

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

PRINTED: 11/13/2014  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>146095</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____  B. WING _____		(X3) DATE SURVEY COMPLETED  <b>C</b> <b>11/12/2014</b>
NAME OF PROVIDER OR SUPPLIER  <b>EVENGLOW LODGE</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>215 EAST WASHINGTON</b> <b>PONTIAC, IL 61764</b>		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE	
F 000	INITIAL COMMENTS  Complaint #1465039 / IL 73091  F323 was cited for R1 on the Annual survey of 10/24/14.	F 000			
F 323 SS=D	483.25(h) FREE OF ACCIDENT HAZARDS/SUPERVISION/DEVICES  The facility must ensure that the resident environment remains as free of accident hazards as is possible; and each resident receives adequate supervision and assistance devices to prevent accidents.  This REQUIREMENT is not met as evidenced by: Based on record review, and interview the facility failed to ensure safety and supervision to prevent accidents by failing to use a gait belt for transfer when indicated and failing to implement fall interventions for one of three residents (R2) reviewed for accidents in the sample of three.  Findings Include:  R2's Minimum Data Set (MDS) dated 10/16/14 documents that R2 requires extensive assistance of one staff for transfers and ambulation. R2's undated Cardex documents that R2 is oriented and requires one person assist with gait belt and walker for transfers and ambulation.  The facility Fall Log dated October 2014 documents that R2 had falls on 10/24/14 at 4:00 am, and 11/5/14 at 4:15 am.	F 323			

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.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>146095</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____  B. WING _____		(X3) DATE SURVEY COMPLETED  <b>C</b> <b>11/12/2014</b>
NAME OF PROVIDER OR SUPPLIER  <b>EVENGLOW LODGE</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>215 EAST WASHINGTON</b> <b>PONTIAC, IL 61764</b>		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE	
F 323	<p>Continued From page 1</p> <p>R2's Occurrence Report dated 10/24/14 documents, "(R2) was lowered to the floor... knee gave out when standing up... no gait belt being used... walker next to (R2)...(R2) stated she was moving too fast." Interventions added: "spoke with (R2) and discussed getting up slowly and the use of 1{assist} GW {gait belt,walker} with all transfers."</p> <p>R2's Occurrence Report dated 11/5/14 documents, "(R2) gotten up with 1GW, after a couple 2-3 steps, knee gave out and (R2) was lowered to the floor."</p> <p>R2's Care Plan dated 10/21/14 documents R2 as a fall risk characterized by "weakness...receives hemodialysis three times/week." Interventions included are: "watch after dialysis for weakness and altered gait, analyze previous falls to determine whether pattern/trend can be addressed, encourage use of assistive devices properly, clutter free environment, non slip footwear, transfer and change positions slowly."</p> <p>On 11/10/14 at 3:00 pm R2 stated, "I've been lowered to the floor twice because my d--- knee gives away...sometimes they use a belt, sometimes they don't."</p> <p>On 11/12/14 at 11:10 am E2 Director of Nursing confirmed R2 had two occurrences of her knee giving out causing R2 to be lowered to the ground. E2 also confirmd that no new interventions were put into place after the first occurrence.The interventions of getting up slow and using a gait belt with one assist and walker were already active on R2's care plan.</p>	F 323			

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

PRINTED: 11/13/2014  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>146095</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____  B. WING _____		(X3) DATE SURVEY COMPLETED  <b>C</b> <b>11/12/2014</b>
NAME OF PROVIDER OR SUPPLIER  <b>EVENGLOW LODGE</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>215 EAST WASHINGTON</b> <b>PONTIAC, IL 61764</b>		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE	
F 323	Continued From page 2 The Nursing Service Procedure for Gait Belts dated March 2008 provided by E2 documents: "all residents, who are not self-ambulatory, will be transferred with the assistance of a gait belt."	F 323			
F 502 SS=D	483.75(j)(1) ADMINISTRATION  The facility must provide or obtain laboratory services to meet the needs of its residents. The facility is responsible for the quality and timeliness of the services.  This REQUIREMENT is not met as evidenced by: Based on record review and interview the facility failed to ensure laboratory services were done every three months as ordered by the Physician for one of three residents (R1) reviewed for laboratory services, on the sample of three.  Findings include:  The Physician Progress Note dated 8/28/14 states R1 has diagnoses of Seizure Disorder, Chronic Anemia and Stage III Chronic Kidney disease. The note states to do routine laboratory tests including CMP (Comprehensive Metabolic Panel), CBC (Complete Blood Count), TSH (Thyroid Stimulating Hormone) and Depakote level every three months. R1's Physician Order dated 1/9/14 states to do a CMP, CBC and TSH every three months. On 11/12/14 at 11:00am E5, Registered Nurse (RN) confirmed R1 is to have a Depakote level done every three months.  The Laboratory Report dated 6/17/14 documents that a TSH, CMP, Valporic Acid (Depakote) level and CBC were collected on 6/17/14. The	F 502			

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

PRINTED: 11/13/2014  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>146095</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____  B. WING _____		(X3) DATE SURVEY COMPLETED  <b>C</b> <b>11/12/2014</b>
NAME OF PROVIDER OR SUPPLIER  <b>EVENGLOW LODGE</b>		STREET ADDRESS, CITY, STATE, ZIP CODE <b>215 EAST WASHINGTON</b> <b>PONTIAC, IL 61764</b>		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
F 502	Continued From page 3 Laboratory Report dated 10/13/14 documents laboratory tests for TSH, CMP, Valporic Acid level and CBC were not collected again until 10/13/14. No records show any laboratory tests were done in September.  On 11/12/14 at 11:00am E5, RN confirmed R1's TSH, CMP, Valporic Acid level and CBC laboratory tests should have been done in September, but were "missed." E5 confirmed when they realized the laboratory tests did not get done in September, they were then done in October. E5 confirmed the laboratory test were late getting done.	F 502		