Illinois L	repartment of Public	Health				
STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1	PLE CONSTRUCTION S:	(X3) DATE SURVEY COMPLETED	
		IL6002646	B. WING		07/17/201	5
NAME OF	PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY	STATE, ZIP CODE		
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KIVEKVV	OOD REHAB	EAST MO	LINE, IL 61	244		
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S9999	Final Observations		S9999			
	Statement of Licens	sure Violations:	те применения положения по		P0000 //s	
	300.1230b) 300.1230d)1)2) 300.1230e) 300.1230h) 300.1230j) 300.1230j)1)5) 300.1230k) 300.1230)1)2)3) Section 300.1230 E	_				
	care who are neede shall be based on th shall be determined	r of staff who provide direct d at any time in the facility e needs of the residents, and by figuring the number of each resident needs on each				
1	d) Each facility care staff by:	shall provide minimum direct			7777	
	Determining staffing needed to m residents; and	the amount of direct care eet the needs of its				
	Meeting the ratios set forth in this	minimum direct care staffing Section.			,	
	this Section apply to	are staffing requirements in the number of persons not to the number of persons luty.		Attachment A Statement of Licensure V		
**************************************	h) Care Determ	ninations				
1	When differences of facility staff and Depa	opinion occur between				

Illinois Department of Public Health
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING:			(X3) DATE SURVEY COMPLETED	
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I KIVEK VVOOD KERAD		JTH 30TH A\ LINE, IL 61					
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRE (EACH CORRECTIVE ACTION SHI CROSS-REFERENCED TO THE APP DEFICIENCY)	OULD BE	(X5) COMPLETE DATE	
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	the care an individual surveyor shall deter receiving appropriat receiving appropriat accept the facility's of direct care hours i) The facility's personnel so that the residents are met. j) Skilled Nurs 1) Effective July needing skilled care 2.5 hours of nursing must be provided; for intermediate care, 1. personal care each of staffing ratios shall be nursing and personal care each of intermediate care. (\$Act) k) Effective Seminimum of 25% of retime shall be provided least 10% of nursing provided by registere and licensed practical	al resident may require, the mine whether the resident is e care. If the resident is e care, the surveyor will determination of the number the facility shall provide. Shall schedule nursing e nursing needs of all ing and Intermediate Care y 1, 2010, for each resident a minimum staffing ratio of and personal care each day or each resident needing and the provided. Juary 1, 2014, the minimum e increased to 3.8 hours of I care each day for a resident and 2.5 hours of nursing and day for a resident needing Section 3-202.05(d) of the otember 12, 2012, a nursing and personal care d by licensed nurses, with at and personal care time and nurses. Registered nurses al nurses employed by a nese requirements may be	S9999				
72.	and personal care tin 3-202.05(e) of the Ac	maining 75% of the nursing ne requirements. (Section t) the numbers of direct care					

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STATE FORM 6899 WYEI11 If continuation sheet 2 of 5

Illinois Department of Public Health

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED	
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RIVERWOOD RENAD		ITH 30TH A' LINE, IL 61				
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	personnel needed to following procedure	o staff any facility, the s shall be used:				
		shall determine the number of killed or intermediate care.				
	category shall be m	r of residents in each ultiplied by the overall hours ed each day for each category.				
	for the residents in e	hours of direct care needed each category will give the care needed by all residents				
	This requirement is	not met as evidenced by:				
	failed to provide the direct-care nursing s	and record review, the facility minimum required hours of staff which has the potential to sidents residing in the facility.				
The state of the s	Findings include:	PROPERTY AND ADMINISTRATION OF THE PROPERTY AND ADM				
	[Certified Nursing As 2015), provided by E document: Sunday [July 5, 201 hours were as follow First Shift-56.0 hours Second Shift-44.0 hours second Sh	S				
	For July 13, 2015, di	rect-care [CNA] staff hours				

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First shift 48.0 hours. Second Shift 28.0 hours.

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED		
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RIVERW	OOD REHAB		ITH 30TH AV LINE, IL 61			
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES 'MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPRODEFICIENCY)	.D BE	(X5) COMPLETE DATE
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	Third Shift 32 hours hours.	, for a combined total of 108.0				
	According to the 300.1230-Draft Staffing Tool Worksheet Version 2-MM/BW, the required, minimum, direct-care [CNA] staffing hours, are to be as follows: First Shift- 82.82 hours. Second Shift 64.42 hours. Third Shift-36.81 hours, for a daily [24-hour] total of 184.05 hours.					
	Resident Council Meeting [minutes], for April-June 2015, document the following: 4/15/2015-beds not being changed in a timely manner; 5/27/2015-Not answering call lights in a timely manner, beds not being made in a timely manner, not being repositioned; and 06/18/2015-CNA's need to answer call lights in a timely manner and CNA's need to be more responsive to residents calling for help.					
	the numbers [staffing	45 a.m., E2 stated, "I know g hours] don't look good, but residents are getting good				
	On 7/15/2015, at 10: 45 minutes, to two heanswered."	00 a.m., R24 stated, "I wait ours, for my call light to be				
-	them forever to answ	00 a.m., R25 stated, "It takes ver my call light and is my blanket adjusted, or				

R4's clothing. R4 stated, "I have been sitting at Illinois Department of Public Health

have time."

help with my pillow, and they act like they don't

On 7/14/2015, at 2:05 p.m., R4 was sitting at the dining room table. R4 had left-over food items on

STATE FORM 6899 WYEI11 If continuation sheet 4 of 5

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STATEMENT OF DEFICIENCIES () AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1	PLE CONSTRUCTION	(X3) DATE SURVEY	
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			ITH 30TH A	·		
RIVERW	OOD REHAB		LINE, IL 61			
(VA) ID	SLIMMADV STA	TEMENT OF DEFICIENCIES				7
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TAG	REGULATORY OR L	SC IDENTIFYING INFORMATION)	TAG	CROSS-REFERENCED TO THE APPROI	PRIATE	DATE
				DEFICIENCY)		
S9999	Continued From pa	ge 4	S9999			
	the table since befo	TO DOOR and I have to well and				
		re noon, and I have to yell out to help me [R4]. They still				
	take a long time to I					
	take a long time to i	icip me.				
	Based on the censu	is [provided by E2], for July 5,				
		015, there were eight SNF				
	(Skilled Nursing Fac	cility) residents and 86 ICF				
	(Intermediate Care	Facility) residents. The				
	number of SNF and	ICF residents were applied,				
	in the Draft Staffing	Tool Worksheet, to calculate				
	care for the resident	er of staff hours needed to				
	care for the resident	lS.				
		of the state of th				
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