

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 9/9/04
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 145406	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED C. 6/29/04
NAME OF PROVIDER OR SUPPLIER RANDOLPH COUNTY CARE CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE 312 WEST BELMONT SPARTA, IL 62286		
(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) COMPLETION DATE	
F9999	FINAL OBSERVATIONS	F9999			

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 9/9/04
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 145406	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED C. 6/29/04
NAME OF PROVIDER OR SUPPLIER RANDOLPH COUNTY CARE CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE 312 WEST BELMONT SPARTA, IL 62286	
(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) COMPLETION DATE
F9999	<p>Continued From page 6</p> <p>Surveyor: 13986 Tags Specific</p> <p>Complaint Investigation #0442959/IL11315: F324 Complaint Investigation #0442819/IL11167: No findings.</p> <p>300.1210a) 300.1210b)4) 300.1210b)6)</p> <p>Adequate and properly supervised nursing care and personal care shall be provided to each resident to meet the total nursing and persoanl care needs of the resident.</p> <p>Personal care shall be provided on a 24-hour, seven day a week basis.</p> <p>All nursing personnel shall evaluate residents to see that each resident receives adequate supervision and assistance to prevent accidents.</p> <p>Based on observation, interview and record review, the facility failed to provide adequate supervision to prevent elopement for one of eight residents in the sample (R2). This resulted in R2 eloping from the facility without staff knowledge on 6/22/04. Staff last reported seeing R2 at 9:45 PM. Police returned R2 to the facility at 11:42 PM.</p> <p>Findings include:</p> <p>On 6/23/04, the facility notified the Department that R2 had eloped from the facility on 6/22/04. The facility provided a report to the Department.</p>	F9999		

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 9/9/04
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 145406	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED C. 6/29/04
NAME OF PROVIDER OR SUPPLIER RANDOLPH COUNTY CARE CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE 312 WEST BELMONT SPARTA, IL 62286	
(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) COMPLETION DATE
F9999	<p>Continued From page 7</p> <p>On 6/24/04, the facility's incident report regarding R2's elopement was reviewed. The report, dated 6/22/04, indicated "CNA reported to this nurse @ 11:07 p that res was (not)in room. An immediate search began. Staff (checked) all rooms, bathrooms, doors, closets, DR (dining room) with (no) findings. This nurse call 2nd floor nurse for assist. 2nd floor nurse et (and) 2nd floor CNA came for assist. Double (checked) all doors, rooms, etc.... 2nd floor nurse initiated phone calls to administrator, police, family.....@ (at) 11:31` p.m. police called facility et (and) reported res found. Res (resident returned to RCCC per police of Sparta @ 11:42 p.m. res had blanket in her hands."</p> <p>The On 6/24/04, R2's medical record was reviewed. Her physician's order sheet, dated June 2004, indicated that she had the following diagnoses: Senile Dementia, Alzheimer's Disease, Osteoporosis, B12 Deficiency, Hyperlipidemia and Depression.</p> <p>On 6/24/04, R2's assessment, dated 4/15/04, was reviewed. The assessment indicated that she had short-term memory problems and had moderately impaired decision-making skills. The assessment indicated that she had moderately impaired vision and could ambulate with supervision with staff. Her fall assessment, dated 4/15/04, indicated that she was at high risk for falls. Her care plan, dated 4/15/04, indicated that she needed a personal monitoring device related to diagnoses of Alzheimer's Disease, Depression and a History of wandering prior to admission. The approaches regarding this problem indicated that R2 would wear the monitoring device and staff would monitor for and report any incidents of resident attempting to leave the facility unsupervised.</p>	F9999		

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 9/9/04
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 145406	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED C. 6/29/04
NAME OF PROVIDER OR SUPPLIER RANDOLPH COUNTY CARE CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE 312 WEST BELMONT SPARTA, IL 62286		
(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) COMPLETION DATE	
F9999	<p>Continued From page 8</p> <p>On 6/24/04, R2's nurse's notes were reviewed. Her nurse's note, dated 6/20/04, at 6:00 p.m. indicated the following : "res (resident) (up) amb (ambulating) c (with) steady gait. attempted OOF (out of facility) x 1. (monitoring device) sounding. redirected res (resident). 0 (no) further attempts." Her nurse's note, dated 6/22/04 at 11:07 p.m., indicated the following: "CNA's reported res (resident) 0 (not) in room. immediate search began (checking) all rooms, doors, et (and) closets. 2nd floor nurse came for assist et initiated calls to police, administrator, et family. 11:42 p.m., res returned to facility per police. Full body assessment. ST (skin tear) to R (right) hand .6cm et (and) ST to RLE (right lower extremities) 1cm.....15 min (minute) (checks) initiated."</p> <p>On 6/24/04, at 9:10 a.m., an interview was conducted with E1 (Administrator). She indicated that on 6/22/04, the local police department found R2 near the local gas station. E1 indicated that R2 may have gotten out the kitchen exit doors.</p> <p>On 6/24/04, at 11:15 a.m., an interview was conducted with R2. She said "I didn't even know that I was headed out the door. I'm very confused. I'm not sure where I went or how far I went. The girls and my family really got on me. I really didn't know what I was doing. I think I got in a wooded area with some berries. I got a few scratches.....My mind, my mind, I think I may have to go in some institution.....I'm glad you are concerned. Don't let me do things like that."</p> <p>On 6/24/04, at 12:20 p.m., an interview was conducted with Z1 (R2's physician). He indicated that R2's vision is very poor. He indicated that R2's wears glasses but they don't seem to help her. He indicated that R2 was not mentally reliable. He indicated that R2 is confused and is not safe to be out of the building unsupervised.</p>	F9999			

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 9/9/04
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 145406	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED C. 6/29/04
NAME OF PROVIDER OR SUPPLIER RANDOLPH COUNTY CARE CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE 312 WEST BELMONT SPARTA, IL 62286		
(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) COMPLETION DATE	
F9999	<p>Continued From page 9</p> <p>On 6/24/04, at 12:45 p.m., an interview was conducted with E5 (LPN). She indicated that she clocked into work at approximately 10:30 p.m. on 6/22/04. E5 indicated that E7 gave her report soon after E5 arrived. She indicated that at 11:07 p.m., E9 and E10 (CNAs) came to her and said that they could not find R2. E5 indicated that the staff began to search inside and outside the building. E5 indicated that the Administrator, R2's family and police were notified. She indicated that shortly after the police were notified, the police notified the facility that R2 was found. E5 indicated that the police returned R2 to the facility. She indicated that R2 was wearing her shoes, glasses, and regular clothes over her pajamas."</p> <p>On 6/24/04, at 1:40 p.m., an interview was conducted with E6 (Housekeeping). She indicated that on 6/22/04, at approximately 8:45 p.m., R2 entered the dining room. E6 indicated that she was mopping the dining room floor. R2 asked E6 "Where is St. Louis Street". E6 redirected R2 out of the dining room to R2's room. She indicated that she did not see R2 anymore that evening.</p> <p>On 6/24/04, at 3:10 p.m., an interview was conducted with E7 (CNA). She indicated that she worked on R2's hall the night that R2 eloped. She indicated that between 7:30 p.m. and 8:30 p.m., she had to redirect R2 back to her room because R2 had her underwear on top of her clothes. E7 indicated that she saw R2 in her room at approximately 9:00 p.m. when E7 went on break. She indicated that she did not hear any alarms go off in the building to alert staff that R2 got out. She indicated that R2 had attempted to get out the front door a few days or a week prior. She indicated that the alarm went off and she retrieved R2.</p> <p>On 6/25/04, at 5:40 a.m., an interview was</p>	F9999			

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 9/9/04
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 145406	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED C. 6/29/04
NAME OF PROVIDER OR SUPPLIER RANDOLPH COUNTY CARE CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE 312 WEST BELMONT SPARTA, IL 62286		
(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) COMPLETION DATE	
F9999	<p>Continued From page 10</p> <p>conducted with Z2 (Police Officer). He indicated that he did pick R2 up on 6/22/04. He said that he could not recall the time. He indicated that R2 was at the local gas station. He said that she was knocking on the door of the gas station. He indicated that R2 said that she was looking for somewhere to sleep. He indicated that R2's shoes were on the wrong feet and she had scratches on both legs and one arms. He indicated that she had a blanket and she was confused. Z2 indicated that R2 said that she was trying to go home.</p> <p>On 6/25/04, at 11:00 a.m., an interview was conducted with E10 (LPN). She indicated that she worked 2nd shift on the first floor on 6/22/04. She indicated that it was a quiet evening. She indicated that at 9:45 p.m., she walked passed R2's door and saw her sitting in her recliner. She indicated that that was last time she saw R2 prior to going home.</p> <p>On 6/24/04, the surveyor observed the grounds of the facility and the surrounding areas. The local gas station is approximately 0.2 miles away from the facility. The speed limit is 30 miles per hour on this road. There is a sidewalk on both sides of this street. The facility is located on a street in a residential neighborhood. There is a sidewalk located on the south side of the street only. There is a fence separating the facility's property from a resident's property on the east side of the facility. The fence is covered with trees and shrubs.</p>	F9999			