DEPARTMENT OF HEALTH AND HUMAN SERVICES CENTERS FOR MEDICARE & MEDICAID SERVICES (X1) PROVIDER/SURPLIER/CLIA

PRINTED: 11/03/2006 FORM APPROVED OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 145406		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING			COMPLETED	
		B. WIN	IG _		06/15/2006		
NAME OF PROVIDER OR SUPPLIER RANDOLPH COUNTY CARE CENTER			1	3	EET ADDRESS, CITY, STATE, ZIP CODE 12 WEST BELMONT PARTA, IL 62286		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREF TAG		PROVIDER'S PLAN OF CORRECT (EACH CORRECTIVE ACTION SHOULD REFERENCED TO THE APPROPRIATE D	BE CROSS-	(X5) COMPLETION DATE
F 366	prepared on 6/6/06 the substitute for th sandwich. R2 also Facility dietary staff cottage cheese and cheese soup. 4. During the group	ge 15 ten and rice, the noon meal Dietary staff then told R2 e chicken was a ham refused the ham sandwich. then brought R2 a plate with crackers, and broccoli/ interview, residents stated metimes" offers substitutes	F	866			
F9999	a) The facility shall procedures, govern the facility which sh Resident Care Polic least the administrathe medical advisor representatives of rethe facility. These pwith the Act and all . These written policy.	esident Care Policies have written policies and ing all services provided by all be formulated by a cy Committee consisting of at itor, the advisory physician, or y committee and inursing and other services in policies shall be in compliance rules promulgated thereunder icies shall be followed in	F99	999			
	least annually by th written, signed and meeting.	y and shall be reviewed at is committee, as evidenced by dated minutes of such a fedical Care Policies					

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		DENTIFICATION NUMBER:		IULTI LDIN		(X3) DATE SURVEY COMPLETED	
		145406	B. WING			06/15/2006	
NAME OF PROVIDER OR SUPPLIER RANDOLPH COUNTY CARE CENTER			•	3	REET ADDRESS, CITY, STATE, ZIP CODE 12 WEST BELMONT SPARTA, IL 62286		
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F9999	h) Facility staff shal physician of any acchange in a resider the health, safety of including, but not lift incipient or manifes loss or gain of five period of 30 days. record the physicial treatment of such a condition at the time. 300.1210 General Personal Care a) The facility must and services to attapracticable physical well-being of the reeach resident's complan of care. Adequirsing care and personal care need by 30 General nursing minimum the follow a 24-hour, seven do observations of chaincluding mental armeans for analyzin required and the need and the need to the personal record. These regulations are regulations as a change of the physical	Il notify the resident's cident, injury, or significant nt's condition that threatens r welfare of a resident, mited to, the presence of st decubitus ulcers or a weight percent or more within a The facility shall obtain and n's plan of care for the care or accident, injury or change in e of notification. Requirements for Nursing and provide the necessary care ain or maintain the highest all, mental, and psychosocial sident, in accordance with aprehensive assessment and uate and properly supervised ersonal care shall be provided meet the total nursing and alls of the resident. In g care shall include at a pring and shall be practiced on any a week basis: Objective anges in a resident's condition, and emotional changes, as a g and determining care are deed for further medical atment shall be made by accorded in the resident's	F99	999			

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145406		B. WIN	IG _		06/15/2006		
NAME OF PROVIDER OR SUPPLIER RANDOLPH COUNTY CARE CENTER			•	3	REET ADDRESS, CITY, STATE, ZIP CODE 112 WEST BELMONT SPARTA, IL 62286	_	
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)		ID PREF TAG		PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS- REFERENCED TO THE APPROPRIATE DEFICIENCY		(X5) COMPLETION DATE
F9999	[1] monitor and ass sample (R15) in a t [2] failed to notify he change in condition R15's oxygen satur increased, labored blood pressure dec R15's room for furth monitoring for 2 holater staff found R1 signs of life, pupils signs noted, no per heartbeat. The findings include R15 had diagnoses failure, chronic obscoronary heart dise R15 had physician needed for shortnes increased on 4/6/06 shortness of breath states R15 has a pibreathing pattern R The goal is to exhibit respiratory distress maintain the oxyge On 4/6/06 at 7:45P had c/o dizziness. and clammy." The 96-66-22 BP 92/60 physician, Z2, was	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) Continued From page 17 [1] monitor and assess 1 of 15 residents on sample (R15) in a timely manner; and [2] failed to notify his physician, for a significant change in condition. R15's oxygen saturation level fell; he had increased, labored abdominal breathing; and his blood pressure decreased. Staff did not return to R15's room for further assessment and monitoring for 2 hours. When checked 2 hours later staff found R15 unresponsive with no visible signs of life, pupils fixed and dilated, no vital signs noted, no peripheral pulses and no heartbeat. The findings include: R15 had diagnoses, in part, of congestive heart failure, chronic obstructive pulmonary disease, coronary heart disease, and chronic renal failure. R15 had physician orders for oxygen 1 liter as needed for shortness of breath, which was then increased on 4/6/06 to 2 liters as needed for shortness of breath. The care plan dated 2/2/06 states R15 has a problem of "ineffective breathing pattern R/T Dyspnea with exertion." The goal is to exhibit "no S/S hypoxia or acute respiratory distress." The approach is to maintain the oxygen saturation level above 92%. On 4/6/06 at 7:45PM the nurses' notes state "Res had c/o dizziness. When assessed noted cold and clammy." The vital signs at that time were " 96-66-22 BP 92/60 P. O. 80." The on-call physician, Z2, was called and ordered the oxygen increased to 2 liters and to monitor. At 9:30PM,		999			

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145406		B. WI	NG		06/15/2006		
NAME OF PROVIDER OR SUPPLIER RANDOLPH COUNTY CARE CENTER				3	REET ADDRESS, CITY, STATE, ZIP CODE 12 WEST BELMONT SPARTA, IL 62286		
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F9999	time, the resident hassessed it, skin proposed was notified. There done. This was coron 6/15/06 at 12:00 On 4/7/06 at 1:00 AVS 80/62, 64, 30, 9 skin cool, dry. Resident broad	s' note dated 4/6/06 with no it his wrist on the siderail, she otocol was done and on call were no vital signs or 02 sats of firmed by E2 in an interview ipM. M the nurses' notes stated "6.8. Res. alert and oriented, p. sl. labored @ 30-36. abd. 2 in use @2L/NC. O2 sat 78-ungs clear. Will monitor." entation that the physician was 1 R15 was found unresponsive	F99	999			

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F9999	recognize that thos they should have can that R15 was found again that "yes, should have can the policy and procognized that procognized when the recommunicative, psychanges unexpected would be reason to included in the policy about oxygen satur	e vitals weren't stable and alled. When Z3 was informed at 3AM he stated buld have called." cedure "Resident's Condition states the physician is	F99	999			