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

AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING			(X3) DATE SURVEY COMPLETED	
14E812		B. WING			C 07/19/2007		
NAME OF PROVIDER OR SUPPLIER MOUNT VERNON HEALTH CARE CENTER			<u> </u>	#	REET ADDRESS, CITY, STATE, ZIP CODE 5 DOCTORS PARK MOUNT VERNON, IL 62864	0771	312001
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)		ID PREF TAG	REFIX (EACH CORRECTIVE ACTION		HOULD BE COMPLÉTIO	
F 324	* Policy and Procedures will be followed for door alarms and elopement. Door alarms will be checked on a routine basis. Any resident on a fifteen minute visual will be placed on a behavior tracking and intervention to distract from opening doors. * The Quality Assurance committee will review the tracking and trending reports of all elopements at the meetings. Residents will be assessed at the time of admission, every 90 days, and as needed for risk potential. Door alarms will be checked on a routine basis and logged. Any problems identified will be discussed immediately with the Administrator for corrective measures.		F 324				
F9999	Nursing and Person a) The facility must and services to atta practicable physica well-being of the re each resident's con plan of care. Adequ nursing care and pot to each resident to personal care need a)4) Personal care 24-hour, seven day	General Requirements for nal Care provide the necessary care ain or maintain the highest I, mental, and psychological sident, in accordance with aprehensive assessment and late and properly supervised ersonal care shall be provided meet the total nursing and	F99	999			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) M A. BUI		PLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED C 07/19/2007	
		14E812	B. WIN	IG			
NAME OF PROVIDER OR SUPPLIER MOUNT VERNON HEALTH CARE CENTER				#5	EET ADDRESS, CITY, STATE, ZIP CODE 5 DOCTORS PARK OUNT VERNON, IL 62864		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)			ID PROVIDER'S PLAN OF CORRECTION PREFIX (EACH CORRECTIVE ACTION SHOULD TAG CROSS-REFERENCED TO THE APPROPR DEFICIENCY)		ULD BE	(X5) COMPLETION DATE
F9999	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL		F99	999			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 14E812			(X2) M A. BUI		PLE CONSTRUCTION G	(X3) DATE SURVEY COMPLETED	
		B. WIN	IG		C 07/19/2007		
NAME OF PROVIDER OR SUPPLIER MOUNT VERNON HEALTH CARE CENTER				#5	EET ADDRESS, CITY, STATE, ZIP CODE 5 DOCTORS PARK IOUNT VERNON, IL 62864		
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F9999	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL		F99	999			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 14E812			(X2) M A. BUI		PLE CONSTRUCTION G	(X3) DATE SURVEY COMPLETED	
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F9999	PROVIDER OR SUPPLIER VERNON HEALTH CARE CENTER SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)		F99	999			

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		B. WI			C 07/19/2007		
NAME OF PROVIDER OR SUPPLIER MOUNT VERNON HEALTH CARE CENTER				#5	EET ADDRESS, CITY, STATE, ZIP CODE 5 DOCTORS PARK OUNT VERNON, IL 62864		
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F9999	On 07-17-07 at 9:3 checked and found staff did respond approximately 25 at the Southern contacted on 07-18 the outside tempers on 07-12-07 was 75 percent. The wind	O A.M. all door alarms were to be in working order, and oppropriately. Illinois Weather was 3-07 at 11:45 A.M Z5 stated ature for the Mt. Vernon area 9 degrees, with humidity of 46 was out of the West/North ight miles per hour. There	F9:	999			