

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>IL6001812</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>08/27/2014</b>
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NAME OF PROVIDER OR SUPPLIER  <b>PRAIRIE VIEW CR CTR-LEWISTOWN</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>175 EAST SYCAMORE LEWISTOWN, IL 61542</b>
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S9999	<p>Final Observations</p> <p>STATEMENT OF LICENSURE VIOLATIONS</p> <p>300.610a) 300.1010h) 300.1210b) 300.1210d)6)</p> <p>300.3240a) 300.3240f)</p> <p>Section 300.610 Resident Care Policies a) The facility shall have written policies and procedures governing all services provided by the facility. The written policies and procedures shall be formulated by a Resident Care Policy Committee consisting of at least the administrator, the advisory physician or the medical advisory committee, and representatives of nursing and other services in the facility. The policies shall comply with the Act and this Part. The written policies shall be followed in operating the facility and shall be reviewed at least annually by this committee, documented by written, signed and dated minutes of the meeting.</p> <p>Section 300.1010 Medical Care Policies h) The facility shall notify the resident's physician of any accident, injury, or significant change in a resident's condition that threatens the health, safety or welfare of a resident, including, but not limited to, the presence of incipient or manifest decubitus ulcers or a weight loss or gain of five percent or more within a period of 30 days. The facility shall obtain and record the physician's plan of care for the care or treatment of such accident, injury or change in condition at the time of notification.</p> <p>Section 300.1210 General Requirements for</p>	S9999		

Illinois Department of Public Health LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
		<b>09/16/14</b>

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S9999	<p>Continued From page 1</p> <p>Nursing and Personal Care</p> <p>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.</p> <p>6) All necessary precautions shall be taken to assure that the residents' environment remains as free of accident hazards as possible. All nursing personnel shall evaluate residents to see that each resident receives adequate supervision and assistance to prevent accidents.</p> <p>Section 300.3240 Abuse and Neglect</p> <p>a) An owner, licensee, administrator, employee or agent of a facility shall not abuse or neglect a resident. (Section 2-107 of the Act)</p> <p>f) Resident as perpetrator of abuse. When an investigation of a report of suspected abuse of a resident indicates, based upon credible evidence, that another resident of the long-term care facility is the perpetrator of the abuse, that resident's condition shall be immediately evaluated to determine the most suitable therapy and placement for the resident, considering the safety of that resident as well as the safety of other residents and employees of the facility. (Section 3-612 of the Act)</p>	S9999		

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S9999	<p>Continued From page 2</p> <p>THESE REQUIREMENTS ARE NOT MET AS EVIDENCED BY:</p> <p>Based on observation, record review, and interview, the facility failed to monitor one resident on a supplemental sample (R34) with aggressive behaviors towards staff and peers. This failure to monitor R34 resulted in an unsafe environment for R34 ' s peers due to R34 behaviors and unsupervised wandering into peer ' s rooms and other common areas. R7 received abrasions to R7 forehead after being struck by R34. R42 received a facial injury including swelling, bruising, a laceration, and redness to R42 ' s sclera and bridge of nose.</p> <p>FINDINGS:</p> <p>On 8/19/14 at 1:00pm, (Z7/Beautician) was standing in the hallway. As the surveyor passed, Z7 was noted to be injured on the right wrist area, two areas approximately one centimeter in diameter each with small amounts of blood noted. Also observed was a red area to the upper right arm about half dollar size. Z7 stated, "(R34) came into the beauty shop while I (Z7) was doing another resident ' s hair. (R34) had a florescent light bulb in (R34's) hand and proceeded to hit the other resident with the light when I (Z7 ) stepped in between the two residents to prevent (R34) from hitting the other resident. That's when (R34) grabbed my right arm. I (Z7) started yelling for help and then another resident came in. I(Z7) told him to go get a nurse. A nurse did come and said</p>	S9999		

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S9999	<p>Continued From page 3</p> <p>would bring me a bandage but no one has ever come back." At approximately 1:20 pm on 8/19/14, the survey team advised (E1/Administrator) of the incident involving R34.</p> <p>At 1:15pm on 8/20/14, R42 was observed propelling self in wheelchair towards nurse station. (R42) had a swollen and red right cheek, dark purple discoloration around right eye, redness to the sclera of the entire eyeball, approximately 2 centimeter laceration under the right eye and the bridge of the nose was also discolored. R42 stated, "One of those confused guys (R34) comes into my room and tried to take my apples. Then he (R34) hit me (R42). I just now got back from the hospital. It happened this morning, just before 7:00 am. I've been down to the hospital ever since. It hurts pretty bad."</p> <p>E1 (Administrator) was asked on 8/25/14 at 12:35 pm if Z7 (Beautician) was in the facility this day. E1 said yes and left the room. E1 was then observed to be talking loudly to Z7. Z7 responded, "But, I didn't know it was a state lady." At 1:38 pm on 8/25/14, E1 was requested to allow an interview with Z7 and E1 left the beauty shop. Z7 then stated, "I guess I did the wrong thing. I guess I wasn't supposed to tell?" Z7 was assured that reporting was the right thing to do. Z7 stated, "There were two residents in the shop that day, Tuesday the 19th of August. (R44) was facing the door while sitting under the hair dryer and (R43) was sitting in the shampoo chair with her back to the door. (R43) did not see (R34) come up from behind, picking up the broken fluorescent light bulb and was about to hit (R43) with it. I (Z7) stepped in between and grabbed (R34's) arm. That's when (R34) injured my arm. I yelled for help but only a resident came, whose name I don't know." Z7 was noted to have a</p>	S9999		
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S9999	<p>Continued From page 4</p> <p>fading purple half dollar size bruise to upper right arm and two dime size red and scabbed areas near the wrist on the lower right arm.</p> <p>On 8/25/14 at 1:15 pm R34 was lying in bed, awake and alert. R34 stated, "The eye is getting better. (R34) came in here (resident's room). I (R42) had three apples on my dresser that (R34) picked up and started firing at me, over handed throw. One hit me (R42) right here (nose), one right here (pointed to upper lip) and then (R34) hit me (R42) right in the eye (right eye). It hurt. My face was swelled up and my right eye. They sent me (R42) to the hospital. (R34's) been back in here three times and they said (R34) wouldn't be back in here, but he (R34) has. I (R42) asked them to move him (R34), but they haven't done it. I lay here in fear! (that R34 will come back into R42's room)." On 8/26/14 at 1:45 pm E1 was asked to provide the incident reports all R34 incidents since admission including incidents with R42 and the incident in the beauty shop. E2 stated there was no incident for the beauty shop as it was only a behavior and not an incident.</p> <p>The facility incident reporting form for R7 dated 7/27/14 at 1:30 pm, notes " (R34) entered ( R7's) room with wet floor sign and used the sign to make contact with (R7's) right forehead, causing two small abraded raised areas. Hospice, Doctor and Administrator notified."</p> <p>The 8/20/14 at 6:20 am facility incident report for R42 documents the following: "(E12/CNA/Certified Nurse Aide) answered call light to find (R34) wandering in (R42's) room (who) stated (R34) was tossing apples, hitting (R42) under the right eye, causing laceration of 2 cm (centimeter) with moderate bleeding, swelling and purple discoloration. Pressure applied, to</p>	S9999		

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S9999	<p>Continued From page 5</p> <p>hospital per ambulance." R42's care plan intervention was added on 8/20/14 to educate resident on use of call light.</p> <p>R34 was observed to wander in and out of resident rooms on 8/18/14 at various times from 9:00 am until 3:00 pm. Staff observed to have difficulty redirecting (R34). 9: R34 was observed to have 1 on 1 supervision from 9:00am until 4:00 pm on 8/20/14. On 8/21/14 and 8/25/14, R34 was not observed to have any 1 on 1 supervision from 9:00 am through 4:00pm. On 8/25/14 at 12:45 pm (R34) observed to wander up and down hallway attempting to enter other resident rooms.</p> <p>E28 (R34's Psychiatrist/facility Psychiatric Medical Director) on 8/26/14 at 3:30 pm stated he could not recall being notified of R34's incidents involving R42, R7 and the beauty shop with R43 because there are so many facilities and so many patients, but is sure the facility usually does that. E28 said based on R34's behaviors E28 would probably not have removed the 1 on 1 supervision of R34.</p> <p>Nursing notes for R34 include: "(R34) admitted to facility on 7/21/14 at 4:18 pm from gero psych ward. 7/21/14 at 5:46 pm, wandering into peers rooms taking things, kicks hits staff. 7/21/14 at 11:14 pm wandering into peers rooms. 7/22/14 8:04 pm, wandering into peers rooms, threatening staff. 7/25/14 at 4:05 am (R34) in and out of peer rooms agitated raising fists. 7/26/14 10:15 pm wandering halls, entering peers rooms PRN med for escalating behaviors. 7/27/14 at 2:15 (See incident report above/ with injury of (R7)). 7/30/14 at 3:14pm, (R34) attempted to grab this nurse around the neck with his hands. (R34) behavior was unprovoked. 7/31/14 at 12:41 am (R34) noted in female peers room sitting in chair</p>	S9999		

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S9999	<p>Continued From page 6</p> <p>with eyes closed. assisted out with some resistance. 7/31/14 at 3:13 pm, continue to enter other resident rooms, attempts to redirect unsuccessful majority of time. 8/2/14 at 1:53 pm (R34) attempting to go into peers rooms and attempting to strike out at peers. 8/3/14 at 21:08 Wanders into peers rooms and takes their belongings. 8/4/14 10:14 pm Redirected from peers rooms. 8/6/14 3:42 am, redirected from peers room. 8/7/14 12:39 am attempting to break into crash cart. 8/10/14 at 6:45 am, in another resident room rummaging. 8/12/14 at 9:30 am, (R34) combative with staff, attempting to take peers belongings/push their wheelchairs, unable to redirect. 8/20/14 at 11:20 am (see incident with (R42) above), 8/20/14 at 4:51 pm 1 on 1 will be d/c (discontinued) not effective. 8/21/14 at 3:44 am, raising fists and cursing at staff redirection unsuccessful.</p> <p>R34's History and Physical documented by E28 (Psychiatrist) on 7/26/14 indicates R34 is 75 years of age with Diagnoses including: Bipolar illness, Depressive Psychosis secondary to the dementing illness, and Organic personality.</p> <p>The care plan for R34 dated 7/31/14, includes the under the problem of New Admission the problem that R34 can get aggressive and under that R34 rejects care. The problem of falls included the intervention: Medication change, Psych eval of meds and 1 on 1 (date initiated 8/20/14). New care plan revisions were provided from 8/25/14 on upon notification of concerns. 1 on 1 were not discontinued on the new care plan revisions.</p> <p>(A)</p> <p>300.1210a) 300.1210b)4) 300.1210c)</p>	S9999		

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S9999	<p>Continued From page 7</p> <p>300.1210d)2) 300.1210d)5) 300.1210d)6) 300.3240a)</p> <p>Section 300.1210 General Requirements for Nursing and Personal Care</p> <p>a) Comprehensive Resident Care Plan. A facility, with the participation of the resident and the resident's guardian or representative, as applicable, must develop and implement a comprehensive care plan for each resident that includes measurable objectives and timetables to meet the resident's medical, nursing, and mental and psychosocial needs that are identified in the resident's comprehensive assessment, which allow the resident to attain or maintain the highest practicable level of independent functioning, and provide for discharge planning to the least restrictive setting based on the resident's care needs. The assessment shall be developed with the active participation of the resident and the resident's guardian or representative, as applicable. (Section 3-202.2a of the Act)</p> <p>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:</p>	S9999		



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S9999	<p>Continued From page 8</p> <p>4) All nursing personnel shall assist and encourage residents so that a resident's abilities in activities of daily living do not diminish unless circumstances of the individual's clinical condition demonstrate that diminution was unavoidable. This includes the resident's abilities to bathe, dress, and groom; transfer and ambulate; toilet; eat; and use speech, language, or other functional communication systems. A resident who is unable to carry out activities of daily living shall receive the services necessary to maintain good nutrition, grooming, and personal hygiene.</p> <p>c) Each direct care-giving staff shall review and be knowledgeable about his or her residents' respective resident care plan.</p> <p>d) Pursuant to subsection (a), general nursing care shall include, at a minimum, the following and shall be practiced on a 24-hour, seven-day-a-week basis:</p> <p>2) All treatments and procedures shall be administered as ordered by the physician.</p> <p>5) All nursing personnel shall assist and encourage residents with ambulation and safe transfer activities as often as necessary in an effort to help them retain or maintain their highest practicable level of functioning</p> <p>6) All necessary precautions shall be taken to assure that the residents' environment remains as free of accident hazards as possible. All nursing personnel shall evaluate residents to see that each resident receives adequate supervision</p>	S9999		
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S9999	<p>Continued From page 9</p> <p>and assistance to prevent accidents.</p> <p>Section 300.3240 Abuse and Neglect</p> <p>a) An owner, licensee, administrator, employee or agent of a facility shall not abuse or neglect a resident. (Section 2-107 of the Act)</p> <p>THESE REQUIREMENTS ARE NOT MET AS EVIDENCED BY:</p> <p>Based on observation, interview, and record review, the facility neglected to provide activities as care planned to prevent social isolation, neglected to provide and monitor services ordered by a physician to maintain a safe environment, neglected to follow their policy and provide nutritional support and pressure ulcer services, and failed to ensure dignity for one of one resident (R6) reviewed for isolation in the sample of 15. R6 was not receiving activities, was being socially isolated in her room without any form of stimulation, and was not receiving appropriate safety devices. R6 was found exposed and unclothed without intervention and was not receiving pressure ulcer treatments as ordered.</p> <p>FINDINGS:</p>	S9999		

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S9999	<p>Continued From page 10</p> <p>R6's Progress Notes dated 8-4-14 at 9:33 a.m., document R6 was moved to an isolation room due to Methicillin Resistant Staphylococcus Aureus (MRSA) of the gastrostomy tube site.</p> <p>Care Plan dated 6-5-14, states, "Make sure resident has a binder on around the abdomen, to keep resident from pulling on (R6's) gastrostomy tube (G-tube)."</p> <p>Facility Incident/Accident Reporting form dated 8-6-14, documents R6 hit the back of the left foot on the bed foot board, and a new intervention to apply heel float boots. R6's</p> <p>R6's Physician's Orders dated 8-17-14, states, "Protective helmet, remove every two hours and reposition, every shift related to Huntington's Chorea."</p> <p>R6's Order Summary Report dated 8-17-14, documents R6 has diagnoses of Huntington's Chorea and Anxiety Disorder.</p> <p>On 8-17-14 at 9:10 a.m. and 9:45 a.m., R6 was lying in bed on the right side, in an isolation room, without foot boots or a helmet on. R6's hair was stringy, oily, and was hanging in R6's face. R6 was thrashing the arms and legs, and moaning. R6's one foot boot was on the night stand next to R6's bed, and the other foot boot was lying on the floor at the foot of R6's bed. R6's bed foot board was unpadded. R6 had twin sized mattresses up</p>	S9999		

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S9999	<p>Continued From page 11</p> <p>vertically beside both sides of the bed, blocking the view of R6 from the door, and blocking R6's view beyond the mattresses. R6 had no TV or radio in the room.</p> <p>On 8-17-14 from 10:00 a.m. to 12:40 p.m., based on 15 minute or less observation intervals, R6 remained lying in bed, on the right side, without foot boots or a helmet on. R6's hair remained stringy, oily, and was hanging in R6's face. R6 continued to thrash arms and legs and moan. R6 had no TV or radio. R6's twin size mattress was now on the floor on the left side of R6's bed. No staff entered R6's room during this time to provide R6 with stimulation, turning and repositioning, or incontinence care.</p> <p>On 8-17-14 at 12:40 p.m., E5 (Certified Nursing Assistant/CNA) and E7 (CNA) provided incontinence care to R6. R6 was heavily soiled with feces and urine. R6 did not have a dressing covering a stage three coccyx wound. The coccyx wound had a small amount of yellow drainage. E5 and E7 positioned R6 back to the right side. E5 and E7 did not apply an adult brief or a top sheet to R6, following the cares, leaving R6 exposed from the waist down. R6 still had no TV or radio in the room.</p> <p>On 8-17-14 at 12:45 p.m., E7 stated, "I last changed (R6) around 6:00 a.m. and (R6) did not have a dressing on the coccyx at that time. I did not report the dressing missing to (R6's) coccyx this morning. I just told E11 (Wound Nurse) at 12:50 p.m., that the dressing was missing. I did not apply foot boots to (R6) when I changed (R6) at 6:00 a.m. (R6) should have foot boots on at all times."</p> <p>On 8-17-14 at 12:50 p.m., E5 (CNA) stated, "I last</p>	S9999		
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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>IL6001812</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>08/27/2014</b>
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NAME OF PROVIDER OR SUPPLIER  <b>PRAIRIE VIEW CR CTR-LEWISTOWN</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>175 EAST SYCAMORE LEWISTOWN, IL 61542</b>
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S9999	<p>Continued From page 12</p> <p>changed (R6) at 9-9:30 a.m. R6 did not have the foot boots on or a coccyx wound dressing on at that time, and I did not apply them. I did not report the dressing missing to the nurse. (R6) should be turned and repositioned every two hours. We (the facility) do not have enough staff to take care of the residents and turn and reposition the residents every two hours. We (facility staff) just document that we turn and reposition the residents every two hours, because if we do not document we get in trouble."</p> <p>On 8-17-14 at 1:05 p.m., E6 (Restorative Aide) stated, "I have not toileted or turned (R6) today."</p> <p>On 8-17-14 from 1:10 p.m. to 1:25 p.m., R6 was sideways in bed, with both legs over a bolster on the left side of the bed, with the door open, exposing R6's perineal area to the hallway. R6 had feces covering the perineal area. R6's helmet was turned sideways, covering R6's face. R6 did not have an adult brief or top sheet on, leaving R6 exposed from the waist down. R6 was thrashing arms and legs, and yelling out loudly. R36 walked up and down the hallway, looking into R6's room twice. No staff entered R6's room during this time to provide R6 with cares or activities.</p> <p>On 8-17-14 at 1:25 p.m., E 18 (Memory Care Coordinator) looked into R6's room, shut R6's door, and approached E11 (Wound Care Nurse). R6 remained sideways in bed, with both legs over a bolster on the left side of the bed, a helmet covering R6's face, and feces covering the perineal area. R6 continued to thrash the arms and legs, and yell out loudly. On 8-20-14 at 10:05 a.m., E18 stated, "I told (E11) immediately that I saw (R6) exposed to the hallway with (R6's) legs over the bed. I didn't think it was right. I wanted (R6) covered up. I shut (R6's) door."</p>	S9999		

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>IL6001812</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>08/27/2014</b>
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S9999	<p>Continued From page 13</p> <p>On 8-17-14 from 1:30 p.m. to 2:00 p.m., based on 15 minute or less observation intervals, R6's door was closed. R6 remained sideways in the bed, with both legs over a bolster on the left side of the bed, feces covering the perineal area, a helmet turned sideways covering R6's face. R6 was yelling out loudly. R6 had no TV or radio in the room. No staff entered R6's room to provide R6 with cares or activities.</p> <p>On 8-17-14 at 12:45 p.m., E5 (Certified Nursing Aide/CNA) stated, "(R6) has not had a television (TV) or radio in (R6's) room since being moved into isolation. (R6) loves to watch TV. It (TV) kept (R6) calmer."</p> <p>On 8-18-14 from 7:35 a.m. to 10:10 a.m., based on 15 minutes or less observation intervals, R6 was lying on the right side in bed. R6 did not have foot boots or a helmet on and R6's feet were directly on the bed. R6's foot boots and helmet were on the dresser in R6's room. R6 had no TV or radio in the room. R6's bed foot board remained unpadded. No staff entered R6's room, during this time, to provide R6 with turning/repositioning, activities, or incontinence care.</p> <p>R6's Activity Assessment dated 8-18-14, documents R6 has a television (TV) in R6's room that R6 watches daily. R6's current activity care plan documents a goal of R6 attending a group activity six times a week and participating in a group activity two times a week.</p> <p>On 8-18-14 at 10:10 a.m., E8 (CNA) stated, "(R6's) TV is in the room (R6) use to be in. I am not sure where (R6's) radio is. (R6) has not had a</p>	S9999		
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S9999	<p>Continued From page 14</p> <p>TV or radio in this room, since (R6) was moved."</p> <p>On 8-18-14 at 10:45 a.m., Z2 (R6's Guardian) stated, "I most definitely wanted (R6's) TV moved with (R6) when (R6) was moved into isolation. The TV is the only thing that helps keep (R6) calm."</p> <p>On 8-19-14 at 3:20 p.m., E21 (CNA) stated, "(R6) has not had a TV or radio in (R6's) room since (R6) was moved to a different room approximately two weeks ago. (R6) has not left (R6's) room that I am aware of, since being moved into isolation.</p> <p>On 8-20-14 at 9:00 a.m., E16 (Activity Director) stated, "(R6) does like to listen to music and TV. (R6) likes to watch TV daily. (R6) has not had a TV since (R6) moved rooms approximately two weeks ago. We had a facility TV that (R6) could have used, until (R6) was moved back to the old room. (R6) has not attended group activities since being in isolation for approximately two weeks. (R6) attended music and religion programs and liked them, but (R6) has not attended since being in isolation."</p> <p>On 8-20-14 at 9:25 a.m., E12 (CNA) stated, "Since (R6) has moved to an isolation room, (R6) has not had a TV or radio. (R6) was allowed to leave the room prior to being in isolation, but since being in isolation; (R6) has not been allowed to leave the room for activities."</p> <p>On 8-22-14 at 1:07 p.m., Z6 (R6's Physician) stated, "(R6's) gastrostomy site is colonized with MRSA infection. I do not see any reason, specific to the gastrostomy site, why (R6) could not leave (R6's) room."</p>	S9999		

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S9999	<p>Continued From page 15</p> <p>On 8-17-14 at 2:10 p.m., E11 (Wound Nurse) stated, "(R6) is to wear a helmet 24/7 because (R6) has hit (R6's) head so much. (R6) should wear an abdominal binder 24/7, because (R6) has pulled the G-tube out and the site has scar tissue from (R6) pulling the G-tube out so much."</p> <p>On 8-18-14 at 9:10 a.m., E2 (Director of Nursing/DON) stated, "(R6) should wear a helmet at all times, except it should be removed every two hours and during showers. (R6's) abdominal binder should be worn at all times except for during skin assessments and showers. (R6) should wear foot boots at all times. (R6) should wear the foot boots to minimize injury when kicking in bed. The helmet is to be worn to prevent injury, and the foot boots are to be worn to prevent injury and for pressure relief. (R6) should be turned, repositioned, and provided incontinence care every two hours. (R6's) coccyx dressing should only be off for a maximum time of two hours."</p> <p>R6's Physician Order Summary Report, dated 8/17/2014, documents R6 has a Stage III Pressure Ulcer. R6's Skin/Pressure Report, dated 8-14-14, documents pressure ulcer preventative interventions that include turning and repositioning every two hours. R6's Pressure Ulcer Care Plan, dated 4-17-14, documents R6 needs assistance to turn/reposition every two hours and as needed to relieve pressure to areas at risk or areas with ulcers.</p> <p>R6's Minimum Data Set dated 5-26-14, documents R6 is always incontinent of bowel and bladder. R6's current ADL care plan documents R6 needs total assist of two staff for personal</p>	S9999		
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S9999	<p>Continued From page 16</p> <p>hygiene, bed mobility, and toileting. R6's current care plan also documents R6 is to be checked every two hours, by CNA's (Certified Nursing Assistants) for incontinence, and soiled areas are to be washed, rinsed, and dried.</p> <p>R6's Physician Order Sheet dated 8-17-14 documents an order of Jevity with Fiber 1.2 calorie formula via gastrostomy tube at 85 milliliters per hour for 23 hours per day.</p> <p>Weights and Vital Summary documents R6 weighed 102 pounds on 8/08/2014. On the same document R6 has a comparison weight, dated 7/04/2014, of 109 pounds, -6.4% (percent) weight change, -7.0 pounds.</p> <p>On 8-18-14 at 10:10 a.m., E8 (CNA), E5 (CNA), and E12 (CNA) gave R6 incontinence cares. R6 did not have a dressing to the coccyx wound. E5 and E12 positioned R6 on the right side, before leaving the room.</p> <p>On 8-18-14 at 10:10 a.m., E12 stated, "I last changed R6 sometime around 7:30 to 8:00 a.m. I did not notice (R6) having a dressing on the coccyx or foot boots on at that time. I did not put foot boots on (R6) at that time, either."</p> <p>On 8-18-14 at 1:35 p.m., E14 (Licensed Practical Nurse/LPN) stated, "I did not apply a dressing to (R6's) coccyx today. The treatment nurse does that.</p> <p>On 8-18-14 at 1:45 p.m., E13 (Treatment Nurse) stated, "I applied a new dressing to (R6's) coccyx around 1:45 p.m. (R6) did not have a dressing on the coccyx wound at that time. No one reported (R6's) dressing missing prior to that."</p>	S9999		
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S9999	<p>Continued From page 17</p> <p>On 8/19/2014 at 10:25 a.m., E15 (Dietary Manager) stated, "When a resident loses weight, I immediately contact the dietitian, physician, and R6's family to re-evaluate the residents nutritional needs. I document that I contact these people in the progress notes."</p> <p>On 8/19/2014 at 1:23 p.m., E15 (Dietary Manager) stated, "I didn't notify the dietitian at this time. I do not have a reason I lapsed notifying the dietitian of (R6's) weight loss immediately. I guess I waited to contact the dietitian until I knew (R6) had a steady weight loss. I cannot say why I didn't follow our facility policy."</p> <p>On 8/19/2014 at 1:38 p.m., E2 (Director of Nursing) stated, "I would have expected the Registered Dietitian to know before today of (R6's) significant weight loss. I didn't realize she wasn't notified on 8/8/2014."</p> <p>(B)</p> <p>Section 300.625 Identified Offenders</p> <p>i) For current residents who are identified offenders, the facility shall review the security measures listed in the Identified Offender Report and Recommendation provided by the Department of the State Police.</p> <p>These requirements were not met by evidence as evidence by:</p> <p>Based on interview and record review, the facility failed to access security measures</p>	S9999		

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S9999	<p>Continued From page 18</p> <p>recommendations according to the "Criminal History Analysis Report" for two of six residents (R23 and R38) reviewed for identified offenders in a sample of 15.</p> <p>Findings include:</p> <p>R23 was admitted to the facility on 07/14/2009. R23's State Police Criminal History Record, dated 07/16/2014, identifies felony convictions of theft: 38-16-1-A-1, battery: 38-12-3-A, burglary: 38-19-1-A. Identified Offender Reporting Form was completed by the facility on 8/17/2014. This same Identified Offender Reporting Form failed to address the resident's risk determination for Criminal History Analysis Report.</p> <p>On 8/18/2014 at 10:35 a.m., E1 (Administrator) stated, "(R23) came to our facility from a sister facility. Our sister facility said they completed the Criminal History Analysis Report there. I've asked for a copy form them, but have been unable to get it. I also called (the State Agency) to try to get a copy of the Criminal History Analysis Report but haven't heard anything yet."</p> <p>R38 was admitted to the facility on 5/01/14. R38's State Police Criminal History Record, dated 5/20/14, identifies a conviction of Battery: 5.0/12-3-A-2. An Identified Offender Reporting Form was completed by the facility on 8/17/14. This same Identified Offender Reporting Form failed to address the resident's risk determination for Criminal History Analysis Report.</p> <p>On 8/18/14 at 10:35 a.m., E1 (Administrator) indicated R38 was admitted on 5/01/14 and an Identified Offender Reporting Form was faxed to (the State Agency) on 5/22/14. E1 (Administrator) stated, "This was faxed but I've</p>	S9999		
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S9999	Continued From page 19  never heard anything back from it yet so it hasn't been done." E1 (Administrator) reported E1 has not followed up with (the State Agency) regarding the status of R38's Criminal History Analysis Report.  (B)	S9999		

*Imposed*  
Prairie View Care Center – Lewistown, IL  
PLAN OF CORRECTION  
ANNUAL SURVEY  
PROVIDER 14-5900/0040303  
SURVEY DATE August 27, 2014

The statements made on this plan of correction are not an admission to and do not constitute an agreement with the alleged deficiencies herein. We respectfully submit that this deficiency does not exist.

To remain in compliance with all Federal and State regulations, the facility has taken or will take the actions set forth in the following plan of correction. The following plan of correction constitutes the facility's allegation of compliance such that all alleged deficiencies cited have been or will be corrected by the date or dates indicated.

POC  
F156

The facility will continue to provide residents and/or healthcare power of attorney's advanced notice of Medicare Provider Non-Coverage for therapy services.

**Corrective action for residents affected:**

R21 Advanced Beneficiary Notice was sent to the Power of Attorney on 8/12/2014 response has not been received at the facility.

R15 Advanced Beneficiary Notice was sent to the Power of Attorney on 7/14/2014 response has not been received by the facility.

R37 Advanced Beneficiary Notice was sent to the Power of Attorney on 6/23/2014 response received at the facility on 6/25/2014

**How other residents will continue to be identified:**

All resident in the facility who are eligible for Medicare Coverage were identified as having the potential to be affected. The facility will continue to provide Medicare Covered services for residents that are eligible and provide advanced notice of Medicare Provider Non-Coverage for therapy services based on the CMS guidelines.

**System revision:**

Social Service Designee, Business Office Manager and Care Plan Coordinator educated on issuing Advanced Beneficiary Notice of Noncoverage to resident receiving medicare covered services.

**How the facility will monitor system:**

- The administrator will review all ABN issued to ensure appropriate timing.

**Completion date: 9/15/2014**

*A. C. [unclear]*

*Imposed* Prairie View Care Center – Lewistown, IL  
PLAN OF CORRECTION  
ANNUAL SURVEY  
PROVIDER 14-5900/0040303  
SURVEY DATE August 27, 2014

POC  
F164

The center will continue to provide the services that provide residents with the right to personal privacy and confidentiality of his or her personal and clinical records.

**Corrective action for residents affected:**

R1 and R6 will have their privacy provided during incontinent care.

**How other residents will continue to be identified:**

Residents will continue to have privacy during incontinent care.

**System revision:**

Certified Nursing Assistants and Licensed nurses have been re-educated on providing privacy and pulling the curtain during incontinence care.

**How the facility will monitor system:**

- The DON or designee will monitor at least 2 times a week for 4 weeks and randomly thereafter that staff are providing privacy until resolution.
- Identified trends will be discussed in the QA meeting and a plan for improvement will be discussed and implemented until resolution.

**Completion date: 09/15/14**

*to complete table*

*Imposed*  
Prairie View Care Center – Lewistown, IL  
PLAN OF CORRECTION  
ANNUAL SURVEY  
PROVIDER 14-5900/0040303  
SURVEY DATE August 27, 2014

POC  
F221

The center will continue to provide the services that ensure that the residents have the right to be free from any physical restraints imposed for the purposes of discipline or convenience, and not required to treat the resident's medical condition.

**Corrective action for residents affected:**

R15 and R18 have had their restraints/enablers reviewed. Assessments, orders, care plans, etc. have been updated to reflect their current and least restrictive device appropriate.

**How other residents will continue to be identified:**

Residents will continue to be assessed as needed for the least restrictive restraint device appropriate and current devices reviewed and reduced as applicable.

**System revision:**

Nursing staff have been re-educated on F221 and restraint release and reduction.

**How the facility will monitor system:**

- The DON or designee will complete random audits on restraints at least 2 times a week times 4 weeks and randomly thereafter until resolution to monitor compliance of appropriate devices, release of devices, and reduction of the devices.
- Identified trends will be discussed in the QA meeting and a plan for improvement will be discussed and implemented until resolution.

**Completion date: 09/15/14**

*Accurate*

*Imposed*  
Prairie View Care Center – Lewistown, IL  
PLAN OF CORRECTION  
ANNUAL SURVEY  
PROVIDER 14-5900/0040303  
SURVEY DATE August 27, 2014

POC  
F224

The facility will continue to provide the services necessary to ensure there is no mistreatment, neglect, and abuse of resident any resident or their property.

**Corrective action for residents affected:**

Regarding R6:

**Actions taken on 8/19/14:**

- Registered Dietician was notified of weight loss. Recommendations made & followed.

**Actions taken on 8/20/14:**

- R6 was immediately assessed by Treatment Nurse & DON for any signs & symptoms of injury. None were noted. Wound dressing & protective equipment were in place.
- TV & radio are present in resident's room.
- CNA staff were immediately in-serviced on providing ADL care & turning & positioning.
- Food Service supervisor in-serviced on notification of changes and resident significant weight loss/gain policy.
- Treatment nurse's filling in for the Wound Care Coordinator (who was on vacation), were in-serviced on wound care policies & procedures.
- Housekeeping staff & CNA staff were immediately in-serviced on correct position of mattresses in resident's room.
- Staff were immediately in-serviced on resident rights & dignity.

**Ongoing actions for R6:**

- In-servicing continues with staff regarding R6.
- Care, services & activities are being provided to R6 per her plan of care.
- R6 has shown healing with her wound & has had a slight weight gain. There was no negative outcome for R6.
- R6 is receiving One to One Activities with Activity Director/designee twice weekly in resident rooms. And is receiving One to One Activities with Memory Meadow attendant twice daily in residents room with a minimum of three times weekly out of resident room.
- Please refer to IDR for F224 containing further information on R6.

**How other residents will continue to be identified:**

- Other residents have been reviewed for appropriate protective equipment & their need for turning & repositioning. Documentation is being completed per policy.

*Accepted*



*Imposed*  
Prairie View Care Center – Lewistown, IL  
PLAN OF CORRECTION  
ANNUAL SURVEY  
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SURVEY DATE August 27, 2014

**How other resident will continue to be identified (CONT):**

- Other residents have been reviewed for appropriate activity needs and are receiving appropriate activities per their preference & needs. With care plans in place.
- Other residents have been reviewed for any weight loss or weight gain. Notifications and care plan updates were completed as needed.
- QA team are monitoring during routine rounds that services & activities are being consistently provided.

**System revision:**

- Staff have been re-educated on Turning & repositioning with correct documentation.
- Staff have been re-educated on monitoring for appropriate protective equipment.
- Staff have been re-educated on Wound care policies & procedures. Including checking for displaced dressings.
- Staff have been re-educated on providing appropriate activities & one on ones.
- Staff have been re-educated on facility Abuse & Neglect policies & procedures.

**How the facility will monitor system:**

- The QA team are making routine rounds to ensure services & activities are being consistently provided. Any issues identified are discussed with IDT and corrected as needed.
- Resident's with weight loss/gain or wounds are being reviewed during facility weekly Wound & Weight committee.
- The DON or designee will complete random audits at least 2 times a week on\*\*\*\*\*
- Identified trends will be discussed in the QA meeting and a plan for improvement will be discussed and implemented until resolution.

**Completion date: 9/15/2014**

*A = very terrible*

*Imposed*  
Prairie View Care Center – Lewistown, IL  
PLAN OF CORRECTION  
ANNUAL SURVEY  
PROVIDER 14-5900/0040303  
SURVEY DATE August 27, 2014

POC  
F226

The facility will continue to provide the services that ensure that they develop and implement written policies and procedures that prohibit mistreatment, neglect, and abuse of residents and misappropriation of resident property.

**Corrective action for residents affected:**

No residents were affected. The facility has posted at the entrance and in the dining room a notice for reporting "Reasonable Suspicion of a Crime"

**How other residents will continue to be identified:**

The facility has posted at the entrance and in the dining room a notice for reporting "Reasonable Suspicion of a Crime."

**System revision:**

- The Administrator has been re-educated for posting the notice for reporting "Reasonable Suspicion of a Crime."

**How the facility will monitor system:**

- The Administrator and Corporate Consulting Staff will complete random audits at least twice weekly times 4 weeks and then weekly thereafter until resolution to monitor for the posting of reporting "Reasonable Suspicion of a Crime"

- Identified trends will be discussed in the QA meeting and a plan for improvement will be discussed and implemented until resolution.

**Completion date: 09/15/14**

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*Imposed*  
Prairie View Care Center – Lewistown, IL  
PLAN OF CORRECTION  
ANNUAL SURVEY  
PROVIDER 14-5900/0040303  
SURVEY DATE August 27, 2014

POC  
F246

The facility will continue to provide the services that ensure that residents receive services with reasonable accommodations of individual needs and preferences, except when the health or safety of the individual or other residents would be endangered.

**Corrective action for residents affected:**

R6 has had a radio and television placed in her room as of 08/18/14.

**How other residents will continue to be identified:**

Residents will continue to have their personal preferences for activities/personal belongings assessed and interventions implemented to meet their needs.

**System revision:**

- Activity and Social Service staff have been re-educated on assessing and implementing reasonable interventions to meet resident's personal preferences and needs.

**How the facility will monitor system:**

- The Administrator or designee will complete random audits at least 2 times a week for 4 weeks and then weekly until resolution to monitor that resident's preference for activities are in place and that resident's in isolation are having their activity/personal belongings needs met.

- Identified trends will be discussed in the QA meeting and a plan for improvement will be discussed and implemented until resolution.

**Completion date: 09/15/14**

*Accommodate*

*Imposed*  
Prairie View Care Center – Lewistown, IL  
PLAN OF CORRECTION  
ANNUAL SURVEY  
PROVIDER 14-5900/0040303  
SURVEY DATE August 27, 2014

POC  
F248

The facility will continue to provide for and ongoing program of activities designed to meet, in accordance with the comprehensive assessment, the interests, and physical, mental, and psychosocial well-being of each resident.

**Corrective action for residents affected:**

R6 has had a radio and television placed in her room as of 08/18/14. The facility will ensure that she is also provided with 1 to 1 activities with her staff of choice daily. She will also attend her group activities of choice.

**How other residents will continue to be identified:**

Residents will continue to be assessed for their preference of activities and have them designed and implemented based on the comprehensive assessment.

**System revision:**

- Activity staff have been re-educated on providing meaningful activities designed and implemented based on the resident's comprehensive assessment.

**How the facility will monitor system:**

- The Administrator or designee will complete random audits at least 2 times a week for 4 weeks and then at least weekly thereafter until resolution to monitor that residents are provided meaningful activities designed and implemented based on the resident's comprehensive assessment.

- Identified trends will be discussed in the QA meeting and a plan for improvement will be discussed and implemented until resolution.

**Completion date: 09/15/14**

*Imposed* Prairie View Care Center – Lewistown, IL  
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SURVEY DATE August 27, 2014

POC  
F279

The facility will continue to provide comprehensive care plans for each resident that includes measurable objectives and timetables to meet a resident's medical, nursing, and mental and psychosocial needs that are identified in the comprehensive assessment.

**Corrective action for residents affected:**

Care plan interventions were completed on R38 and R39 based on the "Identified Offender Report Recommendations."

**How other residents will continue to be identified:**

Residents that are "Identified Offenders" will have care plan interventions based on their "Identified Offender Report Recommendations."

**System revision:**

- The Care Plan disciplines have been re-educated on completing comprehensive care plans with interventions for areas identified at risk that includes "Identified Offender Report Recommendations."

**How the facility will monitor system:**

- The DON or designee will complete random audits at least 2 times 4 weeks and weekly thereafter until resolution to monitor that care plans and interventions are in place according to the MDS assessment.

- Identified trends will be discussed in the QA meeting and a plan for improvement will be discussed and implemented until resolution.

**Completion date: 09/15/14**

*Accepted*

*Imposed*  
Prairie View Care Center – Lewistown, IL  
PLAN OF CORRECTION  
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POC  
F280

The facility will continue to provide each resident with the right to participate planning care and revise care plans.

**Corrective action for residents affected:**

R1 was reassessed for the most appropriate positioning device. The device matches the resident's current order and care plan. R6 protective helmet and protective helmet were discontinued, per physician.

**How other residents will continue to be identified:**

Residents will continue to have a comprehensive assessment completed and interventions care planned and implemented accordingly. This care plan will be followed and implemented by qualified staff.

**System revision:**

- Nursing Staff have been re-educated on updating the care plan after every incident or resident change in condition.

**How the facility will monitor system:**

- The DON or designee will complete random audits at least 2 times a week f or 4 weeks and weekly thereafter until resolution to monitor that the care plan and interventions are completed by competent staff as written.

- Identified trends will be discussed in the QA meeting and a plan for improvement will be discussed and implemented until resolution.

**Completion date: 9/15/2014**

*Improved* Prairie View Care Center – Lewistown, IL  
PLAN OF CORRECTION  
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POC  
F282

The facility will continue to provide services by a qualified staff in accordance with the resident's written care plan.

**Corrective action for residents affected:**

R1 was reassessed for the most appropriate positioning device. The device matches the resident's current order and care plan. R15 is being transferred by 2 staff in accordance with the care plan.

**How other residents will continue to be identified:**

Residents will continue to have a comprehensive assessment completed and interventions care planned and implemented accordingly. This care plan will be followed and implemented by qualified staff.

**System revision:**

- Nursing Staff have been re-educated on following the care plan as written with qualified staff.

**How the facility will monitor system:**

- The DON or designee will complete random audits at least 2 times a week for 4 weeks and weekly thereafter until resolution to monitor that the care plan and interventions are completed by competent staff as written.

- Identified trends will be discussed in the QA meeting and a plan for improvement will be discussed and implemented until resolution.

**Completion date: 09/15/14**

*Completed*

*Imposed*  
Prairie View Care Center – Lewistown, IL  
**PLAN OF CORRECTION  
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POC  
F312

The facility will continue to provide the services necessary to ensure that residents who are unable to carry out Activities of Daily Living receive incontinence care and toileting in a timely manner.

**Corrective action for residents affected:**

- R6: was provided with necessary care for turning and repositioning and for incontinence care.
- R6's wound is doing well with no new skin breakdown.
- R18: was provided with necessary care for turning and repositioning and for incontinence care.
- R18: has no skin issues related to incontinence or positioning.

**How other residents will continue to be identified:**

- All residents were reviewed for continence needs. Plan of care was updated as needed.
- All residents were reviewed for turning and repositioning needs. Plan of care was updated as needed.
- Continence & Positioning needs will be assessed upon admission, quarterly and as necessary.
- QA team will assist with monitoring for compliance during routine rounds.

**System revision:**

- Staff have been re-educated on Incontinence care & toileting residents.
- Staff have been re-educated on Turning & Positioning Policies.

**How the facility will monitor system:**

- QA team will assist with monitoring for appropriate positioning & for residents in need of incontinence care, during routine rounds.
- DON/designee will monitor for compliance with turning and positioning including continence needs during routine rounds.
- The DON or designee will complete random audits at least 2 times a week on Continence & Positioning.

*Acceptable*



*Imposed* Prairie View Care Center – Lewistown, IL  
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- Identified trends will be discussed in the QA meeting and a plan for improvement will be discussed and implemented until resolution.
- Administrator will oversee for continued compliance.

**Completion date: 9/15/2014**

*Acceptable*

Prairie View Care Center – Lewistown, IL  
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POC  
F314

The facility will continue to provide the services that ensure that residents with wounds receive appropriate prevention, identification, and treatment needed.

**Corrective action for residents affected:**

- R6: treatments were reviewed.
- R6: has appropriate treatments in place with wound showing improvement
- R1: treatments were reviewed.
- R1: has appropriate treatments in place with wound showing improvement.

**How other residents will continue to be identified:**

- Full skin audit completed for all residents.
- All treatment orders reviewed.
- Care plans reviewed and updated as needed.
- Skin audits are completed weekly for all residents. If any new skin conditions identified, they are reported to MD and RP. Any new treatment orders are implemented with plan of care updated as needed.
- QA team assist with monitoring for appropriate positioning during routine rounds.

**System revision:**

- Staff have been re-educated on Turning & Positioning Policies.
- Staff have been re-educated on Pressure Ulcer Prevention, Identification & Treatment Polices. Including replacement of missing dressings.
- Staff have been re-educated on reporting new skin issues & reporting missing dressings.

**How the facility will monitor system:**

- Wound Care coordinator makes weekly rounds to measure & document wounds. She will notify MD & RP with any changes, new areas & for new/changes of treatments.
- Wound Care coordinator/designee will complete weekly skin assessment for all residents.
- The DON or designee will complete random audits at least 2 times a week for resident's with identified pressure ulcers, to monitor for compliance with plan.
- QA team will assist in monitoring for turning & repositioning during routine rounds.
- Identified trends will be discussed in the QA meeting and a plan for improvement will be discussed and implemented until resolution.
- DON/Administrator will oversee for continued compliance.

**Completion date: 9/15/2014**

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Prairie View Care Center – Lewistown, IL  
**PLAN OF CORRECTION**  
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**SURVEY DATE August 27, 2014**

POC  
F323

The facility will continue to provide the services that ensure the residents are provided with appropriate supervision & interventions to prevent accidents.

**Corrective action for residents affected:**

Regarding R34:

**Actions taken on 8/20/14**

- R34 was immediately placed on one to one supervision.
- R34 received Psychiatric evaluation by the Psychiatrist.
- Psychiatrist released R34 from one to one supervision.
- R34 received new MD order for change of medication.

**Actions taken on 8/26/14**

- R34 was placed on one to one supervision on 8/26/14 at 2:53pm thru 9/3/14 when R34 was placed on 15 minute checks.

**Actions taken on 9/6/14 & ongoing**

- R34 was again evaluated by Psychiatrist for signs & symptoms of Depression.
- R34 received medication changes for cognition & Depression.
- Please refer to IDR for F323 containing further information on R34.

Regarding R42:

**Actions taken on 8/20/14**

- R42 was sent to the emergency department for evaluation & treatment. Returned to the facility.
- R42 was consoled by the DON upon return. He did no voice any concerns or fears at that time.
- R42 was re-educated by DON on use of call light to alert staff if another resident enters the room.
- R42 was discharged from facility on 9/4/14. (This was a planned transfer since admission. Resident was on a waiting list with another facility until medications were adjusted.)

Other actions taken:

- Z7 was re-educated on reporting any resident incidents to Administrator on 8/26/14.
- Activity Director/designee immediately provided opportunity for all residents to voice any care or safety concerns.
- R6 is receiving services & devices per her plan of care for monitoring safety interventions.
- Items which were observed are being stored properly.
- 100 hall door alarm was repaired on 8/17/14.

**How other residents will continue to be identified:**

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- All residents were reviewed for necessary supervision & devices to prevent accidents.
- Care plans were updated as needed.
- Residents are all encouraged to voice any care or safety concerns to the appropriate facility staff.
- Activities/designee will encourage residents to bring forward their concerns in the Resident Council meetings.
- QA team will randomly ask residents during routine rounds to voice any concerns or fears.

**System revision:**

- Staff have been re-educated on appropriate supervision for R34.
- Staff have been re-educated on Resident Handling policy.
- Staff have been re-educated on Supervision & Resident safety.
- Staff have been re-educated on Door Alarm Policy.
- Staff have been re-educated on Storage of supplies.

**How the facility will monitor system:**

- QA team will observe during rounds that services & devices are being utilized per resident's plan of care.
- QA team will randomly ask residents during routine rounds to voice any concerns or fears. Any concerns will be reported to the Administrator.
- Activity Director/designee will allow resident's to voice concerns or fears during Resident Council meetings. Also residents will be encouraged to meet with staff after the meeting if not wanting to discuss in group setting.
- The DON/designee will complete random audits at least 2 times a weekly to ensure appropriate services & safety devices are being utilized.
- DON/designee will make routine rounds to monitor compliance.
- Identified trends will be discussed in the QA meeting and a plan for improvement will be discussed and implemented until resolution.
- Administrator will investigate all allegations of abuse.
- Administrator will monitor social service documentation daily for two weeks. Then three times weekly for two weeks then weekly thereafter.
- Administrator will provide all residents opportunity to voice care or safety concerns weekly.
- The charge nurse will check all exit door alarms for proper function every shift.
- The maintenance director will check all exit door alarms for proper functions weekly.
- Administrator will oversee for continued compliance.

**Completion date: 9/15/2014**

*Accurate*

Prairie View Care Center – Lewistown, IL  
*Imposed* PLAN OF CORRECTION  
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POC  
F325

The facility will continue to provide the services that ensure that a resident maintains and acceptable parameters of nutritional status unless the resident's clinical condition demonstrates that this is not possible and receives a therapeutic diet when there is a nutritional problem.

**Corrective action for residents affected:**

R6 is currently in the hospital. The dietician has reviewed and made recommendations. She will be reviewed again within 24 hours of readmission.

**How other residents will continue to be identified:**

Residents will continue to provide the services that ensure that a resident maintains and acceptable parameters of nutritional status unless the resident's clinical condition demonstrates that this is not possible and receives a therapeutic diet when there is a nutritional problem. Significant weight loss will be addressed by the dietician and facility weight loss committee.

**System revision:**

- Licensed Nursing Staff have been re-educated on providing timely notification to the physician, family, dietician, and DON with significant weight loss and implementing interventions to meet the resident's nutritional status.

**How the facility will monitor system:**

- The DON or designee will complete random audits at least 2 times a week times 4 weeks and weekly thereafter until resolution to monitor that significant weight loss is addressed timely, the physician, family, and dietician are notified.

- Identified trends will be discussed in the QA meeting and a plan for improvement will be discussed and implemented until resolution.

**Completion date: 09/15/14**

*Accepted*

Prairie View Care Center – Lewistown, IL  
*Imposed* PLAN OF CORRECTION  
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SURVEY DATE August 27, 2014

POC  
F431

The facility will continue to provide the services to ensure that drugs & biologicals are labeled & stored appropriately.

**Corrective action for residents affected:**

- R7: there was no negative outcome to this or any other resident. R7 and all residents received medications as prescribed.

**How other residents will continue to be identified:**

- Residents with orders for controlled medications will be stored appropriately.
- Random audits will be completed to ensure medications are stored properly.

**System revision:**

- Staff have been re-educated on Storage of Medications & Narcotic Count.

**How the facility will monitor system:**

- The DON/designee will complete random audits at least 2 times a week to ensure drugs & biologicals are labeled & stored appropriately.
- DON/designee will randomly audit that narcotic counts are correct and being completed per protocol.
- Pharmacist will monitor during routine monthly visits that drugs & biologicals are stored properly.
- Identified trends will be discussed in the QA meeting and a plan for improvement will be discussed and implemented until resolution.
- DON will oversee for continued compliance.

**Completion date: 9/15/14**

*Completed*

Prairie View Care Center – Lewistown, IL  
*Imposed* PLAN OF CORRECTION  
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POC  
F441

The facility will continue to provide the services that ensure that hand hygiene is followed to prevent the spread of infection.

**Corrective action for residents affected:**

- R6, R15, & R19: There was no negative outcome for any of the resident's cited.
- R6, R15, & R19 are all receiving the necessary services to prevent infection.

**How other residents will continue to be identified:**

- Any signs & symptoms of infection will be reported to charge nurse & DON/designee.
- MD & RP will be notified as needed to obtain necessary treatment plan.
- QA team will assist in monitoring for appropriate hand washing during routine rounds.
- Residents with infectious disease process will be placed on isolation precautions as necessary with MD order.

**System revision:**

- Staff have been re-educated on Hand Washing policy.
- Staff have been re-educated on Glove usage policy.

**How the facility will monitor system:**

- QA team will assist in monitoring for appropriate glove usage & hand washing during routine rounds.
- The DON or designee will complete random audits at least 2 times a week on hand washing & glove usage.
- Identified trends will be discussed in the QA meeting and a plan for improvement will be discussed and implemented until resolution.
- DON to oversee for continued compliance.

**Completion date: 9/15/14**

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*Imposed* Prairie View Care Center – Lewistown, IL  
PLAN OF CORRECTION  
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POC  
F456

The facility will continue to provide the services that ensure that all essential mechanical, electrical and patient care equipment are maintained in safe operating conditions.

**Corrective action for residents affected:**

The 100 hall door alarm was repaired on 8/17/14

**How other residents will continue to be identified:**

All residents will continue to be assessed upon admission, quarterly, annual and as needed for wandering and exit seeking behaviors by the social service director.

**System revision:**

- Staff have been re-educated on notifying maintenance in a timely manner of any equipment in need of repair

**How the facility will monitor system:**

- The charge nurse will check all exit door alarms for proper function every shift.
- The maintenance director will check all exit door alarms for proper functions weekly.
- Identified trends will be discussed in the QA meeting and a plan for improvement will be discussed and implemented until resolution.

**Completion date: 9/15/2014**



DEPARTMENT OF PUBLIC HEALTH  
STATE OF ILLINOIS

THE DEPARTMENT OF PUBLIC HEALTH ) Docket No. NH 14-S0449  
STATE OF ILLINOIS )  
Complainant, )  
 )  
v. )  
 )  
PRAIRIE VIEW CARE CENTER OF LEWISTOWN, INC. )  
D/B/A PRAIRIE VIEW CR CTR - LEWISTOWN, )  
Respondent. )

PROOF OF SERVICE

The undersigned certifies that a true and correct copy of the attached Notice of Type "A" Violation(s); Notice of Type "B" Violation(s) and Order to Abate or Eliminate; Notice of Conditional License and Imposed Plan of Correction; Notice of Fine Assessment; Notice of Placement on Quarterly List of Violators; and Notice of Opportunity for Hearing were sent by certified mail in a sealed envelope, postage prepaid to:

Registered Agent: Stephen Sher  
Licensee Info: Prairie View Care Center of Lewistown, Inc.  
Address: 5750 Old Orchard Rd, Ste 420  
Skokie, IL 60077

That said documents were deposited in the United States Post Office at Springfield, Illinois, on the 10<sup>th</sup> day of November 2014.

Leona Juhl / SJH

Leona Juhl  
Long Term Care  
Illinois Department of Public Health