PRINTED: 02/29/2012 FORM APPROVED OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) M A. BUI		IPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED		
		145686		B. WING			C <b>2/2011</b>
	ROVIDER OR SUPPLIER	ENTER		1	REET ADDRESS, CITY, STATE, ZIP CODE 191 EAST QUEENWOOD ROAD MORTON, IL 61550		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES  MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREF TAG		PROVIDER'S PLAN OF CORREC (EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APPR DEFICIENCY)	ULD BE	(X5) COMPLETION DATE
F 000	INITIAL COMMEN	rs	F	000			
F 315 SS=G	483.25(d) NO CATI	ation 1123033/IL54718 - F315 HETER, PREVENT UTI, ER	F	315			10/19/11
	assessment, the fa resident who enters indwelling catheter resident's clinical co catheterization was who is incontinent of treatment and servi	ent's comprehensive cility must ensure that a set the facility without an is not catheterized unless the condition demonstrates that necessary; and a resident of bladder receives appropriate ices to prevent urinary tract store as much normal bladder est.					
	by: Based on interview failed to follow Physical Catheter Care a indwelling catheter reviewed with a urin hospitalized with a Findings include:  R2's POS (Physicial Catheter Physicial Phy	NT is not met as evidenced  y and record review the facility sicians Orders and their Policy nd failed to maintain a patent for 1 of 3 residents (R2) nary catheter. R2 was diagnosis of sepsis.					
	with Associated Be Obstruction. This F (Indwelling) cathete care every shift and record every shift. dated 01/95 page of "Output will be mea	poses which include Dementia haviors and Bladder Neck POS includes orders for er: Output 24 hr total, Cath d as needed, output check and The Catheter Care Policy one, under Procedure states asured each shift."			TITLE		(X6) DATE

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

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

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	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION  A. BUILDING		(X3) DATE SURVEY COMPLETED		
		145686	B. WII	۱G			2/ <b>2011</b>
	ROVIDER OR SUPPLIER	ENTER		19	REET ADDRESS, CITY, STATE, ZIP CODE 91 EAST QUEENWOOD ROAD MORTON, IL 61550	10/1/	2/2011
(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 315	The care plan for R history of UTIs (Uri 02/03/11; Collect L confusion; 03/08/11 start (antibiotic) obt BID for 10 days rec Emergency Room routput for 24 hrs; 0 Room related to uri 06/28/11 Levoquin refer to urologist; 0 May send to Emergelevated temperatu  This care plan lists a (indwelling) cather Resident will freque Goals: Resident will symptoms of UTI the will inform staff or a catheter) collection  Under Approaches importance of proper Assess resident for catheter, Change comportance of proper Assess resident for catheter as necessary, Positive Bollow bladder level comfort, report clous sediment in catheter R2's MDS (Minimur list under section Comportance of Mental Status) as set as a second comportance of Mental Status) as set as a second comportance of Mental Status) as set as a second comportance of Mental Status) as set as a second comportance of Mental Status) as set as a second comportance of Mental Status) as set as a second comportance of Mental Status) as set as a second comportance of Mental Status) as set as a second comportance of Mental Status) as set as a second comportance of Mental Status) as set as a second comportance of Mental Status) as set as a second comportance of Mental Status) as set as a second comportance of Mental Status) as set as a second comportance of Mental Status) as set as a second comportance of Mental Status) as set as a second comportance of Mental Status) as set as a second comportance of Mental Status as a second comportance of Mental Status as a second comportance of Mental Status as a second comportan	2 dated 08/01/2011 lists his inary Tract Infections) JA (Urinalysis) increased May obtain UA; 03/19/11 ain UA; 04/02/11 Macrodantin heck UA; 06/03/11 Send to related to urinary retention, no 6/26/11 Send to Emergency nary retention and pain; everyday for 10 days/ UA; 18/03/11 obtain UA; 10/03/11 pency Room for evaluation re.  under Problem: Resident has ter due to urinary obstruction. Ently empty the collection bags. I be free of signs and brough next review. Resident hallow staff to empty (indwelling bag.  lists; Educate resident of the emptying procedures, a pain/discomfort due to atheter routine and as needed, but toileting hygiene, Empty shift. measure and record. In a symptoms of UTI and report the ently and blood or supposed to the ently urine and blood or supposed to the ently t	F	315			

Facility ID: IL6006407

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

	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) M		PLE CONSTRUCTION G	(X3) DATE SU COMPLE	
		145686	B. WI	۱G			2/ <b>2011</b>
	ROVIDER OR SUPPLIER			19	REET ADDRESS, CITY, STATE, ZIP CODE 91 EAST QUEENWOOD ROAD IORTON, IL 61550	10/12	2/2011
(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 315	E4, Care Plan Coor 09:24 AM "The prol or let staff provide of understands that we goes ahead and en Then he gets aggretries to help him. If the care plan for states (R2) refuses to let the R2's Treatment Received Catheter Of entries for this records Catheter Of entries for this records times with an additional blank for a total of 2 entries.  E5, Licensed Practic Received Pract	rdinator stated 10/11/2011 at olem is that (R2) doesn't want catheter care. He will say he eneed to help him but he opties the collection bag. It is saive toward the staff that do not have interventions in aff to utilize to provide cares if hem help."  cord for 09/12/-10/03/2011 utput per shift. Of the 66 rd the word "Self" is entered ditional 13 entries being left 26 incorrect documented  cal Nurse stated "It's hard to outputs. He empties the bag by independent."  cal Nurse stated 10/07/2011 at I sent him to the hospital, rmal. He had been pushing el chair and talking as usual, sick before he would stay in tive. That was not the case. Peported a low grade at he had not eaten. I gave broth which he drank. At checked his temperature ound 100.7 degrees. I while later and it was still Doctor and he told me to send ated. He went out by	F	315			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION			(X3) DATE SURVEY COMPLETED	
				A. BUILDING  B. WING		С	
		145686	D. VVIII			10/12	2/2011
	ROVIDER OR SUPPLIER  I TERRACE CARE CE	ENTER		19	REET ADDRESS, CITY, STATE, ZIP CODE 91 EAST QUEENWOOD ROAD RORTON, IL 61550		
(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
F 315	PM indicate R2 was 1. Sepsis 2. UTI (UIII Z2, Registered Profit Room stated 10/11/2 (R2) that night he was unresponsive. The after we opened the and pus like. I calle (E3, LPN) and was records for him; He himself."  Z1, Emergency Dep 10/11/2011 at 09:50	s dated 10/03/2011 at 10:29 s admitted with a diagnosis of rinary Tract Infection).  fessional Nurse/Emergency /11 at 10:07 AM "When I saw vas lethargic, cold and urine that came out of him e occluded catheter was thicked the facility and spoke to told "We don't have output takes care of the catheter	F3	315			
F9999	indicated that the cl going on for quite a connection to the in bladder as well as t from the catheter its FINAL OBSERVAT Surveyor: Kincaid, LICENSURE VIOLA 300.610a) 300.1210a) 300.1210b) 300.1210d) 300.3240a) Section 300.610 Re a) The facility shall procedures, govern the facility which sh	IONS Robin	F99	999			

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) M		PLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED		
		145686	B. WIN			10/12	C <b>2/2011</b>
	DER OR SUPPLIER	ENTER	,	19	EET ADDRESS, CITY, STATE, ZIP CODE 91 EAST QUEENWOOD ROAD IORTON, IL 61550	13/11	-/
(X4) ID PREFIX TAG	(EACH DEFICIENCY	NTEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFI TAG		PROVIDER'S PLAN OF CORREC (EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APPR DEFICIENCY)	ULD BE	(X5) COMPLETION DATE
leas the reprinted with The ope leas writ med Sec Nur  a) C with resi app com incl med and resi allo prad prov rest nee the resi app	medical advisor resentatives of resentatives of refacility. These particular the Act and all resewritten policical rating the facility of annually by the facility of annually of annu	ator, the advisory physician or ry committee and nursing and other services in policies shall be in compliance rules promulgated thereunder. it is shall be followed in y and shall be reviewed at is committee, as evidenced by dated minutes of such a	F99	999			

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

AND PLAN OF CORRECTION  (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) M A. BUI		IPLE CONSTRUCTION  NG	(X3) DATE SURVEY COMPLETED		
		145686	B. WIN	NG _			C <b>2/2011</b>
	ROVIDER OR SUPPLIER	ENTER	<b>I</b>	1	REET ADDRESS, CITY, STATE, ZIP CODE 191 EAST QUEENWOOD ROAD MORTON, IL 61550	10/12	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	care and personal of resident to meet the care needs of the reshall include, at a machine procedures:  d) Pursuant to substant	I properly supervised nursing care shall be provided to each e total nursing and personal esident. Restorative measures ninimum, the following	F99	999			
	and shall be practic seven-day-a-week						
	resident's condition emotional changes determining care re further medical eva	rations of changes in a , including mental and , as a means for analyzing and equired and the need for luation and treatment shall be aff and recorded in the record.					
		Abuse and Neglect ee, administrator, employee or nall not abuse or neglect a					
	failed to follow Phys	and record review the facility sicians Orders and their Policy nd failed to maintain a patent					

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		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MI A. BUII		PLE CONSTRUCTION G	(X3) DATE SU COMPLE	
		145686	B. WIN	G		C <b>10/12/2011</b>	
	ROVIDER OR SUPPLIER	ENTER	•	19	REET ADDRESS, CITY, STATE, ZIP CODE 91 EAST QUEENWOOD ROAD NORTON, IL 61550		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES  MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFI TAG	x	PROVIDER'S PLAN OF CORREC (EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APPR DEFICIENCY)	ULD BE	(X5) COMPLETION DATE
F9999	reviewed with a urin hospitalized with a urin hospitalized with a displaying property of the p	for 1 of 3 residents (R2) hary catheter. R2 was diagnosis of sepsis.  In's Order Sheet) dated oses which include Dementia haviors and Bladder Neck POS includes orders for er: Output 24 hr total, Cathed as needed, output check and The Catheter Care Policy one, under Procedure states issured each shift."  In 2 dated 08/01/2011 lists his inary Tract Infections)  In (Urinalysis) increased  In May obtain UA; 03/19/11 ain UA; 04/02/11 Macrodantin wheck UA; 06/03/11 Send to related to urinary retention, no 6/26/11 Send to Emergency nary retention and pain; everyday for 10 days/ UA; 18/03/11 obtain UA; 10/03/11 gency Room for evaluation re.  Under Problem: Resident has ster due to urinary obstruction. Tently empty the collection bags. I be free of signs and brough next review. Resident allow staff to empty (indwelling	F99	999			

Facility ID: IL6006407

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		(X2) M A. BU		PLE CONSTRUCTION G	(X3) DATE SURVEY COMPLETED		
		145686	B. WI	1G _			C <b>2/2011</b>
	PROVIDER OR SUPPLIER	ENTER	•	19	REET ADDRESS, CITY, STATE, ZIP CODE 91 EAST QUEENWOOD ROAD NORTON, IL 61550		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES  MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREF TAG		PROVIDER'S PLAN OF CORREC' (EACH CORRECTIVE ACTION SHOU CROSS-REFERENCED TO THE APPR DEFICIENCY)	ULD BE	(X5) COMPLETION DATE
F9999	Under Approaches importance of propassess resident for catheter, Change of Demonstrate corredrainage bag every Monitor for signs an as necessary, Posibelow bladder level comfort, report clousediment in catheter R2's MDS (Minimullist under section Comental Status) as spossible which indice E4, Care Plan Coordog: 24 AM "The proor let staff provide of understands that with goes ahead and en Then he gets aggreties to help him. If the care plan for states (R2) refuses to let the R2's Treatment Rerecords Catheter Of entires for this records that impossible with an action of the proof of the staff of the care of the c	lists; Educate resident of er emptying procedures, pain/discomfort due to atheter routine and as needed, et toileting hygiene, Empty shift. measure and record., and symptoms of UTI and report tion catheter bag and tubing, provide pads and briefs for ady urine and blood or er tube.  In Data Set) dated 08/01/2011 0200; BIMS (Brief interview for coring 3 points of a total of 15 cates a cognitive deficit.  Indinator stated 10/11/2011 at blem is that (R2) doesn't want catheter care. He will say he eneed to help him but he eneed to help him but he eneed to have interventions in aff to utilize to provide cares if hem help."  Cord for 09/12/-10/03/2011 utput per shift. Of the 66 rd the word "Self" is entered lditional 13 entries being left 26 incorrect documented ical Nurse stated "It's hard to utputs. He empties the bag	F9:	999			

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		145686	B. WIN	IG			C <b>2/2011</b>
	ROVIDER OR SUPPLIER	ENTER	•	19	REET ADDRESS, CITY, STATE, ZIP CODE 91 EAST QUEENWOOD ROAD NORTON, IL 61550		
(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)	ULD BE	(X5) COMPLETION DATE
F9999	E3 Licensed Praction 02:35 PM "The day (R2) was acting not his wife in the wheek When he had been bed, act really isola The day shift had retemperature and the him some tea and the around 05:30 PM I again and it was arochecked it again a rising. I called the (R2) in to be evaluated ambulance shortly and Local hospital notes PM indicate R2 was 1. Sepsis 2. UTI (UZ2, Registered Programmer Room stated 10/11 (R2) that night he was unresponsive. The after we opened the and pus like. I called (E3, LPN) and was records for him; He himself."  Z1, Emergency Dep 10/11/2011 at 09:50 that was released a indicated that the cigoing on for quite a connection to the interpretation in the i	cal Nurse stated 10/07/2011 at I sent him to the hospital, mal. He had been pushing el chair and talking as usual. sick before he would stay in tive. That was not the case. eported a low grade at he had not eaten. I gave broth which he drank. At checked his temperature bund 100.7 degrees. I while later and it was still Doctor and he told me to send ated. He went out by after that."  Is dated 10/03/2011 at 10:29 admitted with a diagnosis of rinary Tract Infection).  It essional Nurse/Emergency (11 at 10:07 AM "When I saw was lethargic, cold and urine that came out of him are occluded catheter was thicked the facility and spoke to told "We don't have output takes care of the catheter continued of the catheter had been while. There is a direct affection and the residual in the he risk of increased infection	F99	999			

Facility ID: IL6006407

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

	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	A. BUILDING		(X3) DATE SURVEY COMPLETED	
		145686	B. WING		C <b>10/12/2011</b>	
	ROVIDER OR SUPPLIER			TREET ADDRESS, CITY, STATE, ZIP CODE 191 EAST QUEENWOOD ROAD MORTON, IL 61550		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES 'MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRE (EACH CORRECTIVE ACTION SH CROSS-REFERENCED TO THE API DEFICIENCY)	OULD BE COMPLETION	
F9999	Continued From pa	ge 9	F9999	9		
		(B)				