		I AND HUMAN SERVICES					APPROVED 0938-0391
STATEMEN	T OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION (X3) DATE S COMPL B. WING		(X3) DATE SL COMPLE	JRVEY
		145031	B. WI			10/20	0/2011
NAME OF F	ROVIDER OR SUPPLIER		•		EET ADDRESS, CITY, STATE, ZIP CODE		
HEARTL	AND OF NORMAL				IO BROADWAY ORMAL, IL 61761		
(X4) ID PREFIX TAG			ID PREF TAG		PROVIDER'S PLAN OF CORREC (EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APPF DEFICIENCY)	ULD BE	(X5) COMPLETION DATE
F 000	INITIAL COMMEN	rs	F	000			
	Annual Licensure a	and Certification Survey					
F 323 SS=G	483.25(h) FREE OI		F	323			
	environment remain as is possible; and	isure that the resident ns as free of accident hazards each resident receives on and assistance devices to					
	by: Based on record re failed to provide su one of five sample for falls in a total sa resulted in R7 fallin				Past noncompliance: no plan c correction required.	no plan of	
	R7's October 2011 (POS) list diagnose collapse, difficulty v abnormality, Hypote Alzheimer's Diseas (MDS) dated 5/02/1 cognitive impairment of one staff for tran not steady moving	Physician's Order Sheet es which includes Syncope and valking, muscle weakness, gait ension, Osteoporosis and e. R7's Minimum Data Set 11 assessed R7 with severe nt, requiring extensive assist sferring and ambulation, and on and off toilet without e. R7's Care Plan dated					

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

DEPARTMENT OF HEALTH AND HUMAN SERVICES

TITLE

(X6) DATE

PRINTED: 02/25/2012

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.

		I AND HUMAN SERVICES				FORM	02/25/2012 APPROVED 0938-0391
	STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		(X2) M A. BUII		PLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
		145031	B. WIN	IG		10/2	0/2011
NAME OF F	ROVIDER OR SUPPLIER				EET ADDRESS, CITY, STATE, ZIP CODE		
HEARTL	AND OF NORMAL				10 BROADWAY ORMAL, IL 61761		
(X4) ID PREFIX TAG	(EACH DEFICIENC)	TEMENT OF DEFICIENCIES / MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFI TAG		PROVIDER'S PLAN OF CORREC (EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APPF DEFICIENCY)	ULD BE	(X5) COMPLETION DATE
F 323	5/10/11 identified R treatment/care i.e.: alarms, medication dementia," and "At gait, middle stage of On 10/17/11 at 10:0 as a fall risk. E3 st months prior while E3 stated that R7 re for transfers and ar Nurse's Notes date document that E3 w R7 was found on th had a laceration an eye and a deep lac Notes document th the right side and b the emergency root The radiology repor fracture of the right R7. The facility's Incide Investigation dated toileting, got up and {R7}complained of above right eye. Ho 'fracture of right put the probable cause episode. The facility Incident 6/30/11 included a Certified Nurse Aid	 7 as "Resistive to showering, bed and chair is related to middle stage risk for falls due to unsteady dementia, history of falls." 05 am nurse E3 identified R7 ated that R7 had fallen a few residing in the nursing home. equires assistance of one staff inbulation. d 6/30/11 at 9:30 am vas called to R7's room after is floor on her right side. R7 d hematoma above the right eration to the right outer arm. at R7 complained of pain in ack. R7 was transported to m for evaluation. t dated 6/30/11 identified a pubis and superior ramus on int Report Summary of 7/03/11 stated "{R7} was a bis." The report documented of fall was due to a syncope t Report Investigation dated Statement of Witness from 	F3	323			

If continuation sheet Page 2 of 9

		AND HUMAN SERVICES				FORM	02/25/2012 APPROVED 0938-0391
STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:			(X2) N A. BUI		IPLE CONSTRUCTION	(X3) DATE SU COMPLE	
		145031	B. WI	NG _		10/20	0/2011
NAME OF F	PROVIDER OR SUPPLIER				REET ADDRESS, CITY, STATE, ZIP CODE 510 BROADWAY		
HEARTLAND OF NORMAL					NORMAL, IL 61761		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	ATEMENT 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 APPR DEFICIENCY)	ULD BE	(X5) COMPLETION DATE
F 323	and needed to use her on the toilet and though). I was acro room. I kept check see {R7's} wheelch door. I put {other re and told her I would room and went stra hall to find {R7} lyin wasn't moving. I put there was blood S couldn't until a nurs happened - She sai report documented two beds in the roop parked between the bedroom door. The also included the qu Nursing and E9, Hu conducted the inter policy regarding fall responded, "Stay w Nurse E3's witness documented that E5 E5. E3 documented that she put R7 on hallway. Then wher she found R7 on th E3 confirmed on 10 been left unattende R7 had gotten off th between the beds. emergency nurse c were sounding. E3	the restroom (as usual), I put d left the room (not the section ass the hall in another residents sing on her , because I could air from {other resident's} esident}on the toilet with the lift d be back. I walked out of the aight to {R7's} room across the g on the floorface down, and ut my arm under her neck and she asked to get up ; I told her I se came. I asked her what id 'I think I blacked out'." The that R7 was lying between the m and her wheelchair was e bathroom door and the e Witness Statement by E5 uestion by E2, Director of uman Resources who view, "What is the facility I risk and restrooms:" E5 with resident at all times." a statement dated 6/30/11 3 was called to the room by d that no alarm was sounding the room and E5 had stated the toilet and went into the n E3 went back into R7's room,	F	323			

If continuation sheet Page 3 of 9

		AND HUMAN SERVICES				FORM	02/25/2012 APPROVED 0938-0391
		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) M A. BUI		IPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
		145031	B. WI	NG _		10/20	0/2011
NAME OF P	ROVIDER OR SUPPLIER				REET ADDRESS, CITY, STATE, ZIP CODE		
HEARTL	AND OF NORMAL				10 BROADWAY NORMAL, IL 61761		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREF TAG		PROVIDER'S PLAN OF CORRECT (EACH CORRECTIVE ACTION SHOU CROSS-REFERENCED TO THE APPR DEFICIENCY)	JLD BE	(X5) COMPLETION DATE
F 323	events when toiletir is that staff should s high fall risk during	ng. E3 stated the facility policy stay with residents who are toileting.	F	323			
	interview on 10/19/ ² is a fall risk, require	nator E5 stated during 11 at 12:25 pm, "If a resident es alarms or needs assistance someone needs to stay with prevent falls".					
	unresponsiveness v	document incidents of while on the toilet on 4/22/11 ne fall in the bedroom on					
		date of 10/20/11, the facility wing actions to correct the non-					
	family were notified emergency room. initiated. The Quali	s suspended, R7's doctor and I, and R7 was sent to the The fall investigation was ity Assessment and Assurance met and established an audit					
	nursing employees Residents with Alar "Do Not leave an al themselves!, If you	1/11, the facility inserviced 79 on the topic "Toileting rms." The inservice content; larmed resident on the toilet by need additional assistance, stance. You can only take care time!"					
	that E5 was termina continued to conduct	I investigation report stated ated, and that the facility ct audits from 7/01-7/05/11 to rms were in place and					

If continuation sheet Page 4 of 9

AND PLAN OF CORRECTION IDENTIFICATION NUMBER: A. BUILDING A. BUILDING B. WING B. WING COMPLETED 10/20/201 NAME OF PROVIDER OR SUPPLIER HEARTLAND OF NORMAL (X4) ID PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL COMPLETED B. WING B.			I AND HUMAN SERVICES				FORM	02/25/2012 APPROVED 0938-0391
NAME OF PROVIDER OR SUPPLIER THEAT LAND OF NORMAL STREET ADDRESS, CITY, STATE, ZP CODE 510 BROADWAY NORMAL, IL 61761 PREFIX TAG SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) ID DEFICIENCY (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) ID PREFIX TAG CACHO CORRECTION (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) ID PREFIX TAG F 3223 F 3223 Continued From page 4 functioning and that staff stay at the bathroom door for residents with alams. The facility met daily or every other day through 7/12/11 to evaluate any subsequent falls, and continue to monitor falls and do random audits, according to E2 on 10/19/11 at 12:00pm. F 323 F 9999 FINAL OBSERVATIONS F 9999 Licensure Violations: 300.6100 300.2240a) F 9999 Section 300.610 Resident Care Policies a) The facility which shall be formulated by a Resident Care Policy Commute on the medical advisory committee and representatives of nursing and other services in the facility which shall be formulated by a Resident Care Policy Committee and representatives of nursing and other services in the facility and shall be formulated by a Resident Care Policy Committee and representatives of nursing and other services in the facility and shall be formulated by a Resident Care Policy and table in compliance with the Act and all rules promulgated thereunder. These written policies shall be formulated by written, signed and dated minutes of such a meeting. Section 300.1210 General Requirements for Nursing and Personal Care			` '			(X3) DATE SURVEY		
BID BROADWAY NORMAL, LL 51761 SUMMARY STATEMENT OF DEFICIENCIES PREFIX SUMMARY STATEMENT OF DEFICIENCIES (EACH OPRICENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) PROVIDER'S PLAN OF CORRECTION (EACH OPRICETIVE ACTION SHOULD BE (EACH OPRICETIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY) F 323 Continued From page 4 functioning and that staff stay at the bathroom door for residents with alarms. The facility met daily or every other day through 7/12/11 to evaluate any subsequent fails, and continue to monitor fails and do random audits, according to E2 on 10/19/11 at 12:00pm. F 323 F 9999 FINAL OBSERVATIONS F9999 Licensure Violations: 300.610a) 300.1210b) 300.3240a) F9999 Section 300.610 Resident Care Policies a) procedures, governing all services provided by the facility which shall be formulated by a Resident Care Policy Committee and representatives of nursing and other services in the facility. These policies shall be formulated by with the Act and all rules promulgated thereunder. These written policies shall be rolompliance with the Act and all rules promulgated thereunder. These facility and shall be rolompliance with the Act and all rules promulgated thereunder. These written, signed and dated minutes of such a meeting. Section 300.1210 General Requirements for Nursing and Personal Care	145031		145031	B. WI	NG _		10/20	0/2011
HEARTLAND OF NORMAL NORMAL, IL 61761 (%4) ID PREFIX TAG SUMMARY STATEMENT OF DEFICIENCIES (EACH CERCIENCY MUST BE RECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) ID PREFIX TAG PROVINCE CORRECTION IS (EACH CERCIENCY BULL BE RECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) ID PREFIX TAG PROVINCE CORRECTION IS (EACH CORRECTIVE ACTION SHOULD BE CORSS-REFERENCED TO THE APPROPRIATE DEFICIENCY) Or DEFICIENCY F 323 Continued From page 4 functioning and that staff stay at the bathroom door for residents with alarms. The facility met daily or every other day through 7/12/11 to evaluate any subsequent fails, and continue to monitor fails and do random audits, according to E2 on 10/19/11 at 12:00pm. F 323 F 9999 FINAL OBSERVATIONS F 9999 Licensure Violations: 300.610a) 300.3240a) F 9999 Section 300.610 Resident Care Policies a) The facility shall have written policies and procedures, governing all services provided by the facility shall have mitten policies and procedures, governing all services in the est the administrator, the advisory physician or the medical advisory committee and representatives of nursing and other services in the facility. These policies shall be in compliance with the Act and all rules promulgated thereunder. These written policies shall be followed in operating the facility and shall be reviewed at least annually by this committee, as evidenced by written, signed and dated minutes of such a meeting. Section 300.1210 General Requirements for Nursing and Personal Care	NAME OF P	ROVIDER OR SUPPLIER						
PREFIX TAG (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) PREFIX TAG CACH DEFICIENCY Continue BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY) Continue BE CROSS-REFERENCED TO THE APPROPRIATE Continue BE CROSS-REFERENCED TO THE APPROPRIATE Continue BE CROSS-REFERENCED TO THE APPROPRIATE Continue BE DEFICIENCY) F 323 Continued From page 4 functioning and that staff stay at the bathroom door for residents with alarms. The facility met daily or every other day through 7/12/11 to evaluate any subsequent falls, and continue to monitor falls and do random audits, according to E2 on 10/19/11 at 12:00pm. F 323 F 9999 FINAL OBSERVATIONS F 9999 Licensure Violations: 300.610a) 300.1210b) 300.3240a) Section 300.610 Resident Care Policies a) The facility shall have written policies and procedures, governing all services provided by the facility which shall be formulated by a Resident Care Policy Committee consisting of at least the administrator. The advisory physician or the medical advisory committee and representatives of nursing and Other services in the facility. These policies shall be in compliance with the Act and all rules promulgated thereunder. These written policies shall be forwed in operating the facility and shall be reviewed at least annually by this committee, as evidenced by written, signed and dated minutes of such a meeting. Section 300.1210 General Requirements for Nursing and Personal Care Section 300.1210 General Requirements for	HEARTL	AND OF NORMAL						
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300.610a) 300.1210b) 300.3240a) Section 300.610 Resident Care Policies a) The facility shall have written policies and procedures, governing all services provided by the facility which shall be formulated by a Resident Care Policy Committee consisting of at least the administrator, the advisory physician or the medical advisory committee and representatives of nursing and other services in the facility. These policies shall be in compliance with the Act and all rules promulgated thereunder. These written policies shall be followed in operating the facility and shall be reviewed at least annually by this committee, as evidenced by written, signed and dated minutes of such a meeting. Section 300.1210 General Requirements for Nursing and Personal Care		functioning and that door for residents w daily or every other evaluate any subse monitor falls and do E2 on 10/19/11 at 1	t staff stay at the bathroom vith alarms. The facility met day through 7/12/11 to equent falls, and continue to p random audits, according to 12:00pm.					
 procedures, governing all services provided by the facility which shall be formulated by a Resident Care Policy Committee consisting of at least the administrator, the advisory physician or the medical advisory committee and representatives of nursing and other services in the facility. These policies shall be in compliance with the Act and all rules promulgated thereunder. These written policies shall be followed in operating the facility and shall be reviewed at least annually by this committee, as evidenced by written, signed and dated minutes of such a meeting. Section 300.1210 General Requirements for Nursing and Personal Care 		300.610a) 300.1210b) 300.3240a) Section 300.610 Re	esident Care Policies					
Nursing and Personal Care		procedures, govern the facility which sh Resident Care Polic least the administra the medical advisor representatives of r the facility. These p with the Act and all These written polici operating the facility least annually by the written, signed and	all services provided by all be formulated by a cy Committee consisting of at ator, the advisory physician or cy committee and nursing and other services in policies shall be in compliance rules promulgated thereunder. ies shall be followed in y and shall be reviewed at is committee, as evidenced by					
and services to attain or maintain the highest practicable physical, mental, and psychological well-being of the resident, in accordance with		Nursing and Persor b) The facility shall and services to atta practicable physical	nal Care provide the necessary care ain or maintain the highest I, mental, and psychological					

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		I AND HUMAN SERVICES				FORM	02/25/2012 APPROVED 0938-0391	
	F OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) N A. BUI		TIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED		
		145031	B. WI	NG _		10/20	0/2011	
NAME OF P	ROVIDER OR SUPPLIER				REET ADDRESS, CITY, STATE, ZIP CODE 510 BROADWAY			
HEARTL	AND OF NORMAL				NORMAL, IL 61761			
(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 CORRECT (EACH CORRECTIVE ACTION SHOL CROSS-REFERENCED TO THE APPR DEFICIENCY)	JLD BE	(X5) COMPLETION DATE	
F9999	each resident's com plan. Adequate and care and personal of resident to meet the care needs of the re- shall include, at a m procedures: Section 300.3240 A a) An owner, licens agent of a facility sh- resident. There Regulations of Based on record re- failed to provide sup one of five sampler for falls in a total sa- resulted in R7 fallin fracture and laceration occurred from 6/30. The findings include R7's October 2011 (POS) list diagnose collapse, difficulty w abnormality, Hypote Alzheimer's Diseas (MDS) dated 5/02/1 cognitive impairment of one staff for trans- not steady moving of	nprehensive resident care d 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 hall not abuse or neglect a were not met as evidenced by: eview and interview the facility pervision during toileting to d residents (R7) at high risk ample of eighteen. This failure g and sustaining a pelvic tion. This past noncompliance /11 to 7/12/11. e: Physician's Order Sheet es which includes Syncope and valking, muscle weakness, gait ension, Osteoporosis and e. R7's Minimum Data Set 11 assessed R7 with severe nt, requiring extensive assist sferring and ambulation, and on and off toilet without e. R7's Care Plan dated	F9	999				

Facility ID: IL6000244

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		I AND HUMAN SERVICES				FORM	02/25/2012 APPROVED 0938-0391
STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		(X2) N A. BUI			(X3) DATE SURVEY COMPLETED		
		145031	B. WI	٩G _		10/20	0/2011
NAME OF PF	ROVIDER OR SUPPLIER				TREET ADDRESS, CITY, STATE, ZIP CODE		
HEARTL	AND OF NORMAL				510 BROADWAY NORMAL, IL 61761		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES / MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREF TAG		PROVIDER'S PLAN OF CORRECT (EACH CORRECTIVE ACTION SHOU CROSS-REFERENCED TO THE APPRO DEFICIENCY)	JLD BE	(X5) COMPLETION DATE
	alarms, medications dementia," and "At gait, middle stage d On 10/17/11 at 10:0 as a fall risk. E3 sta months prior while E3 stated that R7 re for transfers and an Nurse's Notes dated document that E3 w R7 was found on th had a laceration and eye and a deep lace Notes document that the right side and ba the emergency roor The radiology repor fracture of the right R7. The facility's Incider Investigation dated toileting, got up and {R7}complained of above right eye. Ho 'fracture of right put the probable cause episode. The facility Incident 6/30/11 included a Certified Nurse Aide documented "{R7}	showering, bed and chair s related to middle stage risk for falls due to unsteady dementia, history of falls." D5 am nurse E3 identified R7 ated that R7 had fallen a few residing in the nursing home. equires assistance of one staff nbulation. d 6/30/11 at 9:30 am vas called to R7's room after ne floor on her right side. R7 d hematoma above the right eration to the right outer arm. at R7 complained of pain in ack. R7 was transported to m for evaluation. rt dated 6/30/11 identified a pubis and superior ramus on nt Report Summary of 7/03/11 stated "{R7} was d 'blacked out'. right hip pain and laceration ospital X-ray conclusion was bis." The report documented of fall was due to a syncope	F9	999	9		

I

If continuation sheet Page 7 of 9

DEPARTMENT OF HEALTH AN CENTERS FOR MEDICARE &					FORM	02/25/2012 APPROVED 0938-0391
STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		(X2) M A. BUII		PLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
145031		B. WIN	NG		10/20	0/2011
NAME OF PROVIDER OR SUPPLIER				EET ADDRESS, CITY, STATE, ZIP CODE		
HEARTLAND OF NORMAL				0 BROADWAY ORMAL, IL 61761		
PREFIX (EACH DEFICIENCY MU	MENT OF DEFICIENCIES JST BE PRECEDED BY FULL IDENTIFYING INFORMATION)	ID PREFI TAG		PROVIDER'S PLAN OF CORREC (EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APPF DEFICIENCY)	ULD BE	(X5) COMPLETION DATE
 though). I was across a room. I kept checking see {R7's} wheelchair door. I put {other reside and told her I would be room and went straigh hall to find {R7} lying o wasn't moving. I put methere was blood She couldn't until a nurse of happened - She said 'I report documented that two beds in the room a parked between the babedroom door. The Wealso included the quest Nursing and E9, Huma conducted the intervier policy regarding fall ris responded, "Stay with Nurse E3's witness stat documented that E3 we E5. E3 documented that E3 we E5. E3 documented the that she put R7 on the hallway. Then when E5 she found R7 on the fill E3 confirmed on 10/19 been left unattended or R7 had gotten off the t between the beds. R7 emergency nurse call were sounding. E3 confall risk, with a history of the tisk, with a history of the tisk, with a history of the tisk, with a history of the tisk. 	eft the room (not the section the hall in another residents g on her , because I could from {other resident's} dent}on the toilet with the lift e back. I walked out of the nt to {R7's} room across the on the floorface down, and my arm under her neck and asked to get up ; I told her I came. I asked her what I think I blacked out'." The at R7 was lying between the and her wheelchair was athroom door and the Vitness Statement by E5 stion by E2, Director of an Resources who ew, "What is the facility sk and restrooms:" E5 resident at all times." atement dated 6/30/11 vas called to the room by hat no alarm was sounding room and E5 had stated e toilet and went into the 3 went back into R7's room, loor. 9/11 at 1:45 pm that R7 had on the toilet and had fallen. toilet and was on the floor 7 had not used the light and no fall alarms onfirmed that R7 was a high	F99	999			

Facility ID: IL6000244

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		AND HUMAN SERVICES					APPROVED 0938-0391
STATEMEN	T OF DEFICIENCIES DF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) N A. BU		IPLE CONSTRUCTION	(X3) DATE SU COMPLE	JRVEY
		145031	B. WI	NG _		10/20	0/2011
NAME OF P	PROVIDER OR SUPPLIER				REET ADDRESS, CITY, STATE, ZIP CODE		
HEARTL	AND OF NORMAL				510 BROADWAY NORMAL, IL 61761		
(X4) ID PREFIX TAG	(EACH DEFICIENC)	TEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREF TAC	IX	PROVIDER'S PLAN OF CORREC (EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APPR DEFICIENCY)	ULD BE	(X5) COMPLETION DATE
F9999	high fall risk during Nurse/MDS Coordi interview on 10/19/ is a fall risk, require to get to the toilet, s them at all times to R7's Nurse's Notes unresponsiveness	stay with residents who are toileting. nator E5 stated during 11 at 12:25 pm, "If a resident as alarms or needs assistance someone needs to stay with prevent falls". document incidents of while on the toilet on 4/22/11 ne fall in the bedroom on	F9	999			

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Facility ID: IL6000244

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PRINTED: 02/25/2012