PRINTED: 03/04/2015 FORM APPROVED OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	` '			E SURVEY IPLETED	
145039		B. WING			C 02/26/2015		
NAME OF PROVIDER OR SUPPLIER				STREET ADDRESS, CITY, STATE, ZIP CODE	02/	20/2015	
HEARTLAND OF PEORIA			5600 GLEN ELM DRIVE PEORIA, IL 61614				
(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 CORRECT (EACH CORRECTIVE ACTION SHOU CROSS-REFERENCED TO THE APPRO DEFICIENCY)	JLD BE	(X5) COMPLETION DATE	
F 000	INITIAL COMMEN	TS	F 00	00			
F 225 SS=D			F 22	25			
	The facility must not employ individuals who have been found guilty of abusing, neglecting, or mistreating residents by a court of law; or have had a finding entered into the State nurse aide registry concerning abuse, neglect, mistreatment of residents or misappropriation of their property; and report any knowledge it has of actions by a court of law against an employee, which would indicate unfitness for service as a nurse aide or other facility staff to the State nurse aide registry or licensing authorities.						
	involving mistreatm including injuries of misappropriation of immediately to the to other officials in	nsure that all alleged violations nent, neglect, or abuse, if unknown source and if resident property are reported administrator of the facility and accordance with State law diprocedures (including to the pertification agency).					
	violations are thoro	ave evidence that all alleged ughly investigated, and must ential abuse while the rogress.					
	to the administrator representative and with State law (inclu- certification agency incident, and if the	to other officials in accordance uding to the State survey and () within 5 working days of the alleged violation is verified					
I ABORATOR'	Y DIRECTOR'S OR PROVID	DER/SUPPLIER REPRESENTATIVE'S SIGN	JATURE	TITLE	·	(X6) DATE	

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

Facility ID: IL6000293

AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING			COMPLETED	
		145039	B. WING				C 26/2015
NAME OF PROVIDER OR SUPPLIER HEARTLAND OF PEORIA				5	STREET ADDRESS, CITY, STATE, ZIP CODE 5600 GLEN ELM DRIVE PEORIA, IL 61614	, 02,	20/2010
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES / MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFI TAG		PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPRIES DEFICIENCY)) BE	(X5) COMPLETION DATE
F 225	o o management of the part	ge 1 ive action must be taken.	F 2	225			
	by: Based on record refailed to notify the State Age enforcement with s resident property for	NT is not met as evidenced eview and interview, the facility buse coordinator immediately, ency, and notify law uspected misappropriation of or one of three (R1) residents in the sample of three.					
	Findings include:						
	reported that R1's v Concern form state seen on R1's finger looked at R1's hand indentation where F	orm, dated 1/30/15, (R1's Power of Attorney) vedding ring was missing. The s, "R1's wedding ring was last two weeks ago. Facility staff d and R1 still has an R1's ring was. On 2/13/15 R1's ng and a police report was					
	(R1's) ring was mis to (E4) (Arcadia Un prior to (R1's) death ring. We finally calle to (R1's) death abo back to us. An appr	B a.m., Z1 stated, "I reported sing to a nurse, then I talked it Director) around two weeks n. (E4) remembered (R1's) ed (E1) one or two days prior ut the ring, and (E1) never got raisal was done on the ring in valued at \$2,500.00."					
	R1's Nurses notes away on 2/13/15.	document that R1 passed					
		p.m., E4 stated, "I talked to 1) said (Z1) went to visit (R1)					

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING		(X3) DATE SURVEY COMPLETED		
145039		B. WING			С		
NAME OF I	DOVIDED OF CURRUED	145059	b. Wild		TREET ADDRESS SITV STATE ZID SODE	02/2	26/2015
NAME OF PROVIDER OR SUPPLIER HEARTLAND OF PEORIA				56	TREET ADDRESS, CITY, STATE, ZIP CODE 600 GLEN ELM DRIVE EORIA, IL 61614		
	OLIMA AA DV OTA	TEMENT OF DEFICIENCIES		- 1			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)		ID PREFI TAG		PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPE DEFICIENCY)	BE	(X5) COMPLETION DATE
F 225 F 226 SS=D	indentation on (R1's report abuse to E1 like R1's ring was s fill out a police repowith the police. I wo form regarding R1' a few days later." On 2/25/15 at 2:21 abuse coordinator. immediately. I was (R1's) ring missing. (E4) to call the police State Agency. The slipped my mind." 483.13(c) DEVELO ABUSE/NEGLECT. The facility must depolicies and proced mistreatment, negle	a not on (R1's) finger. I saw the s) finger but no ringWe (Administrator). I did not feel tolen. Z1 called back for me to ort. I filed a report on 2/13/15 ould have gave E1 a concern is diamond ring on 1/30/15 or p.m., E1 stated, "I am the I should be notified not notified immediately about When I was informed I told be. I did not report this to the investigation is ongoing. It just in P/IMPLMENT, ETC POLICIES		225			
	by: Based on record refailed to follow oper procedures regardinabuse coordinator or resident property, reand notifying the po	NT is not met as evidenced eview and interview the facility rational policies and ang immediately notifying the of potential misappropriation of eporting to the State Agency, olice for one of three residents buse in the sample of three.					

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING			(X3) DATE SURVEY COMPLETED	
		145039	B. WING			C 26/2015	
NAME OF PROVIDER OR SUPPLIER HEARTLAND OF PEORIA				STREET ADDRESS, CITY, STATE, ZIP CODE 5600 GLEN ELM DRIVE PEORIA, IL 61614	1 02/1	20/2013	
(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 CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROVIDERICIENCY)	D BE	(X5) COMPLETION DATE	
F 226	The facility's Patier dated 11/2011, stat of abuse, neglect, a propertyMisappromeans the deliberator wrongful tempor patient's belonging patient's consent hire and annually oprogram including a suspicion of abuse crime involving a presponsible for the coordinating of the alleged or suspects source of the concentrations are report accordance with strocedures (includicertification agency investigations must administrator or his and to other official (including to the state agency) within five incidentStaff mer crime has occurred report with local law survey agency according guidelines: No serio documents that Z1 reported that R1's Concern form states."	ant Protection Practice Guide, es, "Abuse includes all types and misappropriation of patient opriation of Patient Property attemisplacement, exploitation, ary or permanent use of a sor money without the Employees are educated upon in the abuse prevention the immediate reporting of any, neglect, misappropriation or attentThe administrator is investigating, reporting and investigation process of any ed abuse regardless of the ernThe center must follow tablished in the regulations; must ensure that any alleged the immediately to the attention and investigation process of any ed abuse regardless of the ernThe center must follow tablished in the regulations; must ensure that any alleged the immediately to the attention at the state survey and or the results of all	F 22	6			

,		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	` '	TIPLE CONSTRUCTION ING		TE SURVEY MPLETED
		145039	B. WING		02	C / 26/2015
NAME OF PROVIDER OR SUPPLIER HEARTLAND OF PEORIA				STREET ADDRESS, CITY, STATE, ZIP CO 5600 GLEN ELM DRIVE PEORIA, IL 61614		720/2013
(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
F 226	looked at R1's hand indentation where Fring remains missin made." On 2/25/15 at 2:01 Director) stated, "I t said (Z1) went to visuo on (R1's) finger (R1's) finger but no (Administrator). I distolen. Z1 called bareport. I filed a report would have gave E the R1's diamond rilater."\ On 2/25/15 at 2:21 abuse coordinator. immediately. I was (R1's) ring missing. (E4) to call the police	d and R1 still has an R1's ring was. On 2/13/15 R1's g and a police report was p.m., E4 (Arcadia Unit alked to (Z1) on 1/30/15. (Z1) sit (R1) and (R1's) ring was. I saw the indentation on ringWe report abuse to E1 d not feel like R1's ring was lock for me to fill out a police ort on 2/13/15 with the police. If a concern form regarding ng on 1/30/15 or a few days p.m., E1 stated, "I am the	F 2	26		