DEPART	MENT OF HEALTH	AND HUMAN SERVICES				APPROVED
CENTER	RS FOR MEDICARE	& MEDICAID SERVICES	-	0	<u>MB NO.</u>	0938-0391
	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	. ,	IPLE CONSTRUCTION JG	COM	E SURVEY PLETED
		145183	B. WING _		C 08/04/20	
NAME OF F	PROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZIP CODE		
COLONI	AL MANOR			620 WARRINGTON AVENUE DANVILLE, IL 61832		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)		ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROP DEFICIENCY)	SHOULD BE COMPI	
F 000	INITIAL COMMENT	ſS	F 00	00		
F 157 SS=D	Complaint # 16642 483.10(b)(11) NOTI (INJURY/DECLINE	IFY OF CHANGES	F 15	57		
	consult with the res known, notify the re or an interested fan accident involving tl injury and has the p intervention; a signi physical, mental, or deterioration in hea status in either life t clinical complication significantly (i.e., a existing form of trea consequences, or to treatment); or a deo	ediately inform the resident; ident's physician; and if sident's legal representative nily member when there is an he resident which results in potential for requiring physician ficant change in the resident's psychosocial status (i.e., a lth, mental, or psychosocial threatening conditions or ns); a need to alter treatment need to discontinue an atment due to adverse o commence a new form of cision to transfer or discharge the facility as specified in				
	and, if known, the re or interested family change in room or r specified in §483.1 resident rights under	so promptly notify the resident esident's legal representative member when there is a roommate assignment as 5(e)(2); or a change in er Federal or State law or ified in paragraph (b)(1) of				
	the address and ph	cord and periodically update one number of the resident's or interested family member.				
		NT is not met as evidenced				
LABORATORY	/ DIRECTOR'S OR PROVID	ER/SUPPLIER REPRESENTATIVE'S SIGN	VATURE	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.

PRINTED: 08/08/2016

		AND HUMAN SERVICES				FORM	08/08/2016 APPROVED 0938-0391
				LE CONSTRUCTION	(X3) DATE SURVEY COMPLETED C		
		145183	B. WING			08/04/2016	
NAME OF I	PROVIDER OR SUPPLIER				STREET ADDRESS, CITY, STATE, ZIP CODE		
COLONI	AL MANOR			-	20 WARRINGTON AVENUE DANVILLE, IL 61832		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES / MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREF TAG		PROVIDER'S PLAN OF CORRECTIC (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROF DEFICIENCY)) BE	(X5) COMPLETION DATE
F 157	by: Based on interview failed to promptly m in condition for thre and R3) reviewed for sample of three. Findings include: 1. R1's Minimum D documents R1's dia Obstructive Pulmor Congestive Heart F Cardiomyopathy. The cognitively intact. R1's Respiratory The dated 7/20/16 at 1: as dry and non-pro- dated 7/21/16 at 10 as moist and produ documents R1's un sounded "gurgly." T Z4, R1's Physician developed a moist R1's RT Treatment 10:05am document fast- instructed (R1 breathing" These "no one knows what when they (staff) te good. There is no d R1's RT Treatment 1:23pm and 7/27/16	v and record review, the facility otify the physician of a change e of three residents (R1, R2 or change in condition in the ata Set (MDS) dated 7/19/16 agnoses including Chronic hary Disease (COPD), failure (CHF) and Ischemic his MDS also documents R1 is herapy (RT) Treatment notes 19pm document R1's cough ductive. RT treatment notes 201am document R1's cough ctive of mucus. This note also identified nurse stated R1 There is no documentation of being notified that R1 had productive cough. notes dated 7/25/16 at t R1 was, "breathing rather) to slow done (down) (R1's) notes document R1 stated at they (staff) are talking about" II R1 that R1's lungs sound locumentation Z4 was notified. notes dated 7/26/16 at 6 at 10:19am document R1 oist cough. There is no	F	57			

Facility ID: IL6001952

If continuation sheet Page 2 of 7

		AND HUMAN SERVICES & MEDICAID SERVICES				FORM	: 08/08/2016 APPROVED . 0938-0391
STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA		• •		E CONSTRUCTION	(X3) DAT CON	(X3) DATE SURVEY COMPLETED	
145183		B. WING				C / 04/2016	
NAME OF F	PROVIDER OR SUPPLIER			S	TREET ADDRESS, CITY, STATE, ZIP CODE	-	
COLONIAL MANOR					20 WARRINGTON AVENUE DANVILLE, IL 61832		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIZ TAG	<	PROVIDER'S PLAN OF CORRECT (EACH CORRECTIVE ACTION SHOU CROSS-REFERENCED TO THE APPRO DEFICIENCY)	LD BE	(X5) COMPLETION DATE
F 157	stated he could not the nurse of R1's pr "(Z1's) report will sa On 8/3/16 at 1:45pr coughing up phlegn nurses and showed just kind of shrugge "(R1) know when (F feeling from COPD, On 8/4/16 at 10:30a she would expect th the resident's physic new (change in con 2. R2's Medication / July 2016 documen Coronary Artery Dis R2's Progress Note document R2 was g (expectorant) for a f 7/11/16 at 6:28am o "ineffective." There R2's Physician was R2's Progress Note document R2 reque cough. There is no notified of R2's coug R2's Progress Note document, "(R2) ex Resident experienc cough" Z4 was no cough. On 8/4/16 at 10:30a she would expect th	 am, Z1, Respiratory Therapist recall if he had notified Z4 or oductive cough. Z1 stated, ay who I notified." an, R1 stated, "(R1) was n for two days. I told the them. The nurses and they d it off" R1 also stated, R1) is sick- it is a different I really was sick" am, E1, Administrator stated he nurses to promptly notify cian if there was something dition) for a resident. Administration Record dated ts R2's diagnoses including ease. s dated 7/11/16 at 4:50am, given Robitussin DM Syrup cough. R2's Progress Note on locuments the Robitussin as is no documentation that Z4, notified. s dated 7/11/16 at 11:12am, ested Robitussin for R2's documentation Z4 was 	F 1	57			

If continuation sheet Page 3 of 7

		AND HUMAN SERVICES			FORM	08/08/2016 APPROVED 0938-0391	
STATEMENT	T OF DEFICIENCIES DF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		IPLE CONSTRUCTION	(X3) DATE COM	(X3) DATE SURVEY COMPLETED	
		145183	B. WING _			C 04/2016	
NAME OF	PROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZIP CODE			
COLONIAL MANOR				620 WARRINGTON AVENUE DANVILLE, IL 61832			
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTIO (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROP DEFICIENCY)) BE	(X5) COMPLETION DATE	
F 157 F 282 SS=D	new (change in com 3. R3's Medication J dated July 2016 dou including Chronic C (COPD), Asthma au R3's Respiratory Th 7/9/16 at 10:48am of productive cough w is no documentation notified. R3's Progress Note that R3 complained R3's lung sounds "V Z4, R3's Physician the facility was wait On 8/3/16 at 1:23pr Nurse (LPN) stated notification to a rest " If we don't get a we would page the On 8/4/16 at 10:30a she would expect th the resident's physi new (change in com The facility's Guidel of Change in Resid documents, " Stat document and com changes in resident 483.20(k)(3)(ii) SEF PERSONS/PER CA	Adition) for a resident. Administration Record (MAR) cuments R3's diagnoses Obstructive Pulmonary Disease and Cerebrovascular Disease. herapy Treatment notes dated document R3 has a moist <i>v</i> ith yellow tinged mucus. There n that R3's physician was es dated 7/10/16 at 1:43pm d of cough and congestion and wheezy." This note documents was notified at this time and ing on a response. m, E4, Licensed Practical I that the nurses usually fax ident's physician. E4 stated, response (within a few hours) doctor" am, E1, Administrator stated he nurses to promptly notify ician if there was something ndition) for a resident. lines for Physician Notification lent Condition dated 1/2011 ndard: Staff observe, municate to the physician t condition promptly" RVICES BY QUALIFIED	F 15	57			

Facility ID: IL6001952

If continuation sheet Page 4 of 7

		AND HUMAN SERVICES			FORM	08/08/2016 APPROVED 0938-0391
STATEMENT	OF DEFICIENCIES DF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		LE CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
145183		B. WING		C 08/04/2016		
NAME OF	PROVIDER OR SUPPLIER	•		TREET ADDRESS, CITY, STATE, ZIP CODE	-	
COLONIAL MANOR			-	20 WARRINGTON AVENUE DANVILLE, IL 61832		
(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 CORRECTIO (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROP DEFICIENCY)) BE	(X5) COMPLETION DATE
F 282	This REQUIREMEN by: Based on interview failed to promptly in antibiotic medicatio three residents (R1 infections in the sar Findings include: 1. R1's Minimum D documents R1's dia Obstructive Pulmor Congestive Heart F Cardiomyopathy. T cognitively intact. R1's chest xray res R1 had, " Right b pleural effusion" R1's Progress Note document a new or daily for seven days Physician after Z4 or results. R1's Medication Ad 2016 documents th to be administered documentation that was ordered on 7/2 admitted to the hos	NT is not met as evidenced w and record review, the facility hitiate administration of ons as ordered for three of , R2 and R3) reviewed for mple of three. ata Set (MDS) dated 7/19/16 agnoses including Chronic hary Disease (COPD), Failure (CHF) and Ischemic his MDS also documents R1 is cults dated 7/27/16 documents asilar infiltrate with small right es dated 7/27/16 at 10:24pm rder for Levaquin (antibiotic) s was received from Z4, R1's was notified of R1's chest Xray ary Report documents an order evaquin 750mg (milligrams) by en days. Iministration record dated July be Levaquin was not scheduled until 7/28/16. There is no t R1 received Levaquin when it 27/16 or before R1 was	F 282			

Facility ID: IL6001952

If continuation sheet Page 5 of 7

CENTER STATEMENT AND PLAN C	RS FOR MEDICARE OF DEFICIENCIES OF CORRECTION	AND HUMAN SERVICES & MEDICAID SERVICES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 145183		ING	O	FORM MB NO. (X3) DATE COM	08/08/2016 APPROVED 0938-0391 E SURVEY PLETED C 04/2016
	PROVIDER OR SUPPLIER			6	TREET ADDRESS, CITY, STATE, ZIP CODE 20 WARRINGTON AVENUE DANVILLE, IL 61832		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES / MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFI TAG		PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROP DEFICIENCY)	BE	(X5) COMPLETION DATE
F 282	dated 8/1/16 docum hospital on 7/28/16 Pneumonia. The facility's Coloni box) list dated 3/1/1 available in the C-b On 8/4/16 at 10:30a she would expect th medication from the when a new order is the c-box. E1 stated available the nurses and contact the phy 2. R2's Medication A July 2016 documen Coronary Artery Dis R2's Active Orders dated 7/12/16 for L6 for seven days. R2's Progress Note document Z4, R2's R2's Medication Ad 2016 documents R3 did not start until 7/ The facility's Coloni box) list dated 3/1/1 available in the C-b On 8/4/16 at 10:30a she would expect th medication from the when a new order is the c-box. E1 stated	al Manor CBox (convenience 6 documents Levaquin is ox. am, E1, Administrator stated he nurses to obtain the e "c-box (convenience box)" s obtained if it is available in d if the medication is not s should document the reason visician. Administration Record dated the R2's diagnoses including sease. Sheet documents an order evaquin 500mg by mouth daily es dated 7/12/16 at 3:17pm Physician ordered Levaquin. ministration Record dated July 2's Levaquin administration 13/16. al Manor CBox (convenience 6 documents Levaquin is ox. am, E1, Administrator stated he nurses to obtain the e "c-box (convenience box)" s obtained if it is available in d if the medication is not s should document the reason	F2	282			

Facility ID: IL6001952

If continuation sheet Page 6 of 7

		AND HUMAN SERVICES				FORM	08/08/2016 APPROVED 0938-0391
		. ,	(X2) MULTIPLE CONSTRUCTION A. BUILDING			E SURVEY PLETED	
		145183	B. WING			C 08/04/2016	
NAME OF I	PROVIDER OR SUPPLIER				TREET ADDRESS, CITY, STATE, ZIP CODE		
COLONI	AL MANOR				20 WARRINGTON AVENUE DANVILLE, IL 61832		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFI TAG		PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROP DEFICIENCY)	BE	(X5) COMPLETION DATE
F 282	3. R3's Medication J dated July 2016 dou including Chronic C (COPD), Asthma au R3's Progress Note document R3 receir (antibiotic). R3's Order Summa dated 7/11/16 for Az 500mg by mouth fo Infection). R3's Medication Ad documents that R3' start until 7/12/16 a The facility's Coloni box) list dated 3/1/1 available in the C-b On 8/4/16 at 10:30a she would expect th medication from the when a new order is the c-box. E1 stated available the nurses and contact the phy The facility's undated documents, " Wh from the convenien procedure is used is received late Satt need doses bef the medication A	Administration Record (MAR) cuments R3's diagnoses Obstructive Pulmonary Disease nd Cerebrovascular Disease. es dated 7/11/16 at 3:11pm ved a new order for a Zpak ary Report documents an order zithromycin (Zpak antibiotic) or URI (Upper Respiratory Iministration Record 's Zpak administration did not tt 1800. ial Manor CBox (convenience 16 documents Zpak is box. am, E1, Administrator stated he nurses to obtain the e "c-box (convenience box)" s obtained if it is available in d if the medication is not s should document the reason	F 2	282			

Facility ID: IL6001952

If continuation sheet Page 7 of 7