

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 04/14/2006
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 145926	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 01/31/2006
NAME OF PROVIDER OR SUPPLIER VERMILION MANOR NURSING HOME			STREET ADDRESS, CITY, STATE, ZIP CODE 14792 CATLIN TILTON ROAD DANVILLE, IL 61834		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE	
F 309	Continued From page 19 Reporting to the Physician. Inservice by E18, RN, was given on 12/14/05 for all Licensed staff. 1/19/06 and 1/20/06 - A mandatory inservice for all nursing staff on Gastrointestinal Assessment was given by E3, RN, E17, RN and Z7 RN, Consultant. 1/20/06 - The list of residents at risk for constipation was updated and posted on Medication Record and BM record book. The Enema Policy and Procedure was updated. 1/23/06 - Implemented a revised Bowel Movement worksheet and policy. An in-service on this was given by E3 and E17 to all nursing staff.	F 309			
F9999	FINAL OBSERVATIONS LICENSURE VIOLATIONS 300.610a) 300.1010h) 300.1210a) 300.1210b)3) 300.3240a) The facility shall have written policies and procedures, governing all services provided by the facility which shall be formulated by a Resident Care Policy Committee consisting of at least the administrator, the advisory physician, or the medical advisory committee and representatives of nursing and other services in the facility. These policies shall be in compliance	F9999			

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 04/14/2006
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 145926	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 01/31/2006
NAME OF PROVIDER OR SUPPLIER VERMILION MANOR NURSING HOME			STREET ADDRESS, CITY, STATE, ZIP CODE 14792 CATLIN TILTON ROAD DANVILLE, IL 61834		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE	
F9999	<p>Continued From page 20</p> <p>with the Act and all rules promulgated thereunder . These written policies shall be followed in operating the facility and shall be reviewed at least annually by this committee, as evidenced by written, signed and dated minutes of such a meeting.</p> <p>Facility staff shall notify the resident's physician of any accident, injury, or significant change in a resident's condition that threatens the health, safety or welfare of a resident, including, but not limited to, the presence of incipient or manifest decubitus ulcers or a weight loss or gain of five percent or more within a period of 30 days. The facility shall obtain and record the physician's plan of care for the care or treatment of such accident, injury or change in condition at the time of notification.</p> <p>The facility must provide the necessary care and services to attain or maintain the highest practicable physical, mental, and psychosocial well-being of the resident, in accordance with each resident's comprehensive assessment and plan of care. Adequate and properly supervised nursing care and personal care shall be provided to each resident to meet the total nursing and personal care needs of the resident.</p> <p>General nursing care shall include at a minimum the following and shall be practiced on a 24-hour, seven day a week basis: Objective observations of changes in a resident's condition, including mental and emotional changes, as a means for analyzing and determining care required and the need for further medical evaluation and treatment shall be made by nursing staff and recorded in the</p>	F9999			

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 04/14/2006
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 145926	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 01/31/2006
NAME OF PROVIDER OR SUPPLIER VERMILION MANOR NURSING HOME			STREET ADDRESS, CITY, STATE, ZIP CODE 14792 CATLIN TILTON ROAD DANVILLE, IL 61834		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE	
F9999	<p>Continued From page 21 resident's medical record.</p> <p>An owner, licensee, administrator, employee or agent of a facility shall not abuse or neglect a resident.</p> <p>These regulations are not met based on interviews and record review wherein it was determined that the facility nursing staff failed to:</p> <ol style="list-style-type: none"> do a prompt and thorough assessment for 1 of 9 sampled residents (R1) identified at risk for constipation; R1's abdomen was distended and firm, and R1 had a brown liquid coming from the mouth which CNAs reported had a fecal odor. identify R1's deviation from a normal bowel pattern for an eight day period. notify the Physician of a change in condition and to notify the Physician before giving enemas to R1, who had no bowel sounds and had brown fecal odor liquid coming from the mouth. follow the facility's Policy and Procedure for administering two enemas (both above a 1000cc) to R1 who had no bowel sounds present; and failing to verify an order from the Physician for the amount and type of enema to be given. <p>R1's condition deteriorated leading to an eventual transfer to the local emergency room. The facility's Investigation Report, as faxed to Illinois Department of Public Health, dated 11/22/05 stated R1 was sent to the emergency room for evaluation and treatment of a distended abdomen and died in the emergency room.</p> <p>Findings include:</p> <p>R1's Physician Order (PO) sheet dated November 2005 is signed by Z1, attending</p>	F9999			

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 04/14/2006
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 145926	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 01/31/2006
NAME OF PROVIDER OR SUPPLIER VERMILION MANOR NURSING HOME			STREET ADDRESS, CITY, STATE, ZIP CODE 14792 CATLIN TILTON ROAD DANVILLE, IL 61834		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE	
F9999	<p>Continued From page 22</p> <p>Physician, and lists diagnoses to include: Dementia, Anxiety, Delusional Disorder and Constipation. R1's medications, as listed on this PO sheet, include: Docusate Sodium (Colace) 100mg (milligram) every three days, Namenda 10 mg twice a day, Zyprexa 10mg twice a day, Ferrous Sulfate 325mg every day (start date is listed as 9/28/05) and Milk of Magnesia 30cc (cubic centimeters) as needed for constipation. The facility's Nursing 2006 Drug Handbook lists one of the side effects for Namenda, Zyprexa and Ferrous Sulfate to be constipation. E12 Licensed Practical Nurse (LPN) stated on 1/24/06 at 12:30 p.m. this book is used by staff to look up medications when needed.</p> <p>The resident assessment tool, dated 8/31/05, identifies R1 with needs for two staff for toileting and use of a wheelchair for mobility. Under bowel elimination pattern, constipation is identified. The resident assessment narrative for this assessment states, "It is noted that (R1) has experienced some constipation which required nursing interventions." R1's Care Plan, dated 8/31/2005, lists R1 is on antipsychotic medications and is to be monitored for constipation.</p> <p>The facility's BM RECORD (bowel movement record) shows the following documentation:</p> <ol style="list-style-type: none"> 1. The week of 11/6/05 through 11/12/05, R1 had daily bowel movements. 2. The week of 11/13/05 through 11/19/05, R1 had two small bowel movements. 3. Documentation shows R1 had no bowel movement from 11/16/05 through 11/19/05. 4. Documentation on 11/20/05 shows R1 had a small bowel movement. 5. In summary; documentation on this record 	F9999			

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 04/14/2006
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 145926	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 01/31/2006
NAME OF PROVIDER OR SUPPLIER VERMILION MANOR NURSING HOME			STREET ADDRESS, CITY, STATE, ZIP CODE 14792 CATLIN TILTON ROAD DANVILLE, IL 61834		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE	
F9999	<p>Continued From page 23</p> <p>shows R1 went from having daily bowel movements to having three small bowel movements in eight days.</p> <p>The PROTOCOL BOWEL PROGRAM signed by Z1 and dated 4/11/01 states the following procedures are to be followed for Z1's residents that are prone to chronic constipation and fecal impactions:</p> <ol style="list-style-type: none"> 1. Bowel elimination will be charted on Bowel Elimination record each shift. 2. Prune juice will be offered each evening to all residents. 3. If bowel elimination records show no bowel movement for 3 days, 30cc of Milk of Magnesia will be administered at bedtime on third day. 4. If no bowel movement by morning on the 4th day, perform a digital examination of the rectum for the presence of fecal material, if stool is found in rectal area, insert Dulcolax suppository. 5. If no results within 2 hours after inserting suppository, administer oil retention enema or soap suds enema. <p>R1's Medication Sheet dated November, 2005 shows no Milk of Magnesia had been administered to R1 from 11/16/05 through 11/19/05 when R1 had not had a bowel movement. Documentation on this record does show R1 had a Dulcolax Suppository administered on 11/21/05 .</p> <p>Nurses notes, as written by E6, Licensed Practical Nurse (LPN), dated 11/21/05 at 2:30 p.m., state R1 had a temperature of 101, was lethargic and had refused both meals. R1's abdomen was firm and distended and a rectal check showed R1 was full of soft stool. R1 had</p>	F9999			

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 04/14/2006
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 145926	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 01/31/2006
NAME OF PROVIDER OR SUPPLIER VERMILION MANOR NURSING HOME			STREET ADDRESS, CITY, STATE, ZIP CODE 14792 CATLIN TILTON ROAD DANVILLE, IL 61834		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE	
F9999	<p>Continued From page 24</p> <p>sluggish bowel sounds and a Dulcolax suppository was administered. "Will report to oncoming shift to monitor for results. Left message for (Z2 Nurse Practitioner) at this time." E6 had written on the Supervisor Report dated 11/21/05, that R1 was to be monitored for a bowel movement as a "Bisacodyl" suppository had been administered. E6 also had written on the Supervisor Report, R1 "had not eaten today, temp (temperature) 101-abd (abdomen) firm et (and) distended, sluggish bowel sounds, Bisacodyl supp (suppository)...left voice mail for (Z2)."</p> <p>Nurses notes, as documented by E7, Registered Nurse (RN), shows on 11/21/05 at 6:00 p.m. R1 had a large emesis, was afebrile, abdomen was distended and firm, no bowel sounds were heard and there was no urine output since 1:00 p.m. that day. A call was placed to Z2's voice mail. On 11/21/05 at 6:45 p.m. E7 documented orders were received from Z2 for a "straight cath" (catheterize) one time and a "SSE (soap suds enema) one time." E7 documented R1 was beginning to have a BM and the SSE was not given. Continued documentation by E7 stated R 1 had a "medium formed BM, bowel sounds present et (and) sluggish in all four quads."</p> <p>Nurses notes, as documented by E10, LPN, on 11/22/05 at 12:00 a.m. are as follows: "Checked (R1) for bowel sounds. No sounds were heard. Proceeded to give (R1) a soap suds enema. (R1) had a large bowel movement about forty five minutes later."</p> <p>The next entry in the Nurses Notes, dated 11/22/ 05 at 1:30 a.m. and signed by E10 documents, "</p>	F9999			

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 04/14/2006
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 145926	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 01/31/2006
NAME OF PROVIDER OR SUPPLIER VERMILION MANOR NURSING HOME			STREET ADDRESS, CITY, STATE, ZIP CODE 14792 CATLIN TILTON ROAD DANVILLE, IL 61834		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE	
F9999	<p>Continued From page 25</p> <p>rechecked (R1) she was still crying and her abdomen was extremely rigid. Listened for bowel sounds, there were none present. Made plans to give another soap suds enema."</p> <p>E10 documented in the Nurses Notes on 11/22/05 at 1:45 a.m. that he notified E5, LPN, (Night Shift Supervisor) of R1's condition.</p> <p>E10 documented in the Nurses Notes on 11/22/05 at 3:00 a.m., "Nursing supervisor stated to give (R1) one more enema, if no return call the doctor about (R1's) condition."</p> <p>The next entry in the Nurses Notes dated 11/22/05 at 4:00 a.m. and signed by E10 documents, "Gave a 1500cc soap suds enema to (R1). Waited thirty five minutes and received nothing back, not even soap suds water." E10 then called Z6, (on call Physician) who said to send R 1 to the Emergency Room. Nurses notes dated 11/22/05 at 5:40 a.m. stated the ambulance transferred R1 to the Emergency Room. Nurses notes dated 11/22/05 at approximately 10:15 a.m . list the facility was notified R1 had expired.</p> <p>Interview with E14, Certified Nurse Aide (CNA), on 1/23/06 at 9:40 a.m., stated she was assigned to R1's care and (after reviewing the above documentation) stated she did not remember if she did or did not report this (lack of bowel movement) to the nurse. E14 also stated she did not recall R1 having a distended abdomen. Review of the facility's staffing schedule, confirms E14 worked on 11/18/05, 11/19/05 and 11/20/05 on the station where R1 resided.</p> <p>Interview with E6 on 1/18/06 at 3:00 p.m.</p>	F9999			

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 04/14/2006
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 145926	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 01/31/2006
NAME OF PROVIDER OR SUPPLIER VERMILION MANOR NURSING HOME			STREET ADDRESS, CITY, STATE, ZIP CODE 14792 CATLIN TILTON ROAD DANVILLE, IL 61834		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE	
F9999	<p>Continued From page 26</p> <p>confirmed the above and stated she does not check the Bowel Movement (BM) Record rather she relies on the CNAs to let her know if a resident has not had a bowel movement. E6 stated no one had reported to her that R1 had not had a bowel movement for a few days. E6 stated on 11/22/05 the CNAs did tell her something was wrong with R1 and that R1 was real hot.</p> <p>On 1/18/06 at 5:00 p.m. E7, RN, stated she received from Z2 a telephone order for R1 to have a soap suds enema and to straight cath her. E7 stated Z2 did not say how much enema to give but E7, "would have given a small amount, like 250 cc." E7 stated she catheterized R1 obtaining 200 cc of urine, R1 had a BM at that time, bowel sounds were heard, so E7 did not give the enema. E7 could not recall if R1's abdomen was still distended at this point. E7 stated, "I knew (R1) had a problem by the report I got." E7 stated, "I don't know how long (R1) did not have a bowel movement; I didn't check." E7 stated she did tell E10, at the shift change what had taken place and that she did not give the enema.</p> <p>On 1/19/06 at 11:15 a.m. E11, LPN, (Evening Shift Supervisor) stated when she saw R1 after supper R1 had thrown up, her abdomen was distended and sluggish bowel sounds were heard. E11 stated E7 called Z2 and Z2 said she had been there earlier and R1 had bowel sounds. E11 stated she did see Z2 in the building on 11/21/06 around 4:00 p.m. E11 stated she did call E2, RN (Acting Director of Nurses) around 10:00 p.m. to let her know about R1.</p> <p>On 1/18/06 at 10:50 a.m. E4, RN, stated the</p>	F9999			

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 04/14/2006
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 145926	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 01/31/2006
NAME OF PROVIDER OR SUPPLIER VERMILION MANOR NURSING HOME			STREET ADDRESS, CITY, STATE, ZIP CODE 14792 CATLIN TILTON ROAD DANVILLE, IL 61834		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE	
F9999	<p>Continued From page 27</p> <p>hospital nurse told her R1 had passed away; R1 's "bowel burst and she had sepsis."</p> <p>On 1/19/06 at 6:30 a.m. E9, CNA, stated when she did rounds on 11/21/05, (night shift -not sure of the time) R1 was changed and had a small BM and had "brown stuff rolling out of her mouth and (R1's) stomach was distended." E9 stated this was reported to E10. E9 stated she did not remember if E10 checked on R1.</p> <p>On 1/18/06 at 4:35 p.m. E8, CNA, stated (worked night shift on 11/21/05) when she went in to change R1, R1 had an emesis that smelled like BM, was breathing hard and was pale and gray and (R1's) stomach was distended and big. E8 stated, "We went and got (E10)." E8 could not recall when E10 went to see R1.</p> <p>E10, LPN, was interviewed on 1/19/06 at 10:00 a. m. E10 stated the CNAs came to him and said something was going on (wrong) with R1 and that "her abdomen was real big and she was bringing up brown stuff out of her mouth and she was crying." E10 stated, "I went ahead and finished my paperwork and (E16, CNA) came back and said I really should look at this lady." E10 stated he went down and checked R1. E10 stated he did not know how long it was from the time the CNAs first told him and he returned the second time. However, later during this interview, E10 stated he was told by the CNAs at the beginning of the shift between 11:00 p.m. and 12:00 a.m. about R1's abdomen. E10 then stated, "I didn't go see (R1) immediately, I think it was fifteen to twenty minutes when I went to see (R1) around 11:30 p.m. E10 stated, "(R1) looked like somebody nine months pregnant and I told them</p>	F9999			

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 04/14/2006
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 145926	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 01/31/2006
NAME OF PROVIDER OR SUPPLIER VERMILION MANOR NURSING HOME			STREET ADDRESS, CITY, STATE, ZIP CODE 14792 CATLIN TILTON ROAD DANVILLE, IL 61834		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE	
F9999	Continued From page 28 to watch and check on (R1)." E10 stated he then continued to check other residents. E10 stated he started his shift at 11:00 p.m. and wanted to see who got pills right away and to check on the diabetics. E10 stated when he got that done he went to check on R1. E10 stated, "it was about an hour to an hour and half from the time I first saw (R1) to when I went back." E10 stated he looked at R1's chart and there was an order for an enema so he mixed up a "large soap suds enema." E10 stated when he first heard about R1's abdomen he checked R1 and could barely hear bowel sounds in only one quad. E10 stated he waited twenty to twenty five minutes and R1's abdomen did not change; didn't go down. E10 stated at that point he tried one more enema. E10 stated, "I gave over a 1000cc's each time." E10 stated when he ran the enema in nothing came out, so he called Z6 (on call Physician) who said to send R1 to the hospital. E10 continued, stating he told his boss E5, LPN, (Night Shift Supervisor) at the beginning of his shift that R1 had a suppository and had brown stuff coming out of her mouth. E10 stated he knew R1 "was in trouble" and stated his impression was R1 "had a blocked bowel and when they have brown liquid coming out of the mouth it could go into the blood and cause poisoning." E10 stated he asked the CNAs when R1 last had a BM. E8, CNA, looked on the BM Record and said it had been ten days since R1 had a BM. E10 stated he felt something when he inserted the tube but he did not do a rectal check. E10 stated if R1 had not had a suppository he would have checked before giving the enema. E10 stated he felt the other shift should have called the doctor. On 1/19/06 between 10:00 a.m. and 10:50 a.m. E10 was asked if he called Z1 or Z2 before giving the	F9999			

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 04/14/2006
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 145926	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 01/31/2006
NAME OF PROVIDER OR SUPPLIER VERMILION MANOR NURSING HOME			STREET ADDRESS, CITY, STATE, ZIP CODE 14792 CATLIN TILTON ROAD DANVILLE, IL 61834		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE	
F9999	<p>Continued From page 29</p> <p>enemas to R1. E10 stated, "I didn't call the doctor until after the last enema."</p> <p>On 1/18/06 at 11:30 a.m. E5, LPN, (Night Shift Supervisor) stated E11, LPN, (Evening Shift Supervisor) told her in shift report that Z2 had ordered a soaps suds enema for R1 but the evening shift gave a suppository and did not give the enema. E5 stated the first time she talked with E10 was after he had given R1 an enema. E5 stated she did not remember the second time she talked with E10 or what he said. E5 stated the first time she saw R1 on her shift (11:00 p.m. to 7:00 a.m.) was when she made rounds around 4:00-4:30 a.m. E5 stated R1's stomach was firm and R1 grimaced when E5 touched the stomach. E5 stated she then told E10 to call the doctor. E5 stated, "I did not go down to check (R1) after E11 gave the report; I don't know why I didn't."</p> <p>On 1/27/06 at 4:00 p.m. Z2 (Nurse Practitioner) stated she was in the building on another wing on 11/22/05 when the facility called her via voice mail about R1's abdominal pain. Z2 stated she did see R1 and dictated a note. Z2 stated she talked with E7, RN, and told her to follow the bowel protocol, to start with a Dulcolax suppository first and to call Z2 a report in a couple of hours. Z2 stated if R1 had results, "we will stop there, and if no results we probably would do a small Fleets enema." Z2 stated she did not give E7 an order to cath. and give an SSE (soap suds enema). Z2 then stated, however this is part of the standing orders.</p> <p>The dictated note by Z2 dated 11/21/2005, when describing the abdomen, states, "a little tense but not especially tender. I do hear bowel sounds all</p>	F9999			

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 04/14/2006
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 145926	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 01/31/2006
NAME OF PROVIDER OR SUPPLIER VERMILION MANOR NURSING HOME			STREET ADDRESS, CITY, STATE, ZIP CODE 14792 CATLIN TILTON ROAD DANVILLE, IL 61834		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE	
F9999	<p>Continued From page 30</p> <p>quadrants. They are slow, but they are there." Assessment stated, "Constipation and Low grade fever."</p> <p>On 1/27/06 at 4:40 p.m., Z1 (attending Physician) was asked, if E10 was aware of R1 having brown fecal odor liquid coming from the mouth, no bowel sounds present and the abdomen was rigid, would Z1 have expected E10 to notify Z1 prior to giving an enema? Z1 stated, "Absolutely ." "If I was notified about this I would have them send (R1) in (to the Emergency Department.) There was no enema (soap suds) that would have been given." Z1 stated, "If you have no bowel sounds present, you should not give an enema or any other care without notifying the doctor." Z1 stated, "I can't honestly say giving those enemas did cause a perforation. There was no conclusive evidence (R1) had a perforated bowel, just findings to suggest that."</p> <p>Review of the facility's non dated document titled, "Enemas-Tap Water and Soapsuds" listed under Policy states; "A physician order is required and a GI (gastrointestinal) assessment will be performed prior to the administration of the enema." Listed under Procedures states; "Verify physician order. Use 250-1000cc warm water adding contents of a soap packet to enema bag if ordered. Document in Nurses Notes the effect of the enema, noting any abnormal results and reporting to physician as needed."</p> <p>According to the Emergency Department record, R1 was received in the Emergency Room on 11/22/05 at 6:40 a.m. and expired on 11/22/05 at 11:40 a.m. The Gastrointestinal Assessment states the following: "Abdominal pain, constipation;</p>	F9999			

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 04/14/2006
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 145926	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 01/31/2006
NAME OF PROVIDER OR SUPPLIER VERMILION MANOR NURSING HOME			STREET ADDRESS, CITY, STATE, ZIP CODE 14792 CATLIN TILTON ROAD DANVILLE, IL 61834		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE	
F9999	<p>Continued From page 31</p> <p>Abdomen description is round, distended firm; bowel sounds absent." Pain Assessment stated the following: "Location Abdomen; (R1) moaning; pain level 9. Naso-gastric tube inserted and results are documented as 'Copious black odorous'. Urinary Catheter inserted; urine amount 0." The Emergency Department record listed under Medical Decision Making: "Bowel Obstruction." Listed under Emergency Department Physician Diagnoses is, "Small Bowel Obstruction with perforation and Sepsis." The laboratory report dated 11/22/05, states R1 had a positive blood culture and the organism identified was Escherichia Coli.</p> <p>The Emergency Department information plus the x-ray report was read by Z4, Emergency Department Physician, on 1/19/06. On 1/19/06 at 2:10 p.m., Z4 was asked to explain what was meant when the abdominal x-ray report dated 11/22/05 stated, "Underneath the right parietal wall free air." Z4 stated, "It means a bowel perforation." Z4 was then asked if two enemas of over 1000cc's each were given to a resident who had no bowel sounds present, could the enemas have perforated the bowel. Z4 stated, "It could have but I can't say for sure it perforated the bowel."</p> <p>The Radiologist's report dated 11/22/05, states R 1 had, "dilated small bowel with fluid levels, stool in colon. Overall suggestive of SB (small bowel) obstruction. Findings suggestive of free air. Please confirm with CT (Computerized Axil Tomography). R1 expired before this could be done.</p> <p>(A)</p>	F9999			