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

AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) M A. BUI		IPLE CONSTRUCTION IG	(X3) DATE SURVEY COMPLETED		
		145978	B. WIN	B. WING			C 11/21/2007	
NAME OF PROVIDER OR SUPPLIER HARRISBURG CARE CENTER				1	REET ADDRESS, CITY, STATE, ZIP CODE 000 WEST SLOAN STREET HARRISBURG, IL 62946	11/2	172007	
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)		ID PREFI TAG		PROVIDER'S PLAN OF CORRECT (EACH CORRECTIVE ACTION SHOU CROSS-REFERENCED TO THE APPR DEFICIENCY)	E ACTION SHOULD BE CONTROL CON		
F 367	their appropriate did Dietary manager or trays per week for a starting 11-19-07. 10. The Dietary Mashe can observe tweets received an inseadministrator on 11 communication and 11. The Director of all dietary orders are to make sure the dicorrect. 12. The Director of report in the quarte the results of this per the didity status meeting E1, E6 and E12 (ReFINAL OBSERVAT LICENSURE VIOLATION 1200.1210a) 300.1210b)6)b)6 300.2040e) 300.2040e) 300.3240a) Section 300.1210 00.00000000000000000000000000000	sidents continue to receive ets, the Director of Nursing, designee will spot check 5 accuracy of the meal served anager's schedule is set so to meals a day when present. Ervice from the regional -15-07 on proper diresponse to questions. Nursing will receive copies of a follow through the process etary communication form is Nursing or designee will rly Quality Assurance meeting rogram for further action. Lion was confirmed during the gon 11-15-07 at 3:00 PM with regional Director). IONS ATIONS:	F 3	999				
	Nursing and Persor							

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F9999	and services to atta practicable physica well-being of the re each resident's complan of care. Adequation of care and pet to each resident to personal care need b) General nursing minimum the follow a 24-hour, seven do 6) All necessary preasure that the resi as free of accident nursing personnel sthat each resident rand assistance to personal care need b) General nursing personnel strate ach resident rand assistance to personnel strategy and the rapeutic diets in the control of the physician as part of clinical condition, to substances in the control of the physician as part of clinical condition, to substances in the control of the physician as part of clinical condition, to substances in the control of the physician as part of clinical condition, to substances in the control of the physician as part of clinical condition, to substances in the control of the physician as part of clinical condition, to substances in the control of the physician as part of clinical condition, to substances in the control of the physician as part of clinical condition, to substances in the control of the physician as part of clinical condition, to substance in the control of the physician as part of clinical condition, to substance in the control of the physician as part of clinical condition, to substance in the control of the physician as part of clinical condition, to substance in the control of the physician as part of clinical condition, to substance in the control of the physician as part of clinical condition, to substance in the control of the physician as part of clinical condition, to substance in the control of the physician as part of clinical condition, to substance in the control of the physician as part of clinical condition,	in 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 so of the resident. Care shall include at a sing and shall be practiced on any a week basis: Becautions shall be taken to dents' environment remains that a shall evaluate residents to see receives adequate supervision between the accidents. Diet Orders the treatment for a disease or of eliminate or decrease certain liet (e.g., sodium) or to be stances in the diet (e.g., rovide food in a form that the eat (e.g., mechanically altered ariations of prescribed hall be available in the kitchen. The are not planned for each formation for each specific ly understood by staff, shall be enient location in the kitchen. Abuse and Neglect ee, administrator, employee of shall not abuse or neglect a	F9:	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:	(X2) MULTIPLE CONSTRUCTION A. BUILDING			(X3) DATE SURVEY COMPLETED	
		145978	B. WIN	1G _			C 1 /2007
NAME OF PROVIDER OR SUPPLIER HARRISBURG CARE CENTER				1	REET ADDRESS, CITY, STATE, ZIP CODE 000 WEST SLOAN STREET HARRISBURG, IL 62946	1172	172007
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES / MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREF TAG		PROVIDER'S PLAN OF CORREC (EACH CORRECTIVE ACTION SHOI CROSS-REFERENCED TO THE APPR DEFICIENCY)	ULD BE	(X5) COMPLETION DATE
F9999	by: Based on observation interviews the facilitherapeutic diet corphysician for three reviewed. The residuet were R1, R2 at R1 being served a 11-06-07 during the unable to breathe a Findings include: 1. R1 is an 84 year facility with diagnost Retardation accord sheet dated 01-05-Data Set (MDS) dat assessed to be moskills for decision mactivities of daily livat noon, R1 feeds hown. R1's November phy 10-23-07 stated R1 Sweet-Mechanical bread. The nutritio 08-22-07 states R1 gradual weight loss weight range. Per observation an R1 on 11-14-07 at a person, place and the 11-06-07 incident, live and the same state of th	were not met as evidenced ion, record review, and ty failed to serve the ensistency as prescribed by the of three sampled residents dents on a Mechanical Soft and R3. This failure resulted in whole slice of pizza on e evening meal, choking, being and losing consciousness. Told resident admitted to the ses including Profound Mental ing to the admission face 80. According to the Minimum ted 08-14-07, R1 was derately impaired in cognitive making and independent in ring. Observation on 11-14-07 nimself and ambulates on his visician's orders dated is on a Limited Concentrated Soft Diet with no salad or nal assessment dated is edentulous and has had a sobut is within ideal body d according to interview with 3:20 PM, he is oriented to time. When asked about the R1 stated "I choked on pizza, 1 stated the pizza was not cut	F99	999			

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		145978	B. WIN	IG			C 1/2007	
NAME OF PROVIDER OR SUPPLIER HARRISBURG CARE CENTER			•	10	REET ADDRESS, CITY, STATE, ZIP CODE 000 WEST SLOAN STREET IARRISBURG, IL 62946			
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F9999	R1 was aware he was not associate the property of the fact of the	e first time he had eaten pizza. It was not to have bread but did It was most most most most most most most mos	F99	999				

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F9999	and an abdominal to success. E8 said with paramedics entered remove the food both Artificial respiration bag by the paramed on his own. R1 was emergency room and hospital. According hospital report date was Aspiration and The current facility fall/winter LC cycle should receive a 4 pizza, confirmed by Manager) on 11-14 11-14-07 at 2:50 Pl whole slice of pizza E5 stated a commenserved instead of for the pizza. According to a photh (physician) on 11-1 served the wrong do than he could hand contributed to R1's consciousness accommenser according to a photh physician and Concentrated Sweethead according photh 11-07-07. A modified was done on 11-07 impression: prompt R1 returned to the light with physician's ordered.	hrust was done without ithin 30 seconds the dithe room and were able to oblus with an instrument. It is were given with an Amburdics until R1 started to breathe at then transported to the and then admitted to the growth of the "Short Stay Report" do 11-06-07, the final diagnosis Diabetes Mellitus type II. In menu spread sheet for the states a Mechanical Soft Diet of the states a Mechanical Soft Diet of the states a Mechanical Soft Diet of the states and the states of the states and continuous with E3 (Dietary 1-07 2:20 PM. Per interview on of with E5, R1 was served a state of 11-06-07 evening meal. It is interview of the prepared recipe of the conversation with Z1 5-07 at 10:30 AM, "R1 was it interview on the conversation with Z1 it is it is interview with Z1 it is it is interview with Z1 in The wrong diet choking and loss of ording to interview with Z1. R1 in Pureed diet during his	F9:	999				

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NAME OF PROVIDER OR SUPPLIER HARRISBURG CARE CENTER			1	10	EET ADDRESS, CITY, STATE, ZIP CODE 000 WEST SLOAN STREET ARRISBURG, IL 62946			
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F9999	physical status from 2. R2 and R3 have Mechanical Soft Die piece of pizza by E- according to intervious Nursing) on 11-15-0 conversation. R2 are and no choking pro obtained a substitut 3. On 11-15-07 at were compared wit physicians' diet ord residents tray cards order listed making serve the appropria he was on a Puree physician's order st	_	F99	999				