PRINTED: 08/28/2013 FORM APPROVED OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		' '	(X2) MULTIPLE CONSTRUCTION A. BUILDING			(X3) DATE SURVEY COMPLETED	
		146098	B. WING _			08	/22/2013
	ROVIDER OR SUPPLIER HEALTH CARE ELMS			361	REET ADDRESS, CITY, STATE, ZIP CODE 1 NORTH ROCHELLE ORIA, IL 61604	•	
(X4) ID PREFIX TAG	(EACH DEFICIENC	TATEMENT OF DEFICIENCIES CY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	<	PROVIDER'S PLAN OF CORRECTIO (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPI DEFICIENCY)	BE	(X5) COMPLETION DATE
F 000	INITIAL COMMENTS	3	F 0	000			
	Annual Certification	Survey					
	Investigation of Com F223; F225; F226	plaint # 1323336/IL 64887 -					
	Investigation of Com F223; F225; F226	plaint #1323373/IL64931-					
	Investigation of Resi #64928-No deficiend	dent Incident of 08/12/13/ IL sies					
	Investigation of Com 65022-F225	plaint #1323411/IL					
F 221 SS=D	An Extended Survey 483.13(a) RIGHT TO PHYSICAL RESTRA	BE FREE FROM	F 2	221			
	physical restraints in	e right to be free from any enposed for purposes of ence, and not required to enedical symptoms.					
	by: Based on observation review the facility fail symptom justifying the failed to have a restribute for one of three	T is not met as evidenced on, interview, and record led to document a medical ne use of a restraint and raint reduction program in e residents (R12) reviewed in the sample of 17.					
	Findings include:						
	R12's current Physic	cian Order Sheet documents					
LABORATORY	DIRECTOR'S OR PROVIDER	/SUPPLIER REPRESENTATIVE'S SIGNATU	IRE		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.

Facility ID: IL6007306

	OF DEFICIENCIES F CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	I ` ′	(X2) MULTIPLE CONSTRUCTION A. BUILDING		(X3) DATE SURVEY COMPLETED	
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	ROVIDER OR SUPPLIER HEALTH CARE ELMS		•	3	STREET ADDRESS, CITY, STATE, ZIP CODE 1611 NORTH ROCHELLE PEORIA, IL 61604		
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F 221	fall care plan docume to use a self releasing On 8-13-13 at 10:40 a Aide/CNA) assisted F wheelchair. E4 then R12's waist. E4 state (R12) to keep (R12) f release the seatbelt arelease the seatbelt are On 8-13-13 at 11:00 a wheelchair, at the din belt latched around the On 8-13-13 at 10:55 a Nurse/LPN) stated R cognitive ability to release the seat belt arelease the seat belt arelease the seat belt arelease the seat belt arestraint." On 8-14-13 at 1:15 p. going to lie to you, I deduction plan for (R1 stated R12 is using the safety awareness due The facility's physical 10/2000 documents by	of Dementia. R12's current ants R12 has a intervention g seat belt. a.m., E4 (Certified Nursing R12 from the bed to a buckled a seat belt around ed, "We put a seat belt on from falling. (R12) cannot by self." E4 asked R12 to and R12 was unable. a.m., R12 was sitting up in a ing room table, with a seat ne waist. a.m., E5 (Licensed Practical 12 does not have the lease the seat belt. a.m., E6 (CNA) stated R12 belt off even when asked to. b.m., E7 (Restorative nave R12 release the seat mes. R12 was unable to E7 states, "If (R12) cannot then I would consider it a m., E7 stated, "I am not lon't have a restraint 12's) seatbelt for decrease et to Dementia with falls.	F	221			

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	ROVIDER OR SUPPLIER HEALTH CARE ELMS		•	STREET ADDRESS, CITY, STATE, ZIP C 3611 NORTH ROCHELLE PEORIA, IL 61604	CODE	•	
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL .SC IDENTIFYING INFORMATION)	ID PREFI TAG		TION SHOULD BI THE APPROPRIA		(X5) COMPLETION DATE
F 221	The policy also docur done to address the r symptom warranting t interventions for restr	m rising, are prohibited. nents a care plan will be estraint usage, the medical the use of a restraint, aint reduction or elimination, ninimize potential functional	F	221			
F 223 SS=L	483.13(b), 483.13(c)(ABUSE/INVOLUNTAI The resident has the sexual, physical, and punishment, and invo	1)(i) FREE FROM RY SECLUSION right to be free from verbal, mental abuse, corporal luntary seclusion. use verbal, mental, sexual, rporal punishment, or	F	223			
	by: Based on observation review the facility failed aggressive behaviors R23, toward other rest to put interventions in facility residents from to abusive behaviors R18 and R17, a seven resident, were roommer R18 hitting R17 in the resulting in R17 being emergency departmen "multiple traumatic inj healing, which are sur R18 is ambulatory and review the facility of	is not met as evidenced n, interview, and record ed to identify the physically of two residents, R18 and sidents as abuse, and failed place to protect the other being repeatedly subjected by R18 and R23. rely cognitively-impaired nates. Staff (E16) witnessed e chest on one occasion, g sent to the local hospital nt and being diagnosed with uries in various stages of spicious of physical abuse." d had a history of entering s without permission and					

	DF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1 ` ′	(X2) MULTIPLE CONSTRUCTION A. BUILDING		(X3) DATE SURVEY COMPLETED	
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	NAME OF PROVIDER OR SUPPLIER SHARON HEALTH CARE ELMS		•	3	TREET ADDRESS, CITY, STATE, ZIP CODE 611 NORTH ROCHELLE EORIA, IL 61604		
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F 223	dining room on anoth R23 had two incidents aggressive to other re incident resulting in p being pushed to the g These failures have the residents in the facility These failures resulted Jeopardy. While the I removed on 8-14-13, compliance at severit is needed for the facil education on behavior effectiveness of the ir and for oversight visited Findings include: 1. A physician's orde 8/2013, documents the which include: Asperg Compulsive Disorder, Cluster C Traits. The has medications which (Milligram) intramusor every six hours as ne 8-08-13, Risperidone Lamictal 100 mg two three times daily. The order for Ativan 1 mg given as a now dose A Minimum Data Set 6-20-13, documents to cognitively impaired, if	R21's room. R18 was ther resident (R39) in the er occasion. Is of being physically esidents, with the second elvic fracture for R13, after ground by R23. The potential to effect all 82 y. In e potential to e	F	223			

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NAME OF P	ROVIDER OR SUPPLIER	L		STREET ADDRESS, CITY, STATE, ZIP COD	•	JOI 22/2010	
SHARON	HEALTH CARE ELMS			3611 NORTH ROCHELLE PEORIA, IL 61604			
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CO (EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE DEFICIENCY)	N SHOULD BE	(X5) COMPLETION DATE	
F 223	MDS documents that others at significant rinjurySignificantly denvironment." Nurse's Notes, dated document that the firshit another resident," remaining Nurse's Notes, document management of the side of the	six days per week. The R18's behaviors, "Put isk for physical disrupt care or living 19/2012, st incident of R18, "trying to was 12-03-12. The otes, dated 12/2012 to multiple, frequent incidents of ting to hit facility staff and esident rooms uninvited, ing, or attempting to hit liker. Ort, dated 12-19-12, was, "hitting and kicking staff of the residents." The indicates that R18 was 7 (Registered Nurse). The ments that R18 was 16 environment to prevent thers." Ort, dated 3-18-13 other resident (R18) hit R39 ock for no reason R39 was eel chair in dining room." Ocuments that, "Staffing R18 away from the other och as possible and monitor ein the same room." Art for the same incident, ments that R18 also was nother staff and resident." Ocumented E 28 (Certified the dining area and resident ied to kick me"	F 2	23			

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F 223	R18 said, 'I had to,' Nather incident report in "recommended steps included, "R18 had root be redirected whe from going into other When R18 is having room or the nearest minute checks." A facility incident report that, "E14 (Assistant observed R18 running unintentionally with Fagainst the wall(R2) the medication room wrist with R18's hand A care plan dated 9-"has a history of very aggressionR18 do touchedhits staff, to care plan intervention cannot use physical importance of not be aggressive to anyong includes the intervention cannot use physical importance of not be aggressive to anyong includes the intervention of the nurse's unintelligibly while put with a walker. E14 (Approached R18 and	When asked why R18 did it, leither resident was injured." Indicates that the set to prevent recurrence ecent med increase. R18 is in going down hall and kept is rooms without permission. It is behaviors redirect to R18's equiet place. Resident on 30 ort dated 8-13-13 documents. Director of Nurses) in ginto another resident (R28) R18's walker pushing R28 up 18) also approached E14 in and struck E14 on the left in and struck E14 on the left in and struck E14 on the left in and physical es not like to be income trays." R18's behavior in sinclude: "explain R18 aggression and the ing verbally or physically ex." The care plan also tion of providing, "1 to 1" (Daily and as needed." AM. R18 was in the hallway is station. R18 was yelling ushing R28 against the wall Assistant Director of Nurses) I loudly stated to R18, Don't	F2	223			
	room. On 8-14-13 at 9:05 A 8-12-13 R18 entered the arm. R21 stated four to five times in the	M. R21 stated that on R21's room and hit R21 in that R18 has hit R21 at least ne past. R21 stated, "(R18) walker hard enough that if I					

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F 223	R21 stated that, "(R1 R21 stated that wher facility staff removed at the same time telliany pudding or some everything to avoid (behind me. (R18) lives me come out of come right out and condered the same time telliany pudding or some everything to avoid (behind me. (R18) lives me come out of come right out and condered the state of the state	would have gone down." 18) is far too dangerous." In R18 hit R21 on the arm R18 from R21's room while sing R18, "(R18) couldn't get ething." R21 stated, "I do R18) but (R18) comes up wes right by me and (R18) will my room then (R18) will ome after me" R21 stated, d I've never been bullied until AM. E9 (Registered Nurse), fied Nurse Aides) were at the stated that R18's behaviors stly but that R18's behaviors stly but that R18's behaviors stling back to normal now that sems were improving. E17 hit E2 (Director of 8-09-13 and had hit E17 also sted, "(R18) got E2 last Friday say too. (R18) got me stated, "Back about a month spehind me and hit me on my (R18) threw a walker at my stated, "Back about a month spehind me and hit me on my (R18) threw a walker at my stated, "E16 stated, "And on my back." E16 stated, "And on my back." E16 stated, "And on my back." E16 stated that the m documented on an incident sew that was just his states R18 wanted chocolate st walk R18 back to R18's	F	2223			

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F 223	his people, it's just a say, 'I need to hit yo R17's Nurse's Notes document "it was brosoftball size lump ha upper chest. It was rounds." The Nurse'documents "now bru R17's note at 7:15 p and appeared larger evaluation, possible R17's Resident Tranthe emergency room documents " injury ochest, soft ball sized R17's Preliminary F8/12/13, documents bruise." R17's Emer Report documents "nipple, contusions a The form documents upper left leg as "sorbruising." This form Narrative section "(Fin the facility. "large nipple up to shoulde Patient (R17) also harm and all across his bruising noted on leg stated being unsure patient but whatever happened between (8/12/13)."	gressive. (R18) doesn't pick myone who is near. (R18) will u." Is dated 8/12/13 at 5:50 p.m. bught to my attention a aid appeared on R17's left not there during 2:30 p.m. is Note at 7:15 p.m. issed and appeared larger." Im. documents "now bruised to send to emergency for fractured rib." Inster Form from the facility to note of the decident of the personal points	F 223		

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F 223	with left chest hemat "The emergency root abuse hotline due to ecchymotic(bruising) for abuse." Under the Assessment it docun uncertain etiology, m social services follow abuse." R17's hospi diameter hematoma Ecchymosis (bruising Ecchymosis on right small lesions over leg Z2 (Admitting Emerg confirmed that the ab accurately represents admission to the Eme	admitted from the facility oma. It also documents, in staff contacted elder multiple areas to skin and concern elsection of this form titled nents "left chest hematoma, ultiple bruises on body, ving regarding potential elder tal record documents "5 inch on left anterior chest. g) in left axillary region. anterior chest wall. Multiple gs." On 8/13/13 at 9:22 AM, ency Room Physician) over-referenced note is R17's condition on ergency Room.	F 22	23			
	respond appropriatel repeated "yes." R17 area on R17's left up purple bruising in the down to the elbow. R was bruised. R17 ha way across the chest R17's left foot had puleft great toe and ext foot about 1 1/2-2 inc sized scabbed area of knee. On 8/13/13 at 12:45 on 8/12/13 at 2:30 p.	AM, R17 was unable to y to questions and just had a softball size raised per chest. R17 had dark left axilla which extended t17's entire left bicep area d scattered bruising all the tijust below the nipple line. Irple bruising starting at the ending up the length of the ches wide. R17 had a pea on the left great toe and left p.m. E13 (Nurse) stated that m. R17 was fine but when lursing Assistant) got R17 up red flat areas were					

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F 223	it was, no one heard from R17 and R18's (Director of Nursing) red area as an injury stated after dinner Erfound the red area to being "at loss as to w On 8/13/13 a signed (Certified Nursing As 8/12/13 at 5:30 p.m. dinner and noticed a chest. E15 asked R1 stated "(R18) been h On 8/14/13 at 11:00 a following: Last Friday and 10:00 a.m., E13 because R18 was in E16 saw R18 hit R17 to get R17 up and E13 had staff could get R17 u On 8/14/13 at 11:00 a Practical Nurse) state (8/9/13) E13 (Nurse) of is room because R R18 hit R17 up and E13 had staff could get R17 u Cn 8/14/13 at 11:00 a Practical Nurse) state (8/9/13) E13 (Nurse) of is room because R Chest. E9 saw R18 h for help because R18 E13 had to hold R18	left chest, "don't know what any noise or commotion room." E13 stated E2 instructed E13 to chart the of unknown origin. E13 l3 reexamined R17 and be bruised. E13 stated that happened to R17." statement by E15 CNA sistant) documented on E15 went to get R17 up for large bump on R17's left 7 what happened and R17 itting me." a.m. E16/CNA stated the (8/9/13), between 9:45 a.m. (Nurse) asked for help his room fighting with R17. C. E13 (Nurse) directed E16 to fhis room because R18 chest. E16 started getting to hold R18 back so the p. E13 also saw R18 hit R17. a.m. E9/LPN (Licensed ed the following: Last Friday had staff get R17 up and out t18 was hitting R17 in the it R17. E13 (Nurse) asked 8 was fighting with R17 and so staff could get R17 up.	F 22:	3	

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F 223	R23's Nurse's Notes a.m., document R23 because R40 took R food. The accident interventions to previous behaviors. R23's nurse's notes document R23 was get out of the room." A facility report date signed by E2 (Direct 3-25-13 at 5:45 p.m. of Senile Dementia, became upset becaus and R23 pushed R1 sent to the emergen right hip pain. R13's dated 3-25-13, docu fractures of the pelvidocuments R23 was given a notice to approximate to approximate to the resident (R13) do Notes document R23 "got resident came into R the resident (R13) do Notes document R25 stated, "No one show on 8-14-13 at 9:15 awould curse and fight almost everyday. Ed scared of R23.	dated 12-21-12 at 2:45 hit R40 in the mouth 23's radio and ate R23's report does not include rent a recurrence of R23's dated 1-8-13 at 8:00 a.m., "yelling and telling people to d 3-26-13 at 9:43 a.m. and for of Nursing), documents on , R13, who has a diagnosis walked into R23's room. R23 use R13 entered the room 3 down to the floor. R13 was cy room for complaints of pelvis and right hip x-ray ments R13 had two acute is. The facility report is ticketed for battery and	F 223		

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F 223	stated if other reside would push the reside throw things at them. On 8-15-13 at 1:15 p Rehabilitation Worke to deal with behavior telling R23 "you can' was unaware of (R23 residents." E26 state implemented on R23 verbally and physica on 12-21-12 or toward. On 8-13-13 at 2:40 p R23 was known to ne R23's room or space. On 8-13-13 at 11:10 the incidents listed a investigated as abused to "behaviors". On 08/14/13 at 1:00 was identified to hav R18 was identified to hav R18 was identified at towards other reside E1/Administrator was Jeopardy. The surveyor confirm and interview that the actions to remove the Administrator will be	ents entered R23's room, R23 ents out of the room and ents out of the r	F 22	3		

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F 223	expectations of all state to notifying Administrate abuse. 3) R18 has been readmitted for a psychial immediate discharge 4) Facility form to in reporting for the persout and give to the apate the time of the susystaff on this form was 5) Establishment of Compliance Committed suspected allegation for gathering all informinvestigation and report Administrator. Effective 6) New form for notification to the inital notification to the inital notification to the investigation Effective 7) Prescreening of all IDT (Interdisciplinary determine the risk to a 8) Immediate care platthe potential to be abuse 9) Risk assessment for current residents. An screening form will also deficits identified in the on the residents. Complete 483.13(c)(1)(ii)-(iii), (c)	as possible. If on policy changes and aff members with regard ator and IDPH of suspected and atric evaluation. A notice of has been given. Include a mechanism of staff on suspecting abuse to fill opproprate person in charge pected abuse. Education of completed. In Abuse Prevention who will meet after every of abuse and is responsible mation, interview, orting of their findings to the ve 08/14/13. In a fication of IDPH. One form that will be used to do to the deparment while the cation of the final results of ective 08/14/13. In potential residents by the Team) prior to admission to abuse/be abused. In an anning of all residents with used. In a gyression and violence so be completed. Any were areas will be addressed plan to maintain safety for tion date 08/21/13. Exi(2) - (4)		2223			
SS=K	INVESTIGATE/REPO						

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	ROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZIP COD 3611 NORTH ROCHELLE PEORIA, IL 61604	•	<u> </u>	
(X4) ID PREFIX TAG	(EACH DEFICIENC	TATEMENT OF DEFICIENCIES BY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CO (EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE DEFICIENCY)	I SHOULD BE	(X5) COMPLETION DATE	
F 225	been found guilty of a mistreating residents had a finding entered registry concerning a of residents or misap and report any know court of law against a indicate unfitness for other facility staff to to r licensing authoritie. The facility must ensinvolving mistreatme including injuries of unisappropriation of r immediately to the act to other officials in act through established. State survey and cer. The facility must hav violations are thorough revent further poter investigation is in proceeding the processing and to the administrator of representative and to	employ individuals who have abusing, neglecting, or by a court of law; or have dinto the State nurse aide abuse, neglect, mistreatment apropriation of their property; ledge it has of actions by a can employee, which would a service as a nurse aide or the State nurse aide registry es. The state nurse aide or the state law procedures (including to the stification agency). The state nurse aide or the facility and esident property are reported deministrator of the facility and esident property are reported deministrator of the facility and esident property are reported deministrator of the facility and esident property are reported deministrator of the facility and esident property are reported deministrator of the facility and esident property are reported deministrator of the facility and esident property are reported deministrator of the facility and esident property are reported deministrator of the facility and esident property are reported deministrator of the facility and esident property are reported deministrator of the facility and esident property are reported deministrator of the facility and esident property are reported deministrator of the facility and esident property are reported deministrator of the facility and esident property are reported deministrator of the facility and esident property are reported deministrator of the facility and esident property are reported deministrator of the facility and esident property are reported deministrator of the facility and esident property are reported deministrator of the facility and esident property are reported deministrator of the facilit	F 22	5			

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	I ` ′	(X2) MULTIPLE CONSTRUCTION A. BUILDING			(X3) DATE SURVEY COMPLETED	
		146098	B. WING			08/	22/2013	
NAME OF P	ROVIDER OR SUPPLIER		•	S	TREET ADDRESS, CITY, STATE, ZIP CODE			
SHARON	HEALTH CARE ELMS				611 NORTH ROCHELLE EORIA, IL 61604			
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREF TAG		PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIA DEFICIENCY)		(X5) COMPLETION DATE	
F 225	review the facility failer physically aggressive R18, R23, R32 and R further failure by the facility residents who we the sample of 17 and victims of aggression supplemental sample B.Failure to investigal injury of unknown origonizedents (R13, R17 and aggression on the residents (R28, R31, R40) on the supplemental cannot be residented for the facility and aggression on the sample for the facility and aggression on the sample for the facility and aggression on the samplemental for the facility and facility residents (R28, R31, R40) on the supplemental for the facility residents (R28, R31, R40) on the supplemental facility residents (R28, R31, R40) on the supplemental facility reseverity level two. Admonitor the effective for conducted. Based on interview a also failed to report into the state agency for involving missing medical facility in the state agency for involving missing medical facility in the state agency for involving missing medical facility in the state agency for involving missing medical facility in the state agency for involving missing medical facility in the state agency for involving missing medical facility in the state agency for involving missing medical facility in the state agency for involving missing medical facility in the state agency for involving missing medical facility in the state agency for involving missing medical facility in the state agency for involving missing medical facility and facility in the state agency for involving missing medical facility and facility an	tion, interview and record and to recognize the behaviors of four residents, 138, as abuse, resulting in facility to do the following: 19 aree of three (R13, R17 and 19 are victims of aggression on a three residents who were (R28, R39 and R40) on the 19 are three of three and R21) who were victims asample of 17 and seven R33, R34, R37, R39 and 19 are three of three and three of three and three of three and sample; and 19 are three of three and 19 are three of three residents who were victims of 19 and seven	F	225				

	OF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1 ` ′	CONSTRUCTION	(X3) DATE SURVEY COMPLETED
		146098	B. WING		08/22/2013
	ROVIDER OR SUPPLIER HEALTH CARE ELMS		3	TREET ADDRESS, CITY, STATE, ZIP CODE 611 NORTH ROCHELLE FEORIA, IL 61604	
(X4) ID PREFIX TAG	(EACH DEFICIEN	TATEMENT OF DEFICIENCIES CY MUST BE PRECEDED BY FULL R LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTIO (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPI DEFICIENCY)	BE COMPLETION
F 225	Continued From pag	ge 15	F 225		
	a.m., document R23 because R40 took R food. The accident	s, dated 12-21-12 at 2:45 thit R40 in the mouth 823's radio and ate R23's report does not include vent a recurrence of R23's			
	I .	dated 1-8-13 at 8:00 a.m., "yelling and telling people to			
	signed by E2 (Direct 3-25-13 at 5:45 p.m. of Senile Dementia, became upset becan and R23 pushed R1 sent to the emergen right hip pain. R13's dated 3-25-13, docu fractures of the pelv	d 3-26-13 at 9:43 a.m. and tor of Nursing), documents on ., R13, who has a diagnosis walked into R23's room. R23 use R13 entered the room 3 down to the floor. R13 was cy room for complaints of pelvis and right hip x-ray ments R13 had two acute is. The facility report is ticketed for battery and opear in court.			
	document R23 "got resident came into F the resident (R13) d Notes document R2	s, dated 3-25-13 at 5:45 p.m., mad" because another R23's room, and R23 pushed own. The 3-25-13 Nurse's 3 felt no remorse and R23 uld come into my room."			
	would curse and figh	a.m., E6 (CNA) stated R23 nt with staff and residents 6 stated the residents were			
		a.m., E9 (Licensed Practical R23 was physically and			

	DF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:			CONSTRUCTION	(X3) DATE COMP	SURVEY LETED
		146098	B. WING			08/22/2013	
	ROVIDER OR SUPPLIER			3	TREET ADDRESS, CITY, STATE, ZIP CODE 611 NORTH ROCHELLE PEORIA, IL 61604		
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFI TAG		PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD B CROSS-REFERENCED TO THE APPROPRIA DEFICIENCY)		(X5) COMPLETION DATE
F 225	stated if other resider would push the resider throw things at them. On 8-15-13 at 1:15 p. Rehabilitation Worker to deal with behaviors telling R23 "you can't was unaware of (R23 residents." E26 state implemented on R23' verbally and physicall on 12-21-12 or toward On 8-13-13 at 2:40 p. R23 was known to no R23's room or space. 2. A physician's orde 8/2013, documents the which include: Asperg Compulsive Disorder, Cluster C Traits. The has medications which (Milligram) intramuscular every six hours as ne 8-08-13, Risperidone Lamictal 100 mg two three times daily. The order for Ativan 1 mg given as a now dose A Minimum Data Set 6-20-13, documents the cognitively impaired, idisplayed verbal behat toward others four to	sidents and staff. R23 ats entered R23's room, R23 ents out of the room and m., E26 (Social b) stated R23's interventions were talking with R23 and hurt people." E26 stated "I b) ever hitting other d no new interventions were scare plan when R23 was y aggressive towards R40 ds R13 on 3-25-13. m., E1/Administrator stated at like other residents in r sheet (POS) dated, hat R18 has diagnoses ger's Syndrome, Obsessive a Schizophrenia, Depression, POS documents that R18 ath include: Ativan 1 mg ularly injection to be given eded for 72 hours dated 2 mg three times daily, times daily, Klonopin 1 mg a POS also included an intramuscularly injection on dated 8-02-13. (MDS) Assessment, dated hat R18 is moderately independently mobile, and avioral symptoms directed six days per week. The R18's behaviors, "Put	F	225			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1 ' '	(X2) MULTIPLE CONSTRUCTION A. BUILDING			(X3) DATE SURVEY COMPLETED	
		146098	B. WING			08/	22/2013	
	ROVIDER OR SUPPLIER HEALTH CARE ELMS		1	36 ⁻	REET ADDRESS, CITY, STATE, ZIP CODE 11 NORTH ROCHELLE EORIA, IL 61604			
(X4) ID PREFIX TAG	(EACH DEFICIEN	STATEMENT OF DEFICIENCIES CY MUST BE PRECEDED BY FULL R LSC IDENTIFYING INFORMATION)	ID PREFI TAG		PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD B CROSS-REFERENCED TO THE APPROPRIA DEFICIENCY)		(X5) COMPLETION DATE	
F 225	document that the fi hit another resident, remaining Nurse's N 8/2013, document r R18 hitting or attem residents, entering r throwing dishes, kic others with R18's wa A facility incident rep documents that R18 with closed hand an incident report also witnessed kicking E. incident report docu removed, "from host harm from self and a A facility incident report documents that, "Ar on the back of the n sitting in reclining will the incident report a (counseled) on keep resident (R39) as m closely when they a second incident report attempting to, "kick The incident report of the incident report	disrupt care or living d 9/2012 through 12/2012, rst incident of R18, "trying to " was 12-03-12. The lotes, dated 12/2012 to multiple, frequent incidents of pting to hit facility staff and resident rooms uninvited, king, or attempting to hit ralker. bort, dated 12-19-12, residents." The indicates that R18 was rhitting and kicking staff d other residents." The indicates that R18 was resident (R18) hit R39 reck for no reason R39 was reel chair in dining room." rechas possible and monitor re in the same room." A ret for the same incident, reands another staff and resident." redocumented E 28 (Certified on the dining area and resident ried to kick me" roort, dated 8-12-13, rethered another resident's reck R21 on the left forearm for when asked why R18 did it, Neither resident was injured."	F	2225				

	DF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPL A. BUILDING	E CONSTRUCTION	(X3) DATE SURVEY COMPLETED
		146098	B. WING		08/22/2013
	ROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZIP CODE 3611 NORTH ROCHELLE PEORIA, IL 61604	,
(X4) ID PREFIX TAG	EIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL		ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTIC (EACH CORRECTIVE ACTION SHOULI CROSS-REFERENCED TO THE APPROP DEFICIENCY)	D BE COMPLETION
F 225	included, "R18 had to be redirected whe from going into othe When R18 is having room or the nearest minute checks." A facility incident repthat, "E14 (Assistant observed R18 runni unintentionally with against the wall(R the medication room wrist with R18's hand A care plan dated 9 "has a history of waggressionR18 do touchedhits staff, care plan intervention cannot use physical importance of not be aggressive to anyor includes the intervest supervision for R18 On 8-13-13 at 11:30 in front of the nurse unintelligibly while pwith a walker. E14 approached R18 and do that." and led R1 room. On 8-14-13 at 9:05	recent med increase. R18 is en going down hall and kept ers rooms without permission. It behaviors redirect to R18's quiet place. Resident on 30 poort dated 8-13-13 documents to Director of Nurses) ing into another resident (R28) R18's walker pushing R28 up 18) also approached E14 in an and struck E14 on the left id." -13-12 documents that R18, erbal and physical pes not like to be throws trays." R18's behavior ons include: "explain R18 aggression and the eing verbally or physically ine." The care plan also intion of providing, "1 to 1" "Daily and as needed." O AM. R18 was in the hallway is station. R18 was yelling pushing R28 against the wall (Assistant Director of Nurses) d loudly stated to R18, Don't 8 down the hall towards R18's AM. R21 stated that on	F 228		
	the arm. R21 stated four to five times in just rams me with th was using my cane R21 stated that, "(R	d R21's room and hit R21 in that R18 has hit R21 at least the past. R21 stated, "(R18) he walker hard enough that if I I would have gone down." 18) is far too dangerous."			

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		A. BUILDING _	(X3) DATE SURVEY COMPLETED		
		146098	B. WING		08/22/2013
	ROVIDER OR SUPPLIER HEALTH CARE ELMS		3	TREET ADDRESS, CITY, STATE, ZIP CODE 611 NORTH ROCHELLE PEORIA, IL 61604	,
(X4) ID PREFIX TAG	(EACH DEFICIEN	TATEMENT OF DEFICIENCIES CY MUST BE PRECEDED BY FULL RESCRIPTION (INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTIO (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROP DEFICIENCY)	BE COMPLETION
F 225	at the same time tell any pudding or some everything to avoid (behind me. (R18) livesee me come out of come right out and of "I'm 64 years old and now." On 8-14-13 at 11:00 E16, and E17 (Certinurses station. E9 shad increased recenwere actually just ge R18's medical problestated that R18 had Nurses) and E17 on on 8-13-13. E17 stand got me last Fridyesterday too." E17 ago (R18) came up back." E16 stated, "back and on 8-09-13 and tried to hit me on he tried to choke me incident had not bee report because, "I kr behavior." E9 stated behaviors were becapudding stating, "I juroom and give R18 of Nurse's) stated the agitated, threatens to kicks staff and reside R18's room. E14 stand while then gets ago	IR18 from R21's room while ing R18, "(R18) couldn't get ething." R21 stated, "I do (R18) but (R18) comes up wes right by me and (R18) will my room then (R18) will come after me" R21 stated, d I've never been bullied until AM. E9 (Registered Nurse), fied Nurse Aides) were at the stated that R18's behaviors with but that R18's behaviors withing back to normal now that ems were improving. E17 hit E2 (Director of 8-09-13 and had hit E17 also (R18) got E2 last Friday ay too. (R18) got me stated, "Back about a month behind me and hit me on my (R18) threw a walker at my 8, (R18) came from behind in my back." E16 stated, "And e." E16 stated that the en documented on an incident new that was just his d that some of R18's ause R18 wanted chocolate lest walk R18 back to R18's what R18 wants." PM. E14 (Assistant Director at when R18 becomes on hit or kick, or actually hits or gressive. (R18) doesn't pick nyone who is near. (R18) will	F 225		

	OF DEFICIENCIES F CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1 ' '	LE CONSTRUCTION		TE SURVEY MPLETED
		146098	B. WING			8/22/2013
	ROVIDER OR SUPPLIER HEALTH CARE ELMS			STREET ADDRESS, CITY, STATE, ZIP CC 3611 NORTH ROCHELLE PEORIA, IL 61604		
(X4) ID PREFIX TAG	(EACH DEFICIENC	TATEMENT OF DEFICIENCIES BY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF C (EACH CORRECTIVE ACTIVE) CROSS-REFERENCED TO THE DEFICIENCY	ON SHOULD BE HE APPROPRIATE	(X5) COMPLETION DATE
F 225	document "it was bro softball size lump ha upper chest. It was rounds." The Nurse's documents "now bru R17's note at 7:15 p. and appeared larger evaluation, possible R17's Resident Tran the emergency room documents "injury or chest, soft ball sized R17's Preliminary Fi 8/12/13, documents "Inipple, contusions at The form documents "Inipple, contusions at The form documents upper left leg as "soft bruising." This form a Narrative section "(R in the facility. "large on inpple up to shoulded Patient (R17) also ha arm and all across his bruising noted on leg stated being unsure patient but whatever happened between 2 (8/12/13)." R17's Summary of C Emergency Room Nidocuments R17 was with left chest hemat	dated 8/12/13 at 5:50 p.m. bught to my attention a d appeared on R17's left tot there during 2:30 p.m. s Note at 7:15 p.m. ised and appeared larger." m. documents "now bruised send to emergency for fractured rib." sfer Form from the facility to dated 8/12/13 at 5:50 p.m., f unknown origin, left upper bump." seld Medical Report, dated "hematoma above left nipple, gency Transport Patient Care arge hematoma above left and bruising all over body." chest, upper left arm and t tissue swelling and also documents under the state of a baseball. as bruising to his left upper is chest. There is also gs. RN (Registered Nurse) of what happened to the occurred must have surrent Hospitalization	F 22	5		

	OF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULT A. BUILDIN	IPLE CONSTRUCTION IG	, ,	ATE SURVEY DMPLETED
		146098	B. WING _			08/22/2013
	ROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZIP CODE 3611 NORTH ROCHELLE PEORIA, IL 61604		
(X4) ID PREFIX TAG	(EACH DEFICIENC	TATEMENT OF DEFICIENCIES BY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORI (EACH CORRECTIVE ACTION S CROSS-REFERENCED TO THE A DEFICIENCY)	SHOULD BE	(X5) COMPLETION DATE
F 225	for abuse." Under the Assessment it docum uncertain etiology, m social services follow abuse." R17's hospi diameter hematoma Ecchymosis (bruising Ecchymosis on right small lesions over lest	multiple areas to skin and concern e section of this form titled nents "left chest hematoma, ultiple bruises on body, ving regarding potential elder tal record documents "5 inch on left anterior chest. g) in left axillary region. anterior chest wall. Multiple gs." On 8/13/13 at 9:22 AM, ency Room Physician) bove-referenced note s R17's condition on	F 2	25		
	respond appropriatel repeated "yes." R17 area on R17's left up purple bruising in the down to the elbow. For was bruised. R17 ha way across the ches R17's left foot had puleft great toe and ext foot about 1 1/2-2 in sized scabbed area of knee. On 8/13/13 at 12:45 on 8/12/13 at 2:30 p. E15/CNA (Certified Nor dinner is when a discovered on R17's it was, no one heard	AM, R17 was unable to y to questions and just had a softball size raised per chest. R17 had dark eleft axilla which extended k17's entire left bicep aread discattered bruising all the tigust below the nipple line. Turple bruising starting at the ending up the length of the ches wide. R17 had a pea on the left great toe and left p.m. E13 (Nurse) stated that m. R17 was fine but when sursing Assistant) got R17 up red flat areas were left chest, "don't know what any noise or commotion room." E13 stated E2				

	OF DEFICIENCIES F CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	` ′	E CONSTRUCTION		TE SURVEY MPLETED
		146098	B. WING	B. WING		8/22/2013
	ROVIDER OR SUPPLIER HEALTH CARE ELMS			STREET ADDRESS, CITY, STATE, ZIP CO 3611 NORTH ROCHELLE PEORIA, IL 61604	•	
(X4) ID PREFIX TAG	(EACH DEFICIENC	TATEMENT OF DEFICIENCIES BY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF ((EACH CORRECTIVE ACTI CROSS-REFERENCED TO TI DEFICIENC	ON SHOULD BE HE APPROPRIATE	(X5) COMPLETION DATE
F 225	red area as an injury stated after dinner E found the red area to being "at loss as to v On 8/13/13 a signed (Certified Nursing As 8/12/13 at 5:30 p.m. dinner and noticed a chest. E15 asked R1 stated "(R18) been h On 8/14/13 at 11:00 following: Last Friday and 10:00 a.m., E13 because R18 was in E16 saw R18 hit R17 to get R17 up and ouwas hitting R17 in his R17 up and E13 had staff could get R17 uron on 8/14/13 at 11:00 Practical Nurse) stat (8/9/13) E13 (Nurse) of is room because R18 for help because R18 in hor help because R18 in had to hold R18 in had to hold R18 in high reported or investment of the incidents were discussed in high results of the incidents were discussed in high results in high res	instructed E13 to chart the of unknown origin. E13 13 reexamined R17 and be bruised. E13 stated what happened to R17." statement by E15 CNA sistant) documented on E15 went to get R17 up for large bump on R17's left 7 what happened and R17 itting me." a.m. E16/CNA stated the (8/9/13), between 9:45 a.m. (Nurse) asked for help his room fighting with R17. The E13 (Nurse) directed E16 at of his room because R18 is chest. E16 started getting to hold R18 back so the p. E13 also saw R18 hit R17. a.m. E9/LPN (Licensed end the following: Last Friday had staff get R17 up and out R18 was hitting R17 in the lit R17. E13 (Nurse) asked 8 was fighting with R17 and so staff could get R17 up. AM, E1 stated that none of bove in examples 1 and 2 estigated as abuse because	F 225			

	DF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	` ′	LE CONSTRUCTION	(X3) DATE SURV COMPLETEI	
		146098	B. WING		08/22/2	013
	ROVIDER OR SUPPLIER HEALTH CARE ELMS			STREET ADDRESS, CITY, STATE, ZIP CODE 3611 NORTH ROCHELLE PEORIA, IL 61604	,	
(X4) ID PREFIX TAG	(EACH DEFICIEN	STATEMENT OF DEFICIENCIES ICY MUST BE PRECEDED BY FULL R LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECT (EACH CORRECTIVE ACTION SHOU CROSS-REFERENCED TO THE APPRO DEFICIENCY)	LD BE COM	(X5) MPLETION DATE
F 225	was sent to the hos Intercranial Hemorri until 6/10/13. IDPH at 9:43 a.m. O8-13-13 at 11:10 A of unknown origin we possible abuse. 4. R31's incident reduction to be reported to the 4th fill was later found to be report under the sec what you observed "unable to make stated	pital and found to have a page. E1 did not sign the form was not notified until 6/10/13 AM, E1 stated that this injury has not investigated as port dated 3/1/13 at 3:45 p.m. as noted to have swelling and hager on the left hand which the fractured. The incident cition titled "describe exactly for heard" documented tement clear, stated she had the second and Dementia physical documents R31 has chizophrenia and Dementia physical documents R31 has tions, poor judgement, poor pression and flight of ideas. An was not completed. E1 the incident form on the form was faxed to IDPH the injury of unknown origin of a.m. E1 (Administrator) prestigate this bruising and ecause "you just have to	F 22	5		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1 ' '	LE CONSTRUCTION	(X3) DATE SURVEY COMPLETED		
		146098	B. WING		08/22/2013		
	ROVIDER OR SUPPLIER HEALTH CARE ELMS			STREET ADDRESS, CITY, STATE, ZIP CODE 3611 NORTH ROCHELLE PEORIA, IL 61604			
(X4) ID PREFIX TAG	(EACH DEFICIENC	TATEMENT OF DEFICIENCIES BY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROVIDENCY)	D BE COMPLETION		
F 225	verbal and physical as false accusations. R3 documentation of revithe 5-1-13 incident. not initiated. The incident and IDPH was not later. On 8/13/13 at 11:10 incident was not reposabuse and stated "wagirlfriend." 6. A facility incident rp.m. documents R38 then struck R38 in the on R37. E1's signat form is dated 6/19/13 incident via fax on 6/ The care plan for R3 of review or new inteincident. On 8/13/13 at 11:10 incident was not reposabuse. On 08/14/13 at 1:00 was identified to have R18 was identified as towards other reside E1/Administrator was Jeopardy. The surveyor confirm	ents R32 has a history of aggression and of making 32 's care plan includes no view or new intervention after An abuse investigation was ident form was not signed by it notified until 5/2/13, 1 day a.m. E1 confirmed that the orted or investigated as ell, they are boyfriend and eport dated 6/18/13 at 1:00 grabbed R37's walker, R37 e eye. R38 then threw water ture on the incident report 8. IDPH was notified of the	F 22	5			
		e facility took the following e Immediate Jeopardy:					

STATEMENT OF DEFICIENCIES (X1 AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		CONSTRUCTION	(X3) DATE SURVEY COMPLETED
		146098	B. WING		08/22/2013
	ROVIDER OR SUPPLIER HEALTH CARE ELMS		3	TREET ADDRESS, CITY, STATE, ZIP CODE 611 NORTH ROCHELLE PEORIA, IL 61604	,
(X4) ID PREFIX TAG	FIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL		ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTIO (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROP DEFICIENCY)) BE COMPLETION
F 225	Continued From pa	ge 25	F 225		
	reflect throughout the Administrator will be is a suspected case also includes notificates as soon as possible 2) Education of staff expectations of all sometifying Administration abuse. 3) R18 has been readmitted for a psychimmediate discharged. 4) Facility form to reporting for the perout and give to the atthe time of the sustaff on this form was staff on this form was 5) Establishment of Compliance Comminguage and the time of the sustaff on this form was 5) Establishment of Compliance Comminguage and the form gathering all infoinvestigation and readministrator. Effect 6) New form for nowill be an initial report the initial notification other form is for noting the investigation. Etc. 7) Prescreening of a IDT (Interdisciplinary determine the risk to 8) Immediate care put the potential to be a 9) Risk assessment current residents. Ascreening form will asserted.	fon policy changes and taff members with regard to tor and IDPH of suspected moved from the building and natric evaluation. A notice of the has been given. Include a mechanism of staff son suspecting abuse to fill approprate person in charge spected abuse. Education of its completed. If an Abuse Prevention the who will meet after every in of abuse and is responsible remation, interview, porting of their findings to the tive 08/14/13. Itification of IDPH. One form out form that will be used to do to the department while the fication of the final results of frective 08/14/13. Ill potential residents by the y Team) prior to admission to a abuse/be abused. Ilanning of all residents with			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIF	PLE CONSTRUCTION	(X3) DATE COMF	SURVEY PLETED
		146098	B. WING		08/	22/2013
	ROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZIP CODE 3611 NORTH ROCHELLE PEORIA, IL 61604	•	
(X4) ID PREFIX TAG	PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX (EACH CORRECTIVE ACTION SHOULD BE		HOULD BE	(X5) COMPLETION DATE		
F 225	Continued From page on the residents care all residents. Comple	plan to maintain safety for	F 22	25		
	the missing Lortab in 7/1/13. The investigation	ration narrative documents vestigation was initiated on tion documents on 6/30/13 Lortab was incorrect and it ON.				
	month ago Lortab (Hymissing from a medic the same time there of Morphine due to 2 diff stated at that time E1 police and have the stacility to complete ar State Police interview	nistrator) stated about 1 ydrocodone) came up ation cart. E1 stated around was a question about liquid ferent colored bottles. E1 decided to involve the state state police come into the ninvestigation. E1 stated the yed and investigated E1 incident was not reported to				
	On 8/21/13 at 1:20 p. Nursing) stated the si medications were not agency. 483.13(c) DEVELOP/ ABUSE/NEGLECT, E	reported to the state	F 22	26		
	policies and procedur	t, and abuse of residents				
	This REQUIREMENT by:	is not met as evidenced				

STATEMENT OF DEFICIENCIES (X1) AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPL A. BUILDING	E CONSTRUCTION	(X3) DATE SURVEY COMPLETED
		146098	B. WING		08/22/2013
	ROVIDER OR SUPPLIER HEALTH CARE ELMS			STREET ADDRESS, CITY, STATE, ZIP CODE 3611 NORTH ROCHELLE PEORIA, IL 61604	·
(X4) ID PREFIX TAG	(EACH DEFICIENC	TATEMENT OF DEFICIENCIES BY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRE (EACH CORRECTIVE ACTION SH CROSS-REFERENCED TO THE APP DEFICIENCY)	OULD BE COMPLETION
F 226	Based on interview failed to investigate a suspected abuse and immediately to the adas required by facility residents (R13, R17, the sample of 17 and supplemental sample R38, R39 R40). These failures result While the immediate 8/14/13, the facility rea severity level two, monitor the effective conducted. 1.R23's Nurse's Note a.m., document R23 because R40 took R food. The accident r interventions to previbehaviors. A facility report dated signed by E2 (Direct	and record review the facility and report all allegations of dinjury of unknown origin dministrator and state agency policy for three of four R21) reviewed for abuse in dieight residents in the e (R28, R31, R33, R34, R37, led in immediate jeopardy. jeopardy was removed on emains out of compliance at Additional time is needed to ness of the inservices	F 226		
	of Senile Dementia, became upset because and R23 pushed R13 sent to the emergency right hip pain. R13's dated 3-25-13, documents of the pelvidocuments R23 was given a notice to appropriate to the period of the pelvidocuments R23 was given a notice to appropriate the period of the pelvidocuments R23 was given a notice to appropriate the period of the pelvidocuments R23 was given a notice to appropriate the period of the pelvidocuments R23 was given a notice to appropriate the period of the pelvidocuments R23 was given a notice to appropriate the period of the period of the pelvidocuments R23 was given a notice to appropriate the pelvidocuments R23 was given a notice to a	walked into R23's room. R23 use R13 entered the room a down to the floor. R13 was bey room for complaints of pelvis and right hip x-ray ments R13 had two acute s. The facility report ticketed for battery and lear in court.			
		, dated 3-25-13 at 5:45 p.m., mad" because another			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: (X2) MULTIPLE CONSTRUCTION A. BUILDING			(X3) DATE SURVEY COMPLETED			
		146098	B. WING _			08/22/2013
	ROVIDER OR SUPPLIER		,	STREET ADDRESS, CITY, STATE, ZIP 3611 NORTH ROCHELLE PEORIA, IL 61604	CODE	
(X4) ID PREFIX TAG	(EACH DEFICIENC	TATEMENT OF DEFICIENCIES BY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFI) TAG	PROVIDER'S PLAN O X (EACH CORRECTIVE AC CROSS-REFERENCED TO DEFICIEN	CTION SHOULD BE THE APPROPRIATE	(X5) COMPLETION DATE
F 226	the resident (R13) do Notes document R23 stated, "No one shou On 8-13-13 at 2:40 p	23's room, and R23 pushed own. The 3-25-13 Nurse's a felt no remorse and R23 ld come into my room." .m., E1/Administrator stated of like other residents in	F 2	226		
	on the back of the nesitting in reclining who The incident report of (counseled) on keepiresident (R39) as muclosely when they are second incident report of the incident report in the	other resident (R18) hit R39 ock for no reason R39 was eel chair in dining room." ocuments that, "Staff ong R18 away from the other och as possible and monitor e in the same room." A rt for the same incident, ments that R18 also was nother staff and resident." ocumented E 28 (Certified the dining area and resident ied to kick me" ort, dated 8-12-13, "Entered another resident's ck R21 on the left forearm for When asked why R18 did it, leither resident was injured." dicates that the sto prevent recurrence" ecent med increase. R18 is a going down hall and kept is rooms without permission. behaviors redirect to R18's quiet place. Resident on 30 ort dated 8-13-13 documents				

PRINTED: 08/28/2013 FORM APPROVED OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	` ′	TIPLE CONSTRUCTION NG	· ,	TE SURVEY MPLETED
		146098	B. WING _		0	8/22/2013
	ROVIDER OR SUPPLIER HEALTH CARE ELMS		·	STREET ADDRESS, CITY, STATE, ZIF 3611 NORTH ROCHELLE PEORIA, IL 61604	P CODE	
(X4) ID PREFIX TAG	(EACH DEFICIENC	TATEMENT OF DEFICIENCIES BY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFI TAG	PROVIDER'S PLAN (X (EACH CORRECTIVE A CROSS-REFERENCED TO DEFICIE	ACTION SHOULD BE TO THE APPROPRIATE	(X5) COMPLETION DATE
F 226	unintentionally with Fagainst the wall(R1 the medication room wrist with R18's hand On 8-13-13 at 11:30 in front of the nurse's unintelligibly while puwith a walker. E14 (approached R18 and do that." and led R18 room. On 8-14-13 at 9:05 A 8-12-13 R18 entered the arm. R21 stated four to five times in the just rams me with the was using my cane I R21 stated that, "(R1 R21 stated that wher facility staff removed at the same time telli any pudding or some everything to avoid (I behind me. (R18) liv see me come out of come right out and or "I'm 64 years old and now." R17's Nurse's Notes document "it was brosoftball size lump had upper chest. It was nounds." The Nurse's documents "now bruik R17's note at 7:15 p.	g into another resident (R28) R18's walker pushing R28 up 8) also approached E14 in and struck E14 on the left 1." AM. R18 was in the hallway station. R18 was yelling Ishing R28 against the wall Assistant Director of Nurses) I loudly stated to R18, Don't Is down the hall towards R18's Island Is	F	226		

Facility ID: IL6007306

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	` ′	PLE CONSTRUCTION G		ATE SURVEY DMPLETED
		146098	B. WING	· · · · · · · · · · · · · · · · · · ·		08/22/2013
	ROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZIP CO 3611 NORTH ROCHELLE PEORIA, IL 61604	•	
(X4) ID PREFIX TAG	(EACH DEFICIENC	TATEMENT OF DEFICIENCIES BY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF C (EACH CORRECTIVE ACTIV CROSS-REFERENCED TO TH DEFICIENCY	ON SHOULD BE HE APPROPRIATE	(X5) COMPLETION DATE
F 226	the emergency room documents " injury or chest, soft ball sized R17's Preliminary Fi 8/12/13, documents bruise." R17's Emerg Report documents "Inipple, contusions ar The form documents upper left leg as "sof bruising." This form a Narrative section "(R in the facility. "large enipple up to shoulder Patient (R17) also ha arm and all across his bruising noted on leg stated being unsure patient but whatever	efer Form from the facility to dated 8/12/13 at 5:50 p.m., funknown origin, left upper bump." eld Medical Report, dated "hematoma above left nipple, gency Transport Patient Care arge hematoma above left dibruising all over body." chest, upper left arm and tissue swelling and also documents under the 17) was found laying in bed edematous lump above left about the size of a baseball. It is bruising to his left upper is chest. There is also is. RN (Registered Nurse) of what happened to the	F 22	26		
	Emergency Room Not documents R17 was with left chest hemat "The emergency roo abuse hotline due to ecchymotic(bruising) for abuse." Under the Assessment it docum uncertain etiology, m social services follow abuse." R17's hospi diameter hematoma Ecchymosis (bruising	admitted from the facility oma. It also documents, m staff contacted elder				

	4.000			
	146098	B. WING		08/22/2013
OVIDER OR SUPPLIER		3	STREET ADDRESS, CITY, STATE, ZIP CODE 3611 NORTH ROCHELLE PEORIA, IL 61604	, 30.22.00
(EACH DEFICIEN	CY MUST BE PRECEDED BY FULL	ID PREFIX TAG	,	BE COMPLETION
small lesions over le Z2 (Admitting Emero confirmed that the a accurately represent	egs." On 8/13/13 at 9:22 AM, gency Room Physician) bove-referenced note ts R17's condition on	F 226		
respond appropriate repeated "yes." R17 area on R17's left up purple bruising in the down to the elbow. Fewas bruised. R17 haway across the ches R17's left foot had p left great toe and ex foot about 1 1/2-2 in	hy to questions and just had a softball size raised oper chest. R17 had dark to left axilla which extended R17's entire left bicep area and scattered bruising all the st just below the nipple line. The urple bruising starting at the tending up the length of the ches wide. R17 had a pea			
on 8/12/13 at 2:30 p E15/CNA (Certified I for dinner is when a discovered on R17's it was, no one heard from R17 and R18's (Director of Nursing) red area as an injury stated after dinner E found the red area to being "at loss as to v On 8/13/13 a signed (Certified Nursing As	.m. R17 was fine but when Nursing Assistant) got R17 up red flat areas were s left chest, "don't know what I any noise or commotion room." E13 stated E2 instructed E13 to chart the of unknown origin. E13 i13 reexamined R17 and be be bruised. E13 stated what happened to R17." I statement by E15 CNA esistant) documented on			
SZCSS OrrspovyFliffsk Oceffciliff(rsfib O(S	Continued From page and lesions over less confirmed that the accurately represented mission to the Embedding in the lesions of the Embedding in the lesions of the Embedding in the lesions of the elbow. For each of the lesions of the elbow is lest upour lesions of the elbow. For each of the lesions of the elbow is lest upour lesions of the elbow. For each elbow is lest elbow in the lesions of the elbow is lest elbow in the elbow. For elbow is lest elbow in the elbow in the elbow is lest elbow in the e	Continued From page 31 Simular State Preceded By Full REGULATORY OR LSC IDENTIFYING INFORMATION) Continued From page 31 Simular lesions over legs." On 8/13/13 at 9:22 AM, 22 (Admitting Emergency Room Physician) Confirmed that the above-referenced note accurately represents R17's condition on admission to the Emergency Room. Con 8/13/13 at 11:45 AM, R17 was unable to espond appropriately to questions and just espeated "yes." R17 had a softball size raised area on R17's left upper chest. R17 had dark burple bruising in the left axilla which extended down to the elbow. R17's entire left bicep area was bruised. R17 had scattered bruising all the way across the chest just below the nipple line. R17's left foot had purple bruising starting at the eft great toe and extending up the length of the boot about 1 1/2-2 inches wide. R17 had a pea dized scabbed area on the left great toe and left since. Con 8/13/13 at 12:45 p.m. E13 (Nurse) stated that by 8/12/13 at 2:30 p.m. R17 was fine but when entity at 21 minutes and 11 minutes are reflected as a series of the continuous and reflected area as an injury of unknown origin. E13 stated E2 Director of Nursing) instructed E13 to chart the end area as an injury of unknown origin. E13 stated after dinner E13 reexamined R17 and by 8/13/13 at 10 stated after dinner E13 reexamined R17 and cound the red area to be bruised. E13 stated deeing "at loss as to what happened to R17." Con 8/13/13 at 5:30 p.m. E15 went to get R17 up for dinner and noticed a large bump on R17's left	Continued From page 31 F 226 F 226 Continued From page 31 F 226 F 226 F 227 Continued From page 31 F 226 F 226	(EACH DEFICIENCY MUST BE PRECEDED BY PILL REGULATORY OR ISC IDENTIFYING INFORMATION) Continued From page 31 Intell lesions over legs." On 8/13/13 at 9:22 AM, 22 (Admitting Emergency Room Physician) confirmed that the above-referenced note occurately represents R17's condition on admission to the Emergency Room. Con 8/13/13 at 11:45 AM, R17 was unable to espond appropriately to questions and just epeated "yes." R17 had a softball size raised riea on R17's left upper chest. R17 had dark purple bruising in the left axilla which extended lown to the elbow. R17's entire left bicep area was bruised. R17 had scattered bruising all the vay across the chest just below the injple line. R17's left top the length of the oot about 1 1/2-2 inches wide. R17 had a pea ized scabbed area on the left great toe and left ince. Con 8/13/13 at 12:45 p.m. E13 (Nurse) stated that an 8/12/13 at 2:30 p.m. R17 was fine but when 15/5/CNA (Certified Nursing Assistant) got R17 up or dinner is when a red flat areas were liscovered on R17's left chest, "don't know what twas, no one heard any noise or commotion rom R17 and R18's room." E13 stated E2 Director of Nursing) instructed E13 to chart the ed area as an injury of unknown origin. E13 tated after dinner E13 reexamined R17 and ound the red area to be bruised. E13 stated eling "at loss as to what happened to R17." Continued From page 31 F 226 F

		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIP	LE CONSTRUCTION	(X3) DATE SU COMPLE	
		146098	B. WING		08/22	/2013
	ROVIDER OR SUPPLIER HEALTH CARE ELMS			STREET ADDRESS, CITY, STATE, ZIP CODE 3611 NORTH ROCHELLE PEORIA, IL 61604	•	
(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 APPRO DEFICIENCY)	LD BE	(X5) COMPLETION DATE
F 226	Stated "(R18) been his On 8/14/13 at 11:00 at following: Last Friday and 10:00 a.m., E13 because R18 was in E16 saw R18 hit R17 to get R17 up and ou was hitting R17 up and E13 had staff could get R17 up On 8/14/13 at 11:00 at Practical Nurse) state (8/9/13) E13 (Nurse) of is room because R chest. E9 saw R18 his for help because R18 E13 had to hold R18 On 8-13-13 at 11:10 at the incidents listed at were reported or investing the incidents were duting at the incidents were duting at the incidents were duting the incidents were duting at the incident at the incidents were duting at the incide	Twhat happened and R17 tting me." a.m. E16/CNA stated the (8/9/13), between 9:45 a.m. (Nurse) asked for help his room fighting with R17. E13 (Nurse) directed E16 to fhis room because R18 chest. E16 started getting to hold R18 back so the b. E13 also saw R18 hit R17. a.m. E9/LPN (Licensed ed the following: Last Friday had staff get R17 up and out 18 was hitting R17 in the tr R17. E13 (Nurse) asked was fighting with R17 and so staff could get R17 up. AM, E1 stated that none of love in examples 1 and 2 stigated as abuse because e to "behaviors". Export dated 6/9/13 at 7:30 was found on the floor acceration to the left eye. R33 tall and found to have a lage. E1 did not sign the form as not notified until 6/10/13	F 22	6		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MUL A. BUILDI		CONSTRUCTION		X3) DATE SURVEY COMPLETED	
		146098	B. WING			08/	22/2013	
	ROVIDER OR SUPPLIER HEALTH CARE ELMS	•		30	TREET ADDRESS, CITY, STATE, ZIP CODE 611 NORTH ROCHELLE EORIA, IL 61604	,		
(X4) ID PREFIX TAG	(EACH DEFICIEN	TATEMENT OF DEFICIENCIES CY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFI TAG		PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD B CROSS-REFERENCED TO THE APPROPRIA DEFICIENCY)		(X5) COMPLETION DATE	
F 226	documents R31 was bruising to the 4th fir was later found to be report under the sec what you observed on "unable to make statisleeps and had nigh happened, no witnessheet dated 8/1/13 on Disorganized type SR31's history and phedelusions, hallucinate memory, verbal aggrabuse investigation of (Administrator) signed 3/4/13. The incident 3/4/13, 3 days after soccurred. On 8/13/13 at 11:10 stated E1 did not invisivelling as abuse be know her (R31)." 5. A facility incident and documents R32 puntimes and then R32 causing the wheelch and physical documents and physical documents. R documentation of rethe 5-1-13 incident. Not initiated. The incident. The incident.	ort dated 3/1/13 at 3:45 p.m. a noted to have swelling and neger on the left hand which a fractured. The incident tion titled "describe exactly or heard" documented tement clear, stated she tmares and that is how it sees." R31's Physician order documents R31 has chizophrenia and Dementia. Physical documents R31 has c	F	2226				

		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULT A. BUILDIN	IPLE CONSTRUCTION NG		ATE SURVEY OMPLETED
		146098	B. WING _			08/22/2013
	ROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZIP COD 3611 NORTH ROCHELLE PEORIA, IL 61604	•	
(X4) ID PREFIX TAG	FIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL		ID PREFIX TAG	PROVIDER'S PLAN OF CC ((EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE DEFICIENCY)	N SHOULD BE E APPROPRIATE	(X5) COMPLETION DATE
F 226	Continued From page	e 34	F 2	226		
		orted or investigated as ell, they are boyfriend and				
	p.m. documents R38 then struck R38 in th on R37. E1's signat	eport dated 6/18/13 at 1:00 grabbed R37's walker, R37 e eye. R38 then threw water ure on the incident report B. IDPH was notified of the 19/13 at 10:10 a.m.				
	The care plan for R38 includes no documentation of review or new intervention after the 6-18-13 incident.					
		a.m. E1 confirmed that the orted or investigated as				
	was identified to have R18 was identified as towards other reside	PM an Immediate Jeopardy be begun on 12-03-12 when shaving assualtive behaviors ants. On 08/14/13 at 1:15PM shotified of the Immediate				
	and interview that the	ned through record review e facility took the following e Immediate Jeopardy:				
	reflect throughout the Administrator will be is a suspected case of also includes notifica (IDPH) as soon 2) Education of staff expectations of all sta	notified immediately if there of abuse. This same policy tion of state agency				

	OF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTI A. BUILDIN	PLE CONSTRUCTION G		E SURVEY MPLETED
		146098	B. WING _		08	8/22/2013
	ROVIDER OR SUPPLIER HEALTH CARE ELMS			STREET ADDRESS, CITY, STATE, ZIP CODE 3611 NORTH ROCHELLE PEORIA, IL 61604		
(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 CORRE (EACH CORRECTIVE ACTION SH CROSS-REFERENCED TO THE APF DEFICIENCY)	OULD BE	(X5) COMPLETION DATE
F 226	admitted for a psychic immediate discharge 4) Facility form to in reporting for the persout and give to the and at the time of the susstaff on this form was 5) Establishment of Compliance Committed suspected allegation for gathering all informinvestigation and report administrator. Effective 6) New form for notification to other form is for notification to the initial notification. Eff 7) Prescreening of all IDT (Interdisciplinary determine the risk to 8) Immediate care plast the potential to be ab 9) Risk assessment for current residents. An screening form will all deficits identified in the on the residents care all residents. Comple 483.25(d) NO CATHERESTORE BLADDER	oved from the building and atric evaluation. A notice of has been given. Include a mechanism of staff on suspecting abuse to fill oppropriate person in charge pected abuse. Education of completed. In Abuse Prevention ee who will meet after every of abuse and is responsible mation, interview, orting of their findings to the we 08/14/13. In the cation of IDPH. One form the form that will be used to do to the department while the cation of the final results of ective 08/14/13. In potential residents by the Team) prior to admission to abuse/be abused. In an appreciation of all residents with used. In aggression and violence is one completed. Any these areas will be addressed plan to maintain safety for tion date 08/21/13. ETER, PREVENT UTI, Residents with a service of the comprehensive ity must ensure that a	F 2			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		1 ` ′	LE CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
		146098	B. WING		08/22/2013
	ROVIDER OR SUPPLIER HEALTH CARE ELMS			STREET ADDRESS, CITY, STATE, ZIP CODE 3611 NORTH ROCHELLE PEORIA, IL 61604	
(X4) ID PREFIX TAG	(EACH DEFICIENC	TATEMENT OF DEFICIENCIES BY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTI (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPRO DEFICIENCY)	_D BE COMPLETION
F 315	catheterization was r who is incontinent of treatment and service	e 36 Indition demonstrates that necessary; and a resident bladder receives appropriate es to prevent urinary tract core as much normal bladder	F 31	5	
	by: Based on observation review the facility fail indwelling urinary car	r is not met as evidenced on, interview, and record ed to properly empty an theter bag for one of two or catheters (R16) in a			
	Aide) took R16 into the R16 with urinary cather emptying R16's urinary washed R16's cather then assisted R16 to While R16 was standevice to R16's urinary urine to drain to the field then rinsed R16 shower nozzle allowing R16's feet rinsing the				
	bag page 98 (No dat staff to use a, "plastic container" when er bag. The policy docu fluids occur while add clean it up as soon a	nptying urine from a drainage e available) documents for c, metal or glass measuring nptying urine from a catheter uments, "If spillage of body ministering the procedure, s you can. (Note: small an be safely cleaned up with			

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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	ROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZIP CODE 3611 NORTH ROCHELLE PEORIA, IL 61604			
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFI TAG	PROVIDER'S PLAN OF CORRECTI X (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPRO DEFICIENCY)	D BE	(X5) COMPLETION DATE	
F 315 F 322 SS=D	documents to , "pou commode" On 8-13-13 at 12:00p verified that a residen should not be emptied from the bag to the flo by stating, "Absolutely 483.25(g)(2) NG TRE RESTORE EATING S Based on the compre resident, the facility m	ach.)" The policy also ur urine down the .m. E2 (Director of Nurses) t's urinary catheter bag d by allowing urine to drain por around a resident's feet by not!" ATMENT/SERVICES - SKILLS hensive assessment of a		322			
	alone or with assistant tube unless the reside demonstrates that use unavoidable; and (2) A resident who is gastrostomy tube rectreatment and service pneumonia, diarrhea, metabolic abnormalitiulcers and to restore, skills. This REQUIREMENT by: Based on observatio	nce is not fed by naso gastric ent 's clinical condition e of a naso gastric tube was fed by a naso-gastric or					

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		(X2) MULTI A. BUILDIN	PLE CONSTRUCTION G	(X3) DATE SURVEY COMPLETED	
		146098	B. WING _		08/22/2013
	ROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZIP CODE 3611 NORTH ROCHELLE PEORIA, IL 61604	,
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORREC (EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APPF DEFICIENCY)	ULD BE COMPLETION
F 322		e 38 cy of a gastric tube prior to	F 3	22	
	_	gastric tube for one of one wed for gastric tubes in a			
	Findings include:				
	10/2007 documents f and patency of the ga	protocol dated as revised or staff to verify placement astric tube by first, "inject e intermittent feedings, ng."			
	Nurse) was preparing (flushing)into R15's g stethoscope to R15's R15's abdomen while through the gastric tu stethoscope to R15's and listened again whethough R15's gastric that, "The way to che	i.m. E5 (Licensed Practical of to instill a bolus of liquid astric tube. E5 applied a abdomen then listened to e instilling a syringe of water be. E5 then reapplied the abdomen a second time nile instilling a bolus of air tube. E5 stated at that time eck placement is to put in a n put in a little air, then			
F 323 SS=G	483.25(h) FREE OF A HAZARDS/SUPERVI The facility must ensu environment remains as is possible; and ea	SION/DEVICES ure that the resident as free of accident hazards	F 3	23	
	This REQUIREMENT	is not met as evidenced			

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE A. BUILDING	(X3) DATE SURVEY COMPLETED		
		146098	B. WING		08/22/2013	
	ROVIDER OR SUPPLIER HEALTH CARE ELMS		36	TREET ADDRESS, CITY, STATE, ZIP CODE S11 NORTH ROCHELLE EORIA, IL 61604	00/22/20 10	
(X4) ID PREFIX TAG	(EACH DEFICIEN	STATEMENT OF DEFICIENCIES ICY MUST BE PRECEDED BY FULL R LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPF DEFICIENCY)	BE COMPLETION	
F 323	review the facility fa implement individual seven residents (R' increased supervisione resident requiring the supplemental sation of the supplemental sations of the suppl	ion, interview, and record illed to re-assess and alized interventions for two of I3 and R18) requiring on in the sample of 17 and ng increased supervision on	F 323			
	8/2013, documents which include: Aspec Compulsive Disorder Cluster C Traits. The has medications who (Milligram) intramuse every six hours as resulting to the severy six hours as resulting to the	et (MDS) Assessment, dated is that R18 is moderately it, independently mobile, and havioral symptoms directed o six days per week. The at R18's behaviors, "Put				

, , ,		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1 ` '	LE CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
		146098	B. WING		08/22/2013	
	ROVIDER OR SUPPLIER HEALTH CARE ELMS	,		STREET ADDRESS, CITY, STATE, ZIP CODE 3611 NORTH ROCHELLE PEORIA, IL 61604	, 00.22.20.10	
(X4) ID PREFIX TAG	(EACH DEFICIEN	STATEMENT OF DEFICIENCIES ICY MUST BE PRECEDED BY FULL R LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTI (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPRO DEFICIENCY)	D BE COMPLETION	
F 323	Continued From pa		F 32	3		
	environment." Nurse's Notes, datedocument that the ficombative was 9-07 document the first in another resident," was Notes, datedocument multiple, hitting or attempting residents, entering a throwing dishes, kicothers with R18's was A facility incident redocuments that R18 with closed hand ar incident report also witnessed kicking Eincident report documents that, "Ar on the back of the mitting in reclining was The incident report (counseled) on keep resident (R39) as more closely when they a second incident report Nurse Aide), "Was in hit at me twice and A facility incident redocuments that R18 room (R21) and structure of the structure of the sitting in reclining was condincident report (counseled) on keep resident (R39) as more closely when they a second incident report (counseled), "Was in hit at me twice and A facility incident redocuments that R18 room (R21) and structure in the structure of the sitting in reclining to, "kick the incident report Nurse Aide), "Was in hit at me twice and A facility incident redocuments that R18 room (R21) and structure in the sitting in reclining to, "kick the incident report Nurse Aide), "Was in hit at me twice and A facility incident redocuments that R18 room (R21) and structure in the sitting in reclining to the sitting in reclinin	port, dated 12-19-12, B was, "hitting and kicking staff and other residents." The indicates that R18 was 27 (Registered Nurse). The iments that R18 was tile environment to prevent others." port, dated 3-18-13 nother resident (R18) hit R39 seck for no reason R39 was sheel chair in dining room." documents that, "Staff bing R18 away from the other such as possible and monitor re in the same room." A ort for the same incident, uments that R18 also was another staff and resident." documented E 28 (Certified in the dining area and resident tried to kick me"				

	DF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	` '	(X2) MULTIPLE CONSTRUCTION A. BUILDING		(X3) DATE SURVEY COMPLETED	
		146098	B. WING			08/	22/2013
	ROVIDER OR SUPPLIER HEALTH CARE ELMS		•	30	TREET ADDRESS, CITY, STATE, ZIP CODE 611 NORTH ROCHELLE EORIA, IL 61604		
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFI TAG		PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BI CROSS-REFERENCED TO THE APPROPRIA DEFICIENCY)		(X5) COMPLETION DATE
F 323	The incident report in "recommended steps included, "R18 had re to be redirected wher from going into others When R18 is having I room or the nearest of minute checks." A facility incident report that, "E14 (Assistant observed R18 running unintentionally with R against the wall(R1 the medication room wrist with R18's hand A care plan dated 9-1 "has a history of veraggressionR18 does touchedhits staff, the care plan intervention cannot use physical as importance of not bein aggressive to anyone includes the intervent supervision for R18 "I On 8-13-13 at 11:30 of in front of the nurse's unintelligibly while puwith a walker. E14 (Approached R18 and do that." and led R18 room. On 8-14-13 at 9:05 A 8-12-13 R18 entered the arm. R21 stated the four to five times in the just rams me with the	leither resident was injured." dicates that the to prevent recurrence" ecent med increase. R18 is n going down hall and kept is rooms without permission. behaviors redirect to R18's quiet place. Resident on 30 out dated 8-13-13 documents Director of Nurses) g into another resident (R28) 18's walker pushing R28 up 8) also approached E14 in and struck E14 on the left ." 13-12 documents that R18, ribal and physical es not like to be arrows trays." R18's behavior as include: "explain R18 aggression and the ng verbally or physically e." The care plan also cition of providing, "1 to 1"	F	323			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	, ,	(X2) MULTIPLE CONSTRUCTION A. BUILDING		(X3) DATE SURVEY COMPLETED	
		146098	B. WING			08/	22/2013
	ROVIDER OR SUPPLIER HEALTH CARE ELMS	•	•	36	TREET ADDRESS, CITY, STATE, ZIP CODE 611 NORTH ROCHELLE EORIA, IL 61604		
(X4) ID PREFIX TAG	(EACH DEFICIENC	TATEMENT OF DEFICIENCIES CY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFI TAG		PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD B CROSS-REFERENCED TO THE APPROPRIA DEFICIENCY)		(X5) COMPLETION DATE
F 323	R21 stated that when facility staff removed at the same time tell any pudding or some everything to avoid (behind me. (R18) liv see me come out of come right out and on "I'm 64 years old and now." On 8-14-13 at 11:00 E16, and E17 (Certif nurses station. E9 shad increased recenwere actually just ge R18's medical proble stated that R18 had Nurses) and E17 on son 8-13-13. E17 stated that R18 had Nurses) and E17 on son 8-13-13. E17 stated that R18 had Nurses) and E17 on son 8-13-13. E17 stated that R18 had Nurses) and E17 on son 8-13-13. E17 stated that R18 had Nurses) and E17 on son 8-13-13. E17 stated that R18 had Nurses) and E17 on son 8-13-13. E17 stated that R18 had Nurses) and E17 on son 8-13-13. E17 stated that R18 had Nurses is stated, "B18 stated that R18 had Nurses is stated, "B18 stated that R18 had Nurses is had Nurses	It is far too dangerous." In R18 hit R21 on the arm IR18 from R21's room while ing R18, "(R18) couldn't get ething." R21 stated, "I do R18) but (R18) comes up wes right by me and (R18) will my room then (R18) will ome after me" R21 stated, d I've never been bullied until AM. E9 (Registered Nurse), fied Nurse Aides) were at the tated that R18's behaviors tly but that R18's behaviors tling back to normal now that ems were improving. E17 hit E2 (Director of 8-09-13 and had hit E17 also ted, "(R18) got E2 last Friday ay too. (R18) got me stated, "Back about a month behind me and hit me on my (R18) threw a walker at my 8, (R18) came from behind in my back." E16 stated, "And I." E16 stated that the in documented on an incident new that was just his it that some of R18's ause R18 wanted chocolate st walk R18 back to R18's	F	323			

I' '		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	A. BUILDIN	1 ' '	(X3) DATE SURVEY COMPLETED		
		146098	B. WING _			08/22/2013	
	ROVIDER OR SUPPLIER HEALTH CARE ELMS			STREET ADDRESS, CITY, STATE, ZIP CODE 3611 NORTH ROCHELLE PEORIA, IL 61604		1 00/22/2010	
(X4) ID PREFIX TAG	(EACH DEFICIEN	STATEMENT OF DEFICIENCIES ICY MUST BE PRECEDED BY FULL R LSC 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 323	say, 'I need to hit you R17's Nurse's Note: document "it was brooftball size lump had upper chest. It was rounds." The Nurse documents "now brook R17's note at 7:15 pand appeared large evaluation, possible R17's Resident Trait the emergency roor documents "injury of chest, soft ball sized R17's Preliminary R8/12/13, documents bruise." R17's Emer Report documents 'nipple, contusions at The form document upper left leg as "soft bruising." This form Narrative section "(I in the facility. "large nipple up to should Patient (R17) also harm and all across I bruising noted on lestated being unsure patient but whateve happened between (8/12/13)."	anyone who is near. (R18) will bu." s dated 8/12/13 at 5:50 p.m. rought to my attention a ad appeared on R17's left not there during 2:30 p.m. 's Note at 7:15 p.m. uised and appeared larger." o.m. documents "now bruised or send to emergency for a fractured rib." Insfer Form from the facility to m, dated 8/12/13 at 5:50 p.m., of unknown origin, left upper dobump." Field Medical Report, dated as "hematoma above left nipple, regency Transport Patient Care large hematoma above left and bruising all over body." as chest, upper left arm and off tissue swelling and also documents under the R17) was found laying in bed edematous lump above left er about the size of a baseball. The should be subject to the size of a baseball. The should be some subject to the size of what happened to the or occurred must have 2 PM and 5 p.m. that day	F3	23			
	Emergency Room N	Current Hospitalization Note, dated 8/12/13, s admitted from the facility					

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING			(X3) DATE SURVEY COMPLETED	
		146098	B. WING_			08/	22/2013	
	ROVIDER OR SUPPLIER HEALTH CARE ELMS			STREET ADDRESS, C 3611 NORTH ROCH PEORIA, IL 61604				
(X4) ID PREFIX TAG	(EACH DEFICIEN	STATEMENT OF DEFICIENCIES ICY MUST BE PRECEDED BY FULL R LSC IDENTIFYING INFORMATION)	ID PREFII TAG	(EACH (VIDER'S PLAN OF CORRECTION CORRECTIVE ACTION SHOULD E EFERENCED TO THE APPROPRI DEFICIENCY)	BE	(X5) COMPLETION DATE	
F 323	"The emergency rod abuse hotline due to ecchymotic (bruising for abuse." Under the Assessment it docu uncertain etiology, resocial services follo abuse." R17's hosp diameter hematoma Ecchymosis (bruising Ecchymosis on right small lesions over let 22 (Admitting Emerconfirmed that the abuse in the second in the	atoma. It also documents, om staff contacted elder of multiple grant at the section of this form titled ments "left chest hematoma, multiple bruises on body, wing regarding potential elder potal record documents "5 inches on left anterior chest." and in left axillary region. It anterior chest wall. Multiple egs." On 8/13/13 at 9:22 AM, gency Room Physician) above-referenced note ats R17's condition on	F	323				
	respond appropriate repeated "yes." R17 area on R17's left upurple bruising in the down to the elbow. was bruised. R17 have across the chee R17's left foot had pleft great toe and exfoot about 1 1/2-2 in sized scabbed area knee. On 8/13/13 at 12:45 on 8/12/13 at 2:30 p	5 AM, R17 was unable to ely to questions and just 7 had a softball size raised pper chest. R17 had dark the left axilla which extended R17's entire left bicep area and scattered bruising all the st just below the nipple line. Fourple bruising starting at the stending up the length of the inches wide. R17 had a pea on the left great toe and left on the left great toe and left on. R17 was fine but when Nursing Assistant) got R17 up						
	on 8/12/13 at 2:30 p E15/CNA (Certified for dinner is when a	o.m. R17 was fine but when Nursing Assistant) got R17 up						

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		1 ' '	LE CONSTRUCTION	(X3) DATE SURVEY COMPLETED		
		146098	B. WING		08/22/2013	
	ROVIDER OR SUPPLIER HEALTH CARE ELMS			STREET ADDRESS, CITY, STATE, ZIP CODE 3611 NORTH ROCHELLE PEORIA, IL 61604		
(X4) ID PREFIX TAG	(EACH DEFICIEN	STATEMENT OF DEFICIENCIES CY MUST BE PRECEDED BY FULL R LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPROPRIED (CROSS-REFERENCE)	D BE COMPLETION	
F 323	from R17 and R18's (Director of Nursing) red area as an injury stated after dinner E found the red area to being "at loss as to being "at loss as to complete the red area to being "at loss as to complete the red area to being "at loss as to complete the red area to being "at loss as to complete the red area to being "at loss as to complete the red area to being "at loss as to complete the red area to being "at loss as to complete the red area to be red area to be red area to complete the red area to be red area to complete the red area to c	If any noise or commotion room." E13 stated E2 instructed E13 to chart the y of unknown origin. E13 it a reexamined R17 and to be bruised. E13 stated what happened to R17." If statement by E15 CNA sesistant) documented on E15 went to get R17 up for a large bump on R17's left it what happened and R17 initting me." Attempts to ade without success. a.m. E16/CNA stated the y (8/9/13), between 9:45 a.m. is (Nurse) asked for help in his room fighting with R17. T. E13 (Nurse) directed E16 ut of his room because R18 is chest. E16 started getting id to hold R18 back so the up. E13 also saw R18 hit R17. a.m. E9/LPN (Licensed ted the following: Last Friday had staff get R17 up and out R18 was hitting R17 in the init R17. E13 (Nurse) asked 8 was fighting with R17 and is so staff could get R17 up.	F 32	3		
		40 in the mouth because R40 date R23's food. The				

` '		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	` '	LE CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
		146098	B. WING		08/22/2013	
	ROVIDER OR SUPPLIER HEALTH CARE ELMS			STREET ADDRESS, CITY, STATE, ZIP CODE 3611 NORTH ROCHELLE PEORIA, IL 61604		
(X4) ID PREFIX TAG	(EACH DEFICIEN	TATEMENT OF DEFICIENCIES CY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTI (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPRO DEFICIENCY)	D BE COMPLETION	
F 323	Continued From pag	ge 46	F 32	3		
	· ·	s not include interventions to e of R23's behaviors.				
	I .	1-13, documents R23 had e control, and mood disorder.				
	_	cian Order Sheet (POS) a diagnosis of Senile				
	signed by E2 (Direct 3-25-13 at 5:45 p.m. room. R23 became the room and R23 p R13 was sent to the complaints of right h documents R23 was given a notice to app	d 3-26-13 at 9:43 a.m. and for of Nursing), documents on , R13 walked into R23's upset because R13 entered ushed R13 down to the floor. emergency room for ip pain. The facility report is ticketed for battery and opear in court. R13's pelvis ated 3-25-13, documents R13 ares of the pelvis.				
	does not include nev	ent report dated 3-25-13 w interventions to keep R13 other resident rooms.				
	R13's current care p interventions to addr out of other resident	ress R13 wandering in and				
	Aide/CNA) stated R ² always propelled sel	o.m., E17 (Certified Nursing 13 is confused and has If in a wheelchair up and Id into other resident rooms.				
	have been implemer	o.m., E26 (Social er) stated no interventions nted with the facility staff or o address R13 wandering in				

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING		(X3) DATE SURVEY COMPLETED	
		146098	B. WING			08/	22/2013
	ROVIDER OR SUPPLIER HEALTH CARE ELMS			36	TREET ADDRESS, CITY, STATE, ZIP CODE 611 NORTH ROCHELLE EORIA, IL 61604		
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFI TAG		PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD B CROSS-REFERENCED TO THE APPROPRIA DEFICIENCY)		(X5) COMPLETION DATE
F 323	even aware that R13 resident rooms." On 8-13-13 at 2:40 p. stated R13 likes to fre resident rooms. R23's nurse's notes of document R23 was "get out of the room." R23's nurse's notes of document R23 "got m R23's room, and R23 down. The 3-25-13 in feels no remorse and come into my room." report dated 3-25-13 interventions to preve behaviors towards of On 8-14-13 at 9:15 a would curse and fight almost everyday. E6 scared of R23. On 8-14-13 at 10:30 a Nurse/LPN) stated R2 verbally abuse to resi if other residents on things at them. On 8-15-13 at 1:15 p. Rehabilitation Worker to deal with behaviors R23 and telling R23.	lated 1-8-13 at 8:00 a.m., yelling and telling people to lated 3-25-13 at 5:45 p.m., had" because R13 came into pushed the resident (R13) hurse's notes document R23 R23 stated, "No one should R23's accident/incident does not include new ent a recurrence of R23's her residents. I.m., E6 (CNA) stated R23 with staff and residents were lated the residents were lated the residents were lated the residents and staff. R23 stated ered R23's room, R23 would at of the room and throw	F	323			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	` ′	TIPLE CONSTRUCTION NG	(X3) DATE SURVEY COMPLETED		
		146098	B. WING _		-	08/2	22/2013
	ROVIDER OR SUPPLIER HEALTH CARE ELMS			STREET ADDRESS, CITY, STA 3611 NORTH ROCHELLE PEORIA, IL 61604	ATE, ZIP CODE		
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFI TAG	X (EACH CORREC CROSS-REFEREN	PLAN OF CORRECTION TIVE ACTION SHOULD BI CED TO THE APPROPRIA EFICIENCY)		(X5) COMPLETION DATE
F 329 SS=D	implemented on R23 verbal and physical b 3-25-13 or towards R On 8-13-13 at 2:40 p stated R23 was know in R23's room or spar 483.25(I) DRUG RECUNNECESSARY DR Each resident's drug unnecessary drugs. drug when used in experimental duplicate therapy); or without adequate moindications for its use adverse consequences adverse consequences adverse consequences adverse consequences and the resident, the facility of the resident, the facility of the who have not used a given these drugs un therapy is necessary as diagnosed and do record; and residents drugs receive gradual behavioral intervention.	ed no new interventions were as care plan regarding R23's ehaviors towards R13 on 40 on 12-21-12. Im., E1 (Administrator) on to not like other residents ce. GIMEN IS FREE FROM UGS regimen must be free from An unnecessary drug is any accessive dose (including for excessive duration; or nitoring; or without adequate continued; or any easons above. ensive assessment of a must ensure that residents intipsychotic drugs are not less antipsychotic drug to treat a specific condition cumented in the clinical who use antipsychotic I dose reductions, and		329			
	drugs. This REQUIREMENT	is not met as evidenced					

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPL A. BUILDING	E CONSTRUCTION	(X3) DATE SURVEY COMPLETED			
		146098	B. WING		08/22/2013		
	ROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZIP CODE 3611 NORTH ROCHELLE PEORIA, IL 61604	JE		
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORREC (EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APPF DEFICIENCY)	ULD BE COMPLETION		
F 329	failed to provide a met two antipsychotic me residents (R16) revie medication use in a single Findings include: A physicians order shocuments that R16 include: Cerebral Pal Anxiety, and Depress documents that R16 include: Risperidone times daily and Haldo agitation as needed. On 8-13-13 at 12:00p stated that E2 was reresidents who use psistated that all facility antipsychotic medications for antipsychotic medications Risperidor the Drug Information Edition documents the medication Risperidor of Schizophrenia, Acor treatment of irritab with Autistic Disorder documents that the a	iew and interview the facility edical indication for use of dications for one of six wed for antipsychotic ample of 17. Ineet (POS) dated as 7-30-13 has diagnoses which sy, Mild Mental Retardation, sion. The POS also has medications which 0.5 mg (Milligrams) two ol 1 mg every eight hours for 1. m. E2 (Director of Nurses) asponsible for monitoring sychotropic medications. E2 residents taking tions, "Should have a chotic medications." E2 had a diagnosis of Anxiety aking the antipsychotic one and Haldol. I Handbook for Nursing 15th at the antipsychotic me is used in the treatment cute Mania, Bipolar Disorder, illity/aggression associated. The drug handbook ntipsychotic medication treatment of Schizophrenia fer.	F 329				
F 31 1	+00.00(I) FOOD PRO	OUNE,	F 37	'			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1 ' '	(X2) MULTIPLE CONSTRUCTION A. BUILDING		(X3) DATE SURVEY COMPLETED	
		146098	B. WING			08/	22/2013
	ROVIDER OR SUPPLIER HEALTH CARE ELMS		1	3	TREET ADDRESS, CITY, STATE, ZIP CODE 611 NORTH ROCHELLE PEORIA, IL 61604		
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFI TAG		PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD B CROSS-REFERENCED TO THE APPROPRIA DEFICIENCY)		(X5) COMPLETION DATE
F 371 SS=F	considered satisfacto authorities; and	erve - Sanitary a sources approved or bry by Federal, State or local stribute and serve food	F	371			
	by: Based on observation review the facility failst sanitation and food herequiring dietary staff coverings while work areas, not requiring dietary while handling opened unused food securely refrigerator, and by failst security refrigerator, and by failst security fails security failst security failst security failst security failst	andling policy by not to wear hair and facial hair ing in food preparation lietary staff to wear gloves d food, failing to keep covered while in the ailing to properly sanitizing failure has the potential to					
	E20 (Dietary Aide), a in the kitchen. E18's the front of E18's hair exposed. The front of uncovered, and E21's beard, mustach the refrigerator near the second in the seco	wore no restraint to cover ne, and hair. E18 opened the entrance to the kitchen was resting on a shelf with					

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA (X2) MULI IDENTIFICATION NUMBER: A. BUILDI		PLE CONSTRUCTION	١ , ,	(X3) DATE SURVEY COMPLETED	
		146098	B. WING	 	ا	8/22/2013	
	ROVIDER OR SUPPLIER HEALTH CARE ELMS	•		STREET ADDRESS, CITY, STATE, ZIP CODE 3611 NORTH ROCHELLE PEORIA, IL 61604	·		
(X4) ID PREFIX TAG	EIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL		ID PREFIX TAG	PROVIDER'S PLAN OF CORRE (EACH CORRECTIVE ACTION SH CROSS-REFERENCED TO THE API DEFICIENCY)	IOULD BE	(X5) COMPLETION DATE	
F 371	water used for saniti the kitchen. When E the sanitizing solution content, the test pappresence of bleach i food contact surface. On 8-12-13 at 11:30 E20 (Dietary Aide), a getting ready for the covering still covered leaving the back conhead covering still dihair. E21 still wore in beard, mustache, and the kitchen preparing preparing resident's hotdog buns with babuns on the plates. restraint. E18 stated wear gloves to hand not leave the food plate.	n tested a bucket of bleach zing food contact surfaces in E18 placed the test paper in in to check the bleach per did not indicate the in the water used to clean s. AM. E18 (Dietary Manager), and E21 were in the kitchen incon meal. E18's head donly the front of E18's hair inpletely uncovered. E20's indicated to cover the front of E20's incorestraint to cover R21's indicated hair. PM. E18 (Dietary Manager), and E24 (Dietary Aide) were in ing for the noon meal. E21 was food plates by picking up in the least and putting the in E24 was not wearing a hair of that E21 did not need to le food as long as R21 did lating area. Entitation page 93 (No date is that, "Hairnets or hair	F 37	71			
	times." The policy d "not handle food w proper utensil or wer sure surfaces are sa when changing food be securely covered A facility census and	hair are to be worn at all ocuments that staff should, with bare handsuse the ar disposable glovesmake unitized after each use and itemsAll unused food must ." I condition report dated by E1 (Administrator)					

I i i i i i i i i i i i i i i i i i i i		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1 ' '	(X2) MULTIPLE CONSTRUCTION A. BUILDING		(X3) DATE SURVEY COMPLETED	
		146098	B. WING			08/	22/2013
	ROVIDER OR SUPPLIER HEALTH CARE ELMS		•	STREET ADDRESS, CITY 3611 NORTH ROCHELI PEORIA, IL 61604			
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFI TAG	X (EACH COF	ER'S PLAN OF CORRECTION RRECTIVE ACTION SHOULD B ERENCED TO THE APPROPRIA DEFICIENCY)		(X5) COMPLETION DATE
F 371	residents resided in the	e time of the survey 82		371 441			
33-E	The facility must esta Infection Control Prog safe, sanitary and cort to help prevent the de of disease and infection (a) Infection Control F. The facility must esta Program under which (1) Investigates, contribute facility; (2) Decides what prog should be applied to a	gram designed to provide a infortable environment and evelopment and transmission on. Program blish an Infection Control it - rols, and prevents infections cedures, such as isolation, an individual resident; and d of incidents and corrective					
	prevent the spread of isolate the resident. (2) The facility must promunicable disease from direct contact will transport (3) The facility must result to the facility must be facility mu	n Control Program ident needs isolation to infection, the facility must prohibit employees with a se or infected skin lesions th residents or their food, if asmit the disease. equire staff to wash their ct resident contact for which eated by accepted					

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTII	PLE CONSTRUCTION G		(X3) DATE SURVEY COMPLETED	
		146098	B. WING			08/22/2013
	ROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZIP CODE 3611 NORTH ROCHELLE PEORIA, IL 61604	·	
(X4) ID PREFIX TAG	FIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL		ID PREFIX TAG	PROVIDER'S PLAN OF CORF (EACH CORRECTIVE ACTION S CROSS-REFERENCED TO THE AF DEFICIENCY)	HOULD BE	(X5) COMPLETION DATE
F 441	Continued From pag infection.	e 53	F 4	41		
	by: A) Based on observatinterview, the facility gloves and performe administering insulin disinfect blood glucouse, for one of four minsulin injections, in a residents (R26, R27) in the supplemental failed to ensure their blood glucose monitocurrent standards of control. Based on orecord review, the fai isolation precautions Resistant Staphylocorequired by facility popotential to affect two	ation, record review and failed to ensure staff wore d handwashing after injections and failed to se monitors after resident esidents (R8) receiving a sample of 17, and for two receiving insulin injections sample. The facility also policy regarding cleaning of ors was updated to reflect practice regarding infection bservation, interview, and cility also failed to follow for a resident with Methicillin occus Aureus (MRSA), as olicy. This failure had the of six residents (R11, R19) as in the sample of 17				
	Nurse) administered subcutaneous injecti and did not perform I administering the injectal medications to F medication cart and everify blood glucose	ection. E8 then administered R29. E8 returned to the gathered supplies needed to levels. E8 checked R26's				
	did not perform hand	vithout wearing gloves and lwashing prior to leaving the ne blood glucose monitor to				

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE A. BUILDING	E CONSTRUCTION	(X3) DATE SURVEY COMPLETED			
		146098	B. WING		08/22/2013		
	NAME OF PROVIDER OR SUPPLIER SHARON HEALTH CARE ELMS			STREET ADDRESS, CITY, STATE, ZIP CODE 1611 NORTH ROCHELLE PEORIA, IL 61604			
(X4) ID PREFIX TAG	(EACH DEFICIENCY MUST BE PRECEDED BY FULL		ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTIC (EACH CORRECTIVE ACTION SHOULI CROSS-REFERENCED TO THE APPROF DEFICIENCY)	O BE COMPLETION		
F 441	monitor. E8 then us monitor and checked without wearing glov	ye 54 without disinfecting the ed the same blood glucose d R27's blood glucose level res. E8 returned to the ching multiple items. E8 then	F 441				
	administered R27's injection, without we E8 returned to the m she was finished che levels of the residen	Humalog by subcutaneous aring gloves or handwashing. nedication cart and indicated ecking the blood glucose ts on the A Hall. E8 placed onitor in the drawer of the					
	On 8/12/13 at 12:05 clean the blood gluc Gluco-Chlor wipes "						
	stated staff are to dismonitors after each shift. E2 stated all swhen administering	o.m., E2 (Director of Nursing) sinfect blood glucose resident use, not once per taff should be wearing gloves injections or obtaining blood hould always wash their sident contact.					
	staff should wash the blood, oral secretion broken skin" and "af surfaces potentially	led "Handwashing", indicates eir hands "after contact with s, mucous membranes, ter handling items or work contaminated with a cretions, or secretions."					
	3/2000. The policy in the monitor each daresident use. Addicalibration and Control Con	led "Blood Glucose: trol Solution Test", is dated ndicates staff are to "clean y it is used", not after each tionally, the "Blood Glucose: trol Solution Test" policy did ould be used to effectively					

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		' '	IPLE CONSTRUCTION NG	, ,	(X3) DATE SURVEY COMPLETED			
		146098	B. WING _			08/22/2013		
	ROVIDER OR SUPPLIER HEALTH CARE ELMS	-		STREET ADDRESS, CITY, STATE, ZIP CODE 3611 NORTH ROCHELLE PEORIA, IL 61604	'			
(X4) ID PREFIX TAG	(EACH DEFICIENC	TATEMENT OF DEFICIENCIES DY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORF ((EACH CORRECTIVE ACTION S CROSS-REFERENCED TO THE AI DEFICIENCY)	HOULD BE	(X5) COMPLETION DATE		
F 441	both asleep in separ on the door of the ro precautions: wear go R19's Physician Ord to collect bilateral na Bactroban daily for fibilateral nares in one MRSA. Lab reports dated 8/positive for MRSA of Methicillin Resistant Policy and Procedur residents infected wi in a room with other On 8/14/13 at 1:10 p diagnosis of Methicil Aureus (MRSA) of the with "an ointment" day has a roommate. On 8/15/13 at 9:30 a referenced the MRS regarding cohorting and was unable to p R19 having a roommate was unable to p R19 having a room	ucose monitor. 10 a.m., R19 and R11 were ate beds their room. A sign om stated "contact own and gloves." er dated 8/6/13, documents res culture then start ve days then re-culture week for diagnosis of	F 4	141				

	ATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING			(X3) DATE SURVEY COMPLETED	
		146098	B. WING	B. WING		08/22/2013	
	ROVIDER OR SUPPLIER HEALTH CARE ELMS		•	3	TREET ADDRESS, CITY, STATE, ZIP CODE 611 NORTH ROCHELLE PEORIA, IL 61604		
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFI TAG		PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BI CROSS-REFERENCED TO THE APPROPRIA DEFICIENCY)		(X5) COMPLETION DATE
F 456 SS=F	483.70(c)(2) ESSENT OPERATING CONDI The facility must main mechanical, electrical equipment in safe ope	ntain all essential , and patient care	F	456			
	by: Based on observatio review, the facility fail exit doors functioned	n, interview and record ed to ensure all emergency properly. This failure has all 82 residents living in the					
	Findings include:						
	dining room (near the when the magnet on disengage after the 1 On 8/12/13 at 2:15 p. Supervisor) indicated	m., the exit door in the A Wing) failed to open the door would not 5 second security delay. m., E25 (Maintenance the door should open, as it E25 stated the door had					
	functioned properly eduncertain as to why it According to The Res	arlier in the day and was would not open. ident Census and Condition					
F 520 SS=F	Report, 82 residents v 8/12/13. 483.75(o)(1) QAA COMMITTEE-MEMB QUARTERLY/PLANS	ERS/MEET	F	520			
	assurance committee	in a quality assessment and consisting of the director of hysician designated by the					

STATEMENT OF DEFICIENCIES (X1 AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	I ` ′	PLE CONSTRUCTION IG		(X3) DATE SURVEY COMPLETED	
		146098	B. WING _			08/22/2013	
	ROVIDER OR SUPPLIER HEALTH CARE ELMS	,		STREET ADDRESS, CITY, STATE, ZIP CO 3611 NORTH ROCHELLE PEORIA, IL 61604	•		
(X4) ID PREFIX TAG	IX (EACH DEFICIENCY MUST BE PRECEDED BY FULL		ID PREFIX TAG	PROVIDER'S PLAN OF C (EACH CORRECTIVE ACTIC CROSS-REFERENCED TO TH DEFICIENCY	ON SHOULD BE IE APPROPRIATE	(X5) COMPLETION DATE	
F 520	facility's staff. The quality assessment committee meets at I issues with respect to and assurance activities develops and implement action to correct identification. A State or the Secret disclosure of the recomment.	ent and assurance east quarterly to identify to which quality assessment ties are necessary; and nents appropriate plans of tified quality deficiencies. tary may not require ords of such committee th disclosure is related to the	F 5	20			
	and correct quality de a basis for sanctions This REQUIREMEN by: Based on interview a failed to have a quali system in place to ide trends regarding repersident behaviors, a	by the committee to identify eficiencies will not be used as					
	meetings. These fail effect all 82 residents Findings include: A review of facility income to 8/2013 document in four incidences of with other residents of the facility income to the	ures have the potential to					

` '		IDENTIFICATION NUMBED:		PLE CONSTRUCTION	1, ,	(X3) DATE SURVEY COMPLETED	
		146098	B. WING	 	08/22	2/2013	
	NAME OF PROVIDER OR SUPPLIER SHARON HEALTH CARE ELMS			STREET ADDRESS, CITY, STATE, ZIP CODE 3611 NORTH ROCHELLE PEORIA, IL 61604			
(X4) ID PREFIX TAG	(EACH DEFICIEN	STATEMENT OF DEFICIENCIES ICY MUST BE PRECEDED BY FULL R LSC 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 520		ge 58 ng staff and residents, ooms uninvited, and throwing	F 52	20			
	Nurses) stated that using a walker throuthat R18 had a histocompliance" E14 si who he directs his behaviors." E14 stabehaviors." E14 stabehaviors." E14 stabehaviors. E18 stabehaviors. E18 stabehaviors. E18 stabehaviors. E18 stabehaviors. E18 stabehaviors. E18 stabehaviors.	PM. E14 (Assistant Director of R18 walks independently aghout the facility. E14 stated bry of "behaviors and non tated that R18 doesn't pick behaviors towards, "Just ell say, 'I need to hit you,' ated regarding R18, "It's just ated that R18 has times when en gets aggressive." E14 l8 has behaviors staff try to 's room or that staff offer 'as a means to prevent R18 sive behaviors.					
	stated that since ac Director of Nurses in of the facility's Qual E2 stated that no ph the QA meetings. E resident behaviors is meetings, but I can't can't recall that R18 meetings."	5p.m. E2 (Director of Nurses) cepting the position as n 11/2012 E2 has attended all ity Assurance (QA) meetings. nysician had attended any of E2 also stated, "I can't recall being discussed during the QA t be sure." E2 stated that, "I s was ever brought up in QA 5 PM. E22 (Activities Director) ands all Quality Assurance					
	(QA) meetings. E2: been a physician who meetings. E22 state discussion of what the R18's behaviors. E	ands all Quality Assurance 2 stated that there had not no attended any of the QA ed that there had not been a the facility should do about 22 stated that there had been haviors at any of the QA					

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		1 1	E CONSTRUCTION	(X3) DATE SURVEY COMPLETED			
		146098	B. WING		08/22/2013		
	ROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZIP CODE 3611 NORTH ROCHELLE PEORIA, IL 61604			
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES BY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORREC (EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APPI DEFICIENCY)	OULD BE COMPLETION		
F 520	stated that E23 atten (QA) meetings. E23 physician attends the unable to state when attended. Facility Quality Assurdated 1-10-13 to 8-09 documentation that a meetings. On 8-15-13 at 2:15 P confirmed that there attendance at any of Assurance meetings. A facility Census and 8-12-13 and signed by	M. E23 (Restorative Nurse) ds all Quality Assurance stated that "occasionally" a e QA meetings but was a physician had last ance (QA) attendance logs e-13 do not include physician attended any M. E1 (Administrator) had been no physician in the facility's Quality Condition Report dated by E1 (Administrator) e time of the survey 82	F 520				