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

AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) M A. BUI		IPLE CONSTRUCTION NG	(X3) DATE SURVEY COMPLETED	
	145008		B. WING			C 12/22/2005	
NAME OF PROVIDER OR SUPPLIER FAIR ACRES NURSING HOME				5	STREET ADDRESS, CITY, STATE, ZIP CODE 514 EAST JACKSON DU QUOIN, IL 62832		
(X4) ID PREFIX TAG			ID PREFI TAG		PROVIDER'S PLAN OF CORRECT (EACH CORRECTIVE ACTION SHOULD REFERENCED TO THE APPROPRIATE D	BE CROSS-	(X5) COMPLETION DATE
F 498	Continued From pa	ge 8	F4	198			
	This REQUIREMEN:	NT is not met as evidenced by					
	failed to provide cor	view and interviews the facility mpetency skill reviews for past year for a all certified byed by the facility.					
	Findings include:						
	personnel files by E certified nursing aid review for skills and care for residents' r training was done 9 reviews have been 10 certified nurses	w of employee nursing aide in (Administrator), only 1 le had a compency checklist if techniques necessary to needs (E12 last proficiency 19-14-96). No competency skills done in the past year for the laides currently employed by led by interview with E1 on 12-					
F9999	FINAL OBSERVAT	IONS	F99	999			
	and services to atta practicable physica well-being of the re- each resident's con plan of care. Adequ	provide the necessary care in or maintain the highest l, mental, and psychological sident, in accordance with aprehensive assessment and late and properly supervised ersonal care shall be provided					

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

		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING			(X3) DATE SURVEY COMPLETED	
		145008	B. WIN	NG _		C 12/22/2005	
NAME OF PROVIDER OR SUPPLIER FAIR ACRES NURSING HOME				5	REET ADDRESS, CITY, STATE, ZIP CODE 514 EAST JACKSON DU QUOIN, IL 62832	12121	2/2003
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEEDED BY FULL REGULATORY OR LSC 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	PROVIDER OR SUPPLIER SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)		F99	999			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) M A. BU		IPLE CONSTRUCTION IG	JRVEY TED	
		145008	B. WI	B. WING		C 12/22/2005	
NAME OF PROVIDER OR SUPPLIER FAIR ACRES NURSING HOME			•	5	REET ADDRESS, CITY, STATE, ZIP CODE 14 EAST JACKSON DU QUOIN, IL 62832		
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F9999	1. R4 is a 83 year facility 5-02-03 with Alzheimer's Demer November physicia Minimum Data Set states R4 has a lon problem and is more making (daily decis required). R4 also he perception of aware wanders throughout Per interview with his aware of her nandate. R4 thought she know where it was be ambulatory throughout the front entrance. Administrator) on 1 electronic monitorinal admission. R4 was reassessed Assessment Risk Fhigh risk. A care play as an elopement including: electronic redirection, reward resident leaves the followed and use a as a last resort. Acre 12-14-05 at 12:10p location checks sin	old resident admitted to the diagnoses that include atia according to the n's orders. R4's Annual Assessment done on 5-4-05 g and short term memory derately impaired for decision ions poor, cues/supervision has periods of altered eness of surroundings and	F9:	999			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) M A. BUI		PLE CONSTRUCTION G	JRVEY TED	
		145008	B. WIN			C 12/22/2005	
NAME OF PROVIDER OR SUPPLIER FAIR ACRES NURSING HOME			•	51	EET ADDRESS, CITY, STATE, ZIP CODE 14 EAST JACKSON U QUOIN, IL 62832		
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F9999	are responsible for documenting it on a does not address the to be done for R4's with interviews with on 12-20-05 at 10:3 E8 (Licensed Practinterviews on 12-19 minute checks were on the day and ever minute location checks through 11-22-05 re R4 on the 6am-2pm Specifically the time through 9:45pm we interview with E1 or Per facility incident interview with E8 or brought back to the pm by a motorist past Street after being gestimated 10-15 mi seen in the facility's at 6:45pm and the facility at 6:45pm and the facility mas gone until the R4 back to the facility mand R4 was in the was not aware brought into the facility on 1 resident was walking the second of the facility on 1 resident was walking the second of the facility on 1 resident was walking the second of the facility on 1 resident was walking the second of the facility on 1 resident was walking the second of the facility on 1 resident was walking the second of the facility on 1 resident was walking the second of the facility on 1 resident was walking the second of the facility on 1 resident was walking the second of the facility on 1 resident was walking the second of the facility on 1 resident was walking the second of the facility on 1 resident was walking the second of the facility on 1 resident was walking the second of the facility on 1 resident was walking the second of the facility on 1 resident was walking the second of the facility on 1 resident was walking the second of the facility on 1 resident was walking the second of the facility of the facility on 1 resident was walking the second of the facility of t	checking R4's location and a flowsheet. R4's care plan coordinator) and a flowsheet. R4 (Administrator) and a flowsheet. R4 (Administrator) and a flowsheet. R5 (Administrator) and a flowsheet. R5 (Administrator) and a flowsheet. R6 (Administrator) an	F99	999			

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		145008	B. WIN	IG		C 12/22/2005		
NAME OF PROVIDER OR SUPPLIER FAIR ACRES NURSING HOME			•	51	EET ADDRESS, CITY, STATE, ZIP CODE 14 EAST JACKSON UU QUOIN, IL 62832			
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F9999	wife was a past em a resident of this fa 4 back to the facility assisted R4 back to R4 was found apprentrance to this fac walking east along past the entrance to address 604 East Jupon return to the f. E8 stated R4 was when she returned bracelet sounded a E8 and E6 both sta working on 11-22-0 door alarm went off pushed on the exit No other door alarm pm and 7:05pm, ve 12-19-05 at 1:50pm pm. E8 and E6 both through the unalarr interview with E5 (of the inside kitchen of 22-05 evening mean between 6:45pm ar snacks to the nurse bathroom. The kitch this time. Z1, physician, state on 12-20-05 at 1:15 needs constant supsafe to be outside a diagnosis. Z1 state	ployee and recognized R4 as cility. His wife was escorting R and E8 met the wife and the facility. According to E8, oximately 300 feet from the facility. R4 was on the sidewalk East Jackson Street and was another nursing facility (ackson). E8 assessed R4 acility and no injuries occurred confused to time and place R4's electronic monitoring R4 reentered the facility. The facility and no alarms were 5 pm. They stated the A hall when another resident door at approximately 6:45pm. They stated the A hall when another resident door at approximately 6:45pm. They stated R4 may have exited the facility on the facility of the facility of the facility. The facility and no injuries occurred confused to time and place R4's electronic monitoring the facility. The facility and no injuries occurred confused to time and place the facility. The facility and no injuries occurred confused to the facility. The facility and no injuries occurred confused the facility of the facility of the facility of the facility. The facility and no injuries occurred confused to the facility of the fa	F99	999				

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	35pm with E4 (Main from the kitchen did when opened. E4 s process of installing. 2. Per review of for the facility to be at residents did not had care plans with interprevent elopement.	ntenance), the two exit doors of not have an audible alarm stated the electrician is in the gran alarm system. The property of the two exit doors of not have an audible alarm stated the electrician is in the gran alarm system. The property of the two exit doors of the property of the						