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

AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 145713		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING			COMPLETED C 02/16/2006	
		B. WIN	G				
NAME OF PROVIDER OR SUPPLIER MOMENCE MEADOWS NURSING CENTER				5	REET ADDRESS, CITY, STATE, ZIP CODE 00 SOUTH WALNUT 10MENCE, IL 60954	02/10	3/2000
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFI TAG		PROVIDER'S PLAN OF CORRECT (EACH CORRECTIVE ACTION SHOULD I REFERENCED TO THE APPROPRIATE D	BE CROSS-	(X5) COMPLETION DATE
F 323	on new van policy a downs and new sea 6. Starting 2/20/06 downs and seat be inspections. 7. On 2/20/06 the b	ransport staff were inserviced and procedures regarding tie	F3	323			
F9999	FINAL OBSERVAT LICENSURE VIOLA 300.1210(a)(5) 300.1210(b)(6) 300.3240(a)	TIONS ATIONS: General Requirements for	F99	999			
	a) The facility must and services to atta practicable physica well-being of the re each resident's conplan of care. Adequation of care and peto each resident to personal care need measures shall incl following procedure 5) All nursing personal care resident to personal care need measures shall incl following procedures the following procedures the following personal care resident to personal care need measures shall incl following procedures the following procedures the following personal care resident to personal care resident to the following procedures the following personal care resident to personal care resi	provide the necessary care ain or maintain the highest II, mental, and psychological sident, in accordance with aprehensive assessment and late and properly supervised ersonal care shall be provided meet the total nursing and its of the resident. Restorative ude at a minimum the					

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 145713			(X2) M A. BUI		PLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
		B. WIN			C 02/16/2006		
NAME OF PROVIDER OR SUPPLIER MOMENCE MEADOWS NURSING CENTER				50	EET ADDRESS, CITY, STATE, ZIP CODE 00 SOUTH WALNUT IOMENCE, IL 60954	, <u> </u>	<i>3,</i> 2000
(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 CORE PREFIX (EACH CORRECTIVE ACTION SHOL TAG REFERENCED TO THE APPROPRIAT		LD BE CROSS- COMPLÉTI	
F9999	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)		F99	999			

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145713		B. WIN			C 02/16/2006		
NAME OF PROVIDER OR SUPPLIER MOMENCE MEADOWS NURSING CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE 500 SOUTH WALNUT MOMENCE, IL 60954				
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)		ID PREFI TAG	FIX (EACH CORRECTIVE ACTION SHOULD BE		BE CROSS-	(X5) COMPLETION DATE
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		B. WIN					
NAME OF PROVIDER OR SUPPLIER MOMENCE MEADOWS NURSING CENTER			1	5	REET ADDRESS, CITY, STATE, ZIP CODE 00 SOUTH WALNUT MOMENCE, IL 60954		
(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
F9999	PROVIDER OR SUPPLIER ICE MEADOWS NURSING CENTER SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)		F99	999			

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NAME OF PROVIDER OR SUPPLIER MOMENCE MEADOWS NURSING CENTER				STREET ADDRESS, CITY, STATE, ZIP CODE 500 SOUTH WALNUT MOMENCE, IL 60954				
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES X (EACH DEFICIENCY MUST BE PRECEEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)			ID PROVIDER'S PLAN OF CONTROL OF		BE CROSS-	(X5) COMPLETION DATE	
F9999	Continued From pa	nge 8	F99	999				