

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

PRINTED: 07/10/2012
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 145933	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 07/05/2012
NAME OF PROVIDER OR SUPPLIER APOSTOLIC CHRISTIAN SKYLINES			STREET ADDRESS, CITY, STATE, ZIP CODE 7023 NORTH EAST SKYLINE DRIVE PEORIA, IL 61614	
(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 323 SS=E	<p>Annual Certification Survey</p> <p>483.25(h) FREE OF ACCIDENT HAZARDS/SUPERVISION/DEVICES</p> <p>The facility must ensure that the resident environment remains as free of accident hazards as is possible; and each resident receives adequate supervision and assistance devices to prevent accidents.</p> <p>This REQUIREMENT is not met as evidenced by: Based on observation and iterview, the facility failed to keep chemical deodorizer secured in a common bathroom cabinet and failed to keep a housekeeping cart containing chemical deodorant, insect spray and disinfectant cleaner in a secured area of the facility. This potentially affects one resident (R10) identified by the facility as confused and ambulatory in the sample of 15 and three residents (R17, R18 & R19) identified by the facility as confused and ambulatory in the supplemental sample. Findings include: On 07/03/12 at 12:05 pm during the general observations tour of the facility the common resident use bathroom on the first floor of the Zion unit had Good Sense RTU (Ready to Use) Odor Counteractant stored in an unlocked cabinet. The common resident use shower room on the second floor of the Galilee unit had a housekeeping cart stored in the shower room that contains Raid Flying Insect Killer Formula 7, Renown Disinfectant Deodorant II, Virex Tb</p>	F 323		

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.

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

PRINTED: 07/10/2012
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 145933	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 07/05/2012
NAME OF PROVIDER OR SUPPLIER APOSTOLIC CHRISTIAN SKYLINES			STREET ADDRESS, CITY, STATE, ZIP CODE 7023 NORTH EAST SKYLINE DRIVE PEORIA, IL 61614		
(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 323	Continued From page 1 Ready To Use Disinfectant Cleaner, Betco Flying Insecticide, and Dispatch Hospital Cleaner Disinfectant with Bleach. All items had caution or keep out of the reach of children labels. E1 (Administrator) stated at this time that the facility protocol specifies that the housekeeping cart is to be locked in the fan room on this floor by staff when not in use. The facility written policy titled Storage of Hazardous Products and dated 06/01/07 states: 1. All products labeled with 'Warning', 'Caution', or 'Keep out of reach of children' by the manufacture will be stored out of access, behind locked doors, in the licensed areas of Skylines. 2. The Director of Environmental Services is responsible for monitoring and enforcing this policy. 3. All staff is responsible for complying with the policy, as well as monitoring areas for compliance. Information provided by the facility at time of the survey indicates that R10, R17, R18 and R19 are confused and ambulatory.	F 323			
F 456 SS=F	483.70(c)(2) ESSENTIAL EQUIPMENT, SAFE OPERATING CONDITION The facility must maintain all essential mechanical, electrical, and patient care equipment in safe operating condition. This REQUIREMENT is not met as evidenced by: Based on observation, interview and record review the facility failed to keep the exterior of the facility laundry dryers in clean condition. This has	F 456			

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

PRINTED: 07/10/2012
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 145933	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 07/05/2012
NAME OF PROVIDER OR SUPPLIER APOSTOLIC CHRISTIAN SKYLINES			STREET ADDRESS, CITY, STATE, ZIP CODE 7023 NORTH EAST SKYLINE DRIVE PEORIA, IL 61614		
(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 456	<p>Continued From page 2</p> <p>the potential to affect all 56 residents currently in the facility.</p> <p>Findings include:</p> <p>On 07/03/12 at 11:40 am during the General Observations Tour of the facility the backsides of the three facility laundry dryers had a significant lint buildup on them. The top of the dryer were observed to have lint balls and the rest of the dryer was coated with lint.</p> <p>Record review documents that facility maintenance cleans the front laundry dryer fire boxes monthly. Documentation shows the fire boxes were last cleaned on 06/26/12 but does not document any cleaning of the backsides of the dryers.</p> <p>On 07/05/12 at 10:00 am Z1 (Company Representative for the Dryers) stated that the backsides of the dyers are to be cleaned monthly.</p> <p>The Federal CMS 672 Form Resident Census and Conditions of Residents completed by the facility on 07/02/12 documents that the facility census is 56.</p>	F 456			