STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	14E812	A. BUILDING _____ B. WING _____	C 02/20/2007

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
MOUNT VERNON HEALTH CARE CENTER	#5 DOCTORS PARK MOUNT VERNON, IL 62864

(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 324	Continued From page 4 have been implemented to ensure continued compliance. A. The Administrator and Director of Nursing will discuss all high risk elopements at the quality assurance meeting for input from the interdisciplinary team for possible interventions for the residents reviewed. B. The quality assurance committee will review the tracking and trending reports of all elopements at the quality assurance meeting for time of day, which door, etc. C. The medical director, primary physician and families will be notified immediately on any elopement that occurs. 5. Policies and procedures will be followed for door alarms. Failure to follow such policies may result in disciplinary action up to termination of employment. 6. If any resident elopes from this facility, the Administrator will initiate an investigation as soon as the resident is found and has been returned to the facility.	F 324		
F9999	FINAL OBSERVATIONS LICENSURE VIOLATION 300.1210a) 300.1210b)6) 300.2900d)2) Section 300.1210 General Requirements for Nursing and Personal Care	F9999		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	14E812	A. BUILDING _____ B. WING _____	C 02/20/2007

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
MOUNT VERNON HEALTH CARE CENTER	#5 DOCTORS PARK MOUNT VERNON, IL 62864

(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 5 a) The facility must provide the necessary care and services to attain or maintain the highest practicable physical, mental, and psychological 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. Restorative measures shall include at a minimum the following procedures: b)6) All necessary precautions shall be taken to assure that the residents' environment remains as free of accident hazards as possible. All nursing personnel shall evaluate residents to see that each resident receives adequate supervision and assistance to prevent accidents. Section 300.2900 General Building Requirements d)2) All exterior doors shall be equipped with a signal that will alert the staff if a resident leaves the building. Any exterior door that is supervised during certain periods may have a disconnect device for part-time use. If there is constant 24 hour a day supervision of the door, a signal is not required. These Requirements are not met as evidenced by: Based on interview, and record review the facility failed to provide adequate supervision to prevent the elopement of 1 resident (R-1) from the sample of 4. A Certified Nursing Assistant (E-5) failed to check and clear an exit door alarm per the facility policy, resulting in R-1 eloping from the facility without staff knowledge and being	F9999		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	14E812	A. BUILDING _____ B. WING _____	C 02/20/2007

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
MOUNT VERNON HEALTH CARE CENTER	#5 DOCTORS PARK MOUNT VERNON, IL 62864

(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 6	F9999		

found approximately 170 yards from the facility 30 minutes later. When found, R-1 was standing in front of a dental office door, trying to get inside. R-1 complained of being very cold and was shivering. R-1 left the facility on 02-04-07 without staff knowledge.

Findings Include:

Per review of the physicians order sheet dated 10-12-07, R-1 was admitted to the facility with medical diagnosis that includes Alzheimer's Disease. The most recent assessment completed by the facility dated 01-23-07 shows R-1's cognitive ability to be a 2 which indicates that R-1 is moderately impaired and his decision making ability is poor. Per review of a physician's history and physical dated 10-13-06, R-1 was admitted to the alarmed unit of this facility because of elopement attempts from the transferring facility. This facility has assessed R-1 to be at a high risk to elope from the time of his admission to this facility to the current date.

Per review of the facility's written notification to Public Health dated 02-04-07, staff heard a door alarm sound at approximately 2:30PM. E-5 (Certified Nursing Assistant) went to the door and turned off the alarm. E-5 returned to the nurse's station and told the nurse that the door was clear. Per the notification, a couple of minutes passed then Z-1 came to the nursing station to ask where R-1 was and told staff he could not locate R-1.

Per interview with Z-1 on 02-14-07 at 11:30AM., Z-1 arrived at the facility at approximately 3:00PM., and went directly to R-1's room. When R-1 was not found in his room, Z-1 walked up

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	14E812	A. BUILDING _____ B. WING _____	C 02/20/2007

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
MOUNT VERNON HEALTH CARE CENTER	**#5 DOCTORS PARK MOUNT VERNON, IL 62864**

(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 7 and down the hallways to try and locate R-1. Per Z-1, R-1 is confused and at times goes into the wrong room, believing it is his. Z-1 said that after about 10 minutes of looking for R-1 without success, he asked the nurse where R-1 was and was told that she had seen him a few minutes ago just down the hall. Per Z-1, staff then started to look for R-1. A head count was done and identified a missing resident. Per Z-1, R-1 would not be aware of safety issues such as extreme cold and the need to wear a coat and hat if going outside due to his level of confusion. Z-1 said that he did not believe that R-1 had a destination in mind, he was just walking. Staff searched the building then expanded to the outside of the building. E-3 (Certified Nursing Assistant) found R-1 approximately 170 yards away from the facility. R-1 was wearing sweat pants, a sweat shirt, socks and house-slippers. Per interview with E-3 on 02-14-07 at 1:25PM., R-1 was standing in front of a dental office that was located to the East side of the facility, trying to open the locked door and enter the building. Per E-3, R-1 complained of being very cold and was shivering. Per E-3, R-1 had been out of the facility approximately 20 to 30 minutes. Per E-3, the walk back to the facility was slowed because of ice on the roadway that R-1 had used to leave the facility. Nursing staff checked R-1's temperature after he was returned to the facility and his body temperature registered as 96 degrees Fahrenheit. Per E-3, R-1 did not know where he was or where he was going. Per the Southern Illinois University Weather station, on 02-04-07 the air temperature at 2:00 and 3:00PM. was 30 degrees Fahrenheit with a 14 mile per hour wind.	F9999		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	14E812	A. BUILDING _____ B. WING _____	C 02/20/2007

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
MOUNT VERNON HEALTH CARE CENTER	#5 DOCTORS PARK MOUNT VERNON, IL 62864

(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 8 Per the facility investigation of the elopement dated 02-04-07, when E-5 responded to the sounding alarm, E-5 cleared the alarm but did not follow facility door alarm policy (dated 12-01-04) that states that staff are to go completely outside the door to view the environment, initiate a search of the immediate area if no resident or visitor is found, and conduct an immediate count of all residents. E-5 was terminated on 02-04-07 for her lack of response to the door alarm. An interview was attempted with R-1 on 02-14-07 at approximately 10:30AM. R-1 was verbal and friendly but could not comprehend the questions asked of him. R-1 spoke of going home and his family members. (A)	F9999		