

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6006001	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 03/17/2015
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NAME OF PROVIDER OR SUPPLIER MEADOWS MENNONITE HOME	STREET ADDRESS, CITY, STATE, ZIP CODE 24588 CHURCH STREET CHENOA, IL 61726
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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
S9999	<p>Final Observations</p> <p>REPORT OF LICENSURE VIOLATIONS:</p> <p>300.690b) 300.690c)</p> <p>Section 300.690 Incidents and Accidents b) The facility shall notify the Department of any serious incident or accident. For purposes of this Section, "serious" means any incident or accident that causes physical harm or injury to a resident. c) The facility shall, by fax or phone, notify the Regional Office within 24 hours after each reportable incident or accident.</p> <p>These REQUIREMENTS were not met as evidence by: Based on interview and record review, the facility failed to notify the State Agency of an choking incident requiring a resident's transportation to a local area hospital for emergency services and treatment for one of two residents (R2) reviewed for accidents/incidents in a sample of three.</p> <p>Findings include: The facility policy "Incident Reporting" (dated 2/3/15) documents the following definition "Severity Classifications of Incidents: Level I: No injury, near miss, potential hazard; Level II: Minor injury (not requiring physician intervention); Level III: Moderate injury (requiring physician intervention); Level IV: Serious injury (requiring hospitalization), theft, allegation of abuse; Level V: Unanticipated death." This same policy then states, "Procedure: ... 3.) For all occurrences with Classification of III, IV, or V, the nurse will: a.) Call the Director of Nursing Services and/or</p>	S9999		

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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE _____ TITLE _____ (X6) DATE _____

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S9999	<p>Continued From page 1</p> <p>Administrator immediately to report occurrence and adverse outcomes... 4.) The Director of Nursing Services will report to (the State Agency) as required."</p> <p>R2's electronic Admission Record documents an admission date of 2/25/15. R2's Interdisciplinary Notes, dated 2/26/15, states, "(Resident's spouse) rang call light for help, stating resident was choking on a banana. Noted to have partial obstruction. Unable to cough it up.....Oxygen saturations in the 50's (percent). Oxygen started per nasal canal at 5 liters. No improvement in (oxygen saturation). Changed over to tank with mask. 911 notified and to transport. (Spouse) went with in ambulance."</p> <p>On 3/11/15 at 1:10 p.m., E2 (Director of Nurses/DON) stated, "Incidents that we report to (the State Agency) include resident falls with injury, abuse allegations, injuries of unknown origin, skin tears, any incident requiring doctor intervention, any incident requiring transportation to the hospital, or sudden death. (R2's) incident should have been reported to the (State Agency)."</p> <p>On 3/11/15 at 3:36 p.m., E2 was unable to provide evidence that the State Agency was notified of R2's choking incident requiring transportation to local area hospital. At this time E2 stated, "This incident was not reported to the (State Agency)."</p> <p style="text-align: center;">(B)</p>	S9999		