	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) N A. BU		IPLE CONSTRUCTION IG	COMPLE	
		145793	B. WII	1G _			C 9 /2007
	ROVIDER OR SUPPLIER	R		10	REET ADDRESS, CITY, STATE, ZIP CODE 675 EAST ASH STREET CANTON, IL 61520	<u> </u>	9/2007
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREF TAG		PROVIDER'S PLAN OF CORREC (EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APPR DEFICIENCY)	ULD BE	(X5) COMPLETION DATE
F 324	completed. 16. Starting immed one-on-one staff m R2 from the hours of weekdays and from weekends and holicaccording to reside. 17. All Maintenand staff were notified in use the end doors of than to receive sup to stay at the area of through that door. FINAL OBSERVAT LICENSURE VIOLATION 300.1210a) 300.1210b)6) Section 300.1210 ON Nursing and Personal and Services to attapracticable physical well-being of the reeach resident's complan of care. Adequations are and personal care need b) General nursing	diately on 5/22/07, a ember has been assigned to of 4:30 p.m. to 10 p.m. on 7 a.m. to 10 p.m. on days. This will be adjusted, nt's need. e and Environmental Service mediately on 5/22/07 not to co exit for any reason other plies, in which case they are to ensure no residents can exit strong and Care ATIONS ATIONS General Requirements for nal Care provide the necessary care ain or maintain the highest I, mental, and psychological sident, in accordance with a prehensive assessment and late and properly supervised ersonal care shall be provided meet the total nursing and is of the resident. care shall include at a ring and shall be practiced on		999			

	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING			(X3) DATE SURVEY COMPLETED		
	145793	B. WIN	IG _			C 9/2007	
	R	•	1	675 EAST ASH STREET			
(EACH DEFICIENCY	MUST BE PRECEDED BY FULL			(EACH CORRECTIVE ACTION SHO	ULD BE	(X5) COMPLETION DATE	
Continued From pa	ge 11	F99	999				
assure that the resi as free of accident nursing personnel sthat each resident rand assistance to p. These REGULATIO by: Based on interview observations, the far Alarm System Guid to investigate why the failed to do an outding failed to do an outding failed to follo 15-minute checks for as an elopement ris R2 left the facility unstaff. Findings include: Z2 (passerby) was 6/6/07 at 9:50 a.m. 5/21/07 at approximation traveling east near saw a stopped carriage as an elopement ris saw a stopped carriage as an elopement ris R2 left the facility unstaff.	dents' environment remains hazards as possible. All shall evaluate residents to see receives adequate supervision prevent accidents. ONS are not met as evidenced as, record review, and accility failed to follow their Door le Procedure when they failed he door alarm sounded and oor perimeter check. The low the care plan approach for or 1 of 12 residents assessed sk (R2). Innoticed and unattended by interviewed by phone on According to this interview, on mately 9:20 p.m., Z2 was the nursing home when Z2 in front of him. "I was in the the car when I saw an elderly and knees approximately 30 car. (R2) was on the street, not of on the curb, either. Her leet behind lying in the street." rowed the phone of the man in the police were called. Z2						
came driving down	the street and saw R2. The						
	SUMMARY STA (EACH DEFICIENCY REGULATORY OR LE Continued From pa 6) All necessary assure that the resi as free of accident nursing personnel is that each resident re and assistance to p These REGULATIO by: Based on interview observations, the fa Alarm System Guid to investigate why te failed to do an outd facility failed to follo 15-minute checks for as an elopement ris R2 left the facility us staff. Findings include: Z2 (passerby) was 6/6/07 at 9:50 a.m. 5/21/07 at approxim traveling east near saw a stopped car is process of passing lady on her hands affect in front of this co in the middle, but no shoes were a few for Z2 said that he born the other car, and the come driving down	TOTAL PROVIDER CORRECTION IDENTIFICATION NUMBER: 145793 ROVIDER OR SUPPLIER SANCE CARE CENTER SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) Continued From page 11 6) All necessary precautions shall be taken to assure that the residents' environment remains as free of accident hazards as possible. All nursing personnel shall evaluate residents to see that each resident receives adequate supervision and assistance to prevent accidents. These REGULATIONS are not met as evidenced by: Based on interviews, record review, and observations, the facility failed to follow their Door Alarm System Guide Procedure when they failed to investigate why the door alarm sounded and failed to do an outdoor perimeter check. The facility failed to follow the care plan approach for 15-minute checks for 1 of 12 residents assessed as an elopement risk (R2). R2 left the facility unnoticed and unattended by staff.	ROVIDER OR SUPPLIER SANCE CARE CENTER SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) Continued From page 11 6) All necessary precautions shall be taken to assure that the residents' environment remains as free of accident hazards as possible. All nursing personnel shall evaluate residents to see that each resident receives adequate supervision and assistance to prevent accidents. 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Her shoes were a few feet behind lying in the street, not in the middle, but not on the curb, either. Her shoes were a few feet behind lying in the street, not in the middle, but not on the curb, either. Her shoes were a few feet behind lying in the street." Z2 said that he borrowed the phone of the man in the other car, and the police were called. Z2 continued that a few minutes later, two women came driving down the street and saw R2. The	ROVIDER OR SUPPLIER SANCE CARE CENTER SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) Continued From page 11 6) All necessary precautions shall be taken to assure that the residents' environment remains as free of accident hazards as possible. All nursing personnel shall evaluate residents to see that each resident receives adequate supervision and assistance to prevent accidents. 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The	ROVIDER OR SUPPLIER 145793 STREET ADDRESS, CITY, STATE, ZIP CODE 1757 EAST ASH STREET SUMMARY STATEMENT OF DERICIPACIES (IEACH DETRICIPACY OR LSC IDENTIFYING INFORMATION) REGULATORY OR LSC IDENTIFYING INFORMATION) COntinued From page 11 6) All necessary precautions shall be taken to assure that the residents' environment remains as free of accident hazards as possible. All nursing personnel shall evaluate residents to see that each resident receives adequate supervision and assistance to prevent accidents. These REGULATIONS are not met as evidenced by: Based on interviews, record review, and observations, the facility failed to follow their Door Alarm System Guide Procedure when they failed to investigate why the door alarm sounded and failed to do an outdoor perimeter check. The facility failed to follow the care plan approach for 15-minute checks for 1 of 12 residents assessed as an elopement risk (R2). R2 left the facility unnoticed and unattended by staff. 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		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) N A. BU		IPLE CONSTRUCTION NG	(X3) DATE SU COMPLE	TED
		145793	B. WII	NG _			5 9 /2007
	ROVIDER OR SUPPLIER	R		1	REET ADDRESS, CITY, STATE, ZIP CODE 1675 EAST ASH STREET CANTON, IL 61520	00/1	3/2007
(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
F9999	resident at the nurs location where he finile from facility. Interview with E8 (I Assistant/CNA) too 6/6/07 at 3:45 p.m. (another CNA) got They were heading which Z2 was trave R2 had gotten out the stop sign about sitting on the south E8 said that E9 cal a nurse may be ne E9 (CNA) verified account of the incic location where resident E14 (CNA) stated (Licensed Practical had been found "by continued to state the picked up E10 (LPI R2 to drive them be that R2 "moved mosaid that it was appeared by the Continued to state the picked up E10 (LPI R2 to drive them be that R2 "moved mosaid that it was appeared to the Continued to state the picked up E10 (LPI R2 to drive them be that R2 "moved mosaid that it was appeared to the continued to state the continued to state that R2 are sociated with it. I alarms that sound into the keypad will an alarm also sound stations. At the 200 states are sociated with it. I alarms that sound into the keypad will an alarm also sound stations. At the 200 states are sociated with it. I alarms that sound into the keypad will an alarm also sound stations. At the 200 states are sociated with it.	Certified Nurses ok place on the phone on E8 stated that E8 and E9 off work at 9 p.m. on 5/21/07. If west on the same street on eling east. They did not know of the facility. "(R2) was past at 3 - 4 houses down. She was a side of the street on the curb." led the facility to indicate that eded, not "just aides." On 6/7/07 at 1:55 p.m. E8's dent and pointed out the dent was found. On 6/7/07 at 2:45 p.m. that E10 I Nurse/LPN) told him that R2 of the second stop sign." E14 that he drove down there and N) and E15 (CNA) as well as ack to the facility. E14 noted one slowly than usual." E14 proximately 9:10 to 9:15 p.m.	F9	999			

AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:			(X2) MULTIPLE CONSTRUCTION A. BUILDING			(X3) DATE SURVEY COMPLETED	
		145793	B. WII	۱G _			0 9 /2007
	ROVIDER OR SUPPLIER			1	REET ADDRESS, CITY, STATE, ZIP CODE 675 EAST ASH STREET CANTON, IL 61520	1 00/13	9/2007
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREF TAG		PROVIDER'S PLAN OF CORREC (EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APPR DEFICIENCY)	ULD BE	(X5) COMPLETION DATE
F9999	Courtyard door aland Depending on the cappropriate reset by This alarm needs to keypad alarm at the A tour of the facility (Maintenance Superscript)	rms and reset buttons. door that is opened, the utton lights up and sounds. b be reset in addition to the e door. was conducted with E11 ervisor) on 6/7/07 at	F9:	999			
	checks on the door first gets to the faci batteries wearing of the battery is in the alarm is "slower," be that he replaces the getting slower, before Door Alarm System	0 a.m. E11 said that he alarms every day when he lity. E11 checks for the ut. According to E11, when process of wearing out, the ut as loud as usual. E11 said e batteries when they start ore they wear out. Review of a Check for 5/21/07 shows that East door was "ok" as far as is concerned.					
	under Responding "If Alarm Syste keypad alarm and t If this occurs, go to immediately. Do not First, you must inves sounded. The outde checked in order to You must determin sounded by a visitor resident. If it was so must leave the alar with the resident in them back into the until help arrives. If that the alarm was member, you may the	m is activated, both the he automatic alarm will sound.					

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

	FOF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) N A. BUI		IPLE CONSTRUCTION IG	COMPLE	TED
		145793	B. WIN	1G _			C 9/2007
	ROVIDER OR SUPPLIER	R		1	REET ADDRESS, CITY, STATE, ZIP CODE 675 EAST ASH STREET CANTON, IL 61520		5/ 2 501
(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 SHOUNDS OF THE APPRICED TO THE APPRICED T	ULD BE	(X5) COMPLETION DATE
F9999	he/she will call a 'D complete head coumissing. Once this action has been de alarm at the door a alarm at the nurses E7 (Laundry Aide/Non 6/6/07 at 3:00 p. a Laundry Aide on p.m., E7 saw R2 in from the 200 wing Notation to see what the checked the some linen. When Notation to see what the alarm at the Nuthe hall and shut it Maintenance man (door to go to the duthrough the glass doutside." (The dum the 200 wing East of glass panel.) E17 (Maintenance) 3:38 p.m. E17 said 200 hall East exit doutside also said that he said that he said en 6/7/07 at 2:40 p. side of 200 wing whaccording to E10, "turned the alarm of had gone outside to time E10 had seen	t notify the Charge Nurse, and r. Hunt' page in order to do a nt to ensure no one is has been done, and a plan of termined, reset the keypad nd then reset the automatic station." Maintenance) was interviewed m. E7 said that he worked as 5/21/07. At approximately 8:45 the television room across Nurses Station. E7 continued e linen closet, and it needed ne stepped out of the linen ent off. "I went to the Nurses alarm had sounded. I shut off reses Station, then went down off at the door. I thought the E17) had left through this impster. When I looked oor, there was nobody apster can be seen through door because it has a large	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:	A. BUI		IPLE CONSTRUCTION	(X3) DATE SU COMPLE	TED
		145793	B. WI	1G _			C 9/2007
	ROVIDER OR SUPPLIER	R		10	REET ADDRESS, CITY, STATE, ZIP CODE 675 EAST ASH STREET CANTON, IL 61520	00/10	0/2001
(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 SHOUNDS OF THE APPRINCE O	ULD BE	(X5) COMPLETION DATE
F9999	R2's June 2007 Phis 83 years old, has Dementia, Depress others, and is to we device at all times. care plan, dated 4/3 Needs/Problems/C indicated that res. (attempts (successf Care Plan outlines doesn't exhibit exit she does wander the cleaning et (and) gatables esp. (especiof Approach: 1. Monitor election Monitor resions. 1. Monitor resions. 2. Frequent vistantial of the control of the con	ysician Order Sheet states R2 a diagnoses of Alzheimers, sion, and Anxiety, among ear an electronic monitoring One of the items in the current 3/07 through 7/3/07, under oncerns is "Family has (resident) had elopement ul) at previous placement." "Generally res. (resident) seeking behaviors, although he facility. Res. enjoys ardening. Res. enjoys wiping ally) after meals." Under Plan	F99	999			

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:	, ,			(X3) DATE SU COMPLE	
	145793	B. WIN	1G _			C 9/2007
ROVIDER OR SUPPLIER	R		1	1675 EAST ASH STREET	00/1	3/2001
(EACH DEFICIENCY	MUST BE PRECEDED BY FULL			(EACH CORRECTIVE ACTION SHOU	JLD BE	(X5) COMPLETION DATE
Behavior sheets for May 2007 show that elopement behavior listed are "re-direct" elopement attempt evening shift. Nurse admitted 12/15/06 at the facility at least resident. These time 2/10/07, 9:00 a.m.; 11:00 a.m.; 2/18/07 twice; 3/1/07, 2:00 Nurses Notes for 5/R2 was "sitting on the arrived Right pareddened and sking resident to get in a facility." This note in Practical Nurse). Facility's investigating that R2 ambulates "occasional assistating or when getting the call regarding Residents with wand elopement risks. R2 book. On 6/7/07 at 10:42	r February, March, April, and at R2 had wandering and rs regularly. Interventions and "1-on-1" most often. No is documented for the 5/21/07 es Notes outline that R2 was and has attempted to leave nine times before the 5/21/07 es are: 12/31/06, 7:30 p.m.; 2/10/07, 6:35 p.m.; 2/17/07, 7, 11:30 a.m.; 3/1/07, 1:30 p.m. p.m.; and 5/20/07, 12:30 p.m. p.m.; and 5/20/07, 12:30 p.m. p.m.; and both knees are ned from falling. Got the CNA's car and go back to the is signed by E10 (Licensed on of 5/21/07 incident shows independently, requiring nce for balance when she is g up after sleeping." Then was called about the time to 2 came in. Their records 1/21/07 at 9:10 p.m. Their records 2/21/07 incidents the time to 2 came in. Their records 1/21/07 at 9:10 p.m. Their records 2/21/07 incidents in that 2 came of the residents in that a.m., an attempt was made to	F99	999			
interview R2 after s	he walked for awhile					
	ROVIDER OR SUPPLIER SUMMARY STA (EACH DEFICIENCY REGULATORY OR LE Continued From pa Behavior sheets for May 2007 show that elopement behavior listed are "re-direct" elopement attempt evening shift. Nurse admitted 12/15/06 at the facility at least redicted incident. These time 2/10/07, 9:00 a.m.; 11:00 a.m.; 2/18/07 twice; 3/1/07, 2:00 Nurses Notes for 5/R2 was "sitting on the arrived Right pareddened and skinn resident to get in a facility." This note in Practical Nurse). Facility's investigating that R2 ambulates are casional assistating or when getting the Call regarding Residents with wand elopement risks. R2 interview R2 after set on 6/7/07 at 10:42 interview R2 after set.	ROVIDER OR SUPPLIER SANCE CARE CENTER SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) Continued From page 16 Behavior sheets for February, March, April, and May 2007 show that R2 had wandering and elopement behaviors regularly. 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The Police Department was called about the time the call regarding R2 came in. Their records indicate it was on 5/21/07 at 9:10 p.m. Facility Wander Log indicates there are 12 residents with wandering behaviors that could be elopement risks. R2 is one of the residents in that	ROVIDER OR SUPPLIER SANCE CARE CENTER SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) Continued From page 16 Behavior sheets for February, March, April, and May 2007 show that R2 had wandering and elopement behaviors regularly. Interventions listed are "re-direct" and "1-on-1" most often. No elopement attempt is documented for the 5/21/07 evening shift. Nurses Notes outline that R2 was admitted 12/15/06 and has attempted to leave the facility at least nine times before the 5/21/07 incident. 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Got the resident to get in a CNA's car and go back to the facility." This note is signed by E10 (Licensed Practical Nurse). Facility's investigation of 5/21/07 incident shows that R2 ambulates independently, requiring "occasional assistance for balance when she is tired or when getting up after sleeping." The Police Department was called about the time the call regarding R2 came in. Their records indicate it was on 5/21/07 at 9:10 p.m. Facility Wander Log indicates there are 12 residents with wandering behaviors that could be elopement risks. R2 is one of the residents in that book. On 6/7/07 at 10:42 a.m., an attempt was made to interview R2 after she walked for awhile	ROVIDER OR SUPPLIER SANCE CARE CENTER SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) Continued From page 16 Behavior sheets for February, March, April, and May 2007 show that R2 had wandering and elopement behaviors regularly. Interventions listed are "re-direct" and "1-on-1" most often. No elopement attempt is documented for the 5/21/07 evening shift. Nurses Notes outline that R2 was admitted 12/15/06 and has attempted to leave the facility at least nine times before the 6/21/07 incident. These times are: 12/31/06, 7:30 p.m.; 2/10/07, 9:00 a.m.; 2/10/07, 6:35 p.m.; 2/17/07, 1:30 p.m. twice; 3/1/07, 2:00 p.m.; and 5/20/07, 12:30 p.m. Nurses Notes for 5/21/07 at 9:20 p.m. state that R2 was "sitting on the curb when this nurse arrived Right palm and both knees are reddened and skinned from falling. Got the resident to get in a CNA's car and go back to the facility. This note is signed by E10 (Licensed Practical Nurse). Facility's investigation of 5/21/07 incident shows that R2 ambulates independently, requiring "occasional assistance for balance when she is tired or when getting up after sleeping." The Police Department was called about the time the call regarding R2 came in. 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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) M A. BUI		PLE CONSTRUCTION G	(X3) DATE SURVEY COMPLETED	
		145793	B. WIN	IG _) 9 /2007
NAME OF PROVIDER OR SUPPLIER RENAISSANCE CARE CENTER (X4) ID SUMMARY STATEMENT OF DEFICIENCIES PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL			•	10	REET ADDRESS, CITY, STATE, ZIP CODE 675 EAST ASH STREET CANTON, IL 61520		
(X4) ID PREFIX TAG	(EACH DEFICIENCY		ID PREF TAG		PROVIDER'S PLAN OF CORREC (EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APPR DEFICIENCY)	ULD BE	(X5) COMPLETION DATE
F9999	showed an unrema When asking her w it was slick." R2 did town she is in, nor t Latest Minimum Da indicates that R2 ha	ght knee "hurts" and she rkable spot on her knee. hy she falls, R2 said "because not know the name of the the name of the facility. Ita Set, dated 3/29/07, as both short-term and problems and needs	F99	999			