PRINTED: 03/01/2012 FORM APPROVED OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES (X AND PLAN OF CORRECTION		IDENTIFICATION NUMBER:			IPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
			A. BUI				С
		14G049	B. WIN	NG _		08/2	6/2011
	PROVIDER OR SUPPLIER Y'S SQUARE LIVING	CENTER		2	REET ADDRESS, CITY, STATE, ZIP CODE 239 SOUTH CHERRY GALESBURG, IL 61401		
(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 APPF DEFICIENCY)	ULD BE	(X5) COMPLETION DATE
W 000	INITIAL COMMENT	ΓS	W	000			
W 122		011/IL53806 ROTECTIONS sure that specific client	W	122			9/17/11
	Based on interview has failed to implem neglect for 1 of 1 in thorough and timely timely implementatin his known unsteady falls, which have re of additional injuries. The facility failed to and procedures for failed to: > ensure a thorough assessment for R1. > implement fall premanner after R1's finjuries. > re-assess, and presafeguards regarding his new Seizure dia ensure that R1's pand Individual Servinstructions regarding times.	implement their own policies neglect, when the facility h and timely fall risk evention safeguards in a timely falls that resulted in serious rovide any needed additionaling R1's mobility safety after agnosis. physical therapy assessments ice Plans provide specificing R1's level of supervision ding R1's mobility safety					
	Findings include:						
LABORATOR'	Y DIRECTOR'S OR PROVID	DER/SUPPLIER REPRESENTATIVE'S SIGI	NATURE		TITLE		(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.

	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) M A. BUI		PLE CONSTRUCTION G	(X3) DATE SU COMPLE	
		14G049	B. WIN	1G _			C 6/ 2011
	ROVIDER OR SUPPLIER	CENTER	l	2	REET ADDRESS, CITY, STATE, ZIP CODE 39 SOUTH CHERRY GALESBURG, IL 61401	00/2	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 SHOUNDERSON THE APPROPRIES OF	JLD BE	(X5) COMPLETION DATE
W 122	Jeopardy was ident when the facility failed to and procedures for failed to ensure tho assessment for R1; implement fall prevenanner after R1's finjuries; > the facilit provide any needed regarding R1's mob Seizure diagnosis; at the ensure that R1's and Individual Servinstructions regarding and supports, regarding across all environm On 8/17/11, at 3:35	0 p.m., an Immediate ified to have begun on 3/29/11 implement their own policies neglect, when: > the facility rough and timely fall risk > the facility failed to ention safeguards in a timely alls that resulted in serious y failed to re-assess, and I additional safeguards oility safety after his new and, > when the facility failed physical therapy assessments ice Plans contain specificing R1's level of supervision rding R1's mobility safety	W	22			
W 149	prohibit abuse W218 - Sensorimot 483.420(d)(1) STAR CLIENTS The facility must de policies and proced	implement written policies or development FF TREATMENT OF velop and implement written	W	149			9/17/11

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MU A. BUIL	JLTIPLE CONSTRUCTION		(X3) DATE SURVEY COMPLETED	
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	PROVIDER OR SUPPLIER Y'S SQUARE LIVING	CENTER		STREET ADDRESS, CITY, STATE, ZIP 239 SOUTH CHERRY GALESBURG, IL 61401			
(X4) ID PREFIX TAG	(EACH DEFICIENC)	TEMENT OF DEFICIENCIES / MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFI) TAG		ION SHOULD BE THE APPROPRIATE	(X5) COMPLETION DATE	
W 149	Based on interview has failed to impler neglect for 1 of 1 in thorough and timely timely implementat his known unstead falls, which have re of additional injurie individual who did reconsistent with phychoking, cardiac ar ventilator assisted. The facility failed to and procedures for failed to: > ensure thorough for R1. > implement fall promanner after R1's injuries. > re-assess, and procedures for failed to: > ensure that R1's injuries. > re-assess, and procedures for failed to: > ensure that R1's and Individual Servinstructions regarding and supports regarding and supports regarding and supports regarding that R1 represcribed pureed episode that require	s not met as evidenced by: and record review, the facility nent their system to prevent dividual who has not received y fall risk assessment, and ion of safeguards, regarding y gait, and known repeated sulted in physical injury or risk s (R1); and for 1 of 1 not receive his diet in a form sician's orders, resulting in rest, hospitalization and breathing (R1). Implement their own policies neglect, when the facility and timely fall risk assessment evention safeguards in a timely falls that resulted in serious rovide any needed additional ng R1's mobility safety after agnosis. physical therapy assessments ice Plans provide specific ng R1's level of supervision ding R1's mobility safety	W 1	49			

Facility ID: IL6009039

	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) M A. BUI		PLE CONSTRUCTION G	(X3) DATE SU COMPLE	
		14G049	B. WI				C 6/2011
	ROVIDER OR SUPPLIER	CENTER	•	23	REET ADDRESS, CITY, STATE, ZIP CODE 39 SOUTH CHERRY GALESBURG, IL 61401		
(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
W 149	Jeopardy was identify 3/29/11, when the from policies and provided the facility failed to fall risk assessment implement fall prevent manner after R1's finjuries; > the facility provide any needed regarding R1's mobiseizure diagnosis; at the ensure that R1's and Individual Servinstructions regarding and supports regard across all environm On 8/17/11, at 3:35 notified that the Impremoved. 1) In review of R1's Plan (ISP), R1 function mental retardation, Anemia, Cerebral Fill Dysphagia, Chronic Fibrosis, and Organ Aggressive Feature R1's birthday is 10/10 non-verbal. This IS has an unsteady gardevices for ambulate Under the needs set.	0 p.m., an Immediate ified to have begun on acility failed to implement their ocedures for neglect, when: > ensure thorough and timely to for R1; > the facility failed to ention safeguards in a timely alls that resulted in serious y failed to re-assess, and I additional safeguards when the facility failed physical therapy assessments rice Plans contain specificing R1's level of supervision ding R1's mobility safety ents; p.m., E1 (Administrator), was nediate Jeopardy was 6 6/17/10 Individual Service tions in the profound range of with additional diagnoses of ealsy, Hearing Loss, as Bronchiectasis, Pulmonary and Brain Syndrome with	W	149			

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W 149	increase his glasse formal program to wind minutes at a time. His 5/9/10 Leiter do quotient (IQ) of 23. an adaptive age score. R1 receives Risper control and has a least this 6/17/10 ISP, with pudding thick I documents that R1 to 3/29/11 after an returned to the facil NPO (nothing by many A 4/21/11 physical at that R1's stride is don't have a strictly on the stri	s wearing time, and is on a wear his glasses for 15 cuments an intelligence His 6/17/10 ISP documents ore of 2 years and 10 months. dal to assist in behavior egal guardian. R1 received a pureed diet iquids. His 5/18/11 ISP was hospitalized from 3/6/11 upper airway obstruction, and ity with G-tube feedings, and outh). therapy evaluation documents ecreased to the left side and bed, with good balance. E2 (Director of Nursing - at 10:30 a.m., E2 stated that rd gait all the time." Z2 (day training staff), on n., Z2 stated that R1's gait makes us a little nervous. R1 is feet. If R1 comes in "that II day thing. nursing notes (2/14/10-8/6/11), investigations R1 has experienced falls as	W	149			

	FOF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	A. BUI		IPLE CONSTRUCTION NG	COMPLE	TED
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W 149	R1 experienced 4 frexperienced injury knees, knocking scabrasion to upper in R1 fell up against habrasion, nursing massisted up and not R1's Individual Servinot document or rei >8/14/10 to 12/23/R1 experienced 6 from R1's Individual Servinot document or rei >8/14/10 - fell to butte 9/2/10 - tripped in hitting head on flooneurological's initial 9/9/10 nursing note reported R1's incregetting in and out of a fax to physician for medication, which needed basis. R1 was hospitalized Nursing notes document ambulation with 11/9/10-11/18/10. It is time period which ambulation. (In an interview with DON), on 8/10/11, when individuals arreturn in a weakened not get them up or a the facility utilizes and the simple si	alls. For 3 of the falls, R1 - hit his head - fell to his ab off and causing bleeding - nid back. On 5/26/10, when is bed and received the back otes state that R1 was ted an "unsteady gait." vice Plan (ISP) of 6/17/10 does view R1's falls. 10 alls - 3 falls with injury. ocks in hallway - no injury. allway and fell to knees - r - right temple abrasion- ted. s document that staff have ased difficulty ambulating, f bed and chairs. Nursing sent	W	149			

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W 149	their strength return 12/1/10 - R1 slid off notes document an R1's right buttock a 12/10/10 - fell to grotraining site - two a 12/10/10 - lost shoot buttocks - no appar 12/11/10 - fell to but injury. R1's six month staff 12/23/10 (06/17/10) there is no review of documentation regaincreased difficulty out of bed and chair R1's falls or injuries with injury - hit head back bruising and a evidence of a fall ris an updated physical recommendations of In an interview with DON), on 8/10/11, at the facility does not assessments. E2 sea facility would conveand have physical to In an interview with Retardation Profess 4:20 p.m., E3 confinits P and R1's 12/23 only IDT meetings I	f bed to floor - 12/5/10 nursing aged yellow/purple bruise on nd left lower back. Dund in driveway at day abrasions on left palm. Be - tripped and fell to floor onto cent injury. Stocks outside - no apparent fing review was held on - 12/23/10). Per this staffing, of nursing's 9/9/10 arding staff reporting R1's with ambulation, and getting res; no evidence of reviewing a for this time period (6 falls - 3 d on floor/buttocks and lower abrasions to palm); no esk assessment; no evidence of all therapy assessment; and no regarding R1's continued falls. E2 (Director of Nursing - at 10:30 a.m., E2 stated that	W	149			

Facility ID: IL6009039

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	ROVIDER OR SUPPLIER	CENTER	\$	239 SOI	DDRESS, CITY, STATE, ZIP CODE UTH CHERRY BBURG, IL 61401		
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W 149	> 12/24/10 to 4/28/visit to the emerger another with abrasi 12/24/10 - fell to his no complaints of part R1 was hospitalized choking incident. 3/document seizure at R1 was prescribed R1's 7/31/11 physic still receives the mecontrol. After his renotes state that R1 movable chair, amband stand by assist No falls are identified R1 was being assis (In an interview with 4:20 p.m., E3 state the hospital on 3/29 on how to walk with permanent, and en stated it was after the walking alone agair In an 8/10/11, 10:30 (DON), E2 stated the hospital on 3/29/11 observed for R1. Eatls were witnesse that R1 could be has be contributing to his stated that R1 rece electroencephalogri	11 - 4 falls - one resulting in a ney room and a Hematoma, ons and 2 without injury. It is left side while ambulating - ain. If from 3/6/11-3/29/11 due to a strict of the factivity while in the hospital. Keppra for seizure control. Exam's orders document that R1 edication for anticonvulsant eturn from the hospital, nursing utilized a high backed example the faction of the facti	W 14	49			

	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION (X3) DATE SURVE COMPLETED				
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W 149	In review of R1's perevidence that the IE continuing safeguar R1's hospital releast already known gait history, known injuridiagnosis). In an interview with Retardation Profess 4:20 p.m., E3 confil ISP of 6/17/10, and 12/23/10, the next relative to R1's returned to R1's return	ersonal chart, there is no of convened, or that any rds were put in place, after se on 3/29/11 (relative to R1's disturbance, known fall ries and his new Seizure E3 (Qualified Mental sional - QMRP), on 8/9/11, at rmed that after R1's annual dithe six month review of IDT meeting was held 4/28/1, rn to the day training site, after be (g-tube), placement. //11 (R1 released from hospital by Seizure diagnosis), that R1 therapy assessment. Per this is decreased left side stride, digood balance. Under the section, it states, "Resident red from hospital and needs bulation." There are, however, ons for staff regarding what utilized in assisting R1 in his ughout his environments, or dations regarding R1's new E2 (DON), on 8/10/11, at red that the 4/21/11 physical is were not clearly defined, and if are mainly responsible for fety and activities of daily living	W	149			

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W 149	at 4:00 p.m., E1 als what the 4/21/11 phrecommendations in should assist R1 in 4/22/11, at 5:35 a.m. in his room, gesturing mat on the floor. (In interview with E2 (Distated that R1 has a positioned by the bed.) Nursing notes (large) hematomal reactive to light but room) for eval (eval not moved - res (res Nursing notes docu facility the same da continue. Nursing notes of 4/2 that R1 is ambulating ambulating the fall which in document that R1 is bathroom and was "Several abrasions extremity. Staff stathead. 4/27/11, 8:00 a.m bruising (from 4/22/eye area. On this stathead.	E1 (Administrator), on 8/10/11 o agreed that he had "no idea" sysical therapy nean relative to how staff his mobility. In R1 was found on the flooring that he had tripped over a nan 8/10/11, 10:30 a.m., birector of Nursing - DON), E2 a low bed, with a mated, in case R1 falls out of a document that R1 had a "lg to his left temple area. "Pupils unequalto ER (emergency uation per ambulancewas sident) left on floor)". ment that R1 returned to the y, with neurological checks to 23/11, 10:00 a.m., documenting on his own. m. nursing notes (2 days resulted in the Hematoma), lost his balance in the "lowered" to his right side. noted to rt (right) {lower} ted that R1 did not hit his enursing notes document that an date R1 was trying to ag chair and fell to his	W	149			

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W 149	4/28/11 nursing not R1's left outer eye (but decreased. In review of R1's period evidence that the factor of R1's period environment is provided an update assessment, or put R1, after the 4/22/1 In an interview with 10:01 a.m., E3 control convene after this in In an interview with 10:30 a.m., E2 state environmental assessinvestigative common when completing the In review of the 4/2 tripped over the max was in the position at the time of R1's for this investigation recommendations of the time of R1's for assistance if necessity of the day traplacement. In review placement is discussible of the discussion of the day traplacement is discussible of the day traplacement in the day traplacement is discussible of the day traplacement in the day traplacement is discussible of the day traplacement in the day traplacement is discussible of the day traplacement in the day traplacement is discussible of the day traplacement in the day traplacement in the day traplacement in the day traplac	ersonal chart, there is no acility convened the IDT, as assessment, assessed R1's for possible changes, d physical therapy any safeguards into place for 1 Hematoma. E3 (QMRP), on 8/10/11, at firmed that the IDT did not necident. E2 (DON), on 8/10/11, at ed that regarding essments/adoptions, the ittee addresses this issue eir investigations. 2/11 facility investigation, R1 at next to his bed, and the mat that it was supposed to be in fall and resultant Hematoma. In, there is no evidence of any regarding prevention of this again. The investigation taff encourage, "(R1) to ask eded and that staff will	W	149			

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W 149	distances. There is R1's new Seizure dany implementing a new diagnosis, as rat the day training stap.m.), that since R1 site after 4/28/11, hextra help getting o > 4/30/11 to 5/18/4/30/11 - R1 fell in injury. 5/15/11 - fell outsid side of back. In review of the R1' diagnosis is docum diagnosis. Regarding R1's am not need adaptive of sometimes has an independently." R1 evaluation is docum physical therapy pro In review of the ent that R1's falls have of a fall risk assess putting safeguards mobility safety in all Confirmed on 8/9/1 with E3 (QMRP). > 5/19/11 to 6/10/1 SUTURES)	iagnosis, and no evidence of any safeguards relative to this related to R1's mobility safety site. ff), stated (8/10/11, at 1:10 returned to the day training e has consistently required	W 1	49			

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W 149	forehead. Nursing from past fall", but in 8:00 p.m. Neurolog 5/26/11 and notes of continues to R1's let 6/2/11, at 5:00 p.m. the hallway in a supstate, "moderate and cm (centimeter) lad forehead. R1 was swhere he received his forehead. Per the 6/2/11, there were in but staff had just spwalking into his roomheard a thump and Nursing notes of 6/3 R1 is in a wheelchast unsteady". 6/6/11, 4:30 p.m. nurell to his buttocks, 12 sutures from lassed/8/11 nursing note R1 is "up amb (amb put in w/c (wheelchast line) when a special IDT R1's room will be marea of the floor. "T	noted to the left side of his notes state this was "possibly neurologicals were initiated at gical's were continued through document a small raised area of forehead. - R1 was found on the floor in sine position. Nursing notes mount of blood draining from 3 ceration to right side of sent to the emergency room, 12 sutures to the right side of the facility investigation of the facility investigation of the witnesses to the actual fall, token to R1, and observed R1 m. This staff person then discovered R1 as above. B/11, 7:30 a.m., document that ir this a.m. and R1 is "very tursing notes document that R1 with no injuries - R1 still has the fall. Is at 4:30 a.m., document that builating) in hall very unsteady	W	149				

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W 149	areas on the floor. R1 more closely sin been witnessed. It staffing that (R1) has eizures while in the review of the documfall risk assessment evaluation and not esafeguards to preven injuries for R1. > 6/10/11 to 7/26/12/7/5/11 - fell to the floor fl	This will allow staff to monitor ace most of his falls have not was also noted during the as an added diagnosis of the hospital in March 2011." In ment, there is no evidence of a st, an updated physical therapy evidence of specific the further falls and serious and the shower room for near the shower room for near the shower room for left shoulder blade and right armpit. The sested over dresser follows. The pulled over dresser follows bruise on his bly from the previous fall. From chair and lost balance, no injuries. Floor in bedroom on back, "somewhat shakey (shaky)." The on left buttock and one small session and some small serior of his buttock and one small serior contents.	W	149			

AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) M		IPLE CONSTRUCTION NG	(X3) DATE SURVEY COMPLETED		
		14G049	B. WIN	NG _			C 6/ 2011
	PROVIDER OR SUPPLIER Y'S SQUARE LIVING	CENTER	1	2	REET ADDRESS, CITY, STATE, ZIP CODE 239 SOUTH CHERRY GALESBURG, IL 61401		
(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 APPF DEFICIENCY)	ULD BE	(X5) COMPLETION DATE
W 149	fall risk assessmen safeguards put in p continued falls and On 8/3/11, R1 rece evaluation. Per this (patient) to be assist use of bed alarm for no further directions specific recommendimplement across as In an interview with 10:30 a.m., E2 agree recommendations would be for direct In an interview with 10:01 a.m., E3 could physical therapy receithat R1 has been have for bed, out of chairs Staff, "keep an eye staff are with him at E1 was "not sure" of during showering, be has staff help him. recently." Later in that for all residents assist during shower confirmed that this R1's ISP's, and late surveyor (dated 8/1 level of supervision "(R1) has staff super He should be encountered."	t, or evidence of specific lace to keep R1 from injuries. ived a physical therapy sevaluation it states, Pt sted with transfers possible r transfer from bed. There are from this evaluation, and no dations/instructions for staff to all of R1's environments. E2 (DON), on 8/10/11, at seed that the physical therapy were not clearly defined, and fine what the expectations	W ·	149			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION IDENTIFICATION NUMBER: A. BUILDING				(X3) DATE SURVEY COMPLETED	
		14G049	B. WIN	1G _			C 6/ 2011
	ROVIDER OR SUPPLIER	CENTER		2	REET ADDRESS, CITY, STATE, ZIP CODE 39 SOUTH CHERRY GALESBURG, IL 61401	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 SHOU CROSS-REFERENCED TO THE APPR DEFICIENCY)	ULD BE	(X5) COMPLETION DATE
W 149	will frequently comp. He should be assist includes but are not getting out of bed, useated position." > 7/27/11 to 8/4/11 8/4/11 - R1 found w face and forehead. left side of his foreharea. Neurologicals emergency room. If An abrasion was also On 8/5/11 at 7:30 a a wheelchair, "for hon 8/5/11 at 11:30 ambulating on his con 8/5/11 at 11:45 emergency room are care unit with a diage 8/17/11, 3:30 p.m. premains in the hosp. The facility's 1/10/0 "Administrator's Invreviewed. Per this policy, it stat that all residents arm istreatment, and ras, "Failure to provinecessary to avoid anguish, or mental." The facility's 2/13/0 Assurance Commit	on as much as possible. (R1) blete these tasks on his own. Ited from positions that it limited to toileting, showering, up from a chair or any other with blood on the left side of his A laceration was noted on the lead above his left eyebrow initiated and sent to the R1 returned with 3 sutures. It is noted to the left shoulder. Image: All was alert and utilizing its own safety." p.m., R1 was alert and utilizing its own safety." p.m., R1 was taken to the left admitted to the intensive gnosis of Pneumonia. In an other interview with E1, R1 bital at this time. Image: All policy entitled lestigative Committee was letter, "The facility shall ensure the free from abuse, neglect." Neglect is defined de goods and services physical harm, mental	W	149			

AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		A. BUIL	JLTIPLE CONSTRUCTION	COMPLE	(X3) DATE SURVEY COMPLETED		
		14G049	B. WIN	G		C 6/ 2011	
	ROVIDER OR SUPPLIER	CENTER		STREET ADDRESS, CITY, STATE, ZII 239 SOUTH CHERRY GALESBURG, IL 61401	•		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES 'MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFI) TAG		TION SHOULD BE THE APPROPRIATE	(X5) COMPLETION DATE	
W 149	E1 (Administrator) Immediate Jeopard 3:35 p.m., when the interview and review facility took the follor Immediate Jeopard >falls, addressing a program changes a training. R1's ISP was reviewed in the reviewent falls. > Physical therapy, assess all residents reviewed and revise safeguards are in program of the revise safeguards are in p	was notified that the y was removed on 8/17/11, at e surveyor confirmed through w of the facility plan that the owing actions to remove the y. In annual assessment, is needed, and on going staff ewed and revised to provide ds across all environments to nursing and QMRP's will a for fall risk, with ISP's ed to ensure necessary lace regarding fall prevention.	W 1		CY)		
	to reflect potential f safeguards put in p > The facility will disambulatory needs we fall risks and proper in individual ISP's. > All direct care state regarding residents incorporated at the	ted annually and as necessary all hazards and necessary lace. scuss resident's current with their physician regarding er safeguards, reflecting such at risk for falls, with training day training site as well.					

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		DENTIFICATION NUMBER:		LTIPLE CONSTRUCTION DING	` '	(X3) DATE SURVEY COMPLETED	
		14G049	B. WING	<u> </u>	C 08/26/2011		
	ROVIDER OR SUPPLIER	CENTER	5	STREET ADDRESS, CITY, STATE, ZIP CODE 239 SOUTH CHERRY GALESBURG, IL 61401			
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRE (EACH CORRECTIVE ACTION SH CROSS-REFERENCED TO THE AP DEFICIENCY)	IOULD BE	(X5) COMPLETION DATE	
W 149	as the facility has n implement and evaplan. 2. R1's 6/17/10 ISI	remained out of compliance not had the opportunity to fully sluate the effectiveness of their P documents that during this	W 14	49			
	pudding thick liquid	eived a pureed diet with ls. A 12/23/10 Six Month ates that there are no dietary					
	3/6/11, at 5:59 p.m was noted to be ch maneuver was initial 6:03 p.m., the First clear R1's airway. retrieved a small st described as approparamedics made retrieving a ball of f (automated external)	vestigation, documents that on ., while eating his meal, R1 oking. The Heimlich ated and 911 was called. At Responders attempted to At 6:06 p.m., paramedics nred of a brown substance, eximately pea-sized. several attempts before food from his throat. The AED al defibrillator) showed a 1 was intubated and chest inued.					
	dated 3/6/11, R1's obstructed, R1 was speech non-verbal,	al Care Report Summary, airway was completely s unresponsive, pupils fixed, , pulseless and non-breathing, "large piece of meat".					
	R1's presenting con S/P (Status Post) Consultate physician consultate had an airway obst	atient disposition documents mplaint as, "Cardiac Arrest, Code Blue". A 3/10/11 cion for R1 documents that R1 ruction, resulting in Aspiration poxemia, was on a ventilator					

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		, ,			(X3) DATE SURVEY COMPLETED	
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	14G049		_		08/20	6/2011
	CENTER		2	39 SOUTH CHERRY		
(EACH DEFICIENCY	MUST BE PRECEDED BY FULL		IX	PROVIDER'S PLAN OF CORREC (EACH CORRECTIVE ACTION SHO	ULD BE	(X5) COMPLETION DATE
for a period of time ongoing seizure act Keppra and the rep may be a post hypo 5/18/11 documents new. In an 8/10/11 {Director of Nursing that R1's Seizure didid not have a histoprior to the 3/6/11 in Facility nursing note return to the facility. In an 8/10/11, 12:38 Z1 (Paramedic), Z1 "solid piece of mea "half-dollar" in size. that one of the atternated that R1 was diet. FINAL OBSERVAT LICENSURE VIOL 350.620a) 350.670f)3) 350.1210 350.1250a) 350.1250a) 350.1250b) 350.1250b) 350.3240a) Section 350.620 Refared that R1 was diet.	and appeared to have tivity. R1 was prescribed ort states that his seizures oxic event. (R1's ISP of that the Seizure diagnosis is, 10:30 a.m. interview with E2 g - DON}, E2 further confirmed iagnosis was new, and that R1 ory of diagnosis of Seizures neident.) es of 3/29/11 document R1's on this date. B p.m., phone interview with stated that he retrieved a t" from R1, that was During the event, Z1 stated nding staff (unidentified by Z1), supposed to be on a pureed IONS ATIONS esident Care Policies have written policies and					
procedures governi	ing all services provided by the					
	ROVIDER OR SUPPLIER SUMMARY STA (EACH DEFICIENCY REGULATORY OR L Continued From pa for a period of time ongoing seizure act Keppra and the rep may be a post hypo 5/18/11 documents new. In an 8/10/11 {Director of Nursing that R1's Seizure di did not have a histo prior to the 3/6/11 in Facility nursing note return to the facility In an 8/10/11, 12:38 Z1 (Paramedic), Z1 "solid piece of mea "half-dollar" in size. that one of the atter stated that R1 was diet. FINAL OBSERVAT LICENSURE VIOL 350.620a) 350.620a) 350.1210 350.1250a) 350.1250a) 350.1250a) 350.1250a) 350.3240a) Section 350.620 Re a) The facility shall	ROVIDER OR SUPPLIER T'S SQUARE LIVING CENTER SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) Continued From page 18 for a period of time and appeared to have ongoing seizure activity. R1 was prescribed Keppra and the report states that his seizures may be a post hypoxic event. (R1's ISP of 5/18/11 documents that the Seizure diagnosis is new. In an 8/10/11, 10:30 a.m. interview with E2 {Director of Nursing - DON}, E2 further confirmed that R1's Seizure diagnosis was new, and that R1 did not have a history of diagnosis of Seizures prior to the 3/6/11 incident.) Facility nursing notes of 3/29/11 document R1's return to the facility on this date. In an 8/10/11, 12:38 p.m., phone interview with Z1 (Paramedic), Z1 stated that he retrieved a "solid piece of meat" from R1, that was "half-dollar" in size. During the event, Z1 stated that one of the attending staff (unidentified by Z1), stated that R1 was supposed to be on a pureed diet. FINAL OBSERVATIONS LICENSURE VIOLATIONS 350.620a) 350.620a) 350.1250b) 350.1250b) 350.1250b) 350.1250b)	ROVIDER OR SUPPLIER /*S SQUARE LIVING CENTER SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) Continued From page 18 for a period of time and appeared to have ongoing seizure activity. R1 was prescribed Keppra and the report states that his seizures may be a post hypoxic event. (R1's ISP of 5/18/11 documents that the Seizure diagnosis is new. In an 8/10/11, 10:30 a.m. interview with E2 {Director of Nursing - DON}, E2 further confirmed that R1's Seizure diagnosis was new, and that R1 did not have a history of diagnosis of Seizures prior to the 3/6/11 incident.) Facility nursing notes of 3/29/11 document R1's return to the facility on this date. In an 8/10/11, 12:38 p.m., phone interview with Z1 (Paramedic), Z1 stated that he retrieved a "solid piece of meat" from R1, that was "half-dollar" in size. 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W9999	facility which shall be involvement of the a shall be available to public. These writte operating the facility least annually. Section 350.670 Per f)3) All facility employers and shall be to requirements and be who may come undersafety and dignity of training and compers Section 350.1210 F. The facility shall promaintain each residents shall be services, in accordance shall include, but and the DON shall part 3) Periodic reevalual quality of services and the resident's dail section 350.1250 F. Therapy Services and Physical and occashall be provided as shall be provide	be formulated with the administrator. The policies of the staff, residents and the nopolicies shall be followed in y and shall be reviewed at ersonnel Policies Dyees who deal directly with rained on the individual ehavioral issues of residents ler their care, to ensure the feach client. The employees' tency shall be documented. Dealth Services Dyide all services necessary to lent in good physical health. Dursing Services De provided with nursing ance with their needs, which is not limited to, the following: icipate in: Dation of the type, extent, and	W99	999			

AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		A. BUI		IPLE CONSTRUCTION NG	(X3) DATE SURVEY COMPLETED		
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W9999	with the residents of involved with the residents of involved with the residents of involved with the resident of a facility or by array resource shall prove programs that are of improve abilities for as range of motion, coordination, and a prevent, insofar as progressive disabilities the use of orthotic assistive and adapt behavior, adaptation of Section 350.1840 Etc. b) Physicians shall medical record, for whether the resident therapeutic diet. The ordered. Section 350.3240 Act a) An owner, licensagent of a facility stresident. (Section 2) These Regulations by: Based on interview failed to implement neglect for one inditatorough and timely	and occupational therapy by angements with an outside ide treatment training designed to preserve and independent function, such strength, tolerance, ctivities of daily living; and to possible, irreducible or ties, through means such as and prosthetic appliances, ive devices, positioning, in, and sensory stimulation. Diet Orders write a diet order, in the each resident indicating it is to have a general or a e diet shall be served as abuse and Neglect ee, administrator, employee or hall not abuse or neglect a	W99	999			

AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) M A. BUI		PLE CONSTRUCTION IG	COMPLETED		
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	ROVIDER OR SUPPLIER	CENTER	l	2	REET ADDRESS, CITY, STATE, ZIP CODE 39 SOUTH CHERRY GALESBURG, IL 61401	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	falls, which have rerisk of additional injindividual who did no consistent with physichoking, cardiac and ventilator assisted to and procedures for failed to: > ensure thorough a for R1. > implement fall premanner after R1's finjuries. > re-assess, and presafeguards regarding in the same services and supports regarding and supports regarding and supports regarding across all environments after R1 represcribed pureed depisode that require hospitalization and retardation, Anemia, Cerebral F. Dysphagia, Chronical retardation, Anemia, Cerebral F. Dysphagia, Chronical retardation, Cerebral F.	y gait, and known repeated sulted in physical injury and uries (R1); and for one not receive his diet in a form sician's orders, resulting in rest, hospitalization and breathing (R1). implement their own policies neglect, when the facility and timely fall risk assessment evention safeguards in a timely falls that resulted in serious rovide any needed additional fig R1's mobility safety after gnosis. Ohysical therapy assessments ice Plans provide specificing R1's level of supervision ding R1's mobility safety ents. Ceived his physician diet, resulting in a choking ed emergency services, ventilator assisted breathing. 66/17/10 Individual Service tions in the profound range of with additional diagnoses of Palsy, Hearing Loss, Bronchiectasis, Pulmonary hic Brain Syndrome with	W99	999			

		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) M A. BUI		IPLE CONSTRUCTION IG	(X3) DATE SURVEY COMPLETED	
		14G049	B. WI				C 6/2011
	ROVIDER OR SUPPLIER	CENTER	•	2	REET ADDRESS, CITY, STATE, ZIP CODE 239 SOUTH CHERRY GALESBURG, IL 61401		
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W9999	non-verbal. This IS has an unsteady gadevices for ambulated Under the needs set that R1 requires conincrease his glasses formal program to with minutes at a time. His 5/9/10 Leiter do quotient (IQ) of 23. an adaptive age scorn R1 receives Rispers control and has a left of the second R1 receives Rispers control and has a left of the second R1 receives Rispers control and has a left of the second R1 receives Rispers control and has a left of the second R1 receives Rispers control and has a left of the second R1 receives Rispers control and has a left of the second R1 receives Rispers control and has a left of the second R1 receives Rispers control and has a left of the second R1 receives Rispers control and has a left of the second R1 receives Rispers control R1 receives R	13/40 (70 years of age). R1 is P states that R1 sometimes it, but does not need adaptive it ion and walks independently. It is ection of this ISP, it documents rective glasses, but needs to see wearing time, and is on a wear his glasses for 15 cuments an intelligence His 6/17/10 ISP documents ore of 2 years and 10 months. It is a pure diet in the properties of the prop	W99	999			

AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		A. BUI		IPLE CONSTRUCTION NG	(X3) DATE SURVEY COMPLETED		
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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)		PREFIX (EACH CORRECTIVE ACTION		PROVIDER'S PLAN OF CORREC (EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APPR DEFICIENCY)	ULD BE	(X5) COMPLETION DATE
W9999	way," it will be an all In review of facility and facility incident (12/10/10-8/4/11), Follows: >2/14/10 to 12/23/: R1 experienced 4 frexperienced injury knees, knocking scabrasion to upper in R1 fell up against habrasion, nursing in assisted up and not document or revolved in the state of	I day thing. nursing notes (2/14/10-8/6/11), investigations R1 has experienced falls as 10 alls. For 3 of the falls, R1 - hit his head - fell to his ab off and causing bleeding - nid back. On 5/26/10, when is bed and received the back otes state that R1 was ted an "unsteady gait." vice Plan (ISP) of 6/17/10 does view R1's falls. 10 alls - 3 falls with injury. ocks in hallway - no injury. allway and fell to knees - r - right temple abrasionted. s document that staff have ased difficulty ambulating, f bed and chairs. Nursing sent	W99	999			

	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	, ,		PLE CONSTRUCTION	(X3) DATE SU COMPLE	
			A. BUI	LDING	G		C
		14G049	B. WIN	1G _			6/ 2011
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(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	Nursing - DON), on stated that when incoften return in a we does not get them of the theorem of the return in a we does not get them of the return in a we does not get them of the return in a well of the return in a state	interview with E2 (Director of 8/10/11, at 10:30 a.m., E2 dividuals are hospitalized, they akened state, as the hospital up or ambulate them. ity utilizes a wheelchair or ty chair when they first come ength returns). If bed to floor - 12/5/10 nursing aged yellow/purple bruise on nd left lower back. Ound in driveway at day abrasions on left palm. It - tripped and fell to floor onto rent injury. Itocks outside - no apparent If ing review was held on - 12/23/10). Per this staffing, of nursing's 9/9/10 arding staff reporting R1's with ambulation, and getting rs; no evidence of reviewing for this time period (6 falls - 3 d on floor/buttocks and lower abrasions to palm); no sk assessment; no evidence of all therapy assessment; and no regarding R1's continued falls. E2 (Director of Nursing - at 10:30 a.m., E2 stated that	W9t	999			

	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) M A. BU		IPLE CONSTRUCTION IG	(X3) DATE SU COMPLE	
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	ROVIDER OR SUPPLIER	CENTER	'	2	REET ADDRESS, CITY, STATE, ZIP CODE 39 SOUTH CHERRY GALESBURG, IL 61401		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREF TAG		PROVIDER'S PLAN OF CORREC (EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APP DEFICIENCY)	OULD BE	(X5) COMPLETION DATE
W9999	Retardation Profess 4:20 p.m., E3 confil ISP and R1's 12/23 only IDT meetings I without any evidence > 12/24/10 to 4/28/visit to the emerger another with abrasin 12/24/10 - fell to his no complaints of part R1 was hospitalized choking incident. 3/document seizure a R1 was prescribed R1's 7/31/11 physic still receives the mecontrol. After his renotes state that R1 movable chair, amb and stand by assist falls are identified from the with E3 (Cp.m., E3 stated that hospital on 3/29/11 how to walk with R2 permanent, and enstated it was after the walking alone again In an 8/10/11, 10:30 (DON), E2 stated thospital on 3/29/11 hospital on 3/29/11 hospital on 3/29/11	E3 (Qualified Mental sional - QMRP), on 8/9/11, at med that R1's 6/17/10 annual /10 six month review, were the neld during this time period, se of a review of falls for R1. 11 - 4 falls - one resulting in a next room and a Hematoma, ons and 2 without injury.	W99	999			

	FOF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) M A. BUI		PLE CONSTRUCTION G	(X3) DATE SU COMPLE	
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	PROVIDER OR SUPPLIER Y'S SQUARE LIVING	CENTER		23	EET ADDRESS, CITY, STATE, ZIP CODE 39 SOUTH CHERRY 6ALESBURG, IL 61401		
(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	falls were witnesse that R1 could be had be contributing to his stated that R1 rece electroencephalogrish that the results have a line review of R1's period evidence that the It continuing safeguar R1's hospital releast already known gait history, known injur diagnosis). In an interview with Retardation Profest 4:20 p.m., E3 confil ISP of 6/17/10, and 12/23/10, the next 4/28/11, relative to site after his gastroplacement. It was not until 4/21 on 3/29/11 with neverceived a physical assessment, R1 has stooped posture an recommendations shas recently returned some assist for am no specific instruction methods are to be mobility needs thro	d falls. There is a possibility aving seizures, and this could is falls and injuries. E2 further	W99	666			

	FOF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) M A. BUI		PLE CONSTRUCTION G	(X3) DATE SU COMPLE	
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	PROVIDER OR SUPPLIER Y'S SQUARE LIVING	CENTER	•	23	REET ADDRESS, CITY, STATE, ZIP CODE 39 SOUTH CHERRY GALESBURG, IL 61401		
(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 SHOUNDERSON CROSS-REFERENCED TO THE APPR DEFICIENCY)	ULD BE	(X5) COMPLETION DATE
W9999	In an interview with 10:30 a.m., E2 agre therapy instructions that direct care staf R1's ambulation saneeds. In an interview with at 4:00 p.m., E1 als what the 4/21/11 phrecommendations in should assist R1 in 4/22/11, at 5:35 a.m. in his room, gesturing mat on the floor. (I interview with E2 (E stated that R1 has a positioned by the bed.) Nursing notes (large) hematomal reactive to light but room) for eval (evanot moved - res (re Nursing notes docufacility the same dacontinue. Nursing notes of 4/2 that R1 is ambulatin 4/24/11, at 10:35 p. the fall which result document that R1 is bathroom and was "Several abrasions"	E2 (DON), on 8/10/11, at seed that the 4/21/11 physical swere not clearly defined, and fare mainly responsible for fety and activities of daily living E1 (Administrator), on 8/10/11 to agreed that he had "no idea" hysical therapy mean relative to how staff his mobility. n R1 was found on the flooring that he had tripped over a man 8/10/11, 10:30 a.m., Director of Nursing - DON), E2 a low bed, with a mated, in case R1 falls out of a document that R1 had a "lg to his left temple area. "Pupils unequalto ER (emergency luation per ambulancewas sident) left on floor)" Imment that R1 returned to the y, with neurological checks to 23/11, 10:00 a.m., document hig on his own. m. nursing notes (2 days after ed in the Hematoma), ost his balance in the "lowered" to his right side.	W99	66			

	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) N A. BU		TIPLE CONSTRUCTION NG	(X3) DATE SU COMPLE	
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	ROVIDER OR SUPPLIER	CENTER		2	REET ADDRESS, CITY, STATE, ZIP CODE 239 SOUTH CHERRY GALESBURG, IL 61401	00/2	
(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 APPF DEFICIENCY)	ULD BE	(X5) COMPLETION DATE
W9999	bruising (from 4/22) eye area. On this s rock in a non-rockin with no injury. 4/28/11 nursing not R1's left outer eye (but decreased. In review of R1's period evidence that the factor of the facto	enursing notes document that (11 fall), continues to the left ame date R1 was trying to a chair and fell to his buttocks des document that bruising to (4/22/11 fall) is still apparent dersonal chart, there is no acility convened the IDT, as assessment, assessed R1's for possible changes, dephysical therapy any safeguards into place for 1 Hematoma. E3 (QMRP), on 8/10/11, at firmed that the IDT did not incident. E2 (DON), on 8/10/11, at ed that regarding essments/adoptions, the ittee addresses this issue eir investigations. 2/11 facility investigation, R1 to next to his bed, and the mat that it was supposed to be in fall and resultant Hematoma. In, there is no evidence of any degarding prevention of this again. The investigation taff encourage, "(R1) to ask	W9	999			
		eded and that staff will					

	FOF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) N A. BU		IPLE CONSTRUCTION IG	(X3) DATE S COMPLE	
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	PROVIDER OR SUPPLIER Y'S SQUARE LIVING	CENTER		2	REET ADDRESS, CITY, STATE, ZIP CODE 139 SOUTH CHERRY GALESBURG, IL 61401		
(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 APP DEFICIENCY)	OULD BE	(X5) COMPLETION DATE
W9999	continue to monitor The next IDT held verturn to the day traplacement. In review placement is discussuse a wheelchair as distances. There is R1's new Seizure dimplementing any stagnosis, as related day training site. Z2 (day training stap.m.) that since R1 site after 4/28/11, hextra help getting of the site of back. In review of R1's 5/diagnosis is documdiagnosis. Regarding R1's amont need adaptive of sometimes has an independently." R1 evaluation is documphysical therapy profil review of the ent that R1's falls have of a fall risk assess	was 4/28/11, regarding R1's aining site after his g-tube ew of this IDT, R1's new g-tube esed, and states that R1 may a needed for outings and long in an evidence of discussing iagnosis, and no evidence of afeguards relative to this new ed to R1's mobility safety at the eff) stated (8/10/11, at 1:10 returned to the day training e has consistently required	W9	999			

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	ROVIDER OR SUPPLIER	CENTER		23	REET ADDRESS, CITY, STATE, ZIP CODE 39 SOUTH CHERRY GALESBURG, IL 61401		
(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	mobility safety in all was confirmed on 8 interview with E3 (0 > 5/19/11 to 6/10/15 SUTURES) 5/25/11, at 8:15 p.n A raised bump was forehead. Nursing from past fall," but 18:00 p.m. Neurolog 5/26/11 and notes 0 continues to R1's le 6/2/11, at 5:00 p.m. the hallway in a sup state, "moderate ar cm (centimeter) lad forehead. R1 was where he received his forehead. Per the 6/2/11, there were not staff had just sp walking into his room heard a thump and Nursing notes of 6/R1 is in a wheelchall unsteady." 6/6/11, 4:30 p.m. notel to his buttocks, 12 sutures from las 6/8/11 nursing notes	of his environments. This 3/9/11, at 4:20 p.m., in an QMRP). 1 - 3 falls - 2 with injury - (12 m R1 was found on the floor. noted to the left side of his notes state this was "possibly neurologicals were initiated at gicals were continued through document a small raised area eft forehead. - R1 was found on the floor in bine position. Nursing notes mount of blood draining from 3 ceration to right side of sent to the emergency room, 12 sutures to the right side of the facility investigation of no witnesses to the actual fall, boken to R1, and observed R1 m. This staff person then discovered R1 as above. 3/11, 7:30 a.m., document that air this a.m. and R1 is "very cursing notes document that R1 with no injuries - R1 still has the fall. s at 4:30 a.m., document that bulating) in hall very unsteady	W9	999			

	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) M A. BU		TIPLE CONSTRUCTION NG	(X3) DATE SU COMPLE	
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	ROVIDER OR SUPPLIER	CENTER		2	REET ADDRESS, CITY, STATE, ZIP CODE 239 SOUTH CHERRY GALESBURG, IL 61401		
(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 SHOUTH CROSS-REFERENCED TO THE APP DEFICIENCY)	OULD BE	(X5) COMPLETION DATE
W9999	prevent falls and see 6/2/11 fall resulting when a special IDT R1's room will be marea of the floor. "T ambulate short dist areas on the floor. R1 more closely sin been witnessed. It staffing that (R1) has eizures while in the review of the docum fall risk assessmen evaluation and no expecial in the seizures while in the review of the docum fall risk assessmen evaluation and no expecial in the seizures while in the review of the docum fall risk assessmen evaluation and no expecial in the seizures while in the review of the docum fall risk assessmen expecial in the seizures while in the review of the docum fall risk assessmen expecial in the seizures while in the review of the docum fall risk assessmen expecial in the seizures while in the seizures while in the review of the docum fall risk assessment expectation.	te of any facility action to be rious injuries for R1, after his in 12 sutures, until 6/10/11 was convened. Per this IDT, was convened to the central his would allow him to ances to get to designated. This will allow staff to monitor ace most of his falls have not was also noted during the as an added diagnosis of the hospital in March 2011." In ment, there is no evidence of a t, an updated physical therapy	W9:	999			
	7/5/11 - fell to the fl redness to his botto redness below his r 7/6/11 - nursing not scratch to right butt 7/18/11 - fell in roor shoes untied - no in However, 7/21/11 i presents with a larg right forearm, possi 7/22/11 - stood up f fell onto buttocks - i 7/26/11 - found on to nurses notes state Small abraded area abraded area on m	es -fell to buttocks - small ock. n - pulled over dresser - njury. nursing notes state that R1 ne purple/yellow bruise on his bly from the previous fall. from chair and lost balance, no injuries. floor in bedroom on back, "somewhat shakey (shaky)." n on left buttock and one small					

	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) M A. BU		IPLE CONSTRUCTION NG	(X3) DATE SU COMPLE	TED
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	ROVIDER OR SUPPLIER	CENTER		2	REET ADDRESS, CITY, STATE, ZIP CODE 239 SOUTH CHERRY GALESBURG, IL 61401	00/2	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 CORREC (EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APPF DEFICIENCY)	ULD BE	(X5) COMPLETION DATE
W9999	Per this document to the new Seizure Discontributing to the fithis meeting were at to be considered for (EEG), evaluation or physical therapist for this special staffifall risk assessment safeguards put in prontinued falls and On 8/3/11, R1 receivaluation. Per this (patient) to be assistance of bed alarm for are no further direct no specific recommendations where the first process of the direct of the first process of the direct of the first process of the first proc	the team discussed whether sorder diagnosis could be alls. Recommendations from its follows: refer to neurologist or an electroencephalogram on 8/2/11; and refer to the or review on 8/3/11. In reviewing, there is no evidence of a t, or evidence of specific lace to keep R1 from injuries. Inved a physical therapy is evaluation it states, "Pt is evaluation it states, "Pt is evaluation it states, "Pt is evaluation it states, and it is all of R1's environments. E2 (DON), on 8/10/11, at eved that the physical therapy were not clearly defined, and fine what the expectations	W9	999			

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	PROVIDER OR SUPPLIER Y'S SQUARE LIVING	CENTER		2	REET ADDRESS, CITY, STATE, ZIP CODE 39 SOUTH CHERRY 6ALESBURG, IL 61401		
(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
W9999	to assist during sho confirmed that this R1's ISP's, and late surveyor (dated 8/1 level of supervision "(R1) has staff super He should be encoral as much as possible from a sitting position will frequently compare He should be assis includes but are not getting out of bed, useated position." > 7/27/11 to 8/4/11 8/4/11 - R1 found we face and forehead. If the side of his foreharea. Neurological emergency room. An abrasion was allon 8/5/11 at 11:30 and wheelchair, "for hon 8/5/11 at 11:45 emergency room are unit with a diagram and the side of his foreharea. The facility's 1/10/0 "Administrator's Inversive He side of his foreharea. Neurological emergency room. An abrasion was allon 8/5/11 at 11:45 emergency room are unit with a diagram of the hospital side. The facility's 1/10/0 "Administrator's Inversive wed.	wers/bathing. E3 once again information is not contained in information in information is not contained in information in information in information is not contained in information in information in information is not contained in information in i	W99	999			

	FOF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	A. BU		IPLE CONSTRUCTION IG	COMPLE	TED
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	PROVIDER OR SUPPLIER Y'S SQUARE LIVING	CENTER	L	2	REET ADDRESS, CITY, STATE, ZIP CODE 239 SOUTH CHERRY GALESBURG, IL 61401	00,20	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 CORREC (EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APPR DEFICIENCY)	ULD BE	(X5) COMPLETION DATE
W9999	as, "Failure to provine necessary to avoid anguish, or mental The facility's 2/13/0 Assurance Commit and accidents, incluand action will be taprevent future incid 2. R1's 6/17/10 ISF time period R1 recepudding thick liquid Staffing Review stachanges. A 3/6/11, facility inv 3/6/11, at 5:59 p.m. was noted to be changed as appropriate of the prevent and a similar of the compressions continuated externafiat-line reading. Recompressions continuated 3/6/11, R1's a obstructed, R1 was speech non-verbal,	de goods and services physical harm, mental illness." 1 policy entitled, "Quality tee," states that all incidents ading injuries will be reviewed aken when necessary to ents or accidents. 2 documents that during this eived a pureed diet with s. A 12/23/10 Six Month tes that there are no dietary estigation, documents that on , while eating his meal, R1 oking. The Heimlich ated and 911 was called. At Responders attempted to At 6:06 p.m., paramedics ared of a brown substance, ximately pea-sized. Several attempts before good from his throat. The AED all defibrillator) showed a 1 was intubated and chest	W99	999			

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	ROVIDER OR SUPPLIER	CENTER	•	23	EET ADDRESS, CITY, STATE, ZIP CODE 39 SOUTH CHERRY ALESBURG, IL 61401		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES 'MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREF TAC		PROVIDER'S PLAN OF CORREC (EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APPI DEFICIENCY)	OULD BE	(X5) COMPLETION DATE
W9999	A 3/6/11 hospital part R1's presenting cor S/P (Status Post) Cophysician consultation and an airway obstructure and the reputation of time ongoing seizure and Keppra and the reputation of the engoing seizure and Keppra and the reputation of the seizure and the reputation of the seizure of t	atient disposition documents implaint as, "Cardiac Arrest, code Blue." A 3/10/11 fon for R1 documents that R1 ruction, resulting in Aspiration poxemia, was on a ventilator and appeared to have tivity. R1 was prescribed ort states that his seizures exic event. (R1's ISP of that the Seizure diagnosis is 10:30 a.m. interview with E2 10 DON}, E2 further confirmed agnosis was new, and that R1 ery of diagnosis of Seizures incident.)	W9	999			