PRINTED: 05/03/2010 FORM APPROVED OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CON:		TIPLE CONSTRUCTION	(X3) DATE SU COMPLE		
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		145239	B. WIN	NG _		01/2	2/2010
	PROVIDER OR SUPPLIER				REET ADDRESS, CITY, STATE, ZIP CODE 5533 NORTH GALENA ROAD PEORIA HEIGHTS, IL 61614		
(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 SHO CROSS-REFERENCED TO THE APPR DEFICIENCY)	ULD BE	(X5) COMPLETION DATE
F 000	INITIAL COMMENT	TS	F(000			
	Complaint Investiga 1020064/IL45367	ation					
F 328 SS=J	483.25(k) TREATM	survey was conducted. IENT/CARE FOR SPECIAL	FS	328			1/23/10
	proper treatment ar special services: Injections; Parenteral and enter	stomy, or ileostomy care;					
	by: Based on record re facility failed to prov (Continuous Positiv Bi-PAP machine (B Pressure) to one of physician's orders f failure resulted in a situation for R1 who for respiratory distre hospitalizations, R1 placed on a ventilate These failures resu Jeopardy. While the	NT is not met as evidenced eview and interviews, the vide a CPAP machine or Airway Pressure) and a silevel Positive Airway for three sampled residents with for these machines (R1). This in Immediate Jeopardy or required two hospitalizations ess. During both I needed to be intubated and tor due to respiratory distress.					
I ABORATOR		DER/SUPPLIER REPRESENTATIVE'S SIG	NATURE		TITLE		(X6) DATE

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

DEPARTMENT OF HEALTH AND HUMAN SERVICES CENTERS FOR MEDICARE & MEDICAID SERVICES (X1) PROVIDER/SUPPLIER/CLIA

OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	` '			(X3) DATE SU COMPLE	
	145239	B. WIN	IG _			2 /2010
ROVIDER OR SUPPLIER			5	5533 NORTH GALENA ROAD	, , , , , , , , , , , , , , , , , , ,	2.23.13
(EACH DEFICIENCY	MUST BE PRECEDED BY FULL			(EACH CORRECTIVE ACTION SHOU	JLD BE	(X5) COMPLETION DATE
compliance at a set time is needed to mewly developed por as to complete train. Findings include: Internet information en.wikipedia.org, ex "CPAP, a continuo machine, was initial the treatment of sle in widespread use a a form of ventilation occurs when the upas the muscles relareduces oxygen in from sleep. The CP phenomenon by de compressed air via mask or full-face	verity level two. Additional conitor the effectiveness of colicy and procedures as well ching of staff. If from www.wisegeek.com and explains: us positive airway pressure consisted mainly by patients for ep apnea at home, but now is across intensive care units as a constructive sleep apnea oper airway becomes narrow a naturally during sleep. This the blood and causes arousal AP machine stops this livering a stream of a hose to a nasal pillow, nose ask, splinting the airway der air pressure), so that hing becomes possible, eventing apneas and cortant to understand, the air pressure, and not the r, that prevents the apneas." I levices, Bi-PAP, provides two inspiratory Positive Airway exhalation." ound to be especially useful negstive heart failure and lung y ones that result in above thon dioxide."	F3	328			
	ROVIDER OR SUPPLIER SUMMARY STA (EACH DEFICIENCY REGULATORY OR LS Continued From pa compliance at a set time is needed to m newly developed po as to complete train Findings include: Internet information en.wikipedia.org, ex "CPAP, a continuo machine, was initial the treatment of sle in widespread use a a form of ventilation occurs when the up as the muscles rela reduces oxygen in the from sleep. The CP phenomenon by de compressed air via mask or full-face ma (keeping it open un unobstructed breath reducing and /or pre hypopneas. It is imp however, that it is the movement of the ai "Bi-level pressure of levels of pressure: I Pressure and a low Pressure for easier "Bi-PAP has been f for patients with con disorders, especiall normal levels of car Hospital History and states R1 was adm	TIDENTIFICATION NUMBER: 145239 ROVIDER OR SUPPLIER LARE HOME SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) Continued From page 1 compliance at a severity level two. Additional time is needed to monitor the effectiveness of newly developed policy and procedures as well as to complete training of staff.	ROVIDER OR SUPPLIER LARE HOME SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) Continued From page 1 compliance at a severity level two. Additional time is needed to monitor the effectiveness of newly developed policy and procedures as well as to complete training of staff. Findings include: Internet information from www.wisegeek.com and en. wikipedia.org, explains: "CPAP, a continuous positive airway pressure machine, was initially used mainly by patients for the treatment of sleep apnea at home, but now is in widespread use across intensive care units as a form of ventilation. Obstructive sleep apnea occurs when the upper airway becomes narrow as the muscles relax naturally during sleep. This reduces oxygen in the blood and causes arousal from sleep. The CPAP machine stops this phenomenon by delivering a stream of compressed air via a hose to a nasal pillow, nose mask or full-face mask, splinting the airway (keeping it open under air pressure), so that unobstructed breathing becomes possible, reducing and /or preventing apneas and hypopneas. It is important to understand, however, that it is the air pressure, and not the movement of the air, that prevents the apneas." Bi-level pressure devices, Bi-PAP, provides two levels of pressure: Inspiratory Positive Airway Pressure and a lower Expiratory Positive Airway Pressure for easier exhalation." "Bi-PAP has been found to be especially useful for patients with congestive heart failure and lung disorders, especially ones that result in above normal levels of carbon dioxide." Hospital History and Physical dated 12/1/09 states R1 was admitted to the hospital on	ROVIDER OR SUPPLIER LARE HOME SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY PULL REGULATORY OR LSC IDENTIFYING INFORMATION) Continued From page 1 compliance at a severity level two. Additional time is needed to monitor the effectiveness of newly developed policy and procedures as well as to complete training of staff. 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It is important to understand, however, that it is the air pressure, and not the movement of the air, that prevents the apneas.* Bi-level pressure devices, Bi-PAP, provides two levels of pressure: Inspiratory Positive Airway Pressure or easier exhalation.* "Bi-PAP has been found to be especially useful for patients with congestive heart failure and lung disorders, especially ones that result in above normal levels of carbon dioxide."

DEPARTMENT OF HEALTH AND HUMAN SERVICES CENTERS FOR MEDICARE & MEDICAID SERVICES (X1) PROVIDER/SUPPLIER/CLIA

	FOF DEFICIENCIES DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	A. BUI		IPLE CONSTRUCTION IG	(X3) DATE SU COMPLE	TED
		145239	B. WIN	IG _			C 2 /2010
	PROVIDER OR SUPPLIER		•	5	REET ADDRESS, CITY, STATE, ZIP CODE 5333 NORTH GALENA ROAD PEORIA HEIGHTS, IL 61614		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES 'MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFI TAG		PROVIDER'S PLAN OF CORREC' (EACH CORRECTIVE ACTION SHOI CROSS-REFERENCED TO THE APPR DEFICIENCY)	JLD BE	(X5) COMPLETION DATE
F 328	Discharge Medicati 12/10/09 notes that 12/10/09 with order 10mm (millimeters) On 1/09/10 at 4:00 Daughter) said that CPAP machine from needed to get was stated that the facili R1 ended up back The hospital History notes "(Ambulance nursing home where respiratory distress Emergency Departs (oxygen) saturation had increased work subsequently intubated in the subsequently intubated in the subsequently in the subsequently in the subsequently in the R1's hospital Transt that R1 was hospitated 1/02/10 and then R1 facility. The Transferorders for, "Bi-PAP during sleep and at machine)." On 1/15/10 at 2:05 did not obtain the B was without the Binights, until R1 was 1/4/10. The hospital History states R1 was adminental status and of the subsequent status and content in the subsequent s	on Order Report dated R1 returned to the facility on s for a "CPAP machine at at H.S. (Night)." P.M. Z1 (R1's Grand the family had brought a m home and all the facility the tubing and mask. Z1 ty failed to get the mask, and in the hospital on 12/13/09. y and Physical dated 12/14/09 Service) were called to the mach the patient was found in Down in (Hospital ment) the patient's (R1) O2 s dropped to the 80's and she are of breathing and was	F3	328			

DEPARTMENT OF HEALTH AND HUMAN SERVICES CENTERS FOR MEDICARE & MEDICAID SERVICES (X1) PROVIDER/SUPPLIER/CLIA

	F OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	A. BUI		IPLE CONSTRUCTION IG	COMPLE	TED
		145239	B. WIN	IG _			C 2/2010
	PROVIDER OR SUPPLIER			5	REET ADDRESS, CITY, STATE, ZIP CODE 5333 NORTH GALENA ROAD PEORIA HEIGHTS, IL 61614	01122	2/2010
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES 'MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFI TAG		PROVIDER'S PLAN OF CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPR DEFICIENCY)	ULD BE	(X5) COMPLETION DATE
F 328	facility) that the patiresponsive. Per grabedside, it appears continue Bi-PAP wi had not been able to because nursing he daughter that the prevery night. Patient Department with a Dioxide dissolved in 35 to 45 mm hg) (m Mercury) and was possible (R1) is a poor secondary to what a condition of the provided Hamber of the provided Hamber of the provided Hamber of the Bi-PAP machine as ordered to say that R1's conditional the Bi-PAP machine R1's Physician's Ortook them any furth followed. E2 had nowere never carried On 1/15/10 at 11:40 Nurse) stated that sadmission on 12/10 at 10:15 and the sadmission on 12/10 at 11:40 Nurse) stated that sadmission on 12/10 at 11:40 Nurse)	ent was decreasingly anddaughter, who was at that the patient (R1) was to the naps and at nighttime but of at the nursing home ome had falsely told the patient (R1) was on Bi-PAP of presented to the Emergency PCO2 (Amount of Carbon of arterial blood) of 95 (Normal of Marterial blood) of 95 (Normal of	F3	328			

DEPARTMENT OF HEALTH AND HUMAN SERVICES CENTERS FOR MEDICARE & MEDICAID SERVICES (X1) PROVIDER/SUBBLIED/CLIA

	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	A. BUIL		PLE CONSTRUCTION G	(X3) DATE SU COMPLE	TED
		145239	B. WIN	G			C 2 /2010
	ROVIDER OR SUPPLIER		•	55	EET ADDRESS, CITY, STATE, ZIP CODE 533 NORTH GALENA ROAD EORIA HEIGHTS, IL 61614		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFI TAG	x	PROVIDER'S PLAN OF CORREC' (EACH CORRECTIVE ACTION SHOI CROSS-REFERENCED TO THE APPR DEFICIENCY)	JLD BE	(X5) COMPLETION DATE
F 328	Nurse) stated that Is 1/2/10 and has no at the Bi-PAP was not the Bi-PAP was not at the Bi-PAP was not at 19/10. The Imdetermined to have facility failed to follow the Immat 10:20 A.M. The surveyor confinobservation, and reactions were taken 01/20/2010 Review Bi-PAP and CPAP staff to follow when Quality Assurance 01/21/2010Manda Licensed Practical Nurses. Reviewed following policies / * Review, discussion of job descriptions *Equipment Orderina * Nursing Documen * Processing of Phy	P.M. E4 (Licensed Practical E4 did do R1's admission on answer to why the order for a carried through. Pardy situation was identified mediate Jeopardy was begun on 12/10/09 when the ow through with an order for a R1. E1 (Administrator) was nediate Jeopardy on 1/19/10 Permed through interview, acord review that the following to remove the immediacy: Ped, revised, and approved policies and procedures for providing care with the facility Committee. Patory in-service with all Nurses and Registered and discussion of the procedures: Pen and verified understanding and policy / procedure tation	F 3	28			
F9999	*Roundtable discus FINAL OBSERVAT		F99	99			

	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULT	IPLE CONSTRUCTION	(X3) DATE SU COMPLE	
			A. BUILDIN	NG		
		145239	B. WING _			C 2/2010
NAME OF F	ROVIDER OR SUPPLIER			REET ADDRESS, CITY, STATE, ZIP CODE		
SAINT C	LARE HOME			5333 NORTH GALENA ROAD PEORIA HEIGHTS, IL 61614		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECT (EACH CORRECTIVE ACTION SHOU CROSS-REFERENCED TO THE APPR DEFICIENCY)	JLD BE	(X5) COMPLETION DATE
F9999	Continued From particles and services to attar practicable physical well-being of the releach resident to personal care need to each resident to personal care need b)2) All treatments administered as ordinated as	ge 5 ATIONS Requirements for Nursing and provide the necessary care in or maintain the highest I, mental, and psychosocial sident, in accordance with a prehensive assessment and uate and properly supervised ersonal care shall be provided meet the total nursing and sof the resident. and procedures shall be dered by the physician. and Personal Care Program and procedures shall be dered by a physician. All new hall be reviewed by the Nursing or Charge Nurse hours after such orders have be ure facility compliance with ion 2-104 (b) of the Act) and Neglect ee, administrator, employee of shall not abuse or neglect a	F9999	DEFICIENCY)	OPRIATE	
	These requirements	s are not met as evidenced				

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) N A. BU		IPLE CONSTRUCTION IG	(X3) DATE SURVEY COMPLETED	
		145239	B. WII	NG _			C 2/2010
	ROVIDER OR SUPPLIER			5	REET ADDRESS, CITY, STATE, ZIP CODE 5533 NORTH GALENA ROAD PEORIA HEIGHTS, IL 61614	-	
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES YMUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREF TAG		PROVIDER'S PLAN OF CORREC (EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APPR DEFICIENCY)	ULD BE	(X5) COMPLETION DATE
F9999	Based on record refacility failed to prove (Continuous Positive Bi-PAP machine (Beressure) to one of physician's orders for required two hospit distress. During bot to be intubated and respiratory distress. Findings include: Internet information en. wikipedia. org, eximice in widespread use a form of ventilation occurs when the upas the muscles relareduces oxygen in from sleep. The CP phenomenon by decompressed air via mask or full-face medicing and/or prehypopneas. It is imphowever, that it is the movement of the air "Bi-level pressure: levels of pressure:	view and interviews, the vide a CPAP machine re Airway Pressure) and a ilevel Positive Airway three sampled residents with for these machines (R1). R1 alizations for respiratory the hospitalizations, R1 needed placed on a ventilator due to on	F9	999			

	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) M A. BUI		IPLE CONSTRUCTION	(X3) DATE SU COMPLE	
		145239	B. WIN	1G _			C 2/2010
	PROVIDER OR SUPPLIER		•	5	REET ADDRESS, CITY, STATE, ZIP CODE 5533 NORTH GALENA ROAD PEORIA HEIGHTS, IL 61614		
(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 SHO CROSS-REFERENCED TO THE APPI DEFICIENCY)	OULD BE	(X5) COMPLETION DATE
F9999	for patients with condisorders, especiall normal levels of call Hospital History and states R1 was adm 11/30/09 with "Pnet Discharge Medicati 12/10/09 notes that 12/10/09 with order 10mm (millimeters) On 1/09/10 at 4:00 Granddaughter) sate a CPAP machine from the meded to get was stated that the facili R1 ended up back. The hospital History notes "(Ambulance nursing home where respiratory distress Emergency Departic (oxygen) saturation had increased worksubsequently intubed R1's hospital Transthat R1 was hospital 1/02/10 and then R1 facility. The Transferorders for, "Bi-PAP during sleep and at machine)." On 1/15/10 at 2:05	ound to be especially useful negestive heart failure and lung y ones that result in above the dondone." d Physical dated 12/1/09 itted to the hospital on umonia with sepsis." Hospital on Order Report dated R1 returned to the facility on s for a "CPAP machine at at H.S. (Night)." P.M. Z1 (R1's id that the family had brought om home and all the facility the tubing and mask. Z1 ity failed to get the mask, and in the hospital on 12/13/09. If y and Physical dated 12/14/09 Service) were called to the in the patient was found in . Down in (Hospital ment) the patient's (R1) O2 s dropped to the 80's and she at of breathing and was	F99	999			

	FOF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) M A. BUI		IPLE CONSTRUCTION IG	(X3) DATE SU COMPLE	
		145239	B. WIN	IG _			C 2/2010
	PROVIDER OR SUPPLIER		•	5	REET ADDRESS, CITY, STATE, ZIP CODE 5533 NORTH GALENA ROAD PEORIA HEIGHTS, IL 61614		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES ' MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFI TAG		PROVIDER'S PLAN OF CORREC (EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APPR DEFICIENCY)	OULD BE	(X5) COMPLETION DATE
F9999	nights, until R1 was 1/4/10. The hospital History states R1 was adm mental status and opatient's (R1) family facility) that the patresponsive. Per grabedside, it appears continue Bi-PAP with had not been able to because nursing he daughter that the prevery night. Patient Department with a Dioxide dissolved in 35 to 45 mm hg) (m Mercury) and was part (R1) is a poor secondary to what some condary to what stated that R1 came extremely high PCC respiratory distress and would have more two without emerges ay that R1's condinot having the Bi-PCC on 1/20/10 at 10:18 Nursing) confirmed Bi-PAP machine as went on to say that machine and the Bitranscribed over to	ge 8 PAP machine for another two readmitted to the hospital on a readmitted to the hospital on titled on 1/4/10 with "Altered dyspnea." "Here today after on noted at (long term care fent was decreasingly anddaughter, who was at that the patient (R1) was to the naps and at nighttime but to at the nursing home ome had falsely told the patient (R1) was on Bi-PAP of presented to the Emergency PCO2 (Amount of Carbon of arterial blood) of 95 (Normal of the patient of placed on Bi-PAP promptly. In this torian at this time papears to be CO2 narcosis." P.M. Z2 (Hospital Physician) the into the hospital with the patient of placed to be intubated one than likely died in a day or ency treatment. Z2 went on to the toler than likely died in a day or ency treatment. Z2 went on to the thospital with the patient. Z2 went on to the thospital with the patient of the cordered by the physician. E2 the ordered by the physician. E2 the ordered by the physician. E2 the orders for the CPAP-PAP machine were R1's Physician's Order Sheet of the them any further to ensure	F99	999			

		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) M A. BUI		IPLE CONSTRUCTION IG	(X3) DATE SU COMPLE	JRVEY TED
		145239	B. WIN	1G _			2 /2010
	PROVIDER OR SUPPLIER		•	5	REET ADDRESS, CITY, STATE, ZIP CODE 5533 NORTH GALENA ROAD PEORIA HEIGHTS, IL 61614		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREF TAG		PROVIDER'S PLAN OF CORRECT (EACH CORRECTIVE ACTION SHOT CROSS-REFERENCED TO THE APPROPRIES OF T	OULD BE	(X5) COMPLETION DATE
F9999	why these orders we On 1/15/10 at 11:40 Nurse) stated that sadmission on 12/10 answer to why the carried out. On 1/14/10 at 2:00 Nurse) stated that I	wed. E2 had no answer to vere never carried out. O A.M., E7 (Licensed Practical she assisted with part of R1's 10/09 and did not have an order for a CPAP was not P.M. E4 (Licensed Practical E4 did do R1's admission on no answer to why the order for	F99	999			