

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

PRINTED: 01/28/2016
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 145418	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 01/27/2016
NAME OF PROVIDER OR SUPPLIER ROYAL OAKS CARE CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE 605 EAST CHURCH STREET, P O BOX 600 KEWANEE, IL 61443		
(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=D	<p>Incident Report Investigation of 1-22-2016/IL83000</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 interview and record review, the facility failed to provide supervision as required by the resident care plan during a facility outing, to one resident (R1) of three residents reviewed for supervised outings, in sample of three.</p> <p>Findings include:</p> <p>R1's Physician's Order Sheet, dated 01/2016, documents: 1) R1's diagnosis to include- Depression, Bipolar Disorder, Suicidal Ideation, Ethyl Alcohol Abuse, Anxiety, and Ethyl Alcohol Dependency; 2) Resident may leave the facility (with a pass) with medications and supervision; and 3) Resident may go out [of the facility] with a responsibly party.</p> <p>R1's Care Plan, dated 10/29/2015, documents the following interventions: 1) Implement increasingly restrictive interventions in an effort to help the resident break the addictive cycle; 2)</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.

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F 323	<p>Continued From page 1</p> <p>supervision while in the community, restricted independent pass privileges, implementation of money guidance; and 3) Monitor resident during outings and check resident in at the door to monitor for any contraband.</p> <p>Facility document, entitled "Resident Sign Out Sheet," documents R1 signed out, of the facility, on 1/22/2016 from 2:07 p.m. to 3:30 p.m. E3 (Transportation Driver) is listed as the "Responsible Party Name".</p> <p>Facility document, entitled "SBAR Communication Form and Progress Note," dated 2011, documents on 1/22/2016, after 5:50 p.m., the local police department was contacted for assistance, as R1, who smelled of alcoholic beverages, was becoming more belligerent. R1 was physically aggressive with the police officer. As a result of R1's increased aggression, emergency medical technicians (EMT) were contacted. R1 was then transported, by EMT services, to a local hospital for evaluation and treatment.</p> <p>The local hospital "Nurse's Notes" document R1 was admitted to the emergency room 1/22/2016 at 7:30 p.m., and discharged [back to the nursing home] 1/23/2016 at 2:28 p.m. Diagnosis listed as Alcohol (ETOH) intoxication.</p> <p>The local hospital document, entitled "Order Results", documents R1's Ethanol [Blood Alcohol Content] levels to be as follows: 313 Milligrams/Deciliter (mg/dl) [1/22/2016 at 8:25 p.m.]; 189 mg/dl [1/23/2016 at 6:17 a.m.]; 110 mg/dl [1/23/2016 at 11:29 a.m.]; and 61 mg/dl [1/23/2016 at 2:21 p.m.].</p>	F 323			

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F 323	<p>Continued From page 2</p> <p>On 1/27/2016, at 12:10 p.m., E3 confirmed: on 1/22/2016 [at 2:07 p.m.] E3 signed R1 out of the facility; transported R1 to a local shopping center-where R1 was left unsupervised to do some shopping; returned R1 to the facility at 3:30 p.m.; and R1 had several shopping bags in R1's possession when E3 dropped R1 off.</p> <p>On 1/27/2016, at 12:30 p.m., R1 confirmed: on 1/22/2016, R1 was unsupervised at the local shopping center; R1 purchased a bottle of vodka while at the shopping center; R1's bags were not searched when R1 returned to the facility; R1 drank the bottle of vodka in R1's room.</p> <p>On 1/27/2016, at 1:25 p.m., E4 (Care Plan Coordinator) confirmed R1 should have been supervised, during R1's visit to the local shopping center [on 1/22/2016], and R1 should have been searched for contraband-particularly alcohol, upon R1 returning to the facility.</p>	F 323			