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

PRINTED: 03/15/2013 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		
		145841	B. WING			C 03/13/2013	
NAME OF PROVIDER OR SUPPLIER					FREET ADDRESS, CITY, STATE, ZIP CODE	<u> US/</u>	13/2013
PARKWAY MANOR					3116 WILLIAMSON COUNTY PARKWAY MARION, IL 62959		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)			ID PROVIDER'S PLAN OF CORRECT PREFIX (EACH CORRECTIVE ACTION SHOU TAG CROSS-REFERENCED TO THE APPRO DEFICIENCY)		BE	(X5) COMPLETION DATE
F 000	INITIAL COMMENTS		F (000	0		
	CMS-2567 under F	- 000					
	- Complaint # 1350617/IL61638 - F282 and F353						
	- Complaint # 1350	0644/IL61663 - No deficiency					
	- Complaint # 1350	0799/IL 61849 - No deficiency					
F 282 SS=D	483.20(k)(3)(ii) SEF	0827/IL61882 - No Deficiency RVICES BY QUALIFIED ARE PLAN	F2	282	2		
	must be provided b	ded or arranged by the facility by qualified persons in ach resident's written plan of					
	by: Based on record refailed to follow physicand maintenance of Central Catheter/Pl	NT is not met as evidenced eview and interview the facility sician orders for management of a Peripherally Inserted ICC Line for 1 of 2 residents PICC Line in the sample of 12.					
	Findings include:						
	according to facility date. R5's diagnos Infection, Bilateral I Fibrillation and Blod according to the Ph 1/31/2013. Physici management and r	o this facility on 1/31/2013 of admission records of that these include; Urinary Tract Hydronephrosis, Atrial cked Right Bundle Branch, hysician Order Sheet of an Orders on 2/13/2013 for maintenance of the PICC Line			TITI F		(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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PRINTED: 03/15/2013 FORM APPROVED OMB NO. 0938-0391 (X3) DATE SURVEY

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING		(X3) DATE SURVEY COMPLETED		
		145841	B. WING				C 13/2013
NAME OF PROVIDER OR SUPPLIER PARKWAY MANOR				3	REET ADDRESS, CITY, STATE, ZIP CODE 116 WILLIAMSON COUNTY PARKWAY MARION, IL 62959		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)		ID PREFI TAG		PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPF DEFICIENCY)	BE	(X5) COMPLETION DATE
F 282	from 2/8/2013 for URN, (2) Flush Powe et 3cc Heparin twice Review of the faciliti 2/16/2013 and 2/17 registered nurse/RI perform the power 6 P.M. time on 2/16 policy/procedures to Dressing Changes activities are to be nurses according to Per interview of E4 3/12/2013 at 10:43 perform the power 2/16/2013 as that a scope of legal duties Per interview with E3/12/2013 at 1:00 F to perform care and During this interview reviewing the nurse 2/16/2013 there was that period, therefore staff available to per PICC Line during the side of the staff available to per PICC Line during the side of the staff available to per PICC Line during the side of the staff available to per PICC Line during the side of the staff available to per PICC Line during the side of the staff available to per PICC Line during the side of the staff available to per PICC Line during the side of the staff available to per PICC Line during the side of the staff available to per PICC Line during the side of the staff available to per PICC Line during the side of	age 1 In 1.5 gm IV daily x 4 weeks Urinary Tract Infection, PER Ber PICC to RUE q 12 with NS Be daily at 6 A.M. and 6 P.M. Ity staffing records for Ity 2013 note there was not a IN scheduled to work to If lush of the PICC Line for the Ity 2013. Review of the facility's Itiled PICC Flushing, and PICC Ity 2013. Review of the facility's Ity 2014 note these Ity 2015 performed by "Licensed Ity 2016 state law and facility policy". Ity 2016 (Licensed Practical Nurse) on Ity 2017 A.M., E4 stated she did not If lush to R5's PICC Line on Ity 2018 and responsibilities. Ity 2018 to R5's PICC Line on Ity 2019 to R5's are	F 2	282			
F 353 SS=D	PER CARE PLANS		F3 	353			
	provide nursing and maintain the highes	ave sufficient nursing staff to d related services to attain or st practicable physical, mental, well-being of each resident, as					

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	OVIDER/SUPPLIER/CLIA NTIFICATION NUMBER:				3) DATE SURVEY COMPLETED	
	145841	B. WING			C 03/13/2013	
NAME OF PROVIDER OR SUPPLIER				REET ADDRESS, CITY, STATE, ZIP CODE	U3/	13/2013
PARKWAY MANOR				116 WILLIAMSON COUNTY PARKWAY MARION, IL 62959		
(X4) ID SUMMARY STATEMENT PREFIX (EACH DEFICIENCY MUST BE TAG REGULATORY OR LSC IDENT	E PRECEDED BY FULL	ID PREF TAG		PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPE DEFICIENCY)	BE	(X5) COMPLETION DATE
F 353 Continued From page 2 determined by resident ass individual plans of care. The facility must provide se numbers of each of the foll personnel on a 24-hour ba care to all residents in acce care plans: Except when waived under section, licensed nurses ar personnel. Except when waived under section, the facility must de nurse to serve as a charge duty. This REQUIREMENT is no by: Based on record review ar failed to have aappropriate and to manage and maintal Inserted Central Cathether resident (R5) reviewed for sample of 12. Findings include: R5 was admitted to this fact according to facility admiss date. R5's diagnoses inclu Infection, Bilateral Hydrone Fibrillation and Blocked Rig according to the Physician	ervices by sufficient lowing types of sis to provide nursing ordance with resident r paragraph (c) of this and other nursing r paragraph (c) of this esignate a licensed a nurse on each tour of the other as evidenced and interview the facility estaff available to work ain a Peripherally r/PICC Line for 1 of 1 PICC Line in the cility on 1/31/2013 sion records of that ade; Urinary Tract ephrosis, Atrial ght Bundle Branch,	F	353			

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AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	A. BUILDING		COMPLETED		
		145841	B. WING				C 1 3/2013
NAME OF PROVIDER OR SUPPLIER PARKWAY MANOR				31	EET ADDRESS, CITY, STATE, ZIP CODE 116 WILLIAMSON COUNTY PARKWAY IARION, IL 62959		10/2010
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)			ID PROVIDER'S PLAN OF CORRECTIO PREFIX (EACH CORRECTIVE ACTION SHOULD TAG CROSS-REFERENCED TO THE APPROP DEFICIENCY)		BE	(X5) COMPLETION DATE
F 353	are (1) Vancomycir from 2/8/2013 for URN, (2) Flush Powe et 3cc Heparin twic Review of the facilit 2/16/2013 and 2/17 registered nurse/RI perform the power 6 P.M. time on 2/16 policy/procedures to Dressing Changes activities are to be nurses according to Per interview of E4 3/12/2013 at 10:43 perform the power 2/16/2013 as that a scope of legal duties Per interview with E3/12/2013 at 1:00 Fto perform care and During this interview reviewing the nurse 2/16/2013 there was that period, therefore staff available to per PICC Line during the sides of the staff available to per PICC Line during the sides of the staff available to per PICC Line during the sides of the staff available to per PICC Line during the sides of the staff available to per PICC Line during the sides of the staff available to per PICC Line during the sides of the staff available to per PICC Line during the sides of the staff available to per PICC Line during the sides of the staff available to per PICC Line during the sides of	nd 1.5 gm IV daily x 4 weeks Irinary Tract Infection, PER er PICC to RUE q 12 with NS e daily at 6 A.M. and 6 P.M. by staffing records for 1/2013 note there was not a N scheduled to work to flush of the PICC Line for the 6/2013. Review of the facility's itled PICC Flushing, and PICC dated 1/15/2004 note these performed by "Licensed performed by "Licensed of state law and facility policy". (Licensed Practical Nurse) on A.M., E4 stated she did not flush to R5's PICC Line on activity was not within her as and responsibilities. E2 (Director of Nurses), on P.M., E2 stated only RN's are different maintenance of PICC Lines. We E2 also confirmed that after extaffing schedule for its not a RN scheduled to work there was no appropriate erform R5's power flush to his ne 6 P.M. period on 2/16/2013, was not flushed per physician		353			