		I AND HUMAN SERVICES			FORM	03/07/2006 APPROVED 0938-0391
STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		(X2) MULTI A. BUILDIN	PLE CONSTRUCTION G	(X3) DATE SURVEY COMPLETED		
		145769	B. WING _		C 12/02/2005	
NAME OF P	ROVIDER OR SUPPLIER			REET ADDRESS, CITY, STATE, ZIP CODE		
FRIENDS	SHIP HOME			26 NORTH HIGH CARLINVILLE, IL 62626		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORREC (EACH CORRECTIVE ACTION SHOULD REFERENCED TO THE APPROPRIATE D	BE CROSS-	(X5) COMPLETION DATE
F 324	Continued From pa	ge 5	F 324			
	delay's duration wa seconds to fifteen s	s decreased from thirty seconds.				
	 6. On 11/23/05, a mailer was sent out to all family members informing them that the front door alarm's delay code was changed. The letter also alerted family members to be watchful of residents following them outside the facility and to be sure to alert staff if residents are lingering near the front doors. 7. On 11/29/05, the fifteen minute checks were changed back to thirty minute checks. 8. On 11/30/05, an inservice on wandering/ elopement behaviors was given to staff by Z4 (Consultant). 					
F9999	FINAL OBSERVAT	IONS	F9999			
	Licensure Violation 300.1210a)	S				
	300.1210b)6 300.2900d)2					
	Nursing and Person a) The facility must and services to atta practicable physica well-being of the re each resident's com plan of care. Adequ nursing care and po	provide the necessary care ain or maintain the highest I, mental, and psychological sident, in accordance with nprehensive assessment and late and properly supervised ersonal care shall be provided meet the total nursing and				

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		AND HUMAN SERVICES & MEDICAID SERVICES		PRINTED: 03/07/2006 FORM APPROVED OMB NO. 0938-0391			
STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING			(X3) DATE SURVEY COMPLETED		
		145769	B. WI	٩G _		C 12/02/2005	
NAME OF P	ROVIDER OR SUPPLIER				REET ADDRESS, CITY, STATE, ZIP CODE		
FRIENDS					826 NORTH HIGH CARLINVILLE, IL 62626		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	MUST BE PRECEEDED BY FULL	ID PREF TAG		PROVIDER'S PLAN OF CORREC (EACH CORRECTIVE ACTION SHOULD REFERENCED TO THE APPROPRIATE D	BE CROSS-	(X5) COMPLETION DATE
F9999	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) Continued From page 6 b) General nursing care shall include at a minimum the following and shall be practiced on a 24-hour, seven day a week basis: 6) All necessary precautions shall be taken to assure that the residents' environment remains as free of accident hazards as possible. All nursing personnel shall evaluate residents to see that each resident receives adequate supervision and assistance to prevent accidents. Section 300.2900 General Building Requirements d) Doors and Windows 2) All exterior doors shall be equipped with a signal that will alert the staff if a resident leaves the building. Any exterior door that is supervised during certain periods may have a disconnect device for part-time use. If there is constant 24 hour a day supervision of the door, a signal is not required. Based on observation, interview and record review the facility failed to provide adequate supervision to prevent the elopement of one resident (R1) of 4 residents assessed by the facility to be elopement risks at the time of the incident. This supervision lapse resulted in R1 eloping from the facility without staff knowledge on 11/18/05. E3 (Licensed Practical Nurse - LPN) saw R1 at approximately 4:40 PM in her room with her coat on and verbally prompted her to take it off, just before being asked to assist someone else. At about 5:00 PM, R1 was noticed missing. A search ensued. R1 was found at a local shopping plaza about 1/2 mile away at 5:18 PM.		F9	999			

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		I AND HUMAN SERVICES & MEDICAID SERVICES				FORM	03/07/2006 APPROVED 0938-0391
STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING			(X3) DATE SURVEY COMPLETED	
		145769	B. WI	NG _		C 12/02/2005	
NAME OF P	ROVIDER OR SUPPLIER				TREET ADDRESS, CITY, STATE, ZIP CODE		
FRIENDS	SHIP HOME				826 NORTH HIGH CARLINVILLE, IL 62626		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREF TAG	IX	PROVIDER'S PLAN OF CORRECT (EACH CORRECTIVE ACTION SHOULD E REFERENCED TO THE APPROPRIATE DI	BE CROSS-	(X5) COMPLETION DATE
F9999	Continued From pa	ige 7	F9!	999	9		
	Findings include:						

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		AND HUMAN SERVICES		FORM	03/07/2006 APPROVED 0938-0391		
STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		(X2) M A. BUI		IPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED		
		145769	B. WI	NG _		C 12/02/2005	
NAME OF P	ROVIDER OR SUPPLIER				REET ADDRESS, CITY, STATE, ZIP CODE		
FRIENDS					326 NORTH HIGH CARLINVILLE, IL 62626		
(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	Continued From pa	ge 8	F99	999			
	and written as part investigation, indica she saw R1 walk ou states, "In the mear her [R1] walk out th On 11/29/05, E3 an details of the eloper above. E5 did the s 05. On 11/29/05, E1 (A most likely followed	e statement, dated 11/18/05 of the facility's incident ates Z2 (visitor) told her that ut with two other visitors. It in timeshe [Z2 - visitor] saw e door with two visitors." ad E6 verbally verified the ment incident as described ame in an interview on 11/30/ dministrator) indicated that R1 a visitor out the front door. E					
	1 indicated that at the time of the incident the front door's alarm had a 30 second time period, in which the alarm was by-passed, when the key pad's code was punched in. This allowed visitors and staff to exit without setting off the loud alarm. E1 indicated that since the incident, the by-pass time delay for the alarm has has been reset to be only 15 seconds. In addition, the code was changed and all family members were given written notice of the new code and the need to watch for other residents who may follow them out.						
	had no recall of the "I'm not saying I did	0 PM, R1 was interviewed. R1 elopement incident. R1 said, In't, I just don't remember oriented to self, but not to					
		er sheet dated for 11/05 agnoses which include ncope.					
	R1's Minimum Data	a Set (Resident Assessment					

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		HAND HUMAN SERVICES				FORM	03/07/2006 APPROVED 0938-0391	
		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	` '	(X2) MULTIPLE CONSTRUCTION A. BUILDING			(X3) DATE SURVEY COMPLETED	
		145769	B. WI	NG _		C 12/02/2005		
NAME OF P	ROVIDER OR SUPPLIER				REET ADDRESS, CITY, STATE, ZIP CODE			
FRIENDS	SHIP HOME				326 NORTH HIGH CARLINVILLE, IL 62626			
(X4) ID PREFIX TAG	(EACH DEFICIENCY	ATEMENT 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	Continued From pa	age 9	F9	999				
		10/11/05, indicates that R1's daily decision making are ed.						
	that R1 ambulates have no problems a walking, but due to know where she's a	cated on 12/01/05 at 3:30 PM quite well, that she would avoiding hazards while her Dementia she "doesn't at" and "wouldn't remember a to her a few minutes ago."						
	23/05 and signed b a comment section "Nursing requested Therapy]. Pt [R1] p [treatment] from 2/0 D/C [discharge] pt compensatory men verbal cues to assis events. STM [short have markedly [dec w/ [increased] confi	ry Screening Form, dated 11/ by Z3 (Speech Therapist), has stating: d re-screen by ST [Speech reviously seen for cognitive tx 07/05 thru 4/15/05. At time of was able to use some nory techniques along w/ st orientation & recall of daily term memory] appears to creased] since that time along usion. Do not feel pt would rther ST intervention @ this						
	temperature on the 05) had a high of 44 nursing home is loc neighborhood two b (Route 4) which par speed limit of 30 m neighborhood has s of the streets. Befo	anel web-site indicated the e day of the elopement (11/18/ 8 degrees Fahrenheit. The cated in a residential blocks East of a busy highway sses through the town, with a iles an hour. The residential sidewalks to one side of some re residing at the nursing he area to the South of the						

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