STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING		(X3) DATE SURVEY COMPLETED	
		14G217	B. WING _			C (2040
NAME OF P	ROVIDER OR SUPPLIER	140217	ST	REET ADDRESS, CITY, STATE, ZIP CODE	10/20	6/2010
CAROLE	LANE TERRACE		1	641 CAROLE LANE SAUK VILLAGE, IL 60411		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECT (EACH CORRECTIVE ACTION SHOU CROSS-REFERENCED TO THE APPR DEFICIENCY)	JLD BE	(X5) COMPLETION DATE
W 340	physician. Training dose, time, frequent reaction per Rule 1 available for DSP ut 2. Authorized DSP individual to obtain glucometer manufatoride return demic Results outside of the reported to RN. 3. All DSP demonstigns of hypo and happropriate interver physician, signs of 911 when indicated 7.02." Policy No: 5.57 is tillness/Individual Medicy reads in part "Individuals served timely and effectives."	e medications as ordered by includes medication use, cy, side effects and reportable 16. Drug reference resource se. are instructed to assist blood glucose levels per cturer instructions. DSP onstration of competency. established parameters are to established parameters are	W 340			
	Section 350.1210 H	Health Services				

	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	A. BUI		IPLE CONSTRUCTION	(X3) DATE SU COMPLE	TED
		14G217	B. WIN	IG _		10/26	5/2010
	ROVIDER OR SUPPLIER			1	REET ADDRESS, CITY, STATE, ZIP CODE 641 CAROLE LANE 6AUK VILLAGE, IL 60411	10,2	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
(X4) ID PREFIX TAG	(EACH DEFICIENCY	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
W9999	Continued From pa	nge 58	W99	999			
		ovide all services necessary to dent in good physical health.					
	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 itens 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					
	are not limited to, the signs of the sign	of illness, dysfunction or ior that warrant medical, ocial intervention. ired to meet the health needs					
	Section 350.1430 A	Administration of Medication					
	immediately reported licensed prescriber consulting pharmacist (if the codispensing pharmacist has same pharmacist the resident's clinical licenses of the consultation of the consultatio	s and drug reactions shall be ed to the resident's physician, if other than a physician, the cist and the dispensing consulting pharmacist and cist are not associated with y). An entry shall be made in al record, and the error or be described in an incident					
	Section 350.3240 A	Abuse and Neglect					

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) M A. BUI		IPLE CONSTRUCTION NG	(X3) DATE SURVEY COMPLETED	
		14G217	B. WI	NG _			C 6/2010
	PROVIDER OR SUPPLIER		•	1	REET ADDRESS, CITY, STATE, ZIP CODE 1641 CAROLE LANE SAUK VILLAGE, IL 60411		
(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)	OULD BE	(X5) COMPLETION DATE
W9999	or agent of a facility resident. (Section 2 Section 350.3750 C Nursing Services Residents needing to an ICF/DD of 16 facility has adequate services to meet the Arrangements shall contract for the servisit as required. A shall be on duty at accessible, and to injuries, symptoms (see Section 350.8 shall provide consult of the individual plate facility not less than These Regulations the following: Based on observation review the facility for the individual plate facility in the facility for the	ee, administrator, employee shall not abuse or neglect a shall be admitted be admitted beds or Less only if the se professional nursing e resident's needs. If the made through formal vices of a licensed nurse to responsible staff member all times who is immediately whom residents can report of illness, and emergencies 10(a)). The consultant nurse litation on the health aspects in of care and shall be in the first two hours per month. Were not met as evidenced by on, interview and record alled to prevent health care sailed to ensure 1 of 3 clients as includes Diabetes Mellitus, difficulties with nursing services to and treat signs and	W99	999			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		IULTI LDIN	IPLE CONSTRUCTION IG	(X3) DATE SURVEY COMPLETED	
		14G217	B. WIN	1G _			C 6 /2010
	ROVIDER OR SUPPLIER		•	1	REET ADDRESS, CITY, STATE, ZIP CODE 1641 CAROLE LANE SAUK VILLAGE, IL 60411		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES YMUST 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)	OULD BE	(X5) COMPLETION DATE
W9999	Retardation, Diaber Apnea. R1's orders diagnosis read, "Me take 1 tablet by mo XL 10 mg. (milligrar at 7:00 a.m." and (sugar level) check 4:00 p.m. According to the Me Record (MAR) date Glucotrol 10 mg. XI Actos 15 mg tablet discontinued on 9/2 The September Me glucose monitor reblood sugar level as ranges from 70 - 11 Handbook 2007 pa HCL 850 mg. tablet and HS (hour of sle given at 7:00 a.m. (of blood sugar). EMS (Emergency Me dated 09/25/10 dood diabetic problems (R1's) BGM (Blood low. They gave him BGM it was 62. Pt glucose. Pt vitals ta Now at 103. Pt sta was going to eat rig documented as (17	reat include Mild Mental tes Mellitus, type II and Sleep is related to his diabetes efformin Hcl 850 mg tablet with 3 times daily," "Glucotrol ms) p.o. (by mouth) once daily blood test to monitor blood twice daily at 7:00 a.m. and edication Administration at 09/01/10 through 9/30/10, was initiated on 9/23/10. by mouth 3 times daily was	W99	999			

-	FOF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	A. BUII		PLE CONSTRUCTION G	COMPLE	TED
		14G217	B. WIN	G_		10/26	5 6 /2010
	PROVIDER OR SUPPLIER		-	1	REET ADDRESS, CITY, STATE, ZIP CODE 641 CAROLE LANE 6AUK VILLAGE, IL 60411	13/2	<i>3</i> ,2010
(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)	ULD BE	(X5) COMPLETION DATE
W9999	EMS report form da unresponsive but been on floor since before. Pt was supfeces void. not responsive pharyngeal airway O2 (oxygen)Pt. ochange. Pt transportransferred to ER. (Registered Nurse) to facility is docume as 0802, and hospital encontinent of urine EMS crew. Z2 said R floor, breathing, un insertion of a naso incontinent of urine EMS crew. Z2 said he where laying on the remained unresport oxygen and narcar Hospital emergency documents arrival assessment documents arrival assessment documents arrivalresponsive onlypt incont (inclig(large) amt of loort (right) knee fading Hospital emergency 9/26/10 documents	ated 09/26/10 documents, "Pt preathing staff states he has a (2300) 11:00 p.m. night pine on floor with + urin(e) and ponsive to NPA (naso insertion). Pt was placed on was given narcan with no ported without change. Pt care staff report given to RN and Dr (doctor)." Arrival time ented as 0738, departure time stal arrival as 0808. Is interviewed on 10/5/10 at ponded to the EMS call on 1 was found laying on the responsive to pain and pharyngeal airway. R1 was and stool upon arrival of the did the morning staff (E9) called was told by E9 that R1 had floor overnight. Z2 said R1 insive after administration of the coroom as 0811. Initial ments "snoring respiration on to painful strong stimuli continent) of bowel/bladder se stoolFresh abrasion g bruises both legs."	W99	999			
	(right 4 millimeters)	siveunequal pupils R 4mm					

	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	,		PLE CONSTRUCTION	(X3) DATE SU COMPLE	
			A. BUI	LDIN	G	,	C
		14G217	B. WIN	IG _			6/2010
	ROVIDER OR SUPPLIER			10	REET ADDRESS, CITY, STATE, ZIP CODE 641 CAROLE LANE 6AUK VILLAGE, IL 60411		
(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
W9999	(altered mental state hypoglycemia/MR (retention." "0830 - pt awakening after 1 amp (ampulsolution given intrated 0840 - spoke w/stated who reports pt may since 11 pm last nig 0900 - Pt w(with)/reading of 79 s/p (stated of 19 s/p) (stated o	INICAL IMPRESSION: AMS tus)/recurrent mental retardation)/urinary mg & moving all 4 extremities e)D50 (concentrated dextrose venously). Iff from NH (nursing home), have been down on ground ght w/minimal responsiveness epeat (blood glucose monitor) tatus post) 1 amp & continued confusion which	W99	999			

	FOF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) M A. BUI		TIPLE CONSTRUCTION NG	(X3) DATE SU COMPLE	
		14G217	B. WIN	1G _			C 6/2010
	PROVIDER OR SUPPLIER			1	REET ADDRESS, CITY, STATE, ZIP CODE 1641 CAROLE LANE SAUK VILLAGE, IL 60411		
(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)	OULD BE	(X5) COMPLETION DATE
W9999	said after the paranhim sugar, R1 camparamedic. E9 said the staff to give R1 dinner. E9 said the peanut butter sandbefore he went to be when E9 left at 5:30 E9 continued the 9 relating events that arrived at the facility (9/26/10). When E9 upset saying you slasked E9 if she wa R1. E9 walked to the punching in for worb breathing real heave R1 was wet from unwhy and how long lichecked R1's blood low. E9 immediate R1 had been like the During an interview said she was aware new medication becabout the medicat	nedics treated R1 by giving to the kitchen following the difference to the kitchen following to the paramedic said to give R1 wich and chocolate milk ed. E9 said R1 was joking to p.m. (27/10 (2:42 p.m.) interview occurred on 9/26/10. E9 y at 7:21 a.m. on Sunday exame in residents were nould see R1. E4, DSP, and to pass meds or deal with the back of the home before k. R1 was laying on the floor y. R1's eyes were half open. The ine and stool. E9 asked E4 and R1 been like that. E9 is sugar and the machine said by called 911. E9 said E4 said at all night. on 9/27/10 (2:42 p.m.) E9 ex R1 had been started on a cause she reviewed a form on. E9 was asked what level concern E9. E9 said low like cific blood sugar numbers	W99	999			

	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) N A. BU		IPLE CONSTRUCTION IG	(X3) DATE SU COMPLE	
		14G217	B. WII	NG _	C 10/26/2		
	ROVIDER OR SUPPLIER			1	REET ADDRESS, CITY, STATE, ZIP CODE 641 CAROLE LANE 6AUK VILLAGE, IL 60411		
(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
W9999	him. R1 was on the tried to sit up he fel blood sugar reading said he don't look gethen called 911. The paramedics care went back to the from paramedics came in they said he is o.k. on vacation. The period was 62 and once he will be fine. E8 semedication, at his room. EMS record documents are facility at 5:19 p.m. 9/1/10 through 9/30 Record documents 4:00 p.m. Metformin Handbook 2007 list lower glucose level Metformin is 2 - 4 line During interview wird 3:10 p.m., E8 said leave the bedroom E8 checked R1 two bed on his side heat asked R1 if he was come for 8:00 p.m. R1. R1 was sidewas floor. E12 took his and E12 were telling meds. E12 called leaves acting, the samparamedics were heat some milk. E12 tol.	e floor laying down. When R1 I back down. E9 took R1's g and the meter read low. E9 tood. E9 called E1, RSD and the paramedics came. When they took over, E8 and E9 ont of the home. After the back to the front of the home but wants to go to the hospital aramedic said his blood sugar to e eats and takes his medicine taid R1 took his 4:00 p.m. dinner and went back to his the boundary of the boundar	W9	999			

-	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	A. BUI		TIPLE CONSTRUCTION NG	(X3) DATE SU COMPLE	TED
		14G217	B. WIN	۱G _			C 6 /2010
	ROVIDER OR SUPPLIER		<u> </u>		REET ADDRESS, CITY, STATE, ZIP CODE 1641 CAROLE LANE SAUK VILLAGE, IL 60411	13/2	<i>3,</i> 20.0
(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 SHOIL CROSS-REFERENCED TO THE APPR DEFICIENCY)	JLD BE	(X5) COMPLETION DATE
W9999	back. R1's blood s was still low. E8 ar and give him more orange juice. E8 sa more then." E8 sai sit R1 up, then R1 s R1 was snoring lou they should call 91' asked E1 if they sh because they would E12 tried to get res bed but he was too pillow under R1's b pillow under R1's b pillow under R1's h the floor the resider smell something." and pulled back R1 stinks. E8 said R1 changed. E12, DSP, was inteam. E12 said E12 At 3:30 p.m., R1 was room. E8 did the 4 time, R1 was laying or shoes, with his lounder R1's side E12 told E8 and E8 with E12 to check F trying to convince F medicine. R1 did n was in bed. R1's side machine read low, E12 told E9 to call I minutes later E9 canot come right awa with R1. E12 said was with R1. E12 said was with R1. E12 said was machine read low, E12 told E9 to call I minutes later E9 canot come right awa with R1. E12 said was with R1. E12 said was with R1. E12 said was machine read low.	ge 65 ugar was checked again, it ad E12 were trying to sit R1 up sweets. E8 and E12 only had aid R1 wouldn't get up "no d one of the residents tried to scooted to the floor. After that ad. E8 said she asked E12 if 1. E1 called back and E8 ould call 911 and E1 said no d not take him the first time. idents to help get R1 back on heavy. E8 said E12 got a ack, then E12 moved the ead. When R1 was sitting on hts that were helping said "we E8 said E12 took two fingers 's pants and said it is him he just laid there he was not erviewed on 9/28/10 at 9:35 worked Saturday (9/25/10). as sitting in a chair in the living 200 p.m. med pass. At that y across his bed with no shirt brunge pants rolled up to his 1 said in a joking way, "I'm 8 and E9 were in the kitchen. 10 come back to R1's room R1. E8, E9 and E12 were R1 to come and get his ot look like himself when he ugar was checked the sugar so it was repeated. E12 said E1 and E9 called E1. Ten lled the paramedics, they did y. Staff stayed in the room when the machine said low it y it was not reading numbers.	W995	999			

-	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	A. BUI		IPLE CONSTRUCTION NG	(X3) DATE SU COMPLE	TED
		14G217	B. WIN	1G _			C 6 /2010
	ROVIDER OR SUPPLIER			1	REET ADDRESS, CITY, STATE, ZIP CODE 1641 CAROLE LANE SAUK VILLAGE, IL 60411	10/2	3/2010
(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 SHOUND CROSS-REFERENCED TO THE APPR DEFICIENCY)	JLD BE	(X5) COMPLETION DATE
W9999	able to give R1 oral said when the ambour on the floor, the parcare of R1. After the results were 62 needs to eat. R1 was o.k. until the good, a lot of food a went to bed. E12's 9/28/10 (9:35 E12 said, at 8:00 p. and R1 did not common. E12 had R1' through 9/30/10 M/8:00 p.m. Metforming. E12 said, (interview took R1's blood sugue "real low" again. E1 after 8:00 p.m. and explained to E1, ho E12's name, R1 county bed laying across the second sugue to be a laying across the second sugue to be a laying across the second sugue to be a laying across the second sugue to get R1 up. E12 called E1 seventhing time E1 called not aware of the 4:00 paramedics were called to get R1 up. E12 said, "(R5) (33 mild range of mentales."	no sugar available. Staff was nge juice in his mouth. E12 ulance came, R1 was laying ramedics said they would take eatment, the paramedic said. The paramedic said he ralked and followed the ng them. R1 ate his food and a 8:00 p.m. med pass. R1 ate and water. After eating, E1 is a.m.) interview continued. m., E12 was passing meds are. E12 went back to R1's s meds with E12. The 9/1/10 AR documents R1 received his a 850 mg. and Risperidone 2 if 9/28/10 at 9:35 a.m.) E12 gar. The blood sugar read 2 got on the phone sometime called E1(RSD) and w R1 was acting. R1 said uld not sit up, he was on his ne bed with his legs hanging cooted to the floor. E12 said eral times, after the second or back. At that time E1 was 20 p.m. events, when the alled. E12 said E8 and E12 E12 and E8 could not lift R1 and E8 could not roll R1, R1 om E12 and E8. R1 was not walks around and is quick. year old male functioning in all retardation) tried to help E8 are were straining ourselves." " It	W99	999			

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLI IDENTIFICATION NUMBER: A. BUILDING		IPLE CONSTRUCTION IG	(X3) DATE SU COMPLE				
		14G217	B. WIN	IG _			C 6/2010
	ROVIDER OR SUPPLIER		1	1	REET ADDRESS, CITY, STATE, ZIP CODE 641 CAROLE LANE 6AUK VILLAGE, IL 60411		
(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
W9999	hold of E1, E1 said said "we told (E1) ve E12 said E12 told E1 home and went to a sugar. E12 said the locked, E12 could recook was not there. E12 said, (during 9, when E4 came in a was going on. E12 bedroom together. and it was 126. E1 getting up. E4 was interviewed worked over night of 11:30 p.m. until 2:3 E4 came to work, gethe only staff when R1's blood sugar has E12 told E4 about that R1's sugar was people brought R1's should be fine. E12 certain point then sellowed E12 wanted E4 to le R1 was sleeping or not want to sleep of on the floor. R1 is to redirect him back he tried to elbow E4 grunted. E4 called him to get up, too halready called E1 for not come.	." E12 said when E12 got a his brain needs sweets. E12 ve've been doing that all day." E1 we need help. E12 left the a neighboring facility to get e sugar was in the pantry not get in there because the	W99	999			

-	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) N A. BU		IPLE CONSTRUCTION NG	(X3) DATE SU COMPLE	TED
		14G217	B. WII	NG _			C 6 /2010
	ROVIDER OR SUPPLIER			1	REET ADDRESS, CITY, STATE, ZIP CODE 1641 CAROLE LANE SAUK VILLAGE, IL 60411	10/20	0/2010
(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
W9999	E1 prior. E1 told E-get off the floor bed told E12 he wants tright. E4 was to ma possible. E1 told E was informed of the E2 and the nurse, E last blood sugar watime but said it was open but he never stopped talking. E4 took blood suga E1 said if I take the gets low, give him s dresser there was a some sugar packet orange juice. E4 said (9/28/10 at checks were done same, R1 had a pill blanket from his knownt in, E4 talked transplants, E4 was on the pulse, E4 was on had a pulse. R1 was always had some tyor three times R1's gave R1 sugar pacup. When E4 gave head to the side. Eand stimulated salic check (time unknownormal, but R1 had up or talked. At 6:4 other residents and involved with other	aware because E12 called 4 not to force or coerce R1 to ause that is his right. If R1 o sleep on the floor it is his ake him as comfortable as 4 to monitor R1's sugar. E1 at by the Executive Director, E3. E4 asked E12 when the is taken. E12 did not say the normal. R1's eyes were spoke. E12 said he had 4 thought R1 was half asleep. It it was 126. E12 told E4, that blood sugar at night and it sugar or orange juice. On the acup of orange juice and s. E12 said R1 refused 2:45 p.m.) fifteen minute bed on R1 all night. R1 was the ow under his head. E4 put a ees to his feet. Every time E4 or R1 and checked his pulse. E4 said she did not document the cking it to make sure R1 as snoring loud all night. R1 ype of body movement. Two sugar went down again. E4 kets. R1 did not want to sit him sugar, E4 turned R1's 4 gave sugar on R1's tongue ya. R1 took it all. The next wn)R1's sugar was more not changed. R1 never got 15 a.m., E4 started getting up 1 cooked breakfast. E4 was residents' care. When E9 ner to help get R1 up. E4	W9	999			

	FOF DEFICIENCIES DF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	A. BUI		IPLE CONSTRUCTION IG	COMPLE	TED
		14G217	B. WIN	IG _			5/2010
	ROVIDER OR SUPPLIER			1	REET ADDRESS, CITY, STATE, ZIP CODE 641 CAROLE LANE SAUK VILLAGE, IL 60411	10/20	3/2010
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFI TAG		PROVIDER'S PLAN OF CORREC' (EACH CORRECTIVE ACTION SHOIL CROSS-REFERENCED TO THE APPR DEFICIENCY)	ULD BE	(X5) COMPLETION DATE
W9999	briefed E9 about R R1's room together results said low. E- low it means not go supposed to get a r ambulance. E9 sai The police arrived f long R1 looked like yesterday. The pol been on the floor. was told not to mov residents were con when the ambuland urinated and had fe way she could mov lift him or move R1 least two people to happens, she would E4 said (9/28/10 at always have acces packets from anoth sugar that weekend The cook usually pi locked. E1, Residential Ser interviewed 9/27/10 received a phone co 9/25/10, from E9. If monitor reading wa called they came a sugar. R1 was fine E1 received a call f the ground not mov breathing and if R1 was and moving his off the floor. E1 as	1's status. E4 and E9 went to . E9 got the monitor and the 4 said when the results say od because you are always reading. E4 said we called the d she would stay with R1. irst. The police asked how that? E4 said I guess since ice asked how long has he E4 said all night because E4 re R1. E4 said the other cerned about R1. E4 said be crew picked R1 up he ces. E4 said there was no e R1. E4 would need help to . E4 said she would need at move R1. If anything	W99	999			

	FOF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	` ′		PLE CONSTRUCTION	(X3) DATE SU COMPLE	
			A. BUI	_DIN(G	(C
		14G217	B. WIN	IG _			6/2010
	PROVIDER OR SUPPLIER			16	REET ADDRESS, CITY, STATE, ZIP CODE 641 CAROLE LANE BAUK VILLAGE, IL 60411		
(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
W9999	get up and take me is low. E1 said the they said to staff to call saying R1 will r called E3, nurse, w to give candy insteap.m. E1 said he sp go to the gas statio to R1. E12 went to packets. The staff At about 9:30 p.m. blood sugar keeps E1 said (9/27/10 at again after talking t said the paramedic their assessment? paramedics said R they need to give h him enough. E1 cathe same time he c E1 reported the prolike a blood sugar is If that does not wor (9/27/10 at 11:45 a 9:45 p.m. E1 explair R1's sugar went up E1 said (9/27/10 at received a call from ground next to his the understand, only grand to gave E4 the same R1's blood sugar. I move R1 it is none told E4 this becaus Based on the inform	there, at 9:00 p.m. he has to ds. E12 said the blood sugar paramedics were here earlier, give sugar. At 8:43 E1 got a not drink using a straw. E1 ho said if R1 is not taking juice ad. E1 called back at 8:51 oke with E12 and told E12 to n and get candy to try to give another house and got sugar tried to get him to take sugar. Staff called and said R1's coming up low on the monitor. 11:45 a.m.) he called E3 os staff at about 9:30 p.m E3 is came out earlier, what was E1 said he told E3 the 1 needs sugar. E3 said then im sugar, they are not giving alled E2, executive director at alled E3. After talking to E3, ablem to E2. E2 said it sounds assue, need to give him sugar. It call E2 back. E1 said at need to staff to give sugar until and monitor for changes. 11:45 a.m.) at 11:30 p.m. E1 and monitor for changes. 11:45 a.m.) at 11:30 p.m. E1 and monitor for changes. 11:45 a.m.) at 11:30 p.m. E1 and monitor for changes. 11:45 a.m.) at 11:30 p.m. E1 and monitor for changes.	W99	999			

	T OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	A. BUI		IPLE CONSTRUCTION NG	(X3) DATE SU COMPLE	TED
		14G217	B. WIN	1G _			C 6 /2010
	PROVIDER OR SUPPLIER			1	REET ADDRESS, CITY, STATE, ZIP CODE 1641 CAROLE LANE SAUK VILLAGE, IL 60411	10/20	3/2010
(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 SHOUNDER CROSS-REFERENCED TO THE APPR DEFICIENCY)	JLD BE	(X5) COMPLETION DATE
W9999	his defiant behavior training facility wan physical aggression elopement and eati ever told E1 that R E12 said it, but, wh description, R1 see that R1 was laying actual number on the said Low on monitor asked E1 what sho nurse's instructions said, he told E4 not seems fine is just not not not not not not not not not no	rs. Last month the day ted to suspend R1 due to not oday training staff, ng lunches. E1 said no staff 1 was non responsive. E1 said en E1 asked her questions by med responsive. E4 told E1 there breathing. E4 had an ne monitor not just low. E1 or check is less than 30. E4 uld I do. E1 explained the and paramedic prior visit. E1 to move him. E4 said R1	W99	999			

	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) M A. BUI		IPLE CONSTRUCTION NG	(X3) DATE SU COMPLE	
		14G217	B. WI	NG _			C 6/2010
	ROVIDER OR SUPPLIER			1	REET ADDRESS, CITY, STATE, ZIP CODE 1641 CAROLE LANE SAUK VILLAGE, IL 60411		
(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
W9999	on Wednesday (9/2 sugar was getting let sugar was getting let interviewed on 9/27 was aware Actos hon 9/21/10 by Z3, psaid the expense with Glucotrol was just a call from the admin to call Z3 and see in expensive medication character about it verbally. The 9/23/10. E3 said sless sugars had been do medication change E3 said (9/27/10 at Saturday night by E3 was low, no number not normal. E3 tologive orange juice. Orange juice. Orange juice. E3 said took sugar under hill laying on the floor. Sunday 9/26/10 who called the hospital. Said he was to be a (ICU). R1 had snot responsive to painf During interview with E3 was asked about received on Saturd the calls came throlooked at her cell p	Ito Glucotrol 10 mg. probably 23/10) Every day R1's blood ower. Ical Nurse (LPN), was 7/10 at 2:10 p.m. E3 said E3 ad been changed to Glucotrol orimary medical doctor. E3 as too much for Actos and as effective. E3 said E3 got a istrative office with instructions of R1 could be on a less ea. E3 said staff knew about the Glucotrol was started on the was not aware R1's blood ecreasing slightly since the second expensive to E3 was told R1 refused and to then give sugar. R1 stongue. E1 said R1 was E3 said she was called on en R1 was hospitalized. E3 The hospital charge nurse admitted to Intensive Care Unit ring respirations and was	W99	999			

	T OF DEFICIENCIES DF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	A. BUI		IPLE CONSTRUCTION IG	COMPLE	TED
		14G217	B. WIN	۱G _		10/26	C 6 /2010
	PROVIDER OR SUPPLIER		l	1	REET ADDRESS, CITY, STATE, ZIP CODE 641 CAROLE LANE SAUK VILLAGE, IL 60411	10/20	3/2010
(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
W9999	9:42 p.m., 9:43 p.m. Calls were made to that call but was co E3 said (9/27/10 at he was in type of st paramedics. E3 sait to go to the hospital talked to staff, only E3 said (9/27/10 at reads low, the macmake sure it is not low, it is too low to needs the emergen E2, Executive Direct 9/28/10 at 1:00 p.m. E1 and E3 of param Saturday 9/25/10. dropping. E3 concifindings. No other E2 said E2 was corcoming out. E2 was reading low. E2 said (on 9/28/10 got a call from E1. being transported to sugar was low, no a E2 said the monitor he came to the facility interview with E4 winvestigation. E2 safrom all staff.	a. 10:30 p.m. and 11:26 p.m. E3 by E2 at 9:01. E3 missed intacted by E2 at 9:02 p.m. 2:10 p.m.), staff did not say ratus that needed 911 or id she did tell E1 if R1 needs I send him. E3 said she never E1. 2:10 p.m.) if the machine hine should be checked first to due to the battery. If it says measure and (the individual) acy room. ctor, was interviewed on inter	W99	999			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) M A. BUI		PLE CONSTRUCTION G	(X3) DATE SURVEY COMPLETED	
		14G217	B. WIN	NG _			C 6/2010
	ROVIDER OR SUPPLIER			10	REET ADDRESS, CITY, STATE, ZIP CODE 641 CAROLE LANE FAUK VILLAGE, IL 60411		
(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
W9999	not have service ur 9/25/10. E1 said (9/28/10 at Saturday 9/25/10 a voice mail was left notified on Sunday staff could not find not know if there was checked with the cotold E1 there was a house. E1 was und sugar in the house. sugar in water. E1 when the cook is of have keys to the pain the refrigerator an eeds. The pantry will go in the pantry 9/28/10 at approximobserved the drawers sugar is stored. The that contained approf sugar. The locke surveyor observed sugar in container icandy was observer room. Z3, Medical Doctor 2:30 p.m. Z3 said R1's prescription be Glucotrol XL. Z3 said parameters high are 140 - 150.	12:40 p.m.) when E9 called tapproximately 4:00 p.m., a for him. E1 said he was 9/26/10 there was no sugar or it on 9/25/10. E1 said he does as sugar or not because E1 bok, E6, on 9/27/10. The cook a drawer full of sugar in the der the impression there was E1 initially told E12 to mix said the pantry is locked if for the weekend. E1 and E6 antry. The cook, E6, puts food and freezer for residents is locked because residents and eat up all of the food. On mately 1:00 p.m., surveyor er in the kitchen where extra are was one packet of sugar re was a container in a cabinet roximately 3 to 4 tablespoons and pantry was opened and sugar packets and loose in a large amount. Peppermint and locked in the medication was interviewed 10/4/10 at the did not see any note about the	W99	999			

-	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	A. BUI		IPLE CONSTRUCTION NG	(X3) DATE SU COMPLE	TED
		14G217	B. WIN	NG _			C 6 /2010
	ROVIDER OR SUPPLIER		'	1	REET ADDRESS, CITY, STATE, ZIP CODE 1641 CAROLE LANE SAUK VILLAGE, IL 60411		
(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 SHOUND CROSS-REFERENCED TO THE APPR DEFICIENCY)	JLD BE	(X5) COMPLETION DATE
W9999	Z1 was interviewed said the public guar Sunday 9/26/10 reg The doctor from the because of R1's co feces on him and h bruises on his kneed lay on the floor sevunresponsive. Z1 cupdate, R1 was in i E1, RSD. Z1 asked and a written report office's resolution is facility because R1 structure. Z1 said, nursing and support A facsimile (fax) reg surveyor with docur The report reads as Concern: "This is to inform or on Sat. 9/25/2010, I received (E9) (DSP) that (R1 low' on the Bloods that she called the that he was ok after to boost his blood s received a call from was non-responsive she replied, 'Yes'. replied, 'Yes'. I asket talks back, she replup off the floor.' I to want to get up let h right and don't go in the said of the replied in the right and don't go in the floor.' I to want to get up let h right and don't go in the floor.' I to wa	on 9/30/10 at 2:14 p.m. Z1 rdian's office was notified on garding R1's hospitalization. hospital called the office ndition. R1 had urine and ad a low blood sugar and s. R1 had been allowed to	W99	999			

	F OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	A. BUI		IPLE CONSTRUCTION NG	COMPLE	TED
		14G217	B. WIN	NG _		10/26	C 6 /2010
	PROVIDER OR SUPPLIER		•	1	REET ADDRESS, CITY, STATE, ZIP CODE 1641 CAROLE LANE SAUK VILLAGE, IL 60411	13/2	
(X4) ID PREFIX TAG	(EACH DEFICIENCY	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
W9999	after 9:15 pm and sa low blood sugar remaining up. I told hask her what we shand the executive of (R1) needed to get nurse suggested thit or some candy lik facility and spoke what the nurse sugreceived a call from (R1) was on the floot told (E4) that (R1) his issue and don't try there if he wants to also told (E4) to mosugar periodically. I received a call from sugar periodically. I received a call from being taken to (the responding to her when I arrived to the explained to me that They also said that and elbows. I was bowel movement or contacted about an The nurses told me care unit and was bowel movement or contacted about an The nurses told me care unit and was bowel movement or contacted about an The nurses told me care unit and was the needed on what was the needed about in the was sick, drinks pop for sugal him in bed."	ge 76 2) called me again a little aid (R1) was now not having eading and a number was not er I would call the nurse and ould do. I called the nurse lirector; they both told that sugar in his system. The at he drink juice with sugar in e a peppermint. I called the rith (E12) again and told her gested. At 11:30 pm I a (E4) DSP), who stated that for and refusing to get up. I aying on the floor is not an ano move him and let him lay and don't force him to get up. I aying on the floor is not an ano move him and let him lay and check on his At 7:30 am on Sun 9/26/2010, and (E9) stating that (R1) was anospital) because he was not anospital the nurses at (R1) was covered in feces. (R1) had bruises on his knees and him and I was never any bruising to (R1) by my staff. At that (R1) was in the Intensive and him and I was in the Intensive and him and I was in the Intensive and the facility I told by staff and we developments with (R1)." I on 9/27/10 at 3:45 p.m. R5 He goes to work shop and and I was sick, couldn't get Ile who functions in the Mental Retardation) was	W99	999			

	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) M A. BUI		IPLE CONSTRUCTION	(X3) DATE SU COMPLE	TED
		14G217	B. WIN	IG _			C 6/2010
	ROVIDER OR SUPPLIER			1	REET ADDRESS, CITY, STATE, ZIP CODE 641 CAROLE LANE 6AUK VILLAGE, IL 60411	10/2	5,25.0
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES / MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFI TAG		PROVIDER'S PLAN OF CORRECTIVE ACTION SHOUNDS OF THE APPRINCE O	JLD BE	(X5) COMPLETION DATE
W9999	out, (R1) was sick, Surveyor requested blood glucose mon p.m. during the Dai was given an undar Care." It reads in p. "1. Authorized DSF to give anti-diabetic physician. Training dose, time, frequent reaction per Rule 1 available for DSP u. 2. Authorized DSP individual to obtain glucometer manufa provide return dem Results outside of ebe reported to RN. 3. All DSP demons signs of hypo and happropriate interver physician, signs of 911 when indicated 7.02." Policy No: 5.57 is tilliness/Individual M Policy reads in part "Individuals served timely and effective injuries and illnesses" "Definitions Neglective injuries and illnesses"	B/10 at 3:52. R6 said "I helped I don't know what happened." d evidence of staff training for itor use on 9/28/10 at 4:00 lly Status Meeting. Surveyor ted, document titled "Diabetic eart, or are instructed per RN trainer medications as ordered by includes medication use, exy, side effects and reportable 16. Drug reference resource ise. The are instructed to assist blood glucose levels per acturer instructions. DSP constration of competency. The established parameters are to estrate knowledge of basic experglycemia (attached), established parameters are to enter the entering and notification of d. Reviewed policies 5.57 and the Physical Injury and edical emergencies. The agency shall receive emedical service for physical estand medical emergencies.	W99	999			

	FOF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	, ,		PLE CONSTRUCTION	(X3) DATE SU COMPLE	
			A. BUII	_DIN	G		
		14G217	B. WIN	IG _			C 6 /2010
	PROVIDER OR SUPPLIER			10	EET ADDRESS, CITY, STATE, ZIP CODE 641 CAROLE LANE AUK VILLAGE, IL 60411		
(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
W9999	Continued From pa	ge 78	W99	99			
	"Procedure A. As soon as the to be a medical em 911 and follow the B. Observe the indinformation necess make further judgm C. Notify the House Administrator for co F. In case of a med 1. Notify the local of (use 911 or local er Policy No: 7.02 is tipolicy reads in part "the facility shall pronecessary to meet comply with licensis All individuals shall minor accidents and consultant." The 9/1/10 through Administration Recall a.m. blood glucose reading was taken administered R1's I	injury or illness is determined ergency, The DSP is to call steps in F of this policy ividual to determine basic ary for nurses or physicians to ents. e Manager, QMRP or onsultation and direction. dical emergency, emergency service to transfer mergency number)" tled Nursing Services. The ovide nursing services individuals' needs and to					
	After R1 had been Emergency Medica approximately 5:08	ed nursing or administration. treated for a low reading by I Services on 9/25/10 at p.m., staff administered R1's d Metformin HCL 850 mg.					