STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING			(X3) DATE SURVEY COMPLETED	
		14E701	B. WIN	G		03/0	6/2008
NAME OF PROVIDER OR SUPPLIER BIG MEADOWS				10	EET ADDRESS, CITY, STATE, ZIP CODE 100 LONGMOOR AVANNA, IL 61074		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)		PREFIX (EACH CORRECTIVE ACTION S		PROVIDER'S PLAN OF CORREC (EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APPR DEFICIENCY)	ULD BE	(X5) COMPLETION DATE
F 523		ge 75 ning program for feeding ified in §483.160 of this part.	F 5	23			
	by: Based on observative review the facility fatraining program fool. This applies to 2 of who were trained a	on, interview, and record ailed to have a state-approved r paid feeding assistants. the 7 paid feeding assistants fter the facility's paid feeding expired January 13, 2006.					
	Assistant) was obsifeeding at the rehaldining room. E11 witraining before being with feeding. E11 straining program seat 12:30 PM, E10 (facility's Resident Assistants) go throubeing allowed to as She said that it is the facility's Certified N 2:00 PM, E1 (Adm	5 PM, E11 (Resident erved assisting residents with collitation tables in the main was asked if she received g allowed to assist residents said that she went through a everal years ago. On 2/27/08 Dietary Manager) said that the assistants (Paid Feeding agh a 3 day course prior to sist residents with feeding. The same course that the ursing Assistants attend. At inistrator) said that the facility and Paid Feeding Assistant					
	facility's Resident A from the state of Illi shows that the facil	y received, approving the ttendant Training Program, nois was reviewed. The letter ity had an approved Resident Program between the dates					

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AND I EAN OF GOTTLEGTION		IDENTIFICATION NOMBER.	A. BUILDING		COMPLETED	
		14E701	B. WING		03/0	6/2008
NAME OF PROVIDER OR SUPPLIER BIG MEADOWS			10	EEET ADDRESS, CITY, STATE, ZIP CODE 000 LONGMOOR AVANNA, IL 61074		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES / MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORREC' (EACH CORRECTIVE ACTION SHOI CROSS-REFERENCED TO THE APPR DEFICIENCY)	ULD BE	(X5) COMPLETION DATE
F 523	of January 13, 2004 2/27/08 at 2:00 PM not renew the program The Paid Feeding Adocuments show the Feeding Assistants only 2 of the staff coafter the facility's present FINAL OBSERVAT LICENSURE VIOLATION 300.662g) 300.662h)1) 300.662m) 300.662m) 300.662m) 300.662m) 300.1210b)6) Section 300.662 Resultant or may not be fed, I hygiene by a resident shall include, but not level of care; the regard to feeding, I hygiene; the resident communicate with ships and basis any indivining the facility unless 1) has completed a training and comperencompassing the m) Training program	A and January 13, 2006. On E1 said that the facility did ram with the state of Illinois. Assistants course completion nat the facility had 7 paid. Out of the 7 staff members, completed the course work rogram expired. TONS ATIONS ATIONS ATIONS TONS TONS	F 523			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING			(X3) DATE SURVEY COMPLETED	
		14E701	B. WIN	IG _		03/0	6/2008
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F9999	Department for reviexpiration of programs. Section 300.1210 Conversion of prog	d) of the Act) be resubmitted to the ew within 60 days prior to m approval. General Requirements for hal Care care shall include at a ing and shall be practiced on ay a week basis: ecautions shall be taken to dents' environment remains hazards as possible. All shall evaluate residents to see eceives adequate supervision	F99	999			

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F9999	Assistant/Cook) assistant/Cook) assistant/Cook) assistant/Cook) assistant appears of the states, "Resident of states, "Resident of states, "Resident of supper. Coughing note at 9:00 PM state adventitious [abnor lobes crackles et [atrachea very loud mean PM states, "ambularesident." Nursing "[Emergency Room admitted." The hospital radiologous admitted." The hospital radiologous at 1 physician) stated, "by aspiration [the ematerial into the transplant of the transplant of the sample of the sample of the material states and the monitoring. Patient small volume thin limited states."	:35 AM E11 (Feeding sisted R3 to eat a pureed diet rink thickened liquids by hile R3 drank. lated 2/12/2008 at 5:30 PM oughing paroxysmal [bursts] at up into clothing." Nursing lites, "Lung sounds mal] throughout. Posterior and] anterior lobes over hist." Nursing note at 10:30 lince here et leaving c [with] note on 02/13/2008 states, and called () resident to be logy report dated 02/13/2008 est x-ray showing right lower 0:15 AM Z9 (MD, attending pneumonia was likely caused antry of secretions or foreign chea and lungs]." logy report titled, "XR Barium deo," dated 02/14/2008, lists	F99	999			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING		CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
		14E701	B. WING	G		03/0	6/2008
NAME OF PROVIDER OR SUPPLIER BIG MEADOWS				1000 L	ADDRESS, CITY, STATE, ZIP CODE LONGMOOR LNNA, IL 61074	, 30,0	
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	(PROVIDER'S PLAN OF CORREC (EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APPR DEFICIENCY)	ULD BE	(X5) COMPLETION DATE
F9999	pudding, nectar and swallowed without a trachea." Nursing Notes date state, "[R3] returned sheets for February with diet order charthickened liquids. R3's current care p with verbal cues. Or requires supervision During interview on (RN, Director of Nu assistants can feed rehab table. All the assessments, but he complicated feeder through the same of (Certified Nursing A Medical record for I identified the need complicated feeding February 2008 Physhows R28 having 01/22/2008 assess chewing problems. shows R29 to have swallowing).	The remainder of the disolids appear to be fairly well any further penetration into the disolids appear to be fairly well any further penetration into the disolid appear to be fairly well any further penetration into the disolid appear to the form Hosp." Physician order 2008 show R3 was admitted age to pureed diet and disolid an sates R3 is able to eat current assessment for R3 and setup with eating. 102/29/2008 at 8:30 PM E3 rsing) stated, "The feeding all residents sitting at the residents have eating ave not been identified as so. The feeding assistants gooducation as the CNAs assistants) " 128.28, R29, R40, and R44 for feeding assistance and a groblem. 129.29/2008 at 8:30 PM E3 rsing) stated, "The feeding ave not been identified as a second control of the control of th	F99'	99			

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F9999	nectar thickened lique chewing/swallowing. On 02/27/08 at 12:00 Assistant) was obsefeeding at the rehald dining room. E11 witraining before being with feeding. E11 straining program seat 12:30 PM, E10 (Ifacility's Resident A Assistants) go throubeing allowed to as She said that it is the facility's Certified N 2:00 PM, E1 (Admin had a state-approved Program. The letter the facility facility's Resident A from the state of Illishows that the facil Attendant Training of January 13, 2004 02/27/08 at 2:00 PM not renew the program the Paid Feeding A documents show the Feeding Assistants members, two of the state of the state of Illishows that the facility shows that the facility shows that the facility shows that the facility and state of Illishows that the facility shows the facility shows that the facility shows that the facility shows the facility shows the facility shows that the facility shows the facility shows that the facility shows the facility	ment shows R44 to have uids related to	F99	999			