PRINTED: 04/01/2008 FORM APPROVED OMB NO. 0938-0391

-	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) M A. BUI		IPLE CONSTRUCTION IG	(X3) DATE SI COMPLE	
		145290	B. WI	۱G _			C 7/2007
	ROVIDER OR SUPPLIER	NTER	•	7	REET ADDRESS, CITY, STATE, ZIP CODE 27 NORTH 17TH STREET BELLEVILLE, IL 62226		
(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 SHOI CROSS-REFERENCED TO THE APPR DEFICIENCY)	ULD BE	(X5) COMPLETION DATE
F 000	INITIAL COMMEN	rs	F	000			
	Complaint investiga	ation #0742167/ IL28862					
F 224 SS=J	483.13(c) STAFF T The facility must de policies and proced mistreatment, negle	survey was conducted. REATMENT OF RESIDENTS evelop and implement written lures that prohibit ect, and abuse of residents on of resident property.	F	224			6/27/07
ADOBATOR	by: Based on record re Facility failed to ens sample, R3, was as fall; failed to take or falls; and failed to in found on the the flo This failure resu experiencing five fa until 3/1/07. On 3/ the floor of his bath had a physicians of directive for a Full of initiate Cardio Pulm R3 was resuscitate personnel and sent (ICU). R3 was prof 6:55 AM. R3's cau Hematoma. This failure resu Jeopardy. While the Immed on 6/7/07, the Facil compliance at a secontinues to educa	view and interview, the sure that 1 resident on the sessed and monitored after a prrective action on previous nitiate CPR when he was for, non-responsive. Ited in the neglect of R3, alls in the Facility, from 1/19/07 1/07, R3 was found lying on room without vital signs. R3 reder and an advanced Code. The Facility failed to nonary Resuscitation (CPR). It to the Intensive Care Unit nounced dead on 3/2/07 at see of death was a Subdural lited in an Immediate Clark UPPLIER REPRESENTATIVE'S SIGNER/SUPPLIER REPRESENTATIVE'S SIG	NATURE		TITLE		(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.

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		145290	B. WIN	IG			C 7/2007
	PROVIDER OR SUPPLIER JOHNSON CARE CEN	NTER	•	72	EET ADDRESS, CITY, STATE, ZIP CODE 27 NORTH 17TH STREET ELLEVILLE, IL 62226		
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F 224	residents on antico falls, performing CF checks for resident protocol and answer Findings include: 1. R3's Facility nur 3/1/07, "6:30 PM, (I slumped over, had with large amount of unresponsive. Tak to obtain any vital stated code in progetherapist, arrived structured code with The report from the Facility in responsive to the facility in the facility in the facility in the facility in the facility at the facility staff and she was clean lower body. She with the facility staff and she was clean lower body. She with the facility staff and she was clean lower body. She with the facility staff and she was clean lower body. She with the facility staff and she was clean lower body. She with the facility staff and she was clean lower body. She with the facility staff and she was clean lower body. She with the facility staff and she was clean lower body. She with the facility staff and she was clean lower body. She with the facility staff and she was clean lower body. She with the facility staff and she was clean lower body. She with the facility staff and she was clean lower body. She with the facility staff and she was clean lower body. She with the facility staff and she was clean lower body. She with the facility staff and she was clean lower body. She with the facility staff and she was clean lower body. She with the facility staff and she was clean lower body.	agulant therapy, assessing for PR, performing neurological is with head injuries, laboratory ering call lights during meals. ses notes show that on R3) was found in the bathroom large food content emesis of blood. Was completely en to bed after being unable signs. Call placed to 911 and ress. Call to inhalation at, ambulance arrived and in successful intubation." the paramedics who arrived at onse to the 911 call for R3 g: "Call received from nursing PM). Dispatched - 1914 (7:14 ene - 1917 (7:17 PM). Arriveding in bed being cleaned by Per nurse, no CPR had been rival. Patient had fallen in the moved to bed by staff. Per en his vital signs but couldn't enaramedic, was interviewed. as the lead paramedic on the or R3 on 3/1/07. Z4 stated that wed at the Facility there was member in the room with R3 ng fecal matter off of R3's as identified as E4, Inhalation and E4 what had happened. E4 been found lying on the efurther stated that they had	F:	224			
	Therapist. Z4 aske stated that R3 had bathroom floor. Sh tried to obtain vital	d E4 what had happened. E4 been found lying on the					

	FOF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) M A. BUI		IPLE CONSTRUCTION IG	(X3) DATE SU COMPLE	
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F 224	said "nothing". The backboard and onto told E4 to begin che Z4 put monitor lead began to "bag" R3. intubated R3. The push the stretcher to continued chest contook over once they transferred R3 to the Z4 said that he was the desk, Edoing what they are no oxygen, no CPR in the room cleanin him". Z4 stated that lying in the bathroomoved. Facility sta compressions as it on someone's chest cardiac arrest. He have worried about taken care of the paway that he could to done any CPR was when chest compreparamedics arrived the cartilage in a perpopping" sound whinitiated. Z4 stated cartilage in the bonrange. Z4 also stat started CPR they stated the paramedics arrived the paramedics arrived the paramedics arrived the cartilage in the bonrange. Z4 also stat started CPR they stated compressions as it on some control to the paramedics arrived the cartilage in the bonrange. Z4 also stat started CPR they stated compressions are cartilage in the bonrange. Z4 also stat started CPR they stated compressions are cartilage in the bonrange. Z4 also stat started CPR they stated compressions are cartilage. The paramedics arrived the paramedics arrived cartilage in the bonrange. Z4 also stat started CPR they stated compressions are cartilage in the bonrange. Z4 also stat started CPR they stated cartilage in the bonrange. Z4 also stat started CPR they stated cartilage in the bonrange. Z4 also stat started CPR they stated cartilage in the bonrange. Z4 also stat started CPR they stated cartilage in the bonrange. Z4 also stat started CPR they stated cartilage in the bonrange. Z4 also stat started CPR they stated cartilage in the bonrange.	paramedics placed R3 on a of the stretcher. Z4 stated he est compressions on R3 while is on R3 and his partner Z4 then successfully paramedics then began to of the ambulance while E4 impression. The paramedics of arrived at the ambulance and it elocal emergency room. It is was rather "short" with the E3, because "they were not it is supposed to do - there was and there was only 1 person in gether the staff found R3 in R3 should not have been ff should have been doing it is more important to "pump" it in the first few minutes of a stated that they "shouldn't it getting paper work done and attent". Z4 stated that another it is little that the Facility had not because R3's ribs "popped" is sions were initiated after the on the scene. Z4 said that it occurs because the it is pushed against its normal its pushed on the scene. Z4 said that it diately increases a patients	F2	224			

	FOF DEFICIENCIES DF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) M A. BUI		PLE CONSTRUCTION	(X3) DATE SU COMPLE	
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F 224	so, Z1 got up, trans went and checked bathroom floor, with pushed the call light and started yelling hollered for at least came. At approxim checked on R3. E3 and Z1 asked E3 h E3 said "Do you wastated that he want stated "He's dead". at the Facility atternall they did was put up. Z1 stated that CPR. E3 heard Z1 because his father said that R3 lived for hospital Intensive Cresuscitated at the On 5/30/07, E3 regarding the incide E3 stated that she slumped over and sto the floor. She can Nurses Aide (CNA) E3 tried to take R3' when she could not the room, went to the said we should having mediately by laying On 5/31/07, both helped E3 lay R3 in the call	ome out for about 15 minutes offerred to his wheelchair and on R3. R3 was lying on the his face on the floor. Z1 t and went out into the hall for help. He stated that he 10-15 minutes before anyone ately 6:30 PM, E3 came and 8 came out of the bathroom ow his father, R3, was doing ant me to lie to you?" Z1 ed to know the truth. E3 Z1 said that none of the staff apted to perform CPR and that R3 into bed and clean him paramedics arrived and began crying and told Z1 not to cry "was in a better place". Z1 or 10 hours at the local care Unit (ICU), after being	F 2	224			

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F 224	the Facility initiating remember E4 helpi after they arrived at R3 was originall 12/29/06. R3 share his son, Z1. R3's d Diabetes Mellitus, A of prostate cancer. included Warfarin S daily and Aspirin, 8 Minimum Data Set that he had no shor problems, was indedaily decision maki assistance of one ptransfers to and from Resident Assessment address falls. R3's Facility plashows a "Problem" for falls". The short will have no falls". dated 1/17/07, with the "approaches". R3's physical capal the Facility clinical 6/4/07, Z1 said that wheelchair and no about it. The Facility faile the potential dange Warfarin, a blood the with E2, Director of Facility does not have porting of abnorm physician. The Facconcerning observataking anticoagular	CPR however, E5 does ing the paramedics do CPR the Facility. It was a different paramedics of the Facility on ed a room in the Facility with a room in the Facility R3's medication regime room in the room of	F2	224			

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F 224	reporting forms, it vifalls in the Facility of 2/27/07 and 3/1/07. On 1/19/07, at 4 show and E2 confir on the floor. Small right and left shins. walk alone anymore this fall was "(R3) a anymore". During a record, a physician 1/20/07 was noted. "1/20/07 was noted. "1/20/07, 1:50 AM, room for evaluation R3's clinical record to the emergency re E8, Licensed Pract E8 stated that "if sh was sent to the emon 1/19/07. No never leated to the 1/20/07 present in the Facil On 1/28/07 at 2: show and E2 confir sitting on floor in from the side of the end of the confirmal side of the end of the side of the end o	vas noted that R3 experienced on 1/19/07, 1/28/07, 2/5/07, :30 AM, Facility nurses notes med that R3 was found sitting abrasions were noted to his R3 stated "I guess I can't e". The corrective action for greed not to try to walk alone a review of R3's clinical stelephone order dated This telephone order states Sent out to (local) emergency ". There is nothing else in that states why R3 was sent from on 1/20/07. On 6/5/07 cal Nurse, was interviewed. The remembers correctly R3 ergency room due to his fall or orders or progress notes of emergency room visit is sity clinical records. 30 AM, Facility nurses notes med that "R3 was found ont of (his) wheelchair. States wheelchair when I was omplained of his tail bone to causative factors or	F2	224			

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F 224	shows that "Reside side on the floor. Is side of his forehead walk to the bathrood balance and fell. Gorrective action for that any ongoing as R3's fall, such as nourses notes show were taken on 2/28 nurses notes dated "Blood pressure 13 Respirations 18 and (R3's) forehead renscratches on jaw, eswelling. Area red 3/1/07, 1:25 PM blood pressure was physician, was interplayed blood pressure. Z3 of 88/92 is "imposs pressure of 88/92 was unable to prod show R3's actual blood pressure o	In the was found lying on right las hematoma on the the right last last last last last last last las	F	224			

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F 224	physicians that com Resident's in-trainir whoever is on duty may not let the pati about abnormal lab interview with E2, it does not have a po abnormal laborator. A review of R3's records from the lot taken on 3/1/07 sho emergency room at resuscitated in the and transferred to t at 2330 (11:30 PM) 3/2/07, R3 experier while in the ICU. T blood pressure and initiated". ICU note "Dr. spoke to (R3's) Attorney, who wish was pronounced de Autopsy report, R3's cause of death In a letter written by performed the auto statement is written of death to the subc at the time of autop hematoma was the he experienced who I note that he was of make him more like after the fall". The autopsy conducted the scalp shows the scalp on the right si reveals a large sub-	ge 7 ne to the Facility are ng, the Facility will call and that physician may or ent/residents physician know oratory values. During an was stated that the Facility licy regarding reporting y values to the physician. emergency room and ICU cal hospital where R3 was ow that R3 arrived at 1938 (7:38 PM), was emergency room, stabilized the Intensive Care Unit (ICU) . At 0640 (6:40 AM), on need heart rhythm changes the ICU was unable to obtain a 1 "code blue protocol was s show that on at 6:55 AM, on who is Power of the sto end resuscitation". R3 and at 6:55 AM on 3/2/07. dated 5/24/07, shows that on was a Subdural Hematoma. To Z5, the physician who pay on R3, the following the structural hematoma that (R3) had sy. I believe that the subdural result of the head trauma that then he fell at the nursing home. To Coumadin which would they to experience a bleeding Pathology report for the by Z5 states "Brain: reflecting that there is hemorrhage in the tide. Removing the skull dural hematoma involving the the surface of the cortex and	F	224			

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

	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) M A. BUI		IPLE CONSTRUCTION IG	(X3) DATE SI COMPLE	
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F 224	extending inferiorly The Immediate 6/4/07. The Immediate 6/4/07. The Immediate facility failed to as fell and had injuries failed to initiate CP vital signs, resuscit emergency room a after being transfer notified of the Imm on 6/4/07. The surveyor co and interview that actions to correct ti 1. E3 was imm actions were repor of Professional Re- 2. Facility polic written and given to person or reviewed 6/7/07. 3. A mandatory care staff on 6/6/07 neurological check notification of fall ri monitoring residen answering call light ensure access to co 4. Quality Assureviewed Facility Co other issues of con 5. Facility Medi incident on 6/4/07.	Jeopardy was identified on diate Jeopardy was identified on diate Jeopardy was begun on 2/27/07, when the sess and monitor R3 after he is to his head. The Facility also R when R3 was found without ated by the local hospital and was later pronounced dead red to the ICU. E2 was ediate Jeopardy at 12:45 PM onfirmed through record review the Facility took the following the immediacy: ediately terminated and ted to the Illinois Department gulation on 6/4/07. If or neurological checks was a all professional staff either in I with them by telephone by the meeting was held for all direct of at 2:00 PM to review s, CPR, laboratory protocol, sk assessments to MD's, to on anticoagulant therapy, as during meals and plans to current CPR certification. Trance Committee met and PR protocol, as well as all cern, on 6/4/07. Cal Director was notified of the		224			
F 309 SS=J	483.25 QUALITY C Each resident mus provide the necess	OF CARE t receive and the facility must ary care and services to attain hest practicable physical,	F3	309			6/27/07

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(EACH DEFICIENCY	MUST BE PRECEDED BY FULL			(EACH CORRECTIVE ACTION SHO	ULD BE	(X5) COMPLETION DATE
mental, and psychological accordance with the and plan of care.	osocial well-being, in e comprehensive assessment	F	309			
by: Based on record re Facility failed to ens sample, R3, was as fall; failed to take co falls; and failed to in found on the the flo This failure resu falls in the Facility, 3/1/07, R3 was four bathroom without v physicians order ar Full Code. The Fac Pulmonary Resusc resuscitated by emsent to the Intensiv pronounced dead of cause of death was This failure resu Jeopardy. While the Immed on 6/7/07, the Facil compliance at a sec continues to educar residents on antico falls, performing CF checks for resident	view and interview, the sure that 1 resident on the seessed and monitored after a prective action on previous nitiate CPR when he was or, non-responsive. Ited in R3 experiencing five from 1/19/07 until 3/1/07. On ad lying on the floor of his ital signs. R3 had a add an advanced directive for a cility failed to initiate Cardio itation (CPR). R3 was ergency room personnel and the Care Unit (ICU). R3 was an 3/2/07 at 6:55 AM. R3's a Subdural Hematoma. Ited in an Immediate diate Jeopardy was removed ity remained out of verity level two as the Facility the staff concerning monitoring agulant therapy, assessing for PR, performing neurological is with head injuries, laboratory					
· ·	ses notes show that on					
	SUMMARY STA (EACH DEFICIENCY REGULATORY OR LE Continued From pa mental, and psycho accordance with the and plan of care. This REQUIREMEN by: Based on record re Facility failed to ens sample, R3, was as fall; failed to take co falls; and failed to in found on the the flo This failure resu falls in the Facility, 3/1/07, R3 was four bathroom without v physicians order an Full Code. The Fac Pulmonary Resusci resuscitated by eme sent to the Intensive pronounced dead of cause of death was This failure resu Jeopardy. While the Immed on 6/7/07, the Facil compliance at a sec continues to educat residents on antico falls, performing CF checks for residents protocol and answer	ROVIDER OR SUPPLIER JOHNSON CARE CENTER SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) Continued From page 9 mental, and psychosocial well-being, in accordance with the comprehensive assessment and plan of care. This REQUIREMENT is not met as evidenced by: Based on record review and interview, the Facility failed to ensure that 1 resident on the sample, R3, was assessed and monitored after a fall; failed to take corrective action on previous falls; and failed to initiate CPR when he was found on the the floor, non-responsive. This failure resulted in R3 experiencing five falls in the Facility, from 1/19/07 until 3/1/07. On 3/1/07, R3 was found lying on the floor of his bathroom without vital signs. R3 had a physicians order and an advanced directive for a Full Code. The Facility failed to initiate Cardio Pulmonary Resuscitation (CPR). R3 was resuscitated by emergency room personnel and sent to the Intensive Care Unit (ICU). R3 was pronounced dead on 3/2/07 at 6:55 AM. R3's cause of death was a Subdural Hematoma. This failure resulted in an Immediate Jeopardy. While the Immediate Jeopardy was removed on 6/7/07, the Facility remained out of compliance at a severity level two as the Facility continues to educate staff concerning monitoring residents on anticoagulant therapy, assessing for falls, performing CPR, performing neurological checks for residents with head injuries, laboratory protocol and answering call lights during meals.	ROVIDER OR SUPPLIER JOHNSON CARE CENTER SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) Continued From page 9 mental, and psychosocial well-being, in accordance with the comprehensive assessment and plan of care. This REQUIREMENT is not met as evidenced by: Based on record review and interview, the Facility failed to ensure that 1 resident on the sample, R3, was assessed and monitored after a fall; failed to take corrective action on previous falls; and failed to initiate CPR when he was found on the the floor, non-responsive. 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This REQUIREMENT is not met as evidenced by: Based on record review and interview, the Facility failed to ensure that 1 resident on the sample, R3, was assessed and monitored after a fall; failed to lake corrective action on previous falls; and failed to initiate CPR when he was found on the the floor, non-responsive. This failure resulted in R3 experiencing five falls in the Facility, from 1/19/07 until 3/1/07. On 3/1/07, R3 was found flying on the floor of his bathroom without vital signs. R3 had a physicians order and an advanced directive for a Full Code. The Facility failed to initiate Cardio Pulmonary Resuscitation (CPR). R3 was pronounced dead on 3/2/07 at 6:55 AM. R3's cause of death was a Subdural Hematoma. This failure resulted in an Immediate Jeopardy, While the Immediate Jeopardy was removed on 6/7/07, the Facility remained out of compliance at a severity level two as the Facility continues to educate staff concerning monitoring residents on anticoagulant therapy, assessing for falls, performing CPR, performing neurological checks for residents with head injuries, laboratory protocol and answering call lights during meals. Findings include:	ROWIDER OR SUPPLIER 145290 STREET ADDRESS, CITY, STATE, ZIP CODE 777 NORTH 17TH STREET SUMMARY STATEMENT OF DEFICIENCIES (EACH OBERCIENCY MUST SE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) Continued From page 9 mental, and psychosocial well-being, in accordance with the comprehensive assessment and plan of care. This REQUIREMENT is not met as evidenced by: Based on record review and interview, the Facility failed to ensure that 1 resident on the sample, R3, was assessed and monitored after a fail; failed to take corrective action on previous falls; and failed to initiate CPR when he was found on the the floor, non-responsive. This failure resulted in R3 experiencing five falls in the Facility, from 1/19/07 until 3/1/07. On 3/1/07, R3 was found lying on the floor of his bathroom without vital signs. R3 had a physicians order and an advanced directive for a Full Code. The Facility failed to initiate Cardio Pulmonary Resuscitation (CPR). R3 was resuscitated by emergency room personnel and sent to the Intensive Care Unit (ICU). R3 was resuscitated by emergency room personnel and sent to the Intensive Care Unit (ICU). R3 was resuscitated by emergency was removed on 6/7/07, the Facility remained out of compliance at a severity level two as the Facility continues to educate staff concerning monitoring residents on anticoagulant therapy, assessing for falls, performing increaling monitoring residents on anticoagulant therapy, assessing for falls, performing pervological checks for residents with head injuries, laboratory protocol and answering call lights during meals. Findings include:

	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) M A. BUI		IPLE CONSTRUCTION IG	(X3) DATE SU COMPLE	
		145290	B. WIN	IG _			C 7/2007
	ROVIDER OR SUPPLIER JOHNSON CARE CEN	ITER	•	7.	REET ADDRESS, CITY, STATE, ZIP CODE 27 NORTH 17TH STREET BELLEVILLE, IL 62226	-	
(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 SHO CROSS-REFERENCED TO THE APPF DEFICIENCY)	ULD BE	(X5) COMPLETION DATE
F 309	3/1/07, "6:30 PM, (I slumped over, had with large amount of unresponsive. Tak to obtain any vital stated code in progetherapist, arrived structured code with The report from the Facility in responsive to the Facility in the Facili	ge 10 R3) was found in the bathroom large food content emesis of blood. Was completely en to bed after being unable igns. Call placed to 911 and ress. Call to inhalation at, ambulance arrived and a successful intubation." the paramedics who arrived at onse to the 911 call for R3 g: "Call received from nursing PM). Dispatched - 1914 (7:14 ene - 1917 (7:17 PM). Arrived ang in bed being cleaned by Per nurse, no CPR had been rival. Patient had fallen in the moved to bed by staff. Per en his vital signs but couldn't enaramedic, was interviewed. as the lead paramedic on the property of R3 on 3/1/07. Z4 stated that over at the Facility there was member in the room with R3 and fecal matter off of R3's as identified as E4, Inhalation d E4 what had happened. E4 been found lying on the effurther stated that they had signs but, could not get any. Facility had done so far. E4 aparamedics placed R3 on a content of the stretcher. Z4 stated here est compressions on R3 while its on R3 and his partner Z4 then successfully paramedics then began to the ambulance while E4 mpression. The paramedics	F	309			

	FOF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) M A. BUI		PLE CONSTRUCTION G	(X3) DATE SU COMPLE	JRVEY TED
		145290	B. WIN				C 7/2007
	PROVIDER OR SUPPLIER	ITER	•	7	EET ADDRESS, CITY, STATE, ZIP CODE 27 NORTH 17TH STREET ELLEVILLE, IL 62226		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFI TAG		PROVIDER'S PLAN OF CORREC (EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APPI DEFICIENCY)	OULD BE	(X5) COMPLETION DATE
F 309	transferred R3 to the Z4 said that he was at the desk, Edoing what they are no oxygen, no CPR in the room cleanin him". Z4 stated that lying in the bathroomoved. Facility state compressions as it on someone's chest cardiac arrest. He have worried about taken care of the paway that he could to done any CPR was when chest compreparamedics arrived the cartilage in a perpopping sound whinitiated. Z4 stated cartilage in the bon range. Z4 also stated cartilage in the bon range. Z4 also stated cartilage CPR immedicts arrived the paramedics arristarting CPR immedicts arristarting CPR immediately was intervially on 6/4/07, Z1, Fracility, was intervially on 6/4/07, R3 went in the community of the call light and started yelling and started yelling and started for at least holdered for at least properties.	arrived at the ambulance and e local emergency room. was rather "short" with the E3, because "they were not e supposed to do - there was and there was only 1 person g the feces and urine off of t when the staff found R3 m, R3 should not have been ff should have been doing is more important to "pump" t in the first few minutes of a stated that they "shouldn't getting paper work done and atient". Z4 stated that another ell that the Facility had not because R3's ribs "popped" essions were initiated after the on the scene. Z4 said that ersons ribs will make a nen chest compressions are that it occurs because the e is pushed against its normal ed that if the Facility ever nould not have stopped it until ved on the scene. Z4 said that diately increases a patients	F	809			

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

	FOF DEFICIENCIES DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	A. BUI		IPLE CONSTRUCTION IG	(X3) DATE SU COMPLE	TED
		145290	B. WIN	IG _		06/07	C 7/2007
	PROVIDER OR SUPPLIER	ITER	•	7	REET ADDRESS, CITY, STATE, ZIP CODE 27 NORTH 17TH STREET BELLEVILLE, IL 62226		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES 'MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFI TAG		PROVIDER'S PLAN OF CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPR DEFICIENCY)	JLD BE	(X5) COMPLETION DATE
F 309	checked on R3. E3 and Z1 asked E3 hr E3 said "Do you was stated that he want stated "He's dead". at the Facility atternall they did was put up. Z1 stated that CPR. E3 heard Z1 because his father said that R3 lived for hospital Intensive Cresuscitated at the On 5/30/07, E3 regarding the incide E3 stated that she slumped over and sto the floor. She can Nurses Aide (CNA) E3 tried to take R3' when she could not the room, went to the floor. She can hollered at her who was a stated CPR. E3 sa "hollered" at her who said we should have immediately by laying On 5/31/07, both helped E3 lay R3 in Both stated that the the Facility initiating remember E4 helping after they arrived at R3 was originall 12/29/06. R3 share his son, Z1. R3's did Diabetes Mellitus, A Diabet	B came out of the bathroom ow his father, R3, was doing. Int me to lie to you?" Z1 ed to know the truth. E3 Z1 said that none of the staff upted to perform CPR and that R3 into bed and clean him paramedics arrived and began crying and told Z1 not to cry "was in a better place". Z1 or 10 hours at the local care Unit (ICU), after being emergency room. Was interviewed by telephone ent concerning R3 on 3/1/07. Sound R3 in the bathroom she grabbed him as he slipped alled for help. A Certified came in, put R3 in bed and so vital signs. E3 said that a get any vital signs, she left the nurses station and called in the phone and paged E3 said that she never and that the ambulance driver then he got there because "they be started CPR and done it ing him on the bathroom floor". In E5 and E6, CNA's, who in his bed were interviewed. By do not remember anyone at a CPR however, E5 does ing the paramedics do CPR	F3	309			

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

	T OF DEFICIENCIES DF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	A. BUIL		PLE CONSTRUCTION G	(X3) DATE SU COMPLE	TED
		145290	B. WIN	G			C 7/2007
	PROVIDER OR SUPPLIER JOHNSON CARE CEN	NTER	,	72	EET ADDRESS, CITY, STATE, ZIP CODE 27 NORTH 17TH STREET ELLEVILLE, IL 62226		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFI TAG	Κ	PROVIDER'S PLAN OF CORRECT (EACH CORRECTIVE ACTION SHOU CROSS-REFERENCED TO THE APPR DEFICIENCY)	JLD BE	(X5) COMPLETION DATE
F 309	included Warfarin S daily and Aspirin, 8 Minimum Data Set that he had no shor problems, was inde daily decision maki assistance of one p transfers to and fro Resident Assessme address falls. R3's Facility pla shows a "Problem" for falls". The shor will have no falls". dated 1/17/07, with the "approaches". R3's physical capal the Facility clinical 6/4/07, Z1 said that wheelchair and no about it. The Facility fail the potential dange Warfarin, a blood th with E2, Director of Facility does not ha reporting of abnorm physician. The Fac concerning observa taking anticoagular During a review reporting forms, it v falls in the Facility of 2/27/07 and 3/1/07 On 1/19/07, at 4 show and E2 confir on the floor. Small right and left shins.	Sodium, 4 milligrams once 1 milligrams once 2 milligrams once daily. R3's (MDS), dated 1/3/07, shows at or long term memory ependent in cognitive skills for any and required the limited person for ambulation and any his wheelchair. R3's ent Protocols (RAP's), do not any of care, dated 1/17/07, of "Resident has a potential at term goal for this is "resident The "Approaches" are all no revisions or additions to There is no assessment of collities or fall risk present in record. During an interview on a R3 kept falling out of his one at the Facility did anything ed to assess and care plan for resident to the use of continuer. During an interview Nursing, he stated that the layer a policy regarding and laboratory values to the collity does not have a policy ation of residents who are at medication. of R3's Facility incident was noted that R3 experienced and 1/19/07, 1/28/07, 2/5/07,	F3	09			

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

	F OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	A. BUII		IPLE CONSTRUCTION IG	(X3) DATE SU COMPLE	TED
		145290	B. WIN	iG _		06/07	C 7/2007
	PROVIDER OR SUPPLIER JOHNSON CARE CEN	ITER	•	7	REET ADDRESS, CITY, STATE, ZIP CODE 727 NORTH 17TH STREET BELLEVILLE, IL 62226		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFI TAG		PROVIDER'S PLAN OF CORRECT (EACH CORRECTIVE ACTION SHOU CROSS-REFERENCED TO THE APPR DEFICIENCY)	JLD BE	(X5) COMPLETION DATE
F 309	this fall was "(R3) a anymore". During a record, a physicians 1/20/07 was noted. "1/20/07, 1:50 AM, room for evaluation R3's clinical record to the emergency re E8, Licensed Practic E8 stated that "if sh was sent to the emon 1/19/07. No new related to the 1/20/0 present in the Facil On 1/28/07 at 2: show and E2 confir sitting on floor in from "I just slid out of the asleep. Resident churting". There is not corrective action for On 2/5/07 at 7:0 show and E2 confir sitting position in from the states I was sliding pull my self back up the floor". There are for this fall. The comence if unable On 2/27/07 at 7:0 shows that "Reside side on the floor. His forehead walk to the bathroom balance and fell. Gorrective action for that any ongoing as	greed not to try to walk alone a review of R3's clinical stelephone order dated. This telephone order states Sent out to (local) emergency. There is nothing else in that states why R3 was sent from on 1/20/07. On 6/5/07 cal Nurse, was interviewed. The remembers correctly R3 ergency room due to his fall or orders or progress notes of emergency room visit is sity clinical records. AM, Facility nurses notes and that "R3 was found ont of (his) wheelchair. States a wheelchair when I was omplained of his tail bone to causative factors or	F3	809			

		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:				(X3) DATE SURVEY COMPLETED	
		145290	B. WIN	3			C 07/2007
	ROVIDER OR SUPPLIER JOHNSON CARE CEI	NTER		727 NORTH	ESS, CITY, STATE, ZIP CODE 17TH STREET LE, IL 62226		
(X4) ID PREFIX TAG	(EACH DEFICIENC)	TEMENT OF DEFICIENCIES / MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	(EAC	ROVIDER'S PLAN OF CORRECH CORRECTIVE ACTION SH S-REFERENCED TO THE API DEFICIENCY)	IOULD BE	(X5) COMPLETION DATE
F 309	were taken on 2/28 nurses notes dated "Blood pressure 13 Respirations 18 an (R3's) forehead rer scratches on jaw, e swelling. Area red Additional Nurse's discoloration to R3 neurological check 3/1/07, 1:25 PM blood pressure was physician, was inte blood pressure. Z3 of 88/92 is "imposs pressure of 88/92 was unable to prod show R3's actual b Z3 stated that h at least perform ne his fall on 2/27/07. confirmed that Fac neurological check head injury on 2/27 have a policy concrafter a fall or head On 5/31/07, dur Z3, it was stated th that R3 was on Cohave "done someth leaving R3 at the n Two different physithe reports - not Z3 physicians that con Resident's in-training whoever is on duty may not let the paties.	that only routine vital signs 1/07 and 3/1/07. Facility 1/2/28/07, at 1:00 PM, state 1/0/60, Temperature 97.4, depulse 68. Right side of 1/2 mains discolored, bruised, 1/2 eyelid has a small amount of 1/2 and slightly purplish. In Notes indicate vital signs and 1/2 face, but there were no 1/2 so noted. In 1/2 noted and asked about the 1/2 stated that a blood pressure 1/2 stated that a blood pressure 1/2 said that the blood 1/2 vas not accurate however he 1/2 uce any documentation to 1/2 lood pressure. It would expect the Facility to 1/2 urological checks on R3 after 1/2 filty staff did not conduct 1/2 so n R3 after his fall with a 1/2 fall with a 1/2 for The Facility does not 1/2 erning assessing residents	F3	09			

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

	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	A. BUI		TIPLE CONSTRUCTION NG	(X3) DATE SU COMPLE	TED
		145290	B. WIN	NG _			C 7/2007
	ROVIDER OR SUPPLIER	ITER	•	7	REET ADDRESS, CITY, STATE, ZIP CODE 727 NORTH 17TH STREET BELLEVILLE, IL 62226	,	
(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 SHOUNDS OF CROSS-REFERENCED TO THE APPR DEFICIENCY)	JLD BE	(X5) COMPLETION DATE
F 309	interview with E2, it does not have a po abnormal laborator. A review of R3's records from the lot taken on 3/1/07 she emergency room at resuscitated in the and transferred to tat 2330 (11:30 PM) 3/2/07, R3 experier while in the ICU. T blood pressure and initiated". ICU note "Dr. spoke to (R3's) Attorney, who wish was pronounced de Autopsy report, R3's cause of death In a letter written by performed the auto statement is written of death to the subcat the time of autophematoma was the he experienced who I note that he was comake him more like after the fall". The autopsy conducted the scalp shows the scalp on the right sevential register in the Immediate of 6/4/07.	licy regarding reporting y values to the physician. The emergency room and ICU cal hospital where R3 was ow that R3 arrived at 1938 (7:38 PM), was emergency room, stabilized the Intensive Care Unit (ICU). At 0640 (6:40 AM), on need heart rhythm changes the ICU was unable to obtain a 1"code blue protocol was show that on at 6:55 AM, on son who is Power of the stoem of the est of the end of th	F	309			

	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) N A. BUI		IPLE CONSTRUCTION	(X3) DATE SI COMPLE	TED
		145290	B. WIN	IG _			C 7/2007
	ROVIDER OR SUPPLIER JOHNSON CARE CEN	NTER		7	REET ADDRESS, CITY, STATE, ZIP CODE 27 NORTH 17TH STREET BELLEVILLE, IL 62226	33,3	
(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 SHO CROSS-REFERENCED TO THE APPR DEFICIENCY)	ULD BE	(X5) COMPLETION DATE
F 324 SS=G	fell and had injuries failed to initiate CP vital signs, resuscit emergency room at after being transfer notified of the Immon 6/4/07. The surveyor co and interview that the actions to correct the surveyor of Professional Regular 2. Facility policy written and given to person or reviewed 6/7/07. 3. A mandatory care staff on 6/6/07 neurological checks notification of fall rismonitoring resident answering call light ensure access to conform the surveyor of the surveyor conformation of the surveyor of the	to his head. The Facility also R when R3 was found without ated by the local hospital and was later pronounced dead red to the ICU. E2 was ediate Jeopardy at 12:45 PM infirmed through record review the Facility took the following the immediacy: ediately terminated and red to the Illinois Department gulation on 6/4/07. For neurological checks was a all professional staff either in with them by telephone by the meeting was held for all direct at 2:00 PM to review as, CPR, laboratory protocol, as assessments to MD's, and anticoagulant therapy, as during meals and plans to current CPR certification. The rance Committee met and PR protocol, as well as all cern, on 6/4/07. Cal Director was notified of the		324			6/27/07
	by:	NT is not met as evidenced view and interview, the					

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

	T OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	A. BUI		IPLE CONSTRUCTION NG	(X3) DATE SU COMPLE	TED
		145290	B. WIN	IG _			C 7/2007
	PROVIDER OR SUPPLIER	NTER	1	7	REET ADDRESS, CITY, STATE, ZIP CODE 727 NORTH 17TH STREET BELLEVILLE, IL 62226		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFI TAG		PROVIDER'S PLAN OF CORRECT (EACH CORRECTIVE ACTION SHOUT CROSS-REFERENCED TO THE APPR DEFICIENCY)	JLD BE	(X5) COMPLETION DATE
F 324	Facility failed to ass (R3), for the risk of Warfarin, a blood the Facility subsequent progressive interversal falls in the Facility, 3/1/07, R3 was four bathroom without vambulance to the look he was resuscitated on 3/2/07 at 6:55 A Subdural Hematom Findings include: 1. During a review reporting forms, it valued for the Facility of 2/27/07 and 3/1/07. On 1/19/07, at 4 shows that R3 was Small abrasions we shins. R3 stated "I anymore". The corn "(R3) agreed not to During a review of physicians telephornoted. This telephornoted is the total to the emergency room of with E8, Licensed F stated that "if she resent to the emergency room of with E8, Licensed F stated that "if she resent to the emergency room of with E8, Licensed F stated that "if she resent to the emergency room of with E8, Licensed F stated that "if she resent to the emergency room of with E8, Licensed F stated that "if she resent to the emergency room of with E8, Licensed F stated that "if she resent to the emergency room of with E8, Licensed F stated that "if she resent to the emergency room of with E8, Licensed F stated that "if she resent to the emergency room of with E8, Licensed F stated that "if she resent to the emergency room of with E8, Licensed F stated that "if she resent to the emergency room of with E8, Licensed F stated that "if she resent to the emergency room of with E8, Licensed F stated that "if she resent to the emergency room of with E8, Licensed F stated that "if she resent to the emergency room of with E8, Licensed F stated that "if she resent to the emergency room of with E8, Licensed F stated that "if she resent	sess 1 resident on the sample falling and the use of ninning medication. The ally failed to implement intions to prevent R3 from led in R3 experiencing five from 1/19/07 until 3/1/07. On and lying on the floor of his ital signs. R3 was taken by ocal emergency room where d. R3 was pronounced dead M. R3's cause of death was a ma.	F	324			

	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) M A. BUI		IPLE CONSTRUCTION	(X3) DATE SU COMPLE	
		145290	B. WIN				C 7/2007
	PROVIDER OR SUPPLIER	ITER	•	7	REET ADDRESS, CITY, STATE, ZIP CODE 27 NORTH 17TH STREET BELLEVILLE, IL 62226		
(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 SHO CROSS-REFERENCED TO THE APPI DEFICIENCY)	OULD BE	(X5) COMPLETION DATE
F 324	no causative factor. Facility investigation On 1/28/07 at 2: states "Resident for (his) wheelchair. So wheelchair when I work complained of his to a causative factors this fall. On 2/5/07 at 7:0 shows "Resident where to his to let. Resident where the toilet and I coulce eased myself down causative factors not corrective action for resident to use call unable to transfer so On 2/27/07 at 7: shows that "Reside side on the floor. His deside of his forehead walk to the bathroobalance and fell. Go causative factor or There is no record was done after R3's checks. E2, Director Facility staff did not on R3 after his fall of Facility does not has assessing residents Facility does not has assessing residents Facility does not has observation of resident thinning medication. During an interview by telephone on 5/3	ity clinical records. There are is for the fall noted on the in. 30 AM, Facility investigation and sitting on floor in front of tates "I just slid out of the was asleep. Resident all bone hurting". There are is or corrective action given for 0 PM, Facility investigation as found in sitting position in esident states I was sliding offed not pull my self back up so I to the floor". There are no oted for this fall. The rethis fall is "Encourage light system in bathroom if elf safely". 10 AM, Facility investigation in was found lying on right las hematoma on the the right las hematoma on the the right las hematoma on the the right las is unsteady". There are no corrective action for this fall. that any ongoing assessment is fall, such as neurological or of Nursing, confirmed that conduct neurological checks with a head injury. The ve a policy concerning after a head injury. The ve a policy concerning tents who are taking blood	F	324			

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

	F OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	A. BUI		IPLE CONSTRUCTION IG	(X3) DATE SU COMPLE	TED
		145290	B. WIN	IG _		06/07	C 7/2007
	PROVIDER OR SUPPLIER	NTER	,	7	REET ADDRESS, CITY, STATE, ZIP CODE 127 NORTH 17TH STREET BELLEVILLE, IL 62226		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFI TAG		PROVIDER'S PLAN OF CORRECT (EACH CORRECTIVE ACTION SHOUT CROSS-REFERENCED TO THE APPR DEFICIENCY)	JLD BE	(X5) COMPLETION DATE
F 324	(Warfarin) he would different" then leaving observation. During an intervisated that on 3/1/0 bathroom in their reabout 15 minutes is wheelchair and were said that R3 was ly his face on the flood call light and went of yelling for help. Z1 least 10-15 minutes approximately 6:30 on R3. E3 came of asked E3 how his fistated E3 said "Do Z1 said that he said Z1 said that E3 the that none of the staperform Cardio Pull Z1 said that parame and began CPR. Lethat R3 was resused was stabilized and Care Unit (ICU). Rechanges while in the to obtain a blood produced at 6:55 AM or shows that R3's called Hematoma. The Facility did therefore, there is reclinical record conditional rec	If have "done something verying R3 at the nursing home for R3 at the nursing home for iew with Z1 on 6/4/07, Z1 7, R3 went in to use the room. He did not come out for roo, Z1 got up, transferred to his rit and checked on R3. Z1 ring on the bathroom floor, with room the hall and started said that he hollered for at room to the hall and started said that he hollered for at room and Z1 room	F3	324			

	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULT	IPLE CONSTRUCTION	(X3) DATE SU COMPLE	
			A. BUILDIN	IG		C
		145290	B. WING _			7/2007
	ROVIDER OR SUPPLIER JOHNSON CARE CEN	ITER	7	REET ADDRESS, CITY, STATE, ZIP CODE 27 NORTH 17TH STREET BELLEVILLE, IL 62226		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES 'MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECT (EACH CORRECTIVE ACTION SHOU CROSS-REFERENCED TO THE APPR DEFICIENCY)	JLD BE	(X5) COMPLETION DATE
F 324	included Warfarin Sdaily. R3's Minimum 1/3/07, shows that memory problems, skills for daily decis limited assistance of and transfers to an Resident Assessment address falls. R3's 1/17/07, shows a "Fpotential for falls". "Problem", is "resid "Approaches" are a revisions or addition Facility failed to assignate potential dangers real a blood thinner. The physical capabilities Facility clinical recomposition of the problem of the physical capabilities and the physical capabilities are physical capabilities and the physical capabilities and the physical capabilities and the physical capabilities and the physical capabilities are physical capabilities.	R3's medication regime sodium, 4 milligrams once in Data Set (MDS), dated the had no short or long term was independent in cognitive ion making and required the of one person for ambulation of from his wheelchair. R3's ent Protocols (RAP's), do not Facility plan of care, dated Problem" of "Resident has a The short term goal for this ent will have no falls". The slid dated 1/17/07, with no ins to the "approaches". The sess and care plan for the selated to the use of Warfarin, were is no assessment of R3's is or fall risk present in the ord. During an interview on R3 kept falling out of his one at the Facility did anything	F 324			
F9999			F9999			

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

	FOF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) M A. BUI		IPLE CONSTRUCTION	(X3) DATE SU COMPLE	TED
		145290	B. WIN	1G _		06/07	C 7/2007
	PROVIDER OR SUPPLIER	NTER		7	REET ADDRESS, CITY, STATE, ZIP CODE 727 NORTH 17TH STREET BELLEVILLE, IL 62226		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREF TAG		PROVIDER'S PLAN OF CORRECT (EACH CORRECTIVE ACTION SHOU CROSS-REFERENCED TO THE APPR DEFICIENCY)	JLD BE	(X5) COMPLETION DATE
F9999	resident's condition safety or welfare of limited to, the prese decubitus ulcers or percent or more wit facility shall obtain plan of care for the accident, injury or of notification. i) At the time of an treatment shall be in first aid procedur. Section 300.1030 Na) The advisory phycommittee shall deto be followed durir emergencies that in long-term care facil emergencies includings as: 1) Pulmonary emerobstruction, foreign respiratory distress 2) Cardiac emergencies includings as: 1) Pulmonary emerobstruction, foreign respiratory distress 2) Cardiac emergencies. This minimum the follow including a face may and bag-valve mas c) There shall be at at all times who has handle the medical (a) of this Section. conducted in fulfillir	arry, or significant change in a that threatens the health, a resident, including, but not ence of incipient or manifest a weight loss or gain of five hin a period of 30 days. The and record the physician's care or treatment of such change in condition at the time accident or injury, immediate provided by personnel trained es. Medical Emergencies vician or medical advisory velop policies and procedures are according to the procedures and procedures are according to the procedures are according to	F99	999			

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

	FOF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) N A. BUI		IPLE CONSTRUCTION NG	COMPLE	TED
		145290	B. WIN	1G _			C 7/2007
	PROVIDER OR SUPPLIER	NTER	l	7	REET ADDRESS, CITY, STATE, ZIP CODE 727 NORTH 17TH STREET BELLEVILLE, IL 62226		
(X4) ID PREFIX TAG	(EACH DEFICIENC)	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREF TAG		PROVIDER'S PLAN OF CORREC' (EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APPR DEFICIENCY)	ULD BE	(X5) COMPLETION DATE
F9999	Section 300.1210 (Nursing and Persona) The facility must and services to atta practicable physical well-being of the releach resident's complan of care. Adequation of care and personal care need measures shall include following procedure by 3) Objective observational changes and determining cafurther medical evaluate made by nursing stresident's medical evaluate by nursing stresident that the resident stree of accident nursing personnel strate each resident and assistance to personal stresident. (Section 300.3240 Aa) An owner, licensor agent of a facility resident. (Section 2) These Requirements by:	General Requirements for nal Care provide the necessary care ain or maintain the highest all, mental, and psychological sident, in accordance with aprehensive assessment and uate and properly supervised ersonal care shall be provided meet the total nursing and als of the resident. Restorative and at a minimum the estable ersonal care shall be provided meet the total nursing and als of the resident. Restorative and an an including mental and and an an are are also and the need for alluation and treatment shall be aff and recorded in the record. Or an are also as possible. All shall evaluate residents to see receives adequate supervision or an are and Neglect ee, administrator, employee and shall not abuse or neglect a	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	
		145290	B. WIN	IG _		06/07	C 7/2007
	PROVIDER OR SUPPLIER	ITER		7	REET ADDRESS, CITY, STATE, ZIP CODE 27 NORTH 17TH STREET BELLEVILLE, IL 62226	00,01	72001
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES 'MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFI TAG		PROVIDER'S PLAN OF CORRECT (EACH CORRECTIVE ACTION SHOU CROSS-REFERENCED TO THE APPR DEFICIENCY)	JLD BE	(X5) COMPLETION DATE
F9999	fall; failed to take or falls; and failed to in found on the the flo failure resulted in R Facility, from 1/19/0 was found lying on without vital signs. and an advanced d Facility failed to init Resuscitation (CPF emergency room pountensive Care Unit dead on 3/2/07 at 6 was a Subdural He Findings include: 1. R3's Facility nur 3/1/07, "6:30 PM, (I slumped over, had with large amount of unresponsive. Tak to obtain any vital s stated code in programmer to obtain any vital s stated code in programmer to code with The report from the the Facility in responsive to defects the following home - 1912 (7:12 PM). Arrived at scene patient lying nursing home staff, done prior to our arbathroom but was responsive to was reflected.	sessed and monitored after a prective action on previous nitiate CPR when he was or, non-responsive. This a experiencing five falls in the 17 until 3/1/07. On 3/1/07, R3 the floor of his bathroom R3 had a physicians order irective for a Full Code. The interestive for a Full Code. The interestive for a session of the cardio Pulmonary R3. R3 was resuscitated by the ersonnel and sent to the (ICU). R3 was pronounced its 55 AM. R3's cause of death	F99	999			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) N	ULTI	PLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
,		.5	A. BUI	LDIN	G	C	
		145290	B. WIN	IG			7/2007
	ROVIDER OR SUPPLIER JOHNSON CARE CEN	NTER		7:	EET ADDRESS, CITY, STATE, ZIP CODE 27 NORTH 17TH STREET ELLEVILLE, IL 62226		
(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 SHOI CROSS-REFERENCED TO THE APPR DEFICIENCY)	JLD BE	(X5) COMPLETION DATE
F9999	On 6/4/07, Z4, para stated that he was team that picked up when the team arrivonly 1 Facility staff and she was cleani body. She was ide Therapist. Z4 asked that R3 had bathroom floor. Sh tried to obtain vital z4 asked what the said "nothing." The backboard and onto told E4 to begin che Z4 put monitor lead began to "bag" R3. intubated R3. The push the stretcher to continued chest cortook over once they transferred R3 to the Z4 said that he was at the desk, E3, begwhat they are suppoxygen, no CPR ar the room cleaning to Z4 stated that wher	amedic, was interviewed. Z4 the lead paramedic on the R3 on 3/1/07. Z4 stated that wed at the Facility there was member in the room with R3 ng fecal matter off R3's lower ntified as E4, Inhalation d E4 what had happened. E4 been found lying on the e further stated that they had signs but could not get any. Facility had done so far. E4 e paramedics placed R3 on a of the stretcher. Z4 stated he est compressions on R3 while als on R3, and his partner Z4 then successfully paramedics then began to note the ambulance while E4 mpressions. The paramedics of arrived at the ambulance and the local emergency room. The rather "short" with the nurse cause "they were not doing osed to do - there was no and there was only 1 person in the feces and urine off of him." The the staff found R3 lying in	F99				
	Facility staff should compressions as it on someone's ches cardiac arrest. He have worried about taken care of the pa way that he could to	hould not have been moved. have been doing is more important to "pump" it in the first few minutes of a stated that they "shouldn't getting paper work done and atient." Z4 stated that another ell that the Facility had not because R3's ribs "popped"					

-	NT OF DEFICIENCIES N OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE S COMPLE		TED				
		145290	B. WII	NG _			C 7/2007
	PROVIDER OR SUPPLIER JOHNSON CARE CEN	NTER	•	7	REET ADDRESS, CITY, STATE, ZIP CODE 27 NORTH 17TH STREET BELLEVILLE, IL 62226		
(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 SHO CROSS-REFERENCED TO THE APPR DEFICIENCY)	ULD BE	(X5) COMPLETION DATE
F9999	when chest compression paramedics arrived the cartilage in a per "popping" sound whinitiated. Z4 stated cartilage in the bon range. Z4 also stat started CPR they started CPR they starting CPR immedical chance of recovery. On 6/4/07, Z1, R3's Facility, was intervially, was intervially for the call light and started yelling the call light and started yelling the call light and started yelling the call asked E3 he E3 said "Do you was stated that he want stated "He's dead." at the Facility atternall they did was put up. Z1 stated that CPR. E3 heard Z1 because his father said that R3 lived for hospital Intensive Cresuscitated at the	essions were initiated after the on the scene. Z4 said that ersons ribs will make a nen chest compressions are that it occurs because the e is pushed against its normal red that if the Facility ever hould not have stopped it until ever on the scene. Z4 said that diately increases a patient's as son and roommate at the ewed. Z1 stated that on to use the bathroom in their ome out for about 15 minutes ferred to his wheelchair and on R3. R3 was lying on the his face on the floor. Z1 and went out into the hall for help. He stated that he exactly 6:30 PM, E3 came and 8 came out of the bathroom ow his father, R3, was doing, and me to lie to you?" Z1 ed to know the truth. E3 Z1 said that none of the staff apted to perform CPR and that R3 into bed and clean him paramedics arrived and began crying and told Z1 not to cry "was in a better place." Z1 or 10 hours at the local care Unit (ICU), after being	F9	999			

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:			(X2) MULTIPLE CONSTRUCTION A. BUILDING			(X3) DATE SURVEY COMPLETED	
		145290	B. WIN				C 7/2007
	PROVIDER OR SUPPLIER	ITER	,	7	REET ADDRESS, CITY, STATE, ZIP CODE 727 NORTH 17TH STREET BELLEVILLE, IL 62226		
(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 SHO CROSS-REFERENCED TO THE APPF DEFICIENCY)	OULD BE	(X5) COMPLETION DATE
F9999	slumped over and sto the floor. She can Nurses Aide (CNA) E3 tried to take R3' when she could not the room, went to the 911, then stayed or inhalation therapy. started CPR. E3 sa "hollered" at her whollered at her whollered at the whollered at the said we should have immediately by layi. On 5/31/07, both E3 lay R3 in his bestated that they do Facility initiating CFE4 helping the para arrived at the Facili. R3 was originally and 12/29/06. R3 share his son, Z1. R3's do Diabetes Mellitus, A of prostate cancer. included Warfarin Staily and Aspirin, 8 Minimum Data Set that he had no shor problems, was indeed daily decision making assistance of one patransfers to and from Resident Assessment address falls. R3's Facility plan of the state of the patransfers of the patransfers of the patransfers of the patransfers to and from Resident Assessment address falls.	found R3 in the bathroom she grabbed him as he slipped alled for help. A Certified came in, put R3 in bed and s vital signs. E3 said that a get any vital signs, she left he nurses station and called a the phone and paged E3 said that she never aid that the ambulance driver hen he got there because "they e started CPR and done it high him on the bathroom floor." 5 and E6, CNA's, who helped d, were interviewed. Both not remember anyone at the PR, however E5 did remember amedics do CPR after they	F99	999			

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

		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING			(X3) DATE SURVEY COMPLETED	
		145290	B. WIN	1G _			C 7/2007
	PROVIDER OR SUPPLIER	NTER		7	REET ADDRESS, CITY, STATE, ZIP CODE 727 NORTH 17TH STREET BELLEVILLE, IL 62226	00,01	172001
(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)	ULD BE	(X5) COMPLETION DATE
F9999	no falls." The "App 1/17/07, with no rev "approaches." The physical capabilities Facility clinical reco 6/4/07, Z1 said that wheelchair and no about it. The Facility failed to potential dangers rea blood thinner. Do Director of Nursing does not have a post abnormal laborator Facility does not have a post anticoagulant medion buring a review of forms, it was noted the Facility on 1/19, and 3/1/07. On 1/19/07, at 4:30 show and E2 confiron the floor. Small right and left shins. walk alone anymore this fall was "(R3) a anymore." During a record, a physician 1/20/07 was noted. "1/20/07, 1:50 AM, room for evaluation R3's clinical record to the emergency results."	I for this is "resident will have broaches" are all dated visions or additions to the are is no assessment of R3's as or fall risk present in the ord. During an interview on at R3 kept falling out of his one at the Facility did anything one assess and care plan for the elated to the use of Warfarin, uring an interview with E2, he stated that the Facility dicy regarding reporting of y values to the physician. The are a policy concerning dents who are taking	F99	999			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) M A. BUI		IPLE CONSTRUCTION IG	(X3) DATE SURVEY COMPLETED	
		145290	B. WIN	۱G _			C 7/2007
	PROVIDER OR SUPPLIER JOHNSON CARE CEN	NTER	•	7	REET ADDRESS, CITY, STATE, ZIP CODE 27 NORTH 17TH STREET BELLEVILLE, IL 62226		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES / MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREF TAG		PROVIDER'S PLAN OF CORRE (EACH CORRECTIVE ACTION SHI CROSS-REFERENCED TO THE APP DEFICIENCY)	OULD BE	(X5) COMPLETION DATE
F9999	was sent to the em on 1/19/07. No new related to the 1/20/07 present in the Facil On 1/28/07 at 2:30 show, and E2 confisiting on floor in from I just slid out of the asleep.' Resident of hurting." There are corrective action for On 2/5/07 at 7:00 F show, and E2 confisiting position in from states I was sliding pull my self back up the floor." There are for this fall. The comence was the floor. The side of this forehead walk to the bathroom if unable on 2/27/07 at 7:10 shows that "Reside side on the floor. Fide of his forehead walk to the bathroom balance and fell. Gorrective action for that any ongoing as R3's fall, such as not nurses notes show were taken on 2/28 nurses notes dated "Blood pressure 13 Respirations 18 and should be shoul	re remembers correctly" R3 ergency room due to his fall w orders or progress notes 07 emergency room visit is ity clinical records. AM, Facility nurses notes rmed, that "R3 was found ont of (his) wheelchair. States wheelchair when I was complained of his tail bone e no causative factors or	F99	999			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) M A. BUI		IPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED		
		145290	B. WIN				C 7/2007	
	PROVIDER OR SUPPLIER	NTER	l	7	REET ADDRESS, CITY, STATE, ZIP CODE 727 NORTH 17TH STREET BELLEVILLE, IL 62226		1/2001	
(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 SHO CROSS-REFERENCED TO THE APPL DEFICIENCY)	OULD BE	(X5) COMPLETION DATE	
F9999	swelling. Area red 3/1/07, 1:25 PM nu blood pressure was physician, was inte blood pressure. Z3 of 88/92 is "imposs pressure of 88/92 v was unable to prod show R3's actual bi Z3 stated that he w least perform neuro fall on 2/27/07. E2, confirmed that Faci neurological checks head injury on 2/27 have a policy conce after a fall or head i On 5/31/07, during was stated that if th was on Coumadin of "done something ve at the nursing home different physician's reports - not Z3's, physicians that com Resident's in-trainir whoever is on duty may not let the pati about abnormal lab interview with E2, it does not have a po abnormal laborator. A review of R3's en	yelid has a small amount of and slightly purplish." rses notes show that R3's 88/92. On 5/31/07, Z3, R3's rviewed and asked about the stated that a blood pressure lible." E2 said that the blood was not accurate however he uce any documentation to good pressure. ould expect the Facility to at blogical checks on R3 after his Director of Nursing, lity staff did not conduct so on R3 after his fall with a 1/07. The Facility does not erning assessing residents	F99	999				

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) M A. BUI		PLE CONSTRUCTION G	(X3) DATE SURVEY COMPLETED	
		145290	B. WIN				C 7/2007
	PROVIDER OR SUPPLIER	ITER	ı	7:	REET ADDRESS, CITY, STATE, ZIP CODE 27 NORTH 17TH STREET BELLEVILLE, IL 62226		
(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 SHO CROSS-REFERENCED TO THE APPR DEFICIENCY)	ULD BE	(X5) COMPLETION DATE
F9999	emergency room at resuscitated in the and transferred to the at 2330 (11:30 PM) 3/2/07, R3 experier while in the ICU. The blood pressure and initiated." ICU note "Dr. spoke to (R3's) Attorney, who wish was pronounced de Autopsy report, dat cause of death was letter written by Z5, the autopsy on R3, written: "I am attribute the subdural hemat of autopsy. I believ was the result of the experienced when note that he was or make him more like after the fall." The autopsy conducted the scalp shows the scalp on the right severals a large subentire right superior extending inferiorly. The Facility also fait was found without the local hospital emergence.	ge 31 bw that R3 arrived at 1938 (7:38 PM), was emergency room, stabilized the Intensive Care Unit (ICU). At 0640 (6:40 AM), on need heart rhythm changes the ICU was unable to obtain a "code blue protocol was show that on at 6:55 AM, on son who is Power of the sto end resuscitation." R3 and at 6:55 AM on 3/2/07. Bed 5/24/07, shows that R3's a Subdural Hematoma. In a 1 the physician who performed the following statement is uting the cause of death to oma that (R3) had at the time the that the subdural hematoma the head trauma that he he fell at the nursing home. In a 1 Coumadin which would the style of the caption of the by Z5 states "Brain: reflecting the there is hemorrhage in the de. Removing the skull dural hematoma involving the surface of the cortex and the brain is swollen." Iled to initiate CPR when R3 wital signs, resuscitated by the gency room and was later fiter being transferred to the	F99	999			

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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		IDENTIFICATION NUMBER:		DING	COMPLE	(X3) DATE SURVEY COMPLETED	
		145290	B. WING	B		C 7/2007	
NAME OF PROVIDER OR SUPPLIER CALVIN JOHNSON CARE CENTER			STREET ADDRESS, CITY, STATE, ZIP COE 727 NORTH 17TH STREET BELLEVILLE, IL 62226	•			
(X4) ID PREFIX TAG	(EACH DEFICIENCY	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF COR (EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE A DEFICIENCY)	SHOULD BE	(X5) COMPLETION DATE	