		AND HUMAN SERVICES				FORM	07/12/2012 APPROVED 0938-0391
STATEMENT OF DEFICIENCIES (X1) PF		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING			(X3) DATE SURVEY COMPLETED	
		14G001	B. WIN	NG		02/28/2012	
NAME OF P	ROVIDER OR SUPPLIER				TREET ADDRESS, CITY, STATE, ZIP CODE		
MULBERRY MANOR					612 EAST DAVIE STREET, BOX 88 ANNA, IL 62906		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES / MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREF TAG	IX	PROVIDER'S PLAN OF CORREC (EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APPF DEFICIENCY)	ULD BE	(X5) COMPLETION DATE
W 448 W9999	* The Maintenance all fire drills and will Safety Committee a the drills. E7 will be staff on an ongoing * The Administrator plan for compliance Although the Immed noncompliance con	Supervisor (E7) will monitor immediately report to the any problems occurring during e responsible for training all basis and upon hire. (E6) will monitor the entire e. diate Jeopardy is removed, atinues at the time of the exit s not had sufficient time to veness of this plan.	W 9				
	 c) Fire drills shall be each shift of facility other than fire shall each shift of facility under varied conditional shift of facility under varied conditional procedures. d) Fire drills shall in evacuation of reside least one drill each e) The facility shall 	saster Preparedness e held at least quarterly for personnel. Disaster drills for be held twice annually for personnel. Drills shall be held ions to: ectiveness of disaster plans clude simulation of the ents to safe areas during at year on each shift.					

		AND HUMAN SERVICES				FORM	07/12/2012 APPROVED
		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) M A. BU		TIPLE CONSTRUCTION	OMB NO. 0938-0391 (X3) DATE SURVEY COMPLETED	
		14G001	B. WI	NG _		02/28/2012	
NAME OF P	ROVIDER OR SUPPLIER				REET ADDRESS, CITY, STATE, ZIP CODE		
MULBER	RY MANOR				612 EAST DAVIE STREET, BOX 88 ANNA, IL 62906		
(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 SHOU CROSS-REFERENCED TO THE APPR DEFICIENCY)	JLD BE	(X5) COMPLETION DATE
W9999	Continued From pa	ige 39	W9	999			
	These Regulations by:	were not met as evidenced					
	review, within a one failed to conduct ev facility on the third s staff members on d staff can safely eva R5, R8 - R20, R22	ion, interview and record e year time frame, the facility vacuation drills out of the shift when there are only four duty to ensure that these four acuate 28 of 61 individuals (R1, - R31, R36, R37 and R38) stance to evacuate from the tations in mobility.					
	Findings include:						
	and Disaster Plan" states that staff are residents from A-wi gazebo using the sa building. There are within this policy ide those individuals re evacuate and/or the needed to safely ev individuals (R1, R5,	and procedure entitled, "Fire (dated October 25, 2007) e to evacuate and assist the ing, B-wing and C-wing to the afest route of exit from the e no procedures contained entifying specific plans for equiring staff assistance to e level of staff assistance vacuate these twenty eight , R8 - R20, R22 - R31, R36, limitations in mobility.					
	(date 1/2012) was r (QMRP/Qualified M Professional). This individuals' names age, whether the in hearing impairment and if the individual						

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		AND HUMAN SERVICES & MEDICAID SERVICES				FORM	07/12/2012 APPROVED 0938-0391
STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPLE CONSTRUCTION A. BUILDING			(X3) DATE SURVEY COMPLETED	
		14G001	B. WIN	IG		02/28/2012	
NAME OF F	ROVIDER OR SUPPLIER				EET ADDRESS, CITY, STATE, ZIP CODE		
MULBER	RY MANOR				I2 EAST DAVIE STREET, BOX 88 NNA, IL 62906		
(X4) ID PREFIX TAG	(EACH DEFICIENC)	MUST BE PRECEDED BY FULL	ID PREFI TAG	x	PROVIDER'S PLAN OF CORREC (EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APPR DEFICIENCY)	ULD BE	(X5) COMPLETION DATE
W9999			W99	999			

Facility ID: IL6006472

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		I AND HUMAN SERVICES E & MEDICAID SERVICES				FORM	07/12/2012 APPROVED 0938-0391
STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIE		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) N A. BUI		TIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
		14G001	B. WI	NG _		02/28	8/2012
NAME OF P	PROVIDER OR SUPPLIER				TREET ADDRESS, CITY, STATE, ZIP CODE		
MULBEF	RY MANOR				612 EAST DAVIE STREET, BOX 88 ANNA, IL 62906		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREF TAG	IX	PROVIDER'S PLAN OF CORRECT (EACH CORRECTIVE ACTION SHOL CROSS-REFERENCED TO THE APPRO DEFICIENCY)	JLD BE	(X5) COMPLETION DATE
W9999	section it is noted the individuals out of the area during a drill. names of the individe on 02/09/12 as nee evacuate, this repoin R24, R36, R37 and by staff during an element from January 2011 conducted five drills 07/07/11, 10/03/11 during the past yea that the three staff is scheduled to work of 7 A.M.) have never twenty-eight individe R31, R36, R37 and assistance due to m building without the shifts. The evacuated operating from cale and had evacuated building during the The report dated 01 facility conducted a and that the individe exit doors and not of In review of the Feb schedule (for 02/01 confirmed by E7 (M 02/08/12 at 10:00 A	hat staff are to assist these be building or to a designated In comparing this report to the duals identified by E3 (QMRP) eding staff assistance to irt identifies that additionally R38 are also to be assisted evacuation. cility's evacuation drills reports - January 2012, the facility s (03/01/11, 04/13/11, and 12/30/11) on the third shift ir. These drill reports indicate members and the one nurse on the midnight shift (11 P.M completely evacuated the luals (R1, R5, R8 - R20, R22 - d R38) requiring staff mobility limitations out of the e assistance of staff from other ion drill report dated 01/28/11 to determine if the facility is endar year to calendar year I the individuals from the third shift in January of 2011. 1/28/11 identifies that the a drill on third shift at 3:15 A.M. uals were evacuated to the outside the facility. pruary 2012 employee /12 - 02/29/12), and as Maintenance Supervisor) on A.M., only three direct care e are routinely scheduled to	W9	999	9		

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		AND HUMAN SERVICES				FORM	: 07/12/2012 APPROVED : 0938-0391
		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING			(X3) DATE SURVEY COMPLETED	
		14G001	B. WI	NG _		02/2	8/2012
NAME OF F	ROVIDER OR SUPPLIER				TREET ADDRESS, CITY, STATE, ZIP CODE		
MULBEF	RY MANOR				612 EAST DAVIE STREET, BOX 88 ANNA, IL 62906		
(X4) ID PREFIX TAG	(EACH DEFICIENC)	MUST BE PRECEDED BY FULL	ID PREF TAG	-IX	PROVIDER'S PLAN OF CORREC (EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APP DEFICIENCY)	OULD BE	(X5) COMPLETION DATE
W9999	RY MANOR SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) Continued From page 42 E7 (Maintenance Supervisor) was interviewed on 02/08/12 at 10:00 A.M. and stated, "No, we haven't done any drills out of the building with just the four third shift staff when the individuals have been asleep. We did do an evacuation drill outside the building on 07/07/11 at 6:35 A.M. on third shift when the individuals were getting up." The evacuation drill report dated 07/07/11 identifies that eight staff (E7 - E14) were present and assisted in evacuating fifty-nine individuals from the facility during this drill. When E7 was asked whether staff from first shift, dietary and/or maintenance were present and assisted with this drill at 6:35 A.M. on 07/07/11, he stated, "Yes." After reviewing the 2011 evacuation drills for the third shift with E7, he confirmed that the facility has not conducted an evacuation drill on third shift to determine whether the four staff routinely scheduled on this shift can safely evacuate the twenty-eight individuals (R1, R5, R8 - R20, R22- R31, R36, R37 and R38) with limitations in mobility out of the building in the event of an actual emergency without the assistance of additional staff. (A)		W9	999	9		

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