STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	14G037	A. BUILDING _____ B. WING _____	C 03/09/2016

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BRYAN MANOR	**2150 EAST MCCORD, PO BOX 568 CENTRALIA, IL 62801**

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
W 000	INITIAL COMMENTS Complaint Investigation #1650977 & 1650943 IL/83560 & 83524	W 000		
W 460	483.480(a)(1) FOOD AND NUTRITION SERVICES Each client must receive a nourishing, well-balanced diet including modified and specially-prescribed diets. This STANDARD is not met as evidenced by: Based on record review and interview, the facility failed to prepare the proper diet for 1 of 1 (R1) who choked on a piece of potato. Findings Include: Review of R1's Physician Orders of 2/16, R1 is a non-ambulatory verbal 31 year old female who functions in the moderate range of Intellectual Disabilities. R1 has the following addition diagnosis: Bipolar Disorder, Seizure Disorder, Pulmonary Fibrosis, History of tracheotomy, Feeding by G-Tube, and Respiratory failure. Review of Monthly Dietary progress note of 2/16, R1 is on a mechanical soft diet with nectar liquid in a sippy cup. If R1 eats less than 50% of her 3 meals she will receive 1.2 Jevity. Interview with E2 (Director of Nursing) on 3/8/16, E2 stated on 2/11/16 R1 began choking during the evening meal. E2 was called over to the table to assist. Staff positioned R1 in preparation for abdominal thrust, but R1 independently expelled the food before any abdominal thrust were started. E2 stated R1 expelled a large piece of	W 460		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
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W 460	Continued From page 1 potato with skin intact. R1's vital were taken and all appropriate disciplines were contacted. Review of the menu for the evening meal of 2/11/16, The meal for mechanical soft consist of: Ground Swiss Steak with Gravy, Baked Potato (No Skin) with Sour Cream or Gravy, California Vegetables, Pumpkin Pie, Bread/ Margarine and a Beverage. The facility failed to serve R1 the proper meal.	W 460		