PRINTED: 03/28/2017 FORM APPROVED OMB NO. 0938-0391

	OF DEFICIENCIES F CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		FIPLE CONSTRUCTION NG	` '	TE SURVEY MPLETED
		145043	B. WING			C
NAME OF F	DOVIDED OD CLIDDLIED	143043	b. Willa	CTREET ADDRESS SITV STATE ZID SON		/19/2016
NAME OF I	PROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZIP COD 900 WEST RIVER PLACE	JE	
CITADEL	CARE CENTER-KAN	IKAKEE		KANKAKEE, IL 60901		
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(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES / MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFI) TAG	PROVIDER'S PLAN OF CORR ((EACH CORRECTIVE ACTION SI CROSS-REFERENCED TO THE AP DEFICIENCY)	HOULD BE	(X5) COMPLETION DATE
F 000	INITIAL COMMENT	ΓS	F0	00		
F 157	1677031/IL90397 - 483.10(g)(14) NOT	F157, F309 cited and F246 cited. IFY OF CHANGES	F 1	57		1/6/17
SS=G	(g)(14) Notification	,				
	consult with the res	mediately inform the resident; ident's physician; and notify, or her authority, the resident then there is-				
		olving the resident which I has the potential for requiring on;				
	mental, or psychosodeterioration in hea	ange in the resident's physical, ocial status (that is, a lth, mental, or psychosocial threatening conditions or ns);				
	a need to discontinuitreatment due to ac	treatment significantly (that is, ue an existing form of diverse consequences, or to orm of treatment); or				
		ansfer or discharge the acility as specified in				
	(14)(i) of this sectionall pertinent information	otification under paragraph (g) n, the facility must ensure that ation specified in §483.15(c)(2) ovided upon request to the				
ADODATOD	/ DIDECTORIC OR DROVIE	NED/CLIDDLIED DEDDECENTATIVE'S SIGN	LATUDE	TITLE		(Y6) DATE

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

(X6) DATE

01/05/2017

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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		145043	B. WING			C / 19/2016
	PROVIDER OR SUPPLIER	NKAKEE		STREET ADDRESS, CITY, STATE, ZIP CODE 900 WEST RIVER PLACE KANKAKEE, IL 60901		
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F 157	resident and the rewhen there is- (A) A change in room as specified in §48 (B) A change in resident law or regular (e)(10) of this section (iv) The facility multiple the address phone number of the This REQUIREMED by: Based on interview failed to notify the significant change. This failure resulte hospital treatment, resident's abnormative care unit. This applies to 1 or change of condition findings include: On December 8, 2 E3 (RN) stated shown was new that she was new that familiar with R1's beliearned in report the state of the state o	est also promptly notify the esident representative, if any, or or roommate assignment 3.10(e)(6); or sident rights under Federal or ations as specified in paragraph on. Set record and periodically is (mailing and email) and he resident representative(s). NT is not met as evidenced or and record review the facility obysician of a resident's of condition. It is a delay in obtaining a delay in stabilizing the ally high blood pressure and is and admission to the	F 1	57		

DEPARTMENT OF HEALTH AND HUMAN SERVICES CENTERS FOR MEDICARE & MEDICAID SERVICES (X1) PROVIDER/SUPPLIED/CLIA

	FOF DEFICIENCIES DF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	` '	IPLE CONSTRUCTION NG		MPLETED
		145043	B. WING _		1:	C 2/ 19/2016
	PROVIDER OR SUPPLIER L CARE CENTER-KAN	IKAKEE		STREET ADDRESS, CITY, STATE, ZIP O 900 WEST RIVER PLACE KANKAKEE, IL 60901		-/10/2010
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CO (EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE DEFICIENCY)	N SHOULD BE	(X5) COMPLETION DATE
F 157	physician had beer labs were ordered results were pendir more difficult to arc medication. Her blo stated she thought stated she docume communication she it in R1's record in R1 was groggy, bu up all night. E3 state blood pressure was looked at R1's blood an occasional high the transportation a around 10:30 AM or responsive; she woname being called, stated she did not on Nursing) (it was a suilding), nor did stated she knew R ambulance and if a taken to the hospitatake her to dialysis Facility Weights an R1 from October 1 2016 reflects a ran for R1. The lowest were 3 abnormally on October 20, 2011 176/88, both on Ocwere in the normal	been up all night. R1's a called the prior evening and which had been drawn, and ag. That morning, R1 was buse, but she took her morning and pressure was very high; E3 it was around 191/76. E3 anted this on R1's dialysis aret but neglected to document the computer. According to E3, a she put it down to R1 being ared she did recognize that R1's as high, and she went and a pressure history and noted reading at other times. When ambulance arrived somewhere are so, R1 was even less and open her eyes to her but she was not speaking. E3 call E2 (DON, Director of Saturday and E2 was not in the ne call R1's physician; she if was being transported by nything happened, could be al. E3 had the ambulance crew d Vitals Summary Report for 2016 through November 8, ge of blood pressure readings reading was 110/66. There high readings, one of 200/88 6 and one of 198/84 and then stober 11, 2016. Most readings		57		

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		145043	B. WING				C 19/2016
	PROVIDER OR SUPPLIER	NKAKEE		STREET ADDRESS, CITY, STATE, ZIP 900 WEST RIVER PLACE KANKAKEE, IL 60901	CODE	12,	13/2010
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F 157	ordered, awaiting rarrival, resident appaltered mental stat documents that R1 dialysis sent R1 to admitted. At 1:30 PM on 12/8 of Dialysis Unit) state their dialysis unit of unresponsive. The R1 was stable enough that she required enough the ambulance transmulance service and the dialysis starn's blood pressur communication for documented as 19 happened to the dithinks it went to the On December 8, 20 Manager for Ambustated she had spot transfer of R1 to the 26, 2016. The crew resident did not see had told them to tath they provide be the crew on Novem EMT (Emergency I medic.	(within normal limits). Labs esults. Upon dialysis transport pearing to have increased us." A note timed at 12:15 PM was sent out for dialysis and the hospital, where R1 was at a November 26, 2016 she was ir dialysis staff did not feel that ugh for her treatment and felt valuation in the hospital. Since a sport team was only a basic, they put R1 in a dialysis chair of the facility was a on the transfer m from the facility was 1/82. Z3 did not know what alysis communication form, but the possible of the sum of th	t	57			
	company dated No the following for R1	ansport Form from transport vember 26, 2016 documents : "crew dispatched for a 73 oon arrival patient not					

	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	` '	TIPLE CONSTRUCTION ING	(X3	B) DATE SURVEY COMPLETED
		145043	B. WING			C 12/19/2016
	PROVIDER OR SUPPLIER L CARE CENTER-KAN	NKAKEE		STREET ADDRESS, CITY, STATE, ZIF 900 WEST RIVER PLACE KANKAKEE, IL 60901	, CODE	12/13/2010
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F 157	responding to us. Nowe awoke her to he to bring her to dialy her en route. Turn also shows R1's mesponse"; R1 was Emergency Room for R1 dated Nover R1's Blood Pressure ER record notes the dialysis treatment of Ambulance person their arrival at the fearm of R1 was not able to also noted to be "to R1 was having jerk and was not verbal Impression was Hy with seizures, endhemodialysis, hyper R1 received intraverseizures as well as pressure. She was unit. Consultation of documents that R1 reading thus far ha 27, 2016, R1 was a contact nor speaking were lessened, have the facility's Progretimed at 8:05 PM retails as a contact nor speaking were lessened, have the facility. R1's Admission facility and the facility.	Aurse states she had an Ativan. ave her fall back asleep. Told risis anyway, so we monitored care over to RNs." This form ental status to be "no verbal noted to respond to pain. (ER) Physician Documentation mber 26, 2016 documents that re upon arrival was 182/104. at R1 was sent for normal and found to be unresponsive. nel advised ER staff that upon acility, R1 was unresponsive. answer questions. She was witching". Upon re-evaluation, sing of her body intermittently ly responsive. Clinical retrensive encephalopathy stage renal disease on erkalemia and Leukocytosis. enous (IV) Keppra to control medication to lower her blood admitted to the intensive care note of November 27, 2016 's highest blood pressure d been 242/121. On November awake but not making eye ng. The jerking movements ving responded to medication. ess note of December 1, 2016 eflects R1 was re-admitted to the se sheet provides numerous including end-stage renal hypertensive kidney disease, ronic obstructive pulmonary of diagnosis indicating a past		57		

		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	` '	PLE CONSTRUCTION G	СОМ	E SURVEY PLETED
		145043	B. WING			C 19/2016
	NAME OF PROVIDER OR SUPPLIER CITADEL CARE CENTER-KANKAKEE SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) F 157 Continued From page 5 history of seizures. On December 8, 2016 at 3:20 PM, Z1 (MD for R1) stated he was not contacted on November 26, 2016 regarding R1's elevated blood pressu Z1 stated that he should have been contacted. Had he been contacted and told that R1 had so a high blood pressure and decreased responsiveness, he would not have sent her to dialysis. According to Z1, in that situation, he would err on the side of caution and have her evaluated in the hospital first. If the ER felt she was stable enough, she could go to dialysis lat Z1 stated that if she was alert enough to take of medication, he may have ordered medication be given at the facility. On December 14, 2016 at 10:40 AM, E2 stated that when R1's blood pressure was very high of November 26, 2016 and she had decreased responsiveness, E3 should have contacted someone; she could have called me (E2), I am always available by phone, or she could have spoken to other staff more familiar with R1. E2 further stated E3 should have contacted R1's physician. Facility policy entitled "Functional Impairment-Clinical Protocol" was provided by (Administrator) when asked for the facility polic on Change of Condition. This policy states that			STREET ADDRESS, CITY, STATE, ZIP CODE 900 WEST RIVER PLACE KANKAKEE, IL 60901		
PRÉFIX	(EACH DEFICIENC	Y MUST BE PRECEDED BY FULL	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTI (EACH CORRECTIVE ACTION SHOU CROSS-REFERENCED TO THE APPRO DEFICIENCY)	LD BE	(X5) COMPLETION DATE
F 157	history of seizures. On December 8, 2 R1) stated he was 26, 2016 regarding Z1 stated that he s Had he been conta a high blood press responsiveness, he dialysis. According would err on the sie evaluated in the ho was stable enough Z1 stated that if sh medication, he ma given at the facility On December 14, that when R1's bloo November 26, 201 responsiveness, E- someone; she cou always available by spoken to other sta further stated E3 s physician. Facility policy entitl Impairment-Clinica (Administrator) who on Change of Cone staff will monitor ar functional progress it does not address resident's condition staff to notify the pl medical condition. constitutes a change	016 at 3:20 PM, Z1 (MD for not contacted on November R1's elevated blood pressure. hould have been contacted. acted and told that R1 had such ure and decreased would not have sent her to to Z1, in that situation, he de of caution and have her ospital first. If the ER felt she, she could go to dialysis later. was alert enough to take orally have ordered medication be could at 10:40 AM, E2 stated od pressure was very high on 6 and she had decreased a should have contacted did have called me (E2), I am y phone, or she could have aff more familiar with R1. E2 hould have contacted R1's	F 15	7		

DEPARTMENT OF HEALTH AND HUMAN SERVICES CENTERS FOR MEDICARE & MEDICAID SERVICES (X1) PROVIDER/SUPPLIED/CLIA

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F 246 SS=D	agreed that it did in physician for a char R1's current MAR (Record) reflects that mg daily for seizure not reflect any med December 15, 2016 that R1 had not had returned from the h 483.10(e)(3) REAS OF NEEDS/PREFE 483.10(e) Respect a right to be treated including: (e)(3) The right to rethe facility with reas resident needs and do so would endang resident or other resi	change of condition and ot direct staff to call the nge in medical condition. Medication Administration at R1 is now on Keppra 500 is. Prior to this, R1's MAR did ications for seizures. On at 12:00 Noon, E2 confirmed it seizures previously, and had ospital on Keppra. ONABLE ACCOMMODATION ERENCES and Dignity. The resident has a with respect and dignity, eside and receive services in conable accommodation of preferences except when to ger the health or safety of the sidents. NT is not met as evidenced ion, interview and record ailed to ensure that call lights a timely manner. 4 residents (R4, R5, and R7) th response in the sample of	F1			1/6/17

-	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	` '	PLE CONSTRUCTION G		TE SURVEY MPLETED
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F 246	lit up to show which No staff were seen and E7, were seate of the call light pan audible call lights ri On December 14, 2 through the corridosounding without sianswering the call linto one room at 12 off. The second cal 1:02PM when E7 recorridor, and walke stopping in the resi On December 14, 2 (Registered Nurse) at the nurses station denoting residents' stated, "Everyone is to walk past a call tight." On December 14, 2 (Administrator) stated answering call light." The facility present Call Light" dated December 14, 2 (Administrator) stated answering call lights at the call lights.	ght panel at the nurses station in rooms initiated the call light. In corridor. Two nurses, E6 and at the nurses station in view el and within the sound of the nging. 2016 at 12:57PM E7 walked r past the rooms with call lights topping into the rooms or lights. A staff member went 2:58PM and the call light went I light was still ringing at eturned walking down the d past the call light without dent's room. 2016 at 1:07 PM E6 explained the call lights were lit call lights were active. E6 s to answer call lights. No one II light." ed, "anyone can answer a call 2016 at 1:25PM E1 led, "Everyone, all staff, should ghts, nurses too."	F 24	6		
		ther residents to take care of,				

-	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	` '	TIPLE CONSTRUCTION ING		TE SURVEY MPLETED
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	PROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZIP COI 900 WEST RIVER PLACE KANKAKEE, IL 60901		/19/2010
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F 309 SS=G	and stated she con response is ten mir minutes or more folight. R4 stated that the light quickly and you don't see them. Review of the facilit on December 13, 2 were answered at 1 on the afternoon she call light log shower shift call lights were minutes. 483.24, 483.25(k)(I FOR HIGHEST WE 483.24 Quality of life is a function of the complex to all care a residents. Each refacility must provide services to attain or practicable physical well-being, consisted comprehensive assessment of a rethat residents. Batter assessment of a rethat residents received accordance with propractice, the comprehensive, as the comprehensive with propractice, the comprehensive as the comprehensive with propractice, the comprehensive as the comprehensive with propractice, the comprehensive with propractice, the comprehensive as the comprehensive with propractice, the comprehensive with propractice, the comprehensive as the comprehensive with propractice, the comprehensive with propractice, the comprehensive as the comprehensive with propractice, the comprehensive with propractice w	siders an appropriate time for nutes. R4 stated it can take 30 or staff to respond to the call is sometimes the staff answers it says they will be back, "but again." Ly's call light log showed that 016 call lights on the day shift 7, 25, 36 and 54 minutes, and iff at 14 and 28 minutes. The don December 18, 2016 night answered at 17 and 23 PROVIDE CARE/SERVICES ELL BEING Ly and the encessary care and maintain the highest and the encessary care and maintain the highest and plan of care. Ly are fundamental principle that the resident's ressment and plan of care. Ly are fundamental principle that the necessary care and maintain the highest and plan of care. Ly are fundamental principle that the resident's ressment and care provided to ased on the comprehensive sident, the facility must ensure we treatment and care in ofessional standards of ehensive person-centered residents' choices, including	F2			1/6/17

	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		TIPLE CONSTRUCTION ING		TE SURVEY MPLETED
		145043	B. WING		10	C /10/2016
NAME OF I	PROVIDER OR SUPPLIER	143043	D. Willa	STREET ADDRESS, CITY, STATE, ZIP CODE	12	/19/2016
_	CARE CENTER-KAN	IKAKEE		900 WEST RIVER PLACE KANKAKEE, IL 60901		
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F 309	provided to resident consistent with profithe comprehensive and the residents' of the comprehensive and the residents' of the comprehensive and the residents who requiservices, consistent of practice, the compact care plan, and the repreferences. This REQUIREMENT by: Based on interview failed to properly as emergent care for a significant change of the compact care unit. This failure resulted hospital treatment, resident's abnormative care unit. This applies to 1 of change of conditions include: On December 8, 20 E3 (RN) stated she November 26, 2016 that she was new to familiar with R1's be learned in report the of confusion, had be and the resident's and the confusion, had be and the resident's provided that she was new to familiar with R1's be learned in report the of confusion, had be and the resident's abnormance of the confusion, had be and the resident's provided that she was new to familiar with R1's be learned in report the of confusion, had be and the resident's provided that the confusion, had be and the resident's provided that the confusion, had be and the resident's provided that the confusion, had be and the resident's provided that the confusion of the confusi	ent. Issure that pain management is the who require such services, dessional standards of practice, person-centered care plan, goals and preferences. Collity must ensure that irre dialysis receive such the with professional standards apprehensive person-centered residents' goals and Nor is not met as evidenced of and record review the facility seess and seek immediate a resident (R1) experiencing a	F 3	009		

		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	` '	TIPLE CONSTRUCTION NG		TE SURVEY MPLETED
		145043	B. WING		12	C / 19/2016
	IAME OF PROVIDER OR SUPPLIER CITADEL CARE CENTER-KANKAKEE (X4) ID SUMMARY STATEMENT OF DEFICIENCIES			STREET ADDRESS, CITY, STATE, ZIP CODE 900 WEST RIVER PLACE KANKAKEE, IL 60901		13/2010
PRÉFIX	(EACH DEFICIENC)	Y MUST BE PRECEDED BY FULL	ID PREFI TAG	PROVIDER'S PLAN OF CORRECT (EACH CORRECTIVE ACTION SHOUND CROSS-REFERENCED TO THE APPROPRIES OF THE AP	JLD BE	(X5) COMPLETION DATE
F 309	physician had been labs were ordered or results were pendir more difficult to aro medication. Her blo stated she thought stated she docume communication she it in R1's record in R1 was groggy, but up all night. E3 state blood pressure was looked at R1's blood an occasional high the transportation a around 10:30 AM or responsive; she woname being called, stated she did not on Nursing) (it was a Second building), nor did stated she knew Rambulance and if a taken to the hospitatake her to dialysis. Facility Weights an R1 from October 1, 2016 reflects a range for R1. The lowest were 3 abnormally on October 20, 201, 176/88, both on Ocwere in the normal.	called the prior evening and which had been drawn, and ng. That morning, R1 was buse, but she took her morning ood pressure was very high; E3 it was around 191/76. E3 ented this on R1's dialysis eet but neglected to document the computer. According to E3, the she put it down to R1 being ted she did recognize that R1's is high, and she went and of pressure history and noted reading at other times. When ambulance arrived somewhere or so, R1 was even less build open her eyes to her but she was not speaking. E3 call E2 (DON, Director of Saturday and E2 was not in the ne call R1's physician; she 1 was being transported by anything happened, could be al. E3 had the ambulance crew of Vitals Summary Report for 2016 through November 8, ge of blood pressure readings reading was 110/66. There high readings, one of 200/88 6 and one of 198/84 and then stober 11, 2016. Most readings range.	F3	09		
	"Resident confused	d with mild altered mental (within normal limits), Labs				

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	PROVIDER OR SUPPLIER	NKAKEE		STREET ADDRESS, CITY, STATE, ZIP CO 900 WEST RIVER PLACE KANKAKEE, IL 60901	<u> </u>	, 10,2010
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F 309	arrival, resident ap altered mental stat documents that R1 dialysis sent R1 to admitted. At 1:30 PM on 12/8 of Dialysis Unit) stat their dialysis unit of unresponsive. The R1 was stable enough that she required enter ambulance transmulance service and the dialysis stated R1's blood pressur communication for documented as 19	esults. Upon dialysis transport pearing to have increased us." A note timed at 12:15 PM was sent out for dialysis and the hospital, where R1 was 8/16, Z3 (Patient Care Manager ated that when R1 arrived at an November 26, 2016 she was ir dialysis staff did not feel that ugh for her treatment and felt valuation in the hospital. Since asport team was only a basic, they put R1 in a dialysis chair off called 911. According to Z3, e on the transfer m from the facility was 1/82. Z3 did not know what alysis communication form, but	F 30	09		
	On December 8, 2 Manager for Ambustated she had spotransfer of R1 to th 26, 2016. The crev resident did not see had told them to tathat they provide by the crew on Noven EMT (Emergency Imedic. Non-emergency Tracompany dated Nothe following for Rayear-old female. Upper 10 to	016 at 2:55 PM, Z2 (Dispatch lance Transport Company) oken to her crew regarding the e dialysis center on November w had concerns that the em her usual self but the nurse ke R1 to dialysis. Z2 stated asic transportation service, and other 26, 2016 consisted of an Medical Technician) and a management from transport exember 26, 2016 documents an exemple of the consisted for a 73 poon arrival patient not of the company of the consisted of an exemple of the consisted for a 73 poon arrival patient not of the consisted of an exemple of the consisted for a 73 poon arrival patient not of the consisted of an exemple of the consisted for a 73 poon arrival patient not of the consisted of an exemple of the consisted for a 73 poon arrival patient not of the consisted of the				

DEPARTMENT OF HEALTH AND HUMAN SERVICES CENTERS FOR MEDICARE & MEDICAID SERVICES STATEMENT OF DEFICIENCIES (X1) PROVIDER/SLIPPI JER/CLIA

AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING			(X3) DATE SURVEY COMPLETED	
		145043	B. WING				C 19/2016
NAME OF PROVIDER OR SUPPLIER CITADEL CARE CENTER-KANKAKEE				STREET ADDRESS, CITY, STATE, Z 900 WEST RIVER PLACE KANKAKEE, IL 60901	IP CODE	12/	13/2010
(X4) ID PREFIX TAG	(EACH DEFICIENC)	NTEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG		TION SHOULD THE APPROPF	BE	(X5) COMPLETION DATE
F 309	We awoke her to he to bring her to dialy her en route. Turn of also shows R1's maresponse"; R1 was Emergency Room for R1 dated Nover R1's Blood Pressur ER record notes the dialysis treatment at Ambulance person their arrival at the farmal transport of the facility is and was not able to also noted to be "tw R1 was having jerk and was not verbal Impression was Hy with seizures, endhemodialysis, hyper R1 received intraverseizures as well as pressure. She was unit. Consultation in documents that R1 reading thus far had 27, 2016, R1 was a contact nor speaking were lessened, have The facility's Progretimed at 8:05 PM retired at 8:05 PM r	ave her fall back asleep. Told sis anyway, so we monitored care over to RNs." This form ental status to be "no verbal noted to respond to pain. (ER) Physician Documentation mber 26, 2016 documents that the upon arrival was 182/104. The at R1 was sent for normal and found to be unresponsive. The area devised ER staff that upon acility, R1 was unresponsive. The answer questions. She was witching". Upon re-evaluation, ing of her body intermittently ly responsive. Clinical pertensive encephalopathy stage renal disease on real and Leukocytosis. The increase of November 27, 2016 and itted to the intensive care to to of November 27, 2016 and itted to the intensive care and been 242/121. On November 27 and been 242/121. On November 28 and the pertensive kidney disease, and of December 1, 2016 and itted to medication. The intensive kidney disease, conic obstructive pulmonary of diagnosis indicating a past of the past of the past of the stage renal control of t		309			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	A. BUILDING			COMPLETED	
		145043	B. WING _		12	C / 19/2016	
NAME OF PROVIDER OR SUPPLIER CITADEL CARE CENTER-KANKAKEE			STREET ADDRESS, CITY, STATE, ZIP CODE 900 WEST RIVER PLACE KANKAKEE, IL 60901				
(X4) ID PREFIX TAG	(EACH DEFICIENC)	Y MUST BE PRECEDED BY FULL	ID PREFIX TAG	PROVIDER'S PLAN OF CORI (EACH CORRECTIVE ACTION S CROSS-REFERENCED TO THE A DEFICIENCY)	SHOULD BE	(X5) COMPLETION DATE	
F 309	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)						
	medical condition. constitutes a change 15, 2016 at 12:05 i	nysician for a change in It does not indicate what ge in condition. On December PM, E1 stated that this was change of condition and					

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING			(X3) DATE SURVEY COMPLETED	
		145043	B. WING			C /10/2016	
NAME OF PROVIDER OR SUPPLIER CITADEL CARE CENTER-KANKAKEE			STREET ADDRESS, CITY, STATE, ZIP CODE 900 WEST RIVER PLACE KANKAKEE, IL 60901				
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES 'MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF COR (EACH CORRECTIVE ACTION S CROSS-REFERENCED TO THE A DEFICIENCY)	SHOULD BE	(X5) COMPLETION DATE	
F 309	agreed that it did n physician for a char R1's current MAR (Record) reflects that mg daily for seizure not reflect any med December 15, 2016	ot direct staff to call the nge in medical condition. Medication Administration at R1 is now on Keppra 500 is. Prior to this, R1's MAR didications for seizures. On at 12:00 Noon, E2 confirmed it seizures previously, and had	F 3	09			