	MENT OF HEALTH		FORM	APPROVED				
		& MEDICAID SERVICES					0938-0391	
STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING		(.	(X3) DATE SURVEY COMPLETED		
145190		145190	B. WING			C 09/15/2014		
NAME OF I	PROVIDER OR SUPPLIER	-		STREET ADDRESS, CITY, STAT	TE, ZIP CODE			
HEARTL	AND OF CHAMPAIGN	I		309 EAST SPRINGFIELD				
			CHAMPAIGN, IL 61820					
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)		ID PREFIX TAG	(EACH CORRECTIVE CROSS-REFERENCED			(X5) COMPLETION DATE	
F 000	INITIAL COMMENTS		F 00	0				
F 241 SS=E			F 24	.1				
	The facility must promote care for residents in a manner and in an environment that maintains or enhances each resident's dignity and respect in full recognition of his or her individuality.							
	This REQUIREMENT is not met as evidenced by: Based on observation, record review and interview, the facility failed to maintain resident dignity by failure to respond to resident call lights in a timely manner for nine of nine residents (R1-R9) reviewed for call light response.							
	The findings include:							
	staff take too long t stated she has time minutes to 35 minu Z2 stated that the C	40pm, Z2 (family) stated that o answer call lights for R9. Z2 ed call light response from 10 tes on various unknown dates. Certified Nurse Aides (CNAs) t the facility is understaffed.						
	interviewable, state at 4:15pm, that last wet in his bed for 3 with the call light or his call light at 12:2 responded until 2:5 only CNA on the flo more help on every	fied by the facility as d on 9/08/14 at 1:50 pm and Friday night, 9/05/14, R1 sat hours during the night shift h. R1 stated that he turned on 5am and that no one 0am R1 stated E9 was the or. R1 stated, "They need shift badly." R1 stated that he e with a lot of drainage and he						

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

PRINTED: 09/16/2014

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.

		I AND HUMAN SERVICES E & MEDICAID SERVICES			FORM	09/16/2014 APPROVED 0938-0391
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HEARTLAND OF CHAMPAIGN				809 EAST SPRINGFIELD CHAMPAIGN, IL 61820		
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F 241	needs frequent pac notes from the wou confirms that R1 has coccyx that produce serosanguineous d amount of yellow and the overlay of R1's R2, who was identified interviewable, state he has waited from with the call light or check on him in the 8pm. R2 stated he R3,who was identified interviewable, state "staffing was bad" of "only one CNA" wo light response was R4, who was identified interviewable, state staff is "very slow" to day shift. R4 stated get help to get to th R5,who was identified interviewable, state Friday night, 9/05/1 minutes with the ca responded. R5 sta R5 estimated the ca from 12:30 am until wet and needed so Resident Council M "Nursing staff slow	d changes. R1's progress ind clinic dated 9/04/14 as a pressure ulcer on the es a large amount of trainage. At that time a large nd brown dried matter was on air mattress. fied by the facility as ed on 9/08/14 at 1:30 pm that 30-50 minutes in his room n. R2 stated that staff do not e evenings between 6pm and needs help in the bathroom. ied by the facility as ed on 9/08/14 at 2:00 pm that on Friday night, 9/05/14, with orking the floor. R3 stated call slow. fied by the facility as ed on 9/08/14 at 2:20 pm that to answer the call lights on the d R4 has "waited 30 minutes to	F 241			

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		AND HUMAN SERVICES				FORM	09/16/2014 APPROVED 0938-0391
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HEARTL	AND OF CHAMPAIGN	I			09 EAST SPRINGFIELD CHAMPAIGN, IL 61820		
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F 241	Continued From pa enough staff."	ige 2	F 2	241			
	facility "Daily Deploy night shift - 10pm - Licensed Practical I (RN) and three CN/ One nurse and one	shift (10 pm-6:15 am) on The yment Sheet" dated 9/5/14 6:15am - shows one Nurse, one Registered Nurse As working in the building. e CNA worked on one floor and CNAs worked on the other					
	received a call on 9 E16 was a no call - stated she could no E14 confirmed that	9/08/14 at 4:30 pm that she 9/5/14 at 11:10pm that CNA no show for the 2nd floor. E14 ot replace E16 for that night. there were only five staff for 5/14 for the 10pm-6:15 am					
		strator stated on 9/08/14 at received complaints of call swered timely.					
	were lit over the roc at the nurse's statio room doors, R6 and No staff were visible 5:25am, R7's call lig the nurse's station.	20am, call lights for R6 and R8 om doors and were sounding on. According to signs on the d R8 were in contact isolation. e in the halls at this time. At ght came on and sounded at E17 (RN) was going in and dent room at this time.					
	observed continuou	ooms for R6, R7 and R8 were usly from 5:20am and 5:25am lights on and sounding.					
		and exited four other resident me period, taking her clean					

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F 241	supplies and soiled her. E11 did not re- lights. E12 (CNA) a resident rooms with came to the other h E12 did not respond On 9/11/14 at 6:05a light and turned it o came on. At 6:10a off, 45 minutes afte E11 donned an isol room, along with da turned off. R8's ligh minutes. On 9/11/14 at 6:12a the facility as interv dated 9/8/14, stated someone to respond to wait my turn R7 stated he had h because his leg bra needed help adjust when E12 responde E12 told R7 she ha and that E12 would On 9/11/14 at 6:20a answer call lights w for residents. wher each side of the ha better" with three st residents requiring because several re are fall risks. On 9/11/14 at 6:25a	linen cart down the hall with spond to R6's and R7's call also entered and exited supplies during this time, and all and talked with E11 twice.	F	241				

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F 241	sometimes she has answer her call ligh on staff and require transfers. On 9/11/14 at 7:05a do the best you car making rounds. E1" "confused residents lights and then they The current Physici states R8 is Quadri sore, colostomy and was identified as im 9:06am, R8 had at chin which he was a from his chin. R8 s call light being on fr 6:15am, "I need flui Also I was uncover supposed to be turr has to wait "a long to light. The Concern Track September 2014 do comments/concern response times and concerns include in The facility Call Light the purpose is "To to system to alert staff all call lights in a pro- manner. All staff, reference	to "wait a while" for staff to t. R6 stated she is dependent s a mechanical lift for am, E11 stated that "you just " to answer call lights while I stated that sometimes the s - you go in and turn off the turn them right back on." an's Order Sheet for 9/2014 plegic, and has a pressure d supra-pubic catheter. R8 terviewable. On 9/11/14 at ouch pad call light under his able to activate by pressure tated at this time regarding his om at least 5:20am to ds - I don't get enough fluids. ed and I was cold. And I'm hed." R8 stated he frequently time" for response to his call ing Log from April 2014 to ocuments 15 s related to slow call light d assistance. Responses to services and call light audits. In policy dated 12/2009 states use a light and /or sound it o patient needs Answer ompt, calm, courteous egardless of assignment light should not be turned	F	241				

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