STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING			(X3) DATE SURVEY COMPLETED	
		145836	B. WING		07	7/08/2013	
	PROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZIP COD 2116 SOUTH 3RD DACEY DRIVE SHELBYVILLE, IL 62565			
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRE X (EACH CORRECTIVE ACTION SH CROSS-REFERENCED TO THE APP DEFICIENCY)	OULD BE	(X5) COMPLETION DATE	
F 465	the floor exposing the same area, behind storage room, the was in disreption of the same area, behind storage room, the waste of the same area, behind storage room, the waste of the same area o	opped over leaning towards he inner wall. Also, in this the water heater in this vall opening for plumbing air and not sealed tightly to access. It 2:15 PM the four windows of s in the main dining/activity normally give a great view of ard, were opaque due to side these double pane ndows are six feet by four feet ew, especially in the case of ws which was unsightly and lover look. IOO PM, E15 stated that these been this way for years and ements about two years ago. Lensus and Condiitons of 2, dated 6/25/13 documents 28 residents living in the	F 4				
	Nursing and Persor	General Requirements for hal Care Resident Care Plan. A facility,					

AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		A. BUILDING			COMPLETED	
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NAME OF PROVIDER OR SUPPLIER SHELBYVILLE REHAB & HCC				STREET ADDRESS, CITY, STATE, ZIP CODE 2116 SOUTH 3RD DACEY DRIVE SHELBYVILLE, IL 62565		, , , , , , , , , , , , , , , , , , , ,
(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 SHO CROSS-REFERENCED TO THE APPR DEFICIENCY)	ULD BE	(X5) COMPLETION DATE
F9999	resident's guardian applicable, must de comprehensive car includes measurab meet the resident's and psychosocial n resident's compreh allow the resident to practicable level of provide for discharg restrictive setting by needs. The assess the active participat resident's guardian applicable. b) The facility shall and services to attapracticable physical well-being of the reeach resident's complan. Adequate and care and personal of resident to meet the care needs of the resident to meet the care needs of the residents' need defined conditions a sensory and physical status and requirent discharge potential potential, rehabilitatiand drug therapy.	or representative, as evelop and implement a e plan for each resident that le objectives and timetables to medical, nursing, and mental eeds that are identified in the ensive assessment, which of attain or maintain the highest independent functioning, and ge planning to the least assed on the resident's care ment shall be developed with tion of the resident and the or representative, as provide the necessary care ain or maintain the highest I, mental, and psychological sident, in accordance with a properly supervised nursing care shall be provided to each e total nursing and personal	F99	99		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING			(X3) DATE SURVEY COMPLETED		
		145836	B. WING			07/0	08/2013
	PROVIDER OR SUPPLIER VILLE REHAB & HCC			211	REET ADDRESS, CITY, STATE, ZIP CODE 16 SOUTH 3RD DACEY DRIVE HELBYVILLE, IL 62565		
(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
F9999	and goals to be accorded and personal care representing other activities, dietary, a are ordered by the the preparation of the plan shall be in writh modified in keeping indicated by the residual be reviewed a Section 300.1210 (Nursing and Persond) Pursuant to substance shall include, and shall be practice seven-day-a-week (a) All necessary preasure that the residual assistance to present that each resident and assistance to present of a facility stresident. These requirements agent of a facility stresident. These requirements and failed to follow Administration guidentrapment for 5 of the present activities and monitor the usidentify potential has and failed to follow Administration guidentrapment for 5 of the present activities and monitor the usidentify potential has and failed to follow Administration guidentrapment for 5 of the present activities and monitor the usidentify potential has and failed to follow Administration guidentrapment for 5 of the present activities and monitor the usidentify potential has and failed to follow Administration guidentrapment for 5 of the present activities and present activities activities and present activities and present activities activities and present activities activities activities and present activities act	and on the resident's seessment, individual needs complished, physician's orders, and nursing needs. Personnel, services such as nursing, and such other modalities as physician, shall be involved in the resident care plan. The ting and shall be reviewed and gwith the care needed as sident's condition. The plan at least every three months. General Requirements for nal Care section (a), general nursing at a minimum, the following at a minimum at a	F99	199			

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		A. BUILDING			COMPLETED	
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	NAME OF PROVIDER OR SUPPLIER SHELBYVILLE REHAB & HCC			STREET ADDRESS, CITY, STATE, ZIP CODE 2116 SOUTH 3RD DACEY DRIVE SHELBYVILLE, IL 62565		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
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F9999	hazards in the sam (R12, R13, R14, R'in the supplementa Findings include: 1. The U.S. Food a publication "Hospita and Assessment G Entrapment - Guida Staff" issued March reduce the risk of H the bed system sho a small head (head face from ear to ea publication documented breadth dimei (4 3/4 inches) as the limit recommendati documented regard reduce the risk of in the bed system sho become entrapped "The FDA is recom as an appropriate of the publication documented regard reduce the risk of in the bed system sho become entrapped "The FDA is recom as an appropriate of The publication documentary and impairment "The opshould be wide enough the opening FDA's dimensional chest is 12 1/2 inchest is 12 1/2 inch	ple of 10 and 9 residents 16, R17, R19, R21, R22, R23) I sample. Ind Drug Administration (FDA) al Bed System Dimensional uidance to Reduce ance for Industry and FDA and 10, 2006 documented "To lead entrapment, opening in build not allow the widest part of breadth measured across the r) to be trapped." The antied "FDA is therefore using a resion of 120 mm (millimeters) be basis for its dimensional ons." The publications ling neck entrapment "To beck entrapment, openings in ould not allow a small neck to "The publication documented mending 60 mm (2 3/8 inches) imension for neck diameter. cumented regarding chest benings in a bed system ugh not to trap a large chest gs between split rails. The limit recommendations for the	F99	99		

		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	` '	PLE CONSTRUCTION G	(X3) DATE SURVEY COMPLETED		
		145836	B. WING _		07	/08/2013	
	PROVIDER OR SUPPLIER VILLE REHAB & HCC		STREET ADDRESS, CITY, STATE, ZIP CODE 2116 SOUTH 3RD DACEY DRIVE SHELBYVILLE, IL 62565				
(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 COR (EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE A DEFICIENCY)	SHOULD BE	(X5) COMPLETION DATE	
F9999	2013 documents R dementia with psyc Accident. The Fall 3/19/13, document R2's Siderail Conshas 3/4 Siderails to to physical condition. The Care Plan, dathas impaired cognidementia. R2 has a transferring unassi assist with gait belt resident close to the yells out when she On 6/27/13 at 1:20 a 3/4 fan shaped s Zone 1 of the side within the rail. The against the wall. Administration pub breadth dimension the basis for its din recommendations. 3. On 6/27/13 the frail systems on the not meet the FDA or side with psystems on the not meet the FDA or side with psystems on the not meet the FDA or side with psystems on the not meet the FDA or side with psystems on the not meet the FDA or side with psystems on the not meet the FDA or side with psystems on the not meet the FDA or side with psystems on the not meet the FDA or side with psystems on the not meet the FDA or side with psystems on the not meet the FDA or side with psystems on the not meet the FDA or side with psystems on the not meet the FDA or side with psystems on the not meet the FDA or side with psystems on the not meet the FDA or side with psystems on the not meet the FDA or side with psystems on the not meet the FDA or side with psystems on the not meet the FDA or side with psystems on the not meet the FDA or side with psystems or side with p	der Sheet, (POS), for June de has diagnosis, in part, of chosis and Cerebral Vascular Risk Assessment dated s R2 is a high risk for falls. Lent dated 6/13/08, indicates R2 be used at all times, related on, bed mobility and positioning. Led 10/16/12, documents R2 lition related to a diagnosis of a history of falls while sted. Interventions include, 2 for all transfers and moving le nurses station because she needs help. PM R2 was observed to have ide rail attached to R2's bed. rail measured 7 3/4 inches right side of R2's bed was ecording to the U.S. Drug lication, the FDA uses a head for Zone 1 of 4 3/4 inches as hensional limit	F999	, , , , , , , , , , , , , , , , , , ,			
	1/2 length system v 3/4 inches within th R11,R12,R13,R14	3/4 length system and Fan Fold with an opening in Zone 1 of 7					

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	NAME OF PROVIDER OR SUPPLIER SHELBYVILLE REHAB & HCC			STREET ADDRESS, CITY, STATE, ZIP CODE 2116 SOUTH 3RD DACEY DRIVE SHELBYVILLE, IL 62565		36/2310
(X4) ID PREFIX TAG	(EACH DEFICIENC)	TEMENT OF DEFICIENCIES / MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTIVE ACTION SHOUTH	OULD BE	(X5) COMPLETION DATE
F9999	Continued From pa	ge 22	F999	99		
	bars with an opening the top of the side of 12 inches at the resides in the bed with Type C: A full metal opening in Zone 1 of the top of the top opening in Zone 1 of the top of the	side rails with horizontal metal ag in Zone 6 of 5 1/4 inches at rails and an opening in Zone 6 foot of the side rails. R5 with this side rail system. I side rail system with an of 5 inches and an opening in the second rails. R19 resides in the bed				
	Administrator, E1 s here for a very long They were here wh that there have bee	6/27/2013 at 3:15 PM with E1, tated that " the rails have been time, probably since the 70"s. en I started. E1 also stated en no incidents of entrapment.				
		e them, some don't." E14, nfirmed the same information. (A)				