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

	AN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION A. BUILDING		COMPLETED					
		146059	B. WING	i				
	ROVIDER OR SUPPLIER	NVILLE		8	REET ADDRESS, CITY, STATE, ZIP CODE 873 GROVE STREET JACKSONVILLE, IL 62650	COMPLETED C 03/14/2013 EECTION HOULD BE COMPLE		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREF TAG		PROVIDER'S PLAN OF CORRECTIOI (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPI DEFICIENCY)	BE	(X5) COMPLETION DATE	
F9999	FINAL OBSERVAT	IONS	F99	999				
	Licensure Violation	ns						
	procedures, govern the facility which sh Resident Care Police least the administrate the medical advisor representatives of rethe facility. These p with the Act and all These written police operating the facility least annually by the written, signed and meeting.	have written policies and ing 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 olicies shall be in compliance rules promulgated thereunder. es shall be followed in y and shall be reviewed at is committee, as evidenced by dated minutes of such a						
	c) These written po minimum the follow	licies shall include, at a ing provisions:						
	services, emergence nursing services, re services, pharmace services, social ser	ervices including physician by services, personal care and estorative services, activity eutical services, dietary vices, clinical records, dental eostic service (including y).						
	300.1010 Medical (i) At the time of an a	Care Policies accident or injury, immediate						

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

AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		, ,			C C COMPLETED	
	146059	B. WING	}			14/2013
ROVIDER OR SUPPLIER	NVILLE	ı		TREET ADDRESS, CITY, STATE, ZIP CODE 873 GROVE STREET JACKSONVILLE, IL 62650		,
(EACH DEFICIENCY	MUST BE PRECEDED BY FULL			(EACH CORRECTIVE ACTION SHOULD	BE	(X5) COMPLETION DATE
treatment shall be prin first aid procedure 300.1210 General Fersonal Care b) The facility shall and services to attate practicable physical well-being of the reseach resident's complan. Adequate and care and personal care and personal care and personal care needs of the resident to meet the care needs of the reshall include, at a more procedures: 300.3240 Abuse and a) An owner, license agent of a facility shresident. (A, B) (See These requirements Based on observation interview, the facility and Procedure for a Cardiopulmonary R Heimlich Maneuver reviewed for chokin Findings include: 1. R1's Physician Canadians of Alzheit and Procedure for canadians include:	provided by personnel trained es. Requirements for Nursing and provide the necessary care in or maintain the highest I, mental, and psychological sident, in accordance with aprehensive resident care properly supervised nursing eare shall be provided to each e total nursing and personal esident. Restorative measures an inimum, the following d Neglect ee, administrator, employee or hall not abuse or neglect a ction 2-107 of the Act) s are not met as evidenced by: on, record review and y failed to follow their Policy choking by not initiating esuscitation and/or the for 1 of 3 residents (R1) g in the sample of 3. Order Sheet (POS) of August 1 is a 81 year old female with eimer Disease and joint pain.	F99	999	9		
	ROVIDER OR SUPPLIER SE HEALTH-JACKSON SUMMARY STA (EACH DEFICIENCY REGULATORY OR LS) Continued From pa treatment shall be p in first aid procedure 300.1210 General F Personal Care b) The facility shall and services to atta practicable physical well-being of the reseach resident's complan. Adequate and care and personal care and personal care and personal care shall include, at a m procedures: 300.3240 Abuse and a) An owner, licenseagent of a facility sh resident. (A, B) (See These requirements Based on observati interview, the facility and Procedure for cardiopulmonary R Heimlich Maneuver reviewed for chokin Findings include: 1. R1's Physician C 2012 documents R: a diagnosis of Alzhe The POS document	ROVIDER OR SUPPLIER SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) Continued From page 11 treatment shall be provided by personnel trained in first aid procedures. 300.1210 General Requirements for Nursing and Personal Care b) The facility shall provide the necessary care and services to attain or maintain the highest practicable physical, mental, and psychological well-being of the resident, in accordance with each resident's comprehensive resident care plan. Adequate and properly supervised nursing care and personal care shall be provided to each resident to meet the total nursing and personal care needs of the resident. Restorative measures shall include, at a minimum, the following procedures: 300.3240 Abuse and Neglect a) An owner, licensee, administrator, employee or agent of a facility shall not abuse or neglect a resident. (A, B) (Section 2-107 of the Act) These requirements are not met as evidenced by: Based on observation, record review and interview, the facility failed to follow their Policy and Procedure for choking by not initiating Cardiopulmonary Resuscitation and/or the Heimlich Maneuver for 1 of 3 residents (R1) reviewed for choking in the sample of 3.	ROVIDER OR SUPPLIER SE HEALTH-JACKSONVILLE SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) Continued From page 11 treatment shall be provided by personnel trained in first aid procedures. 300.1210 General Requirements for Nursing and Personal Care b) The facility shall provide the necessary care and services to attain or maintain the highest practicable physical, mental, and psychological well-being of the resident, in accordance with each resident's comprehensive resident care plan. Adequate and properly supervised nursing care and personal care shall be provided to each resident to meet the total nursing and personal care needs of the resident. Restorative measures shall include, at a minimum, the following procedures: 300.3240 Abuse and Neglect a) An owner, licensee, administrator, employee or agent of a facility shall not abuse or neglect a resident. (A, B) (Section 2-107 of the Act) These requirements are not met as evidenced by: Based on observation, record review and interview, the facility failed to follow their Policy and Procedure for choking by not initiating Cardiopulmonary Resuscitation and/or the Heimlich Maneuver for 1 of 3 residents (R1) reviewed for choking in the sample of 3. Findings include: 1. R1's Physician Order Sheet (POS) of August 2012 documents R1 is a 81 year old female with a diagnosis of Alzheimer Disease and joint pain. The POS documents an order for a general diet	ROVIDER OR SUPPLIER SE HEALTH-JACKSONVILLE SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) Continued From page 11 treatment shall be provided by personnel trained in first aid procedures. 300.1210 General Requirements for Nursing and Personal Care b) The facility shall provide the necessary care and services to attain or maintain the highest practicable physical, mental, and psychological well-being of the resident, in accordance with each resident's comprehensive resident care plan. Adequate and properly supervised nursing care and personal care shall be provided to each resident to meet the total nursing and personal care needs of the resident. Restorative measures shall include, at a minimum, the following procedures: 300.3240 Abuse and Neglect a) An owner, licensee, administrator, employee or agent of a facility shall not abuse or neglect a resident. (A, B) (Section 2-107 of the Act) These requirements are not met as evidenced by: Based on observation, record review and interview, the facility failed to follow their Policy and Procedure for choking by not initiating Cardiopulmonary Resuscitation and/or the Heimlich Maneuver for 1 of 3 residents (R1) reviewed for choking in the sample of 3. Findings include: 1. R1's Physician Order Sheet (POS) of August 2012 documents R1 is a 81 year old female with a diagnosis of Alzheimer Disease and joint pain. The POS documents an order for a general diet	ROVIDER OR SUPPLIER BE HEALTH-JACKSONVILLE SUMMARY STATEMENT OF DEFICIENCIES (EACH DEPICIENCY MUST BE PRECEDED BY PULL REGULATORY OR LSC IDENTIFYING INFORMATION) Continued From page 11 treatment shall be provided by personnel trained infirst aid procedures. 300.1210 General Requirements for Nursing and Personal Care b) The facility shall provide the necessary care and services to attain or maintain the highest practicable physical, mental, and psychological well-being of the resident, a cordance with each resident's comprehensive resident care plan. Adequate and properly supervised nursing care and personal care shall be provided to each resident to meet the total nursing and personal care needs of the resident. Restorative measures shall include, at a minimum, the following procedures: 300.3240 Abuse and Neglect a) An owner, licensee, administrator, employee or agent of a facility shall not abuse or neglect a resident. (A, B) (Section 2-107 of the Act) These requirements are not met as evidenced by: Based on observation, record review and interview, the facility failed to follow their Policy and Procedure for choking by not initiating Cardiopulmonary Resuscitation and/or the Heimlich Maneuver for 1 of 3 residents (R1) reviewed for choking in the sample of 3. Findings include: 1. R1's Physician Order Sheet (POS) of August 2012 documents R1 is a 81 year old female with a diagnosis of Alzheimer Disease and joint pain. The POS documents an order for a general diet	ROVIDER OR SUPPLIER 146059 146059 STREET ADDRESS, CITY, STATE, ZIP CODE 873 GROVE STREET JACKSONVILLE, II. 62650 SUMMARY STATEMENT OF DESCISIONES (EACH DESCISION ON LISE) SUMMARY STATEMENT OF DESCISIONES (EACH DESCISION ON LISE) COntinued From page 11 treatment shall be provided by personnel trained in first aid procedures. 300.1210 General Requirements for Nursing and Personal Care b) The facility shall provide the necessary care and services to attain or maintain the highest practicable physical, mental, and psychological well-being of the resident, in accordance with each resident's comprehensive resident care plan. Adequate and properly supervised nursing care and personal care shall be provided to each resident Restorative measures shall include, at a minimum, the following procedures: 300.3240 Abuse and Neglect a) An owner, licensee, administrator, employee or agent of a facility shall not abuse or neglect a resident. (A, B) (Section 2-107 of the Act) These requirements are not met as evidenced by: Based on observation, record review and interview, the facility failed to follow their Policy and Procedure for choking by not initiating Cardiopulmonary Resuscitation and/or the Heimlich Maneuver for 1 of 3 residents (R1) reviewed for choking in the sample of 3. Findings include: 1. R1's Physician Order Sheet (POS) of August 2012 documents R1 is a 81 year old female with a diagnosis of Alzheimer Disease and joint pain. The POS documents an order for a general diet

		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MU A. BUILI		(X3) DATE SURVEY COMPLETED C		
		146059	B. WING	i			14/2013
	ROVIDER OR SUPPLIER	NVILLE	ı	8	REET ADDRESS, CITY, STATE, ZIP CODE 73 GROVE STREET ACKSONVILLE, IL 62650		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES 'MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREF TAG		PROVIDER'S PLAN OF CORRECTIOI (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPI DEFICIENCY)	BE	(X5) COMPLETION DATE
F9999	R1's UNIFORM D0 ORDER FORM doc Cardiopulmonary R (Measures to prome will be provided). Th Cardiopulmonary A and heartbeat stop) Emergency (When stopped, and heart was signed by Z5, R Attorney/Daughter. R1's Minimum Data documents R1 requencouragement or with eating. MDS d disorder. R1's Care Plan of 6 documentation of c problems. R1's MONTHLY SL documents R1 is al short term memory needs assistance w appetite and is on a R1's Nurse's Notes Licensed Practical I 6PM, R1 is in the c R1 had a coughing large food particles	-NOT RESUSCITATE (DNR) cuments Do Not Attempt esuscitation (CPR) of the patient comfort and dignity is was marked for both Full rrest (When both breathing and for Pre-Arrest breathing is labored or is still beating). The DNR R1's Power of A Set (MDS) of 6-22-12 dired supervision - oversight, cueing and setup help only ocuments no swallowing A-20-12 shows there is no hewing or swallowing A-20-12 shows there i	F9'	999			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MU A. BUILI		(X3) DATE SURVEY COMPLETED		
		146059	B. WING	i			C 14/2013
	ROVIDER OR SUPPLIER	NVILLE	l	8	REET ADDRESS, CITY, STATE, ZIP CODE 73 GROVE STREET ACKSONVILLE, IL 62650	1 00/	11/2010
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES 'MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)		ID PROVIDER'S PLAN OF CORF PREFIX (EACH CORRECTIVE ACTION S TAG CROSS-REFERENCED TO THE A DEFICIENCY)		SHOULD BE COMP	
F9999	6:15PM, Z6's, R1's 6:20PM, Z7, Physic orders to change di liquids, place on as Augmentin 500 mg days and have Spetreat. 6:30PM, R1 continu with phlegm and lar respond to question I keep coughing car drink and E4 took it that was honey thic phlegm and food p passage. R1 slump unresponsive. 911 6:42PM, suction R phlegm retrieved. 6:45PM, Paramed Placed R1 on floor of checked airway with nothing in airway. 7:00PM, Paramedi respirations, no puls 7:20PM, Z5, R1's F was called. 8:15PM, R1's rema coroner. In an interview with	cian on call for Z6, gave new et to pureed and honey thick piration precautions, start tid (three times a day) x 10 ech Therapy evaluate and uses with coughing episodes age food particles. R1 able to a R1 stated, "Don't know why n't stop!" R1 reached for a away and gave R1 a glass k liquids. R1 coughed again articles came out of nasal ed over in chair. R1 became was called. 1 with no food particles or ics arrived at this time. from chair. Paramedics a Laryngoscope and found	F9!	999			

		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MU A. BUILI		(X3) DATE SURVEY COMPLETED		
		146059	B. WING	i			C 14/2013
	ROVIDER OR SUPPLIER	NVILLE		8	REET ADDRESS, CITY, STATE, ZIP CODE 73 GROVE STREET ACKSONVILLE, IL 62650	<u>, 00/</u>	14/2010
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES 'MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)		ID PROVIDER'S PLAN OF CORRE PREFIX (EACH CORRECTIVE ACTION SH TAG CROSS-REFERENCED TO THE AP DEFICIENCY)		BE	(X5) COMPLETION DATE
F9999	slumped over when put R1 on the floor. suction R1. When breathing and was stated staff said R1 situation. They may Heimlich would have compressions. Ever Heimlich, abdominare sults then stop. In an interview with 10:45PM, E5 stated amount of food and them during the consaid to get a suction went to get the suct of the Dining Room water. E5 went to the found the tubing an suctioned R1. E5 swhen she started to R1 became nonrest conflicts with E4's New R1 was suctioned at chair.) E5 stated in became unresponsionand no one attempt DNR. E5 stated shincident, E2, Director inservice that instruction in the part of the	he arrived. Z4 stated they Staff stated they had tried to Z4 arrived, R1 was not cyanotic and had no pulse. Z4 was a DNR. It's a tough y think they don't do anything. e been in order and chest en if a DNR would have tried al thrusts and if couldn't get	F9:	999			

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		` '		E CONSTRUCTION	(X3) DATE SURVEY COMPLETED			
		146059	B. WING			C 03/14/2013		
	ROVIDER OR SUPPLIER	NVILLE		8	REET ADDRESS, CITY, STATE, ZIP CODE 73 GROVE STREET ACKSONVILLE, IL 62650	<u> </u>	11/2010	
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)		ID PROVIDER'S PLAN OF CORRECT PREFIX (EACH CORRECTIVE ACTION SHOTT CROSS-REFERENCED TO THE APPROPRIES OF THE APPROPRIES		LD BE COMPLÉT		
F9999	remember which Ni E7 stated the Nurse became unrespons chair. In an interview with 12:45PM, E4 stated talking. R1 stated sand then became lift the suctioning. E4 after R1 became undone because R1 winservice on suction days after the incidenceds to do Heimlic unresponsive. "Sor Heimlich." In an interview with (CNA), on 3-6-13 at not see anyone do E4 and E5 state this needed to do some they were going to because R1 was all in an interview with 3-6-13, E6 stated E she needed tubing E6 stated when she R1 was sitting in the E6 stated she did a R1's mouth and not heart beat, no pulse and they arrived with the floor and pronoudidn't due Heimlich	urse started suctioning R1. e started suctioning before R1 ive and slumped over in her E4, LPN, on 3-7-13 at I R1 was coughing but still she could not stop coughing mp and unresponsive. E5 did stated no one did the Heimlich responsive. No CPR was vas a DNR. E2 did an ning, Heimlich and choking 3-4 ent. E4 was told someone ch if the resident becomes meone should have done the E9, Certified Nurse Aide t 1:25PM, E9 stated she did the Heimlich on R1. E9 heard is is not going to work and they thing else. E9 asked them if do CPR and they said no	F99	999				

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:			` '		E CONSTRUCTION	(X3) DATE SURVEY COMPLETED C		
		146059	B. WING	i			<i>5</i> 14/2013	
	PROVIDER OR SUPPLIER	NVILLE		87	EET ADDRESS, CITY, STATE, ZIP CODE 73 GROVE STREET ACKSONVILLE, IL 62650			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)			IX ;	PROVIDER'S PLAN OF CORRECTIOI (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPI DEFICIENCY)	BE	(X5) COMPLETION DATE	
F9999	dead when she got In an interview with Nursing (ADON) on stated the next day met with the staff w Room when R1 cho did the Heimlich an talking and breathir that E5 did the suct incident, they put a to have Nurses Che on a daily basis. In an interview with 3-6-13 at 11:20AM, expected staff to do breathing and talkin expect the staff to do breathing and talkin expect the staff to do breathing and trocame unrespons Nursing judgement 3/7/13 at 10:00AM, Policy and Procedu the Surveyor alread Procedure for the H The Policy and Proc MANEUVER dated "OBJECTIVE: 1. To expel food o throat, creating a bl CLINICAL SIGNS: 1. unable to speak 2. Turning blue	to the floor. E3, Assistant Director of a 3-6-13, at 12:57PM, E3 E1, Administrator, E2 and E3 ho were working in the Dining oked. They asked why no one d staff stated she was still ag. E3 stated she was told ioning. E3 stated after the policy and procedure in place eck the emergency equipment E2, Director of Nursing, on E2 stated she would not have the Heimlich if R1 was still ag. When asked would she do the Heimlich after R1 ive, E2 stated that would be a and she wasn't there. On E2 was asked for the facility re on choking and E2 stated by had it. It's the Policy and leimlich. Cedure for HEIMLICH 11-6-09 documents, It foreign body lodged in the ockage of the airway.	F9'	999				

		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MU A. BUILI		(X3) DATE SURVEY COMPLETED C		
		146059	B. WING				14/2013
	ROVIDER OR SUPPLIER	NVILLE	1	8	REET ADDRESS, CITY, STATE, ZIP CODE 73 GROVE STREET ACKSONVILLE, IL 62650		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES 'MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREF TAG		PROVIDER'S PLAN OF CORRECTIO (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROP DEFICIENCY)	BE	(X5) COMPLETION DATE
F9999	PROCEDURE: 1. If a person is chebody, act immediate procedure continue for preforming the Honor Choking posted is part of their policy. The CHOKING post Dining Room wall. "Emergency for checough or speak - Decannot breathe, coupward thrusts (gripribs)Repeat thrust victim becomes UNUNCONSCIOUS Veringerbegin mouth victim's mouth with closed with thumb a slow breaths. Give thrusts. Continue very pulse, perform CPF On 3-7-13 the followed concerning procedure. It is a DNR in the resident in the resident is a DNR in the resident in the resident in the resident is a DNR in the resident in the res	oking on food or a foreign ely - call 9-1-1." The s to document the technique Heimlich. , E2, stated they have posters in all Dining Rooms and that y. ter was observed to be on the The Poster documents, okingIf victim can breathe, O NOT INTERFERE. If victim ligh or speak - Give quick of above waist but below to steps until effective or until CONSCIOUS. ICTIM Clear airway with the notion mouth breathing. Seal your mouth. Pinch nose and index finger. Five victim 2 up to 5 upward abdominal entilation. If victim still has no	F99	999			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MUL A. BUILD		(X3) DATE SURVEY COMPLETED		
		146059	B. WING				C 14/2013
	ROVIDER OR SUPPLIER	NVILLE		8	REET ADDRESS, CITY, STATE, ZIP CODE 73 GROVE STREET ACKSONVILLE, IL 62650		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFI TAG		PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROP DEFICIENCY)	BE	(X5) COMPLETION DATE
F9999	she would check to breathing, do finger that didn't work wou vitals. E15 stated s resident is a DNR. 1:40PM, E16, RN, s them cough it up. If unresponsive do CFDNR, then do not redo CPR with a DNR. 1:42PM, E17, CNA, non responsive and and if sitting up get If the resident is a ECPR. 1:55PM, E18, LPN, residents mouth, try Heimlich. If the restry to develop an air resident has a DNR still try the Heimlich. 2:15PM, E2 was as staff to do if a reside do the Heimlich. E2 Heimlich did not wo unresponsive and w knew the poster staguess CPR and about Nursing staff inservaguest 2012 show inservice sheet date	stated if a resident is choking see if the resident is sweep and do Heimlich. If ald get oxygen and then take he would not do CPR if stated if resident has airway let for not do Heimlich and if PR. If the Resident has a esuscitate. Call 911. Do not a order. I stated if choking resident is I not a DNR, call for a Nurse out of the chair and give CPR. DNR you can't do anything. No stated she would look in the or to pull item out if not able do ident becomes unresponsive way. Do CPR. If the anything, would not do CPR but would be well would not do CPR but would be way as a bound if the rich and resident became was a DNR. E2 stated she ted abdominal thrust. "Yes I	F99	999			

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

AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		` '		PLE CONSTRUCTION	COMPLETED		
		146059	B. WING	;) 14/2013
	ROVIDER OR SUPPLIER	NVILLE			REET ADDRESS, CITY, STATE, ZIP CODE 873 GROVE STREET JACKSONVILLE, IL 62650		14/2010
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREF TAG		PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPODE DEFICIENCY)	BE	(X5) COMPLETION DATE
F9999	given to staff documentoking and sudder make any sounds, of thrusts are sometime maneuverGive the out and he can breastops responding responding, follow the someone comes, someone	nents, When a victim is ally cannot breathe, talk, or give abdominal thrusts. These hes called Heimlich rust until the object is forced athe, cough, or talk or until he When the victim stops hese steps: 1. Yell for help. If lend that person to phone your se number (or 911) and get deternal Defibrillator) if to the ground, face upstart." In 3-8-13, at 8:55AM, Z5, was neglected. Z5 stated she was for choking. It would be terminal, had a heart attack or all thaving a declining less don't do heroic measures, seeding. In choking accident. "Choking is expect Heimlich and CPR. and watch her. No that's not culous they didn't do Heimlich ar would recognize when I sher daughter. She was in good of thritis, Alzheimer's and E OF DEATH WORKSHEET iments R1 choked on food. spiration of food bolus, with hin the larynx, trachea and	F99	999			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		TIPLE CONSTRUCTION ING	(X3) DATE SURVEY COMPLETED		
		146059	B. WING			03/1) 4/ 2013
	ROVIDER OR SUPPLIER	NVILLE		STREET ADDRESS, CITY, STATE, ZIP COE 873 GROVE STREET JACKSONVILLE, IL 62650	DE		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG		SHOULD E	3E	(X5) COMPLETION DATE
F9999	Continued From pa	ge 20	F99	999			
		on, interview and record ook the following actions After					
	educated as to Eme They will immediate Inservices for cardio	partment managers were ergency Care for Choking ely begin to education staff. opulmonary resuscitation f Do-Not-Resuscitate (DNR) eted 3/9/13.					
		opriate policies were sent to Director for review and they					
		(AA)					