STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION		PLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
AND FLAN OF CONNECTION		IDENTIFICATION NOWIBER.	A. BUILDING		G	OOWII EE	ILD
		145610	B. WIN	G		10/20	0/2005
NAME OF PROVIDER OR SUPPLIER					EET ADDRESS, CITY, STATE, ZIP CODE		
BLOOMI	NGTON REHABILITA	TION & HCC			925 SOUTH MAIN STREET LOOMINGTON, IL 61701		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFI TAG	х	PROVIDER'S PLAN OF CORREC' (EACH CORRECTIVE ACTION SHOULD REFERENCED TO THE APPROPRIATE D	BE CROSS-	(X5) COMPLETION DATE
F 458	meet the needs of t perform care. Revi Size Waiver Assess	age 11 brovide adequate space to the residents and for staff to sew of monthly facility Room sments reflected no size-related problems.	F 4	58			
F9999	FINAL OBSERVAT	TONS	F99	99			
	STATE VIOLATION THE ANNUAL SUR	_					
	300.610 a) 300.1010 h) 300.1210 a) 300.1210 b) 300.1210 b) 3) 300.1210 b) 6) 300.1630 e)						
	procedures, govern the facility which sh Resident Care Police least the administrate the medical advisor representatives of rethe facility. These police with the Act and all. These written police operating the facility least annually by the written, signed and meeting.	nursing and other services in policies shall be in compliance rules promulgated thereunder icies shall be followed in y and shall be reviewed at his committee, as evidenced by dated minutes of such a					
		otify the resident's physician ury, or significant change in a					

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NAME OF PROVIDER OR SUPPLIER BLOOMINGTON REHABILITATION & HCC			'	19	PEET ADDRESS, CITY, STATE, ZIP CODE 1925 SOUTH MAIN STREET 18LOOMINGTON, IL 61701		
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F9999	safety or welfare of limited to, the prese decubitus ulcers or percent or more wit facility shall obtain plan of care for the accident, injury or of notification. The facility must pr services to attain or practicable physical well-being of the reeach resident's complan of care. Adeq nursing care and put o each resident to personal care need General nursing care the following and sistence of determining care refurther medical evaluated by nursing st resident's medical evaluated by nursing st resident and assistance to put the properties of accident nursing personnel st that each resident is and assistance to put the properties of accident in and assistance to put the properties of accident in and assistance to put the properties of accident in and assistance to put the properties of accident in and assistance to put the properties of accident in and assistance to put the properties of accident in and assistance to put the properties of accident in and assistance to put the properties of accident in and assistance to put the properties of accident in a put the proper	that threatens the health, a resident, including, but not ence of incipient or manifest a weight loss or gain of five thin a period of 30 days. The and record the physician's care or treatment of such thange in condition at the time ovide the necessary care and maintain the highest I, mental, and psychosocial sident, in accordance with aprehensive assessment and uate and properly supervised ersonal care shall be provided meet the total nursing and is of the resident. The shall include at a minimum hall be practiced on a 24-hour, pasis: The one of changes in a resident's mental and emotional and encounted and the need for luation and treatment shall be aff and recorded in the record. Sutions shall be taken to dents' environment remains hazards as possible. All shall evaluate residents to see receives adequate supervision.	F99	999			

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F9999	and the consultant shall be made in the the error or reaction incident report. These regulations winterview and record the facility failed to: [1] Keep all poured supervision at all tir [2] Secure prompt resident's compromerror occurred. Five before staff success following R12's ingerescribed medicated This failure allowed sample to take anoresulting in R12 expressure, low blood lethargy, requiring the Findings include: R12's admission readmitted on 12/19/8 Mellitus, Manic Dep Bipolar, Esophagea Coronary Artery Dis Prostatic Hypertrop most recent annual shows that R12 is run an incident report and signed by E3, I (LPN) indicates that	ed to the resident's physician pharmacist. An entry thereof e resident's clinical record and a shall also be described in an evere not met based on de review which revealed that medications under direct mes during a medication pass. Medical assessment of a mised status after a medication e and one-half hours elapsed sfully contacted the physician estion of another resident's	F99	999			

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	NAME OF PROVIDER OR SUPPLIER BLOOMINGTON REHABILITATION & HCC			19	REET ADDRESS, CITY, STATE, ZIP CODE 925 SOUTH MAIN STREET BLOOMINGTON, IL 61701		
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F9999	R12 took R22's me Interview with E3, of that on the evening prepared medication different soufflé cup the medication to the rigiturned away, R12 medication cart, picturned away, R12 medication cart, picturned away, R12 medication cart, picturned away, R12 medication administed that she che R12 had taken R22 Medication administed 2005 show that on dose of Lithium Carthen, at 5:35PM, to Carbonate 600mg, 600mg. Nurses' notes date reveal R12 ingested At 6:45PM R12 was and his/her oxygen 79%. E3 started ox cannula, "as nursin administration of ox level was up to 96% signs are recorded - 66, Respirations - Blood Pressure - 10 Nurses' notes for 1 nurse, recorded vital	dication at 5:35PM. In 10/11/05 at 2:45PM, found of 9/04/05 at 5:35PM E3 ins for R12 and R22 in two is and placed them on top of it. E3 stated that there was a ght of her and, when she eached on top of the cked up one of the cups and box the medications. E3, LPN cked the cups and found that it's pills. Itration records for September 9/04/05 R12 had taken his rebonate 300mg at 2:00PM and ook R22's doses of Lithium Seroquel 250mg, and Motrin in it is experiencing slurred speech saturation level was down to expen at 2 liters per nasal g measure." Following the experiencing slurred speech saturation in it is experiencing slurred speech saturation level was down to expen at 2 liters per nasal g measure." Following the expense of the oxygen saturation in its experiencing slurred speech saturation in its expense of the oxygen saturation is its expense of the oxygen is its expense of the	F99	999			

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F9999	exhibiting slurred sinurses notes dated paged Z2 again wit to send R12 to the evaluation and /or timessage on the an Director of Nursing. Interview with E3 or that no physician hand returned his pacalled 911, (Emergishe waited and repinurse at 10:30PM. Interview with Z3, Eon 10/13/05 at 8:30 brought into the emevaluation and whe lethargic but stable the effects on R12 Lithium, Motrin and own medications, Zibeen a very serious returned to the nursing 30AM. The dischall had orders to continuation of the 2005 reflects that, Seroquat a low dose, (25m Physicians Desk Remedication like Mot plasma levels or effects reactions adverse reactions.	ng of dizziness, lethargy, and beech. According to the 9/04/05 at 10:30PM, E5 h Z2 calling back giving orders emergency room for reatment. E5 also left a swering machine for the to call. n 10/11/05 at 2:45PM found ad been contacted and Z2 had ge. E3 also said she had not ency Services). E3 said that orted the incident to the night emergency Room Physician and PM found that R12 was bergency room for an en R12 arrived he was still. When Z3 was asked about taking these medications (Seroquel) in addition to his 33 stated that, "it could have a situation." R12 was sing home at approximately 1: rege summary dated 9/05/05	F99	999			

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F9999	peripheral edema, like symptoms. The facility emerge is an emergency s	abdominal pain, and other fluency policy states that if there ituation and no one can be ty staff can call 911 for	F999	99		