded. Per interview with EP.M., E10 stated the took R1 to the bath rattling noise in his	ursing shift log. E5 said that fast and "we can't leave him	W99	999			