	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) M A. BUI		PLE CONSTRUCTION G	(X3) DATE SU COMPLE	
		145312	B. WIN	IG		01/1	3/2012
	ROVIDER OR SUPPLIER	RE	•	22	EET ADDRESS, CITY, STATE, ZIP CODE 250 PEARL STREET ELVIDERE, IL 61008		
(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 465	On 01/10/12 at 9:00 cooking area were thick-dark-brown de cob-webs around the On 01/10/12 at 9:05 staff do not clean the company come clean March." On 01/11/12 at 11:05 stated, "The hoods dietary staff. We have them twice a year; in the facility did not be considered."	O AM, the hoods above the covered with a ebris. The hoods also had he edge of the hood. 5 AM, E22 (Cook) stated, "The he hoods, we have an outside an them. They will be cleaned 00 AM, E20 (Dietary Manager) should be cleaned weekly by ave an outside company clean they are due to be cleaned." have a policy or procedure to hoods were clean and free of	F 4	999			
	LICENSURE VIOL 300.610a) 300.1210b)5) 300.1210d)3)6) 300.1220b)3) 300.3240a)b) Section 300.610 Re	ATIONS: esident Care Policies					

-				3) DATE SURVEY COMPLETED			
		145312	B. WIN	NG _		01/1:	3/2012
	ROVIDER OR SUPPLIER	RE .			TREET ADDRESS, CITY, STATE, ZIP CODE 2250 PEARL STREET BELVIDERE, IL 61008		
(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
F9999	procedures, govern the facility which sh Resident Care Police least the administrate the medical advisor representatives of rep	have written policies and ing all services provided by all be formulated by a cy Committee consisting of at ator, the advisory physician or any committee and nursing and other services in policies shall be in compliance rules promulgated thereunder. es shall be followed in any and shall be reviewed at its committee, as evidenced by dated minutes of such a	F99	999	9		
	plan. Adequate and care and personal or resident to meet the care needs of the reshall include, at a morocedures: 5) All nursing personance encourage resident transfer activities as	aprehensive resident care I properly supervised nursing care shall be provided to each e total nursing and personal esident. Restorative measures ninimum, the following annel shall assist and s with ambulation and safe often as necessary in an retain or maintain their highest functioning.					

-			(X3) DATE SU COMPLE				
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	ROVIDER OR SUPPLIER	RE .			TREET ADDRESS, CITY, STATE, ZIP CODE 2250 PEARL STREET BELVIDERE, IL 61008		
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F9999	d) Pursuant to subscare shall include, a and shall be practic seven-day-a-week leads of the seve	section (a), general nursing at a minimum, the following sed on a 24-hour, basis: rations of changes in a , including mental and , as a means for analyzing and equired and the need for luation and treatment shall be aff and recorded in the second. secautions shall be taken to dents' environment remains hazards as possible. All shall evaluate residents to see seceives adequate supervision prevent accidents. Supervision of Nursing upervise and oversee the the facility, including: p-to-date resident care plan for	F99	999	9		

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

	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	A. BUI		IPLE CONSTRUCTION NG	(X3) DATE SU COMPLE	
		145312	B. WIN	NG _		01/1:	3/2012
	ROVIDER OR SUPPLIER	ΙΕ	•	2	REET ADDRESS, CITY, STATE, ZIP CODE 2250 PEARL STREET BELVIDERE, IL 61008		
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F9999	Continued From pa	ge 54	F99	999			
	Section 300.3240 A	buse and Neglect					
		ee, administrator, employee or nall not abuse or neglect a					
	aware of abuse or r	ee or agent who becomes neglect of a resident shall the matter to the facility					
	This REQUIREMEN	NT is not met as evidenced by:					
	facility failed to prov R 108 after being non 11/7/11, 11/8/11 resulted in R 108 be with a Greater Troc failed to conduct a r R105 fell on 12/28/1105 being transfel	and Record Review the vide nursing assessments for otified of a change in condition and 11/9/11. This failure eing diagnosed on 11/10/11 hanteric Fracture. The facility nursing assessment after 11. This failure resulted in rred several times, in pain, t with an Acute Left Hip 1.					
		16 (R 108 & R105) residents and fractures in the sample of					
	The findings include	e:					
	1. R 108's Nurses	Notes showed, "11/5/11 at					

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) N A. BU		PLE CONSTRUCTION G	(X3) DATE SURVEY COMPLETED		
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	PROVIDER OR SUPPLIER	RE	•	2	REET ADDRESS, CITY, STATE, ZIP CODE 250 PEARL STREET BELVIDERE, IL 61008		
(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
F9999	12:31pm - R 108 reat site causing it to again." The next N dated 11/9/11 at 3:3 area moderately sw bruising noted. R 1 grimaces upon palp to bear weight on leany incident/injuries. During a Confidenti 12/28/11, Z3 stated complained of pain Practical Nurse - LF complained of pain did not go and look still complained of pierk his leg if you to stand on his left leg and said that a big told about R 108's pierk his leg if you to stand on his left leg and said that a big told about R 108's pierk his leg if you to stand on his left leg and said that a big told about R 108's pierk his leg if you to stand and said that a big told about R 108's pierk his leg if you to stand and said that a big told about R 108's pierk his leg if you to stand and said that a big told about R 108's pierk his leg if you to stand and said that a big told about R 108's pierk his leg if you to stand assessed R 108 and On 12/28/11 at 12:4 Nurse - LPN) stated Assistant - CNA Su in a row that R 108 E5 (Registered Nur transfer well. Nobol happening to him." assessed R 108's highly gift he had any contracted on the ri	bleed. New dressing and is picking bleed. New dressing applied urses Note for R 108 was 80pm and showed, "Left hip vollen with small light purple 08 withdraws self and pation of hip. Unable/unwilling of the R 108 unable to report is or when pain began." al Interview conducted on , "R 108 was put to bed and (on 11/7/11). E4 (Licensed)	F9	999			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) M A. BUI		PLE CONSTRUCTION IG	(X3) DATE SURVEY COMPLETED	
		145312	B. WIN	IG _		01/1:	3/2012
	PROVIDER OR SUPPLIER	RE		2	REET ADDRESS, CITY, STATE, ZIP CODE 250 PEARL STREET BELVIDERE, IL 61008		
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F9999	and that he was in a The Xray Report dashowed, "Clinical in greater trochanteric Findings - There is with valgus deformit Impression: Greate On 12/21/11 at 1:25 know why one (Undeport/Incident Report/Incident Report/Incide	ated 11/10/11 for R 108 formation - Pain and swelling area. Comparison - none. an intertrochanteric fracture ty. No associated dislocation. er Trochanteric Fracture." Spm, E2 (DON) stated, "I don't usual Occurrence bort) wasn't done for this one in 11/9/11). E8 (Registered the nurse that found it but I incident and not unusual so have her fill one out. I just and no one knew what ent and Incident Reporting the showed, "If a resident is elent/incident an immediate st aid will be provided. The for the oversight and care of inplete an accident/incident ible, obtain a descriptive resident on any witnesses statement form). Complete port, as soon as the ned. The report is to be as possible before nurse ends extensive investigation and for the following ected/alleged abuse, fall with known Origin."	F99	999			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) M A. BUI		IPLE CONSTRUCTION NG	(X3) DATE SURVEY COMPLETED	
		145312	B. WI	NG _		01/1:	3/2012
	ROVIDER OR SUPPLIER	E		2	REET ADDRESS, CITY, STATE, ZIP CODE 2250 PEARL STREET BELVIDERE, IL 61008		
(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
F9999	Non Dominant Side Disease, Senile De Osteoarthrosis and The Minimum Data Assessment Refere for R 108 showed in memory, long term Extensive assistant and bed mobility. 2. The Unusual Oct 11/27/11 for R105 strong 1:30pm.; Location of Type of Occurrence Area of Injury: (Notl section.); First aid hospital? No.; Phy Responsible party of The Confidential Ur Investigation Form Practical Nurse/LPN showed, "Description floor.; R105 observance to wheelchair. without assistance assessment done. swelling noted. R10 side. R105 not respond to the responsible range of lower extremities. It discomfort noted at general discomfort.	including Hemiplegic Affect due to Cerebrovascular mentia, Diabetes, Generalized Cauda Equina Syndrome. Set (MDS) with an ence Date (ARD) of 11/30/11 mpairment of short term memory and cognition.; ce of two people for transfers currence Report dated showed, "Time of Occurrence: of Occurrence: Dining Room.; ce Observed on the floor.; ning was marked in this conly given? No.; Taken to the esician Notified? Yes.; notified? Yes." nusual Occurrence (filled out by E4 - Licensed N) dated 11/27/11 for R105 on of Fall: Observed on the eved on the floor in dining room R105 stated she stood up and fell to the floor. Body No bruising, redness or 05 was found laying on left conding verbally, usual sident. No rotation noted to f motion done to bilateral No facial grimacing, pain or this time. Tylenol given for	F99	999			

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) N A. BU		PLE CONSTRUCTION IG	(X3) DATE SURVEY COMPLETED		
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	PROVIDER OR SUPPLIER	RE		2	REET ADDRESS, CITY, STATE, ZIP CODE 250 PEARL STREET BELVIDERE, IL 61008		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES / MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREF TAG		PROVIDER'S PLAN OF CORREC (EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APPR DEFICIENCY)	OULD BE	(X5) COMPLETION DATE
F9999	12/28/11, Z3 stated on second floor. EAssistants (CNA) p wheelchair. R105 wheelchair to a rec R105 complained of tried to stand R105 was put back in the (assess) R105 the Nurse - RN) assess. On 12/28/11 at 12:4 had a fall. I did not the front desk chart Assistant - CNA) ho waited for another (R105 up and put he transferred R105 to at 2:00pm. I filled of left." On 12/27/11 at 1:45 transferring R105 s pain than usual. I r The first entry in R11/27/11 were at 3: (Registered Nursedated 11/27/11 at 3 to PM shift, RN was on the floor while at unassisted at 1:15pd done and external rextremity. R105 ur grimaces when she Slight swelling/bulg area. R105 transfered.	I, "R105 fell in the dining room 4 had the Certified Nursing ick R105 up and put her in her was then transferred from her liner in dining room area. If left leg pain. The CNA's up and she yelled in pain and recliner. E4 did not look next nurse, E8 (Registered	F9	999			

Facility ID: IL6006670

` '		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) N A. BU		PLE CONSTRUCTION G	(X3) DATE SURVEY COMPLETED	
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	PROVIDER OR SUPPLIER	RE	•	2	REET ADDRESS, CITY, STATE, ZIP CODE 250 PEARL STREET BELVIDERE, IL 61008		
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F9999	called with condition obtained for stat Xr Scheduled Tylenol R105 continues to moves herself in be company to receive Acute left hip fracture. Given nursing orde evaluate and treat, and new orders. Pwith results and new Ambulance here to hospital." The Radiology Repshowed, "Reason: leg; Status post fall subcapital fracture. The joint shows no intact. Osteoporos Acute hip fracture administered, servidocumented in the Entries may only be clinical record by licincidents, accidents condition must be recare-specific details minimum: The date procedure/treatmer and title of the indiv. The assessment date of the indiv.	n report and nursing orders ay to left hip.; 6:57pm - not effective for pain control. grimace and cry when she ed.; 7:05pm - Called Xray e Xray results. Diagnosis: re. Doctor informed of results. r to send to hospital to E2 (DON) notified of results ower of Attorney (POA) called w orders.; 7:41pm - transport R105 to the ort dated 11/27/11 for R105 Pain; Unwilling to stand on .; Results: There is a left with modest displacement. dislocation. Pubic Rami are is is present.; Conclusion: as described above." on "Documentation: Charting" vations, medications ces performed, etc, must be residents's clinical record.; e recorded in the resident's ensed personnel.; All s, or changes in the resident's ensed personnel.; All s, or changes in the resident's eand shall include a and shall include a and time the it was provided.; The name ridual(s) who provided care.; ata and/or any unusual findings procedure/treatment.;	F9	999			

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		145312	B. WIN	NG _		01/13	3/2012
	PROVIDER OR SUPPLIER	ΙΕ	•	2	REET ADDRESS, CITY, STATE, ZIP CODE 2250 PEARL STREET BELVIDERE, IL 61008	RRECTION (X: SHOULD BE COMPL	
(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
F9999	procedure/treatmer physician or other signature and title of R105's Physician Pshowed, "Recent X R105's Care Plan of "Alteration of comfor of fractured should extremity. Non weigextremity." R105's Care Plan of has a psychosocial fractured left hip as irritability at times." The Physician Order R105 showed Diaghealing Traumatic Fraumatic Fraum	ge 60 It; Notification of family, taff, if indicated.; The of the individual documenting." Progress Notes dated 12/20/11 ray - not healing very quickly." Lated 12/21/11 showed, out related to pain. Has history er. Has a fracture to left lower ght bearing left lower ght bearing left lower she well-being problem related to evidenced by sadness and er sheet dated 11/30/11 for moses including Aftercare for Fracture of Hip, Unspecified all Blindness, General pertension, Paralysis Agitans enter Date of 12/7/11 showed at term memory, long term ion.; Inattention and enter assistance of 1 person grand personal hygiene. Leoam, E6 (RN) stated, "If a assess the resident and do lif we send a resident out yowe call E2 (DON) or E3	F99	999			

	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) M A. BUI		PLE CONSTRUCTION	(X3) DATE SU COMPLE	JRVEY ETED
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F9999	(Assistant Director On 12/21/11 at 10:4 is a fall you do an a	of Nursing - ADON). 45am, E5 (RN) stated, "If there assessment, do care and first ident report and it then goes to	F99	999			