	ATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION IDENTIFICATION NUMBER: A. BUILDING		(X3) DATE SURVEY COMPLETED				
		145469	B. WII	IG _			C 3/2010
NAME OF PROVIDER OR SUPPLIER PARIS HEALTH CARE CENTER				10	EET ADDRESS, CITY, STATE, ZIP CODE 011 NORTH MAIN STREET ARIS, IL 61944	03/1	5/2010
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREF TAG		PROVIDER'S PLAN OF CORRECTIVE ACTION SHOUNDERS TO THE APPRICED	JLD BE	(X5) COMPLETION DATE
F 501	termination on the 2003 and subject to basis. The expired contract of the facility on 5/1 indicated during the 5/10/10 held at 4:00 Medical Director's contract. On the modern contract on the modern contract of the facility on 5/10/10 held at 4:00 Medical Director's contract.	Thirty-first day of December or renewal on a continuing ct was brought to the attention 0/10. E1 and E2 both e Daily Status Meeting on Opm that they believed that the contract was a revolving orning of 5/11/10 the facility d current contract with Z2.	F 9	9999			
	a) The facility must and services to atta practicable physica well-being of the re each resident's con	General Requirements for nal Care provide the necessary care ain or maintain the highest l, mental, and psychological sident, in accordance with apprehensive assessment and					
	plan of care. Adequation nursing care and potential to each resident to personal care need b) General nursing minimum the follow a 24-hour, seven do 3) Objective observing resident's condition	uate and properly supervised ersonal care shall be provided meet the total nursing and ls of the resident. care shall include at a ring and shall be practiced on					

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) M A. BUI		IPLE CONSTRUCTION IG	(X3) DATE SURVEY COMPLETED	
		145469	B. WIN	IG _			C 3/2010
	PROVIDER OR SUPPLIER	R	•	1	REET ADDRESS, CITY, STATE, ZIP CODE 011 NORTH MAIN STREET PARIS, IL 61944		
(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)	ULD BE	(X5) COMPLETION DATE
F9999	further medical evaluation made by nursing stresident's medical resident's medical resident's medical resident. Section 300.3240 A a) An owner, licens or agent of a facility resident. These Regulations by: Based on observative review the facility faction for a medical (R3) who was found one of 23 residents "Full Code" status incident. R3 was reemergency medical 10:47am and R3 examples 10:58am. The facility viable system to ide for the 77 current restaffs' knowledge of further failed to have place to track and examples to track and examples to track and examples for the resident of the resident o	re required and the need for luation and treatment shall be aff and recorded in the ecord.	F99	999			

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

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) M A. BUI		IPLE CONSTRUCTION NG	COMPLETED	
		145469	B. WI	1G _			C 3/2010
NAME OF PROVIDER OR SUPPLIER PARIS HEALTH CARE CENTER			L	1	REET ADDRESS, CITY, STATE, ZIP CODE 1011 NORTH MAIN STREET PARIS, IL 61944	, 00/10	3/2010
(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 SHOI CROSS-REFERENCED TO THE APPR DEFICIENCY)	ULD BE	(X5) COMPLETION DATE
F9999	Fibulation, Diabetes admission physicia R3 is a "Full Code." 2045 indicates that after a hospital stay needs know(n) R home" "Res eager A second hospital sonotes of 4/1/10 11: the hospital, and the a readmission note On 4/23/10 the nurse (RN, weekend supermedication without nurses note indicated bath and suffer of breath). A 10:10 unresponsive - cyal around lips code cabag. 911 called." E4 was asked to reduring a phone inte E4 recalled the more R3. E4 stated she will knew E4 was "rehala call into the doctor indicated on 4/23/1 morning medication problems. E4 then pass and a CNA as level per the reside she passed the last drawn up and procemonitor and enterent that upon entering the stay of the stay	e Pulmonary Disease, Atrial & Mellitus and Obesity. R3's n's orders of 3/22/10 indicate 'A nurses note of 3/22/10, R3 was admitted to the facility of "Res A/O x 3, able to make es admitted for rehab to to get better and go home". Stay is noted in the nurses 10 am indicating R3 is taken to e next note for R3 begins with on 4/20/10 at 1730. Sees notes indicate that E4 ervisor) gave the resident difficulty at 9:00am. A 9:30am es that R3 was given a full red exertional SOB (shortness)	F99	999			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	` '		PLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
		A. BUILDING		С		
	145469	B. WIN	IG			3/2010
NAME OF PROVIDER OR SUPPLIER PARIS HEALTH CARE CENTER	₹		10	EET ADDRESS, CITY, STATE, ZIP CODE D11 NORTH MAIN STREET ARIS, IL 61944		
PREFIX (EACH DEFICIENCY N	EMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL C IDENTIFYING INFORMATION)	ID PREF TAG		PROVIDER'S PLAN OF CORREC' (EACH CORRECTIVE ACTION SHOI CROSS-REFERENCED TO THE APPR DEFICIENCY)	JLD BE	(X5) COMPLETION DATE
stiff at that time. E4 to room and went to the R3's room) to check and then proceeded Nursing) in the outdo DON's office (84 feet to "come quick." E4 room to call a code at this time a crash cart E4 indicated that the (EMTs) took over an including E4 helped facility. E4 was read conversation and vermorning of 4/23/10. Interview with E2 on she had been summ of 4/23/10 to assist E2 indicated that she and initiated CPR who crash cart and called with E2 on 5/6/10 co by E4 from the outdo anyone providing em Interview with E8 (CI with E9 (CNA) on 5/6 and E9 and been cart 4/23/10. Both E8 and short of breath after that they had given Freturned to check on that they reported the and asked E4 to che in the past R3 had on	then exited the resident's enurses station (21 feet from R3's code status (Full Code) to locate E2 (Director of cor smoking area near the st from E3's room). E4 told E2 and E2 then returned to R3's and start CPR. E4 stated at a rrived and 911 was called. Emergency Medical crew and that the facility staff R3 and the EMTs to exit the the notes of the phone rified the events of the morning E4 with a "Full Code" event. The eand E4 entered R3's room while other staff entered with a definition of the staff entered with a defi	F99	9999			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) N A. BU		PLE CONSTRUCTION G	(X3) DATE SURVEY COMPLETED		
		145469	B. WII	NG _			C 3/2010
NAME OF PROVIDER OR SUPPLIER PARIS HEALTH CARE CENTER			•	10	REET ADDRESS, CITY, STATE, ZIP CODE 011 NORTH MAIN STREET PARIS, IL 61944		
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F9999	the nurses station of sitting on a chair at went to check on R indicated that E4 w passed E8 and E9 speaking and procestated that E4 returnindicated that at the other staff were inforwas asked for an a exited R3's room unresponse was two places. Interview with Z1(p 5/6/10 at 11:00am R3 found Z1 to indice of the events of the questioned about Respected the death to rehab and return been working with the progress. When further about the possible emergency response pisode, Z1 indicat CPR would have be CPR is to be started. Review of resident code status for each front cover of the clettering on the confacility has a dot sy residents. The dots frame of the resident code status for each front cover of the clettering on the confacility has a dot sy residents. The dots frame of the resident code status for each frame f	the nurses station when E4 3 per their request. E9 ent into and out of R3's room at the nurses station without eeded down the hall. E9 ned with E2 to R3's room. E9 at time CPR was initiated and ormed and 911 was called. E8 pproximate time from when E4 ntil CPR was initiated. E8's olus minutes. Thysician) per telephone on regarding the care provided to cate he had not been notified morning of 4/23/10. Z1 was 23. Z1 stated he had not of R3. Z1 was expecting R3 home. Z1 stated R3 had the therapies and was making of the therapies and questioned two plus minute lag in se to R3's non-responsive ed that the delay in beginning een devastating. Z1 stated d immediately. Tecords R1 to R11 found the he resident to be inside the nart in approximate 1.5 inch dition alert page. Further, the stem to identify full code are arranged on the door	F9	999			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) N A. BU		IPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED		
		145469	B. WII	VING		C 3/2010	
NAME OF PROVIDER OR SUPPLIER PARIS HEALTH CARE CENTER			•	1	REET ADDRESS, CITY, STATE, ZIP CODE 1011 NORTH MAIN STREET PARIS, IL 61944		
(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
F9999	a) The interview w E11 has been emp months. When que the code status for the nurses station a E11 stated there w code status in the r The interview with I 10:40am found E1 year with the facility indicated that the c are on a list at the r individual charts. E the residents room. The interview with I E13 has been emp with the facility. WI that the code status door frame. E13 inc and Right side of d dots match the cod The interview with I E14 has been emp the facility. When c the code status is a and in the individua no way to know the room. When asked being a code, she r of."	identify the residents' code ith E11 (RN) at 10:30am found loyed with the facility for 6 estioned, E11 indicated that the residents was on a list at and in the residents' charts. as no method to identify the ooms. E12 (Shady Lane Director) at 2 has been employed for one 7. When interviewed, E12 ode status for the residents nurses station and in the 12 did not know of a system in	F9	999			
		loyed since October 2009 with					

	FOF DEFICIENCIES DF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	` '	A. BUILDING (X3) DATE SU COMPLE		TED	
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NAME OF PROVIDER OR SUPPLIER PARIS HEALTH CARE CENTER				1	REET ADDRESS, CITY, STATE, ZIP CODE 1011 NORTH MAIN STREET PARIS, IL 61944	00/1	5/2010
(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
F9999	the facility. When of the code status is resident's chart, in list at the nurses state code was on the resident of the incident of 4/23 code system for the incident of 4/23 code system for the incident code status kept: An interview with E found E5 to indicate was in the resident was in the resident An interview with E found E7 to indicate was on the door fratefit bed 1, right be information attached. An interview with E found E9 to indicate was on the coor frate was on the coor frate was on the coor frate was on the door frate was on the door frate was on the coor	questioned, E15 indicated that noted as a red dot on the the resident's chart and on a ation. E15 did not believe the sidents door frame. 4 (RN) on the phone at ound that she had gone to the neck R3's code status during /10. E4 was not aware of the e door. iews with staff during the the following regarding s and where the information is 5 (LPN) on 5/5/10 at 1:15pm e the code status of a resident	F9	999			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) N	IULTI	PLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
			A. BUI	A. BUILDING		С	
		145469	B. WIN	1G _			3/2 010
	ROVIDER OR SUPPLIER	R		1	REET ADDRESS, CITY, STATE, ZIP CODE 011 NORTH MAIN STREET PARIS, IL 61944		
(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 SHOI CROSS-REFERENCED TO THE APPR DEFICIENCY)	JLD BE	(X5) COMPLETION DATE
F9999	and closest to the veveryone is supposed with the code attack E6 gets a current lise E16 (MDS coordinalist to E6 and change on the door. E6 representations are correct. e) E16 prepared a surveyor who are a sincluded 22 resident time of the unrespote the 22 residents incompared and the second who were not current Nurses Aides were procedure. (E18, E24). The facility provided dates and CPR state CNA's were not current to current to the second control of the	window. E6 indicated sed to have a laminated card hed with their name badge. It for the door frames from ator). E16 presented a new ges were made to the codes ported to the surveyor that the e and over 1/2 the dots were a "Full Code" status. The list ats. R3 was a full code at the ensive episode on 4/23/10 and clude: R6, R10, R11 and fied nurse aide staff members and in CPR found 7 of 40 not current in this emergency e19, E20, E21, E22, E23 and da a list of CNA's with hire tus information. The following crently certified: In employed since 12/27/2006 cation information. In employed since 4/7/10 had an information. In employed since 4/28/10 had an information. In employed since 4/9/2009 had an information.	F99	999			

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/C IDENTIFICATION NUMBER		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		IULTIPL LDING	LE CONSTRUCTION	(X3) DATE SURVEY COMPLETED		
		145469	B. WING			C 05/13/2010		
NAME OF PROVIDER OR SUPPLIER PARIS HEALTH CARE CENTER				101	ET ADDRESS, CITY, STATE, ZIP CODE 1 NORTH MAIN STREET RIS, IL 61944			
(X4) ID PREFIX TAG	FIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL		(EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX		PROVIDER'S PLAN OF CORRECT (EACH CORRECTIVE ACTION SHOU CROSS-REFERENCED TO THE APPR DEFICIENCY)	JLD BE	(X5) COMPLETION DATE	
F9999	•	employed since 3/9/2010	F99	999				