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 CORRECTION IDENTIF		SEATH TO ATTOM NOMBER.	A. BUILDING		G	C	
		14E178	B. WIN	NG _			3/2006
NAME OF P	ROVIDER OR SUPPLIER			E	EET ADDRESS, CITY, STATE, ZIP CODE AST MONROE STREET		
OLAT BE				С	UBA, IL 61427		
(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 9	F;	324			
	monitor and electro	nic bracelet alarm system.					
F9999	FINAL OBSERVAT LICENSURE VIOLA		F99	999			
	300.1210b)6)						
	Nursing and Person b) General nursing minimum the follow a 24-hour, seven da 6) All necessary pro- assure that the resi as free of accident nursing personnel s	care shall include at a ring and shall be practiced on ay a week basis: ecautions shall be taken to dents' environment remains hazards as possible. All shall evaluate residents to see receives adequate supervision					
	review, the facility fr supervising resident 13 residents (R1) a . R1 left the facility staff. The facility fa Electronic Monitorin properly. The facility	ructions for weekly testing of					
	Findings include:						
	:45 AM regarding a 20/06 at 11:53 AM information: R1 mu	was interviewed on 6/2/06 at 8 n incident that occurred on 5/. E1 provided the following ust have went out the front ors that are alarmed with the "					

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION			(X3) DATE SURVEY COMPLETED		
		14E178		B. WING			2	
NAME OF P	ROVIDER OR SUPPLIER	142170		STR	EET ADDRESS, CITY, STATE, ZIP CODE	1 06/08	8/2006	
CLAYBE	RG, THE				AST MONROE STREET UBA, IL 61427			
(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 10 EMD" system are the back door and the front door. A Housekeeper (E4) was outside the south /back door during time frame that she (R1) left. All other exit doors were locked and no alarms sounded. All other exit doors have to be manually shut. The alarms to those doors have to be manually turned off with a key. I (E1) received a phone call at home at approximately 12:00 PM on Saturday, May 20, 2006 from the nurse on duty. He stated that this resident (R1) had been in the facility's dining room with the staff at approximately 11:53 AM the staff was unable to locate this resident. The nurse alerted all on duty staff. The entire facility and grounds were searched immediately, and then I was notified. 911 was called and all local emergency response personnel assisted with the search, along with many off duty employees, neighbors, and many others from the community. I arrived at the facility at approximately 12:10 PM and found all "EMD" door alarms to be functioning properly. The resident (R1) was located and returned to the facility at approximately 12:20 PM. The resident (R1) was located and returned to the facility by a local resident of the community. R1 was conscious, alert, and pleasantly confused. The staff had stated the "EMD" alarm system didn't alarm during the timeframe for which (R1) had left the facility, but they remember it sounding throughout the morning on other occasions. Faxed Incident report dated 5/21/06 sent to Illinois Department of Public Health verifies the information. Further interview with E1, Administrator on 6/2/06 at 8:45 AM also stated: "(R1) is ambulatory with		F99	999				

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) M A. BUI		IPLE CONSTRUCTION IG	(X3) DATE SURVEY COMPLETED		
		14E178	B. WIN	IG _		C 8/2006		
NAME OF PROVIDER OR SUPPLIER CLAYBERG, THE			•	E	REET ADDRESS, CITY, STATE, ZIP CODE EAST MONROE STREET CUBA, IL 61427			
(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 CORREC (EACH CORRECTIVE ACTION SHOULD REFERENCED TO THE APPROPRIATE D	BE CROSS-	(X5) COMPLETION DATE	
F9999	alarm system befor 1 stated, "If we know that day there is not move people aroun feel that is enough purposely checking member) do checks kept of that". R1 is an 82 year old with a diagnosis of current Physician's Data Set) dated 4/1 SKILLS FOR DAIL'S documents R1 as "also documents und wanders" daily. EL ASSESSMENT dat of "7" on a scale of High Risk for elope Resident is a high runattended". On 6/2/06 at 10:55 enclosed patio area R1 was noted with questioned regarding street. R1 replied, the middle". R1 was town, would she known, would she known, would she known, would she known, would here" (points). Further interview.	ace for checking the "EMD" e R1's elopement incident. E w that it has gone off earlier point in checking it". "We d so much every day that we to check the system, versus the system". "They (any staff is periodically but no logs are d widowed female resident Alzheimer's and Dementia per order sheet. MDS (Minimum 3/06 under COGNITIVE Y DECISION- MAKING Moderately Impaired". MDS der behaviors that R1 "	F99	999				

		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING			(X3) DATE SURVEY COMPLETED		
		14E178	B. WING			C 06/08/2006		
NAME OF PROVIDER OR SUPPLIER CLAYBERG, THE				Е	EET ADDRESS, CITY, STATE, ZIP CODE AST MONROE STREET EUBA, IL 61427			
(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 CORRECTI (EACH CORRECTIVE ACTION SHOULD B REFERENCED TO THE APPROPRIATE DE	E CROSS-	(X5) COMPLETION DATE	
F9999	Interview with Z1, (10 AM stated the forwalking earlier arou anything of it. Ten knocked on my door serves on the resculant had seen an elderly nursing home. I sawith flowers, blue jesaid, "Yes". I got in and saw her in the nobody lived. She approached her and she would like to tawho I was and that She said, "Well that her about 12:45 PM husband was out loback at the facility sthat". I asked, "Do doing was looking further stated that Foare and knew that wrong. Interview with E3, L) on 6/2/06 at 10:00 Before lunch a CNA to me at 11:45 AM said I just saw her sroom. (R1) was and doors. I told the CN came back, then I hrooms then told mulaundry that (R1) wididn't go out the bagirls and beauticiant.	ge 12 towns person) on 6/2/06 at 10: following: I saw her (R1) and 12:25 PM but didn't think minutes later someone or looking for my husband who are squad. She asked me if I are lady missing from the id, is she wearing a white top ans, and pink slippers. She army van and drove around backyard of two houses where was smelling the flowers. I are asked if she was "R1" and if are ride with me. I told her everyone was looking for her. at serves them right". I found al. She (R1) thought that her eoking for her. When I arrived ashe said, "Now why did you do what". (R1) replied, "All I was or a good looking man". Z1 at seemed like she did not ashe had done something A (Certified Nurse Aide) came and asked where (R1) was. I astitting at a table in the dining tsy that morning but not trying and asked where (R1) was. I astitting at a table in the dining tsy that morning but not trying and to go look for her. He are leped him look. I looked in all litiple staff including (E4) from as missing. (E4) said that she are ck door. I told the laundry at look around outside the are five minutes they came back	F99	666				

		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING			(X3) DATE SURVEY COMPLETED		
		14E178	B. WI			C 06/08/2006		
NAME OF PROVIDER OR SUPPLIER CLAYBERG, THE			ı	Е	REET ADDRESS, CITY, STATE, ZIP CODE AST MONROE STREET SUBA, IL 61427			
(X4) ID PREFIX TAG	(EACH DEFICIENCY	MUST BE PRECEEDED BY FULL	ID PREF TAG		PROVIDER'S PLAN OF CORRECT (EACH CORRECTIVE ACTION SHOULD E REFERENCED TO THE APPROPRIATE DI	BE CROSS-	(X5) COMPLETION DATE	
F9999	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)		F99	999				

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		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	` ′	(X2) MULTIPLE CONSTRUCTION A. BUILDING			(X3) DATE SURVEY COMPLETED	
		14E178	B. WING			C 06/08/2006		
NAME OF PROVIDER OR SUPPLIER CLAYBERG, THE			•	Е	EET ADDRESS, CITY, STATE, ZIP CODE AST MONROE STREET EUBA, IL 61427			
(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 E REFERENCED TO THE APPROPRIATE DE	BE CROSS-	(X5) COMPLETION DATE	
F9999	interview that R1 has stated that R1 was at least a ten to fifted stated that since the any changes to policheck on them a lot to alarmed doors in 1 has gone out the occasion that she is behind her. Current facility policing and elopements protected that she is behind her. Current facility policing and elopements protected that she is behind her. Current facility policing and elopements protected that following: "As part of the facility Program, all (EMD) cameras shall be maccordance with the The regular testing and video cameras included as part of Program". The Manufacturer I EMD) system provious the following: "Test each (EMD) to proper operation. The indication remotely To test bracelet open have each resident area while wearing confirms proper open under normal conditions.	ge 14 stated during the same as a really good pace. They found northwest of the facility, en minute walk. They also e incident there hasn't been dicies or procedures, "Just at, especially (R1) and respond an mediately". E4 stated that R east exit door on at least one is aware; but staff were right by regarding missing residents of all (EMD)'s, door alarms, and video remanufacturer's instructions. Of all (EMD)'s, door alarms, shall be documented and the Preventative Maintenance of the bracelet can be tested at a state door) or using the optional (Tester provides low-battery without disturbing residents. Per provides low-battery without disturbing residents and provides low-battery without disturbing residents. Per provides low-battery without disturbing residents and provides low-battery without di	F99	999				

Facility ID: IL6001838

STATEMENT OF DEFICIENCIES (X AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	, ,	(X2) MULTIPLE CONSTRUCTION A. BUILDING			(X3) DATE SURVEY COMPLETED		
		14E178		B. WING			C 8/2006		
NAME OF PROVIDER OR SUPPLIER CLAYBERG, THE			•	E	REET ADDRESS, CITY, STATE, ZIP CODE EAST MONROE STREET CUBA, IL 61427	,			
(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 CORREC (EACH CORRECTIVE ACTION SHOULD REFERENCED TO THE APPROPRIATE D	(X5) COMPLETION DATE			
F9999	Nursing) on 6/2/06 do not have a formare resident's bracelet vinstructions. Earlier interview with stated that the facility electronic equipment company to include alarm system, phore E1 states that this of the facility for quart and cleaning of all the followering an (EMD) in RESIDENT CHECK CNA's initial one time Nights) that they change the facility with E1 and discussed the 30 m provided for all resident and wearing (EMD) unable to explain he actually doing the reminutes without have being done numero	e wheelchair". Ind E2, DON (Director of at 1:30 PM stated that they alized plan of checking every weekly per manufacturer's In E1 on 6/2/06 at 12:00 PM ity purchased all of their int through a local alarm in through a l	F99	999					

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

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		(X2) M A. BUI			(X3) DATE SURVEY COMPLETED		
		14E178	B. WING			C 06/08/2006	
	NAME OF PROVIDER OR SUPPLIER CLAYBERG, THE			Е	EEET ADDRESS, CITY, STATE, ZIP CODE AST MONROE STREET SUBA, IL 61427	00/00	<i>312</i> 000
(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 E REFERENCED TO THE APPROPRIATE DE	BE CROSS-	(X5) COMPLETION DATE
F9999	facility to the site wildistance walked was crossing one main. Posted speed limit Interview with Z2 (\$ 06 at 2:30 PM verifier.)	here R1 was found. The as 5-6 small city blocks county road, (route 97). is 25 miles per hour. Service Climatologist) on 6/7/ ied the temperature on 5/20/ ahrenheit, 37% humidity,	F99	999			