| | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | 1, , | | | (X3) DATE SU COMPLE | |
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| | 118000 | | 10 | 6220 PARKER ROAD | 1 01/1 | 9/2012 |
| (EACH DEFICIENCY | / MUST BE PRECEDED BY FULL | | | (EACH CORRECTIVE ACTION SHO | ULD BE | (X5) COMPLETION DATE |
| meet the needs of t E7 (Physician) was 1:15pm via telepho not have administer | the resident. interviewed on 1/10/12 at ne. E7 stated that E2 should red an Enema and Milk of | W | 868 | | | |
| LICENSURE VIOL 350.1220j) 350.1230d) 350.1220a) 350.3240a) Section 350.1220 F j) The facility shall r of any accident, injuct condition that threat welfare of a resider the presence of inculcers or a weight lamore within a period Section 350.1230 N d) Direct care personare not limited to, the section 350.1230 N d) Direct care personare not limited to, the section 350.1230 N d) Direct care personare not limited to, the section 350.1230 N The section 350.1230 N graph of the section 350.1420 C Prescriber's Orders | ATION: Physician Services notify the resident's physician ury, or change in a resident's tens the health, safety or nt, including, but not limited to, ipient or manifest decubitus oss or gain of five percent or d of 30 days. Jursing Services Innel shall be trained in, but ne following: of illness, dysfunction or for that warrant medical, ocial intervention. Tred to meet the health needs a residents. Persence of accident or illness. | W99 | 999 | | | |
| a) All medications s | shall be given only upon the | | | | | |
| | Continued From paret the needs of the Magnesia without at FINAL OBSERVATION States of the Magnesia without at FINAL OBSERVATION (Condition that threat welfare of a resident the presence of incurrence of a weight for more within a perion (Condition that threat welfare of a resident the presence of incurrence of incurrence of the presence of incurrence of the more within a perion (Condition that threat welfare of a resident the presence of incurrence of incurrence of incurrence of the more within a perion (Condition that threat welfare of a resident the presence of incurrence of incurrence of the more within a perion (Condition that threat welfare of a resident the presence of incurrence of the more within a perion (Condition that threat welfare of a resident the presence of incurrence of the more within a perion (Condition that threat welfare of a resident the presence of incurrence of the more within a perion (Condition that threat welfare of a resident the presence of incurrence of the more within a perion (Condition that threat welfare of a resident threat welfare of a r | TIDENTIFICATION NUMBER: 14G356 ROVIDER OR SUPPLIER SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) Continued From page 32 meet the needs of the resident. E7 (Physician) was interviewed on 1/10/12 at 1:15pm via telephone. E7 stated that E2 should not have administered an Enema and Milk of Magnesia without a physician's order. FINAL OBSERVATIONS LICENSURE VIOLATION: 350.1220j) 350.1230d) 350.1420a) | TOTAL CONTINUES AND THE PROPERTY OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) Continued From page 32 meet the needs of the resident. E7 (Physician) was interviewed on 1/10/12 at 1:15pm via telephone. E7 stated that E2 should not have administered an Enema and Milk of Magnesia without a physician's order. FINAL OBSERVATIONS LICENSURE VIOLATION: 350.1220j) 350.1230d) 350.1220 Physician Services j) The facility shall notify the resident's physician of any accident, injury, or change in a resident's condition that threatens the health, safety or welfare of a resident, including, but not limited to, the presence of incipient or manifest decubitus ulcers or a weight loss or gain of five percent or more within a period of 30 days. Section 350.1230 Nursing Services d) Direct care personnel shall be trained in, but are not limited to, the following: 1) Detecting signs of illness, dysfunction or maladaptive behavior that warrant medical, nursing or psychosocial intervention. 2) Basic skills required to meet the health needs and problems of the residents. 3) First aid in the presence of accident or illness. Section 350.1420 Compliance with Licensed Prescriber's Orders | A BUILDIN B. WING | ROVIDER OR SUPPLIER DAKS WEST SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) Continued From page 32 meet the needs of the resident. E7 (Physician) was interviewed on 1/10/12 at 1:15pm via telephone. E7 stated that E2 should not have administered an Enema and Milk of Magnesia without a physician's order. FINAL OBSERVATIONS LICENSURE VIOLATION: 350.1220) 350.1220) 350.3240a) Section 350.1220 Physician Services j) The facility shall notify the resident's physician of any accident, injury, or change in a residentist condition that threatens the health, safety or welfare of a resident, including, but not limited to, the presence of inciplent or manifest decubitus ulcers or a weight loss or gain of five percent or more within a period of 30 days. Section 350.1230 Nursing Services d) Direct care personnel shall be trained in, but are not limited to, the following: 1) Detecting signs of illness, dysfunction or maladaptive behavior that warrant medical, nursing or psychosocial intervention. 2) Basic skills required to meet the health needs and problems of the residents. Section 350.1420 Compliance with Licensed Prescriber's Orders | TOMPLE ON THE PROPERTY OF THE |

| | OF DEFICIENCIES OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | , , | | PLE CONSTRUCTION | (X3) DATE SU COMPLE | |
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| | ROVIDER OR SUPPLIER | | | 16 | EET ADDRESS, CITY, STATE, ZIP CODE 6220 PARKER ROAD OCKPORT, IL 60441 | | |
| (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 |
| W9999 | prescriber. The face licensed prescriber accordance with Se orders shall have the unique identifier) of (Rubber stamp sign These medications ordered by the licendesignated time. Section 350.3240 Aa) An owner, licensagent of a facility shresident. These regulations at the following: Based on record refailed to ensure nur 1 client in the samp obstruction and sign surgical intervention - For 1 of 1 client in constipation, and ner for 4 additional ownose bowel managiven as ordered (Facility failed to: 1) Adequately ass 2) Develop a systectients with constipation. | electronic order of a licensed simile or electronic order of a shall be authenticated by the within 10 calendar days, in ection 350.1610. All such he handwritten signature (or the licensed prescriber. hatures are not acceptable.) shall be administered as hased prescriber and at the abuse and Neglect hee, administrator, employee or hall not abuse or neglect a hare not met as evidenced by view and interview, the facility sing needs were met for 1 of ble who developed a bowel moid volvulus, requiring | W9: | 999 | | | |

| - | OF DEFICIENCIES OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | | | | (X3) DATE SURVEY COMPLETED | |
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| | ROVIDER OR SUPPLIER | | | | REET ADDRESS, CITY, STATE, ZIP CODE 16220 PARKER ROAD LOCKPORT, IL 60441 | 0.7.1 | |
| (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 |
| W9999 | | ge 34 ons are given as ordered. | W99 | 999 | | | |
| | Findings include: | | | | | | |
| | 1/1/12 - 1/31/12, ha | hysician's Order Sheet dated s documented diagnoses of etardation, and Constipation. | | | | | |
| | 2/1/11 - 2/28/11, ha | hysician's Order Sheet dated s documented diagnoses of ardation, and Chronic | | | | | |
| | E7 (Physician) date Under History of Property of Prope | story and Physical dictated by d 2/17/11 was reviewed. esent Illness, it reads, but is is a 45 year old male, well he facility. The patient was ne facility when he appeared e. On examination his inded with diminished breath ent is non-verbal, and unable mation, however, he appeared e. He was sent to the or evaluation of possible leus or fecal impaction. After found to have a volvulus of the ent was admitted after surgery it." Inmary dictated on 3/19/11 was but is not limited to, "Final inal pain secondary to alus, status post exploratory moid colectomy and tory failure, status post derate Mental Retardation. | | | | | |

| - | OF DEFICIENCIES OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | A. BUI | | IPLE CONSTRUCTION NG | (X3) DATE SU COMPLE | TED |
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| | | 14G356 | B. WIN | NG _ | | | 5 9/ 2012 |
| | PROVIDER OR SUPPLIER | | • | 1 | REET ADDRESS, CITY, STATE, ZIP CODE 16220 PARKER ROAD LOCKPORT, IL 60441 | | |
| (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 |
| W9999 | Reason for Hospita evaluated by me at when I received a pfeeling well with abosent to emergency found to be obstructurgently requested. Ventilator and failed him off ventilator. Hoone, and PEG (fee patient was dischar program." R4's Day Training Nentry dated 2/15/11 today saying he was hurt and his head him Writer of this entry writer unidentified, a called the nurse at that R4 was in pain reads, "At lunch, R4 The nurse came at refused lunch, she he was not feeling who bowel movement. 30 minutes later, I awhat I should do abwriter of this note is statement written be 2/15/11 was review to, "I called the nurse come over to check around 11:30am. Shad decided about wanted to go home facility and spoke to | ge 35 lization:Initially patient was the nursing home facility, shone call about the patient not dominal distention. He was room for evaluation. He was ted, and surgical consultation. He remained on the multiple attempts to wean de required a tracheostomy eding tube) placement. The ged to rehabilitation inpatient. Notes were reviewed. The reads, "R4 came to work is not feeling well, his stomach urt. Supervisor notified." unidentified. A second entry, also dated 2/15/11 reads, "I 9:30am to inform the nurse." A third entry from 2/15/11 for refused all food and drink. about 11:40am. I told her R4 (the nurse), said the girls said well, he may need to make a She then walked away. About asked Z1 (Supervisor at DT) rout R4 not feeling well." The also unidentified. The also unidentified because she had not yet on R4. The call was made the came I asked what she R4. She said if he thought he, he couldI phoned the cet (AM Supervisor), to let ging R4 home." I assisted to | W98 | 999 | | | |

| | OF DEFICIENCIES OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) M A. BUI | | PLE CONSTRUCTION | (X3) DATE SU COMPLE | |
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| | ROVIDER OR SUPPLIER | | <u> </u> | 10 | REET ADDRESS, CITY, STATE, ZIP CODE 6220 PARKER ROAD OCKPORT, IL 60441 | 01/10 | 5/2512 |
| (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 |
| W9999 | was crying in pain. and informed E5 ab crying." A second s | felt warm to the touch, and I took him home at 12:10pm, bout the warmth to touch and statement written by Z1, dated yed. It reads, but is not limited ing clients from facility to lified Mental Retardation P) told me that R4 had been al, and had to have a part of When I asked her why that one for hemorrhoids, which is ator) told us was wrong. E1 he by for routine rounds on 1) and sent R4 to the hospital. If the download by the hearing well. We had called the hearing well. We had called the hearing and left. I inquired at the facility house when I ent home. She said if R4 felt ome, he could go home. If I reported this to E5 | yeW | 999 | | | |
| | Z1 stated that R4 w upset on Monday, 2 well. Z1 stated that crying excruciatingl position, in quite a b nurse, E3 was calle arrive at DT until 11 looked at R4 while | with Z1 on 1/3/12 at 1:08pm, ras complaining of stomach 2/14/11, and just not feeling to on 2/15/11, R4 was observed by, crunched up in the fetal bit of pain. Z1 stated that the red at 9:30am, but she didn't :30am. Z1 stated that E3 just the was in his wheelchair, and E3 never said anything to any | | | | | |

| | OF DEFICIENCIES OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) N A. BU | | PLE CONSTRUCTION IG | (X3) DATE SU COMPLE | |
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| | PROVIDER OR SUPPLIER | | | 1 | REET ADDRESS, CITY, STATE, ZIP CODE 6220 PARKER ROAD LOCKPORT, IL 60441 | . | |
| (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 APPF DEFICIENCY) | ULD BE | (X5) COMPLETION DATE |
| W9999 | staff about what she complaints and con 11:50am she called R4 could go home. out while they were stated that the facilit 2/16, and said they clients ready for DT emergency, and ble that R4 had rectal but 21 stated that same screaming, while the clients. Z1 stated the doctor was then the hospital. The personal stater Training Staff) involved reads, but is not lim (2011), R4 came in requesting to sit on him a few minutes appeared to be have bathroom. After be minutes trying to have appeared to be have bathroom. After be minutes trying to have a liquid dripped nothing when I wiped or bowel in the toile and the nurse was a The DT note involved by Z3 (Development The note reads, but arrived at the facility | dition. Z1 stated that at about R4, and E3 stated that Z1 stated that R4 was crying placing his coat on him. Z1 ty called DT on Wednesday were running behind having due to a medical seeding from anus. E1 stated eleeding from hemorrhoids. E1 stated eleeding from hemorrhoids. E1 stated eleeding from hemorrhoids. E2 day staff heard R4 ey were transporting other nat they found out later that E2 for a visit, and sent R4 out to enter written by Z4 (Day ving R4 was reviewed. It is ited to, "On February 15th, to the bathroom at 9:20am, the toilet. When checking on after being put on the toilet, he ing a difficult time going to the ing on (toilet) for several exe a bowel movement, I an him, and a small amount of into the toilet. There was ed him, and there was no urine t. I contacted my supervisor | W9 | 999 | | | |

| | OF DEFICIENCIES OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | \ \ \ \ \ \ \ | | PLE CONSTRUCTION | (X3) DATE SU COMPLE | |
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| | POVIDER OR SUPPLIER | | | 10 | BEET ADDRESS, CITY, STATE, ZIP CODE 6220 PARKER ROAD OCKPORT, IL 60441 | | |
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| W9999 | The entry written by Nurse), dated 2/15 "8amResident c/c stomach. No BM(b given as ordered. E Up in w/c (wheelcha entry at 1pm, also whome from Day Proate 25% lunch," E3 bed, head of bed el small amount emes present" The last reads, but is not limfluids well. Refused impaction, no stool hemorrhoids noted. R4's Physician Ordwere reviewed. R4 of Magnesia), 30ml nursing notes docurthat MOM was give should be given at 50 During an interview E3 was asked if she Day Training to see she was the nurse of she didn't remember stated that she real and that when R4 is she can not remem | notes for R4 were reviewed. 7 E3 (Licensed Practical 711 reads, but is not limited to, 7 (complaints of) upset 8 (complaints) reads, "Returned 8 (complaints) reads, "Returned 8 (complaints) reads, "Returned 8 (complaints) reads, "In 8 (compl | W9 | 999 | | | |
| | During a second in telephone on 1/10/1 | terview with E3 via the I2 at 2:00pm, E3 was asked if anything about R4's condition | | | | | |

| | OF DEFICIENCIES OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | () | IULTIF ILDIN(| PLE CONSTRUCTION | (X3) DATE SU COMPLE | |
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| | ROVIDER OR SUPPLIER | | ı | 16 | EET ADDRESS, CITY, STATE, ZIP CODE 5220 PARKER ROAD OCKPORT, IL 60441 | | |
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| W9999 | on 2/15/11. E3 state E3 stated that she obecause he vomited just thought the juic that R4 went to DT 1pm. E3 was asked distended at this tinnot think that it was The facility nursing for the date of 2/16/day was E2 (Licensentry timed for 8:10 bright red blood per Cool compress app The entry at 9:00 an "Resident c/o hemoappliedTylenol 650 givenabdomen sepresent, and sluggis The entry at 10:00 a "Fleets enema and feeling like he need him straining c(with returned clr(clear)." The entry timed 2:0 to, "Resident in becaming visit of MD bed. Did take liquid The entry at 3:45 pm (Physician). States (after) MD talks c(was The final entry from reads, "Spoke with with bowel obstructive to DT and the state of the | ed that R4 vomited at night. did not call the doctor, d after drinking juice, and she e made him vomit. E3 stated that day, but came home at d if R4's stomach was ne, and E3 stated that she did . notes for R4 were reviewed (11. The nurse on duty this ed Practical Nurse). The am reads, "Staff reports scant 4 hemorrhoids, inflamed. died." n reads, but is not limited to, orrhoid pain, ointment omg (milligrams) emi softbowel sounds sh to L (left) side." m reads, but is not limited to, d MOM given due to resident ed to have BM. Did not want hemorrhoids enlarged. Fleet Opm reads, but is not limited l, stated"stomach hurts." Resident moving self about ds when offered." n reads, "Seen by E7 d send to ER for evaluation p with) hospital to MD." n reads, "Ambulance here to 2/16/11 timed at 8:30pm staff at hospital. Admitted | W9 | 999 | | | |

| | OF DEFICIENCIES OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) M A. BU | | PLE CONSTRUCTION G | (X3) DATE SU COMPLE | JRVEY TED |
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| | PROVIDER OR SUPPLIER | | • | 16 | EET ADDRESS, CITY, STATE, ZIP CODE 6220 PARKER ROAD OCKPORT, IL 60441 | | |
| (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 |
| W9999 | 2/28/11 were review order for an Enema that it is to be given During an interview E2 was asked if R4 him on the morning was in pain becaus have stomach pain his bottom, so she ease his hemorrhois she did not give R4 documented that he stomach hurting. Eremember, that it was to remember, that it was to remember. E2 we enema and MOM eE2 stated she didn' of his hemorrhoids. Not give R4 Lactulo physician to be use constipation, instead even on R4's list of she knew Lactulose and she felt R4 need from feeling the urg movement. R4's be with E2, and it is not movement on 2/3/1 then was admitted bowel obstruction awas asked why she constipation as order through 2/13/11, who bowels for 5 days. aware that R4 had days. E2 explained | wed. R4 does not have an a, and R4's MOM order reads at 7pm, not 10:00am. with E2 on 1/11/12 at 9:45am, was in pain when she saw of 2/16/11. E2 stated that he e of hemorrhoids, but did not . E2 stated that he pointed to placed him in the bathtub, to d pain. E2 was asked why Tylenol at 2:00pm, when she was in pain again, with his 22 stated that she does not as a long time ago, and hard was asked why she gave an arly, without a doctors order. It want R4 to strain, because E2 was asked why she did se, as ordered by the | W9 | 999 | | | |

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| W9999 | a bowel movement the fourth day, and would start. E2 state been informed that bowels. E2 explain review to see which movement or not, be passing medication does not know whate 2 stated she just rand supervisors to moving their bowels the doctor on the 16 not moving his bow having one BM on the constipated again a sinitially did not know bowels from the 9th did make the doctor all of the client for recould not remember abdomen was disterned was not any more of stated that since the volvulus occurred we developed a new proposition of the clients who have the clients who have the nurse knows to until the client move order was reviewed. | ge 41 ow what clients have not had for 3 days, on the morning of that is when the lactulose ted that she must not have R4 was not moving his ed that she does not always clients have had a bowel ecause she is just too busy s. E2 stated that she also teach clients bowel pattern is. elies on the direct care staff et her know who is, or is not s. E2 was asked if she called 6th, to let him know about R4 els for five days, then only he 14th, and then being fter that. E2 stated that she with that R4 had not moved his a through the 13th, but that she ware when he came on the covered this fact. E2 was the doctor to come and see just came on his own to see ounds. E2 stated that she r. E2 was asked if R4's anded or firm. E2 stated that it distended than it usually is. E2 to bowel obstruction and with R4, the facility has ractice that requires the an urraing of any clients who well movement in three days, to time clock for the nurse, with the not moved their bowels, so start the Lactulose medication as his bowels. The Lactulose together with E2 and this r reads, "May administer" | W99 | 999 | | | |

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| W9999 | Lactulose 30ml four complaints of const (8 doses)." E2 was creating this new properties of the constitution of the constitutio | r times daily as needed for ipation-administer for 2 days asked if she was involved in ractice. E2 stated that she formed about the new process f paper shown to her, with the E2 stated that she thought vice for the direct care staff, re. I hours nursing is at the facility. The nursing staff works from E2 stated that no nurse is ll on the off hours. E2 was would need to be given after ad a headache or request for be available to give that as a E2 stated that the client until the next morning when me in at 7am, when the day | W9 | 999 | | | | |

| | OF DEFICIENCIES OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | ` ′ | | PLE CONSTRUCTION | (X3) DATE SU COMPLE | |
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| | | 14G356 | B. WI | NG _ | | 01/19 | 9/2012 |
| | PROVIDER OR SUPPLIER | | | 1 | REET ADDRESS, CITY, STATE, ZIP CODE 6220 PARKER ROAD OCKPORT, IL 60441 | | |
| (X4) ID PREFIX TAG | (EACH DEFICIENCY | TEMENT OF DEFICIENCIES YMUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION) | ID PREF TAG | | PROVIDER'S PLAN OF CORRECT (EACH CORRECTIVE ACTION SHOU CROSS-REFERENCED TO THE APPR DEFICIENCY) | JLD BE | (X5) COMPLETION DATE |
| W9999 | issues. E7 stated thurse, E2 on the 16 him that R4 was just that when he came was definitely not husually R4 would somorning, he was just was very uncomford assessed the client 20% more distendenorm. E7 stated the R4's distention, but stomach did not sestated that his bowed diminished. E7 stated that his bowed his bowels fe7 stated that at first hadn't moved his bowels fe7 stated that at first hadn't moved his bowels fe7 stated that at first hadn't moved his bowels fe7 stated that at first hadn't moved his information his hout the five days fe7 was informed by R4 a Fleets Enemal obtaining an order that nursing should without calling for a R4 was experiencing hemorrhoid pain up documented that his discomfort, not stort that R4's pain was from constipation, reference was from constipation. | ition and recent constipation that he did get a call from the lith. E7 stated that she told it not acting right. E7 stated to see R4 later that day, R4 imself. E7 explained that mile at him, but that this it lying in bed, acting like he table. E7 stated that when he rable. E7 stated that when he rable. E7 stated that when he rable. E7 stated that was his at he questioned E2 about that E2 told him that his em distended to her. E7 el sounds were very ted that he never got a call ing him know that R4 had not from the 9th through the 13th. It E2 just told him that he lowels in 2 days, but then later live days prior without a bowel atton sooner. E7 stated that did more aggressively to treat and the facility let him know without a bowel movement. It is surveyor, that E2 gave and MOM early, without o do so from him. E7 stated never give medications in order first. E7 was asked if | W95 | 999 | | | |

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) M A. BU | | IPLE CONSTRUCTION NG | (X3) DATE SURVEY COMPLETED | |
|--|--|---|---------------------|-----|--|--|--|
| | | 14G356 | B. WING | | | C 01/19/2012 | |
| NAME OF PROVIDER OR SUPPLIER SHADY OAKS WEST | | | | | REET ADDRESS, CITY, STATE, ZIP CODE 16220 PARKER ROAD LOCKPORT, IL 60441 | | |
| (X4) ID PREFIX TAG | SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) | | ID PREFIX TAG | | (EACH CORRECTIVE ACTION SHO | OVIDER'S PLAN OF CORRECTION I CORRECTIVE ACTION SHOULD BE REFERENCED TO THE APPROPRIATE DEFICIENCY) | |
| W9999 | from DT. E7 stated R4 had vomited, an would have wanted had gone five days E7 was asked if he development of the management practitracks bowel mover the facility, and ther client has not move Then nursing would order. E7 stated the creation of this new this practice may now hor esides at the fast a different bowel client who regularly or every other day be appropriate for the many days of const would receive PRN move their bowels aware that the facility evaluation to the EF seen R4. E7 stated nurse waited to call her directly to send E7 was made aware waited because E7 first for admission in that would not be not seen in the ER, and admission if it was should have called not waited two addisent out to the ER. | ge 44 2/15/11, after he arrived home I that he was not aware that d stated that is information he to know, especially since R4 without moving his bowels. was involved with the facilities' new bowel ce, where the supervisor ments for all of the clients in n updates nursing whenever a d their bowels for three days. I implement the Lactulose at he was not involved in the practice. E7 also stated that of be practical for every client acility, because every client el pattern. E7 stated that for a moves his bowels on a daily basis, this practice would not hem, as it would allow too ipation to occur before they I medication to help them E7 was also asked if he was ty did not send R4 out for R until two hours after he had I that he is not sure why the for transport, since he told him to the ER for evaluation. The that E2 had stated she needed to call the ER doctor not the hospital. E7 stated ecessary, since he would be I that would allow for a direct warranted. E7 stated that E2 for transport right away, and tional hours before R4 was E7 was asked if their would Id have liked the facility to do | W9 | 999 | | | |

| AND PLAN OF CORRECTION (X: | | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION A. BUILDING | | | (X3) DATE SURVEY COMPLETED | |
|---|--|--|---|--|---|-------------------------------|--|
| | | 14G356 | B. WING | | | C 01/19/2012 | |
| NAME OF PROVIDER OR SUPPLIER SHADY OAKS WEST | | | | STREET ADDRESS, CITY, STATE, ZIP CODE 16220 PARKER ROAD LOCKPORT, IL 60441 | | | |
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| W9999 | (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) | | PREFIX | | | | |