		AND HUMAN SERVICES				FORM	04/18/2009 APPROVED 0938-0391
	T OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) M A. BUI		IPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
		145497	B. WIN	IG		(12/16	5 6/2008
NAME OF P	PROVIDER OR SUPPLIER				REET ADDRESS, CITY, STATE, ZIP CODE		
THREE SPRINGS LODGE NURSING H					61 THREE SPRINGS ROAD CHESTER, IL 62233		
(X4) ID PREFIX TAG	(EACH DEFICIENC)	TEMENT OF DEFICIENCIES / MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFI TAG		PROVIDER'S PLAN OF CORRECT (EACH CORRECTIVE ACTION SHOU CROSS-REFERENCED TO THE APPR DEFICIENCY)	JLD BE	(X5) COMPLETION DATE
F 353	check R3 after E3 s stated in an intervie know R3 was a full did not tell her R3 v would have started Resuscitation if she In an interview v 12/10/08 by phone, expect the nurse to emergency and bel she would expect s Cardiopulmonary R support if a residen FINAL OBSERVAT LICENSURE VIOLA 300.1030a) 300.1030a) 300.1030a) 300.1035a)3)4)5) 300.1210b)3) Section 300.1030 N a) The advisory phy committee shall der to be followed durin emergencies that n long-term care facil emergencies inclue things as: 1) Pulmonary emer obstruction, foreign respiratory distress 2) Cardiac emergen pain, cardiac failure	Arions Arions	F 3	353			

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		I AND HUMAN SERVICES				FORM	04/18/2009 APPROVED 0938-0391	
STATEMEN	T OF DEFICIENCIES DF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) N A. BU		IPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED		
		145497	B. WI	NG		C 12/16/2008		
NAME OF PROVIDER OR SUPPLIER					REET ADDRESS, CITY, STATE, ZIP CODE			
THREE SPRINGS LODGE NURSING H					61 THREE SPRINGS ROAD CHESTER, IL 62233			
(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 SHOU CROSS-REFERENCED TO THE APPR DEFICIENCY)	JLD BE	(X5) COMPLETION DATE	
F9999	 burns, and laceration 4) Toxicologic emery untoward drug read 5) Other medical ery convulsions and shat c) There shall be at at all times who has handle the medical (a) of this Section. conducted in fulfilling subsection (d) of the meets the specified Section 300.1035 L a) Every facility shat to make decisions of treatment, including limit life sustaining establish a policy of such rights. Inclu 3) procedures for p treatments availabl 4) procedures deta respect to the provisions responsible. Section 300.1210 C Nursing and Person 	ons). rgencies (for example, tions and overdoses). mergencies (for example, ock). a least one staff person on duty is been properly trained to emergencies in subsection This staff person may also be ng the requirement of is Section, if the staff person a certification requirements. ife-Sustaining Treatments all respect the residents' right relating to their own medical g the right to accept, reject, or treatment. Every facility shall oncerning the implementation ided within this policy shall be: roviding life-sustaining e to residents at the facility; iling staff's responsibility with sion of life-sustaining esident has chosen to accept, restaining treatment, or when a or has not yet been given the e these choices; ducating both direct and in the application of those of the policy for which they are General Requirements for	F9	999				

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		I AND HUMAN SERVICES						FORM	: 04/18/2009 APPROVED 0938-0391
	OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) N A. BU		TIPLE CONSTR	UCTION	(X3) DATE SURVEY COMPLETED		
		145497	B. WI	NG .					C 6/2008
	ROVIDER OR SUPPLIER	RSING H	•			SS, CITY, STATE, ZIP PRINGS ROAD L 62233	CODE		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES / MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREF TAC	۶IX	(EAC	ROVIDER'S PLAN OF H CORRECTIVE ACT S-REFERENCED TO T DEFICIENC	TION SHOU THE APPR	JLD BE	(X5) COMPLETION DATE
F9999	and services to atta practicable physica well-being of the re each resident's com plan of care. Adequ nursing care and po to each resident to personal care need measures shall incl following procedure b) General nursing minimum the follow a 24-hour, seven da 3) Objective observ resident's condition emotional changes and determining ca further medical eva made by nursing st resident's medical r These Requirement by: Based on record re determined that the life threatening situ maneuver, call 911 Resuscitation or ottl (R3) of 1 resident ro provide life sustaini aspirated food at th suffering respiratory she expired at 7:40 Findings include:	ain or maintain the highest I, mental, and psychological sident, in accordance with hprehensive assessment and late and properly supervised ersonal care shall be provided meet the total nursing and s of the resident. Restorative ude at a minimum the es: care shall include at a ring and shall be practiced on ay a week basis: vations of changes in a , including mental and , as a means for analyzing re required and the need for luation and treatment shall be aff and recorded in the record. ts were not met as evidenced view and interview it was a facility failed to recognize a ation, perform the Heimlich and/or start Cardiopulmonary her life saving measures for 1 eviewed. This failure to ng treatment after R3 le evening meal resulted in R3 y distress from 7:00 PM until	F9	999					

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		HAND HUMAN SERVICES & MEDICAID SERVICES				FORM	04/18/2009 APPROVED 0938-0391	
	T OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		/ULT ILDIN	IPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED		
		145497	B. WI	NG _		C 12/16/2008		
NAME OF P	PROVIDER OR SUPPLIER				REET ADDRESS, CITY, STATE, ZIP CODE			
THREE S	SPRINGS LODGE NU	RSING H			161 THREE SPRINGS ROAD CHESTER, IL 62233			
(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)	JLD BE	(X5) COMPLETION DATE	
F9999	with diagnoses, in p increased confusion hypertension, and o Minimum Data Set as moderately cogr term memory probl as needing extension person physical ass living except eating supervision with set The care plan dates status as "Code Sta Statutory Short For Health Care" dated states "I want my lift life-sustaining treat continued unless I attending physician accordance with re at the time of referes suffered irreversible treatment to be with On 11/24/08 R3 wa abdominal discomf R3 was readmitted final diagnosis of ac for diet as tolerated Z1's, progress note "(R3) is sitting uprig She is happy. She back to the nursing she has to. She is good. She is eating Husband is at the b with him. She has abdominal pain and	part, of Parkinsons disease, n, hypothyroidism, diabetes-type two. The dated 11/4/08 assessed R3 nitively impaired with short ems. R3 was also assessed ve assist with the help of one sist for all activities of daily where she required only	F9	999				

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: (X2) MULTIPLE CONSTRUCTION A. BUILDING	PRINTED: 04/18/2009 FORM APPROVED OMB NO. 0938-0391		
NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE	(X3) DATE SURVEY COMPLETED		
	— C — 12/16/2008		
THREE SPRINGS LODGE NURSING H			
CHESTER, IL 62233			
(X4) IDSUMMARY STATEMENT OF DEFICIENCIESIDPROVIDER'S PLAN OF CORREC'PREFIX(EACH DEFICIENCY MUST BE PRECEDED BY FULLPREFIX(EACH CORRECTIVE ACTION SHOITAGREGULATORY OR LSC IDENTIFYING INFORMATION)TAGCROSS-REFERENCED TO THE APPR DEFICIENCY)	ULD BE COMPLÉTION		
F9999Continued From page 21F9999			
According to the nurses notes by E3, Licensed Practical Nurse, dated 11/29/08, R3 returned to the facility at 2:30 PM. The nurses notes stated "Res (resident) alert with confusion. Res unaware of where she is. Res kept saying "I want to go home" The next nurses notes on 11/29/08 at 6:30 PM by E3 contained the following information: "up in G/C (geriatric chair) for supper. taken to CDR. (Central Dining Room) Had diff (difficulty) taking meds (medication). Meds crushed and put in jelly. Took without diff.(difficulty) Res.(resident) eyes glassy & tearful. answered question appropriately Served soft food & ground meat ate 25% (cont)(to next page) Took swallow of ligs (liquids). Started coughing. Eyes rolled back. Became cyanotic. took to room. Swabed (swabbed) mouth out. obtained sm (small) amt (amount) food. O2 (oxygen) applied @ 3 Lm (liters) per N/C (nasal cannula), color and resp. (respirations) improved. assisted res to bed. I returned 15 min later. Res was coughing & gargling. Suctioned and obtained sm (small) amt (amount) mucous& frothy foam. Res stopped breathing, (no) pulse, (no) B/P (blood pressure). Notified on call Dr. (21) pronounce res dead. Notified Res. daughter (name) that res has expired. She stated she would notify her brother and father of res death. Called (22, Coroner) notified him of res death. Notified (name) funeral Home of (town). Res expired @ 7:40 PM. 8:15 Body released to (name) Funeral Home attendant." In an interview with E3, Licensed Practical Nurse, on 12/10/08 at 2:10 PM, she stated that R3 had come back to the facility around 3:00 PM and			

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		I AND HUMAN SERVICES				FORM	04/18/2009 APPROVED 0938-0391	
STATEMENT	OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) N A. BU		TIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED		
		145497	B. WI	NG _			C 6 /2008	
NAME OF P	ROVIDER OR SUPPLIER			ST	REET ADDRESS, CITY, STATE, ZIP CODE			
THREE SPRINGS LODGE NURSING H				161 THREE SPRINGS ROAD CHESTER, IL 62233				
(X4) ID PREFIX TAG	(EACH DEFICIENC)	TEMENT OF DEFICIENCIES / MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREF TAC		PROVIDER'S PLAN OF CORRECT (EACH CORRECTIVE ACTION SHOU CROSS-REFERENCED TO THE APPR DEFICIENCY)	JLD BE	(X5) COMPLETION DATE	
F9999	Continued From pa	ge 22	F9	999	9			
	was confused. E3 evening meal when dining room in a ge was talking and an appropriately. E3 s medication but R3 couldn't swallow. E meds and gave the fine. E3 stated that (CNA), E5, fed R3 not aware of how R was finishing other aides came and go needed to come an acting right around had R3 by her room "really grayish colo stated she cleaned some food in it. E3 put R3 in bed and v equipment. E3 state that she had the ox when she first arriv put the oxygen on a breath better. E3 s her and she left R3 minutes later" R3 w interview on 12/11/ five minutes. When notes stating she h stated she was not she went to get the when she suctioned and just some froth she suctioned R3 s a few minutes stop blood pressure. E3 machine, cleaned in	stated R3 was in bed until the she was taken to the main riatric chair. E3 stated R3	ΓŬ					

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		HAND HUMAN SERVICES & MEDICAID SERVICES				FORM	04/18/2009 APPROVED 0938-0391
STATEMENT	T OF DEFICIENCIES DF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) N A. BU		IPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
		145497	B. WII	NG _			C 6/2008
NAME OF P	ROVIDER OR SUPPLIER		I	STF	REET ADDRESS, CITY, STATE, ZIP CODE		
THREE S	SPRINGS LODGE NU	RSING H			61 THREE SPRINGS ROAD CHESTER, IL 62233		
(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)	ULD BE	(X5) COMPLETION DATE
F9999	Continued From pa	age 23	F9	999			
	Nurse, to come and CNA, came and tol	d check R3. E3 stated E6, Id her R3 had gasped another she went in but didn't see any					
	passed, and told he she told Z1 that she E3 stated Z1 stated and could have cho when she told Z1 th that there was noth stated she did not he Resuscitation (CPF	ed Z1, physician, after R3 had er what happened. E3 stated e thought it was heart related. d R3 had no heart problems oked or aspirated. E3 stated hat R3 had expired Z1 stated hing you can do now. E3 begin Cardiopulmonary R) based on Z1's remarks. E3 did not begin CPR.					
	son that possibly R E3 stated the son s heart problems and When asked by the the code level was confirmed that she after R3 had expire check the code sta "thinking it was full would not call 911 physician in any en In an interview with 12/10/08 at 3:45 PI R3 her evening me coherent" and ate a stated she was put started having a se on her food but not	called the family and told the 3 had a stroke or heart attack. stated R3 did not have any d asked if she had choked. e surveyor if she knew what she stated "not off hand." E3 did not call the physician until ed. E3 stated that she did tus on the chart and was code." E3 stated that she but she would call the nergency situation. n E5, Certified Nurse Aide, on M, she stated that she had fed eal. E5 stated that R3 was "not about 10 bites of food. E5 ting up R3's tray when R3 eizure and "aspirating"-choking thing was there. E5 stated she se while E6, CNA, sat with R3.					
	In an interview with	n E6, Certified Nurse Aide, on					

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	T OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) M A. BU		IPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
		145497	B. WI	٩G _			C 6/2008
NAME OF PROVIDER OR SUPPLIER					REET ADDRESS, CITY, STATE, ZIP CODE		
THREE	SPRINGS LODGE NU	RSING H			161 THREE SPRINGS ROAD CHESTER, IL 62233		
(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	12/10/08 at 3:45 PM the seizure she was she was choking. If minutes for the nurs that she and E5 bo the hospital. E6 stat in the chair in the h R3 would not eat, w and began aspiratin oxygen, said R3 wo R3 was in the room minutes. E6 stated vitals on R3 the blo she could not find a into the room also, was gone. E6 stated room when R3 pas In an interview with 12/10/08 at 3:15 PM E3 came to her and dead. E4 stated sh family and coroner. apparently choked E4 checked R3 and she found out later that E3 had not told stated that if she wi code she would hav In an interview with 2:45 PM by phone, her and said R3 ha choked. Z1 stated oxygen on her and stated she tried to g Z1 confirmed that E	M, she stated that after R3 had s "totally gone" and acting like E6 stated that it took about 5 se, E3, to come. E6 stated th stated R3 needed to go to ated E3 put the oxygen on R3 all. E6 stated she told E3 that was not alert and had a seizure ng. E6 stated E3 put on the build be OK and left. E6 stated n by herself for about 7 d when she returned and got bod pressure was 88/42 and a pulse. E6 stated E3 came suctioned R3 and then R3 ed she and E3 were in the sed. n E4, Registered Nurse, on M by phone, she stated that d said she thought R3 was ne told E3 to call the physician, . E4 stated that E3 said R3 while being fed by the CNA's. d she had expired. E4 stated that R3 was a full code and d her R3 was a full code. E4 ould have known R3 was a full	F9	999			

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CENTE	RS FOR MEDICARE	AND HUMAN SERVICES & MEDICAID SERVICES				FORM OMB NO.	04/18/2009 APPROVED 0938-0391	
	OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) N A. BU		LTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED C		
		145497	B. WI	NG			6/2008	
	ROVIDER OR SUPPLIER	RSING H			TREET ADDRESS, CITY, STATE, ZIP CODE 161 THREE SPRINGS ROAD CHESTER, IL 62233			
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES ' MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREF TAC	-IX	PROVIDER'S PLAN OF CORREC	ULD BE	(X5) COMPLETION DATE	
F9999	R3's code status buit from the previous hospital. Z1 stated 911 or called her. It was fine. Z1 stated aspiration with the contributing to the a "Certificate of Death noted the "Immedia" "Aspiration." The "mas "Parkinsons Dise In an interview with 10:30 AM by phone was not conducted not aware that R3 mas the fact. Z2 stated just returned to the doing well until after oxygen on R3 and a that E3 checked her deceased. Z2 stated information for the fact her did not feel obstruction as R3 w nurses notes dated at ground meat for he felt the Parkinson inclined to choke. In an interview with 12/11/08 at 10:15 A do an investigation the Department. E had worked since the had been conducted the conducted the conducted the conducted the choke.	it stated she had not changed order when she was in the that staff should have called Either way in an emergency I that the cause of death was Parkinsons disease aspiration. Review of the h" dated 11/29/08 for R3 it the Cause" of death was underlying cause" was listed	F9	999				

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		HAND HUMAN SERVICES & MEDICAID SERVICES				FORM	04/18/2009 APPROVED 0938-0391	
STATEMEN	T OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	. ,	(X2) MULTIPLE CONSTRUCTION A. BUILDING			JRVEY TED	
		145497	B. WIN	1G		C 12/16/2008		
NAME OF F	PROVIDER OR SUPPLIER				EET ADDRESS, CITY, STATE, ZIP CODE			
THREE	SPRINGS LODGE NUI	RSING H			1 THREE SPRINGS ROAD HESTER, IL 62233			
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFI TAG		PROVIDER'S PLAN OF CORREC (EACH CORRECTIVE ACTION SHOI CROSS-REFERENCED TO THE APPR DEFICIENCY)	JLD BE	(X5) COMPLETION DATE	
F9999	was in distress. Re noted that E3 had w and E4 had worked Review of the polic Maneuver," it states resident from choki discussed. There i indications of choki the physician or 91 titled "Cardiopulmo purpose is to ventil on a resident with a pulse. The proced physician. The pol reporting notificatio purpose is to inform significant change procedure states if to call EMS and the above policy and p checking code leve above policy and p	eview of the nursing schedule worked 8 shifts since 11/29/08	F99	999	DEFICIENCY)			

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