		AND HUMAN SERVICES				FORM	08/01/2006 APPROVED 0938-0391
AND PLAN OF CORRECTION IDENTIFICATION N		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) N A. BUI		IPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED C	
		14G129	B. WI	۱G			
NAME OF P	ROVIDER OR SUPPLIER				REET ADDRESS, CITY, STATE, ZIP CODE		
COLONI	AL PLAZA				18 WEST GOODNER NASHVILLE, IL 62263		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT 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
W 331 W9999	E1 said she planne 06 how the workshi bowel movement in 16/06 E1 placed an staff book stating, " the afternoon, the f the information in th workshop had not k bowel movements f	4 (nurse at workshop) know." d to discuss with Z3 on 3/16/ op would communicate R3's iformation to the facility. On 3/ n "Action Alert" in the facility's when the workshop calls in acility staff are to document he shift book." E1 said the been communicating R3's to the facility prior to 3/16/06.	W :				
	LICENSURE REPE 350.1210b) 350.1230b)2)3)5)6) 350,1230c) 350.1230d)1)2)3) 350.1230e) 350.1230e) 350.1230f) 350.1230g) 350.1230g) 350.1430a)1)2) 350.3240a) Section 350.1210 H						

Facility ID: IL6001978

If continuation sheet Page 12 of 25

		AND HUMAN SERVICES & MEDICAID SERVICES				FORM	08/01/2006 APPROVED 0938-0391	
STATEMENT	OF DEFICIENCIES F CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) M A. BUI		TIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED		
		14G129	B. WI	NG _		( 03/27	/2006	
NAME OF P	ROVIDER OR SUPPLIER				REET ADDRESS, CITY, STATE, ZIP CODE			
COLONIA	AL PLAZA				618 WEST GOODNER NASHVILLE, IL 62263			
(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	
W9999	Continued From pa	ge 12	W99	999				
	maintain each resid	ovide all services necessary to lent in good physical health. ude, but are not limited to, the						
	supervision of the h	to provide immediate ealth needs of each resident essional nurse or a licensed he equivalent.						
	Section 350.1230 N	Iursing Services						
	services, in accorda shall include, but an The DON shall part 2) Evaluation s placement of the re admission to the fac 3) Periodic reev and quality of servic 5) Training in ha activities of daily liv 6) Development resident to provide the total habilitation 7) Modification of terms of the resider	tudy, program design, and sident at the time of cility. aluation of the type, extent, ces and programming. abits in personal hygiene and ing. t of a written plan for each for nursing services as part of						
		ning and implementing the						
	are not limited to, th 1) Detecting sign	onnel shall be trained in, but ne following: ns of illness, dysfunction or or that warrant medical,						

Facility ID: IL6001978

If continuation sheet Page 13 of 25

		AND HUMAN SERVICES				FORM	08/01/2006 APPROVED 0938-0391
	OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) N A. BU		TIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED C	
		14G129	B. WII	NG _			_ 7/2006
	ROVIDER OR SUPPLIER				TREET ADDRESS, CITY, STATE, ZIP CODE 618 WEST GOODNER NASHVILLE, IL 62263		
(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 B REFERENCED TO THE APPROPRIATE D	BE CROSS-	(X5) COMPLETION DATE
W9999	nursing or psychose 2) Basic skills re- needs and problem 3) First aid in the illness. e) Sufficient, approp- shall be available, w practical nurses and to carry out the vari- f) The individual res- services shall have the field of develope g) Nursing service p- competence and ex- responsibilities in a qualifications. Section 350.1430 A a) 1) Medications shall be person who prepare administration, exce- packaged distribution a) 2) Each dose administered the do Section 350.3240 A a) An owner, licens	ocial intervention. equired to meet the health s of the residents. e presence of accident or priately qualified nursing staff which may include licensed d other supporting personnel, ous nursing service activities. sponsible for providing nursing knowledge and experience in mental disabilities. Dersonnel at all levels of kperience shall be assigned ccordance with their administration of Medication hall be administered as soon oses are prepared at the administered by the same ed the doses for ept under single unit dose on systems. ninistered shall be properly ical record by the person who ose. (See Section 350.1620.) whuse and Neglect ee, administrator, employee y shall not abuse or neglect a	W9	999	9		

Facility ID: IL6001978

If continuation sheet Page 14 of 25

		AND HUMAN SERVICES & MEDICAID SERVICES				FORM	08/01/2006 APPROVED 0938-0391
STATEMENT	OF DEFICIENCIES F CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) M A. BUI		IPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
		14G129	B. WI	NG _		( 03/27	C 7/2006
NAME OF P	ROVIDER OR SUPPLIER				REET ADDRESS, CITY, STATE, ZIP CODE		
COLONI	AL PLAZA				618 WEST GOODNER NASHVILLE, IL 62263		
(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
W9999	Continued From pa	ge 14	W99	999			
	These regulations a the following:	are not met as evidenced by					
	review, the facility fa correction from the assure that all clien preventive and gen- failing to ensure tha individuals were be Specifically, the fac nursing services me individual in the sar medical problem of	on, interview, and record ailed to follow its plan of 9/29/05 survey by failing to ts were provided with eral medical care, and by it the health needs of ing met on an on-going basis. ility neglected to ensure set the health needs of one nple (R3) having an identified chronic constipation which zation when the facility					
		e monitoring and assessment on to promote her health and					
	the IDT (Interdisciple ensure appropriate	ement with other members of linary Team) a system to protective and preventive lative to R3's bowel function.					
	appropriate assess	et care staff receive training in ment of R3's bowel function, roficiencies in implementing					
	regarding administe	cian orders were followed ering medication to promote or R3 when she has not had a ithin 3 days.					
	Findings include:						

Facility ID: IL6001978

If continuation sheet Page 15 of 25

		AND HUMAN SERVICES				FORM	08/01/2006 APPROVED 0938-0391
STATEMENT	OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) M A. BU		TIPLE CONSTRUCTION	(X3) DATE SU COMPLE	TED
		14G129	B. WII	NG _			C 7/2006
NAME OF P	ROVIDER OR SUPPLIER		•		TREET ADDRESS, CITY, STATE, ZIP CODE		
COLONI	AL PLAZA				618 WEST GOODNER NASHVILLE, IL 62263		
(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 D	BE CROSS-	(X5) COMPLETION DATE
W9999	Continued From pa	ge 15	W9	999	9		
	that R3 is a 54 year Moderate level of M lists her date of adr 05. Review of R3's facility included a p discharging facility R3's diagnoses at t facility, including Co also lists the medic time of admission to bowel softener, Col capsule two times a admission physicial mg. one capsule two at this facility for the R3's Physician Ord additional diagnose Depression, Psycho Behavior Assessme ) exhibits hallucinat can become verbal times refer to herse hallucinates severa is verbally aggressi The aggression car and physical aggres R3 was observed o brought into the fac a wheelchair, and to transfer into a chair was observed to ha from the chair at 3:"	I times a day, every day. She ve and physically aggressive. I last for hours. The verbal					

Facility ID: IL6001978

If continuation sheet Page 16 of 25

		AND HUMAN SERVICES				FORM	08/01/2006 APPROVED 0938-0391
		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) N A. BU		TIPLE CONSTRUCTION	(X3) DATE SL COMPLE	TED
		14G129	B. WI	NG _			, 7/2006
NAME OF P	ROVIDER OR SUPPLIER				REET ADDRESS, CITY, STATE, ZIP CODE		
COLONI	AL PLAZA				618 WEST GOODNER NASHVILLE, IL 62263		
(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
W9999	Continued From pa	ge 16	W9	999	9		
	ambulate from the I in a short time, and dining room table. If herself, but at times due to unsteadines how staff monitor R check the stool - sh uses it, and sometin (disposable incontin wipe herself good." R3's Physician Ord 2006 indicate she of mg. at the dosage of day, and Milk of Ma mouth at bedtime a no bowel movemen Registered Nurse ( instructions. Upon review of R3's Staff - Nurse Comm stated R3 had an e E4/Direct Support F this report she had Nurse Consultant (I having an "enemsis includes a section I Follow-up, and the 2/8/06 "1850 obser Another Staff - Nurse dated 2/8/06 at 9:00 another emesis. Th notified E5/R.N. on wrote on this report	n with R3. R3 was noted to bathroom into the living room then E2 assisted R3 to the E2 said R3 can walk by a she needs staff assistance s. When surveyor asked E2 3's stools she said "we can be does not flush after she mes she'll have a smear in her nent brief), as she does not er sheets dated 1/2006 - 3/ continues to take Colace 100 of one capsule two times a tignesia 30 Milliliters (ML) by s needed for constipation - if at in three days contact RN) consultant for further s record, a report called the " hunication" dated 2/8/06, mesis on 2/8/06 at 5:45 A.M. Person (DSP) documented on left the facility's Registered E5) a message about R3 a (sic) emesis." This report abeled RN Assessment and facility nurse documented on ve."					

Facility ID: IL6001978

If continuation sheet Page 17 of 25

	-	AND HUMAN SERVICES					APPROVED 0938-0391
STATEMEN	T OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) N A. BUI		PLE CONSTRUCTION	(X3) DATE SL COMPLE	JRVEY
		14G129	B. WI	√G			C 7/2006
_	PROVIDER OR SUPPLIER			61	EET ADDRESS, CITY, STATE, ZIP CODE 18 WEST GOODNER ASHVILLE, IL 62263		
(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
W9999	clear liquid diet in <i>A</i> on 2/13/06 "Isolate There is no evidend nurse followed up of after the facility sta yet another emesis The next day on 2/ Communication rep notify the facility's r 3 having constipati full unable to leave )." The report docu 30 ml. was then giv Then at 7:00 P.M. of documented on a of complained of a stor recommended "to g is still complaining and give her ice was	AM." The nurse documented d incident. SSE on 2/10/06." ce in R3's record that the on R3's condition until 2/9, ff had notified her of R3 having at 7:00 P.M 9/06 a Staff-Nurse port documents E4's attempt to nurse at 5:30 A.M. regarding R on. The report states "mail box message(RN) (left call back # ments that Milk of Magnesia ven to R3 for constipation.	W9	999			

documents Milk of Magnesia was administered to R3 at 5:30 A.M. on 2/9/06, but not after the 7:00 P.M. call to the nurse. Per review of R3's record, it states R3 was seen by Z2/Physician Assistant (PA) on 2/9/06. The facility's Medical Visit Synopsis/Consultation form report dated 2/9/06, regarding this visit to Z2, documents R3 was seen by Z2 due to "C/o stomach pain, emesis x 2 yesterday at workshop, no BM in several days." Z2 wrote "( soap suds enema) now and prn - ER if worse." The facility's nurse/E5 documented on this form "(soap suds enema) at (a local hospital) 2/10/06." E5 documented on 2/13/06 that "(R3) had SSE at hospital on 2/10/06 with good results."

FORM CMS-2567(02-99) Previous Versions Obsolete

Facility ID: IL6001978

If continuation sheet Page 18 of 25

PRINTED: 08/01/2006

		HAND HUMAN SERVICES				FORM	: 08/01/2006 APPROVED 0938-0391
STATEMENT	T OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) N A. BU		TIPLE CONSTRUCTION	(X3) DATE SU COMPLE	URVEY TED
		14G129	B. WI	NG _			C 7/2006
NAME OF P	PROVIDER OR SUPPLIER				REET ADDRESS, CITY, STATE, ZIP CODE		
COLONI	AL PLAZA				618 WEST GOODNER NASHVILLE, IL 62263		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	ATEMENT OF DEFICIENCIES MUST BE PRECEEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREF TAC	ΞIX	PROVIDER'S PLAN OF CORRECT (EACH CORRECTIVE ACTION SHOULD I REFERENCED TO THE APPROPRIATE D	BE CROSS-	(X5) COMPLETION DATE
W9999	Continued From pa	ige 18	W9	999			
	45 A.M., she said R recorded on a BM R and confirmed per I indicates the staff a bowel movement of bowel movement, a stated he/she had k is to be documente shifts. It is also note workshop" is writter 00 P.M. on the days but no information i bowel movement w no evidence that th the workshop to ob information.	with E3/DSP on 3/16/06 at 8: R3's bowel movements are Record. Review of this record, E3 during this interview, are to document an x for a bserved by staff, o for no and xx indicates the individual bowel movement. The record ed on daily on each of the three ed on this report that " n in the space under 8:00 - 4: rs R3 attends the workshop, is recorded whether R3 had a while at the workshop. There is the facility staff followed up with tain R3's bowel movement					
	2006 indicates R3 c movements docum from 1/22/06 to 2/10 suds enema (SSE) staff ask R3 if she h she will say yes. E us if she has had a goes to the bathroo accompany her due R3 does not flush th the staff should che monitor for bowel m taken a bowel softe June of 2005. E3 s Emergency Room o 2006, because R3 by the staff since 3/ BM record dated 2/	Record dated 1/2006 and 2/ did not have any bowel nented as observed by staff 0/06, when she had a soap at a local hospital. E3 said if has had a bowel movement 3 said R3 is "not reliable to tell BM." She said R3 sometimes om by herself, but staff often e to her unsteady gait. E3 said he stool after she uses it, and eck the toilet after R3 uses it to novements. E3 said R3 has ener since her admission in said she took R3 to the of a local hospital on March 9, had not had a stool observed /01/06. It was noted on R3's /2006 and 3/2006 that the staff ter R3 required an enema at					

Facility ID: IL6001978

If continuation sheet Page 19 of 25

		AND HUMAN SERVICES & MEDICAID SERVICES				FORM	08/01/2006 APPROVED 0938-0391
STATEMENT OF DEFICIENCIES (X1) PROVIDER/S		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) M A. BU		TIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
		14G129	B. WI	٩G _		( 03/27	; 7/2006
	ROVIDER OR SUPPLIER			6	REET ADDRESS, CITY, STATE, ZIP CODE 618 WEST GOODNER NASHVILLE, IL 62263		
(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 CORREC (EACH CORRECTIVE ACTION SHOULD REFERENCED TO THE APPROPRIATE D	BE CROSS-	(X5) COMPLETION DATE
W9999	the hospital on 2/10 BM Record indicatin movement. On R3's 2/2006 and documented on 2/2 medium soft stool, a observed a medium documented an obs last observed stool to R3's admission of 3 confirmed R3 has Magnesia 30 ml. at constipation, and th has no bowel move the nurse was not r was not given any P physician orders wh observed stool from time frame from 3/2 frames, R3's BM Re o for none or xx ind asked her if she has lnterview with E1/Q Professional (QMR she said R3 "is not hallucinates, and ta the time. She said s her if she has had a this should not be u function. She said F after using it, and th the toilet after R3 us by herself, but ofter unsteady. She said	<ul> <li>N/06, to document xx on hering R3 stated she had a bowel</li> <li>d 3/2006 BM records, it is</li> <li>2 that the staff observed a and 6 days later on 2/28 staff</li> <li>a soft stool. On 3/1 staff</li> <li>served small stool. This is the documented by the staff prior</li> <li>an 3/9/06 to a local hospital. E</li> <li>physician orders for Milk of bedtime as needed for</li> <li>e nurse is to be notified if R3</li> <li>ment in three days. She said notified as ordered, and R3</li> <li>Milk of Magnesia as per the nen R3 did not have an</li> <li>2/23 to 2/28, and also for the to 3/7. During these time</li> <li>ecord continued to be marked icating R3 said yes when staff d a bowel movement.</li> <li>ualified Mental Retardation</li> <li>P)on 3/16/06 at 10:00 A.M., credible." She said R3</li> <li>lks to people not there all of she will say yes when staff ask a bowel movement, and that sed to monitor her bowel</li> <li>R3 does not flush the toilet he staff should be checking ses it. She said R3 can toilet is R3 uses a wheelchair for m the workshop bus due to</li> </ul>	W9	999			

Facility ID: IL6001978

If continuation sheet Page 20 of 25

		AND HUMAN SERVICES & MEDICAID SERVICES				FORM	08/01/2006 APPROVED 0938-0391
	OF DEFICIENCIES F CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) N A. BU		TIPLE CONSTRUCTION	(X3) DATE SU COMPLE	TED
		14G129	B. WI	NG _			C 7/2006
NAME OF P	ROVIDER OR SUPPLIER				FREET ADDRESS, CITY, STATE, ZIP CODE		
COLONI	AL PLAZA				618 WEST GOODNER NASHVILLE, IL 62263		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT 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
W9999	Continued From pa	ge 20	W9	999	9		
	she had placed an communication boot to encourage fluids meals, to monitor B orders, and to repo BM in 48 hours. Su had followed up to a BM's, following the contacting the nurs said the staff had n for stools instead of Action Alert" in the 06. She said the fact inserviced the staff monitoring of R3's B had not ensured the Record was accura notified the nurse if hours, and the phys followed regarding Magnesia if R3 do movement in three have been using or monitor R3's bowel the "Action Alert" in 2006 telling staff to it, and told the staff reporter. She agree bowel function prior Additionally, per rev evidence of a nursi constipation was fo E4/DSP on 3/20/06	w with E1/QMRP, she said "Action Alert" in the staff on a regular basis between M's and follow the physician's rt to the nurse if there is no rveyor asked E1 if anyone ensure staff were monitoring physician orders, and e if no BM in 48 hours. She of been instructed to observe f asking R3 until she put an " direct care staff book on 3/7/ cility's nurse had not in regards to appropriate bowel function, and therefore e documentation on R3's BM te. She said staff had not R3 did not have a BM in 48 sician's orders were not administering Milk of es not have a bowel days. She said staff should ally the "observed stools" to function. She said she placed the staff's book on March 7, check the toilet after R3 uses that R3 is not an accurate self ed the monitoring of R3's to 3/7/06 was not accurate. view of R3's record, no ng care plan addressing R3's und. at 10:00 A.M., told surveyor 3/7/06 on the 12:00 - 8:00 A. R3 had a moderate amount of					

Facility ID: IL6001978

If continuation sheet Page 21 of 25

					FORM	08/01/2006 APPROVED 0938-0391
T OF DEFICIENCIES DF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	` '			COMPLE	TED
	14G129	B. WI	NG _			C 7/2006
PROVIDER OR SUPPLIER						
AL PLAZA						
(EACH DEFICIENCY	MUST BE PRECEEDED BY FULL		IX	(EACH CORRECTIVE ACTION SHOULD I	BE CROSS-	(X5) COMPLETION DATE
Continued From pa	ige 21	W9	999	9		
feeling that she was she had a bowel m I had seen her use she had a bowel m checked the stool a had not had a bowe QMRP, and she did checking the toilet. <sup>1</sup> checking the toilets sure the staff (E7/D off would think an x ok to count as (R3) thought this is what the nurse was not b had no bowel move E3 said she had ca 5/ RN on 3/7/06 aft reported she had n movement in 6 day R3's bowel movem	s saying yes when asked if ovement. So I asked her after the toilet, and she said yes ovement." E4 said, "I had after R3 used it and knew R3 el movement, so I told the d an action alert to start " She said staff had not been prior to 3/7/06. E4 said "I'm OSP) who works on my nights ex on the BM Record would be having a BM." She said she t the staff were doing, and why being contacted in 3 days if R3 ements. Illed and left a message with E er R3 vomited, and also ot had an observed bowel s. She said she had observed					
Review of a Staff - dated 3/7/06, unde Assessment and Fo states the nurse ca 7:30 P.M. E5 wrote talking to and abou GI distress noted. N Per interview with E listen to R3's bowe " but she did not do not do a rectal exar	r the area labeled RN ollow-Up, documentation ime to the facility on 3/7/06 at e regarding R3, "Alert, hyper, it things that aren't there. No No BM today per staff report." E5 on 3/20/06, E5 said she did I sounds and "they were good, ocument this. E5 said she did m as she thought it would					
	RS FOR MEDICARE TOF DEFICIENCIES PROVIDER OR SUPPLIER AL PLAZA SUMMARY STA (EACH DEFICIENCY REGULATORY OR LI Continued From para emesis at 6:00 A.M feeling that she was she had a bowel milling that she was she had a bowel move GMRP, and she did checking the toilets sure the staff (E7/D off would think an x ok to count as (R3) thought this is what the nurse was not b had no bowel move E3 said she had ca 5/ RN on 3/7/06 aft reported she had na movement in 6 day R3's bowel movem small amount. Review of a Staff - dated 3/7/06, under Assessment and Fo states the nurse ca 7:30 P.M. E5 wrote talking to and abourd GI distress noted. N Per interview with E listen to R3's bowel " but she did not do not do a rectal exar upset R3, saying, "set that the staff of the	DF CORRECTION       IDENTIFICATION NUMBER:         IdENTIFICATION NUMBER:         IdENTIFICATION NUMBER:         IdENTIFICATION NUMBER:         IdENTIFICATION NUMBER:         IdENTIFICATION NUMBER:         AL PLAZA         SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)         Continued From page 21         emesis at 6:00 A.M., and she said, "I just had a feeling that she was saying yes when asked if she had a bowel movement. So I asked her after I had seen her use the toilet, and she said yes she had a bowel movement." E4 said, "I had checked the stool after R3 used it and knew R3 had not had a bowel movement, so I told the QMRP, and she did an action alert to start checking the toilets prior to 3/7/06. E4 said "I'm sure the staff (E7/DSP) who works on my nights off would think an xx on the BM Record would be ok to count as (R3) having a BM." She said she thought this is what the staff were doing, and why the nurse was not being contacted in 3 days if R3 had no bowel movements.         E3 said she had called and left a message with E 5/ RN on 3/7/06 after R3 vomited, and also reported she had not had an observed bowel movement in 6 days. She said she had observed R3's bowel movement on 3/1, and it was only a	RS FOR MEDICARE & MEDICAID SERVICES         TOF DEFICIENCIES         PECORRECTION         (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:         14G129         PROVIDER OR SUPPLIER         AL PLAZA         SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)         Continued From page 21         wg         emesis at 6:00 A.M., and she said, "I just had a feeling that she was saying yes when asked if she had a bowel movement. So I asked her after I had seen her use the toilet, and she said yes she had a bowel movement. Te 4 said, "I had checked the stool after R3 used it and knew R3 had not had a bowel movement, so I told the QMRP, and she did an action alert to start checking the toilet," She said staff had not been checking the toilet, She said staff had not been checking the staff (ET/DSP) who works on my nights off would think an xx on the BM Record would be ok to count as (R3) having a BM." She said she thought this is what the staff were doing, and why the nurse was not being contacted in 3 days if R3 had no bowel movement.         E3 said she had called and left a message with E 5/ RN on 3/7/06	RS FOR MEDICARE & MEDICAID SERVICES         TOF DEFICIENCIES       (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:       (X2) MUL A. BUILD         B. WING       14G129       (X2) MUL A. BUILD         PROVIDER OR SUPPLIER       14G129       IDENTIFICATION NUMBER:       SUMMARY STATEMENT OF DEFICIENCIES         REQULATORY OR LSC IDENTIFYING INFORMATION)       ID       PREFIX         Continued From page 21       ID       PREFIX         Continued From page 21       W9999         emesis at 6:00 A.M., and she said, "I just had a feeling that she was saying yes when asked if she had a bowel movement. So I asked her after I had seen her use the toilet, and she said yes she had a bowel movement, so I told the QMRP, and she did an action alert to start checking the toilet." She said staff had not been checking the toilet. She said staff had not been checking the toilet. She said staff had not been checking the toilet prior to 3/7/06. E4 said "I'm sure the staff (E7/DSP) who works on my nights off would think an xx on the BM Record would be ok to count as (R3) having a BM." She said she thought this is what the staff were doing, and why the nurse was not being contacted in 3 days if R3 had no bowel movements.         E3 said she had called and left a message with E 5/ RN on 3/7/06 after R3 vomited, and also reported she had not had an observed bowel movement in 6 days. She said she had observed R3's bowel movement on 3/1, and it was only a small amount.         Review of a Staff - Nurse Communication report dated 3/7/06, under the area labeled RN Assessment and Follow-Up, documentation states the nurse came to the facility on 3/7/06 at 7:30 P.M. E5 wrot	RS FOR MEDICARE & MEDICAID SERVICES         COP DEFICIENCIES       (*1) PROVIDERSUPPLER/CLIA         10ENTIFICATION NUMBER:       A BUILDING         114G129       B. WING         3ROVIDER OR SUPPLIER       Iteration of the second	TMENT OF HEALTH AND HUMAN SERVICES       FORM         SF FOR MEDICARE & MEDICAID SERVICES       OMB NO.         TOP DEFICIENCIES       (X1) PROVIDERUBUPLIENCLAD       A BUILDING       COMB NO.         146129       INING       B WING       COMB NO.         PROVIDER OR SUPPLIER       A BUILDING       STREET ADDRESS, CITY, STATE, ZIP CODE       BI WING       BI WING       COMB NO.         AL PLAZA       STREET ADDRESS, CITY, STATE, ZIP CODE       BI WING       BI WING       BI WING       COMB NO.         SUMMARY STATEMENT OF DEFICIENCIES       INASHVILLE, IL 62283       IIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIII

Facility ID: IL6001978

If continuation sheet Page 22 of 25

		AND HUMAN SERVICES				FORM	08/01/2006 APPROVED 0938-0391
	OF DEFICIENCIES F CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) M A. BU		IPLE CONSTRUCTION	(X3) DATE SU COMPLE	TED
		14G129	B. WI	NG _		( 03/27	/ 7/2006
NAME OF P	ROVIDER OR SUPPLIER				REET ADDRESS, CITY, STATE, ZIP CODE		
COLONIA	AL PLAZA				618 WEST GOODNER NASHVILLE, IL 62263		
(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
W9999	listen to her bowel s she thought R3 was information when a bowel movement. S the staff need to ob the old staff assume know (R3) is not created they could not access surveyor asked E5 staff training regards training to ensure s information regardin had not conducted staff in regards to the to do one on 3/17/00 Review of the Staff reports dated 3/8/00 M., document E4/D still had no bowel m documented R3 still emesis of a large a present." at 6 A.M told the staff to take or to the doctor. R3 emergency room an hospital. Review of R3's Rac her abdomen, with the upright positions, sl material throughout The colonic fecal pa moderate to marked	an do to get her to let me sounds." Surveyor asked E5 if a able to give reliable sked by the staff if she had a She said, "she is not reliable, serve it." She said, "I believe ed that the new staff would edible, and they did not know opt (R3) saying she had a BM." if she had conducted any ling R3's constipation, and any taff were obtaining accurate og R3's stools. She said she any inservice training for the nese issues, but was planning 6. - Nurse Communication 6 at 6 A.M., and 3/9/06 at 6 A. SP notified the nurse that R3 novement, and on 3/9/06 E4 I constipated, and she had an mount with "chunks of food 3/9/06 at 7 A.M., the nurse e R3 to the emergency room was taken to the hospital nd she was admitted to the diology Report dated 3/9/06 of iments "AP views of the patient in the supine and now a marked amount of fecal the colon Impression: 1. attern is consistent with	W9	999			
	FEI IEVIEW UI K3SI	nstory and Frysical					

Facility ID: IL6001978

If continuation sheet Page 23 of 25

DEPART CENTEF	PRINTED: 08/01/2006 FORM APPROVED OMB NO. 0938-0391						
	OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING			(X3) DATE SURVEY COMPLETED	
		14G129	B. WI	NG _		C 03/27/2006	
NAME OF PROVIDER OR SUPPLIER					TREET ADDRESS, CITY, STATE, ZIP CODE		
COLONIAL PLAZA					618 WEST GOODNER NASHVILLE, IL 62263		
(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
W9999	documented R3 bei to constipation, nau documentation und states "Fecal Impace information from the documented R3 rec a soap suds enema of Citrate of Magne (laxative) one bottle indicates she had g and enemas. During an interview Physician Assistant said that R3 is not a information to use t Z1 said R3 continue constipation, requir hospital on 3/18/06 staff were asking R movement, and she not be able to give a She said,"it sounds aggressive in monit staff need to be trai ensure reliable infor	dated 3/10/06, the physician ing bought to the hospital due usea, and vomiting. His er the area of Assessment ction." The discharge e hospitalization of 3/9 to 3/10 ceiving an oil retention enema, a, and an laxative of one bottle sia on 3/9/06, and Miralax 225 e on 3/10/06. Documentation good results from the laxatives r with Z1/Physician and Z2/ t on 3/21/06 at 1:15 P.M., both able to give accurate o monitor her bowel function. es to have problems with ing another enema at the . Z2 said she did not know the 3 if she had a bowel e went on to say, "(R3) would accurate reliable information." like they need to be more toring (R3's) bowels, and the ined how to monitor clients to	W9	999	9		
	she had spoken wit 14/06 regarding more movements. She sa during the day Mon had started to atten /06, after her discha 06. A written memo /14/06 stated, "(R3)	th Z3/ Workshop QMRP on 3/ onitoring R3's bowel aid R3 attends the workshop iday thru Friday. She said R3 id the workshop again on 3/15 arge from the hospital on 3/10/ orandum from Z3 to E1 dated 3 o is returning after having had s name) wants us to report					

Facility ID: IL6001978

If continuation sheet Page 24 of 25

DEPAR CENTE	PRINTED: 08/01/2006 FORM APPROVED OMB NO. 0938-0391						
STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING			(X3) DATE SURVEY COMPLETED	
		14G129	B. WI	NG		C 03/27/2006	
NAME OF PROVIDER OR SUPPLIER					TREET ADDRESS, CITY, STATE, ZIP CODE 618 WEST GOODNER		
COLONIAL PLAZA					NASHVILLE, IL 62263		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	MUST BE PRECEEDED BY FULL	ID PREF TAG	ΞIX	PROVIDER'S PLAN OF CORREC (EACH CORRECTIVE ACTION SHOULD REFERENCED TO THE APPROPRIATE D	BE CROSS-	(X5) COMPLETION DATE
W9999	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) Continued From page 24 any bowel movements. Since (R3) is mostly independent she should be able to report if she has had a BM. If staff assisting her, notice or (R3) reports a BM, let Z4 (nurse at workshop) know." E1 said she planned to discuss with Z3 on 3/16/ 06 how the workshop would communicate R3's bowel movement information to the facility. On 3/ 16/06 E1 placed an "Action Alert" in the facility's staff book stating, "when the workshop calls in the afternoon, the facility staff are to document the information in the shift book." E1 said the workshop had not been communicating R3's bowel movements to the facility prior to 3/16/06. (A)		W9	999	9		

Facility ID: IL6001978

If continuation sheet Page 25 of 25