STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MUI A. BUILD	LTIPLE CONSTRUCTION DING	(X3) DATE SURVEY COMPLETED	
		14E327	B. WING	i	02/	10/2012
	PROVIDER OR SUPPLIER	RE CTR	S	STREET ADDRESS, CITY, STATE, ZIP COD 708 VIRGINIA COURT PINCKNEYVILLE, IL 62274	•	
(X4) ID PREFIX TAG	(EACH DEFICIENCY	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF COR (EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE / DEFICIENCY)	SHOULD BE	(X5) COMPLETION DATE
F 490	seconds contact tin common bathroom room have hot water water heater.	ne. E12 stated that both the and the common shower er provided by the same hot	F 49	30		
	that the policy has l temperatures twice facility. E1 also sta	stated on 02-02-12 at 2:15 pm, been to check water a week in all areas of the sted that he did not know that es can cause third degree ands contact time.				
		r temperature log documents s are taken twice a week and eptable range.				
F9999	Residents, CMS-67	ensus and Conditions of 72, form completed by E1 are 38 residents in the facility. IONS	F999	99		
	Licensure Violation	ns:				
	300.610a) 300.610c)2) 300.696c)2) 300.1030a)1) 300.1210b)4) 300.1210d)6) 300.2420a)2)					
	a) The facility shall procedures, govern the facility which sh	esident Care Policies have written policies and ning all services provided by nall be formulated by a cy Committee consisting of at				

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		14E327	B. WII	NG		02/10	0/2012
NAME OF PROVIDER OR SUPPLIER PINCKNEYVILLE HEALTH CARE CTR				7	REET ADDRESS, CITY, STATE, ZIP CODE 08 VIRGINIA COURT PINCKNEYVILLE, IL 62274		
(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
F9999	the medical advisor representatives of the facility least annually by the written, signed and meeting. c) These written porominimum the follows of the care services, emergency nursing services, reservices, pharmace services, social services, and diagnation laboratory and x-ray section 300.696 Into the content of	attor, the advisory physician or by committee and nursing and other services in olicies shall be in compliance rules promulgated thereunder. es shall be followed in y and shall be reviewed at is committee, as evidenced by dated minutes of such a licies shall include, at a ring provisions: ervices including physician by services, personal care and estorative services, activity eutical services, dietary vices, clinical records, dental ostic service (including y).	F9	999			

AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING			COMPLETED		
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F9999	things as: 1) Pulmonary emer obstruction, foreign respiratory distress Section 300.1210 Consumption Nursing and Person b) The facility shall and services to attar practicable physical well-being of the releash resident's complan. Adequate and care and personal cresident to meet the care needs of the reshall include, at an procedures: 4) All nursing person encourage resident in activities of daily circumstances of the demonstrate that did this includes the redress, and groom; the eat; and use speed functional community who is unable to cashall receive the segood nutrition, grood d) Pursuant to substitutions.	gencies (for example, airway body aspiration, and acute , failure, or arrest). General Requirements for	F99	999			

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		14E327	B. WIN	IG _		02/10	0/2012
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F9999	Continued From pa	ige 52	F99	999			
	assure that the resi as free of accident nursing personnel s that each resident r and assistance to p	ecautions shall be taken to dents' environment remains hazards as possible. All shall evaluate residents to see receives adequate supervision prevent accidents.					
	a) Equipment	equipment and Supplies					
	services of a suctio	residents who need the n machine, a sufficient achines shall be provided to all such residents.					
	This Requirement is	s not met as evidenced by:					
	interview, the facilit machine availability and failed to provid tracheostomy care reviewed for trache 10. The failure in produring emergency planted at the second	vations, record review, and y failed to ensure suction valuring times of power outage, e proper suctioning and for one of one resident (R 8) ostomy care in the sample of roviding a suctioning source power outage resulted in an ly. The Immediate Jeopardy 2-12 at 12:30 PM when a was obtained and staff were e.					
	that is not actual ha than minimal harm. remains uncorrecte	s out of compliance at a level arm with the potential for more The deficient practice and due to the facility's failure to cioning and tracheostomy care					

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F9999	Continued From pa	ge 53	F99	999			
	Findings include:						
	the facility, R8 was	9:30 a.m., on the initial tour of identified as a resident with a sometimes requires					
	was asked to identi for R8 in the case of that the facility does	5 AM, Director of Nurses, E2, fy her backup suction machine of a power outage. E2 stated is not have a battery operated a generator and then referred a Administrator, E1.					
	has a verbal agreer Maintenance Perso emergency general outage. E1 stated to power outage which the hospital called to	2012, E1 stated that the facility ment with the Hospital annel, Z1, to provide an tor in the case of a power that the last time they had an was before R8 was admitted, hem within 10 minutes. E1 ald have a backup generator ithin 30 minutes.					
	Nurse E5 stated that needs suctioning or shift which ends at 02-02-12, Z1 stated	2-12, Licensed Practical at R8's tracheostomy usually ne to two times for the day 2:00 PM. At 8:18 AM on at that the hospital did not have the nursing home to provide erator.					
	admitted on 10-14- Airway Obstruction. January 2012 show	eet documents that R8 was 11, with diagnoses of Chronic R8's treatment record for red that staff charted cheostomy 37 times in the					

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F9999	November 2011 she sixty one times. 2. On 2-1-12 at 11: Nurse E3 was obsetubing and retrieved opening of R8's trace E3 did not wash he suctioning into R8's E3 covered the end tubing with a glove night stand. E3 cle removed tracheal to tubing with non-ster without changing the On 2-3-12 at 8:00 A E5 was observed d suctioning to R8. Eher hands, suctioned down the endotrace suction tubing with glove before she plutubing back on R8's conclusion of the stands.	The treatment record for owed that staff suctioned R8 00 AM, Licensed Practical erved to change R8's tracheal disome thick mucous from the chea. Prior to this procedure r hands. E3 did not do deep trachea, but upon completion of the (undated) suction and placed it back on R8's ansed the mucous from the ubing, and then replaced the rile gloves. E3 left the room	F99	999	DEFICIENCY)		
	E13 was unable to tubing was last cha	PM, Licensed Practical Nurse tell surveyor when the oxygen nged. E13 stated that all the anged on days, and that they k it.					
	suctioning identified	ed policy and procedure for I that the purpose of the rovide guidelines to help					

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	suctioning. Step tw "wash hands". Step both hands. (Note: oral or nasal suction must be used for er five states, " Use freeach episode of sur "After completion or wrap suction cathet glove over coiled cardesignated trash red. 3. E1, Administrate were notified of the 02-02-12 at 9:25 ar was determined to admission of 10-14 suctioning and the suctioning source doutage. The Imme at 9:15 am on 02-03 suctioning needs are provide for R8's succession. The surveyor confirms observation, and red took the following a Immediate Jeoparda. A portable generator date 02-02-12 at 11 b. Staff in-serviced portable generator Completion date 02 c. Portable battery	Infections associated with to of the procedure states, of four states, "Put gloves on Exam gloves may be used for ning. However, sterile gloves adotracheal suctioning.)" Steppesh sterile suction catheter for ctioning." Step 10 states, fisingle episode of suctioning, ter around gloved hand. Pull atheter. Discard both into ceptacle." or, and E2, Director of Nurses, Immediate Jeopardy on the Immediate Jeopardy on the Immediate Jeopardy have begun on R8's sellity's failure in providing a luring emergency power ediate Jeopardy was identified 2-12 when staff verified R8's and that the facility could not ectioning needs during a power that the facility could not ectioning needs during a power that the facility could not ection to remove the ty: Tator has been supplied to the ready for use. Completion	F9	66			

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IDENTIFICATION IDENTIFICATION NO.		A. BUILDII	NG	OOMI EE		
		14E327	B. WING _		02/10	0/2012
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F9999		on date 02-02-12. ce committee review need for supply for facility. Completion	F9999			
	e) In addition to the 2-201.5(a) of the Adshall, within 24 hour resident, request a check pursuant to the Information Act [20 or older seeking ad Background checks resident's name, daidentifiers as requir Police. (Section 2-2)	screening required by Section of and this Section, a facility rs after admission of a criminal history background he Uniform Conviction ILCS 2635] for all persons 18 mission to the facility. It is shall be based on the late of birth, and other led by the Department of State 201.5(b) of the Act)				
	Based on interview failed to initiate crin checks in a timely r (R3, R8, R9) review last year in the sam	and record review, the facility ninal history background manner for 3 of 3 residents wed as new admissions in the uple of 10 residents and 5, R21, R24, R27) in the ole.				

	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	A. BUI		PLE CONSTRUCTION IG	(X3) DATE SU COMPLE	
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F9999	verified that some of background checks. Review of new adm documented that in checks book the folloackground checks manner. Those resulted on 10-18-initiated on 02-02-1 with background chadmitted on 10-11-02-02-12; R11 adm background check on 01-11-12 with background check on 01-06-12 with background checks.	or on 02-03-12 at 1:40 pm, of the residents did not have initiated until 02-02-11. dissions in the last year the resident background lowing residents did not have or were not done in a timely sidents are R3 who was 11 with background check 2; R8 admitted on 10-14-11 eck dated 02-02-12; R9 11 with background check of itted on 06-09-11 with dated 01-19-11; R18 admitted ackground check dated admit dated on 06-15 11 with dated 02-02-12; R24 admitted ackground check initiated on admitted on 06-09-11 with no	F99	999			