PRINTED: 02/25/2012 FORM APPROVED OMB NO. 0938-0391

	FOF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) M A. BU		FIPLE CONSTRUCTION	(X3) DATE SI COMPLE	
		445004	B. WII			С	
		145694		_		08/1	1/2011
	PROVIDER OR SUPPLIER OOD CARE CENTER	OF JOLIET		:	REET ADDRESS, CITY, STATE, ZIP CODE 3401 HENNEPIN DRIVE JOLIET, IL 60435		
(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 APP DEFICIENCY)	OULD BE	(X5) COMPLETION DATE
F 000	INITIAL COMMEN	гѕ	F	000			
F 224 SS=G	Incident of 6/17/11- A partial extended of 483.13(c) PROHIB MISTREATMENT/IN The facility must depolicies and procedomistreatment, negleand misappropriation This REQUIREMED by: Based on interview	- No deficiency - F224, F309, F333, F501 - IL54014- F279, F309, F501 - Survey was conducted IT NEGLECT/MISAPPROPRIAT - Evelop and implement written lures that prohibit - ect, and abuse of residents on of resident property. NT is not met as evidenced of and record review the facility	F	224			8/16/11
	was listed correctly and all the hospital records prior to trar orders from these r Physician's Order S (R7) out of 11 revie orders, in the total s This failure resulted	d in R7 receiving multiple					
I ABORATOR	hospital from where continued to receive days after her admi elevation of R7's po was admitted to the	ibed for another patient at the e she was discharged. R7 e these medications for five ission. This caused an otassium to a critical level. R7 e intensive care unit in serious	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.

	FEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SUPPLIER/CLIA (X3) DATE SUPPLIER/CLIA (X4) MULTIPLE CONSTRUCTION (X5) DATE SUPPLIER/CLIA (X6) MULTIPLE CONSTRUCTION (X6) DATE SUPPLIER/CLIA (X6) MULTIPLE CONSTRUCTION (X6) DATE SUPPLIER/CLIA (X6) MULTIPLE CONSTRUCTION (X6) DATE SUPPLIER/CLIA (X6) MULTIPLE CONSTRUCTION (X7) DATE SUPPLIER/CLIA (X7) DATE SUPPLIER/CLIA (X7) MULTIPLE CONSTRUCTION (X7) DATE SUPPLIER/CLIA (X7) DATE SUPPLIER/CLIA (X7) MULTIPLE CONSTRUCTION (X7) MULTIPLE (X7					
		145694	B. WING _			C 1/2011
	PROVIDER OR SUPPLIER	OF JOLIET	3	REET ADDRESS, CITY, STATE, ZIP CODE 4401 HENNEPIN DRIVE IOLIET, IL 60435		
(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)	OULD BE	(X5) COMPLETION DATE
F 224	Renal Failure and E This failure has the admitted to the faci The findings include R7 was admitted to local hospital accord/6/11. The hospital documentation for a hospital (Z3) along documentation for I very similar, but the R7's name and birth "Medication Adminilist of R7's medication/Physical alist of Z3's medicate appear on the Reconciliation/Physical alist of Z3's medicate appear on the Reconciliation on the Sheet (POS). On Sconfirmed she did redate on the medical hospital. E8 said significations were lifted Administration Reconcilied Z2 (Physician Called Z2 (Physician Called Z2 that R7 dispose of the medical Order Form (Z3's medications (Z3's medications (Z3's medication) and the medical Corder Form (Z3's medication) and the medical Corder Form (Z3's medication).	the facility on 4/6/11 from a ding to nursing notes dated al erroneously sent medication another patient from the with medication R7. R7 and Z3's names are the birth dates are different. In date appear on the top of the stration Record" followed by a dons. Z3's name and birth top of the "Medication Sician Order Form" followed by	F 224			

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SUR AND PLAN OF CORRECTION IDENTIFICATION NUMBER: A. BUILDING (X3) DATE SUR COMPLETE							
		145694	B. WI	۱G _			C 1/ 2011
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F 224	said that when she not make sense, ZZ you are the nurse a medications. E8 cot the two lists and wr E8 said she still felt not right and passe shift. E8 said she of Nursing about her coor pursue her concording about her coording about her coording to the she would have hospital to obtain a clarification regarding to the fact administration Recarding to the fact administration Rec	told Z2 the medications did 2 said, 'I am the doctor and nd told her to continue the ombined the medications on ote them on the facility's POS. strongly the medications were d on her concerns to the next did not inform the Director of concerns and did not follow-up terns any further. AM E2 (Director of Nursing) her staff to contact her when sistencies in residents E2 said if E8 had contacted a called the supervisor at the diditional information and ng R7 medications. Cility's Medication ord (MAR) R7 received the ns between 4/7 and 4/11/11 bed from Z3's hospital orders: ate (Toprol XL) 100 mg at 0 and 4/11/11. t 8:00 AM and 4:00 PM on 4/7, at 8:00 AM on 4/1, 4/8, 4/9, 4/10 8:00 AM and 4:00 PM on 4/7,	F	224			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: (X2) MULTIPLE CONSTR A. BUILDING			(X3) DATE SURVEY COMPLETED				
		145694	B. WING			C 08/11/2011	
	PROVIDER OR SUPPLIER	OF JOLIET	:	REET ADDRESS, CITY, STATE, ZIP COD 3401 HENNEPIN DRIVE JOLIET, IL 60435	E		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORF (EACH CORRECTIVE ACTION S CROSS-REFERENCED TO THE A DEFICIENCY)	SHOULD BE	(X5) COMPLETION DATE	
F 224	4/10 and 4/11/11. - Janumet 1000 mg PM on 4/7, 4/8, 4/9, and 4/11/11. (This is to reduce the 4:00 l R7 received Janum 4:00 PM. (R7 did no Diabetes) According to the fact Administration Received Janum 4:00 PM. (R7 did no Diabetes) According to the fact Administration Received Janum 4:00 PM on 4/7 orders: - Furosemide (Lasi: 4/8, 4/9, 4/10 and 4-9 potassium Chlorio 4:00 PM on 4/7 orders: 4/8, 4/9, 4/10 and 4:00 PM on 4/7 orders: 4/8, 4/9, 4/10 and 4/9, 4/	a/50 mg at 7:00 AM and 4:00 //11; and 7:00 AM on 4/10/11 PM dose to 500 mg/ 50 mg). Interpretation of the second o	F 224				

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MU A. BUILI	LTIPLE CONSTRUCTION DING		(X3) DATE SURVEY COMPLETED	
		145694	B. WING			C 1 1/2011	
	PROVIDER OR SUPPLIER	OF JOLIET	\$	STREET ADDRESS, CITY, S 3401 HENNEPIN DRIVE JOLIET, IL 60435	TATE, ZIP CODE	172011	
(X4) ID PREFIX TAG	(EACH DEFICIENC)	NTEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	(EACH CORRECT CROSS-REFEREN	PLAN OF CORRECTION CTIVE ACTION SHOULD BE ICED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE	
F 224	- Multivitamin with in 4/9, 4/10 and 4/11/1 - Prostat 64 30 mL 4/7, 4/8, 4/9, 4/10 at R7 received the inceperiod of 5 days. Froom on 4/11/11 at critically elevated PmEq/L) according the laboratory emergency room RmEq/mL, her Blood and her Creatinine emergency departrice was admitted to the condition with diagrically elevated for Nurse Admission Checklist dentification and Admission Checklist the DON. E2 conficients and birth dat currently being revito check the reside said the DON Admicompleted for R7 to	mineral at 8:00 AM on 4/7, 4/8, 11. at 8:00 AM and 4:00 PM on and 4/11/11. correct medications for a 87 was sent to the emergency 6:30 PM because of a cotassium level of 7.8 (3.7 - 5.1 to nursing note documentation report dated 4/11/11. In the 17's Potassium level was 8.6 If Urea Nitrogen level was 84, level was 4.4 according to the ment notes dated 4/11/11. R7 is intensive care unit in serious noses of Acute Renal Failure, Bradycardia according to the	F 22	24			
	inhibitor (Lisinopril)	rns against using an ACE concomitantly with ng, "Coadministration of ACE					

B. WING C		
143094	C 08/11/2011	
NAME OF PROVIDER OR SUPPLIER ROSEWOOD CARE CENTER OF JOLIET STREET ADDRESS, CITY, STATE, ZIP CODE 3401 HENNEPIN DRIVE JOLIET, IL 60435		
(X4) ID SUMMARY STATEMENT OF DEFICIENCIES ID PROVIDER'S PLAN OF CORRECTION PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX REGULATORY OR LSC IDENTIFYING INFORMATION) TAG CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE	
F 224 Continued From page 5 inhibitors and spironolactone, even in the presence of a diuretic, has been associated with severe hyperkalemia." Elsevier also warns about drug to drug interactions between Lisinopril and Furosemide, and Lisinopril and Naproxen. The Nursing 2011 Drug Handbook (Lippincott) also warns combining Lisinopril with potassium sparing diuretics (Spironolactone) or Potassium Supplements (Potassium Chloride), may cause hyperkalemia. Lippincott also identifies a drug to drug interaction with Allopurinol. Lippincott is the nursing drug handbook used at the facility. On 8/3/11 at 11:30 AM R7 was interviewed in her room. R7 stated she does not remember much from her stay at the nursing home between 4/6 - 4/11/11 other than she was tired all the time.	8/25/11	

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			A. BUI	LDIN	G	١ ,	c
		145694	B. WI	NG _			1/2011
	ROVIDER OR SUPPLIER DOD CARE CENTER (OF JOLIET		34	EET ADDRESS, CITY, STATE, ZIP CODE 401 HENNEPIN DRIVE OLIET, IL 60435		
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F 279	due to the resident's \$483.10, including tunder \$483.10(b)(4	s exercise of rights under the right to refuse treatment	F	279			
	by: Based on record re observation the fac plans with specific i aspiration precaution	eview, interviews and ility failed to develop care interventions to address ons for residents assessed by have dysphagia/difficulty					
		sidents reviewed for aspiration 8, and R10), in the total					
	The findings include	e:					
	10:00 A.M. docume swallowing to Z4 (S	irsing notes dated 6/17/11 at ents "Reported trouble speech Therapist) on AM shift mentioned she had trouble in liquids."					
	R6's treatment diag treatment included competencies techn 100% return demor notes from 5/24/11 the following: swallow delay- YES gurgly vocal quality times	- YES, audible swallow at					
	Skilled therapy tech	nniques- compensatory					

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		145694	B. WII	NG		C 08/11/2011	
	ROVIDER OR SUPPLIER	OF JOLIET	•	34	EET ADDRESS, CITY, STATE, ZIP CODE 101 HENNEPIN DRIVE DLIET, IL 60435		-
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F 279	swallow techniques to orally transit bolucues verbal/visual/t Review of R6's dail Dysphagia treatme 6/2/11, 6/3/11, 6/6/6/10/11, 6/12/11, 6/6/17/11. Interview with Z4 or stated, "R6 was fra swallow. It was an swallow, took her a eating, ongoing diff why she was on as swallow evaluation compensatory swal means staff was to in the ADR (assiste alternate diet with saspiration precaution E9 (Dietary Service at 1:00 P.M., " I giv Assessment) to dain not responsible for E3 (Nurse-care pla at 12:45 P.M., "Eac care plan input she entry. E9 wrote the have developed a pdifficulty with swalld feeding or cueing decing or cueing decing of the same plan input she entry. E12(RN) stated on E12(RN) stated on	daspiration precautions, cues is/masticate/cues to swallow, actile y record of treatment shows in was completed on 6/1/11, 11, 6/7/11, 6/8/11, 6/9/11, 13/11, 6/15/11, 6/16/11, and in 8/4/11 at 11:00 A.M., Z4 il, weak and had an audible effort for her to chew and long time, she had trouble iculty with swallowing. This is piration precautions. R6's indicated staff was to provide lowing techniques. This cut up her food, supervise her id dinning room), cue her to colids and liquids and ons were to be implemented." Supervisor) stated on 8/4/11 is my CAA (Care Area a entry and I'm done. I am the plan of care." In coordinator) stated on 8/4/11 is discipline is to complete a et and then submit it to data is CAA for R6 and she should olan of care relating to R6's owing, but it was R6 required	F	279			

		(X3) DATE SU COMPLE					
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F 279	sheet-no where els and update the intercare plan did not in E2 (DON) stated or is responsible for coproblems identified precautions should plan but it was not. E4 (RN) stated on alert and orientated equipment or aspira have been working R6 did have a diagram was on a soft diet be about. R6's Minimum Data under section K-swassessed R6 as hapain with swallowin (CAA) dated 5/25/1 problems that affect problem; proceed to 6/3/11 documents a setup to eat. Review and plan of care dainterventions relate R6's plan of care simechanical diet and chew/swallow. No fincluded or implem therapy evaluation cut up her food, supher to alternate diet	sheet, hospital transfer e. If we get telephone orders rim care plans. R6's interim clude swallowing precautions." n 8/4/11 at 1:55 P.M., "Dietary are planning swallowing on the CAA's. Aspiration have been listed in R6's care	F:	279			

	OF DEFICIENCIES OF CORRECTION						
		145694	B. WIN	IG			C 1/ 2011
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F 279	Continued From pa were not included in	n R6's care plan.	F2	279			
	facility on 7/13/11 w Dysphagia and orop interim care plan sh comprehensive ass the following condit dysphagia. R10's in plan developed) did related to dysphagia R10's most recent I documents R10 is in requires assistance section K-swallowing. The samillowing of the with swallowing. The dated 7/25/11 show problems that affect problem; proceed to the treatment diagnous delay is yes, mild go cough/throat is not soft diet with thin lict dysphagia goals. The pink card on the read: R10 - diet is lost small sips/bites (1/2 liquid/food, check dencourage intake. Find	Id female admitted to the with diagnoses which included charyngeal. Review of R10's nows she required a ressment and management for ions/diagnoses which included interim care plan (only care I not include interventions a or aspiration precautions. MDS dated 7/20/11 independent with eating but with setup. R10's MDS under ag/nutritional status assessed inplaints of difficulty or pain Care Area Assessment (CAA) is R10 has functional that ability to eat: Swallowing to care plan. Review of R10's obte dated 7/27/11 documents in sois is dysphagia-swallowing turgly sound and her clear. R10 is on a mechanical quids- to continue with					
	meals." Observation on 8/4	/11 at 12:20 P.M. to 12:35					

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		145694	B. WIN	G	C 08/11/2011	
	PROVIDER OR SUPPLIER	OF JOLIET		STREET ADDRESS, CITY, STATE, ZIP COE 3401 HENNEPIN DRIVE JOLIET, IL 60435)E	
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG		SHOULD BE	(X5) COMPLETION DATE
F 279	with R10. R10 tool pudding, one bite of and three drinks m presented in bowls guard. E11 did not encouragement to observation. E11 to dining and took here. R10's denatures. It aspiration precautical ternate between bite. I did not give she does not feel good E3 said on 8/4/11 aprecautions was not care plan. Restorations plan, E12 did R10's care plan has been R8 was admitted to multiple diagnoses according to the 6/(MDS). R8 has an precautions and is Therapist) for a diato the Speech Progrecommended sperse R8, including the reason of the speech liquid and liquid swallow, and documentation on form completed by	as observed sitting at the table is six bites of chocolate of meat, four drinks of coffee ilk from a cup. R10's food was into on a plate with a plate provide any cues or R10 during this meal hen removed R10 from the removed R10 from the rate of the room and removed E11 said, "I know R10 is on ons and she's supposed to iquids and solids-every other her any cues today because good." at 12:38 P.M., "Swallowing of developed on R10 interimitive nurse does the initial care is care plan. No swallowing	F 2	79		

	F CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) M A. BUI		IPLE CONSTRUCTION IG	(X3) DATE SU COMPLE	TED
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F 309 SS=K	On 8/4/11 at 12:38 Coordinator) confirminclude all of the as interventions recom R8 was interviewed 12:20 PM. R8 said some food her niec was asked if there was asked if the was asked if there was asked if there was asked if the was asked if the was asked if the was asked if there was asked if the	ions recommended by Z4. PM E3 (Care Plan med R8's care plan did not piration precaution mended by Z4. In her room on 8/4/11 at she had just finished eating e had brought her. When R8 was anything she had to be ng, she responded she only when swallowing. CARE/SERVICES FOR EING I receive and the facility must ary care and services to attain nest practicable physical, isocial well-being, in a comprehensive assessment NT is not met as evidenced or and record review the facility verify a new resident's name on the hospital transfer sheet medication administration in scribing the medication ecords to the facility's sheet. This is for 1 resident ents reviewed for physician in the total sample of 20, and affect all new residents		309			8/12/11
	aumilied to the facil	iity.					

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F 309	else's medications, days. This caused potassium to a critic the intensive care undiagnoses of Hyper and Bradycardia. E1 (Administrator) yieopardy at F309 or immediate jeopardy removed on 8/3/11 immediacy was removed on 8/3/11 immediacy was removed on the need to expensive the new nursing add DON Admission Character The findings included R7 was admitted to PM from a local host notes dated 4/6/11. sent medication document from the host medication document are very simplification document followed by a list of and birth date appear "Medication Recondition of the "Medication Recondition of the total part of the total pa	d in R7 receiving someone in addition to her own, for 5 an elevation of R7's cal level. R7 was admitted to init in serious condition with relationary and the relation	F3	309			

	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) M A. BUI		LE CONSTRUCTION	(X3) DATE SU COMPLE	
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F 309	birth date on the me sent from the hospithe orders from the medications) onto the medications) onto the Medication Admedications) and control of the Medications and control of the Physician's Orders for some the Physician's Orders for diuretics. It is a said that she also orders for diuretics. It is a said that the medicate said, I am the docte told her to continue combined the mediwrote them on the fine still felt strongly right and passed or shift. E8 said that sof Nursing about her the following physical control of Succination and the familiar of th	did not verify R7's name and edication documents that were tal. E8 said she transferred Physician Order Form (Z3's he facility's POS. E8 said she hal medications were listed on hinistration Record (R7's alled Z2 (Physician/Medical ation of the orders. E8 said Z2 that R7 did not have a of the medications listed on er Form (Z3's medications). So questioned the multiple E8 said that when she told ions did not make sense, Z2 or and you are the nurse' and the medications. E8 cations on the two lists and facility's POS. E8 said that when the medications were not in her concerns to the next she did not inform the Director er concerns. Cian transfer orders were for ribed to R7's POS on cility: te 25 mg (Toprol XL), dose = see = 20 mg twice daily shloride 75 mg (Effexor XR),	F	809			

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F 309	dose - 1 tab twice do The following physica and were also added to the facility: Furosemide 40 mg Spironolactone 25 rtwice daily Metolazone 5 mg tadaily Potassium Chlorided twice daily Allopurinol 300 mg daily Enoxaparin 40 mg/0 40 mg daily Gabapentin 300 mg mg daily Magnesium-oxide 4 400 mg twice daily Alendronate Sodium 70 mg once a week Vitamin D 400 units week Naproxen 250 mg to Fentanyl 100 mcg/p R7 also had physici Prednisone 10 mg to every 6 hours; Fam daily; and Lidocain in patch) to each knee but these orders we POS on admission	in 1000/50 mg (Janumet), laily cian transfer orders were R7's ed to R7's POS on admission (Lasix), dose = 40 mg daily mg (Aldactone), dose = 50 mg ab (Zaroxolyn), dose = 5 mg ab (Zaroxolyn), dose = 5 mg at 10 mEq, dose = 20 mEq (Zyloprim), dose = 300 mg 0.4 mL syr (Lovenox), dose = 20 mg g cap (Neurontin), dose = 300 400 mg tab (Mag-Ox), dose = 20 mg ab, dose = 2800 units once a 20 mg ab, dose = 500 mg twice daily 20 mg twice daily 30 mg at transfer orders for 30 mg at	F	309			
		facility's Nurse Admission					

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	, ,		PLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
				SUILDING		(C .
		145694	B. WIN	IG		08/1	1/2011
	PROVIDER OR SUPPLIER OOD CARE CENTER	OF JOLIET		34	REET ADDRESS, CITY, STATE, ZIP CODE 401 HENNEPIN DRIVE OLIET, IL 60435		
(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 309	an order, adds an of the transfer sheet, wadmission POS." In medications appear According to the face Administration Recording medication which were transcriphysician transfer of the Metoprolol Succines and A/9, 4/1 - Lisinopril 20 mg at 4/8, 4/9, 4/10; and at 4/11/11 Duricef 500 mg at 4/8, 4/9, 4/10 and 4/11/11 Duricef 500 mg at 4/8, 4/9, 4/10 and 4/11/11 Ranitidine 150 mg 4/10 and 4/11/11 Janumet 1000 mg PM on 4/7, 4/8, 4/9, and 4/11/11. (This of to reduce the 4:00 In R7 received Janum 4:00 PM. According to the face Administration Recording medication	/09 directs, "If physician dc's order or changes an order from write these orders on the dowever, none of these red on R7's admission POS. cility's Medication ord (MAR) R7 received the ns between 4/7 and 4/11/11 bed from Z3's hospital orders: ate (Toprol XL) 100 mg at 0 and 4/11/11. t 8:00 AM and 4:00 PM on 4/7, at 8:00 AM and 4:00 PM on 4/7, 11/11. 8:00 AM and 4:00 PM on 4/7, 11/11. 30 mL at 4:00 PM and 8:00 PM and AM, 11:00 AM, 4:00 PM and at 8:00 AM on 4/7, 4/8, 4/9/ y/50 mg at 7:00 AM and 4:00 PM order was changed on 4/10/11 PM dose to 500 mg/ 50 mg). tet 500/50 mg on 4/11/11 at	Fí	309			

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

	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) M A. BUI		PLE CONSTRUCTION	COMPLE	TED
		145694	B. WIN	IG			C I/ 2011
	ROVIDER OR SUPPLIER	OF JOLIET		34	EET ADDRESS, CITY, STATE, ZIP CODE 101 HENNEPIN DRIVE DLIET, IL 60435		
(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 309	- Furosemide (Lasi: 4/8, 4/9, 4/10 and 4 - Spironolactone (A and 4:00 PM on 4/7 - Metolazone (Zaro: 4/8, 4/9, 4/10, and 4 - Potassium Chloric 4:00 PM on 4/7, 4/8 - Allopurinol 300 m 4/10 and 4/11/11 Enoxaparin (Love 4/8, 4/9, 4/10 and 4 - Gabapentin (Neur 11:00 AM and 8:00 4/11/11 Magnesium-oxide and 4:00 PM on 4/7 - Alendronate Sodic AM on 4/8/11 Vitamin D 2800 ur - Naproxen 500 mg 4/7, 4/8, 4/9, 4/10 ar - Fentanyl 100 mcg - Multivitamin with r 4/9, 4/10 and 4/11/1 - Prostat 64 30 mL 4/7, 4/8, 4/9, 4/10 ar R7 was sent to the at 6:30 PM because Potassium level of according to nursin laboratory report da emergency room R mEq/mL, her Blood and her Creatinine emergency departing	A) 40 mg at 6:00 AM on 4/7, 11/11. Ildactone) 50 mg at 8:00 AM (7, 4/8, 4/9, 4/10, 4/11/11. Idactone) 50 mg at 8:00 AM on 4/7, 4/8, 4/9, 4/10, 4/11/11. Ide 20 mEq at 8:00 AM and (8, 4/9, 4/10 and 4/11/11. Ig at 8:00 AM on 4/7, 4/8, 4/9, 11/11. In ontin) 300 mg at 8:00 AM, PM on 4/7, 4/8, 4/9, 4/10 and 4/11/11. In (Mag-Ox) 400 mg at 8:00 AM, PM on 4/7, 4/8, 4/9, 4/10 and 4/11/11. Im (Fosamax) 70 mg at 6:00 AM on 4/8/11 at 8:00 AM and 4:00 PM on and 4/11/11. In ineral at 8:00 AM on 4/9/11. In ineral at 8:00 AM on 4/9/11. In ineral at 8:00 AM on 4/9/11. In ineral at 8:00 AM on 4/11/11. In ineral at 8:00 AM on 4/9/11. In ineral at 8:00 AM on 4	F3	809			

	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:					
		145694	B. WI	NG			C 1/ 2011
	ROVIDER OR SUPPLIER	OF JOLIET	•	34	EET ADDRESS, CITY, STATE, ZIP CODE 101 HENNEPIN DRIVE DLIET, IL 60435		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREF TAC		PROVIDER'S PLAN OF CORREC' (EACH CORRECTIVE ACTION SHOI CROSS-REFERENCED TO THE APPR DEFICIENCY)	JLD BE	(X5) COMPLETION DATE
F 309	Hyperkalemia and I 4/11/11 Emergency Z7 (Renal Specialis April 2011 hospital telephone on 8/12/record to refer to do that R7's potassium when she was admit the combinatio R7's diarrhea likely renal failure, decrea potassium. Z7 poir of Toprol, Lisinopri Potasium Chloride elevated potassium renal failure resolve and some of the did Elsevier (2011) war inhibitor (Lisinopril) Spironolactone citir inhibitors and spirol presence of a diure severe hyperkalem drug to drug interact Furosemide, and Li Nursing 2011 Drug warns that combining sparing diuretics (S Supplements (Pota hyperkalemia. Lipp handbook used at the E2 (Director of Nurser).	noses of Acute Renal Failure, Bradycardia according to the Department note. At attended to R7 during her Stay. Z6 was interviewed by L1. Z6 had R7's hospital Uring this interview. Z7 stated In was at a life threatening level itted to the hospital. Z7 said In of the multiple diuretics and Caused dehydration, acute ased blood pressure and high Interview and It contributed to R7's critically It. Z7 said that R7's acute and It contributed to R7's critically It. Z7 said that R7's acute and It conce she was re-hydrated uretics were discontinued. Ans against using an ACE concomitantly with It. It is a point of the multiple discontinued. Ans against using an ACE concomitantly with It. It is a point of the molactone, even in the It. It is been associated with It. It is been associated with It. It is between Lisinopril and Sinopril and Naproxen. The Handbook (Lippincott) also It is inopril with potassium pironolactone) or Potassium sium Chloride), may cause Incott is the nursing drug	F	309			
		ion. E2 said that the nurses					

	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	A. BUI		PLE CONSTRUCTION G	(X3) DATE SU COMPLE	TED
		145694	B. WIN	1G			C 1/ 2011
	ROVIDER OR SUPPLIER	OF JOLIET		34	EET ADDRESS, CITY, STATE, ZIP CODE 401 HENNEPIN DRIVE OLIET, IL 60435	00,11	1/2011
(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
F 309	a new resident. Ad DON Admission Ch by the DON. E2 co forms contain a requesident's name and forms are currently requirement to check birth date. E2 said Checklist was comp R7's admission (4/7 identified. The DON Admission completed by Z5 (C4/7/11. The Check did not match the asheet. On 8/10/11 she completed the R7. Z5 stated that checked R7's name 4 months ago. Z5 identified that the nadifferent if she had As of 8/3/11 the fact Admission Checklist that included a requirement and birth date on 8/3/11 at 11:30 room. R7 stated the much from her stay 4/6 - 4/11/11 other time. R7 is alert ar	sion Checklist when admitting ditionally, E2 said there is a necklist that is to be completed infirmed that neither of these uirement to check the dibirth date. E2 said that both being revised to include a ck the resident's name and that the DON Admission oleted for R7 the day after (711) but the error was not in Checklist for R7 was corporate Nurse Consultant) on list identified that the orders dmit orders on the transfer at 10:40 AM Z5 confirmed that DON Admission Checklist on she does not recall if she e and birth date because it was said that she would have ames and birth dates were checked them.	F3	809			

	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) M A. BUI		PLE CONSTRUCTION G	(X3) DATE SU COMPLE	TED
		145694	B. WIN	IG _			C 1/ 2011
	ROVIDER OR SUPPLIER	OF JOLIET		3	REET ADDRESS, CITY, STATE, ZIP CODE 401 HENNEPIN DRIVE OLIET, IL 60435		.,
(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 309	the nurses to verify date on admission be done." The surveyor confir following actions to situation on 8/3/11: On 8/3/11 all licer building were in-ser Admission Checklis checking the reside duty staff will be innext scheduled shift - On 8/3/11 a new that specifically me name and birth date immediately institut - Training of all new include the revised referencing checking. Monitoring of resi accomplished via c Admission Checklist.	M Z2 stated that he expects a resident's name and birth to the facility, saying, "It must med that the facility took the remove the immediacy of the nsed nursing staff in the reviced on the new Nurse at that specifically mentions and hirth date. All off serviced prior to starting their it. DON Admission Checklist, name and birth date and will be ed as of 8/3/11. My hired licensed nurses will Nurse Admission Checklist, ag name and birth date. dent identification will be completion of the new Nurse and the new DON st which are retained for one	F3	809			
	review the facility farily and a system in phave been identified have individual and developed in the carensure communical aspiration precaution.	place to ensure residents who d with aspiration precautions specific interventions					

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		ULTI	PLE CONSTRUCTION G	(X3) DATE SURVEY COMPLETED	
		145694	B. WI				C 1/ 2011
	PROVIDER OR SUPPLIER	OF JOLIET	l	3	REET ADDRESS, CITY, STATE, ZIP CODE 401 HENNEPIN DRIVE OLIET, IL 60435		.,
(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 309	aspiration precautic -Ensure a policy an implemented As the result of this meal, R6 choked of eating. This occurred dining room (ADR), staff present. E4(R R6 choking and grate Heimlich Maneuver success. Emergen notified, R6 was interested for eight body (food) by acute care facility expired on 6/18/11 coroner certificate of documents the cau "ASPIRATION OF A E1 (Administrator) an immediate Jeop 08/4/11 at 3:00 P.M began on 6/17/11 at 6:15 P.M. Although the facility remains level 2 due to the rimplementation of the staff on the facility recedure. This is for 1 resider	staff implements resident's ons and are monitored/trained d procedure is developed and failure, during the evening on breaded fish she was ed in the facility's assistive where there were at least 2 kN) and E10(CAN) observed abbing her throat. The was implemented with no cy medical system (EMS) was ubated on site, pieces of removed. R6 sent to a near yon 6/17/11 at 6:35 P.M., R6 at the acute care facility R6's of death dated 6/22/11 se of death was A FOOD BOLUS and E2 (DON) were notified of ardy existing at F309 on 1. The Immediate Jeopardy and was removed on 08/4/11 at a the immediacy was removed out of compliance at severity need to evaluate the he training and education of lity's new policy and at (R6) in the sample of 3 tion precautions in the total	F	309			

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		, ,	IULTIP LDING	LE CONSTRUCTION	(X3) DATE SURVEY COMPLETED		
		145694	B. WII	NG			C 1/ 2011
	ROVIDER OR SUPPLIER	OF JOLIET		34	EET ADDRESS, CITY, STATE, ZIP CODE 01 HENNEPIN DRIVE DLIET, IL 60435		
(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 309	-The facility's incided 6:00 P.M. documer (assisted dining roo or exhale." Incident eating in ADR, whe sign for choking; wharea. Staff asked his shook her head abdominal thrusts a fish, which was her soft. R6 was sent the expired on 6/18/11. death dated 6/22/11 death was "ASPIRA" The EMS (emerger documented the fold the scene for a 75 ywas choking, unrest CPR (cardio pulmoduring intubation rewas possible obstruction. E10 (CAN) stated of standing next to R6 starting choking, I for the nurse and wheimlich Maneuver up and R6 was goin her to the floor to pparamedics arrived removed fish out of to the hospital. I do aspiration precautic chewing. The nurse resident is on aspir suppose to take smits.	ge 21 ent report dated 6/17/11 at its "guest (R6) found in ADR om), choking, unable to inhale summary shows R6 was in she showed the universal nich was grabbing her throat her if she could breathe and dino. At that time staff started and called 911. R6 was eating prescribed diet of mechanical of the hospital, admitted, and R6's coroner certificate of a documents the cause of a TION OF A FOOD BOLUS." Incy medical system) report lowing: Ambulance called to year old female patient that ponsive and not breathing. In any resuscitation) performed, moved a foreign body that function and able to intubate. In 8/4/11 at 2:15 P.M., "I was a assisting table mate when R6 was not assisting R6. I called the started performing the but we couldn't get anything ing unconscious so we lowered the form chest thrusts until. The paramedics arrived and R6's throat and then she went on't remember if R6 was on ons, she did not have trouble as usually inform us if a lation precautions. R6 is nall bites and small drinks don't know of anything else	F	809			

	ND PLAN OF CORRECTION IDENTIFICATION NUMBER:		IULTIF LDING	PLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED		
		145694	B. WII	NG			C 1/ 2011
	ROVIDER OR SUPPLIER	OF JOLIET	•	34	EET ADDRESS, CITY, STATE, ZIP CODE 01 HENNEPIN DRIVE DLIET, IL 60435		
(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
F 309	R6 is to do while ear E4 (RN) stated on a nurse in the ADR p Another resident was checking on them. attempted to do the continued choking a floor continuing the called. R6 was eat into small pieces. If frail, fed herself, no aspirations precaut working with R6 for a diagnosis of swal diet but it was nothing the main dining roo calling for help. I reassistance. When were able to remove was intubated and R6 did not have sw couldn't get the for was so weak." R6 was admitted to hospitalization relative wound and pneum (MDS) dated 5/24/1 K-swallowing/nutritinaving "complaints swallowing." Care A 5/25/11 shows R6 fraffect ability to eat: to care plan. R6's N	ating." B/3/11 at 2:30 P.M., "I was the assing liquids at R6's table. as coughing and I was R6 started choking, I Heimlich Maneuver. R6 so then we lowered her to the Heimlich Maneuver. 911 ing fish that had been flaked R6 was alert and orientated, adaptive equipment or about one year. R6 did have lowing difficulty, was on a softing to worry about." B/4/11 at 2:30 P.M., "I was in m when I heard the staff an into the ADR to offer the paramedics arrived they be food from R6's mouth. R6 transferred to the hospital. allowing problems, she of to her mouth because she of the facility on 5/14/11 after ed to infected right sacral onia. R6's Minimum Data Set	F	309			

	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	A. BUI		PLE CONSTRUCTION G	(X3) DATE SU COMPLE	TED
		145694	B. WIN	NG			C 1/ 2011
	ROVIDER OR SUPPLIER	OF JOLIET		34	EET ADDRESS, CITY, STATE, ZIP CODE 401 HENNEPIN DRIVE OLIET, IL 60435		.,
(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
F 309	Review of R6's intecare dated 6/14/11 related to her swallocare shows she red should be allowed a chew/swallow. No fincluded or implementary evaluation ocut up her food, supher to alternate dietaspiration precaution were not included in Review of R6's nur 10:00 A.M. docume swallowing to Z4 (Safter RN on nights in swallowing with thin Z4 swallowing with thin Z4 swallowing evaluation R6's treatment diagstreatment included competencies techn 100% return demornotes from 5/24/11 the following: swallow delay- YES gurgly vocal quality times Skilled therapy tech swallow techniques to orally transit bolucues verbal/visual/times Review of R6's daily Dysphagia treatment	rim plan of care and plan of did not include interventions owing difficulty. R6 plan of seived a mechanical diet and adequate time to urther interventions were ented. Review of the speech dated 5/6/11 recommends to pervise her in the ADR, cue with solids and liquids and ons. These recommendations in R6's care plan. These recommendations in R6's care plan.	F	309			

	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) M A. BUI		PLE CONSTRUCTION G	(X3) DATE SU COMPLE	
		145694	B. WIN	NG _			C 1/ 2011
	ROVIDER OR SUPPLIER	OF JOLIET		3	REET ADDRESS, CITY, STATE, ZIP CODE 401 HENNEPIN DRIVE OLIET, IL 60435		
(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 APPF DEFICIENCY)	ULD BE	(X5) COMPLETION DATE
F 309	Interview with Z4 or stated, "R6 was fra swallow. It was an swallow, took her a eating and ongoing This is why she was R6's swallow evaluated to provide compens. This means staff was supervise her in the diet with solids and precautions were to two places where I on aspiration precaution precaution precautions is one list is taped on remember if R6's now when I am in the AI will tell them if a result of the precautions. I do not demos with the staff her speech therapy precautions." E9 (Dietary Service at 1:00 P.M., "I give I'm done. I am not care."	ge 24 13/11, 6/15/11, 6/16/11, and 18/4/11 at 11:00 A.M., Z4 il, weak and had an audible effort for her to chew and long time, she had trouble difficulty with swallowing. s on aspiration precautions. ation indicated that staff was satory swallowing techniques. as to cut up her food, ADR, cue her to alternate liquids, and aspiration be implemented. There are post a list of residents who are utions. Both of the lists are in posted inside the cabinet and the door to dietary. I cannot ame was on the list in June. I lists from month to month. I who is on aspiration by let the CNA's know. Also DR and see a staff member I sident is on Aspiration of do in-services or return of I was planning to extend to continue with aspiration Supervisor) stated on 8/4/11 a my CAA to data entry and responsible for the plan of	F	309			

	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:					
		145694	B. WII	NG			C 1/ 2011
	ROVIDER OR SUPPLIER	OF JOLIET	•	34	EET ADDRESS, CITY, STATE, ZIP CODE 401 HENNEPIN DRIVE OLIET, IL 60435		
(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
F 309	entry. E9 wrote the have developed a provide difficulty with swalled feeding or cueing down the physician order sheet-no where els and update the intercare plan did not in E2 (DON) stated or don't have a policy precautions or what resident is on aspir responsible for care problems identified precautions should plan but it was not inservices or training aspiration precautions.	e CAA for R6 and she should blan of care relating to R6's bwing, but it was R6 required	F	309			
	facility on 7/13/11 w Dysphagia and oro interim care plan sh comprehensive ass the following condit dysphagia. R10's i plan developed) did related to dysphagi R10's most recent documents R10 is i	Id female admitted to the with diagnoses which included pharyngeal. Review of R10's nows she required a sessment and management for ions/diagnoses which included interim care plan (only care d not include interventions a or aspiration precautions. MDS dated 7/20/11 independent with eating but a with setup. R10's MDS under					

	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:					
		145694	B. WII	NG			C 1/ 2011
	ROVIDER OR SUPPLIER	OF JOLIET	•	34	EET ADDRESS, CITY, STATE, ZIP CODE 401 HENNEPIN DRIVE OLIET, IL 60435		
(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 309	section K-swallowing R10 as having "conwith swallowing." dated 7/25/11 show problems that affect problem; proceed to the treatment diagrated yis yes, mild grough/throat is not soft diet with thin lied dysphagia goals. Observation on 8/4 P.M., E11 (CNA) wwith R10. R10 took pudding, one bite of and three drinks mit presented in bowls guard. E11 did not encouragement to observation. E11 the dining and took her R10's denatures. Easpiration precautical alternate between I bite. I did not give she does not feel goal of the pink card on the read: R10 - diet is small sips/bites (1/2 liquid/food, check dencourage intake. If therapy progress not feel goal of the pink card on the read: R10 - diet is less the feel goal of the pink card on the read: R10 - diet is less the feel goal of the pink card on the read: R10 - diet is less the pink card on the	ng/nutritional status assessed inplaints of difficulty or pain Care Area Assessment (CAA) is R10 has functional it ability to eat: Swallowing or care plan. Review of R10's ote dated 7/27/11 documents it is discounted by the dated 7/27/11 documents it is discounted by th	F	309			

	OF DEFICIENCIES OF CORRECTION						
		145694	B. WIN	IG			C 1/2011
	ROVIDER OR SUPPLIER	OF JOLIET	•	340	EET ADDRESS, CITY, STATE, ZIP CODE 01 HENNEPIN DRIVE DLIET, IL 60435		
(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
F 309	precautions was no care plan. Restora	t 12:38 P.M., "Swallowing of developed on R10 interim tive nurse does the initial care care plan. No swallowing	F3	309			
	FACILITY ABATEM 1. To ensure that a the facility has put the place: The speech therapineded aspiration produmenting said produmenting said produmenting said produces and the Care same information. The Care Plan coordination precaution precau	MENT PLAN: system failure does not occur, the following measures into set will communicate any precautions for a resident by precautions in the resident's poviding the Restorative/Rehable Plan Coordinator with the redinator will ensure that the property of the property					

	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:			PLE CONSTRUCTION	(X3) DATE SU COMPLE	
			A. BUI		G	(С
		145694	B. WIN	1G _			1/2011
	ROVIDER OR SUPPLIER OOD CARE CENTER (OF JOLIET		3	REET ADDRESS, CITY, STATE, ZIP CODE 401 HENNEPIN DRIVE OLIET, IL 60435		
(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 SHOUND CROSS-REFERENCED TO THE APPR DEFICIENCY)	ULD BE	(X5) COMPLETION DATE
F 309 F 333 SS=G	meals will be audited. Nurse at least threed. Direct care staff on prior regarding the Precaution cards, a in-serviced prior to scheduled shift. Aspiration Precaution and disseminated to 483.25(m)(2) RESII SIGNIFICANT MED	ons are being followed during ed by the Restorative/Rehab et times a week. duty have been in-serviced use of the Aspiration and all remaining staff shall be returning for their next ons policy has been written a staff on 08/4/11. DENTS FREE OF DERRORS sure that residents are free of		3333			8/16/11
	by: Based on interview failed to follow acces when reconciling no multiple/excessive a lack of diagnoses ordered. This is for residents reviewed sample of 20. This failure resulted receiving medication that she did not have receiving excessive failure also resulted that have contrained concomitantly. R7 care unit at a local limited when the contrained concomitantly.	AT is not met as evidenced y and record review the facility eptable professional standards ew admission orders of diuretics, and after identifying for some of the medications of 1 resident (R7) out of 11 for medications, in the total d in R7 having diarrhea after of for constipation, a diagnosis of the constipation, a diagnosis of the dosages of diuretics. This of in R7 receiving medications of its Renal Failure and					

	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) M A. BUI		PLE CONSTRUCTION G	(X3) DATE SU COMPLE	TED
		145694	B. WIN	IG _			C 1/ 2011
	ROVIDER OR SUPPLIER	OF JOLIET		34	REET ADDRESS, CITY, STATE, ZIP CODE 401 HENNEPIN DRIVE OLIET, IL 60435		.,
(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 333	Continued From pa	ge 29	F3	333			
	This failure has the residents admitted	potential to affect all new to the facility.					
	The findings include	e:					
	local hospital accor 4/6/11. The hospital documentation for a hospital (Z3) along documentation for I very similar, but the R7's name and birti "Medication Admini list of R7's medicati date appear on the	R7. R7 and Z3's names are ere birth dates are different. In date appear on the top of the stration Record" followed by a sions. Z3's name and birth top of the "Medication sician Order Form" followed by					
	documentation on the Sheet (POS). On 8 confirmed she did redate on the medical hospital. E8 said sittle Physician Ordethe facility's POS. It additional medication Medication Administ medications) and confirmed out to 2 diagnosis for some the Physician's Order E8 said she also que for diuretics. E8 said she she	radmitting nurse according to the facility's Physician's Order 8/3/11 at 2:00 PM E8 not verify R7's name and birth tion documents sent from the the transferred the orders from r Form (Z3's medications) onto E8 said she noticed that ons were listed on the stration Record (R7's alled Z2 (Physician/Medical ation of the orders. E8 said Z2 that R7 did not have a of the medications listed on the Form (Z3's medications). Lestioned the multiple orders id when she told Z2 that the temake sense, Z2 said, 'I am					

		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) M A. BUI		PLE CONSTRUCTION G	(X3) DATE SURVEY COMPLETED	
		145694	B. WI				C 1/ 2011
	PROVIDER OR SUPPLIER	OF JOLIET	•	34	REET ADDRESS, CITY, STATE, ZIP CODE 401 HENNEPIN DRIVE OLIET, IL 60435		-
(X4) ID PREFIX TAG	(EACH DEFICIENC)	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 333	the doctor and you continue the medications on the the facility's POS. the medications we concerns to the nerinform the Director and did not follow-ufurther. On 8/11/11 at 8:50 stated that she exp when they suspect medication orders. her she would have hospital to obtain a clarification regardi. According to the far Administration Rec following medication which were transcriphysician transfer of the continuous of the cont	are the nurse and told her to ations. E8 combined the two lists and wrote them on E8 said she still felt strongly are not right and passed on her at shift. E8 said she did not of Nursing about her concerns ap or pursue her concerns any AM E2 (Director of Nursing) ects her staff to contact her inconsistencies in residents E2 said if E8 had contacted a called the supervisor at the additional information and ang R7 medications. Cility's Medication ord (MAR) R7 received the ns between 4/7 and 4/11/11 ibed from Z3's hospital orders: Late (Toprol XL) 100 mg at 10 and 4/11/11. Late 8:00 AM and 4:00 PM on 4/7, at 8:00 AM on 4/7, 4/8, 4/9, 4/10. E8:00 AM and 4:00 PM on 4/7, 4/8, 4/9, 4/10.	F;	333			

	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	, ,	ILTIPLE CONSTRUCTION	(X3) DATE SU COMPLE	
			A. BUILE	DING		C
		145694	B. WING	S		1/2011
	ROVIDER OR SUPPLIER	OF JOLIET	S	STREET ADDRESS, CITY, STATE, ZIP CODE 3401 HENNEPIN DRIVE JOLIET, IL 60435		
(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 APPI DEFICIENCY)	OULD BE	(X5) COMPLETION DATE
F 333	PM on 4/7, 4/8, 4/9, and 4/11/11. (This of to reduce the 4:00 li R7 received Janum 4:00 PM. (R7 did no Diabetes) According to the fact Administration Recofollowing medicatio which were from R5 orders: - Furosemide (Lasi: 4/8, 4/9, 4/10 and 4-7 Metolazone (Zaro: 4/8, 4/9, 4/10, and 4-7 Metolazone (Zaro: 4/8, 4/9, 4/10 and 4/11/11. - Enoxaparin (Love: 4/8, 4/9, 4/10 and 4-7 Metolazone (Neur: 11:00 AM and 8:00 4/11/11. - Magnesium-oxide and 4:00 PM on 4/7 Alendronate Sodit AM on 4/8/11. - Vitamin D 2800 ur. Naproxen 500 mg 4/7, 4/8, 4/9, 4/10 ar. Fentanyl 100 mcg	1/50 mg at 7:00 AM and 4:00 1/11; and 7:00 AM on 4/10/11 1/12 order was changed on 4/10/11 1/14 order was changed on 4/10/11 1/15 M dose to 500 mg/ 50 mg). 1/16 it 500/50 mg on 4/11/11 at 50 thave a diagnosis of 1/16 cility's Medication 1/17 ord (MAR) R7 received the 1/18 hospital physician transfer 1/18 it 40 mg at 6:00 AM on 4/7, 1/11/11. 1/18 it 6:00 AM on 4/7, 1/11/11. 1/18 it 6:00 AM and 4/11/11. 1/18 it 6:00 AM on 4/7, 1/11/11. 1/18 it 6:00 AM on 4/7, 1/11/11. 1/19 it 6:00 AM on 4/7, 1/11/11. 1/19 it 6:00 AM on 4/7, 1/11/11. 1/18 it 6:00 AM on 4/7, 1/11/11. 1/19 it 6:00 AM on 4/8/11	F 33	33		

	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	A. BUI		PLE CONSTRUCTION G	(X3) DATE SU COMPLE	TED
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	ROVIDER OR SUPPLIER	OF JOLIET		34	REET ADDRESS, CITY, STATE, ZIP CODE 401 HENNEPIN DRIVE OLIET, IL 60435	00/1	1/2011
(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 333	4/9, 4/10 and 4/11/ Prostat 64 30 mL 4/7, 4/8, 4/9, 4/10 a On 4/9/11 all four d after R7 complained documentation on t Lactoluse were also no there was no do held. This was con R7 received an exc above the recommed dosage, according Geriatric Dosage H may indicate overde Elsevier (2011) war inhibitor (Lisinopril) Spironolactone citir inhibitors and spiror presence of a diure severe hyperkalem drug to drug interact Furosemide, and Li Nursing 2011 Drug warns combining L sparing diuretics (S Supplements (Pota hyperkalemia. Lipp drug interaction with nursing drug handb R7 was sent to the at 6:30 PM because Potassium level of	at 8:00 AM and 4:00 PM on and 4/11/11. Soses of Lactoluse were held of diarrhea according to he MAR. All doses of held on 4/10 and 4/11/11, but cumentation as to why it was firmed by E2 on 8/10/11. Sosive dose of Lactulose, ended Geriatric and Adult to the Lexicomp 12th ed. andbook p. 850. Diarrhea bage according to Lexicomp. Insagainst using an ACE concomitantly with a been associated with ital." Elsevier also warns about the stick, has been associated with ital. Elsevier also warns about the Handbook (Lippincott) also isinopril with potassium pironolactone) or Potassium pironolactone) or Potassium sium Chloride), may cause sincott also identifies a drug to a Allopurinol. Lippincott is the ook used at the facility. Some according to Lexicomp.	F	333			

	FOF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	, ,	IULTIP ILDING	PLE CONSTRUCTION	(X3) DATE SI COMPLE	
		145694	B. WII	NG			C 1/2011
	PROVIDER OR SUPPLIER	OF JOLIET		34	EET ADDRESS, CITY, STATE, ZIP CODE 01 HENNEPIN DRIVE DLIET, IL 60435		
(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
F 333	emergency room R mEq/mL. Her Blood and her Creatinine emergency departm was admitted to the condition with diagr Hyperkalemia and 4/11/11 Emergency E2 (Director of Nurs 8/3/11 regarding the residents identificant Nurse Admission Cresident. Additionat Admission Checklis the DON. E2 conficentain a requirement name and birth date currently being revito check the reside said the DON Admicompleted for R7 th (4/7/11) but the error In addition, R7 had Prednisone 10 mg every six hours; Fa daily; and Lidocain patch) to each kneed These orders were on admission and the explaining why they facility's Nurse Admidirects, "If physician or changes an orde these orders on the	7's Potassium level was 8.6 d Urea Nitrogen level was 84 level was 4.4 according to the nent notes dated 4/11/11. R7 intensive care unit in serious noses of Acute Renal Failure, Bradycardia according to the property Department note. Sing) was interviewed on the facility's system for verifying the facility's position. E2 said there is a DON set that is to be completed by the facility and the forms are sed to include a requirement of the facility and the facility and the facility and the facility's position of the facility's position for was not identified. Physician transfer orders for the facility's position for the facility's position of the facility's position of the facility's position of the facility and the facility and the facility's position of the facility and th	F	333			

	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1` ′		IPLE CONSTRUCTION	(X3) DATE SU COMPLE	
			A. BUI			(С
		145694	B. WIN	1G _		08/1	1/2011
	PROVIDER OR SUPPLIER DOD CARE CENTER (OF JOLIET		3	REET ADDRESS, CITY, STATE, ZIP CODE 8401 HENNEPIN DRIVE JOLIET, IL 60435		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	ATEMENT OF DEFICIENCIES Y 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 333 F 501 SS=F	room. R7 stated sh from her stay at the 4/11/11 other than the 483.75(i) RESPON	age 34 ne does not remember much e nursing home between 4/6 - that she was tired all the time. SIBILITIES OF MEDICAL		333 501			8/24/11
	as medical director. The medical director implementation of r	esignate a physician to serve or is responsible for resident care policies; and the dical care in the facility.					
	by: Based on record refailed to ensure the with the facility in thimplementation, an policies. The facility	d evaluation of resident care by lacked policy/procedures for ons and to assure newly					
	all 89 residents in the	ice has the potential to affect he facility and resulted in two dy's in the areas of providing ell-being.					
	stated, "I attend alr assurance meeting three months. The	e: .M. Z2 (Medical Director) most all of the quality is which are conducted every re is nothing specific we ver is brought up for concern.					

	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) M A. BUI		PLE CONSTRUCTION G	(X3) DATE SU COMPLE	
		145694	B. WIN	1G _			C 1/2011
	ROVIDER OR SUPPLIER	OF JOLIET		34	REET ADDRESS, CITY, STATE, ZIP CODE 401 HENNEPIN DRIVE OLIET, IL 60435	•	
(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
F 501	suggestions. I am have a policy and p precautions. I don is not any specific t do not review the p only if they bring it t medical person, po the administration p E2 (DON) stated or don't have a policy/precautions, or a powhat staff is supposaspiration precaution policy/procedure th residents name and medications to ensure ordered and addirectives oversight for reside three times from fa page sheet titled "a Administrator, Med and Corporate Rep	n me anything specific for not aware the facility did not procedure for aspiration that the policies and there ime when I review a policy. I colicies on an regular basis, so my attention. I am a licies and procedures are for personal." In 8/4/11 at 1:55 P.M., "We procedure on aspiration colicy/procedure that outlines see to do when a resident is on cons. We do not have a at includes checking the dibirth date when ordering the dibirth date when ordering the correct medications ministered." Ifying Z2's review and input of the sand procedures with overall is to provide guidance and/or and care policies was requested cility. Facility presented a one nnual review" with the ical Director, Q.A. Committee, initials and dated 4/6/11. No requested provided for review		9999			
	300.1010g)1) 300.1210a) 300.1630b) 300.1630c)	ATIONS					

	TATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MUL ⁻ A. BUILDI	TIPLE CONSTRUCTION NG	(X3) DATE SURVEY COMPLETED		
		145694	B. WING		C 08/11/2		
	PROVIDER OR SUPPLIER OOD CARE CENTER	OF JOLIET		REET ADDRESS, CITY, STATE, ZIP CODE 3401 HENNEPIN DRIVE JOLIET, IL 60435			
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	(EACH CORRECTIVE ACTION SHO	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)		
F9999	300.1810e) 300.1810f)1)2) 300.3240a) 300.1010 Medical of examination, within within 72 hours after report shall include following: 1) An evaluation of including height an treatment, recommersonal care need participation in action 300.1210 General Personal Care a) The facility must and services to attain practicable physical well-being of the releach resident's complan of care. Adequation of care and personal care need section 300.1630 Ab) The facility shall be used and olicensed prescriber administration of medication records.	Care Policies dmitted shall have a physical five days prior to admission or er admission. The examination at a minimum each of the fithe resident's condition, dweight, diagnoses, plan of the rendations, treatment orders, ds, and permission for vity programs as appropriate. Requirements for Nursing and the provide the necessary care ain or maintain the highest all, mental, and psychological esident, in accordance with mprehensive assessment and uate and properly supervised ersonal care shall be provided meet the total nursing and	F9999				

	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	A. BUI		IPLE CONSTRUCTION NG	COMPLE	TED
		145694	B. WIN	NG _			C 1/ 2011
	ROVIDER OR SUPPLIER	OF JOLIET		3	REET ADDRESS, CITY, STATE, ZIP CODE 3401 HENNEPIN DRIVE JOLIET, IL 60435	00/1	1/2011
(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	means of easy, aco Medication records name, diagnoses, k medications, dosag available, a history non-prescription me resident during the the facility. c) Medications present be administered. Section 300.1810 Fe e) The record shall conditions and prior status, physical and sensory and physic status and requiren procedures, mental discharge potential cognitive status and for progression toward established resident 1) The progress reconsultants occurrence by the second consultants dental, dietary or reincluded in the resident consultants dental consultants dental consultants dental dietary or reincluded in the resident consultants dental consultants dental dietary or reincluded in the resident consultants dental consultants dental dietary or reincluded in the resident consultants dental consultants dental dietary or reincluded in the resident consultants dental consultants dental dietary or reincluded in the resident consultants dental consultants dental dietary or reincluded in the resident consultants dental consultants dental dietary or reincluded in the resident consultants dental consultants dental dietary or reincluded in the resident consultants dental consulta	curate resident identification. shall contain the resident's known allergies, current es, directions for use, and, if of prescription and edications taken by the 30 days prior to admission to acribed for one resident shall at to another resident. Resident record requirements include medically defined medical history, medical a mental functional status, al impairments, nutritional ents, special treatments and and psychosocial status, rehabilitation potential,	F99	999			

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		(X2) N A. BU		PLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED		
		145694	B. WI	NG			C 1/ 2011
	ROVIDER OR SUPPLIER	OF JOLIET	•	34	EET ADDRESS, CITY, STATE, ZIP CODE 101 HENNEPIN DRIVE OLIET, IL 60435		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREF TAC		PROVIDER'S PLAN OF CORREC' (EACH CORRECTIVE ACTION SHO' CROSS-REFERENCED TO THE APPR DEFICIENCY)	ULD BE	(X5) COMPLETION DATE
F9999	a) An owner, licens agent of a facility shresident. (Section 2) These Regulations by: Based on interview failed to thoroughly was listed correctly and all the hospital records prior to tranorders from these rephysician Order Shroma addition to her own elevation of R7's powas admitted to the condition with diagrenal Failure and E Findings include: R7 was admitted to PM from a local homotes dated 4/6/11. sent medication document from the homedication document followed by a list of and birth date appears the facility of the section of the section for the section fo	ee, administrator, employee or nall not abuse or neglect a 2-107 of the Act) were not met as evidenced and record review the facility verify a new resident's name on the hospital transfer sheet medication administration ascribing the medication ecords to the facility's eet. This failure resulted in one else's medications, in for five days. This caused an atassium to a critical level. R7 intensive care unit in serious anoses of Hyperkalemia, Acute Bradycardia. the facility on 4/6/11 at 9:15 epital according to nursing. The hospital erroneously cumentation for another spital (Z3) along with entation for R7. R7's and Z3's failar, but their birth dates are the and birth date appear on the on Administration Record". R7's medications. Z3's name arr on the top of the ciliation/Physician Order Form"	F9	999			

Facility ID: IL6012835

		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) M A. BUI		PLE CONSTRUCTION G	(X3) DATE SURVEY COMPLETED	
		145694	B. WIN		<u></u>		C 1/2011
	PROVIDER OR SUPPLIER	OF JOLIET		34	REET ADDRESS, CITY, STATE, ZIP CODE 401 HENNEPIN DRIVE OLIET, IL 60435	,	
(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	documentation on the Sheet (POS). On 8 confirmed she did redate on the medical hospital. E8 said slithe Physician Order the facility's POS. If medications were listed Administration Recording and the Count to Z2 (Physician clarification of the count to Z2 that R7 dispose of the medical Order Form (Z3's requestioned the multisaid when she told make sense, Z2 sate are the nurse and the medications. E8 counter the two lists and wrear E8 said she still fel were not right and prext shift. E8 said Director of Nursing The following physical S3, but were transcadmission to the fare Metoprolol Succination 100 mg daily Lisinopril 20 mg, document of the S4 but the S5 but the S6 but t	admitting nurse according to the facility's Physician's Order 6/3/11 at 2:00 PM E8 not verify R7's name and birth tion documents sent from the ne transferred the orders from a Form (Z3's medications) onto E8 said she noticed additional sted on the Medication ord (R7's medications) and n/Medical Director) for orders. E8 said she pointed of not have a diagnosis for ations listed on the Physician's nedications). E8 said she also tiple orders for diuretics. E8 Z2 the medications did not id, 'I am the doctor and you old her to continue the ombined the medications on one them on the facility's POS. It strongly that the medications bassed on her concerns to the that she did not inform the about her concerns. Cian transfer orders were for ribed to R7's POS on cility: It e 25 mg (Toprol XL), dose = 50 mg (HCTZ), dose = 50 mg twice daily shloride 75 mg (Effexor XR),	F99	999			

PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX (EACH CORRECTIVE ACTION SHOULD BE COMPLE	STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) M A. BU		PLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED		
ROSEWOOD CARE CENTER OF JOLIET 3401 HENNEPIN DRIVE JOLIET, IL 60435			145694	B. WII	NG			
PREFIX TAG (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) PREFIX TAG (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY) F9999 Continued From page 40 Lactulose 20 gm/30 mL, dose = 20 gm four times daily Ranitidine Hydrochloride 150 mg, dose = 150 mg daily Sitagliptin-Metformin 1000/50 mg (Janumet),			OF JOLIET		34	01 HENNEPIN DRIVE		
Lactulose 20 gm/30 mL, dose = 20 gm four times daily Ranitidine Hydrochloride 150 mg, dose = 150 mg daily Sitagliptin-Metformin 1000/50 mg (Janumet),	PRÉFIX	(EACH DEFICIENCY	/ MUST BE PRECEDED BY FULL	PREF		(EACH CORRECTIVE ACTION SHOWN CROSS-REFERENCED TO THE APPR	ULD BE	(X5) COMPLETION DATE
The following physician transfer orders were R7's and were also added to R7's POS on admission to the facility: Furosemide 40 mg (Lasix), dose = 40 mg daily Spironolactone 25 mg (Aldactone), dose = 50 mg twice daily Metolazone 5 mg tab (Zaroxolyn), dose = 5 mg daily Potassium Chloride 10 mEq, dose = 20 mEq twice daily Allopurinol 300 mg (Zyloprim), dose = 300 mg daily Enoxaparin 40 mg/0.4 mL syr (Lovenox), dose = 40 mg daily Gabapentin 300 mg cap (Neurontin), dose = 300 mg daily Magnesium-oxide 400 mg tab (Mag-Ox), dose = 400 mg twice daily Alendronate Sodium 70 mg (Fosamax), dose = 70 mg once a week Vitamin D 400 units tab, dose = 2800 units once a week Naproxen 250 mg tab, dose = 500 mg twice daily Fentanyl 100 mcg/patch, dose = every 72 hours R7 also had physician transfer orders for Prednisone 10 mg tablet daily; Keflex 500 mg every six hours; Famotidine (Pepcid) 20 mg twice daily; and Lidocain Hcl 5% patch (Lidoderm patch) to each knee - on 12 hours, off 12 hours,	F9999	Lactulose 20 gm/30 daily Ranitidine Hydroch daily Sitagliptin-Metform dose - 1 tab twice of the following physic and were also added to the facility: Furosemide 40 mg Spironolactone 25 twice daily Metolazone 5 mg to daily Potassium Chloride twice daily Allopurinol 300 mg daily Enoxaparin 40 mg/40 mg daily Gabapentin 300 mg mg daily Magnesium-oxide 4400 mg twice daily Alendronate Sodium 70 mg once a week Vitamin D 400 units week Naproxen 250 mg to Fentanyl 100 mcg/gr	o mL, dose = 20 gm four times loride 150 mg, dose = 150 mg in 1000/50 mg (Janumet), daily cian transfer orders were R7's ed to R7's POS on admission (Lasix), dose = 40 mg daily mg (Aldactone), dose = 50 mg ab (Zaroxolyn), dose = 5 mg e 10 mEq, dose = 20 mEq (Zyloprim), dose = 300 mg 0.4 mL syr (Lovenox), dose = 20 g cap (Neurontin), dose = 300 mg (Fosamax), dose = 300	F9:	9999			

	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) M A. BUI		IPLE CONSTRUCTION IG	(X3) DATE SU COMPLE	
		145694	B. WI	۱G _			C 1/ 2011
	ROVIDER OR SUPPLIER	OF JOLIET		3	REET ADDRESS, CITY, STATE, ZIP CODE 3401 HENNEPIN DRIVE JOLIET, IL 60435		
(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	discontinued. The f Checklist dated 4.3 an order, adds an of the transfer sheet, and a Administration Recapion of the face Administration Recapion of the face following medication which were transcriphysician transfer of the face of t	and there was no laining why they were acility's Nurse Admission .09 directs, "If physician dc's order or changes an order from write these orders on the cility's Medication ord (MAR) R7 recieved the ns between 4/7 and 4/11/2011 bed from Z3's hospital orders: ate (Toprol XL) 100 mg at 0 and 4/11/11. at 8:00 AM and 4:00 PM on 4/7, at 8:00 AM and 4:00 PM on 4/7, 11/11. at 8:00 AM and 4:00 PM on 4/7, 11/11. at 8:00 AM and 4:00 PM and 8:00 PM and AM, 11:00 AM, 4:00 PM and at 8:00 AM on 4/17, 4/8, 4/9/ at 8:00 AM on 4/7, 4/8, 4/9/ at 8:00 AM on 4/10/11 at 8:00 AM on 4/10/11 brider was changed on 4/10/11 and 7:00 AM on 4/10/11 and 600/50 mg on 4/11/11 at	F99	999			

	FOF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	A. BUI		TIPLE CONSTRUCTION NG	(X3) DATE SU COMPLE	
		145694	B. WIN	۷G _			C 1/ 2011
	PROVIDER OR SUPPLIER	OF JOLIET		3	REET ADDRESS, CITY, STATE, ZIP CODE 3401 HENNEPIN DRIVE JOLIET, IL 60435		.,
(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	4/8, 4/9, 4/10 and 4 - Spironolactone (A and 4:00 PM on 4/7 - Metolazone (Zaro 4/8, 4/9, 4/10, and 4 - Potassium Chloric 4:00 PM on 4/7, 4/8 - Allopurinol 300 m 4/10 and 4/11/11 Enoxaparin (Love 4/8, 4/9, 4/10 and 4 - Gabapentin (Neur 11:00 AM and 8:00 4/11/11 Magnesium-oxide and 4:00 PM on 4/7 - Alendronate Sodia AM on 4/8/11 Vitamin D 2800 ur - Naproxen 500 mg 4/7, 4/8, 4/9, 4/10 ar - Fentanyl 100 mcg - Multivitamin with r 4/9, 4/10 and 4/11/r - Prostat 64 30 mL 4/7, 4/8, 4/9, 4/10 ar R7 was sent to the at 6:30 PM because Potassium level of according to nursin laboratory report da emergency room R mEq/mL, her Blood	x) 40 mg at 6:00 AM on 4/7, 4/11/11. Ildactone) 50 mg at 8:00 AM 7, 4/8, 4/9, 4/10, 4/11/11. xolyn) 5 mg at 8:00 AM on 4/7, 4/11/11. Ide 20 mEq at 8:00 AM and 8, 4/9, 4/10 and 4/11/11. Ing at 8:00 AM on 4/7, 4/8, 4/9, 4/10 and 4/11/11. Indicated a since of the sinc	F99	999			

	FOF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) M A. BUI		PLE CONSTRUCTION G	(X3) DATE SU COMPLE	
		145694	B. WI				C 1/2011
	PROVIDER OR SUPPLIER	OF JOLIET	ı	3	REET ADDRESS, CITY, STATE, ZIP CODE 401 HENNEPIN DRIVE OLIET, IL 60435	,	
(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	was admitted to the condition with diagriced Hyperkalemia and I 4/11/11 Emergency Z7 (Renal Specialis April 2011 hospital telephone on 8/12/record to refer to duthat R7's potassium when she was admitted the combination R7's diarrhea likely renal failure, decrea potassium. Z7 poir of Toprol, Lisinopril Chloride all contributed potassium. Z7 said resolved once she the diuretics were controlled to the diuretics were controlled to the diuretics were controlled to drug interaction for the diuretics were controlled to drug interaction for the diuretics were drug to drug interaction for the diuretics (Supplements (Potathyperkalemia. Lipppotential drug to drug	ment notes dated 4/11/11. R7 intensive care unit in serious hoses of Acute Renal Failure, Bradycardia according to the Department note. It) attended to R7 during her stay. Z6 was interviewed by L1. Z6 had R7's hospital uring this interview. Z7 stated h was at a life threatening level itted to the hospital. Z7 said h of the multiple diuretics and caused dehydration, acute lased blood pressure and high hted out that the medications h, Spironolactone and Potasium lated to R7's critically elevated h that R7's acute renal failure lase re-hydrated and some of hiscontinued. Ins against using an ACE concomitantly with hig, "Coadministration of ACE holactone, even in the tic, has been associated with hia." Elsevier also warns about citions between Lisinopril and sinopril and Naproxen. The Handbook (Lippincott) also hig Lisinopril with potassium pironolactone) or Potassium ssium Chloride) may cause hincott also identifies a hig interaction with Lisinopril hippincott is the nursing drug	F99	999			

	TATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		, ,	IULTIF ILDING	PLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
		145694	B. WI	NG			C 1/ 2011
	ROVIDER OR SUPPLIER	OF JOLIET	•	34	EET ADDRESS, CITY, STATE, ZIP CODE 101 HENNEPIN DRIVE DLIET, IL 60435		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES 'MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREF TAC		PROVIDER'S PLAN OF CORREC (EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APPR DEFICIENCY)	ULD BE	(X5) COMPLETION DATE
F9999	E2 (Director of Nurs 8/3/11 regarding the residents' identifica Nurse Admission Cresident. Additiona Admission Checklis the DON. E2 confit forms contain a requesident's name and forms are currently requirement to check birth date. E2 said was completed for admission (4/7/11) identified. The DON Admission completed by Z5 (Con 4/7/11. The Chenot match the admission the Admission Completed the DON Z5 stated she does name and birth data ago. Z5 said she was and birth data ago. Z5 said she was and birth data ago. Admission Checklist that included a requirement and birth data on 8/3/11 at 11:30 room. R7 stated she from her stay at the	sing) was interviewed on e facility's system for verifying tion. E2 said the nurses use a hecklist when admitting a new lly, E2 said there is a DON at that is to be completed by med that neither of these uirement to check the d birth date. E2 said both being revised to include a ck the resident's name and the DON Admission Checklist R7 the day after R7's but the error was not an Checklist for R7 was corporate Nurse Consultant) ecklist identified the orders did ssion orders on the transfer at 10:40 AM Z5 confirmed she was a month of the Admission Checklist on R7. The transfer at 10:40 AM Z5 confirmed she was 4 months are because it was 4 months would have identified that the tes were different if she had sility did not have a Nursing at or DON Admission Checklist uirement to verify the resident	F9	999			

	ENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA N OF CORRECTION IDENTIFICATION NUMBER:		A. BUI		FIPLE CONSTRUCTION NG	(X3) DATE SURVEY COMPLETED		
		145694	B. WI	NG _			C 1/ 2011	
	ROVIDER OR SUPPLIER	OF JOLIET		;	REET ADDRESS, CITY, STATE, ZIP CODE 3401 HENNEPIN DRIVE JOLIET, IL 60435	00/1	172011	
(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	is alert and oriented according to the Min 5/24/11. On 8/9/11 at 1:50 P nurses to verify a reon admission to the done." 300.1210a) 300.1220b)3) 300.1220b)3) 300.3240a) Section 300.1210 G Nursing and Person a) The facility must and services to attapracticable physical	With no cognitive impairment nimum Data Sets dated M Z2 stated he expects the esident's name and birth date facility, saying, "It must be (A) General Requirements for nal Care provide the necessary care in or maintain the highest I, mental, and psychological	F99	999	,			
	each resident's complan of care. Adequation nursing care and pet to each resident to personal care need. Section 300.1220 Services b) The DON shall services	sident, in accordance with apprehensive assessment and late and properly supervised ersonal care shall be provided meet the total nursing and s of the resident. Supervision of Nursing upervise and oversee the the facility, including:						
		o-to-date resident care plan for						

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

	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	A. BUI		IPLE CONSTRUCTION IG	(X3) DATE SU COMPLE	TED
		145694	B. WIN	NG _			C 1/ 2011
	ROVIDER OR SUPPLIER	OF JOLIET		3	REET ADDRESS, CITY, STATE, ZIP CODE 401 HENNEPIN DRIVE JOLIET, IL 60435	00/1	1/2011
(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 SHOUNDS OF THE APPRINCED TO THE APPRI	JLD BE	(X5) COMPLETION DATE
F9999	and goals to be account goals and personal care a representing other a activities, dietary, a are ordered by the the preparation of the plan shall be in writt modified in keeping indicated by the resident of a facility shall be reviewed a section 300.1810 Requirements f) An ongoing resident progression toward established resident 2) Recommendation service consultants dental, dietary or reincluded in the resident. Section 300.3240 A a) An owner, licens agent of a facility shresident. (Section 200.3240 A a) An owner, licens agent of a facility shresident. (Section 200.3240 A a) An owner, licens agent of a facility shresident. (Section 200.3240 A a) An owner, licens agent of a facility shresident. (Section 200.3240 A a) An owner, licens agent of a facility shresident. (Section 200.3240 A a) An owner, licens agent of a facility shresident. (Section 200.3240 A a) An owner, licens agent of a facility shresident. (Section 200.3240 A a) An owner, licens agent of a facility shresident. (Section 200.3240 A a) An owner, licens agent of a facility shresident. (Section 200.3240 A a) An owner, licens agent of a facility shresident. (Section 200.3240 A a) An owner, licens agent of a facility shresident. (Section 200.3240 A a) An owner, licens agent of a facility shresident.	d on the resident's ressment, individual needs complished, physician's orders, and nursing needs. Personnel, services such as nursing, and such other modalities as physician, shall be involved in the resident care plan. The ing and shall be reviewed and a with the care needed as sident's condition. The plan at least every three months. Resident Record ent record including and regression from at goals shall be maintained. In and findings of direct, such as providers of social, habilitation services shall be dent's progress record when and pertain to an individual abuse and Neglect ee, administrator, employee or hall not abuse or neglect a 2-107 of the Act) were not met as evidenced on, interview, and record	F99	999			

	FOF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) M A. BUI		IPLE CONSTRUCTION IG	(X3) DATE SU COMPLE	
		145694	B. WI	NG _			C 1/ 2011
	PROVIDER OR SUPPLIER	OF JOLIET		3	REET ADDRESS, CITY, STATE, ZIP CODE 401 HENNEPIN DRIVE IOLIET, IL 60435		
(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	have been identified have individual and developed in the carensure communical aspiration precaution and direct care stafus - Ensure direct care aspiration precaution - Ensure a policy an implemented As the result of this meal, R6 choked on This occurred in the room (ADR) where present. E4 (RN) a choking and grabbing Maneuver was implemented and grabbing and grabbin	d with aspiration precautions specific interventions	F99	999			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 145694		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) M A. BU		IPLE CONSTRUCTION NG	(X3) DATE SURVEY COMPLETED	
		145694	B. WII	۱G _		C 08 /11/ 20 11	
NAME OF PROVIDER OR SUPPLIER ROSEWOOD CARE CENTER OF JOLIET				3	REET ADDRESS, CITY, STATE, ZIP CODE 8401 HENNEPIN DRIVE JOLIET, IL 60435		
(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	expired on 6/18/11. death dated 6/22/1 death was "ASPIRA" The EMS (emerger documented the fol the scene for a 75 y was choking, unres CPR (cardio pulmo during intubation re was possible obstruction of the standing next to R6 starting choking. I for the nurse and wheimlich Maneuver up and R6 was goin her to the floor to peramedics arrived removed fish out of to the hospital. I do aspiration precaution chewing. The nurse resident is on aspiration precaution chewing. The nurse resident is on aspiration precaution of the hospital of the ho	o the hospital, admitted, and R6's coroner certificate of a documents the cause of ATION OF A FOOD BOLUS." Incy medical system) report lowing: Ambulance called to year old female patient that ponsive and not breathing. In any resuscitation performed, moved a foreign body that action and able to intubate. In 8/4/11 at 2:15 P.M., "I was assisting tablemate when R6 was not assisting R6. I called the started performing the but we couldn't get anything any unconscious so we lowered the perform chest thrusts until. The paramedics arrived and R6's throat and then she went on't remember if R6 was on one, she did not have trouble action precautions. R6 is all bites and small drinks don't know of anything else	F9:	999			

		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) M A. BU		IPLE CONSTRUCTION IG	(X3) DATE SURVEY COMPLETED	
		145694	B. WING			C 08/11/2011	
NAME OF PROVIDER OR SUPPLIER ROSEWOOD CARE CENTER OF JOLIET				3	REET ADDRESS, CITY, STATE, ZIP CODE 401 HENNEPIN DRIVE IOLIET, IL 60435		
(X4) ID PREFIX TAG	(EACH DEFICIENC)	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 APP DEFICIENCY)	OULD BE	(X5) COMPLETION DATE
F9999	into small pieces. If frail, fed herself, no aspirations precaut working with R6 for a diagnosis of swal diet but it was nothing. It was nothing the main dining rook calling for help. It was assistance. When were able to remove was intubated and R6 did not have swouldn't get the fook was so weak." R6 was admitted to hospitalization related wound and pneum (MDS) dated 5/24/1/1. K-swallowing/nutritic having "complaints swallowing." Care A 5/25/11 shows R6 If affect ability to eat: to care plan. R6's If affect ability to eat: to care dated 6/14/11 related to her swall care shows she reconstituted or implementation of the proof, supplied the swallowed or implementation of the proof, supplied the proof of the proof, supplied the proof of the proof of the proof, supplied the proof of the pro	R6 was alert and orientated, adaptive equipment or ions required. I have been about one year. R6 did have lowing difficulty, was on a softing to worry about." 8/4/11 at 2:30 P.M., "I was in m when I heard the staff an into the ADR to offer the paramedics arrived they be food from R6's mouth. R6 transferred to the hospital. allowing problems, she add to her mouth because she at the facility on 5/14/11 after the facility on 5/14/11 after the dot infected right sacral onia. R6's Minimum Data Set II under section onal status assessed R6 as of difficulty or pain with Area Assessment (CAA) dated that functional problems that Swallowing problem; proceed MDS dated 6/3/11 documents wision and setup to eat. It is plan of care and plan of did not include interventions owing difficulty. R6's plan of deives a mechanical diet and	F9:	999			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 145694			(X2) N A. BU		IPLE CONSTRUCTION IG	(X3) DATE SURVEY COMPLETED	
		B. WI	NG _		C 08/11/2011		
NAME OF PROVIDER OR SUPPLIER ROSEWOOD CARE CENTER OF JOLIET				3	REET ADDRESS, CITY, STATE, ZIP CODE 401 HENNEPIN DRIVE IOLIET, IL 60435		
(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 CORREC (EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APPR DEFICIENCY)	ULD BE	(X5) COMPLETION DATE
F9999	(EACH DEFICIENCY MUST BE PRECEDED BY FULL		F9	999			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 145694			(X2) MU A. BUIL		PLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
		B. WIN	G		C 08/11/2011		
NAME OF PROVIDER OR SUPPLIER ROSEWOOD CARE CENTER OF JOLIET				34	EET ADDRESS, CITY, STATE, ZIP CODE 01 HENNEPIN DRIVE DLIET, IL 60435	00/1	1/2011
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES / MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	x	PROVIDER'S PLAN OF CORRECT (EACH CORRECTIVE ACTION SHOU CROSS-REFERENCED TO THE APPRO DEFICIENCY)	JLD BE	(X5) COMPLETION DATE
F9999	to provide compens. This means staff w supervise her in the diet with solids and precautions were to two places where I on aspiration precauthe ADR-one list is one list is taped on remember if R6's n We do not keep the let the nurses know precautions and the when I am in the AI will tell them if a resprecautions. I do not demos with the starspeech therapy to oprecautions." E9 (Dietary Service at 1:00 P.M., "I give done. I am not resident at 12:45 P.M., "Eac care plan input she entry. E9 wrote the	as to cut up her food, e ADR, cue her to alternate liquids, and aspiration be implemented. There are post a list of residents who are utions. Both of the lists are in posted inside the cabinet and the door to dietary. I cannot ame was on the list in June. It is lists from month to month. It who is on aspiration ey let the CNA's know. Also, DR and see a staff member I sident is on Aspiration and to in-services or return ff. I was planning to extend her continue with aspiration experience with aspiration are continue with aspiration and the plan of care." In coordinator) stated on 8/4/11 and discipline is to complete a et and then submit it to data a CAA for R6 and she should blan of care relating to R6's	F99	99			
	difficulty with swalld feeding or cueing d E12 (RN) stated on information for deve the physician order sheet-no where els and update the inte	owing, but it was R6 required					

AND PLAN OF CORRECTION IDENTIFICATION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		IULTIP ILDING	PLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED C 08/11/2011	
		145694		NG			
NAME OF PROVIDER OR SUPPLIER ROSEWOOD CARE CENTER OF JOLIET				34	EET ADDRESS, CITY, STATE, ZIP CODE 101 HENNEPIN DRIVE OLIET, IL 60435		-
(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	don't have a policy precautions or what resident is on aspirate responsible for care problems identified precautions should plan but it was not, inservices or training aspiration precautions.	ge 52 n 8/4/11 at 1:55 P.M., "We and procedure on aspiration t staff is suppose to do when a ation precautions. Dietary is e planning swallowing on the CAA's. Aspiration have been listed in R6's care I have not done any formal g with staff related to ons. I just tell whomever I see dent is on aspiration (A)	F99	999			