STATEME	NT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		CONSTRUCTION		E SURVEY PLETED
		IL6008049	B. WING		C 10/24/2013	
NAME OF I	PROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, ST	TATE, ZIP CODE		
ASTA CA	ARE CENTER OF ROO	<u>rkeobu</u>	T RIVERSIDE DRD, IL 61103			
(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 ((EACH CORRECTIVE ACT CROSS-REFERENCED TO T DEFICIENC	ION SHOULD BE HE APPROPRIATE	(X5) COMPLET DATE
S 661	Continued From pa	age 1	S 661			
	9/8/12 which showe offenses. When b (Administrator) and 10/15/13 which aga disqualifying offens and was not eligible waiver had been gr on file. E1 stated E	gerprints were obtained on ed a "hit" for 5 disqualifying rought to the attention of E1 other HCWBC was run on ain showed E4 had 5 ses for drug trafficking/delivery e for employment unless a ranted. There was no waiver E4 "slipped through" somehow. ended E4 at 1:20 PM 10/15/13.				
		(B)				
S9999	Final Observations		S9999			
	Licensure Violation	s:				
	300.810a) 300.810b)1)2)3)4) 300.820f) 300.840 300.1210b)					
	shall be on duty all services that meet residents. As a min one staff member a all times. (A, B) b) The number and provided shall be b 1) Number of reside 2) Amount and kind	numbers and qualifications hours of each day to provide the total needs of the imum, there shall be at least awake, dressed, and on duty a l categories of personnel to be ased on the following:				

Illinois De	epartment of Public	Health			
	T OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	. ,		(X3) DATE SURVEY COMPLETED
		IL6008049	B. WING		C 10/24/2013
NAME OF P	ROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, S	STATE, ZIP CODE	
ASTA CA	RE CENTER OF ROC	:KEOBD	r Riverside Rd, IL 61103	E BOULEVARD 3	
(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 SHOUL CROSS-REFERENCED TO THE APPRO DEFICIENCY)	D BE COMPLETE
S9999	Continued From pa	ge 2	S9999		
	3) Size, physical co	s of the residents at all times. ndition, and the layout of the roximity of service areas to the			
	Section 300.820 Ca	ategories of Personnel			
	f) The facility shall p set forth in Subpart	provide nursing personnel as F.			
	Section 300.840 Pe	ersonnel Policies			
	300.650, Section 30	ties required in Section 00.651, and other personnel by the facility, shall be ation of the facility.			
	Section 300.1210 G Nursing and Persor	General Requirements for nal Care			
	and services to atta practicable physical well-being of the re- each resident's com plan. Adequate and care and personal of	provide the necessary care in or maintain the highest I, mental, and psychological sident, in accordance with nprehensive resident care properly supervised nursing care shall be provided to each total nursing and personal esident.			
	These Requiremen by:	ts are not met as evidenced			
Illinois Depart	ment of Public Health				

TATEME	Department of Public NT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		CONSTRUCTION	COM	E SURVEY PLETED
		IL6008049	B. WING		10/24/2	
IAME OF	PROVIDER OR SUPPLIER		DDRESS, CITY, ST			
STA C	ARE CENTER OF ROO	- KEOBD	ST RIVERSIDE ORD, IL 61103			
(X4) ID PREFIX TAG	(EACH DEFICIENC)	TEMENT OF DEFICIENCIES / MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF (EACH CORRECTIVE ACT CROSS-REFERENCED TO DEFICIENC	TION SHOULD BE	(X5) COMPLET DATE
S9999	Continued From pa	ge 3	S9999			
	review, the facility f meet the transfer, t including shaving, r residents in a timely in R8 obtaining a la wound resulted in p sutures being place Department. This applies to 7of	ion, interview and record ailed to provide staffing to oileting and personal cares nail cleaning, and showers, to y manner. This failure resulted ceration to his left leg. The profuse bleeding and 10 ed at the local Emergency 13 residents (R4, R5, R8, R9, eviewed for care provision.				
	The findings include	e:				
	diagnoses to includ Fibrillation, Sacral I Pulmonary Disease	e the facility on 5/8/13 with le Depression, Atrial Decubitus, Chronic Obstructive and Vitamin D deficiency sysician Order Sheet (POS) for				
	he has a Brief Inter score of 13 which s The MDS also show person physical ass extensive assistance section for balance stabilize with staff a off the toilet. The M Motion (ROM) code extremity mobility w "impairment on bot section of the MDS and repositioning p 7/1/13 under dischar requires assistance	a Set (MDS) of 8/11/13 shows view for Mental Status (BIMS) shows no cognitive impairment ws R8 is totally dependent on 2 sist for transfers and 2 person ce for repositioning. The MDS shows R8 is "only able to assistance" for moving on and ADS section for Range of es R8 as a 2 for lower which documents an h sides". The skin treatment showed R8 requires a turning rogram. R8's care plan dated arge care plan, documents "he e with all ADL's (activities of inable to propel himself in his	1			

	Pepartment of Public NT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	. ,	E CONSTRUCTION	COM	E SURVEY PLETED
		IL6008049	B. WING			24/2013
NAME OF I	PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, S	TATE, ZIP CODE		
ASTA CA	ARE CENTER OF RO	CKEORD	RIVERSIDE RD, IL 61103	BOULEVARD		
(X4) ID		ATEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF		(X5)
PREFIX TAG		Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE ACT CROSS-REFERENCED TO DEFICIENC	THE APPROPRIATE	COMPLE DATE
S9999	Continued From pa	age 4	S9999			
	requires the assist of a mechanical lift	of 2 CNAs for toileting and use t transfers.				
	conference room b Assistance in a ba bilateral foot/leg re position. R8's legs rests but were han foot/leg rests. A m under R8 in the ch wheelchair. R8 sa electric wheelchair needs to evaluate electric wheelchair this one. Someone R8 appeared to ha did attempt to mov top of his pant leg lower extremity to rest. The right leg position. R8 had co between the end o	200 AM, R8 was brought to the by a Certified Nursing riatric manual wheel chair with sts in the upper (extended) a were not positioned on the ging loosely between the nechanical lift transfer sling was air. R8 stated this was not his id he personally owns an but the facility "apparently me" to make sure I "need" an c. R8 said "I can't get around in the has to take me everywhere." we limited arm movement but the his right leg by tugging at the with his right hand to move the the right as if to put it on the leg slid back to the central only socks to his feet. Both legs f the pant leg and the top of the				
	R8 stated he had r weeks because the said when a CNA or restorative are pull the facility is so she short cuts" and hun R8 stated one exa he received a "gas aides didn't remove "before transferring prevention agent) so bleeding." R8 state and he required 10	rple in color with edema noted. not had restorative therapy in e facility was short of staff. R8 call's off, the CNA's from ed to work the floor. R8 said ort of staff that the staff "take rry to get things accomplished. mple of a "short cut" was when h" on his lower leg because the e the leg rests from the chair g me. I am on Coumadin (clot so they couldn't get it to stop ed the ambulance was called) sutures to the wound in the ment and subsequent daily care				

STATEMEN	epartment of Public IT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	. ,		COM	E SURVEY PLETED	
		IL6008049	B. WING		C 10/24/20		
NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE YOT WEST RIVERSIDE BOULEVARD							
ASTA CA	ARE CENTER OF ROO	- K FOBD	T RIVERSIDE RD, IL 61103				
(X4) ID	SUMMARY STA	TEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF		(X5)	
PRÉFIX TAG		Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE ACT CROSS-REFERENCED TO T DEFICIENC	HE APPROPRIATE	COMPLET DATE	
S9999	Continued From pa	ige 5	S9999				
	R8's medical records/incident reports show R8 did sustain a laceration on 10/5/13 which required treatment/sutures at the local emergency room after his leg came into contact with the leg rest of a wheelchair during a mechanical lift transfer. The POS dated 10/13 showed R8 was ordered Coumadin 4.5 mg and Coumadin 5 mg daily in alternating doses. The 10/15/13 lab report showed R8's PT (Prothrombin Time) as 25.1 (normal range is 9.5-13) and an INR (International Normalized Ratio) was 2.3 (normal range is 0.8 - 1.1). These results show R8 is at a higher risk for bleeding concerns. R8 has no care plan to identify his potential for injury or bleeding risks.						
	stated that he has h incontinent brief for not enough staff me R8 stated because mechanical lift, 2 st be present to transf CNA calls off and is CNA on the wing an someone else to be assigned area befo be completed. R8 in extended wait tim meals, laying down just a general "rush	B interview with R8, he also nad to sit in a soiled an hour because there was embers working to assist him. he is transferred by use of a saff members are required to fer him. R8 stated when a s not replaced, it leaves one nd that CNA must wait for ecome free from another and the staff shortages result hes for toilet use, getting up for , going to the bathroom, and " to get cares completed. R8					
	in his soiled garmer identified R8 as bei occasional bladder care plan dated 8/2 10/17/13 document	s or times when he remained nts. R8's MDS of 8/11/13 ing continent of bowel with incontinence episodes. The 0/13 with a revision of ts R8 is to be given peri care ent episode by the CNA's.					

TATEMEN	epartment of Public IT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE A. BUILDING:	E CONSTRUCTION		E SURVEY PLETED
	IL6008049		B. WING		C 10/24/2013	
AME OF F	ROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, S	TATE, ZIP CODE		
	RE CENTER OF ROO	CKEORD	T RIVERSIDE DRD, IL 61103			
(X4) ID	SUMMARY STA	ATEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF	CORRECTION	(X5)
PRÉFIX TAG		Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE ACT CROSS-REFERENCED TO ⊺ DEFICIENC	THE APPROPRIATE	COMPLET DATE
S9999	Continued From pa	age 6	S9999			
	Nursing) said she is scheduling. E2 sai 4 CNA's for the firs the two floors and 7 of the floors on the someone calls off, situations, she will restorative CNA's to the facility has a CN department she will asked at what point in to cover for the C numbers drop to 2 evening shift, that; that time someone verified if their were evening shift (1 bel	00 AM, E2 (Director of s in charge of the CNA d she schedules 2 nurses and t and second shifts for each of 1 nurse and 2 CNA's for each night shift. E2 said if in an effort to prevent overtime pull one or both of the o the floor to assist. E2 stated NA that works in the billing I pull if necessary. When t would replacements be called CNA's, E2 stated "if the CNA's per floor on the day or would not be allowed, so at would be called in." E2 e 3 per floor on the day and/or ow facility scheduling for each Id work with those numbers nts.	: ; ;			
	10/16/13. On 10/5/ laceration, the incid was assisting a CN 10/5/13 schedule s was pulled to the file even with her assis the facility's 4 CNA days reviewed, CNA restorative and/or b requirements. On a showed no restorat restorative and billin 16 days where the below on one or bo	viewed for 10/1/13 through (13, when R8 received his leg dent report showed a nurse IA with his transfer. The howed the restorative CNA por to cover duties, however, stance, the staffing fell below 's per floor. On 10 of the 16 A's had been pulled from billing duties to cover the floor 8 of the 16 days, the schedule tive CNA's. With use of the ng CNA's, the facility had 8 of CNA's still numbered 3 or th floors of the facility.				
ia Danam		ed she has had to sleep in omeone could come. R9 said				

	NT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
		IL6008049	B. WING			24/2013
NAME OF	PROVIDER OR SUPPLIER	TATE, ZIP CODE				
ASTA C	ARE CENTER OF ROO	IKEORD	T RIVERSIDE RD, IL 61103			
(X4) ID PREFIX TAG	(EACH DEFICIENC)	TEMENT OF DEFICIENCIES / MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF (EACH CORRECTIVE ACT CROSS-REFERENCED TO T DEFICIENC	ION SHOULD BE THE APPROPRIATE	(X5) COMPLET DATE
S9999	have to do that". R movements in her p to complete the tran On 10/16/13 at 11:4 R4 were interviewe the facility is always late or not given. B CNA call's off, no o them. R5 stated "to tired of waiting so I help." R4 stated "n lay in his own feces On 10/17/13 betwe E14, E16, E17 and interviewed. The for made: "We work sh "People wait longer cares"; "We tell the wait and we will get minutes or longer a a delay in toileting, require use of a (m and soiled herself v but he was always wasn't getting his tu extras like shaves, bedmaking, etc."; ' CNA's we only have water by 11:00 AM the nurse by 10:00 we are assisting res resident's on time to themselves and the	y a mechanical lift and "2 staff 9 said she has had bowel bants waiting for enough staff nsfer. 40 AM and 12:00 PM, R5 and d respectively. Both stated s short CNAs and cares are both residents stated when a ne else is called in to replace bday" (10/16/13) "I just got had to dress myself without ny roommate (R8) has had to s."				

W52X11

If continuation sheet 8 of 9

	IT OF DEFICIENCIES OF CORRECTION	Health (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION IDENTIFICATION NUMBER: A. BUILDING:		E SURVEY PLETED	
			A. BUILDING:				
		IL6008049	B. WING		C 10/24/20		
AME OF F	PROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, S	TATE, ZIP CODE			
STA CA	RE CENTER OF ROO	- K F()B()	ST RIVERSIDE ORD, IL 61103				
(X4) ID PREFIX		SUMMARY STATEMENT OF DEFICIENCIES ID PROVIDER'S PLAN OF CORRECTION (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX (EACH CORRECTIVE ACTION SHOULD BE					
TAG	REGULATORY OR L	SC IDENTIFYING INFORMATION)	TAG	CROSS-REFERENCED TO TH DEFICIENCY	E APPROPRIATE	COMPLE ⁻ DATE	
S9999	Continued From pa	ige 8	S9999				
		(B)					