DEPARTMENT OF HEALTH AND HUMAN SERVICES CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 04/15/2016 FORM APPROVED OMB NO. 0938-0391

NAME OF PROVIDER OR SUPPLIER COLONIAL HITHCARE & REHAB CTR STREET ADDRESS, CITY, STATE, ZIP CODE STREET ADDRESSON FROM STATE STREET ADDRESSON, IL CODE STREET ADDRESSON, IL CITY, STATE, ZIP CODE STREET STREET STATE STREET STATE SACH CORRECTION SACH CORRECTION SACH CORRECTION SACH CORRECTION SACH CORRECTION	STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING			(X3) DATE SURVEY COMPLETED		
COLONIAL HITHCARE & REHAB CTR Mail D		145437		B. WING		· · · · · · · · · · · · · · · · · · ·	04/14/2016	
PREFIX TAG REGULATORY OR LSC IDENTIFYING INFORMATION) FOOD INITIAL COMMENTS Annual Certification Original Investigation of Complaint #1621858/IL84611-no findings F 157 483,10(b)(11) NOTIFY OF CHANGES (INJURY/DECLINE/ROOM, ETC) A facility must immediately inform the resident; consult with the resident's physician; and if known, notify the resident's legal representative or an interested family member when there is an accident involving the resident help to requiring physician intervention; a significant change in the resident's physical, mental, or psychosocial status (i.e., a deterioration in health, mental, or psychosocial status in either life threatening conditions or clinical complications); a need to alter treatment significantly (i.e., a need to discontinue an existing form of treatment due to adverse consequences, or to commence a new form of treatment); or a decision to transfer or discharge the resident from the facility as specified in §483.12(a). The facility must also promptly notify the resident and, if known, the resident's legal representative or interested family member when there is a change in room or roommate assignment as specified in §483.15(e)(2); or a change in resident rights under Federal or State law or regulations as specified in paragraph (b)(1) of this section. The facility must record and periodically update the address and phone number of the resident's legal representative or interested family member.					5 1	15 BUREAU VALLEY PARKWAY		
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		or interested family change in room or specified in §483.1 resident rights under regulations as specithis section. The facility must re	member when there is a roommate assignment as 15(e)(2); or a change in er Federal or State law or cified in paragraph (b)(1) of cord and periodically update					
	LABORATOR			IATURE		TITLE		(VE) 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: IL6001945

DEPARTMENT OF HEALTH AND HUMAN SERVICES CENTERS FOR MEDICARE & MEDICAID SERVICES

-	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	` '	IPLE CONSTRUCTION NG		ATE SURVEY DMPLETED
		145437	B. WING _	·····	0	4/14/2016
NAME OF PROVIDER OR SUPPLIER COLONIAL HLTHCARE & REHAB CTR				STREET ADDRESS, CITY, STATE, ZIP CODE 515 BUREAU VALLEY PARKWAY PRINCETON, IL 61356		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRE (EACH CORRECTIVE ACTION SHI CROSS-REFERENCED TO THE APP DEFICIENCY)	OULD BE	(X5) COMPLETION DATE
F 157	Continued From pa	ge 1	F 1	57		
	by: Based on interview failed to notify a Re medication and an for one of 15 reside	NT is not met as evidenced and record review the facility presentative of a change in increase in adverse behaviors ents, (R3) reviewed for ges, in a sample of 15.				
	Findings include:					
	facility shall prompt Attending Physiciar of changes in the re- condition and/or sta- care, billing/paymen etc.)Unless other resident, the Nurse notify the resident's when: There is a sign	ge in Condition or dated 3/2016, states, "Our ly notify the resident, his or her n, and representative (sponsor) esident's medical/mental atus (e.g., changes in level of nts, residents rights, wise instructed by the Supervisor/Charge Nurse will family or representative gnificant change in the mental or psychosocial				
	documents an orde (antipsychotic) from milligrams by moutl documents an incre Delayed Release (r	er Sheet, dated 3/23/16, or to increase R3's Seroquel of 50 milligrams to 100 on at bedtime. This same forms ease in Divalproex Sodium mood stabilizer) 250 milligrams by to three times daily.				
		for Mental Status, dated that R3 is severely cognitively				
	R3's Nurses Notes,	dated 3/19/16 through				

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NAME OF PROVIDER OR SUPPLIER COLONIAL HLTHCARE & REHAB CTR STREET ADDRESS, CITY, STATE, ZIP CODE 515 BUREAU VALLEY PARKWAY PRINCETON, IL 61356 (X4) ID PREFIX TAG SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) F 157 Continued From page 2 3/23/16, document multiple adverse behaviors. This same form documents that new medication orders were received for the increase in adverse behaviors or the change of medication. On 4/12/16 at 10:30am, E2, Director of Nursing, verified that R3's representative being notified of R3' increase in adverse behaviors or the increase in psychotropic medications.	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 329 SS=D 483.25(I) DRUG REGIMEN IS FREE FROM UNNECESSARY DRUGS Each resident's drug regimen must be free from unnecessary drugs. An unnecessary drug is any drug when used in excessive dose (including duplicate therapy); or for excessive duration; or without adequate monitoring; or without adequate indications for its use; or in the presence of adverse consequences which indicate the dose should be reduced or discontinued; or any combinations of the reasons above. Based on a comprehensive assessment of a resident, the facility must ensure that residents who have not used antipsychotic drugs are not given these drugs unless antipsychotic drug therapy is necessary to treat a specific condition as diagnosed and documented in the clinical record; and residents who use antipsychotic drugs receive gradual dose reductions, and behavioral interventions, unless clinically contraindicated, in an effort to discontinue these drugs.	F 329	3/23/16, document This same form docorders were received behaviors. There is representative bein adverse behaviors On 4/12/16 at 10:30 verified that R3's recof R3' increase in a increase in psychot 483.25(I) DRUG REUNNECESSARY DEACH TO THE TENDER OF THE	multiple adverse behaviors. cuments that new medication ed for the increase in adverse is no documentation of R3's ag notified of the increased or the change of medication. Oam, E2, Director of Nursing, expresentative was not notified adverse behaviors or the tropic medications. EGIMEN IS FREE FROM DRUGS Or gregimen must be free from an an unnecessary drug is any excessive dose (including or for excessive duration; or nonitoring; or without adequate se; or in the presence of inces which indicate the dose or discontinued; or any excessive assessment of a must ensure that residents antipsychotic drugs are not unless antipsychotic drug ry to treat a specific condition documented in the clinical ints who use antipsychotic unal dose reductions, and itions, unless clinically					

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	ATEMENT OF DEFICIENCIES D PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING			(X3) DATE SURVEY COMPLETED	
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F 329	Continued From pa	age 3	F3	329			
	by: Based on interview failed to obtain an increase of an antip for one of three resultips antipsychotic medical Findings include: The facility's Chang Status-Notification documents "Our faresident, his or her representative (sporesident's medical/ (e.g. changes in leversident rights, etc.) R3's Physician Ord documents to increase (antipsychotic) from milligrams by mout R3's Psychoactive dated 12/24/16, do 50 milligrams by mout R3's Psychoactive dated 12/24/16, do 50 milligrams by mout R3's receive the increase antipsychotic medical Con 4/12/16 at 10:3 verified that R3's receive th	Policy, dated 03/2016, cility shall promptly notify the attending Physician, and onsor) of changes in the mental condition and/or status vel of care, billing/payments,)." Iter Sheet, dated 3/23/16, ase R3's Seroquel of 50 milligrams to 100 h at bedtime. Medication Informed Consent, cuments consent for Seroquel outh at bedtime. There is no an informed consent being Representative for R3 to ed dosage of R3's cation. Oam, E2, Director of Nursing, epresentative was not informed antipsychotic medication, and ceived to give R3 the					

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