Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	IL6004691	A. BUILDING: ______ B. WING ______	C 01/23/2014

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
MASON POINT	**ONE MASONIC WAY** **SULLIVAN, IL 61951**

(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 CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
S9999	Final Observations	S9999		

Statement of Licensure Violations:

300.610a)
300.1210a)
300.1210b)
300.1210d)6)
300.1220b)3
300.3240a

Section 300.610 Resident Care Policies

a) The facility shall have written policies and procedures governing all services provided by the facility. The written policies and procedures shall be formulated by a Resident Care Policy Committee consisting of at least the administrator, the advisory physician or the medical advisory committee, and representatives of nursing and other services in the facility. The policies shall comply with the Act and this Part. The written policies shall be followed in operating the facility and shall be reviewed at least annually by this committee, documented by written, signed and dated minutes of the meeting

Section 300.1210 General Requirements for Nursing and Personal Care

a) Comprehensive Resident Care Plan. A facility, with the participation of the resident and the resident's guardian or representative, as applicable, must develop and implement a comprehensive care plan for each resident that includes measurable objectives and timetables to meet the resident's medical, nursing, and mental and psychosocial needs that are identified in the resident's comprehensive assessment, which allow the resident to attain or maintain the highest

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	IL6004691	A. BUILDING: ______ B. WING ______	C 01/23/2014

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
MASON POINT	ONE MASONIC WAY SULLIVAN, IL 61951

(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 CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
S9999	Continued From page 1	S9999		

practicable level of independent functioning, and provide for discharge planning to the least restrictive setting based on the resident's care needs. The assessment shall be developed with the active participation of the resident and the resident's guardian or representative, as applicable. (Section 3-202.2a of the Act)

b) The facility shall provide the necessary care and services to attain or maintain the highest practicable physical, mental, and psychological well-being of the resident, in accordance with each resident's comprehensive resident care plan. Adequate and properly supervised nursing care and personal care shall be provided to each resident to meet the total nursing and personal care needs of the resident.

d) Pursuant to subsection (a), general nursing care shall include, at a minimum, the following and shall be practiced on a 24-hour, seven-day-a-week basis:

6) All necessary precautions shall be taken to assure that the residents' environment remains as free of accident hazards as possible. All nursing personnel shall evaluate residents to see that each resident receives adequate supervision and assistance to prevent accidents.

Section 300.1220 Supervision of Nursing Services

b) The DON shall supervise and oversee the nursing services of the facility, including:

3) Developing an up-to-date resident care plan for each resident based on the resident's comprehensive assessment, individual needs and goals to be accomplished, physician's orders,

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	IL6004691	A. BUILDING: ______ B. WING ______	C 01/23/2014

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
MASON POINT	**ONE MASONIC WAY SULLIVAN, IL 61951**

(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 CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
S9999	Continued From page 2	S9999		

and personal care and nursing needs. Personnel, representing other services such as nursing, activities, dietary, and such other modalities as are ordered by the physician, shall be involved in the preparation of the resident care plan. The plan shall be in writing and shall be reviewed and modified in keeping with the care needed as indicated by the resident's condition. The plan shall be reviewed at least every three months.

Section 300.3240 Abuse and Neglect

a) An owner, licensee, administrator, employee or agent of a facility shall not abuse or neglect a resident.

These requirements were not met as evidenced by:

Based on observation, record review and interview, the facility failed to ensure a resident was screened appropriately for elopement, failed to reassess a resident after an attempt to elope, failed to monitor a resident according to the Physician's Order and Plan of Care, and failed to ensure the resident was placed in a safe environment after an attempt to elope, for one of three residents (R1) reviewed for elopement, in a sample of three. R1 ultimately attempted to elope from the second story room window, where R1 was placed, and fell to (R1's) death.

Findings include:

A Physician's Order Sheet, dated October 2013, documents R1 has the diagnoses of Dementia with Behavioral Disturbances, Vascular Dementia with Depression, and Anxiety. A Social Service

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	IL6004691	A. BUILDING: ______ B. WING ______	C 01/23/2014

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
MASON POINT	**ONE MASONIC WAY SULLIVAN, IL 61951**

(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 CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
S9999	Continued From page 3	S9999		

Progress Review, dated 6/28/13, identifies R1 as forgetful, delusional, and having impaired decision making. A Minimum Data Set, dated 9/27/13, documents R1 as having moderate cognitive impairment and fluctuating disorganized thoughts. The 9/27/13 Minimum Data Set also indicates R1 was able to ambulate independently, requiring only staff supervision. A Plan of Care, dated 7/05/13, identifies R1 as having Depression and Anxiety (manifested by restlessness/agitation), history of paranoid ideations, and being impulsive/impatient. The 7/05/13 Plan of Care instructs staff to monitor R1 every 15 minutes as an approach to those behaviors. An Elopement Risk Assessment, dated 6/21/13, identified R1 as high risk for elopement and instructed staff to conduct visual checks of R1 every 15 minutes as an intervention.

Nursing notes, dated 9/13/13 (3 - 11 shift), document "(Resident) saw CNAs (Certified Nursing Assistants) walk by (R1's) room. (R1) then shut off (R1's) alarm and was heading to elevator, where aides caught (R1) and redirected (R1) back to room." Nursing notes, dated 9/14/13 (3 - 11 shift), document "(Resident) turned off alarm and got on elevator (per self), when CNAs were with another resident. (R1) also spit 12:00 (medications) into napkin. D.O.N. (Director of Nursing) notified of behavior and the many occurrences of (R1) getting on elevator (per self) and shutting off alarms. Writer instructed to move (R1) to private room on 2nd Collins, per D.O.N."

On 1/16/14 at 9:10 a.m., E35 (Licensed Practical Nurse) stated (E35) cared for R1 on the 3 -11 shift of 9/13/13 and 9/14/13. E35 stated, on those dates, R1 developed unusual behaviors,

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	IL6004691	A. BUILDING: ________ B. WING ________	C 01/23/2014

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
MASON POINT	**ONE MASONIC WAY SULLIVAN, IL 61951**

(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 CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
S9999	Continued From page 4	S9999		

such as spitting out medications, being non-compliant with body and motion alarms, and repeatedly getting on the elevator. E35 stated R1 would state (R1) was "going to Peoria" to visit (R1's) brother. E35 stated R1 would become verbally aggressive when caught on the elevator, because R1 "didn't want to go back to the room." E35 indicated R1 was aware staff were to monitor (R1) every 15 minutes, and would wait for staff to come by (R1's) room, pretend to be asleep, and then would turn off the body and motion alarms and proceed to the elevator. E35 stated R1's behaviors were reported to E2 on 9/14/13. However, E35 stated (E35) failed to tell E2 that R1 desired to leave to go to Peoria and visit family. E35 stated R1 was moved to 2nd Collins Unit on 9/14/13, because R1 could not get on the elevator without an alarm sounding and alerting staff.

On 1/14/14 at 1:15 p.m., E2 (Director of Nursing) stated (E2) was aware of R1 getting on the elevator and removing the body alarms on 9/13/13 and 9/14/13, but did not feel those incidents needed to be investigated as possible elopements, because the nurse informed (E2) that R1 was simply "sitting in (R1's) wheelchair" once on the elevator and was "not trying to leave." E2 stated R1 was relocated to 2nd Collins because it is a "secured unit" (requiring a numerical code to exit the unit without a alarm sounding), and because R1 had exhibited new behaviors (such as getting on the elevator) requiring R1 to be more closely monitored. E2 confirmed that an updated Elopement Risk Assessment was not completed on R1, at the time of R1's transfer to the secured 2nd Collins Unit. E2 stated, on 10/02/13, R1's Guardian requested R1 be transferred back to R1's old room on the Annex Unit, because R1 "wanted

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	IL6004691	A. BUILDING: ______ B. WING ______	C 01/23/2014

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
MASON POINT	**ONE MASONIC WAY SULLIVAN, IL 61951**

(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 CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
S9999	Continued From page 5	S9999		

Continued From page 5

(R1's) old room back." E2 agreed to move R1 back to the room R1 was in previously on the Annex Unit, as R1 had made no attempts to leave 2nd Collins. E2 indicated staff continued to monitor R1 every 15 minutes and monitored R1's behaviors.

Nursing notes, dated 10/03/13 at 6:30 p.m., document staff found R1 sitting outside of the facility alone. E24 (Licensed Practical Nurse/Charge Nurse) documented, "Approached (R1) and sat next to (R1) to talk. (R1) got (up), stated (R1) is not going back indoors, (R1) is going home. (R1) started hitting me, trying to walk (with R1), guests were outside visiting, (R1) tried to get in their car and they redirected (R1). (R1) then started walking across the lawn, yelling (R1) is not going back inside. (R1) was pulling away from me, almost throwing (self) on the ground....(E27-Licensed Practical Nurse) came to help, attempting to redirect (R1) as well. (R1) was pushing against both of us walking with (R1), still hitting and trying to throw (self) to the ground....(R1) still was still moving closer to the highway, still unable to redirect (R1). We arm (and) legged (R1) closer to the building then tried to allow (R1) to walk.....(R1) walked approximately 6 steps and started pushing Nurse again to get away....we yelled to get a (wheelchair), once placed in (wheelchair R1) repeatedly tried to get out and stand. Nurses walked on either side to help keep (R1) from sliding and standing out of (wheelchair). (R1) hit and pushed at nurses. Once back in building, (R1) taken to Collins."

A Physician's Telephone Order, dated 10/03/13, indicates E36 instructed staff to obtain a urinalysis on R1, conduct a visual inspection of R1's mouth to ensure medications were

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	IL6004691	A. BUILDING: ______ B. WING ______	C 01/23/2014

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
MASON POINT	**ONE MASONIC WAY SULLIVAN, IL 61951**

(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 CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
S9999	Continued From page 6	S9999		

swallowed, and give E36 an update of R1's behavior on "Monday" (which would have been 10/07/13).

On 1/14/14 at 2:02 p.m., E24 stated R1 was extremely agitated on the evening of 10/03/13 and was repeatedly stating (R1) was "leaving" and "not staying" at the facility. E24 stated R1 had not been physically aggressive prior to 10/03/13. E24 indicated (E24) contacted E36 (Medical Director) on 10/03/13 to update E36 on R1's behaviors and elopement attempt. E24 stated E36 instructed staff to place R1 back on 2nd Collins, as it was a secured unit, and ordered a urinalysis. E24 stated (E24) was unaware the windows in the resident rooms on 2nd Collins were capable of fully opening.

On 1/16/14 at 9:23 a.m., E19 (Certified Nursing Assistant) stated (E19) was working the evening shift on 2nd Collins the night of 10/03/13, beginning at 6:00 p.m. E19 indicated staff had told (E19) that R1 had gotten out of the Annex Unit that evening and was transferred to 2nd Collins because of "an attempted elopement." E19 indicated (E19) was a "float" on that unit, but was aware R1 was to be on visual checks every 15 minutes. E19 stated R1 told (E19) that (R1) had been transferred to 2nd Collins, because (R1) was "naughty and tried to leave" the facility. E19 stated, in the evening of 10/03/13, R1 was refusing to change into (R1's) pajamas, keeping on a sweater and gloves, and was found putting personal items into (R1's) wallet. E19 stated R1 indicated (R1) was "wanting to leave" and was found attempting to close the door to (R1's) room repeatedly. E19 stated they eventually had to prop R1's door open to keep R1 from closing it.

On 1/15/13 at 10:40 a.m., E20 (Certified Nursing

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	IL6004691	A. BUILDING: ______ B. WING ______	C 01/23/2014

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
MASON POINT	**ONE MASONIC WAY SULLIVAN, IL 61951**

(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 CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
S9999	Continued From page 7	S9999		

Assistant) stated (E20) was working on 2nd Collins Unit on the 10/03/13 third shift. E20 was unaware R1 had attempted to elope earlier in the evening and was unaware that the windows on the 2nd Collins Unit fully opened. E20 stated E33 (Certified Nursing Assistant) was responsible for conducting every 15 minute visual checks of R1. E20 recalled R1 repeatedly attempting to close the door to R1's room around 11:00 p.m. 10/03/13, and that was the last time E20 saw R1.

On 1/16/14 at 9:40 a.m., E25 (Licensed Practical Nurse) stated (E25) was the nurse caring for residents on 2nd Collins on 10/03/13 third shift. E25 indicated R1 was transferred to 2nd Collins on 10/03/13 because R1 had "attempted to leave the grounds" earlier in the day and was "an elopement risk." E25 stated R1 was very "non-compliant" that night (10/03/13), refusing to leave (R1's) door open, refusing to put on pajamas, and refusing to remove "winter gloves." E25 stated R1 repeatedly stated (R1) wanted to leave the facility to go to Peoria, because "(R1's) Brother was having surgery." E25 stated E36 had been informed of R1's behavior at the time of the attempted elopement earlier in the day, and staff were just monitoring R1 and needed to obtain a urine sample. E25 stated R1 was to be visually monitored every 15 minutes by E19 or E33. E25 last saw R1 at approximately 11:30 p.m. on 10/03/13, when R1 repeatedly attempted to close the bedroom door. E25 stated, at approximately 3:30 a.m. (10/04/13), (E25) entered R1's room and R1 was not in the bed. E25 found R1 on the ground outside of the second story window of R1's room. E25 stated (E25) was unaware the screen on the window could be easily removed or that the window fully opened.

A "15 Minute Monitoring Program" report, dated

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	IL6004691	A. BUILDING: ______ B. WING ______	C 01/23/2014

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
MASON POINT	ONE MASONIC WAY SULLIVAN, IL 61951

(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 CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
S9999	Continued From page 8	S9999		

10/03/13 through 10/04/13, indicates staff conducted visual inspection of R1 every 15 minutes with R1's return to 2nd Collins at 7:00 p.m. (10/03/13) through 9:00 p.m. Documentation indicates staff failed to visualize R1 at 9:15 p.m., 9:30 p.m., and 9:45 p.m., on 10/03/13. The "15 Minute Monitoring Program" report documents staff visualized R1 every 15 minutes from 10:00 p.m. through 11:45 p.m., on 10/03/13, and from 12:00 a.m. through 2:30 a.m., on 10/04/13. Fifteen minute visual inspections were not documented as being conducted at 2:45 a.m., 3:00 a.m., or 3:15 a.m.

Nursing Notes, dated 10/04/13 at 3:25 a.m., document "went to resident room to obtain (urinalysis) via straight (catheter). When I entered the room I noticed (R1) wasn't in bed, so I looked in the bathroom, but (R1) wasn't there. Then I noticed the window wide open and took off running to get the Charge Nurse, because I knew (R1) had jumped out the window. I also knew because (R1) didn't come out of (R1's) room all night.....I went outside to find (R1) laying on the ground below (R1's) window, unresponsive."

A Incident Investigation Report, dated 10/04/13, documents R1 was last seen by staff at 2:30 a.m. on 10/04/13. The Incident Investigation Report documents "(R1's) personal alarm had been removed and placed under (R1's) pillow and (R1's) motion alarm had been turned off sitting on the floor.......Staff stated (R1) was lying on (R1's) left side and staff were unable to arouse (R1) verbally. No pulse or respirations were noted.....The ambulance arrived and pronounced (R1) dead at the scene....It was noted by Sheriff that the screen from (R1's) window was located under the bed. Resident had also left (R1's) purse at the foot of the bed, but (R1's) wallet was

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	IL6004691	A. BUILDING: ____ B. WING ____	C 01/23/2014

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
MASON POINT	**ONE MASONIC WAY SULLIVAN, IL 61951**

(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 CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
S9999	Continued From page 9 missing. Staff also reported that (R1) had refused, despite several attempts on both shifts, to change into (R1's) night clothes. The coroner found that (R1) had packed (R1's) toothbrush inside the wallet and had placed the wallet under (R1's) shirt, between (R1's) bra and chest. Root cause: It appears that resident intentionally removed screen, placed it under bed and exited the building through (R1's) window on the 2nd floor." The facility Policy, titled "Elopement Prevention Policy", documents "It is the policy of Petersen Health Care to provide a safe and secure environment for all residents. To ensure this process the staff will assess all residents for the potential for elopement. Determination of risk will be assigned for each individual resident and interventions for prevention be established in the plan of care to minimize the risk for elopement......A Licensed Nurse will complete the Elopement Risk Assessment upon and/or within 8 hour of admission. An interim plan of care for minimizing the risk for elopement will be initiated upon high risk determination.....The Interdisciplinary Team will initiate a plan of care for any resident determined high risk for elopement. Facility specific measures, as well as resident specific measures will be included in each high risk resident's plan of care to minimize risk factors. Communication of these interventions will be made to direct care staff through exposure to the resident's plan of care and periodic review and disclosure of the contents of the Elopement file/binder....A revision of the Elopement Risk Assessment will be completed quarterly, after an isolated elopement attempt, monthly for residents who attempt elopement for that 5 timers per week, upon a resident's significant change in condition and as	S9999		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	IL6004691	A. BUILDING: ______ B. WING ______	C 01/23/2014

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
MASON POINT	**ONE MASONIC WAY SULLIVAN, IL 61951**

(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 CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
S9999	Continued From page 10	S9999		

needed..."

As stated previously, R1's Elopement Risk Assessment completed on 6/21/13, identified R1 as high risk for elopement. R1's only subsequent Elopement Risk Assessment, on 9/27/13, identified R1 as low risk for elopement, citing R1 did not have a prior history of elopement, did not have the inability to identify safety needs, altered perception of awareness or an increased agitation. The 9/27/13 Elopement Risk Assessment was completed 14 days after staff identified the need to transfer R1 from the Annex Unit to 2nd Collins, due to multiple occurrences of R1 turning off personal alarms and attempting to get on the elevator to visit family.

On 1/16/14 at 1:00 p.m., E4 (Care Plan Coordinator) was uncertain as to why R1's Plan of Care was not updated to reflect the Elopement Risk Assessment completed on 6/21/13, in which R1 was deemed high risk. E4 indicated (E4) completed the 9/27/13 Elopement Risk Assessment and determined R1 was low risk, based on "seeing the resident on the unit", monitoring behavior tracking and reviewing nursing notes. E4 did not view R1's repeated removal of personal and motion alarms and attempts to get on the elevator on 9/13/13 and 9/14/13 as an elopement attempt. E4 concluded that R1's Plan of Care did not identify elopement as an area of concern, because (E4) did not feel R1 had ever "truly attempted elopement."

On 1/14/14 at 9:45 a.m., the room R1 was located in on 10/04/13, had one large window, located directly above a heating unit. The window screens were easily removed by turning four small latches. The windows opened outward, only by approximately six inches, by a crank style

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	IL6004691	A. BUILDING: ______ B. WING ______	C **01/23/2014**

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
MASON POINT	**ONE MASONIC WAY** **SULLIVAN, IL 61951**

(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 CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
S9999	Continued From page 11 opener. E1 (Administrator) stated, on 10/04/13, that window was capable of fully opening. (A)	S9999		