					9		APPROVED
		& MEDICAID SERVICES					0938-0391
	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	. ,				E SURVEY IPLETED
		14E327	B. WING			02/	17/2015
NAME OF I	PROVIDER OR SUPPLIER				TREET ADDRESS, CITY, STATE, ZIP CODE		
PINCKNI	EYVILLE NURSING &	REHAB			08 VIRGINIA COURT INCKNEYVILLE, IL 62274		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES / MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFI TAG	x	PROVIDER'S PLAN OF CORRECTIO (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROP DEFICIENCY)) BE	(X5) COMPLETION DATE
F 000	INITIAL COMMENT	ſS	FC	000			
F 248 SS=D	Annual Certification 483.15(f)(1) ACTIV INTERESTS/NEED	ITIES MEET	F 2	248			2/27/15
	of activities designed the comprehensive	ovide for an ongoing program ed to meet, in accordance with assessment, the interests and I, and psychosocial well-being					
	by: Based on record re interview the facility activity program to interests and activit	NT is not met as evidenced eview, observation and failed to provide and offer an meet the individualized needs, ies for 3 of 9 residents (R1, ed for activities in the sample					
	The findings include	9:					
	dated 11/10/14 doc Brief Interview for M has moderately imp Preference for Cusi section on this sam "very important" for services and practic people, keep up wit animals such as pe "somewhat importa Activity Care Plan c problem documente resident more activ	Minimum Data Set (MDS) uments R3 has a 10 on the Mental Status, (10 means R3 paired cognition.) In the tomary Routine and Activities e MDS, it documents it is R3 to participate in religious ces, do things with groups of th the news and be around ets. It also documents it is nt" to listen to music. R3's lated 1/27/15 does not have a ed. The goal listed is "try to get e" but has no interventions or The Behavior Care Plan					
	L Y DIRECTOR'S OR PROVID	DER/SUPPLIER REPRESENTATIVE'S SIGN			TITLE		(X6) DATE

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

DEDADTMENT OF LIEALTH AND LIUMAN CEDVICES

TITLE

03/02/2015

PRINTED: 03/04/2015

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.

		AND HUMAN SERVICES				FORM	03/04/2015 APPROVED 0938-0391
STATEMENT	OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:			CONSTRUCTION	(X3) DATE	E SURVEY PLETED
		14E327	B. WING _			02 / [.]	17/2015
NAME OF I	PROVIDER OR SUPPLIER			ST	REET ADDRESS, CITY, STATE, ZIP CODE	-	
PINCKN	EYVILLE NURSING &	REHAB			8 VIRGINIA COURT NCKNEYVILLE, IL 62274		
(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 SHOULE CROSS-REFERENCED TO THE APPROP DEFICIENCY)) BE	(X5) COMPLETION DATE
F 248	documents, Reside throughout the day to have one on one The facility's Activity 3/99 states an ongo designed to meet th During random obs 9:15am until 3:30 p her bed. No televisi provided for this res 2/11/15 observation 11:00 am, 11:45 am pm and R3 was lyin music or other activ resident while in be R3 was interviewed was found to be all enjoys being in her animals and readin interviewed on 2/13 will rarely attend an she does go to R3 anything she wants never wants to talk stated, "I let her do is a hard one" and ' she is still learning the care plans do n individualized. E6 a activities of daily liv activities or do any 2. According to the Order Sheet, R7 is	ent will isolate herself and one intervention listed is e communication with resident. y Department Policy dated bing program of activities is ne needs of each resident. ervations on 2/10/15 from m, R3 was observed lying on ion, music or other activity was sident while in bed. On ns were made at 10:00 am, n, 1:30 pm, 2:30 pm and 3:30 ng on her bed. No television, <i>v</i> ity was provided for this	F 24	48			

TATEMENT	OF DEFICIENCIES	& MEDICAID SERVICES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:			(X3) DATE SURVEY COMPLETED	
				NG		
	PROVIDER OR SUPPLIER	14E327	B. WING _	STREET ADDRESS, CITY, STATE, ZIP CODE	02/	17/2015
	EYVILLE NURSING &	REHAB		708 VIRGINIA COURT PINCKNEYVILLE, IL 62274		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES ' MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECT	LD BE	(X5) COMPLETIC DATE
F 248	2:00 p.m., R7 state activities that intere According to the Ac 10/22/14, R7 is inter magazines, keeping spending time outd "Problem Statement blank. According to 2/2/15, R7 is interes outdoors. Problem and Goal is listed a activities." On 2/13/15 at 11:00 stated that R7 used activities had been 3. According to R1 R1 was admitted to Admission Minimur 8/27/2014 indicates cognitively impaired Plan dated 8/14/20 activity preferences room, hymn singing activities (walk), tele country music, and R1's Activity Care F only the following: p activities, spending viewing ,and phone as well as R1's Acti 11/17/2014 include Problem Statement are left blank on bo On 2/13/2015 at 10	d that the facility had no sted him. tivity Care Plan dated rested in reading books and g up with the news, and oors. The categories titled t" and "Goal" are both left o the Activity Care Plan dated sted in spending time Statement is again left blank, s, "To become more active in 0 a.m., E6, Activity Director, 1 to play cards and come out to but that he hadn't been coming knowledged that no outdoor planned with R7. 's Admission Face Sheet, the facility on 8/14/2014. R1's in Data Set (MDS) of that R1 is moderately An Activity Assessment and 44 identifies R1's current as: care of living area and g, religious services, outdoor evision viewing, radio, pets, Bingo. Of these preferences, Plan updated 2/12/2015 include participating in religious time outdoors, television use. This same document, vity Care Plan dated areas for documentation of a " " and " Goal ". These areas	F 24	48		

Facility ID: IL6005441

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		AND HUMAN SERVICES			FORM	APPROVED 0938-0391
STATEMENT	OF DEFICIENCIES F CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	. ,	E CONSTRUCTION	(X3) DATE	E SURVEY IPLETED
		14E327	B. WING	 	02 / [.]	17/2015
NAME OF F	PROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZIP CODE	•	
PINCKNE	EYVILLE NURSING &	REHAB		08 VIRGINIA COURT PINCKNEYVILLE, IL 62274		
(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 248 F 279 SS=D	her office by stackir also likes to fold lau play a card game w activities are include Care Plan. On 2/10/2014 at 11 member) stated that and cleaning house 483.20(d), 483.20(k COMPREHENSIVE A facility must use t to develop, review a comprehensive plan The facility must use t to develop, review a comprehensive plan The facility must de plan for each reside objectives and time medical, nursing, an needs that are idem assessment. The care plan must to be furnished to a highest practicable psychosocial well-b §483.25; and any so be required under § due to the resident's §483.10, including t under §483.10(b)(4 This REQUIREMEN	Ated that R1 likes to help E6 in ng papers, and cleaning. R1 undry, and sometimes she will with me. None of these ed on R1's current Activity 40 a.m., Z1 (R1's family at R1 used to enjoy yard work back (1) DEVELOP E CARE PLANS the results of the assessment and revise the resident's n of care. Evelop a comprehensive care ent that includes measurable stables to meet a resident's nd mental and psychosocial tified in the comprehensive t describe the services that are tatain or maintain the resident's physical, mental, and being as required under ervices that would otherwise 3483.25 but are not provided s exercise of rights under the right to refuse treatment .).	F 2			2/27/15
	by: Based on record re	NT is not met as evidenced eview, observation and r failed to develop care plans				

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PRINTED: 03/04/2015

		AND HUMAN SERVICES			FORM	03/04/2015 APPROVED 0938-0391
STATEMENT	F OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		PLE CONSTRUCTION	(X3) DATE	E SURVEY PLETED
		14E327	B. WING		02 / [.]	17/2015
NAME OF	PROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZIP CODE		
PINCKN	EYVILLE NURSING &	REHAB		708 VIRGINIA COURT PINCKNEYVILLE, IL 62274		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROP DEFICIENCY)) BE	(X5) COMPLETION DATE
F 279	for activities to meeiinterests, and goals and R7) reviewed for 10. Findings include: 1 R3's admission M dated 11/10/14 doc Brief Interview for M has moderately imp Preference for Cust section on this sam "very important" for services and practic people, keep up wit animals such as pe "somewhat importa Activity Care Plan of problem documenter resident more activ preferences listed. documents, Reside throughout the day to have one on one The facility's Activity 3/99 documents an is designed to meet During random obs 9:15am until 3:30pr her bed. No televisi provided for this res 2/11/15 observation 11:00 am, 11:45 am pm and R3 was lyin	A the individualized needs, s for 3 of 10 residents (R1, R3 or care plans in the sample of Minimum Data Set (MDS) suments R3 has a 10 on the Mental Status. (10 means R3 baired cognition.) In the tomary Routine and Activities the MDS, it documents it is r R3 to participate in religious ces, do things with groups of th the news and be around ets. It also documents it is ant" to listen to music. R3's dated 1/27/15 does not have a ed. The goal listed is "try to get re" but has no interventions or The Behavior Care Plan ent will isolate herself and one intervention listed is e communication with resident. y Department Policy dated ongoing program of activities t the needs of each resident.	F 279			

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		I AND HUMAN SERVICES E & MEDICAID SERVICES			FORM	: 03/04/2015 APPROVED : 0938-0391
STATEMENT	T OF DEFICIENCIES DF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	. ,		(X3) DATE	E SURVEY IPLETED
		14E327	B. WING		02 / ⁻	17/2015
NAME OF	PROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZIP CODE		
PINCKN	EYVILLE NURSING &	REHAB		708 VIRGINIA COURT PINCKNEYVILLE, IL 62274		
(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 279	R3 was interviewed was found to be ale enjoys being in her animals and readin interviewed on 2/13 will rarely attend an she does go to R3 anything she wants never wants to talk stated, "I let her do is a hard one" and she is still learning the care plans do n individualized. E6 a activities of daily liv activity concerns or Nursing Assistant) a activities or do any 2. According to the Order Sheet, R7 is diagnosis of Multipl 2:00 p.m., R7 state activities that intere According to the Ac 10/22/14, R7 is inter magazines, keeping spending time outd "Problem Statemer blank. According to 2/2/15, R7 is intere outdoors. Problem and Goal is listed a activities."	d on 2/10/15 at 11:00 am and ert and oriented. R3 said she room and also enjoys music, g. E6 (Activity Director) was 3/15 at 10:45 am. E6 said R3 n out of room activity. E6 said and ask her if she has to talk about or do but R3 about or do anything. E6 the suggestions because she "I'm lost with her." E6 said how to do the paperwork and need to be more specific and agreed she has been putting ring interventions and not n the care plans. E7 (Certified said R3 doesn't attend activities in her room. January 2015 Physician's a 49 year old resident with a le Sclerosis. On 2/11/15 at ad that the facility had no	F 279			

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TATEMENT	OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIP	LE CONSTRUCTION	(X3) DAT	E SURVEY
	OF CORRECTION	IDENTIFICATION NUMBER:			· · ·	IPLETED
		14E327	B. WING		02/	17/2015
NAME OF F	PROVIDER OR SUPPLIER		5	STREET ADDRESS, CITY, STATE, ZIP CODE	• =,	
PINCKNI	EYVILLE NURSING &	REHAB		708 VIRGINIA COURT PINCKNEYVILLE, IL 62274		
(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 SHOUL) CROSS-REFERENCED TO THE APPROF DEFICIENCY)	D BE	(X5) COMPLETIOI DATE
F 279	Continued From pa	age 6	F 279			
		me population and that no ties had been planned with				
	was admitted to the Admission Minimur 8/27/2014 Section identifies Activities Activities are not id 's current interdisc Assessment and P R1 's current activi living area and roor services, outdoor a viewing ,radio, pets Of these preference updated 2/12/2015 participating in relig outdoors, television same document, as Plan dated 11/17/20 documentation of a Goal ". These area	's Admission Face Sheet, R1 e facility on 8/14/2014. R1 's m Data Set (MDS) of V, Care Area Assessment as an area of need for R1. entified as a Focus Area on R1 ciplinary Care Plan. An Activity lan dated 8/14/2014 identifies ity preferences as: care of m, hymn singing, religious ctivities (walk), television s, country music, and Bingo. es,R1 's Activity Care Plan 5 include only the following: gious activities, spending time n viewing, phone use. This s well as R1 's Activity Care 014 include areas for a "Problem Statement " and " as are left blank on both				
	Director, was asked preferences. E6 sta her office by stackin also likes to fold lau play a card game w activites are include Care Plan. On 2/10/2014 at 11	2:45 a.m., E6, Activities d about R1 's activity ated that R1 likes to help E6 in ng papers, and cleaning, R1 undry, and sometimes she will vith me. None of these ed on R1 's current Activity : 40 a.m, Z1 (R1 's family at R1 used to enjoy yard work				
F 329 SS=D	483.25(I) DRUG RI	EGIMEN IS FREE FROM	F 329			2/27/

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		I AND HUMAN SERVICES E & MEDICAID SERVICES			FORM	: 03/04/2015 APPROVED . 0938-0391
STATEMENT	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		IPLE CONSTRUCTION	(X3) DAT	E SURVEY IPLETED
		14E327	B. WING		02/	/17/2015
NAME OF F	PROVIDER OR SUPPLIER	•		STREET ADDRESS, CITY, STATE, ZIP CODE		
PINCKN	EYVILLE NURSING &	REHAB		708 VIRGINIA COURT PINCKNEYVILLE, IL 62274		
(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 CORRECT (EACH CORRECTIVE ACTION SHOU CROSS-REFERENCED TO THE APPR DEFICIENCY)	JLD BE	(X5) COMPLETION DATE
F 329	Continued From pa	ige 7	F 32	29		
	unnecessary drugs drug when used in duplicate therapy); without adequate m indications for its us adverse consequer should be reduced combinations of the Based on a compre- resident, the facility who have not used given these drugs u therapy is necessar as diagnosed and c record; and residen drugs receive gradu behavioral interven contraindicated, in a drugs.	An unnecessary drug is any excessive dose (including or for excessive duration; or nonitoring; or without adequate se; or in the presence of nces which indicate the dose or discontinued; or any e reasons above. The ensive assessment of a v must ensure that residents antipsychotic drugs are not unless antipsychotic drug ry to treat a specific condition documented in the clinical nts who use antipsychotic ual dose reductions, and tions, unless clinically an effort to discontinue these				
	review, the facility f behaviors, identify s behavioral interven	ailed to identify triggers for specific behaviors and develop tions for 2 of 4 residents (R1, sychotropic medications in the				
	1. According to the	January 2015 Physician's				

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		AND HUMAN SERVICES				FORM	03/04/2015 APPROVED 0938-0391
STATEMENT	T OF DEFICIENCIES DF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:			CONSTRUCTION	(X3) DATE	E SURVEY PLETED
		14E327	B. WING _			02 / ⁻	17/2015
NAME OF	PROVIDER OR SUPPLIER				REET ADDRESS, CITY, STATE, ZIP CODE	-	
PINCKN	EYVILLE NURSING &	REHAB			8 VIRGINIA COURT NCKNEYVILLE, IL 62274		
(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 329	Order Sheet, R2 is diagnosis of Demen Behavioral Sympton .5 milligrams (mg) to On 2/11/15 at 12:30 around the dining ro- repeatedly attempted Again on 2/11/15 at ambulating in the h attempted to rise fro- According to a Psyc Evaluation dated 11 warranting the use constantly saying 'h restlessness, not sl Under the heading entry states "1-1 or help." R2's Care Plan/Beh February 2015 state "Problem Statemen The category titled Interventions listed Explain not wanting 2. According to R1's February 2015, R1 of Alzheimer s dise. Depression and has milligrams three tim Plan/Behavior Trac 2014, January and Activity " as an app intervention. These include any sugges	a 88 year old resident with a nting Illness with Associated ms, and receives Risperidone twice a day. 0 p.m., R2 was ambulating oom in his wheelchair. R2 ed to rise from his wheelchair. t 2:00 p.m., R2 was allway, and repeatedly om his chair. choactive Medication Quarterly 1/14/14, R2's behaviors of Risperdone were "agitation, help me help me', leeping, wanting to get up." "Ineffective interventions," the talking with resident does not havior Tracking Record dated es, under the category nt," "Resident Curses at Staff." "Goal" was left blank. were: 1) Re-direct; and 2) g him to fall and hurt himself. s Physician's Order Sheet for is 70 years old, has diagnoses ase , Schizophrenia, and s an order for Seroquel 200 hes daily. R1's Care king Records for December February 2015 include " Offer	F 32	29			

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	,	LE CONSTRUCTION	(X3) DATE	0938-0391 SURVEY
			COMPI	LETED
14E327 B. V	. wind		02/1	7/2015
NAME OF PROVIDER OR SUPPLIER		STREET ADDRESS, CITY, STATE, ZIP CODE		
PINCKNEYVILLE NURSING & REHAB		708 VIRGINIA COURT PINCKNEYVILLE, IL 62274		
(X4) ID SUMMARY STATEMENT OF DEFICIENCIES PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL TAG REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROP DEFICIENCY)	BE	(X5) COMPLETION DATE
 F 329 Continued From page 9 specify, if an activity was used to reduce behaviors, what the activity was. As a result, the effectiveness of a specific activity cannot be evaluated. The same Care Plan/Behavior Tracking Records do not include triggers for R1's behaviors. On 2/13/2015 at 8:50 a.m., E2, D.O.N. (Director of Nursing) stated that R1 tends to get more agitated when R1 has an episode of confusion and that a noisy environment seems to " set R1 off ". On 2/13/2015 at 3:00 p.m., E9, CNA (Certified Nurse' s Aide) stated that R1 enjoys going to the big window in the dining room and watching the children across the street and that R1 does not seem to enjoy watching TV. Notes from an Interdisciplinary Care Plan meeting for R1 dated 9/18/2014 indicates that R1 likes to fold laundry. This information is not included on either the Care Plan/Behavior Tracking Records reviewed for R1 or on R1's Interdisciplinary Care Plan. F 458 483.70(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, record review and interview the facility failed to provide 80 square feet of space per resident bed. These failures have the potential to affect all 27 residents in the facility. The findings include: 	F 329		2	2/27/15

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		AND HUMAN SERVICES				FORM	03/04/2015 APPROVED 0938-0391
STATEMENT	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:			E CONSTRUCTION	(X3) DATE	E SURVEY PLETED
		14E327	B. WING			02 / [.]	17/2015
NAME OF I	PROVIDER OR SUPPLIER				REET ADDRESS, CITY, STATE, ZIP CODE		
PINCKNI	EYVILLE NURSING &	REHAB			8 VIRGINIA COURT INCKNEYVILLE, IL 62274		
(X4) ID PREFIX TAG	(EACH DEFICIENC)	TEMENT OF DEFICIENCIES / MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	x	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROP DEFICIENCY)	BE	(X5) COMPLETION DATE
F 458	Continued From pa	ige 10	F 4	58			
	resident rooms 1 - 20 - 30 B Hall are a rooms and are inclu- waiver. All of the ro- and do not provide per resident bed. T square feet per res 2. E1 (Administrat roster on 2/10/15 t - R28 reside in the 3. Observation of t on 2/10/15 and 2/1 room size. Observ adequate space to personal needs of t waivered rooms. In with R6, R7, R9, R ⁺	or) provided a resident room hat indicated R1- R9 and R11					

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