PRINTED: 02/26/2008 FORM APPROVED OMB NO. 0938-0391

	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) M A. BUI		PLE CONSTRUCTION	(X3) DATE SI COMPLE	
		145909	B. WIN				C 8/2007
	PROVIDER OR SUPPLIER	E		S	EET ADDRESS, CITY, STATE, ZIP CODE OUTH FOURTH STREET REENVILLE, IL 62246	00/0	0/2001
(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 SHOI CROSS-REFERENCED TO THE APPR DEFICIENCY)	ULD BE	(X5) COMPLETION DATE
F 000	INITIAL COMMEN	TS	F	000			
	Complaint Investiga	ation #0740887 / IL27513					
F 157 SS=G	A facility must immonosult with the resident involving to injury and has the physician intervention resident's physician intervention resident's physical, status (i.e., a deterior psychosocial status conditions or clinical alter treatment sign discontinue an exist adverse consequer form of treatment); discharge the resides specified in §483.1	ediately inform the resident; sident's physician; and if esident's legal representative mily member when there is an the resident which results in potential for requiring ion; a significant change in the mental, or psychosocial foration in health, mental, or in either life threatening all complications); a need to difficantly (i.e., a need to be complication to transfer or ent from the facility as 2(a).	F	157			3/29/07
	and, if known, the r or interested family change in room or specified in §483.1 resident rights under regulations as specifies section. The facility must rethe address and ph	resident's legal representative member when there is a roommate assignment as 15(e)(2); or a change in the rederal or State law or cified in paragraph (b)(1) of the cord and periodically update the number of the resident's eror interested family member.					
LABORATOR'	 Y DIRECTOR'S OR PROVID	DER/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.

145909 NAME OF PROVIDER OR SUPPLIER CARDINAL HILL HEALTHCARE STREET ADDRESS, CITY, STATE, ZIP CODE SOUTH FOURTH STREET GREENVILLE, IL 62246		FOF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	, ,	IULTIPI LDING	LE CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE SOUTH FOURTH STREET			145909	B. WI	NG			
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PRÉFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX (EACH CORRECTIVE ACTION SHOULD BE COMPLI	PRÉFIX	(EACH DEFICIENC)	Y MUST BE PRECEDED BY FULL	PREF		(EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APP	OULD BE	(X5) COMPLETION DATE
F 157 Continued From page 1 F 157	F 157	Continued From pa	age 1	F	157			
This REQUIREMENT is not met as evidenced by: Based on record review and interview the facility failed to immediately consult a resident's physician for 1 of 1 residents (R1) with a significant change in condition (including inability to chew, increased pain, crying, elevated temperature and refusal to attend dialysis). This failure resulted in R1 not receiving timely treatment. R1 expired within 14 hours of the first evidence of the decline. The findings include: According to the admission record and diagnosis record in the facility's medical records, R1 was a 72 year old resident with multiple diagnosis including: End Stage Renal Disease, Right Below the Knee Amputation (12/8/06), Coronary Artery Disease, Diabetes Mellitus, Congestive Heart Failure, Right Intertrochanteric Femur fracture (8/24/06), Peripheral vascular disease, and Decubitus ulcers. Nurses notes dated 2/19/07 11:10am indicate R1 was also on contact isolation for MRSA (Methicillin Resistant Staphylococcus Aureus). According to an incident report investigation of 2/18/07 R1 had a fall from the wheelchair resulting in a 3 to 5 centimeter laceration to R1's right eyebrow. A second incident report from 2/21/07 found R1 had a second fall on 2/20/07 that resulted in an Odontoid fracture and a 9.5 x 5 centimeter hematoma on the left forehead. Nurses notes dated 2/23/07 indicated R1 returned from a hospital stay related to the incident of 2/20/07 and give vital signs of		by: Based on record refailed to immediate physician for 1 of 1 significant change to chew, increased temperature and refailure resulted in Factorial treatment. R1 expevidence of the deal of the findings included the findings included. According to the adiagnosis record in R1 was a 72 year of diagnosis including Right Below the Kr Coronary Artery Di Congestive Heart Femur fracture (8/2 disease, and Decudated 2/19/07 11:1 contact isolation fo Staphylococcus Au According to an in 2/18/07 R1 had a fresulting in a 3 to 5 right eyebrow. A se 2/21/07 found R1 from the firm that resulted in an 5 centimeter heman Nurses notes data returned from a holincident of 2/20/07	eview and interview the facility aly consult a resident's residents (R1) with a in condition (including inability pain, crying, elevated of susal to attend dialysis). This R1 not receiving timely ired within 14 hours of the first cline. e: admission record and the facility's medical records, old resident with multiple rend Stage Renal Disease, nee Amputation (12/8/06), sease, Diabetes Mellitus, Failure, Right Intertrochanteric R4/06), Peripheral vascular bitus ulcers. Nurses notes 0am indicate R1 was also on remarks (Methicillin Resistant ureus). Incident report investigation of all from the wheelchair is centimeter laceration to R1's second incident report from and a second fall on 2/20/07 Odontoid fracture and a 9.5 x toma on the left forehead. The spital stay related to the at 4:30pm. The notes state					

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

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F 157	resident was having and the diet order was peech therapist. At 8:00 pm the note of the pain. It is a so sweyes with a so sweyes with a so med (medication before getting up for notes continue with up and ready to leas was using turn she pad underneath, repain with a so med (medication before getting up for notes continue with up and ready to leas was using turn she pad underneath, repain with a she stated "yes". It is nurse asked to the stated "yes". It is nurse asked to the stated "yes". It is nurse asked to the stated "yes". When questioned (Director of Nursing further notes or downwould indicate that a change in condition made aware of R1's crying out in pain a E2 confirmed that F	otry at 6pm indicating the g difficulty chewing when fed was changed to pureed by the urses notes state "T101.0 evated fever. Res in a lot of ollen that she cannot open her o monitor". Indicates the temperature is record shows no further entries	F 1	157			
F 309 SS=J	provide the necess	OF CARE t receive and the facility must ary care and services to attain nest practicable physical,	F3	309			3/29/07

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F 309		age 3 osocial well-being, in e comprehensive assessment	F3	309			
	by: Based on record re failed to adequately immediately consul for 1 of 1 residents condition (inability temperature, crying attend dialysis). Th	g out in pain, and refusal to nis failure resulted in R1 not atment. R1 expired within 14					
	code status; and be Resuscitation for 10 found without signs status. This failure resuscitation efforts	failed to follow policy; identify egin Cardiopulmonary of 1 residents (R1) who was of life and had "full code" resulted in the lack of according to R1's wishes and fility policy and procedures.					
	These failures resu Jeopardy.	ılted in an Immediate					
	on 3/5/07, the faciliat a severity level to staff education rela	ediate Jeopardy was removed ty remains out of compliance wo while the facility continues ted to monitoring and ng code status and evaluating					
	The findings include	e:					
	1. According to the	e admission record and					

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F 309	R1 was a 72 year of diagnosis including Right Below the Kn Coronary Artery Dis Congestive Heart F Femur fracture (8/2 disease and Decub Nurses notes da R1 was also on cor (methicillin resistan According to an inc 2/18/07, R1 had a fresulting in a 3 to 5 right eyebrow, a se 2/21/07 found R1 h that resulted in an (5 centimeter hemat R1's transfer she dated 2/23/07 indic from the hospital af and fracture of 2/20 contain nurses note indicating R1 is rea notes state "res (recomplaint of pain/d collar) in place V/S. Further notes follohaving a hard time received from spee to pureed diet" for increased fever so swollen that she 9:20pm "Tep (sic) axillary will con There are no further for preventive meas would have time to	the facility's medical records, old resident with multiple: End Stage Renal Disease, ee Amputation (12/8/06), sease, Diabetes Mellitus, failure, Right Intertrochanteric 4/06), Peripheral vascular	F 309			

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F 309	was using turn shed underneath res. wa pain she (R1) sthis nurse asked re she stated "yes" "Venotes indicate their transporter that the "was in too much prindicate that during stopped in R1's room mumbled she was seven even and non 7:45am E3 is called with no signs of life. Interview with E2 3/5/07 at 11:25am strength to refuse dialy should be called. A (LPN) the nurse on she had no further for R1. E6 indicate pain and assumed as it had been in the she had been in the she had been in an have documentation any other vital signs R1. R1's transfer series from the hospital or orders for a pain part R1's nurses notes in place. E6 was una patch was in place the phone interview expire. E6 stated sabout R1's changes temperature, increadialysis) E6 indicate dialysis) E6 indicate the place. E6 stated sabout R1's changes temperature, increadialysis) E6 indicate the place. E6 stated sabout R1's changes temperature, increadialysis) E6 indicate the place. E6 indicate the place interview expire. E6 stated sabout R1's changes temperature, increadialysis) E6 indicate the place indicate the place interview expire. E6 stated sabout R1's changes temperature, increadialysis) E6 indicate the place interview expire. E6 stated sabout R1's changes temperature, increadialysis) E6 indicate the place interview expire.	ge 5 et to put (mechanical lift) pad es grimacing et (and) crying in esaid she did not want to go esident if she was refusing et Vill monitor". 4 am nurses eurse explained to the resident was refusing and eain". 5:45am nurses notes shift change the nurses em and E3 talked with R1. R1 'ok" and the notes state "resp labored, will mt (monitor)". At et to R1's room and R1 is found eand no response to stimuli. (Director of Nursing) on found she had been called at eted the nurse that it was R1's esis and that Z1 (physician) extended the ted the night of 2/23/07, found erecords of any assessments et she did not assess R1's ethe pain was from R1's stump e past. E6 further indicated ethe out of R1's room but did not en of the visits and did not have es or physical assessments for each and readmission orders en 2/23/07 indicate R1 had each. There is no entry into endicating if the patch was in each to say whether R1's pain each to say whether R1's each to say whether R1's each to say whether	F	809			

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F 309	"running behind. It R1 expired before 2 R1's changing conditions that R1 regarding R1's conditions that R1 stated the facility sate and the facility of these conditions let me know" and on with my patients a review of the Condition" policy and part, "The facility shresident, his/her attrepresentative of clampes in level of resident rights, etc. The procedure sate and the facility shresident rights, etc. The procedure sate and the facility shresident rights, etc. The procedure sate and the facility shresident rights, etc. The procedure sate and the facility shresident rights, etc. The procedure sate and the facility shresident rights, etc. The procedure sate and the facility shresident rights, etc. The procedure sate and the facility shresident rights, etc. The procedure sate and the facility shresident rights and the facility shresident rights. The facility shresident rights are sate and the facility shresident rights. The facility shresident rights are sate and the facility shresident rights. The facility shresident rights are sate and the facility shresident rights are sate and the facility shresident rights. The facility shresident rights are sate and the facility shresident rights are sa	was a hairy night". However, Z1 was contacted regarding dition. View with Z1 on 3/7/06 at t Z1 had not been notified dition prior to R1 expiring. Z1 in she was informed of R1's the facility if there were any was expected to die. Z1 aid "no". Z1 stated she had stable upon release from the ead portions of R1's nurses ning of 2/23/07 to the morning of the inability to chew, ing and refusal of dialysis. Z1 acility failed to make her aware and that "They should have I "have to know what is going s". facility's "Change of and procedure found in the lending physician, and the hanges in the resident's condition and/or status (e.g., care, billing/payments,)". section indicated, in part: Itending Physician of Changes cal/Mental Condition. The eresident's attending physician in when there has been:	F3	09			

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F 309	walk-through and s note indicates "ask doing, res mumbled and nonlabored, wi at 7:45am states "pupils fixed and dilaby 2 nurses no resp to touch with feet/h dusky, no signs of MD office notified, notified. 11:25am body, body release There are no further records to indicated care by the facility: Located directly medical record was CODE STATUS. section FULL COD measures of resus Calling 911 (AMBU AND MEDICATION CODE is Xed out. name. R1's current phy facility staff upon reof 2/23/07 indicate under the section la Precautions": 15 m When E2 was q 10:55am about the was attempted E2 done because the Later when asked a checks for R1, E2 s documentation to in	topped in R1's room. The ed how res (resident) was d'ok" resp (respirations) even II mt.(monitor)" The next note called to res room, no resp, ated, no apical pulse verified conse to stimuli, res trunk cool ands cold, face pale lips life. 8:00am "DON notified (Z5) (family) notified, coroner "funeral home here to pick up d to the funeral home" er notes in the residents d'R1 was given any further staff. It was given any further staff. It is a neon yellow form labeled A large * is in place in the E The section states All citation including: CPR ILANCE) EMERGENCY IV'S II. The section labeled NO The form is labeled with R1's visician's orders prepared by enadmission on the afternoon Code Status: "Full", and abeled other orders: "Fall ninute visual checks. uestioned on 3/1/07 at code status for R1 and if CPR responded that CPR was not resident was cold and dusky. about the order for 15 minute searched and could no find andicate the checks were ever eturn from the hospital on the	F	809			

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

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F 309	A telephone intervite with E3 (LPN) the of found that she only walk-through docur E3's actions on the reviewed with E3. medications when and R1 was not breunaware that R1 wainitiate CPR. E3 in E3 was questioned been employed at tourrently CPR certinever had anyone to a full-code. A review of the fact and 3/6/07 found the "Cardiopulmonainstituted in cases of function(s) until systems are available." "CPR will be intrecognized cardiace except those reside order has been writt those whom the phis not medically indexically indexica	riview on 3/1/07, at 11:15am, lay nurse for R1 on 2/24/07, saw R1alive on the mented in the nurses notes. morning of 2/24/07 were E3 indicated she was passing she was called to R1's room eathing. E3 related she was as a full code and did not adicated R1's pupils were set. and responded that she has he facility for 6 years and is fied. E3 indicated she has to expire at the facility that was illity's CPR policy on 3/5/07 the following: ary resuscitation (CPR) is of recognized cardiac and arrest to sustain or support a and /or pulmonary advanced life support ole." estituted on all residents in and / or pulmonary arrest ents for whom a "no code" ten by the physician or for ysician determines that CPR	F3	309			

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F 309	3/5/07. The Immediate determined to have facility staff failed to visual checks; asse and failed to notify Immediate Jeopard failed to follow R1's informed of the Immon 3/5/07. The facility took the Immediate Jeopard 1. Licensed nursing CPR and Code staffull Code, DNR and via phone. 2. All resident charappropriate code staffull Code, DNR and via phone. 3. Licensed nursing 3/5/07 at 4:30pm recondition, Pain Assessment. 4. As of 3/5/07 all previewed for CPR, and Resident Nursing 5. The facility held	diate Jeopardy was begun on 2/23/07 when the omonitor; provide 15 minute ess R1's physical condition; R1's physician. Further, the dy continued when the facility acode status. E1 was nediate Jeopardy at 2:00pm efollowing steps to remove the dy: g staff were inserviced on the dy and department of the department of th	F3	009			
F9999		TIONS	F99	99			
	LICENSURE VIOLA	ATIONS					

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F9999	h) The facility shall of any accident, injing resident's condition safety or welfare of limited to, the preseduction and the control of limited to, the preseduction and the control of limited to, the preseduction and the control of limited to, the preseduction of percent or more with facility shall obtain plan of care for the accident, injury or of notification. Section 300.1030 No. 1030 No. 103	Medical Care Policies notify the resident's physician ury, or significant change in a that threatens the health, are aresident, including, but not ence of incipient or manifest are weight loss or gain of five thin a period of 30 days. The and record the physician's care or treatment of such change in condition at the time. Medical Emergencies ysician or medical advisory velop policies and procedures and procedures and procedures and the various medical analy occur from time to time in lities. These medical de, but are not limited to, such encies (for example, ischemic e, or cardiac arrest). Life-Sustaining Treatments all respect the residents' right relating to their own medical gother right to accept, reject, or treatment. Every facility shall concerning the implementation	F99	999			

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F9999	4) procedures detained respect to the provisite atment when a respect or limit life-sure reject or limit life-sure reject or limit life-sure resident has failed copportunity to make Section 300.1210 (Nursing and Persona) The facility must and services to attain practicable physical well-being of the releach resident's complan of care. Adequation of care and peto each resident to personal care need b) General nursing minimum the follow a 24-hour, seven do 3) Objective observational changes and determining care further medical evaluated by nursing stresident's medical resident's medical resident's medical resident of a facility resident.	ded within this policy shall be: diling staff's responsibility with sion of life-sustaining esident has chosen to accept, istaining treatment, or when a or has not yet been given the e these choices; General Requirements for hal Care provide the necessary care hin or maintain the highest I, mental, and psychological sident, in accordance with hiprehensive assessment and hate and properly supervised ersonal care shall be provided meet the total nursing and sof the resident. care shall include at a hing and shall be practiced on hay a week basis: rations of changes in a h, including mental and h, as a means for analyzing hater required and the need for luation and treatment shall be hater and recorded in the highest hater	F99	999			

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:	(X2) MULTIPLE CONSTRUCTION A. BUILDING			(X3) DATE SURVEY COMPLETED	
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	ROVIDER OR SUPPLIER	E		;	REET ADDRESS, CITY, STATE, ZIP CODE SOUTH FOURTH STREET GREENVILLE, IL 62246	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 CORRECT (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPR DEFICIENCY)	JLD BE	(X5) COMPLETION DATE
F9999	failed to adequately immediately consul for 1 of 1 residents condition (inability temperature, crying attend dialysis). The receiving timely treathours of the first eventure of the facility further foode status; and be Resuscitation for 10 found without signs status. This failure resuscitation efforts failure to follow facility further follow facility further foode status; and be Resuscitation for 10 found without signs status. This failure resuscitation efforts failure to follow facility failure to follow facility failure to follow facility failures and the findings including Right Below the Kn Coronary Artery Dis Congestive Heart Femur fracture (8/2 disease and Decuberated 2/19/07 11:10	view and interview the facility monitor; assess; and twith the resident's physician (R1), who had a change in to chew, increased out in pain, and refusal to its failure resulted in R1 not atment. R1 expired within 14 idence of decline. ailed to follow policy; identify egin Cardiopulmonary of 1 residents (R1) who was of life and had "full code" resulted in the lack of according to R1's wishes and lity policy and procedures. e: e: e: e: e: e: d: d: d: d:	F99	999	,		
	2/18/07, R1 had a f resulting in a 3 to 5	ident report investigation of all from the wheelchair centimeter laceration to R1's cond incident report from					

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) M A. BUI		IPLE CONSTRUCTION IG	(X3) DATE SU COMPLE	(X3) DATE SURVEY COMPLETED	
		145909	B. WIN	IG _			C 8/2007	
NAME OF PROVIDER OR SUPPLIER CARDINAL HILL HEALTHCARE			•	s	REET ADDRESS, CITY, STATE, ZIP CODE SOUTH FOURTH STREET GREENVILLE, IL 62246			
(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 CORRECTI PREFIX (EACH CORRECTIVE ACTION SHOULD TAG CROSS-REFERENCED TO THE APPRODEFICIENCY)		OULD BE	(X5) COMPLETION DATE		
F9999	that resulted in an 0 5 centimeter hemat 8 centimeter hemat R1's transfer sheet dated 2/23/07 indic from the hospital af and fracture of 2/20 contains nurses no indicating R1 was r notes state "res (re complaint of pain/d collar) in place V/S Further notes follow having a hard time received from spee to pureed diet" 8 for increased fever so swollen that she 9:20pm "Tep (sic)(t axillary will con There are no furthe for preventive meas would have time to dialysis will monitor was using turn she underneath res. wa pain she (R1) s this nurse asked re she stated 'yes' "W notes indicate the r transporter that the "was in too much p indicate that during stopped in R1's room umbled she was even even and non 7:45am E3 was cal	ad a second fall on 2/20/07 Dodontoid fracture and a 9.5 x oma on the left forehead. from a hospital in Missouri ates R1 returned to the facility ter a stay related to the fall b/07. R1's medical record tes dated 2/23/07, at 4:30pm, teadmitted to the facility. The sident) very sleepy no sc (discomfort) voiced. (hard 97.4T, 66P, 16R, 120/74BP." of at 6:00pm "resident was chewing. N/O (new order) the therapy reg. (regular) diet the composition of pain. face is cannot open her eyes." the merature of the monitor open her eyes. The more so med (medication) work before getting up for the to put (mechanical lift) pad so grimacing et (and) crying in the top to monitor open her eyes the top to the facility the top to t	F99	999				

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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	, ,	A. BUILDING			(X3) DATE SURVEY COMPLETED	
		145909	B. WIN	1G _			C 8/2007	
	NAME OF PROVIDER OR SUPPLIER CARDINAL HILL HEALTHCARE			s	REET ADDRESS, CITY, STATE, ZIP CODE SOUTH FOURTH STREET GREENVILLE, IL 62246	00,00	3/2001	
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F9999	at 11:25am found sand instructed the refuse dialysis and called. A telephone nurse on the night of further records of a indicated she did not assumed the pain of been in the past. Ebeen in and out of locumentation of the other vital signs or R1's transfer sheet the hospital on 2/23 a pain patch. There notes indicating if the was unable to say in place or not. E6 interview that she of E6 stated she did not changes (inability the temperature, increadialysis). E6 indicated the doctor. E6 "running behind. It R1 expired before 2 R1's changing conditions that R1 stated the facility says and the doctors that R1 stated the facility says and the saked the indications that R1 stated the facility says and the regarding R1's continuity says and the facility says and the f	Director of Nursing) on 3/5/07 he had been called at 3:50am hurse that it was R1's right to that Z1 (physician) should be enterview with E6 (LPN) the of 2/23/07, found she had no hursessments for R1. E6 of assess R1's pain and was from R1's stump as it had 6 further indicated she had R1's room but did not have he visits and did not have he visits and did not have he visits and readmission orders from 8/07 indicate R1 had orders for he is no entry in R1's nurses he patch was in place. E6 whether R1's pain patch was indicated during the phone lid not expect R1 to expire. ot call the doctor about R1's o chew, increased his in pain, and refusal of ted that the next shift was to went on to state I was was a hairy night." However, Z1 was contacted regarding	F99	999				

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1 ,	(X2) MULTIPLE CONSTRUCTION A. BUILDING			(X3) DATE SURVEY COMPLETED	
		145909	B. WIN	IG _			C 8/2007	
	PROVIDER OR SUPPLIER AL HILL HEALTHCAR	E	'	S	REET ADDRESS, CITY, STATE, ZIP CODE SOUTH FOURTH STREET GREENVILLE, IL 62246	DE		
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F9999	hospital. Z1 was renotes from the ever of 2/24/07 including increased pain, cryindicated that the fact of these conditions let me know" and I on with my patients. A review of the fact policy and procedushall promptly notificatending physician changes in the resicondition and/or stacare, billing/paymer. The procedure section 1. Notifying Att in Resident's Medic nurse will notify the or on-call physician d) A signification physical/emotional/ 2. Review of R1's morning of 2/24/07 nurse and the day in walk-through and some indicates "asked doing, res mumbled and nonlabored, with at 7:45am states "copupils fixed and dilaby 2 nurses no respect to touch with feet/hispidal pain in the expectation of the expectat	and portions of R1's nurses and portions of R1's nurses and portions of R1's nurses and portions of the morning of the inability to chew, and and refusal of dialysis. Z1 acility failed to make her aware and that "They should have "have to know what is going." Itity's "Change of Condition" are found, in part, "The facility of the resident, his/her, and representative of dent's medical/mental atus (e.g., changes in level of ants, resident rights, etc.)." Ition indicated, in part: Itending Physician of Changes al/MentalCondition. The resident's attending physician when there has been:	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	
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	PROVIDER OR SUPPLIER AL HILL HEALTHCAR	E	•	S	REET ADDRESS, CITY, STATE, ZIP CODE OUTH FOURTH STREET GREENVILLE, IL 62246		
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F9999	notified. 11:25am body, body release There are no further records to indicated care by the facility substitution. Located directly insumedical record was CODE STATUS. A section FULL COD measures of resustant sections.	(Z5) (family) notified, coroner "funeral home here to pick up d to the funeral home" It notes in the resident's the R1 was given any further	F99	999			
	AND MEDICATION CODE is Xed out. name. R1's current physic facility staff upon re of 2/23/07 indicate under the section la	I. The section labeled NO The form is labeled with R1's ian's orders prepared by admission on the afternoon Code Status: "Full," and abeled other orders: "Fall hinute visual checks.					
	about the code stat attempted E2 responses the reside because the reside when asked about for R1, E2 searched documentation to in	ndicate the checks were ever eturn from the hospital on the					
	E3 (LPN) the day n that she only saw F documented in the the morning of 2/24	ew on 3/1/07, at 11:15am, with urse for R1 on 2/24/07, found R1 alive on the walk-through nurses notes. E3's actions on R/07 were reviewed with E3. as passing medications when					

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F9999	she was called to F breathing. E3 relativas a full code and indicated R1's pupi questioned and resemployed at the facturrently CPR certinever had anyone full-code. A review of the fact and 3/6/07 found the "Cardiopulmon instituted in cases of pulmonary arrest to resident's cardiac afunction(s) until advare available." "CPR will be in recognized cardiace except those reside order has been writthose whom the phis not medically indicated." A review of the fact found:	R1's room and R1 was not eed she was unaware that R1 did not initiate CPR. E3 Is were set. E3 was sponded that she has been cility for 6 years and is fied. E3 indicated she has expire at the facility that was a cility's CPR policy on 3/5/07 he following: ary resuscitation (CPR) is of recognized cardiac and/or o sustain or support a and /or pulmonary yanced life support systems stituted on all residents in and/or pulmonary arrest ents for whom a "no code" tten by the physician or for ysician determines that CPR	F99	999				