STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA	(X2) MUL	TIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED		
AND FLAN OF CORRECTION		IDENTIFICATION NOWIBER.	A. BUILD	A. BUILDING			
14G130		14G130	B. WING		C 06/29/2011		
NAME OF PROVIDER OR SUPPLIER LEBANON TERRACE			s	TREET ADDRESS, CITY, STATE, ZIP CODE 221 EAST THIRD STREET LEBANON, IL 62254			
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES / MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORREC (EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APPR DEFICIENCY)	ULD BE	(X5) COMPLETION DATE	
W 460	chewing before swarz This document Medinclude finger foods Under 'Food Group recommended: groor sauces be added without bones: cass flaked fish or cheese; soft scram substitutes. The facility Policy Notes, under Policy Disability Manager managed facilities addiets are provided for FINAL OBSERVAT LICENSURE VIOL 350.620a) 350.1210 350.1235a)3)4) 350.3240a) Section 350.620 Read The facility shall procedures governing the facility which ship involvement of the	ally moist and require minimal allowing. chanical Soft diet does not sor cup up foods. se' meat and meat substitutes und meat and poultry (gravy does to moisten): soft-flaked fish seroles made of ground meat, se; cheese sauces; cottage bled eggs and egg lumber; P-1300.01.3, Subject; it states "Developmental nent Services (DDMS) shall ensure that appropriate for each individual served.	W 46				

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) N	IULTI	PLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED		
			A. BUI	LDIN	G			
	14G130		B. WIN	B. WING			9/2011	
NAME OF PROVIDER OR SUPPLIER LEBANON TERRACE				2	REET ADDRESS, CITY, STATE, ZIP CODE 21 EAST THIRD STREET EBANON, IL 62254			
(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	
W9999	operating the facility least annually. Section 350.1210 F The facility shall promaintain each residence of the province of such rights. Including limit life-sustaining establish a policy of such rights. Including limit life-sustaining establish a policy of such rights. Including limit life-sustaining establish a policy of such rights. Including limit life-sustaining establish a policy of such rights. Including limit life-sustaining establish a policy of such rights. Including limit life-sustaining establish a policy of such rights. Including limit life-sustaining establish a policy of such rights. Including limit life-sustaining establish a policy of such rights. Including establish a policy of such rights and life such resident to the province of such rights. Including establish a policy of such rights and life such rights and life such rights. Including establish a policy of such rights and life such rights and life such rights. Including establish a policy of such rights and life such rights and life such rights. Including establish a policy of such rights. Including establish a	dealth Services Idealth Services Idealth Services Idealth Services necessary to lent in good physical health. Idealth Services necessary to lent in good physical health. Idealth Services necessary to lent in good physical health. Idealth Services necessary to lent in good physical health. Idealth Services necessary to lent in good physical health. Idealth Services necessary to lent in good physical health. Idealth Services necessary to lent in good physical health. Idealth Services necessary to lent in good physical health. Idealth Services Idealth Services Idealth Services necessary to lent in good physical health. Ideal	W99	999	DEFICIENCY)			
	failed to prevent ne	view and interview, the facility glect for 1 of 1 client (R1)						
	requiring emergend	cy services who expired at the						

		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) N A. BU		IPLE CONSTRUCTION IG	(X3) DATE SURVEY COMPLETED	
		14G130	B. WII	B. WING			C 9/2011
NAME OF PROVIDER OR SUPPLIER LEBANON TERRACE				2	REET ADDRESS, CITY, STATE, ZIP CODE 121 EAST THIRD STREET LEBANON, IL 62254		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC 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	hospital when the fat. Provide CPR (cauntil relieved by em 2. Thoroughly inversal expired on 12/13. Ensure appropriensure facility staff regarding emergen to impact all of the facility. (15 clients) Findings Include: The Physician's Ora 12/10/10, identifies who functions at a Retardation. The Fidiagnosis of: Hx (hi and Atrial Fib (fibulation) fibration of the table and hit at Technician) (HT), where the table and hit at Technician (HT), where the table and table and table and the table and	acility failed to: ardiopulmonary resuscitation) aregency personal. stigate the incident in which 6/10. ate steps have been taken to follow the facility policy cy services with the potential remaining clients at this der Sheet (POS), dated R1 as a 47 year old individual Mild level of Mental POS includes additional story) Myocardial Infarction, ation). DUAL UNUSUAL INCIDENT (16/10 at 7:00 PM, states, "R1 A, as he fell he hit his head on chair. I (E3, Habilitation (vas instructed to gather ation Technician (HT), was 1 and E6, HT, started CPR esuscitation). We continued alance crew go there and to ansferred him (R1) to the are Report Summary," dated local emergency services 16 (7:06 PM) (12 PM)	W9	999			

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			A. BUI	LDIN	G	C	
		14G130 B. WING 00			29/2011		
NAME OF PROVIDER OR SUPPLIER LEBANON TERRACE				2	REET ADDRESS, CITY, STATE, ZIP CODE 21 EAST THIRD STREET EBANON, IL 62254		
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W9999	Left Scene:19:37 (7) This report further is Assessment:" Airway: Partially Ob Breathing: - (negati Skin Color: Cyanoti Lung Sounds: Left: Pupils- Left: Unread Vital signs at 19:15 pressure), 0 (pulse) Under the "Narrative "Began CPRatter airway blocked with bodymedical force food and bagging we to push air into lung At 19:21 (7:31 PM) Removal. CPR Stopped: 19:30 During an interview 4:07 PM, E3 stated walking around and snacks for that ever the dining area, R1 helped lower R1 to mouth. Me (E3) and mouth sweep without someone called 91 to do CPR until 911 Did not see R1 eat been given out yet. During an interview 1:00 PM, E6 stated getting ready for snaline for snacks. I (E)	states under "Initial states under Right; Absent ctive Right: Unreactive (7:15 PM), were 0/0 (blood of and 0 (respirations). The History Report," it states inpted intubation but found in some type foreign eps (were) used to remove with ambu (ambulation) (device gs) continued to truck." In under Airway-Foreign Body (9:37 PM) The with E3, HT, on 06/17/11 at in the line with preparing in the line with the looked like R1 was choking, floor, seen white foam from the line with the li	W99	999			

AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING			(X3) DATE SURVEY COMPLETED		
		14G130	B. WING) 9/2011
NAME OF PROVIDER OR SUPPLIER LEBANON TERRACE			<u> </u>	2	REET ADDRESS, CITY, STATE, ZIP CODE 221 EAST THIRD STREET LEBANON, IL 62254	03/2	
(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), flipped him pulse, no pulse, no with E3, HT. E4, H continued CPR untinever responded. A over CPR." When any break in CPR, (emergency service them (emergency service them (emergency she (R1) was non reasked E6 whether R1's body, E6 state came back out." We do you know this, Egot in, I (E6) blew it During an interview 3:04 PM, E4 stated sitting on couch wit (R4) started to get shit the table, no one his head while fallin E6, HT started CPF removed all other in E6, HT and E3, HT (emergency service asked whether R1 I and he (R1) didn't suncomfortable. Beful and snacks are at 7 During an interview 06/20/11 at 9:18 AN the incident on 12/1	m (R1) over, checked for respirations. Started CPR T called 911. We (E6 and E3) I ambulance got there. R1 Ambulance (services) took surveyor asked if there was E6 stated, "No, they es) took over CPR and we told ervices) there was no pulse, sponsive." When surveyor E6 was able to get air into ed "When I (R6) blew air in it then the surveyor asked how e6 responded "I'm sure it (air) in and saw his chest rise." with E4, HT, on 06/17/11 at , "On 12/16/10, I (R4) was the R1 and it was snack timeI snacks ready and R1 fell and e was eating at the time. R1 hit e9. I (R4) yelled out for staff. R. E3, HT was there. I (R4) individuals to a different area. did CPR until 911 es) arrived." When surveyor and choked, E4, stated, "No, ay anything about feeling fore that we were sitting on for Surveyor asked E4 whether ring that time. E4 stated, "No, is usual supper is at 5:00 PM	W99	999			

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			A. BUILDING		G	C	
		I B WING		9/2011			
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W9999	stated "No CPR wa (employees) was deveryone was stand from R1. The employers was on the floor. Refloor, no pulse, no redilated with no read monitor and no pulse surveyor asked if hearrival, Z1 stated, "I was unable, then I (R1's) mouth. Not his conformed was R1's airway was blood own. I (Z1) don't to was cool, and it w	Z1's arrival to facility, Z1 as being done, no one oing anything upon arrival, ding around 5-6 feet away loyees were looking at R1, R1 that was stretched out on the respirations. R1's pupils were stion to light. Z1 put R1 on the se was present." When is airway was blocked on tried to get a #7 tube and I pulled something out of his much food was removed form of enough to choke him. The pudding consistency. Yeah ocked with something going think he (R1) was getting air. rvices) did get R1's chest to I was dead and was dead body was not cold, R1's body is not a real cold day." Death', issued 12/22/10, use of death is Myocardial nary Artery Disease. This R1 was pronounced dead on M. Jure, subject: Death Of An 1/01/98, states under encountering an individual g shall immediately begin tesuscitation (CPR), and have	Pew	999			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		1ULT ILDIN	TIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
		14G130	B. WI			C 06/29/2011	
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W9999	" 1. During an emeshall follow nursing (Emergency Medican The facility Policy "Emergencies, polican "EMERGENCIES." Listed below is a This list in not all in exceptions. If one occurs, follow the possation of Breat	ergency, staff in attendance directions/protocol until EMT al Technician) arrives." Reporting Health y number 5.602" states " list of possible emergencies. clusive. There are always of the emergencies listed	W9:	999			