PRINTED: 04/26/2010 FORM APPROVED OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES (X AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION			(X3) DATE SURVEY COMPLETED	
			A. BUI		IG	С	
		14G355	B. WIN	1G _			6/2009
	ROVIDER OR SUPPLIER			1	REET ADDRESS, CITY, STATE, ZIP CODE 430 STATE ROUTE 127 SOUTH IONESBORO, IL 62952		
(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)	JLD BE	(X5) COMPLETION DATE
W 000	INITIAL COMMEN	rs	W	000			
W9999	ANNUAL LICENSU FINAL OBSERVAT		W99	999			
	LICENSURE VIOLA	ATIONS					
	350.1210 350.1220j) 350.1230b) 350.3240a)						
	Section 350.1210 H	Health Services					
		ovide all services necessary to dent in good physical health.					
	Section 350.1220 F	Physician Services					
	of any accident, injucondition that threa welfare of a resider the presence of inc	notify the resident's physician ury, or change in a resident's tens the health, safety or nt, including, but not limited to, ipient or manifest decubitus oss or gain of five percent or d of 30 days.					
	Section 350.1230 N	Nursing Services					
		pe provided with nursing ance with their needs.					
	Section 350.3240 A	Abuse and Neglect					
	,	ee, administrator, employee					
	These regulations v	were not met as evidenced by:					
ABORATOR	Y DIRECTOR'S OR PROVID	DER/SUPPLIER REPRESENTATIVE'S SIGN	JATURE		TITI F		(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.

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:		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING			COMPLETED		
		14G355	B. WIN	IG _		10/26	5/ 2009	
NAME OF PROVIDER OR SUPPLIER ORCHARD COURT			1	1	REET ADDRESS, CITY, STATE, ZIP CODE 430 STATE ROUTE 127 SOUTH ONESBORO, IL 62952	13/2	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
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W9999	Continued From pa	age 1	W99	999				
	review, the facility f prevent neglect wh	ion, interview and record ailed to implement its policy to en nursing services failed to:						
	2 sampled individual outside sample with Constipation (R5, F staff failed to notify documented days with movement requiring impaction. Facility movement for 3 or	itor the medical needs for 2 of als (R1, R2) and 5 individuals a diagnoses of Chronic R7, R8, R10, R11). Nursing the physician when R2 had 5 without having a bowel g hospitalization for fecal records also showed no bowel more days for R1, R5, R7, no documentation of nurse sician notification.						
	1 individual outside to exhibited signs of	staff assessed and monitored e sample (R5) after he started of pain and limited mobility and diagnosed with a fracture of						
	Findings include:							
	to 9/15/09, R2 func	vsician's orders dated 8/16/09 tions at the profound level of The physician's orders show constipation.						
	5:00 P.M., staff bro because R2 was no Staff asked R2 who his abdomen. The i that R2's abdomen tender to touch" an	sing entry dated 9/17/09 at ught R2 to the nurse's station of acting like his usual self. ere he hurts and R2 pointed to nurse examined R2, noting was "distended, firm and d R2's bowel sounds were se called the physician and R2 mergency room.						

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			A. BUI	LDIN	IG	C		
		14G355	B. WIN	1G _			6/2009	
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W9999	Continued From pa	ge 2	W99	999				
	9/18/09, shows R2 on 9/17/09 with diad "Constipation/obstip The discharge sum done, "showing a lacolon"and R2 "wimpaction/obstipation During his hospitalis soapsuds enema 4 hospitalization with belly has greatly im	poation" and "Mild dehydration," mary confirms a CT scan was arge amount of stool in the as admitted for fecal on."						
	R2 shows no bowe 9/9, 9/10, 9/11, 9/12 indicate R2 did hav 9/14/09, then no mowes admitted to the According to R2's reconstipation, dated called if R2 has not three consecutive of documentation in the physician had been assessed prior to 9 E2, Licensed Pract interviewed on 10/8 there was no nursing assessment or the regarding R2's lack 9/9/09 to 9/13/09.	ty's bowel movement chart for I movements documented on 2, 9/13. The BM records e a bowel movement on one were documented until R2 hospital on 9/17/09. The physician is to be had a bowel movement for lays. However, there is no ne nurse's notes to show R2's a notified or that R2 had been /17/09. The physician is to be had a bowel movement for lays. However, there is no ne nurse's notes to show R2's a notified or that R2 had been /17/09. The physician having been called a for bowel movements from the physician having been called to bowel movements from the physician having been called wiewed on 10/6/09 at 2:15						

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		14G355	B. WI	1G _			C 6/2009
	ROVIDER OR SUPPLIER		•	1	REET ADDRESS, CITY, STATE, ZIP CODE 430 STATE ROUTE 127 SOUTH IONESBORO, IL 62952		
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W9999	are supposed to fill sheets for each shir resident has a bown he does not always stating that it "some to receive them and Review of the bowe for R1, R5, R7, R8, at the severe/profor according to the fact had at least 3 or motion bowel movements of hugust and Sept 2) According to phyto 8/15/09, R5 function mental retardation. Review of nurse's range of nurse's range of motion buttocks." The received two 1" about R5's range of motion bleeding was observed two 1" about R5's	out BM (bowel movement) ft irregardless of whether a sel movement or not. E3 said get these daily reports, etimes takes a couple of days" it to record them in the BM log. R10, and R11 (who function and level of mental retardation cility's undated roster) show all one days of undocumented with no nursing assessment or on charted during the months ember, 2009. Rician's orders dated 7/16/09 tions at the profound level of motes, dated 9/5/09 at 6:40 was "in shower on shower mover chair broke. Resident the nurse documented R5 asions to his right hip, that on was within normal limits, no rowed and that R5 "did not comfort." No vital signs were time. dated 9/5/09 at 7:00 P.M., "size of avocado" was noted other documentation ge of motion, pain (if any), or	W99	999			

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W9999	extremities was gor fall." Review of an injury training regarding F 11:15 A.M., states 'walking funny." The having a slow gait, side. However, acceptibited no signs discomfort. R5's vit there indication that assessed by the data of the contact report date. According to a with contact report date. Specialist at day training the contact also documented the contact report date. R (right) leg and craining and craining and craining the complaining of hurther that upon returning R5 "would not get a complaining of hurther that upon re	of motion to both lower od, with "no sign of pain from //illness report from day R5, dated 9/8/09 and timed "staff reported consumer ne report describes R5 as limping and favoring his left ording to the report, R5 nor symptoms of pain or al signs were not taken nor is t his range of motion was	Piew Piew Piew Piew Piew Piew Piew Piew	999				

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W9999	further evaluation. Per written statemed documented that R ambulating and ind returned from day that R5 was acting and did not want to assistance. E7 note he was limping and when walking." Review of the facility worked during the rat 11:00 P.M. throuwritten statement dwhen he got R5 uphe was unsteady at E8 stated that he hof his hands to get R5 was leaning backbathroom. Although E5, E6, at reflected that the nusigns on 9/8/09, the documentation in the 9/8/09 to show that assessed or what F. The next facility nuty 9/9/09 at 8:52 A.M. R5 "refuses to walk foot rotated to later physician was called the emergency roof.	ant dated 9/14/09, E7 also 5 was having difficulty icated he was in pain when he raining on 9/8/09. E7 wrote as if he was not feeling well, get up or stand without staff ed that when R5 "would walk, wouldn't put his heel down by's staffing shows E8 (DSP) hight shift on 9/8/09 beginning gh 9/9/09 at 9:15 A.M. In his lated 9/10/09, E8 wrote that during the night for toileting, and said his "knee was hurting." and to have R5 hold onto both to a standing position and that exwards while walking to the late (E3) had taken R5's vital late is no nursing the facility's nurse's notes for R5's range of motion was R5's vital signs were. The sing entry was recorded on The nurse (E2) documented at side of body." R5's d with orders to send R5 to	W99	999				

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W9999	through the lower in right proximal femuly nondisplaced fracture. On 9/9/09 at 3:30 F documented that R the hospital for surghip. According to the surgery he was disc facility for recovery facility on 10/15/09. According to the fact fracture, R5 started difficulty walking on Written staff intervie "ambulating normal 9/5/09 to 9/8/09. W staff were not awar falls involving R5 at However, review of confirms that E1 (A following areas of contial fall on 9/5/09 emergency room for on 9/9/09: "(1) the workshop massess (R5) after sof pain and having (2) the workshop not document the assection of the continuation of the contin	emonstrated a "subtle lucency ntertrochanteric region of the remost suggestive of a sire." 2.M., the facility nurse 5 was going to be admitted to gery due to a fractured right e nurse's notes, after R5 had charged to a skilled nursing and then re-admitted to the cility's investigation of R5's indicating signs of pain and 19/8/09 while at day training. Ews confirm R5 was ly and without difficulty" from ritten statements also indicate e of any further accidents or feer the incident of 9/5/09. The facility's investigation diministrator) found the concern from the time of R5's to his being taken to the or assessment and treatment for the properties of the properties of the concern from the time of R5's to his being taken to the or assessment and treatment for the properties of	W99	999				

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		14G355	B. WI	NG			C 6 /2009
NAME OF PROVIDER OR SUPPLIER ORCHARD COURT				14	EET ADDRESS, CITY, STATE, ZIP CODE 130 STATE ROUTE 127 SOUTH ONESBORO, IL 62952		
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W9999	Continued From pa	ge 7	W99	999			
	(5) even though diresomething was wro follow through up the During the daily standard that he hand found the above confirmed that had	ect care staff insisted ong with (R5), they did not ne chain of command." Itus meeting with E1, 0/20/09 at 3:30 P.M., E1 and investigated the incident re problems. E1 also not taken specific corrective ocurrences after identifying the					