		AND HUMAN SERVICES				FORM	08/07/2009 APPROVED 0938-0391	
	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) N A. BU		TIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED		
		14G123	B. WI	NG _		C 02/24/2009		
NAME OF P	ROVIDER OR SUPPLIER				REET ADDRESS, CITY, STATE, ZIP CODE			
HART HO	DUSE				905 NORTHEAST PERRY STREET PEORIA, IL 61603			
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES ' MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREF TAG		PROVIDER'S PLAN OF CORRECT (EACH CORRECTIVE ACTION SHOL CROSS-REFERENCED TO THE APPR DEFICIENCY)	JLD BE	(X5) COMPLETION DATE	
W 331	during the daily stat There is no evidence	This request was again made tus meeting report for 2/20/09. that the facility has a policy d for nursing to assess	W	331	1			
W9999	FINAL OBSERVAT		W9	999	9			
	LICENSURE VIOL	ATIONS						
	350.620a) 350.1210 350.1210b) 350.1230b)3)6)7) 350.1230d)2)3) 350.1230d)2)3) 350.1230e) 350.1610b) 350.3240a)							
	Section 350.620 Re	esident Care Policies						
	procedures governi the facility which sh involvement of the a shall be available to public. These writte	have written policies and ing all services provided by hall be formulated with the administrator. The policies to the staff, residents and the en policies shall be followed in y and shall be reviewed at						
	Section 350.1210 H	lealth Services						
	maintain each resid	ovide all services necessary to lent in good physical health. ude, but are not limited to, the						
		to provide immediate nealth needs of each resident						

Facility ID: IL6004063

If continuation sheet Page 29 of 41

		I AND HUMAN SERVICES				FORM	08/07/2009 APPROVED 0938-0391	
	STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:			IULT	TIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED		
		14G123	B. WI	NG _			C 4/2009	
NAME OF P	ROVIDER OR SUPPLIER				REET ADDRESS, CITY, STATE, ZIP CODE			
HART HO	DUSE				905 NORTHEAST PERRY STREET PEORIA, IL 61603			
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES / MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREF TAG		PROVIDER'S PLAN OF CORREC (EACH CORRECTIVE ACTION SHOU CROSS-REFERENCED TO THE APPR DEFICIENCY)	JLD BE	(X5) COMPLETION DATE	
W9999	Continued From pa	ige 29	W99	999				
	by a registered prot practical nurse, or t	fessional nurse or a licensed he equivalent.						
	Section 350.1230 N	Iursing Services						
	services, in accorda shall include, but an The DON shall part 3) Periodic reevalua quality of services a 6) Development of resident to provide the total habilitation 7) Modification of th of the resident's da d) Direct care perso are not limited to, th 2) Basic skills requi and problems of the 3) First aid in the pro- shall be available, v practical nurses an	ation of the type, extent, and and programming. a written plan for each for nursing services as part of a program. he resident care plan, in terms ily needs, as needed. connel shall be trained in, but he following: ired to meet the health needs e residents. resence of accident or illness. priately qualified nursing staff which may include licensed d other supporting personnel,						
	to carry out the vari Section 350.1610 F Requirements	ious nursing service activities. Resident Record						
	for each resident. T kept current, compl times to those pers facility's policies, ar representatives.	keep an active medical record his resident record shall be ete, legible and available at all onnel authorized by the nd to the Department's						
	Section 350.3240 A	Abuse and Neglect						

		I AND HUMAN SERVICES				FORM	08/07/2009 APPROVED 0938-0391
STATEMENT	OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) M A. BU		IPLE CONSTRUCTION	(X3) DATE SU COMPLE	JRVEY TED
		14G123	B. WI	NG _			C 4/2009
NAME OF P	ROVIDER OR SUPPLIER				REET ADDRESS, CITY, STATE, ZIP CODE		
HART HO	DUSE			_	005 NORTHEAST PERRY STREET PEORIA, IL 61603		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES / MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREF TAG		PROVIDER'S PLAN OF CORRECT (EACH CORRECTIVE ACTION SHOU CROSS-REFERENCED TO THE APPR DEFICIENCY)	JLD BE	(X5) COMPLETION DATE
W9999	Continued From pa	ge 30	W9	999			
		ee, administrator, employee shall not abuse or neglect a 2-107 of the Act)					
	These Regulations by:	were not met as evidenced					
	has failed to prever individual in the sar	view and interview the facility at neglect for one of one nple (R1) who expired on ty when the facility failed to:					
	the needs of one of when they failed to	services in accordance with one client in the sample (R1) provide ongoing nursing pring and follow-up of R1's					
	350.3750 Medical (cility policy 350.1210, and Care Policies, which states, ne facility receive emergency					
	and Nursing service responsible staff pe times who is immed	0.3750 "Consultation services es" which states, "A erson shall be on duty at all diately accessible, and to n report injuries, symptoms of encies."					
	4. Ensure that at least trained in first aid a	ast one staff person on duty is nd/or CPR.					
	Findings Include:						
	of mild retardation, and GERD per revi	Id individual with a diagnosis depression, allergic rhinitis ew of physician order sheet, ng review of ISP (Individual					

If continuation sheet Page 31 of 41

		AND HUMAN SERVICES				FORM): 08/07/2009 1 APPROVED). 0938-0391
	OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) N A. BU		TIPLE CONSTRUCTION	(X3) DATE S COMPL	ETED
		14G123	B. WI	NG _		02/:	C 2 4/2009
NAME OF F	ROVIDER OR SUPPLIER				TREET ADDRESS, CITY, STATE, ZIP CODE 905 NORTHEAST PERRY STREET PEORIA, IL 61603	Ξ	
(X4) ID PREFIX TAG	(EACH DEFICIENC)	TEMENT OF DEFICIENCIES / MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREF TAG	٦IX	PROVIDER'S PLAN OF CORR (EACH CORRECTIVE ACTION S CROSS-REFERENCED TO THE AF DEFICIENCY)	HOULD BE	(X5) COMPLETION DATE
W9999	Hart House on 8/30 independent in acti communicative and found by staff on 1/ unresponsive with Upon review of the report dated 2/12/0 abnormal result. O medical services no cardiologist for irreg EKG. On 3/17/08 R1 was room for chest pain "Take-Home Instru clinical impression is noted as "chest y pain medication an to see her physicia care. On review of the Ard dated 3/19/08, R1 s the documented re Pain." Under gene examination within week, follow up pro On 3/25/08, a stress completed on R1. states "abnormal be above. Exercise ca achieved a level of from the staff super	d 3/13/08, R1 was admitted to 0/06. R1 was ambulatory, vities of daily living, d social with peers. R1 was 26/09, at 5:55 AM no pulse or respiration. electrocardiogram (EKG) 8, R1 had a borderline in 2/15/08 per ancillary ote, R1 was referred to a gular heart rate and abnormal a referred to a local emergency b, per review of the ctions for the Patient," the listed on the discharge orders wall pain." R1 was prescribed d sent home with instructions in in 2 or 3 days for follow-up hcillary Medical Services note saw her personal physician, ason for referral was "Chest ral comments is physical normal limits, chest x-ray next eumonia. es echo cardiogram was The conclusion from this test aseline echocardiogram as apacity is poor. The patient 2 METs only with a lot of help	W9	999	9		

Facility ID: IL6004063

If continuation sheet Page 32 of 41

		AND HUMAN SERVICES & MEDICAID SERVICES				FORM	08/07/2009 APPROVED 0938-0391
	F DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) N A. BU		TIPLE CONSTRUCTION	(X3) DATE SU COMPLE	JRVEY TED
		14G123	B. WII	NG _			C 4/2009
NAME OF PRC	OVIDER OR SUPPLIER				REET ADDRESS, CITY, STATE, ZIP CODE		
HART HOU	ISE				905 NORTHEAST PERRY STREET PEORIA, IL 61603		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREF TAG		PROVIDER'S PLAN OF CORRECT (EACH CORRECTIVE ACTION SHOU CROSS-REFERENCED TO THE APPRO DEFICIENCY)	LD BE	(X5) COMPLETION DATE
d sorr Afiirwa Rdndteafa Odncsirba Tdvbis Osb	cheduled for echoo on to state that R1 v oom for chest pain esults were negativ A chest x-ray was d indings documente maging/x-ray consu- vere heart size and appearance. R1 visited the cardie locumented under ioted" on the Ancilli- lated 4/18/08, is "N emperature at leas abnormal, Needs di amily." On the Nursing Ass lated 4/30/08 document tot feel well, is pale continued pneumon- tates "notify phy (p mprovement." The being completed as abnormal findings b The medical imagin lated 5/16/08, state ressels are normal be a narrowed thora is seen."	at R1 was stable and cardiogram. This note goes was seen in the emergency on 3/17/08, and that the /e. one on 4/4/08, on R1. The d on the medical ultation report dated 4/4/08, pulmonary vessels normal in ologist on 4/18/08, "concerns or observations ary Medical Services form Monitor vital signs with t daily and call MD if scussion of code status with essment/Consultation form mentation states that R1 does and is being followed for iia. Under instructions it hysician) of lack of re is no mention of vital signs ordered, at least daily, with eing reported to physician. g/x-ray consultation report as, "The heart and pulmonary in size. There does appear to acic cage. No definite infiltrate gress note dated 5/23/08 it hing of SOB (shortness of s noted, mild wheezing, no	W9	999			

If continuation sheet Page 33 of 41

		I AND HUMAN SERVICES				FORM	: 08/07/2009 APPROVED . 0938-0391	
	OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) N A. BU		TIPLE CONSTRUCTION	(X3) DATE SU COMPLET		
		14G123	B. WII	NG			C 2 4/2009	
NAME OF P	ROVIDER OR SUPPLIER			S	TREET ADDRESS, CITY, STATE, ZIP CODE 905 NORTHEAST PERRY STREET PEORIA, IL 61603			
(X4) ID PREFIX TAG	(EACH DEFICIENC)	TEMENT OF DEFICIENCIES / MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREF TAG	۶IX	PROVIDER'S PLAN OF CORR (EACH CORRECTIVE ACTION SH CROSS-REFERENCED TO THE AP DEFICIENCY)	IOULD BE	(X5) COMPLETION DATE	
W9999	Continued From pa	ige 33	W9	99	9			
	stating "complains at times, no visible the same no fever in A Nursing Assessin 7/31/08 states "com upon assessment s asked to ambulate "Pulse up from 80 to oxygen level on roo pain, no cyanosis. "Do any of the obse contact of physician down the page is th on Monday, report on a Thursday. Un statement "limit exe complains." There was notified of R1's 88-89% or any follo completed on 7/31/ The next medical e Medical Services n referral it states, sh cyanosis(?) and pa ordered an event m	ntry is 8/25/08 on Ancillary ote. Under reason for this ortness of breath, chest pain, lpitations. The Physician nonitor for R1 on this date. ng Progress note was written						
	that relates, "client 80/60. Lungs coars exam, 8/12 foot do (shortness of breat no mention of even	alert, BP (blood Pressure), se rales bilaterally, 8/29 eye ctor, 8/25 seen Dr. for SOB h) and palpitation." There is t monitor being placed on R1.						
		armacologic nuclear stress tates under impression,						

If continuation sheet Page 34 of 41

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIEN/CLA IDENTIFICATION NUMBER: (X2) MULTIPLE CONSTRUCTION A. BUILDING (X3) DATE SURVEY COMPLETE B. WING NAME OF PROVIDER OR SUPPLIER HART HOUSE 14G123 STREET ADDRESS, CITY, STATE, ZIP CODE 995 NORTHEAST PERRY STREET PEORIA, IL 61603 C 02/2/2/2009 (X4) ID PREFIX TAG SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL TAG D PREFIX REGULATORY OR LSC IDENTIFYING INFORMATION) D PREFIX TAG PROVIDER'S PLAN OF CORRECTION (EACH OERCETURE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY) COMPLETM DATE W9999 Continued From page 34 "Normal myocardial perfusion study with no evidence of ischemia or infarct. Hyperdynamic left ventricular systolic function." W9999 W9999 A Nursing Progress Note dated 9/25/08, states "client alert. 9/10 had depo. (medroxyprogesterone) and breast exam PE (physical exam) WNL (within normal limits) BP (blood pressure) 86/62, HR (heart rate) irreg (irregular) and slow denies SOB (shortness of breath) and chest pain. Lungs remain the same coarse rale sounds all fields." There is no further nursing follow-up to R1's lung congestion. No 10/06/08, a report from the event monitor was in place from 8/25/08 to 9/23/08, for evaluation of symptoms of chest pain and palpitations. The No			AND HUMAN SERVICES & MEDICAID SERVICES				FORM	: 08/07/2009 APPROVED 0938-0391
NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE MART HOUSE STREET ADDRESS, CITY, STATE, ZIP CODE 905 NORTHEAST PERRY STREET PECRIA, IL 61603 (X4) ID PREFIX SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) ID PREFIX PROVIDER'S PLAN OF CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY COMPLETE DATE W9999 Continued From page 34 W9999 W9999 W9999 W9999 Normal myocardial perfusion study with no evidence of ischemia or infarct. Hyperdynamic left ventricular systolic function." W9999 W9999 A Nursing Progress Note dated 9/25/08, states "client alert. 9/10 had depo. (medroxyprogesterone) and breast exam PE (physical exam) WNL (within normal limits) BP (blood pressure) 86/62, HR (heart rate) inreg (irregular) and slow denies SOB (shortness of breath) and chest pain. Lungs remain the same coarse rale sounds all fields." There is no further nursing follow-up to R1's lung congestion. In 10/06/08, a report from the event monitor was dictated. This report related that the monitor was in place from 8/25/08 to 9/23/08, for evaluation of In 10/06/08, a report from the event monitor was in place from 8/25/08 to 9/23/08, for evaluation of				```			COMPLETED	
HART HOUSE UNITED TO DEFICIENCY MUST BE PRECEDED BY FULL PREFIX TAG SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) D PREFIX TAG PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY) W9999 Continued From page 34 "Normal myocardial perfusion study with no evidence of ischemia or infarct. Hyperdynamic left ventricular systolic function." W9999 A Nursing Progress Note dated 9/25/08, states "client alert. 9/10 had depo. (medroxyprogesterone) and breast exam PE (physical exam) WNL (within normal limits) BP (blood pressure) 86/62, HR (heart rate) irreg (irregular) and slow denies SOB (shortness of breath) and chest pain. Lungs remain the same coarse rale sounds all fields." There is no further nursing follow-up to R1's lung congestion. On 10/06/08, a report from the event monitor was in place from 8/25/08 to 9/23/08, for evaluation of			14G123	B. WI	NG .			
HART HOUSE PEORIA, IL 61603 (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) COMPLETIN DATE W9999 Continued From page 34 "Normal myocardial perfusion study with no evidence of ischemia or infarct. Hyperdynamic left ventricular systolic function." W9999 W9999 A Nursing Progress Note dated 9/25/08, states "client alert. 9/10 had depo. (medroxyprogesterone) and breast exam PE (physical exam) WNL (within normal limits) BP (blood pressure) 86/62, HR (heart rate) irreg (irregular) and slow denies SOB (shortness of breath) and chest pain. Lungs remain the same coarse rale sounds all fields." There is no further nursing follow-up to R1's lung congestion. On 10/06/08, a report from the event monitor was in place from 8/25/08 to 9/23/08, for evaluation of	NAME OF P	ROVIDER OR SUPPLIER						
PRÉFIX TAG (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) PRÉFIX TAG (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY) COMPLÉTIU DATE W9999 Continued From page 34 "Normal myocardial perfusion study with no evidence of ischemia or infarct. Hyperdynamic left ventricular systolic function." W9999 W9999 Image: Continued From page 34 "Normal myocardial perfusion study with no evidence of ischemia or infarct. Hyperdynamic left ventricular systolic function." W9999 Image: Continued From page 34 "Normal myocardial perfusion study with no evidence of ischemia or infarct. Hyperdynamic left ventricular systolic function." Image: Continued From page 34 "Normal myocardial perfusion study with no evidence of ischemia or infarct. Hyperdynamic left ventricular systolic function." Image: Continued From page 34 "Normal myocardial perfusion study with no evidence of ischemia or infarct. Hyperdynamic left ventricular systolic function." Image: Continued From page 34 "Normal function." Image: Continued From 56 "Continued From 56 "	HART HO	DUSE						
 "Normal myocardial perfusion study with no evidence of ischemia or infarct. Hyperdynamic left ventricular systolic function." A Nursing Progress Note dated 9/25/08, states "client alert. 9/10 had depo. (medroxyprogesterone) and breast exam PE (physical exam) WNL (within normal limits) BP (blood pressure) 86/62, HR (heart rate) irreg (irregular) and slow denies SOB (shortness of breath) and chest pain. Lungs remain the same coarse rale sounds all fields." There is no further nursing follow-up to R1's lung congestion. On 10/06/08, a report from the event monitor was dictated. This report related that the monitor was in place from 8/25/08 to 9/23/08, for evaluation of 	PRÉFIX	(EACH DEFICIENCY	MUST BE PRECEDED BY FULL	PREF		(EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APP	OULD BE	COMPLETION
 Symptoms of cliest pain and papitations. The conclusion relates, "This 30 day event recorder demonstrates that the patient's symptoms of rapid heart beat, palpitations, and flutter are related to frequent and isolated ventricular ectopic beats." A nursing assessment/consultation dated 10/27/08, relates stress test, normal. Under review of laboratory work, medical consults etc., it states cardiac event recorder dictation received. Under the question of any observations requiring immediate contact of the physician it is checked, no. Under the area that asks for instructions it relates "monitor." A chest x-ray was performed on R1 on 11/14/08, after she was taken to the emergency room of a local hospital for evaluation due to being involved in a physical altercation at workshop. The report dated 11/14/08 states under impression, "findings suggestive of mild prominence of opacification of 	W9999	"Normal myocardia evidence of ischem left ventricular syste A Nursing Progress "client alert. 9/10 h (medroxyprogester (physical exam) WN (blood pressure) 86 (irregular) and slow breath) and chest p coarse rale sounds nursing follow-up to On 10/06/08, a repo dictated. This repo in place from 8/25/0 symptoms of chest conclusion relates, demonstrates that to rapid heart beat, pa related to frequent a ectopic beats." A nursing assessm 10/27/08, relates st review of laboratory it states cardiac ever received. Under th observations requir physician it is check asks for instructions A chest x-ray was p after she was taken local hospital for ev- in a physical altercation dated 11/14/08 stat	I perfusion study with no ia or infarct. Hyperdynamic olic function." A Note dated 9/25/08, states ad depo. One) and breast exam PE NL (within normal limits) BP 6/62, HR (heart rate) irreg denies SOB (shortness of ain. Lungs remain the same all fields." There is no further o R1's lung congestion. Ort from the event monitor was rt related that the monitor was rt related that the monitor was 8 to 9/23/08, for evaluation of pain and palpitations. The "This 30 day event recorder he patient's symptoms of alpitations, and flutter are and isolated ventricular ent/consultation dated ress test, normal. Under work, medical consults etc., ent recorder dictation e question of any ing immediate contact of the ked, no. Under the area that is it relates "monitor." performed on R1 on 11/14/08, to the emergency room of a aluation due to being involved ation at workshop. The report es under impression, "findings	W9	99			

If continuation sheet Page 35 of 41

		AND HUMAN SERVICES & MEDICAID SERVICES				FORM	08/07/2009 APPROVED 0938-0391
STATEMENT (OF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) N A. BU		IPLE CONSTRUCTION	(X3) DATE SU COMPLE	TED
		14G123	B. WI	NG _		(02/24	_ 4/2009
NAME OF PR	ROVIDER OR SUPPLIER				REET ADDRESS, CITY, STATE, ZIP CODE		
HART HO	USE				005 NORTHEAST PERRY STREET PEORIA, IL 61603		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREF TAG		PROVIDER'S PLAN OF CORRECT (EACH CORRECTIVE ACTION SHOL CROSS-REFERENCED TO THE APPR DEFICIENCY)	JLD BE	(X5) COMPLETION DATE
	compared to the propersist, consider his R1 had a follow-up 11/17/08. A record ancillary medical se same date. Under documented, that R with oxygen levels of this report is the int hospital. The physi "significant cardiore physician goes on t require O2 (oxygen safely returned to h discussion with Z1, and the patient's ac does require inpatie admission to the ho was allowed to prace admitted to another same report is the s made the arranger with the other physi to another hospital. On 11/17/08 a histo for R1 after she wa hospital. R1 was d day with a recomment methylcholine chall reactive airway dise in one week for follow A nursing progress which states, "clien lungs remain the sa	terally somewhat increased evious exam. If symptoms gh-resolution CT." visit with her cardiologist on of this visit is found on the ervices note written on the concerns or observations it is a seperiencing hypoxemia of 89% to 90% on room air. In ention to admit R1 to the cian relates R1 has espiratory issues." This o state, "The patient does), and I do not feel she can be er original facility. As per there is no monitoring there sute worsening of symptoms ent admission." R1 refused ospital in which the cardiologist ctice, and demanded to be thospital. Included in this statement that the cardiologist ents and discussed the case cian before R1 was admitted ory and physical was recorded is admitted to the other ischarged to home the next endation to have a enge to verify the diagnosis of ease. R1 was also to see Z1	W9	999			

Facility ID: IL6004063

If continuation sheet Page 36 of 41

		I AND HUMAN SERVICES				FORM	08/07/2009 APPROVED 0938-0391
	OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) N A. BU		TIPLE CONSTRUCTION	(X3) DATE SU COMPLE	TED
		14G123	B. WI	NG _			C 4/2009
NAME OF P	ROVIDER OR SUPPLIER				TREET ADDRESS, CITY, STATE, ZIP CODE		
HART HO	DUSE				905 NORTHEAST PERRY STREET PEORIA, IL 61603		
(X4) ID PREFIX TAG	(EACH DEFICIENC)	TEMENT OF DEFICIENCIES / MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREF TAG		PROVIDER'S PLAN OF CORRECT (EACH CORRECTIVE ACTION SHOU CROSS-REFERENCED TO THE APPR DEFICIENCY)	JLD BE	(X5) COMPLETION DATE
W9999	Continued From paradmits tired often." oxygen saturation I On 12/2/08 a chest Under finding this r cardiac silhouette." documented as "per interstitial and alver demonstrated, incre follow-up in four to confirm resolution of Nursing progress in that R1 complained exertion. There is near saturation levels or the nurse. This is the nurse until after R1 Another chest x-ray with no changes for R1 was seen by Z3 the first time. This ancillary medical se R1 complained of " reported that she wo ordered one of her discontinued and o an antidepressant. On 1/26/09 at 5:500 Department received the patient care rep dispatched to the h	nge 36 There is no evidence of evels being monitored. x-ray was done on R1. eport states, mild enlargement The impression is erihilar predominantly olar opacities are eased. Radiographic six-weeks recommended to of these findings." ote dated 12/17/08 relates of shortness of breath on no evidence of oxygen vital signs being assessed by the final documentation by the expired on 1/26/09. v was completed on 1/7/09 und. 8, Psychiatrist on 1/13/09, for visit is documented on an ervices sheet. During this visit feeling tired always," and also vas hearing voices. Z3 medications to be rdered an antipsychotic and AM the Peoria Fire ed a call for help according to port. The ambulance was ome and arrived on scene at	W9		DEFICIENCY)		
	The report states, " old female) in full a	M they made contact with R1. Arrived to find a 28 yof (year rrest laying on the floor. Pt ness in her head and neck					

Facility ID: IL6004063

If continuation sheet Page 37 of 41

		HAND HUMAN SERVICES E & MEDICAID SERVICES				FORM	: 08/07/2009 APPROVED 0938-0391
	F OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) N A. BU		TIPLE CONSTRUCTION	(X3) DATE SU COMPLE	TED
		14G123	B. WI	NG .			C 4/2009
NAME OF P	PROVIDER OR SUPPLIER				TREET ADDRESS, CITY, STATE, ZIP CODE		
HART HO	JUSE				905 NORTHEAST PERRY STREET PEORIA, IL 61603		_
(X4) ID PREFIX TAG	(EACH DEFICIENCY	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREF TAC	FIX	PROVIDER'S PLAN OF CORRECT (EACH CORRECTIVE ACTION SHOL CROSS-REFERENCED TO THE APPRO DEFICIENCY)	JLD BE	(X5) COMPLETION DATE
W9999	and along her back since 2100 (9:00PM pronounced dead a E4, DSP (direct ser on 2/5/09 at 3:05 Pl to tell the story of th that he did "checks surveyor asked what the rooms and visual related that he did r around, there was r 5:00AM he woke th out medications abo that another staff pe and he told her that asked her to go get passing medication staff member went and told him that R he went to the room was real cold, nothi or nothing. We didu resuscitation) becar right away. I asked training he related " and stuff."	 A. Pt had not been seen alive W) the night before." R1 was at 6:03AM. rvice person) was interviewed PM. This surveyor asked him he night R1 died. E4 related around 3:00 AM." When at checks are, did he go into hally assess each individual, he not. He said, "I walked no noise." He said that about hem up, and began passing bout 5:15 or 5:20AM. He said erson came in around 5:50AM t R1 was still sleeping and t her up because he was still hes. He related that the other to R1's room and returned 1 was not breathing. He said "she ing was moving, not her chest in't do CPR (cardiopulmonary use the paramedics got here d E4 if he had received CPR "when I was in high school 	W9	999	9		
	her co-worker to ge and called her, she ashen and cold and on was kind of red a said call 911. He ca said we should star bed but by the time	AM and had been asked by et R1 up. "I went to her room a didn't pop-up. She was d the side that she was laying and purple. I came out and called and then he said they rt CPR. I pulled her off the a we were going to start CPR s here. Its been hard."					

Facility ID: IL6004063

If continuation sheet Page 38 of 41

		AND HUMAN SERVICES				FORM	08/07/2009 APPROVED 0938-0391	
	AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) M A. BU		TIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED		
		14G123	B. WI	NG .			/2009	
NAME OF P	ROVIDER OR SUPPLIER	·			TREET ADDRESS, CITY, STATE, ZIP CODE			
HART HO	DUSE				905 NORTHEAST PERRY STREET PEORIA, IL 61603			
(X4) ID PREFIX TAG	(EACH DEFICIENC)	TEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREF TAG		PROVIDER'S PLAN OF CORREC (EACH CORRECTIVE ACTION SHOU CROSS-REFERENCED TO THE APPR DEFICIENCY)	JLD BE	(X5) COMPLETION DATE	
W9999	Continued From pa	ige 38	W99	999	9			
	Form dated 1/26/09 states, "While servi member E2) to go back to me and told We both went back was not responding called 911. Upon of told me to put (R1) Before we could do was here." An interview was co Administrator on 2/ death of R1. E1 wa personnel had rece resuscitation) traini CPR, he was suppo he called off. She of though." When this	5/09 at 11:02AM regarding the as asked if E4, Direct service sived CPR (cardio pulmonary ng? E1 stated "he hasn't had osed to have it in training but (referring to E2) is certified as surveyor asked if the other E1 referred to had been on						
	been sent to E4 reg dates for training w and 21. The memo you can be asked t late. These classes are required for you	no dated 12/16/08 that had garding DSP classes. The ere January 6, 7, 13, 14, 20 o states "Please be early, as o leave the class if you arrive s and your DSP certification ur employment. We have t have not attended these						
	training. E4 had sig sheets with the exc	a sheets for each day of the gned in on each of these eption of the sign in sheet a name of the module on that first aid.						

If continuation sheet Page 39 of 41

		AND HUMAN SERVICES				FORM	08/07/2009 APPROVED 0938-0391
	OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) N A. BUI		TIPLE CONSTRUCTION	(X3) DATE SU COMPLE	TED
		14G123	B. WI	√G _		(02/24	4/2009
NAME OF P	ROVIDER OR SUPPLIER				REET ADDRESS, CITY, STATE, ZIP CODE		
HART HO	DUSE				905 NORTHEAST PERRY STREET PEORIA, IL 61603		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES / MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREF TAG		PROVIDER'S PLAN OF CORREC (EACH CORRECTIVE ACTION SHOU CROSS-REFERENCED TO THE APPR DEFICIENCY)	JLD BE	(X5) COMPLETION DATE
W9999	Continued From pa	ige 39	W99	999	9		
	 1:30PM on 2/11/09 Cardiologist. Z4 re office had not seen on 11/17/08. Z4 sta since we sent her to been seeing her?" At 3:25PM, on 2/13 interviewed regardi asked in his opinion precautions/monito occurring due to the that R1 had been e signs on a regular b then stated, "Oh wa don't do a lot of tha on R1 not having fo Z1 did state that R1 local hospital and th seen there. Z3, Psychiatrist, wa 2:30PM regarding h 1/13/09. He was as cardiac and pulmor prescribing antidep medications. Z1 re the medical issues R1 appeared to be further related that been that "the usua been done. When stated, "checks on every 15 minutes a couple of days." Z3 MARs (medication 	se, was interviewed at while attempting to reach Z2, lated that the cardiologist R1 since her hospitalization ated, "we haven't seen her o (local hospital). Who has 0/09, Z1, Physician, was ng the death of R1. Z1 was n, what type of ring, should have been e physical health concerns experiencing. Z1 stated vital basis, cardiologist visits. Z1 at she's at a group home, they t there." Z1 did not comment ollow-up with a Cardiologist. 1 had been hospitalized at a hought that she was being as interviewed on 2/11/09 at his initial visit with R1 on sked if he was aware of R1's hary problems prior to ressant and antipsychotic blated that he was not aware of but that at the time of this visit doing well medically. Z1 his expectation would have asked to clarify the "usual," Z3 everyone periodically like t night and vital signs every 3 related that he looks at administration records) and id medical information but that					

Facility ID: IL6004063

If continuation sheet Page 40 of 41

DEPARTMENT OF HEALTH AND HUMAN SERVICES CENTERS FOR MEDICARE & MEDICAID SERVICES							PRINTED: 08/07/2009 FORM APPROVED OMB NO. 0938-0391	
STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING			(X3) DATE SURVEY COMPLETED		
14G ⁻		14G123	B. WII	NG	B	C 02/24/2009		
NAME OF PROVIDER OR SUPPLIER				s	STREET ADDRESS, CITY, STATE, ZIP CODE			
HART HOUSE					905 NORTHEAST PERRY STREET PEORIA, IL 61603			
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREF TAG	۶IX	PROVIDER'S PLAN OF CORREC (EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APPR DEFICIENCY)	JLD BE	(X5) COMPLETION DATE	
W9999	Continued From page 40 a nurse does not provide information for him.		W9	99	99			
				W9999				

Facility ID: IL6004063

If continuation sheet Page 41 of 41