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

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING			(X3) DATE SURVEY COMPLETED		
		145275	B. WII				C 6/2007
	PROVIDER OR SUPPLIER	ALTHCARE CENTER		2	REET ADDRESS, CITY, STATE, ZIP CODE 220 STATE STREET PEKIN, IL 61554	, 557.	0/2001
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y 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 000	INITIAL COMMEN	TS	F	000			
	0721414 / IL28	ations: 1996 ==> F223, F225, F309 1063 ==> F223, F225, F309 survey was conducted.					
F 223 SS=J	The resident has th	b)(1)(i) ABUSE ne right to be free from verbal, and mental abuse, corporal	F	223			5/31/07
		voluntary seclusion.					
		ot use verbal, mental, sexual, corporal punishment, or on.					
	by: Based on observatinterview, the facility place to increase mafter hiring E9, Cer (CNA), who had way on the Health Care battery and retail the faggravated batter abuse and criminal facility resident after breaking her wrist. These failures resulting assets the same and criminal facility resident after breaking her wrist.	ion, record review, and by failed to put measures into contoring and supervision tified Nursing Assistant conversed disqualifying offenses. Worker Registry of domestic confet. E9 was later found guilty ery of a senior citizen and consequent of a long-term care er twisting R2's arm and contoring the language.					
I AROPATOD	removed on 5-16-0 compliance at a se time is needed to n newly implemented well as to train and	ne Immediate Jeopardy was 17, the facility remains out of verity level two. Additional monitor the effectiveness of dipolicies and procedures as monitor staff.	NATIIDE		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.

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:			(X2) MU A. BUIL		CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
		145275	B. WING	3			C 6/2007
	ROVIDER OR SUPPLIER	ALTHCARE CENTER		2220	T ADDRESS, CITY, STATE, ZIP CODE O STATE STREET (IN, IL 61554		
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F 223	Continued From pa	age 1	F 2	23			
	diagnosis of a right sustaining a fall an surgically repaired re-admitted to the I dislocation of the shospital history and A consultation from 3-28-07 states "Thi hours on March 28 evaluation prior to patient first seen by because of fracture was surgically repassibsequently dism but re-admitted sor second fracture of also repaired by (Za nursing home on some type of altered the left arm with vatthe humerus and owas admitted yestes ame was planned. Facility nursing not doing daily care sawrist hurting. Left to move wrist." Nux-ray was obtained 3-27-07, and R2 acfor repair of a left with the surgical surgica	es dated 3-24-07 state "CNA's id resident complained left wrist swollen, resident is able rsing notes continue stating an 3-26-07, results received dmitted to the hospital that day					
	for repair of a left we shall be acility's final in	rist fracture.					

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		(X2) N A. BU		PLE CONSTRUCTION G	(X3) DATE SURVEY COMPLETED		
		145275	B. WII			C 05/16/2007	
	ROVIDER OR SUPPLIER	ALTHCARE CENTER	•	22	EET ADDRESS, CITY, STATE, ZIP CODE 220 STATE STREET EKIN, IL 61554		
(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 APPF DEFICIENCY)	ULD BE	(X5) COMPLETION DATE
F 223	investigation reveal complained to her of member had hurt his stated the staft twisted it. An assessive the nursing staff the wrist was red. In member slapped he assessment reveal noseInformation of investigation of the support the residen 2007, (E9) CNA was facility" On 4-2-07 at 1:00 pt 3-24-07 at about 7: up for the day when hand. E13 stated for displaced. When Estated a "big colorer last night. E13 stated for displaced. When Estated a "big colorer last night. E13 stated for how long ago R2 to Consider the color of the stated in her wrist but the state of the color of the stated in her wrist but the state of the color of of the	ls on March 24, 2007, (R2) caregiver that morning a staff er wrist the evening before. If member squeezed it and assment was immediately done, and it was determined that She also stated the staff er across the face. The ed a scratch to her	F	223			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1)		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MUL [*] A. BUILDI	TIPLE CONSTRUCTION NG		(X3) DATE SURVEY COMPLETED	
		145275	B. WING		05/	C 1 6/2007	
	ROVIDER OR SUPPLIER	ALTHCARE CENTER		TREET ADDRESS, CITY, STATE, ZIP COD 2220 STATE STREET PEKIN, IL 61554	-		
(X4) ID PREFIX TAG	(EACH DEFICIENC	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	
F 223	(LPN), E16, former DON, stated no on being rough with reincident. On 4-3-07 at 11:40 local hospital with asked how she hur lady (stated a namarm and broke its slapped me." During interview or Detective for a local was called by the fincident. According remove her sweater sound. E9 stated sinjured R2 but was license if she report charged with aggracitizen and abuse at term care resident. Z2's written report	e reported to them that E9 was esidents before the 3-24-07 a.m. R2 was observed at a a cast to her left arm. When ther arm, R2 stated "some big e similar to E9's) twisted my she threw me around and a 5-2-07 at 12:10 p.m., Z2, al police department, stated he acility and investigated the g to Z2, E9 was assisting R2 to be when she heard a popping she knew she had probably afraid she would lose her ted it. Z2 stated E9 was avated battery to a senior and criminal neglect of a long	F 223	3			
	and R2 stated "the twisted it while she bathroomthe black her, and she carried baby. She stated to does not like to be keeps on doing it a black nurse carried this, and she told hourse threw her do	black nurse grabbed it and					
		ed." R2 could not remember					

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F 223	Continued From pa	age 4	F2	23			
	stated he treated R First for a right Second time for original shoulder re Third time for re When R2 came for fractured left wrist, had been "rough w stated R2 did have consistent with infli	shoulder repair after a fall. or dislocation and repair of the epair. epair of her fractured left wrist. evaluation and repair of her Z1 stated she told him staff ith her" at the facility. Z1 bruising to her arm and face					
	E9's Health Care Wher hire date of 12-offenses found." The had been granted for police background	Vorker Registry check ran on 19-06 stated "disqualifying his form also showed a waiver for these offenses. E9's check dated 12-21-06 show fenses of domestic battery and					
	Nursing, stated she waiver for a domes theft so no measure	4-30-07, E2, Director of was not aware that E9 had a tic battery charge and retail es were put into place to osely supervise E9's work.					
	Coordinator responsible CNA the time of E9's hire waiver when she st showed the backgr containing E9's disto E17, Director of	p.m., E16, former CNA nsible for hiring CNA's and registry and their references at e, stated E9 had a copy of her tarted work. E16 stated she ound check information qualifying offenses and waiver Clinical Operations (acting e time) who approved it.					

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F 223	On 4-30-07 at 2:35 done when a CNA offenses found duri E17 stated he woul person is appropria person is hired, improperson is appropriately offenses which had investigation was provided investigation was provided investigation was provided investigation was hired, was found to have to increase monitor working in the facility offenses of domest later was found to have to increase monitor working in the facility offenses of domest later was found to have to increase monitor working in the facility offenses of domest later was found to have to increase monitor working in the facility offenses of domest later was found to have to increase monitor working in the facility offenses of domest later was found to have to increase monitor working in the facility offenses of domest later was found to have to increase monitor working in the facility offenses of domest later was found to have to increase monitor working in the facility offenses of domest later was found to have to increase monitor working in the facility offenses of domest later was found to have to increase monitor working in the facility offenses of domest later was found to have to increase monitor working in the facility offenses of domest later was found to have to increase monitor working in the facility offenses of domest later was found to have to increase monitor working in the facility offenses of domest later was found to have to increase monitor working in the facility offenses of domest later was found to have to increase monitor working in the facility offenses of domest later was found to have to increase monitor working in the facility offenses of domest later was found to have to increase monitor working in the facility offenses of domest later was found to have to increase monitor working in the facilit	p.m., E17, was asked what is has a waiver for disqualifying ing the background check. Id investigate thoroughly if that after for hire and then, if the olement a plan for staff and itor the employee. E17 stated aber being shown the to E9 having disqualifying I been waived so no further erformed before E9 was hired, increased monitoring of E9 Is. E17 stated he did not even was investigated for hurting p.m., an Immediate Jeopardy begun when the facility failed ring or supervision of a CNA ty with waivered disqualifying ic battery and retail theft who have broken a resident's wrist. Was informed of the Immediate D7 at 3:20 p.m. Timed through record review acility took the following the Immediate Jeopardy: D% audit was completed on gistry checks. Susiness Office Manager, erson, DON and ADON of Nursing) were inserviced tecking CNA registry checks	F2	223			

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F 223	audit on all CNAs fregistry checks and 4. O 3-26-07 facility of form for tracking criminal backgroun were inserviced on date. 5. Beginning on 3-facility staff attended (E17), Registered N Clinical Operations Abuse/Neglect precompletion of emplicing checks, and CNA r 6. On 4-12-07 facility has holonger hire CNA results or battery. 8. The facility has no longer hire CNA shows of employees checks. 10. On 5-14-07 facility has no longer hire CNA results of employees checks.	or appropriate nurse aide discriminal background checks. By developed and initiated use CNA registry checks and discrete checks. Department heads the use of this form on that 27-07 and ending on 3-30-07 and directed inservice given by Nurse, BSN Director of which covered vention and investigation, oyee criminal background egistry checks. Bity staff were inserviced on vention by a representative partment on Aging. Inted a new policy of not son with a criminal history of adopted a policy that they will	F 22	23		

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F 225 SS=J	the facility - waiver 13. Only one CNA E20 - waiver for ret monitored daily by The Administrator or random interviews basis to ensure tha previous history of Administrator will a interviews with the E20 to ensure there previous history of Documentation of t kept in E20's emplo 483.13(c)(1)(ii)-(iii), TREATMENT OF F The facility must not been found guilty o mistreating residen had a finding entere registry concerning of residents or misa and report any know court of law agains indicate unfitness fo other facility staff to or licensing authori The facility must en including injuries of misappropriation of reported immediate facility and to other State law through e	9, CNA, was terminated from for retail theft in 1997. left at facility with a waiver, ail theft in 1988. E20 will be the charge nurse on her unit. or her designee will conduct with residents on a monthly there are no issues related to criminal charges. Iso conduct monthly random professional staff working with eare no issues related to her criminal charges. The above interviews will be byment file. (c)(2) - (4) STAFF RESIDENTS It employ individuals who have f abusing, neglecting, or the state nurse aide abuse, neglect, mistreatment appropriation of their property; wledge it has of actions by a tran employee, which would or service as a nurse aide registry	F 225			5/31/07

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) N A. BU		PLE CONSTRUCTION G	(X3) DATE SURVEY COMPLETED	
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F 225	agency). The facility must haviolations are thorous prevent further pote investigation is in potential to the administrator representative and accordance with Strucky and certificate days of the incidential to the administrator representative and accordance with Strucky and certificate days of the incidential to the administrator representative and accordance with Strucky and certificate days of the incidential to the administrator representative and accordance with Strucky and certificate days of the incidential to the accordance with Strucky and the accordance with	ave evidence that all alleged ughly investigated, and must ential abuse while the rogress. vestigations must be reported or or his designated	F	2225			
	by: Based on observat review, the facility: 1) Failed to protect abuse by allowing (CNA), to work in the a finding of abuse of Registry. E4 was he 2-8-07 at which time 2) Failed to protect allowing E9, CNA, increased monitorin her with a finding of Health Care Worke to have broken the facility, R2, and was	its residents from potential E4, Certified Nursing Assistant he facility for three months with on the Health Care Worker hired 11-9-06 and worked until e he was terminated. its residents from abuse by to work at the facility without higher or supervision after hiring of domestic battery on the er Registry. E9 was later found wrist of a resident at the sterminated.					

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	145275	B. WIN	G		C 05/16/2007	
NAME OF PROVIDER OR SUPPLIER TIMBERCREEK REHAB & HEALTHCARE	E CENTER	•	22	EET ADDRESS, CITY, STATE, ZIP CODE 20 STATE STREET EKIN, IL 61554		
(X4) ID SUMMARY STATEMENT OF PREFIX (EACH DEFICIENCY MUST BE PREGULATORY OR LSC IDENTIFY)	RECEDED BY FULL	ID PREFI TAG		PROVIDER'S PLAN OF CORREC (EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APPR DEFICIENCY)	ULD BE	(X5) COMPLETION DATE
F 225 Continued From page 9 immediately to their supervisor residents reviewed (R1). 4) Failed to check the Health Registry before hiring a certific (E5), 1 of 19 personnel files in These failures resulted in an Jeopardy. While the Immediate removed on 5-16-07, the facilic compliance at a Severity Level time is needed to monitor the inservices conducted and new procedure implemented. Findings Include: 1. E4's personnel file shows in 11-9-06. The Health Care Worker in intitated by the facility an Administrative finding of all At the bottom of the registry of "No health care employer sharetain any individual who has conviction or an administrative neglect or theft" E4's personanther Health Care Worker is sheet ran 1-31-07 with the sate of the file notes that E4 was ter. The facility's undated policy exprevention Program" states "the right of our residents to be neglect, misappropriation of recorporal punishment, and investigation of the registry of the registry than the registry than the registry of th	Care Worker ied nursing assistant reviewed. Immediate ate Jeopardy was lity remains out of el two. Additional effectiveness of w policies and w policies an	F 2	225			

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F 225	this policy is to ass that is within its cormistreatment, negler residentsThis factor any individual conversidentsThis factor any individual conversidentsThis factor any individual conversidents of any individual conversidentsThis factor and individual conversidentsThis factor and individual conversidents. On the knowingly of any of Healthcare Worker (unless waivered under the waivered under the waivered under the washing of abuse on the regulation of abuse on the regulation of the waiver with the waiver has an audit of registry terminated. On 4-3-07 at 2:15 pc and the potential for abuse on the reduction and the waiver has an audit of registry terminated.	ure that the facility is doing all atrol to prevent occurrences of ect or abuse of our illity will not knowingly employ icted of resident abuse or resident property. The facility employ any direct care staff the crimes listed in the Illinois Background Check Act ander the provision of the Act), abuse listed on the Illinois	F	225			
	a right humerus fra and having her sho surgery. On 3-15-0 hospital for repair of	vas admitted with diagnoses of cture after sustaining a fall sulder repaired through 07, R2 was re-admitted to the of a dislocation of the same pospital history and physical					

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F 225	Continued From pa	ge 11	F 2	225			
	3-28-07 states "Thi hours on March 28 evaluation prior to repatient first seen by because of fracture was surgically repassubsequently dismibut re-admitted son second fracture of also repaired by (Z a nursing home on some type of alterothe left arm with vathe humerus and or was admitted yestes ame was planned. Facility nursing nothed doing daily care an wrist hurting. Left was not a left was a complained to her of the facility's final infracture dated 3-27 investigation reveal complained to her of member had hurt her stated the staff twisted it. An asset by the nursing staff the wrist was red.	es dated 3-24-07 state "CNA's d resident complained left vrist swollen, resident is able rsing notes continue stating an 3-26-07, results received lmitted to the hospital that day rist fracture. Investigation into R2's left wrist -07 states "follow-up is on March 24, 2007, (R2) caregiver that morning a staff er wrist the evening before. If member squeezed it and assment was immediately done, and it was determined that She also stated the staff er across the face. The ed a scratch to her					

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

	FOF DEFICIENCIES DF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	A. BUI		IPLE CONSTRUCTION IG	(X3) DATE SU COMPLE	TED
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F 225	investigation of the support the residen 2007, (E9) CNA was facility" On 4-3-07, E9's pe E9's Health Care Wher hire date of 12-offenses found." The had been granted for police background the disqualifying offeration the test with a way buring interview on Nursing, stated she waiver for a domes measures were put closely supervise E	incident does appear to at's complaint. On March 30, as terminated from the arsonnel file was reviewed. Vorker Registry check ran on 19-06 stated "disqualifying ais form also showed a waiver or these offenses. E9's check dated 12-21-06 show fenses of domestic battery and aiver attached. 14-30-07, E2, Director of a was not aware that E9 had a tic battery charge so no a into place to monitor or more	F:	225	,		
	checking the CNA references at the till a copy of her waive stated she showed information contain and waiver to E17, who was acting Adapproved it. On 4-30-07 at 2:35 done when a CNA offenses found durit E17 stated he woul person is appropriate person is hired, impropersion is to mon	registry and checking their me of E9's hire, stated E9 had er when she started work. E16 the background check ing E9's disqualifying offenses Director of Clinical Operations ministrator at the time, who p.m., E17, was asked what is has a waiver for disqualifying ing the background check. In the diement a plan for staff and itor the employee. E17 stated aber being shown the					

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F 225	paperwork relating offenses which had investigation was p nor was there any i after she was hired	to E9 having disqualifying I been waived so no further erformed before E9 was hired, ncreased monitoring of E9 . E17 stated he did not even was investigated for hurting	F	225			
	Certified Nursing A 1-3-07 sometime at E8, CNA, she want to scream at R1 tha R1 screamed back again. E7 stated sidown the hall. E8 the refused to care for that night and slam was not aware of a she did not report the	on 4-2-07 at 2:45 p.m., E7, ssistant (CNA), stated on fter supper she heard R1 tell ed to lay down. E8 proceeded at she had to wait. E7 stated, and E8 screamed at her he could hear them all the way nen took R1 to her room but her. E8 was short with staff med a door in E7's face but ny other incidents. E7 stated his incident to her supervisor talk with the Director of next morning.					
	CNA, stated on the coming up the halls CNA, yelling at R1. her she would have sounded very inapp stated later when the was crying and ups verified she did not supervisor that even happened when the morning.	a 4-2-07 at 3:00 p.m., E6, evening of 1-3-07, she was way and heard E8, former E8 was yelling at R1 telling eto wait. E6 indicated E8 propriate and aggravated. E6 ney were putting R1 to bed, R1 set about the incident. E6 report the incident to her ning but did relate what e facility called her the next					
	On 4-3-07 at 2:40 p	o.m., R1 stated E8 was rude to					

	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) M A. BUI		IPLE CONSTRUCTION IG	(X3) DATE SU COMPLE	JRVEY TED
		145275	B. WIN				C 6/2007
	ROVIDER OR SUPPLIER	ALTHCARE CENTER	'	2:	REET ADDRESS, CITY, STATE, ZIP CODE 1220 STATE STREET PEKIN, IL 61554		
(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
F 225	R1 but does not rer related this was ver R1 stated she did rallowed to be so ru The facility's Abuse undated states "Emany occurrences of observe, hear about or the administrator who have been according to the results of the in reviewed by the ad Employees accuse shall not complete provider to resident During interview with p.m., E2 verified the the alleged verbal at when it first occurred duty and an investing E2 stated an investing morning when the alleged verbal at the state of	on 1-3-07 and then "yelled" at member what was said. R1 by upsetting to her at the time. Not think staff should be de and yell at her. Prevention Procedure, aployees are required to report potential mistreatment they at, or suspect to a supervisor remember of mistreatment will be lent contact immediately until evestigation have been ministrator or designee. It do f possible mistreatment the shift as a direct-care is." In E2, DON on 4-2-07 at 1:30 be CNA's should have reported abuse the evening before at so E8 could be relieved of gration initiated at that time. In igation was started the next callegation was reported to the rese. E8 was terminated at the	F	225			
	be 8-16-06. A Hea sheet dated 1-31-0 that could be found Administrator, state Registry is checked work at the facility.	ile shows her date of hire to lth Care Worker Register 7 is the only registry check . On 4-3-07 at 2:30 p.m., E1, ed the Health Care Worker d before new employees start When asked if E5's was e started, E2, DON, stated					

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) M A. BUI		PLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
		145275	B. WIN		<u> </u>		C 6/2007
	ROVIDER OR SUPPLIER	ALTHCARE CENTER		22	EET ADDRESS, CITY, STATE, ZIP CODE 220 STATE STREET EKIN, IL 61554		
(X4) ID PREFIX TAG	(EACH DEFICIENC)	TEMENT OF DEFICIENCIES / MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG		PROVIDER'S PLAN OF CORREC (EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APPR DEFICIENCY)	ULD BE	(X5) COMPLETION DATE
F 225		ige 15 evidence that it was checked.	F 2	225			
	was found to have CNA with an abuse and when the facilit or supervision of a with waivered disquibattery and retail the have broken a residual was informed of the 5-14-07 at 3:20 p.m. The surveyor confinence of the surveyor confinence of the surveyor confinence of the confinence o	rmed through record review					
	measures to abate	acility took the following the Immediate Jeopardy. % audit was completed on gistry checks.					
	Medical Records po (Assistant Director	eusiness Office Manager, erson, DON, and ADON of Nursing) were inserviced ecking CNA registry checks round checks.					
	audit on all CNAs for	lity staff completed a 100% or appropriate nurse aide discriminal background checks.					
	of form for tracking criminal backgroun	y developed and initiated use CNA registry checks and d checks. Department heads the use of this form on that					
	5. Beginning on 3-	27-07 and ending on 3-30-07					

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:	A. BUI		IPLE CONSTRUCTION NG	(X3) DATE SU COMPLE	TED
		145275	B. WIN	۱G _			C 6 /2007
	ROVIDER OR SUPPLIER	ALTHCARE CENTER		2	REET ADDRESS, CITY, STATE, ZIP CODE 2220 STATE STREET PEKIN, IL 61554	0071	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 CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPR DEFICIENCY)	JLD BE	(X5) COMPLETION DATE
F 225	facility staff attended E17, Registered Nu Operations, which operations and investigation and investig	directed inservice given by urse, BSN, Director of Clinical covered Abuse/Neglect estigation, completion of background checks, and CNA ity staff were inserviced on vention by a representative partment on Aging. Ited a new policy of not son with a criminal history of adopted a policy that they will s with waivers. Ity completed an audit of a files for nurse aid registry 100% audit was completed on d checks for all CNAs in the 6, CNA, was terminated from for domestic battery in 1999. 9, CNA, was terminated from for retail theft in 1988. E20 will be the charge nurse on her unit. For her designee will conduct with residents on a monthly to there are no issues related to	F?	225			

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

	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	A. BUI		IPLE CONSTRUCTION IG	(X3) DATE SU COMPLE	
		145275	B. WIN	IG _			C 6/2007
	ROVIDER OR SUPPLIER	ALTHCARE CENTER		2	REET ADDRESS, CITY, STATE, ZIP CODE 220 STATE STREET PEKIN, IL 61554	0071	0/2001
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES Y 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 225	interviews with the E20 to ensure there previous history of Documentation of tkept in E20's employed.	so conduct monthly random professional staff working with a are no issues related to her criminal charges. The above interviews will be byment file.		225			
F 309 SS=G	provide the necess or maintain the high mental, and psycho	receive and the facility must ary care and services to attain nest practicable physical, esocial well-being, in e comprehensive assessment	F3	309			5/31/07
	by: Based observation, the facility failed to immobilizer for R2, after repair of a righ to notify the physici the immobilizer. R2	record review, and interview, verify use of a shoulder 1 of 3 residents reviewed, at shoulder fracture and failed an when R2 refused to wear 2's right shoulder became to be surgically repaired for 3-18-07.					
	was admitted to the 3-7-07 after having repair. Nursing not state (Physician's otransferred to (local dislocated shoulder	neet dated 3-7-07 states R1 e facility from the hospital on a right humerus fracture es dated 3-15-07 at 3:30 pm ffice) called, resident being I hospital) for admission with the will have surgery in am"					

		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) M A. BU		PLE CONSTRUCTION G	(X3) DATE SURVEY COMPLETED		
		145275	B. WI				C 6/2007	
	ROVIDER OR SUPPLIER	ALTHCARE CENTER	•	2	EET ADDRESS, CITY, STATE, ZIP CODE 220 STATE STREET EKIN, IL 61554			
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES / MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREF TAG		(EACH CORRECTIVE ACTION SHO	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)		
F 309	Z1 (Orthopedic phy "(R2) presents as a who apparently sus February. She did four part proximal hould four should facility) She was disconsidered with the should four our office, she is immobilizer as directly discomplaining of seven Report of Operation same physician state immobilizer since hould four four four four four four four four	rsician) dated 3-15-07 states frail 74 year old white female stained a fall in the later part of have a highly comminuted numerus fracture and a rotator der. She underwent a right oplasty on February 23, charged from (the hospital) to the now returns approximately ne surgery for follow-up ld be noted with examination not wearing her shoulder cted. States she has not been er immobilizer. She is ere pain and discomfort." The n dated 3-18-07 written by the tes "she had not utilized the er discharge from the hospital ct she felt it was very his report shows R2's shoulder y repaired. In 5-3-07 at 9:50 a.m., Z1 are been wearing her mes after her shoulder repair. It tandard treatment for shoulder he lack of use of the lack of use of R2's notes were reviewed from with no mention of the intacted for clarification for use or of him being contacted for	F	309				

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MU A. BUIL		CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
		145275	B. WIN				C 6/2007
	ROVIDER OR SUPPLIER	ALTHCARE CENTER		2220	ADDRESS, CITY, STATE, ZIP CODE STATE STREET IN, IL 61554	0071	0/2001
(X4) ID PREFIX TAG	(EACH DEFICIENC)	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	<	PROVIDER'S PLAN OF CORREC (EACH CORRECTIVE ACTION SHOU CROSS-REFERENCED TO THE APPR DEFICIENCY)	JLD BE	(X5) COMPLETION DATE
F 309	stated R2 had a follorthopedic doctor of shoulder repair. E2 fixed again, and it vide 3-18-07. E2 stated from the hospital strimmobilizer, but statist. E2 stated R2 was refuse to wear it. C stated nursing staff time that R2 was not shoulder immobilized evidence R2's physician of its used instructions came vide was "non-comp 4-3-07 at 9:10 a.m. Assistant, stated R on." Nursing notes 3-7-07 through 3-13	o.m., E2, Director of Nursing, low-up appointment with her on 3-15-07 for her fractured 2 stated they found it needed was surgically repaired there was no transfer orders ating R2 was to wear the off did encourage her to wear an on-compliant and would on 4-30-07 at 2:10 p.m., E2 did not report to her at the on-compliant with use of the er. E2 verified there is no sician was notified of her any clarifications with R2's when no orders or with R2 from the hospital. Tam, E2, Director of Nursing, ear her shoulder immobilizer liant" about wearing it. On particular the provided R1, Certified Nursing 1 "would not keep her sling reviewed from admission 18-07 contain no 18-22 was refusing to wear her stones.	F 3				
	300.660a) 300.660b)1) 300.661 300.3240a) 300.3240b)						

	T OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) M A. BUI		TIPLE CONSTRUCTION	(X3) DATE SU COMPLE	JRVEY TED
		145275	B. WIN				C 6/2007
	PROVIDER OR SUPPLIER	ALTHCARE CENTER	•	2	REET ADDRESS, CITY, STATE, ZIP CODE 2220 STATE STREET PEKIN, IL 61554		
(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	Continued From pa	ge 20	F99	999			
	nurse aide unless to Department as to in concerning the individual is on has findings of abuse misappropriation of Sections 3-206.01 at the individual has a (See Section 300.6 b) The facility shall assistant complies conditions: 1) Is approved Aide Registry. "Appaide has met the transfer requirements of Sections 300.661 He Background check and the Health Carcode (77 III. Adm. Code (77 III.	at employ an individual as a he facility has inquired of the information in the Registry vidual. (Section 3-206.01 of tment shall advise the inquirer in the Registry, if the individual se, neglect, or property in accordance with and 3-206.02 of the Act, and if a current background check. 61 of this Part.) ensure that each nursing with one of the following on the Department's Nurse proved" means that the nurse aining or equivalency ction 300.663 of this Part and squalifying criminal without a waiver. ealth Care Worker oly with the Health Care of Check Act [225 ILCS 46] the Worker Background Check Code 955). Abuse and Neglect ee, administrator, employee of shall not abuse or neglect a					

	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) M A. BU		IPLE CONSTRUCTION IG	(X3) DATE SU COMPLE	TED
		145275	B. WI	NG _			C 6/2007
	ROVIDER OR SUPPLIER	ALTHCARE CENTER	•	2	REET ADDRESS, CITY, STATE, ZIP CODE 2220 STATE STREET PEKIN, IL 61554		
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREF TAG		PROVIDER'S PLAN OF CORREC' (EACH CORRECTIVE ACTION SHOU CROSS-REFERENCED TO THE APPR DEFICIENCY)	JLD BE	(X5) COMPLETION DATE
F9999	aware of abuse or immediately report administrator. (Secondariate of the secondariate of the secondaria of the secondari	ree or agent who becomes neglect of a resident shall the matter to the facility etion 3-610 of the Act) ONS are not met as evidenced tion, interview, and record tits residents from potential E4, Certified Nursing Assistant the facility for three months with on the Health Care Worker nired 11-9-06 and worked until the he was terminated. The its residents from abuse by to work at the facility without any or supervision after hiring of domestic battery on the ter Registry. E9 was later found wrist of a resident at the asterminated. Calleged verbal abuse in supervisor for 1 of 3	F9:	999			
		Ilth Care Worker Registry					

-	FOF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) M A. BU		IPLE CONSTRUCTION	(X3) DATE SU COMPLE	
		145275	B. WI				C 6/2007
	PROVIDER OR SUPPLIER	ALTHCARE CENTER	•	2	REET ADDRESS, CITY, STATE, ZIP CODE 220 STATE STREET PEKIN, IL 61554		
(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
F9999	an Administrative fi At the bottom of the "No health care em retain any individual conviction or an ad neglect or theft" another Health Car sheet ran 1-31-07 or The file notes that I The facility's undate Prevention Program the right of our resi neglect, misapprop corporal punishmen This facility therefo neglect or abuse of attempted to estable resident secure em this policy is to ass that is within its com mistreatment, negle residentsThis fact any individual conve misappropriation of will not knowingly econvicted of any of Healthcare Worker (unless waivered u or with findings of a Nurse Aide Registr On 4-3-07 at 2:30 p stated E4 was let g of abuse on the reg was hired and allow 2-8-07 with a findin	the facility on 11-7-06 shows nding of abuse from 3-29-06. The registry check form it states allower shall hire, employ, or all who has a disqualifying ministrative finding of abuse, E4's personnel file contains the Worker Registry check with the same information. E4 was terminated on 2-8-07. The deposition of the facility affirms dents to be free from abuse, riation of resident property, and involuntary seclusion. The prohibits mistreatment, the ist residents, and has a resident sensitive and vironment. The purpose of the facility is doing all allower that the facility is doing allower that the facility is doing allower than the facility is doing allower than the facility of the facility will not knowingly employ icted of resident abuse or the resident property. The facility is mploy any direct care staff the crimes listed in the Illinois Background Check Act ander the provision of the Act), abuse listed on the Illinois	F9:	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:	A. BUI		IPLE CONSTRUCTION NG	(X3) DATE SU COMPLE	
		145275	B. WIN	NG _			C 6 /2007
	PROVIDER OR SUPPLIER	ALTHCARE CENTER		2	REET ADDRESS, CITY, STATE, ZIP CODE 2220 STATE STREET PEKIN, IL 61554	03/10	3/2007
(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	an audit of registry terminated. On 4-3-07 at 2:15 pE4 had been hired access to all reside a potential for abus facility. Current cer residents. 2. On 3-7-07, R2 waright humerus fra and having her sho surgery. On 3-15-00 hospital for repair of shoulder per the hodated 3-15-07. A consultation from 3-28-07 states "Thi hours on March 28 evaluation prior to repatient first seen by because of fracture was surgically repassubsequently dismit but re-admitted son second fracture of talso repaired by (Z a nursing home on some type of alterce the left arm with variate humerus and of was admitted yester same was planned. Facility nursing note.	ad not materialized, they did checks on 1-31-07. E4 was on, E1, Administrator, stated as a full-time CNA who had not in the facility. This created to every resident at the nosus is more that 130 was admitted with diagnoses of coure after sustaining a fall ulder repaired through 107, R2 was re-admitted to the fadislocation of the same respital history and physical was patient is seen at 0700 for pre-operative medical repair of left arm fracture. This is me on February 22, 2007, of the right shoulder, which ired by (Z1). She was seed (to the nursing home) the right shoulder, which was 1). She was then dismissed to March 22 and apparently had attend that led to a fracture of the right and surgical repair of the right and surgical repair of the right and surgical repair of the	F99	999			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 145275			(X2) MU A. BUIL		E CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
		B. WING	}		C 05/16/2007		
NAME OF PROVIDER OR SUPPLIER TIMBERCREEK REHAB & HEALTHCARE CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE 2220 STATE STREET PEKIN, IL 61554				
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)		ID PREFIX TAG		PROVIDER'S PLAN OF CORREC (EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APPR DEFICIENCY)	JLD BE	(X5) COMPLETION DATE
F9999	wrist hurting. Left of to move wrist." Nux-ray was obtained 3-27-07, and R2 action repair of a left with the facility's final infracture dated 3-27 investigation reveal complained to her of member had hurt his stated the staft twisted it. An asse by the nursing staff the wrist was red. Information investigation of the support the resider 2007, (E9) CNA was facility" On 4-3-07, E9's peee E9's Health Care Wher hire date of 12-offenses found." The had been granted for police background the disqualifying of retail theft with a way buring interview or Nursing, stated she waiver for a domestic state of the support of the disquality of retail theft with a way waiver for a domestic state of the support of the disquality of retail the formal of the support of the disquality of retail the formal of the support	wrist swollen, resident is able rsing notes continue stating an 3-26-07, results received dmitted to the hospital that day vrist fracture. Investigation into R2's left wrist 7-07 states "follow-up Is on March 24, 2007, (R2) caregiver that morning a staff fer wrist the evening before. If member squeezed it and ssment was immediately done of and it was determined that She also stated the staff fer across the face. The ed a scratch to her obtained during the incident does appear to not scomplaint. On March 30, as terminated from the second of the was reviewed. Worker Registry check ran on 19-06 stated "disqualifying his form also showed a waiver for these offenses. E9's check dated 12-21-06 show fenses of domestic battery and aiver attached. 1 4-30-07, E2, Director of the was not aware that E9 had a stic battery charge so no to tinto place to monitor or more	F99	99			
	On 4-30-07 at 2:05	p.m., E16, former CNA					

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 145275			(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING			(X3) DATE SURVEY COMPLETED C 05/16/2007	
		145275					
NAME OF PROVIDER OR SUPPLIER TIMBERCREEK REHAB & HEALTHCARE CENTER			•	2	REET ADDRESS, CITY, STATE, ZIP CODE 2220 STATE STREET PEKIN, IL 61554		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)		ID PREF TAG		PROVIDER'S PLAN OF CORREC (EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APPR DEFICIENCY)	(X5) COMPLETION DATE	
F9999	checking the CNA is references at the tinal a copy of her waive stated she showed information contain and waiver to E17, who was acting Adiapproved it. On 4-30-07 at 2:35 done when a CNA offenses found during E17 stated he would person is appropriated person is hired, improved it in the supervisors to mone he does not remempaperwork relating offenses which had investigation was portional after she was hired know E9 until she with R2's wrist. 3. During interview Certified Nursing A1-3-07 sometime at E8, CNA, she want to scream at R1 that R1 screamed back again. E7 stated she did not restated she did not restat	ge 25 nsible for hiring CNA's and registry and checking their me of E9's hire, stated E9 had re when she started work. E16 the background checking E9's disqualifying offenses Director of Clinical Operations ministrator at the time, who p.m., E17 was asked what is has a waiver for disqualifying ng the background check. It is distributed in the plant of the employee. E17 stated ber being shown the to E9 having disqualifying been waived so no further erformed before E9 was hired, increased monitoring of E9. E17 stated he did not even was investigated for hurting on 4-2-07 at 2:45 p.m., E7, sistant (CNA), stated on the supper she heard R1 telled to lay down. E8 proceeded at she had to wait. E7 stated and E8 screamed at her the could hear them all the way then took R1 to her room but ther. E8 was short with staff med a door in E7's face but of any other incidents. E7 eport this incident to her me but did talk with the	F99	999			

		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	` '	(X2) MULTIPLE CONSTRUCTION A. BUILDING			(X3) DATE SURVEY COMPLETED	
		145275	B. WING			C 05/16/2007		
NAME OF PROVIDER OR SUPPLIER TIMBERCREEK REHAB & HEALTHCARE CENTER			'	2	REET ADDRESS, CITY, STATE, ZIP CODE 2220 STATE STREET PEKIN, IL 61554			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)		ID PREF TAG		PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)		(X5) COMPLETION DATE	
F9999	During interview on CNA, stated on the coming up the hally CNA, yelling at R1. her she would have sounded very inappet stated later when the was crying and upsiverified she did not supervisor that eve happened when the morning. On 4-3-07 at 2:40 pher visiting mother R1 but does not rerelated this was verelated the sallowed to be so rundated states "Emany occurrences of observe, hear about or the administrator who have been according to the results of the in reviewed by the administrator who have been according to the interviewed by the administrator who have been according to the interviewed by the administrator who have been according to the interviewed by the administrator who have been according to the interviewed by the administrator who have been according to the interviewed by the administrator who have been according to the interviewed by the administrator with the alleged verbal and the alleged verbal and the interview with the interview	(DON) the next morning. 4-2-07 at 3:00 p.m., E6, evening of 1-3-07, she was vay and heard E8, former E8 was yelling at R1 telling to wait. E6 indicated E8 propriate and aggravated. E6 preserved the incident. E6 preport the incident to her ming but did relate what the facility called her the next end to the member what was said. R1 propriate to her at the time. The facility to her at the time. The prevention Procedure, applyees are required to report potential mistreatment they are to a supervisor contact immediately until the vestigation have been ministrator or designee. In the shift as a direct-care	F9:	999				

		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1, ,	(X2) MULTIPLE CONSTRUCTION A. BUILDING			(X3) DATE SURVEY COMPLETED	
		145275	B. WING			C 05/16/2007		
NAME OF PROVIDER OR SUPPLIER TIMBERCREEK REHAB & HEALTHCARE CENTER				22	EET ADDRESS, CITY, STATE, ZIP CODE 220 STATE STREET EKIN, IL 61554			
(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	relieved of duty and that time. E2 state the next morning w reported to the day terminated at the e 4. E5's personnel to be 8-16-06. A Hea sheet dated 1-31-0 that could be found Administrator, state Registry is checked work at the facility, checked before she	d an investigation initiated at d an investigation was started then the allegation was shift charge nurse. E8 was and of the investigation. file shows her date of hire to alth Care Worker Register is the only registry check. On 4-3-07 at 2:30 p.m., E1, and the Health Care Worker is before new employees start When asked if E5's was a started, E2, DON, stated evidence that it was checked. (A)	F9	999				