PRINTED: 09/12/2007 DEPARTMENT OF HEALTH AND HUMAN SERVICES FORM APPROVED **CENTERS FOR MEDICARE & MEDICAID SERVICES** OMB NO. 0938-0391 STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION IDENTIFICATION NUMBER: COMPLETED A. BUILDING B. WING 14E253 08/20/2007 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE **407 NORTH HEBARD STREET GOOD SAMARITAN N H-KNOXVILLE** KNOXVILLE, IL 61448 SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X4) ID ID (X5) COMPLETION (EACH CORRECTIVE ACTION SHOULD BE (EACH DEFICIENCY MUST BE PRECEDED BY FULL PRÉFIX **PREFIX** REGULATORY OR LSC IDENTIFYING INFORMATION) DATE CROSS-REFERENCED TO THE APPROPRIATE TAG TAG DEFICIENCY) F 323 Continued From page 4 F 323 On 8/9/07 An in-service was done with all employed staff in regards to the elopement policy. Policy was read and in-service sheet signed by all On 8x10/07 A new alarm- motion sénsitive was installed by maintenance on the wall at the start on North wing hall to alert all staff that someone was entering that hallway. All staff instructed that they must investigate the alarm immediately. 4. On 8/10/07 Residents care plan was updated as to the elopement and the procedures put into place to prevent elopenient from happening again. Such as 15 mirute watch and new alarm system. Care plan was updated to the fall and injuries that took place also. 5. On 8/17/07 Maintenance employee working on the main entrance door to reset the alarm system so you have to put in a code to turn off the alarm every time the door is opened. Ox 8/19/07 New door closure and enunciator to make alarms louder purchased and installed to present system by 8/20/07 per maintenance oerson. FINAL OBSERVATIONS F9999 F9999 LICENSURE VIOLATIONS

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

Nursing and Personal Care

Section 300.1210 General Requirements for

a) The facility must provide the necessary care

300.1210a) 300.1210b)3) 300.2900d)2)

Event iD:YSHL11

Facility ID: IL6003693

If continuation sheet Page 5 of 9

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exits the facility through outside doors. The facility failed to monitor and supervise residents at risk of

elopement. R1 is one of twelve residents identified by the facility as an elopement risk.

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

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	' '	MULTIPL ILDING	E CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
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(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 CORI (EACH CORRECTIVE ACTION S CROSS-REFERENCED TO THE A DEFICIENCY)	SHOULD BE	(X5) COMPLETION DATE
F9999	Continued From page 6 These failures resulted in R1 leaving the facility unnoticed and unsupervised by staff. R1 walked approximately three blocks from the facility where he then fell face first on the street. R1 sustained a skin tear to his right hand and a laceration to his forehead that required five sutures. Findings include:		F9	999			
	R1's Face Sheet sh resident who was ac 7/19/07 with diagnor Pick 's Disease. Ac Notes, R1 makes se facility every day. A 3:20 P.M. reads, "re redirected several ti E1 (Administrator) p	ows that R1 is an 87 year old dmitted to the facility on ses of Senile Dementia and cording to R1's Nurse's everal attempts to leave the Nurse's Note on 8/9/07 at sident set alarms off and mes." According to a list that rovided, R1 is 1 of 12 ssessed as being an					
	was unable to stated the time of year he s	A.M. R1 was interviewed. R1 I where he lived. When asked stated, " Spring, Oh I don't dea he is in a health care					
	on 8/17/07 at 1:45 P interview Z1 and his cooking out on 8/9/0 when they saw R1 w "very unsteady." R1 another half block pa R1 fall face first on to blocks from facility). R1's side and told ar Z1 stated that he cou	t, was interviewed in person .M. According to this wife (Z2) were outside 7 at approximately 5:30 P.M. ralking in front of their house, had walked approximately ast Z1's house when Z1 saw to the street. (Approximately 3 Z1 and Z2 both ran over to nother onlooker to call 911. uld see that R1 was bleeding d right wrist. Z2 stated that					

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F9999	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL		F9	999	(EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE		

PRINTED: 09/12/2007 DEPARTMENT OF HEALTH AND HUMAN SERVICES FORM APPROVED CENTERS FOR MEDICARE & MEDICAID SERVICES OMB_NO. 0938-0391 (X1) PROVIDER/SUPPLIER/CLIA STATEMENT OF DEFICIENCIES (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY **IDENTIFICATION NUMBER:** AND PLAN OF CORRECTION COMPLETED A. BUILDING С B. WING 14E253 08/20/2007 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE **407 NORTH HEBARD STREET** GOOD SAMARITAN N H-KNOXVILLE KNOXVILLE, IL 61448 SUMMARY STATEMENT OF DEFICIENCIES (X4) ID PROVIDER'S PLAN OF CORRECTION (X5) COMPLETION (EACH DEFICIENCY MUST BE PRECEDED BY FULL **PREFIX** (EACH CORRECTIVE ACTION SHOULD BE PRÉFIX REGULATORY OR LSC IDENTIFYING INFORMATION) CROSS-REFERENCED TO THE APPROPRIATE DATE TAG TAG DEFICIENCY) F9999 Continued From page 8 F9999 after the North door alarmed. On 8/17/07 at 1:30 P.M., E1 stated that the North door and the main entrance door both have 15 second delays but they stop alarming after they close. E1 stated that the staff in the past had to go and turn them off by pressing a code on a touch pad, but when the facility had the alarms worked on awhile back the alarms were never set back the way they were. Local Police Department Consultation Report notes that E3 showed up on the scene and identified R1 as being a resident of the facility. The report goes on to note that R1 must have walked out of the facility earlier and the nursing home staff was not aware he had left the building. Responding officer questioned E3 as to how this could have happened at which time E3 stated. "there are no locks on the doors, only audible alarms and the staff was in the dining room and did not hear the alarm. Responding officer then cleared after Paramedics departed the scene and were enroute to the (local hospital)." According to the hospital records dated 8/9/07. R1 sustained a skin tear to his right hand and a

laceration requiring 5 sutures above his right eye.