

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

PRINTED: 10/19/2016
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 146038	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 09/07/2016
NAME OF PROVIDER OR SUPPLIER PRAIRIE CITY REHAB & H C			STREET ADDRESS, CITY, STATE, ZIP CODE 825 E MAIN STREET, RR #2, BOX 97 PRAIRIE CITY, IL 61470		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)		(X5) COMPLETION DATE
F 000	INITIAL COMMENTS	F 000			
F 224 SS=D	<p>Incident Review Investigation of Incident on 08/06/16/IL88342</p> <p>483.13(c) PROHIBIT MISTREATMENT/NEGLECT/MISAPPROPRIATN</p> <p>The facility must develop and implement written policies and procedures that prohibit mistreatment, neglect, and abuse of residents and misappropriation of resident property.</p> <p>This REQUIREMENT is not met as evidenced by: Based on record review and interview the facility failed to safeguard a resident's personal belongings when requested to do so for one resident (R1) of three residents reviewed for safekeeping of resident items in a sample of three.</p> <p>FINDINGS INCLUDE:</p> <p>E3's (Licensed Practical Nurse) written statement, dated 08/07/16, states that on 08/06/16 at 8:00 P.M. R1 handed E3 a bag and asked E3 to lock the bag with it's belongings in the medication room for safekeeping. E3's statement indicates that E3 placed the bag on the fax machine.</p> <p>E4's (Registered Nurse) written statement, dated 08/07/16, states that E4 saw the bag on the fax machine at 2:00A.M. and E3 told E4 that the bag belonged to R1 and was supposed to be locked</p>	F 224			9/9/16

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

TITLE

(X6) DATE

09/23/2016

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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F 224	<p>Continued From page 1</p> <p>up in the medication room. E4's written statement states that E4 locked the bag in the medication room around 6:00 A.M. on 08/07/16.</p> <p>E3's written statement, dated 08/07/16, states that on 08/07/16 at around 8:10 P.M. R1 stated that \$1,000.00 was missing from the bag when it was returned to R1.</p> <p>The local bank withdrawal slip, dated 08/06/16, indicates that R1 withdrew \$1,150.00 in cash.</p> <p>On 09/07/16 at 9:50 A.M. R1 stated that R1 withdrew the money to "pay the rent here (at the facility)....I kept \$150 in my purse and I still have that."</p> <p>On 09/07/16 at 11:45A.M. E1 (Administrator) stated that, "It is acceptable for residents to give the nurses things to lock up for safekeeping if I am not here....I am not here 24 hours a day 7 days a week."</p>	F 224			