PRINTED: 02/25/2012 FORM APPROVED OMB NO. 0938-0391

	STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) M A. BU		TIPLE CONSTRUCTION		(X3) DATE SURVEY COMPLETED	
		145388	B. WII				C	
NAME OF F	PROVIDER OR SUPPLIER	143300		ST	FREET ADDRESS, CITY, STATE, ZIP CODE	08/3	0/2011	
RICHLAI	ND CARE & REHAB				410 EAST MACK OLNEY, IL 62450			
(X4) ID PREFIX TAG	(EACH DEFICIENCY	ATEMENT OF DEFICIENCIES  / MUST BE PRECEDED BY FULL  SC IDENTIFYING INFORMATION)	ID PREF TAG	IX	PROVIDER'S PLAN OF CORREC (EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APP DEFICIENCY)	OULD BE	(X5) COMPLETION DATE	
F 000	INITIAL COMMEN	тѕ	F	000				
	Complaint Investig	ation #1152508, IL #54128.						
F 323 SS=J	483.25(h) FREE OI		F	323	3		9/23/11	
	environment remain as is possible; and	nsure that the resident ns as free of accident hazards each resident receives on and assistance devices to						
	by: Based on record reinterviews the facility adequate supervision of 4 residents (R3 the sample of 4. The s	eview, observations, and ty staff failed to provide on to prevent the elopement of 3) reviewed for elopement in the facility identified 8 residents elopement. R3's diagnoses Dementia and Cerebral with Right Hemiplegia. R3 left 14-11 between 6:30 - 6:48AM edge. R3 was found by the ch face down with her of her. R3 required treatment at osed head injury. This in an Immediate Jeopardy. It is Jeopardy was removed on the face that the facility remained at all exits, the facility remained at a level that is not actual					(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.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		ULTIF	PLE CONSTRUCTION G	(X3) DATE SURVEY COMPLETED		
		145388	B. WIN				C <b>0/2011</b>	
	ROVIDER OR SUPPLIER		•	41	REET ADDRESS, CITY, STATE, ZIP CODE 10 EAST MACK DLNEY, IL 62450			
(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 APPI DEFICIENCY)	OULD BE	(X5) COMPLETION DATE	
F 323	harm. The deficient due to the facility not new systems are ful.  Findings include:  1. R3's medical rect a 92 year old femal 07-09-10. R3's diag sheet dated 07-09- and Cerebral Vascot Hemiplegia.  The most current A Assessment (MDS) by E3 (MDS/Care Fassessment noted that R3 has a long a problem. Section of skills for decision mimpaired-never/rare mode of transportar wheelchair and is saccording to Section Status Section of the R3 was dependent ambulate. R3 was drange of motion not sides of the upper elower extremity (Section R3 was observed of secure unit (D Wing and saddle type cuspropelling herself were observed on the system of the same saddle type cuspropelling herself were observed on the system of the system of the same saddle type cuspropelling herself were observed on the system of the system o	ntial for more than minimal practice remains uncorrected beeding time to assure that the inctioning correctly.  Cord face sheet indicates R3 is a eadmitted to this facility on proses on the admission face 10 include Vascular Dementia ular Accident with Right  Innual Minimum Data Set is dated 06-17-11 provided Plan Coordinator). This in Section C0700 and C0800 and short term memory c1000 codes R3's cognitive taking as severely by made decisions. R3's tion was identified as a elf-sufficient once in the chair in G0110. The Functional is eMDS (G0110) indicates that for transfers and unable to coded with functional limits in the dwith impairments on both extremities and one side of the	F	323				

	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	A. BUI		IPLE CONSTRUCTION IG	(X3) DATE SU COMPLE	TED
		145388	B. WIN	NG _			C 0/ <b>2011</b>
	ROVIDER OR SUPPLIER		<u> </u>	4	REET ADDRESS, CITY, STATE, ZIP CODE 110 EAST MACK DLNEY, IL 62450		.,
(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 SHOU CROSS-REFERENCED TO THE APPR DEFICIENCY)	JLD BE	(X5) COMPLETION DATE
F 323	right eye and yellow bridge of the nose a (Director of Nursing 8:30AM, that R3 is to person but not pl was on the secure 07-09-10 until 03-20 the hospital with a contract that time R3 was m R3's nursing notes dated 07-16-11 at 4 toward another resist to exit the facility fo 07-20-11 at 5:30PM another resident's with a facility multiple time condition had improved in July, con 08-29-11 at 8:57 R3 was assessed record on the facility form to be at high riplan were noted rel assessment or the in the nurses notes confirmed by intervia:330PM.  The facility's initial in 8/14/11, to Illinois DE1, documents R3 between 6:30AM - (Police Officer) four	and across the forehead. E1 and across the forehead. E1 at alert with confusion, oriented ace or time. E1 stated R3 unit (D Wing) from admission B-11 when she returned from diagnoses of Pneumonia. At oved to C Wing. According to while R3 was on C Wing PM, R3 had some aggression dent and had also attempted ur times. Nursing note on M, R3 again tried to kick wheelchair and to exit the es. E1 stated R3's medical oved and she was more mobile at remained on C Wing. No done to determine if R3 was not when her condition on firmed by interview with E1	F	323			

PRINTED: 02/25/2012 FORM APPROVED OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		IULTIF LDING	PLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
		145388	B. WII	۱G			C <b>0/2011</b>
	ROVIDER OR SUPPLIER		STREET ADDRESS, CITY, STATE, ZIP CODE 410 EAST MACK OLNEY, IL 62450				
(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
F 323	transported by amb room for evaluation the facility the same Right hip Contusion according to the ho Department- Printe dated 08-14-11. To8-14-11 at 6:48AM the nose and bruisi nose. The hospital dated 08-14-11 at 8 tenderness in the riblood in the right na X-ray of the right hi was negative for a back to the nursing head injury instruct emergency department dated 8/14/11. No conducted at the hoof R3's head injury Z1 (Physician) on C1 (Physicia	and treatment. R3 returned to a day, with a diagnoses of and Closed Head Injury, spital "Emergency d Discharge Instructions" he facility incident report dated M, states R3 had swelling of ang of the bilateral bridge of emergency department form 8:41AM documents R3 had ght lateral hip area and dried ares. The report also states and p was done at 08-14-11 and fracture. R3 was discharged home in good condition with ions, according to the hospital ment form Disposition/Plan diagnostic tests were ospital to determine the nature of confirmed by interview with	F:	323			

Facility ID: IL6006910

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

	F OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	A. BUI		IPLE CONSTRUCTION  NG	COMPLE	TED
		145388	B. WIN	1G _			C <b>0/2011</b>
	PROVIDER OR SUPPLIER			4	REET ADDRESS, CITY, STATE, ZIP CODE 110 EAST MACK DLNEY, IL 62450	00,00	3/2011
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES  MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREF TAG		PROVIDER'S PLAN OF CORRECTIVE ACTION SHOUNDS OF THE APPRICE OF THE	ULD BE	(X5) COMPLETION DATE
F 323	CNA) and E10 (CN. (These individuals viduals with smoking area to the were seen by Z2.) released by E6 after noted to have blood ambulance to the hit reatment. R3 return at 9:15AM with a dialinjury and a Right H. Upon her return to the neuro checks were placed on 15 minute written investigation 08-18-11 the 15 min R3's elopement risk care plan dated 08-incident. After constransferred to the standitional safety.  The facility's "Incident dated 08-16-11 was 08-14-11 upon identifacility and a "Code charge nurses to id accounted for at 7A indicated all staff or regarding their known prior to the incident (E5 and E11-CNAs at 6:30 or 6:33AM. Residents that smodoor to smoke by E6:45AM, according 08-18-11 at 12:55P	A) to come to the scene. were outside the facility in the e West of the building and R3's self release seat belt was r assessing her. R3 was I on her face and was taken by ospital for evaluation and ned to the facility on 08-14-11 agnoses of Closed Head	F	323			

NAME OF PROVIDER OR SUPPLIER RICHLAND CARE & REHAB    SUMMARY STATEMENT OF DEFICIENCIES   DEFICIENCY MAN STREET ADDRESS, CITY, STATE, ZIP CODE 410 EAST MACK OLHEY, IL 62450   SUMMARY STATEMENT OF DEFICIENCIES   DEFICIENCY MUST BE PRECEDED BY FULL READ DEFICIENCY MUST BE PRECED BY FULL READ DEFICIENCY MUST BE PRECEDED BY FULL READ DEFICIENCY MUST BE PRECED BY FULL READ DEFICIENCY MUST BY TAKE BY FULL READ DEFICIENCY MUST BY TAKE BY FULL READ DEFICIENCY MUST BY TAKE BY TAKE BY THE PRECEDIAL PROPERTY BY TAKE BY TAKE BY TAKE BY		OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	A. BUI		IPLE CONSTRUCTION  IG	(X3) DATE SU COMPLE	TED
RICHLAND CARE & REHAB    (MA)   D			145388	B. WIN	۱G _			
FREFIX TAG  REGULATORY OR ISC IDENTIFYING INFORMATION)  F 323  Continued From page 5 minute delay on them. If two door alarms sound at the same time and one is silenced that they are both silenced without the second alarm sounding. E2 stated R3 could have went out the East dining room exit door when the residents who smoke, went out the West dining room exit door and did not identify there were two alarms sounding at one time, according to E1 per interview on 08-18-11 at 11-45PM, but E1 was unable to determine if this occurred in her investigation or which door E3 exited.  R3 was interviewed at 9:02AM on 08-18-11. R3 did not recall leaving the facility or falling in a ditch across the road on 08-14-11. R3 was confused to her current location and date/time. R3 speech rambled and did not stay focused on a topic of discussion. When questioned what happened to cause the bruises on her face she stated "a guy knocked her out along the highway and brought me to the hospital the next day". R3 states she goes outside when she wants to. R3 stated she would put her jacket on before crossing the road and if cars were present she would cross the ditch if the water was not too deep. R3 was unable to remove the lap seat belt on her wheelchair upon request. According to interview with Z1 on 08-18-11 at 1PM, R3 does not have safety awareness and is unaware of possible dangers.  Observation of the path R3 may have traveled indicates she may have exited from the front door of the facility. East or West divining room exits.					4	10 EAST MACK	00,00	0,2011
minute delay on them. If two door alarms sound at the same time and one is silenced that they are both silenced without the second alarms sounding. E2 stated R3 could have went out the East dining room exit door when the residents who smoke, went out the West dining room exit door. Staff may have silenced the West door and did not identify there were two alarms sounding at one time, according to E1 per interview on 08-18-11 at 1:45PM, but E1 was unable to determine if this occurred in her investigation or which door E3 exited  R3 was interviewed at 9:02AM on 08-18-11. R3 did not recall leaving the facility or falling in a ditch across the road on 08-14-11. R3 was confused to her current location and date/time. R3 speech rambled and did not stay focused on a topic of discussion. When questioned what happened to cause the bruises on her face she stated "a guy knocked her out along the highway and brought me to the hospital the next day". R3 states she goes outside when she wants to. R3 states she goes outside when she wants to. R3 stated she would put her jacket on before crossing the road and if cars were present she would stop and watch them go by. When R3 was asked about crossing a ditch she stated she would stop and watch them go by. When R3 was asked about crossing a ditch she stated she would stop and watch them go by. When R3 was asked about crossing a through the stated she would oros the ditch if the water was not too deep. R3 was unable to remove the lap seat belt on her wheelchair upon request. According to interview with Z1 on 08-18-11 at 1PM, R3 does not have safety awareness and is unaware of possible dangers.  Observation of the path R3 may have traveled indicates she may have exited from the front door of the facility. East or West dining room exits.	PRÉFIX	(EACH DEFICIENCY	MUST BE PRECEDED BY FULL	PREF		(EACH CORRECTIVE ACTION SHOWN CROSS-REFERENCED TO THE APPR	JLD BE	COMPLETION
TO HAVORD III HOL WHOCHOHAII DIODOIIIIA HILOUAH	F 323	minute delay on the at the same time ar both silenced witho E2 stated R3 could room exit door whe went out the West of may have silenced identify there were time, according to Eat 1:45PM, but E1 voccurred in her investied  R3 was interviewed did not recall leaving ditch across the roac confused to her cur R3 speech rambled topic of discussion. happened to cause stated "a guy knock and brought me to states she goes out stated she would pucrossing the road a would stop and wat asked about crossing would cross the ditch deep. R3 was unab on her wheelchair uniterview with Z1 or not have safety away possible dangers.  Observation of the indicates she may he of the facility, East	em. If two door alarms sound and one is silenced that they are ut the second alarm sounding. If have went out the East dining in the residents who smoke, dining room exit door. Staff the West door and did not two alarms sounding at one E1 per interview on 08-18-11 was unable to determine if this estigation or which door E3  If at 9:02AM on 08-18-11. R3 g the facility or falling in a and on 08-14-11. R3 was rent location and date/time. If and did not stay focused on a when questioned what the bruises on her face she are ted her out along the highway the hospital the next day". R3 take when she wants to. R3 at her jacket on before and if cars were present she can them go by. When R3 was and a ditch she stated she can the water was not too alle to remove the lap seat belt upon request. According to a 08-18-11 at 1PM, R3 does areness and is unaware of the path R3 may have traveled have exited from the front door or West dining room exits.	F	323			

	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	` /	IPLE CONSTRUCTION	(X3) DATE SU COMPLE	
			A. BUILDIN	IG	(	С
		145388	B. WING _		08/30	0/2011
	ROVIDER OR SUPPLIER		4	REET ADDRESS, CITY, STATE, ZIP CODE 110 EAST MACK DLNEY, IL 62450		
(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 APPF DEFICIENCY)	ULD BE	(X5) COMPLETION DATE
F 323	the parking lot then on Mack Avenue. For ditch on the north is pole next to an entry wheelchair turned of 200 feet from the from facility. Macheavy local traffic. If feet deep.  According to interving 11:45AM per phone head down with the was still fastened in belt. R3 was observed and a bloody nose, the ambulance for locality staff were not facility.  The weather for 08 sunny and clear, and Department of Pub dated 8/14/11. Acc (CNA) on 08-18-11 in a short sleeve known and socks.  Observation of Eas with E1 on 08-18-1 alarm had a 60 sec was entered on the exiting before the adoors (front door, NA, C and D exit doors econd delay before	making a right (going West) R3's wheelchair went off in a ide of Mack Ave by a electrical ance to a business. The over in a ditch approximately ont entrance of the nursing R4 Avenue is a busy street with The ditch is approximately 3  ew with Z2 on 08-18-11 at R5 R3 was found in the ditch wheelchair on top of her. R3 In the wheel chair with a seat wed to have a scuff on her face according to Z2. Z2 called R3 at 6:49AM on 08-14-11. Z2 LPN) at that time that the out aware R3 had left the  -14-11 at 7AM was 67 degrees according to the facility's "Illinois lic Health" reporting form cording to interview with E5 at 11:30AM, R3 was dressed with shirt, sweat pants, shoes  t Dining Room door alarms 1 at 3:35PM, noted the door ond delay after the door code key pad when entering or larm resets itself. Other exit West Dining Room exit, Wings ors) in the facility have a 30 the door alarm resets, iew with E9 (Maintenance	F 323			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	` ,		PLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
			A. BUI	LDIN	G		C .
		145388	B. WI	NG			0/2011
	ROVIDER OR SUPPLIER			4	EET ADDRESS, CITY, STATE, ZIP CODE 10 EAST MACK DLNEY, IL 62450		
(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
F 323	E1 (Director of Nur Immediate Jeopard 2:45 P.M.on 8/18/1 was determined to between 6:30AM ar from the facility with Immediate Jeopard been removed on 0 returned to the facil reassessed and tra The facility impleme remove the Immedi the severity to no ar more than minimal  1. Staff inservice e 08-14-11 after R3 e Door Alarms, Code Elopement Policy a inserviced by 10AM interview with E1 or  2. The facility staff risk and she was pl 15 minute checks of assessment and ca 8/14/11 to include has 3. The door alarm assessed for prope (Maintenance Direct 60 second delay aft alarm is deactivated if two alarms are tri was no evidence 2	rsing).was notified of the y situation regarding R3 at 1. The Immediate jeopardy have begun on 08-14-11 at 6:48AM when R3 eloped nout staff knowledge. The y was determined to have 18-14-11 at 9:15AM when R3 ity from the hospital, was nsferred to the secure unit. ented the following steps to rate Jeopardy which reduced ctual harm with potential for harm and the scope isolated.  ducation began by E1 on eloped. Education included Yellow, Motion Detectors and and Procedures. All staff were 1 on 08-15-11, confirmed by 1 on 08-29-11 at 3PM.  evaluated R3 for elopement acced on the secure unit with on 08-14-11. R1's wandering are plan were updated on high risk for elopement.	F	323			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) M	ULTIF	PLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
ANDILANC	OCKLOTION	IDENTIFICATION NOMBER.	A. BUI	LDING	<u> </u>		
		145388	B. WIN	IG			C <b>0/2011</b>
	ROVIDER OR SUPPLIER			41	EET ADDRESS, CITY, STATE, ZIP CODE IO EAST MACK LNEY, IL 62450		
(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
F 323	08-17-11 and reset one minute delay expoom exit door. Z4 so the facility staff obeen exited from the tripped at the same door was designate 2nd shrill alarm was 8/22/11 (to be only 4. On 8/15/11 staff residents. According Risk" form revised were identified as horesidents were identified as horesidents. On 8/22/11, E1 cassessment tool to off the secure Alzhe assurance tool has monitor a residents FINAL OBSERVAT LICENSURE VIOL 300.1210b) 300.3240a)  Section 300.1210 (Nursing and Person b) The facility shall and services to attapracticable physical	the door alarms for less than except for the East Dining coded individual exit doors could identify which doors had he facility when 2 alarms are time. The East Dining Room ed as a emergency exit and a so placed on this door on turned off at the door).  Treevaluated all in house high to the facility's "Elopement 8/2011, 2 residents (R2 R3) high risk for elopement, and 6 hitified as "at risk" for the facility at risk residents was risk elopement program book.  The eloped an Interdisciplinary use for residents being moved beimer's unit. A quality also been developed to move to the secure unit.  TONS  ATIONS	F3	999			

PRINTED: 02/25/2012 FORM APPROVED OMB NO. 0938-0391

	F OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	A. BUI		IPLE CONSTRUCTION  NG	(X3) DATE SU COMPLE	TED
		145388	B. WIN	NG _			C 0/ <b>2011</b>
	PROVIDER OR SUPPLIER			4	REET ADDRESS, CITY, STATE, ZIP CODE 410 EAST MACK OLNEY, IL 62450	00/00	3/2311
(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
F9999	plan. Adequate and care and personal or resident to meet the care needs of the reshall include, at a reprocedures:  Section 300.3240 A  a) An owner, licens agent of a facility shresident.  These regulations where the sample of a facility shresident includes vascular Disease where facility on 08-14 without staff knowled local police in a ditte wheelchair on top of the hospital for a clear police in the hospital for a clear police in a ditte wheelchair on top of the hospital for a clear police in a ditte wh	properly supervised nursing care shall be provided to each e total nursing and personal esident. Restorative measures ninimum, the following abuse and Neglect ee, administrator, employee or nall not abuse or neglect a vere not met as evidenced by:  view, observations, and ey staff failed to provide on to prevent the elopement of an efacility identified 8 residents elopement. R3's diagnoses dementia and Cerebral with Right Hemiplegia. R3 left end face down with her face down with her face down with her face down with her face down with the each face down with the each face down with her face down with the each face down with her face down with the each face down with the	F99	999			

Facility ID: IL6006910

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		IULTIF	PLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
		145388	B. WI	NG			C 0/ <b>2011</b>
	ROVIDER OR SUPPLIER			41	EET ADDRESS, CITY, STATE, ZIP CODE 10 EAST MACK LNEY, IL 62450		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	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	The most current A Assessment (MDS) provided by E3 (ME This assessment in C0800 that R3 has problem. Section C skills for decision mimpaired-never/rare mode of transportar wheelchair and is saccording to Section Status Section of th R3 was dependent ambulate. R3 was crange of motion not sides of the upper clower extremity (Se R3 was observed on the secure unit (D Wing and saddle type cuspropelling herself were observed on the R3 was observed to the right eye and yellower extremity (Signature of Nursing 8:30AM, that R3 is to person but not play was on the secure o7-09-10 until 03-20 the hospital with a control of the R3 was more resulted to the R3 was on C aggression toward	nnual Minimum Data Set b, dated 06-17-11, was DS/Care Plan Coordinator). Doted in Section C0700 and a long and short term memory C1000 codes R3's cognitive making as severely bely made decisions. R3's ation was identified as a delf-sufficient once in the chair on G0110. The Functional me MDS (G0110) indicates that for transfers and unable to coded with functional limits in med with impairments on both extremities and one side of the	F9	999			

	F OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	A. BUI		TIPLE CONSTRUCTION  NG	COMPLE	TED
		145388	B. WIN	۱G _			C <b>0/2011</b>
	PROVIDER OR SUPPLIER			4	REET ADDRESS, CITY, STATE, ZIP CODE 410 EAST MACK OLNEY, IL 62450	00,00	3/2311
(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 SHOU CROSS-REFERENCED TO THE APPR DEFICIENCY)	ULD BE	(X5) COMPLETION DATE
F9999	kick another resider facility multiple time condition had improved in the wheelchair by reassessment was at risk for elopemer improved in July, co on 08-29-11 at 8:57.  R3 was assessed of record on the facility form to be at high riplan were noted releassessment or the in the nurses notes confirmed by interviols: 3:30PM.  The facility's initial into Illinois Department documents R3 left to between 6:30AM - 6 (Police Officer) four road from the facility hospital "Emergence Discharge Instruction that in the same Right hip Contusion facility incident repostates R3 had swell the bilateral bridge emergency departments at 14AM documents right lateral hip area.	t 5:30PM, R3 again tried to nt's wheelchair and to exit the es. E1 stated R3's medical eved and she was more mobile at remained on C Wing. No done to determine if R3 was not when her condition onfirmed by interview with E1	F99	<b>399</b>			

* * *		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) M A. BUI		PLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED C 08/30/2011		
		145388	B. WIN		<u></u>			
NAME OF PROVIDER OR SUPPLIER RICHLAND CARE & REHAB				41	EET ADDRESS, CITY, STATE, ZIP CODE 10 EAST MACK DLNEY, IL 62450	1 00/00	0/2011	
(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 CORREC (EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APPF DEFICIENCY)	ON SHOULD BE COMP HE APPROPRIATE		
F9999	fracture. R3 was dinome in good condinstructions, accord department form Dinomination No diagnostic tests hospital to determining to determining to the fact dated 08-18-11 at 1:00 According to the fact dated 08-16-11 condition between 6:30AM are facility in her wheeled was last seen by E7 Assistant) on 08-14 the road in front of When R3 fell the wind release seat belt) a officer) was driving 6:48AM and noted assess the situation ambulance and moderate and	and the nursing ition with head injury ing to the hospital emergency sposition/Plan dated 8/14/11. Were conducted at the tee the nature of R3's head interview with Z1 (Physician) in the left of the network of the net	F99	199				

* *		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) M A. BUI		PLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED		
		145388	B. WING			C <b>08/30/2011</b>		
NAME OF PROVIDER OR SUPPLIER  RICHLAND CARE & REHAB				41	EET ADDRESS, CITY, STATE, ZIP CODE 10 EAST MACK DLNEY, IL 62450		0/2011	
(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 CORREC (EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APPR DEFICIENCY)	N SHOULD BE COMPLI E APPROPRIATE DAT		
F9999	written investigation 08-18-11 the 15 min R3's elopement risk care plan dated 08-incident. After constransferred to the stadditional safety.  The facility's "Incid dated 08-16-11 was 08-14-11 upon iden facility and a "Code charge nurses to id accounted for at 7:0 indicated all staff or regarding their know prior to the incident (E5 and E11-CNAs at 6:30 or 6:33AM. taken out the West approximately 6:45, with E6 on 08-18-1 the report that all do approximately a 1 r door alarms sound silenced, they are be second alarm soun went out the East dor and did not ide sounding at one timinterview on 08-18-unable to determine investigation or while	e checks according to the dated 08-18-11 by E1. As of nute checks are ongoing. A status dated 08-14-11 and 14-11 were updated after the ulting with R3's family, R3 was ecure Alzheimer's unit for ent investigation" - timeline is begun immediately on tifying R3 had eloped from the Yellow" was initiated by the entify all residents were 00AM on 08-14-11. The report of duty were interviewed wledge of R3's whereabouts. E1 identified 2 staff members that came in the West door Residents that smoke were door to smoke by E6 (LPN) at AM, according to interview 1 at 12:55PM. E1 identified in foor alarms all have ninute delay on them. If two at the same time and one is noth silenced without the ding. E2 stated R3 could have ining room exit door when the ke went out the West dining ff may have silenced the West entify there were two alarms are, according to E1 per 11 at 1:45PM, but E1 was as if this occurred in her	F99	999				

# 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) MULTIPLE CONSTRUCTION  A. BUILDING		(X3) DATE SURVEY COMPLETED	
		145388	B. WING			C <b>08/30/2011</b>	
NAME OF PROVIDER OR SUPPLIER RICHLAND CARE & REHAB				4	REET ADDRESS, CITY, STATE, ZIP CODE 410 EAST MACK OLNEY, IL 62450	00/00	3/2011
(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)	JLD BE	(X5) COMPLETION DATE
F9999	did not recall leavin ditch across the roac confused to her cur R3 speech rambled topic of discussion. happened to cause stated, "a guy knoc and brought me to stated she goes our stated she would purcossing the road a would stop and wat asked about crossing would cross the ditch deep. R3 was unaboun her wheelchair uninterview with Z1 or does not have safe of possible dangers.  Observation of the indicates she may hof the facility, East R3 traveled in her with the parking lot then on Mack Avenue. Reditch on the north selectrical pole next. The wheelchair turn approximately 200 the nursing home fastreet with heavy lo approximately 3 feet.	g the facility or falling in a ad on 08-14-11. R3 was rent location and date/time. If and did not stay focused on a when questioned what the bruises on her face she ked her out along the highway the hospital the next day." R3 tside when she wants to. R3 ut her jacket on before and if cars were present she can them go by. When R3 was and a ditch she stated she can the water was not too alle to remove the lap seat belt upon request. According to a 08-18-11 at 1:00PM, R3 ty awareness and is unaware as.  The path R3 may have traveled have exited from the front door or West dining room exits. Wheelchair propelling through making a right (going West) as wheelchair went off in a lide of Mack Ave by an to an entrance to a business. The down the front entrance of acility. Mack Avenue is a busy cal traffic. The ditch is et deep.	F99	999			
	head down with the	e, R3 was found in the ditch wheelchair on top of her. R3 the wheelchair with a seat					

AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) M A. BUI		PLE CONSTRUCTION G	(X3) DATE SURVEY COMPLETED	
	145388			NG _		C <b>08/30/2011</b>	
NAME OF PROVIDER OR SUPPLIER  RICHLAND CARE & REHAB				4	REET ADDRESS, CITY, STATE, ZIP CODE 10 EAST MACK DLNEY, IL 62450	00/00	72011
(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)	JLD BE	(X5) COMPLETION DATE
F9999	belt. R3 was observand a bloody nose, the ambulance for R confirmed with E6 (facility staff were not facility.  The weather for 08-degrees sunny and facility's "Illinois Dereporting form date interview with E5 (CR3 was dressed in pants, shoes and so Observation of Eas with E1 on 08-18-11 alarm had a 60 sec was entered on the exiting before the a doors (front door, VA, C and D exit doors second delay before	ved to have a scuff on her face according to Z2. Z2 called R3 at 6:49AM on 08-14-11. Z2 LPN) at that time that the ot aware R3 had left the  -14-11 at 7:00AM was 67 clear, according to the partment of Public Health" d 8/14/11. According to CNA) on 08-18-11 at 11:30AM, a short sleeve knit shirt, sweat ocks.  It Dining Room door alarms 1 at 3:35PM, noted the door ond delay after the door code key pad when entering or larm resets itself. Other exit vest Dining Room exit, Wings ors) in the facility have a 30 to the door alarm resets, liew with E9 (Maintenance)	F99	999			