	-	AND HUMAN SERVICES			FORM	APPROVED . 0938-0391
STATEMENT	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	```	IPLE CONSTRUCTION	(X3) DAT CON	E SURVEY IPLETED
		14G039	B. WING _			R 2 3/2017
NAME OF I	PROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZIP CODE		
BROTHE	R JAMES COURT			2508 ST. JAMES ROAD SPRINGFIELD, IL 62707		
(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 CORRECTIO (EACH CORRECTIVE ACTION SHOUL) CROSS-REFERENCED TO THE APPROF DEFICIENCY)	D BE	(X5) COMPLETION DATE
{W 000}	INITIAL COMMEN	rs	{W 00	0}		
	First follow up to Annual Certificatior	n Survey of 9/08/16				
{W 104}	First follow up to In 8/27/16/IL88209/ 9 W103, W153, W15 483.410(a)(1) GOV	4 citations cleared	{W 10	4}		2/6/17
		y must exercise general policy, ing direction over the facility.				
	Based on record re facility's governing revise policies and for 2 of 3 individual	s not met as evidenced by: eview and interview, the body failed to employ and procedures to prevent neglect s (R11 and R12) who are ed with Pneumonia when the				
	pulse oximetry that require medical inter 2) Implement the fa Condition by notifyi abnormal vital sign 3) Ensure the facilit Condition clearly id unstable vital signs 4) Develop and imp	acility's policy on Change of ng the physician of R11's s. ty's policy on Change of entifies the parameters of				
	a medical distress					
	Findings Include:					
	 Y DIRECTOR'S OR PROVID	DER/SUPPLIER REPRESENTATIVE'S SIG	NATURE	TITLE		(X6) DATE

02/06/2017

PRINTED: 03/10/2017

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.

		AND HUMAN SERVICES				FORM	03/10/2017 APPROVED 0938-0391
STATEMENT	T OF DEFICIENCIES DF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	. ,		E CONSTRUCTION	(X3) DATE COM	E SURVEY PLETED
		14G039	B. WING				R 23/2017
NAME OF	PROVIDER OR SUPPLIER				TREET ADDRESS, CITY, STATE, ZIP CODE		
BROTHE	ER JAMES COURT				508 ST. JAMES ROAD PRINGFIELD, IL 62707		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES / MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFI TAG	x	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROP DEFICIENCY)	BE	(X5) COMPLETION DATE
{W 104}	1. R11 is a 72 year facility on 8/18/16. includes Moderate Psychotic Disorder, Disorder, Diabetes Dementia. T Logs (Electronic I on 12/29/16 at 12:0 capillary oxygen sat the physician and/o not notified. On 12/2 level was document at 5:20 AM, R11's S 70%. The physician were not notified. T notes written on 12/3 only one electronic R11's condition. Th is written on 12/31/7 Licensed Practical I wheezing noted upo levels documented. R11's Respirations an inability to obtain pressure. At 12:30 respirations were 44 obtain SpO2. There documentation that the night shift E8/ L 1/1/17 at 6:00 AM a Support Person tha assessed R11 at 6: unresponsive with a transported to the lo department by non 1/1/17 arriving at 7:	old male admitted to the A diagnoses list dated 7/21/16 Intellectual Disability, Brief , Obsessive Compulsive Mellitus, Hypertension and Nurses Notes) documents that 05 AM, R11's SpO2 (peripheral turation) level was 70% and or emergency personnel were 29/16 at 4:04 AM, R11's SpO2 ted as 80% and on 12/29/16 SpO2 level was documentd as n and/or emergency personnel here were no other nursing /29/16. On 12/30/16, there is nursing note written related to ne next eletronic nursing note 16 at 9:28 PM when E11/LPN/ Nurse documented bilateral on auscultation with no oxygen . On 12/31/16 at 10:46 PM, were documented at 40 with n a SpO2 and hear a Blood AM on 1/1/17, R11's 4 and nurse was not able to	{W 10	04}			

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		AND HUMAN SERVICES				FORM	03/10/2017 APPROVED 0938-0391
STATEMENT	OF DEFICIENCIES DF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	. ,			(X3) DATE COM	E SURVEY PLETED
		14G039	B. WING _				੨ 23/2017
NAME OF	PROVIDER OR SUPPLIER	-		ST	REET ADDRESS, CITY, STATE, ZIP CODE		
BROTHE	R JAMES COURT				08 ST. JAMES ROAD PRINGFIELD, IL 62707		
(X4) ID PREFIX TAG	(EACH DEFICIENC)	TEMENT OF DEFICIENCIES / MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	(PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPI DEFICIENCY)	BE	(X5) COMPLETION DATE
{W 104}	2. Physician's Orde identifies R12 as a functions at the Mo Disabilities with add Congestive Heart F Enlargement and A T-Log /Electronic N 1/2/17) documents on 12/22/16. R12 v clinic on the mornin and was prescribed Pneumonia and Up was taken back to t approximately 2:00 at 9:00 PM and had (peripheral capillary no respiratory distra are (slightly) wheez The note dated 12/ documents,"episod yellowish-brown sto bathroom and fell, I of nose. Small goos pulse is 60, unable and regular, no cya PEARL (pupils equ verbally unresponsi physical stimuli. 91 12/27/16 and arrive admitted to the hos Pneumonia. In revie did not do an asses returned to the facil approximately 7 ho full set of vitals inclu- and blood pressure	ers (dated 1/1/17-1/31/17) 60 year old individual who derate level of Intellectual ditional diagnoses of failure, Sleep Apnea, Cardiac sthma. urses Notes (dated 11/4/16- that R12 left for a home visit was taken to a local health og of 12/26/16 by his family Amoxicillin for diagnoses of per Respiratory Infection. R12 the facility on 12/26/16 at PM. and assessed by nursing a temperature of 99.4, SpO2 voxygen saturation)= 91%, in ess at this time, Lung sounds y (especially) upper lobes. 27/16 at 12:00 AM also e of loose, mushy bol, attempted to get to hit mid forehead and left side se egg to mid forehead. Radial to detect B/P, respirations 16 nosis noted. Very lethargic, al and reactive to light), but ive, responsive slightly to 1 was called at 1:18 AM on ed at 1:35 AM." R12 was pital with Septic Shock and ew of the T-Log Notes, nursing assment of R12 when he ity from his home visit until urs later. Nursing did not do a usive of pulse, respirations	{W 10	94}			

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		I AND HUMAN SERVICES E & MEDICAID SERVICES				FORM	: 03/10/2017 APPROVED . 0938-0391
STATEMEN	T OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:			E CONSTRUCTION	(X3) DAT CON	E SURVEY IPLETED
		14G039	B. WING				R / 23/2017
NAME OF	PROVIDER OR SUPPLIER			S	TREET ADDRESS, CITY, STATE, ZIP CODE	·	
BROTH	ER JAMES COURT				508 ST. JAMES ROAD PRINGFIELD, IL 62707		
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL .SC IDENTIFYING INFORMATION)	ID PREFI TAG	х	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPRO DEFICIENCY)	D BE	(X5) COMPLETION DATE
{W 104}	 1/4/17 at 2:40 PM, policy on pulse oxir facility's Change of identifies sudden or confirmed the facilit specific to the pulse the abnormal levels reported to the physinterventions. 4. On 1/4/17 at 4:39 Nursing) when aske parameters to idem notified regarding C respirations. E2 rebut normal is 12-20 for O2 sat." When asked what twere unable to obtaresponded, "Notify resident is in distrest then notify the physipermission from the 5) In an interview w E8 /LPN confirmed abnormal vital signs 6) Facility policy Ch 10/22/15) documer of medical emerger change in/or unstatreview of the facility definition of signific signs. There are not vital signs would remedical intervention 	when asked if the facility had a metry, E1 showed surveyor the Condition policy which inset of shortness of breath. E1 ity does not have a policy e oximetry that identifies what s would be that would be rsician or require medical 5 PM, E2, DON (Director of ed if the facility had tify when a doctor should be D2 saturation levels and esponded, "Nothing in writing D respirations and below 90% the nurses should do if they ain a Blood Pressure. E2 the physician." E2 stated, "If a ss, the nurse should call 911 sician. There is no need to get e doctor to send out." with E8 on 1/5/17 at 12:30 PM, I that she did not report R11's s to the physician. hange of Condition (revised hts that immediate notification ncies may include, "Significant ble vital signs." In further y's policy there was no cant change or unstable vital o specific parameters of what equire physician notification or	{W 1	04}			

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		AND HUMAN SERVICES & MEDICAID SERVICES			FORM	03/10/2017 APPROVED
STATEMENT	OF DEFICIENCIES F CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		E CONSTRUCTION	(X3) DAT COM	0938-0391 E SURVEY PLETED
		14G039	B. WING			R 23/2017
NAME OF F	PROVIDER OR SUPPLIER			TREET ADDRESS, CITY, STATE, ZIP CODE		
BROTHE	R JAMES COURT			508 ST. JAMES ROAD PRINGFIELD, IL 62707		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTIO (EACH CORRECTIVE ACTION SHOUL) CROSS-REFERENCED TO THE APPROF DEFICIENCY)) BE	(X5) COMPLETION DATE
{W 104}		ge 4 ever asked for parameters for evels or respirations or any	{W 104}			
	General Event Rep documents, "Staff r breathing funny. Wh him breathing fast a 65 and he was unre Physician) was noti hospital) emergenc	actical Nurse completed the ort (dated 1/1/17 at 6:15 AM) eported that resident was riter went into his room to find and shallow, his (oxygen) was esponsive. (Primary Care fied and resident sent to (local y room." The form documents was notified at 6:20 AM.				
	the PCP (Primary C	5 PM, E6, LPN, stated, "Called Care Physician) and asked if ent out. The PCP responded is called."				
W 149	1/5/17 at 1:45 PM, I of Condition policy of staff are to call 911 medical distress. E not have a specific	with E1/ Administrator on E1 confirmed that the Change does not clearly identify that when an individual is in 1 confirmed the facility does policy regarding calling 911. FF TREATMENT OF CLIENTS	W 149			2/6/17
	policies and proced	velop and implement written lures that prohibit ect or abuse of the client.				
	Based on record re failed to develop po prevent neglect for R12)who developed	s not met as evidenced by: eview and interview the facility licies and procedures to 2 of 3 individuals (R11 and d pnuemonia. R11 was ubated due to pneumonia.				

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		AND HUMAN SERVICES				FORM	APPROVED
	OF DEFICIENCIES	& MEDICAID SERVICES (X1) PROVIDER/SUPPLIER/CLIA	(X2) MUIT		LE CONSTRUCTION		0938-0391 E SURVEY
-	OF DEFICIENCIES OF CORRECTION	IDENTIFICATION NUMBER:	. ,				PLETED
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		14G039	B. WING				23/2017
NAME OF F	PROVIDER OR SUPPLIER		·	S	STREET ADDRESS, CITY, STATE, ZIP CODE		
BROTHE	R JAMES COURT				2508 ST. JAMES ROAD		
				S	SPRINGFIELD, IL 62707		
(X4) ID PREFIX		TEMENT OF DEFICIENCIES (MUST BE PRECEDED BY FULL	ID PREFI)	,	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD		(X5) COMPLETION
TAG		SC IDENTIFYING INFORMATION)	TAG	`	CROSS-REFERENCED TO THE APPROPR		DATE
					DEFICIENCY)		
N/ 140		_					
W 149		-	W 1	49			
		ed and diagnosed with cility failed to ensure that					
		ovided adequate nursing staff,					
		it, monitoring, follow up of					
		physician notification and					
		The facility failed to take to ensure that a system to					
		al vital signs and a system for					
		rsonnel) notification has been					
		lemented when the facility did					
	not:						
	1 Ensure a thorou	gh nursing assessment of R11					
	and R12 pulmonary						
		ntation of pulmonary status is					
	complete.						
	3. Ensure the phys	ician is notified when vital					
	signs are abnormal						
	identified.	edical emergency was					
	0	staff provides medical care					
	according to code s	status.					
	6 Ensuro adoquato	e staffing of nurses in order to					
		ssessments, monitoring and					
	medical intervention						
	Findings include:						
	1. R11 is a 72 vear	old male admitted to the					
	facility on 8/18/16.	A diagnoses list dated 7/21/16					
		Mental Retardation, Brief					
		Obsessive Compulsive					
	Disorder, Diabetes Dementia.	Mellitus, Hypertension and					

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		AND HUMAN SERVICES & MEDICAID SERVICES				FORM	03/10/2017 APPROVED 0938-0391
STATEMENT	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	. ,		LE CONSTRUCTION	(X3) DAT COM	E SURVEY PLETED
		14G039	B. WING				R 23/2017
NAME OF F	PROVIDER OR SUPPLIER			S	STREET ADDRESS, CITY, STATE, ZIP CODE	•	
BROTHE	R JAMES COURT				2508 ST. JAMES ROAD SPRINGFIELD, IL 62707		
(X4) ID PREFIX TAG	(EACH DEFICIENC)	TEMENT OF DEFICIENCIES / MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREF TAG		PROVIDER'S PLAN OF CORRECTIC (EACH CORRECTIVE ACTION SHOULI CROSS-REFERENCED TO THE APPROF DEFICIENCY)) BE	(X5) COMPLETION DATE
W 149	Continued From pa	ge 6	W	149			
	IDPH/DNR/POLST that R11 wants full Resuscitation and F						
	T Logs (Electronic I on 12/29/16 at 12:0 capillary oxygen sa the physician and/o not notified. On 12/ level was documen at 5:20 AM, R11's S 70%. The physicia were not notified. T notes written on 12 only one electronic R11's condition. Th is written on 12/31/ Licensed Practical wheezing noted up levels documented. R11's Respirations an inability to obtain pressure. At 12:30 respirations were 4 obtain SpO2. There documentation that the night shift E8/ L 1/1/17 at 6:00 AM a Support Person that assessed R11 at 6: unresponsive with a transported to the le department by non 1/1/17 arriving at 7: and admitted to the	Nurses Notes) documents that 5 AM, R11's SpO2 (peripheral turation) level was 70% and r emergency personnel were 29/16 at 4:04 AM, R11's SpO2 ted as 80% and on 12/29/16 SpO2 level was documentd as n and/or emergency personnel here were no other nursing /29/16. On 12/30/16, there is nursing note written related to be next eletronic nursing note 16 at 9:28 PM when E11/LPN/ Nurse documented bilateral on auscultation with no oxygen On 12/31/16 at 10:46 PM, were documented at 40 with a SpO2 and hear a Blood AM on 1/1/17, R11's 4 and nurse was not able to a was no further R11 had been assessed by PN. E6/LPN came on duty on and was informed by E9/ Direct t R11 did not look right. E6 15 AM and found R11 a SpO2 of 65%. R11 was ocal hospital emergency emergency ambulance on 17 AM. R11 was intubated ICU (Intensive Care Unit).					
	Nurses Schedule (d	dated 1/1/17- 1/14/17)					

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	-	AND HUMAN SERVICES & MEDICAID SERVICES				FORM	03/10/2017 APPROVED 0938-0391
STATEMENT	OF DEFICIENCIES F CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	. ,	E CONSTRUCTION		(X3) DATE COM	E SURVEY PLETED
		14G039	B. WING	·····			२ 23/2017
NAME OF F	PROVIDER OR SUPPLIER			TREET ADDRESS, CITY, STATE, ZIP C	ODE		
BROTHE	R JAMES COURT			508 ST. JAMES ROAD SPRINGFIELD, IL 62707			
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF COF (EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE DEFICIENCY)	SHOULD	BE	(X5) COMPLETION DATE
W 149	12:00 PM on 1/1/17 On 1/4/17 at 4:35 P Nursing) stated, "Vit the T-Log and/or vit asked what a nurse SpO2. E2 responder try other areas of the symptoms of distress facility had paramet should be notified re and respirations. E writing but normal is 90% for O2 sat." E should do if they we Pressure. E2 responder E2 stated, "If a reside should call 911 ther no need to get permisend out." On 1/4/17 at 5:15 P 1/1/17, I came in to keys. E9, DSP (Dir (R11) was breathing oximeter and Spo2 grabbed the oxyger PCP (Primary Care wanted (R11) sent of Ambulance was call recall getting a report	And E7 worked 6:00 AM- M, E2, DON (Director of tal signs are documented on tal signs data view." E2 was e should do if unable to obtain ed, "Try to warm resident up, the body, assess quickly if ss." E2 was asked if the ters to identify when a doctor egarding O2 saturation levels 2 responded, "Nothing in s 12-20 respirations and below 2 was asked what the nurses are unable to obtain a Blood onded, "Notify the physician." dent is in distress, the nurse notify the physician. There is nission from the doctor to M, E6, LPN, stated, "On work, clocked in and got my tect Support Person) reported g funny. I grabbed the pulse level was 65%. I went and n and tubing and called the Physician) and asked if she out. The PCP responded yes. Iled." E6 stated she could not ort from the night shift nurse as passing medications then	W 149				
		M, E4, LPN, stated with els, it is "Very difficult to get all ."					

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		AND HUMAN SERVICES				FORM	APPROVED 0938-0391
STATEMENT	T OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	` '			(X3) DATE COMI	E SURVEY PLETED
		14G039	B. WING				ך 2 3∕2017
NAME OF	PROVIDER OR SUPPLIER			S	STREET ADDRESS, CITY, STATE, ZIP CODE		
				2	2508 ST. JAMES ROAD		
BROTHE	ER JAMES COURT			S	SPRINGFIELD, IL 62707		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFI TAG		PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROP DEFICIENCY)	BE	(X5) COMPLETION DATE
W 149	On 1/5/17 at 11:40 Support Person) sta of 12/31/16. E10 st was not doing well a checking in on him. wasn't sure if he wanight." On 1/5/17 at 12:15 working the mornin nurse reported (R11 was glassy eyed an used to keep mouth went down and got send (R11) out. I h (E6) called (Local n On 1/5/17 at 12:30 "Basically, I was mo in and out of the en- to 48 hours and the They kept sending (R11) as comfortab oxygen level up. I do pressure. Did mou doctor." E8 confirm full code. E8 stated was checking (R11) DSP (direct suppor telling them to let m honestly did not thin E8 stated she would an O2 sat dropped respirations are 18- contact the DON (E administrator. E8 was asked abou stated, "Work with 2	age 8 AM, E10, DSP (Direct ated he had worked the night tated, "E8, LPN reported (R11) and to make a point of . Breathing was labored. (I) as going to make it through the PM, E7, LPN stated, "I was g of 1/1/17. The overnight 1) had not done well overnight, d lemon glycerin swabs were n moist. The day nurse (E6) vitals then made decision to elped get paperwork ready. non-emergency ambulance)." PM, E8, LPN stated, onitoring (R11) as he had been nergency room over the last 24 ey were not doing anything. him back. Was trying to make ble as possible. Monitor to get could not hear (R11's) Blood th care. I did not call the ned she was aware R11 was a d on the night of 12/31/16, "I) every 30 minutes and had t person) checking him often, ne know if anything changes. I nk (R11) was going to live." d normally notify the doctor if below 80%. E8 stated normal -20. E8 confirmed she did not Director of Nursing) or the ut staffing levels at night. E8 2 nurses until about 9 PM then he whole building. Another	W 1	149			

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		AND HUMAN SERVICES & MEDICAID SERVICES				FORM	APPROVED 0938-0391
STATEMENT	OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	` '		E CONSTRUCTION	(X3) DATE	E SURVEY PLETED
		14G039	B. WING				R 23/2017
NAME OF	PROVIDER OR SUPPLIER			S	TREET ADDRESS, CITY, STATE, ZIP CODE		
BROTHE	R JAMES COURT				508 ST. JAMES ROAD SPRINGFIELD, IL 62707		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES / MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFI TAG	х	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPI DEFICIENCY)	BE	(X5) COMPLETION DATE
W 149	pass then leaves." enough time to get she has complained nursing staff to the On 1/5/17 at 12:55 local ambulance se call came in at 6:45 (R11) from the facil On 1/5/17 at 1:00 P was on call over the facility did not notify following the Emerg If I had gotten a cal or the inability to ob have given the orde emergency room. If she would expect to were below 90% or Z1 stated, "Someon Someone should ha asked if the delay in contributed to the c intubation. Z1 resp 2. Physician's Orde identifies R12 as a functions at the Mo Disabilities with ado Congestive Heart F Enlargement and A T-Log /Electronic N 1/2/17) documents on 12/22/16. R12 v	with the 8 PM medication E8 stated, "There is not all the work done." E8 stated d about lack of night shift Director of Nursing. PM, Z2 Office Manager for rvice stated, a non-emergency AM on 1/1/17 to transport ity to a local hospital. M, Z1, Physician, stated, "I e New Year's holiday. The me of R11's condition gency Room visit on 12/28/16. I related to low O2 sat levels tain a Blood pressure, I would er to send R11 back to the R11 is a full code." Z1 stated b be notified if O2 sat levels Respirations were above 30. he should have called 911. ave been notified." Z1 was n treatment for R11 could have urrent condition including onded, "Yes. Most definitely." rs (dated 1/1/17-1/31/17) 60 year old individual who derate level of Intellectual ditional diagnoses of 'ailure, Sleep Apnea, Cardiac	W 1	49			

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		AND HUMAN SERVICES			FORM	03/10/2017 APPROVED 0938-0391
STATEMENT	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		IPLE CONSTRUCTION	(X3) DATE COM	E SURVEY PLETED
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NAME OF F	PROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZIP CODE		
BROTHE	R JAMES COURT			2508 ST. JAMES ROAD SPRINGFIELD, IL 62707		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES / MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTIO (EACH CORRECTIVE ACTION SHOUL) CROSS-REFERENCED TO THE APPROF DEFICIENCY)) BE	(X5) COMPLETION DATE
	Continued From pa and was prescribed Pneumonia and Up was taken back to t approximately 2:00 at 9:00 PM and had (peripheral capillary no respiratory distre- are (slightly) wheez The note dated 12/2 documents,"episod yellowish-brown sto bathroom and fell, h of nose. Small goos pulse is 60, unable and regular, no cya PEARL (pupils equa verbally unresponsi physical stimuli. 911 12/27/16 and arrive admitted to the hos Pneumonia. In revie did not do an asses returned to the facil approximately 7 hot full set of vitals inclu and blood pressure In an interview with 1/4/17 at 10:05 AM, expected of nursing SpO2 of 91%, E2 s take vitals and lister vitals would be a ful respirations and bloo	sc IDENTIFYING INFORMATION) age 10 A Amoxicillin for diagnoses of oper Respiratory Infection. R12 the facility on 12/26/16 at PM. and assessed by nursing d a temperature of 99.4, SpO2 y oxygen saturation)= 91%, in ess at this time, Lung sounds ty (especially) upper lobes. 27/16 at 1:45 AM also e of loose, mushy bol, attempted to get to hit mid forehead and left side se egg to mid forehead. Radial to detect B/P, respirations 16 nosis noted. Very lethargic, al and reactive to light), but ive, responsive slightly to 1 was called at 1:18 AM on ed at 1:35 AM." R12 was pital with Septic Shock and ew of the T-Log Notes, nursing asment of R12 when he lity from his home visit until urs later. Nursing did not do a usive of pulse, respirations b. E2/ Director of Nursing on , when asked what would be g when an individual has a tated, "Assess for cyanosis, n to lungs." E2 confirmed that II set inclusive of pulse, bod pressure. E11/ Licensed Practical Nurse		CROSS-REFERENCED TO THE APPROF DEFICIENCY)		DATE
	any other documen	AM, when asked if there was tation of assessments or No other vitals/ assessments				

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		AND HUMAN SERVICES				FORM	APPROVED
	<u> SFOR MEDICARE</u> OF DEFICIENCIES	& MEDICAID SERVICES (X1) PROVIDER/SUPPLIER/CLIA	(X2) MU	тірі		1	0938-0391 E SURVEY
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						ſ	R
		14G039	B. WING	_		01/:	23/2017
NAME OF F	PROVIDER OR SUPPLIER				STREET ADDRESS, CITY, STATE, ZIP CODE		
BROTHE	R JAMES COURT				2508 ST. JAMES ROAD		
	0			:	SPRINGFIELD, IL 62707		
(X4) ID PREFIX		TEMENT OF DEFICIENCIES / MUST BE PRECEDED BY FULL	ID PREFIX	х	PROVIDER'S PLAN OF CORRECTIO (EACH CORRECTIVE ACTION SHOULD		(X5) COMPLETION
TAG	REGULATORY OR L	SC IDENTIFYING INFORMATION)	TAG		CROSS-REFERENCED TO THE APPROP DEFICIENCY)	RIATE	DATE
	1		р.				
W 149	Continued From pa	ae 11	W 1	٨u	4		
	outside of Nurse's	-	VV I	43			
		Vol.03.					
		evised 6/6/14) states, "Nurse					
		ng on the resident's condition sident is free of clinical					
	0	om free for three consecutive					
	shifts."						
		Assignments (dated 12/16/16) dividuals reside at the facility					
	(R1- R94).	dividuals reside at the facility					
		Count by wings (provided to					
		1/9/17) identifies that 64 medications at the 6:00 AM					
		istration. The form also					
	documents there ar	re a total of 262 medications					
	administered at 6:0	0 AM.					
	Nurse's Schedule ()	dated 12/18/16- 1/28/17)					
		y one nurse worked from					
	11:00 PM- 6:00 AM	on 12/18/16, 12/25/16,					
		12/31/16 and 1/1/17. The					
		ments that there is only one work from 11:00 PM- 6:00 AM					
		1/15/17, 1/17/17 and 1/28/17.					
		dated 12/31/16-1/17/17) is a					
		nurses to fill open shifts. This ments needs for the 12:00					
		::00 PM- 11:00 PM . The form					
	does not identify th	at the facility was trying to fill					
		as having only one nurse from					
	11:00 PM- 6:00 AM						
	In an interview with	E1/ Administrator and E2/					
	Director of Nursing	on 1/4/17, when asked about					
		urses, E1 stated, "Nurses					
	work 12 nour shift.	We have two shifts. First shift					

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		AND HUMAN SERVICES & MEDICAID SERVICES				FORM	03/10/2017 APPROVED 0938-0391
STATEMENT	OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:			E CONSTRUCTION	(X3) DATE COM	E SURVEY PLETED
		14G039	B. WING				R 23/2017
NAME OF	PROVIDER OR SUPPLIER			S	TREET ADDRESS, CITY, STATE, ZIP CODE		
BROTHE	R JAMES COURT				508 ST. JAMES ROAD PRINGFIELD, IL 62707		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFI TAG		PROVIDER'S PLAN OF CORRECTIO (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROP DEFICIENCY)) BE	(X5) COMPLETION DATE
W 149	works 6:00 AM -6:3 6:00 PM -6:30 PM. who works with the and Medical Director E2 stated the facility Gastrostomy Tubes colostomy, 3 individ catheters and 1 ind asked about the me stated that the 6:00 responsible for the administration. On 1/5/17 at 9:45 A current staffing level required work done On 1/5/17 at 12:30 staffing levels at nig nurses until about 9 whole building. And the 8 PM medicatio stated, "There is no work done." E8 sta lack of nursing staff In an interview with when asked again a stated two 12 hour shift. Surveyor revie with E1. E1 confirm nurse on duty from AM on 1/1/17. Whe works from 11:00 P it happens." E1 con showed several dat nurse scheduled to responsible for sche	0 PM. Second shift works We have a third nurse on day outside Physicians, Dentist or who do visits to the facility." y has 3 individuals with s, 1 individual with a luals with suprapubic ividual with a urostomy. When edication administration, E1 PM-6 :30 AM nurses are 6:00 AM medication	W 1	149			

Facility ID: IL6001226

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		AND HUMAN SERVICES				FORM	: 03/10/2017 APPROVED . 0938-0391
	OF DEFICIENCIES F CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:			E CONSTRUCTION	COM	E SURVEY IPLETED R
		14G039	B. WING				н 23/2017
NAME OF F	PROVIDER OR SUPPLIER				REET ADDRESS, CITY, STATE, ZIP CODE		
BROTHE	R JAMES COURT			-	508 ST. JAMES ROAD PRINGFIELD, IL 62707		
(X4) ID PREFIX TAG	(EACH DEFICIENC)	TEMENT OF DEFICIENCIES / MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREF TAG		PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPI DEFICIENCY)	BE	(X5) COMPLETION DATE
W 149	Continued From pa	ige 13	W	49			
{W 249}	nursing schedule, v 483.440(d)(1) PRO	ve need nurses." GRAM IMPLEMENTATION	{W 2	49}			2/6/17
	each client must re treatment program interventions and s and frequency to su objectives identified plan.	s individual program plan, ceive a continuous active consisting of needed ervices in sufficient number upport the achievement of the d in the individual program s not met as evidenced by:					
	review the facility fa individuals on unit 2 active treatment se Findings Include: 1) Review of the Inc (IPP) dated docum male who functions Intellectual Disabilit	dividualized Program Plan lents R10 is a 58 year old at a Moderate Level of					
	documents, " I atter for day training served daily, often refusing room and resting in hours. " During interview on	end (name of day training site) vices. However, I do not attend to go and staying back in my my bed during day training 1/4/17 at 9:00 AM E13 (Social					
	day training since 8 discharged on 11/1 to his refusal to go. Schedule was deve	ated, R10 has not attended b/6/15 and was officially 2/15 from day training related E13 stated, "A Weekday eloped for R10". cility could not produce					

Facility ID: IL6001226

If continuation sheet Page 14 of 41

		(X1) PROVIDER/SUPPLIER/CLIA		LE CONSTRUCTION	(X3) DA). 0938-039 TE SURVEY
AND PLAN C	OF CORRECTION	IDENTIFICATION NUMBER:	A. BUILDING	à	CO	MPLETED R
		14G039	B. WING		01	/23/2017
NAME OF I	PROVIDER OR SUPPLIER	•		STREET ADDRESS, CITY, STATE, ZIP CODE		
BROTHE	R JAMES COURT			2508 ST. JAMES ROAD SPRINGFIELD, IL 62707		
(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 CORREC (EACH CORRECTIVE ACTION SHOU CROSS-REFERENCED TO THE APPR DEFICIENCY)	JLD BE	(X5) COMPLETIO DATE
{W 249}		mal training objective that bed for R10 to replace day	{W 249}	}		
	review the facility fa (R10) received con services. Findings Include:	ion, interview, and record ailed to ensure 1 of individuals itinuous active treatment				
	(IPP) dated docum male who functions Intellectual Disabili Continued review of documents, " I atte for day training ser daily, often refusing	dividualized Program Plan nents R10 is a 58 year old s at a Moderate Level of ty. of R21's IPP, dated 10/8/15, end (name of day training site) vices. However, I do not attend g to go and staying back in my n my bed during day training				
	3. Work Skill I will a for a portion of the assistance necessa 3-4 consecutive mo					
	was not observed a During interview or (Qualified Intellectu stated, R21 does n been discharged fr	on 8/23/16 and 8/24/16 R21 attending day training. n 8/24/16 at 10:50 AM E5 ual Disability Professional) ot attend day training and has om day training related to his				
W 318	schedule for the da	ated, "R21 does not have a ay. He comes to us or if we are e offer to let him help. "	W 318			2/6/17

If continuation sheet Page 15 of 41

		AND HUMAN SERVICES				FORM	03/10/2017 APPROVED 0938-0391
STATEMENT	OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:				(X3) DATE COM	E SURVEY IPLETED
		14G039	B. WING _				R 23/2017
NAME OF F	PROVIDER OR SUPPLIER				REET ADDRESS, CITY, STATE, ZIP CODE		
BROTHE	R JAMES COURT				08 ST. JAMES ROAD PRINGFIELD, IL 62707		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	(PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROP DEFICIENCY)	BE	(X5) COMPLETION DATE
W 318	Continued From pa The facility must en services requireme	sure that specific health care	W 31	18			
	Based on record refailed to ensure that adequate nursing sinursing monitoring, pulmonary status, pulmonary status, pulmonary status, punotification of 911 for sample (R11 and R pneumonia and req was hospitalized/int R12 was hospitalized/int R12 was hospitalized/int actions to ensure the abnormal vital signs (emergency person	is not met as evidenced by: eview and interview, the facility it nursing services provided staff, nursing assessment, medical follow up of obysician notification and or 2 of 3 individuals in the R12) who developed quired medical services (R11 tubated due to pneumonia & ed and diagnosed with acility failed to take appropriate nat a system to monitor for s and a system for 911 anel) notification has been lemented when the facility					
	and R12's pulmona	igh nursing assessment of R11 ary status. ntation of pulmonary status is					
	3. Ensure the phys signs are abnormal	sician is notified when vital I or unattainable.					
	4. Ensure that a m identified.	edical emergency was					
	5. Ensure nursing according to DNR/c	staff provides medical care code status.					
	6. Ensure adequat	e staffing of nurses in order to					

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	-	AND HUMAN SERVICES			FORM	03/10/2017 APPROVED 0938-0391
STATEMENT	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	. ,		(X3) DATE COM	E SURVEY IPLETED
		14G039	B. WING			R 23/2017
NAME OF F	PROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZIP CODE		
BROTHE	R JAMES COURT			2508 ST. JAMES ROAD SPRINGFIELD, IL 62707		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES / MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTIO (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROP DEFICIENCY)) BE	(X5) COMPLETION DATE
W 318	provide thorough as medical intervention The facility's failures staff, nursing asses of pulmonary status notification of 911 h additional individual reside in the facility These failures resu Jeopardy. Findings include: On 1/23/17 at 11:15 was identified to ha 12:05 AM when: >Facility failed to er documentation of p residents (R11 & R ⁺ >Facility failed to no vital signs & unattai residents (R11 & R ⁺ >Facility failed to no vital signs & unattai residents (R11 & R ⁺ >Facility failed to de and provide require timely manner. >Facility failed to er DNR/code status. >Facility failed to pr nurses in order to p medical monitoring >Facility failed to pr and reporting abnor	 Sessments, monitoring and ns. s to ensure adequate nursing sements, monitoring, follow up s, physician notification and nave the potential to affect 91 ls (R1-R10 and R14-R94) who and require nursing services. Ited in an Immediate 5AM an Immediate Jeopardy ave begun on 12/29/16 at numeration of abnormal inable vital signs for two 12). potify physician of abnormal inable vital signs for two 12). entify a medical emergency ad medical interventions in a nursing follow client rovide adequate staffing of provide thorough assessment, & medical interventions. 	W 318			
	ij was removed.					

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		AND HUMAN SERVICES				FORM	APPROVED
		& MEDICAID SERVICES (X1) PROVIDER/SUPPLIER/CLIA	(X2) MUL	TIPL			0938-0391 E SURVEY
AND PLAN C	F CORRECTION	IDENTIFICATION NUMBER:	A. BUILD	ING			PLETED
		14G039	B. WING				R 2 3/2017
NAME OF F	PROVIDER OR SUPPLIER				STREET ADDRESS, CITY, STATE, ZIP CODE		
BROTHE	R JAMES COURT				2508 ST. JAMES ROAD SPRINGFIELD, IL 62707		
(X4) ID PREFIX		TEMENT OF DEFICIENCIES / MUST BE PRECEDED BY FULL	ID PREFI	v	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD		(X5) COMPLETION
TAG		SC IDENTIFYING INFORMATION)	TAG		CROSS-REFERENCED TO THE APPROP DEFICIENCY)		DATE
W 318	Continued From pa	ge 17	W 3	318			
	Refer to deficiency	cited at :					
		nust provide clients with					
{W 322}	nursing services in 483.460(a)(3) PHYS	accordance with their needs.	{W 3	221			2/6/17
(*******			(11 0)				2/0/17
	I he facility must pro general medical ca	ovide or obtain preventive and re.					
	0						
	This STANDARD is Repeat	s not met as evidenced by:					
	failed to ensure cold	and record review, the facility on cancer screenings were					
		6 individuals (R1,R3,R4,R5, need of colon screenings.					
	Findings Include:						
	Review of the Facili dated 9/16/15:	ty's Policy for Colonscopy					
	"Initial screening co	lonoscopy for colorectal					
		of age for asymptotic, average ve, prescreen with any					
		n 10 years. Standing order for e colonoscopy as ordered by					
	resident's physician						
	Review of the Phys	ician Orders, the following					
		e criteria of 50 years and older					
		ale who functions in the Mild					
		Disabilities was scheduled to py on 2/12/14. The report					
		preparation the procedure had					

Facility ID: IL6001226

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	-	AND HUMAN SERVICES			FORM	03/10/2017 APPROVED 0938-0391
STATEMENT	OF DEFICIENCIES DF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	. ,		(X3) DATE COM	E SURVEY PLETED
		14G039	B. WING			R 23/2017
NAME OF !	PROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZIP CODE		
BROTHE	ER JAMES COURT			2508 ST. JAMES ROAD SPRINGFIELD, IL 62707		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTIO (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROP DEFICIENCY)) BE	(X5) COMPLETION DATE
{W 322}	to be aborted and re There is no evidence rescheduled. -R3 is a 69 year old Moderate Range of additional diagnosis Epilepsy. R3 also ut 3/27/13. No evident -R4 is a 54 year old Mild Range of Intell received a colonoso -R5 functions in the Disabilities. R5 is 66 receiving a colonsc -R10 a 58 year old Profound Range of receive a colonscop -R6 is a 56 year old Profound Range of Interview with E (Lio 14/17, E states that consent for R6's pro The Facility Policy s guardian refuses ar to proceed with a co be notified. a. Occult stool sam monitoring for blood b. Monitoring for ch completed with qua	e-schuled. ce that the procedure was d male who functions in the f Intellectual Disabilities with s of Cerebral Palsy and tilities a colostomy since ince of a colonoscopy for R3. d male who functions in the lectual Disabilities. R4 has not copy. e Severe Range of Intellectual 3 year old and no evidence of copy. male who functions in the Intellectual Disabilities did not py d male who functions in the Intellectual Disabilities. censed Practical Nurse) on t R6's guardian has refused to ocedure. states: In the event that the nd/or the guardian chooses not olonoscopy, the physician will ples will be obtained annually d in stool. ange of stools will be arterly assessments. uardian will be notified with any	{W 322}			

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	OF DEFICIENCIES	& MEDICAID SERVICES	(X2) MILLITI	PLE CONSTRUCTION		TE SURVEY
	OF CORRECTION	IDENTIFICATION NUMBER:				MPLETED
						R
		14G039	B. WING _			/23/2017
NAME OF I	PROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZIP CODI 2508 ST. JAMES ROAD	E	
BROTHE	R JAMES COURT			SPRINGFIELD, IL 62707		
(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 CORRE (EACH CORRECTIVE ACTION SH CROSS-REFERENCED TO THE APP DEFICIENCY)	OULD BE	(X5) COMPLETION DATE
{W 322}		age 19 ence in R6's record that any of ion was recorded in R6's	{W 322	2}		
{W 331}	483.460(c) NURSI	NG SERVICES	{W 33 ⁻	1}		2/6/17
		ovide clients with nursing ance with their needs.				
	Based on record re failed to ensure that adequate nursing s monitoring; follow u physician notification of 3 individuals in the developed pneumon intubated due to pro- and hospitalized wi failed to take appro- system for 911 (em- notification has been when the facility failed					
	1. Ensure a thorou and R12 pulmonary	igh nursing assessment of R11 y status.				
	2. Ensure docume complete.	ntation of pulmonary status is				
	3. Ensure the phys signs are abnormal	sician is notified when vital I or unattainable.				
	4. Ensure that a m identified.	edical emergency was				
	г . Г	staff provides medical care				

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		AND HUMAN SERVICES				FORM	APPROVED 0938-0391
	OF DEFICIENCIES		(X 2) MU	тірі			0936-0391 E SURVEY
	OF CORRECTION	IDENTIFICATION NUMBER:					PLETED
						l i	R
		14G039	B. WING				23/2017
NAME OF F	PROVIDER OR SUPPLIER			S	STREET ADDRESS, CITY, STATE, ZIP CODE		
BROTHE	R JAMES COURT				2508 ST. JAMES ROAD		
Brioffie				S	SPRINGFIELD, IL 62707		
(X4) ID			ID		PROVIDER'S PLAN OF CORRECTION		(X5) COMPLETION
PREFIX TAG		/ MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	PREFIZ TAG	x	(EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPI		DATE
					DEFICIENCY)		
			1				
{W 331}	Continued From pa	ge 20	{W 33	31}			
	according to DNR/c	code status.					
		e staffing of nurses in order to ssessments, monitoring and					
	medical intervention						
		s to ensure adequate nursing					
		sments, monitoring, follow up					
		s, physician notification and					
		ave the potential to affect 92 ls (R1-R10 and R14-R95) who					
		that require nursing services.					
		that require harsing services.					
		ng Level Roster (dated 1/3/17)					
		tal individuals (R1-R95) reside					
	at the facility.						
	These failures resu	Ited in an Immediate					
	Jeopardy.						
	Findings include:						
	Op 1/02/17 at 11:15	5AM an Immediate Jeopardy					
		ve begun on 12/29/16 at 12:05					
	AM when the facility						
		essment & documentation of					
		or two residents (R11 & R12).					
		monitoring and reporting					
	abnormal vital signs						
	status.	vices follow client DNR/code					
		abnormal vital signs &					
		gns for two residents (R11 &					
	R12).						
		mergency and provide					
		terventions in a timely manner.					
		taffing of nurses in order to seessment, medical					
	monitoring & medic						

Facility ID: IL6001226

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		AND HUMAN SERVICES					FORM	APPROVED	
	<u>RS FOR MEDICARE</u> OF DEFICIENCIES	& MEDICAID SERVICES		וחוד	LE CONSTRUCTION	0	OMB NO. 0938-0391 (X3) DATE SURVEY		
	OF DEFICIENCIES OF CORRECTION	IDENTIFICATION NUMBER:	. ,					PLETED	
							F	٦	
		14G039	B. WING				01/2	23/2017	
NAME OF F	PROVIDER OR SUPPLIER				TREET ADDRESS, CITY, STATE, ZIP CODE	:			
BROTHE	R JAMES COURT				508 ST. JAMES ROAD SPRINGFIELD, IL 62707				
(X4) ID	SUMMARY STA	TEMENT OF DEFICIENCIES	ID		PROVIDER'S PLAN OF CORRE		N	(X5)	
PRÉFIX		/ MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	PREFI		(EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APP			COMPLETION DATE	
TAG			TAG		DEFICIENCY)	11011			
{W 331}	Continued From pa	lge 21	{W 33	31}					
	On 1/23/17 at 5:00	PM; E1 was notified that the IJ							
	was removed.	,							
	1. R11 is a 72 year	old male admitted to the							
		A diagnoses list dated 7/21/16							
		Intellectual Disability, Brief Obsessive Compulsive							
		Mellitus, Hypertension and							
	Dementia.								
	IDPH/DNR/POLST	(dated 9/12/16) documents							
	that R11 wants full	Cardiopulmonary							
	Resuscitation and F	Full Treatment.							
	R11's Health Note v	written by E8, LPN (Licensed							
	Practical Nurse) da	ted 12/26/16 document R11							
		ocal hospital on 12/11/16 for ailure,Sepsis and Pneumonia.							
		ck to the facility on 12/26/16.							
		-							
		ew for R11, dated 12/27/16 at its Oxygen Saturation level of							
		of 98.0 degrees, Respirations							
		sure 116/61. No other							
	assessment inform	ation is documented.							
	R11's Health Note v	written by E12, LPN dated							
		t, "12/28/16, Resident had							
		onsiveness and SPO2 s) was in the low 70's. He was							
		ospital) emergency room, to be							
	sent back with an o	rder for Augmentin, also full							
	set of vital signs ev	ery 4 hours."							
		written by E8, LPN dated							
		AM documents, "resting well approximately 30 degrees,							

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		AND HUMAN SERVICES				FORM	: 03/10/2017 APPROVED : 0938-0391
STATEMENT	OF DEFICIENCIES DF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:				(X3) DAT COM	E SURVEY IPLETED
		14G039	B. WING	i			R 23/2017
NAME OF	PROVIDER OR SUPPLIER			S	STREET ADDRESS, CITY, STATE, ZIP CODE		
BROTHE	R JAMES COURT				2508 ST. JAMES ROAD SPRINGFIELD, IL 62707		
(X4) ID PREFIX TAG	(EACH DEFICIENC)	TEMENT OF DEFICIENCIES / MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREF TAG		PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPROF DEFICIENCY)	D BE	(X5) COMPLETION DATE
{W 331}	3 liters. Not noted a pulses present)." R11's Health Note via 12/29/16 at 4:04 AM temp was 97.8, pul SpO2 80% has bee off and holding in h forehead. O2 was R11's Health Note via 12/29/16 at 5:20 AM vital signs were tem SpO2 70%, BP 112 30 degrees, non-co distress notes, no r edema PPP." The personnel were not nursing notes writted Vital Signs Data Vie 7:00 PM document 92, Respirations 14 Vital Signs Data Vie 9:00 PM, document 92, Respirations 14 Vital Signs Data Vie 9:00 PM, document 92, Respirations 14 Vital Signs Data Vie 9:00 PM, document 92, Respirations 14 Vital Signs Data Vie 9:00 PM, document 92, Respirations 14 Vital Signs Data Vie 9:00 PM, document 00 PM, document 01 P	m air, O2 per mask applied at swelling of ankles, PPP(Pedal written by E8, LPN, dated <i>M</i> , documents, "At 1:00 AM, se 90, resp 20, BP 110/80, en resting well, kept taking O2 is hand or pushing up on removed at this time." written by E8, LPN, dated <i>M</i> , documents, "At 5:00AM, np 97.8, pulse 88, resp 20, /80, HOB remains elevated at impliant with O2, no resp noted LE (lower extremity) ohysician and/or emergency notified. There were no other en on 12/29/16. ew for R11, dated 12/29/16 at s O2 saturation of 82%, Pulse and BP 114/63. ew for R11, dated 12/30/16 at ts Pulse 92, BP 136/68. No assessments documented. a Note written by E11, LPN, 28 PM documents, "Bilateral on auscultation." No Oxygen ocumented. written by E8, LPN, dated PM documents, "At 11:00 PM, quick, even respirations at 40, SpO2 (oxygen saturation able to hear a B/P (Blood ead of Bed) is elevated and is	{W 3	31}			

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		AND HUMAN SERVICES				FORM	APPROVED		
		& MEDICAID SERVICES					MB NO. 0938-0391		
	OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:			PLE CONSTRUCTION		TE SURVEY MPLETED		
		14G039	B. WING			01	R / 23/2017		
NAME OF	PROVIDER OR SUPPLIER			:	STREET ADDRESS, CITY, STATE, ZIP CODE				
BROTHE	R JAMES COURT				2508 ST. JAMES ROAD SPRINGFIELD, IL 62707				
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES ' MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFI TAG		PROVIDER'S PLAN OF CORRECT (EACH CORRECTIVE ACTION SHOU CROSS-REFERENCED TO THE APPRO DEFICIENCY)	_D BE	(X5) COMPLETION DATE		
{W 331}	Continued From pa	ge 23	{W 3:	31]					
	1/1/17 at 12:26 AM continues to rest we Breathing remains in slightly open and gl obtain SpO2, will no at the carotid is 92. dryness from mouth E6 (LPN) completer (dated 1/1/17 at 6:1 reported that resider went into his room t shallow, his (oxyger unresponsive. (Prin notified and resider	d the General Event Report 5 AM) documents, "Staff ent was breathing funny. Writer to find him breathing fast and n) was 65 and he was nary Care Physician) was nt sent to (local hospital) The form documents that Z1							
	 1/1/17 at 10:18 AM that resident was be into his room to find shallow, his O2 (sat unresponsive. PCF notified and residen Emergency Departr GER (General Even log." R11's Health Note w 1/1/17 at 11:19 AM, intubated and admi unit). R11's Health Note w 1:37 PM, document 	written by E6, LPN, dated documents, "Staff reported reathing funny. Writer went d him breathing fast and t) was 65 and he was P (Primary Care Physician) at sent to (local hospital) ment. Administrator notified, at Report) made, on 24 report written by E6, LPN dated documents, "Resident tted to ICU (intensive care written by E6 dated 1/4/17 at ts, "His nurse reports that he intubated and unresponsive."							

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		AND HUMAN SERVICES & MEDICAID SERVICES				FORM	APPROVED 0938-0391
STATEMENT	OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	. ,		PLE CONSTRUCTION	(X3) DATI	E SURVEY PLETED
		14G039	B. WING				R 23/2017
NAME OF F	PROVIDER OR SUPPLIER				STREET ADDRESS, CITY, STATE, ZIP CODE		
BROTHE	R JAMES COURT				2508 ST. JAMES ROAD SPRINGFIELD, IL 62707		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES YMUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFI TAG		PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPF DEFICIENCY)	BE	(X5) COMPLETION DATE
{W 331}	Continued From pa	ge 24	{W 3	31]	}		
		lated 1/1/17- 1/14/17) and E7 worked 6:00 AM-					
	Nursing) stated; "Vi T-Log and/or vital s asked what a nurse SpO2. E2 respond try other areas of th symptoms of distre- facility had paramet should be notified r and respirations. E writing but normal is 90% for O2 sat." E should do if they we Pressure. E2 respo E2 stated, "If a resis should call 911 ther no need to get pern send out." On 1/4/17 at 5:15 P 1/1/17, I came in to keys. E9, DSP (Dir (R11) was breathing oximeter and SpO2 grabbed oxygen an (Primary Care Phys wanted (R11) sent of Ambulance was cal recall getting a repo- the nurse was still p everything happene						
		M, E4, LPN, stated; with els, it is "Very difficult to get all					

If continuation sheet Page 25 of 41

		AND HUMAN SERVICES & MEDICAID SERVICES					FORM	03/10/2017 APPROVED 0938-0391
STATEMENT	OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:			CONSTRUCTION	0	(X3) DATI COM	E SURVEY PLETED
		14G039	B. WING _					R 23/2017
NAME OF	PROVIDER OR SUPPLIER				REET ADDRESS, CITY, STATE, 2	ZIP CODE		
BROTHE	ER JAMES COURT				08 ST. JAMES ROAD PRINGFIELD, IL 62707			
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG		PROVIDER'S PLAN OF (EACH CORRECTIVE AC CROSS-REFERENCED TO DEFICIEN	TION SHOULD THE APPROPE	BE	(X5) COMPLETION DATE
{W 331}	Continued From pa required work done	-	{W 33	1}				
	Support Person) sta of 12/31/16. E10 st was not doing well a checking in on him.	AM, E10, DSP (Direct ated he had worked the night tated; "E8, LPN reported (R11) and to make a point of Breathing was labored. (I) as going to make it through the						
	working the mornin nurse reported (R1 was glassy eyed an used to keep mouth went down and got send (R11) out. I h	PM, E7, LPN stated; "I was g of 1/1/17. The overnight 1) had not done well overnight, id lemon glycerin swabs were n moist. The day nurse (E6) vitals then made decision to elped get paperwork ready. on-emergency ambulance)."						
	"Basically, I was mo in and out of the em to 48 hours and the They kept sending (R11) as comfortab oxygen level up. I of pressure. Did mou doctor." E8 confirmed she w E8 stated on the nig checking (R11) eve (direct support pers them to let me know honestly did not thin E8 stated she would an O2 sat dropped respirations are 18-	PM, E8, LPN stated; onitoring (R11) as he had been hergency room over the last 24 by were not doing anything. him back. Was trying to make le as possible. Monitor to get could not hear (R11's) Blood th care. I did not call the was aware R11 was a full code. ght of 12/31/16, "I was ry 30 minutes and had DSP son) checking him often, telling w if anything changes. I nk (R11) was going to live." d normally notify the doctor if below 80%. E8 stated normal 20. E8 confirmed she did not Director of Nursing) or the						

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		AND HUMAN SERVICES			FORM	03/10/2017 APPROVED 0938-0391
STATEMENT	OF DEFICIENCIES DF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	. ,	LE CONSTRUCTION	(X3) DATE COM	E SURVEY PLETED
		14G039	B. WING			R 23/2017
NAME OF	PROVIDER OR SUPPLIER			TREET ADDRESS, CITY, STATE, ZIP CODE	-	
BROTHE	ER JAMES COURT			2508 ST. JAMES ROAD SPRINGFIELD, IL 62707		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTIO (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROP DEFICIENCY)) BE	(X5) COMPLETION DATE
{W 331}	stated, "Work with 2 I am by myself for t nurse stays to help pass then leaves. I enough time to get she has complained the DON. On 1/5/17 at 12:55 local ambulance se call came in at 6:45 (R11) from the facil On 1/5/17 at 1:00 P was on call over the facility did not notify following the Emerg If I had gotten a cal or the inability to ob have given the orde emergency room. I she would expect to were below 90% or Z1 stated, "Someor Someone should ha asked if the delay in contributed to the c intubation. Z1 resp	age 26 ut staffing levels at night. E8 2 nurses until about 9 PM then the whole building. Another with the 8 PM medication E8 stated, "There is not all the work done." E8 stated d about lack of nursing staff to PM, Z2 Office Manager for ervice stated, a non-emergency 5 AM on 1/1/17 to transport lity to a local hospital. PM, Z1, Physician, stated, "I e New Year's holiday. The y me of R11's condition gency Room visit on 12/28/16. Il related to low O2 sat levels otain a Blood pressure, I would er to send R11 back to the R11 is a full code." Z1 stated to be notified if O2 sat levels r Respirations were above 30. ne should have called 911. ave been notified." Z1 was n treatment for R11 could have surrent condition including bonded, "Yes. Most definitely." eview and interview, the facility at nursing assessment; up of pulmonary status; on and notification of 911 for 2	{W 331}			

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		AND HUMAN SERVICES			FORM	: 03/10/2017 APPROVED : 0938-0391
STATEMENT	T OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		IPLE CONSTRUCTION	(X3) DATI COM	E SURVEY IPLETED
		14G039	B. WING			R 23/2017
NAME OF	PROVIDER OR SUPPLIER	•		STREET ADDRESS, CITY, STATE, ZIP CODE	-	
BROTHE	ER JAMES COURT			2508 ST. JAMES ROAD SPRINGFIELD, IL 62707		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOUL) CROSS-REFERENCED TO THE APPROF DEFICIENCY)	D BE	(X5) COMPLETION DATE
{W 331}	 of 3 individuals in the developed pneumonintubated due to pnand hospitalized with failed to take approsystem to monitor system for 911 (emnotification has beewhen the facility failed). 1. Ensure a thorourand R12 pulmonary 2. Ensure document complete. 3. Ensure the physis signs are abnormaled. 4. Ensure that a main dentified. 5. Ensure nursing saccording to DNR/complete. 6. Ensure adequates provide thorough as medical intervention. The facility's failures staff, nursing assess of pulmonary status notification of 911 hadditional individual reside in the facility. 	The sample (R11 and R12) who onia. R11 was hospitalized and neumonia. R12 was diagnosed th pneumonia. The facility opriate actions to ensure that a for abnormal vital signs and a nergency personnel) an developed and implemented led to: ogh nursing assessment of R11 y status. Intation of pulmonary status is sician is notified when vital l or unattainable. edical emergency was staff provides medical care code status. e staffing of nurses in order to ssessments, monitoring and	{W 331			

Facility ID: IL6001226

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		AND HUMAN SERVICES				FORM	APPROVED
	TS FOR MEDICARE OF DEFICIENCIES					MB NO. 0938-0391 (X3) DATE SURVEY	
	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:			E CONSTRUCTION	COMPLETED	
						R	
		14G039	B. WING _	B. WING			23/2017
NAME OF F	PROVIDER OR SUPPLIER			ST	TREET ADDRESS, CITY, STATE, ZIP CODE		
BROTHE	R JAMES COURT				508 ST. JAMES ROAD		
ļ				5	PRINGFIELD, IL 62707		
(X4) ID PREFIX	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES (MUST BE PRECEDED BY FULL	ID PREFIX	<	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD	BE	(X5) COMPLETION DATE
TAG	REGULATORY OR L	SC IDENTIFYING INFORMATION)	TAG		CROSS-REFERENCED TO THE APPROP DEFICIENCY)	RIALE	DAIL
	•		 				
{W 331}	Continued From pa	ge 28	{W 33	31}			
				-			
		Ited in an Immediate					
	Jeopardy.						
	Findings include:						
	On 1/23/17 at 11:15	5AM an Immediate Jeopardy					
		ve begun on 12/29/16 at 12:05					
	AM when the facility						
		essment & documentation of or two residents (R11 & R12).					
		monitoring and reporting					
	abnormal vital signs	S.					
	Ensure nursing serverters status.	vices follow client DNR/code					
		abnormal vital signs &					
	unattainable vital si	gns for two residents (R11 &					
	R12).						
		mergency and provide terventions in a timely manner.					
		taffing of nurses in order to					
		ssessment, medical					
	monitoring & medic	al interventions.					
	On 1/23/17 at 5:00	PM, E1 was notified that the IJ					
	was removed.						
	1 B11 is a 72 year	old male admitted to the					
		A diagnoses list dated 7/21/16					
		Intellectual Disability, Brief					
		Obsessive Compulsive Mellitus, Hypertension and					
	Dementia.	mentus, riypertension and					
	IDPH/DNR/POLST that R11 wants full	(dated 9/12/16) documents					
	Resuscitation and F						

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		AND HUMAN SERVICES				FORM	03/10/2017 APPROVED 0938-0391
STATEMENT	T OF DEFICIENCIES DF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:			E CONSTRUCTION	(X3) DATE COM	E SURVEY PLETED
		14G039	B. WING	·			R 23/2017
NAME OF	PROVIDER OR SUPPLIER				TREET ADDRESS, CITY, STATE, ZIP CODE		
BROTHE	ER JAMES COURT				508 ST. JAMES ROAD PRINGFIELD, IL 62707		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFI TAG		PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROP DEFICIENCY)	BE	(X5) COMPLETION DATE
{W 331}	Practical Nurse) da was admitted to a lo Congestive Heart F R11 discharged bao Vital Signs Data Vie 11:00 PM document 85%, Temperature 14 and Blood Press assessment inform R11's Health Note v 12/29/16 document episodes of unresp (oxygen saturations sent out to (local ho sent back with an o set of vital signs ev R11's Health Note v 12/29/16 at 12:05 A with HOB elevated SpO2 70 % on roor 3 liters. Not noted s pulses present)." R11's Health Note v 12/29/16 at 4:04 AM temp was 97.8, puls SpO2 80% has bee off and holding in hi forehead. O2 was R11's Health Note v 12/29/16 at 5:20 AM vital signs were tem SpO2 70%, BP 112 30 degrees, non-co distress notes, no r	tted 12/26/16 document R11 ocal hospital on 12/11/16 for Failure,Sepsis and Pneumonia. ck to the facility on 12/26/16. ew for R11, dated 12/27/16 at nts Oxygen Saturation level of of 98.0 degrees, Respirations sure 116/61. No other ation is documented. written by E12, LPN dated t, "12/28/16, Resident had oonsiveness and SPO2 s) was in the low 70's. He was ospital) emergency room, to be order for Augmentin, also full	{W 3	31}			

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		AND HUMAN SERVICES & MEDICAID SERVICES				FORM	APPROVED 0938-0391
STATEMENT	OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	• •		LE CONSTRUCTION	(X3) DATE	E SURVEY PLETED
			A. BUILD	ing	i	I	7
NAME OF I	PROVIDER OR SUPPLIER	14G039	D. WING		STREET ADDRESS, CITY, STATE, ZIP CODE	01/2	23/2017
					2508 ST. JAMES ROAD		
BROTHE	R JAMES COURT			S	SPRINGFIELD, IL 62707		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES / MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFI TAG	x	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPF DEFICIENCY)	BE	(X5) COMPLETION DATE
{W 331}	Continued From pa nursing notes writte	-	{W 3:	31}			
		ew for R11, dated 12/29/16 at s O2 saturation of 82%, Pulse and BP 114/63.					
	9:00 PM, document	ew for R11, dated 12/30/16 at ts Pulse 92, BP 136/68. No assessments documented.					
	dated 12/31/16 at 9	Note written by E11, LPN, 28 PM documents, "Bilateral on auscultation." No Oxygen ocumented.					
	12/31/16 at 10:46 F noted to have very unable to obtain an level), pulse 92, una	written by E8, LPN, dated PM documents, "At 11:00 PM, quick, even respirations at 40, SpO2 (oxygen saturation able to hear a B/P (Blood ead of Bed) is elevated and is onitor closely."					
	1/1/17 at 12:26 AM continues to rest we Breathing remains slightly open and gl obtain SpO2, will no	written by E8, LPN, dated documents, "12:30 AM, ell with HOB elevated. rapid at 44 but even, eyes are azed looking. Unable to bt register on machine. Pulse Mouth care given, due to h breathing."					
	(dated 1/1/17 at 6:1 reported that reside went into his room t shallow, his (oxyge unresponsive. (Prin	d the General Event Report 5 AM) documents, "Staff ent was breathing funny. Writer to find him breathing fast and n) was 65 and he was nary Care Physician) was at sent to (local hospital)					

Facility ID: IL6001226

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		AND HUMAN SERVICES				FORM	03/10/2017 APPROVED 0938-0391
STATEMENT	OF DEFICIENCIES DF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:			LE CONSTRUCTION	(X3) DATE COM	E SURVEY PLETED
		14G039	B. WING				R 23/2017
NAME OF	PROVIDER OR SUPPLIER				STREET ADDRESS, CITY, STATE, ZIP CODE		
BROTHE	ER JAMES COURT				2508 ST. JAMES ROAD SPRINGFIELD, IL 62707		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES / MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREF TAG		PROVIDER'S PLAN OF CORRECTIO (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROP DEFICIENCY)) BE	(X5) COMPLETION DATE
{W 331}	emergency room." (Physician) was not R11's Health Note of 1/1/17 at 10:18 AM that resident was be into his room to find shallow, his O2 (sa unresponsive. PCF notified and resider Emergency Departe GER (General Even log." R11's Health Note of 1/1/17 at 11:19 AM intubated and admi unit). R11's Health Note of 1:37 PM, document has pneumonia, is Nurses Schedule (of documents that E6 12:00 PM on 1/1/17 On 1/4/17 at 4:35 P Nursing) stated; "Vi T-Log and/or vital s asked what a nurse SpO2. E2 respond try other areas of th symptoms of distre facility had paramet should be notified r and respirations. E writing but normal is	The form documents that Z1 tified at 6:20 AM. written by E6, LPN, dated documents, "Staff reported reathing funny. Writer went d him breathing fast and t) was 65 and he was P (Primary Care Physician) at sent to (local hospital) ment. Administrator notified, nt Report) made, on 24 report written by E6, LPN dated documents, "Resident tted to ICU (intensive care written by E6 dated 1/4/17 at ts, "His nurse reports that he intubated and unresponsive." dated 1/1/17- 1/14/17) and E7 worked 6:00 AM-	{W 3	31}			

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		AND HUMAN SERVICES			FORM	03/10/2017 APPROVED 0938-0391
STATEMENT	OF DEFICIENCIES DF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		PLE CONSTRUCTION	(X3) DATE COMI	E SURVEY PLETED
		14G039	B. WING			੨ 2 3/2017
NAME OF	PROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZIP CODE	-	
BROTHE	R JAMES COURT			2508 ST. JAMES ROAD SPRINGFIELD, IL 62707		
(X4) ID PREFIX TAG	(EACH DEFICIENC)	TEMENT OF DEFICIENCIES / MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTIO (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROP DEFICIENCY)) BE	(X5) COMPLETION DATE
{W 331}	Pressure. E2 respe E2 stated, "If a resi should call 911 then no need to get perr send out." On 1/4/17 at 5:15 F 1/1/17, I came in to keys. E9, DSP (Dir (R11) was breathing oximeter and SpO2 grabbed oxygen an (Primary Care Phys wanted (R11) sent Ambulance was ca recall getting a repor the nurse was still p everything happene On 1/5/17 at 9:45 A current staffing lever required work done On 1/5/17 at 11:40 Support Person) sta of 12/31/16. E10 s was not doing well checking in on him, wasn't sure if he wan ight. On 1/5/17 at 12:15 working the mornin nurse reported (R1 was glassy eyed ar used to keep mouth went down and got	Pre-unable to obtain a Blood onded, "Notify the physician." dent is in distress, the nurse in notify the physician. There is nission from the doctor to PM, E6, LPN, stated; "On work, clocked in and got my rect Support Person) reported g funny. I grabbed the pulse e level was 65%. I went and d tubing and called the PCP sician) and asked if she out. The PCP responded yes. lled." E6 stated she could not ort from the night shift nurse as bassing medications then ed so quickly. MM, E4, LPN, stated; with els, it is "Very difficult to get all	{W 331	· · · ·		

Facility ID: IL6001226

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		AND HUMAN SERVICES				FORM	APPROVED	
		& MEDICAID SERVICES				MB NO. 0938-0391		
	OF DEFICIENCIES F CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:				(X3) DATE SURVEY COMPLETED		
			A. DOILD	inta			R	
		14G039	B. WING				23/2017	
NAME OF F	PROVIDER OR SUPPLIER			S	STREET ADDRESS, CITY, STATE, ZIP CODE	-		
BROTHE	R JAMES COURT				2508 ST. JAMES ROAD			
				5	SPRINGFIELD, IL 62707			
(X4) ID PREFIX		TEMENT OF DEFICIENCIES ' MUST BE PRECEDED BY FULL	ID PREFIX	х	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD		(X5) COMPLETION	
TAG	REGULATORY OR L	SC IDENTIFYING INFORMATION)	TAG		CROSS-REFERENCED TO THE APPROP DEFICIENCY)	RIATE	DATE	
			1					
{W 331}	Continued From pa	ae 33	{W 33	31}				
. ,	•	on-emergency ambulance)."	(.,				
		PM, E8, LPN stated;						
		onitoring (R11) as he had been hergency room over the last 24						
	to 48 hours and the	y were not doing anything.						
		him back. Was trying to make						
		le as possible. Monitor to get could not hear (R11's) Blood						
		th care. I did not call the						
	doctor."							
		vas aware R11 was a full code. ght of 12/31/16, "I was						
		ry 30 minutes and had DSP						
	(direct support pers	on) checking him often, telling						
		v if anything changes. I						
		nk (R11) was going to live." d normally notify the doctor if						
		below 80%. E8 stated normal						
		20. E8 confirmed she did not						
	contact the DON (D administrator.	Pirector of Nursing) or the						
		it staffing levels at night. E8						
		2 nurses until about 9 PM then						
		he whole building. Another						
		with the 8 PM medication E8 stated, "There is not						
		all the work done." E8 stated						
		about lack of nursing staff to						
	the DON.							
	On 1/5/17 at 12:55	PM, Z2 Office Manager for						
		rvice stated, a non-emergency						
	call came in at 6:45	AM on 1/1/17 to transport						
	(R11) from the facil	ity to a local hospital.						
	On 1/5/17 at 1:00 P	M, Z1, Physician, stated, "I						
		New Year's holiday. The						
		me of R11's condition						

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		AND HUMAN SERVICES				FORM	APPROVED . 0938-0391
		(X1) PROVIDER/SUPPLIER/CLIA	(X2) MUL	LTIF	PLE CONSTRUCTION		E SURVEY
	OF CORRECTION	IDENTIFICATION NUMBER:	` '		G		IPLETED
		140000					R
		14G039	B. WING	B. WING			23/2017
	PROVIDER OR SUPPLIER				STREET ADDRESS, CITY, STATE, ZIP CODE 2508 ST. JAMES ROAD		
BROTHE	R JAMES COURT				SPRINGFIELD, IL 62707		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFI TAG		PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROP DEFICIENCY)	BE	(X5) COMPLETION DATE
{W 331}	Continued From par following the Emerg If I had gotten a cal or the inability to ob have given the order emergency room. If she would expect to were below 90% or Z1 stated, "Someor Someone should hat asked if the delay in contributed to the c intubation. Z1 resp 2) Physician's Order identifies R12 as a functions at the Moo Disabilities with add Congestive Heart F Enlargement and A Local walk in medic report (dated 12/26) for complaints of ch diagnosed R12 with Amoxicillin by mout T-Log /Electronic N 1/2/17) documents "12/22/16 at 8:37 P "12/26/16 at 2:07 P facility, family had ta and given orders fo 875-125 mg BID (tw Respiratory Infectio acquired." "12/26/16 at 9:28 P resting in bed (antit	age 34 gency Room visit on 12/28/16. I related to low O2 sat levels obtain a Blood pressure, I would er to send R11 back to the R11 is a full code." Z1 stated to be notified if O2 sat levels "Respirations were above 30. The should have called 911. The been notified." Z1 was in treatment for R11 could have surrent condition including bonded, "Yes. Most definitely." Pers (dated 1/1/17-1/31/17) 60 year old individual who derate level of Intellectual ditional diagnoses of failure, Sleep Apnea, Cardiac to the strengestion. The clinic in Pneumonia and prescribed th and a ProAir Inhaler. Iturses Notes (dated 11/4/16- the following for R12: "M- Home Visit" "M- Resident returned to aken to (local clinic) this am or Amoxicillin -Pot Clavulante wice a day) for URI (upper on) pneumonia, community "M- temp is 99.4 at 2100 hrs. is pootic) was started SpO2	{W 3:	31			
		voxygen saturation)= 91%, in ess at this time, Lung sounds					

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		AND HUMAN SERVICES				FORM	03/10/2017 APPROVED 0938-0391
STATEMENT	T OF DEFICIENCIES DF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:			E CONSTRUCTION	(X3) DATE COM	E SURVEY PLETED
		14G039	B. WING				R 23/2017
NAME OF	PROVIDER OR SUPPLIER				TREET ADDRESS, CITY, STATE, ZIP CODE		
BROTHE	ER JAMES COURT				508 ST. JAMES ROAD SPRINGFIELD, IL 62707		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES / MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFI TAG		PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROP DEFICIENCY)) BE	(X5) COMPLETION DATE
{W 331}	are (slightly) wheez "12/27/16 at 1:45 A mushy yellowish-bri bathroom and fell, h of nose. Small goos pulse is 60, unable and regular, no cya PEÁRL (pupils equa verbally unresponsi physical stimuli. 911 0135." "12/27/16 - Spoke w ICU (Intensive Care septic shock: contin The T-Log Notes, co assessment of R12 facility from his hor hours later. A thorou inclusive of a of pul pressure was not de ON 1/4/17 at 10:05 conducted with E2/ asked what would b an individual has a "Assess for cyanos lungs." E2 confirme inclusive of pulse, r pressure. On 1/4/17 at 11:40 , conducted with E11 When asked if there documentation of a stated, "No other vit Nurse's Notes."	y (especially) upper lobes." M- Had episode of loose, own stool, attempted to get to nit mid forehead and left side se egg to mid forehead. Radial to detect B/P, respirations 16 nosis noted. Very lethargic, al and reactive to light), but ive, responsive slightly to 1 was called at 0118, here at with nurse at (local hospital) e Unit) resident diagnosis nues bi-pap." onfirm nursing did not do an when he returned to the me visit until approximately 7 ugh pulmonary assessment se, respirations and blood one by nursing. AM an interview was Director of Nursing. When be expected of nursing when SpO2 of 91%, E2 stated, is, take vitals and listen to ed that vitals would be a full set espirations and blood	{W 3:	31}			

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		AND HUMAN SERVICES				FORM	03/10/2017 APPROVED 0938-0391
					(X3) DATE SURVEY COMPLETED		
		14G039	B. WING			R 01/23/2017	
NAME OF	PROVIDER OR SUPPLIER	·	-		STREET ADDRESS, CITY, STATE, ZIP CODE		
BROTHE	R JAMES COURT				2508 ST. JAMES ROAD SPRINGFIELD, IL 62707		
(X4) ID PREFIX TAG	(EACH DEFICIENC)	TEMENT OF DEFICIENCIES / MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREF TAG		PROVIDER'S PLAN OF CORRECTIO (EACH CORRECTIVE ACTION SHOUL) CROSS-REFERENCED TO THE APPROF DEFICIENCY)) BE	(X5) COMPLETION DATE
{W 331}	change until the res abnormal or sympton shifts." 3) Resident Room A identifies that 95 ind (R1- R95). 6:00 AM Medication surveyor per fax on individuals receive medications admin documents there an administered at 6:0 Nurse's Schedule (documents that onl 11:00 PM- 6:00 AM 12/27/16, 12/30/16 schedule also docu nurse scheduled to on 1/8/17, 1/14/17, Open Shift Needs (sign up sheets for r sign up sheet docu PM- 6:30 PM and 6 does not identified 11:00 PM- 6:00 AM In an interview with Director of Nursing staffing regarding n work 12 hour shift. works 6:00 AM -6:30 6:00 PM -6:30 AM.	Assignments (dated 12/16/16) dividuals reside at the facility an Count by wings (provided to 1/9/17) identifies that 64 medications at the 6:00 AM istration. The form also re a total of 262 medications 0 AM. dated 12/18/16- 1/28/17) y one nurse worked from on 12/18/16, 12/25/16, 12/31/16 and 1/1/17. The ments that there is only one work from 11:00 PM- 6:00 AM 1/15/17, 1/17/17 and 1/28/17. dated 12/31/16-1/17/17) is a nurses to fill open shifts. This ments needs for the 12:00 i:00 PM- 11:00 PM . The form hat the facility was trying to fill as having only one nurse from	{W 3	31}			

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		AND HUMAN SERVICES				FORM	03/10/2017 APPROVED 0938-0391
STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:			TIPLE CONSTRUCTION		(X3) DATE SURVEY COMPLETED		
		14G039	B. WING _			R 01/23/2017	
NAME OF	PROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZIP COD	E		
BROTHE	ER JAMES COURT			2508 ST. JAMES ROAD SPRINGFIELD, IL 62707			
(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 CORRE X (EACH CORRECTIVE ACTION SH CROSS-REFERENCED TO THE API DEFICIENCY)	IOULD E	ЗE	(X5) COMPLETION DATE
{W 331}	ER JAMES COURT SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)		{W 33				

Facility ID: IL6001226

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DEPARTMENT OF HEALTH AND HUMAN SERVICES CENTERS FOR MEDICARE & MEDICAID SERVICES							03/10/2017 APPROVED
STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA			(X2) MULTIPLE CONSTRUCTION			WB NO. 0938-0391 (X3) DATE SURVEY	
AND PLAN OF CORRECTION		IDENTIFICATION NUMBER:	A. BUILDING			COMPLETED R	
		14G039	B. WING _			01/23/2017	
NAME OF F	PROVIDER OR SUPPLIER				TREET ADDRESS, CITY, STATE, ZIP CODE 508 ST. JAMES ROAD		
BROTHE	R JAMES COURT				PRINGFIELD, IL 62707		
(X4) ID PREFIX TAG	X (EACH DEFICIENCY MUST BE PRECEDED BY FULL		ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION X (EACH CORRECTIVE ACTION SHOULD BE C CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY) C			(X5) COMPLETION DATE
{W 331}	Continued From pa	ge 38	{W 33	31}			
	1/23/17 at 5:00 PM. compliance as the f opportunity to fully i effectiveness of the confirmed through I	the IJ was removed on The facility remains out of acility has not had the mplement and evaluate the ir plan. The surveyor nterview and review of facility the following actions to					
	remains in the hosp	esides in the facility and R12 ital with plans to transfer him facility for rehabilitation.					
	daily assistance wit	residents frequently during h activities of daily living and to the nurse on duty.					
	condition will be rev Administrator and E specifically address >SpO2 >Assessing and 6	cy on significant change in iewed and revised by the Director of Nursing to : documenting pulmonary					
	emergencies >Following the D	responding for medical NR/Code Status reporting abnormal vital signs					
		or and the Director of Nursing nsed personnel on the of condition policy.					
		eviewed staffing and hired ses, two specifically for the					
{W 440}	483.470(i)(1) EVAC	UATION DRILLS	{W 44	40}			2/6/17

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DEPARTMENT OF HEALTH AND HUMAN SERVICES							APPROVED		
							MB NO. 0938-0391		
		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING			(X3) DATE SURVEY COMPLETED			
						r	R		
		14G039	B. WING			01/23/2017			
NAME OF F	PROVIDER OR SUPPLIER				TREET ADDRESS, CITY, STATE, ZIP CODE				
BROTHE	R JAMES COURT				508 ST. JAMES ROAD PRINGFIELD, IL 62707				
(X4) ID	SUMMARY STA	TEMENT OF DEFICIENCIES	ID		PROVIDER'S PLAN OF CORRECTION	N	(X5)		
PRÉFIX	(EACH DEFICIENCY	MUST BE PRECEDED BY FULL	PREFIX	х	(EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROP	BE	COMPLETION		
TAG	REGULATORY OR LSC IDENTIFYING INFORMATION)		TAG		DEFICIENCY)				
			1						
{W 440}	Continued From pa	ge 39	{W 44	40}					
	The facility must he	ld evacuation drills at least							
	quarterly for each s								
	This STANDARD is	s not met as evidenced by:							
	Repeat								
	Based on record re	view and interview, the facility							
		uarterly fire drills for all shift							
	for 89 of the individ	uals residing in the facility.							
	Finding Includes:								
	There are 95 male facility. 12 functioni moderate, 25 sever	ity Roster (Dated 1/3/17), individuals residing in the ng in the mild range, 28 re and 30 in the profound I Disability and 9 individuals ir for mobility.							
	completed on the 1 6/29/16 and a 3rd s	rills, total evacuation were st on 7/20/16, 2nd shift on hift on 7/26/16. There was no nee that other drills were but the year.							
{W 441}	1/3/17 at 2:20 PM, participate in total e staff on the wings g		{W 44	41}			2/6/17		
	The facility must ho varied conditions.	ld evacuation drills under							

Facility ID: IL6001226

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		AND HUMAN SERVICES	FORM APPROVED OMB NO. 0938-0391					
STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION			(X3) DATE SURVEY			
AND PLAN OF CORRECTION IDENTIFICA		IDENTIFICATION NUMBER.	A. BUILDII	NG _		COMPLETED		
		14G039	B. WING _				23/2017	
	PROVIDER OR SUPPLIER				TREET ADDRESS, CITY, STATE, ZIP CODE 508 ST. JAMES ROAD			
BROTHE	R JAMES COURT				PRINGFIELD, IL 62707			
(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 CROSS-REFERENCED TO THE APPROP DEFICIENCY)	D BE COMPLETION		
{W 441}	Continued From pa	ge 40	{W 44	1}				
	This STANDARD is Repeat	s not met as evidenced by:						
	Based on record review and interview, the facility failed to complete disaster drills on all shifts for the 95 individuals (R1-R95) who resided in the facility.							
	Finding Includes:							
	Review of the Facility Roster (Dated 1/3/17), There are 95 male individuals residing in the facility. 12 functioning in the Mild range, 28 Moderate, 25 Severe and 30 in the Profound range of Intellectual Disability. 9 individuals utilizes a wheelchair for mobility.							
	was unable to prod that the facility com	Administrator) on 1/3/17 E1 uce any reproducible evidence pleted disaster drills on each ter drill completed by the 3/20/15.						

Facility ID: IL6001226

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