PRINTED: 11/15/2007 FORM APPROVED OMB NO. 0938-0391

		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) M A. BUI		TIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
		146066	B. WIN			C 03/06/2007	
NAME OF PROVIDER OR SUPPLIER ALPINE FIRESIDE HEALTH CENTER				3	REET ADDRESS, CITY, STATE, ZIP CODE 3650 NORTH ALPINE ROAD LOVES PARK, IL 61111	,	<u> </u>
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)		ID PREFI TAG		PROVIDER'S PLAN OF CORREC (EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APPR DEFICIENCY)	HOULD BE COMPLÉT	
F 000	INITIAL COMMENT	rs	F(000			
	with 42 CFR Part 4	alth Center is in compliance 183, Requirements for					
F9999	No extended surver FINAL OBSERVAT		F99	999			
		tify the physician of any unusual change in a resident's					
	failed to notify a res resident had increa movement and blee	and record reivew the facility sident's physician after the sed pain in her right leg during eding from an open wound on This applies to 1 of 3 nple (R1).					
	This Requirement is	s not met as evidenced by:					
	documents that R1 and in her lower rig The report further s when moving R1 rig 2/14/07. On 2/15/07 brace becuase of in	teport dated 2/22/07 was having increased pain ght leg beginning on 1/19/07. Shows that staff heard noise ght leg on 2/13/07, and 7 R1 refused to wear her leg increased pain in her right leg. hospital on 2/16/07 because of the right leg.					
	failed to show any	Notes from 1/19/07 to 2/15/07 documentation that R1's ied about her leg pain and					
ABORATOR	Y DIRECTOR'S OR PROVID	ER/SUPPLIER REPRESENTATIVE'S SIGN	NATURE		TITI F		(X6) DATE

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		ULTIPI LDING	LE CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
		146066	B. WIN	IG		C 03/06/2007	
NAME OF PROVIDER OR SUPPLIER ALPINE FIRESIDE HEALTH CENTER				365	EET ADDRESS, CITY, STATE, ZIP CODE 50 NORTH ALPINE ROAD OVES PARK, IL 61111		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)			ID PROVIDER'S PLAN OF CORRECTION PREFIX (EACH CORRECTIVE ACTION SHOULD BE TAG CROSS-REFERENCED TO THE APPROPRIAT DEFICIENCY)			(X5) COMPLETION DATE
F9999	that R1's physician wound and increas sent to the hospital During an interview PM E2 (Director of facility's policy to no	lower leg . E3 (RN) verified was not notified about the leg sed pain until after she was not 2/16/07. v conducted on 3/1/07 at 1:30 Nursing) said that it is the otify the physician any time in a residents condition that	F99	999			
	toward and regress goals shall be mai record shall indicat resident's condition	nt record including progression sion from established resident ntained. 1)The progress e significant changes in the n. Any significant change shall occurrence by the staff personage.					
	Based on interview failed to document residents condition	is not met as evidenced by: y and record review the facility significant changes in a after suffering an open er right leg. This applies to 1 of sample (R1).					
	The findings includ The Investigation F documents that R1 and in her lower rig The report further s when moving R1 ri 2/14/07. On 2/15/0	. ,					

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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	A. BUI		IPLE CONSTRUCTION IG	(X3) DATE SURVEY COMPLETED	
		146066	B. WIN	1G _		03/06	5 /2007
NAME OF PROVIDER OR SUPPLIER ALPINE FIRESIDE HEALTH CENTER				3	REET ADDRESS, CITY, STATE, ZIP CODE 650 NORTH ALPINE ROAD LOVES PARK, IL 61111	00/00	3/2001
(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 SHOU CROSS-REFERENCED TO THE APPR DEFICIENCY)	JLD BE	(X5) COMPLETION DATE
F9999	R1 was sent to the of an open fracture Nurse's Notes from documentation con is no nursing assest documentation that R1's right leg was conurse documented when moved. The any documentation treatment/interventiprior to her transpo During an interview PM E3 (RN) confining the Nurse's Note increased pain with said that she could assess R1's leg on should be documentased pain with staff informed her minability to bear weiverified that R1 did lower right leg but of first observed. E3 documentation in R when her right leg was puring an interview PM E2 (Director of document any char in the clinical records)	hospital on 2/16/07 because of the right leg. 2/10/07 to 2/15/07 lack cerning R1's right leg. There sment of R1's leg. The only could be found concerning on 2/16/07 when the night that R1's leg was bleeding facility was unable to provide showing what ons were provided for R1 rt to the hospital. conducted on 2/28/07 at 2:05 med that there were no entries is concerning her leg wound or movement until 2/16/07. E3 not recall if she went down to 2/15/07. E3 verified that there entation to include a nursing right lower leg. E3 said that numerous times about R1's ght and increased pain. E3 have an open wound on her could not recall when it was could not find any 11's clinical record to show	F99	999			

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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING			(X3) DATE SURVEY COMPLETED	
	146066		B. WING			C 03/06/2007	
NAME OF PROVIDER OR SUPPLIER ALPINE FIRESIDE HEALTH CENTER				3	REET ADDRESS, CITY, STATE, ZIP CODE 3650 NORTH ALPINE ROAD LOVES PARK, IL 61111	00/00	3/2001
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)		ID PREFI TAG		PROVIDER'S PLAN OF CORRECT (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPR DEFICIENCY)	JLD BE	(X5) COMPLETION DATE
F9999	agent of a facility shresident. This Requirement is Based on observation review the facility not and seek treatment spiral fracture of the failures resulted in a pain for 3 days prior for evaluation and stracture. This applies sample (R1). The findings include R1 has diagnoses on Right Sided Weakin Mellitus Type II, Os Small Bowel Obstrum Mediation Administ 2007. The Admission 2/22/07 documents memory are intact. The facility's Investion shows that on 2/13 heard a sound while she was in bed. E1 On 2/14/07 E11 (Cl while moving R1's in concerns to E15 (R)	e, Administrator, Employee, or hall not abuse or neglect a so not met as evidenced by: on, interview and record eglected to identify, assess for a resident with an open eright lower leg. These delayed care and prolonged or to being sent to the hospital surgical repair of the open es to 1 of 3 residents in the est. of Cerebral Vascular Accident, ess, Hypertension, Diabetes steoarthritis, GI Bleed, Partial action, and Blindness per the ration Record for February on Nursing Assessment dated that R1's short and long term agation Report dated 2/22/06 (77 E11 (CNA) thought she ere-positioning R1's leg while 1 reported this to E12 (LPN). NA) heard something again right leg. E11 reported her N). E15 was asked later in the	F99	999			
	she forgot and wou	R1's leg and E15 said that ld go check. There was dried e covering her lower right leg.					

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	146066		B. WIN	IG _		C 03/06/2007			
NAME OF PROVIDER OR SUPPLIER ALPINE FIRESIDE HEALTH CENTER			•	3	REET ADDRESS, CITY, STATE, ZIP CODE 650 NORTH ALPINE ROAD .OVES PARK, IL 61111				
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)		ID PREF TAG		PROVIDER'S PLAN OF CORREC (EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APPI DEFICIENCY)	OULD BE	(X5) COMPLETION DATE		
F9999	at R1's leg. E7 said (LPN) look at R1's walked R1 to the di noticed that R1 was weight on her right right ankle was swothat R1 was having 2/16/07 E5 (CNA) was morning and notice a bandage on it. Es and R1 said that sh happened. E5 atter on and R1 refused to the dining room for transferred her to have assisted to the that the bandage of was covered with both E3 (LPN). Later if (Agency Nurse) look changed the dressing asked E17 (LPN) to checked the wound noticed that the leg open area on the look of the composition of the Nurse's R1's right lower leg open area on the look of the country of the Ambulance Ru 2/17/07 states, "Par right leg, has no fee bruising from knee wound measuring states."	ge 4 ked E7 (LPN ADON) to look that he would have E12 eg. On 2/15/07 E14 (CNA) ning room for breakfast and shaving trouble bearing leg. E14 noticed that R1's ollen. E14 informed E3 (LPN) trouble with her right leg. On went to get R1 up in the d that R1's right lower leg had saked R1 what happened e did not know what npted to put R1's boot/brace because of pain. E5 took R1 or breakfast and E4 (CNA) er chair. After breakfast R1 bathroom by E5. E5 noticed overing R1's right lower leg lood. E5 reported the bleeding in the morning E3 and E16 ked at R1's leg together and ing. On 2/16/07 E11 (CNA) o look at R1's leg. E17 lon R1's right lower leg and g was displaced and fractured. d 2/16/07 confirmed that E17 sing to her right lower leg e bleeding when her leg was so Notes further document that was bluish in color with an over aspect of the leg. In Sheet Narrative dated tient is unable to move the eling from her knee down, has down. There is an open of inches laterally by 2 inches uding on shin, wound was	F99	999					

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		146066	B. WIN	IG _		C 03/06/2007		
NAME OF PROVIDER OR SUPPLIER ALPINE FIRESIDE HEALTH CENTER			•	3	REET ADDRESS, CITY, STATE, ZIP CODE 6550 NORTH ALPINE ROAD LOVES PARK, IL 61111			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)		ID PREF TAG		(EACH CORRECTIVE ACTION SHO	OVIDER'S PLAN OF CORRECTION I CORRECTIVE ACTION SHOULD BE REFERENCED TO THE APPROPRIATE DEFICIENCY)		
F9999	The Hospital Emerg 2/17/07 states, "The resembles a puncture diameter. There is pleg up to the thigh. move form EMS coaudible, visible and in the right lower lescale of 0-10 as an discomfort as a cornection of the control of the co	gency Department Record ere is an open wound that are wound in the mid shin wound is approx. 3 cm in palpable crepitus in the right While holding leg on pillow to to the ED cart there is palpable movement of bone g" Patient rates pain on a 8. R1 describes her estant aching/throbbing pain. Consultation Report dated been fracture, right distal tib fib, are old and likely 4 days old." Ford dated 2/17/07 states, 1 year old female who is days following the above injury to tib/fib fracture). It was the din the nursing home where I have cautioned her due to cologic disease, her diabetes this fracture has been open to the she was at high risk for a lalso explained that she union, malunion, infection and	F99	999				

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F9999	and the fact that it was During an interview PM R1 stated, "I do cause all of this. The more intense the was hospital. The pain is I am doing better not to heal I guess." R1 was observed on with an external fixed right lower leg. The to the wound on the shin. There was significant products the state of the state of the wound on the shin. There was significant products the state of the state	ge 6 e of the location of the break was an open fracture." conducted on 2/28/07 at 1:45 not recall what happened to be pain in my right leg was eek before going to the so better now that my leg fixed. The power is just going to take time n 2/28/07 at 1:45 PM in bed ation device attached to her are was a wound vac attached be lower aspect of her right inificant edema and bruising ag from the knee to the ankle.	F99	999				