PRINTED: 04/05/2016 FORM APPROVED OMB NO. 0938-0391

· · · ·		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING		(X3) DATE SURVEY COMPLETED		
		145636	B. WING _			04/0) 01/2016
	ROVIDER OR SUPPLIER TON REHAB & HEALTH	CARE CENTER	•	STREET ADDRESS, CITY, STATE, ZIP C 716 EIGHTEENTH STREET CHARLESTON, IL 61920	ODE	•	
(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 ((EACH CORRECTIVE ACT	ION SHOULD B HE APPROPRIA		(X5) COMPLETION DATE
F 000	INITIAL COMMENTS		F 0	000			
F 241 SS=D	483.15(a) DIGNITY A INDIVIDUALITY The facility must promanner and in an environment of the state of the stat	note care for residents in a vironment that maintains or ent's dignity and respect in	F 2	241			
	by: Based on observatio review the facility faile	ns, interview and record ed to ensure dignity for two and R4) reviewed for dining					
	March 2016 documer diagnoses: Osteoporo Chronic Pain and Hia	der Sheet (POS) dated In the following medical Dosis, Osteoarthritis, Edema, Ital Hernia. The same POS er as follows: Regular with					
		Set (MDS) dated 1/6/16 es extensive physical staff eeds.					
	following: "Staff to ma Come back and addr	1 1/16/16 documents the aintain dignity and respect. ess ADL's (activities of daily tch to a different caregiver"					
		om, while visible to other isitors in the dining room, R2					

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

TITLE (X6) DATE

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

Facility ID: IL6001358

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		(X2) MULT A. BUILDIN	IPLE CONSTRUCTION NG		(X3) DATE SURVEY COMPLETED	
		145636	B. WING _			C 04/01/2016
	ROVIDER OR SUPPLIER	H CARE CENTER		STREET ADDRESS, CITY, STATE, ZIP CODE 716 EIGHTEENTH STREET CHARLESTON, IL 61920	•	04/01/2010
(X4) ID PREFIX TAG	(EACH DEFICIEN	STATEMENT OF DEFICIENCIES ICY MUST BE PRECEDED BY FULL R LSC IDENTIFYING INFORMATION)	ID PREFI) TAG	PROVIDER'S PLAN OF COI ((EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE DEFICIENCY)	SHOULD BE	(X5) COMPLETION DATE
F 241	Continued From pa	ge 1	F 2	241		
	potatoes and mixed E8, E13 and E16, a Assistants (CNA) at worked in the dining same staff member assist R2, while R2 On 4/1/16 at 9:03 a the dining room, do via wheel chair. R2 fingers on both han	onsistency of turkey, mashed vegetables with her fingers. Il three Certified Nursing and E10, Activity Director/ CNA groom during lunch. These is did not acknowledge or ate with her fingers. Im, E8 CNA brought R2 from with the hall way, to her room had oatmeal between her dis, her mouth and left cheek, her residents and staff during				
	clean (R2's) finger r	m, E8 CNA stated "we don't nails, hands or face, she gets efore we come on our shift."				
	with oatmeal betwe and left cheek. R2 s feel, I don't like eati get food all over. No	m, R2 remained in R2's room en her fingers, on her mouth stated "How would it make you ng with my hands because I o one ever helps me in the drop my tray and run."				
	(DON) stated E2's of regarding R2's dign CNA's know (R2) do	m E2, Director of Nursing expectations for nursing staff ity while dining "I think the bes not like to be bothered, have cleaned her up."				
	following diagnoses Parkinson's Disease The same POS doo	March 2016 document the :: Multiple Sclerosis, e, Depression and Anxiety. euments a diet order as a honey thick liquids.				

		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULT A. BUILDIN	IPLE CONSTRUCTION NG		ATE SURVEY OMPLETED
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F 241	following: R4 requir assist with hygiene R4's Care Plan date following "Self car and or assist to concareProvide priv On 4/1/16 at 8:45 a other residents and dining room. R4's winside the dining rosat in puddles of watte table. There we droppings in the waleft pant leg were viamounts of oatmea Restorative Aide waused her electronic observation. E9 did presence, assist or R4. On 4/1/16 at 8:55 a Parkinson's and spiuntil she's finished. clean up the floor of On 4/1/16 at 8:57 a feel embarrassed a in the dining room. sometimes I spill a don't get me cleaned to my room. It does they don't offer to hembarrassing for medians.	16 /16 documents the res extensive physical staff needs and dining. ed 1/06/16 documents the re deficit needs supervision replete quality of racy and dignity." m - 8:55 am R4 was visible to family as they exited the replete chair was located just replete that were spread beneath replesauce and oatmeal replesauce and oatmeal replesauce. E9, replesauce. E9, replesauce. E9, replesauce. E9, replesauce and replesauce. E9 repl	F2	241		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1 ' '	(X2) MULTIPLE CONSTRUCTION A. BUILDING		(X3) DATE SURVEY COMPLETED	
		145636		B. WING			C / 01/2016
	ROVIDER OR SUPPLIER	CARE CENTER		716 E	EET ADDRESS, CITY, STATE, ZIP CODE EIGHTEENTH STREET ARLESTON, IL 61920	1 04	70 1720 10
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFI TAG	x	PROVIDER'S PLAN OF CORRECTIC (EACH CORRECTIVE ACTION SHOULI CROSS-REFERENCED TO THE APPROP DEFICIENCY)) BE	(X5) COMPLETION DATE
F 241	Facilities" documents must provide services mental health, and a The undated facility "	r People in Long Term Care the following: "The facility s to keep your physical and sense of satisfaction." Job Summary Certified ents "Provide for the	F	241			
F 282 SS=D	PERSONS/PER CAR The services provide must be provided by	d or arranged by the facility	F.	282			
	by: Based on observation review the facility failed plan of care for two or reviewed for care plan. Findings include: 1. R2's Physician Or March 2016 document Osteoporosis, Osteopain and Hiatal Hernidocuments the follow mechanical soft means. R2's Care Plan dated following " (R2) curher with ADL's (activito complete them A	ing: Regular Diet with					

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		l l	(X2) MULTIPLE CONSTRUCTION A. BUILDING			(X3) DATE SURVEY COMPLETED		
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	ROVIDER OR SUPPLIER			7	TREET ADDRESS, CITY, STATE, ZIP CODE 16 EIGHTEENTH STREET CHARLESTON, IL 61920	1 04/	01/2016	
(X4) ID PREFIX TAG	FIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL		ID PREFI TAG		PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD E CROSS-REFERENCED TO THE APPROPRI DEFICIENCY)		(X5) COMPLETION DATE	
F 282	task" On 3/30/16 at 12:30 mechanical consiste potatoes and mixed fingers. E8, E13 and Nursing Assistants (Director/ CNA worke lunch. These same sacknowledge or assi with her fingers. On 4/1/16 at 9:03 arthe dining room, dow via wheel chair. R2 If fingers on both hand on 4/1/16 at 9:10 arthelps me in there (ditray and run." 2. R4's POS dated following diagnoses: Parkinson's Disease The same POS door follows: Pureed with R4's Minimum Data documents that R4 rextensive physical sand dining. R4's Care Plan date following "Self care	pm - 12:45 pm, R2 ate a ncy of turkey, mashed vegetables. R2 ate with her E16, all three Certified CNA) and E10, Activity d in the dining room during staff members did not st R2, while R2 ate her lunch on, E8 CNA brought R2 from and oatmeal between her s, her mouth and left cheek. In, R2 stated "no one ever ning room). They drop my March 2016 document the Multiple Sclerosis, Depression and Anxiety. Iments a diet order as honey thick liquids. Set (MDS) dated 3/16 /16	F	282				
	was located just insi	n - 8:55 am R4's wheel chair de the dining room exit door f water that spread beneath						

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION AND PLAN OF CORRECTION IDENTIFICATION NUMBER: A. BUILDING			(X3) DATE SURVEY COMPLETED			
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F 312 SS=D	the table. There was droppings in the wate left pant leg were vis amounts of oatmeal and Restorative Aide was used her electronic to observation. E9 did represence, or engage On 4/1/16 at 8:55 am Parkinson's and spill until she's finished On 4/1/16 at 8:57 am matter how much I sign of course it's embound of course it's embound of course it's embound of course it's embound on a course it's embound of cours	applesauce and oatmeal er. R4's chest, abdomen and ibly soiled with large and applesauce. E9, a seated at the table as E9 ablet throughout the not assist, acknowledge R4's in conversation with R4. In, E9 stated "(R4) has a lot. We don't clean her up " In R4 stated "It doesn't bill they don't offer to help me arrassing for me." In E 2, Director of Nursing bectations for nursing staff ed interventions "I expect the are plans" In Dolicy "Comprehensive anning" documents the lits of this resident reas the basis for need, and subsequently how do for each residentplan of ed/problem, and indicating tions to be instituted to assist hing/receiving proper care in m" IN EPROVIDED FOR	F 2			

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		` ′	LE CONSTRUCTION	(X3) DATE SURVEY COMPLETED C	
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F 312	Continued From parand oral hygiene.	ge 6	F 31	2	
	by: Based on observat review the facility fa dining assistance to grooming. These fa	ion, interview and record iled to provide hygiene and maintain good nutrition and illures affected two of nine R4) reviewed for hygiene and e of 11.			
	March 2016 docum Osteoporosis, Oste Pain and Hiatal Her documents a diet or ground meats, two	Order Sheet (POS) dated ent the following diagnoses: coarthritis, Edema, Chronic nia. The same POS order as follows: Regular with cal (calorie) supplement, 60 cimes a day with meals			
	documents the follo physical staff assist supervision with set	Set (MDS) dated 1/6/16 wing: R2 requires extensive with hygiene needs and up assistance when dining. cuments R2 is at risk for e ulcers.			
	following: " Assis daily living) as ned to two, limited to existuation Come baneed, switch to a disome encouragement has been placed at	ed 1/16/16 documents the t (R2)with ADL's (activities of cessary with staff assist of one tensive depending on the ack and address ADL's if fferent caregiver (R2) takes ent to eat, at times and (R2) a feeder (assistance) table so I cues to keep eating Assist			

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F 312	(R2) with hands on unwilling to comple (substitutes) for foo supplement, three to (medication) pass, R2's Dietary Quarted documents R2's av 25 percent - 50 per On 3/30/16 at 12:30 mechanical consist potatoes and mixed fingers, without vertices assistance. E8, E13 Nursing Assistants Director/ CNA work lunch. These same acknowledge or assiftingers. R2 ate 25 percent - 25 percent - 25 percent - 25 percent - 30 percent - 30 percent - 50 percent -	feeding if (R2) is unable or te task. Offer appropriate subs ds not eatentwo cal imes a day, at med related to weight loss" erly Assessment dated 1/13/16 erage meal intake at lunch is cent. Opm - 12:45 pm, R2 ate a ency of turkey, mashed a vegetables. R2 ate with her bal cues or physical and E16, all three Certified (CNA) and E10, Activity ed in the dining room over staff members did not sist R2, while R2 ate with her	F 312		

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION AND PLAN OF CORRECTION IDENTIFICATION NUMBER: A. BUILDING		COMPL	(X3) DATE SURVEY COMPLETED			
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F 312	regarding R2's assist CNA's know (R2) dod but they still should hat an assisted reside been offered assistant. 2. R4's POS dated M following diagnoses: Parkinson's Disease, The same POS docuted follows: Pureed with R4's MDS dated 3/16 following: R4 require assist with hygiene n MDS documents R4 pressure ulcer.	lance while dining "I think the es not like to be bothered, have cleaned her up (R2) is not table and should have noce." larch 2016 document the Multiple Sclerosis, Depression and Anxiety. ments a diet order as honey thick liquids. 6/16 documents the sextensive physical staff eeds and dining. The same has one unhealed, Stage II	F 31	·		
	following "Self care and or assist to complish risk for pressure effectiveness of nutri R4's "Speech- Langu Report" dated 12/29/ " Dysphagia, Mechar Guidelines, patient (F90 degrees for all p.c. Alternate liquids and rate. Encourage sma aspiration (wet, gurg runny nose, coughing facial grimacing, chatemperature spike).	age Pathology Service 15 documents the following: nically Altered Diet. Feeding R4) to be seated upright at b. (by mouth) intake. solids. Eat/Feed at a slow Il bites. Observe for signs of ally vocal quality, watery eyes, g, increased respirations, nge in lung sounds, Stop feeding and contact must have supervision.				

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F 312	Continued From pa	ge 9	F3	312		
	5.5 gr/dl. The same	wing: Total Protein level, low, lab report documents the or Total Protein is 6.4 gr/dl -				
	other residents and room. R4's wheel cl the dining room exit water that spread by applesauce and oat R4's chest, abdome visibly soiled with la applesauce. E9, Resthe table as E9 used throughout the observation with R	oresence, assist or engage in 4.				
		m, E9 stated "(R4) has lls a lot. We don't clean her up "				
	feel embarrassed a in the dining room. sometimes, I spill a don't get me cleane to my room. It does	m R4 stated "this makes me nd staff do not always help me This is a good day for me lot more then this. The aides d up until they take me back n't matter how much I spill elp me so of course it's e."				
	assistance while dir refuses to move to great if we had staff	rsing staff regarding R4's hing " (R4) asks for assist then the assist table. It would be to provide one on one with idents should have their				

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F 312	The undated facility a "Residents' Rights for Facilities" documents must provide services mental health, and a "The undated facility"	Idmission pamphlet The People in Long Term Care The following: "The facility To to keep your physical and The sense of satisfaction." Job Summary Certified The sense of the	F3	312		