	MENT OF HEALTH AN S FOR MEDICARE &		FORM APPROVED OMB NO. 0938-0391						
STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING			(X3) DATE SURVEY COMPLETED			
		14G315	B. WING				C 07/31/2012		
NAME OF P	ROVIDER OR SUPPLIER				ET ADDRESS, CITY, STATE, ZIP CODE				
CAMPBEL	L COURT			426 E. DOUGLAS JACKSONVILLE, IL 62650					
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)		ID PREFIX TAG				(X5) COMPLETION DATE		
W 000	INITIAL COMMENTS		wo	000					
	Complaint Investigation #1242488 IL #58672								
W 331	483.460(c) NURSING SERVICES		W 3	331			8/7/12		
	The facility must prov services in accordance								
	This STANDARD is r Based on record rev failed to monitor weig individual in the samp								
	Finding Includes:								
	R1 is an ambulatory, functions in the profo retardation. R1 takes	P (Individual Program Plan), non-verbal blind male who und range of mental the following medication: Calcium, Vitamin D and							
	7/11, R1's height is 5'								
	Notation for 1/12 stat 139#. "R1 is on a Reg of 139# is below the I weighed 146# which Nurse notes in 12/11, weight needs to be m Offer second serving	terly Nutritional Progress es: R1's Current Weight is gular diet. His current weight BW. A year ago R1 is slightly below the IWR. no health concerns. R1's ionitored for any more loss. at meal time to increase							
	nutritional intake."	SUPPLIER REPRESENTATIVE'S SIGNATUF			TITLE		(X6) DATE		

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

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.

PRINTED: 04/12/2014

	-	ID HUMAN SERVICES MEDICAID SERVICES				FOR	D: 04/12/2014 M APPROVED D. 0938-0391	
STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING			(X3) DATE COMF	(X3) DATE SURVEY COMPLETED	
		14G315	B. WING			C 07/31/2012		
NAME OF P	ROVIDER OR SUPPLIER			ST	REET ADDRESS, CITY, STATE, ZIP CODE			
CAMPBEI				26 E. DOUGLAS ACKSONVILLE, IL 62650				
(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 CORRECTIC (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROP DEFICIENCY)	BE	(X5) COMPLETION DATE	
W 331	Continued From page 1		W 3	31				
	Continued From page 1 Review of R1's Quarterly Nutritional Progress Notation for 4/12 states: R1's Current Weight is 129#. " R1 is on a Regular diet. His current weight of 129# is below the IWR. A year ago R1 weighed 162#, he has lost 33#. It needs to be determined why R1 has lost so much weight. Nurse notes in March 2012 that R1 appetite is good." The assessments are completed and signed by the register dietician. There is no evidence who is reviewing the nutritional assessments. Per interview with E2 (Registrar Dietician) on 7/23/12 at 2:45, E2 addresses her concerns and makes recommendation on the quarterly assessments. E2 states that the facility nurse is to review the assessments. Per review of R1's Health History and Assessment (dated 8/10/11), R 1 weight is 162, No significant events, ie; surgery, injuries, etc R1's current diet/nutrition: Regular and uses adaptive equipment. A Quarterly Health Status Review (dated 11/10/11), R1 weight is 152#. R1's nursing quarterly of 5/6/12, weight is 129#. No health concerns or recommendation made by nurse. Per interview with E1 (Residential Service Director) on 7/31/12 at 12:30, E1 stated that R1 had a decrease in his Depakote for mood disorder in 8/11. E1 indicate that one of the side of the Depakote is weight loss. E1 confirmed that there is no evidence that the nurse was monitoring R1's weight							

FORM CMS-2567(02-99) Previous Versions Obsolete

Facility ID: IL6013791

If continuation sheet Page 2 of 2