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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:			PLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED			
		5	A. BUII	LDING	3		C		
		146055	B. WIN	IG			4/2007		
NAME OF P	ROVIDER OR SUPPLIER				EET ADDRESS, CITY, STATE, ZIP CODE				
FINNIE GOOD SHEPHERD N H					400 SOUTH MAINCROSS STREET GALATIA, IL 62935				
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)		ID PREFI TAG		PROVIDER'S PLAN OF CORRECT (EACH CORRECTIVE ACTION SHOU CROSS-REFERENCED TO THE APPR DEFICIENCY)	(X5) COMPLETION DATE			
F 324	on-24-07 to present and new forms staff residents are in the 4. The facility will be present at the net door alarms when the away from the desk 5. The family of Reto a facility that has the resident. 6. The facility has install a lock system being approached be electronic monitoring. 7. All new admission an electronic monitoring days to assess the risk. If the resident facility but is still as they will be monitor member. If a reside monitoring device at they will be placed check by staff. The residents that are prodevice will have the every 30 minutes. For these residents	rvice will be conducted on the revised elopement policy fewill use to document where facility. designate a staff member to ursing station to monitor the he charge nurse must be a locked unit for the safety of requested a price quote to that would lock the exit door by a resident wearing an	F3	324					
F9999	individual activity. FINAL OBSERVAT	TIONS	F99	99					
	LICENSURE VIOLA	ATIONS							

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

PRINTED: 09/07/2007 FORM APPROVED OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) M	ULTII	PLE CONSTRUCTION	TION (X3) DATE SU COMPLE				
		IDENTIFICATION NOWBER.	A. BUILDING		G					
		146055	B. WING			C 01/24/2007				
NAME OF PROVIDER OR SUPPLIER FINNIE GOOD SHEPHERD N H			•	40	EEET ADDRESS, CITY, STATE, ZIP CODE 00 SOUTH MAINCROSS STREET 6ALATIA, IL 62935	ET ADDRESS, CITY, STATE, ZIP CODE O SOUTH MAINCROSS STREET				
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F9999	a) The facility must and services to atta practicable physica well-being of the reeach resident's complan of care. Adequation of care and peto each resident to personal care need b) General nursing minimum the follow a 24-hour, seven down a 2	General Requirements for nal Care provide the necessary care ain or maintain the highest all, mental, and psychological sident, in accordance with aprehensive assessment and uate and properly supervised ersonal care shall be provided meet the total nursing and als of the resident. Care shall include at a ring and shall be practiced on any a week basis: Vations of changes in a and, including mental and and any and shall be practiced on all and and any and the need for all and and any and the need for all and and any are required and the need for all and recorded in the record. Becautions shall be taken to addents' environment remains to see receives adequate supervision or event accidents. General Building Requirements	F99	999						

Facility ID: IL6003149

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F9999	during certain periodevice for part-time hour a day supervisive required. These requirement by: Based on record reobservations the far adequate supervision 1 resident (R-1) frooidentified 10 reside elopement. R-1's Supervision and facility assessed Relopement attempts. The elopement resulted in a bruising to the left of the bridge of R-1's the knees. R-1 left without staff knowled. Findings Include: R-1 was admitted to the initial social hist the admission was elopement attempts center R-1 was rescompleted by staff cognitive ability to the R-1 makes poor decrease.	Atterior door that is supervised and smay have a disconnect a use. If there is constant 24 sion of the door, a signal is not as are not met as evidenced View, interview and cility failed to provide on to prevent the elopement of an the sample of 4. The facility and to be at high risk for social History on admission ason for admission was a assisted living facility. The story on admission to the facility alted in R-1 suffering a fall fractured right little finger, orehead, a small laceration to anose and bilateral scrapes to the facility on 01-17-07 edge. The total the facility on 10-29-06. Per tory completed the same day, necessary because of a from the assisted living iding in. The assessment on 11-06-06 showed R-1's on a 2. This level shows that	F99	999				
	Per interview with 2	Z-3 (physician) on 01-23-07 at						

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F9999	2:05PM., R-1 would of the facility without of the facility without An interview was at at approximately 10 questions was to sa needed to go home dad, they were built to help them. R-1 with place. R-1 said that said that her husbat to go to the lake. Procial history dated husband are decean the provided facility on 01-17-07 (Certified Nurse Aid E-5 had gone into Frapproximately 6:35 reported that R-1 hat tempted to elope times during the daminute watch because the facility. Proceeding the facility seems to check the was in there. Per in at 2:30PM., she had to check on R-1's loopened and R-1 was facility by Z-1 and Z-1.	the be in danger if she was out at supervision. Itempted with R-1 on 01-22-07 0:45AM. R-1's response to any over and over that she and see about her mom and ding a house and she needed was not orientated to time or at it was summer time, then and was coming to pick her up the review of the admitting 10-29-06, R-1's parents and	F99	999				

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F9999	electronic monitoring the door alarm when Per E-3, she had not approximately 5:45 brought back into the dirt all over her clot of her forehead, as of her nose and bo E-3, R-1 had been bowel while out of the wet and soiled. E-3 with sleeves on but and was shivering, returned to the facility at 7:5 her left arm and he she completed and the physician who elecal emergency roursing notes dated of the facility at 7:5 10:00 PM. The flow document that they contact with R-1 was even though R-1 whours at that time, conflict in the docusing the sheet, a E-3, E-4 (Certified very confused to plate facility but this of the physician who was at the sheet, a E-3, E-4 (Certified very confused to plate facility but this of the facility but the facility but this of the facility but this of the facility but the f	ng device worn by R-1 set off en R-1 was brought inside.	F9	999				

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F9999	her face. Z-2 said approximately a querom the nursing hot their car to ask the right away that some not tell them her nawhere she had cambruised area was vand a small lacerate that was bleeding or R-1 had been incorphad a strong body of shivering. Z-1 and there was a nursing thought R-1 might light into their car, wher to the facility, a 7:50PM. Per Z-1 and to be searching for the facility. Z-1 and to be searching for the facility. Z-1 and R-1 had been out in minutes to have wadid, then suffered that cold, wet and so found her. Per the Southern III station, the air temperarenheit with cloud at 9 miles an hour a weather conditions.	that they first saw R-1 arter to a half a mile away ome. Per Z-1, they stopped lady if she was OK, and knew nething was wrong. R-1 could ame, where she was going or ne from. Z-1 said that a isible above R-1 's right eye ion on the bridge of her nose down her face. Z-1 said that nation of urine and bowel, and odor, she was wet, cold and Z-2 were both aware that gracility in the area and ive there so they asked R-1 to hich she did, and they took arriving at approximately and Z-2, the nurse (E-3) was away as they entered with R-1 was just asking where you at Z-2 the staff did not appear R-1 when they returned her to at Z-2 said that in their opinion, on the cold longer than 10 or 20 andered as far away as she he fall with injuries and to be siled as she was when they dinois University weather perature was 21 degrees dy sky's and a Northwest wind at 6:00PM. on 01-17-07. The were the same at 7:00PM.	F9	999			
	had been checked	.M., all of the facility alarms after R-1 had been returned to 7-07 and all alarms were found					

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F9999	to be in working ord denied that they he turning off a soundi in place for the elec	der. Per E-1, all staff on duty and an alarm and denied ing alarm. The alarm system etric monitoring in this facility manually after being (A)	F99	999			