PRINTED: 07/19/2016 FORM APPROVED OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION  A. BUILDING			(X3) DATE SURVEY COMPLETED	
		145581	B. WING _		-	C <b>07/12/2016</b>
	ROVIDER OR SUPPLIER  NURSING & REHAB CE	INTER		STREET ADDRESS, CITY, STATE, ZIP CODE 2 ANNABLE COURT CAHOKIA, IL 62206		
(X4) ID PREFIX TAG	(EACH DEFICIENC	TATEMENT OF DEFICIENCIES BY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	( (EACH CORRECTION CROSS-REFERENCE CROSS-REFER	PLAN OF CORRECTION TIVE ACTION SHOULD BI CED TO THE APPROPRIA EFICIENCY)	
F 000	INITIAL COMMENTS	3	F	000		
F 224 SS=L	A partial extended su 483.13(c) PROHIBIT MISTREATMENT/NE The facility must deve policies and procedure	EGLECT/MISAPPROPRIATN elop and implement written res that prohibit t, and abuse of residents	F2	224		
	by: Based on record revision knowingly failed to for policy during an actual notify fire personnel of burning building. Fact policy/procedures for closed to contain the staff neglected to evato the fire first and the later. Facility staff evisithout clear instructionarge. Facility man ensure that all staff were respond to an actual communication and a 106 residents. These department personne operations to recover failures resulted in ar fourteen residents (Resource).	cility staff failed to follow leaving smoke barrier doors fire and smoke. Facility acuate the residents closest ose away from the fire origin vacuated the entire facility ions from any person in agement staff neglected to vas adequately trained to				

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

TITLE

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: IL6001317

		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING		(X3) DATE SURVEY COMPLETED	
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	ROVIDER OR SUPPLIER  NURSING & REHAB CE		1	2	STREET ADDRESS, CITY, STATE, ZIP CODE  ANNABLE COURT CAHOKIA, IL 62206	<u>1 077</u>	12/2016
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREF TAG		PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD B CROSS-REFERENCED TO THE APPROPRIA DEFICIENCY)		(X5) COMPLETION DATE
F 224	May 31, 2016 when fire Department of rebuilding, failed to enswere used appropriate vacuation ensuring fire were evacuated fexecute the disaster the nursing facility. While the immediacy the facility remains on Severity Level 2 as a evaluate the ability of execute the revised of	conditions including  d in an Immediate diate Jeopardy began on acility staff failed to notify the esidents still in the burning ure that smoke barrier doors ely, failed conduct orderly that residents closest to the irst, and failed effectively plan during an actual fire in  was removed on 7/12/16,	F	224			
	Manual" (revised 03/following: "the main of consideration during the safety and well-be Employees should always reassure the resident evacuation procedure effectively and with thor accidental injury." documents the follow emergency, evacuation visitors should first be danger. If a complete becomes necessary,	any disaster or emergency is eing of the residents. ways remain calm and so that transfer or es can be carried out the least amount of problems This same manual also					

		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION  A. BUILDING			(X3) DATE SURVEY COMPLETED	
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		145581	B. WING		<del></del>	07/	12/2016
NAME OF P	ROVIDER OR SUPPLIER			S	STREET ADDRESS, CITY, STATE, ZIP CODE		
CAHOKIA	NURSING & REHAB CE	NTER		2	ANNABLE COURT		
CAHORIA	NOROING & REHAD CE	NILK		C	CAHOKIA, IL 62206		
(X4) ID		ATEMENT OF DEFICIENCIES	ID		PROVIDER'S PLAN OF CORRECTION		(X5)
PREFIX TAG		Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	PREFI TAG		(EACH CORRECTIVE ACTION SHOULD B CROSS-REFERENCED TO THE APPROPRIA		COMPLETION DATE
IAG	REGULATORY	200 IDENTIFY TINO IN CHARACTORY	IAG		DEFICIENCY)	\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	
F 224	Continued From page		F:	224			
		de to the front parking lot					
	where a head count v						
	On 05/31/2016 at 5:1						
	•	Emergency Services					
	Coordinator) states he						
		Health Field Supervisor) vith total resident evacuation					
	at facility.	viii totai resident evacuation					
	,	NFIRS-1 dated 05/31/2016					
	documents that the lo						
		rted fire in a room on the					
		ility. This same report					
		arrival of fire units and					
		heavy smoke coming from					
		uilding located near (F) and					
	(E) hallways with police	ce officers and employees					
	from the business bre	eaking windows to remove					
	residents from the 50	0 hall.					
		reports that "fire personnel					
		y and contained to room					
		ersonnel were in rescue					
	operations. It was at						
		side (500 Hall) where a					
	,	nt) was found in the hallway.					
	Primary searches wer	re performed (by fire i 501 to 516 where several					
		One male (resident) was					
		503 through the window. In					
		dent was removed through					
		sident from room 506 was					
		om and down the hallway in					
	a wheelchair."	and down the named in					
		0PM Z10 (Emergency				ſ	
	Management Service						
		when he arrived on the				ſ	
		were in charge for the first				ſ	
	15 minutes. Z10 state	•				ſ	
		erations Manager) assumed				ſ	
		nat when they arrived, facility					

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O E I TI E I T	O I OIN MEDIO, INC. G	· · · · · · · · · · · · · · · · · · ·				<del></del>	7. 0000 000 I
	DF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1 ' '		CONSTRUCTION	(X3) DATE COMP	SURVEY
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		145581	B. WING			1	12/2016
NAME OF P	ROVIDER OR SUPPLIER	1	<u> </u>	S	TREET ADDRESS, CITY, STATE, ZIP CODE	,	
				2	ANNABLE COURT		
CAHOKIA	NURSING & REHAB CE	NTER		С	CAHOKIA, IL 62206		
(X4) ID	SUMMARY ST	TATEMENT OF DEFICIENCIES	ID		PROVIDER'S PLAN OF CORRECTION		(X5)
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TAG	REGULATORY OR	LSC IDENTIFYING INFORMATION)	TAG		CROSS-REFERENCED TO THE APPROPRI. DEFICIENCY)	AIE	5,112
			1				
F 224	Continued From pag	e 3	F	224			
	staff could not tell the	em how many residents were					
		210 stated, "There was no					
	_	ever." Z10 stated it took 45					
		after their arrival for EMS to					
		information about resident's					
	, ,	o be asked by E2 (Facility					
	,	Manager) for their (EMS)					
	plan to find placemer	- · · · · · · · · · · · · · · · · · · ·					
		ge document titled Fire					
		Preparedness Manual					
		on 6/1/2016. Pages 19-25					
	include names, addre	<u> </u>					
	· ·	s skill level for area nursing					
	home facilities. How						
	response, Z13's (En	<del>-</del>					
	Coordinator) written	account indicates that "there					
	was quite a bit of cor	fusion regarding the actual					
	number of nursing ho	ome residents present, how					
	many still required tra	ansport and the destination					
	of those waiting. I he	eard resident numbers from					
	multiple people that r	anged from 103-106					
	Illinois Department	of Public Health (IDPH)					
		1, Z15, Z16) along with a					
		dsman were attempting to					
	lock down Nursing H	ome bed availability in the					
		o pre-planned sheltering					
		nanagement to get these					
		elements which included the					
		imes visible lightening."					
		30PM Z1 (local Fire Chief)					
		s men rescued a total of four					
		e hall, (500 hall) with one					
	,	accident when Z1 and some					
		ding at the entrance to room					
	509 (where fire starte						
		stepped back and bumped					
		hall corridor floor. Fire					
	personnel checked to	see if the person was alive.					

The person (resident) moaned and then Z12

STATEMENT OF DEFICIENCIES (X) AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	` ′	LE CONSTRUCTION	· ,	(X3) DATE SURVEY COMPLETED	
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	ROVIDER OR SUPPLIER  NURSING & REHAB CI	ENTER		STREET ADDRESS, CITY, STATE, ZIP COI 2 ANNABLE COURT CAHOKIA, IL 62206		771272010	
(X4) ID PREFIX TAG	(EACH DEFICIENC	TATEMENT OF DEFICIENCIES CY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CO (EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE DEFICIENCY)	N SHOULD BE E APPROPRIATE	(X5) COMPLETION DATE	
F 224	nursing personnel of any potential resider On 06/16/2016 at 5:4 facility staff informed building. When Z12 to room 509 he hear corridor floor just out helped to evacuate FOn 06/16/2016 at 5:3 arrived on the scene facility, Z1 was met I masks on. Z1 asked were any residents in members did not proinstead ran back into them in the smoke. The 500 hall from the he noticed the entral open which allowed core area. Z1 stated expected the door to stated that nursing swas all over the scendirections and kept repermission causing movements."  Page 8 of the Fire S. Preparedness Manudocuments that staff facility, account for a and report any missidepartment or other at once."  Page 9 of this manucalm. If the fire is misafely, do so. Movements.	ner. Z1 also stated that no in the facility informed him of ants left in the building. 40PM Z12 stated that no in the entered the 500 hall and got do a moan coming from the estate room 509. He then R1, who resided in room 509. Where the and was about to enter the early two nursing staff with do the two nursing staff if there in the building. The two staff evide any answers and to the building and Z1 lost Z1 stated when he entered a core area (nursing staffing) ince to 500 hall was standing the smoke to get into the dot that he would have to have been closed. Z1 taff was "out of control. Staffine. They did not follow moving (residents) without problems for resident	F 22	.4			

i i i i i i i i i i i i i i i i i i i		IDENTIFICATION NUMBER:		FIPLE CONSTRUCTION NG	· ,	(X3) DATE SURVEY COMPLETED	
						С	
		145581	B. WING		0.	7/12/2016	
NAME OF P	ROVIDER OR SUPPLIER	•		STREET ADDRESS, CITY, STATE, ZI			
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CAHOKIA	NURSING & REHAB C	ENIER		CAHOKIA, IL 62206			
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F 224	moved to an area the between them and to closest to the danger barrier doors provided protection from the string and smoke barrier and smoke barrier and smoke barrier doors on 06/16/2016 at 10 Supervisor) stated to ceiling when he head fire. E1 stated he gosmoke down the 50 resident lying in the and put the resident out through the 500 was unsure who the that the acting Direct but he was not sure stated that in the everything. If the Director of Nurse, then Mainter Administrator was notified by phone. If the department arrived, building on the 500 never received train staff for fire safety; a manual to use. E1 safety is how to use staff members responded.	esidents should always be not places a fire barrier door the fire, removing those or fire. Fire and smoke the temporary (1-2 hour) or spread of fire and smoke. The doors separate all the proposed open."  1:00 AM E1 (Maintenance that he was working inside the red someone say there was a not off the ladder and saw to off the ladder and saw to hall. E1 stated there was a sot off the ladder and saw to hall, he got a wheelchair thall fire door. E1 stated he resident was. E1 also stated for of Nursing was present, what she was doing. E1 ent of a fire, the Administrator the Administrator isn't present, es is in charge, then the form the Administrator isn't present, es is in charge, then the cot on site and had to be e1 verified that before the fire residents were still in the wing. E1 stated that he has ing about how to train other and was given a training stated what he teaches in fire the fire extinguisher, what all onsibilities are in case of fire, cedures.	F	224			
	Assistant) stated that	2:05 pm E10 (Maintenance at on 05/31/2016 E10 heard a re was a fire. E10 stated he					

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		145581	B. WING				12/2016	
NAME OF P	ROVIDER OR SUPPLIER			5	STREET ADDRESS, CITY, STATE, ZIP CODE	, ,,,		
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CAHOKIA	NURSING & REHAB C	ENTER		(	CAHOKIA, IL 62206			
(X4) ID	SUMMARY S	TATEMENT OF DEFICIENCIES	ID		PROVIDER'S PLAN OF CORRECTION		(X5)	
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F 224	Continued From pag	ne 6	F	224				
	could see smoke coming from behind the fire							
		. E10 entered the 500 hall,						
		r lying on the floor, picked it						
		ring it at the fire. E10 stated						
		ree extinguishers. E10 then						
	-	her bed. E10 picked her up,						
		in the hallway and called for						
	help. E10 saw anoth	ner resident who he believes						
	is R9 laying on her b	ped. E10 took her tube						
	_	the pole, picked her up and						
		in the hallway and yelled for						
	-	hat point somebody yelled						
		ng," so he exited the building						
	from the fire exit on							
		2:30PM E11(Licensed ted that on 05/31/2016 at						
		ied C.N.A. (Certified Nursing						
		ning up the hall saying						
		E11 had been instructed by						
		pervisor) to hold down the						
	1	panel due to a false alarm						
		ng that there was an actual						
	-	let go of the fire alarm switch						
		00 hall where E11 saw smoke.						
		observed E5 C.N.A. standing						
		a fire extinguisher. E5						
	· ·	room 509 and sprayed the fire						
		r. E11 stated someone came						
		uisher. E11 grabbed the						
	-	em and sprayed the fire. E11						
		t in to room 511 to check it.						
		ent as to whether room 509						
		sidents. E11 stated that on						
		the Charge Nurse (for 500						
	I	sure what the Charge Nurses' E11 stated that the nurse						
		is charge nurse for that hall.						
	_	ge during the fire, E11 stated,						
		my job to give directions as						

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		1 ' '	PLE CONSTRUCTION  B	(X3) DATE SURVEY COMPLETED		
		145581	B. WING			C
	ROVIDER OR SUPPLIER  NURSING & REHAB C			STREET ADDRESS, CITY, STATE, ZIP CODE  2 ANNABLE COURT  CAHOKIA, IL 62206	<u>  01</u>	7/12/2016
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F 224	charge nurse, but I'v description of exactle entails, especially w verified that she is nan evacuation. Fire Safety and Disa (Revised 3/31/2013) command at Cahoki is:  1. Administrator 2. Director of Nursin 3. Assistant Director 4. Designated Chargon 06/21/2016 at 2: Assistant) stated that the 500 hall at the tifire. E7 stated that she 500 hall at the tifire. E7 stated that she 500 hall at the tifire. E7 stated that she sistant), E10 (Mai Practical Nurse) were the fire but nobody stated, "It was overwrunning." On 06/21/2016 at 10 Assistant) stated that placed identification time they were evacuidentification bands Services Office at the E30 (Licensed Practical E30 (Licensed Practical E1, Maintenance Sudecisions and direct residents on hall 100 her. E30 stated that Assurance/Education	re never been given a job y what being charge nurse ith what a fire entails." E11 ot aware of anyone calling for uster Preparedness Manual of documents, "The chain of a Nursing and Rehabilitation  and reference in the facility." 10pm, E7 (Certified Nursing at on 05/31/2016 she was on me she became aware of the he, E5 (Certified Nursing ntenance) and E8 (Licensed re "working together during was clearly in charge." E7 whelming and everybody was  10:10 am E26 (Social Services at to her knowledge, no one bands on residents at the uated. E26 stated the were located in the Social	F 22	24		

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		145581	B. WING			C <b>07/12/2016</b>	
NAME OF F	PROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STAT	•	7771272010	
CVHUKIV	NURSING & REHAB O	PENTED		2 ANNABLE COURT			
CAHOKIA	NUKSING & REHAD C	CENTER		CAHOKIA, IL 62206			
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F 224	follow her in and, "evacuate the reside Patient List Cahokia Destination and Ho provided by Z11 (El System Coordinatoresidents (R1-R6, Ffour wings were ultihospitals due to fire Face sheet dated 9 (500 Hall) date of bof Exacerbation of Pulmonary Disease Arthritis, Arterioscle Congestive heart F. Breath. The Hospit dated 5/31/2016 list Smoke Inhalation. Assessment dated had, "breath sound wheezes." Hospital 5/31/2016 noted that black phlegm and semesis in the Emer "decreased breath: Assessment Plan Sindicates that R2 he exposure to heat exposure to heat exposure to heat exposure to the hospital Transfer S 6/01/2016 states R: admitted Trans	just made the decision to ents."  a Nursing and Rehab with spital records dated 5/31/2016 mergency System Services r) document that fourteen R11-R15, R19, R23, R24) from imately transferred to four area	F	224			

	OF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	` '		E CONSTRUCTION	(X3) DATE COMP	SURVEY LETED
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		145581	B. WING			1	12/2016
NAME OF P	ROVIDER OR SUPPLIER			,	STREET ADDRESS, CITY, STATE, ZIP CODE	1 017	12/2010
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CAHOKIA	NURSING & REHAB C	ENTER			CAHOKIA, IL 62206		
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F 224	Continued From page	ge 9	F	224			
		atient upper extremities being					
		ice crew was unable to obtain					
		this time. Blood glucose					
	-	at this time with a result of 59.					
	_	d oral glucose at this time.					
		nswer any EMS (Emergency					
		ces) questions at this time."					
	_	d Physical Note dated					
		nts " This is an 87 year old					
		Emergency Room with					
		She is a resident of Cahokia					
		itation Center. There was a					
	_	t evening and she was					
		She was experiencing a					
	-	ted her visit to the Emergency					
		Smoke inhalation injury." The					
	Hospital Patient Dis	charge Instruction sheet					
	dated 6/01/2016 sta	ites, "Discharge diagnosis:					
	Smoke Inhalation/A	nemia Exacerbation."					
	R 12's (100 Hall) Ho	ospital Face Sheet dated					
	5/31/2016 notes dat	te of birth as 10/21/1933.					
	Hospital Emergency	y room Visit report dated					
	5/31/2016 indicates	that R12 "presents via EMS					
	, , , ,	ement Service) from nursing					
	home. Patient's nui	rsing home had a fire this					
	evening and when p	patient was in a bus for					
		edly had a syncopal episode					
	_	eatPatient with history of					
		ccident with right sided					
	-	asia " An Emergency					
		ss Note dated 5/31/2016 at					
		has been reported that the					
	· ·	and nurse noted that a bottle					
	-	had with him was warm when					
		esidents from the same					
		brought in for similar					
		vith (Z19) regarding patient					
		agreed likely situational					
	syncope due to elev	ated temperature and hectic					

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	` ′	TIPLE CONSTRUCTION NG	I ` '	(X3) DATE SURVEY COMPLETED	
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F 224	Treatment docume R12's temperature was 199/84. Facili 5/31/2016 indicate Face sheet for R14 R14's date of birth Medical Service reg female pt (patient) dizziness, and wea and slumped to the Nursing home staff Medical Service) th to passing out, swe been outside in tria minutes following e Hospital Emergence 5/31/2016 notes "6 Emergency Depart Cahokia Nursing ai in an unaffected wi sat outside for near she started feeling feels better nowI right side is affecte Department Progre documents that R1 lightheadedness af weather status pos most likely from he A Hospital Face Sh R13 (600 Hall) date Emergency Room states "46 year old dementia presents EMS (Emergency I firePer EMS, pat on sceneshortne	rvention/Assessment ntation dated 5/31/2016 noted was 99.1 and blood pressure ty census records for R12 resided on 100 hall. (500 Hall) documents that is 9/19/1950. Emergency port for 5/31/2016 notes " with possible low blood sugar, knesspatient sitting upright e right in her wheelchair. Itells EMS (Emergency that "seemed to be close that garea for approximately 90 that garea for approximately 90 the room Visit Report dated 5 year old female presents to mentstatus postfire at and Rehabilitation. Patient was ang. She was evacuated and and y 1.5 hours in the heat when dizzy and lightheaded. She has a history of stroke and her d." The Hospital Emergency tess note dated 5/31/2016 4 "presents for atter being outsidein mid-80 at firePatient's symptoms are	F	224			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION  (X		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1 ' '	FIPLE CONSTRUCTION  NG		(X3) DATE SURVEY COMPLETED	
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F 224	Seizures, Bipolar, Prehospital Care I Hall) documents "laying on a bed ar liters, and it was p (patient) was then was taken to the twith other pt. The facility that knew twere taken Ther for knowing his na Physician's Certifia regional hospita of Smoke Inhalation otes, "Reason for unable to self-admonitoring/suction incoherent, disorie R11's (500 Hall) P Summary dated 5 year old male with car accident and it question at this tin Summary dated 5 Problems: Ileus, S Inhalation "  A Hospital Face S (600 Hall) date of Emergency Room noted, "Patient prewhere she was a states she was no not inhale any smorpeparing to transhad increased pul feeling anxious. F	Report Summary for R6 (300 Upon arrival pt (patient) was ad on non-rebreather at 15 laced over his trach. Pt transferred to the stretcher and ruck and loaded in the back other pt was a nurse from the he pt. Once in the back, vitals re was no info on the pt except time per the other pt." R6's cate of Medical Necessity from I dated 5/31/2016 lists diagnosis on. This same document transport: oxygen required and	F	224			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA (X2) M IDENTIFICATION NUMBER: A. BUI		E CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
		145581	B. WING		C 07/12/2016	
	ROVIDER OR SUPPLIER  NURSING & REHAB C	ENTER	2	TREET ADDRESS, CITY, STATE, ZIP CODE  ANNABLE COURT  CAHOKIA, IL 62206	1 01/12/2010	
(X4) ID PREFIX TAG	(EACH DEFICIEN	TATEMENT OF DEFICIENCIES CY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTIC (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROP DEFICIENCY)	D BE COMPLETION	
F 224	6/2/2016 when visite that ,"she went to the attack."  R15's Prehospital C: 5/31/2016 notes this	panic attack."R15 stated on ed in the destination facility e hospital due to a panic are Report Summary dated Emergency Services	F 224			
	for Cahokia Nursing multiple pt (patients) needing transported of severe anxiety propatient told EMS (Er Service) 'I just can' that I wasn't going to time and I would be team advised EMS to the area of the fire a before she was in an the SNF (Skilled Nurthat this pt (patient) and is normally very situation has made I arrival patient found areaThe pt (patient) levels of anxiety and calming down and reserviced for the strength of the strength of the serviced for the serviced foreserviced for the serviced for the serviced for the serviced for	and Rehab on fire with outside in parking lot.  This patient is complaining oblems at this timeThe mergency Management to calm down. I was so scared or make it out of the building in burned alive.' The triage hat this pt (patient) was not in not was evacuated welling harm. A staff member of rising Facility) advised EMS has a severe anxiety problem nervous as it is and this ner very nervous. Upon sitting outside in the triage not) over all has very high the laxing "This same report was transported from the fire				
	Hall) dated 5/31/201 "having chest pain has swallowed some him chest paint. Pt : right side just below constant pain which scalept then state	port Summary for R4 (500 6 documents that R4 was .Pt (patient) believes that he e smoke and that is giving states that the pain is on the the nipple line and is a he rates it at 10/10 pain d that he was becoming short 2 via a NC was established				

AND DI AN OF CORRECTION IDENTIFICATION NUMBER		(X2) MULT A. BUILDII	IPLE CONSTRUCTION  NG		(X3) DATE SURVEY COMPLETED		
		145581	B. WING _		<b> </b>	C 07/12/2016	
	ROVIDER OR SUPPLIER  NURSING & REHAB CE	NTER		STREET ADDRESS, CITY, STATE, ZIP CODE  2 ANNABLE COURT  CAHOKIA, IL 62206	•		
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORR ( (EACH CORRECTIVE ACTION S CROSS-REFERENCED TO THE AF DEFICIENCY)	HOULD BE	(X5) COMPLETION DATE	
F 224	years old. Under Collisted Dementia with states that R3 is "colonly, sitting in a chair isn't acting right. Pt (dementia and Alzheir if anything is wrong ostates that before EM System) arrived she is in her normal states that is on 4L (lite times."	feels better "	F2	224			
	List with Destination indicates R5, R19, Ritransported to area hire, from the halls of respectively.  On 6/21/2016 at 9:15 Caseyville Nursing at the 23 residents receand Rehab on 5/31/2 Caseyville Nursing at a face sheet, with the 11:30 pm. Z17 states supper as they were Administrator of Case Center on 6/21/2016 residents arrived around The Disaster Prepare 3/31/13) on the Introopersonnel, on all shift	with date of 5/31/2016 23, and R24 were also ospitals on the date of the 300, 500, 500,  AM, Z17, Administrator of and Rehab Center, stated of ived from Cahokia Nursing 016, only 1 admitted to the and Rehab Center came with e other face sheets faxed by d all residents were given					

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA (X2) MULTI IDENTIFICATION NUMBER:  A. BUILDIN		LE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	145581	B. WING		C 07/12/2016
NAME OF PROVIDER OR SUPPLIER  CAHOKIA NURSING & REHAB CENT	ΓER		STREET ADDRESS, CITY, STATE, ZIP CODE  2 ANNABLE COURT  CAHOKIA, IL 62206	1 07712/2010
PREFIX (EACH DEFICIENCY N	EMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL C IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTI (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPRO DEFICIENCY)	D BE COMPLETION
3. Established emerge 4. Locale and proper u 5. Floor plans and mea 6. Assembly areas 7. Location and proper barrier doors 8. Evacuation procedured and staff 9. Chemical spill proce 10. Carrying methods fron 06/14/2016 at 11:12 Supervisor) stated that fire in the manner in who According to E1, he is restaff on fire safety. E1 received training about fire safety; E1 said he wanual to use. E1 states safety is how to use the staff members responsionand evacuation proceded fire drills once a month one at least every 90 do new staff on fire safety E1 stated the facility 's 05/20/2016 on day shift fire drills is so employed on and where they're so residents are not evacuated if fire safety train off, their training is rescondingles.	e: procedures ruse of fire extinguishers ruse of manual pull boxes ans of egress/exit ruse of fire and smoke res for residents, visitors, edures or evacuation" 2 am, E1 (Maintenance all staff responded to the nich they had been trained. responsible for training stated that he has never how to train other staff for was given a training ed what he teaches in fire e fire extinguisher, what all ibilities are in case of fire, ures. E1 stated he does so that every shift gets ays. E1 stated he trains during their orientation. most recent fire drill was t. He stated the purpose of es know what they have to upposed to be. E1 stated uated during drills. E1 ning is done when staff is cheduled. M, E30 (Licensed Practical is aware that the facility in and that it is kept at the	F 22	4	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:				TE SURVEY MPLETED
		145581	B. WING _			C 7/ <b>12/2016</b>
	ROVIDER OR SUPPLIER	CENTER		STREET ADDRESS, CITY, STATE, ZIP CO 2 ANNABLE COURT CAHOKIA, IL 62206		7771272010
(X4) ID PREFIX TAG	(EACH DEFICI	Y STATEMENT OF DEFICIENCIES ENCY MUST BE PRECEDED BY FULL OR LSC IDENTIFYING INFORMATION)	ID PREFI TAG	PROVIDER'S PLAN OF (EACH CORRECTIVE ACTI CROSS-REFERENCED TO T DEFICIENC	ION SHOULD BE HE APPROPRIATE	(X5) COMPLETION DATE
F 224	E30 stated she ev without anyone directly stated that she sat Assurance/Education come through the smoke follow her interested the residents were accessed grabbed the coulding and the electly located at the sect know who was residents was not award to that task. On 6/9/2016 at 3:4 stated she was not that the facility had (fire), but she has Rehabilitation Cer Protocols, and Pro 01/01/06. E24 states training where resident who instruction 5/31/2016, E2 started to evacuate moving on to 600 in charge or who will she to the building. All training records disaster prepared facility. Based on provided at the time system in place to Training records at	was only a verbalized training. acuated residents on hall 100 recting her on 5/31/2016. She	F	224		

	OF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1 ' '		CONSTRUCTION	(X3) DATE COMP	SURVEY LETED
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		145581	B. WING			l	12/2016
NAME OF P	ROVIDER OR SUPPLIER		<u>I</u>	S	TREET ADDRESS, CITY, STATE, ZIP CODE	017	12/2010
				2	ANNABLE COURT		
CAHOKIA	NURSING & REHAB CE	NTER			CAHOKIA, IL 62206		
(X4) ID	SUMMARY ST	ATEMENT OF DEFICIENCIES	ID		PROVIDER'S PLAN OF CORRECTION		(X5)
PREFIX TAG	(EACH DEFICIENC)	Y MUST BE PRECEDED BY FULL .SC IDENTIFYING INFORMATION)	PREFI TAG		(EACH CORRECTIVE ACTION SHOULD B CROSS-REFERENCED TO THE APPROPRIA DEFICIENCY)		COMPLETION DATE
F 224	Continued From page	e 16	F	224			
	verification of training		•				
		nts titled "REPORT OF FIRE					
		dicating that these were all					
	the documents availa						
		e Drill documents were					
		15 through November 2015					
	and January through	March 2016. Fire Drill Sign					
	In Sheets were only a	available for Report of Fire					
		d 6/14/2015 and 7/25/2015.					
		present on the document					
		17 signatures were present					
	on the document date						
		of Fire Drill reports have a					
		ns with the words YES and					
	NO after them. These 1. Was signal received						
	What time was signal received						
	_	e of their responsibilities?					
	Were any problem						
	5. Did the fire alarm						
	6. Were the strobe lig						
		door closers operational?					
	9. Were the delayed	egress locks released?					
		eport, it states: "List any					
	problems, corrective a	actions, and/or teaching					
	required as a result o						
	· ·	e Drill reports for 8/18/2015,					
		5, 11/10/2015, 1/19/2016,					
		2016 did not contain specific					
		or "fire drill." Reports for					
		ober 2015, November 2015,					
	_	ary 2016, and March 2016 for question 4 " Were any					
		or question 4 were any owever, the area where					
	facility staff is to ident						
	corrective action is bla	· ·					
		uly 2015 are signed and					
		ust 2015 is not signed.					
		ber through November 2015					

	IENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION  AN OF CORRECTION IDENTIFICATION NUMBER:  A. BUILDING		COMPLETED			
		145581	B. WING _		07/12/2	016
	ROVIDER OR SUPPLIER  NURSING & REHAB CE	:NTER		STREET ADDRESS, CITY, STATE, ZIP CODE  2 ANNABLE COURT  CAHOKIA, IL 62206	1 0771272	010
(X4) ID PREFIX TAG	(EACH DEFICIENC	TATEMENT OF DEFICIENCIES BY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECT ( (EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APPLICATION OF THE APPLICAT	OULD BE COM	(X5) MPLETION DATE
F 224	dated by E1 (Mainter was no document provided of Monthly Fire Drill was 5/20/2016 and contartaining record provided of 12/16/2015 and is tit. This document indicated on 7-3 shincluded on this sing no information on this type of disaster the origive any location. The information/answers questions printed on "During Drill". Did staff use proped. Was announcemed. Were all corridor of 5. Did staff respond After the Drill". Were all staff awas 2. Did personnel in orespond promptly? 3. did staff standby use The Immediate Jeopardy The surveyor confirm record review that the actions to remove the 1. The facility review disaster/emergency but not limited to see	March 2016 are signed and nance Supervisor). There ovided for April 2016. For May 2016 notes that is done on first shift ins 26 signatures. Ided for December is dated and Disaster Drill Report. Ites that the drill was iff. Fourteen signatures are be page document. There is is document to indicate what a little addressed, nor does it here are also no given for any of the following the Disaster Drill Report.  There is in the page document of the following the Disaster Drill Report.  There is in the page document of the following the Disaster Drill Report.  There is in the page document of the following the Disaster Drill Report.  There is in the page document of the following the Disaster Drill Report.  The page document of the following appropriately?  The page document of the following interview and the facility took the following and the facility took the following and mediate Jeopardy:  The page document of the following interview and the facility took the following and mediate Jeopardy:  The page document of the following interview and the facility took the following and mediate Jeopardy:  The page document of the facility took the following and mediate Jeopardy:  The page document of the facility took the following and following the facility took the following the facility took the following and following the facility took the following the facility the	F2	24		

		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	` '	PLE CONSTRUCTION  G		(X3) DATE SURVEY COMPLETED	
		145581	B. WING		,	C 07/12/2016	
	ROVIDER OR SUPPLIER  NURSING & REHAB CI			STREET ADDRESS, CITY, STATE, ZIP CODE 2 ANNABLE COURT CAHOKIA, IL 62206		1//12/2016	
(X4) ID PREFIX TAG	(EACH DEFICIENC	TATEMENT OF DEFICIENCIES CY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF COI (EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE DEFICIENCY)	SHOULD BE	(X5) COMPLETION DATE	
F 224	E3 Administrator and inservices for all staff disaster/emergency command during a department of the process of	6/8/16,6/10/16, and 6/17/16 d/or E13 QA Nurse conducted if on revision to manual related to chain of isaster, R.A.C.E. and of present on the dates the s provided were required to efore they worked another lestions were asked of staff cedures during the inservice. cility updated the Fire Watch edure Policy based on the endent Life Safety  ministrator, E4 Regional E23, DON, conducted I staff on the revised Fire edure. The inservice included e to the fire, individual duties the fire extinguisher and general fire instructions, and the revision was given to staff	F2	24			

	DF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION  A. BUILDING			(X3) DATE SURVEY COMPLETED	
		145581	B. WING				C <b>12/2016</b>
	ROVIDER OR SUPPLIER  NURSING & REHAB CE	NTER		STREET ADDRESS, C 2 ANNABLE COURT CAHOKIA, IL 622			
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFI TAG	(EACH (	VIDER'S PLAN OF CORRECTION CORRECTIVE ACTION SHOULD B REFERENCED TO THE APPROPRIA DEFICIENCY)		(X5) COMPLETION DATE
F 224	phone and it was con not present on the da was provided were re before they work ano	s process in person or by npleted by 7/8/16. Any staff tes of the inservice training quired to attend the training		224			
F 490 SS=L	A facility must be adn enables it to use its re efficiently to attain or	mental, and psychosocial	F-	90			
	by: Based on observation interview the facility for manner that enabled effectively and efficient practicable physical, well-being of each restailure was demonstrated response to an actual management personnel knowledge of the facille leadership in directing response. Fire personesidents and their look building. Facility staff residents closest to the from the origin of the building was evacuate from any person in challenger.	g staff during the fire nnel were not notified of cation in the burning f neglected to evacuate the ne fire first and those away					

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	` ′	(X2) MULTIPLE CONSTRUCTION  A. BUILDING		(X3) DATE SURVEY COMPLETED	
			A. BOILD	NG _		Ι,	C
		145581	B. WING				12/2016
NAME OF P	ROVIDER OR SUPPLIER	•		S	TREET ADDRESS, CITY, STATE, ZIP CODE	<u></u>	
CVHUKIV	NURSING & REHAB (	PENTED		2	ANNABLE COURT		
CAHORIA	NURSING & REHAD	CENTER		C	CAHOKIA, IL 62206		
(X4) ID PREFIX TAG	(EACH DEFICIE!	STATEMENT OF DEFICIENCIES NCY MUST BE PRECEDED BY FULL R LSC IDENTIFYING INFORMATION)	ID PREF TAG		PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD B CROSS-REFERENCED TO THE APPROPRIA DEFICIENCY)		(X5) COMPLETION DATE
F 490	prolonged the resid facilities. Facility manuser that all staff respond to an actual in an immediate ject (R1-R6, R11-R15, Ithospital visits for some related conditions in These failures resulus Jeopardy. The Immediate devacuation of the releadership in mana notify the Fire Department of the disaster plan during facility and failed to previously been addithe disaster plan. While the immediate 2016, the facility reresevaluate the knowled management staff the disaster prepared to the revised disaster including tracking to trained, and that management of Head Coordinator) states	lal records and medication lent's ultimate transfer to other anagement staff neglected to was adequately trained to all fire. These failures resulted opardy with fourteen residents R19, R23, R24) requiring moke inhalation and other fire including anxiety/panic attacks. Ited in an Immediate mediate Jeopardy began on a facility management staff the knowledge of the Disaster tively direct staff in an orderly esidents, failed to provide ging the response, failed to artment of residents still in the iled to effectively execute the gan actual fire in the nursing ensure that staff had equately trained to implement by was removed on July 12th, mains out of compliance at a additional time is required to edge and ability of to direct all staff related to ess training, implementation of a plan, ongoing training efforts, or ensure that all staff are fully anagement personnel ning are qualified and capable	F	490			

		IDENTIFICATION NUMBED:		PLE CONSTRUCTION  G		(X3) DATE SURVEY COMPLETED	
		145581	B. WING			C 07/12/2016	
	ROVIDER OR SUPPLIER NURSING & REHAB CE	111		STREET ADDRESS, CITY, STATE, ZIP COI  2 ANNABLE COURT  CAHOKIA, IL 62206	•	1//12/2016	
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CO (EACH CORRECTIVE ACTIO CROSS-REFERENCED TO THI DEFICIENCY)	N SHOULD BE E APPROPRIATE	(X5) COMPLETION DATE	
F 490	documents that the lot responded for a reposition of the personnel they found the right rear of the b (E) hallways with polifrom the business brownesidents from the 50 This same document found the fire quick 509 while other fire properations. It was at residents were still in female victim (residently primary searches were personnel) from room victims were found. The removed from room 505 a male residently a male residently a male residently from the properation. The room 505 a male residently from 100 model 15/2016 at 1:3 management Services Manager) stated that scene no facility staff 15 minutes. Z10 stated the still in the building. Z coordination whatsoe minutes to one hour abe given any kind of medical needs only to medical needs only to the staff could needs only to medical needs only to the staff could needs only to medical needs only to the staff could needs only to medical needs only to the staff could needs only to medical needs only to the staff could needs only to medical needs only to the staff could needs only to medical needs only to the staff could needs only to medical needs only to the staff could needs only to medical needs only to the staff could need to need the staff could need to need the staff could need the s	n NFIRS-1 dated 05/31/2016 ocal fire department orted fire in a room on the cility. This same report arrival of fire units and I heavy smoke coming from uilding located near (F) and ice officers and employees eaking windows to remove 10 hall." It reports that "fire personnel ly and contained to room ersonnel were in rescue this time that several side (500 Hall) where a not) was found in the hallway. For performed (by fire in 501 to 516 where several one male (resident) was 503 through the window. In ident was removed through sident from room 506 was soom and down the hallway in soPM Z10 (Emergency es/EMS Operations when he arrived on the fivere in charge for the first	F 4	90			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION  (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:			l ' '	PLE CONSTRUCTION  G		(X3) DATE SURVEY COMPLETED	
		145581	B. WING			C 07/12/2016	
	ROVIDER OR SUPPLIER  NURSING & REHAB CE	1		STREET ADDRESS, CITY, STATE, ZIP CODE  2 ANNABLE COURT  CAHOKIA, IL 62206		3771272016	
(X4) ID PREFIX TAG	(EACH DEFICIENC	TATEMENT OF DEFICIENCIES CY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF COF (EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE DEFICIENCY)	SHOULD BE	(X5) COMPLETION DATE	
F 490	(IDPH Field Superviscensus of the facility conflicts with later caccording to the Cerand the Cahokia Nurwith Destination doc Z16 (Illinois Departm Regional Supervisor 5/31/2016. Z16 repopm in response to Drisin charge? Is Adm (Facility Regional Optobe in charge, he's answer who the Admanses but not confir E4 were identified as of fire.  Department of Public 6/17/2016 document of Cahokia Nursing abeen Administrator of E41 was not one of the staff the night of the appear on any listing facility.  On 6/6/2016 at 2:05 that her title was Administrator's license financial and Professioned as of 6/17/2016 found for active nursilicense for Illinois.	int for residents. ions Director) stated to Z14 ion) at 5:59 pm that the was 104. This number ensus numbers of 106 isus Sheet dated 5/31/2016 ising and Rehab Patient List ument dated 5/31/2016 isent of Public Health ) was on scene at the fire on orted on 5/31/2016 at 9:34 epartment question of "who instrator there?" that E2 ioerations Manager) is " said been in and out. No straight inistrator is, been given two med. Still chaotic." E3 and is the two names given at time  C Health records as of it that E41 is the Adminstrator and Rehab Center and has if record since July 1, 2015. The names given to IDPH fire and her name does not it of personnel provided by the  pm E3 (Administrator) stated ministrator and that she was 31/2016. During interview on m E3 indicated that she	F 4	90			

IDENTIFICATION NUMBER:	A. BUILDING		(X3) DATE SURVEY COMPLETED		
145581	B. WING		07/12/2016		
ENTER	2 AN	NABLE COURT	07/12/2010		
STATEMENT OF DEFICIENCIES ICY MUST BE PRECEDED BY FULL R LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORREC (EACH CORRECTIVE ACTION SHOI CROSS-REFERENCED TO THE APPR DEFICIENCY)	ULD BE COMPLETION		
ge 23  was not on the premises out. E3 related that she had byee to be fingerprinted 3 stated that she was notified 20 pm, however call went to med to the facility and was 3 stated that she "checked on o needed treatment and 6/15/2016 at 11:15 am, E3 cting Administrator of the nation conflicts with sly provided by E3 on stated she was Administrator 016 at 1:25 pm that E3 has since 5/23/2016. According to strator less than 30 days at ad Rehab Center Department onnel phone list dated as E3 as Administrator. ations Director) provided a 54 attled Fire Safety and Disaster ual with a revision date of ument lists under OCEDURE: BASIC LINES OF main objective and first g any disaster or emergency is being of the residents. always remain calm and ants so that transfer or ares can be carried out the least amount of problems The chain of command at	F 490				
	ge 23  was not on the premises out. E3 related that she had byee to be fingerprinted 3 stated that she was notified 20 pm, however call went to med to the facility and was 3 stated that she "checked on o needed treatment and 6/15/2016 at 11:15 am, E3 cting Administrator of the nation conflicts with sly provided by E3 on stated she was Administrator 016 at 1:25 pm that E3 has since 5/23/2016. According to strator less than 30 days at d Rehab Center Department onnel phone list dated as E3 as Administrator. Intions Director) provided a 54 itled Fire Safety and Disaster all with a revision date of ument lists under OCEDURE: BASIC LINES OF main objective and first g any disaster or emergency is being of the residents. All ways remain calm and the so that transfer or tree can be carried out the least amount of problems The chain of command at	ENTER  STATEMENT OF DEFICIENCIES JOY MUST BE PRECEDED BY FULL R LSC IDENTIFYING INFORMATION)  TAG  TAG  TAG  GE 23  F 490  TAG  TAG  F 490  F	STREET ADDRESS, CITY, STATE, ZIP CODE  2 ANNABLE COURT CAHOKIA, IL 62206  D PROVIDER'S PLAN OF CORRECT IVE AND STATEMENT OF DEFICIENCIES ICY MUST BE PRECEDED BY FULL R LSC IDENTIFYING INFORMATION)  TAG  PROVIDER'S PLAN OF CORRECT IVE ACTION SHO CROSS-REFERENCED TO THE APPR DEFICIENCY)  F 490  F		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING			(X3) DATE SURVEY COMPLETED	
		145581	B. WING _		0	C <b>7/12/2016</b>	
	ROVIDER OR SUPPLIER  NURSING & REHAB	CENTER		STREET ADDRESS, CITY, STATE, ZIP C 2 ANNABLE COURT CAHOKIA, IL 62206	•		
(X4) ID PREFIX TAG	(EACH DEFICIE	' STATEMENT OF DEFICIENCIES ENCY MUST BE PRECEDED BY FULL OR LSC IDENTIFYING INFORMATION)	ID PREFI TAG	PROVIDER'S PLAN OF X (EACH CORRECTIVE ACT CROSS-REFERENCED TO T DEFICIENCE	TION SHOULD BE THE APPROPRIATE	(X5) COMPLETION DATE	
F 490	If the Administrato Assistant Director at the time of a fire Charge Nurse will:  1. In case of department has be 2. Notify the A 3. Assign aid 4. Assign oth housekeeping laur 5. Notify the B Maintenance Supe 6. Keep calm situation is under of 7. Keep telepl On the same page Administrator, Director of Nursing Director of Nursing Director with space Phone. There are any staff. On 6/16/2016 at 5 Volunteer Fire Dep men rescued a tot hall, hall 500. One accident, that is, w were standing at the 509 (where fire standor, they stepped person on the hall checked to see if the person moaned, the staff informed him the building. Z1 (Chief Cahokia stated on 6/16/2016	d Charge Nurse in the facility r, Director of Nursing or of Nursing is not in the building e or disaster, the designated a fire, ensure that the fire een notified. Administrator of the situation es to assist as needed. er staff (i.e. dietary, ndry, etc.) as needed. Director of Nursing and ervisor. and assure resident that the	F	490			

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		(X2) MULT A. BUILDIN	IPLE CONSTRUCTION  IG	(X3) DATE SURVEY COMPLETED		
		145581	B. WING _			C 07/12/2016
	ROVIDER OR SUPPLIER  NURSING & REHAB CE			STREET ADDRESS, CITY, STATE, ZIP CODE  2 ANNABLE COURT  CAHOKIA, IL 62206		07/12/2016
(X4) ID PREFIX TAG			ID PREFIX TAG	PROVIDER'S PLAN OF CORRECT (EACH CORRECTIVE ACTION SHOWS CROSS-REFERENCED TO THE API DEFICIENCY)	OULD BE	(X5) COMPLETION DATE
F 490	Z1 asked the two nur residents in the building provide any answers building and Z1 lost the when he entered the (nursing station); he hall was standing oper to get into the core as have expected the dofurther stated that "nucontrol. Staff was all following directions a without permission comovements."  When Z1 was asked received any emergen prior to the fire and offacility, he answered On 6/16/2016 at 5:45 Coordinator, stated hemergency planning/ the facility prior to or On 6/16/2016 at 5:40.	ursing staff with masks on. rsing staff if there were any ing. The nursing staff did not is instead ran back into the hem in the smoke. Z1 stated 500 hall from the core area noticed the entrance to 500 en which allowed the smoke rea. Z1 stated that he would our to have been closed. He ursing staff was out of over the scene. They did not not kept moving patients ausing problems for patient  if he or his department ncy planning/coordination r after the fire from the "no".  PM, Z11, EMS System e never received an coordination planning from	F 4			
	staff informed him of When Z12 entered 50 identified as the origin coming from the corriroom. Z12 instructed this person. Z12 their resident (R1). Z13's (Emergency M. Coordinator) written a experience on 5/31/2	anyone in the building.  On hall and got to the room on of fire, he heard a moan idor floor just outside this I one of his men to check on helped evacuate this  anagement System account of his on-scene one				

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION IDENTIFICATION NUMBER: A. BUILDING				(X3) DATE SURVEY COMPLETED	
			A. BOILD	NG_		Ι ,	C
		145581	B. WING				12/2016
NAME OF P	ROVIDER OR SUPPLIER			S	STREET ADDRESS, CITY, STATE, ZIP CODE	<u> </u>	
CVHUKIV	NURSING & REHAB C	PENTED		2	ANNABLE COURT		
CAHONIA	NURSING & REHAD C	PENTER		(	CAHOKIA, IL 62206		
(X4) ID PREFIX TAG	(EACH DEFICIEN	STATEMENT OF DEFICIENCIES NCY MUST BE PRECEDED BY FULL R LSC IDENTIFYING INFORMATION)	ID PREF TAG		PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD B CROSS-REFERENCED TO THE APPROPRIA DEFICIENCY)		(X5) COMPLETION DATE
F 490	weather "app." Z1 were multiple Police Department, and En agencies present w available." Accordir further inquiry regar seemed that there were regarding the actual home) residents pre transport and the de Z13 report indicates numbers from multi 103 to 106 and that been counted twice (Z14, 15, 16) along Ombudsman was a bed availability in the pre-planned shelter management to get elements which incitimes visible lightnir Fire Safety and Dis on pages 19-25 list contact information well as level of care indicates that it was the time of the fire, utilized by manager relied on IDPH staff facilities. E1 (Maintenance S at 11 am that E18 w Nurses at the time of what she was doing the event of a fire, the everything. If the A	B degrees according to his B also documented that "there B Department, Fire mergency Medical Service ith many transport vehicles ing to Z13's report, "upon rding transport plans it was quite a bit of confusion I number of NH (nursing esent, how many still required estination of those waiting." Is that "I heard resident ple people that ranged from possibly some residents had IDPH LTC (Long Term Care) with a Senior Citizen ttempting to lock down NH re region. There was no ing facility identified by these residents out of the luded the threat of rain and at	F	490			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  A. BUILDING				(X3) DATE COMP	SURVEY LETED
			A. BOILD	NG _	<del></del>	Ι,	C
		145581	B. WING				12/2016
NAME OF P	ROVIDER OR SUPPLIER	1	ı	S	TREET ADDRESS, CITY, STATE, ZIP CODE		12.2010
				2	ANNABLE COURT		
CAHOKIA	NURSING & REHAB C	ENTER		(	CAHOKIA, IL 62206		
(X4) ID PREFIX TAG	(EACH DEFICIEN	STATEMENT OF DEFICIENCIES ICY MUST BE PRECEDED BY FULL R LSC IDENTIFYING INFORMATION)	ID PREF TAG		PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD B CROSS-REFERENCED TO THE APPROPRIA DEFICIENCY)		(X5) COMPLETION DATE
F 490	he notified the Admi because she was no sure if the sprinklers before the fire depa still in the building on E1 smoke was so the fire was. E1 state the decision for stafe to get residents out responding to the fire had been trained. En employed at the fact never received train staff for fire safety; It training manual to utteaches in fire safet extinguisher, what a responsibilities are in procedures. E23 (Director of Nur 1:40 pm that she state 6/2/2016. E23 note that E18 was the intage of the fire of the fire at the time of the fire site at the time of the scene around 6 pm. Information provided that E44 was Assist of the fire on 5/31/20 confirmed on 6/15/2 the Assistant Director was considered 6/20 personnel did not reattempts were made	rated he thinks the me fire department. E1 stated nistrator of the fire by phone of on site. E1 stated he is not as came on. E1 stated that rtment arrived, residents were in the 500 hall. According to hick nobody could tell where the detail that at this point, he made if to begin breaking windows. E1 stated that all staff was re in the manner in which they 1 stated that he has been illity for two years, but has ing about how to train other the said he was given a se. E1 stated what he y is how to use the fire all staff members in case of fire, and evacuation are ses) stated on 6/2/2016 at arted work with the facility on don 6/22/2016 at 3:00 pm the member of the Acting Director of Nurses from 2016. E18 confirmed on the Acting Director of Nurses the E18 stated she was not on the fire, but returned to the	F	490			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION  (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPL A. BUILDING	E CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
		145581	B. WING		C <b>07/12/2016</b>
	NAME OF PROVIDER OR SUPPLIER  CAHOKIA NURSING & REHAB CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE  2 ANNABLE COURT  CAHOKIA, IL 62206	1 07712/2010
(X4) ID PREFIX TAG	(EACH DEFICIENCY MUST BE PRECEDED BY FULL		ID PREFIX TAG	PROVIDER'S PLAN OF CORRECT  (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPRODEFICIENCY)	JLD BE COMPLETION
F 490	not met since she had had not met in the fa E2 (Regional Operat 11 am telephoned the Office and stated that move residents back preceded any notific the fire alarm/sprinkl functional. As of 7/8 not been given. Facility census recont twenty seven resided the time of the fire. R2, R4, R7, R8, R10 Patient List Cahokia Destination and Hos provided by Z11 (Em System Coordinator) residents (R1-R6, R four wings were ultimhospitals due to fire Centers for Medicare provided by facility nfire, eleven residents received hospice seresided on the 500 FR35-R40) had tube freceived hospice seresided on the 500 Four residents received who resided on the 500 Four	ty Assurance committee has as been Administrator and acility since the fire. tions Director) on 6/7/2016 at the Department Regional at the facility was "ready to a today." This phone call ation to the Department that the resystem was fully 1/2016 official notice had still at the resided on the 500 hall at 1/40 at 1/40, R11, R14, and R16-R34.  Nursing and Rehab with pital records dated 5/31/2016 hergency System Services of document that fourteen 11-R15, R19, R23, R24) from nately transferred to four area	F 490		
	(500 Hall) date of bir of Exacerbation of C	01/2015 documents that R2's th is 05/27/27 with diagnoses thronic Obstructive Dementia, Degenerative			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING			(X3) DATE SURVEY COMPLETED	
				-	<del></del>	Ι ,	С
		145581	B. WING				12/2016
NAME OF P	ROVIDER OR SUPPLIER		<u> </u>	5	STREET ADDRESS, CITY, STATE, ZIP CODE	1 0	12.2010
				2	2 ANNABLE COURT		
CAHOKIA	NURSING & REHAB	CENTER			CAHOKIA, IL 62206		
(X4) ID	SUMMARY	STATEMENT OF DEFICIENCIES	ID		PROVIDER'S PLAN OF CORRECTION		(X5)
PREFIX TAG	(EACH DEFICIE	ENCY MUST BE PRECEDED BY FULL OR LSC IDENTIFYING INFORMATION)	PREFI TAG		(EACH CORRECTIVE ACTION SHOULD E CROSS-REFERENCED TO THE APPROPRI DEFICIENCY)		COMPLETION DATE
F 490	Continued From page	age 29	F	490			
	· ·	erotic Heart Disease,					
		Failure, and Shortness of					
	_	ital Physician's Order Sheet					
		sts an admitting diagnosis of					
		Hospital Interventions and					
	Assessment dated	5/31/2016 documents that R1					
		ds course (sic) expiratory					
		l Physical Exam dated					
		nat R2 was "coughing up thick					
		subsequently had some					
	emesis in the Emergency Room" as well as "decreased breath sounds." The Hospital Assessment Plan Sheet dated 5/31/2016						
		ad "fever, maybe due to exposure and possible					
		tand monitor closely." The					
		Summary note dated 6/01/2016					
		year old woman admitted to					
		1/2016 with a diagnosis of					
	•	There is little information					
	accompanying this	patient. There is notation she					
		it, but we do not have					
	confirmation of wh	ich agency is involved."					
	, ,	spital Inpatient Record face					
	Sheet dated 5/31/2	2016 lists R1's birthdate as					
		spital Care Report Summary for					
		patient upper extremities being					
		nce crew was unable to obtain					
	•	t this time. Blood glucose					
		at this time with a result of 59.					
		ed oral glucose at this time.					
		answer any EMS (Emergency ices) questions at this time."					
		nd Physical Note dated					
		ents "This is an 87 year old					
		e Emergency Room with					
		She is a resident of Cahokia					
		bilitation Center. There was a					
	_	est evening and she was					

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:				(X3) DATE SURVEY COMPLETED	
			A. BOILD	ING _		Ι ,	С
		145581	B. WING				/12/2016
NAME OF P	ROVIDER OR SUPPLIER			5	STREET ADDRESS, CITY, STATE, ZIP CODE	1	
				2	2 ANNABLE COURT		
CAHOKIA	NURSING & REHAB (	CENTER		(	CAHOKIA, IL 62206		
(X4) ID	SUMMARY	STATEMENT OF DEFICIENCIES	ID		PROVIDER'S PLAN OF CORRECTION		(X5)
PRÉFIX TAG	,	NCY MUST BE PRECEDED BY FULL IR LSC IDENTIFYING INFORMATION)	PREF TAG		(EACH CORRECTIVE ACTION SHOULD B CROSS-REFERENCED TO THE APPROPRI DEFICIENCY)		COMPLETION DATE
F 490	Continued From pa	ae 30	F	490			
	-	She was experiencing a		100			
		oted her visit to the Emergency					
		Smoke inhalation injury." The					
		scharge Instruction sheet					
		ates "Discharge diagnosis:					
		Anemia Exacerbation."					
		ospital Face Sheet dated					
	, ,	ite of birth as 10/21/1933.					
	Hospital Emergenc						
	5/31/2016 indicates						
	(Emergency Manag						
	home. Patient's nu	rsing home had a fire this					
		patient was in a bus for					
		edly had a syncopal episode					
	_	eatPatient with history of					
		Accident with right sided					
		asia" An Emergency					
		ss Note dated 5/31/2016 at					
		has been reported that the bus					
	· ·	d nurse noted that a bottle of					
		ad with him was warm when he dents from the same situation					
		in for similar complaint					
		regarding patient and findings					
		y situational syncope due to					
		re and hectic environment."					
	Intervention/Assess						
		ed 5/31/2016 noted R12's					
	temperature was 99	9.1 and blood pressure was					
		nsus records for 5/31/2016					
	indicate R12 reside						
	Face sheet for R14	(500 Hall) documents that					
	R14's date of birth	is 9/19/1950. Emergency					
	Medical Service rep	oort for 5/31/2016 notes					
	"female pt (patient)	with possible low blood sugar,					
		knesspatient sitting upright					
	and slumped to the	right in her wheelchair.					
		tells EMS (Emergency					
	Medical Service) th	at pt has "seemed to be close					

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION IDENTIFICATION NUMBER: A. BUILDING				(X3) DATE COMP	SURVEY
			A. BOILD	ING _		,	c
		145581	B. WING				12/2016
NAME OF PI	ROVIDER OR SUPPLIER	1		5	STREET ADDRESS, CITY, STATE, ZIP CODE	1	
				2	2 ANNABLE COURT		
CAHOKIA	NURSING & REHAB C	ENTER		(	CAHOKIA, IL 62206		
(X4) ID	SUMMARY S	STATEMENT OF DEFICIENCIES	ID		PROVIDER'S PLAN OF CORRECTION		(X5)
PREFIX TAG	,	ICY MUST BE PRECEDED BY FULL R LSC IDENTIFYING INFORMATION)	PREF TAG		(EACH CORRECTIVE ACTION SHOULD B CROSS-REFERENCED TO THE APPROPRIA DEFICIENCY)		COMPLETION DATE
F 490	Continued From page	ge 31	F	490			
	- '	ating, and is weak. Pt has		100			
		ge area for approximately 90					
	_	vacuation from building." The					
		room Visit Report dated					
		year old female presents to					
		nentstatus postfire at					
		d Rehabilitation. Patient was					
		ng. She was evacuated and					
	sat outside for near						
	she started feeling						
	feels better nowh						
		f." The Hospital Emergency					
	Department Progres	ss note dated 5/31/2016					
	documents that R14	1 "presents for					
	lightheadedness aft	er being outsidein mid 80					
		firePatient's symptoms are					
	most likely from hea						
	· ·	eet dated 5/31/2016 notes					
	1	of birth as 6/8/1969. Hospital					
		isit Report dated 5/31/2016					
	,	female with history of					
		to Emergency Department by					
	, ,	Medical System) status post					
	i -	ent was initially short of breath					
		ss of breath resolved once in					
		nedical history-Alzheimer's					
		Cerebral Vascular Accident,					
	Seizures, Bipolar, D	eport Summary for R6 (300					
		pon arrival pt (patient) was					
		on non-rebreather at 15					
	, , ,	iced over his trach. Pt					
	1	ransferred to the stretcher and					
	''	ck and loaded in the back					
		other pt was a nurse from the					
		e pt. Once in the back, vitals					
		was no info on the pt except					
		ne per the other pt." R6's					
		ate of Medical Necessity from					

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		(X2) MULT A. BUILDIN	TIPLE CONSTRUCTION  NG		(X3) DATE SURVEY COMPLETED	
		145581	B. WING			C <b>07/12/2016</b>
	ROVIDER OR SUPPLIER NURSING & REHAB CE	111		STREET ADDRESS, CITY, STATE, ZIP C 2 ANNABLE COURT CAHOKIA, IL 62206	ODE	0//12/2016
(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 ACT CROSS-REFERENCED TO T	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	
F 490	a regional hospital da of Smoke Inhalation. "Reason for transport unable to self adminismonitoring/suction, or incoherent, disoriente R11's (500 Hall) Preh Summary dated 5/31 year old male with his car accident and is unquestion at this time. Summary dated 5/31. Problems: Ileus, Seiz Inhalation"  A Hospital Face Sheer R15's (600 Hall) date Emergency Room Visnoted "Patient presewhere she was a resistates she was not in not inhale any smoke preparing to transported increased pulses feeling anxious. Patis somewhat improved feels it was likely a patis of 2/2016 when visited that "she went to the attack."  R15's Prehospital Ca 5/31/2016 notes this transport was "dispat for Cahokia Nursing amultiple pt (patients) needing transported. of severe anxiety pro	thed 5/31/2016 lists diagnosis This same document notes to exygen required and ster, airway contractures upper/lower, and level of consciousness." to spital Care Report t/2016 notes that R11 is a 37 story of brain injury due to the hable to answer any Hospital Patient Health t/2016 lists "Active trure Disorder, Smoke  at dated 5/31/2016 lists of birth as 9/08/44. Hospital sit Report dated 5/31/2016 tentsafter nursing home dent had a fire. Patient the area of the fire and did the hot when they were ther to another facility, she and shaking as well as the total track." R15 stated on d in the destination facility thospital due to a panic  are Report Summary dated the total track of the fire with the area of the fire and son the coming here and son the coming here and son the coming here and son the destination facility thospital due to a panic	F	490		

AND DIAN OF CORRECTION IDENTIFICATION NUMBER		1 ' '		COMPLETED	
	145581	B. WING		C 07/12/2016	
OVIDER OR SUPPLIER	ENTER	2	STREET ADDRESS, CITY, STATE, ZIP CODE  2 ANNABLE COURT  CAHOKIA, IL 62206		
(EACH DEFICIEN	ICY MUST BE PRECEDED BY FULL	ID PREFIX TAG	(EACH CORRECTIVE ACTION SHOULD	D BE COMPLETION	
Service) "I just can'that I wasn't going to time and I would be team advised EMS the area of the fire a before she was in a the SNF (Skilled Nuthat this pt (patient) and is normally very situation has made arrival patient found areaThe pt (patient) levels of anxiety and calming down and redocuments that R18 scene at 5:47 pm.  Prehospital Care Re Hall) dated 5/31/20 "having chest pain has swallowed som him chest pain has swallowed som him chest pain which scalept then state of breath so 4L of 0 was established and"  R3's (600 Hall) Pref Summary dated 5/3 years old. Under Care and the first pain which scale are the same state of the same state of the same state of the same state of breath so 4L of 0 was established and"	t calm down. I was so scared of make it out of the building in burned alive." The triage that this pt (patient) was not in and was evacuated well my harm. A staff member of prince and this her very nervous. Upon a sitting outside in the triage my over all has very high dis having severe difficulty in elaxing "This same report to was transported from the fire the properties of the prince and that is giving states that the pain is on the properties and the was becoming short 2 via a NC (nasal cannula) dipt states that R3 is 97 omments in this document is	F 490			
has swallowed som him chest pain. Pt stright side just below constant pain which scalept then state of breath so 4L of 0 was established and"  R3's (600 Hall) Pref Summary dated 5/3 years old. Under Colisted Dementia with states that R3 is "conly, sitting in a cha	e smoke and that is giving states that the pain is on the the nipple line and is a he rates it at 10/10 pain ed that he was becoming short 2 via a NC (nasal cannula) dipt states that he feels better nospital Care Report 1/2016 notes that R3 is 97 omments in this document is a Alzheimer's. The report onscious, alert, to person ir and staff states that she				
	CORRECTION  OVIDER OR SUPPLIER  SUMMARY S (EACH DEFICIEN REGULATORY OF  Continued From pag Service) "I just can' that I wasn't going to time and I would be team advised EMS the area of the fire a before she was in a the SNF (Skilled Nu that this pt (patient) and is normally very situation has made arrival patient found areaThe pt (patient) levels of anxiety and calming down and r documents that R15 scene at 5:47 pm.  Prehospital Care Re Hall) dated 5/31/20 "having chest pain has swallowed som him chest pain Pt s right side just below constant pain which scalept then state of breath so 4L of 0 was established and"  R3's (600 Hall) Pref Summary dated 5/3 years old. Under Co listed Dementia with states that R3 is "co only, sitting in a cha	CORRECTION  IDENTIFICATION NUMBER:  145581  OVIDER OR SUPPLIER  SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)  Continued From page 33  Service) "I just can't calm down. I was so scared that I wasn't going to make it out of the building in time and I would be burned alive." The triage team advised EMS that this pt (patient) was not in the area of the fire and was evacuated well before she was in any harm. A staff member of the SNF (Skilled Nursing Facility) advised EMS that this pt (patient) has a severe anxiety problem and is normally very nervous as it is and this situation has made her very nervous. Upon arrival patient found sitting outside in the triage areaThe pt (patient) over all has very high levels of anxiety and is having severe difficulty in calming down and relaxing " This same report documents that R15 was transported from the fire	OVIDER OR SUPPLIER  NURSING & REHAB CENTER  SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)  Continued From page 33  Service) "I just can't calm down. 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Pt states that the pain is on the right side just below the nipple line and is a constant pain which he rates it at 10/10 pain scalept then stated that he was becoming short of breath so 4L of 02 via a NC (nasal cannula) was established and pt states that R3 is 97 years old. Under Comments in this document is listed Dementia with Alzheimer's. The report states that R3 is "conscious, alert, to person only, sitting in a chair and staff states that she	OVIDER OR SUPPLIER  145581  D. WING  STREET ADDRESS, CITY, STATE, ZIP CODE  2 ANNABLE COURT CAHOKIA, IL. 62206  SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR ISC IDENTIFYING INFORMATION)  Continued From page 33  Service) "I just can't calm down. I was so scared that I wasn't going to make it out of the building in time and I would be burned allve." The triage team advised EMS that this pt (patient) was not in the area of the fire and was evacuated well before she was in any harm. 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Under Comments in this document is listed Dementia with Alzheimer's. The report states that R3 is "conscious, alert, to person only, sitting in a chair and staff states that she	

	OF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULT A. BUILDIN	IPLE CONSTRUCTION  NG		ATE SURVEY DMPLETED
		145581	B. WING _			C <b>07/12/2016</b>
	ROVIDER OR SUPPLIER  NURSING & REHAB CE	ENTER		STREET ADDRESS, CITY, STATE, ZIP CODE 2 ANNABLE COURT CAHOKIA, IL 62206		
(X4) ID PREFIX TAG	(EACH DEFICIENC	TATEMENT OF DEFICIENCIES CY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFI) TAG	PROVIDER'S PLAN OF COF ( (EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE / DEFICIENCY)	SHOULD BE	(X5) COMPLETION DATE
F 490	Continued From pag	ne 34	F4	190		
	System) arrived she she is in her normal (patient) is on 4L (lite times."  Report titled Cahokia List with Destination indicates R5, R19, R	wasn't acting right but now state. Staff states that the pt ers) of O2 (oxygen) at all  a Nursing and Rehab Patient with date of 5/31/2016				
	fire.	nospitals on the date of the				
	2016. E3, Administr Immediate Jeopardy The surveyor confirm record review that th actions to remove th 1. The facility retaine Consultant to review recommendations fo	manual before it was				
	but not limited to sec	evised on 6/1/16 including ctions on reporting chain of on procedures, and fire				
	6/17/16, E3 Administration Assurance) Nurse of staff on revision to direlated to chain of condisaster evacuation presponse procedures P.A.S.S. Any staff not inservice was provided.	6/8/16, 6/10/16, and trator and/or E13 QA(Quality onducted inservices for all isaster/emergency manual ommand during a disaster, procedures, emergency including R.A.C.E. and of present on the dates the ed were required to attend ney worked another shift.				

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION  (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION  A. BUILDING		(X3) DATE SURVEY COMPLETED	
		145581	B. WING		C 07/12/2016
	NAME OF PROVIDER OR SUPPLIER  CAHOKIA NURSING & REHAB CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE  2 ANNABLE COURT  CAHOKIA, IL 62206	, 02.20.0
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECT (EACH CORRECTIVE ACTION SHOU CROSS-REFERENCED TO THE APPRO DEFICIENCY)	ILD BE COMPLETION
F 490	Continued From page	e 35	F 490		
	Policy and the Fire P	cility updated the Fire Watch rocedure Policy based on Safety Consultants review.			
	Nurse on 7/8/16 on the verbal test of their known that time. E3 and E13 verbal or written test completed by E4 on a procedure. The facility place at the nurses so is to be used at the time charge. E3 and E13 this process in person completed by 7/8/16, dates the inservice the required to attend the another shift. The insechain of command; the removing reidents in unless the fire does not order to evacuate; not and maintenance per person will report to the to receive the fire degree that the same test of the receive the fire degree that the same test of the receive the fire degree that the same test of the receive the fire degree that the same test of the receive the fire degree that the same test of the receive the fire degree that the same test of the receive the fire degree that the receive the receive the fire degree that the receive the	ry put a dry erase board in tation. The dry erase board me of a fire to identify who is a are inservicing all staff on n or by phone and was. Any staff not present on the aining was provided were a training before they worked ervice material included e evacuation plan, ie the area of the fire first not permit; who can give the a propping the barrier doors; asonel or the assigned the main door of the building partment.			
	4/25/16. E3 was notif approved to sit on 10 Administrator's(exam temporary license is of Illinois Department of 7/11/16 to obtain a st	). Application for the complete. E3 contacted the Frofessional Regulation on atus on her temporary the check was cashed on			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION  (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION  A. BUILDING		(X3) DATE SURVEY COMPLETED	
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	ROVIDER OR SUPPLIER  NURSING & REHAB C	ENTER		STREET ADDRESS, CITY, STATE, ZIP CODE  2 ANNABLE COURT  CAHOKIA, IL 62206	1 07/12/2010
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F 517	Continued From pag	ge 36	F 51	7	
F 517 SS=L		TEN PLANS TO MEET	F 51	7	
	procedures to meet	ve detailed written plans and all potential emergencies and re, severe weather, and			
	by: Based on observatireview the facility faidisaster plan during room. Staff failed to plan resulting in total response effort description of the residents was residents who were fire were evacuated the hall where the fire evacuated later. The clear chain of common communication contithe whereabouts of transfer of residents to alert and direct fire the direct area of the responded to the alafound by Fire Fighte (R1-R6, R11-R15, Responded with the facility disaster plan location/contact info could potentially received.	on, interview, and record fled to effectively execute their an actual fire in a resident's fully implement the disaster of facility evacuation and a cribed as chaotic. Evacuation done backwards; those not in the direct area of the first, while those residents in the was located were a facility 's failure to have a land and the resultant poor ributed to delays in identifying all residents and subsequent to other facilities. Staff failed the fighters to residents still in the fire when fire fighters arm. Four residents were res. Fourteen residents were res. Fourteen residents fire and evacuation. Despite thaving information related to rmation for local facilities who eive residents, facility staff information and implement an			

STATEMENT OF DEFICIENCIES  AND PLAN OF CORRECTION  (X1) PROVIDER/SUPPLIER/CLIA  IDENTIFICATION NUMBER:		1 ' '	LE CONSTRUCTION	(X3) DATE SURVEY COMPLETED		
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	ROVIDER OR SUPPLIER  NURSING & REHAB C			STREET ADDRESS, CITY, STATE, ZIP CODE  2 ANNABLE COURT  CAHOKIA, IL 62206	07/12/2016	
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F 517	records and medical physical harm (smo as well as psychosofearing they would be These failures resuld Jeopardy. The Imm May 31, 2016 when effectively execute the actual fire in the nur While the immediace 2016, the facility rereseverity Level 2 as evaluate the ability execute the revised Findings include:	esidents, securing medical tions. These failures caused ke inhalation) and discomfort ocial harm with residents of "burned alive." ted in an Immediate nediate Jeopardy began on facility staff failed to the disaster plan during an using facility.  If y was removed on July 8, mains out of compliance at a additional time is required to of staff to fully implement and disaster plan.	F 51	7		
	Services Coordinate Department Public I May 31, 2016 at 5:1 with total resident e and Rehab. Z14 and Z15 (Illinois Field Supervisor) ar May 31, 2016. Z14 on 5/31/2016, ten a and three school bu scene of the nursing Operations Director that the census of th number conflicts wit 106 according to the 5/31/2016 and the C Patient List with Des 5/31/2016. Fire Department for documents that the	ment of Health Emergency or) notified Z14 (Illinois Health Field Supervisor) on 0 pm that there was a fire vacuation at Cahokia Nursing s Department Public Health rived onsite at 5:50 pm. on and Z15 noted that at 5:55 pm mbulances, four fire trucks, uses were present at the g home fire. E2 (Regional ) stated to Z14 at 5:59 pm ne facility was 104. This ch later census numbers of the Census Sheet dated Cahokia Nursing and Rehab stination document dated  m NFIRS-1 dated 5/31/2016 Cahokia Fire Department corted fire in a room on the				

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION  (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPI A. BUILDING	LE CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
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F 517	Continued From pag 500 hall (E) at Cahol	e 38 kia Nursing and Rehab.	F 51	7	
	Upon arrival of fire un found heavy smoke of the building located r with police officers and business breaking with from the 500 hall that This same document found the fire quick 509 while other fire properations. It was at residents were still in in the 500 hallway performed from room victims were found. 503 through window removed through wir resident removed ou in wheelchair "  This document notes received an alarm at arrival time noted as Z1 (Chief Cahokia Volume to the sure of	coming from the right rear of the right reports that the right reports that the right reports that the right rescue the right reports that right reports that the right reports that right reports that the right reports that reports that right reports that			
	arrived on the scene building, Z1 was met masks on. Z1 asked were any residents ir staff did not provide a back into the building smoke. Z1 stated wh from the core area (r the entrance to 500 h allowed the smoke to	and was about to enter the aby two nursing staff with the two nursing staff if there in the building. The nursing any answers; instead rang and Z1 lost them in the en he entered the 500 hall nursing station); he noticed hall was standing open which o get into the core area. Z1 have expected the door to			
	have been closed. H staff was out of contr scene. They did not t	e further stated that "nursing ol. Staff was all over the follow directions and kept out permission causing			

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		I ' '	CONSTRUCTION	(X3) DATE SURVEY COMPLETED		
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F 517	problems for patient E2 (Regional Opera page document entite Preparedness Manto 03/31/13. This doct EMERGENCY PROAUTHORITY; "The consideration during the safety and well-Employees should a reassure the reside evacuation procedule effectively and with or accidental injury. Cahokia Nursing and 1. Administrator 2. Director of N. 3. Assistant Director of N. 3. Assistant Director of the Administrator, Assistant Director of at the time of a fire of Charge Nurse will:  1. In case of a department has been 2. Notify the Administrator of Notify the D. Maintenance Super 6. Keep calm assituation is under contract of Nursing, Director of Nursing, Dietary Manager, M.	at movements."  attions Director) provided a 54  attied Fire Safety and Disaster  all with a revision date of  aument lists under  DCEDURE: BASIC LINES OF  main objective and first  g any disaster or emergency is  being of the residents.  always remain calm and  ants so that transfer or  ares can be carried out  the least amount of problems  The chain of command at  ad Rehabilitation is:  or  Aursing  rector of Nursing  Charge Nurse in the facility  Director of Nursing or  f Nursing is not in the building  or disaster, the designated  fire, ensure that the fire  en notified.  dministrator of the situation  is to assist as needed.  r staff (i.e. dietary,  dry, etc.) as needed.  irector of Nursing and  visor.  and assure resident that the	F 517			

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SI COMPLE (COMPLE)							
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					DEFICIENCY)		
F 517	any staff. On 6/16/2016 at 5:3 Volunteer Fire Deparmen rescued a total hall, hall 500. One accident, that is, who were standing at the 509 (where fire stardoor, they stepped person on the hall checked to see if the person moaned, the staff informed him of the building. When department received planning/coordinated the fire from the fac On 6/16/2016 at 5:4 Coordinator, stated emergency planning the facility prior to on 6/16/2016 at 5:4 Volunteer Fire Department of the building of the facility prior to on 6/16/2016 at 5:4 Volunteer Fire Department of the collection	no phone numbers listed for 100 PM, Z1, Chief, Cahokia artment, stated that he and his a for 4 residents from the fire resident was rescued by the Z1 and some of his men the entrance of door to room ted), after laying water on the back and bumped into a corridor floor. One of his men the person was alive, the ey evacuated her. No nursing of any potential residents left in Z1 was asked if he or his did any emergency on prior to the fire and or after illity, he answered "no". If S PM, Z11, EMS System the never received an any coordination planning from the fire incident. If the property of anyone in the building. If anyone in the building. If anyone in the building. If anyone in the building of fire, he heard a moan recording the property of the room the property of the room grin of fire, he heard a moan recording the property of the room grin of fire, he heard a moan recording the property of the room grin of fire, he heard a moan recording the property of the room grin of fire, he heard a moan recording the property of the room grin of fire, he heard a moan recording the property of the room grin of fire, he heard a moan recording the property of the room grin of the property	F	517			
	weather "app." Z1	3 degrees according to his 3 also documented that Police Department, Fire					

	OF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	l ` ′	FIPLE CONSTRUCTION NG		E SURVEY IPLETED
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F 517	agencies present vavailable." Accord further inquiry regareseemed that there regarding the actual home) residents programmer and the control of transport and tr	imergency Medical Service with many transport vehicles ding to Z13's report, "upon arding transport plans it was quite a bit of confusion al number of NH (nursing resent, how many still required destination of those waiting " as that "I heard resident tiple people that ranged from at possibly some residents had be. IDPH LTC (Long Term Care) away with a Senior Citizen attempting to lock down NH attempting to lock down NH are region. There was no aring facility identified by at these residents out of the cluded the threat of rain and at aning." agle level facility with five wings rooms extending out from a athere the nurse's station is a seel configuration). The 400 ain dining room, kitchen, and aring clockwise around the ath the 400 hall, the spokes are and hall, 200 hall, and 300 hall. and was determined to be	F	517		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION  (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		` ′	IPLE CONSTRUCTION		(X3) DATE SURVEY COMPLETED	
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F 517	Z10 stated when to not tell them how building. Z10 stated whatsoever." Z10 one hour after the any kind of inform needs. Z10 stated Operations) asked regarding finding the After Action Ref 6/16/2016, an unid that she "asked mesidents going arthey did not know were going to-just Z10 stated during meeting that with present at the faci transported all reswere needed to be not produce the fafor the residents. Fire Safety and Dion pages 19-25 lis contact informatio well as level of caindicates that it was the time of the fire utilized by managurelied on IDPH stafacilities.  This same Fire SaPreparedness Ma 03/31/13 contains related to evacuate	imber of residents on site." They arrived, facility staff could many residents were still in the ed, "There was no coordination 0 stated it took 45 minutes to ir arrival for EMS to be given ation about residents' medical 1 that E2 (Facility Regional d Z10 "What is your plan?" placement for residents. During eview meeting held on dentified responder commented fursing staff where were these and nursing staff responded that and they didn't care where they get them out of here." The After Action Review the amount of transport vehicles sidents quicker to where they e, however facility staff could have easily sidents quicker to where they e, however facility staff could have sheet and the medications is asster Preparedness Manual est area nursing homes with in including phone numbers as the provided. Document as last revised on 3/31/2013. At e, this information was not ement staff. Management staff aff and EMS staff to contact	F	517		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION  (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION  A. BUILDING			(X3) DATE SURVEY COMPLETED		
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F 517	Continued From page	e 43	F t	517			
	on the particular disa.  1. Evacuation of or wing of the facility  2. Temporary ev facility to outside asse evacuation of all resid facilities."  Page 5 of this docum INTRODUCTION:  "The following fire sa preparedness manual basic steps needed to	es IDENTS notes: es of evacuation, depending ester situation: residents from one section to another section or wing. acuation of residents out of embly area 3. Complete dents to another facility or ent lists under					
	facility rests with the and safest exits and the event that the from assemble in the parkithe building."  Item numbers 3 and 8 Evacuating Facility " is to manage medicate and when to evacuate department of the event that the from assemble in the parkithe building."	r Evacuation stating: er evacuation from the Administrator, or designee. De ordered by the fire agency or civil defense. In cy, evacuation of residents, ald first be from the area of a complete evacuation from decessary, residents are to facility utilizing the nearest aken outside to the front dead count will be taken. In ant parking lot is unusable, ang lot located at the back of under the section "Before addresses how facility staff ions and medical records					

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION  (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPL A. BUILDING	E CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
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F 517	or to the evacuation 5. Do not evacuate Under the title Evacus specific instructions given. Items 5 and 6 and accounting for r instructs staff to: 1. After the order for given, utilize only the usable. 4. At least one pers outside assembly ar remain in the area. allowed to return to until an all-clear sign 5. Move all medicat to evacuation site, if current census sheer residents. 6. Once of all residents, visitors missing persons to to local law agency per On page 2 of this do Temporary Evacuati Assembly Area: "There may be situat the facility is tempor where the Fire Chief threat where the loce evacuation). 1. After order for utilize only those ex 2. Evacuate re a. Ambulat	e to move them to a safe area site, when possible. until order is given. uation (still on page 8), related to the evacuation are address again medications residents. This document are an evacuation has been ose exits that are declared as son shall be assigned to the rea to assure that all persons. No resident or visitor shall be the facility or danger area hal has been sounded. It ion and open medical records a possible. Use Kardex or set to account for all utside the facility, account for and staff and report any the fire department or other	F 517		
	evacuation. If there able bodied person	ected along routes of are enough personnel, one should lead the residents and bring up the rear. All			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION  (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTI A. BUILDIN	PLE CONSTRUCTION  G		(X3) DATE SURVEY COMPLETED	
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F 517	Continued From pag	e 45	F 5	17		
	residents should form walk, not run, to the should not stop for cobelongings.  b. Wheelch wheeled outside. c. Bed-bourd or carries (see Appe 2. Outside asseresidents from buildit lots. If this area is not assembly areas will of the building."  Page 9 of the Disast titled Fire Safety Poincludes the following."  Page 9 of the Disast titled Fire Safety Poincludes the following. "1. Fire prevention is residents, and visitor 3. If the facility sprint are inactivated for remust be initiated. 5. When the fire alated. Stop all non-emediate Begin removing close doors. Get a fire exting station to await further Remain calm 9. If fire is minor endso.  10. Movement in an should always be awand smoke. Resider to an area that place them and the fire, redanger first. Fire amprovide temporary (1)	n a chain holding hands and nearest exit. Residents lothing or personal air residents-Should be and residents-by bed, stretcher and the process of the parking of the parking lot useable, the secondary be the parking lot at the back of the personal stretches are preparedness Manual is ants to Remember and grounds: The responsibility of all staff, as a cler or fire alarms systems pair fire watch procedures of the personal stretches are sounds: the responsibility of all staff, as a cler or fire alarms systems pair fire watch procedures of the personal staff, as a cler or fire alarms systems pair fire watch procedures of the personal staff, as a cler or fire alarms systems pair fire watch procedures of the personal staff, and the personal staff, as a clerk the personal staff, as a clerk the personal staff, and the personal staff, as a clerk the personal staff,				

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F 517	Continued From page	· 46	F 5	517		
	doors separate all the and will automatically activated. At no time propped open.  11. If a resident, visitor frightened and/or commove him/her to a podepartment or local laimmediately, so they Page 10 of this docur PROCEDURE include to staff:  "During a fire or whe departments will funct CHARGE NURSE: The serve as charge nurse authority until relieved department personner the charge nurse will and delegate staff resinurse will get a copy the head count, in the event of the facility The 100/responsible for getting ready for evacuation. NURSING STAFF: Noresident's safety by common all doors and in the hallway into the the door. Once the loannounced, evacuate timely manner. Move door between resider not on your assigned area of emergency to	e halls from the facility core close when the fire alarm is should barrier doors be or or staff member become abative and you cannot int of safety, tell the fire aw agency personnel can accomplish rescue." ment titled ACTUAL FIRE es the following instructions on the fire alarm sounds, all tion as follows: the Medicare Hall nurse will e and will exercise complete to by the Administrator or fire alarm sounds, report to the nurse's station apponsibilities The charge of the census sheet for a cent of an evacuation from 200 hall nurse will also be go med books and med carts are ursing staff will ensure the ecking their halls for pulled the smoke detectors, putting residents that are out a closest room and closing the area in a safe and the area in a safe and the area in a safe and the should place a fire the shall, be prepared to go to assist. Always leave a hall not affected, including				

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION  (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULT A. BUILDIN	PLE CONSTRUCTION  IG	(X3) DATE SURVEY COMPLETED		
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F 517	Continued From page	e 47	F 5	17		
	involved with the fire Alarm, make sure fire staff and building occ Contain, confine the doors to isolate the a Evacuate the immedi compartments. Extin	e alarm signal summons all supants effects of the fire by closing rea				
	went off. E1 checked indicated the problem the 400 hall. E1 four smoke detector due to overflowing. E1 rese went up into the ceiling drained the drip pan. interview on 6/16/201 was approximately 3: fire alarm went off the	During subsequent 6 at 11 am, E1 stated that it 15 pm-3:30 pm when the				
	department came to alarm went off; E1 to a false alarm triggere the smoke detector. It on 05/31/2016 E1 ins Practical Nurse, to he panel to silence the fit. E1 stated no fire was it only has to be in down four hours or minside the ceiling, he there was a fire. E1 gsmoke down the 500 staff had already star 500 hall. E1 stated to	the facility after the first ld the Fire Department it was ed by water dripping through E1 stated that about 3:45 pm				

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	` ′	TIPLE CONSTRUCTION NG	1 ,	(X3) DATE SURVEY COMPLETED	
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F 517	hall fire door. E1 s resident this was. E Nurses was preser was not sure what the event of a fire, everything. If the A Director of Nurses, Maintenance. E1 s receptionist called he notified the Adm because she was r sure if the sprinklet before the fire depostill in the building E1 smoke was so the fire was. E1 state decision for state of the decision for state of the fire was. E1 state decision for state of the fire was. E1 state decision for state of the fire was. E1 state decision for state of the fire was. E1 state of the fire safety; he said manual to use. E1 safety is how to us staff members responded evacuation produced of the fire was staff members responded evacuation produced of the fire was staff members responded evacuation produced of the fire was staff members responded evacuation produced of the fire was staff members responded evacuation produced evacuation evacuation produced evacuation	tated he is unsure which E1 stated the acting Director of at at the time of the fire, but he she was doing. E1 stated in the Administrator runs administrator isn't present, the is in charge, then the Assistant then the Charge Nurse, then stated he thinks the the fire department. E1 stated hinistrator of the fire by phone not on site. E1 stated he is not act carment arrived, residents were on the 500 hall. According to thick nobody could tell where ated that at this point, he made aff to begin breaking windows the E1 stated that all staff was arrived in the manner in which they is stated that he has never bout how to train other staff for he was given a training stated what he teaches in fire the fire extinguisher, what all consibilities are in case of fire,	F	517	NCY)		
	there was a fire. E ladder. E10 stated from behind the fire entered the 500 ha on the floor, picked	10 heard a staff person say 10 lowered himself down the 1 he could see smoke coming 2 door on the 500 hall. E10 11, saw a fire extinguisher lying 1 it up and started spraying it at 2 d he used up two or three					

OLIVILIY	O T OTT MEDIO, IT LE C	WEDIO/ WE CELLATOR				011110	7. 0000 0001
	DF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	I ` ′		CONSTRUCTION	(X3) DATE COMP	SURVEY LETED
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		145581	B. WING			l	12/2016
NAME OF PI	ROVIDER OR SUPPLIER			S	TREET ADDRESS, CITY, STATE, ZIP CODE	, <u> </u>	
				2	ANNABLE COURT		
CAHOKIA	NURSING & REHAB CE	NIEK		c	CAHOKIA, IL 62206		
(X4) ID	SUMMARY ST	ATEMENT OF DEFICIENCIES	ID		PROVIDER'S PLAN OF CORRECTION		(X5)
PRÉFIX TAG	,	Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	PREF TAG		(EACH CORRECTIVE ACTION SHOULD B CROSS-REFERENCED TO THE APPROPRIA DEFICIENCY)		
F 517	Continued From page	e 49	F	517			
		en noticed (R1) lying in her	•	• • •			
		up, laid her on the floor in					
		d for help. E10 saw another					
	,	eves is R9 laying on her bed.					
	E10 took her tube fee	eding machine off the pole,					
		d her on the floor in the					
		r help. E10 stated at that					
	1 .	d "get out of the building,"					
		ling from the fire exit on the					
		the sprinkler system did not re. According to E10 staff					
		ows to continue getting					
		ated he does not recall any					
		, but recalls E7, Licensed					
		ig, "get the residents out."					
	E10 stated that once	he was outside, he					
	instructed nursing sta	aff to start doing a head					
		ure who contacted the Fire					
	Department or the Ac						
	On 06/14/2016 at 12:						
		ed that on 05/31/2016, time					
		anding at the nurse's station vent off. E11 went to the fire					
		d the problem area was D					
		called a CODE RED (fire) for					
	l '	water leaking out from the					
		hall onto her. E11 went					
	back to the nurse's st	tation where either E1					
	I -	or) or E10 (Maintenance					
	· ·	false alarm. E11 was not					
	•	erson said it was a false					
	_	E11, E1 was at the fire panel					
	· ·	asked E11 to hold down the					
		the fire alarm while E1 and 0 to work on the ceiling. E11					
		holding down the switch until					
		dentified Certified Nursing					
	Assistant came runni						
		E11 then let go of the switch					

	OF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	l ` ′		E CONSTRUCTION	(X3) DATE COMP	SURVEY
				_		(	С
		145581	B. WING			1	12/2016
NAME OF P	ROVIDER OR SUPPLIER		I	S	STREET ADDRESS, CITY, STATE, ZIP CODE		
CALIOKIA	NUIDOING & DELLAD (	DENTED		2	ANNABLE COURT		
CAHOKIA	NURSING & REHAB (	SENIER		(	CAHOKIA, IL 62206		
(X4) ID PREFIX		STATEMENT OF DEFICIENCIES NCY MUST BE PRECEDED BY FULL	ID PREFI	X	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD B	JE	(X5) COMPLETION
TAG	REGULATORY O	R LSC IDENTIFYING INFORMATION)	TAG		CROSS-REFERENCED TO THE APPROPRI DEFICIENCY)	E APPROPRIATE DAT	
F 517	Continued From pa	nge 50	F	517			
	and ran down the 5	500 hall, where she saw					
	smoke. E5 (Certifie	ed Nursing Assistant), was					
	standing by room 5	09 holding a fire extinguisher.					
	E5 opened the doo	r to room 509 and sprayed the					
	fire with the fire ext	inguisher. According to E11,					
	"Somebody" came	by with a fire extinguisher.					
	E11 grabbed it from	n them and sprayed the fire.					
	E11 then went into	room 511 to check it. E11					
	stated there was sr	moke in the room, but no fire.					
	E11 stated she was	s the Station Nurse on					
	·	e is not sure what the Station					
	Nurse's duties are i	in a fire. E11 stated that the					
	nurse assigned to t	he hall is charge nurse for that					
	hall. As to who was	s in charge during the fire, E11					
	stated, "I guess it v	would be my job to give					
	directions as charge	e nurse, but I've never been					
	given a job descript	tion of exactly what being					
	charge nurse entail	s, especially with what a fire					
	entails." E11 stated	d she is not aware of anyone					
	calling for an evacu	ation. E11 is not sure if the					
	sprinklers came on	and does not know who					
	called the fire depa	rtment. E11 does not					
	remember when sh	e last had fire safety training.					
	E11 stated that onc	e residents were being					
	evacuated to the or	utside, E2 (Regional Director					
	of Operations) had	a list of residents and was					
	doing a head count	t. E11 stated that emergency					
	medical staff was tr	riaging resident's needs					
	outside, but she wa	as not sure if facility nursing					
	staff were triaging r	esident's needs. E11 stated					
	that during a fire dr	ill, the alarm goes off; staff					
	check the panel for	the location, get on the					
		le red, get a fire extinguisher,					
	and then search the						
	On 06/14/2016 at 1	0am, E5 (Certified Nursing					
		e was assigned to work the					
	l '	016. E5 stated the fire alarm					
		and at some point somebody					
		alarm. Around 4-4:10pm, a					

	OF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MUL A. BUILD		E CONSTRUCTION	(X3) DATE COMP	SURVEY
			A. BOILD		<del></del>	، ا	С
		145581	B. WING				12/2016
NAME OF P	ROVIDER OR SUPPLIER				STREET ADDRESS, CITY, STATE, ZIP CODE	, ,,,	12/2010
				2	2 ANNABLE COURT		
CAHOKIA	NURSING & REHAB CI	ENTER		(	CAHOKIA, IL 62206		
(X4) ID	SUMMARY S	TATEMENT OF DEFICIENCIES	ID	<u> </u>	PROVIDER'S PLAN OF CORRECTION		(X5)
PRÉFIX TAG	,	CY MUST BE PRECEDED BY FULL R LSC IDENTIFYING INFORMATION)	PREF TAG		(EACH CORRECTIVE ACTION SHOULD B CROSS-REFERENCED TO THE APPROPRI DEFICIENCY)		COMPLETION DATE
F 517	Continued From pag	ne 51	F	517			
		d E5 if he smelled smoke. E5	'	017			
	-	oke coming from R2's room.					
		room door and fire shot out					
		aid the residents (R1, R2)					
	were in the room. Es	,					
		extinguish the fire, but it					
	made it very dark an	nd he couldn't see. E5 stated					
	it was hard to breath	ne. E10 (Maintenance					
		e in with a fire extinguisher.					
	, , ,	ot R2 and took her to the					
		nwhile E10 put (R1) on the					
	_	E5 stated he was going into					
		esidents and heard windows					
		he saw residents being					
	_	windows. According to E5 he					
		icility over a year and a half, entation, but is not sure when					
		ty training. E5 stated the					
	policy to follow in a f						
		residents out. E5 stated the					
		at night was E9 (Licensed					
		stated the sprinklers did not					
		he does not know if anyone					
	was doing a residen						
		06/15/2016 at 10:45 am, E8					
		Nurse) stated that on					
		working on 500 hall after the					
		2:30pm shift. E8 said that E5					
		ssistant) reported he saw					
		oming out of the top of Room					
	509 's door. E8 sta						
		fire extinguisher and gave it					
		e Assistant. E5 and E10 were					
		out. E8 stated she let y needed to get the residents					
		re on the ceiling in room 509.					
		I for evacuation, although she					
		E8 stated E9 (Licensed					
		s in charge of the evening					

	OF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MUL A. BUILD		CONSTRUCTION	(X3) DATE COMP	SURVEY LETED
			A. BOILD	NO	<del></del>	، ا	C
		145581	B. WING			l	12/2016
NAME OF P	ROVIDER OR SUPPLIER			S	TREET ADDRESS, CITY, STATE, ZIP CODE	<u> </u>	12.2010
CAHOKIA	NUDCING & DELIAD (	PENTED		2	ANNABLE COURT		
CAHOKIA	NURSING & REHAB C	ZENIER		С	AHOKIA, IL 62206		
(X4) ID PREFIX TAG	(EACH DEFICIEN	STATEMENT OF DEFICIENCIES NCY MUST BE PRECEDED BY FULL R LSC IDENTIFYING INFORMATION)	ID PREF TAG		PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BI CROSS-REFERENCED TO THE APPROPRIA DEFICIENCY)		(X5) COMPLETION DATE
F 517	fire. E8 stated the partial fire is to check the partial fire department. E1 followed in case of the partial fire department. E1 followed in case of the partial fire department.	at E8 did not see E9 during the procedure to be followed in a box for location, get a fire to to that location. E8 stated heads outside the building. E8 is shut when the alarm went were no residents in the when the fire broke out.  6/9/2016 at 2:15 pm E9 Nurse) stated that she is side of 100 hall and also the ppm - 10:30pm shift on to on the 100 hall when the fire stated that "we automatically someone said CODE RED at sked about her responsibility replied that it is to make sure to out. Person should be at the total control of this instance, it was E1	F	517			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION  A. BUILDING		(X3) DATE SURVEY COMPLETED	
		145581	B. WING			C 7/ <b>12/2016</b>
	ROVIDER OR SUPPLIER	ı		STREET ADDRESS, CITY, STATE, ZIP CO 2 ANNABLE COURT CAHOKIA, IL 62206		7/12/2016
(X4) ID PREFIX TAG	(EACH DEFICIENC	TATEMENT OF DEFICIENCIES BY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF C (EACH CORRECTIVE ACTIC CROSS-REFERENCED TO TH DEFICIENCY	ON SHOULD BE IE APPROPRIATE	(X5) COMPLETION DATE
F 517	drill was. E13 stated at orientation-teache Contain, Evacuate) a Squeeze, Sweep). E command during a fin Manager of Regional Director of Nurses, 4 she did not see the sfire.  During interview on C (Certified Nursing As on the 600 hall when around 3-3:30pm. E1 clear was called, and what they were doing a second alarm went extinguisher, and say fire. E12 realized it with stated she can't say evacuate, but staff st E12 stated there was was in charge. E12 stated there was was in charge. E12 stated the policy 1) grab fire extinguish a small fire 3) start gryou can't get them or she will give you dire was no staff clearly in building. E12 stated that the 500 hall at the time to the state of the say of the say of the was no staff clearly in building. E12 stated the say of the was no staff clearly in building. E12 stated that the 500 hall at the time to the say of	e when the most recent fire she does part of fire safety is RACE (Rescue, Alarm, and PASS (Pull, Aim, 13 stated the chain of the goes from 1) Operations in Office 2) Administrator, 3) (Charge Nurse. E13 stated prinklers come on during the company of the prinklers and the prinklers and the prinklers and the prinklers of the prinklers did not come the prinklers did not come to the prinklers did not	F 5			
	a small fire 3) start group can't get them or she will give you dire was no staff clearly in building. E12 stated on down the 600 hall On 06/21/2016 at 2:1 Assistant) stated that the 500 hall at the tin fire. E7 stated that she Assistant), E10 (Main	etting residents out, and if ut, listen to the charge nurse, ctions. E12 stated that there in charge of triage outside the the sprinklers did not come lopm, E7 (Certified Nursing ton 05/31/2016 she was on				

	OF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	` ′	PLE CONSTRUCTION		TE SURVEY MPLETED
		145581	B. WING			C 17/12/2016
	ROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZIP CO 2 ANNABLE COURT CAHOKIA, IL 62206		7/12/2016
(X4) ID PREFIX TAG	(EACH DEFICIENC	TATEMENT OF DEFICIENCIES BY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF C (EACH CORRECTIVE ACTIC CROSS-REFERENCED TO TH DEFICIENCY	ON SHOULD BE HE APPROPRIATE	(X5) COMPLETION DATE
F 517	stated "It was overwrunning." E7 stated close the doors where extinguishers are loof first walk into the hal stated to use a fire e and sweep, I think." E25 (Certified Nursin 06/21/2016 at 12:55) was assigned as sho stated she was outsi when she became at through F hall (600 F 500 hall. E25 went be couldn't breathe. Act glass of a room on 5 not sure which room anybody on 500 hall CNA's and nurses woutside the building, charge outside. E25 off, staff is to clear report to the nurse's discover fire in a resthe resident out if the she does not know volocated. E25 stated is received training on On 06/21/2016 at 11 Assistant) stated that assigned to the 200 stated he was in R10 sounded. E28 went and checked. E28 sa 500 hall and immediout, taking them out	ras clearly in charge." E7 rhelming and everybody was in case of fire staff are to re the fire is. E7 stated fire rated on 500 hall when you I from the nurse's station. E7 rxtinguisher "You pull, aim, rg Assistant) stated on rom that on 05/31/2016 she rower aide for all halls. E25 rde in back of the building rware of the fire. She entered reack outside because she rording to E25, she broke the roo hall with her arm, but is reack outside because she rording to E25, she stated reaccounting for residents but there was nobody in restated if the fire alarm goes residents out of hallways and restation. E25 stated if you reach dent's room, you should get reach all you dent's room, you should get reach all on evening shift. E28 reach common the fire alarm reach down the 200 and 300 halls reach all on evening from the reately started getting residents reach on these exits as those	F 51			

	OF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1 ' '	IPLE CONSTRUCTION	, ,	TE SURVEY MPLETED
		145581	B. WING _			C <b>7/12/2016</b>
	ROVIDER OR SUPPLIER  NURSING & REHAB	CENTER		STREET ADDRESS, CITY, STATE, ZIP CO 2 ANNABLE COURT CAHOKIA, IL 62206	•	7/12/2010
(X4) ID PREFIX TAG	(EACH DEFICIE	STATEMENT OF DEFICIENCIES ENCY MUST BE PRECEDED BY FULL DR LSC IDENTIFYING INFORMATION)	ID PREFII TAG	PROVIDER'S PLAN OF C ( (EACH CORRECTIVE ACTIC CROSS-REFERENCED TO TH DEFICIENCY	ON SHOULD BE IE APPROPRIATE	(X5) COMPLETION DATE
F 517	discovered fire in a the resident out ar stated fire extingui located at the end the fire alarm goes extinguishers, che residents are in the residents are in the residents are in ha outside there were for residents and the E16 (Business Off 06/15/2016 at 1pm when she became the 100 hall and di out of the building, was a fire, the 100 didn't need anyboc could see smoke of she then came bac census for the who count for the 100 hall and of her job, but it's the E16 stated E2 (Re Emergency Manageresponders were coutside.  On 06/21/2016 at Assistant) stated the placed identification band Services Office at Safety and Disaster revision date of 03 Procedure for Con Facility that "The stated the placed identification that "The stated the revision date of Con Facility that "The stated the placed identification that The stated III and III are the placed identification band Services Office at Safety and Disaster revision date of 03 Procedure for Con Facility that "The stated III and III are the placed identification that III are the placed identification that III are the III are I	esidents. E28 stated if he a resident's room he would get ad try to put the fire out. E28 shers and fire alarms are of each hall. E28 stated that if off, staff should get fire ck halls and make sure eir rooms, and make sure eir rooms, and make sure no rm's way. E28 stated that a couple of nurses accounting that it was "pretty chaotic". In that she was in her office aware of the fire. E16 went to rected the 100 hall residents E16 stated "I knew if there hall was my hall to evacuate. I do not the 500 hall." E16 stated ck into the building and got the ple facility and started a head hall. E16 stated she was not ead count was an expectation the responsibility of all staff. In gional Operations Director) and operant Service (EMS) first coordinating assessments  10:10 am E26 (Social Services that to her knowledge, no one on bands on residents at the excuated. E26 stated the ser Preparedness Manual with a replete Evacuation to Another Social Service Director, or ch arm bands (found in the	F	517		

	DF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	` ′	PLE CONSTRUCTION G		TE SURVEY MPLETED
		145581	B. WING			C 07/12/2016
	ROVIDER OR SUPPLIER  NURSING & REHAB CI			STREET ADDRESS, CITY, STATE, ZIP CODE 2 ANNABLE COURT CAHOKIA, IL 62206		1//12/2016
(X4) ID PREFIX TAG	(EACH DEFICIENC	TATEMENT OF DEFICIENCIES CY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF COI (EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE DEFICIENCY)	SHOULD BE	(X5) COMPLETION DATE
F 517	residents prior to del and when each reside On 06/17/2016 at 1:: On 06/17/2016 at 3:20pm and was rire. E18 stated on 0 Director of Nurses. Ethe facility around 6pout where I could." According to intervie charge" of keeping going and was giving E30 (Licensed Pract 6/9/2016 at 3:08 pm was in charge on Ma E30 first stated it was (Licensed Practical NE1, Maintenance Sudecisions and directive residents on hall 100 her. E30 stated that Assurance/Education come through the dofollow her in and "ju evacuate the resider residents were accoshe grabbed the centre building and the war located at the secret was not aware of an task.  On 6/9/2016 at 3:45 stated she saw smoor residents on 100 hall hall. E24 did not know was to secure the centre of an evacuation. E20	t the nurse's station) to parture and will record where dent is evacuated." 28 pm E18 (Registered no 05/31/2016 she clocked out not onsite at the time of the 5/31/2016 she was Acting E18 stated she returned to pm that evening. E18 "helped ow on 6/24/2016, E3 was "in track of where residents were	F 5	17		

	OF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	` ′	IPLE CONSTRUCTION	· ,	TE SURVEY MPLETED
		145581	B. WING _			C <b>7/12/2016</b>
	ROVIDER OR SUPPLIER  NURSING & REHAB	CENTER		STREET ADDRESS, CITY, STATE, ZIP CO 2 ANNABLE COURT CAHOKIA, IL 62206		7/12/2010
(X4) ID PREFIX TAG	(EACH DEFICI	Y STATEMENT OF DEFICIENCIES ENCY MUST BE PRECEDED BY FULL OR LSC IDENTIFYING INFORMATION)	ID PREFI TAG	PROVIDER'S PLAN OF ( (EACH CORRECTIVE ACTIVE) CROSS-REFERENCED TO THE DEFICIENCY	ON SHOULD BE HE APPROPRIATE	(X5) COMPLETION DATE
F 517	Facility census rectwenty seven reside the time of the fire R2, R4, R7, R8, R Patient List Cahok Destination and H provided by Z11 (I System Coordinat residents (R1-R6, four wings were ul hospitals due to fir Centers for Medic provided by facility fire, eleven reside resided on the 500 R35-R40) had tub received hospice resided on the 500 four residents received hospice resided on the 500 four residents received hospice resided on the 500 R9, R15, R43-R52 Face sheet dated (500 Hall) date of of Exacerbation of Pulmonary Diseas Arthritis, Arteriosci Congestive heart Breath. The Hospidated 5/31/2016 li Smoke Inhalation. Assessment dated had "breath sound wheezes." Hospi 5/31/2016 noted the	out and away from the building. Cords for 5/31/2016 indicate that dents resided on the 500 hall at . These residents include R1, .10, R11, R14, and R16-R34. Lia Nursing and Rehab with cospital records dated 5/31/2016 Emergency System Services or) document that fourteen R11-R15, R19, R23, R24) from timately transferred to four area re related conditions. Lare and Medicaid form 672 or notes that at the time of the ents (R1, R2, and R16 who of Hall, as well as R5, R6, and the feedings; ten residents services (R1, R2, R24, R25 who of Hall, and R3, R48, R53-56); serviced dialysis (R14 and R32 the 500 Hall in addition to R41 the en residents who received the R2, R16, and R33 who of Hall, as well as R3, R5, R6,	F	517		

	OF DEFICIENCIES F CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPL A. BUILDING	E CONSTRUCTION	(X3) DATE SURVEY COMPLETED
		145581	B. WING		C 07/12/2016
	ROVIDER OR SUPPLIER  NURSING & REHAB CE	ENTER		STREET ADDRESS, CITY, STATE, ZIP CODE  2 ANNABLE COURT  CAHOKIA, IL 62206	1 07712/2010
(X4) ID PREFIX TAG	(EACH DEFICIENC	TATEMENT OF DEFICIENCIES BY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTIO (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPI DEFICIENCY)	BE COMPLETION
F 517	"decreased breath so Assessment Plan Sh indicates that R2 had exposure to heat exp bronchitis, will treat Hospital Transfer Sur 6/01/2016 states R2 admitted to the hospi diagnosis of Smoke I information accompanotation she is a hos have confirmation of R1's (500 Hall) Hosp Sheet dated 5/31/20- 2/02/1929. Prehospi R1 notes "Due to pa contracted ambulance a blood pressure at tanalysis assessed at	ency Room" as well as bunds." The Hospital eet dated 5/31/2016 I "fever, maybe due to sosure and possibleand monitor closely." The	F 517	,	
	Management Service Hospital History and 5/31/2016 documentadmitted from the Esmoke inhalation. SI Nursing and rehabilit fire at the facility last exposed to smoke. Scough which prompte Room. Problems: S The Hospital Patient dated 6/01/2016 state Smoke Inhalation/An R 12's (100 Hall) Hospital Emergency	s "This is an 87 year old Emergency Room with he is a resident of Cahokia ation Center. There was a evening and she was She was experiencing a ed her visit to the Emergency moke inhalation injury." Discharge Instruction sheet es "Discharge diagnosis:			

	OF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	` '		E CONSTRUCTION	(X3) DATE COMP	SURVEY PLETED
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		145581	B. WING				12/2016
NAME OF P	ROVIDER OR SUPPLIER			5	STREET ADDRESS, CITY, STATE, ZIP CODE	<u>,                                    </u>	12.2010
				2	2 ANNABLE COURT		
CAHOKIA	NURSING & REHAB C	ENTER		(	CAHOKIA, IL 62206		
(X4) ID	SUMMARY S	TATEMENT OF DEFICIENCIES	ID		PROVIDER'S PLAN OF CORRECTION		(X5)
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F 517	Continued From pag	ne 59	F	517			
		ement Service) from nursing		•			
	, , , ,	sing home had a fire this					
		eatient was in a bus for					
		edly had a syncopal episode					
		eatPatient with history of					
		ccident with right sided					
		sia " An Emergency					
		s Note dated 5/31/2016 at					
		nas been reported that the					
		and nurse noted that a bottle					
		had with him was warm when					
	he arrived. Other re	sidents from the same					
	situation have been	brought in for similar					
	complaintspoke w	vith (Z19) regarding patient					
	and findings and he	agreed likely situational					
	syncope due to elev	ated temperature and hectic					
	environment." Inter	vention/Assessment					
	Treatment documen	tation dated 5/31/2016 noted					
	R12's temperature v	vas 99.1 and blood pressure					
	was 199/84. Facility	census records for					
	5/31/2016 indicate F	R12 resided on 100 hall.					
		(500 Hall) documents that					
		is 9/19/1950. Emergency					
		ort for 5/31/2016 notes					
	l	with possible low blood sugar,					
		nesspatient sitting upright					
		right in her wheelchair.					
		ells EMS (Emergency					
		at pt has 'seemed to be close					
		ating, and is weak.' Pt has					
		e area for approximately 90					
	_	vacuation from building." The					
		room Visit Report dated					
		5 year old female presents to					
		nentstatus postfire at					
		d Rehabilitation. Patient was					
		g. She was evacuated and					
		y 1.5 hours in the heat when lizzy and lightheaded. She					
	i siie starteu leeliilg u	nzzy anu nymmeautu. Ont					

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION  (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPI A. BUILDING	LE CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
		145581	B. WING		C 07/12/2016
	PROVIDER OR SUPPLIER	ENTER		STREET ADDRESS, CITY, STATE, ZIP CODE  2 ANNABLE COURT  CAHOKIA, IL 62206	1 01/12/2010
(X4) ID PREFIX TAG	(EACH DEFICIENC	TATEMENT OF DEFICIENCIES CY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORREC (EACH CORRECTIVE ACTION SHOU CROSS-REFERENCED TO THE APPR DEFICIENCY)	JLD BE COMPLETION
F 517	Continued From pag	e 60	F 51	7	
	feels better nowharight side is affected Department Progress documents that R14 lightheadedness affeweather status post most likely from hear A Hospital Face She R13 (600 Hall) date Emergency Room V states "46 year old the dementia presents to EMS (Emergency M firePer EMS, paties on sceneshortness ambulance. Past modisease/Dementia, (Seizures, Bipolar, Deprehospital Care Re Hall) documents "Ulaying on a bed and liters, and it was place (patient) was then trawas taken to the truck with other pt. The offacility that knew the were takenTherefor knowing his name Physician's Certificate a regional hospital dof Smoke Inhalation. "Reason for transport unable to self admin monitoring/suction, coincoherent, disorient R11's (500 Hall) Pre Summary dated 5/3 year old male with his	as a history of stroke and her "The Hospital Emergency s note dated 5/31/2016 "presents for er being outsidein mid 80 firePatient's symptoms are t exhaustion. " et dated 5/31/2016 notes of birth as 6/8/1969. Hospital isit Report dated 5/31/2016 female with history of the Emergency Department by edical System) status post ent was initially short of breath as of breath resolved once in edical history-Alzheimer's Cerebral Vascular Accident, epression." port Summary for R6 (300 con arrival pt (patient) was on non-rebreather at 15 ced over his trach. Pt ensferred to the stretcher and ex and loaded in the back where pt was a nurse from the pt. Once in the back, vitals was no info on the pt except the per the other pt." R6 's the of Medical Necessity from lated 5/31/2016 lists diagnosis This same document notes ent: oxygen required and			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		IDENTIFICATION NUMBER:		PLE CONSTRUCTION IG		(X3) DATE SURVEY COMPLETED	
		145581	B. WING			C 7/40/2046	
NAME OF PROVIDER OR SUPPLIER  CAHOKIA NURSING & REHAB CENTER  STREET ADDRESS, CITY, STATE, ZIP CODE  2 ANNABLE COURT  CAHOKIA, IL 62206		•	7/12/2016				
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CO (EACH CORRECTIVE ACTIO CROSS-REFERENCED TO THI DEFICIENCY)	N SHOULD BE E APPROPRIATE	(X5) COMPLETION DATE	
F 517	Continued From pag	e 61	F 5	17			
	Summary dated 5/31 Problems: Ileus, Sei Inhalation "  A Hospital Face Shee (600 Hall) date of birl Emergency Room Vi noted "Patient prese	Hospital Patient Health /2016 lists "Active zure Disorder, Smoke  et dated 5/31/2016 lists R15 th as 9/08/44. Hospital sit Report dated 5/31/2016 entsafter nursing home ident had a fire. Patient					
	states she was not in not inhale any smoke preparing to transpor had increased pulse feeling anxious. Pati somewhat improved feels it was likely a p. 6/2/2016 when visite	the area of the fire and did e, but when they were t her to another facility, she and shaking as well as					
	5/31/2016 notes this transport was "dispar for Cahokia Nursing multiple pt (patients) needing transported. of severe anxiety propatient told EMS (Em Service) 'I just can't that I wasn't going to time and I would be at team advised EMS the area of the fire are before she was in an the SNF (Skilled Nurthat this pt (patient) hand is normally very	Ire Report Summary dated Emergency Services Itched to an emergency call and Rehab on fire with outside in parking lot This patient is complaining blems at this timeThe nergency Management calm down. I was so scared make it out of the building in ourned alive.' The triage nat this pt (patient) was not in nd was evacuated well y harm. A staff member of sing Facility) advised EMS has a severe anxiety problem nervous as it is and this er very nervous. Upon					

	OF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTI A. BUILDIN	l` ´cı		ATE SURVEY DMPLETED
		145581	B. WING			C 07/12/2016
	ROVIDER OR SUPPLIER	111		STREET ADDRESS, CITY, STATE, ZIP CODE  2 ANNABLE COURT  CAHOKIA, IL 62206		07/12/2016
(X4) ID PREFIX TAG	(EACH DEFICIENC	TATEMENT OF DEFICIENCIES BY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRI (EACH CORRECTIVE ACTION SH CROSS-REFERENCED TO THE AP DEFICIENCY)	HOULD BE	(X5) COMPLETION DATE
F 517	Continued From pag	e 62	F 5	17		
	areaThe pt (patier levels of anxiety and calming down and re documents that R15 scene at 5:47 pm.	sitting outside in the triage at) over all has very high is having severe difficulty in elaxing" This same report was transported from the fire				
	Hall) dated 5/31/201 "having chest pain has swallowed some him chest paint. Pt s right side just below constant pain which scalept then state	6 documents that R4 was Pt (patient) believes that he e smoke and that is giving states that the pain is on the the nipple line and is a he rates it at 10/10 pain d that he was becoming short via a NC was established				
	years old. Under Collisted Dementia with states that R3 is "colonly, sitting in a chailisn't acting right. Pt dementia and Alzhei if anything is wrong ostates that before EN System) arrived she she is in her normal	ospital Care Report /2016 notes that R3 is 97 mments in this document is Alzheimer's. The report nscious, alert, to person r and staff states that she (patient) has a history of mer's and is unable to tell us or if she is in pain. Staff //S (Emergency Management wasn't acting right but now state. Staff states that the pt ers) of O2 (oxygen) at all				
	List with Destination indicates R5, R19, R transported to area h	a Nursing and Rehab Patient with date of 5/31/2016 23, and R24 were also hospitals on the date of the he halls of 300, 500, 500,				

	DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	` ′	LE CONSTRUCTION  G		OMPLETED
		145581	B. WING			C <b>07/12/2016</b>
	ROVIDER OR SUPPLIER  NURSING & REHAB CE	ENTER		STREET ADDRESS, CITY, STATE, ZIP CODE  2 ANNABLE COURT  CAHOKIA, IL 62206	<u>'</u>	0171212010
(X4) ID PREFIX TAG	(EACH DEFICIENC	TATEMENT OF DEFICIENCIES CY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRE (EACH CORRECTIVE ACTION SH CROSS-REFERENCED TO THE APP DEFICIENCY)	OULD BE	(X5) COMPLETION DATE
F 517	Continued From pag Regional IDPH staff "destination facilities	made onsite visits to " on 6/2/2016 to	F 51	7		
		R19 stated during interview it a long time in the parking				
	R58 noted that "they (residents) were outside more than 5 hours."					
	until she got to the hopm. R5 indicated that	g in the heat; she does not				
		16 that R16 was "incontinent on arrival at the destination				
	urine." R43 indicate	the wheelchair, "wet with d that no toilets were ght he "sat from 5 pm to				
		was put on a (commercial) s uncomfortable, had no food :."				
		nat "he lost his backpack (on several belongings including s."				
	6/2/2016 R10, R57,	o destination facilities on R22, R59 stated they did not hile they were outside after				

	DF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1 ' '		CONSTRUCTION	(X3) DATE COMP	SURVEY LETED
		145581	B. WING				C <b>12/2016</b>
	ROVIDER OR SUPPLIER  NURSING & REHAB CE	NTER	•	2	TREET ADDRESS, CITY, STATE, ZIP CODE  ANNABLE COURT CAHOKIA, IL 62206		
(X4) ID PREFIX TAG	(EACH DEFICIENC	TATEMENT OF DEFICIENCIES BY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREF TAG		PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BI CROSS-REFERENCED TO THE APPROPRIA DEFICIENCY)		(X5) COMPLETION DATE
F 517	therefore was not take interview on 6/1/2016 provided to eat (at tire and he was hungry. (New Director of Nur Medicare and From the scene to another nur indicates that R7 is 8 history of Dementia, contractures. R7's mas "alert and oriented normal mental status contractures to all excontractures to all excontractures to all excontractures and Rehab on 5/31/2 Caseyville Nursing at the 23 residents receand Rehab on 5/31/2 Caseyville Nursing a face sheet, with the 11:30 pm. Z17 state supper as they were Administrator of Cas Center on 6/21/2016 residents arrived aro The Immediate Jeopardy The surveyor confirm record review that the actions to remove the surveyor the surveyor than the actions to remove the surveyor than the actions to remove the surveyor to surveyor than the actions to remove the surveyor than the actions to remove the surveyor to surveyor than the actions to remove the surveyor than the actions to remove the surveyor to surveyor than the actions to remove the surveyor than the survey	nospital Care Report R32 is "non ambulatory ten via Metro bus." During 6, R32 stated nothing was ne of fire and evacuation) Information provided by E23 sing) and Centers for aid form 672 indicates that 6.  Service report dated Hall) documents that R7 ambulance from the fire sing home. This report 17 years old with patient anxiety, blind and nental status was described d X 0 (zero), per staff that is 6. "R7 was noted to have	F	517			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIP	LE CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
		145581	B. WING		C 07/12/2016
	ROVIDER OR SUPPLIER  NURSING & REHAB CE	NTER		STREET ADDRESS, CITY, STATE, ZIP CODE  2 ANNABLE COURT  CAHOKIA, IL 62206	1 07712/2010
(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 APPROFICIENCY)	D BE COMPLETION
F 517	Continued From page	e 65	F 51	7	
F 518 SS=L	Consultant to review recommendations for disaster/emergency in finalized on 06/30/16.  2. A copy of the revisemanual has been post and receptionist desk a	and make additional revisions to nanual before it was ed disaster/emergency ted at the nursing station in red binder. Incy manual reviewed and including but not limited to chain of procedures and fire and E13, Quality Assurance ervices for all staff on 6/6/16, 6, and 6/17/16 on revision to nanual related to chain of saster, disaster evacuation by response code, fire R.A.C.E., and P.A.S.S. Any he date the inservice training quired to attend the training mother shift. Sility updated the Fire Watch dure Policy based on the ints review. In the process of the	F 51		

	STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X AND PLAN OF CORRECTION IDENTIFICATION NUMBER: A. BUILDING			X3) DATE SURVEY COMPLETED		
		145581	B. WING _			C 07/12/2016
	ROVIDER OR SUPPLIER  NURSING & REHAB CE	NTER		STREET ADDRESS, CITY, STATE, ZIP CODE  2 ANNABLE COURT  CAHOKIA, IL 62206		01712/2010
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORI (EACH CORRECTIVE ACTION S CROSS-REFERENCED TO THE A DEFICIENCY)	SHOULD BE	(X5) COMPLETION DATE
F 518	Continued From page	e 66	F 5	18		
	by: Based on observation interview the facility for on emergency proced employed and failed a procedures with all extra failed to ensure that in responsible for the entraining was adequate preparedness. The faperiodic review of emprepared staff for an resulted in staff not in the disaster plan when a resident 's room or residents (R1-6, R11-treatment at a hospita other fire related symwere subjected to an described as chaotic. These failures cause inhalation) and discorpsychosocial harm when would be "burned aling these failures resulted Jeopardy. The Immed May 31, 2016 when for their lack of training while the immediacy 2016, the facility remissions where in the nursing fact while the immediacy 2016, the facility remissions where it is the second of the solution of the second of the secon	mergency procedures ely trained in emergency acility failed to ensure that bergency procedures actual fire. These failures inplementing and executing en an actual fire broke out in in 5/31/2016. Fourteen in 6/31/2016. Fourteen in				

	DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1 ' '	LE CONSTRUCTION  G	(X3) DATE SURVEY COMPLETED
		145581	B. WING		C <b>07/12/2016</b>
	ROVIDER OR SUPPLIER  NURSING & REHAB O			STREET ADDRESS, CITY, STATE, ZIP CODE  2 ANNABLE COURT  CAHOKIA, IL 62206  ID PROVIDER'S PLAN OF CORRECTION  EFIX (EACH CORRECTIVE ACTION SHOULD BE	
(X4) ID PREFIX TAG	(EACH DEFICIEN	STATEMENT OF DEFICIENCIES ICY MUST BE PRECEDED BY FULL R LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	(EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPE	BE COMPLETION
F 518	documents that the "responded for a re 500 hall (E) at Caho Upon arrival of fire found heavy smoke the building located with police officers business breaking of from the 500 hall the This document note received an alarm a arrival time noted a This same documefound the fire quie 509 while other fire operations. It was a residents were still in the 500 hallway performed from roo victims were found. 503 through window removed through w resident removed oin wheelchair "	Cahokia Fire Department ported fire in a room on the okia Nursing and Rehab.  units and personnel they coming from the right rear of near (F) and (E) hallways and employees from the windows to remove residents at were still inside."  es that the Fire Department at 4:17 pm on 5/31/2016, with	F 51		
	stated on 6/16/2016 on the scene and war Z1 was met by two Z1 asked the two noresidents in the built provide any answer building and Z1 lost when he entered the (nursing station); he hall was standing of to get into the core have expected the	Sat 6 pm that when he arrived has about to enter the building, nursing staff with masks on. Sursing staff if there were any ding. The nursing staff did not have been closed. He nursing staff the core area is noticed the entrance to 500 pen which allowed the smoke area. Z1 stated that he would door to have been closed. He nursing staff was out of			

	OF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	l ` ′		CONSTRUCTION	' '	3) DATE SURVEY COMPLETED	
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		145581	B. WING				12/2016	
NAME OF PR	ROVIDER OR SUPPLIER	L	1	S	TREET ADDRESS, CITY, STATE, ZIP CODE	1 0	12/2010	
				2	ANNABLE COURT			
CAHOKIA	NURSING & REHAB	CENTER		c	CAHOKIA, IL 62206			
(X4) ID	SUMMARY	STATEMENT OF DEFICIENCIES	ID		PROVIDER'S PLAN OF CORRECTION		(X5)	
PREFIX TAG	,	ENCY MUST BE PRECEDED BY FULL OR LSC IDENTIFYING INFORMATION)	PREFI TAG	X	(EACH CORRECTIVE ACTION SHOULD B CROSS-REFERENCED TO THE APPROPRI DEFICIENCY)		COMPLETION DATE	
F 518	Continued From pa	age 68	F	518				
	control. Staff was	all over the scene. They did not						
		s and kept moving patients						
	_	causing problems for patient						
	movements."							
	On 6/2016/2016 at	t 5:40 PM, Z12, Captain,						
		Fire Department, stated that						
	•	nformed him of anyone in the						
	_	2 entered 500 hall and got to						
	_	f fire, he heard a moan coming						
		oor just outside room 509. He						
	instructed one of h							
	-	He then helped evacuate the						
		esident of room 509.						
		1:30pm Z10 (Emergency ices (EMS)/Operations						
	_	nat when he arrived on the						
		aff were in charge for the first						
	-	ated that after that, E2						
		ons Manager) assumed control.						
		e arrived on the scene;						
	residents were still	being evacuated from the						
		d "EMS and fire had to						
	demand the number	er of residents, and were never						
		mber of residents on site."						
	Z10 stated when the	ney arrived, facility staff could						
		many residents were still in the						
	_	d, "There was no coordination						
		stated it took 45 minutes to						
		r arrival for EMS to be given						
	-	ation about residents' medical						
		that E2 (Facility Regional						
		Z10 "What is your plan?"						
		placement for residents. 11:12 am, E1 (Maintenance						
		that all staff was responding to						
		ner in which they had been						
		to E1, he is responsible for						
	_	e safety. E1 stated that he has						
		ining about how to train other						

OLIVILIY	OT OIL MEDIO, IILE &	MEDIO/ ND OLIVIOLO				<u> </u>	7. 0000 0001
	DF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	I ` ′		CONSTRUCTION	(X3) DATE COMP	SURVEY LETED
				_		(	C
		145581	B. WING				12/2016
NAME OF P	ROVIDER OR SUPPLIER	L		S	TREET ADDRESS, CITY, STATE, ZIP CODE		12/2010
				2	ANNABLE COURT		
CAHOKIA	NURSING & REHAB CE	NTER		c	CAHOKIA, IL 62206		
(X4) ID	SUMMARY ST	ATEMENT OF DEFICIENCIES	ID	<u> </u>	PROVIDER'S PLAN OF CORRECTION		(X5)
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TAG	REGULATORY OR I	LSC IDENTIFYING INFORMATION)	TAG		CROSS-REFERENCED TO THE APPROPRIA DEFICIENCY)	TE	DATE
					,		
F 518	Continued From page	e 69	F	518			
	staff for fire safety; E		'	010			
	training manual to us						
	teaches in fire safety						
	extinguisher, what all						
		case of fire, and evacuation					
	T	d he does fire drills once a					
		shift gets one at least every					
		e trains new staff on fire					
		entation. E1 stated fire					
	extinguishers are che	cked once a month and at					
	the time of the fire were current within that time						
	frame. E1 stated the	facility's most recent fire drill					
		ay shift. E1 stated drills are					
		ifies the fire department of					
		ificial smoke to trigger the					
		purpose of fire drills is so					
		at they have to do and where					
		e. E1 stated residents are					
	_	drills. E1 stated if fire safety					
	_	staff is off, their training is					
		ed fire watch protocol policy ted staff member checking					
	all halls and signing of						
		/14/2016 at 12:05 pm, E10					
	_	int) stated he has never					
	·	aining at the facility. E10					
		training about using a fire					
		ted the most recent fire drill					
	_	month. He stated drills					
		alarm off line, going into a					
		etector, activating it with					
		waiting for staff to come and					
	locate the fire.						
	On 06/14/2016 at 12:						
		ed E1 (Maintenance Director)				ſ	
		around 3:45pm on May 31,					
		to hold down the switch to				ĺ	
		arm while E1 (Maintenance				ĺ	
	Director) and E10 (M	aintenance Assistant) went				ĺ	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION  (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION  A. BUILDING			(X3) DATE SURVEY COMPLETED	
		145581	B. WING			C 07/12/2016
	ROVIDER OR SUPPLIER  NURSING & REHAB CE	ENTER		STREET ADDRESS, CITY, STATE, ZIP CODE  2 ANNABLE COURT  CAHOKIA, IL 62206  ID PROVIDER'S PLAN OF CORRECTION		
(X4) ID PREFIX TAG	(EACH DEFICIENC	TATEMENT OF DEFICIENCIES BY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CO (EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE DEFICIENCY)	ON SHOULD BE E APPROPRIATE	(X5) COMPLETION DATE
F 518	she was at the fire puntil 4:15 pm when a Nursing Assistant casaying "there's a reathe switch and ran disaw smoke. E5 (Cerstanding by room 50 E5 opened the door fire with the fire extin "Somebody" came be E11 grabbed it from E11 stated she was to 05/31/2016, but she Nurse's duties are in nurse assigned to the hall. As to who was stated, "I guess it will directions as charge given a job description charge nurse entails entails." E11 did not had fire safety training fire drill, the alarm go for the location, gets red, gets a fire exting the room for the fire. On 06/14/2016 at 10 Assistant) stated he 500 hall on 05/31/20 family member asked stated there was sme E5 opened the R2's over his head. E5 sawere in the room. Estextinguisher, tried to made it very dark an it was hard to breather the sawere in the come to made it very dark an it was hard to breather the sawere in the room.	on the ceiling. E11 stated anel holding down the switch in unidentified Certified me running up the hall all fire " E11 then let go of own the 500 hall, where she tified Nursing Assistant), was 9 holding a fire extinguisher. to room 509 and sprayed the guisher. According to E11, by with a fire extinguisher. the Station Nurse on is not sure what the Station a fire. E11 stated that the en hall is charge nurse for that in charge during the fire, E11 bould be my job to give nurse, but I've never been on of exactly what being the especially with what a fire remember when she last ag. E11 stated that during a poes off; staff checks the panel on the intercom, calls a code guisher, and then searches am, E5 (Certified Nursing was assigned to work the 16. Around 4-4:10pm, and 16. E5 if he smelled smoke. E5 oke coming from R2's room. Froom door and fire shot out id the residents (R1, R2)	F 5	18		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION  (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		1 ' '	LE CONSTRUCTION		(X3) DATE SURVEY COMPLETED	
		145581	B. WING			C 07/12/2016
	ROVIDER OR SUPPLIER  NURSING & REHAB CI	ENTER		STREET ADDRESS, CITY, STATE, ZIP CODE  2 ANNABLE COURT  CAHOKIA, IL 62206		77712/2010
(X4) ID PREFIX TAG	(EACH DEFICIEN	TATEMENT OF DEFICIENCIES CY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CO (EACH CORRECTIVE ACTIOI CROSS-REFERENCED TO THE DEFICIENCY)	N SHOULD BE E APPROPRIATE	(X5) COMPLETION DATE
F 518	nurse's station; mea floor in the hallway. I rooms to check for robreaking. E5 stated moved out through whas worked at the fa had fire safety in oriche last had fire safety policy to follow in a fidepartment and get did not remember whomas. E5 stated if the should make sure the residents to the near fire extinguisher; you sweep from the botton 6/9/2016 at 2:15 Nurse), when asked fire situation, E9 represidents/people are nurse's station desk get the extinguisher. Can get to it first. On 06/14/2016 at 3:17 Practical Nurse/LPN Assurance) stated the fire, she was in E13 saw smoke and residents behind the procedure to be followed to staff is to come to the extinguisher to await where the fire is. E13 the most recent fire and the procedure to get the extinguisher to await where the fire is. E13 the most recent fire safe RACE (Rescue, Alar PASS (Pull, Aim, Square and the procedure to get the extinguisher to await where the fire is. E13 the most recent fire safe RACE (Rescue, Alar PASS (Pull, Aim, Square and the procedure to get and the pass of the procedure to get and the procedure to	ot R2 and took her to the nwhile E10 put (R1) on the E5 stated he was going into esidents and heard windows he saw residents being windows. According to E5 he cility over a year and a half, entation, but is not sure when y training. E5 stated the ire is to call the fire residents out. E5 stated he nen the most recent fire drill e fire alarm goes off, you ere's a fire, and if so, get rest exit. E5 stated to use a is should pull the pin and om up.  In pm E9 (Licensed Practical about her responsibility in lied that it is to make sure out. Person should be at to monitor. Someone is to This would be those who	F 51			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	' '	TIPLE CONSTRUCTION NG	, ,	(X3) DATE SURVEY COMPLETED	
		145581	B. WING			C 7/ <b>12/2016</b>	
	NAME OF PROVIDER OR SUPPLIER  CAHOKIA NURSING & REHAB CENTER			STREET ADDRESS, CITY, STATE, ZIP OF 2 ANNABLE COURT CAHOKIA, IL 62206	•		
(X4) ID PREFIX TAG	(EACH DEFICIE	' STATEMENT OF DEFICIENCIES ENCY MUST BE PRECEDED BY FULL OR LSC IDENTIFYING INFORMATION)	ID PREFI TAG	PROVIDER'S PLAN OF X (EACH CORRECTIVE AC' CROSS-REFERENCED TO DEFICIENT	TION SHOULD BE THE APPROPRIATE	(X5) COMPLETION DATE	
F 518	Administrator, 3) E Nurse. On 6/14/2016 at 1 Assistant) stated the been in the past 3 she had fire safety stated the policy or grab fire extinguish small fire 3) start or can't get them out she will give you don 6/9/2016 at 3:0 Nurse) stated that has an emergency nurses station but that she has not be evacuation drill; it E30 stated she evaluated that she saw Assurance/Educate come through the smoke follow her in evacuate the residents were accommodated at the second she was not aware to that task. On 6/9/2016 at 3:4 stated she was not that the facility had (fire), but she has Rehabilitation Centrotocols, and Protocols, and Protocols, and Protocols, and Protocols as seed to the state of the color o	per of Regional Office 2) Director of Nurses, 4) Charge  255 pm E12 (Certified Nursing the most recent fire drill has 0 days. E12 stated she thinks of training earlier in 2016. E12 of how to respond in a fire is 1) ther 2) use extinguisher if it's a petting residents out, and if you at, listen to the charge nurse, irections.  28 PM, E30 (Licensed Practical she is aware that the facility or plan and that it is kept at the has not seen it. She states the peen through an actual fire was only a verbalized training. accuated residents on hall 100 ecting her on 5/31/2016. She	F	518			

		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPL A. BUILDING	E CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
		145581	B. WING		07/12/2016	
	NAME OF PROVIDER OR SUPPLIER  CAHOKIA NURSING & REHAB CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE  2 ANNABLE COURT  CAHOKIA, IL 62206	0//12/2010	
(X4) ID PREFIX TAG	EIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL		ID PREFIX TAG	PROVIDER'S PLAN OF CORRE (EACH CORRECTIVE ACTION SH CROSS-REFERENCED TO THE APP DEFICIENCY)	OULD BE COMPLETION	
F 518	Continued From pag		F 518	3		
	asked who instructe on 5/31/2016, E24 started to evacuate a moving on to 600 had in charge or who washeet in an event of know where resident evacuated; she just the building.  On 06/15/2016 at 1: Nurses), stated she 06/02/2016. E23 stated an emergency is 1). Aursing 3) Charge in the desk. According who is in the building fire panel can initiate On 06/21/2016 at 1: alarm goes off, you check for the location get an extinguisher, fire, and rescue, alar extinguish/evacuate fire in a resident's roresident, alarm staff shutting the door who doors then extinguise evacuate. E23 state locations of fire extir without having a maton each hallway.  On 06/21/2016 at 2: Assistant) stated the extinguishers locate	ents are evacuated. When d her to evacuate residents stated she saw smoke and residents on 100 hall before till. E24 did not know who was is to secure the census data an evacuation. E24 does not its are to be taken when got them out and away from 45pm, E23 (Director of took the position of DON on ted the chain of command in Administrator, 2) Director of urse which is whoever is at it to E23 this could depend on g because whoever is at the extension the fire should go to the fire panel, in, assign staff to make calls, and go to the location of the rm, contain/confine, and if the fire should go to the discovered om, she would remove the interpretation and confine the fire by the ere it is and the adjacent in the fire and if unable, if the could not give exact the should go to the fire by the ere it is and the adjacent in the fire and if unable, if the could not give exact the should she could not give exact the should she could not give exact the should she knows there is one in the 500 hall, and two fire the should. E6 stated if she				
	discovered fire in a rethe resident out if the	resident's room, E6 would pull ey could be removed, let the as a fire, then evacuate				

		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE A. BUILDING	CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
		145581	B. WING		07/12/2016	
	NAME OF PROVIDER OR SUPPLIER  CAHOKIA NURSING & REHAB CENTER			TREET ADDRESS, CITY, STATE, ZIP CODE  ANNABLE COURT CAHOKIA, IL 62206	1 07712/2010	
(X4) ID PREFIX TAG	EFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL		ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPROFINED DEFICIENCY)	D BE COMPLETION	
F 518	residents from adjactive alarm goes off st checking for fires, clid door with an X, get at to the nurse's station On 06/21/2016 at 2: Assistant), stated that the 500 hall at the tir fire. She stated that Assistant), E10 (Mai (Licensed Practical Nuring the fire but not E7 stated "It was ovwas running." E7 stated "It was ovwas running." E7 stated to use a fire eand sweep, I think." On 06/21/2016 at 2: stated that if the fire check the fire panel a fire extinguisher, glight above the door it's in. Then go into the and wait for the all colorest to the nurse's stated to use a fire extinguishers are local closest to the nurse's stated to use a fire extinguishers are local closest to the nurse's stated to use a fire extinguishers are local closest to the nurse's stated to use a fire extinguishers are local closest to the nurse's stated to use a fire extinguishers are local closest to the nurse's stated to use a fire extinguishers are local closest to the nurse's stated to use a fire extinguishers are local closest to the nurse's stated to use a fire extinguishers are local closest to the nurse's stated to use a fire extinguishers are local closest to the nurse's stated to use a fire extinguishers are local closest to the nurse's stated to use a fire extinguishers are local closest to the nurse's stated to use a fire extinguishers are local closest to the nurse's stated to use a fire extinguishers are local closest to the nurse's stated to use a fire extinguishers are local closest to the nurse's stated to use a fire extinguishers are local closest to the nurse's stated to use a fire extinguishers are local closest to the nurse's stated to use a fire extinguisher and the fire local closest to the nurse's stated to use a fire extinguisher and the fire local closest to the nurse's stated to use a fire extinguisher and the fire local closest to the nurse's stated to use a fire extinguisher and the fire local closest to the nurse's stated to use a fire extinguisher and the fire local closest to the nurse's stated to use a	ent rooms. E6 stated if the raff are to go down halls ose doors, then mark the after fire extinguisher and report	F 518			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION  (X1)		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	· /	E CONSTRUCTION	, ,	(X3) DATE SURVEY COMPLETED	
		145581	145581 B. WING		C 07/12/2016		
NAME OF PROVIDER OR SUPPLIER  CAHOKIA NURSING & REHAB CENTER			STREET ADDRESS, CITY, STATE, ZIP COD  2 ANNABLE COURT  CAHOKIA, IL 62206		7/12/2016		
(X4) ID PREFIX TAG	(EACH DEFICIENC	TATEMENT OF DEFICIENCIES CY MUST BE PRECEDED BY FULL LISC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CO (EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE DEFICIENCY)	N SHOULD BE	(X5) COMPLETION DATE	
F 518	alarms are located. It she has received traextinguisher. On 06/21/2016 at 11 Nursing Assistant) si was assigned to the E28 stated when the down the 300 and 20 smoke coming from immediately started them out the 200 and to E28, he chose the not smoky and other with residents. E28 sa resident's room; he and try to put the fire extinguishers and firend of each hall. E20 off, staff should get fand make sure residented to use a fire expray down, and side on 06/15/2016 at 10 Practical Nurse) state was working on 500 Certified Nursing Assand flames coming croom 509. E8 stated	she does not know where fire E25 stated she does not think ining on using a fire  :15am, E28 (Certified tated that on 05/31/2016, E28 200 hall on evening shift.  If fire alarm went off, he went coo halls and checked. He saw the 500 hall. He then getting residents out, taking d 300 hall doors. According the exits as those halls were existed if he discovered fire in the would get the resident out the out. E28 stated to ealarms are located at the stated if the fire alarm goes fire extinguishers, check halls tents are in their rooms, and ents are in harm's way. E28 extinguisher you should point,	F 518				
	get the fire out. E8 s they needed to get the saw fire on the ceiling called for evacuation stated she's not sure safety training was.	ant. E5 and E10 were trying to tated she let everybody know the residents out when she ag in room 509. E8 stated she a but was not in charge. E8 when the most recent fire E8 stated the procedure to be check the box for location.					

	DF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	, ,		CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
		145594	B. WING	·		С	
		145581	B. WING			07/	12/2016
CAHOKIA	CAHOKIA NURSING & REHAB CENTER			2	TREET ADDRESS, CITY, STATE, ZIP CODE ANNABLE COURT CAHOKIA, IL 62206		
(X4) ID PREFIX TAG	(EACH DEFICIEN	STATEMENT OF DEFICIENCIES NCY MUST BE PRECEDED BY FULL R LSC IDENTIFYING INFORMATION)	ID PREFI TAG		PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD B CROSS-REFERENCED TO THE APPROPRI DEFICIENCY)		(X5) COMPLETION DATE
F 518	stated the fire doors off. E8 stated there hall of 500 hall whe she is not sure if the outside or whose reit or the census with E8 stated she is not training during orier On 06/17/2016 at 1 Nurse) stated that out at 3:20pm and of the fire. E18 stated Director of Nurses. the facility around 6 her most recent fire was January or Feb thinks there was a ron 06/15/2016 at 1 Associate) stated si regional office build of the fire. E22 states she's had was in 20 drill and how to use On 06/15/2016 at 1 Manager) stated she were the 100 hall resider stated "I knew if the was my hall to evacuate, 500 hall." E16 stated she was count was an expect responsibility of all stated she was count was an expect responsibility of all stated the building and good responsibility of all stated she was count was an expect responsibility of all stated she was count	er, and go to that location. E8 is shut when the alarm went were no residents out in the in the fire broke out. E8 stated ere was a (elopement risk) list esponsibility it would be to get in which to do the head count. It sure if she had fire safety intation.  128 pm, E18 (Registered on 05/31/2016, she clocked was not onsite at the time of on 05/31/2016 she was Acting E18 stated she returned to spm that evening. E18 stated she mock evacuation drill in 2015.  120pm, E22 (Medicare Billing he was in the adjacent ing when she became aware end the most recent fire training in and it consisted of a fire	F	518			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	` ′	(X2) MULTIPLE CONSTRUCTION A. BUILDING			(X3) DATE SURVEY COMPLETED	
						,	С	
		145581	B. WING				12/2016	
NAME OF PR	ROVIDER OR SUPPLIER	1		5	STREET ADDRESS, CITY, STATE, ZIP CODE			
0.11101414				2	2 ANNABLE COURT			
CAHOKIA	NURSING & REHAB C	ENIER		(	CAHOKIA, IL 62206			
(X4) ID	SUMMARY S	STATEMENT OF DEFICIENCIES	ID		PROVIDER'S PLAN OF CORRECTION		(X5)	
PREFIX TAG	,	CY MUST BE PRECEDED BY FULL R LSC IDENTIFYING INFORMATION)	PREF TAG		(EACH CORRECTIVE ACTION SHOULD E CROSS-REFERENCED TO THE APPROPRI DEFICIENCY)		COMPLETION DATE	
F 518	Continued From page	ge 77	F	518				
	desk, but she is not	sure whose responsibility it is						
		t in case of evacuation. £16						
	stated the most rece	ent fire drill was in the middle						
	of May 2016. E16 st	ated she has never had						
	annual fire safety tra	aining per se except for drills.						
	Facility census reco	rds for 5/31/2016 indicate that						
	twenty seven reside	nts resided on the 500 hall at						
		These residents include R1,						
		0, R11, R14, and R16-R34.						
		Nursing and Rehab with						
		spital records dated 5/31/2016						
		nergency System Services						
	•	) document that fourteen						
	-	.11-R15, R19, R23, R24) from mately transferred to four area						
	hospitals due to fire	-						
	•	e and Medicaid form 672						
		notes that at the time of the						
		s (R1, R2, and R16 who						
		Hall, as well as R5, R6, and						
		feedings; ten residents						
		rvices (R1, R2, R24, R25 who						
		Hall, and R3, R48, R53-56);						
	four residents receive	ved dialysis (R14 and R32						
	who resided on the	500 Hall in addition to R41						
	,	een residents who received						
		(R2, R16, and R33 who						
		Hall, as well as R3, R5, R6,						
	R9, R15, R43-R52.)							
		01/2015 documents that R2's						
	,	rth is 05/27/27 with diagnoses						
	of Exacerbation of C							
	•	, Dementia, Degenerative						
	Arthritis, Arterioscle							
	_	ailure, and Shortness of						
		al Physician's Order Sheet s an admitting diagnosis of						
		Hospital Interventions and						
		5/31/2016 documents that R1						

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	DF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	` ′		CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
				_		l ,	c
		145581	B. WING			1	12/2016
NAME OF P	ROVIDER OR SUPPLIER	1		S	TREET ADDRESS, CITY, STATE, ZIP CODE	1 0	
				2	ANNABLE COURT		
CAHOKIA	NURSING & REHAB CE	ENTER		c	CAHOKIA, IL 62206		
(X4) ID	SUMMARY ST	FATEMENT OF DEFICIENCIES	ID	<u> </u>	PROVIDER'S PLAN OF CORRECTION		(X5)
PREFIX TAG	(EACH DEFICIENC	CY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	PREF		(EACH CORRECTIVE ACTION SHOULD E CROSS-REFERENCED TO THE APPROPRI		COMPLETION DATE
IAG			1,10		DEFICIENCY)		
F 518	Continued From pag	e 78	F	518			
		course (sic) expiratory					
	-	Physical Exam dated					
		R2 was "coughing up thick					
	, ,	bsequently had some					
	_	ency Room" as well as					
		ounds." The Hospital					
	Assessment Plan Sh						
		l "fever, maybe due to					
	exposure to heat exp						
		and monitor closely." The					
	Hospital Transfer Su						
		"is an 89 year old woman					
		ital on 5/31/2016 with a					
	_	Inhalation. There is little					
	-	inying this patient. There is					
		pice patient, but we do not					
		which agency is involved."					
	, , ,	ital Inpatient Record face					
		16 lists R1's birthdate as					
	-	tal Care Report Summary for					
		tient upper extremities being					
		e crew was unable to obtain					
	-	his time. Blood glucose					
		this time with a result of 59.					
		oral glucose at this time.					
		swer any EMS (Emergency					
	_	es) questions at this time."					
	Hospital History and						
		s "This is an 87 year old					
		Emergency Room with					
		he is a resident of Cahokia					
		ation Center. There was a					
		evening and she was					
		She was experiencing a					
		ed her visit to the Emergency					
	Room. Problems: S	moke inhalation injury."					
	The Hospital Patient	Discharge Instruction sheet					
	dated 6/01/2016 stat	es "Discharge diagnosis:					

Smoke Inhalation/Anemia Exacerbation."

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	` ′	(X2) MULTIPLE CONSTRUCTION A. BUILDING			(X3) DATE SURVEY COMPLETED	
		145581	B. WING				С	
NAME OF B	DOVIDED OF OURDUIED	145561	B. WING _	OTDEE	TARRESO OTT STATE TO CORE	07	/12/2016	
NAME OF P	ROVIDER OR SUPPLIER				T ADDRESS, CITY, STATE, ZIP CODE			
CAHOKIA	NURSING & REHAB	CENTER			ABLE COURT			
				САНС	OKIA, IL 62206			
(X4) ID PREFIX TAG	(EACH DEFICI	Y STATEMENT OF DEFICIENCIES ENCY MUST BE PRECEDED BY FULL OR LSC IDENTIFYING INFORMATION)	ID PREFI TAG	x	PROVIDER'S PLAN OF CORRECTIO (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROP DEFICIENCY)	BE	(X5) COMPLETION DATE	
F 518	Continued From p	page 79	F !	518				
	R 12's (100 Hall)	Hospital Face Sheet dated						
	, , ,	date of birth as 10/21/1933.						
	Hospital Emergen	ncy room Visit report dated						
	5/31/2016 indicate	es that R12 "presents via EMS						
	(Emergency Mana	agement Service) from nursing						
		nursing home had a fire this						
		n patient was in a bus for						
		rtedly had a syncopal episode						
	_	seatPatient with history of						
		Accident with right sided						
		hasia " An Emergency						
	1 '	ress Note dated 5/31/2016 at						
	1	It has been reported that the						
		rm and nurse noted that a bottle nt had with him was warm when						
	1	residents from the same						
		en brought in for similar						
		e with (Z19) regarding patient						
		he agreed likely situational						
	_	evated temperature and hectic						
		tervention/Assessment						
	Treatment docum	entation dated 5/31/2016 noted						
	R12 's temperatu	re was 99.1 and blood pressure						
	was 199/84. Faci	lity census records for						
		e R12 resided on 100 hall.						
		4 (500 Hall) documents that						
		n is 9/19/1950. Emergency						
		eport for 5/31/2016 notes						
		t) with possible low blood sugar,						
		aknesspatient sitting upright						
		ne right in her wheelchair.						
		ff tells EMS (Emergency						
		that pt has 'seemed to be close						
		veating, and is weak.' Pt has						
		iage area for approximately 90 evacuation from building." The						
		ncy room Visit Report dated						
		"65 year old female presents to						
		rtmentstatus postfire at						

		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPI A. BUILDING	E CONSTRUCTION	(X3) DATE SURVEY COMPLETED
		145581	B. WING		C 07/12/2016
	NAME OF PROVIDER OR SUPPLIER  CAHOKIA NURSING & REHAB CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE  2 ANNABLE COURT  CAHOKIA, IL 62206	1 01112/2010
(X4) ID PREFIX TAG	(EACH DEFICIEN	TATEMENT OF DEFICIENCIES CY MUST BE PRECEDED BY FULL LISC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPROF DEFICIENCY)	D BE COMPLETION
F 518	in an unaffected win sat outside for nearly she started feeling of feels better nowha right side is affected Department Progress documents that R14 lightheadedness after weather status post are most likely from A Hospital Face She R13 (600 Hall) date Emergency Room V states "46 year old dementia presents to EMS (Emergency M firePer EMS, patie on sceneshortness ambulance. Past m Disease/Dementia, Seizures, Bipolar, Derehospital Care Re Hall) documents "U laying on a bed and liters, and it was place (patient) was then the was taken to the true with other pt. The offacility that knew the were takenTherefor knowing his nam Physician's Certifica a regional hospital dof Smoke Inhalation	d Rehabilitation. Patient was g. She was evacuated and y 1.5 hours in the heat when izzy and lightheaded. She as a history of stroke and her." The Hospital Emergency is note dated 5/31/2016 "presents for er being outsidein mid 80 firePatient 's symptoms heat exhaustion." Heat dated 5/31/2016 notes of birth as 6/8/1969. Hospital isit Report dated 5/31/2016 female with history of the Emergency Department by edical System) status post ent was initially short of breath is of breath resolved once in edical history-Alzheimer's Cerebral Vascular Accident, expression."  port Summary for R6 (300 pon arrival pt (patient) was on non-rebreather at 15 ced over his trach. Pt ansferred to the stretcher and the and loaded in the back ther pt was a nurse from the expt. Once in the back, vitals was no info on the pt except the per the other pt." R6's the of Medical Necessity from ated 5/31/2016 lists diagnosis. This same document notes rt: oxygen required and	F 518		
	monitoring/suction, of	ister, airway contractures upper/lower, ded level of consciousness."			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION  (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		` '	CONSTRUCTION	(X3) DATE SURVEY COMPLETED		
		145581	B. WING		C 07/12/2016	
	NAME OF PROVIDER OR SUPPLIER  CAHOKIA NURSING & REHAB CENTER			TREET ADDRESS, CITY, STATE, ZIP CODE  ANNABLE COURT  AHOKIA, IL 62206	1 0//12/2010	
(X4) ID PREFIX TAG	(EACH DEFICIEN	STATEMENT OF DEFICIENCIES ICY MUST BE PRECEDED BY FULL R LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD I CROSS-REFERENCED TO THE APPROPR DEFICIENCY)	BE COMPLETION	
F 518	R11's (500 Hall) Pre Summary dated 5/3 year old male with hear accident and is question at this time Summary dated 5/3 Problems: Ileus, Se Inhalation "  A Hospital Face She (600 Hall) date of bit Emergency Room Noted "Patient pres where she was a restates she was not not inhale any smol preparing to transpound increased pulse feeling anxious. Pasomewhat improved feels it was likely a 6/2/2016 when visit	ge 81 chospital Care Report ch/2016 notes that R11 is a 37 nistory of brain injury due to unable to answer any e. Hospital Patient Health ch/2016 lists "Active cizure Disorder, Smoke  eet dated 5/31/2016 lists R15 irth as 9/08/44. Hospital //sit Report dated 5/31/2016 centsafter nursing home sident had a fire. Patient in the area of the fire and did ke, but when they were ort her to another facility, she e and shaking as well as disince coming here and son panic attack "R15 stated on ed in the destination facility ne hospital due to a panic	F 518			
	5/31/2016 notes this transport was "disp for Cahokia Nursing multiple pt (patients needing transported of severe anxiety prepatient told EMS (E Service) 'I just can't that I wasn't going to time and I would be team advised EMS the area of the fire a	care Report Summary dated is Emergency Services statched to an emergency call grand Rehab on fire with an analysis obtained in parking lot in the complaining roblems at this time The intergency Management it calm down. I was so scared on make it out of the building in a burned alive.' The triage that this pt (patient) was not in land was evacuated welling harm. A staff member of				

		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION  A. BUILDING			(X3) DATE SURVEY COMPLETED	
		145581	B. WING _			07/	) 12/2016
	ROVIDER OR SUPPLIER  NURSING & REHAB CE	NTER		STREET ADDRESS, CITY, STATE, ZIP C 2 ANNABLE COURT CAHOKIA, IL 62206	ODE	, J.,	
(X4) ID PREFIX TAG	FIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL		ID PREFII TAG	PROVIDER'S PLAN OF X (EACH CORRECTIVE ACT CROSS-REFERENCED TO T DEFICIENCE	TION SHOULD BI THE APPROPRIA		(X5) COMPLETION DATE
F 518	the SNF (Skilled Nurse that this pt (patient) hand is normally very situation has made harrival patient found sarea The pt (patien levels of anxiety and calming down and re documents that R15 scene at 5:47 pm.  Prehospital Care Reg Hall) dated 5/31/2016 "having chest pain has swallowed some him chest pain Pt stright side just below to constant pain which is scale pt then stated of breath so 4L of 02 and pt states that he  R3's (600 Hall) Preho Summary dated 5/31 years old. Under Collisted Dementia with states that R3 is "colonly, sitting in a chair isn't acting right. Pt (dementia and Alzheir if anything is wrong of states that before EM System) arrived she is in her normal stopation."  Report titled Cahokia	sing Facility) advised EMS as a severe anxiety problem nervous as it is and this er very nervous. Upon sitting outside in the triage t) over all has very high is having severe difficulty in laxing" This same report was transported from the fire  port Summary for R4 (500 6 documents that R4 was Pt (patient) believes that he smoke and that is giving ates that the pain is on the he nipple line and is a ne rates it at 10/10 pain If that he was becoming short via a NC was established feels better "	F	518			

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		, ,	E CONSTRUCTION	(X3) DATE SURVEY COMPLETED		
		145581	B. WING		C <b>07/12/2016</b>	
	NAME OF PROVIDER OR SUPPLIER  CAHOKIA NURSING & REHAB CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE  2 ANNABLE COURT  CAHOKIA, IL 62206	1 07/12/2016	
(X4) ID PREFIX TAG	(EACH DEFICIEN	STATEMENT OF DEFICIENCIES ICY MUST BE PRECEDED BY FULL R LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPR DEFICIENCY)	BE COMPLETION	
F 518	indicates R5, R19, It transported to area fire, they were from respectively.  All training records of disaster preparednes facility. Based on a provided at the time system in place to e Training records are cases contain illegit verification of training E1 (Maintenance St documents titled "F6/16/2016, indicatin documents available on 6/17/2016 at 1:4 as presented were Monthly Report of F provided for June 2t and January throug Sign In Sheets which participated in the d6/14/2015 and 7/25, present on the docusignatures were pre 7/25/2015.  The Monthly Report series of nine quest NO after them. The 1. Was signal recei 2. What time was signal recei 2. What time was signal recei and record to the signal recei 2.	R23, and R24 were also hospitals on the date of the 300, 500, 500, 500 halls related to fire, fire drills, and ass were requested from the ll available information of the survey there is no affectively track training efforts. In incomplete and in many pole signatures making and difficult. In a guervisor) provided REPORT OF FIRE DRILL" on an agent the search of the training records recomplete." In a guerrisor of the training records recomplete. The prill documents were constituted and the search of the survey and the survey and the search of the survey and the survey and the search of the survey and the	F 518			
		lights operational? door closers operational? d egress locks released?				

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	` ′	PLE CONSTRUCTION  G		(X3) DATE SURVEY COMPLETED		
		145581	B. WING			C 07/12/2016		
NAME OF PROVIDER OR SUPPLIER  CAHOKIA NURSING & REHAB CENTER				STREET ADDRESS, CITY, STATE, ZIP COI 2 ANNABLE COURT CAHOKIA, IL 62206		3771272010		
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CO (EACH CORRECTIVE ACTIO CROSS-REFERENCED TO THI DEFICIENCY)	N SHOULD BE E APPROPRIATE	(X5) COMPLETION DATE		
F 518	problems, corrective required as a result of Monthly Report of Fir 9/30/2015, 10/13/2012/21/2016, and 3/18/locations for the "fire September 2015, Oc January 2016, Februall have YES circled problems noted?" Hacility staff is to iden corrective action is bit The Monthly Report of 2015 is not signed. Februall have YES circled problems noted?" Hacility staff is to iden corrective action is bit The Monthly Report of 2015 is not signed. Februall November 2016 are signed (Maintenance Superdocument provided for provided for May 2010 Drill was done on first contains 26 signature Training record provided 12/16/2015 and is titl This document indicated on 7-3 shi included on this single no information on this type of disaster the digive any location. Que Disaster Drill Report "During Drill"  1. Did staff use prop 2. Was announcemed 3. Were residents plus 4. Were all corridor of 5. Did staff respond After the Drill"	report, it states: "List any actions, and/or teaching of this drill."  e Drill reports for 8/18/2015, 5, 11/10/2015, 1/19/2016, 2016 did not contain specific or "fire drill." Reports for tober 2015, November 2015, ary 2016, and March 2016 for question 4 "Were any lowever, the area where tify the problems with lank in all cases. In Fire Drill Form for August forms dated September 2015 and January through and dated by E1 visor). There was no or April 2016. Document 6 notes that Monthly Fire the shift 5/20/2016 and less. In the drill was fit. Fourteen signatures are the page document. There is a document to indicate what rill addressed, nor does it usestions printed on the include:  er judgment? In the propert of the safety? In the sa	F 5	18				

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	` ′	FIPLE CONSTRUCTION NG		(X3) DATE SURVEY COMPLETED	
		145581	B. WING		0	C <b>7/12/2016</b>	
NAME OF PROVIDER OR SUPPLIER  CAHOKIA NURSING & REHAB CENTER				STREET ADDRESS, CITY, STATE, ZI 2 ANNABLE COURT CAHOKIA, IL 62206		7712/2010	
(X4) ID PREFIX TAG	(EACH DEFICIE	STATEMENT OF DEFICIENCIES NCY MUST BE PRECEDED BY FULL DR LSC IDENTIFYING INFORMATION)	ID PREFI TAG	PROVIDER'S PLAN X (EACH CORRECTIVE A CROSS-REFERENCED T DEFICIE	ACTION SHOULD BE TO THE APPROPRIATE	(X5) COMPLETION DATE	
F 518	respond promptly? 3. Did staff standb. Despite having line lines have been let document indicate the facility) conduct line has also been Documents entitled 6/26/15 with time (2:30 pm) and one as Emergency Res indicated that inset (Registered Nurse, Nursing) for the 2p "given by" on the of 16 signatures for the There is no docum who missed the se Emergency Respo included with these part: "Binder is at the n Response Informa Please refer to the to do in the event the Code Red-(Fire) pi The last four notatic clear); Code Blue of Code Gray (Tornac (Missing Resident) Mandatory Inservice with no year or tim Bloodborne Pathon Handwashing, Wo Preparedness, Hat Confined Spaces. as to who gave the	y until "All Clear" was given?" es to fill in this information, the it blank. Signature on the s that (employee no longer at ted the Disaster Drill. The title left blank. d Inservice Record and dated noted as 1400 (2 pm), 1420 with no time given lists topic sponse and Codes. This form rvice was given by E18 //Restorative/Acting Director of m session, but is blank for other two documents. A total of ne three sessions are present. entation that those employees ssions were trained later. nse In-service documentation e in-service records state in urses station with Emergency tion in a RED binder. binder for clarification on what here is an emergency. anel is located near room 101." ons refer to Code Green (all Cardiopulmonary Failure), do Warning), and Code Violet	F	518			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:				(X3) DATE SURVEY COMPLETED	
			A. BOILD	NG			
		145581	B. WING			l	12/2016
NAME OF P	ROVIDER OR SUPPLIER		<b>l</b>	ST	TREET ADDRESS, CITY, STATE, ZIP CODE		
CALICIZIA NUIDOINO A DELIAD CENTED				2 /	ANNABLE COURT		
CAHOKIA NURSING & REHAB CENTER				C	AHOKIA, IL 62206		
(X4) ID PREFIX TAG	(EACH DEFICIE	STATEMENT OF DEFICIENCIES NCY MUST BE PRECEDED BY FULL R LSC IDENTIFYING INFORMATION)	ID PREFI TAG		PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BI CROSS-REFERENCED TO THE APPROPRIA DEFICIENCY)		(X5) COMPLETION DATE
F 518	determine who atterated A single page inclusions are located of means of egress (extinguishers, the dassembly areas If held open by electrated or loss of fire and smoke barresidents and staff So, your first response activated or loss of fire and smoke barresidents and staff So, your first response removing resident of placing a fire door locating a fire door locating and smoke barresidents and staff So, your first response removing resident of placing a fire door locating and locating subject presentation. INSERVICE ALL Sas January 20, 201 the following subject presentation location, and din-service is not given provided, however	ible making it difficult to ended.  ded with this Mandatory it is titled "Fire Safety and ness Standard." This "There is a written chain of saster manual found at the ele person in charge at the time er shall remain in charge until on the chain of command or estand relieves them. Floor in each hall, indicating all exits, escape routes), fire control center and the Fire and smoke barrier doors ic, magnetic devices when the fire alarm system is power occurs. During a fire, rier doors should separate from the location of the fire. Inse in a fire is to begin closest to the danger by between them and the fire. In the diministrator or Fire Chief in."  Information is included as the in matter for the MANDATORY STAFF notice with date given this inservice notice lists ets: Bloodborne pathogens,	F	518			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPL A. BUILDING	E CONSTRUCTION	(X3) DATE SURVEY COMPLETED		
		145581	B. WING		07/12/2016		
NAME OF PROVIDER OR SUPPLIER  CAHOKIA NURSING & REHAB CENTER				STREET ADDRESS, CITY, STATE, ZIP CODE  2 ANNABLE COURT  CAHOKIA, IL 62206	07/12/2016		
(X4) ID PREFIX TAG	(EACH DEFICIENC	IATEMENT OF DEFICIENCIES BY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORREC (EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APPI DEFICIENCY)	OULD BE COMPLETION		
F 518	Immediate Jeopardy The surveyor confirm record review that th actions to remove th 1.The facility reviewe disaster/emergency but not limited to sec	nistrator, were notified of the on June 29, 2016 at 2:30pm. ned through interview and e facility took the following e Immediate Jeopardy: ed and revised its manual on 6/1/16 including tions on reporting chain of	F 518	3			
	response procedures 2. On 6/6/16, 6/7/16, 6/17/16, E3, Adminis QA(Quality Assurance inservices for all staff disaster/emergency command during a deprocedures, emergen procedures including staff not present on teraining was provided training before they was	6/8/16, 6/10/16, and strator and/or E13, ce) Nurse conducted					
	proper procedures d 3. On 6/30/16 the face Policy and Fire Procedures Independent Life Sate 4. On 7/1/16 E3, E13 conducted repeat trace revised Fire Watch a inservice included face fire, individual duties extinguisher and P.A. instructions, and "all was given to staff duthe disaster/emerger station and reception posttest was comple to test staffs knowled."						

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		IDENTIFICATION NI IMBED		(X2) MULTIPLE CONSTRUCTION  A. BUILDING			(X3) DATE SURVEY COMPLETED	
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		145581	B. WING			07/	12/2016	
NAME OF PROVIDER OR SUPPLIER  CAHOKIA NURSING & REHAB CENTER				2	TREET ADDRESS, CITY, STATE, ZIP CODE ANNABLE COURT AHOKIA, IL 62206			
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL .SC IDENTIFYING INFORMATION)	ID PREFI TAG	х	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BI CROSS-REFERENCED TO THE APPROPRIA DEFICIENCY)		(X5) COMPLETION DATE	
F 518 F 520 SS=G	another shift. 5. E13 updated new etraining materials to e	employee orientation and ensure the revised led. Failure of post test g of procedures.		518 520				
	assurance committee nursing services; a ph facility; and at least 3 facility's staff.  The quality assessme committee meets at le issues with respect to	east quarterly to identify which quality assessment						
	develops and implem action to correct ident  A State or the Secret disclosure of the reco	rds of such committee h disclosure is related to the ommittee with the						
		y the committee to identify ficiencies will not be used as						
	by:	is not met as evidenced and record review, the facility						

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	` ′	(X2) MULTIPLE CONSTRUCTION A. BUILDING			(X3) DATE SURVEY COMPLETED	
		145581	B. WING _			l '	C <b>12/2016</b>	
NAME OF PROVIDER OR SUPPLIER  CAHOKIA NURSING & REHAB CENTER				STREET ADDRESS, CITY, STATE, ZIP C 2 ANNABLE COURT CAHOKIA, IL 62206	ODE			
(X4) ID PREFIX TAG	(EACH DEFICIEN	TATEMENT OF DEFICIENCIES CY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFI) TAG	PROVIDER'S PLAN OF (EACH CORRECTIVE ACT CROSS-REFERENCED TO 1 DEFICIENCE	TION SHOULD BE THE APPROPRIA		(X5) COMPLETION DATE	
F 520	Committee which de appropriate plans of quality deficiencies at these corrective acti affect all 106 resider Findings include: On 06/14/16 at 11:13 Director, stated he do QA(Quality Assurance at 11am, E36, Launce Supervisor, stated son 07/01/16 10:40 a stated she does not 07/01/16 at 12:25, Edid not know how to and stated she was committee. On 07/07 Certified Nursing As access the QA commitsure, "I guess I wou Nurse?" On 07/01/1 Assurance Nurse, stearly April 2016 whe stated when E41 was committee met monte E3, the current Admit there are currently in On 07/01/16 at 12:2 Nurses(DON), stated took the position of I are no future meetin 07/01/16, E3, Admir position of Administr stated she plans to i has not yet done so the state of the state of the state of the plans to i has not yet done so the state of the state of the state of the state of the plans to it has not yet done so the state of the state of the plans to it has not yet done so the state of the state of the plans to it has not yet done so the state of the plans to it has not yet done so the state of the plans to it has not yet done so	functioning Quality Assurance evelops and implements action to correct identified and to monitor the effects of ons. This has the potential to onts living at the facility.  2am, E1, Maintenance loes not participate in the ce) Committee. On 07/01/16 dry/Housekeeping the does not participate in QA. m, E35, Dietary Manager, participate in QA. On (33, Housekeeper, stated she access the QA committee unaware the facility had a QA 1/16 at 11:30am, E34, sistant, when asked how to mittee, stated she was not all ask the Quality Assurance the at 1:45pm, E13, Quality stated QA has not met since the E41 was Administrator. E13 as Administrator, the QA (thly, but has not met under nistrator, and E13 stated of future meetings scheduled. Opm, E23, Director of d QA has not met since she DON on 06/02/16 and there gs scheduled at this time. On sistrator stated she took the eator on 04/25/16, and she mplement a QA program but E3 stated there has been no ling following the 05/31/16 fire future meetings are	F	520				

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULT		(X3) DATE SURVEY COMPLETED		
		145581	B. WING			C 07/12/2016	
NAME OF PI	ROVIDER OR SUPPLIER	140001		STRE	ET ADDRESS, CITY, STATE, ZIP CODE	077	12/2016
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CAHUKIA	NURSING & REHAB CE	INIER		CAH	OKIA, IL 62206		
(X4) ID PREFIX TAG	(EACH DEFICIENC	TATEMENT OF DEFICIENCIES BY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFI TAG		PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD B CROSS-REFERENCED TO THE APPROPRIA DEFICIENCY)		(X5) COMPLETION DATE
F 520	An undated Quality A Improvement and Co "This organization wi active quality assuratimprovement(QA) proinformation and data of risk, to detect pote improvement and to and processesto activities to address a opportunities for improof high risk, high voluareas." A 672 Censuredated 06/02/16 show of 106. The facility co documentation, such	In the second se	F	520			