		AND HUMAN SERVICES				FORM	10/26/2006 APPROVED 0938-0391
STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING			(X3) DATE SURVEY COMPLETED		
		145729	B. WII	NG _		C 06/13/2006	
NAME OF P	ROVIDER OR SUPPLIER			ST	REET ADDRESS, CITY, STATE, ZIP CODE		
CARLYLE HEALTHCARE CENTER					501 CLINTON STREET CARLYLE, IL 62231		
(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 REFERENCED TO THE APPROPRIATE D	BE CROSS-	(X5) COMPLETION DATE
F 324	Continued From pa	ge 4	F	324	L		
	. The Facility took the immediacy:	he following actions to remove					
F9999	FINAL OBSERVAT LICENSURE VIOL/		F9	999			
	300.1210b)3) 300.1210b)6) 300.3100d)2)						
	Section 300.1210 C Nursing and Person	General Requirements for nal Care					

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPLE CONSTRUCTION A. BUILDING			(X3) DATE SURVEY COMPLETED	
		145729	B. WI	NG _		C 06/13/2006	
NAME OF P	ROVIDER OR SUPPLIER			ST	REET ADDRESS, CITY, STATE, ZIP CODE		
CARLYL	E HEALTHCARE CEN	ITER			501 CLINTON STREET CARLYLE, IL 62231		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	ATEMENT OF DEFICIENCIES MUST BE PRECEEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREF TAG		PROVIDER'S PLAN OF CORREC (EACH CORRECTIVE ACTION SHOULD REFERENCED TO THE APPROPRIATE D	BE CROSS-	(X5) COMPLETION DATE
F9999	Continued From pa	ige 5	F99	999			
	minimum the follow	care shall include at a ring and shall be practiced on					
	a 24-hour, seven da 3)Objective observa	ay a week basis: ations of changes in a					
	resident's condition	, including mental and					
	and determining ca	, as a means for analyzing re required and the need for					
	further medical evaluation and treatment shall be made by nursing staff and recorded in the						
	resident's medical r	record.					
		ecautions shall be taken to idents' environment remains					
	as free of accident	hazards as possible. All					
	that each resident r	shall evaluate residents to see receives adequate supervision					
	and assistance to p						
		Building Requirements ors shall be equipped with a					
	signal that will alert	the staff if a resident leaves					
		xterior door that is supervised ods may have a disconnect					
		e use. If there is constant 24 sion of the door, a signal is not					
	required.	sion of the door, a signal is not					
		view and interview, the					
		ovide adequate supervision to tent of 1of 4 residents (R1) on					
	the sample who ha	ve been assessed by the					
		high risk for elopement. R1, mpaired, left the Facility on 6/3 wledge of staff.					
	Findings include:						
		resident with diagnoses, in Type Dementia, Macular					

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		AND HUMAN SERVICES				FORM	10/26/2006 APPROVED 0938-0391		
		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) M A. BUI		TIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED			
		145729	B. WIN	NG _			C 3/2006		
NAME OF P	PROVIDER OR SUPPLIER				REET ADDRESS, CITY, STATE, ZIP CODE				
CARLYL	E HEALTHCARE CEN	ITER	501 CLINTON STREET CARLYLE, IL 62231						
(X4) ID PREFIX TAG	(EACH DEFICIENCY		ID PREF TAG	IX	PROVIDER'S PLAN OF CORRECT (EACH CORRECTIVE ACTION SHOULD I REFERENCED TO THE APPROPRIATE D	BE CROSS-	(X5) COMPLETION DATE		
F9999	Continued From pa	age 6	F9:	999)				
	 (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) Continued From page 6 Degeneration and COPD. R1's medications include Seroquel 25 mg three times a day, Namenda 10 mg twice a day and Aricept 10 mg at bedtime. R1's Facility Plan of Care, dated 3/9/06, shows that he utilizes a wheeled walker for ambulation and has a behavior of "Expressions of what appears to be unrealistic fears as exampled by speaking to others that are not present/wandering hallways and being oblivious to his and others safety." The Facility "Fall Risk Assessment" for R1, dated 3/13/06, states that he is at high risk for falls. R1's Facility Resident Assessment Protocols (RAP's), dated 3/14/06, state "Behavioral Symptoms: wandering hallways being oblivious to his and others safety. Psychotropic Drug Use: he has had episodes of talking to imaginary people and wanders and is unaware of own safety." R1's Facility Minimum Data Set (MDS), dated 3/13/06, states that he has short and long term memory problems and is moderately cognitively impaired. Facility investigation states that on 6/3/06 "(R1) ambulated past the nurses station at 2:50 PM and (R1) was not on the back parking lot or on the front grounds. At 3:10 PM, E3 noted (R1) across the front parking sign on this side of the street - went in for assistance and two aides and a nurse ran to (R1). E14 was the first person to get to (R1) as he was at the intersection of Clinton and 5th streets. (R1) was 110 steps from the building. He 								

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		145729	B. WI	NG _		C 06/13/2006	
NAME OF P	ROVIDER OR SUPPLIER				REET ADDRESS, CITY, STATE, ZIP CODE		
CARLYLE HEALTHCARE CENTER					501 CLINTON STREET CARLYLE, IL 62231		
(X4) ID PREFIX TAG	(EACH DEFICIENCY		ID PREF TAG	IX	PROVIDER'S PLAN OF CORRECT (EACH CORRECTIVE ACTION SHOULD REFERENCED TO THE APPROPRIATE D	BE CROSS-	(X5) COMPLETION DATE
F9999	Continued From pa	ige 7	F9:	999	9		
	 (EACH DEFICIENCY MUST BE PRECEEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) Continued From page 7 with his walker. The weather was 85 degrees and sunny, there was a light breeze blowing and the patient was standing in the grass. There was flat ground where he was standing and he had a steady balanced gait, he was anxious looking for his three children which he thought were outside. The patient was not resistive to come back in the nursing home. The Certified Nurses Aide walked him up to the road and then ambulated him back in with his walker. The nurse assessed him and the patient had no injuries. The patient remained anxious looking for his children, visual checks were started. Ativan 0.5 mg was ordered every 4 hours PRN (as needed). The patient was admitted to a Behavioral Unit on Monday, June 5, 2006 with consent of family." E1, Administrator, and E2, Director of Nurse, were both interviewed concerning the incident. Both stated that R1 had a history of wandering the halls and seeing things that were not there, however he had never attempted leaving the building prior to this incident. E2 stated that R1's hallucinations had seem to be increasing prior to his elopement - he was seeing pigs and people who weren't there. R1 said that E2 told her "I know that you don't see them (the pigs) but I do". Both E1 and E2 stated that R1 could move " pretty fast" with his wheeled walker. E2 state that the Facility investigation shows that R1 was outside of the Facility for approximately 20 minutes before E3 saw him. E3, nurse, stated on 6/7/06 that she was leaving work at about 3:10 PM and saw R1 walking away 						

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		145729	B. WI	NG		C 06/13/2006	
NAME OF P	ROVIDER OR SUPPLIER				REET ADDRESS, CITY, STATE, ZIP CODE		
CARLYLE HEALTHCARE CENTER					01 CLINTON STREET CARLYLE, IL 62231		
(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 REFERENCED TO THE APPROPRIATE D	BE CROSS-	(X5) COMPLETION DATE
F9999	Continued From pa	ige 8	F9:	999			
		was done immediately. Four a went back and brought R1					
	Unit. R1 was asked the Facility and he was asked about le	interviewed at the Behavioral d if he remembered being at stated yes, however when he eaving the Facility, R1 become d about his daughter picking I down.					
	1 stated that R1 sh	was interviewed on 6/7/06. Z ould not be outside of the ed and could not recognize ronment.					
	an elementary scho family dwellings to architectural busine east. Clinton Street of the Facility and is oil and chip road. C to the north at the s property and leads approximately 1 mi found at the southw property, at Clinton from the corner of t Weather Bureau cli						
		(A)					

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