

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

PRINTED: 11/03/2015  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>145862</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____  B. WING _____		(X3) DATE SURVEY COMPLETED  <b>10/30/2015</b>
NAME OF PROVIDER OR SUPPLIER  <b>HILLTOP SKILLED NURSING AND REHABILITATION</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>910 WEST POLK STREET CHARLESTON, IL 61920</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	F 000			
F 354 SS=E	<p>Annual Licensure and Certification Survey 483.30(b) WAIVER-RN 8 HRS 7 DAYS/WK, FULL-TIME DON</p> <p>Except when waived under paragraph (c) or (d) of this section, the facility must use the services of a registered nurse for at least 8 consecutive hours a day, 7 days a week.</p> <p>Except when waived under paragraph (c) or (d) of this section, the facility must designate a registered nurse to serve as the director of nursing on a full time basis.</p> <p>The director of nursing may serve as a charge nurse only when the facility has an average daily occupancy of 60 or fewer residents.</p> <p>This REQUIREMENT is not met as evidenced by: Based on record review and interview, the facility failed to have a Registered Nurse (RN) for at least eight consecutive hours per day to provide skilled nursing services for eleven residents (R16, R18-R27). R16 is one of 13 sampled residents. R18-R27 are ten residents on the supplemental sample.</p> <p>The finding includes:</p> <p>On 10/28/15 at 10:30 A.M. E1, Administrator provided the staffing schedule for the month of October 2015. The following days a Registered Nurse (RN) was not present for total of 8 consecutive hours: On 10/10/15 an RN worked only 7.5 hours, 10/11/15 an RN worked only 7.5</p>	F 354			

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.

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F 354	Continued From page 1 hours and on 10/17/15 an RN worked 7.43 hours.  E2, the Director of Nurses (DON) acknowledged on 10/29/15 at 11:06 AM that the facility did not have an RN on duty for eight consecutive hours per day on October 10, 11 and 17, 2015. According to the staffing information provided by E1, the facility averaged 11 skilled care residents on October 10th and 11th and 8 skilled care residents on October 17, 2015.	F 354			
F 458 SS=B	483.70(d)(1)(ii) BEDROOMS MEASURE AT LEAST 80 SQ FT/RESIDENT  Bedrooms must measure at least 80 square feet per resident in multiple resident bedrooms, and at least 100 square feet in single resident rooms.  This REQUIREMENT is not met as evidenced by: Based on observation and record review, the facility failed to provide at least 80 square feet of space per resident in 36 of 36 double occupancy bedrooms on 2 of 3 resident living corridors in the facility. This affects nine residents (R1, R4, R5, R6, R8, R10, R11, R14 and R17) in the sample of 13 and 26 residents( R9, R12, R13, R18 and R28 through R49) in the supplemental sample.  The findings includes:  The facility has 36 double occupancy resident bedrooms on the East and West corridor that are certified under Title 19 (72 Medicaid beds).	F 458			

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F 458	<p>Continued From page 2</p> <p>Historical documented room size measurements range from 72 to 79 square feet per resident bed.</p> <p>The undersized residents rooms are 101 through 118 and 201 through 218. No concerns related to movement, safety or infection control were identified. On 10/27/15 six of the undersized resident rooms were currently used for offices.</p> <p>According to the facility Resident Room Roster dated 10/27/15, R1, R4, R5, R6, R8, R10, R11, R12, R13, R14, R17, R18, and R28-R49 reside in the undersized resident rooms.</p>	F 458			