

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

PRINTED: 02/25/2014
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 145590	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 01/08/2014
NAME OF PROVIDER OR SUPPLIER ST JOSEPH'S MEDICAL CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE 2200 EAST WASHINGTON STREET BLOOMINGTON, IL 61701		
(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 226 SS=C	<p>Annual Certification Survey</p> <p>483.13(c) DEVELOP/IMPLMENT ABUSE/NEGLECT, ETC POLICIES</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 have policies and procedures in place that address the reporting of a reasonable suspicion of a crime to local law enforcement. This failure has the potential to affect all residents in the facility.</p> <p>Findings include:</p> <p>The facility policy for Patient Abuse and Reporting Mechanism dated as last reviewed on 12/2012 states to report any allegations of abuse or mistreatment to the Nurse Manager and to the Administrator. However, the written policy does not address when to call the police or anything else regarding reporting the suspicion of a crime to local law enforcement. Also, no posting of how covered individuals are to report the suspicion of a crime was noted anywhere on the unit or in the staff break room.</p> <p>On 1/7/2014 at 4:30pm, E2 (Nurse Manager/Abuse Coordinator) confirmed that there is no posting and the policy does not</p>	F 226		2/28/14	

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

TITLE

(X6) DATE

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

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F 226	Continued From page 1 address reporting or the criteria for reporting the suspicion of a crime to local law enforcement. E2 also stated that specifically when to call police is not included in staff training, since it is not in the policy. The Resident Census and Conditions of Residents form dated 1/7/14 states that 10 residents presently reside in the facility.	F 226		