Posted: 07/10/2012

Removed:

Attached is an appeal of a revolving door determination.

Written comments may be forwarded to the Commission for consideration by mail to:

Executive Ethics Commission
401 S. Spring Street
William Stratton Building, Room 513
Springfield, IL 62706

Comments may also be sent via email to:

Eec.cms@illinois.gov

RECEIVED
JUL - 9 2012
EXECUTIVE
ETHICS COMMISSION

IN THE EXECUTIVE ETHICS COMMISSION
OF THE STATE OF ILLINOIS

IN RE: PATRICIA E. McDORMAN	)	
	)	**No.** 13EEC001
	)	
	)	**Appeal from the determination**
	)	**of the Office of Executive**
	)	**Inspector General for the Agencies**
	)	**of the Illinois Governor**

NOTICE OF FILING

To:

See attached service list

PLEASE TAKE NOTICE that on July 9, 2012, we caused the **Brief in Support of Appeal** to be filed with the Executive Ethics Commission of the State of Illinois, a copy of which is attached and hereby served upon you.

Respectfully submitted,
THE PEOPLE OF THE STATE OF ILLINOIS,
by and through Lisa Madigan,
Attorney General of the State of Illinois,

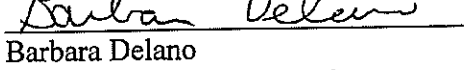
Barbara Delano
Assistant Attorney General

Dated: July 9, 2012

Barbara Delano
Atty. No. 99000
Assistant Attorney General
Office of the Illinois Attorney General
100 West Randolph Street
Chicago, Illinois 60601
(312) 814-1137

CERTIFICATE OF SERVICE

I, Barbara Delano, an attorney, certify that I caused this **Notice of Filing** and **Brief in Support of Appeal** to be served on the persons listed on the attached service list by electronic mail and U.S. Mail on July 9, 2012 before 5:00 p.m.



Barbara Delano
Assistant Attorney General
Atty # 99000
100 West Randolph Street, 11th Floor
Chicago, Illinois 60601-3175
Telephone: (312) 814-1137

SERVICE LIST

Chad Fornoff
Administrative Law Judge
Illinois Ethics Commission
401 S. Spring Street
Springfield, IL 62706

Ricardo Meza
Executive Inspector General
32 West Randolph Street
Suite 1900
Chicago, IL 60601

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Chief of Staff, Office of the Governor
JRTC, 100 West Randolph
Suite 16-100
Chicago, IL 60601

Patricia E. McDorman
684 Knox Road 700 East
Gilson, IL 61436

Amalia Rioja
Deputy General Counsel, Office of Governor
JRTC, 100 West Randolph
Suite 16-100
Chicago, IL 60601

RECEIVED
JUL - 9 2012
EXECUTIVE
ETHICS COMMISSION

IN THE EXECUTIVE ETHICS COMMISSION
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IN RE: PATRICIA E. McDORMAN	)	**No.** 13EEC001
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	)	**Appeal from the determination**
	)	**of the Office of Executive**
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	)	**of the Illinois Governor**

BRIEF IN SUPPORT OF APPEAL

Pursuant to 5 ILCS 430/5-45, the Illinois Attorney General respectfully appeals to the Executive Ethics Commission ("Commission") the Office of Executive Inspector General for the Agencies of the Illinois Governor's ("OEIG") Revolving Door Determination to Patricia E. McDorman. *See* 5 ILCS 430/5-45.

1. Pursuant to 5 ILCS 430/5-45:

> (b) No former officer of the executive branch or State employee of the executive branch with regulatory or licensing authority, or spouse or immediate family member living with such person, shall, within a period of one year immediately after termination of State employment, knowingly accept employment or receive compensation or fees for services from a person or entity if the officer or State employee, during the year immediately preceding termination of State employment, participated personally and substantially in making a regulatory or licensing decision that directly applied to the person or entity, or its parent or subsidiary.

2. On June 29, 2012, the OEIG issued a Revolving Door Determination to Patricia E. McDorman ("McDorman"), indicating that McDorman's revolving door notification submission had been reviewed, and the OEIG had determined that McDorman was "not restricted from accepting the employment opportunity described in [her] materials." *See* Exhibit A (OEIG June

29, 2012 Revolving Door Determination letter to McDorman). The Office of the Illinois Attorney General, among others, was copied on this letter.

3. Between August 2, 1982 and May 31, 2012, McDorman was employed with the Illinois Department of Public Health ("IDPH") as a Health Facility Surveillance Nurse in the Long Term Care Field Operations Department. She was responsible for conducting surveys of nursing homes in Region 2 for compliance with State and Federal Regulations for Long Term care facilities. *See* Exhibit B (Employee Revolving Door Form RD-101).

4. On June 8, 2012, McDorman was offered a position as an R.N. Supervisor for Roseville Rehabilitation and Health Care ("Roseville"). *See* Exhibit C (Prospective Employer Form RD-103).

5. According to her revolving door submission, McDorman stated "I have surveyed Roseville Nursing and Rehab in the years past, but was not on the team that surveyed it last year. I have surveyed other Long Term care facilities owned by the Corporation that owns Roseville." *See* Exhibit B (Employee Revolving Door Form RD-101).

6. On the RD-101 form, in response to the regulatory/licensing involvement with her prospective employer, McDorman stated:

> 1. My job was to survey the nursing homes with a team of surveyors to investigate by observation, interview, and record review that the facilities were in compliance with the Federal Regulations listed in the State Operations Manual and as a team write deficiencies if they were not in compliance. These deficiencies were reviewed in Springfield by reviewers for merit and accuracy. I did not have any input on licensing or regulatory decisions or fines that might have been levied. Those decisions are made in Springfield.
> 2. I have been on the team that surveyed Roseville Rehab and Nursing in the past years, but did not survey it last year, but I have been on teams that surveyed other facilities that are owned by the Petersen corporation that owns Roseville. As a team member, I have participated in team decisions to write deficiencies and I wrote deficiencies in facilities owned by this corporation.

See Exhibit B (Employee Revolving Door Form RD-101).

7. On the Ethics Officer RD-102 submission, the Ethics Officer stated: "McDorman conducted licensure, Medicare/Medicaid certification and complaint investigation surveys for compliance with both state and federal law within long-term care facilities. Collected data prepared reports on her survey findings and provided witness testimony for administrative hearings against such long-term care facilities." *See* Exhibit D (Ethics Officer Revolving Door Form RD-102 and Attachments).

8. According to the Ethics Officer, McDorman performed annual licensure/certification surveys on Kewanee Care Home on April 19, 2012, Aledo Health Care & Rehab Center on June 29, 2011, and Timbercreek Health Care and Rehab Center on October 6, 2011. *See* Exhibit D (Ethics Officer Revolving Door Form RD-102 and Attachments).

9. McDorman confirmed with the OEIG that she conducted surveys for three entities owned by Petersen Health Care in the year prior to termination of State employment. *See* Exhibit E (OEIG June 27, 2012 Interview of Patricia E. McDorman).

10. McDorman told the OEIG that she inspected nursing homes to ensure compliance with the State Operations Manual which is a compilation of federal regulations for nursing homes. McDorman stated that inspections are conducted in teams of four or five and that all team members must agree to the findings. When a facility failed to comply with the regulations and State Operations Manual, the team would issue a "flag" indicating the facility was deficient or failed to meet some criteria. That was sent to Springfield to make a determination to enforce the team's recommendation, throw out the recommendation or request clarification. According to McDorman, Springfield determined what fines, if any, were levied. *Id.*

11. According to the Ethics Officer, "it appears that McDorman did play a role in the licensing and regulation of those long-term facilities operating under Petersen Health Care Corporation within the year prior to her departure from State government. Specifically, she acted as a field surveyor for three of Petersen Health Care Corporation's facilities. As a surveyor, she would meet with the facility staff, and residents, conduct interviews and review records to determine compliance with state and federal law. While assessing violations, surveyor findings are evaluated by a 'review' team. The review team, not necessarily the surveyor alone, determines whether licensure violations actually occurred. A collective decision, through the quality assurance section within the Department, will make a final decision on fines/penalties, taking into consideration CMS (centers for medicare/medicaid) criteria." *See* Exhibit D (Ethics Officer Revolving Door Form RD-102 and Attachments).

12. Petersen Health Care owns Roseville. According to the Secretary of State's website the "Entity Name" is "Petersen Health Care – Roseville, LLC." *See* Exhibit F (Secretary of State Corporate LLC File Detail Report).

13. Additionally, on the Prospective Employer form (RD-103) signed by Ms. Ethel Logue, Administrator for Roseville, Petersen Health Care Corporation and Mark Petersen are listed as the owners of Roseville. Ms. Logue's email address as Administrator for Roseville is elogue@petersenhealthcare.net. *See* Exhibit C (Prospective Employer Form RD-103).

14. The Roseville Rehab and Health Care website is http://www.petersenhealthcare.net/roseville/. *See* Exhibit G (Roseville's Website Home Page).

15. On Petersen Health Care's website, it says "Roseville Rehab and Health Care is a proud member of the Petersen Health Care family." *See* Exhibit H (Petersen Healthcare's Website Job Openings Page).

16. The OEIG determined McDorman is eligible for this employment opportunity. *See* Exhibit A (OEIG June 29, 2012 Revolving Door Determination letter to McDorman).

17. McDorman intends on starting this position on July 2, 2012, within one year of participating personally and substantially in three licensure/certification surveys that applied to entities owned by Petersen Health Care. *See* Exhibit B (Employee Revolving Door Form RD-101).

18. The purpose of revolving door prohibitions is to ensure government employees will act in the best interest of the public and not in their own self-interest regarding future employment. *See, e.g., Forti v. New York State Ethics Com'n*, 75 N.Y.2d 596, 605 (N.Y. 1990) (stating that in general, the purpose of revolving door provisions is to "prevent former government employees from unfairly profiting from or otherwise trading upon the contacts, associations and special knowledge that they acquired during their tenure as public servants.").

19. As such, the State Officials and Employees Ethics Act ("Ethics Act") is drawn to capture the purpose and spirit of such prohibitions. 5 ILCS 430/1, *et seq.* Under the Ethics Act, a State employee is prohibited, for a period of one year after termination, from working for or receiving "compensation or fees for services from" an entity – or the parent or subsidiary of that entity – if that individual "participated personally and substantially in making a regulatory or licensing decision that directly applied to the person or entity, or its parent or subsidiary" in the year prior to termination. *See* 5 ILCS 430/5-45(b). *See also In re Clements*, 12 EEC 006.

20. McDorman's involvement in activities described above constitutes personal and substantial involvement in making a regulatory or licensing decision that applied to facilities owned by Petersen Health Care, the corporation that owns Roseville, McDorman's prospective employer.

21. The Executive Ethics Commission has recently held that an employee who held the same position as McDorman, Health Facility Surveillance Nurse, participated personally and substantially in making a regulatory or licensing decision when she participated in licensing surveys that applied to her prospective employer. *In re Clements*, 12 EEC 010.

22. McDorman's involvement as a member of a team conducting licensure and certification surveys of facilities owned by the same corporation that owns Roseville, and her participation in the activities described above, constitute personal and substantial involvement in licensing or regulatory decisions that prohibit her from accepting employment with Roseville. *Id.*

23. Therefore, as both the letter and spirit of the prohibition are implicated here, McDorman should be precluded from accepting the position with Roseville for one year from the date of termination of state employment.

WHEREFORE, for the reasons set forth above, the Attorney General respectfully appeals the OEIG's Revolving Door Determination of Patricia E. McDorman.

Dated: July 9, 2012

Respectfully submitted
for the State of Illinois,

LISA MADIGAN
ATTORNEY GENERAL OF ILLINOIS

BY: Barbara Delano

Barbara Delano, #99000
Assistant Attorney General

Barbara Delano
Attorney No. 99000
Assistant Attorney General
Office of the Illinois Attorney General
Special Litigation Bureau
100 West Randolph Street, 11th Floor
Chicago, IL 60601
(312) 814-1137

EXHIBIT A

OFFICE OF EXECUTIVE INSPECTOR GENERAL
FOR THE AGENCIES OF THE ILLINOIS GOVERNOR

32 WEST RANDOLPH STREET, SUITE 1900
CHICAGO, ILLINOIS 60601

June 29, 2012

Patricia E. McDorman
684 Knox Road 700 East
Gilson, IL 61436

Re: Revolving Door Determination

Dear Ms. McDorman:

The Office of Executive Inspector General for the Agencies of the Illinois Governor (OEIG) has reviewed your revolving door notification submission for Roseville Rehabilitation and has determined that **you are not restricted** from accepting the employment opportunity described in your materials by the Revolving Door prohibitions of the State Officials and Employees Ethics Act. (5 ILCS 430/5-45(a) and/or (b)).

Under Section 5-45 of the Ethics Act, our determination may be appealed to the Executive Ethics Commission (EEC) by either yourself or the Office of the Illinois Attorney General no later than 10 calendar days after the date of this determination. If an appeal is filed, the EEC has 10 calendar days in which to rule upon the appeal. If the Office of the Illinois Attorney General files an appeal of this determination, you can file an objection to this appeal with the EEC within five calendar days after the appeal is filed. The EEC shall also seek, accept, and consider written public comments, in accordance with instructions that will be posted on the EEC's website, http://www2.illinois.gov/eec/Pages/default.aspx.

If you have any questions regarding this matter or otherwise require further assistance, please do not hesitate to contact Deputy Inspector General Kristy L. Shores at 312-814-5600. Thank you for your cooperation and we wish you success in your further endeavors.

Sincerely yours,

Ricardo Meza
Executive Inspector General

c: File
Executive Ethics Commission – MaryNic Foster, Chairperson
Office of the Governor – Jack Lavin, Chief of Staff; Amalia Rioja, Deputy General Counsel
Office of the Illinois Attorney General (via e-mail) – Brent Stratton, Chief Deputy Attorney General; Roger Flahaven, Deputy Attorney General, Civil Litigation; Barbara Delano, Special Litigation Unit; Jonathan Rosenblatt, Special Litigation Unit

EXHIBIT B

State Employee or Former State Employee Form (RD-101)
(or Spouse or Immediate Family Member)

(Please print or type)

I. Personal Information

State employee or former employee's full name: Patricia E. McDorman

Street address: 684 Knox Rd. 700 East

City: Gilson

State: Ill.

Zip code: 61436

Home phone: none

Cell phone: 309-335-6280

State e-mail: none

Personal e-mail: patriciamcdorman@ymail.com

Date of birth: Sep 29, 1943

Date of hire by state: Aug 2, 1982

Date of hire by last state agency for which you worked: Oct 16, 2001

End date or anticipated end date with state: May 31, 2012

II. State Employment Information

State Employment status:

- ☐ Current state employee
- ☒ Former state employee

I am notifying OEIG of an employment offer because...(check one)

- ☐ I participated in the issuance of contracts
- ☒ I participated in regulatory or licensing decisions
- ☐ I did neither, but am required to notify the OEIG

Provide the following information for all job/working titles you held during the past year. (Use a separate sheet if you need additional space.)

	Position 1		Position 2
Job/working title:	HFSN	Job/working title:	
State agency:	IDPH LTC FO	State agency:	
Responsibilities:	Survey the nursing homes in Region 2 for compliance with the Federal Regulations for Long Term care facilities.	Responsibilities:	
Supervisor name:	Connie Jensen SPSA	Supervisor name:	
Supervisor phone:	309-693-5399	Supervisor phone:	

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By Louzane Hopkins at 2:58 pm, Jan 11, 2012

62

III. Prospective Employment

Prospective employer's name: Ethel Logue

Job/working title: Direct care Nurse

Who has been offered prospective employment?

☒ I have been offered employment

☐ Spouse or immediate family member has received offer of employment. Describe relationship to you

Responsibilities: Assessment of residents Administering medication to residents Charting in the residents' medical record. Receiving

Supervisor name: Connie Jacobs

Anticipated start date: Jul 2, 2012

Supervisor phone: 309-426-2134

IV. General Questions

Please answer "Yes" or "No" to each of the following questions.

		Yes	No
1)	In the year prior to termination of State employment, have you had any interaction with employees or agents of the prospective employer (or its subsidiary, parent or affiliate entities)?	☒	☐
2)	In the year prior to termination of State employment, did you have signatory or actual authority to award any contracts, grants or change orders?	☐	☒
3)	In the year prior to termination of State employment, did you supervise anyone with signatory or actual authority to award contracts, grants or change orders?	☐	☒
4)	In the year prior to termination of State employment, were you a member of any committees or work groups that participated in the awarding of contracts, grants or change orders?	☐	☒
5)	In the year prior to termination of State employment, did you have any signatory or actual authority to issue regulatory or licensing decisions?	☐	☒
6)	In the year prior to termination of State employment, did you supervise anyone with signatory or actual authority to issue regulatory or licensing decisions?	☐	☒
7)	In the year prior to termination of State employment, were you a member of any committees or work groups that participated in any regulatory or licensing decisions?	☐	☒
8)	In the year prior to termination of State employment, did you participate in the setting of any state fee rates or state fine rates?	☐	☒

For all questions to which you answered "yes," please provide a detailed description of the activities that resulted in a "yes" answer. Please indicate the question number on which you are elaborating. Attach separate sheets if necessary. Missing or incomplete information will delay the start of the 10-day determination period.

1. I have surveyed Rosevile Nursing and Rehab in the years past, but was not on the team that surveyed it last year. I have surveyed other Long Term care facilities owned by the Coporation that owns Roseville.

V. Employee's Contracting Involvement with Prospective Employer

Please answer "Yes" or "No" to each of the following questions.	Yes	No
1) In the year prior to termination of State employment, did you participate, in any way, in a decision to award your prospective employer (or its parent, subsidiary or affiliate entities) a contract, grant or change order?	☐	☒
2) In the year prior to termination of State employment, did you approve, negotiate, request, recommend or give advice on any: statements of work, solicitations, purchase orders, invoices, contract or grant terms, reimbursement rates, requests for proposals (RFPs), invitations for bid (IFBs), procurement business cases (PBCs), or contract/grant specifications that involved your prospective employer (or its parent, subsidiary or affiliate entities)?	☐	☒
3) In the year prior to termination of State employment, did you administer a contract/grant/change order or serve as the contact person for a contract/grant/change order awarded to your prospective employer (or its parent, subsidiary or affiliate entities)?	☐	☒
4) In the year prior to termination of State employment, did you process any paperwork for a contract/grant/change order awarded to your prospective employer (or its parent, subsidiary or affiliate entities)?	☐	☒
5) In the year prior to termination of State employment, did you order any products or services with a cumulative value of $25,000 or more from your prospective employer (or its parent, subsidiary or affiliate entities)?	☐	☒
6) In the year prior to termination of State employment, did you approve payments for products or services with a cumulative value of $25,000 or more from your prospective employer and/or its parent, subsidiary or affiliate entities, either cumulatively or individually?	☐	☒
7) In the year prior to termination of State employment, did you supervise any individual who participated or may have participated in the activities described in Questions 1-6 in this section?	☐	☒
8) In the year prior to termination of State employment, were you a member of any committees or work groups that participated or may have participated in the activities described in Questions 1-6 in this section?	☐	☒
9) In the year prior to termination of State employment, did you participate personally and substantially in the award of state contracts or issue any state contract change orders, with a cumulative value of $25,000 or more to the person or entity offering the prospective employment, or its parent or subsidiary?	☐	☒

For all questions to which you answered "yes," please provide a detailed description of the activities that resulted in a "yes" answer. Please indicate the question number on which you are elaborating. Where available, include the identifying number of the contract/grant/change order to which you are referring, its award date, subject matter and cumulative value. Please also include, if available, the contact information of those involved and the contact information of the state employee who maintains the relevant contract/grant/change order. Missing or incomplete information will delay the start of the 10-day determination period. Attach separate sheets if necessary.

VI. Employee's Regulatory/Licensing Involvement with Prospective Employer

Please answer "Yes" or "No" to each of the following questions.

		Yes	No
1)	In the year prior to termination of State employment, were you responsible for preparing, initiating, or in any way participating in a licensing or regulatory decision with respect to your prospective employer (or its subsidiary, parent or affiliate entities) or the general type of industry to which it belongs?	☒	☐
2)	As a part of your job responsibilities in the year prior to termination of State employment, did you inspect, review, survey, or otherwise evaluate the premises and/or operations of your prospective employer (or its subsidiary, parent or affiliate entities)?	☒	☐
3)	In the year prior to termination of State employment, did you set any fee rates or fine rates that may have affected your prospective employer (or its subsidiary, parent or affiliate entities) or the general type of industry to which it belongs?	☐	☒
4)	In the year prior to termination of State employment, did you supervise anyone who may have participated in the activities described in Questions 1-3 in this section?	☐	☒
5)	In the year prior to termination of State employment, did you sit on any committees or work groups that may have participated in the activities described in Questions 1-3 in this section?	☐	☒
6)	In the year prior to termination of State employment, did you participate personally and substantially in making a regulatory or licensing decision that directly applied to the your prospective employer, or its parent or subsidiary?	☐	☒

For all questions to which you answered "yes," please provide a detailed description of the activities that resulted in a "yes" answer. Please indicate the question number on which you are elaborating. Where available, include the identifying number of the licensing or regulatory decision to which you are referring, its effective date and the subject of the decision. Please also include, if available, the contact information of those involved and the contact information of the state employee now in charge of maintaining the relevant licensing or regulatory decision. Missing or incomplete information will delay the start of the 10-day determination period. Attach separate sheets if necessary.

1. My job was to survey the nursing homes with a team of surveyors to investigate by observation, interview, and record review that the facilities were in compliance with the Federal Regulations listed in the State Operations Manual and as a team write deficiencies if they were not in compliance. These deficiencies were reviewed in Springfield by reviewers for merit and accuracy. I did not have any input on licensing or regulatory decisions or fines that might have been levied. Those decisions are made in Springfield.
2. I have been on the team that surveyed Roseville Rehab and Nursing in the past years, but did not survey it last year, but I have been on teams that surveyed other facilities that are owned by the Peterson corporation that owns Roseville. As a team member, I have participated in team decisions to write deficiencies and I wrote deficiencies in facilities owned by this corporation.

VII. Additional Information

Is there any additional information which might be relevant and helpful to the OEIG in making a determination of eligibility for employment or compensation? If so, please state it here. Attach a separate sheet if necessary.

VIII. Certification

I (print full name) Patricia E McDorman, certify and solemnly affirm that all the information provided in this State Employee or Former State Employee Form (RD-101) and attachments regarding my job duties and responsibilities while employed by the state is true, accurate, complete, and reflects the full extent of my participation in the award of any state contracts, grants, or the issuance of state contract change orders with a cumulative value of $25,000.00 or more, or regulatory or licensing decisions applicable to the prospective employer or its parent, affiliate or subsidiary during the preceding year or during the year preceding termination of my state employment and all the information regarding my prospective employer is true, accurate, and complete to the best of my knowledge and belief. I understand that should it be determined that the information provided by me by means of my written notification to the Office of Executive Inspector General for the Agencies of the Illinois Governor ("OEIG") and/or provided by me during a related interview conducted by the OEIG is not true, accurate, and complete, I may be found to be in violation of the State Officials and Employees Ethics Act (5 ILCS 430/5-45). Further, I understand that pursuant to the Ethics Act should I be found to be in violation of the related requirements of the Ethics Act, I may be subject to a fine of up to three (3) times the total annual compensation that would have been obtained from the prospective employment.

I certify, under penalties as provided by law pursuant to Section 1-109 of the Illinois Code of Civil Procedure, that the statements set forth in the foregoing Revolving Door Offer Notification, and all attachments and interviews, are true and correct, except as to matters therein stated to be on information and belief, and as to such matters, I certify, as aforesaid, that I believe the same to be true.

Patricia E McDorman	Patricia E McDorman	6/4/12
Signature	Print Name	Date

EXHIBIT C

Prospective Employer Form (RD-103)

(please print or type; use a separate sheet if space requires)

The Office of Executive Inspector General (OEIG) thanks you for your cooperation in completing this form. Pursuant to the Revolving Door provisions of the State Officials and Employees Ethics Act (5 ILCS 430/5-45), the OEIG needs this information to make a determination as to whether the state employee (or relative) is restricted from accepting employment with your company or entity. The information that you provide on this form will be utilized only for this purpose.

Name of prospective employee: PATRICIA McDorman

Name of state employee or former state employee associated with prospective employee (if different than prospective employee): ILL.

Official name of prospective employer's company or entity: Roseville Rehab

Prospective employer's web address: elogue@petersenhealthcare.net

Prospective employer's contact person: Ethel Logue

Contact person's title: ADMINISTRATOR Phone: 309-426-2134

Contact person's business address: LONG-TERM Care

City: Roseville State: Illinois Zip code: 61473

Contact person's email address:

Date employment or compensation was offered to the prospective employee: 6-8-2012

What is the prospective employee's anticipated start date?: 7-2-2012

What is the prospective employee's anticipated Job title?: R.N. SUPERVISOR

Name of the immediate supervisor for the prospective job (if known): Connie JACOBS

Describe the prospective employee's anticipated duties and responsibilities:

Supervise direct Care Staff
Assess Residents
Administer medications
Receive physicians Orders
Chart in Residents clinical Record

Offered annual Compensation:

- [x] $1 - $30,000
- [ ] $30,000 - $90,000
- [ ] $90,001 - $120,000
- [ ] More than $120,000
- [ ] Salary plus commission
- [ ] Other

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By Louzane Hopkins at 2:59 pm, Jun 11, 2012

1) What is the employer's corporate structure (corporation, partnership, non-profit, etc.) and who are its owners and/or board members? Use a separate sheet if necessary.

Petersen Health Care Corporation
Mark Petersen

2) List all of the prospective employer's subsidiary, parent and affiliate entities. Use a separate sheet if necessary.

Please answer "Yes" or "No" to each of the following questions:

	Yes	No
1) In the year prior to the State employee's termination of State employment, did employees or agents of the prospective employer (or its subsidiary, parent or affiliate entities) interact with the state employee or former state employee?	☐	☒
2) In the year prior to the State employee's termination of State employment, did the prospective employer (or its subsidiary, parent or affiliate entities) receive any awards or renewals of contracts/grants/change orders from a state agency with which the state employee or former state employee was affiliated?	☐	☒
3) In the year prior to the State employee's termination of State employment, has the prospective employer and/or its subsidiary, parent or affiliate entities, either separately or combined, received orders or payments with a cumulative value of $25,000 or more from the state agency with which the state employee or former state employee was affiliated?	☐	☒
4) In the year prior to the State employee's termination of State employment, was the prospective employer (or its subsidiary, parent or affiliate entities) directly affected by any licensing or regulatory actions taken by the state agency with which the state employee or former state employee was affiliated? This includes any proposed actions which, if enacted or issued, could have affected the employer (or its subsidiary, parent or affiliate entities).	☒	
5) In the year prior to the State employee's termination of State employment, was the general type of industry of the prospective employer (or its subsidiary, parent or affiliate entities) affected by any licensing or regulatory actions taken by the state agency with which the state employee or former state employee was affiliated. This includes not making or postponing a regulatory decision which could have affected the employer (or its subsidiary, parent or affiliate entities).	☐	☒
6) If you answered "yes" to any of Questions 2-5, please indicate whether the state employee or former state employee had any role, no matter how minor, in those contracts or regulatory/licensing actions taken.	☐	☒

If you answered "yes" to any questions above, please describe, in detail, the circumstances and facts that caused you to answer "yes." Please include the names of state and employer parties involved, contract or regulatory action identification numbers, the subject matter of the contract and regulatory/licensing actions, and their effective dates. Use an additional sheet if necessary.

4. Annual license & Certification.. by IDPH deficiencies cited; prospective Employee not on survey team.

Ethel Logue
Signature

ETHEL LOGUE, Administrator
Name and Title (please print or type)

6-8-12
Date

EXHIBIT D

Ethics Officer Form (RD-102)

(Please print or type)

Please provide the information requested in Section III below based on the agency's records and/or Ethics Officer's knowledge, not the employee's RD-101.

I. State Employee or Former State Employee's Information

Full name of state employee or former state employee to whom employment or compensation offer has been made:	Patricia E. McDorman
If a spouse or family member is the party to whom employment or compensation has been offered, list his/her full name here:	N/A
State employee or former state employee's state start date	August 2, 1982
State employee or former state employee's start date with your agency:	October 16, 2001
Planned start date with prospective employer (if known):	July 2, 2012
State employee or former employee's end date or anticipated end date with state:	May 31, 2012
State employee or former employee's job/working title with your agency:	Health Facilities Surveillance Nurse (HFSN)

Describe the state employee's or former employee's job duties with your agency

McDorman conducted licensure, medicare/medicaid certification and complaint investigation surveys for compliance with both state and federal law within long-term care facilities. Collected data, prepared reports on her survey findings and provided witness testimony for administrative hearings against such long-term care facilities. Please see Exhibit A.

II. Ethics Officer's Information

Ethics Officer's name:	Rukhaya AliKhan				
Ethics Officer's agency title:	Deputy General Counsel, SPSA, Opt.8L				
Mailing street address:	122 S. Michigan Ave., 7th floor				
City:	Chicago	State:	IL	Zip code:	60603
Phone number:	312-814-2684	Fax:	312-814-1503		
E-mail address:	rukhaya.alikhan@illinois.gov				

RECEIVED

III. Prospective Employer's Information

Name of prospective employer: Petersen Health Care Corporation (Roseville Rehab and Health Care)

Names of any parent, subsidiary or affiliate entities of prospective employer of which the Ethics Officer is aware:

Please see the attached listing (Exhibit B) for affiliate entities operated under Petersen Health Care Corporation.

1) Please list and describe any contracts, grants, purchase orders, invoices or change orders the prospective employer (or subsidiary, parent or affiliate entities) has had with the employee's agency (or agencies) during the year prior to the State employee's termination of State employment, including their amounts, dates and identifying numbers. Use a separate sheet if necessary.

The Ethics Officer is unaware of any contracts, grants, purchase orders, invoices or change orders the prospective employer had with the Department during the year prior to the State employee's termination/departure from the State.

2) Please list any regulatory or licensing decisions the employee's state agency (or agencies) has made that may have affected the prospective employer (or its parent, affiliate or subsidiary companies) or the general type of industry to which it belongs during the year prior to the State employee's termination of State employment. Use a separate sheet if necessary.

Please see the attached documentation for annual certification/licensure surveys, categorized as the CMS 2567 Forms/ Statement of Deficiencies (Exhibit C), demonstrating the Department's regulatory and licensing decisions against Petersen Health Care Corporation and its affiliate entities during the year prior to to the State employee's (P.McDorman) termination/ departure from State employment.

3) Please describe the involvement, if any, of the state employee or former state employee with contract, grant or regulatory processes at your agency during the year prior to the State employee's termination of State employment. Use a separate sheet if necessary.

As a Health Facilities Surveillance Nurse, McDorman would inspect long-term care facilities for compliance with both state and federal regulations. Her position would involve surveying long-term care facilities through her own observations, records reviews and interviews with facility staff. Within the last year prior to her departure from the State, McDorman performed annual licensure/certification surveys on Kewanee Care Home, Aledo Health Care & Rehab Center, and Timbercreek Health Care & Rehab Center. All of these facilities are affiliated entities under Petersen Health Care Corporation. Please see the attached documents, Exhibit C.

4) Please indicate whether the state employee or former state employee's position has been identified per the State Officials and Employees Ethics Act as included:

- Under section 5 ILCS 430/5-45(c) as having the authority to participate personally and substantially in the award of state contracts, grants and change orders or in licensing and regulatory decisions; or
- Under section 5 ILCS 430/5-45(h) as barring the state employee or former state employee from employment for one year with any entity (or subsidiary or parent) that was awarded a contract, grant, or change order, or was affected by a regulatory or licensing decision in the past year, regardless of whether the employee participated in that contract, grant, change order, licensing or regulatory decision.

☒ Subsection (c) ☐ Subsection(h)* ☐ Neither

*Subsection (h) employees are not required by statute to complete the determination forms, and the OEIG does not make determinations on subsection (h) employees.

5) Please state whether you, as Ethics Officer, have any information not previously disclosed that suggests that the state employee or former state employee (or spouse or family member) should be barred from accepting the employment or compensation offer:

☐ Yes ☒ No

6) If you answered "Yes" to Question 5, please explain and include, if applicable, a description of any conflicts or other issues related to the employment or compensation offer that are of concern to you. Use a separate sheet if necessary.

The Ethics Officer is not aware of any material information that has not been previously disclosed in this form. Based on the information obtained and provided in response to question #3 above, it appears that McDorman did play a role in the licensing and regulation of those long-term care facilities operating under Petersen Health Care Corporation within the year prior to her departure from State government. Specifically, she acted as a field surveyor for three of Petersen Health Care Corporation's facilities. As a surveyor, she would meet with the facility staff, and residents, conduct interviews and review records to determine compliance with state and federal law. When assessing violations, surveyor findings are evaluated by a "review" team. The review team, not necessarily the surveyor alone, determines whether the licensure violations actually occurred. A collective decision, through the quality assurance section within the Department, will make a final decision on fines/penalties, taking into consideration CMS (centers for medicare/medicaid) criteria.

Signature

Name (please print or type) Rukhaya AliKhan Date: June 21, 2012

EXHIBIT 4

ILLINOIS DEPARTMENT OF CENTRAL MANAGEMENT SERVICES
Springfield, Illinois 62706

POSITION DESCRIPTION

1. POSITION TITLE		2. POSITION NUMBER				
Existing Position: Health Facilities Surveillance Nurse		18150-20-46-500-71-21				
New/Revised Position: Health Facilities Surveillance Nurse		18150-20-44-103-21-21				
3. AGENCY	4. DIVISION/BUREAU	4. EXMT CODE	5. WORK COUNTY	6. AH AUTH.	8. AUDIT	9. OFFICE USE
Existing Position: Public Health	Hlth. Facilities Surv.	0	072	Y		
New/Revised Position	LTC Field Operations				R	
10. SECTION	11. UNIT	12. TRANSACTION CODE			13. EFFECTIVE DATE	
Existing Position					04-01-86	
New/Revised Position						
14. WORK LOCATION	15. BARGAINING/TERM CODE					
Existing Position: Peoria, Illinois	RC/23					
New/Revised Position						

- ☐ MA021 ESTABLISH
- ☐ MC022 EXEMPT CODE CHANGE
- ☒ MC024 POSITION NO. CHANGE
- ☒ MC026 CLARIFY
- ☐ MC027 ADDITIONAL IDENTICAL CHANGE
- ☐ MC028 WORK COUNTY CHANGE
- ☐ MD061 ABOLISH
- ☐ MC149 DOWNWARD REALLOCATION
- ☐ MC150 LATERAL REALLOCATION
- ☐ MC156 UPWARD REALLOCATION

16. COMPLETE, CURRENT AND ACCURATE STATEMENT OF POSITION DUTIES AND RESPONSIBILITIES	% OF TIME
Under direction, functions as a survey nurse for the Division of LTC Field Operations, Office of Health Regulation, performing the following duties:	
1. Conducts licensure, medicare/medicaid certification and complaint investigation surveys as needed and directed at long-term care facilities to determine compliance with licensure standards and conditions of participation in medicare/medicaid (Title XIX and XVIII) program requirements, as applicable. Completes documentation, as required.	60%
2. Conducts specialized investigations at long-term care facilities or other facilities such as hospitals, unlicensed facilities, etc., as directed, to gather information relating to long-term care facilitys' compliance with standards listed above.	15%
3. Provides consultation to providers through pre-planning conferences, on-site visits and workshops.	5%
4. Attends staff meetings, inter-agency meetings, professional meetings and workshops as a means of maintaining technical expertise in the field of long-term care.	5%
5. Collects data, prepares reports and appears as a witness for both Department and non-Department hearings or court actions, as necessary.	5%
6. Assists with the orientation of newly employed health facilities nurse surveyors, when requested.	5%
7. Performs other duties as required or assigned.	5%

DIRECTOR OF CMS SIGNATURE	IMMEDIATE SUPERVISOR SIGNATURE	AGENCY HEAD SIGNATURE	DATE
Michael Pristas 3/11/86	MAR 10 1986	Bernard J. Turnock MD	3/4/86

CMS-104 (1/85) IL 401-0794

EXHIBIT B

Nursing Homes in Illinois

Who Regulates Nursing Homes?
A Listing of Illinois Nursing Homes
How to Select a Nursing Home
Centers for Medicare and Medicaid Services Nursing Home Database
Quarterly Reports of Nursing Home Violation
Illinois Law on Advance Directives
Nursing Homes with No Certification Deficiencies
Nursing Home Care Act
Illinois Health Care Worker Registry
Centers for Medicare and Medicaid Services Nursing Home Quality Initiative

Ownership Information

KEWANEE CARE HOME

144 JUNIOR AVENUE
KEWANEE IL 61443

ADMINISTRATOR MICHELE YOUNG
TELEPHONE 309-853-4429

MARK B PETERSEN
has ownership interest in the following long term care entities

Facility	Percentage Owned
BEMENT HEALTH CARE CENTER	100.00
FLANAGAN REHABILITATION & HCC	100.00
CASEY HEALTH CARE CENTER	100.00
BLOOMINGTON REHABILITATION&HCC	100.00
LEBANON CARE CENTER	100.00
CHARLESTON REHAB & HEALTH CC	100.00
MT. VERNON HEALTH CARE CENTER	100.00
CISNE REHAB & HEALTH CARE CTR	100.00
NEWMAN REHAB & HEALTH CARE CTR	100.00
PALM TERRACE OF MATTOON	100.00
COUNTRYVIEW TERRACE	100.00
CUMBERLAND REHAB & HEALTH CC	100.00
TUSCOLA HEALTH CARE CENTER	100.00
EL PASO HEALTH CARE CENTER	100.00
ROSICLARE REHAB & HEALTH C CTR	100.00
DECATUR REHAB & HEALTH CARE CT	100.00
FLORA REHAB & HEALTH CARE CTR	100.00
FLORA GARDENS CARE CENTER	100.00
FONDULAC REHAB & HEALTH CARE C	100.00
ALEDO REHAB & HEALTH CARE CTR	100.00
PIPER CITY REHAB & LIVING CTR	100.00
WILLOW ROSE REHAB & HEALTH	100.00
SHAWNEE ROSE CARE CENTER	100.00
HAVANA HEALTH CARE CENTER	100.00
TWIN LAKES REHAB & HEALTH CARE	100.00
ILLINI HERITAGE REHAB & HC	100.00
MASON POINT	100.00
FARMER CITY REHAB & HEALTH CR	100.00
WHITE OAKS REHABILITATION HCC	100.00
KEWANEE CARE HOME	100.00
ROYAL OAKS CARE CENTER	100.00
LAHARPE DAVIER HEALTH CARE CTR	100.00
ROSEVILLE REHAB & HEALTH CARE	100.00
BENTON REHAB & HEALTH CARE CTR	100.00
MCLEANSBORO REHAB & HLTH C CTR	100.00

Index
General
Facility Information
Ownership Information
Surveys
Administration
Staffing
Admission Restrictions
Admissions & Discharges
Licensed Beds, Resources
Residents
Primary Diagnosis
Age Gender & Level of Care
Racial / Ethnic Groups
Patient Days
Level of Care
Payment Source
Private Payment Rates

ENFIELD REHAB & HEALTH CARE C	100.00
JONESBORO REHAB & HEALTH C CTR	100.00
COUNTRYVIEW CARE CENTER-MACOMB	100.00
MARIGOLD REHAB & HCC	100.00
NOKOMIS REHAB & HEALTH CARE C	100.00
NORTH AURORA CARE CENTER	100.00
EASTSIDE HEALTH & REHAB CENTER	100.00
TIMBERCREEK REHAB & HLTH C CTR	100.00
COLLINSVILLE REHAB & HEALTH CC	100.00
PLEASANT VIEW REHAB & HCC	100.00
POLO REHABILITATION & HEALTHCC	100.00
PRAIRIE CITY REHAB & HC	100.00
ROBINGS MANOR REHAB & HLTH CR	100.00
ROCHELLE GARDENS CARE CENTER	100.00
ROCHELLE REHAB & HEALTHCARE CR	100.00
ROCK FALLS REHAB & HLTH CARE C	100.00
BATAVIA REHAB & HLTH CARE CTR	100.00
ASPEN REHAB & HEALTH CARE CTR	100.00
SANDWICH REHAB & HLTH CARE CTR	100.00
SHELBYVILLE REHAB & HLTH C CTR	100.00
SHELDON HEALTH CARE CENTER	85.00
SOUTH ELGIN REHAB & HLTH C CTR	100.00
SULLIVAN REHAB & HLTH CARE CTR	100.00
EASTVIEW TERRACE	100.00
VANDALIA REHAB & HEALTH CARE C	100.00
SUNSET REHABILITATION & HLTH C	100.00
TOULON REHAB & HEALTH CARE CTR	100.00
EFFINGHAM REHAB & HEALTH C CTR	100.00
WATSEKA REHAB & HLTH CARE CTR	100.00
ARCOLA HEALTH CARE CENTER	100.00
SWANSEA REHAB & HLTH CARE CTR	100.00
WHISPERING OAKS	100.00

idph online home nursing homes in illinois

EXHIBIT
2

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

NTED: 06/21/2012
FORM APPROVED
B NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING	(X3) DATE SURVEY COMPLETED
	145886		C 06/29/2011

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ALEDO REHAB & HEALTH CARE CENTER	304 S.W. 12TH STREET ALEDO, IL 61231

(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 Annual Certification Survey First Probationary License Survey Incident of 4/22-5/13/11/ IL53249- No Deficiency CHRISTINE BORYS, REGISTERED NURSE BEVERLY ASBURY, REGISTERED NURSE DEBRA INMAN, REGISTERED NURSE PAT MCDORMAN, REGISTERED NURSE TAMARA HOPKINS, REGISTERED NURSE	F 000		

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: 06/21/2012
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING	(X3) DATE SURVEY COMPLETED
	145886		06/29/2011

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
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F 000	INITIAL COMMENTS	F 000		
	Annual Certification Survey First Probationary License Survey Incident of 4/22-5/13/11/ IL53249- No Deficiency			
F 221 SS=D	483.13(a) RIGHT TO BE FREE FROM PHYSICAL RESTRAINTS The resident has the right to be free from any physical restraints imposed for purposes of discipline or convenience, and not required to treat the resident's medical symptoms. This REQUIREMENT is not met as evidenced by: Based on observation, record review and interview, the facility failed to provide other measures for safety and failed to provide a medical reason for the use of full side rails for 1 of 4 residents (R2) reviewed for restraints in the sample of ten. Findings include: On 06/26/11 at 9:35 a.m., R2 was lying on her back while in bed. R2's bed had bilateral, full length side rails that were both up on each side. During the noon meal on 6/26/11, R2 was sitting upright in her bed eating lunch with both side rails up. R2 stated on 06/26/11 at 1:00 p.m. that she does not try to get out of bed because she can no	F 221		6/29/11

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.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING	(X3) DATE SURVEY COMPLETED
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F 221	Continued From page 1 longer walk and is too weak. R2 stated that she had a past injury to her back that prevents her from walking. R2 stated the girls have to help me with everything. On 06/27/11 at 8:45 a.m., R2 was lying on her left side while in bed asleep. R2's bed had two full length, side rails up while R2 was in bed. At 10:00 a.m., E4 (Certified Nursing Aide) stated that R2 has side rails for safety (to prevent her falling out of bed). E3 (Certified Nursing Aide) and E4 stated that R2 requires assistance with positioning, incontinence care, dressing, and that R2 is not able to ambulate. E2 (Director of Nursing stated on 06/27/11 at 10:00 a.m., that E2 is unaware of R2 making any attempts to try to climb out of bed. E3 and E4 assisted R2 with positioning after R2's incontinence care, and R2 did not use the side rails to assist. R2 was too weak to stay on her side during the incontinence care and needed the assist of E4 to keep R2 on her left side during the cares. R2 did not use the side rails at any time to assist with positioning. R2's care plan dated 05/30/11 documents to assess for the need of the side rails and to place bilateral full side rails up while in bed to maximize independence during turning and repositioning, and to request an informed side rail consent for the side rail. The care plan also documents for two (2) staff to assist rolling R2 from side-to-side while in bed, to position R2's legs after turning and repositioning R2, and to use a mechanical lift for transfers. Least restrictive approaches, such as lowering the bed or increase monitoring, are not being attempted to provide the least restrictive device/approach.	F 221		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING	(X3) DATE SURVEY COMPLETED
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F 221	Continued From page 2 A side rail consent dated 12/14/09 and signed on 01/11/10 by R2's power-of-attorney, documents giving consent for the use of two bilateral 1/2 side rails (not full bilateral side rails). R2's physician orders dated 05/12/11 documents bilateral full side rails to aide R2 with bed mobility.	F 221		
F 225 SS=E	483.13(c)(1)(ii)-(iii), (c)(2) - (4) INVESTIGATE/REPORT ALLEGATIONS/INDIVIDUALS The facility must not employ individuals who have been found guilty of abusing, neglecting, or mistreating residents by a court of law; or have had a finding entered into the State nurse aide registry concerning abuse, neglect, mistreatment of residents or misappropriation of their property; and report any knowledge it has of actions by a court of law against an employee, which would indicate unfitness for service as a nurse aide or other facility staff to the State nurse aide registry or licensing authorities. The facility must ensure that all alleged violations involving mistreatment, neglect, or abuse, including injuries of unknown source and misappropriation of resident property are reported immediately to the administrator of the facility and to other officials in accordance with State law through established procedures (including to the State survey and certification agency). The facility must have evidence that all alleged violations are thoroughly investigated, and must prevent further potential abuse while the investigation is in progress. The results of all investigations must be reported to the administrator or his designated	F 225		7/21/11

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING	(X3) DATE SURVEY COMPLETED
	145885		06/29/2011

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F 225	Continued From page 3 representative and to other officials in accordance with State law (including to the State survey and certification agency) within 5 working days of the incident, and if the alleged violation is verified appropriate corrective action must be taken. This REQUIREMENT is not met as evidenced by: Based on record review, and interview, the facility failed to thoroughly investigate allegations of misappropriation of funds and staff treatment of residents for one resident (R1) on the sample of 10 and four residents (R12, R13, R14, R15) in the supplemental sample. Findings include: During the Group Meeting conducted on 6/27/11 at 2:00 pm 4 of the 6 residents in attendance had concerns about staff being "rough" while caring for them and concerns about their personal possessions being mistreated and/or being taken without their permission. The residents felt that the administration was not responding to their concerns "they do as they want to do regardless of us." The minutes of the "Resident Council Meetings" identified "missing items from resident" (5/31/11), "needing better adult supervision over CNAs (certified nurse assistants), nurses need to be more compassionate" (1/31/10), "CNAs aren't coming fast enough when needed on the second shift, and CNAs throwing around personal things of residents(11/23/10 and 12/28/10)	F 225		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER	(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING	(X3) DATE SURVEY COMPLETED
	145986		06/29/2011

NAME OF PROVIDER OR SUPPLIER
ALEDO REHAB & HEALTH CARE CENTER

STREET ADDRESS, CITY, STATE, ZIP CODE
304 S.W. 12TH STREET
ALEDO, IL 61231

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F 225	Continued From page 4 Review of the facility "Grievance Log" verified some of the resident concerns as follows: R1 stated on 12/14/10 that while "asleep, someone came into her room and was going through her belongings." Interview with R1 on 6/29/11 2:00 pm stated that she could not identify the person but this had happened before until she observed the person in her room during the night. R14 stated on 12/13/10 that "money has been stolen from her purse, she believes it was about 18 dollars in total. She explain that this has happened in the past times she has stayed here. R16 stated on 11/8/10 that on 11/7/10 asked nurse on shift if he would help resident get out of bed. This was at 11:00 am. Resident was very itchy and just wanted to get in his recliner. Nurse did not assist resident nor did nurse seek help for resident. Resident's wife came to visit at 2 pm. Finally nurse came in to help resident get up. Resident states he has had to beg several times to staff to help him get up R13 stated on 10/27/10 that resident expressed to staff member that things keep getting stolen from her room. Today, she noticed her denture grip was gone. Times before it has been her personal care items, lotion, etc. and again on 12/14/10. Resident states that after her shower her personal hygiene products are left out and not being put away after use, and then they tend to disappear. She believes it is second or third shift. There was an instance where someone name was not mentioned, had hand creme belonging to this resident (it fell out of her pocket.)"	F 225		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING	(X3) DATE SURVEY COMPLETED
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F 225	Continued From page 5 R12 stated on 9/27/10 on 9/26/10 resident felt that the morning certified nurse assistants were a little rough with him- he has felt this way before. He does not believe that they are meaning to be rough with him. He states that they have some CNAs that just ignore you and let you wait, especially after meals to be put back into your bed/bedroom. Interview of E1, Administrator/Abuse Coordinator on 6/27/11 1:30 pm said he had no allegations of abuse, neglect or mistreatment to provide to the survey team. During the conversation incidents of possible abuse and misappropriation of funds were investigated but not recorded and investigated as allegations for the the facility required abuse protocol. Facility's "Abuse Prevention Program Revised: 7/29/10" under III Establishing a Resident Sensitive Environment This facility desires to prevent abuse, neglect, and theft by establishing a resident sensitive and resident secure environment. This will be accomplished by a comprehensive quality management approach involving the following: Concern Identification and Follow-up, Environmental Assessment, Resident Assessment, Pattern Assessment, and Staff Supervision.	F 225		
F 272 SS=B	483.20(b)(1) COMPREHENSIVE ASSESSMENTS The facility must conduct initially and periodically a comprehensive, accurate, standardized reproducible assessment of each resident's functional capacity.	F 272		7/21/11

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING	(X3) DATE SURVEY COMPLETED
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ALEDO REHAB & HEALTH CARE CENTER	304 S.W. 12TH STREET ALEDO, IL 61231

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F 272	Continued From page 6 A facility must make a comprehensive assessment of a resident's needs, using the resident assessment instrument (RAI) specified by the State. The assessment must include at least the following: Identification and demographic information; Customary routine; Cognitive patterns; Communication; Vision; Mood and behavior patterns; Psychosocial well-being; Physical functioning and structural problems; Continence; Disease diagnosis and health conditions; Dental and nutritional status; Skin conditions; Activity pursuit; Medications; Special treatments and procedures; Discharge potential; Documentation of summary information regarding the additional assessment performed on the care areas triggered by the completion of the Minimum Data Set (MDS); and Documentation of participation in assessment. This REQUIREMENT is not met as evidenced by: Based on interview and record review, the facility failed to include in Section V of the MDS (Minimum Data Set) the date and the location of	F 272		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING	(X3) DATE SURVEY COMPLETED
	145886		06/29/2011

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ALEDO REHAB & HEALTH CARE CENTER	304 S.W. 12TH STREET ALEDO, IL 61231

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F 272	Continued From page 7 information used for decision making regarding the CAAs (Care Area Assessments) for nine of 10 residents (R1, R2, R3, R4, R5, R7, R8, R9, R10) in the sample of 10 requiring the completion of a RAI (Resident Assessment Instrument). Findings include: E2 (Director of Nursing) and E6 (Minimum Data Set Nurse) stated on 06/28/11 at 1:00 p.m., that facility nurses have not been putting the date and the location of where the information from the CAA (Care Area Assessment) in Section V of the Minimum Data Set is in each of the residents record where the information is provided. 1. R1's annual Minimum Data Set dated 03/11/11 section V 0200 does not indicate where specifically in R4's clinical record the information for the Care Area Assessments could be found and does not include dates of this information. 2. R2's initial Annual Minimum Data Set dated 05/25/11 section V 0200 does not indicate the location and date where information for the Care Area Assessments could be found in R13's clinical record. 3. R3's initial change Minimum Data Set dated 03/20/11 section V 0200 does not indicate where in R14's clinical record the specific information including date for the Care Area Assessments could be found. 4. R4's annual MDS completed on 10/27/10 does not contain dates or specific location of information for CAAs under Section V 0200.	F 272		

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F 272	Continued From page 8 5. R5's initial MDS dated 03/25/11 does not contains dates or specific location of information for CAAs under Section V 0200. 6. R7's initial MDS dated 03/30/11 contains no dates or specific location of information for CAAs under Section V 0200. 7. R8's significant change MDS dated 04/15/11 contains no dates or specific location of information for CAAs under Section V 0200. 8. R9's annual MDS dated 04/25/11 contains no dates or location of information for CAAs under Section V 0200. 9. R10's annual MDS dated 05/26/11 contains no dates or location of information for CAAs under Section V 0200. Records of R1, R2, R3, R4, R5, R7, R8 R9, and R10 contain additional examples of Section V 0200 lacking dates and location of information.	F 272		
F 329 SS=D	483.25(l) DRUG REGIMEN IS FREE FROM UNNECESSARY DRUGS Each resident's drug regimen must be free from unnecessary drugs. An unnecessary drug is any drug when used in excessive dose (including duplicate therapy); or for excessive duration; or without adequate monitoring; or without adequate indications for its use; or in the presence of adverse consequences which indicate the dose should be reduced or discontinued; or any combinations of the reasons above. Based on a comprehensive assessment of a resident, the facility must ensure that residents	F 329		6/29/11

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F 329	Continued From page 9 who have not used antipsychotic drugs are not given these drugs unless antipsychotic drug therapy is necessary to treat a specific condition as diagnosed and documented in the clinical record; and residents who use antipsychotic drugs receive gradual dose reductions, and behavioral interventions, unless clinically contraindicated, in an effort to discontinue these drugs. This REQUIREMENT is not met as evidenced by: Based on observation, interview and record review, the facility failed to reduce or justify the need for an antipsychotic medication after a decline in condition, no behaviors to justify the use and in the presence of adverse side effects for three of four residents (R4, R8 and R9) reviewed for psychoactive medication in the sample of 10. Findings Include: 1. The physician order sheet dated 6/1/11 through 6/30/11 documents that R4 has diagnoses of End Stage Dementia, Alzheimer's type, Syncope, Malnutrition, Dehydration, Anxiety, Insomnia and resides on the alarmed dementia unit. R4 has received Risperdal 0.25 mg (milligrams) twice daily since 5/13/09. R4 receives Aricept 10 mg daily, trazodone 50 mg at HS, Namenda 5 mg twice a day. The Behavior Monitoring Records for the use of	F 329		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING	(X3) DATE SURVEY COMPLETED
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F 329	Continued From page 10 the antipsychotic medications from March through June 2011 document the behaviors being monitored are: restless at times, sad, pained, worried, facial expressions. On 6/26/11, 6/27/11 and 6/28/11 from 9:00AM through 11:30AM and from 1:00PM through 3:30PM, R4 was asleep in her bed. On 6/26/11 at approximately 11:30 AM, R4 was transferred to an adult rolling recliner and pushed to the dining room for lunch where she was fed by E 7(Licensed Practical Nurse, Alzheimer's Coordinator.) R4 had abnormal involuntary movements of the face mouth and lower extremities while sitting in the recliner at the dining table. On this date at 1:00 PM R4 was back in bed asleep. On 6/28/11 at 10:00 AM, E7 stated that R4 spends most of the day in bed. E7 stated that R4 has been this way for almost a year. E7 stated that R4 is transferred from bed to a adult rolling recliner to go to dining room to eat and is assisted back to bed because she is sleepy. The Drug Information Handbook for Nursing 2007 documents that Risperdal, Trazodone, Namenda and Aricept all have similar adverse side effects; insomnia, agitation, anxiety, headache, dizziness, orthostatic hypotension. According to this same Drug Information Handbook, the Overdosage/Toxicology symptoms for Risperdal include drowsiness, sedation, tachycardia, hypotension, extrapyramidal symptoms, prolonged QT interval, seizures and cardiopulmonary arrest. Risperdal's Warning / Precautions document: Elderly	F 329		

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NAME OF PROVIDER OR SUPPLIER ALEDO REHAB & HEALTH CARE CENTER		STREET ADDRESS, CITY, STATE, ZIP CODE 304 S.W. 12TH STREET ALEDO, IL 61231	

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F 329	Continued From page 11 patients with dementia-related behavioral disorders treated with atypical antipsychotics are at an increased risk of cerebro-vascular adverse events and death compared to placebo; risk may be increased with dehydration(increased risk of death observed with concurrent use of furosemide. Risperdal is not approved for the treatment of dementia-related psychosis. The Abnormal Involuntary Movement Scales used to assess residents, who are taking antipsychotic medications to prevent Tardive Dyskinesia, dated 2/14/11 and 4/17/11 document that R4 has movements of the facial expression, jaw and trunk. On 6/28/11 at 10:00 AM, E7 stated that the physician was not notified of these movements. The Pharmacy Consultation Report of 12/21/10 document that the physician was asked to consider a dosage reduction for R4' Namenda and Risperdal. The Physician declined this recommendation but gave no clinical rationale for not attempting a decrease. E2, Director of Nurses (DON) stated that no other pharmacy consultation reports are available. E2 stated that R4 has been receiving Risperdal 0.25 mg twice a day since 5/13/09 with no reduction attempt. 2. The current physician's order sheet dated 6/1/11 through 6/30/11 document that R8 has diagnoses of Alzheimer's Dementia, Hypertension and Depression and resides on the alarmed Dementia Unit. R8 is receiving Risperdal 1 mg daily since 2/10/11, Celexa 20mg since 1/17/11 and Depakote 250mg since 1/17/11. These medications have adverse side effects and are listed in example one along with the Overdose/	F 329		

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F 329	Continued From page 12 Toxicology symptoms for Risperdal. The Behavior Monitoring Sheets available for review from March 2011 thru June 2011 document the behavior being monitored for the use of the psychotropic medications is: Paranoia, thinks people hate her and are going to hurt her and refuses care. These behaviors were charted as being observed eleven times in March. No behaviors have been recorded since. The MH PAS (Mental Health Pre Admission Screening Form) dated 1/28/11 documents that R8's symptoms could be due to dementia; does not require a MH PAS screen. The Minimum Data Set dated 4/15/11 document that R8 is severely cognitively impaired and requires total care for all activities of daily living, including assistance with eating. On 6/26/11 thru 6/30/11 R8 sat in the chair in her room most of the days with a flat affect(blank stare with no expression changes) except for meals when staff escorted her to dining room and assisted her to eat. R8's expression did not change during meal with staff interaction. On 6/28/11 at 10:00 AM, R8 was out of the room, seated at the dining room table with bingo cards in front of her with the same blank stare. R8 did not participate in the activity. On 6/28/11 at 2:00p.m., R8 was observed seated at the table with two other residents. R8 had the same blank stare with no expression changes when E7 spoke to R8. During these observations, while R8 was sitting at rest, she had abnormal involuntary movements of the arms, hands and legs.	F 329		

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F 329	Continued From page 13 The Abnormal Involuntary Movements Scales dated 2/14/11 and 4/18/11 both document no abnormal involuntary movements. The physician's progress note dated 5/13/11 document that R8 has Parkinsonism, Deep Vein Thrombosis and Dementia. The only Pharmacy Consultation Report provided by E2 dated 3/8/11 documents the rationale for the physician to choose when giving an antipsychotic on an as needed basis. E2 stated on 6/28/11 at 2:30 p.m. that there is no Pharmacy Recommendation to reduce or discontinue the antipsychotic medication in regard to the adverse side effects of the antipsychotic medication. 3. According to the June 2011 Physician's order form, R9 has diagnosis including Alzheimer's Disease. This physician's order form includes an order from 02/08/11, for antipsychotic medication, Haldol 0.5 milligrams twice daily. On 06/28/11 at 10:00 a.m., R9 was lying in bed, staring into space, and showed no response to surroundings. At 10:05 a.m. on 06/28/11, E4 and E5 (both Certified Nurse Aides) stated that R9 requires total care and seldom gets out of bed anymore. A physician's order and nurses notes, dated 05/05/2011, document that R9 was placed under hospice services for end of life care due to end stage Alzheimer's disease. Z1 (Hospice Nurse) stated on 06/18/11 at 10:45 a.m., that R9 has been more sleepy and tired lately, and remains in bed though out the day. Z1 stated that R9 has not been displaying any behaviors. Z1 documented on 06/28/11 at 10:50 a.m., that R1 did not awaken during assessment. The Care Area Assessment for Behaviors dated	F 329		

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F 329	Continued From page 14 04/25/11 states that R9 " tends to lay in his room and yell out and has a history of spitting on the floor. " The June Behavior monitoring form for June 2011 indicates that staff monitor R9 for behaviors of yelling and spitting. The Psychotropic Medication Progress notes dated 06/06/11 state that R9 is on Haldol twice daily for " behaviors of spitting out food and (that R9) continues to yell at staff when done and doesn't want any more." This documentation further states that R9's episodes of yelling out have decreased and that R9 remains in the quiet atmosphere of his room and is out only for showers and to be weighed. On June 6, 2011 at 11:00 a.m., E7 (Licensed Practical Nurse) verified that since R9 ' s condition has declined and he has been placed on hospice services. E7 stated that R9 has had less anxiety and displayed less behaviors. E7 confirmed that in regard to R9 ' s declining condition, the facility had not re-evaluated R9 for the continued need for antipsychotic medication Haldol.	F 329		
F 465 SS=C	483.70(h) SAFE/FUNCTIONAL/SANITARY/COMFORTABLE ENVIRON The facility must provide a safe, functional, sanitary, and comfortable environment for residents, staff and the public. This REQUIREMENT is not met as evidenced by: Based on observation and record review the facility failed to ensure that handrails were	F 465		7/20/11

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F 465	Continued From page 15 securely attached to walls, resident bathroom fixtures and trim were in good repair and laundry and kitchen equipment were maintained in good repair. This has the potential to affect all 39 residents. Findings include: During the environmental tour the the north nursing station plastic wall board was coming off the wall and the stop latch on the half door was not functioning. The floor inside the nursing station was worn out with large black holes in the linoleum. The North clean linen storage room has 29 tiles missing on the floor where a bathtub once was and various holes in the wall plaster found near the entrance to the room. Support railings were found to be loose between rooms 1 -3 and in front of the north nursing station. Soiled utility room sink had the handle for the cold water laying on the counter. The bathroom between resident R16, R17, R18 rooms needed new light bulbs, had paint falling out around sink, tank cover for toilet wrong size, baseboards missing and handles on toilet railings loose. Alzheimer Unit cabinets on the west side open with office supplies. Floor tiles were broken to the wall to a depth of 2 inches. There was crumbled plaster and cement behind	F 465		

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

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F 465	Continued From page 16 baseboard in south hall of alzheimer unit between resident R19,and R20 rooms. Large holes in plaster under air conditioner near receiving area of dryers and around the light switch in the laundry. A towel was stuffed into an old wall mounted dryer exhaust to keep out birds and mice. The condenser in the walk-in cooler in the kitchen is collecting dripping water into a large empty serving pan. The CMS 672 form completed on 6/27/11 states that the facility has 39 residents. CHRISTINE BORYS, REGISTERED NURSE BEVERLY ASBURY, REGISTERED NURSE DEBRA INMAN, REGISTERED NURSE PAT MCDORMAN, REGISTERED NURSE TAMARA HOPKINS, REGISTERED NURSE	F 465		

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	145968		04/19/2012

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
KEWANEE CARE HOME	144 JUNIOR AVENUE 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 221 SS=D	Annual Licensure and Certification 483.13(a) RIGHT TO BE FREE FROM PHYSICAL RESTRAINTS The resident has the right to be free from any physical restraints imposed for purposes of discipline or convenience, and not required to treat the resident's medical symptoms. This REQUIREMENT is not met as evidenced by: Based on observation, interview and record review, the facility physically restrained residents who did not have a medical symptom that required treatment by the use of physical restraints. The facility failed to assess and reduce physical restraint use for two of two residents (R12, R19) who were physically restrained in the sample of fourteen. Findings include: 1. On 4/11/12 R12 was ordered a lap cushion across the wheelchair restraining her from rising after seven falls from 2/7/12-4/11/12. There is no care plan for the use of the lap cushion with interventions to minimize or eliminate the need for the lap cushion. The facility has not designed a systematic and gradual process toward reducing the restraint. The Admission Face Sheet documents that R12 was admitted to this facility on 1/20/12. The behavior documentation of 1/28/12 documents that R12 got up and walked into the	F 221		5/1/12

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 221	Continued From page 1 bathroom and came in next room to shut bathroom door unassisted. On 1/29/12 R12 got out of her chair and got in her bed unassisted. R12 ambulated independently without falling. Interventions put into place after the falls included chair alarm, low bed, 15 minute observation, remind not to get up unassisted. A lap cushion restraint was added on 4/11/12. On 4/16/12 at 12.30 PM, E1/Administrator stated that R12 has not had a physical therapy evaluation to assess for rehabilitation services because R12 is in Hospice care. E1 stated that the nurses don't assess R12 for orthostatic hypotension which is an adverse side effect of the antianxiety medication that was ordered daily for R12 on 1/30/12 and the antipsychotic medication that was ordered on 3/21/12. On 4/16/12 at 9:00 AM, R12 was in the day area seated in the wheelchair with a foam lap cushion across her lap and attached to the wheelchair on both sides. R12 was fretting, pulling at lap restraint trying to remove it. R12 asked every staff that walked by to take it off. All staff reassured her that it needed to stay on. R12 continued to tug at the lap restraint, fretting that she wanted it off. At 11:00 AM, E3(Certified Nurse Aide/ Activity Director) removed the lap restraint and sat beside R12 at the table talking with her. R12 quit fretting and sat calmly with E3. On 4/16/12 at 1:00 PM, R12 was seated in the wheelchair with the lap restraint in place across her lap. R12 was pulling at the cushion trying to remove it. R12 asked staff and visitors to remove it. R12 was very agitated because she could not	F 221		

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NAME OF PROVIDER OR SUPPLIER KEWANEE CARE HOME		STREET ADDRESS, CITY, STATE, ZIP CODE 144 JUNIOR AVENUE KEWANEE, IL 61443	

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F 221	Continued From page 2 get it off. R12 pulled and tugged on the lap cushion until she got the vinyl covering off of it exposing the foam cushion. At 1:30 PM, E3 and E4(Certified Nurse Assistant) removed the lap restraint and assisted R12 to walk. R12 took a few steps and told them she needed to sit down because she was too dizzy to walk. R12 was not aggressive to the staff. On 4/17/12 at 8:15 AM, R12 was seated at the dining table with lap cushion in place on wheelchair asking staff to take it off. Staff was talking to her trying to get her to leave it on. At 9:00 AM, R12 was seated in the wheelchair with lap cushion in place asleep in the small dining area at activities. On 4/18/12 at 1:45 PM R12 was very fretful and agitated telling staff to take the lap cushion off right now. 2. During initial tour on 4/16/12 at 9 a.m. R19 was in bed with full unpadded siderails up times four. On 4/17/12 at 10:03 a.m. R19 was lying in bed with full unpadded bilateral siderails times four and made eye contact with verbal stimulation but did not return a verbal response. On 4/18/12 between 2:00p.m. and 2:15 p.m. R19 was lying in bed with full bilateral unpadded siderails times four. R19's care plan dated 1/12/12 documented the need for siderails as an enabler and to aide in movement and positioning. R19's care plan documented interventions to assist R19 to turn and reposition per schedule or at least every two hours. R19's care plan does not document a plan to reduce the use of siderails.	F 221		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING	(X3) DATE SURVEY COMPLETED
	145968		04/19/2012

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
KEWANEE CARE HOME	144 JUNIOR AVENUE KEWANEE, IL 61443

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F 221	Continued From page 3 On 4/18/12 at 1.55 p.m. E6(Minimum Data Set Coordinator) stated the reason for R19's full bilateral siderails was for uncontrolled movement; and the rails were padded. After review E6 verified R19's rails were not padded. E6 stated "if we put (R19's) hands on the siderails she can use them for mobility." E6 did not provide justification for the use of bilateral lower siderails. After a discussion with E6 the facility contacted Z3(Physician). On 4/19/12 Z3 ordered to discontinue bilateral full siderails and change to half padded bilateral siderails for non purposeful movement.	F 221		
F 323 SS=D	483.25(h) FREE OF ACCIDENT HAZARDS/SUPERVISION/DEVICES 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. This REQUIREMENT is not met as evidenced by: Based on observation, record review and interview, the facility failed to identify trends and patterns, investigate the root cause of the falls and follow the identified care plan interventions to prevent further falls for one of five residents (R12) reviewed for falls in a sample of fourteen. Findings include:	F 323		5/1/12

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION.	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING	(X3) DATE SURVEY COMPLETED
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F 323	Continued From page 4 On 4/18/12 at 12:30 PM, E1 (Administrator) stated that R12 is receiving Zyprexa and Ativan because R12 wants to go home and has been up front close to the doorway. According to E1, R12 won't stay seated in the wheelchair (keeps getting up without assistance.) On 4/19/12 at 10:30 AM, Z2 (spouse) stated that R12 was living at home before going to the hospital on 1/10/12. Z2 stated that the hospital got R12 Hospice care while at the hospital. R12 came to the nursing home because she was weak from the Pneumonia and he was unable to take care of her at home. Z2 stated that R12 has no history of falls at home. Z2 stated that R12 was alert and oriented, but forgetful. The physician's order documents that R12 was admitted 1/20/12. Ativan 0.5 mg three times a day was ordered on 1/31/12 and increased to 0.5 mg four times a day on 2/24/12. The 3/21/12 physician's order documents to start Zyprexa 5 mg daily. R12 had no falls documented until 2/6/12. According to the incident reports R12 fell five of the seven times unattended during the afternoon shift (four times in the bathroom alone) one at the end of the hallway alone and once in the small dining room. These reports document that R12 fell trying to stand from wheelchair 2/6/12 at 7:45 PM in her room trying to toilet herself, fell on 2/13/12 at 4:45 PM, in her room trying to get up on her own from her recliner, fell on 2/17/12 at 2:00 AM in her bedroom trying to get up on her own, fell on 3/8/12 at 7:15 PM small dining room, when she	F 323		

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F 323	Continued From page 5 stood up from wheelchair without wheels locked, 4/3/12 at 1:10 PM main dining room agitated sitting in wheelchair, fell on 4/10/12 at 1:20 PM in bathroom trying to get out of wheelchair, trying to stand alone confused agitated and on 4/11/12 at 3:40 PM at the end of hallway fell from wheelchair. The fall investigations document that R12 had an unsteady gait and overestimates her own capabilities. The fall care plan documents to ask physician to review the medication and conditions during nursing home visit especially after falls. There is no documentation that medication was discussed as a possible contributing factor to the falls. The care plan intervention dated 1/31/12 documents to encourage R12 to sit in areas well supervised by staff. Interventions put into place after the falls included chair alarm, low bed, 15 minute observation, and a reminder to not to get up unassisted. A lap cushion restraint was added on 4/11/12. The Psychotropic care plan dated 1/31/12 document to assess and report to physician gait disturbances, poor balance, dizziness, vertigo, unsteady gait to determine if benefits of therapy outweigh side effects. There is no documentation that R12 was assessed for orthostatic hypotension in order to report to the physician. On 4/18/12 at 12:30 PM, E1/Administrator stated that R12 has not had a physical therapy evaluation to assess for rehabilitation services because R12 is in Hospice care. On 4/16/12 at 1:00 PM, R12 was seated in the	F 323		

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F 323	Continued From page 6 wheelchair with the lap restraint in place across her lap. R12 was pulling at the cushion trying to remove it. R12 asked staff and visitors to remove it. R12 was very agitated because she could not get it off. R12 pulled and tugged on the lap cushion until she got the vinyl covering off of it exposing the foam cushion. At 1:30 PM, E3 and E4(Certified Nurse Assistant) removed the lap restraint and assisted R12 to walk. R12 took a few steps and told them she needed to sit down because she was too dizzy to walk. E1 stated on 4/18/12 at 12:30 PM that the nurses do not monitor the residents receiving psychotropic medications for orthostatic hypotension(lying and standing blood pressure) to assess the risk for falls. E1 stated that they do not have a fall committee, that falls are discussed at the interdisciplinary team review The Lexi-Comp's Drug Information Handbook for Nursing 2007, Appendix/OBRA Guidelines for Long-Term Care documents that Benzodiazepines(Ativan) includes this Warning /Precautions: Causes Central Nervous System depression which may impair physical and mental capabilities. Use with caution in patients receiving other CNS depressants or psychoactive agents. Benzodiazepines have been associated with falls and traumatic injury and should be used with extreme caution in patients who are at risk of these events(especially the elderly.) Benzodiazepines have been associated with anterograde amnesia. Paradoxical reactions, including hyperactive or aggressive behavior, have been reported with benzodiazepines. Monitor effectiveness, adverse reactions and CNS effects(e.g., confusion, depression,	F 323		

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F 323	Continued From page 7 increased sedation, excitation, headache, agitation, insomnia or nightmares; dizziness, fatigue, impaired coordination, changes in personality or changes in cognition.) Monitor for orthostatic hypotension(lying and standing blood pressures) According to this same drug information handbook, with Zyprexa: "Geriatric patients: Consider lower starting dose for elderly or debilitated patients; may increase as clinically indicated and tolerated with close monitoring of orthostatic blood pressure..."	F 323		
F 329 SS=D	483.25(l) DRUG REGIMEN IS FREE FROM UNNECESSARY DRUGS Each resident's drug regimen must be free from unnecessary drugs. An unnecessary drug is any drug when used in excessive dose (including duplicate therapy); or for excessive duration; or without adequate monitoring; or without adequate indications for its use; or in the presence of adverse consequences which indicate the dose should be reduced or discontinued; or any combinations of the reasons above... Based on a comprehensive assessment of a resident, the facility must ensure that residents who have not used antipsychotic drugs are not given these drugs unless antipsychotic drug therapy is necessary to treat a specific condition as diagnosed and documented in the clinical record; and residents who use antipsychotic drugs receive gradual dose reductions, and behavioral interventions, unless clinically contraindicated, in an effort to discontinue these drugs.	F 329		4/30/12

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F 329	Continued From page 8	F 329		

This REQUIREMENT is not met as evidenced by:
Based on observation, interview and record review, the facility failed to clinically justify the use of antianxiety and antipsychotic medication at maximum daily dosage with no behaviors to warrant the use of the antipsychotic medication, with no monitoring for adverse side effects, and no attempt to reduce or discontinue the medication for three of four residents (R12, R19 and R14) receiving antipsychotic medication in the sample of fourteen.

R19 developed abnormal involuntary movements of the face, mouth and tongue, upper extremities and trunk. R12 complains of dizziness and has fallen seven times in two and a half months after starting the psychotropic medications, with no history of falls at home. R14 was sleeping in the chair in her room during the day and was very difficult to arouse.

Findings include:

1. The current physician's order sheet (POS) dated 4/1/12-4/30/12 documents that R12 is an 88-year-old-female with medical diagnoses of Dementia, Anxiety, Atrial Fibrillation, Anxiety, Hypertension, Congestive Heart Failure and Arthritis. R12 was admitted to this facility on 1/20/12 after a hospital stay for Atypical Pneumonia, Arterial Ischemic Stroke, Anterior Cerebral Artery, Left, Remote, Resolved, Adult Myxedema, Atrial Fibrillation, Chronic Fatigue and

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F 329	Continued From page 9 Acute Congestive Heart Failure. On 4/19/12 at 10:30 AM, Z2 (spouse) stated that R12 was living at home before going to the hospital on 1/10/12. Z2 stated that the hospital got R12 Hospice care while at the hospital because she wasn't expected to live. R12 came to the nursing home because she was weak from the Pneumonia and he was unable to take care of her at home. Z2 stated that R12 has no history of mental illness. Z2 stated that R12 worked in an office for fifty years. Z2 stated that she was very independent. Z2 stated that R12 always got along with people very well, liked to talk. The current POS dated 4/1/12-4/30/12 documents that R12 was ordered Ativan 0.5 milligrams (mg) three times a day on 1/31/12 for anxiety and increased to 0.5 mg four times a day on 2/24/12. On 3/21/12, Zyprexa 5 mg every night was ordered. The nursing notes of 1/31/12 at 1:40 PM document that "(R12) anxious at times. Wanting to go home. Tries to transfer and ambulate by self. (R12) has as needed Ativan order but family is requesting that it be scheduled. Physician notified. On 1/30/12 at 5:00 PM new Ativan order received." The nursing notes of 3/3/12 at 7:00 PM document that "(R12) was up in wheelchair propelling self about unit. (R12) noted to be more anxious tonight. Repeatedly standing, asking to go home, worried about other residents. Ambulatory down hallway with two assist- gait and stance good. Tolerated activity well. 1 to 1 with temporary success. Then (R12) would begin demanding to	F 329		

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

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F 329	Continued From page 10 go home. Diversional activities successful for brief time only." The nursing notes of 3/21/12 at 1:30 PM document that "(R12) had increased agitation, increased confusion. Continually tries to stand up out of wheelchair. Physician notified. Antibiotic/Urinary tract infection with NAR (no adverse reaction) being given. Resident voiding. No signs of pain or discomfort." The nursing note of 3/21/12 at 2:30 PM document, "New order received for Zyprexa." The Lexi-Comp's Drug Information Handbook for Nursing 2007, Appendix/OBRA Guidelines for Long-Term Care documents that Benzodiazepines (Ativan) should be used for purposes other than sleep induction only when other possible causes of the resident's distress have been ruled out and the use results in maintenance or improvement in the resident's functional status. The maximum daily Geriatric dose should not exceed two milligrams. The Warning /Precautions: Causes Central Nervous System depression which may impair physical and mental capabilities. Use with caution in patients receiving other CNS depressants or psychoactive agents. Benzodiazepines have been associated with falls and traumatic injury and should be used with extreme caution in patients who are at risk of these events(especially the elderly.) Benzodiazepines have been associated with anterograde amnesia. Paradoxical reactions, including hyperactive or aggressive behavior, have been reported with benzodiazepines. Monitor effectiveness, adverse reactions and CNS effects(e.g., confusion,	F 329		

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F 329	Continued From page 11 depression, increased sedation, excitation, headache, agitation, insomnia or nightmares, dizziness, fatigue, impaired coordination, changes in personality or changes in cognition.) Monitor for orthostatic hypotension (lying and standing blood pressures). According to this same drug information handbook, the daily maximum dosage of Zyprexa should be equal to or less than five milligrams a day unless documentation exits to support the need for higher doses to maintain or improve functional status. Geriatric patients: Consider lower starting dose for elderly or debilitated patients: may increase as clinically indicated and tolerated with close monitoring of orthostatic blood pressure and the adverse side effects of abnormal involuntary movements which can become permanent. Antipsychotics should not be used if one or more of the following are the only indication: Wandering, poor self care, restlessness, impaired memory, anxiety depression, insomnia, insociability, indifference to surroundings, fidgeting, nervousness, uncooperativeness and agitated behaviors which do not represent danger to the resident or others. The Warning/Precautions document that dementia-related behavioral disorders treated with atypical antipsychotics are at an increased risk of cerebrovascular adverse events and death compared to placebo. Zyprexa is not approved for this indication. Use with caution in Parkinson's disease; in patients with bone marrow suppression, predisposition to seizures, subcortical brain damage; sever hepatic, renal or respiratory disease. Life-threatening arrhythmias have occurred with some neuroleptics. May	F 329		

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F 329	Continued From page 12 induce orthostatic hypotension; use caution with history of cardiovascular disease. The behaviors being monitored for the use of the antipsychotic medication for R12 are: Attempts to leave building, attempts to get up unassisted, restless, anxious, demanding and refusal of care. The behavior monitoring for January through April 2012 documents that R12 headed toward front door in her wheelchair one time on 4/17/12. The behavior: "attempts to get up unassisted" from January through April 2012, document that R12 attempted to get up unassisted from bed four times in January, four times in February and two times trying to get up from recliner in February. On the February Behavior Monitoring sheet with no date and time, E5 (Social Service) documented that R12 is alert with confusion, becomes very anxious when confused, attempts to get up unassisted throughout the day. Becomes mad at staff when redirected, but she will listen to instruction from staff. In March 2012, the behavior of Restless, Anxious was added. On 3/11/12, time(all day) very anxious wouldn't be still. On 3/18/12 Time(all night) wouldn't stay in bed up and down all night. 3/19/12(2nd shift) very anxious all day. On 3/26/12 3rd shift anxious all night. The Restless/Anxious behavior monitoring sheet for 4/12 documents that on 4/12/12 at 2:15 PM, R12 refused to leave lap cushion restraint on, kept taking off. On 4/15/12 anxious to take lap cushion off. The "attempts to get up unassisted" behavior monitoring sheet for April 2012 documents that on 4/16/12 (no time documented) R12 attempt to remove lap cushion-yelling and crying at nurses desk. On 4/17/12 R12 wanted a knife to cut off her lap cushion and ended up getting it off at 7:10. On 4/17/12 (3rd) trying to get	F 329		

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F 329	Continued From page 13 up by herself. On 4/17/12 at 9 AM, 1030 AM, 1:00 PM, 2:00 PM attempting to remove lap cushion restraint to get up. The Pharmacy Consultation Report dated 4/10/12 document that "(R12) takes an antipsychotic, Zyprexa, but does not have an appropriate associated diagnosis. Federal nursing facility regulations require that antipsychotic agents only be used when one or more of the following conditions exists: Schizophrenia, Schizo-affective disorder, Delusional Disorder, Mood Disorders, Schizophreniform disorder, Psychosis NOS, Atypical psychosis, Brief psychotic disorder, Dementing illness with associated behavioral symptoms and Medical illness or delirium with manic or psychotic symptoms. In addition the clinical condition being treated must also meet at least one of the following criteria for use: A. The symptoms are identified as being due to mania or psychosis. B.The behavioral symptoms present a danger to the resident or to others. C. The symptoms are significant enough that the resident is experiencing on or more of the following: inconsolable or persistent distress(e.g. crying, fear, continuously yelling, screaming, distress associated with end of life) Recommendations: "Please indicate both the diagnosis requiring treatment from the list above and which of the criteria above are being treated with the prescribed antipsychotic medication regimen." The diagnosis of Dementing illness with associated behavioral symptoms is circled. The Physician's Response is blank, the clinical condition being treated is also blank. The physician signed the Consultation Report on	F 329		

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F 329	Continued From page 14 4/12/12. On 4/18/12 at 12:30 PM, E1(Administrator) stated that R12 is receiving Zyprexa and Ativan because R12 wants to go home and has been up front close to the doorway. According to E1, R12 won't stay seated in the wheelchair (keeps getting up without assistance.) E1 stated that the nurses do not monitor the residents receiving psychotropic medications for orthostatic hypotension(lying and standing blood pressure) to assess the risk for falls. R12 had no falls documented until after 2/6/12 which is after R12's Ativan was ordered on 1/13/12. According to the nurses notes and incident reports, R12 fell trying to stand from wheelchair 2/6/12, 2/13/12, 2/17/12, 3/8/12, 4/3/12, 4/10/12, and 4/11/12. The fall investigations document that R12 had an unsteady gait and overestimates her own capabilities. The Psychotropic care plan dated 1/31/12 documents to assess and report to physician gait disturbances, poor balance, dizziness, vertigo, unsteady gait to determine if benefits of therapy outweigh side effects. There is no documentation that R12 was assessed, in order to report to the physician. On 4/18/12 at 12:30 PM E1 verified that nurses don't monitor residents for orthostatic hypotension. On 4/16/12 at 1:00 PM, R12 was seated in the wheelchair with the lap restraint in place across her lap. R12 was pulling at the cushion trying to remove it. R12 asked staff and visitors to remove it. R12 was very agitated because she could not	F 329		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING	(X3) DATE SURVEY COMPLETED
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STREET ADDRESS, CITY, STATE, ZIP CODE: 144 JUNIOR AVENUE, KEWANEE, IL 61443

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F 329	Continued From page 15 get it off. R12 pulled and tugged on the lap cushion until she got the vinyl covering off, exposing the foam cushion. At 1:30 PM, E3 and E4(Certified Nurse Assistant) removed the lap restraint and assisted R12 to walk. R12 took a few steps and told them she needed to sit down because she was too dizzy to walk. R12 was not aggressive to the staff. 2. R19's admission face sheet indicates R19 was admitted to the facility 4/10/2008. R19's Behavioral Health Consultation dated 7/13/2008 documented relevant medical history of depression and memory loss. Diagnostic impression documented Schizoaffective disorder, depressive type, dementia and stress related to dealing with multiple medical problems and emotional problems. The Psychiatrist ordered Prozac 40 mg daily, Abilify 10 mg daily, and Ativan 1 mg three times a day. On 6/9/11 the facility notified Z3 (Physician) that R19 was showing signs and symptoms of abnormal involuntary movements and requested a psychiatrist consult and a reduction of Risperdal. Z3 decreased the Risperdal to 1 mg two times daily and documented to try the decrease in Risperdal first, if no improvement, notify Z3's office for a referral to a psychiatrist. Readmission orders dated 1/8/12, after R19's discharge from a hospital stay, include a Physician's order for Celexa 20 mg daily, Depakote 500 mg daily and Risperdal 1 mg two times a day. R19's POS dated 4/1/12-4/30/12 documented R19 is currently receiving Risperdal 1 mg in the	F 329		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING	(X3) DATE SURVEY COMPLETED
	145968		04/19/2012

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
KEWANEE CARE HOME	144 JUNIOR AVENUE KEWANEE, IL 61443

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F 329	Continued From page 16 morning and 1 mg at bedtime and Ativan 0.25 mg every three hours as needed. There is nothing in the record that supports a diagnosis of Schizophrenia. The Minimum Data Sets dated 10/17/11 and 1/16/12 document R19's cognition is severely impaired, all activities of daily living are performed by the staff and R19 requires being fed by the staff. On 4/19/12 at 10:20 a.m. Z1(family member) verified R19 did not have a psychiatric background and worked full time until R19 had a heart attack in 2001 and became depressed. R19 became physically unable to care for herself. The Abnormal Involuntary Movement Scale documented no abnormal involuntary movements from 8/16/10 through 4/19/11. The Abnormal Involuntary Movement Scale dated 10/17/11 through 4/6/12 document movements of face, upper extremities and trunk. According to this document, if the patient has mild tardive dyskinesia in two areas or moderate movements in one area then he or she should be given a diagnosis of tardive dyskinesia. The AIMS test is considered extremely reliable when it is given by experienced raters. If the patient's score on the AIMS suggests a diagnosis of tardive dyskinesia, the clinician must consider whether the patient still needs to be on an antipsychotic medication. This question should be discussed with the patient and his or her family. If the patient requires ongoing treatment with antipsychotic drugs, the dose can often be lowered. A lower dosage should result in a lower level of tardive dyskinesia symptoms.	F 329		

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F 329	Continued From page 17 On 4/19/12 at 11:00 a.m. E1(Administrator) stated the referral for a psychiatrist from 6/9/11 was not obtained. R19's behavior charting dated July 2011 through March 2012 document yelling and cussing. R19's Psychosocial Assessments dated 10/14/11, 1/10/12 and 4/6/12 document R19 did not have delusions and hallucinations. R19's care plan 1/12/12 documents "Resident has behaviors that others may find disruptive/socially inappropriate. Behavior of yelling out and cursing at others." During initial tour on 4/16/12 at 9 a.m. R19 was in bed with full siderails up times two. On 4/17/12 loud screams were heard several times during general observation of C wing of the facility. R19 was lying in bed and made eye contact with verbal stimulation but did not return a verbal response. On 4/18/12 between 2:00p.m. and 2:15 p.m. R19 was lying in bed with tongue protruding out of mouth, no verbal outbursts. On 4/19/12 at 8:50 a.m., 9:30 a.m. 10:42 a.m., 10:50 a.m. and 12:45 p.m. R19 was in adult rolling recliner and was grinding her teeth, tongue protruding from mouth with no verbal outbursts. The Drug Information Handbook for Nursing 2007 documented elderly patients with dementia related behavioral disorders treated with an atypical antipsychotic are at an increased risk of cerebral vascular adverse events and death. Use with caution in Parkinson's disease, and predisposition to seizures. May cause	F 329		

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F 329	Continued From page 18 extrapyramidal symptoms including Pseudoparkinsonism acute dystonic reactions, akathisia and tardive dyskinesia. The Omnibus Reconciliation Act (OBRA) of 1987 document antipsychotics should not be used solely for behavior control, behaviors must be consistent and continuous crying or screaming if this impairs functional status. Antipsychotics should not be used if agitated behaviors which do not represent danger to the resident or others is the only indication. 3. The admission face sheet for R14 indicates R14 was originally admitted to the facility on 08/26/05. R14's POS dated 04/01/12 through 04/30/12 indicates that R14 has diagnoses of depression, anxiety, atypical psychosis, and schizoaffective disorder. R14's POS dated 04/01/12 through 04/30/12 instructs the nurses to administer antipsychotic Abilify 2.5 mg. daily and antidepressant Mirtazepine 15 mg daily for depression symptoms. The facility's Gradual Dose Reduction Tracking Report and a physician telephone order sheet dated 03/09/10 indicate R14's last attempt for a gradual dose reduction (GDR) of Abilify was 03/09/10 and no documentation is provided explaining why a GDR would be contraindicated. The Discharge Summary from a local hospital dated 07/12/11 indicates R14 had an admission of short duration of three days and returned to the facility on 7/12/11 with the same dosages as previously prescribed on 03/09/10 (Abilify 2.5 mg and Mirtazepine 15 mg). Behavior Monitoring Records dated April 2012	F 329		

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F 329	Continued From page 19 documents that R14 has behaviors of restlessness, fidgeting, anxiousness and making false accusations. These behaviors do not warrant the use of antipsychotic medication. Nursing documentation indicates that R14 has had no behaviors since 04/01/12 at 6:45 a.m. when R14 had one episode of anxiousness. On 04/16/12 at 9:00 a.m., R14 was resting in her recliner with her eyes closed. At 2:15 p.m. on 04/16/12, R14 was resting in her recliner with her eyes closed and did not respond to multiple knocks on her door. R14 was resting in her recliner with her eyes closed and did not respond to multiple knocks on her door or voice when her name was called on 04/17/12 at 9:55 a.m. R14 was resting in her recliner on 04/17/12 at 3:00 p.m. with her eyes closed and did not respond to multiple knocks on her door or voice when her name was called. On 04/18/12 at 8:40 a.m., R14 was resting in her recliner with her eyes closed and did not respond to multiple knocks on the door or voice when her name was called. R14 was resting in her recliner with her eyes closed on 04/18/12 at 2:25 p.m. On 04/16/12 at 2:23 p.m., E1, administrator, verbally confirms that the facility has not attempted a GDR for R14's Abilify dose since March of 2010 and no documentation of a contraindication for a GDR was provided.	F 329		
F 387	483.40(c)(1)-(2) FREQUENCY & TIMELINESS	F 387		4/30/12

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F 387 SS=D	Continued From page 20 OF PHYSICIAN VISIT The resident must be seen by a physician at least once every 30 days for the first 90 days after admission, and at least once every 60 days thereafter. A physician visit is considered timely if it occurs not later than 10 days after the date the visit was required. This REQUIREMENT is not met as evidenced by: Based on interview and record review, the facility failed to ensure that three of fourteen residents (R10, R11 and R14) reviewed for physician visits on the sample of fourteen, were seen by a physician at least every sixty days. Findings include: 1. Physician progress notes document that R10 was seen by the physician on 07/07/11. The next visit is dated 10/05/11, ninety days later. According to the physician's progress notes R10 was next seen on 03/09/12, 156 days from previous visit dated 10/05/11. On 04/19/12 at 10:10 a.m., E1 (Administrator) verified that R10's physician did not see R10 every sixty days, stating that R10 was "overlooked." 2. Physician progress notes document that R11 was seen by the physician on 06/24/11. The next physician visit indicated in physician progress notes is dated 09/30/11, ninety-eight days later. R11 was next seen by the physician on 10/14/11, according to physician progress notes. R11 was	F 387		

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F 387	Continued From page 21 next seen on 03/09/12, 147 days after the previous visit dated 10/14/11 as indicated in physician progress notes. On 04/19/12 at 10:10 a.m., E1 verified that R11's physician did not see R11 every sixty days. 3. Physician progress notes indicates that R14 was seen by the physician on 06/24/11. The next physician visit documented in physician progress notes is dated 09/30/11, ninety-eight days later. According to the physician's progress notes, R14 was next seen on 03/09/12, 161 days from the previous visit dated 09/30/11. E1 verified on 04/19/12 at 10:10 a.m., that R14's physician did not see R14 every sixty days.	F 387		
F 458 SS=B	483.70(d)(1)(ii) BEDROOMS MEASURE AT LEAST 80 SQ FT/RESIDENT Bedrooms must measure at least 80 square feet per resident in multiple resident bedrooms, and at least 100 square feet in single resident rooms. This REQUIREMENT is not met as evidenced by: Based on interview, observation and record review, the facility failed to provide 80 square feet of floor space for six of 14 residents (R9, R11, R12, R13, R19 and R20) in the sample of fourteen and an additional 22 residents (R23 through R44) from the supplemental sample. Findings include: E1, Administrator, verbally verified on 04/16/12 at 10:50 A.M. that the rooms in the A, B and C halls were known to provide less than 80 square feet for each resident if the rooms were occupied by	F 458		4/30/12

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F 458	Continued From page 22 two residents. On 04/16/12, E1 provided the facility floor plan. This document indicates that 14 rooms from A, B and C halls were currently occupied by two residents: Rooms 108, 110, 111, 112, 115, 117, 119, 205, 207, 208, 303, 304, 306 and 310. These rooms all have approximately the same total dimensions of 143 square feet, or 71.5 square feet for each resident when two residents are residing together in each one of these rooms. E1 provided the facility's room roster on 04/16/12. This document indicates that the residents currently affected by having less than 80 square feet due to living two in a room are: R9, R11, R12, R13, R19, R20 and R23 through R44. On 04/16/12, E1 provided a letter from the State Agency concerning A, B and C halls' rooms having less than 80 square feet of space when rooms are occupied by two residents. This document, dated 06/09/11, indicated that a room size waiver was recommended to a federal agency as per the facility's plan of correction for their 2011 survey. E1 stated at 12:40 P.M.: "We are written every year for this and have been for as long as I can remember." During initial tour of the facility on 04/16/12, starting at 9 A.M., and room checks done between 9:40 A.M. and 10:30 A.M.; A, B and C halls' rooms were noted to contain some combination of cabinets, wheelchairs, walkers, oxygen concentrators and personal furniture, further lessening available, overall square footage.	F 458		

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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING	(X3) DATE SURVEY COMPLETED
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F 458	Continued From page 23 BEVERLY ASBURY, REGISTERED NURSE PAT MCDORMAN, REGISTERED NURSE DION CHARLTON, REGISTERED NURSE TAMARA HOPKINS, REGISTERED NURSE APRIL MURPHY, REGISTERED NURSE	F 458		

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

PRINTED: 06/21/2012
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 145275	(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING	(X3) DATE SURVEY COMPLETED 10/06/2011
NAME OF PROVIDER OR SUPPLIER TIMBERCREEK REHAB & HEALTHCARE CENTER		STREET ADDRESS, CITY, STATE, ZIP CODE 2220 STATE STREET PEKIN, IL 61554	

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F 000	INITIAL COMMENTS	F 000		
	Annual Licensure and Certification Survey			
F 157 SS=D	Licensure Survey For Subpart S: SMI 483.10(b)(11) NOTIFY OF CHANGES (INJURY/DECLINE/ROOM, ETC)	F 157		11/11/11
	A facility must immediately inform the resident; consult with the resident's physician; and if known, notify the resident's legal representative or an interested family member when there is an accident involving the resident which results in injury and has the potential for requiring physician intervention; a significant change in the resident's physical, mental, or psychosocial status (i.e., a deterioration in health, mental, or psychosocial status in either life threatening conditions or clinical complications); a need to alter treatment significantly (i.e., a need to discontinue an existing form of treatment due to adverse consequences, or to commence a new form of treatment); or a decision to transfer or discharge the resident from the facility as specified in §483.12(a).			
	The facility must also promptly notify the resident and, if known, the resident's legal representative or interested family member when there is a change in room or roommate assignment as specified in §483.15(e)(2); or a change in resident rights under Federal or State law or regulations as specified in paragraph (b)(1) of this section.			
	The facility must record and periodically update the address and phone number of the resident's legal representative or interested family member.			

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 157	Continued From page 1 This REQUIREMENT is not met as evidenced by: Based on interview and record review the facility failed to notify the attending physician of a documented, significant urinary input/output discrepancy for one of five residents (R5) reviewed for catheter use in the sample of 22. Findings include: R5's physician order sheets (POS) dated 10/01/11 through 10/31/11 indicate R5 has diagnoses of benign prostatic hypertrophy (swollen prostate) and urinary tract infection (UTI). R5's 10/01/11 through 10/31/11 POS indicate that R5 is to have a number 18 french type, urinary catheter with a ten ml. (milliliter) balloon anchor. To be changed monthly and as needed. On 10/04/11 at 10 A.M. E2, Director of Nurses (DON), verbally confirmed this order was from R5's Urologist. R5's history and physical, dated 11/19/10, indicates that R5 had difficulty urinating and had a bladder retention of 1,800 ml. (millimeters). It was also noted in this document that R5 had blood noted in urine. R5's intake and output (I&O) sheets dated 09/16/11 through 10/04/11 were provided by E1, Administrator, on 10/04/11. These monitoring documents indicate that R5 had an average urinary output exceeding average fluid input by slightly over 65%, indicating a possible dehydration risk.	F 157		

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F 157	Continued From page 2 E2, Director of Nurses (DON), on 10/04/11 at 9:50 A.M. stated that she could see from R5's I&O sheets dated 09/16/11 through 10/04/11 that there was no totaling of the three shifts' I&O record of R5. E2 verbally verified she could see that R5's output exceeded his input within those dates. When questioned if the doctor was notified of R5's output, E2 stated that she felt there was a discrepancy in correct recording of R5's I&O and she had not been made aware of R5's I&O discrepancy until now. R5's attending physician had not been notified. E2 stated that she suspected that R5 would sometimes empty his catheter bag and accuracy of his output was probably in question. E2, when informed that if R5 was periodically emptying his own catheter bag then R5's output would be even larger, stated she felt that R5's I&O was not accurate at all.	F 157		
F 221 SS=D	483.13(a) RIGHT TO BE FREE FROM PHYSICAL RESTRAINTS The resident has the right to be free from any physical restraints imposed for purposes of discipline or convenience, and not required to treat the resident's medical symptoms. This REQUIREMENT is not met as evidenced by: Based on observation, interview and record review the facility failed to complete assessments, obtain a physician's order and failed to create/revise care plans with reduction attempts and alternatives to the use of restraints for four of five residents (R2, R9, R10, R15) reviewed for assessments, physician orders, and	F 221		11/11/11

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F 221	Continued From page 3 care plans for restraints in the sample of 22. Findings include: On 10/5/11 at 11:45 a.m. E2 (Director of Nursing) stated that she was aware that assessments were incomplete for restraints and that a physician's order needs to be obtained. E2 was unaware that restraints were not addressed as a problem on the care plans. The facility's Physical Restraint Policy documented for procedure to complete a Physical Restraint Assessment, obtain a Physicians order for restraint or adaptive device/enabler, and place physical restraint problem on the resident's care plan. The care plan must address the duration, type, and circumstances under which the restraint can be used. 1. On 10/4/11 at 8:05 a.m. R15 was being wheeled to the dining room and was sitting in her high back wheelchair with a soft lap belt fastened. On 10/5/11 at 1:05 p.m. R15 was sitting in the dining room in a high back wheelchair with the soft lap belt fastened while she was being fed. When asked to remove the soft lap belt, R15 was unable to do so. R15 was wearing the lap belt throughout the entire meal. On 10/5/11 at 10:10 a.m. R15 was lying in bed with bilateral half side rails raised. R15's side rail assessment dated 12/6/2010 through 9/6/11 documents that the benefits of side rail use is to reduce the potential for falls. R15's undated, incomplete and unsigned Physical Restraint/Enabler Assessment failed to document	F 221		

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F 221	Continued From page 4 attempts to lesser restrictive alternatives, the reason for the restraint or the type of restraint this form was indicated for. R15 had a side rail consent dated 9/27/11 that stated the diagnosis for the restraint was Parkinson's. R15 did not have a consent or assessment for use of the soft lap belt. R15's care plan did not include the side rails or the soft belt as a problem nor have a plan for the reduction in the use of restraints and alternatives to restraints. A doctor's order was not obtained for the use of the side rails or soft lap belt. R15's MDS (Minimum Data Set) dated 3/4/11 and 9/6/11 documented that restraints are not being utilized. On 10/6/11 at 7:45 a.m. E1 (Administrator) confirmed that R15 cannot remove her lap belt. 2. On 10/3/11 at 1:55 p.m. and 2:30 p.m. R9 was sleeping in bed with full bilateral side rails in use. On 10/4/11 at 9:35 a.m. R9 was lying in bed with full bilateral side rails in use. R9 stated that she does not know why she has full side rails. R9's chart did not have documentation of a physician's order for the medical use of restraints. R9's care plan dated 6/16/10-2/1/11 failed to document restraints as a problem with a reduction in the use of side rails or an alternative to the use of the side rails. R9's MDS (Minimum Data Set) dated 7/19/11 and 4/26/11 documented that restraints are not being used.	F 221		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING	(X3) DATE SURVEY COMPLETED
	145275		10/06/2011

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F 221	Continued From page 5	F 221		
	E12 (Licensed Practical Nurse) stated on 10/4/11 at 11:00 a.m. that R9 had bilateral full side rails because R9 occasionally tries to climb out of bed and sticks her legs out over the bed.			
	E10 (Certified Nursing Assistant) stated on 10/4/11 at 1:30 p.m. that R9 has bilateral full side rails because R9 rolls and is a fall risk.			
	On 10/5/11 at 11:45 a.m. E2 (Director of Nursing) stated that R9 has bilateral full side rails because she "sticks her legs out of the bed."			
	3. On 10/3/11 at 11:15 a.m. and 1:30 p.m. R2 was sleeping in bed with bilateral half side rails pulled up on the bed. On 10/4/11 at 9:45 a.m. R2 was sleeping in bed with half bilateral side rails pulled up.			
	R2's MDS (Minimum Data Set) dated 4/12/11 and 8/2/11 documents that restraints are not being used.			
	R2's Physical Restraint/Enabler Assessment was undated, incomplete and unsigned. It failed to document reasons for use; a diagnosis for the use of the restraint and attempts at lesser restrictive alternatives.			
	It was not documented that R2 had a physician's order for the use of a restraint.			
	R2's side rail consent dated 9/29/11 failed to contain a signature.			
	R2's fall care plan dated 10/25/2010 listed an intervention on 12/18/2010 to provide half side			

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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 145275	(X2) MULTIPLE CONSTRUCTION A. BUILDING ____ B. WING ____	(X3) DATE SURVEY COMPLETED 10/06/2011
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F 221	Continued From page 6 rails on the bed. The care plan did not address side rails as a problem with a plan for a reduction for the use of side rails or alternatives to the side rails. 4. R10's Minimum Data Set (MDS) dated 09/02/11 indicates R10 is totally dependent on staff for transfers, bed mobility, dressing, and personal hygiene. On 10-03-11 at 9:00 A.M. E6 (MDS Coordinator) stated that R10 is totally dependent on staff for all needs including turning and repositioning. On 10/03/11 at 9:00 A.M., 10:30 A.M., 11:30 A.M., 1:15 P.M. and on 10/04/11 at 9:00 A.M. through 10:00 A.M., R10 had half side rails up on both sides of the bed. On 10/03/11 at 11:30 A.M. E17 (Certified Nurse Aide) was repositioning R10 in the bed. R10 was unable to assist E17 to turn and reposition herself by holding on to the side rails. R10 's Physician Order Sheet dated 10/01/11 through 10/31/11 does not indicate a medical reason for the use of side rails.	F 221		
F 241 SS=D	483.15(a) DIGNITY AND RESPECT OF INDIVIDUALITY The facility must promote care for residents in a manner and in an environment that maintains or enhances each resident's dignity and respect in full recognition of his or her individuality. This REQUIREMENT is not met as evidenced by: Based on observation and interview facility staff failed to avoid standing while feeding three of three residents (R2,R4,R9) who required assistance with feeding in the sample of 22 and	F 241		11/11/11

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	145275		10/06/2011

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TIMBERCREEK REHAB & HEALTHCARE CENTER	2220 STATE STREET PEKIN, IL 61554

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F 241	Continued From page 7 four residents (R71, R72, R73, R59) in the supplemental sample. The facility failed to provide privacy during an injection to one resident (R61) in the supplemental sample. Findings include: 1. On 10/4/11 from 8 a.m. until 8:20 a.m. E22 (Certified Nurse Aide) stood while feeding R2, R4, R72 and R73 at the assisted feeding table in the dining room. On 10/4/11 E20 (Certified Nurse Aide) stood to feed R9, R59 and R71 from 8:15 a.m. until 8:25 a.m. On 10/6/11 at 12:50 p.m. E2 (Director of Nursing) stated that it is an expectation that while feeding the residents the person is seated. E2 stated "I caught someone standing and feeding the other day and corrected them". 2. On 10/4/11 at 7:45 a.m. E12 (Licensed Practical Nurse) raised R61's shirt while R61 was in the doorway of her room facing the hallway and administered an injection. On 10/5/11 at 10:55 a.m. E2 (Director of Nurses) stated that the expectation is to give injections in privacy.	F 241		
F 252 SS=C	483.15(h)(1) SAFE/CLEAN/COMFORTABLE/HOMELIKE ENVIRONMENT The facility must provide a safe, clean, comfortable and homelike environment, allowing the resident to use his or her personal belongings	F 252		11/11/11

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	145275		10/05/2011

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F 252	Continued From page 8 to the extent possible. This REQUIREMENT is not met as evidenced by: Based on observation and interview, the facility failed to have 45 of 45 dining room chairs clean and in good repair. This deficient practice has the potential to affect all 105 residents who eat in the dining rooms. Findings include: During the group meeting on October 4, 2011, at 10:45 a.m., R74 through R76 agreed that the dining room chairs are dirty. On October 5, 2011, at 10:30 a.m., 45 chairs of the same design were sitting in the Main Dining Room, the Assisted Dining Room and the Activity Room, the areas where residents eat the three meals. The chairs are wooden with arms and have greenish cloth fabric covered seats and backs. All 45 chairs had many dark, white and some red spots and stains on them, especially on the seats. On all 45 chairs there was an approximately two-inch area on both sides just above the arms where the varnish was missing and the wood was exposed and damaged to a point that some chairs could produce splinters. On October 5, 2011, at 10:45 a.m., E1, Administrator, said that the facility has power washed these chairs, and that it is time to power wash them again. According to the CMS 672, there were 110 residents at the facility during the survey including five residents who receive tube feedings and do not come to the dining room during meals.	F 252		
F 253	483.15(h)(2) HOUSEKEEPING &	F 253		11/11/11

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 145275	(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING	(X3) DATE SURVEY COMPLETED 10/06/2011
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F 253 SS=E	Continued From page 9 MAINTENANCE SERVICES	F 253		
	The facility must provide housekeeping and maintenance services necessary to maintain a sanitary, orderly, and comfortable interior.			
	This REQUIREMENT is not met as evidenced by: Based on observation and interview, the facility failed to have two of four Soiled Utility Rooms and one of six Shower Rooms in good repair. This deficient practice has the potential to affect all residents on B100, B200, C100 and C200 wings. (R1, R2, R6, R7, R8, R9, R13, R14, R15, R18, R23 - R70).			
	Findings include:			
	During the tour of the environment with E1, Administrator, and E15,(Maintenance Supervisor), on October 4, 2011, from 12:30 p.m. to 210 p.m., the four Soiled Utility Rooms were checked .			
	In the Soiled Utility Room on B100 wing two tiles had slipped about 1 1/2 inches, exposing the subfloor. A third tile had about two inches of a corner missing. In addition, four to five feet of baseboard had come off the side and lay on top of the tiles. Also, both sinks of the two-compartment sink had dirty water in them that was not draining. The brown wood cabinets showed many areas that were showing lighter colors, where the wood had been scraped or otherwise damaged. E15 said that he was not aware of the problems in this room; nobody had told him.			

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F 253	Continued From page 10	F 253		
	In the Soiled Utility Room on C200 wing wooden strips half an inch to four inches long had been torn off the bottom of the brown cabinets in many areas; showing a much lighter color underneath. Neither E1 nor E15 explained what happened to the damaged wooden cabinets.			
	In the C200 Shower Room, the beige paint was peeling off the door frame on the right side, exposing a dark color underneath. Also, at the bottom of the right side of the door frame, about one inch off the floor, a three inch by 1 inch piece of wood was missing, making the area uneven, producing splinters and prone to residents getting their feet caught in the area. E1 made the comment that it would be difficult to close the door if the frame was repainted. (The areas where most of the paint had peeled off was on the right door frame nowhere near the frame and door interface.)			
	On October 6, 2011, at 10:00 a.m., E2, Director of Nurses, and E3, Assistant Director of Nurses, verified that B100 Soiled Utility Room would be used for residents on B100 and B200 wings and C200 Soiled Utility Room would be used for residents on C100 and C200 wings. C200 Shower Room would be used for C100 and C200 residents.			
	According to a Resident Directory provided by E1, residents on B100 and B200 wings are R7, R8, R14, R23 - R48 and residents on C100 and C200 wings are R1, R2, R6, R9, R13, R15, R18, R49 - R70.			
F 272 SS=B	483.20(b)(1) COMPREHENSIVE ASSESSMENTS	F 272		11/11/11

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F 272	Continued From page 11 The facility must conduct initially and periodically a comprehensive, accurate, standardized reproducible assessment of each resident's functional capacity. A facility must make a comprehensive assessment of a resident's needs, using the resident assessment instrument (RAI) specified by the State. The assessment must include at least the following: Identification and demographic information; Customary routine; Cognitive patterns; Communication; Vision; Mood and behavior patterns; Psychosocial well-being; Physical functioning and structural problems; Continence; Disease diagnosis and health conditions; Dental and nutritional status; Skin conditions; Activity pursuit; Medications; Special treatments and procedures; Discharge potential; Documentation of summary information regarding the additional assessment performed on the care areas triggered by the completion of the Minimum Data Set (MDS); and Documentation of participation in assessment.	F 272		

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F 272	Continued From page 12 This REQUIREMENT is not met as evidenced by: Based on observation and interview, the facility failed to include in Section V of the MDS (Minimum Data Set) the date and the location of information used for decision making regarding the CAAs (Care Area Assessments) for 14 of 22 residents (R1, R18, R14, R8, R5, R2, R15, R9, R6, R10, R11, R16, R13 and R17) in the sample of 22 requiring the completion of a RAI (Resident Assessment Instrument). Findings include: E14 (MDS/ Care plan Coordinator) stated on 10/04/11 at 2:20 p.m. that in Section V 0200 under the column titled "Location and Date of CAA Information" the facility staff have failed to document the date and the specific location in each resident record where the information is provided. 1. R1's annual Minimum Data Set dated 09/13/11 section V 0200 does not indicate where specifically in R1's clinical record the information for the Care Area Assessments could be found and does not include dates of this information. 2. R18's initial Minimum Data Set dated 03/15/11 section V 0200 does not indicate the location and date where information for the Care Area Assessments could be found in R18's clinical record. 3. R8's annual Minimum Data Set dated 09/13/11 section V 0200 does not indicate where specifically in R8's clinical record the information	F 272		

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F 272	Continued From page 13 for the Care Area Assessments could be found and does not include dates of this information. 4. R14's annual Minimum Data Set dated 09/13/11 section V 0200 does not indicate where specifically in R14's clinical record the information for the Care Area Assessments could be found and does not include dates of this information. Records of R5, R2, R15, R9, R6, R10, R11, R16, R13, and R17 contain additional examples of Section V 0200 lacking dates and location of information.	F 272		
F 279 SS=E	483.20(d), 483.20(k)(1) DEVELOP COMPREHENSIVE CARE PLANS A facility must use the results of the assessment to develop, review and revise the resident's comprehensive plan of care. The facility must develop a comprehensive care plan for each resident that includes measurable objectives and timetables to meet a resident's medical, nursing, and mental and psychosocial needs that are identified in the comprehensive assessment. The care plan must describe the services that are to be furnished to attain or maintain the resident's highest practicable physical, mental, and psychosocial well-being as required under §483.25; and any services that would otherwise be required under §483.25 but are not provided due to the resident's exercise of rights under §483.10, including the right to refuse treatment under §483.10(b)(4).	F 279		11/11/11

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING	(X3) DATE SURVEY COMPLETED
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F 279	Continued From page 14 This REQUIREMENT is not met as evidenced by: Based on observation, interview and record review, the facility failed to develop care plans that address all care areas triggered from the Minimum Data Set (MDS), are individualized with resident's concerns including dialysis, tracheostomy care, restraint use, discharge planning and /or psychotropic medication use for fourteen of twenty two residents (R10, R11, R16, R1, R18, R17, R8, R14, R15, R9, R5, R2, R6, R13) reviewed for care plans in the sample of 22. Findings include: 1. R1's annual Minimum Data Set dated 09/13/11 triggers Communication, Activities of Daily living (ADLs), Pressure ulcers and Psychoactive medications as care areas that would be addressed on R1's care plan. R1's care plan dated as last reviewed on 09/13/11 does not address communication, ADLs, pressure ulcers or psychoactive medications. On 10/04/11 at 2:15 p.m., E6 (MDS and Care Plan Co Coordinator) verified that not all triggered areas from R1's MDS were addressed in her care plan. 2. On 10/05/11 at 11:00 a.m., R18 stated that he is planning to discharge from this facility and move closer to his family. On 10/05/11 at 2:00 p.m., E14 (Social Service Designee) confirmed R18's plan to move and stated that she had been in contact with R18's guardian, family, and the Veteran's Administration regarding R18's potential discharge from the facility. R18's care plan dated as last reviewed on	F 279		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 145275	(X2) MULTIPLE CONSTRUCTION A. BUILDING ___ B. WING ___	(X3) DATE SURVEY COMPLETED 10/06/2011
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F 279	Continued From page 15 09/06/11 does not address R18's plans for discharge. E14 verified on 10/05/11 at 2 p.m. that R18's care plan does not include his discharge plan. R18's annual MDS dated 03/15/11 indicates Activities of Daily Living (ADLs) and psychoactive medications were triggered to be addressed on R18's care plan. R18's care plan dated as last reviewed on 09/06/11 does not address either his ADL concerns or psychoactive medications. 3. R10's MDS dated 06/12/11 triggers Psychological Well-Being, Falls, Dehydration/Fluid Maintenance, Pressure Ulcer, Psychotropic Drug Use, and Pain as care areas to be addressed on R10's care plan. R10's care plan dated as last reviewed 06/12/11 does not address any of the above triggered areas of concern. On 10/04/11 at 12:40 P.M. E5 (Licensed Practical Nurse) LPN/Care Plans stated that R10's care plan was a complete care plan. 4. R11's MDS dated 03/15/11 indicates that R11 requires extensive assistance to dress and needs some assistance to bathe. R11's Care Area Assessment (CAA) indicates ADL Functional/Rehabilitation as a care area to be addressed on R11's care plan. R11's care plan dated as last reviewed 07/5/11 does not indicate dressing and bathing assistance as an intervention. 5. R16's MDS dated 09/20/11 indicates that R16 requires extensive assistance to dress, transfer, needs limited assistance to bathe, and has a urinary catheter. The MDS also indicates ADL Functional/Rehabilitation, Indwelling Catheter, and	F 279		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION. A. BUILDING B. WING	(X3) DATE SURVEY COMPLETED
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F 279	Continued From page 16 Psychotropic Drug Use as care areas to be addressed on R16's care plan. R16's care plan dated as last reviewed 06/14/11 does not address any of the triggered areas of concern. 6. R17's triggered care areas in the Care Area Assessment Summary dated 3/23/11 are ADL Functional/Rehabilitation Potential, Falls, Nutritional Status, Dental Care, Pressure Ulcer and Psychotropic Drug Use. R17's Care Plan dated 3/17/11 and 3/23/11 identify Pressure Ulcers and Lifestyle Preferences (Advanced Directives)as problems with interventions on the current care plan. There are no care plans developed for ADL Function, Falls, Nutritional Status, Dental Care, and Psychotropic Drug Use. R17 has been receiving two antipsychotic medications since admission on 3/18/11. R17 does not have a care plan that identifies Psychotropic medications as a category and nor does it provide a goal and a plan for the reduction and discontinuation of the antipsychotic medication. There are no directions to the staff for the monitoring of the antipsychotic medications. On 10/5/11 at 2:00 PM, E2 (Director of Nurses) stated that she was not aware of R17 not having a care plan for psychotropic medications or the other areas that triggered. 7. R14's physician orders dated 10/01/11 to 10/31/11 and Minimum Data Set documents R14 receives dialysis three times a week. On	F 279		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER	(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING	(X3) DATE SURVEY COMPLETED
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F 279	Continued From page 17 10/05/11 at 9:30 a.m., R14 stated she receives dialysis three times a week and has a shunt in her right arm. R14's care plan dated 07/05/11 addresses under the nutritional problem that R14 is on dialysis three times a week but there are no specific approaches specifically related to R14's dialysis care/needs monitoring for infections and prevention care. The Third Edition Clinical Nursing Skills Handbook and the facility Dialysis policy documents for nursing staff to assess for signs of clotting such as redness, tenderness, and a "throbbing sensation felt in the area of the graft", check for absence of the normal "thrill and bruit" of the graft/fistula area, and blood (lab) samples and blood pressures are not to be taken in the same arm as the fistula. 8. On 10/03/11 at 9:00 a.m., R8 was in the main dining room during breakfast. R8 was receiving 2 liters oxygen via tracheostomy tube. R8's physician orders dated 10/01/11 to 10/31/11 documents R8 has a tracheostomy tube. R8's care plan dated 09/13/11 does not indicate what size tracheostomy tube R8 has and does not provide approaches for emergency care/equipment needed. The Third Edition Clinical Nursing Skills Handbook documents to have a second tracheal set available, provide 100% oxygen if needed, suctioning care, replacing the tracheal tube or inner cannula, informing the physician if needed, assessing respiratory distress.	F 279		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING	(X3) DATE SURVEY COMPLETED
	145275		10/06/2011

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F 279	Continued From page 18 9. R2, R5, R6, R9, R13 and R15 are examples of other residents whose care plans were not developed to address their triggered areas or individualized to include their specific care needs.	F 279		
F 281 SS=D	483.20(k)(3)(i) SERVICES PROVIDED MEET PROFESSIONAL STANDARDS The services provided or arranged by the facility must meet professional standards of quality. This REQUIREMENT is not met as evidenced by: Based on observation, interview, and record review the facility failed to ensure that administered medication was taken for one resident (R16) in the sample of 22 and one resident (R60) in the supplemental sample. Findings include: 1. On 10/4/11 at 7:35 a.m. E12 (Licensed Practical Nurse) entered R60's room with medication in a cup. E12 handed R60 his medication in the cup and left the room failing to witness R60 ingesting the medication. The third edition Clinical Nursing Skills documents to "make sure the patient swallows the medication." 2. On 10-05-11 at 9:50 A.M. R16 had a medicine cup containing pills sitting on R16's bedside table without R16's nurse being present. R16 stated that the nurse must have left the medications when R16 was asleep and that the nurses "do that sometimes." On 10-05-11 at 10:40 A.M. E2 (Director of Nursing) stated that medications	F 281		11/11/11

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F 281	Continued From page 19 should not be left on a resident's bedside table for any reason, not even if the resident asks the nurse to do so.	F 281		
F 285 SS=D	483.20(m), 483.20(e) PASRR REQUIREMENTS FOR MI & MR A facility must coordinate assessments with the pre-admission screening and resident review program under Medicaid in part 483, subpart C to the maximum extent practicable to avoid duplicative testing and effort. A nursing facility must not admit, on or after January 1, 1989, any new residents with: (i) Mental illness as defined in paragraph (m)(2)(i) of this section, unless the State mental health authority has determined, based on an independent physical and mental evaluation performed by a person or entity other than the State mental health authority, prior to admission; (A) That, because of the physical and mental condition of the individual, the individual requires the level of services provided by a nursing facility; and (B) If the individual requires such level of services, whether the individual requires specialized services for mental retardation. (ii) Mental retardation, as defined in paragraph (m)(2)(ii) of this section, unless the State mental retardation or developmental disability authority has determined prior to admission-- (A) That, because of the physical and mental condition of the individual, the individual requires the level of services provided by a nursing facility; and (B) If the individual requires such level of services, whether the individual requires specialized services for mental retardation.	F 285		11/11/11

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F 285	Continued From page 20	F 285		
	For purposes of this section: (i) An individual is considered to have "mental illness" if the individual has a serious mental illness defined at §483.102(b)(1). (ii) An individual is considered to be "mentally retarded" if the individual is mentally retarded as defined in §483.102(b)(3) or is a person with a related condition as described in 42 CFR 1009.			
	This REQUIREMENT is not met as evidenced by: Based on interview and record review, the facility failed to ensure that a Pre-Admission Screening and Resident Review (PASRR) had been conducted for one of two residents (R18) with a serious mental illness in the sample of 22.			
	Findings include:			
	R18's admission forms document that R18 was admitted on 05/06/09. According to the psychiatrist's progress note dated 10/28/10, R18 has a diagnosis of Schizoaffective disorder. The Minimum Data Set dated 03/15/11 and the facility's Subpart S screening form dated 05/06/09 document that R18 meets the criteria for SMI (Serious Mental Illness.) R18's clinical record included no PASRR screening form. On 10/06/11 at 1:30 p.m., E14 (Social Service Designee and coordinator for SMI services) stated that she was not able to locate any PASRR forms for R18 and would contact the facility where R18 had been prior to his admission and ask for a copy of this screening to be sent.			
F 315 SS=E	483.25(d) NO CATHETER, PREVENT UTI, RESTORE BLADDER	F 315		11/11/11

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F 315	Continued From page 21 Based on the resident's comprehensive assessment, the facility must ensure that a resident who enters the facility without an indwelling catheter is not catheterized unless the resident's clinical condition demonstrates that catheterization was necessary; and a resident who is incontinent of bladder receives appropriate treatment and services to prevent urinary tract infections and to restore as much normal bladder function as possible. This REQUIREMENT is not met as evidenced by: Based on interview, observation and record review, the facility failed to individualize a catheter care plan to include definitions of catheter type, schedule of assessment for catheter continuance/removal and provide interventions of catheter care as provided by physician order and facility policy for one of five residents (R5) reviewed for catheter use in the sample of 22. The facility failed to follow and practice good infection control technique when handling the catheters for four of five residents (R6, R9, R10, R11) with urinary catheters in the sample of 22. Findings include: 1. R5's physician order sheets (POS) dated 10/01/11 through 10/31/11 indicate that R5 has diagnoses of benign prostatic hypertrophy (swollen prostate) and urinary tract infection (UTI). On 10/03/11 at 9 a.m. R5 was seen through his	F 315		

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F 315	Continued From page 22 open doorway, lying in bed. R5's catheter bag was attached to the lower frame of his bed and approximately 100 cc (cubic centimeters) of clear, bright yellow urine could be seen in the bag. R5's 10/01/11 through 10/31/11 POS indicates that R5 is to have a number 18 french type, urinary catheter with a ten ml. (milliliter) balloon anchor. To be changed monthly and as needed. On 10/04/11 at 10 A.M. E2, Director of Nurses (DON), verbally confirmed this order is from R5's "Urologist." Other catheter orders for R5 on this same POS are to change the urinary catheter drainage bag twice per month as needed and to provide "catheter care" every shift. E1, Administrator, on 10/04/11 at 11:40 a.m., provided a copy of R5's most current care plan for "alteration in bladder elimination with indwelling catheter." This care plan was dated as reviewed and continued on 05/04/11. The creation date for this care plan was noted as 02/01/11. On 10/04/11 E2, DON, was asked to provide all facility policy and procedures related to catheter care. E2 provided policies titled "Catheter Care," "Perineal Care" and "Catheterizations, Urinary Catheter Insertion." None of these policies addressed long term, in-dwelling catheter maintenance. E2 verbally verified that there were no other facility policies related to catheters. R5's catheter care plan only had the goal of resident remaining free of UTI for 90 days. This care plan indicates that on 05/04/11 that this goal was not met. This care plan did not contain any goals or interventions specific to R5's catheter	F 315		

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F 315	Continued From page 23 type. There were no indications of scheduled catheter assessments for continued use or removal of R5's catheter in this care plan, nor were there any interventions indicated specific to physician orders written for R5. R5's catheter care plan had no indications of catheter care specific to provided facility catheter care policy and procedures. E6, MDS (Minimum Data Sets)/Care Plan Coordinator, on 10/04/11 at 11 A.M., stated that she had not realized that R5's catheter care plan did not specifically address R5's in-dwelling catheter care but agreed that this was lacking upon her own review of R5's care plan. E6 stated, "That won't do." 2. On 10/4/11 at 9:45 a.m. E21 (Certified Nursing Assistant) and E11 (Certified Nursing Assistant) were transferring R6 from the chair to the bed. E21 picked up R6's indwelling catheter bag and placed it on R6's abdomen at the level of the bladder. E21 then attached R6's sling to the mechanical lift, picked the catheter bag up off of R6's abdomen and hung it on the sling strap (causing the catheter bag to be above the level of the bladder) of the mechanical lift. R6 was placed in bed and the catheter bag was hung on the side of the bed. R6's catheter tubing was unsecured and lying on the bed. R6's continence care plan dated 7/19/11 documented to keep drainage bag below bladder to prevent reflux. 3. On 10/4/11 at 1:30 p.m. E9 (Certified Nursing Assistant) and E10 (Certified Nursing Assistant) transferred R9 from the chair to the bed to enable	F 315		

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F 315	Continued From page 24 E12 (Licensed Practical Nurse) to perform a dressing change. R9 was placed in the bed and E9 placed R9's catheter bag on the bed. R9's catheter bag remained on the bed during the entire dressing change which lasted approximately 15 minutes. At the completion of the dressing change the catheter bag was hung on the side of the bed, unsecured to R9. On 10/4/11 at 1:50 p.m. E12 (Licensed Practical Nurse) verified that R9's catheter bag laid on R9's bed during the entire duration of the dressing change and that R9' s bag should have been below the level of the bladder. R9's continence care plan dated 2/1/11 documented to keep drainage bag below bladder level to prevent reflux. 4. On 10-03-11 at 12:05 P.M. E17 and E18 (Certified Nurse Aides) transferred R11 to the wheelchair using a mechanical lift. E18 placed R11's urinary catheter bag in R11's lap which was above the level of R11's bladder causing the urine in the tubing to flow back toward the bladder. Once R11 was placed in the wheelchair, E17 slid R11's catheter bag on the floor under R11's wheelchair so E18 could place the catheter bag on the back of the wheelchair. R11's urinary catheter tubing was hanging freely without being secured to R11's leg. 5. On 10-03-11 at 11:30 A.M. R10 was being dressed by E17 (Certified Nurse Aides). E17 rolled R10 from side to side while dressing R10. R10's urinary catheter tubing was hanging freely without being secured to R10's leg. On 10-04-11 at 9:50 A.M. E17 and E20 (Certified	F 315		

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F 315	Continued From page 25 Nurse Aide) transferred R10 to the recliner chair using a mechanical lift. E20 placed R10's urinary catheter bag in R10's lap which was above the level of R10's bladder causing urine in the tubing to flow back toward the bladder. Once R10 was placed in the recliner, E20 placed the urinary catheter bag on the floor before hanging it on the recliner chair.	F 315		
F 323 SS=D	483.25(h) FREE OF ACCIDENT HAZARDS/SUPERVISION/DEVICES 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. This REQUIREMENT is not met as evidenced by: Based on observation, interview, and record review the facility failed to properly engage the facility van's mechanical lift for wheelchairs for one of eight residents (R16) reviewed for falls in the sample of 22. Findings include: R16 is wheelchair bound and requires assistance with all transportation to and from the facility. On 10-05-11 at 9:50 A.M. R16 stated that he had fallen from the back of the facility's van while in his wheelchair. R16 stated that on 01-08-11 the wheelchair lift was not in place when he was being taken out of the facility's van and that he and the wheelchair dropped to the ground and	F 323		11/11/11

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F 323	Continued From page 26 then tipped backward causing R16 to land on his back. R16 stated he was then sent to the emergency room for treatment but did not sustain any serious injury. E1 (Administrator) on 10/5/11 at 10:10 a.m. confirmed that R16 had fallen from the facility's van when the mechanical lift had not been properly engaged by E7 (Certified Nurse Aide) and that R16 had gone the emergency room for treatment. The facility incident investigation report dated 02-08-11 indicates that on 01-08-11 at 3:50 P.M. R16 was in his wheelchair in the facility's van. E7 unstrapped R16's wheelchair in order to push the wheelchair onto the mechanical lift. E7 had not engaged the mechanical lift and R16 fell out of the van to the ground landing on his back. R16 was taken to the emergency room and returned to the facility without any injury.	F 323		
F 328 SS=D	483.25(k) TREATMENT/CARE FOR SPECIAL NEEDS The facility must ensure that residents receive proper treatment and care for the following special services: Injections; Parenteral and enteral fluids; Colostomy, ureterostomy, or ileostomy care; Tracheostomy care; Tracheal suctioning; Respiratory care; Foot care; and Prostheses. This REQUIREMENT is not met as evidenced	F 328		11/11/11

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F 328	Continued From page 27 by: Based on observation, record review, and interview, the facility failed to assess increased lethargy and oxygen therapy for one of six residents (R7) receiving oxygen and failed to provide oxygen rate parameters for one of six residents (R14) receiving oxygen in the sample of 22. Findings include: 1. R7's physician orders dated 10/1/11 to 10/31/11 documents R7 receives 3.5 liters of oxygen per nasal cannula continuously. On 10/0/3/11 at 10:00 a.m. and 10:45 a.m., R7 was in the main dining room and R7's oxygen rate was set on 2 liters of oxygen via nasal cannula. On 10/3/11 at 2:00p.m., R7 was sitting in his wheelchair in his room and had his head down. E4 (Licensed Practical Nurse) could arouse R7 but R7 did not want to keep his eyes open and was very lethargic. E4 stated R7 is frequently tired and was probably even more tired now because E4 had R7's oxygen off while refilling the oxygen tank. E4 checked R7's pulse oximetry, and it was 87% without oxygen on. E4 restarted R7's oxygen and set the oxygen rate on 2 liters. E4 verified that she was unaware that R7's physician orders documented to have R7's oxygen rate set at 3.5 liters continuously per nasal cannula. E4 stated that the oxygen tank does not have a 3.5 liter rate and that the rate goes from 3 liters to 4 liters. E4 had reset R7's oxygen rate to 3 liters and R4's pulse oximetry increased to 93%. E4 notified the physician and	F 328		

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F 328	Continued From page 28 received new orders to have R7's oxygen set at 3 liters per nasal canula continuously and to keep the oxygen saturation rate above 91%. On 10/03/11 at 2:10 p.m., Z1 (Hospice Certified Nursing Aide) stated that R7 seemed to be very tired today and decided not to give R7 a shower since R7 did not want to stay awake. Z1 stated that the staff reported to her that R7 was very sleepy all weekend. On 10/31/11 at 2:30 p.m., R7 was becoming more responsive and starting to keep his eyes opened. A Respiratory Treatment Log dated October, 2011 does not document R7's pulse oximetry saturation rate and does not document R7's oxygen rate during any of the three shifts on 10/01/11 and 10/02/11. Nursing notes, physician orders, or telephone orders do not indicate reporting to R7's physician regarding R7's increased lethargy. R7's care plan dated 07/26/11 documents for staff to monitor R7 for signs and symptoms of oxygen deficiency such as acting restless, forgetful, trouble concentrating or excessively tired. Interventions include check R7's pulse oximetry as ordered and when needed and to record the values on R7's treatment record, as well as review for patterns, report to the physician as necessary, and to administer oxygen per physician orders. 2. R14's physician orders dated 10/31/11 document for nursing staff to titrate R14's oxygen by checking R14's pulse oximetry saturation rate every shift to keep R14's saturation rate at or over	F 328		

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F 328	Continued From page 29 90% when necessary (PRN). There are no orders showing R14 receives oxygen via nasal canula routinely and at what rate to routinely keep the oxygen rate. During the tour with E5 (MDS/Care Plan nursing staff) on 10/03/11 at 9:30 a.m., R14 was laying in bed and was receiving 5 liters oxygen via nasal cannula. On 10/05/11 at 10:00 a.m., R14's oxygen rate was set on 3 liters. R14 stated on 10/05/11 at 10:00 a.m. that her oxygen is always set on 3 liters. R14's physician orders show nursing staff are documenting R14's pulse oximetry saturation rates but they do not indicate what R14's oxygen rate is set at during this time. E3 (Assistant Director of Nursing) stated on 10/04/11 at 1:30 p.m., that a Respiratory Treatment Record is used for residents receiving oxygen therapy to keep track of there saturation rates and oxygen therapy but did not find one started for R14 for October, 2011.	F 328		
F 329 SS=D	483.25(l) DRUG REGIMEN IS FREE FROM UNNECESSARY DRUGS Each resident's drug regimen must be free from unnecessary drugs. An unnecessary drug is any drug when used in excessive dose (including duplicate therapy); or for excessive duration; or without adequate monitoring; or without adequate indications for its use; or in the presence of adverse consequences which indicate the dose should be reduced or discontinued; or any combinations of the reasons above. Based on a comprehensive assessment of a resident, the facility must ensure that residents	F 329		11/11/11

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER	(X2) MULTIPLE CONSTRUCTION A. BUILDING ____ B. WING ____	(X3) DATE SURVEY COMPLETED
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F 329	Continued From page 30 who have not used antipsychotic drugs are not given these drugs unless antipsychotic drug therapy is necessary to treat a specific condition as diagnosed and documented in the clinical record; and residents who use antipsychotic drugs receive gradual dose reductions, and behavioral interventions, unless clinically contraindicated, in an effort to discontinue these drugs. This REQUIREMENT is not met as evidenced by: Based on interview and record review, the facility failed to justify the need for two antipsychotic medications and failed to attempt to reduce or discontinue medications for one of six residents (R17) receiving antipsychotic medications in the sample of 22. Finding include: 1. The current physician's order sheet (POS) dated 10/1/11 - 10/30/11 documents that R17 is a 92-year-old-female who was admitted to this facility on 3/18/11 with an order for Zyprexa 5 milligrams (mg) every evening and Haldol 1 mg twice a day. The Consultation from the hospital where R17 was admitted from home with diagnosis of dementia, delirium, hallucinations secondary to delirium dated 3/16/11 documents that R17 has no psych history. The Consultation by Licensed Clinical Psychologist dated 3/17/11 documents " (R17) has some cognitive impairment, however this may relate to a number	F 329		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING ____ B. WING ____	(X3) DATE SURVEY COMPLETED
	145275		10/06/2011

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
TIMBERCREEK REHAB & HEALTHCARE CENTER	2220 STATE STREET PEKIN, IL 61554

(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 329	Continued From page 31 of factors. There may have been acute confusion associated with an infection or some other cause. I believe the patient's cognition is affected by her sensory loss. (R17) becomes more confused when information is requiring some visual input. There may be the early stage of a dementia process, although the type is not clear at this point. R17 also does have a history of a head injury." According to the POS's, R17 was receiving the two antipsychotics from 3/18/11 through 7/11/11 when the Zyprexa 5 mg was discontinued. The Haldol 1 mg twice a day was continued through present with no attempt to reduce or discontinue. The Behavior Monitoring Records dated April through September document that the behavior being monitored for the use of antipsychotics is anxiety. These behavior monitoring sheets document no behaviors of anxiety were observed during these months The nurses notes in the current medical record dated 6/11 through 10/11 do not document any behaviors. On 10/5/11 at 2:00 PM, E2 (Director of Nurses) stated that R17 is very pleasant and cooperative. E2 stated that R17 does not have any behaviors. E2 stated that the pharmacist is supposed to monitor the antipsychotics and make recommendations to the physician to reduce. The Psychotropic Medication Consent dated 3/18/11 for Ativan 0.5 mg three times a day, Haldol 1 mg twice a day and Zyprexa 5 mg at night with some of the possible side effects listed	F 329		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 145275	(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING	(X3) DATE SURVEY COMPLETED 10/06/2011
NAME OF PROVIDER OR SUPPLIER TIMBERCREEK REHAB & HEALTHCARE CENTER		STREET ADDRESS, CITY, STATE, ZIP CODE 2220 STATE STREET PEKIN, IL 61554	

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F 329	Continued From page 32 is signed by R17's power of attorney. There is no evidence that R17 gave consent or was informed of the psychotropic medications and the possible side effects. The Admission Minimum Data Set(MDS) dated 3/23/11 and the most recent MDS dated 9/13/11 documents that R17's Brief Interview for Mental Status cognitive patterns was scored at "15." All questions was answered correctly with no cueing. The Drug Information Handbook for Nursing 2007 documents that "Patients with dementia-related behavioral disorders treated with atypical antipsychotics are at an increased risk of cerebrovascular adverse events and death compared to placebo. Zyprexa is not approved for this indication. Life threatening arrhythmia's have occurred with some neuroleptics. May cause extreme and life-threatening hyperglycemia." "Geriatric patients have an increased risk of adverse response to side effects or adverse reaction to antipsychotics." The Appendix/OBRA Guidelines for Long-term Care on page 1415 of this Drug Handbook documents "Selection of an antipsychotic agent should be based on the side effect profile since all antipsychotic agents are equally effective at equivalent doses. Coadministration of two or more antipsychotics does not have any pharmacological basis or clinical advantage and increases the potential for side effects."	F 329		
F 334 SS=D	483.25(n) INFLUENZA AND PNEUMOCOCCAL IMMUNIZATIONS The facility must develop policies and procedures that ensure that – (i) Before offering the influenza immunization, each resident, or the resident's legal	F 334		11/11/11

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	145275	A. BUILDING B. WING	10/06/2011

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F 334	Continued From page 33 representative receives education regarding the benefits and potential side effects of the immunization; (ii) Each resident is offered an influenza immunization October 1 through March 31 annually, unless the immunization is medically contraindicated or the resident has already been immunized during this time period; (iii) The resident or the resident's legal representative has the opportunity to refuse immunization, and (iv) The resident's medical record includes documentation that indicates, at a minimum, the following: (A) That the resident or resident's legal representative was provided education regarding the benefits and potential side effects of influenza immunization; and (B) That the resident either received the influenza immunization or did not receive the influenza immunization due to medical contraindications or refusal. The facility must develop policies and procedures that ensure that – (i) Before offering the pneumococcal immunization, each resident, or the resident's legal representative receives education regarding the benefits and potential side effects of the immunization; (ii) Each resident is offered a pneumococcal immunization, unless the immunization is medically contraindicated or the resident has already been immunized; (iii) The resident or the resident's legal representative has the opportunity to refuse immunization; and (iv) The resident's medical record includes	F 334		

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F 334	Continued From page 34 documentation that indicated, at a minimum, the following: (A) That the resident or resident's legal representative was provided education regarding the benefits and potential side effects of pneumococcal immunization; and (B) That the resident either received the pneumococcal immunization or did not receive the pneumococcal immunization due to medical contraindication or refusal. (v) As an alternative, based on an assessment and practitioner recommendation, a second pneumococcal immunization may be given after 5 years following the first pneumococcal immunization, unless medically contraindicated or the resident or the resident's legal representative refuses the second immunization. This REQUIREMENT is not met as evidenced by: Based on interview and record review, the facility failed to evaluate influenza and/or pneumonia vaccination status and provide information/education on the same for the flu season of 2010 for three of five residents (R5, R6, and R9) reviewed for immunizations in the sample of 22. Findings include: 1. R5's admission face sheet indicates that R5 has been a resident of the facility since his re-admission date of 09/04/09. R5's medical record review indicated that R5 had	F 334		

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F 334	Continued From page 35 no "Immunization Record" to document receiving or refusing the influenza vaccine (fluvac) or pneumonia vaccine (pneumovax) within the flu season of the past year (October 1st, 2010 through March 31st, 2011). Also, R5 had no education or consent forms for either the fluvac or pneumovax for last year's flu season in his medical record. E2, Director of Nursing (DON), stated on 10/04/11 at 1 P.M. that she had not been able to find R5's 2010 flu season "Immunization Record" or R5's 2010 education/consent forms for fluvac and pneumovax. E2 stated that she suspected that R5 did not have these records and could not verbally verify that R5 had or had not received either a fluvac or pneumovax for the 2010 flu season. 2. R6's admission face sheet indicates that R6 has been a resident of the facility since 04/24/10. R6's medical record review indicated that R6 had no "Immunization Record" to document receiving or refusing the influenza vaccine (fluvac) or pneumonia vaccine (pneumovax) within the flu season of the past year (October 1st, 2010 through March 31 st, 2011). R6 had no education or consent forms for either the fluvac or pneumovax for last year's flu season in his medical record. E2, DON, on 10/04/11 was unable to provide any documentation to verify that R6 had received education on fluvac and pneumovax or had been offered the fluvac or pneumovax within the 2010 flu season.	F 334		

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F 334	Continued From page 36 3. R9's admission face sheet indicates that R9 has been a resident of the facility since 06/20/09. R9's medical record review indicated that R9 had no documentation verifying R9 had education provided prior to a influenza vaccination (fluvac) administered to R9 on 03/14/11 (as indicated by the facility's "Immunization Record" of the same date). E2, DON, on 10/04/11 was unable to provide any documentation to verify that R9 had received education on fluvac prior to R9 receiving a fluvac on 03/14/11.	F 334		
F 406 SS=D	483.45(a) PROVIDE/OBTAIN SPECIALIZED REHAB SERVICES If specialized rehabilitative services such as, but not limited to, physical therapy, speech-language pathology, occupational therapy, and mental health rehabilitative services for mental illness and mental retardation, are required in the resident's comprehensive plan of care, the facility must provide the required services; or obtain the required services from an outside resource (in accordance with §483.75(h) of this part) from a provider of specialized rehabilitative services. This REQUIREMENT is not met as evidenced by: Based on interview and record review, the facility failed to provide psychiatric rehabilitative services for two of two residents (R16, R18) with serious mental illness in the sample of 22. Findings include:	F 406		11/11/11

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F 406	Continued From page 37 1. The psychiatrist progress note dated 10/28/10, documents that R18 has a diagnosis of Schizoaffective disorder. The Minimum Data Set dated 03/15/11 and the facility's sub part S screening form dated 05/06/09 document that R18 meets the criteria for SMI (Serious Mental Illness.) R18's clinical record including additional Subpart S documentation, provided by E14 (Social Service Designee and Coordinator for the SMI services.) does not include a psychiatric evaluation, psycho social assessment or skills assessment that have been completed within the last twelve months. R18's clinical record including his care plan do not include an individualized treatment plan. On 10/05/11 at 1:30 p.m., E14 stated that the facility has not developed any psychiatric rehabilitation program or skills training program either as a group or as a one to one intervention for R18. E14 stated that R18 is in the facility because he needs medication monitoring and a structured environment. E14 stated that the facility, R14's family, and guardian are working to transfer R18 to another facility closer to his family, but no discharge plan has been developed. 2. According to the Physician Order Sheet (POS) dated 10/01/11, R16 has a diagnosis of Schizoaffective Disorder. The Minimum Data Set dated 09/15/11 and the facility's sub part S screening form dated 09/15/11 document that R16 meets the criteria for SMI (Serious Mental Illness). R16's clinical record including additional sub part S documentation, provided by E14 (Social Service Designee and Coordinator for the SMI services) does not include a psychiatric evaluation, and does not include an interdisciplinary team plan of care. R16's clinical	F 406		

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F 406	Continued From page 38 record including his medical care plan do not include an individualized treatment plan. On 10/05/11 at 1:30 p.m., E14 stated that the facility has not developed any psychiatric rehabilitation program or skills training program either as a group or as a one to one intervention for R16. E1 stated that R1 is in the facility because he needed medical treatment for pressure ulcers and was not admitted on the basis of having a Serious Mental Illness (SMI). E14 stated that R16 is independently trying to find an apartment and plans to go back to the community,. but no discharge plan has been developed.	F 406		
F 441 SS=D	483.65 INFECTION CONTROL, PREVENT SPREAD, LINENS The facility must establish and maintain an Infection Control Program designed to provide a safe, sanitary and comfortable environment and to help prevent the development and transmission of disease and infection. (a) Infection Control Program The facility must establish an Infection Control Program under which it - (1) Investigates, controls, and prevents infections in the facility; (2) Decides what procedures, such as isolation, should be applied to an individual resident; and (3) Maintains a record of incidents and corrective actions related to infections. (b) Preventing Spread of Infection (1) When the Infection Control Program determines that a resident needs isolation to prevent the spread of infection, the facility must isolate the resident. (2) The facility must prohibit employees with a	F 441		11/11/11

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F 441	Continued From page 39 communicable disease or infected skin lesions from direct contact with residents or their food, if direct contact will transmit the disease. (3) The facility must require staff to wash their hands after each direct resident contact for which hand washing is indicated by accepted professional practice. (c) Linens Personnel must handle, store, process and transport linens so as to prevent the spread of infection. This REQUIREMENT is not met as evidenced by: Based on observation and interview the facility failed to implement infection control practices as evidenced by staff failing to wash hands after leaving a room and failing to maintain a clean field when performing a dressing change for two residents (R6, R9) observed for staff handwashing in the sample of 22. Findings include: 1. On 10/4/11 at 9:45 a.m. E11 (Certified Nursing Assistant) entered R6's room to transfer R6 from chair to bed. E11 finished cares with R6 then walked to R63's room. E11 left R6's room without washing hand then entered R 63's room, donned gloves and failed to wash her hands in between rooms. 2. On 10/4/11 at 1:30 p.m. E12 (Licensed Practical Nurse) prepared to perform a dressing change on R9. E12 gathered supplies for the	F 441		

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F 441	Continued From page 40. dressing change and placed them on R9's over bed table. E12 then left the room to gather additional supplies. E12 re-entered the room and donned gloves without washing her hands. E12 proceeded to open the supplies for R9's dressing change with gloved hands and laid the open packages on the bed without preparing a clean field. E12 proceeded with the dressing change wearing the same gloves she was wearing when obtaining and opening the supplies from R9's over bed table. E12 did not don new gloves prior to performing the dressing change. On 10/4/11 at 1:50 p.m. E12 confirmed that hands should have been washed after entering the room and that a clean field should have been established for the dressing change supplies.	F 441		
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 and interview, the facility failed to clean out the fire box of one of two dryers. This deficient practice has the potential to affect all 110 residents at the facility. Findings include: During the tour of the environment on October 4, 2011, at 1:45 p.m., the Laundry was checked.	F 456		11/11/11

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F 456	Continued From page 41 The firebox of one of the gas dryers had much lint and dust with lint hanging off all the wires and covering the bottom. Both E1, Administrator, and E15, Maintenance Supervisor, who witnessed the condition of this firebox agreed that E16, Housekeeping Supervisor, was responsible for cleaning out this firebox. On October 4, 2011, at 1.50 p.m., E16 at first could not remember when he last cleaned out the area, then said that it had been "2 - 3 weeks." According to the Form CMS 672, there were 110 residents at the facility during the survey. GARY STREITMATTER, SANITARIAN BEVERLY ASBURY, REGISTERED NURSE DEBRA INMAN, REGISTERED NURSE RITA SCHIPFMANN, NUTRITION/DIETITIAN PAT MCDORMAN, REGISTERED NURSE DION CHARLTON, REGISTERED NURSE TAMARA HOPKINS, REGISTERED NURSE PATRICIA FOUNTAIN, REGISTERED NURSE	F 456		

16. (Continued) | % OF TIME

17. POSITION TITLE AND NUMBER OF IMMEDIATE SUPERVISOR (Responsible for assigning work and evaluating this position)

Executive III 13853-20-44-103-20-21

18. PAYROLL TITLE & POSITION NUMBER OF EMPLOYEES IMMEDIATELY SUBORDINATE (Supervised and evaluated by this position)

Position Title	Position number of Subordinates	Position Title	Position number of Subordinates
N/A			

Position assigned responsibility as leadworker check ☐ and list payroll title and position number above.

19. SKILLS, KNOWLEDGES, WORK EXPERIENCES, LICENSE OR CERTIFICATES REQUIRED OTHER THAN THOSE REQUIRED BY THE CLASS SPECIFICATIONS.

Same as spec.

DEPARTMENT OF CENTRAL MANAGEMENT SERVICE

- - - POSITION ACTION NOTICE - - -

REPORT #: DPP03 RUN DATE: 10/21/87 PROGRAM #: IMPOSO

FROM	TO
POSITION #: 18150-20-44-820-11-21	POSITION #: 18150-20-44-880-81-21
TITLE NAME: HEALTH FAC SURV NURSE	TITLE NAME: HEALTH FAC SURV NURSE
DEPARTMENT: PUBLIC HEALTH	DEPARTMENT: PUBLIC HEALTH
DIVISION : LONG TERM CARE FLD. OPR.	DIVISION : LONG TERM CARE FLD. OPR.

* * * * * * * * * *

A/I CONTRL: 002	WRK COUNTY: 072-PEORIA
EXMPT CODE: O	TRANS CODE: MC024
AUDIT CODE: RECORD	EFFEC DATE: 10-01-87
BARG CODE : RC023	POS OPTION:
RUTAN EXEMPT: N	BILING PAY:
TERM ID :	ALT FORM :

* * * * * * * * * *

DEPARTMENT OF CENTERAL MANAGEMENT SERVICE

- - - POSITION ACTION NOTICE - - -

REPORT #: DPP03 RUN DATE: 05/10/95 PROGRAM #: IMP080

FROM	TO
POSITION #: 18150-20-44-103-21-21	POSITION #: 18150-20-44-820-11-21
TITLE NAME: HEALTH FAC SURV NURSE	TITLE NAME: HEALTH FAC SURV NURSE
DEPARTMENT: PUBLIC HEALTH	DEPARTMENT: PUBLIC HEALTH
DIVISION : LONG TERM CARE FLD. OPR.	DIVISION : LONG TERM CARE FLD. OPR.

* * * * * * * * * *

A/I CONTRL: 002	WRK COUNTY: 072-PEORIA
EXMPT CODE: O	TRANS CODE: MC024
AUDIT CODE: RECORD	EFFEC DATE: 05-05-95
BARG CODE : RC023	POS OPTION:
ADMN OR190:	BILING PAY:
TERM ID : CMS	

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Illinois Department of Public Health

ASPEN: Staff Survey Summary (STF1)

from 01/01/2011 thru 06/21/2012

*Citation counts do not include tags removed by IDR

Staff: MCDORMAN, PAT - (16340)

Provider (Provider ID / Facility ID)	Type	Visit	Exit	Visit Type(s)	*Uncorrected Cites Total / Surveyor
ALEDO REHAB & HEALTH CARE CENTER (145886 / IL6003529)	SNF/NF	HRNU11	06/29/2011	CMPIVT - RECERT LICEN	5 / 1
APOSTOLIC CHRISTIAN HOME (145704 / IL6000384)	S/NF DP	NINB11	03/01/2011	RECERT - LICEN	8 / 3
APOSTOLIC CHRISTIAN RESTMOR (145436 / IL6000400)	S/NF DP	6JU011	01/19/2012	RECERT - LICEN	1 / 1
ASTA CARE CENTER OF TOLUCA (145413 / IL6006308)	S/NF DP	M1P211	04/20/2011	CMPIVT - RECERT	21 / 5
CARE CENTER OF ABINGDON (145567 / IL6001424)	SNF/NF	LR2P11	02/16/2011	RECERT	5 / 1
FOREST HILL HEALTH AND REHAB (145645 / IL6002638)	S/NF DP	BYVO11	05/14/2012	CMPIVT	1 / 1
GALESBURG TERRACE (145987 / IL6000434)	S/NF DP	WJHJ11	05/03/2012	RELIC - RECERT	13 / 4
		WJHJ12	06/21/2012	RELIC - REVST RECERT	12 / 3
GOOD SAMARITAN N H-KNOXVILLE (14E253 / IL6003693)	NF	DI5011	01/05/2012	RECERT - LICEN	4 / 2
HALLMARK HOUSE NURSING CENTER (145691 / IL6003933)	S/NF DP	I59P11	10/13/2011	RECERT	3 / 2
HAMMOND-HENRY DISTRICT HSP (145464 / IL6004006)	S/NF DP	YULN11	11/23/2011	RECERT	3 / 1
HEARTLAND OF HENRY (145604 / IL6011613)	S/NF DP	OZF111	07/28/2011	RECERT - LICEN	8 / 2
HEARTLAND OF MOLINE (145027 / IL6006233)	S/NF DP	FY8P11	01/27/2011	RECERT - LICEN	3 / 1
HOPE CREEK CARE CENTER (145269 / IL6006761)	SNF/NF	2ZIY11	02/14/2012	CMPIVT	1 / 1
		MSVP11	07/14/2011	CMPIVT - RECERT	4 / 1
ILLINI RESTORATIVE CARE (145703 / IL6013023)	S/NF DP	W4SF11	05/03/2011	RECERT - LICEN	6 / 1
KEWANEE CARE HOME (145968 / IL6005011)	S/NF DP	46KM11	04/19/2012	RECERT - LICEN	5 / 3
MERCER COUNTY NURSING HOME (146138 / IL6006076)	SNF/NF	5XEE11	02/27/2012	RECERT - LICEN	5 / 1
		7KCT11	01/13/2011	RECERT	4 / 2
MONMOUTH NURSING HOME (146057 / IL6006266)	SNF/NF	PYIE11	12/15/2011	RECERT - LICEN	10 / 2
MORTON VILLA CARE CENTER (145248 / IL6006399)	SNF/NF	UE9R11	12/22/2011	RECERT - LICEN	12 / 1

Illinois Department of Public Health

ASPEN: Staff Survey Summary (STF1)

from 01/01/2011 thru 06/21/2012

*Citation counts do not include tags removed by IDR

Staff: MCDORMAN, PAT - (16340)

Provider (Provider ID / Facility ID)	Type	Visit	Exit	Visit Type(s)	*Uncorrected Cites Total /Surveyor
ST JOSEPH NURSING HOME (146123 / IL6008999)	S/NF DP	UFW111	04/12/2012	RECERT	5 / 1
TIMBERCREEK REHAB & HEALTHCARE CENTER (145275 / IL6007	SNF/NF	V90I11	10/06/2011	RECERT	17 / 1

EXHIBIT E

OFFICE OF EXECUTIVE INSPECTOR GENERAL
Investigative Report

R.D. No. 12-RD-0062 Report #4	Reporting AIG: Antoinette Kwateng #143	Date of Report: June 27, 2012
Date: June 27, 2012	Subject Matter: Report of Interview- Patricia E. McDorman	Co-Investigator:

On June 27, 2012 at approximately 1:00 p.m., Assistant Inspector General Antoinette Kwateng #143 (AIG Kwateng) telephoned Patricia E. McDorman (McDorman), former Health Facilities Surveillance Nurse Illinois Department of Public Health (IDPH). The purpose of the call was to gain information relevant to her application for a revolving door determination.

Name: Patricia E. McDorman
Working Title: former Health Facilities Surveillance Nurse
Agency: Illinois Department of Public Health
Agency Address: 5414 North University Peoria, IL 61614
Cell Phone Number: 309.335.6280

McDorman made the following statements in summary and not verbatim:

McDorman confirmed that she was employed at IDPH from August 1982 until retiring on May 31, 2012. McDorman stated that prior to retiring she was a Health Facilities Surveillance Nurse (HFSN) for approximately eleven years.

McDorman stated that as a HFSN, she inspected nursing homes to ensure compliance with the State Operations Manual. McDorman explained that the State Operations Manual is a compilation of federal regulations for nursing homes. McDorman stated that inspections are conducted in teams of four or five and that all team members must agree as to the findings. If a resolution could not be reached, McDorman stated that the team would consult a supervisor.

McDorman stated that when a facility failed to comply with the State Operations Manual, the team would issue a "flag." McDorman explained that a flag indicated that a facility was deficient or failed to meet some criteria. McDorman stated that Springfield decided whether to enforce the team's recommendation, throw out the recommendation, or request clarification. McDorman added that Springfield determined what fines, if any, were levied.

McDorman described flags issued by the team as rather objective, stating that there was "little room for leeway." McDorman recalled that either a facility violated a rule or it did not. McDorman stated that the team inspections resulted in recommendations and that Springfield was the ultimate decision maker.

McDorman continued that after a fine was issued by Springfield that facility would receive a plan of correction. McDorman stated that as a HFSN she was sometimes required to re-visit a site to ensure compliance with the plan. McDorman qualified that the same team does not always go back to review facilities for compliance.

McDorman stated that her review consists of reviewing records, interviews based on a review of patient charts, and on-sight observations.

McDorman stated that her inspections included all nursing home facilities in region two, although her supervisor assigned inspection based on the proximity to an employee's residence. McDorman stated that she did not have any authority to issue or revoke licenses. McDorman stated that licensing decisions were made in Springfield. McDorman added that she did not have any contracting authority.

This document contains neither recommendations nor conclusions of the Office of Executive Inspector General. It and its contents are not to be disseminated.

With regards to regulatory authority, McDorman reiterated that decisions were made as a team and that no individual team member had the authority to issue a tag. McDorman again stated that the flags issued by her team were only recommendations and that Springfield would make the ultimate decision. McDorman recalled serving as a leader on some of her reviews; McDorman explained that the leader was merely the person responsible for the paper work for that inspection. McDorman stated that all team members' decisions were considered equal, even the leader's. McDorman stated that the team leader merely coordinates paper work.

McDorman stated that Connie Jensen has been her supervisor for 11 years and that the team would usually contact Jensen if there was a disagreement on the team.

McDorman confirmed that she reviewed Aledo Rehabilitation and Health Care, Kewanee Care Home and Timbercreek Rehabilitation and Health Care Center during her last year of her employment at IDPH. McDorman stated that she did not review Roseville Rehabilitation and Health Care Center (RR), her prospective employer, a year prior to retiring from the State.

Prospective Employment at Roseville Rehab and Health Care

McDorman stated that she received a telephone call about an employment opportunity from RR's administrator, Ethel Logue (Logue), a week after she retired from IDPH. McDorman stated that she was familiar with Logue because she lives in the same community. McDorman added that she sees Logue out often and also knows Logue's daughter, a registered nurse

McDorman stated that it is her understanding that Logue does her own hiring and that she was not interviewed by anyone else. McDorman stated that Logue's offer was for a part time position and that she would probably work three days every other week. McDorman stated that she was not sure how much she will be compensated. McDorman estimated that she will work about six days a month. McDorman stated that RR is approximately eight miles away from her home and that she is interested in working at RR as a means to supplement her income. McDorman explained that her home is not completely paid for and that she would use the money she earns from RR to pay her mortgage.

End of Report.

Assistant Inspector General:	Co-Investigator:	Supervisor Initials:	Date:
			6/28/2012

This document contains neither recommendations nor conclusions of the Office of Executive Inspector General. It and its contents are not to be disseminated.

EXHIBIT F

LLC FILE DETAIL REPORT

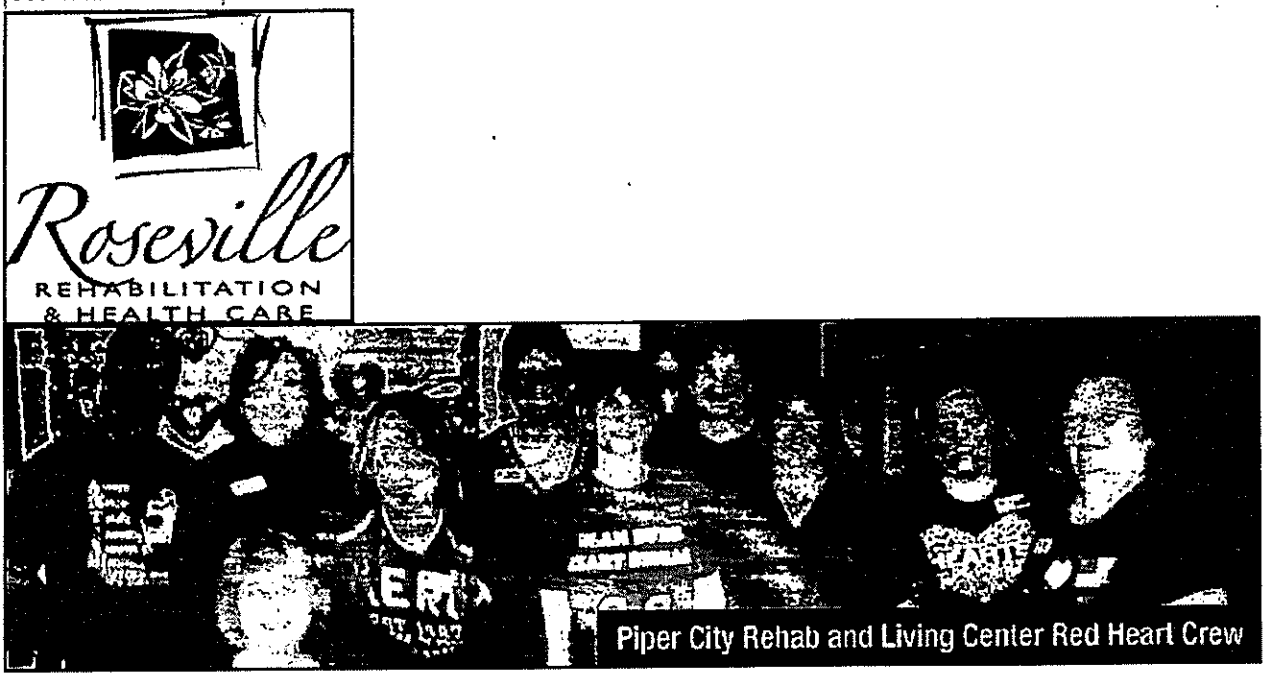
Entity Name	PETERSEN HEALTH CARE - ROSEVILLE, LLC	File Number	02100177
Status	ACTIVE	On	01/26/2012
Entity Type	LLC	Type of LLC	Domestic
File Date	02/01/2007	Jurisdiction	IL
Agent Name	MARIKAY L SNYDER	Agent Change Date	02/01/2007
Agent Street Address	830 W TRAILCREEK DR	Principal Office	830 W TRAILCREEK DR PEORIA, IL 616141862
Agent City	PEORIA	Management Type	MGR View
Agent Zip	61614	Duration	
Annual Report Filing Date	01/26/2012	For Year	2012
Assumed Name	ACTIVE - ROSEVILLE REHABILITATION & HEALTH CARE		
Old LLC Name	08/10/2009 - PETERSEN HEALTH CARE - WILLOW ROSE, LLC 01/14/2008 - PHC - WILLOW ROSE RAHAB & HEALTH CARE, LLC		
Series Name	NOT AUTHORIZED TO ESTABLISH SERIES		

Return to the Search Screen

Purchase Certificate of Good Standing
(One Certificate per Transaction)

BACK TO CYBERDRIVEILLINOIS.COM HOME PAGE

EXHIBIT G



Piper City Rehab and Living Center Red Heart Crew

Welcome to Roseville Rehabilitation & Health Care,

On behalf of the residents and staff at Roseville Rehabilitation & Health Care, I would like to extend a very warm welcome to you and your loved one. The staff at Roseville Rehabilitation & Health Care strives for excellence in obtaining each resident's individual needs and goals to attain their highest level of independence.

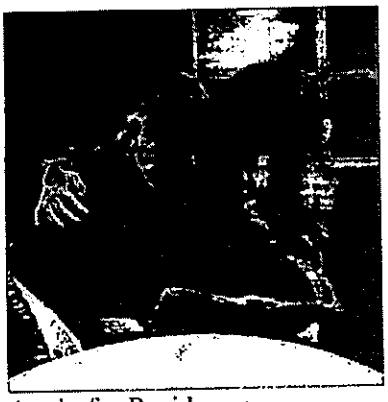
Our main objective is to provide excellent nursing care. We have a very dedicated and caring nursing staff to meet your needs. We also offer an exciting activity and social service department to provide for your social needs.

We strongly encourage family involvement with our residents at any time. Thank you for the opportunity to care for you or your loved ones. If at any time you would like to offer suggestions or concerns, please do not hesitate to call me at (309) 426-2134.

Respectfully,

Ethel Logue , Administrator
145 S. Chamberlain Street
Roseville , Illinois 61473
Phone: (309) 426-2134
Fax: (309) 426-2445
elogue@petersenhealthcare.net

Roseville Rehabilitation & Health Care is committed to achieving excellence in Medical-Surgical Nursing & Rehabilitation Services. Roseville Rehabilitation & Health Care strives to enable its residents to return to their highest level of function in the shortest period of time. Our staff works diligently to provide care that is unsurpassed in the area. This is achieved through Continuous Quality Improvement, Regular Nursing, Administrative Consultation and Continuing Education Requirements for all licensed and certified staff.



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Our Pages

- Annual Awards Banquet 2011
- Basic Care Specialty Wing
- Calendar
- Chili Cook-Off Fundraiser 2012 is set for November 1, 2012!!!!
- Contact Us
- Job Openings
- Our People
- Pathways Rehabilitation
- Photo Gallery
- Programs
- Services Offered

Nursing Facility
Assisted Living
Independent Living
Supportive Living
Villas for Sale

© 2010 Petersen Health Care | 830 West Trailcreek Dr. Peoria, IL 61614 | Phone: 309.691.8113 | Fax: 309.691.8622
Employee Login | Privacy Policy | Contact Us

EXHIBIT H

2012 CNA Classes Near You
Take 2012 CNA Classes Online & Near You - Enter Your Zip & Apply Now!
AdChoices

Job Openings

View our list of jobs available for our Courtyard Estates homes by clicking here.

Browse our openings below:

Click a facility name to just few listings of that home

Title	CNA's
Facility	Arcola Health Care
Location	Arcola, IL
Job Information	Arcola Health Care is a proud member of the Petersen Health Care family, we are looking for caring and dedicated CNA's.
Duration	Varies

Apply Now

Title	RNs and LPNs & PRNs

Facility Collinsville Rehab and Health Care
Location Collinsville, IL

Job Information Collinsville Rehabilitation and Health Care is a proud member of the Petersen Health Care family, we are looking for caring and dedicated RN's and LPN's & PRNs.

Duration Full & Part Time available

Apply Now

Title CNA
Facility Lebanon Care Center
Location Lebanon, IL

Job Information Lebanon Care Center is a proud member of the Petersen Health Care family, we are looking for caring and dedicated CNA's.

Current IL Certification Required

Duration Full/Part-time, All Shifts Available

Apply Now

Title CNA
Facility El Paso Health Care Center
Location El Paso, IL

Job Information El Paso Health Care Center is a proud member of the Petersen Health Care family, we are looking for a caring and dedicated CNA. Please contact the Administrator at El Paso Health Care Center at 309-527-2700 for any accommodations needed in completing an application for this position. Applications can be submitted by e-mail, fax, mail or hand delivery.

Duration Full Time – 1st and 2nd shift

Apply Now

Title CNA
Facility Roseville Rehab and Health Care
Location Roseville, IL

Job Information Roseville Rehab and Health Care is a proud member of the Petersen Health Care family, we are looking for caring and dedicated CNA's for various shifts.

CNA Full Time – 2nd shift
CNA Weekend Only
CNA's All Shifts – Part Time

Apply Now

Title Activity Director
Facility Rochelle Gardens Care Center

Location Rochelle, IL

Requirements:

- *Outgoing, Energetic Professional*

Job Information Responsibilities include:

- *Plan & implement facility activities for the residents*
- *Design programs to encourage socialization, provide entertainment and improve daily living skills*

Duration Full TIme – 1st Shift

Apply Now

Title Dietary Aide
Facility Collinsville Rehab and Health Care
Location Collinsville, IL

Job Information Collinsville Rehabilitation and Health Care Center is a proud member of the Petersen Health Care family, we are looking for a caring and dedicated Dietary Aide.

Duration Part time – 1st and 2nd Shift

Apply Now

Title Treatment Nurse
Facility Twin Lakes Rehab and Health Care
Location Paris, IL

Job Information Twin Lakes Rehabilitation and Health Care is a proud member of the Petersen Health Care family, we are looking for caring and dedicated Treatment Nurse.

The successful candidate must be well organized and knowlegable in wound care and assessment. Requires an R.N. or L.P.N. license. Experience in wound care preferred.

Duration Part Time – 9:30am – 5:30pm

Apply Now

Title Activity Assistant
Facility Arcola Health Care
Location Arcola, IL

Job Information Provide daily activities for the residents to promote qulaity of life. Must be high school graduate, dependable, enthusiastic and creative.

Duration Full Time – 8-4pm – every other weekend

Apply Now

Title CNA

Facility Sheldon Health Care Center
Location Sheldon, IL

Job Information Sheldon Health Care Center is a proud member of the Petersen Health Care family, we are looking for caring and dedicated CNA's.

Duration Part Time – All Shifts

Apply Now

Title Dietary Department
Facility Cisne Rehab and Health Care
Location Cisne, IL

Job Information Cisne Rehabilitation and Health Care Center is a proud member of the Petersen Health Care family, we are looking for caring and dedicated Dietary Employee.

Position would include clean-up and cooking.

Duration Part Time – 1st and 2nd shift

Apply Now

Title Assistant Director of Nursing
Facility Collinsville Rehab and Health Care
Location Collinsville, IL

Job Information Collinsville Rehab and Health Care is a proud member of the Petersen Health Care family, we are looking for a caring and dedicated Assistant Director of Nursing.

Duration Full Time – 1st Shift

Apply Now

Title Care Plan Coordinator
Facility Jonesboro Rehab and Health Care
Location Jonesboro, IL

Job Information

Requirements:

- *Current IL Nursing License*

Responsibilities include:

- *Maintaining & updating the records of residents and offer care plans to ensure the they are receiving the best care possible*
- *Assessing the overall care plan needed for each individual resident*
- *Preparing a Care Plan schedule and executing it in a timely matter to allow for proper discharge*

Duration Full Time – 8:00 – 4:00pm

Apply Now

Title Dietary Manager
Facility South Elgin Rehab and Health Care
Location South Elgin, IL

Job Information

Requirements:

- *Passed or willing to take the Dietary Manager Course*
- *Passed or willing to take the Sanitation Test*
- *Certified Dietary Manager Preferred*
- *Previous Long-Term Care experience preferred*

Responsibilities include:

- *Order supplies necessary staying within in the department budget*
- *Ensure that all residents are served diets as order by physicians*
- *Take necessary measures to ensure that all food served to residents has been prepared in a safe, sanitary manner while also maintaining the highest quality*
- *Overall sanitation of the department*
- *Local, State & Federal Sanitary regulations*
- *Manage department employees including: scheduling, hiring, training, etc.*
- *Maintain and update dietary records of the residents*

Duration Full Time – Days

Apply Now

Title Social Service Assistant – Caseworker
Facility El Paso Health Care Center
Location El Paso, IL

Job Information

El Paso Health Care Center is a proud member of the Petersen Health Care family, we are looking for a caring and dedicated Social Service Assistant – Caseworker

Will help with psychosocial groups and case management.

Duration Full Time – 1st Shift

Apply Now

Title RN
Facility Pleasant View Rehab and Health Care
Location Morrison, IL

Job Information

Pleasant View Rehab and Health Care is a proud member of the Petersen Health Care family, we are looking for a caring and dedicated Registered Nurse.

Requirements:

- *Current IL License*

Responsibilities include:

- *Overall resident care*
- *Monitoring resident's health*
- *Promoting good health and preventing illness*
- *Constantly demonstrating the nursing theory, job duties and responsibilities assigned*

Duration Full & Part Time – 2nd and shift shifts available

Apply Now

Title Nurse
Facility Bement Health Care Center
Location Bement, IL

Bement Health Care Center is a proud member of the Petersen Health Care family, we are looking for caring and dedicated Nurse's.

Job Information

Responsibilities include:

- *Overall resident care*
- *Monitoring resident's health*
- *Promoting good health and preventing illness*
- *Constantly demonstrating the nursing theory, job duties and responsibilities assigned*

Duration Part Time – All Shifts Available

Apply Now

Title Nurse
Facility Bement Health Care Center
Location Bement, IL

Job Information

Responsibilities include:

- *Overall resident care*
- *Monitoring resident's health*
- *Promoting good health and preventing illness*
- *Constantly demonstrating the nursing theory, job duties and responsibilities assigned*

Duration Full or Part Time

Apply Now

Title Registered Nurse
Facility Shelbyville Rehab and Health Care
Location Shelbyville, IL
Job Information Requirements:

- *Current IL License*

Responsibilities include:

- *Overall resident care*
- *Monitoring resident's health*
- *Promoting good health and preventing illness*
- *Constantly demonstrating the nursing theory, job duties and responsibilities assigned*

Duration Part Time – Varies

Apply Now

Title RN or LPN
Facility Prairie Rose Health Care Center
Location Pana, IL

Requirements:

- *Current IL License*

Job Information Responsibilities include:

- *Overall resident care*
- *Monitoring resident's health*
- *Promoting good health and preventing illness*
- *Constantly demonstrating the nursing theory, job duties and responsibilities assigned*

Duration Full & Part Time available

Apply Now

Title CNA
Facility Shelbyville Rehab and Health Care
Location Shelbyville, IL

Requirements:

- *Current IL Certification*

Responsibilities include:

Job Information

- *Fulfill the needs of the residents*
- *Observing resident conditions*
- *Promoting good health*
- *Other duties may include but are not limited to: taking vital signs, moving residents, assisting nurses with their responsibilities, feeding patients, and monitoring food and liquid input and output.*

Duration Full Time – 2nd and 3rd shift

Apply Now

Title CNA
Facility Flora Gardens Care Center
Location Flora, IL

Job Information

Requirements:

- *Current IL Certification*

Responsibilities include:

- *Fulfill the needs of the residents*
- *Observing resident conditions*
- *Promoting good health*
- *Other duties may include but are not limited to: taking vital signs, moving residents, assisting nurses with their responsibilities, feeding patients, and monitoring food and liquid input and output.*

Duration Part Time

Apply Now

Title Community Relations Coordinator
Facility Mt. Vernon Health Care Center
Location Mt. Vernon, IL

Job Information

Requirements:

- Marketing Background
- Strong desire to work in senior living
- Dedicated work ethic
- Previous sales experience preferred
- Experience in long-term care preferred

Responsibilities include:

- Managing the facility's inquiry process
- Providing customers with facility related information via facility tours, personal visits/assessments, conversation and follow-up and coordinating
- Implementing effective facility sales and marketing programs
- Make sales calls outside the facility to medical, insurance, legal and financial professionals, senior organizations, appropriate special interest groups, hospital discharge planners and other community contacts.
- Develop & maintain relationships with discharge planners & referral sources
- Coordinates the development and implementation of monthly and quarterly sales and marketing plans
- Work with your team to develops and implements special events and presentations targeted at community education
- Screen residents at hospitals/nursing homes/community/etc. to assess if your home can meet their medical, psycho-social and financial needs.

Duration Full Time – 1st shift – some on call

Apply Now

Title Maintenance
Facility Fondulac Rehab and Health Care
Location East Peoria, IL

Job Information Must have current drivers license and general knowledge of plumbing, heating, air conditioning, electrical, and carpentry.

Duration Full Time

Apply Now

Title Activities Director
Facility Eastview Terrace
Location Sullivan, IL

Job Information

Requirements:

- *Outgoing, Energetic Professional*

Responsibilities include:

- *Plan & implement facility activities for the residents*
- *Design programs to encourage socialization, provide entertainment and improve daily living skills*

Looking for an energetic person to run the activities Department. Experience with Alzheimer's and dementia preferred.

Duration Full Time

Apply Now

Title Cook/Dietary Aide
Facility Eastview Terrace
Location Sullivan, IL

Job Information

Requirements:

- *Food preparation experience preferred*
- *Dedicated work ethic*

Responsibilities include:

- *Assist Dietary Manger in day-to-day operations*
- *Prepare food for residents based on resident's needs*
- *Sanitation of the Department*

Duration Part time – 2nd shift

Apply Now

Title Director of Nursing

Facility Sullivan Rehab and Health Care
Location Sullivan, IL

Requirements:

- *Current IL Nursing License*
- *Long-Term Care Experience*
- *Supervisory/Management Skills*
- *Knowledge of State & Federal Guidelines*

Job Information Responsibilities include:

- *Oversee nursing personnel*
- *Develop and implement resident care services*
- *Perform administrative duties such as, preparing reports, implementing a budget, scheduling and etc.*
- *Ensuring staff is following proper nursing procedures, laws & work standards*
- *Good written & oral communication skills*

Duration Full Time

Apply Now

Title LPN/RN
Facility Sullivan Rehab and Health Care
Location Sullivan, IL

Requirements:

- *Current IL License*

Responsibilities include:

Job Information

- *Overall resident care*
- *Monitoring resident's health*
- *Promoting good health and preventing illness*
- *Constantly demonstrating the nursing theory, job duties and responsibilities assigned*

Flexable LPN/RN who would like to work both 1st and 2nd shift

Duration Flexable LPN/RN who would like to work both 1st and 2nd shift

Apply Now

Title Registered Nurse
Facility Casey Health Care Center
Location Casey, IL
Job Information A registered nurse is a health care professional shilled in all phased of the nursing process. He/she is adaptable to the needs of the individual and family during health and illness and has the ability to prioritize. The RN assesses, plans, implements and evaluated daily resident care and is responsible for the direction of personnel assigned to him/her.

Qualifications: Graduate for an accredited school of nursing, current license in the State of Illinois.

Duration Full & Part Time – 2nd shift

Apply Now

Title CNA
Facility Toulon Rehab and Health Care
Location Toulon, IL

Job Information

Requirements:

- *Current IL Certification*

Responsibilities include:

- *Fulfill the needs of the residents*
- *Observing resident conditions*
- *Promoting good health*
- *Other duties may include but are not limited to: taking vital signs, moving residents, assisting nurses with their responsibilities, feeding patients, and monitoring food and liquid input and output.*

Duration Full & Part Time – All Shifts Available

Apply Now

Title Nurses, CNAs, Housekeepers, Dietary
Facility White Oak Rehab and Health Care
Location Mt. vernon

Job Information White Oak Rehabilitation and Health Care is a proud member of the Petersen Health Care family, we are looking for caring and dedicated Nurses, CNAs, Housekeepers, and Dietary employees.

Duration Full & Part Time – All Shifts Available

Apply Now

Title Director of Supportive Living
Facility Legacy Estates of Monmouth
Location Monmouth, IL
Job Information **Please Include Resume.**

Responsibilities include:

- *Overseeing day-to-day operations including but not limited to*
- *Employee relations*
- *Financial/Bookkeeping records*
- *State & Federal guidelines*

- *Managing all areas of the building Dietary, Marketing, Business Office, Nursing Staff, Laundry/Housekeeping & Etc.*
- *Ensuring the well being and good health of each tenant*
- *Hiring, Promoting, Firing & Salary Increases*
- *Posses good verbal & written communication skills*
- *Outgoing & energetic team leader*
- *Ability to work with doctor's & other health professionals*
- *Following the Petersen Health Care mission.*

Duration Full Time

Apply Now

Title RN/LPN
Facility Eastview Terrace
Location Sullivan, IL

Requirements:

- *Current IL License*

Job Information Responsibilities include:

- *Overall resident care*
- *Monitoring resident's health*
- *Promoting good health and preventing illness*
- *Constantly demonstrating the nursing theory, job duties and responsibilities assigned*

Duration Full & Part Time – 2nd and 3rd shifts available

Apply Now

Title RN/LPN/CNA
Facility Newman Rehab and Health Care
Location Newman, IL
Job Information **RN/LPN** (Registered Nurse/Licensed Practical Nurse)

Requirements:

- *Current IL License*

Responsibilities include:

- *Overall resident care*
- *Monitoring resident's health*
- *Promoting good health and preventing illness*
- *Constantly demonstrating the nursing theory, job duties and responsibilities assigned*

CNA (Certified Nursing Assistant)

Requirements:

- *Current IL Certification*

Responsibilities include:

- *Fulfill the needs of the residents*
- *Observing resident conditions*
- *Promoting good health*
- *Other duties may include but are not limited to: taking vital signs, moving residents, assisting nurses with their responsibilities, feeding patients, and monitoring food and liquid input and output.*

Duration Full & Part Time – various shifts available

Apply Now

Title Director of Nursing
Facility Casey Health Care Center
Location Casey, IL

Job Information Director of Nursing is responsible for all aspects of the Nursing Department and of all nursing care required to achieve each residents greatest physical and mental well being. This entails organizing, directing and overseeing the planning of care, delivery of care, physician orders, therapist and other consultant orders and recommendations, and the supervision of nursing personnel.

Duration Full time

Apply Now

Title CNA
Facility Casey Health Care Center
Location Casey, IL

Job Information The Certified Nurse Aide provides personal care and assistance to residents personal care and assistance to residents to assure their safety and comfort. They observe and report changes in the resident's physical mental and social status to nurses in order to insure the well being of the resident.

Qualifications: Completion of Certified Nursing Assistant course, or be enrolled in a Competency Training program leading to certification in less than 120 days from the date of employment.

Duration Full & Part Time – 2nd shift

Apply Now

Title RN/LPN
Facility Cumberland Rehab and Health Care
Location Greenup, IL

Job Information

Requirements:

- *Current IL License*

Responsibilities include:

- *Overall resident care*
- *Monitoring resident's health*
- *Promoting good health and preventing illness*
- *Constantly demonstrating the nursing theory, job duties and responsibilities assigned*

Duration Full Time – 2nd and 3rd shift

Apply Now

Title RN
Facility Lebanon Care Center
Location Lebanon, IL

Job Information

Requirements:

- *Current IL License*

Responsibilities include:

- *Overall resident care*
- *Monitoring resident's health*
- *Promoting good health and preventing illness*
- *Constantly demonstrating the nursing theory, job duties and responsibilities assigned*

Duration Full Time – 1st Shift

Apply Now

Title CNA
Facility Lebanon Care Center
Location Lebanon, IL

Job Information

Requirements:

- *Current IL Certification*

Responsibilities include:

- *Fulfill the needs of the residents*
- *Observing resident conditions*
- *Promoting good health*
- *Other duties may include but are not limited to: taking vital signs, moving residents, assisting nurses with their responsibilities, feeding patients, and monitoring food and liquid input and output.*

Duration Full & Part Time – all shifts available

Apply Now

Title RNs/LPNs
Facility Arcola Health Care
Location Arcola, IL

Job Information

Requirements:

- *Current IL License*

Responsibilities include:

- *Overall resident care*
- *Monitoring resident's health*
- *Promoting good health and preventing illness*
- *Constantly demonstrating the nursing theory, job duties and responsibilities assigned*

Duration 10a-6p, 2-10p, 10p-6a avail.

Apply Now

Title Community Relations Coordinator
Facility Timbercreek Rehab and Health Care
Location Pekin, IL

Job Information

Requirements:

- *Marketing Background*
- *Strong desire to work in senior living*
- *Dedicated work ethic*
- *Previous sales experience preferred*
- *Experience in long-term care preferred*

Responsibilities include:

- *Managing the facility's inquiry process*
- *Providing customers with facility related information via facility tours, personal visits/assessments, conversation and follow-up and coordinating*
- *Implementing effective facility sales and marketing programs*
- *Make sales calls outside the facility to medical, insurance, legal and financial professionals, senior organizations, appropriate special interest groups, hospital discharge planners and other community contacts.*
- *Develop & maintain relationships with discharge planners & referral sources*
- *Coordinates the development and implementation of monthly and quarterly sales and marketing plans*
- *Work with your team to develops and implements special events and presentations targeted at community education*
- *Screen residents at hospitals/nursing homes/community/etc. to assess if your home can meet their medical, psycho-social and financial needs.*

Duration Full TIme – 1st Shift – Some off hours, some on-call/weekends

Apply Now

Title Maintenance Assistant
Facility Timbercreek Rehab and Health Care
Location Pekin, IL

Job Information

Responsibilities include:.

- *Everyday facility grounds upkeep*
- *Managing and preserving equipment to keep in working condition*
- *Completing repairs & Assignments in a timely matter*
- *Following state & federal safety regulations & standards*
- *Custodial Care & room Setup*

Duration Part Time – 1st shift – some weekends

Apply Now

Title Cook
Facility Legacy Estates of Monmouth
Location Monmouth, IL

Job Information

This position also included Courtyard Estates of Monmouth

Requirements:

- *Food preparation experience preferred*
- *Dedicated work ethic*

Responsibilities include:

- *Assist Dietary Manger in day-to-day operations*
- *Prepare food for residents based on resident's needs*
- *Sanitation of the Department*

Duration Full & Part Time available – 1st and 2nd shifts

Apply Now

Title RN, LPN, CNA
Facility Jonesboro Rehab and Health Care
Location Jonesboro, IL

Job Information

Requirements:

- *Current IL License*

Responsibilities include:

- *Overall resident care*
- *Monitoring resident's health*
- *Promoting good health and preventing illness*
- *Constantly demonstrating the nursing theory, job duties and responsibilities assigned*

Duration Various Shifts Full & Part time available

Apply Now

All qualified applicants will receive consideration for employment without regard to race, color, religion, sex, or national origin.

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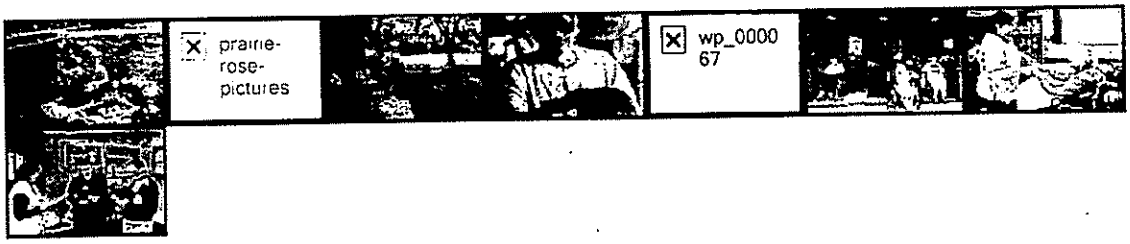

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