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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) M A. BUI		IPLE CONSTRUCTION IG	COMPLETED	
		145733	B. WIN				C 1/2012
		143733				01/3	1/2012
	ROVIDER OR SUPPLIER			1	REET ADDRESS, CITY, STATE, ZIP CODE 251 NORTH STATE STREET JERSEYVILLE, IL 62052		
(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
F 315	1/10/12. The final urine C AM, documents R4 bacteria, Escherich count per ml. The I 3:30 PM, document and processed for t twice daily for 10 da Order, dated and re AM, documents R4 (Nitrofurantoin) 100 days, at 8:00 AM ar The Nurses Note documents R4 was will begin taking the Suprapubic cathete some sediment." The Medication of or January 2012 do oral antibiotic, Mac of 1/13/12. On 1/31/12, at 1 Director of Nursing reported that Macro in the facility's conv staff should have be UTI immediately wh E3 provided a list of facility and Macrobi On 1/31/12, at 1 the nurses should h from the facility's converted the faci	the urinalysis results form (a. & S., dated 1/12/12, at 8:06) Is urine contained the Id coli of over 100,000 colony Nurses Note, dated 1/12/12, at Its a new order was received The oral antibiotic, Macrobid The oral antibiotic of the oral antibiotics or oral antibiotics	F	315			
F9999	FINAL OBSERVATI	ONS	F99	999			
	Licensure Violation	s:					

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	` '	PLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
			A. BUILDIN		(
		145733	B. WING _		01/3	1/2012
	ROVIDER OR SUPPLIER		1	REET ADDRESS, CITY, STATE, ZIP CODE 251 NORTH STATE STREET IERSEYVILLE, IL 62052		
(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 CORREC' (EACH CORRECTIVE ACTION SHOI CROSS-REFERENCED TO THE APPR DEFICIENCY)	JLD BE	(X5) COMPLETION DATE
F9999	Continued From pa	age 8	F9999			
	300.1210b)3) 300.1210d)1) 300.1630d) 300.3240a)					
	b) The facility shall and services to atta practicable physica well-being of the reeach resident's corplan. Adequate and care and personal resident to meet the care needs of the resident and the care needs of the resident to meet the care needs of the	General Requirements for nal Care provide the necessary care ain or maintain the highest all, mental, and psychological sident, in accordance with apprehensive resident care approperly supervised nursing care shall be provided to each total nursing and personal esident. Restorative measures minimum, the following				
	encourage resident incontinent of bowe appropriate treatme urinary tract infection normal bladder fun personnel shall ass who enters the faci					
	d) Pursuant to	subsection (a), general				

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	, ,	PLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
			A. BUILDIN	G	(С
		145733	B. WING _		01/3	1/2012
	ROVIDER OR SUPPLIER		1	REET ADDRESS, CITY, STATE, ZIP CODE 251 NORTH STATE STREET ERSEYVILLE, IL 62052		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORREC' (EACH CORRECTIVE ACTION SHOU CROSS-REFERENCED TO THE APPR DEFICIENCY)	ULD BE	(X5) COMPLETION DATE
F9999	following and shall I seven-day-a-week I 1) Medications	nclude, at a minimum, the be practiced on a 24-hour, basis: s, including oral, rectal, enous and intramuscular, shall	F9999			
	d) If, for any reason medication order ca prescriber shall be	administration of Medication a, a licensed prescriber's annot be followed, the licensed notified as soon as is ding upon the situation and a e resident's record.				
	, ,	ee, administrator, employee or nall not abuse or neglect a				
	by: Based on record re failed to provide tim	were not met as evidenced view and interview, the facility lely treatment for a urinary o of three residents, (R2, R4)				

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) M A. BUI		PLE CONSTRUCTION G	(X3) DATE SURVEY COMPLETED		
		145733	B. WI				C 1/2012	
	ROVIDER OR SUPPLIER		ı	1:	EET ADDRESS, CITY, STATE, ZIP CODE 251 NORTH STATE STREET ERSEYVILLE, IL 62052			
(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	resulted in R2 havir was hospitalized for Dehydration, Acidos Urinary Tract Infection Findings include: 1. The Physician's January 2012 docupart, of Acute Kidner Infection (UTI), and Minimum Data Set, documents R2 is deactivities of daily living urinary catheter. The Physicians documents, "Change dra documents, "Change dra (as needed)." The at 4:20 AM document changed at that time Administration Reconstruction to the urinary catheter change is documentation coul Noted from 1/06/12 the urinary catheter since 12/06/11. The Physician's documents, "May domeds (medication) or 1/05/12." The Notes of PM, document receive home healting the since 12 to the properties of the since 12 to the physician's documents, "May domeds (medication) or 1/05/12." The Notes of the physician's document receive home healting the physician's document the phy	e sample of four. This failure in a decline in condition, she reatment of Hyponatremia, sis, Acute Renal Failure and ion. Order Sheet (POS) for ments R2 has diagnoses, in by Failure, Urinary Tract Urinary Retention. The MDS, dated 1/13/12, ependent on staff for all ing and has an indwelling on the 5 th of the month; sinage bag monthly and PRN Nurses Note, dated 12/06/11, ints R2's urinary catheter was in the Treatment ord (TAR) for January 8, 21012 documents the next scheduled for 2/05/12. No industry be found in the Nurses through 1/19/12 that R2 had and drainage bag changed Order dated 1/03/12 ischarge (R2) to home with and home health on 1/04/12 jurses Note, dated 1/04/12, at its R2 was discharged home to in services. The Nurses Note, 10 PM documents R2 was	F99	66				

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	` ′		PLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
		1.45700	A. BUI B. WIN				С
		145733				01/3	1/2012
	PROVIDER OR SUPPLIER VILLE MANOR			12	EET ADDRESS, CITY, STATE, ZIP CODE 251 NORTH STATE STREET ERSEYVILLE, IL 62052		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES Y 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
F9999	documents R2's un Nurses Noted dated documents R2's fai "gaulded under her Family was also co of urine. Request with doctor) for Nystatin labs MD may want. Licensed Practical dated 1/17/12, 12:3 been getting pale of Her (indwelling uring colored urine. She about her face. She gaulding in her periphreast. Do you wan have an order for North physician's order for (PA), dated 1/17/12 "Nystatin powder, 1 every shift. Washe water, pat dry and a shift until areas have received addressing edema about her face E5, Registered Nurreported R2 had rehad been "letharging reported R2 did not reported R2's urine to be encouraged to E5 reported Z1, PA 1/17/12, in the after E9. E5 reported Z1 stated, "She (Z1) losaid she didn't see	ge 11 e, dated 1/16/12, at 4:32 AM, ne was amber in color. The d, 1/16/12, at 10:49 PM, mily notified the facility of abdominal fold and peri-area. Incerned about color and clarity was sent to MD (medical (antifungal) powder and any "A faxed request from E9, Nurse (LPN) to Z2, Physician B AM, documents "(R2) has wer the last couple of days. ary catheter) is also tea also has some trace edema e is also having some -abdominal fold and under her not any labs? And may we lystatin powder?" The lom Z1, Physician's Assistant at 2:58 PM, documents, 00,000 unit/gram, topical gaulded areas with soap and apply Nystatin powder every re resolved." No orders were g R2's tea colored urine and ace. On 1/30/12, at 3:55 PM, se (RN) was interviewed. E5 dness under both breasts and for a couple of days." E5 want to go to therapy. E5 was amber in color and had be eat and to drink fluids. Came to the facility on moon and read the fax from did not examine R2. E5 looked across the room, and any edema. She did not lee." E5 reported on 1/19/12, in the color of the facility on moon and read the fax from and lee." E5 reported on 1/19/12, in E6 reported on 1/19/12,	F99	999			

PRINTED: 07/11/2012 FORM APPROVED OMB NO. 0938-0391

AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:			(X2) MULTIPLE CONSTRUCTION A. BUILDING			(X3) DATE SURVEY COMPLETED		
		1	45733	B. WI	NG _			C 1/ 2012
	ROVIDER OR SUPPLIER				1	REET ADDRESS, CITY, STATE, ZIP CODE 1251 NORTH STATE STREET JERSEYVILLE, IL 62052	01/0	1/2012
(X4) ID PREFIX TAG	SUMMARY STA (EACH DEFICIENCY REGULATORY OR L		EDED BY FULL	ID PREF TAG		PROVIDER'S PLAN OF CORREC (EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APPF DEFICIENCY)	ULD BE	(X5) COMPLETION DATE
F9999	she told Z1 that R2 stated, "She (Z1) dwere no new orders next day. She (Z!) Methadone, (a medicouldn't do anything vital signs were with she did not examinarecords for 1/12, and decline in R2's oral (Certified Nurses Aicomputer and tell umonitor." E5 report from the CNA's relaintake for the past so The facility's dail for R2, dated 1/12, cubic centimeters (computer and tell umonitor." Cc 1/16/12-Intacc 1/18/12-Intacc	was really leth idn't say anythe except to distend thought may be lication prescriptation about it, and nin normal limited as not awaintake. E5 states of put the I is if it is not go seed she received to R2's deseveral days. By Resident Intervention and the CC): ake 1120 cc ake 1120 cc	ning. There scharge R2 the e it was the ibed for R2) but asked if R2's its." E5 reported & Output (I & O) are of the ated, "CNA's & O on the od for us to ed no reports ecreased oral take and Output e following in Output 1,000 Output 750 Output 750 Output 950 Output 950 Output 870 PN was 1/12, R2 was 1/12, R2 was 1/12, R2 was 1/12, R2's urine nedication for ed R2's family her to another she did not take	F9:	999			

Facility ID: IL6013312

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) M A. BUI		PLE CONSTRUCTION G	(X3) DATE SURVEY COMPLETED	
		145733	B. WIN				C 1/ 2012
	PROVIDER OR SUPPLIER			12	REET ADDRESS, CITY, STATE, ZIP CODE 251 NORTH STATE STREET ERSEYVILLE, IL 62052		.,
(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
F9999	that R2 needed sor when she administer reported R2's skin vaffect" and was diand The Nurses Notedocuments R2 was difficult to arouse for and Methadone, whote, dated 1/18/12 was very lethargic, meals, had a poor a encouraged, and thurine. The Nurses Notedocuments R2 was breakfast. The Nurses Note, of documents R2 refuredocuments R2 refuredocuments R2 refuredocuments R2 refuredocuments R2's room a pick her up and with stated "She (R2) has R2's family called a transferred to the log on 1/30/12, the R2 were reviewed. The R2 were reviewed. The clinical record. R2's Care Plant documents R2 "is a indwelling catheter" documented, in par symptoms of UTI sturgency, frequency nausea/vomiting chemical record.	cility and a friend of the family nething for nausea, and that is pred Compazine to R2. E4 was pale, R2 had a "bland phoretic. e, dated 1/18/12, at 3:01 PM, very lethargic and was at 2:00 PM medication Xanax sich was held. The Nurses e, at 3:15 PM, documents R2 had to be awakened for appetite, fluids were e catheter was draining amber e, dated 1/19/12, at 8:00 AM, drowsy and refused to eat lated 1/19/2, at 12:30 PM, sed to eat lunch. 1:05 AM, E2, Director of interviewed. E2 reported she after her family had arrived to be essed emesis on a towel. E2 ad been puking." E2 reported in ambulance and R2 was ical hospital on 1/19/12. If acility's laboratory reports for There was no urinalysis as reports for January 2012 in updated 01/06/12, trisk for infection related to	F99	999			

STATEMENT OF DEFICIENCIES (X AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING			(X3) DATE SURVEY COMPLETED		
		145733	B. WIN				C 1/ 2012	
	PROVIDER OR SUPPLIER			12	EET ADDRESS, CITY, STATE, ZIP CODE 251 NORTH STATE STREET ERSEYVILLE, IL 62052	01/3	1/2012	
(X4) ID PREFIX TAG	(EACH DEFICIENC)	TEMENT OF DEFICIENCIES (MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFI TAG	x	PROVIDER'S PLAN OF CORREC (EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APPF DEFICIENCY)	ULD BE	(X5) COMPLETION DATE	
F9999	listed as an approa On 1/31/11, at 1 Z1 should have ord she began to have output, with abnorm On 1/30/12, at 2 interviewed. Z1 represented she did not informed by the factoral intake. Z1 staturine is amber does Did she (R2) have a urine C & S on 1/days for the return fungal infection of C showed up in the represented the abnorm (blood, urea, nitrog (milligrams) per dL hospital on 1/19/12. The Emergency (ambulance) record documents an intrativice in an attempt success. On 1/30/11, R2's 1/19/11, at 4:06 PN complaint is document. The Nursing 1/19/12, documents of hurting all over. tremors. Has edemurinary) catheter in ODT (oral dissolvin R2's temperature was should be supported to the solution of the solution o	ng a residents daily I & O is not ch in R2's current Care Plan. 1:55 PM, E2, DON confirmed ered a urinalysis for R2 when decreased oral intake and nalities to her urine. 1:13 PM Z1, PA was ported she was unaware of all intake and output. Z1 but know if she had been ility of R2's lethargy or poor ed, "Telling me someone's en't mean they have a UTI. a fever? No. If I had ordered 16/12, it would have taken 2 results." Z1 confirmed the candidiasis would have esults of a urine C & S. Z1 mal laboratory results, BUN en) of 54 (normal =7-17 mg (delimiter) done at the local	F99	99				

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) M A. BUI		PLE CONSTRUCTION IG	(X3) DATE SURVEY COMPLETED	
		145733	B. WI	1G _			C 1/ 2012
	ROVIDER OR SUPPLIER		•	1:	REET ADDRESS, CITY, STATE, ZIP CODE 251 NORTH STATE STREET IERSEYVILLE, IL 62052		
(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	The Emergency Record for R2, date R2 was anxious, wi bilateral lower leg to edema to lower extracted 1/19/12, at 5: (indwelling urinary of difficulty. Unable to with 30 ml of NS (no infection in pelvic at the area. The Nurs 7:00 PM, document "scant amount". The documents a diagnoto "transfer to a (cripossible dialysis." The laboratory of dated 1/19/12, documents a diagnoto "transfer to a (cripossible dialysis." The laboratory of dated 1/19/12, documents 1/19/12, documents 1/19/12, documents 1/19/12, documents 1/19/12, with decreased thirst, and calves. The diagnos Acidosis and Hypor History Progress Notes, dated documents, in part, fungus, Candida, and find the record for the control of the control o	catheter drainage bag. Department Physician's of 1/19/12, documents, in part, th diminished lung sounds, enderness, and 2 + pitting remities. The Nurses Note, 30 PM, documents, in part, "catheter) inserted with some oget catheter to drain, irrigated ormal saline). Noted yeast rea, and patient is tender in es Note, dated 1/19/12, at is R2 had a urine output as is Physician's Record osis of Acute renal failure, and tical care hospital unit) for reports from the local hospital, uments BUN-54-high (normal atinine-8.6=high ydL, Sodium-122-low yBC (white blood mal=4.5-11.0). Is critical care hospital record 2:00 AM, documents in part, in, had been vomiting for 3 and urinary output, and did had pitting edema to mid is ses listed on the Physician ted 1/19/12, at 11:30 PM, inses of Nausea, Dehydration, natremia. The physician's	F99	66			

		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING			(X3) DATE SURVEY COMPLETED	
		145733	B. WIN				C 1/ 2012
	PROVIDER OR SUPPLIER		l.	12	REET ADDRESS, CITY, STATE, ZIP CODE 251 NORTH STATE STREET ERSEYVILLE, IL 62052		.,
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREF TAG		PROVIDER'S PLAN OF CORREC' (EACH CORRECTIVE ACTION SHOI CROSS-REFERENCED TO THE APPR DEFICIENCY)	ULD BE	(X5) COMPLETION DATE
F9999	has a diagnosis, in Insufficiency. The I January 2012 docu displaying symptom status change and surinary catheter tub The Nurses Note document R4's cathof sediment. A urin The urinalysis report R4's cloudy urine conformal=0-5), and formal=0-3), with Note, dated 1/11/12 PA was informed of 1/10/12. The final urine CAM, documents R4 bacteria, Escherich count per ml. The I 3:30 PM, document and processed for the twice daily for 10 days, at 8:00 AM are The Nurses Note documents R4 was will begin taking the Suprapubic cathete some sediment." The Medication of for January 2012 documents R4 and response sediment."	anuary 2012 documents R4 part, as Chronic Renal infection Control Log for ments on 1/12/12 R4 began is of an UTI, such as, mental sediment in the indwelling ing. es, dated 1/10/12, at 6:01 PM, neter contained slight amount e specimen was obtained. rt, dated 1/10/12, documents ontained WBC of over 100 RBC (red blood cells) of 6-10 I + bacteria. The Nurses r, at 1:39 PM, documents Z1, the urinalysis results form S. & S, dated 1/12/12, at 8:06 Is urine contained the ita coli of over 100,000 colony Nurses Note, dated 1/12/12, at rs a new order was received the oral antibiotic, Macrobid tys for a UTI. The Physician's received on 1/12/12 at 10:45 is to receive "Macrobid mg, oral twice a day for 10	F99	999			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MI A. BUII		LE CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
		145733	B. WIN		·		C 1/ 2012
	PROVIDER OR SUPPLIER			12	EET ADDRESS, CITY, STATE, ZIP CODE 51 NORTH STATE STREET ERSEYVILLE, IL 62052	01/0	1/2012
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES 'MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFI TAG		PROVIDER'S PLAN OF CORREC (EACH CORRECTIVE ACTION SHOU CROSS-REFERENCED TO THE APPR DEFICIENCY)	ULD BE	(X5) COMPLETION DATE
F9999	Director of Nursing reported that Macro in the facility's conv staff should have be UTI immediately whe E3 provided a list of facility and Macrobi On 1/31/12, at 1 the nurses should he from the facility's constant.	1:20 AM, E3, Assistant (ADON) was interviewed. E3 bbid, (Nitrofurantoin) is located enience box, and the nursing egan the treatment for R4's nen the order was received. If the antibiotics kept in the	F99	199			