STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING			(X3) DATE SURVEY COMPLETED		
						С	
		145948	B. WING			05/3	30/2013
	PROVIDER OR SUPPLIER HEALTH CARE CEN	ITER		60	TREET ADDRESS, CITY, STATE, ZIP CODE  11 NORTH MORGAN  EMENT, IL 61813		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFI TAG		PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPI DEFICIENCY)	BE	(X5) COMPLETION DATE
F 309	neurological checks 5/23/13-All licensed the different anticoa Plavix, Aspirin, Cou adverse effects of s for residents who fa 5/23/13-All licensed notifying the Physic	and documentation of s by E5, RN Consultant.  d nurses were inserviced on agulant medications, including amadin and Lovenox, and the such medications, especially all and hit their heads, by E5.  d nurses were inserviced when cian of a resident fall, to inform medications the resident is anticoagulants.	F99	999			
	h) The facility shall of any accident, injuresident's condition safety or welfare of limited to, the preseducubitus ulcers or percent or more wit facility shall obtain of care for the care injury or change in notification.  Section 300.1210 Consists of any percent or more with facility shall obtain any percent or the care injury or change in notification.	Medical Care Policies notify the resident's physician ury, or significant change in a that threatens the health, a resident, including, but not ence of incipient or manifest a weight loss or gain of five thin a period of 30 days. The and record the physician's plan or treatment of such accident, condition at the time of General Requirements for					

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION  (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULT A. BUILDIN	IPLE CONSTRUCTION  NG	CON	(X3) DATE SURVEY COMPLETED	
		145948	B. WING _			C / <b>30/2013</b>
	PROVIDER OR SUPPLIER  HEALTH CARE CEN	ITER		E	00/2010	
(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 APF DEFICIENCY)	OULD BE	(X5) COMPLETION DATE
F9999	and services to atta practicable physical well-being of the releach resident's complan. Adequate and care and personal resident to meet the care needs of the reshall include, at an procedures:  d) Pursuant to substicate shall include, and shall be practiced seven-day-a-week. 3) Objective observes ident's conditioned emotional changes determining care refurther medical evaluate made by nursing stresident's medical evaluate	ain or maintain the highest al, mental, and psychological sident, in accordance with imprehensive resident care diproperly supervised nursing care shall be provided to each te total nursing and personal esident. Restorative measures ininimum, the following section (a), general nursing at a minimum, the following ced on a 24-hour, basis: vations of changes in a la, including mental and la, as a means for analyzing and equired and the need for alluation and treatment shall be aff and recorded in the record.	F999	99		

AND PLAN OF CORRECTION  (X1) PROVIDER/SUPPLIER/CLIA  IDENTIFICATION NUMBER:		` '	TIPLE CONSTRUCTION ING		COMPLETED	
		145948	B. WING		0	C <b>5/30/2013</b>
	PROVIDER OR SUPPLIER  HEALTH CARE CEN	TER		STREET ADDRESS, CITY, STATE, ZIP CO 601 NORTH MORGAN BEMENT, IL 61813		9/99/2010
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES 'MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFI TAG		SHOULD BE	(X5) COMPLETION DATE
F9999	to recognize Plavix failed to notify the F fall with head traum failed to recognize a headache and naus of increased intracr medical treatment fresulted in R1's dea Hemorrhage. R1 is reviewed with falls i Findings include:  The Head Trauma I the policy of the factor a minimum period any negative effects treatment to minimi following procedure assessment of resident trauma:Assigns, consciousnes statusOngoing as neuro[neurological] follows: a) initially a 1 hour b) every 30 for 4 hours d) Ever shift for the remaind for the first 24 hours on the Neuro[Neurological] the physician imme	and record review staff failed as an anticoagulant agent and Physician that R1 who had a a was receiving Plavix. Staff and immediately report R1's sea to the Physician as signs anial pressure, delaying or six hours. These failures ath from a Subdural one of three residents in the sample of three.  Policy dated 2/2003 states it is ility to "evaluate head injuries and of 72 hours, to determine and to allow for immediate ze permanent damageThe	F99	999		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION  (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		` '	IPLE CONSTRUCTION  NG	, CON	(X3) DATE SURVEY COMPLETED	
		145948	B. WING _			C / <b>30/2013</b>
	PROVIDER OR SUPPLIER  HEALTH CARE CEN	TER		STREET ADDRESS, CITY, STATE, ZIP CO 601 NORTH MORGAN BEMENT, IL 61813		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORF (EACH CORRECTIVE ACTION S CROSS-REFERENCED TO THE A DEFICIENCY)	SHOULD BE	(X5) COMPLETION DATE
F9999	The Physician's Ord 5/11-5/31/13 states Prostate Cancer, D Chest, Parkinson's, Disease.  The hospital Dischastates R1 has diagr Gastrointestinal Ble Barrett Esophagus. The summary state and Plavix because problemDischarg Plavix 75mg[milligrabe given next week The Physician's Ord "Clopidogrel[Plavix] 81mgtake one talk Record dated 5/11-and Aspirin being good The Physician's Ord Hydrocodone-Acetaone or two tablets eneeded). The PRN 5/11-5/31/13 docummultiple times for pof 1-10, with 10 beindocuments that R1 the medication.  The Physician's Ord Vistaril 25mg IM(intineeded for nausea Medication Record	der Sheet(POS) dated that R1 has diagnoses of efibrillator Implant Right Upper Diabetes and Coronary Artery  arge Summary dated 5/11/13 noses of Upper eed secondary to Gastritis and and Acute blood loss Anemia es, "We stopped the aspirin e of the bleeding ge Medications:Continue ems] dailyAspirin 81mg to	F999	39		

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING			(X3) DATE SURVEY COMPLETED		
		145948	B. WING				C <b>30/2013</b>
NAME OF F	PROVIDER OR SUPPLIER		l	STREET ADDRESS, CITY, STATE, ZIP C	ODE	00/1	30/2010
BEMENT	HEALTH CARE CEN	TER		601 NORTH MORGAN BEMENT, IL 61813			
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES  MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF COR (EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE A DEFICIENCY)	SHOULD	BE	(X5) COMPLETION DATE
F9999	state, "[R1's] call lig bed-walker was ove stated he just fell-he forehead et[and] L areaNeuro's[neu limits]pupils equa discomfortApplie Nurse's Notes state notified."  On 5/22/13 at 2:30p stated that she noti him that R1 fell. E4 R1 was receiving P why she didn't tell Z was receiving, E4 s was preventative folike Ibuprofen, but as Coumadin or Lo her to "monitor" R1 condition changed Room]."  The instructions on Trauma Assessme appropriate box. Pleach symptom four abnormal results ar initially and every 1 every 30 mins x 1 hours; d) every 4 hours; every 8 hours 6 h	dated 5/18/13 at 3:45pm and the on[R1] laying in certurned next to closet-[R1] and Ig[large] hematoma L[left] wrist urological] WNL[with in normal I. [No] unusual pain just ed ice to area" At 4:00pm the ex, "MD[Medical Doctor, Z2] on E4, RN(Registered Nurse), fied Z2, On Call MD and told stated she did not tell Z2 that lavix and Aspirin. When asked 22 about the anticoagulants R1 stated, "I kind of knew it[Plavix] or stroke. I thought it was more did not thin the blood as much exenox." E4 stated that Z2 told, but "he implied if [R1's] to send [R1] to ER[Emergency the undated Neuro/Head ent state, "Record vital signs in face an (x) in each box for end. Notify the physician if any refound. Assess as follows: a) 5 mins[minutes] x[times] 4; b) or [hour]; c) every 1 hr x 4 fours x 8 hrs; and e) every shift hrs."	F99	99			
	The PRN Medication	on Information documents on					

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING			(X3) DATE SURVEY COMPLETED	
		145948	B. WING			C <b>05/30/2013</b>
	PROVIDER OR SUPPLIER  HEALTH CARE CEN	TER		STREET ADDRESS, CITY, STATE, ZIP COI 601 NORTH MORGAN BEMENT, IL 61813	•	
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES  MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFI TAG		HOULD BE	(X5) COMPLETION DATE
F9999	two tablets for com 8", on a scale of 1-pain. There is nothin the medication relies of 1-pain. There is no the pain at 5:10pm to 25mg IM for "nause There is no documentation MD was notified of or the need to give nausea.  The Neuro/Head Tr 5/18/13 at 5:45pm to headache, but the readache, but the readache, but the readache and 5:15pm the asshad a headache and 5:15pm the asshad a headache and Trauma Assessme documents that R1 nausea was "better On 5/22/13 at 2:30p stated that R1 had ache" when first as E4 stated the first ti was on 5/18/13 at 4"no nausea" when a 4:00, 4:15 and 4:30	R1 was given aminophen(Vicodin) 5-325mg plaint of "pain [greater than] 10 with 10 being the worsting documented about whether eved R1's pain.  In Information documents on that R1 was given Vistarilea."  In the notes that Z2, On Callethe change in R1's condition R1 medication for pain and rauma Assessment dated documents that R1 had a hausea was "better."  Tauma Assessment dated 14:30pm documents that R1 dache, but no nausea. At 4:45 sessment documents that R1 d nausea. The Neuro/Head and dated 5/18/13 at 5:45pm had a headache, but the	F99	999		

AND DUAN OF CODDECTION INDESTRUCTION NUMBERS		(X2) MUL <sup>*</sup> A. BUILDI		(X3) DATE SURVEY COMPLETED			
		145948	B. WING				3 <b>0/2013</b>
	PROVIDER OR SUPPLIER  HEALTH CARE CEN	TER		601	EET ADDRESS, CITY, STATE, ZIP CODE NORTH MORGAN MENT, IL 61813		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES  MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	×	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPE DEFICIENCY)	BE	(X5) COMPLETION DATE
F9999	his nausea(5:10pm unusual for R1 to he complained of naus she had given him (constipation, which stated that she called did not call him agadidn't call Z2, MD, to nausea, E4 stated, when I asked him [Fine headache, a slight I head head head head head head head head	ave nausea, and that R1 had see earlier in the day(5/18) and R1) something for took care of his nausea. E4 ed Z2 when R1 fell initially and in. When asked why she oreport R1's headache and "It wasn't a bad headache, R1] he said he had a headache where he hit his im out to me to call the E4 stated she gave report to Nursing(DON) the oncoming E4 stated she told E2 that R1 d nausea.  dated 5/18/13 at 8:00pm in bed. Ice applied to at R[right] temple, Neuro ital signs] stable. [R1] alert." documentation in the Nurse's n. The Nurse's Notes dated state, "[R1] c/o[complains] of ea/vomiting] noted. Neuro ue] to be WNL. MD[Z2] notified eval[evaluation]"  dated 5/18/13 at 8:00pm in bed. Ice applied to at R[right] temple, Neuro ital signs] stable. [R1] alert." documentation in the Nurse's n. The Nurse's Notes dated eval[evaluation] in the Nurse's n. The Nurse's Notes dated state, "[R1] c/o[complains] of ea/vomiting] noted. Neuro ue] to be WNL. MD[Z2] notified ea/vomiting] noted. Neuro ue] to be WNL. MD[Z2] notified	F99	99			

	TEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION  PLAN OF CORRECTION IDENTIFICATION NUMBER:  A. BUILDING		COMPLETED				
		145948	B. WING				C <b>30/2013</b>
	PROVIDER OR SUPPLIER  HEALTH CARE CEN	ITER		60	TREET ADDRESS, CITY, STATE, ZIP CODE 01 NORTH MORGAN BEMENT, IL 61813	00/	00/2010
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFI TAG		PROVIDER'S PLAN OF CORRECTIO (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROP DEFICIENCY)	BE	(X5) COMPLETION DATE
F9999	had a fall on 5/18/1 assessments were increase in pain an any different than be E2 stated that R1 h forehead above the E2 confirmed she cheadache and naus 9:45pm on the Neu E2 confirmed she cR1's record, except the Neuro/Head Trastated, "it was a he it was more tendern he would say to "be putting the ice on the did not call Z2, On 10:45pm on 5/18/13 headache and vom On 5/22/13 at 1:45pm stated he remembe fall. Z2 stated "norr will tell, if there is a asked his opinion if headache (4:15pm) constituted a change headache and naus ER."  The Emergency Me 5/18/13 at 11:25pm in bed, attended by basinhas hemate	pm E2, RN, DON, stated R1 3 at 3:45pm and neurological started. E2 stated R1 had no d she did not "feel [R1] was before the fall", neuro's normal. and a bruise to the right eyebrow and ice was applied. documented that R1 had a sea at 6:45, 7:45, 8:45 and are Assessment dated 5/18/13. did not document anything in that he had a "headache" on auma Assessment Form. E2 adache to the hematoma area, ness where ice was applied, e careful, take it easy" when he hematoma. E2 stated she Call MD until 10:30- or 3, when R1 had a "pounding liting."  pm Z2, On Call Physician, ered being called about R1's mally, especially if the head, change to send to ER." When the onset of R1's and nausea(4:45pm) ge, Z2 stated, "With the sea, Yes, should send [R1] to edical Services Report dated a states, "found [R1] supine of RN[E2] vomiting into a somaon front R side of	F99	999			
	sluggish to respond x 4 and answering	and some bleeding[R1] If but is A&O[alert & orientated] appropriately.Reports pain ad, primarily site of hematoma					

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION  A. BUILDING			(X3) DATE SURVEY COMPLETED	
		145948	B. WING		05	C 5/ <b>30/2013</b>
	PROVIDER OR SUPPLIER  HEALTH CARE CEN	TER		STREET ADDRESS, CITY, STATE, ZIF 601 NORTH MORGAN BEMENT, IL 61813		700/2010
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFI TAG		ON SHOULD BE HE APPROPRIATE	(X5) COMPLETION DATE
F9999	and posterior midlir region. Staff reports hours ago, and did injury and [R1] bein ED[emergency dep became shorter and The Emergency Physicia The report states, "injuyhas a large temple.[R1] appear answer most questin nauseous, has abdo 'miserable'Cannonly follow commar [R1's] mental status while [on] Plavix we of intracranial hemo CT[Computerized Ta large right-sided shematoma. When [we were unable to Physician] of neuror recommend Burr hoat this time, and the burry hoat this time.	the [cervical] spine and occipital is that [R1] fell seven and a half anot call 911 despite head gon Plavixtransported to artment][R1's] responses domore delayed"  partment Report dated R1 was seen by Z3, an on "5/18/13 [at] 11:48pm."[R1] presentswith head to hematoma to his right so confused and cannot oningsays he is cominal pain and feels of tell me date or year. Will ands after multiple prompts and obvious head injury are concerning for a likelihood orrhagetaken to comagraphy]which showed subdural underlying his R1] returned from [CT] scan wake himI spoke with [Z4, surgerywho did not be placement or Mannitol use commended rredin critical lary Clinical ral hematoma due head	F99	999		

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION  A. BUILDING			(X3) DATE SURVEY COMPLETED		
		145948	B. WING				C <b>30/2013</b>
	PROVIDER OR SUPPLIER  HEALTH CARE CEN			6	STREET ADDRESS, CITY, STATE, ZIP CODE S01 NORTH MORGAN BEMENT, IL 61813	1 03/	30/2013
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES  MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFI TAG		PROVIDER'S PLAN OF CORRECTIO (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROP DEFICIENCY)	) BE	(X5) COMPLETION DATE
F9999	stated, when he first on his right temple in biggest concern [for stated in his opinior Coumadin, because monitor the drug. Zof bleeding with the Z3 stated when a performance Emergency Departs trauma and is on Plate to the hospital for most stated once R1's "he even a slight heada [the Physician]." Z3 "significant." When of R1 occurred, Z3 headache, on Plavibefore calling [the Fineglect."  The Emergency De 5/19/13 states that initial Emergency Drauma Center.  The Regional Traumand Physical dated Large right subduratincreased since yes parietal lobe. Appear fossa subdural hem blood about both he increased. There is increased right to less increased right to less increased right to less that the content of the parietal research.	Dam Z3, Emergency Physician at saw R1 he had a hematoma from a fall. Z3 stated his or R1] was the Plavix." Z3 in Plavix is worse than at there is no blood test to 3 stated there is a higher risk at Plavix than with Coumadin. attent comes to the ment with "evidence of head lavix, [Z3] will routinely admit nonitoring for 24 hours." Z3 headache and nausea started, inche they should have called stated the headache was asked if in his opinion neglect stated, "If [R1] has a x and they waited 6 hours Physician]. I feel like that's repartment Report dated R1 was transferred from the repartment to a Regional man Center Consultant History 5/19/13 states, "Ct of head: al hemorrhage, seen to be sterday posteriorly about arance of left middle cranial natoma. Diffuse subarachnoid emispheres appears mildly increasing mass effect with left midline shift. Slight further lateral ventricle. Mild	F99	999			

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:			TIPLE CONSTRUCTION ING		(X3) DATE SURVEY COMPLETED	
		145948	B. WING			C <b>05/30/2013</b>
	PROVIDER OR SUPPLIER  HEALTH CARE CEN			STREET ADDRESS, CITY, ST 601 NORTH MORGAN BEMENT, IL 61813		05/30/2013
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES 'MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFI TAG	X (EACH CORRECTIV CROSS-REFERENCE	AN OF CORRECTION /E ACTION SHOULD BE ID TO THE APPROPRIATI ICIENCY)	(X5) COMPLETION DATE
F9999	presentAssessr SDH[Subdural Hem traumaticEvaluat operableNeed prognosis and mass The Regional Traur Summary dated 5/2	ge 25 mentNeuroLarge natoma] with midline shift, ed by Neurosurgery, non to discuss with familypoor sive ICB[Intracranial Bleed]" ma Center Discharge 20/13 states, "[R1] passed he was pronounced at  (A)	F99	999		