PRINTED: 07/19/2016 FORM APPROVED OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		(X2) MULT A. BUILDII	IPLE CONSTRUCTION		(X3) DATE SURVEY COMPLETED		
						С	
		145581	B. WING_			07/12/2016	
NAME OF PI	ROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE,	ZIP CODE		
CAHOKIA	NURSING & REHAB CE	NTER		2 ANNABLE COURT			
	I			CAHOKIA, IL 62206			
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	(EACH CORRECTIVE CROSS-REFERENCED	N OF CORRECTION E ACTION SHOULD BI TO THE APPROPRIA CIENCY)		
F 000	INITIAL COMMENTS		F	000			
F 224 SS=L	A partial extended su 483.13(c) PROHIBIT MISTREATMENT/NE The facility must deve policies and procedur	GLECT/MISAPPROPRIATN elop and implement written res that prohibit t, and abuse of residents	F2	224			
	by: Based on record reviknowingly failed to fol policy during an actual notify fire personnel oburning building. Fact policy/procedures for closed to contain the staff neglected to eval to the fire first and the later. Facility staff evwithout clear instructicharge. Facility manalensure that all staff we respond to an actual communication and a 106 residents. These department personne operations to recover failures resulted in an fourteen residents (R	cility staff failed to follow leaving smoke barrier doors fire and smoke. Facility counter the residents closest use away from the fire origin accuated the entire facility ons from any person in agement staff neglected to ras adequately trained to					
LABORATORY	 DIRECTOR'S OR PROVIDER/S	SUPPLIER REPRESENTATIVE'S SIGNATURE	 :	TITLE		(X6) DATE	

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

Facility ID: IL6001317

	DF DEFICIENCIES CORRECTION	IDENTIFICATION NUMBER:			CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
			7 50.25	_		(
		145581	B. WING			07/	12/2016
	ROVIDER OR SUPPLIER NURSING & REHAB CE	NTER		2	TREET ADDRESS, CITY, STATE, ZIP CODE ANNABLE COURT AHOKIA, IL 62206		
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFI TAG	Х	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BI CROSS-REFERENCED TO THE APPROPRIA DEFICIENCY)		(X5) COMPLETION DATE
F 224	May 31, 2016 when five Department of rebuilding, failed to enswere used appropriate vacuation ensuring the vacuation ensuring the execute the disaster of the nursing facility. While the immediacy the facility remains out Severity Level 2 as an evaluate the ability of execute the revised discovered the revised discovered the revised discovered the plant response. Findings include: Facility "Fire Safety and Manual" (revised 03/following: "the main of consideration during at the safety and well-bed Employees should always assure the resident evacuation procedure effectively and with the or accidental injury." documents the follow emergency, evacuation visitors should first bed danger. If a complete becomes necessary,	conditions including d in an Immediate diate Jeopardy began on acility staff failed to notify the esidents still in the burning ure that smoke barrier doors ely, failed conduct orderly that residents closest to the irst, and failed effectively clan during an actual fire in was removed on 7/12/16, ut of compliance at a dditional time is required to staff to fully implement and lisaster plan, demonstrating in related to fire rescue and and Disaster Preparedness 31/13) documents the objective and first any disaster or emergency is eing of the residents. ways remain calm and s so that transfer or es can be carried out lie least amount of problems This same manual also	F	224			

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION AND PLAN OF CORRECTION IDENTIFICATION NUMBER: A. BUILDING			(X3) DATE SURVEY COMPLETED			
		145581	B. WING_			C
	ROVIDER OR SUPPLIER NURSING & REHAB CE	111		STREET ADDRESS, CITY, STATE, ZIP CODE 2 ANNABLE COURT CAHOKIA, IL 62206	(07/12/2016
(X4) ID PREFIX TAG	(EACH DEFICIENC	TATEMENT OF DEFICIENCIES CY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORREC (EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APPR DEFICIENCY)	ULD BE	(X5) COMPLETION DATE
F 224	where a head count On 05/31/2016 at 5:10 Department of Health Coordinator) states in Department of Public that there was a fire at facility. Fire Department form documents that the laresponded for a reposition of the responded for a reposition of the factorial	de to the front parking lot will be taken." 10PM Z13 (Illinois the Emergency Services the notified Z14 (Illinois the Health Field Supervisor) with total resident evacuation on NFIRS-1 dated 05/31/2016 total fire department. The prediction of the cility. This same report the arrival of fire units and the heavy smoke coming from building located near (F) and ice officers and employees the eaking windows to remove 200 hall. The personnel was the treports that "fire personnel kly and contained to room the personnel were in rescue to this time that several this time that several the side (500 Hall) where a sent) was found in the hallway. The performed (by fire the sold to 516 where several one male (resident) was 503 through the window. In the sident was removed through the sident from room 506 was soom and down the hallway in 30PM Z10 (Emergency tes/EMS Operations	F2	24		
	scene no facility staf 15 minutes. Z10 sta (Facility Regional Op	t when he arrived on the f were in charge for the first ted that after that, E2 perations Manager) assumed that when they arrived, facility				

O E I TI E I T	OT OIL MEDIONILE G	THE BIOTHE CELLATOR				<u> </u>	7. 0000 000 I
	OF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1 ` ′		CONSTRUCTION	(X3) DATE COMP	SURVEY LETED
			7 BOILD			,	C
		145581	B. WING				12/2016
NAME OF P	ROVIDER OR SUPPLIER			S	TREET ADDRESS, CITY, STATE, ZIP CODE		
CAHOKIA	NUDSING & DEHAD CE	NTED		2	ANNABLE COURT		
CAHONIA	NURSING & REHAB CE	NIER		C	CAHOKIA, IL 62206		
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					,		
F 224	Continued From page	e 3	F	224			
	· -	em how many residents were					
		10 stated, "There was no					
	_	ever." Z10 stated it took 45					
		after their arrival for EMS to					
		information about resident's					
	,	be asked by E2 (Facility					
	1	Manager) for their (EMS)					
	plan to find placemer	nt for residents.					
	E2 provided a 54 pag	ge document titled Fire					
		Preparedness Manual					
	(Revised 3/31/2013)	on 6/1/2016. Pages 19-25					
	include names, addre						
		s skill level for area nursing					
	home facilities. How						
	response, Z13's (Em						
	· '	account indicates that "there					
		fusion regarding the actual					
	_	ome residents present, how ansport and the destination					
		eard resident numbers from					
	multiple people that r						
		of Public Health (IDPH)					
	-	I, Z15, Z16) along with a					
		dsman were attempting to					
		ome bed availability in the					
		o pre-planned sheltering					
		nanagement to get these					
	residents out of the e	lements which included the					
	threat of rain and at t	imes visible lightening."					
	On 06/16/2016 at 5:3	OPM Z1 (local Fire Chief)					
	stated that he and his	s men rescued a total of four					
		e hall, (500 hall) with one				ſ	
		accident when Z1 and some				ſ	
		ding at the entrance to room				ĺ	
	509 (where fire starte					ĺ	
		stepped back and bumped				ĺ	
		hall corridor floor. Fire				ĺ	
		see if the person was alive.				ĺ	
	The person (resident) moaned and then Z12					

	OF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA (X2) MULTI IDENTIFICATION NUMBER: A. BUILDIN			CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
			A. BOILD	NG _		(С
		145581	B. WING				12/2016
	ROVIDER OR SUPPLIER NURSING & REHAB C	ENTER	•	2	STREET ADDRESS, CITY, STATE, ZIP CODE ANNABLE COURT CAHOKIA, IL 62206		
(X4) ID PREFIX TAG	(EACH DEFICIEN	STATEMENT OF DEFICIENCIES NCY MUST BE PRECEDED BY FULL R LSC IDENTIFYING INFORMATION)	ID PREF TAG		PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD B CROSS-REFERENCED TO THE APPROPRIA DEFICIENCY)		(X5) COMPLETION DATE
F 224	nursing personnel of any potential reside On 06/16/2016 at 5 facility staff informe building. When Z12 to room 509 he head corridor floor just out helped to evacuate On 06/16/2016 at 5 arrived on the scene facility, Z1 was met masks on. Z1 asked were any residents members did not prinstead ran back into them in the smoke. The 500 hall from the noticed the entra open which allowed core area. Z1 stated expected the door to stated that nursing was all over the scedirections and kept permission causing movements." Page 8 of the Fire SP Preparedness Manudocuments that staffacility, account for and report any misses.	her. Z1 also stated that no of the facility informed him of the facility informed him of the sets left in the building. :40PM Z12 stated that no do him of anyone in the entered the 500 hall and got and a moan coming from the atside room 509. He then R1, who resided in room 509. :30 pm Z1 stated that when he end was about to enter the by two nursing staff with each the two nursing staff if there in the building. The two staff covide any answers and to the building and Z1 lost Z1 stated when he entered encore area (nursing station) ance to 500 hall was standing the smoke to get into the end that he would have on have been closed. Z1 staff was "out of control. Staff ene. They did not follow moving (residents) without problems for resident	F	224			
	calm. If the fire is n safely, do so. Move	ual instructs staff to "remain ninor enough to be fought ement in an evacuation due to be away from the travel of the					

	OF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:				(X3) DATE SURVEY COMPLETED	
			A. BOILD			,	C
		145581	B. WING				12/2016
NAME OF PI	ROVIDER OR SUPPLIER				STREET ADDRESS, CITY, STATE, ZIP CODE	1 0	
				2	2 ANNABLE COURT		
CAHOKIA	NURSING & REHAB C	CENTER		(CAHOKIA, IL 62206		
(X4) ID	SUMMARY	STATEMENT OF DEFICIENCIES	ID		PROVIDER'S PLAN OF CORRECTION		(X5)
PRÉFIX TAG	,	NCY MUST BE PRECEDED BY FULL R LSC IDENTIFYING INFORMATION)	PREF TAG		(EACH CORRECTIVE ACTION SHOULD B CROSS-REFERENCED TO THE APPROPRI DEFICIENCY)		COMPLETION DATE
F 224	Continued From pa	ge 5	F	224			
		Residents should always be	'				
		hat places a fire barrier door					
		the fire, removing those					
		er first. Fire and smoke					
		le temporary (1-2 hour)					
		spread of fire and smoke.					
		rier doors separate all the					
		y core and will automatically					
	close when the fire	alarm is activated. At no time					
	should barrier doors	s be propped open."					
		1:00 AM E1 (Maintenance					
		that he was working inside the					
		ard someone say there was a					
		got off the ladder and saw					
		00 hall. E1 stated there was a					
		500 hall, he got a wheelchair					
		t in it and pushed the resident hall fire door. E1 stated he					
	_	e resident was. E1 also stated					
		ctor of Nursing was present,					
	_	what she was doing. E1					
		vent of a fire, the Administrator					
		the Administrator isn't present,					
		ses is in charge, then the					
	Assistant Director of	of Nurses, then the Charge					
	Nurse, then Mainte	nance. E1 stated that the					
	Administrator was r	not on site and had to be					
	notified by phone.	E1 verified that before the fire					
		, residents were still in the					
	_	wing. E1 stated that he has					
		ning about how to train other					
	· ·	and was given a training					
		stated what he teaches in fire					
	-	e the fire extinguisher, what all					
	-	onsibilities are in case of fire,					
	and evacuation pro	2:05 pm E10 (Maintenance					
		at on 05/31/2016 E10 heard a					
	· ·	ere was a fire. E10 stated he					

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		145581	B. WING			1	12/2016
NAME OF PI	ROVIDER OR SUPPLIER			S	STREET ADDRESS, CITY, STATE, ZIP CODE	1 017	12/2010
				2	2 ANNABLE COURT		
CAHOKIA	NURSING & REHAB	CENTER			CAHOKIA, IL 62206		
(X4) ID	SLIMMARY	STATEMENT OF DEFICIENCIES	ID		PROVIDER'S PLAN OF CORRECTION		(X5)
PREFIX TAG	(EACH DEFICIE	NCY MUST BE PRECEDED BY FULL R LSC IDENTIFYING INFORMATION)	PREFI TAG		(EACH CORRECTIVE ACTION SHOULD E CROSS-REFERENCED TO THE APPROPRI DEFICIENCY)		COMPLETION DATE
F 224	Continued From pa	age 6	F	224			
	_ ·	oming from behind the fire					
		II. E10 entered the 500 hall,					
		er lying on the floor, picked it					
	_	aying it at the fire. E10 stated					
		three extinguishers. E10 then					
	•	n her bed. E10 picked her up,					
		r in the hallway and called for					
	help. E10 saw ano	ther resident who he believes					
	is R9 laying on her	bed. E10 took her tube					
	_	f the pole, picked her up and					
		r in the hallway and yelled for					
	· ·	that point somebody yelled					
	•	ling," so he exited the building					
	from the fire exit or						
		2:30PM E11(Licensed					
	· ·	ated that on 05/31/2016 at					
		ified C.N.A. (Certified Nursing					
		nning up the hall saying E11 had been instructed by					
		Supervisor) to hold down the					
	· ·	e panel due to a false alarm					
		ing that there was an actual					
		e let go of the fire alarm switch					
		500 hall where E11 saw smoke.					
	E11 stated that she	e observed E5 C.N.A. standing					
		ig a fire extinguisher. E5					
	opened the door to	room 509 and sprayed the fire					
	with the extinguish	er. E11 stated someone came					
	by with a fire exting	guisher. E11 grabbed the					
	extinguisher from the	hem and sprayed the fire. E11					
		nt in to room 511 to check it.					
		ment as to whether room 509					
		esidents. E11 stated that on					
		s the Charge Nurse (for 500					
	, ,	sure what the Charge Nurses'					
	duties are in a fire.	E11 stated that the nurse					
		l is charge nurse for that hall.					
		rge during the fire, E11 stated,					
	"I guess it would be	e my job to give directions as					

	DF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1 ` ′		CONSTRUCTION	(X3) DATE COMP	SURVEY LETED
		145581	B. WING				C 12/2016
	ROVIDER OR SUPPLIER NURSING & REHAB CE	NTER	_ I	2	TREET ADDRESS, CITY, STATE, ZIP CODE ANNABLE COURT CAHOKIA, IL 62206	011	12/2010
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFI TAG	X	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIA DEFICIENCY)		(X5) COMPLETION DATE
F 224	description of exactly entails, especially with verified that she is not an evacuation. Fire Safety and Disast (Revised 3/31/2013) command at Cahokia is: 1. Administrator 2. Director of Nursing 3. Assistant Director 4. Designated Charge On 06/21/2016 at 2:1 Assistant) stated that the 500 hall at the timfire. E7 stated that she Assistant), E10 (Main Practical Nurse) were the fire but nobody w stated, "It was overwiruning." On 06/21/2016 at 10:1 Assistant) stated that placed identification between time they were evacuidentification bands w Services Office at the E30 (Licensed Practical Net E30 (Licensed Practical Net E30 first stated it was (Licensed Practical Net E30 first stated it was (Licensed Practical Net E30 stated that Assurance/Education hall 100 her. E30 stated that Assurance/Education	e never been given a job what being charge nurse h what a fire entails." E 11 of aware of anyone calling for ster Preparedness Manual documents, "The chain of a Nursing and Rehabilitation goof Nursing e Nurse in the facility." Opm, E7 (Certified Nursing on 05/31/2016 she was on the she became aware of the the, E5 (Certified Nursing attenance) and E8 (Licensed the "working together during as clearly in charge." E7 thelming and everybody was 10 am E26 (Social Services to her knowledge, no one to ands on residents at the trated. E26 stated the tree located in the Social that she does not know who by 31, 2016 at time of the fire. The charge nurse, E11 lurse), but then stated that the previsor, was making the the ge E11. E30 evacuated without anyone directing	F	224			

AND DUAN OF CODDECTION		` '	PLE CONSTRUCTION G		(X3) DATE SURVEY COMPLETED	
		145581	B. WING _			C 07/12/2016
	ROVIDER OR SUPPLIER NURSING & REHAB CI	ENTER		STREET ADDRESS, CITY, STATE, ZIP COI 2 ANNABLE COURT CAHOKIA, IL 62206		7771272010
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F 224	evacuate the resider Patient List Cahokia Destination and Hos provided by Z11 (Em System Coordinator) residents (R1-R6, R four wings were ultin hospitals due to fire Face sheet dated 9/(500 Hall) date of bir of Exacerbation of C Pulmonary Disease, Arthritis, Arterioscler Congestive heart Fa Breath. The Hospital dated 5/31/2016 lists Smoke Inhalation. HAssessment dated 5/a1/2016 noted that black phlegm and suemesis in the Emerg "decreased breath shade sheet and shade sheet a	Nursing and Rehab with pital records dated 5/31/2016 nergency System Services of document that fourteen 11-R15, R19, R23, R24) from nately transferred to four area related conditions. 21/2015 documents that R2's th is 05/27/27 with diagnoses thronic Obstructive Dementia, Degenerative otic Heart Disease, illure, and Shortness of all Physician's Order Sheet is an admitting diagnosis of dospital Interventions and individual interventions and it is a material to a	F 2	24		

	OF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:				(X3) DATE COMP	SURVEY
			A. BOILD	NO _		Ι,	С
		145581	B. WING				12/2016
NAME OF PI	ROVIDER OR SUPPLIER		<u> </u>	5	STREET ADDRESS, CITY, STATE, ZIP CODE	1 0	12/2010
				2	2 ANNABLE COURT		
CAHOKIA	NURSING & REHAB CI	ENTER		(CAHOKIA, IL 62206		
(X4) ID	SUMMARY S	TATEMENT OF DEFICIENCIES	ID		PROVIDER'S PLAN OF CORRECTION		(X5)
PRÉFIX TAG	'	CY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	PREF TAG		(EACH CORRECTIVE ACTION SHOULD B CROSS-REFERENCED TO THE APPROPRI DEFICIENCY)		COMPLETION DATE
F 224	Continued From pag	ue 9	F	224			
		tient upper extremities being					
		ce crew was unable to obtain					
		this time. Blood glucose					
	T	t this time with a result of 59.					
		I oral glucose at this time.					
		swer any EMS (Emergency					
		es) questions at this time."					
	Hospital History and	Physical Note dated					
	5/31/2016 document	ts " This is an 87 year old					
	admitted from the	Emergency Room with					
	smoke inhalation. S	he is a resident of Cahokia					
	_	tation Center. There was a					
		evening and she was					
	1	She was experiencing a					
	1 -	ed her visit to the Emergency					
	I .	Smoke inhalation injury." The					
	1	charge Instruction sheet					
		tes, "Discharge diagnosis:					
		nemia Exacerbation."					
	1	spital Face Sheet dated e of birth as 10/21/1933.					
		room Visit report dated					
		that R12 "presents via EMS					
	I .	ement Service) from nursing					
		sing home had a fire this				ſ	
		atient was in a bus for					
		edly had a syncopal episode					
		eatPatient with history of					
		ccident with right sided					
		sia " An Emergency				ĺ	
		s Note dated 5/31/2016 at				ſ	
		nas been reported that the				ſ	
		and nurse noted that a bottle				ĺ	
	of water the patient I	nad with him was warm when				ĺ	
		sidents from the same				ĺ	
	situation have been	brought in for similar				ĺ	
	complaintspoke w	rith (Z19) regarding patient				ſ	
		agreed likely situational				ĺ	
	syncope due to elev-	ated temperature and hectic					

	OF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1 ' '	TIPLE CONS	STRUCTION	(X3) DATE COMP	SURVEY
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		145581	B. WING _			07/	12/2016
NAME OF P	ROVIDER OR SUPPLIER	-		STREET	FADDRESS, CITY, STATE, ZIP CODE		
041101714				2 ANNA	ABLE COURT		
CAHOKIA	NURSING & REHAB	JENIER		САНО	KIA, IL 62206		
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F 224	Treatment docume R12's temperature was 199/84. Facilit 5/31/2016 indicate Face sheet for R14 R14's date of birth Medical Service refemale pt (patient) dizziness, and wea and slumped to the Nursing home staff Medical Service) the to passing out, swe been outside in trial minutes following elementary Depart Cahokia Nursing and in an unaffected with sat outside for near she started feeling feels better now I right side is affected Department Progred documents that R1 lightheadedness affected weather status posmost likely from he A Hospital Face Shr R13 (600 Hall) date Emergency Room states "46 year old dementia presents EMS (Emergency I fire Per EMS, patients)	vention/Assessment intation dated 5/31/2016 noted was 99.1 and blood pressure by census records for R12 resided on 100 hall. (500 Hall) documents that is 9/19/1950. Emergency bort for 5/31/2016 notes " with possible low blood sugar, knesspatient sitting upright right in her wheelchair. tells EMS (Emergency at pt has "seemed to be close rating, and is weak. Pt has ge area for approximately 90 vacuation from building." The y room Visit Report dated 5 year old female presents to mentstatus postfire at and Rehabilitation. Patient was ang. She was evacuated and and 19 1.5 hours in the heat when dizzy and lightheaded. She as a history of stroke and her d." The Hospital Emergency ses note dated 5/31/2016 4 "presents for ter being outsidein mid-80 t firePatient's symptoms are	F	224			

	OF DEFICIENCIES CORRECTION	` IDENTIFICATION NUMBED:		PLE CONSTRUCTION G	, ,	(X3) DATE SURVEY COMPLETED	
		145581	B. WING _			C)7/12/2016	
	ROVIDER OR SUPPLIER	1		STREET ADDRESS, CITY, STATE, ZIP CODE 2 ANNABLE COURT CAHOKIA, IL 62206		7771272010	
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F 224	Seizures, Bipolar, De Prehospital Care Re Hall) documents "Up laying on a bed and liters, and it was place (patient) was then trawas taken to the truck with other pt. The offacility that knew the were takenThere offor knowing his name Physician's Certificate a regional hospital doff Smoke Inhalation. notes, "Reason for traunable to self-admin monitoring/suction, cincoherent, disorient R11's (500 Hall) Prel Summary dated 5/31 year old male with his car accident and is unquestion at this time. Summary dated 5/31 Problems: Ileus, Sei Inhalation " A Hospital Face She (600 Hall) date of bir Emergency Room Vinoted, "Patient prese where she was a restates she was not ir not inhale any smoke preparing to transpolhad increased pulse feeling anxious. Pat	Cerebral Vascular Accident, epression." port Summary for R6 (300 on arrival pt (patient) was on non-rebreather at 15 ced over his trach. Pt ensferred to the stretcher and ck and loaded in the back ther pt was a nurse from the pt. Once in the back, vitals was no info on the pt except e per the other pt." R6's te of Medical Necessity from eated 5/31/2016 lists diagnosis. This same document ensport: oxygen required and eister, airway contractures upper/lower, ed level of consciousness." Hospital Care Report 1/2016 notes that R11 is a 37 story of brain injury due to enable to answer any 1/2016 lists "Active fizure Disorder, Smoke 1/2016 lists R15 th as 9/08/44. Hospital esit Report dated 5/31/2016 intsafter nursing home eident had a fire. Patient in the area of the fire and did es, but when they were and shaking as well as	F 2	24			

	OF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTI A. BUILDIN	PLE CONSTRUCTION G		ATE SURVEY DMPLETED
		145581	B. WING _			C 07/12/2016
	ROVIDER OR SUPPLIER NURSING & REHAB CE	:NTER		STREET ADDRESS, CITY, STATE, ZIP CODE 2 ANNABLE COURT CAHOKIA, IL 62206	<u>'</u>	0771272010
(X4) ID PREFIX TAG	(EACH DEFICIENC	TATEMENT OF DEFICIENCIES BY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORF (EACH CORRECTIVE ACTION S CROSS-REFERENCED TO THE AF DEFICIENCY)	HOULD BE	(X5) COMPLETION DATE
F 224	Continued From page 12		F 2	24		
	6/2/2016 when visited that ,"she went to the attack." R15's Prehospital Ca	anic attack."R15 stated on d in the destination facility hospital due to a panic				
	for Cahokia Nursing a multiple pt (patients) needing transported.	Emergency Services sched to an emergency call and Rehab on fire with outside in parking lot This patient is complaining blems at this timeThe				
	patient told EMS (Em Service) 'I just can't that I wasn't going to time and I would be b	nergency Management calm down. I was so scared make it out of the building in burned alive.' The triage nat this pt (patient) was not in				
	the area of the fire ar before she was in an the SNF (Skilled Nurs that this pt (patient) h	nd was evacuated well y harm. A staff member of sing Facility) advised EMS nas a severe anxiety problem				
	situation has made h arrival patient found s areaThe pt (patien	nervous as it is and this er very nervous. Upon sitting outside in the triage t) over all has very high is having severe difficulty in				
	calming down and re	laxing " This same report was transported from the fire				
	Hall) dated 5/31/2016 "having chest pain has swallowed some him chest paint. Pt s right side just below t constant pain which h	oort Summary for R4 (500 6 documents that R4 was Pt (patient) believes that he smoke and that is giving states that the pain is on the the nipple line and is a he rates it at 10/10 pain d that he was becoming short				

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULT A. BUILDII	TIPLE CONSTRUCTION NG	` '	(X3) DATE SURVEY COMPLETED	
		145581	B. WING _			C 07/12/2016
	ROVIDER OR SUPPLIER	ENTER		STREET ADDRESS, CITY, STATE, ZIP CODE 2 ANNABLE COURT CAHOKIA, IL 62206		01112/2010
(X4) ID PREFIX TAG	(EACH DEFICIENC	TATEMENT OF DEFICIENCIES CY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF COR (EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE A DEFICIENCY)	SHOULD BE	(X5) COMPLETION DATE
F 224	years old. Under Colisted Dementia with states that R3 is "colonly, sitting in a chailisn't acting right. Pt dementia and Alzhei if anything is wrong ostates that before EN System) arrived she she is in her normal (patient) is on 4L (lite times." Report titled Cahokia List with Destination indicates R5, R19, R transported to area h fire, from the halls of respectively. On 6/21/2016 at 9:18 Caseyville Nursing a the 23 residents receand Rehab on 5/31/2 Caseyville Nursing a a face sheet, with the 11:30 pm. Z17 state supper as they were Administrator of Cas Center on 6/21/2016	feels better " ospital Care Report I/2016 notes that R3 is 97 mments in this document is Alzheimer's. The report inscious, alert, to person in and staff states that she (patient) has a history of mer's and is unable to tell us or if she is in pain. Staff I/S (Emergency Management wasn't acting right but now state. Staff states that the pt ers) of O2 (oxygen) at all a Nursing and Rehab Patient with date of 5/31/2016 i.23, and R24 were also nospitals on the date of the	F 2	224		
	3/31/13) on the Intro- personnel, on all shift	edness Manual (Revised duction page notes "All fts, will be trained to perform se of a facility emergency.				

	OF DEFICIENCIES F CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIP	LE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
		145581	B. WING		07/12/2016
	ROVIDER OR SUPPLIER NURSING & REHAB CE	ENTER		STREET ADDRESS, CITY, STATE, ZIP CODE 2 ANNABLE COURT CAHOKIA, IL 62206	1 2010
(X4) ID PREFIX TAG	(EACH DEFICIENC	TATEMENT OF DEFICIENCIES BY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORREC (EACH CORRECTIVE ACTION SHOU CROSS-REFERENCED TO THE APPR DEFICIENCY)	JLD BE COMPLETION
F 224	3. Established emer 4. Locale and prope 5. Floor plans and n 6. Assembly areas 7. Location and prope barrier doors 8. Evacuation proce and staff 9. Chemical spill pro 10. Carrying method On 06/14/2016 at 11 Supervisor) stated the fire in the manner in According to E1, he staff on fire safety. Freceived training about the staff on fire safety. Ending the staff members responsible and evacuation proceived drills once a more one at least every 90 new staff on fire safe E1 stated the facility 05/20/2016 on day staff drills is so employ do and where they residents are not evastated if fire safety the off, their training is reconsidered on 6/9/2016 at 3:08 Nurse) stated that she can be provided to the c	de: e procedures per use of fire extinguishers gency response codes r use of manual pull boxes neans of egress/exit per use of fire and smoke dures for residents, visitors, pedures s for evacuation" 12 am, E1 (Maintenance nat all staff responded to the which they had been trained. Its responsible for training E1 stated that he has never put how to train other staff for the was given a training ated what he teaches in fire the fire extinguisher, what all nsibilities are in case of fire, the fire extinguisher, what all nsibilities are in case of fire, the fire extinguisher, what all nsibilities are in case of fire, the fire extinguisher had been that every shift gets of days. E1 stated he does th so that every shift gets of days. E1 stated he trains thy during their orientation. The smost recent fire drill was hift. He stated the purpose of the supposed to be. E1 stated accuated during drills. E1 taining is done when staff is	F 22	4	
	nurses station but ha	n through an actual fire			

	OF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1 ` ′		CONSTRUCTION	(X3) DATE COMP	SURVEY
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		145581	B. WING				12/2016
NAME OF PI	ROVIDER OR SUPPLIER	1	1	S	TREET ADDRESS, CITY, STATE, ZIP CODE	1 0	12.2010
				2	ANNABLE COURT		
CAHOKIA	NURSING & REHAB	CENTER		C	CAHOKIA, IL 62206		
(X4) ID	SUMMARY	STATEMENT OF DEFICIENCIES	ID		PROVIDER'S PLAN OF CORRECTION		(X5)
PREFIX TAG	,	NCY MUST BE PRECEDED BY FULL OR LSC IDENTIFYING INFORMATION)	PREFI TAG	X	(EACH CORRECTIVE ACTION SHOULD B CROSS-REFERENCED TO THE APPROPRI DEFICIENCY)		COMPLETION DATE
F 224	Continued From pa	age 15	F:	224			
	evacuation drill; it v	vas only a verbalized training.					
		acuated residents on hall 100					
		ecting her on 5/31/2016. She					
	stated that she sav	v E13, Quality					
	Assurance/Educati	on/Licensed Practical Nurse,					
		door of 100 hall and saw					
		n and just made the decision to					
		ents. E30 was asked how					
		ounted for. She stated that					
	_	ensus sheet/room roster for the opement risk book which is					
	located at the secre						
	know who was resp						
		of anyone specific or assigned					
	to that task.	or anyone opcome or accigned					
	On 6/9/2016 at 3:4	5 PM, E24 (Registered Nurse)					
		aware of any emergency plan					
	that the facility had	regarding this type of event					
	(fire), but she has s	seen the Cahokia Nursing &					
	Rehabilitation Cent	ter Policies, Standards,					
		cedures Manual dated					
		ed that she has not had any					
		dents are evacuated. When					
		ed her to evacuate residents					
	l .	stated she saw smoke and					
		e residents on 100 hall before nall. E24 did not know who was					
	_	as to secure the census data					
	_	of an evacuation. E24 does not					
		nts are to be taken when					
		t got them out and away from					
	the building.	-					
	All training records	related to fire, fire drills, and					
		ess were requested from the					
		all available information					
		e of the survey there is no					
		effectively track training efforts.					
		e incomplete and in many ble signatures making					

	DF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING			(X3) DATE SURVEY COMPLETED	
						(C
		145581	B. WING			07/	12/2016
	ROVIDER OR SUPPLIER NURSING & REHAB CE	NTER		2	STREET ADDRESS, CITY, STATE, ZIP CODE ANNABLE COURT CAHOKIA, IL 62206		
(X4) ID PREFIX TAG			1	ID PROVIDER'S PLAN OF CORRECTION PREFIX (EACH CORRECTIVE ACTION SHOULD BE TAG CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)			(X5) COMPLETION DATE
F 224	DRILL" on 6/14/16, in the documents availae Monthly Report of Fir provided for June 20 and January through In Sheets were only a Drill documents dated Ten signatures were dated 6/14/2015 and on the document dated The Monthly Report of series of nine question NO after them. Thes 1. Was signal receive 2. What time was signal receive 2. What time was signal receive 3. Was all staff awar 4. Were any problem 5. Did the fire alarm 6. Were the strobe Ii 7. Were the hall fire 9. Were the delayed At the bottom of this problems, corrective required as a result of Monthly Report of Fir 9/30/2015, 10/13/2012/21/2016, and 3/18/2012/21/2016, and 3/18/2012/2012/2016, and 3/18/2012/2012/2016, and 3/18/2012/2012/2016, a	ndifficult. Ints titled "REPORT OF FIRE indicating that these were all lable. Indicating that these were 2015 Indicating the profession of Fire Drill Sign available for Report of Fire Drill Sign available for Report of Fire Drill reports have a present on the document and the document are present on the document are present are present and the present are pres	F	224			

PRINTED: 07/19/2016 FORM APPROVED OMB NO. 0938-0391 (X3) DATE SURVEY

	DF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1 ' '		CONSTRUCTION	(X3) DATE COMP	SURVEY LETED
		445504	D. WING			1	
		145581	B. WING			07/	12/2016
	ROVIDER OR SUPPLIER NURSING & REHAB CE	NTER		2	TREET ADDRESS, CITY, STATE, ZIP CODE ANNABLE COURT AHOKIA, IL 62206		
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFI TAG		PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BI CROSS-REFERENCED TO THE APPROPRIA DEFICIENCY)		(X5) COMPLETION DATE
F 224	dated by E1 (Mainten was no document production of Monthly Fire Drill was 5/20/2016 and contai Training record provid 12/16/2015 and is title This document indicate conducted on 7-3 shift included on this single no information on this type of disaster the digive any location. The information/answers of questions printed on "During Drill" 1. Did staff use proped was announcemed 3. Were residents play 4. Were all corridor of 5. Did staff respond a After the Drill 1. Were all staff award 2. Did personnel in direspond promptly? 3. did staff standby under the surveyor confirm record review that the actions to remove the 1. The facility reviewed disaster/emergency in the surveyor ground the surveyor confirm record review that the actions to remove the 1. The facility reviewed disaster/emergency in the surveyor confirm record review that the actions to remove the disaster/emergency in the surveyor confirm record review that the actions to remove the 1. The facility reviewed disaster/emergency in the surveyor confirm record review that the actions to remove the disaster/emergency in the surveyor confirm record review that the actions to remove the surveyor confirm record review that the actions to remove the surveyor confirm record review that the actions to remove the surveyor confirm record review that the actions to remove the surveyor confirm record review that the surveyor confirm re	March 2016 are signed and sance Supervisor). There ovided for April 2016. Or May 2016 notes that is done on first shift ins 26 signatures. Ided for December is dated and Disaster Drill Report. It is that the drill was a ft. Fourteen signatures are a page document. There is a document to indicate what rill addressed, nor does it is a document to indicate what rill addressed, nor does it is a page of the following the Disaster Drill Report. Ber judgment? Int made over the intercom? Int made over the facility Intil "All Clear" was given?" Intil "All Clear" was given?" Interport of the interview and it is a facility took the following it is an anual on 6/1/16 including it is no reporting chain of in procedures and fire	F	2224			

	OF DEFICIENCIES F CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	I ` ′	PLE CONSTRUCTION G	, ,	TE SURVEY MPLETED
		145581	B. WING			C 7/12/2016
	ROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZIP COI 2 ANNABLE COURT CAHOKIA, IL 62206		7/12/2016
(X4) ID PREFIX TAG	(EACH DEFICIENC	TATEMENT OF DEFICIENCIES BY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CO (EACH CORRECTIVE ACTIO CROSS-REFERENCED TO THI DEFICIENCY)	N SHOULD BE E APPROPRIATE	(X5) COMPLETION DATE
F 224	2. On 6/6/16, 6/7/16, E3 Administrator and inservices for all staff disaster/emergency recommand during a d P.A.S.S. Any staff not inservice training was attend the training be shift, and random quirelated to proper prod 3. On 6/30/16 the fact Policy and Fire Proce review of their indeperconsultant. 4. On 7/1/16, E3, Administration or repeat training for all Watch and fire Procefacility wide responsed during a fire alarm, the P.A.S.S. procedure, stall clear. A copy of the during the inservice and receptionist designate that was done. Staffing required to attend the another shift. 5. E3 and E13 were the fire procedure and knowledge was completed test of their knowledge 7/12/16 on the fire procedure and knowledge was board in pl. The dry erase board in pl. The dry er	6/8/16,6/10/16, and 6/17/16 I/or E13 QA Nurse conducted if on revision to manual related to chain of isaster, R.A.C.E. and it present on the dates the is provided were required to effore they worked another estions were asked of staff cedures during the inservice. Cility updated the Fire Watch edure Policy based on the endent Life Safety ministrator, E4 Regional E23, DON, conducted staff on the revised Fire indure. The inservice included the to the fire, individual duties the fire extinguisher and general fire instructions, and the revision was given to staff	F 2:	24		

	DF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING			(X3) DATE SURVEY COMPLETED	
		145581	B. WING			07/°	12/2016
	ROVIDER OR SUPPLIER NURSING & REHAB CE	NTER		STREET ADDRESS, CITY, STATE, ZIP CODE 2 ANNABLE COURT CAHOKIA, IL 62206	Ē		
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFI TAG		SHOULD BE		(X5) COMPLETION DATE
F 224	phone and it was con not present on the da was provided were re before they work ano	s process in person or by npleted by 7/8/16. Any staff tes of the inservice training quired to attend the training		224			
F 490 SS=L	A facility must be adn enables it to use its re efficiently to attain or	mental, and psychosocial	F	490			
	by: Based on observation interview the facility for manner that enabled effectively and efficient practicable physical, well-being of each restailure was demonstrated response to an actual management personnel knowledge of the facille leadership in directing response. Fire personesidents and their look building. Facility staff residents closest to the from the origin of the building was evacuate from any person in challenger.	g staff during the fire nnel were not notified of cation in the burning f neglected to evacuate the ne fire first and those away					

	OF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	' '		E CONSTRUCTION	(X3) DATE COMP	SURVEY PLETED
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		145581	B. WING				12/2016
NAME OF PI	ROVIDER OR SUPPLIER				STREET ADDRESS, CITY, STATE, ZIP CODE	1 011	12/2010
					2 ANNABLE COURT		
CAHOKIA	NURSING & REHAB CE	INTER			CAHOKIA, IL 62206		
(X4) ID	SUMMARY ST	FATEMENT OF DEFICIENCIES	ID	_	PROVIDER'S PLAN OF CORRECTION		(X5)
PREFIX TAG	(EACH DEFICIENC	CY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	PREF TAG		(EACH CORRECTIVE ACTION SHOULD E CROSS-REFERENCED TO THE APPROPRI DEFICIENCY)		COMPLETION DATE
F 490	Continued From page	e 20	F	490			
	for retrieving medical	records and medication					
		nt's ultimate transfer to other					
		nagement staff neglected to					
	ensure that all staff w	vas adequately trained to					
	respond to an actual	fire. These failures resulted					
		ardy with fourteen residents					
	I	19, R23, R24) requiring					
	hospital visits for smo						
	related conditions including anxiety/panic attacks. These failures resulted in an Immediate						
	Jeopardy. The Imme						
	May 31, 2016 when f						
		knowledge of the Disaster vely direct staff in an orderly					
		sidents, failed to provide					
		ing the response, failed to					
		tment of residents still in the					
		ed to effectively execute the					
		an actual fire in the nursing					
	facility and failed to e	ensure that staff had					
	previously been aded	quately trained to implement					
	the disaster plan.						
		was removed on July 12th,					
	l	ains out of compliance at a					
	l	additional time is required to					
	evaluate the knowled	•					
	_	direct all staff related to					
		ss training, implementation of					
		olan, ongoing training efforts, ensure that all staff are fully					
	trained, and that mar	•					
		ng are qualified and capable					
	to do so.	3 quannes and dapadio					
	Findings include:						
	On 05/31/2016 at 5:1	IOPM Z13 (Illinois					
		n Emergency Services					
		ne notified Z14 (Illinois					
		: Health Field Supervisor)					
		with total resident evacuation					

	OF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	` ′	PLE CONSTRUCTION G		TE SURVEY MPLETED
		145581	B. WING		07/12/2016	
	ROVIDER OR SUPPLIER NURSING & REHAB (STREET ADDRESS, CITY, STATE, ZIP CODE 2 ANNABLE COURT CAHOKIA, IL 62206		7/12/2016
(X4) ID PREFIX TAG	(EACH DEFICIE)	STATEMENT OF DEFICIENCIES NCY MUST BE PRECEDED BY FULL R LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORREC (EACH CORRECTIVE ACTION SHOI CROSS-REFERENCED TO THE APPR DEFICIENCY)	ULD BE	(X5) COMPLETION DATE
F 490	documents that the "responded for a re 500 hall (E) at the f documents that upopersonnel they four the right rear of the (E) hallways with personnel they form the business be residents from the Stresidents from the Stresidents from the Stresidents from the Stresidents were still female victim (residents were still female victim (residents were found removed from room 505 a male rea window. A male removed out of the a wheelchair. "On 06/15/2016 at 1 Management Servic Manager) stated the scene no facility stated the scene no facility stated staff could not tell the still in the building coordination whatse minutes to one hou be given any kind of medical needs only	rm NFIRS-1 dated 05/31/2016 local fire department ported fire in a room on the acility. This same report on arrival of fire units and nd heavy smoke coming from building located near (F) and olice officers and employees oreaking windows to remove	F 49			

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		CONSTRUCTION	(X3) DATE SURVEY COMPLETED				
		145581	B. WING		C 07/12/2016		
	ROVIDER OR SUPPLIER NURSING & REHAB C		2	TREET ADDRESS, CITY, STATE, ZIP CODE ANNABLE COURT AHOKIA, IL 62206			
(X4) ID PREFIX TAG	(EACH DEFICIEN	STATEMENT OF DEFICIENCIES ICY MUST BE PRECEDED BY FULL R LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPR DEFICIENCY)	BE COMPLETION		
F 490	(IDPH Field Superv census of the facility conflicts with later of according to the Ce and the Cahokia Nu with Destination dod Z16 (Illinois Departr Regional Superviso 5/31/2016. Z16 reppm in response to Lis in charge? Is Adn (Facility Regional Ot to be in charge, he's answer who the Adnames but not conflict were identified a of fire. Department of Publ 6/17/2016 documer of Cahokia Nursing been Administrator E41 was not one of staff the night of the appear on any listin facility. On 6/6/2016 at 2:05 that her title was Ad in that position on 5 6/15/2016 at 11:35 started at the facility 4/25/2016. E3 indic Administrator's licer Financial and Profe note as of 6/17/2011 found for active nurlicense for Illinois.	-	F 490				

	OF DEFICIENCIES F CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		IPLE CONSTRUCTION IG	(X	3) DATE SURVEY COMPLETED
		145581	B. WING			C
	ROVIDER OR SUPPLIER NURSING & REHAB CI			STREET ADDRESS, CITY, STATE, ZIP CODE 2 ANNABLE COURT CAHOKIA, IL 62206		07/12/2016
(X4) ID PREFIX TAG	(EACH DEFICIEN	TATEMENT OF DEFICIENCIES CY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORI ((EACH CORRECTIVE ACTION S CROSS-REFERENCED TO THE A DEFICIENCY)	SHOULD BE	(X5) COMPLETION DATE
F 490	night of the fire, she when the fire broke of left to take an employ around 2:45 pm. E3 by phone around 4:2 voice mail. E3 return "briefed by (E2)." E3 residents to see who water." During interview on states that E4 is "actifacility." This inform information previous 6/6/2016 when E3 stoof the building. E4 stated on 6/16/20 been Administrator set, E4 was Administrator set, E4 was Administration for E4, E4 was Administration and Key Persofolic (Regional Operating and Head and Key Persofolic (Regional Operating and Carlotter) and Well-Employees should a reassure the resider evacuation procedureffectively and with the safety and the safety and the safety and t	was not on the premises but. E3 related that she had yee to be fingerprinted stated that she was notified to pm, however call went to med to the facility and was a stated that she "checked on meeded treatment and to needed treatment and to need t	F 4	90		
	reassure the resider evacuation procedur effectively and with t or accidental injury. Cahokia Nursing and	ts so that transfer or es can be carried out he least amount of problems The chain of command at d Rehabilitation is: r ursing				

C 07/12/2016 TATE, ZIP CODE S PLAN OF CORRECTION (X5) ECTIVE ACTION SHOULD BE COMPLETION DATE DATE
TATE, ZIP CODE S PLAN OF CORRECTION (X5) ECTIVE ACTION SHOULD BE COMPLETION
ECTIVE ACTION SHOULD BE COMPLETION
DEFICIENCY)
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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULT A. BUILDIN	IPLE CONSTRUCTION IG		(X3) DATE SURVEY COMPLETED		
		145581	B. WING _			C 07/12/2016	
	ROVIDER OR SUPPLIER NURSING & REHAB CE			STREET ADDRESS, CITY, STATE, ZIP CODE 2 ANNABLE COURT CAHOKIA, IL 62206		07/12/2016	
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORR ((EACH CORRECTIVE ACTION SHORT) CROSS-REFERENCED TO THE AP DEFICIENCY)	HOULD BE	(X5) COMPLETION DATE	
F 490	Z1 asked the two nur residents in the build provide any answers building and Z1 lost twhen he entered the (nursing station); he hall was standing ope to get into the core and have expected the defurther stated that "n control. Staff was all following directions a without permission can movements." When Z1 was asked received any emerge prior to the fire and of facility, he answered On 6/16/2016 at 5:45 Coordinator, stated he emergency planning/ the facility prior to or On 6/16/2016 at 5:40.	ursing staff with masks on. rsing staff if there were any ing. The nursing staff did not is instead ran back into the hem in the smoke. Z1 stated 500 hall from the core area noticed the entrance to 500 en which allowed the smoke rea. Z1 stated that he would our to have been closed. He ursing staff was out of over the scene. They did not not kept moving patients ausing problems for patient if he or his department ncy planning/coordination r after the fire from the "no". PM, Z11, EMS System e never received an coordination planning from	F 4	· ·			
	staff informed him of When Z12 entered 50 identified as the origi coming from the corr room. Z12 instructed this person. Z12 their resident (R1). Z13's (Emergency M Coordinator) written a experience on 5/31/2	anyone in the building. On hall and got to the room on of fire, he heard a moan idor floor just outside this I one of his men to check on helped evacuate this anagement System account of his on-scene one					

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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		145581	B. WING				12/2016	
NAME OF PR	ROVIDER OR SUPPLIER				STREET ADDRESS, CITY, STATE, ZIP CODE	1 0		
				2	2 ANNABLE COURT			
CAHOKIA	NURSING & REHAB C	CENTER		(CAHOKIA, IL 62206			
(X4) ID	SUMMARY	STATEMENT OF DEFICIENCIES	ID		PROVIDER'S PLAN OF CORRECTION		(X5)	
PREFIX TAG	(EACH DEFICIEN	NCY MUST BE PRECEDED BY FULL R LSC IDENTIFYING INFORMATION)	PREF TAG		(EACH CORRECTIVE ACTION SHOULD E CROSS-REFERENCED TO THE APPROPRI DEFICIENCY)		COMPLETION DATE	
F 490	Continued From pa	ge 26	F	490				
	·	B degrees according to his						
		3 also documented that "there						
	were multiple Police							
	•	mergency Medical Service						
		rith many transport vehicles						
		ng to Z13's report, "upon						
		rding transport plans it						
		was quite a bit of confusion						
		l number of NH (nursing						
	home) residents pre	esent, how many still required						
	transport and the de	estination of those waiting."						
	Z13 report indicates	s that "I heard resident						
		ple people that ranged from						
		possibly some residents had						
		. IDPH LTC (Long Term Care)						
		with a Senior Citizen						
		ttempting to lock down NH						
		ne region. There was no						
		ing facility identified by						
		these residents out of the						
		luded the threat of rain and at						
	times visible lightnii	_						
		aster Preparedness Manual						
		area nursing homes with						
		including phone numbers as						
		e provided. Document						
		s last revised on 3/31/2013. At						
		this information was not						
		ment staff. Management staff						
	facilities.	f and EMS staff to contact						
		upervisor) stated on 6/16/2016						
	·	upervisor) stated on 6/16/2016 vas the acting Director of						
		of the fire, but he was not sure						
		g during the fire. E1 stated in						
	•	the Administrator runs						
		dministrator isn't present, the						
		s in charge, then the Assistant						
		then the Charge Nurse, then						
	,	J	1		I .		1	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1 ' '	(X2) MULTIPLE CONSTRUCTION A. BUILDING			(X3) DATE SURVEY COMPLETED	
		145581	B. WING			1	C / 12/2016	
NAME OF PR	ROVIDER OR SUPPLIER			;	STREET ADDRESS, CITY, STATE, ZIP CODE	1 011	12/2010	
CALIOKIA	NUIDOINO & DELLAD	CENTED		:	2 ANNABLE COURT			
CAHOKIA	NURSING & REHAB	SENTER		(CAHOKIA, IL 62206			
(X4) ID PREFIX TAG	(EACH DEFICIE	STATEMENT OF DEFICIENCIES NCY MUST BE PRECEDED BY FULL R LSC IDENTIFYING INFORMATION)	ID PREFI TAG		PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPR DEFICIENCY)	BE	(X5) COMPLETION DATE	
F 490	Continued From pa	·	F	490				
	Maintenance. E1 s							
		the fire department. E1 stated						
		ninistrator of the fire by phone						
		not on site. E1 stated he is not						
		s came on. E1 stated that						
		artment arrived, residents were						
	•	on the 500 hall. According to						
		hick nobody could tell where						
		ated that at this point, he made						
		ff to begin breaking windows						
	_	t. E1 stated that all staff was						
		ire in the manner in which they E1 stated that he has been						
		cility for two years, but has						
		ning about how to train other						
		he said he was given a						
	-	use. E1 stated what he						
	_	ty is how to use the fire						
	extinguisher, what	=						
	_	in case of fire, and evacuation						
	procedures.	in case of me, and evacuation						
	•	irses) stated on 6/2/2016 at						
	· ·	tarted work with the facility on						
	•	ed on 6/22/2016 at 3:00 pm						
		terim Director of Nurses from						
	3/22/2016 until 6/2/	2016. E18 confirmed on						
		the Acting Director of Nurses						
	at the time of the fir	re. E18 stated she was not on						
	site at the time of the	ne fire, but returned to the						
	scene around 6 pm	1.						
	Information provide	ed by the facility documents						
		tant Director of Nurses at time						
		2016. E23 (Director of Nurses)						
		2016 at 1:45 pm that E44 was						
		tor of Nurses, but her last day						
		2/2016 as a "no show." IDPH						
	•	eceive any call backs when						
		le to contact E44 by phone.						
	On 6/21/2016 at 1:	50 pm E3 (Administrator)						

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING		(X3) DATE SURVEY COMPLETED	
				_		(C
		145581	B. WING			07/	12/2016
NAME OF P	ROVIDER OR SUPPLIER	•		S	TREET ADDRESS, CITY, STATE, ZIP CODE		
CAHOKIA	NUIDOING & DELIAD (PENTED		2	ANNABLE COURT		
CAHOKIA	NURSING & REHAB (SENIER		С	AHOKIA, IL 62206		
(X4) ID PREFIX TAG	(EACH DEFICIEI	STATEMENT OF DEFICIENCIES NCY MUST BE PRECEDED BY FULL R LSC IDENTIFYING INFORMATION)	ID PREFI TAG		PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD B CROSS-REFERENCED TO THE APPROPRIA DEFICIENCY)		(X5) COMPLETION DATE
F 490	not met since she had not met in the fire 2 (Regional Opera 11 am telephoned the Office and stated the move residents bac preceded any notification of the fire alarm/sprint functional. As of 7/1 not been given. Facility census receiventy seven reside the time of the fire. R2, R4, R7, R8, R1 Patient List Cahokia Destination and Hoprovided by Z11 (E System Coordinator residents (R1-R6, Four wings were ultihospitals due to fire Centers for Medica provided by facility fire, eleven resident resided on the 500 R35-R40) had tuber received hospice seresided on the 500 four residents received hospice seresided on the 500 R9, R15, R43-R52. Face sheet dated 9 (500 Hall) date of both control of the side of the sheet dated 9 (500 Hall) date of both control of the side of the s	lity Assurance committee has has been Administrator and facility since the fire. ations Director) on 6/7/2016 at the Department Regional hat the facility was "ready to ck today." This phone call cation to the Department that kler system was fully 8/2016 official notice had still ords for 5/31/2016 indicate that ents resided on the 500 hall at These residents include R1, 0, R11, R14, and R16-R34. In a Nursing and Rehab with espital records dated 5/31/2016 mergency System Services or document that fourteen R11-R15, R19, R23, R24) from simulately transferred to four area are related conditions. The remainded form 672 notes that at the time of the ts (R1, R2, and R16 who Hall, as well as R5, R6, and a feedings; ten residents ervices (R1, R2, R24, R25 who Hall, and R3, R48, R53-56); ved dialysis (R14 and R32 500 Hall in addition to R41 teen residents who received as (R2, R16, and R33 who Hall, as well as R3, R5, R6,	F	490			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	` '	(X2) MULTIPLE CONSTRUCTION A. BUILDING			(X3) DATE SURVEY COMPLETED	
		145581	B. WING				C / 12/2016	
NAME OF PI	ROVIDER OR SUPPLIER	l	1		STREET ADDRESS, CITY, STATE, ZIP CODE	1 011	12/2010	
CAHOKIA	NURSING & REHAB	CENTER			CAHOKIA, IL 62206			
(X4) ID PREFIX TAG	(EACH DEFICI	Y STATEMENT OF DEFICIENCIES ENCY MUST BE PRECEDED BY FULL OR LSC IDENTIFYING INFORMATION)	ID PREFI TAG		PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD I CROSS-REFERENCED TO THE APPROPR DEFICIENCY)	3E	(X5) COMPLETION DATE	
F 490	Continued From p	age 29	F	490				
		lerotic Heart Disease,						
	_	Failure, and Shortness of						
		oital Physician's Order Sheet						
		sts an admitting diagnosis of						
		Hospital Interventions and 5/31/2016 documents that R1						
		ds course (sic) expiratory						
		al Physical Exam dated						
		hat R2 was "coughing up thick						
		subsequently had some						
		ergency Room" as well as						
		sounds." The Hospital						
	Assessment Plan	Sheet dated 5/31/2016						
	indicates that R2 I	nad "fever, maybe due to						
	exposure to heat	exposure and possible						
	bronchitis, will trea	atand monitor closely." The						
		Summary note dated 6/01/2016						
		9 year old woman admitted to						
	•	31/2016 with a diagnosis of						
		There is little information						
		s patient. There is notation she						
		nt, but we do not have						
		nich agency is involved."						
	, , ,	ospital Inpatient Record face 2016 lists R1's birthdate as						
		spital Care Report Summary for						
		patient upper extremities being						
		ance crew was unable to obtain						
		at this time. Blood glucose						
	•	at this time with a result of 59.						
		red oral glucose at this time.						
		answer any EMS (Emergency						
		vices) questions at this time."						
		nd Physical Note dated						
	5/31/2016 docume	ents "This is an 87 year old						
		e Emergency Room with						
		She is a resident of Cahokia						
		bilitation Center. There was a						
	fire at the facility la	ast evening and she was						

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		L IDENTIFICATION NUMBER:		FIPLE CONSTRUCTION NG	1 , ,	(X3) DATE SURVEY COMPLETED	
		145581	B. WING			C	
NAME OF P	ROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE,		7/12/2016	
CVHUKIV	NURSING & REHAB	CENTED		2 ANNABLE COURT			
CAHORIA	NORSING & REHAD	CENTER		CAHOKIA, IL 62206			
(X4) ID PREFIX TAG	(EACH DEFICI	Y STATEMENT OF DEFICIENCIES ENCY MUST BE PRECEDED BY FULL OR LSC IDENTIFYING INFORMATION)	ID PREFI TAG	X (EACH CORRECTIVE CROSS-REFERENCED	IN OF CORRECTION E ACTION SHOULD BE D TO THE APPROPRIATE CIENCY)	(X5) COMPLETION DATE	
F 490	cough which prom Room. Problems: Hospital Patient D dated 6/01/2016 s Smoke Inhalation/R 12's (100 Hall) h 5/31/2016 notes d Hospital Emergen 5/31/2016 indicate (Emergency Manahome. Patient's n evening and when transport, he repowhile sitting in his Cerebral Vascular weakness and apl Department Progr 9:59 pm stated, "It was quite warm an water the patient harrived. Other reshave been broughspoke with (Z19 and he agreed like elevated temperat Intervention/Asses documentation datemperature was serviced.	e. She was experiencing a apted her visit to the Emergency Smoke inhalation injury." The ischarge Instruction sheet states "Discharge diagnosis: Anemia Exacerbation." Hospital Face Sheet dated late of birth as 10/21/1933. Cy room Visit report dated les that R12 "presents via EMS agement Service) from nursing lursing home had a fire this in patient was in a bus for reedly had a syncopal episode seatPatient with history of Accident with right sided lasia" An Emergency less Note dated 5/31/2016 at that a been reported that the bus and nurse noted that a bottle of lad with him was warm when he lidents from the same situation late in for similar complaint (a) regarding patient and findings less situational syncope due to late 15/31/2016 noted R12's less 13/2016 noted R12's less 14 and blood pressure was	F	490			
	indicate R12 resid Face sheet for R1 R14's date of birth Medical Service re "female pt (patient dizziness, and we and slumped to th Nursing home state	ensus records for 5/31/2016 led on 100 hall. 4 (500 Hall) documents that a is 9/19/1950. Emergency eport for 5/31/2016 notes b) with possible low blood sugar, aknesspatient sitting upright e right in her wheelchair. If tells EMS (Emergency hat pt has "seemed to be close					

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1 ' '	TIPLE CONSTRUCTION NG	· /	(X3) DATE SURVEY COMPLETED	
		145581	B. WING			C 7/12/2016	
NAME OF P	ROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZIP CO		111212010	
САНОКІА	NURSING & REHAB	CENTER		2 ANNABLE COURT CAHOKIA, IL 62206			
(X4) ID PREFIX TAG	(EACH DEFICI	Y STATEMENT OF DEFICIENCIES ENCY MUST BE PRECEDED BY FULL OR LSC IDENTIFYING INFORMATION)	ID PREFI TAG	PROVIDER'S PLAN OF (X (EACH CORRECTIVE ACTI CROSS-REFERENCED TO TI DEFICIENC'	ON SHOULD BE HE APPROPRIATE	(X5) COMPLETION DATE	
F 490	been outside in tri minutes following Hospital Emergen 5/31/2016 notes "Cahokia Nursing a in an unaffected was outside for neashe started feeling feels better now right side is affected bepartment Progradocuments that R lightheadedness a weather status por most likely from he A Hospital Face SR13 (600 Hall) da Emergency Room states "46 year old dementia presents EMS (Emergency firePer EMS, paon sceneshortn ambulance. Past Disease/Dementia Seizures, Bipolar, Prehospital Care I Hall) documents "laying on a bed ar liters, and it was particular to the specific program of the service	eating, and is weak. Pt has age area for approximately 90 evacuation from building." The cy room Visit Report dated 65 year old female presents to the the cy room Visit Report dated 65 year old female presents to the the cy discount of the c	F	490	Y)		
	with other pt. The facility that knew t were takenTher for knowing his na	ruck and loaded in the back other pt was a nurse from the he pt. Once in the back, vitals re was no info on the pt except ime per the other pt." R6's cate of Medical Necessity from					

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		IDENITIEICATION NILIMPED:		E CONSTRUCTION	(X3) DATE SURVEY COMPLETED
		145581	B. WING		C 07/12/2016
	ROVIDER OR SUPPLIER	CENTER		STREET ADDRESS, CITY, STATE, ZIP CODE 2 ANNABLE COURT CAHOKIA, IL 62206	07712/2010
(X4) ID PREFIX TAG	(EACH DEFICIE)	STATEMENT OF DEFICIENCIES NCY MUST BE PRECEDED BY FULL R LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD E CROSS-REFERENCED TO THE APPROPRI DEFICIENCY)	DATE.
F 490	of Smoke Inhalation "Reason for transpounable to self admin monitoring/suction, incoherent, disorier R11's (500 Hall) Prosummary dated 5/3 year old male with loar accident and is question at this time Summary dated 5/3 Problems: Ileus, Sonhalation" A Hospital Face Sh R15's (600 Hall) da Emergency Room on the self of the sel	dated 5/31/2016 lists diagnosis This same document notes ort: oxygen required and	F 490		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	I ' '	PLE CONSTRUCTION		(X3) DATE SURVEY COMPLETED	
		145581	B. WING			C	
	ROVIDER OR SUPPLIER NURSING & REHAB CE			STREET ADDRESS, CITY, STATE, ZIP CO 2 ANNABLE COURT CAHOKIA, IL 62206		7/12/2016	
(X4) ID PREFIX TAG	(EACH DEFICIENC	TATEMENT OF DEFICIENCIES BY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF C (EACH CORRECTIVE ACTIC CROSS-REFERENCED TO TH DEFICIENCY	ON SHOULD BE HE APPROPRIATE	(X5) COMPLETION DATE	
F 490	that I wasn't going to time and I would be I team advised EMS the area of the fire all before she was in an the SNF (Skilled Nurthat this pt (patient) hand is normally very situation has made harrival patient found area The pt (patient levels of anxiety and calming down and redocuments that R15 scene at 5:47 pm. Prehospital Care Rel Hall) dated 5/31/2010 "having chest pain has swallowed some him chest pain Pt siright side just below constant pain which scale pt then stated of breath so 4L of 02 was established and " R3's (600 Hall) Preho Summary dated 5/31 years old. Under Colisted Dementia with states that R3 is "coonly, sitting in a chair isn't acting right. Pt dementia and Alzheir if anything is wrong of	calm down. I was so scared make it out of the building in burned alive." The triage nat this pt (patient) was not in and was evacuated well by harm. A staff member of sing Facility) advised EMS has a severe anxiety problem nervous as it is and this her very nervous. Upon sitting outside in the triage at) over all has very high is having severe difficulty in elaxing "This same report was transported from the fire port Summary for R4 (500 documents that R4 was applied and that is giving tates that the pain is on the the nipple line and is a he rates it at 10/10 pain d that he was becoming short is via a NC (nasal cannula) pt states that he feels better	F 4	90			

	MENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION A. BUILDING		(X3) DATE SURVEY COMPLETED C		
		145581	B. WING		07/12/2016
	ROVIDER OR SUPPLIER NURSING & REHAB C	ENTER	:	STREET ADDRESS, CITY, STATE, ZIP CODE 2 ANNABLE COURT CAHOKIA, IL 62206	7771272010
(X4) ID PREFIX TAG	(EACH DEFICIEN	STATEMENT OF DEFICIENCIES CY MUST BE PRECEDED BY FULL R LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPF DEFICIENCY)	BE COMPLETION
F 490	she is in her normal (patient) is on 4L (lit times." Report titled Cahoki List with Destination indicates R5, R19, It transported to area fire. The Immediate Jeop 2016. E3, Administ Immediate Jeopardy The surveyor confinition record review that the actions to remove the 1. The facility retain Consultant to review recommendations for disaster/emergency finalized on 6/30/16 2. The disaster/emergency finalized on disaster/emergency finalized on 6/30/16	e wasn't acting right but now state. Staff states that the pt ders) of O2 (oxygen) at all a Nursing and Rehab Patient with date of 5/31/2016 R23, and R24 were also hospitals on the date of the pardy was identified on July 7, rator, was notified of the ground of the gr	F 490	1	
	6/17/16, E3 Administration Assurance) Nurse of staff on revision to consider the related to chain of condisaster evacuation response procedure P.A.S.S. Any staff ninservice was provided.	strator and/or E13 QA(Quality onducted inservices for all disaster/emergency manual ommand during a disaster, procedures, emergency is including R.A.C.E. and ot present on the dates the ded were required to attend they worked another shift.			

STATEMENT OF DEFICIENCIES (X: AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	, ,			(X3) DATE SURVEY COMPLETED	
		145581	B. WING				C 12/2016
	ROVIDER OR SUPPLIER NURSING & REHAB C	ENTER	•	2 AN	EET ADDRESS, CITY, STATE, ZIP CODE INABLE COURT IOKIA, IL 62206	•	
(X4) ID PREFIX TAG	(EACH DEFICIEN	TATEMENT OF DEFICIENCIES CY MUST BE PRECEDED BY FULL R LSC IDENTIFYING INFORMATION)	ID PREFI TAG	x	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD E CROSS-REFERENCED TO THE APPROPRI DEFICIENCY)	3E	(X5) COMPLETION DATE
F 490	Policy and the Fire In the independent Life of the ind	acility updated the Fire Watch Procedure Policy based on a Safety Consultants review. educated by E4 Regional the fire procedure and a nowledge was completed at 3 were re-inserviced and a cof their knowledge was 7/12/16 on the fire ity put a dry erase board in station. The dry erase board time of a fire to identify who is 3 are inservicing all staff on on or by phone and was a Any staff not present on the raining was provided were training before they worked service material included the evacuation plan, ie the area of the fire first not permit; who can give the propping the barrier doors; ersonel or the assigned the main door of the building	F	490			

	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	, ,			X3) DATE SURVEY COMPLETED	
	145581	B. WING			C 7/12/2016	
			STREET ADDRESS, CITY, STATE, ZIP CODE 2 ANNABLE COURT CAHOKIA, IL 62206		7/12/2016	
(EACH DEFICIENC	Y MUST BE PRECEDED BY FULL	ID PREFIX TAG	(EACH CORRECTIVE ACTION	SHOULD BE	(X5) COMPLETION DATE	
Continued From page	e 36	F 51	7			
, ,, ,		F 51	7			
procedures to meet a	all potential emergencies and					
by: Based on observation review the facility failed disaster plan during a room. Staff failed to plan resulting in total response effort description of the residents was residents who were refire were evacuated at the hall where the fire evacuated later. The clear chain of comma communication contrates whereabouts of a transfer of residents to alert and direct fire the direct area of the responded to the alar found by Fire Fighter (R1-R6, R11-R15, R2 the hospital with smooth associated with the fifacility disaster plan is location/contact infor could potentially received.	on, interview, and record and to effectively execute their an actual fire in a resident's fully implement the disaster facility evacuation and a ribed as chaotic. Evacuation done backwards; those not in the direct area of the first, while those residents in a was located were facility 's failure to have a and and the resultant poor ibuted to delays in identifying Il residents and subsequent to other facilities. Staff failed a fighters to residents still in fire when fire fighters rm. Four residents 19, R23, R24) were sent to ke inhalation or conditions re and evacuation. Despite having information related to mation for local facilities who hive residents, facility staff					
	SUMMARY ST (EACH DEFICIENCY REGULATORY OR Continued From page 483.75(m)(1) WRITT EMERGENCIES/DIS The facility must have procedures to meet a disasters, such as fire missing residents. This REQUIREMENT by: Based on observation review the facility failed disaster plan during a room. Staff failed to plan resulting in total response effort descr of the residents was residents who were refire were evacuated for the hall where the fire evacuated later. The clear chain of comma communication contre the whereabouts of a transfer of residents to alert and direct fire the direct area of the responded to the alar found by Fire Fighter (R1-R6, R11-R15, R3 the hospital with smo associated with the fi facility disaster plan i location/contact infort could potentially rece failed to utilize this in orderly response for	This REQUIREMENT is not met as evidenced	ROVIDER OR SUPPLIER NURSING & REHAB CENTER SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) Continued From page 36 483.75(m)(1) WRITTEN PLANS TO MEET EMERGENCIES/DISASTERS The facility must have detailed written plans and procedures to meet all potential emergencies and disasters, such as fire, severe weather, and missing residents. This REQUIREMENT is not met as evidenced by: Based on observation, interview, and record review the facility failed to effectively execute their disaster plan during an actual fire in a resident's room. Staff failed to fully implement the disaster plan resulting in total facility evacuation and a response effort described as chaotic. Evacuation of the residents was done backwards; those residents who were not in the direct area of the fire were evacuated first, while those residents in the hall where the fire was located were evacuated later. The facility 's failure to have a clear chain of command and the resultant poor communication contributed to delays in identifying the whereabouts of all residents and subsequent transfer of residents to other facilities. Staff failed to alert and direct fire fighters to residents will in the direct area of the fire when fire fighters responded to the alarm. Four residents were found by Fire Fighters. Fourteen residents (R1-R6, R11-R15, R19, R23, R24) were sent to the hospital with smoke inhalation or conditions associated with the fire and evacuation. Despite facility disaster plan having information related to location/contact information for local facilities who could potentially receive residents, facility staff failed to utilize this information and implement an orderly response for transfer. Staff failed to	ROWIDER OR SUPPLIER NURSING & REHAB CENTER SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) COntinued From page 36 483.75(m)(1) WRITTEN PLANS TO MEET EMERGENCIES/Sush as fire, severe weather, and missing residents. This REQUIREMENT is not met as evidenced by: Based on observation, interview, and record review the facility failed to effectively execute their disaster plan during an actual fire in a resident's room. Staff failed to fully implement the disaster plan resulting in total facility evacuation and a response effort described as chaotic. Evacuation of the residents was done backwards; those residents who were not in the direct area of the fire were evacuated later. The facility 's failure to have a clear chain of command and the resultant poor communication contributed to delays in identifying the whereabouts of all residents and subsequent transfer of residents to other facilities. Staff failed to alert and direct fire fighters to residents still in the direct area of the fire when fire fighters responded to the alarm. Four residents were found by Fire Fighters. Fourteen residents (R1-R6, R11-R15, R19, R23, R24) were sent to the hospital with smoke inhalation or conditions associated with the fire and evacuation. Despite facility disaster plan having information related to location/contact information for local facilities who could potentially receive residents and implement an orderly response for transfer. Staff failed to utilize this information and implement an orderly response for transfer. Staff failed to	TOURSING & REHAB CENTER NURSING & REHAB CENTER SUMMARY STATEMENT OF DEPICIENCIES (EACH DEPICIENCY NUST BE PRECEDED BY PILL RESULATORY OR LSC IDENTIFYING INFORMATION) CONTINUED TO THE PROPRIET TAG BY THE PROPRIETY THE PROPRIETY TAG BY THE PROPRIETY THE PROPRIETY TAG BY THE PROP	

	OF DEFICIENCIES F CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1 ' '	LE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
		145581	B. WING		C 07/12/2016
	ROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZIP CODE 2 ANNABLE COURT CAHOKIA, IL 62206	07/12/2016
(X4) ID PREFIX TAG	(EACH DEFICIEN	STATEMENT OF DEFICIENCIES CY MUST BE PRECEDED BY FULL R LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOUL) CROSS-REFERENCED TO THE APPROFICIENCY)	D BE COMPLETION
F 517	to identification of re records and medica physical harm (smo as well as psychosofearing they would be These failures resul Jeopardy. The Imm May 31, 2016 when effectively execute the actual fire in the num While the immediace 2016, the facility rer Severity Level 2 as evaluate the ability execute the revised Findings include: Z13 (Illinois Department Public I May 31, 2016 at 5:1 with total resident erand Rehab. Z14 and Z15 (Illinois Field Supervisor) ard May 31, 2016. Z14 on 5/31/2016, ten a and three school buscene of the nursing Operations Director that the census of the number conflicts with 106 according to the 5/31/2016 and the Opatient List with Des 5/31/2016. Fire Department for documents that the	residents, securing medical tions. These failures caused ke inhalation) and discomfort recial harm with residents be "burned alive." ted in an Immediate rediate Jeopardy began on facility staff failed to he disaster plan during an sing facility. If y was removed on July 8, mains out of compliance at a readditional time is required to of staff to fully implement and	F 51	7	

	OF DEFICIENCIES F CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	` ′	CONSTRUCTION	(X3) DATE SURVEY COMPLETED
		145581	B. WING		C 07/12/2016
	ROVIDER OR SUPPLIER		2	TREET ADDRESS, CITY, STATE, ZIP CODE ANNABLE COURT CAHOKIA, IL 62206	1 07/12/2010
(X4) ID PREFIX TAG	(EACH DEFICIEN	STATEMENT OF DEFICIENCIES CY MUST BE PRECEDED BY FULL R LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD I CROSS-REFERENCED TO THE APPROPR DEFICIENCY)	BE COMPLETION
F 517	500 hall (E) at Caho Upon arrival of fire upon arrival of fire upon arrival of fire upon arrival of fire upon arrival officers abusiness breaking upon the 500 hall that This same documer found the fire quick 509 while other fire operations. It was a residents were still in the 500 hallway performed from roor victims were found. 503 through window removed through win resident removed on in wheelchair "This document note received an alarm a arrival time noted as Z1 (Chief Cahokia wastated on 6/2016/20 arrived on the scene building, Z1 was me masks on. Z1 asked were any residents staff did not provide back into the buildin smoke. Z1 stated where are a controlled to the entrance to 500 allowed the smoke that the would have been closed. It staff was out of controlled to the controlled on the scene. They did not scene. They did not scene. They did not scene.	kia Nursing and Rehab. Inits and personnel they coming from the right rear of near (F) and (E) hallways and employees from the vindows to remove residents at were still inside." Int reports that "fire personnel kly and contained to room personnel were in rescue at this time that several inside found a female victim inside found a female victim inside found a several inside found a several inside found a male victim inside foom 506 a male inside Room 505 a male resident indow Room 506 a male int of room and down hallway s that the Fire Department t 4:17 pm on 5/31/2016, with	F 517		

	DF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	` ′	PLE CONSTRUCTION B	(X3) DATE SURVEY COMPLETED
		145581	B. WING		C 07/42/2046
	ROVIDER OR SUPPLIER NURSING & REHAB O			STREET ADDRESS, CITY, STATE, ZIP CODE 2 ANNABLE COURT CAHOKIA, IL 62206	07/12/2016
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F 517	page document ent Preparedness Man 03/31/13. This doc EMERGENCY PRO AUTHORITY; "The consideration during the safety and well- Employees should reassure the reside evacuation procedu effectively and with or accidental injury. Cahokia Nursing ar 1. Administrator 2. Director of I 3. Assistant D 4. Designated If the Administrator Assistant Director of at the time of a fire Charge Nurse will: 1. In case of a department has bee 2. Notify the A 3. Assign aide 4. Assign othe housekeeping laune 5. Notify the D Maintenance Super 6. Keep calm situation is under or 7. Keep teleph On the same page Administrator, Direct Director of Nursing, Dietary Manager, N	at too movements." ations Director) provided a 54 atitled Fire Safety and Disaster ual with a revision date of ument lists under OCEDURE: BASIC LINES OF main objective and first g any disaster or emergency is being of the residents. always remain calm and ants so that transfer or ures can be carried out the least amount of problems The chain of command at nd Rehabilitation is: or Nursing irector of Nursing Charge Nurse in the facility Director of Nursing or of Nursing is not in the building or disaster, the designated a fire, ensure that the fire en notified. dministrator of the situation is to assist as needed. ar staff (i.e. dietary, dry, etc.) as needed. birector of Nursing and rvisor. and assure resident that the	F 51	7	

	OF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MUL A. BUILDI		CONSTRUCTION	(X3) DATE SUI COMPLET	
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CAHOKIA	NURSING & REHAB C	ENIER		C#	AHOKIA, IL 62206		
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	Continued From pare Phone. There are rany staff. On 6/16/2016 at 5:3 Volunteer Fire Departmen rescued a total hall, hall 500. One accident, that is, who were standing at the 509 (where fire stardoor, they stepped person on the hall checked to see if the person moaned, the staff informed him of the building. When department received planning/coordination the fire from the facility prior to the	ge 40 no phone numbers listed for 30 PM, Z1, Chief, Cahokia artment, stated that he and his artment, stated that he and his artment was rescued by the Z1 and some of his men the entrance of door to room ted), after laying water on the back and bumped into a corridor floor. One of his men the person was alive, the they evacuated her. No nursing of any potential residents left in Z1 was asked if he or his d any emergency on prior to the fire and or after tility, he answered "no". T5 PM, Z11, EMS System the never received an the goordination planning from the after the fire incident. The PM, Z12, Captain, Cahokia the artment, stated that no facility of anyone in the building. The properties of the room the properties	TAG		CROSS-REFERENCED TO THE APPROPRIA		DATE

		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIP A. BUILDING	LE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
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F 517	agencies present wi available." Accordi further inquiry regards seemed that there we regarding the actual home) residents pretransport and the de Z13 report indicates numbers from multip 103 to 106 and that been counted twice. (Z14, 15, 16) along to Ombudsman was at bed availability in the pre-planned shelteri management to get elements which inclutimes visible lighteni This facility is a sing (halls) for resident recenter core area whollocated (wagon whe Hall houses the mai activity room. Movir spokes, starting with	th many transport vehicles ing to Z13's report, "upon ding transport plans it vas quite a bit of confusion number of NH (nursing isent, how many still required estination of those waiting "that "I heard resident ole people that ranged from possibly some residents had IDPH LTC (Long Term Care) with a Senior Citizen itempting to lock down NH is region. There was no ing facility identified by these residents out of the uded the threat of rain and at ing." Ile level facility with five wings soms extending out from a ing clockwise around the in the 400 hall, the spokes are	F 51	,	
	The fire on 5/31/201 located on the 500 h On 06/15/2016 at 1: Management Service Manager) stated that scene no facility state 15 minutes. Z10 state (Regional Operation Z10 stated when he residents were still building. Z10 stated	200 hall, 200 hall, and 300 hall. 6 was determined to be Hall. 30pm Z10 (Emergency less (EMS)/Operations let when he arrived on the ff were in charge for the first led that after that, E2 less Manager) assumed control. arrived on the scene; being evacuated from the let "EMS and fire had to ref residents, and were never."			

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	DF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	` ′		E CONSTRUCTION	(X3) DATE COMP	SURVEY LETED
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F 517	Z10 stated when they not tell them how man building. Z10 stated, whatsoever." Z10 st one hour after their a any kind of information needs. Z10 stated that Operations) asked Z1 regarding finding place the After Action Revie 6/16/2016, an uniden that she "asked nurs residents going and rethey did not know and were going to-just ge Z10 stated during the meeting that with the present at the facility, transported all reside were needed to be, hot produce the face for the residents. Fire Safety and Disas on pages 19-25 list a contact information in well as level of care prindicates that it was latted time of the fire, the utilized by managements.	rer of residents on site." A arrived, facility staff could rerived any residents were still in the "There was no coordination ated it took 45 minutes to rrival for EMS to be given an about residents' medical at E2 (Facility Regional at E2 (Facility Regional at E2 (Facility Regional at E3 (Facility Regional at E3 (Facility Regional at E4 (Facility Regional at E5 (Facility Regional at E6 (Facility Regional at E7 (Facility Regional at E8 (Facil	F	517			
	Preparedness Manua 03/31/13 contains mu related to evacuation	al with a revision date of ultiple detailed instructions and response to fire that ring the actual fire response					

	TATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X DENTIFICATION NUMBER: (X BUILDING		(X3) DATE SURVEY COMPLETED		
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	ROVIDER OR SUPPLIER NURSING & REHAB C	ENTER		STREET ADDRESS, CITY, STATE, ZIP CODE 2 ANNABLE COURT CAHOKIA, IL 62206	1 07/12/2010
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F 517	Continued From pag	ge 43 ents on page 2 under	F 517	7	
	EVACUATION OF R "There are three typ on the particular disa 1. Evacuation of or wing of the facility 2. Temporary efacility to outside assevacuation of all res facilities." Page 5 of this docur INTRODUCTION: "The following fire s preparedness manu basic steps needed	ESIDENTS notes: Des of evacuation, depending laster situation: Of residents from one section or to another section or wing. Vacuation of residents out of sembly area 3. Complete idents to another facility or ment lists under			
	heading Preparing for "The authority to order facility rests with the Evacuation can also department, local law case of any emerger staff and visitors show immediate danger. The facility becomes be removed from the and safest exits and parking lot where a light the event that the from the assemble in the part the building." Item numbers 3 and Evacuating Facility is to manage medical and when to evacuation facility is to manage medical and when to evacuation and some size of the same show in the part of the same show in the part of the same show in the part of the same show in	nues on page 8 under or Evacuation stating: der evacuation from the Administrator, or designee. be ordered by the fire wagency or civil defense. In necy, evacuation of residents, ould first be from the area of a complete evacuation from necessary, residents are to be facility utilizing the nearest taken outside to the front nead count will be taken. In ont parking lot is unusable, king lot located at the back of 5 under the section "Before addresses how facility staff ations and medical records te the building.			

	DF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1 ' '	MULTIPLE CONSTRUCTION JILDING		(X3) DATE SURVEY COMPLETED	
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		145581	B. WING			07/	12/2016
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F 517	or to the evacuation of 5. Do not evacuate of Under the title Evacus specific instructions or given. Items 5 and 6 and accounting for reinstructs staff to: 1. After the order for given, utilize only those usable. 4. At least one persocoutside assembly are remain in the area. No allowed to return to the until an all-clear signs of 5. Move all medication to evacuation site, if procurrent census sheet residents. Once out all residents, visitors missing persons to the local law agency person on page 2 of this docal law agency person on page 2 of this docal law agency person on page 2 of this docal law agency person on page 2 of this docal law agency person on page 2 of this docal law agency person on page 2 of this docal law agency person on page 2 of this docal law agency person on page 2 of this docal law agency person on page 2 of this docal law agency person on page 2 of this docal law agency person on page 2 of this docal law agency person on page 2 of this docal law agency person on page 2 of this docal law agency person on page 2 of this docal law agency person on page 2. There may be situation as the facility is temporal where the local evacuation). 1. After order for utilize only those exits a Ambulato should be led or direct evacuation. If there are a controlled the page 2 of this document of the page 2 of this document of the page 3 of the pa	to move them to a safe area site, when possible. Intil order is given. Intil order is gi	F	517			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		FIPLE CONSTRUCTION		(X3) DATE SURVEY COMPLETED
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walk, not run, to the not should not stop for clobelongings. b. Wheelchait wheeled outside. c. Bed-bound or carries (see Append 2. Outside assent residents from building lots. If this area is not assembly areas will be of the building." Page 9 of the Disaster titled Fire Safety Point includes the following "1. Fire prevention is to residents, and visitors 3. If the facility sprinkle are inactivated for report must be initiated. 5. When the fire alarm Stop all non-emerous doors Get a fire extinguity station to await further Remain calm 9. If fire is minor enous on 10. Movement in an eshould always be award smoke. Resident to an area that places them and the fire, rem danger first. Fire and provide temporary (1-2)	a chain holding hands and earest exit. Residents of thing or personal of residents-by bed, stretcher dix D for carrying methods). In the parking expected by the secondary expected by the parking lot at the back of the parking lot at the back of the responsibility of all staff, the responsibility	F	517		

	OF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1 ` ′	LE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
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(X4) ID PREFIX TAG	(EACH DEFICIENC	TATEMENT OF DEFICIENCIES BY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTIO (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROP DEFICIENCY)	D BE COMPLETION
F 517	and will automatically activated. At no time propped open. 11. If a resident, visit frightened and/or cormove him/her to a podepartment or local I immediately, so they Page 10 of this docu PROCEDURE include to staff: "During a fire or who departments will function of the charge nurse will and delegate staff renurse will get a copy head count, in the exthe facilityThe 100 responsible for gettir ready for evacuation NURSING STAFF: In resident's safety by comanual alarms or ligic closing all doors and in the hallway into the the door. Once the I announced, evacuate timely manner. Moved door between reside not on your assigned area of emergency to	e halls from the facility core y close when the fire alarm is e should barrier doors be or or staff member become mbative and you cannot bint of safety, tell the fire aw agency personnel can accomplish rescue." ment titled ACTUAL FIRE les the following instructions en the fire alarm sounds, all ction as follows: The Medicare Hall nurse will se and will exercise complete d by the Administrator or fire el. When the alarm sounds, report to the nurse's station sponsibilitiesThe charge of the census sheet for a rent of an evacuation from y/200 hall nurse will also be ag med books and med carts by the checking their halls for pulled ented smoke detectors, putting residents that are out the closest room and closing tocation of the alarm is the the area in a safe and the ment should place a fire ents and the fire. If the fire is thall, be prepared to go to to assist. Always leave a thall not affected, including	F 51	7	

	OF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	` ′	(X2) MULTIPLE CONSTRUCTION A. BUILDING			(X3) DATE SURVEY COMPLETED	
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F 517	Continued From page	2 47	F t	517				
		all occupants directly						
	involved with the fire							
		alarm signal summons all						
	staff and building occ							
		effects of the fire by closing						
	doors to isolate the a							
	Evacuate the immedi							
	compartments. Extin	guish minor fires as able."						
	On 06/14/2016 at 11:	12am, E1, Maintenance						
		at on 05/31/2016, he was						
		nis shift when the fire alarm						
		I the fire panel; the fire panel						
		area was Zone D, which is						
		d water dripping out of the						
	smoke detector due t	o the air conditioner drip pan						
	overflowing. E1 rese	t the fire panel. E1 then						
	went up into the ceilir	ng in the 300 hall and						
	drained the drip pan.							
		6 at 11 am, E1 stated that it						
		15 pm-3:30 pm when the						
	fire alarm went off the	_						
		20 pm. E1 stated the fire						
		he facility after the first						
	· ·	d the Fire Department it was						
		d by water dripping through						
		E1 stated that about 3:45 pm						
	on 05/31/2016 E1 ins	litucted E3, Licensed						
	'	re alarm while E1 worked on						
	·	atch protocol was initiated						
		itiated if the system will be				ſ		
	-	ore. While E1 was working				ĺ		
		could hear somebody say				ĺ		
		ot off the ladder and saw				ſ		
	_	hall. E1 stated that nursing				ſ		
		ted evacuating residents on				ĺ		
		nere was a resident lying in				ĺ		
		wheelchair and put the						

	OF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MUL A. BUILD		CONSTRUCTION	(X3) DATE COMP	SURVEY LETED
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		145581	B. WING				12/2016
NAME OF P	ROVIDER OR SUPPLIER			S	TREET ADDRESS, CITY, STATE, ZIP CODE		12/2010
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CAHOKIA	NURSING & REHAB C	ENIER		С	CAHOKIA, IL 62206		
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F 517	hall fire door. E1 stresident this was. E Nurses was presen was not sure what stree event of a fire, the everything. If the A Director of Nurses is Director of Nurses, Maintenance. E1 streeptionist called the notified the Adm because she was now sure if the sprinkler before the fire departial in the building of E1 smoke was so the fire was. E1 state decision for state to get residents out responding to the fire safety; he said is manual to use. E1 state of the safety is how to use staff members responded to the safety is how to use staff members responded to the safety is how to use staff members responded to the safety is how to use staff members responded to the safety is how to use staff members responded to the safety is how to use staff members responded to the safety is how to use staff members responded to the safety is how to use staff members responded to the safety is how to use staff members responded to the safety is how to use staff members responded to the safety is how to use staff members responded to the safety is how to use staff members responded to the safety is how to use staff members responded to the safety is how to use staff members responded to the safety is how to use staff members responded to the safety is how to use staff members responded to the safety is how to use staff members responded to the safety is how to use staff members responded to the safety is how to use staff members responded to the safety is how to use the safety is how to u	tashed her out through the 500 tated he is unsure which it at the time of the fire, but he she was doing. E1 stated in the Administrator runs administrator isn't present, the is in charge, then the Assistant then the Charge Nurse, then attated he thinks the the fire department. E1 stated inistrator of the fire by phone of on site. E1 stated he is not is came on. E1 stated that artment arrived, residents were on the 500 hall. According to hick nobody could tell where ted that at this point, he made if to begin breaking windows in E1 stated that all staff was are in the manner in which they is atted that he has never bout how to train other staff for the was given a training stated what he teaches in fire in the fire extinguisher, what all onsibilities are in case of fire,	F	517			

	OF DEFICIENCIES F CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MUL A. BUILD		CONSTRUCTION	(X3) DATE COMP	SURVEY
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NAME OF P	ROVIDER OR SUPPLIER		<u> </u>	S	STREET ADDRESS, CITY, STATE, ZIP CODE		12/2010
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CAHOKIA	NURSING & REHAB C	ENIER		C	CAHOKIA, IL 62206		
(X4) ID PREFIX TAG	(EACH DEFICIEN	STATEMENT OF DEFICIENCIES ICY MUST BE PRECEDED BY FULL R LSC IDENTIFYING INFORMATION)	ID PREF TAG		PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD B CROSS-REFERENCED TO THE APPROPRIA DEFICIENCY)		(X5) COMPLETION DATE
F 517	bed. E10 picked he the hallway and call resident who he bel E10 took her tube for picked her up and la hallway and yelled for point somebody yel so he exited the bui 500 hall. E10 stated come on during the began breaking win residents out. E10 staff giving direction Practical Nurse say E10 stated that onc instructed nursing scount. E10 was not Department or the AOn 06/14/2016 at 1. Practical Nurse) state unknown, she was swhen the fire alarm panel and determinable (400 hall). E11 D hall. E11 then fel smoke detector on back to the nurse's (Maintenance Direct Assistant) said it was certain which staff palarm. According to at about 3:45pm. E switch to de-activate E10 went to room 3 was at the fire paned 4:15 pm when an un Assistant came runice.	then noticed (R1) lying in her er up, laid her on the floor in led for help. E10 saw another ieves is R9 laying on her bed. eeding machine off the pole, aid her on the floor in the for help. E10 stated at that led "get out of the building," lding from the fire exit on the it the sprinkler system did not fire. According to E10 staff dows to continue getting stated he does not recall any is, but recalls E7, Licensed ing, "get the residents out." e he was outside, he taff to start doing a head sure who contacted the Fire	F	517			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1 ' '	(X2) MULTIPLE CONSTRUCTION A. BUILDING			(X3) DATE SURVEY COMPLETED	
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NAME OF PI	ROVIDER OR SUPPLIER	-		S	TREET ADDRESS, CITY, STATE, ZIP CODE			
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CAHOKIA	NURSING & REHAB	CENTER		C	AHOKIA, IL 62206			
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	•				BEI IOIENOT)			
F 517	smoke. E5 (Certifice standing by room & E5 opened the door fire with the fire extinguished it from E11 grabbed it from E11 then went into stated there was seen E11 stated she was 05/31/2016, but shown was tated, "I guess it directions as chargiven a job description charge nurse entailentails." E11 stated calling for an evacus sprinklers came on called the fire deparemember when she E11 stated that one evacuated to the of Operations) had doing a head coun medical staff was to outside, but she wastaff were triaging	of Nursing Assistant), was on holding a fire extinguisher. For to room 509 and sprayed the tinguisher. According to E11, which by with a fire extinguisher. In them and sprayed the fire. The station of the Station Nurse on the is not sure what the Station in a fire. E11 stated that the station of exactly what being the not according to E11 would be my job to give the not according to the station of exactly what a fire dishe is not aware of anyone wation. E11 is not sure if the nand does not know who artment. E11 does not the last had fire safety training. The residents were being utside, E2 (Regional Director a list of residents and was the E11 stated that emergency riaging resident's needs. E11 stated the stated that emergency resident's needs. E11 stated the same and the same according to the same acco	F	517	DEFICIENCY)			
	check the panel for intercom, call a coor and then search the On 06/14/2016 at Assistant) stated h 500 hall on 05/31/2 went off at 2:30pm	rill, the alarm goes off; staff rethe location, get on the deered, get a fire extinguisher, ee room for the fire. 10am, E5 (Certified Nursing ee was assigned to work the 2016. E5 stated the fire alarm and at some point somebody alarm. Around 4-4:10pm, a						

OE: VIEIV	OT OIL MEDIO, ILL G	THE BIOTHE CELLVIOLO				<u> </u>	7. 0000 000 I
	OF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	\ ' '		CONSTRUCTION	(X3) DATE COMP	SURVEY LETED
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		145581	B. WING				12/2016
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F 517	Continued From page	e 51	 F	517			
		E5 if he smelled smoke. E5					
		oke coming from R2's room.					
		oom door and fire shot out					
		d the residents (R1, R2)					
	were in the room. E5						
		extinguish the fire, but it					
		d he couldn't see. E5 stated					
	it was hard to breathe	e. E10 (Maintenance					
	Assistant) then came	in with a fire extinguisher.					
		t R2 and took her to the					
		while E10 put (R1) on the					
	· ·	5 stated he was going into					
		sidents and heard windows					
	_	he saw residents being					
	_	indows. According to E5 he					
		cility over a year and a half, ntation, but is not sure when					
		rtraining. E5 stated the					
	policy to follow in a fir						
	l · ·	esidents out. E5 stated the					
		t night was E9 (Licensed					
		stated the sprinklers did not					
	· ·	ne does not know if anyone					
	was doing a resident						
		6/15/2016 at 10:45 am, E8					
	(Licensed Practical N	lurse) stated that on					
	05/31/2016 she was v	working on 500 hall after the					
	end of her 6:30am-2:	30pm shift. E8 said that E5					
		sistant) reported he saw					
		oming out of the top of Room					
	509 's door. E8 state					ĺ	
		fire extinguisher and gave it				ĺ	
	'	Assistant. E5 and E10 were					
	trying to get the fire o						
		needed to get the residents				ſ	
		e on the ceiling in room 509.				ſ	
		for evacuation, although she				ĺ	
		8 stated E9 (Licensed				ĺ	
	Practical Nurse) was	in charge of the evening					

STATEMENT OF DEFICIENCIES (X AND PLAN OF CORRECTION		` IDENTIFICATION NUMBED:		PLE CONSTRUCTION G		(X3) DATE SURVEY COMPLETED	
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F 517	fire. E8 stated the prize is to check the bextinguisher, and go E31 was counting he stated the fire doors off. E8 stated there we hallway of 500 hall we During interview on (Licensed Practical I worked on the even 500 hall on the 2:300 5/31/2016. E9 was alarm went off. E9 swent to 500 hall as s 500 hall." When as in fire situation, E9 residents/people are nurse's station desk get the extinguisher. can get to it first. In (Maintenance Super On 06/14/2016 at 3: Practical Nurse/LPN Assurance) stated the fire, she was in E13 saw smoke and residents behind the E14 (Licensed Practical Value of the fire, she was in E13 saw smoke and residents behind the E14 (Licensed Practical Value of the fire of th	E8 did not see E9 during the cocedure to be followed in a ox for location, get a fire to that location. E8 stated eads outside the building. E8 shut when the alarm went were no residents in the when the fire broke out. 6/9/2016 at 2:15 pm E9 Nurse) stated that she side of 100 hall and also the om - 10:30pm shift on on the 100 hall when the fire stated that "we automatically comeone said CODE RED at ked about her responsibility eplied that it is to make sure to out. Person should be at to monitor. Someone is to This would be those who this instance, it was E1 visor). 105 pm, E13 (Licensed /Education/Quality nat on 05/31/2016 at the time in medical records (300 Hall). It told nursing staff to get fire doors. E13 stated that ical Nurse) said "It's really said to get everybody out. E13 fact, she was told that E8	F 5	17			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		IDENTIFICATION NUMBED:		MULTIPLE CONSTRUCTION ILDING			(X3) DATE SURVEY COMPLETED	
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F 517	drill was. E13 stated at orientation-teached Contain, Evacuate) Squeeze, Sweep). Ecommand during a finanger of Regional Director of Nurses, ashe did not see the fire. During interview on (Certified Nursing Aston the 600 hall when around 3-3:30pm. Eclear was called, an what they were doin a second alarm were extinguisher, and safire. E12 realized it stated she can't say evacuate, but staff see E12 stated there was as in charge. E12 drill has been in the thinks she had fire see E12 stated the police 1) grab fire extinguisher as mall fire 3) start of you can't get them of she will give you direwas no staff clearly building. E12 stated on down the 600 had On 06/21/2016 at 2: Assistant) stated the	re when the most recent fire she does part of fire safety as RACE (Rescue, Alarm, and PASS (Pull, Aim, E13 stated the chain of ire goes from 1) Operations all Office 2) Administrator, 3) (4) Charge Nurse. E13 stated sprinklers come on during the object of the fire alarm went off 12 stated she thinks an all deverybody went back to g. E12 stated about 4-4:30pm at off. E12 grabbed a fire of the was on the 500 hall. E12 any specific person said to started getting residents out. It is nobody in particular who estated the most recent fire past 30 days. E12 stated she afety training earlier in 2016. If yo fhow to respond in a fire is sher 2) use extinguisher if it's getting residents out, and if out, listen to the charge nurse, ections. E12 stated that there in charge of triage outside the the sprinklers did not come ll.	F	517				
	fire. E7 stated that s Assistant), E10 (Mai	me she became aware of the he, E5 (Certified Nursing intenance) and E8 (Licensed re "working together during						

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: (X2) MULTIPL A. BUILDING		E CONSTRUCTION	(X3) DATE SURVEY COMPLETED
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F 517	Continued From pag	ge 54	F 51	7	
	stated "It was over running." E7 stated close the doors whe extinguishers are logifirst walk into the has stated to use a fire and sweep, I think." E25 (Certified Nursi 06/21/2016 at 12:55 was assigned as shistated she was outs when she became a through F hall (600 500 hall. E25 went be couldn't breathe. Act glass of a room on some sure which room anybody on 500 hall CNA's and nurses woutside the building, charge outside. E25 off, staff is to clear report to the nurse's discover fire in a resident out if the she does not know located. E25 stated received training on On 06/21/2016 at 12 Assistant) stated the assigned to the 200 stated he was in R1 sounded. E28 went and checked. E28 s 500 hall and immed out, taking them out E28 stated that he cell	was clearly in charge." E7 whelming and everybody was in case of fire staff are to the fire is. E7 stated fire cated on 500 hall when you II from the nurse's station. E7 extinguisher "You pull, aim, ang Assistant) stated on the pm that on 05/31/2016 she tower aide for all halls. E25 tide in back of the building toware of the fire. She entered thall) and saw smoke on the toack outside because she cording to E25, she broke the too hall with her arm, but is to E25 stated she is not sure if towas in charge. She stated there accounting for residents to but there was nobody in to stated if the fire alarm goes the sesidents out of hallways and to station. E25 stated if you tident's room, you should get they are in there. E25 stated where the fire alarms are she does not think she has to using a fire extinguisher. The E28 (Certified Nursing to no 05/31/2016 he was hall on evening shift. E28 to's room when the fire alarm town the 200 and 300 halls aw smoke coming from the tiately started getting residents the 200 and 300 hall doors. Those these exits as those by and other staff were going			

		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	` '	(X2) MULTIPLE CONSTRUCTION A. BUILDING			(X3) DATE SURVEY COMPLETED	
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F 517	discovered fire in a the resident out an stated fire extinguis located at the end of the fire alarm goes extinguishers, check residents are in the residents are in the residents are in har outside there were for residents and the E16 (Business Offio 06/15/2016 at 1pm when she became the 100 hall and directly out of the building. Was a fire, the 100 didn't need anybod could see smoke of she then came backensus for the who count for the 100 hourse if doing the heat of her job, but it's the E16 stated E2 (Regemergency Manageresponders were coutside. On 06/21/2016 at 10 Assistant) stated the placed identification time they were evaluated identification bands Services Office at the Safety and Disasterevision date of 03/2 Procedure for Compacility that "The Safety that" The Safety in the safety in the safety in the safety was a safety with the safety was a safety was a safety and Disasterevision date of 03/2 Procedure for Compacility that "The Safety and The Safety was a	esidents. E28 stated if he resident's room he would get d try to put the fire out. E28 shers and fire alarms are of each hall. E28 stated that if off, staff should get fire ck halls and make sure sir rooms, and make sure norm's way E28 stated that a couple of nurses accounting nat it was "pretty chaotic". It was my hall residents in the saware of the fire. E16 went to rected the 100 hall residents in the 500 hall. "E16 stated in the 500 hall." E16 stated in the 500 hall. E16 stated and all. E16 stated she was not ead count was an expectation of the responsibility of all staff. It is gional Operations Director) and ement Service (EMS) first coordinating assessments 10:10 am E26 (Social Services and to her knowledge, no one in bands on residents at the cuated. E26 stated the swere located in the Social her time of the fire. The Fire in Preparedness Manual with a state of the fire. The Fire in Preparedness Manual with a state of the swere located in the Social her time of the fire. The Fire in Preparedness Manual with a state of the swere located in the Social her time of the fire. The Fire in Preparedness Manual with a state of the swere located in the Social her time of the fire. The Fire in Preparedness Manual with a state of the swere located in the Social her time of the fire. The Fire in Preparedness Manual with a state of the swere located in the Social her time of the fire. The Fire in Preparedness Manual with a state of the swere located in the Social her time of the fire. The Fire in Preparedness Manual with a state of the swere located in the Social her time of the fire. The Fire in Preparedness Manual with a state of the swere located in the Social her time of the fire in the Social her time of the fire in the swere located in the Social her time of the fire in the swere located in the Social her time	F	517				

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		IDENTIFICATION NUMBER:		PLE CONSTRUCTION G		(X3) DATE SURVEY COMPLETED	
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F 517	residents prior to depand when each reside On 06/17/2016 at 1:2 Nurse) stated that or at 3:20pm and was nire. E18 stated on 05 Director of Nurses. Ethe facility around 6p out where I could." According to intervier charge" of keeping the going and was giving E30 (Licensed Practic 6/9/2016 at 3:08 pm was in charge on Ma E30 first stated it was (Licensed Practical Net), Maintenance Supplements on hall 100 her. E30 stated that Assurance/Education come through the dofollow her in and "just evacuate the residents were account of the service of an evacuation. E2 did not know was to secure the ce of an evacuation. E2	t the nurse's station) to parture and will record where tent is evacuated." 28 pm E18 (Registered to 05/31/2016 she clocked out not onsite at the time of the 5/31/2016 she was Acting tall stated she returned to me that evening. E18 "helped where on 6/24/2016, E3 was "in rack of where residents were in directions.	F 5′				

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F 517	Facility census recotwenty seven reside the time of the fire. R2, R4, R7, R8, R10 Patient List Cahokia Destination and Hosprovided by Z11 (En System Coordinator residents (R1-R6, R four wings were ultir hospitals due to fire Centers for Medicar provided by facility r fire, eleven residents resided on the 500 k R35-R40) had tuber received hospice se resided on the 500 k four residents received who resided on the sand R42); and eight respiratory services resided on the 500 k R9, R15, R43-R52.) Face sheet dated 9/ (500 Hall) date of bir of Exacerbation of C Pulmonary Disease, Arthritis, Arterioscler Congestive heart Fa Breath. The Hospita dated 5/31/2016 lists Smoke Inhalation. Assessment dated 5 had "breath sounds wheezes." Hospita 5/31/2016 noted tha	art and away from the building. Interest of the solution of th	F 5				

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The Hospital ed 5/31/2016 r, maybe due to and possible conitor closely." The noted dated 89 year old woman 5/31/2016 with a con. There is little his patient. There is stient, but we do not agency is involved." atient Record face R1's birthdate as a Report Summary for oper extremities being was unable to obtain a Blood glucose and with a result of 59. Lucose at this time. Blood glucose and this time. If all Note dated is an 87 year old ency Room with resident of Cahokia enter. There was a g and she was s experiencing a visit to the Emergency chalation injury." If a Instruction sheet scharge diagnosis: xacerbation."	F5	<u> </u>		
	TOF DEFICIENCIES BE PRECEDED BY FULL NTIFYING INFORMATION) OOM" as well as The Hospital ded 5/31/2016 r, maybe due to and possible donitor closely." The noted dated 89 year old woman 5/31/2016 with a on. There is little his patient. There is atient, but we do not agency is involved." atient Record face R1's birthdate as the Report Summary for oper extremities being was unable to obtain the Blood glucose the with a result of 59. The success at this time. There was a gend she was the sexperiencing a the second of th	T OF DEFICIENCIES BE PRECEDED BY FULL NTIFYING INFORMATION) TO OOM" as well as The Hospital led 5/31/2016 r, maybe due to and possible nonitor closely." The noted dated 89 year old woman 5/31/2016 with a on. There is little his patient. There is stient, but we do not agency is involved." attient Record face R1's birthdate as e Report Summary for oper extremities being was unable to obtain e. Blood glucose ne with a result of 59. ucose at this time. by EMS (Emergency stions at this time." al Note dated is an 87 year old ency Room with resident of Cahokia lenter. There was a g and she was s experiencing a visit to the Emergency nhalation injury." urge Instruction sheet scharge diagnosis: exacerbation." ace Sheet dated h as 10/21/1933. //sist report dated	TOP DEFICIENCIES BE PRECEDED BY PULL WITEYING INFORMATION) THE Hospital ed 5/31/2016 r, maybe due to and possible non. There is little his patient. There is stient, but we do not agency is involved." attient Record face R1's birthdate as e Report Summary for oper extremittes being was unable to obtain e. Blood glucose ne with a result of 59. uccose at this time. In grant at this time. In grant at the stient of Cahokia itenter. There was a g and she was s experiencing a wisit to the Emergency halation injury." Inge Instruction sheet scharge diagnosis: Interpretation of the Appendix of the Cahokia iteration." ace Sheet dated has 10/21/1933. If sit report dated	TOF DEFICIENCIES BE PRECEDED BY FULL WITEYING INFORMATION) TO TOF DEFICIENCIES BE PRECEDED BY FULL WITEYING INFORMATION) TO OOM" as well as The Hospital ded 5/31/2016 r, maybe due to and possible nonitor closely." The noted dated 89 year old woman 5/31/2016 with a on. There is little his patient. There is titlent, but we do not agency is involved." attent Record face R1's birthdate as e Report Summary for oper extremities being was unable to obtain a. Blood glucose ne with a result of 59. ucose at this time. If MEM Carlot of the Appropriate In the Wite Appropriate In the Wi

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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F 517	home. Patient's nu evening and when transport, he report while sitting in his some cerebral Vascular weakness and aph Department Progres 9:59 pm stated, "It bus was quite warrof water the patien he arrived. Other is situation have been complaintspoke and findings and his syncope due to eleen vironment." Into Treatment docume R12's temperature was 199/84. Facilis 5/31/2016 indicate Face sheet for R14 R14's date of birth Medical Service re "female pt (patient) dizziness, and weat and slumped to the Nursing home staff Medical Service) the passing out, sweet been outside in triaminutes following et Hospital Emergency Depart Cahokia Nursing a in an unaffected with sat outside for near	gement Service) from nursing ursing home had a fire this patient was in a bus for tedly had a syncopal episode seatPatient with history of Accident with right sided asia " An Emergency ass Note dated 5/31/2016 at thas been reported that the mand nurse noted that a bottle thad with him was warm when residents from the same in brought in for similar with (Z19) regarding patient eagreed likely situational evated temperature and hectic ervention/Assessment entation dated 5/31/2016 noted was 99.1 and blood pressure ty census records for R12 resided on 100 hall. If (500 Hall) documents that in is 9/19/1950. Emergency port for 5/31/2016 notes of with possible low blood sugar, aknesspatient sitting upright eright in her wheelchair. If tells EMS (Emergency and phase seemed to be close eating, and is weak.' Pt has age area for approximately 90 evacuation from building." The correct of the second o	F	517		

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		` '	LE CONSTRUCTION	(X3) DATE SURVEY COMPLETED		
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F 517	right side is affected Department Progres documents that R14 lightheadedness aft weather status post most likely from hea A Hospital Face Sho R13 (600 Hall) date Emergency Room V states "46 year old dementia presents to EMS (Emergency MirePer EMS, pati on sceneshortnes ambulance. Past m Disease/Dementia, Seizures, Bipolar, D Prehospital Care R6 Hall) documents "U laying on a bed and liters, and it was plat (patient) was then to was taken to the tru with other pt. The of facility that knew the	as a history of stroke and her I." The Hospital Emergency as note dated 5/31/2016 It "presents for er being outsidein mid 80 firePatient's symptoms are at exhaustion. " eet dated 5/31/2016 notes of birth as 6/8/1969. Hospital lisit Report dated 5/31/2016 female with history of to Emergency Department by fledical System) status post ent was initially short of breath as of breath resolved once in the dical history-Alzheimer's Cerebral Vascular Accident, the pression." The port Summary for R6 (300 don arrival pt (patient) was on non-rebreather at 15 fixed over his trach. Pt transferred to the stretcher and ock and loaded in the back other pt was a nurse from the text pt. Once in the back, vitals	F 51			
	for knowing his name Physician's Certificate a regional hospital coof Smoke Inhalation "Reason for transpounable to self admir monitoring/suction, incoherent, disorien R11's (500 Hall) Presummary dated 5/3 year old male with his certification.	was no info on the pt except the per the other pt." R6's ate of Medical Necessity from thated 5/31/2016 lists diagnosis at. This same document notes ort: oxygen required and hister, airway contractures upper/lower, ted level of consciousness." ehospital Care Report 1/2016 notes that R11 is a 37 history of brain injury due to unable to answer any				

		(X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIF IDENTIFICATION NUMBER: A. BUILDING		TIPLE CONSTRUCTION NG		(X3) DATE SURVEY COMPLETED	
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F 517	Continued From pag	e 61	F 5	517			
	Summary dated 5/31	Hospital Patient Health /2016 lists "Active zure Disorder, Smoke					
	(600 Hall) date of bir Emergency Room Vi noted "Patient prese where she was a res states she was not ir not inhale any smoke preparing to transport had increased pulse feeling anxious. Pati somewhat improved feels it was likely a p 6/2/2016 when visite	et dated 5/31/2016 lists R15 th as 9/08/44. Hospital sit Report dated 5/31/2016 entsafter nursing home ident had a fire. Patient a the area of the fire and did e, but when they were t her to another facility, she and shaking as well as ent states this has since coming here and son anic attack." R15 stated on d in the destination facility e hospital due to a panic					
	5/31/2016 notes this transport was "dispart for Cahokia Nursing multiple pt (patients) needing transported. of severe anxiety propatient told EMS (En Service) 'I just can't that I wasn't going to time and I would be I team advised EMS the area of the fire and before she was in and the SNF (Skilled Nur that this pt (patient) hand is normally very	ire Report Summary dated Emergency Services Itched to an emergency call and Rehab on fire with outside in parking lot This patient is complaining Iblems at this timeThe Intergency Management calm down. I was so scared make it out of the building in ourned alive.' The triage mat this pt (patient) was not in and was evacuated well y harm. A staff member of sing Facility) advised EMS mas a severe anxiety problem nervous as it is and this er very nervous. Upon					

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION A. BUILDING		, ,	(X3) DATE SURVEY COMPLETED			
		145581	B. WING			C 07/12/2016
	ROVIDER OR SUPPLIER	111		STREET ADDRESS, CITY, STATE, ZIP CODE 2 ANNABLE COURT CAHOKIA, IL 62206	1	3771272016
(X4) ID PREFIX TAG	(EACH DEFICIENC	TATEMENT OF DEFICIENCIES CY MUST BE PRECEDED BY FULL LSC 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
F 517	Continued From pag	e 62	F 5	17		
	areaThe pt (patier levels of anxiety and calming down and re documents that R15 scene at 5:47 pm.	sitting outside in the triage It) over all has very high is having severe difficulty in elaxing" This same report was transported from the fire port Summary for R4 (500				
	Hall) dated 5/31/201 "having chest pain has swallowed some him chest paint. Pt s right side just below constant pain which scalept then state	6 documents that R4 was Pt (patient) believes that he e smoke and that is giving states that the pain is on the the nipple line and is a he rates it at 10/10 pain d that he was becoming short via a NC was established				
	years old. Under Collisted Dementia with states that R3 is "colonly, sitting in a chailisn't acting right. Pt dementia and Alzhei if anything is wrong ostates that before EN System) arrived she she is in her normal	ospital Care Report 1/2016 notes that R3 is 97 comments in this document is Alzheimer's. The report conscious, alert, to person or and staff states that she (patient) has a history of mer's and is unable to tell us or if she is in pain. Staff of (Emergency Management wasn't acting right but now state. Staff states that the pt ers) of O2 (oxygen) at all				
	List with Destination indicates R5, R19, R transported to area h	a Nursing and Rehab Patient with date of 5/31/2016 (23, and R24 were also nospitals on the date of the halls of 300, 500, 500,				

AND DLAN OF CORRECTION IDENTIFICATION NUMBER		(X2) MULTIF	PLE CONSTRUCTION G	СОМІ	(X3) DATE SURVEY COMPLETED	
		145581	B. WING		1	C / 12/2016
	ROVIDER OR SUPPLIER NURSING & REHAB CE	ENTER		STREET ADDRESS, CITY, STATE, ZIP CODE 2 ANNABLE COURT CAHOKIA, IL 62206		
(X4) ID PREFIX TAG	(EACH DEFICIENC	TATEMENT OF DEFICIENCIES CY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORREC (EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APPR DEFICIENCY)	ULD BE	(X5) COMPLETION DATE
F 517	Continued From pag	e 63	F 5	17		
	that they "had to wa lot" and did not have R58 noted that "they more than 5 hours." R5 told surveyor on until she got to the hpm. R5 indicated that uncomfortable waitin have her glasses and Z20 stated on 6/2/20 and extremely wet" facility. R43 stated he sat in urine." R43 indicated available. R43 though maybe 9 pm." R39 stated the he "value with no staff, wad or water, and got hot R60 told surveyors the S/31/2016) that had seell phone and bibles. During onsite visits to 6/2/2016 R10, R57, was seen with the seell phone and bibles.	"on 6/2/2016 to sidents post fire and R19 stated during interview it a long time in the parking anything to eat. y (residents) were outside 6/2/2016 that she didn't eat ospital between 10 and 11 at she was "very g in the heat; she does not d can't see." 116 that R16 was "incontinent on arrival at the destination the wheelchair, "wet with d that no toilets were ght he "sat from 5 pm to was put on a (commercial) is uncomfortable, had no food it." nat "he lost his backpack (on several belongings including				

STATEMENT OF DEFICIENCIES (X AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA (X2) MULT IDENTIFICATION NUMBER: A. BUILDII		E CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
		145581	B. WING		C 07/12/2016	
	ROVIDER OR SUPPLIER NURSING & REHAB CI	ENTER	:	STREET ADDRESS, CITY, STATE, ZIP CODE 2 ANNABLE COURT CAHOKIA, IL 62206	1 07/12/2010	
(X4) ID PREFIX TAG	(EACH DEFICIENC	TATEMENT OF DEFICIENCIES CY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECT (EACH CORRECTIVE ACTION SHOU CROSS-REFERENCED TO THE APPRO DEFICIENCY)	LD BE COMPLETION	
F 517	Summary notes that therefore was not tal interview on 6/1/201 provided to eat (at tin and he was hungry. (New Director of Nur Medicare and Medic R32 receives dialysis: Emergency Medical 6/2/2016 for R7 (500 was transported via scene to another nur indicates that R7 is 8 history of Dementia, contractures. R7's nas "alert and oriente normal mental status contractures to all excontractures to all excontractures to all excontractures and Rehab on 5/31/2 Caseyville Nursing at the 23 residents receand Rehab on 5/31/2 Caseyville Nursing a face sheet, with the 11:30 pm. Z17 states supper as they were Administrator of Casey Center on 6/21/2016 residents arrived and The Immediate Jeopardy The surveyor confirm record review that the actions to remove the	hospital Care Report R32 is "non ambulatory ken via Metro bus." During 6, R32 stated nothing was me of fire and evacuation) Information provided by E23 rsing) and Centers for aid form 672 indicates that s. Service report dated Hall) documents that R7 ambulance from the fire rsing home. This report 87 years old with patient anxiety, blind and nental status was described d X 0 (zero), per staff that is s." R7 was noted to have	F 517			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTI A. BUILDIN	PLE CONSTRUCTION G	(X3) DATE SURVEY COMPLETED	
		145581	B. WING		C 07/12/2016
	ROVIDER OR SUPPLIER	NTER		STREET ADDRESS, CITY, STATE, ZIP CODE 2 ANNABLE COURT CAHOKIA, IL 62206	1 07712/2010
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES BY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTIC (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROP DEFICIENCY)) BE COMPLETION
F 517	Continued From pag	e 65	F 5	17	
F 518 SS=L	Consultant to review recommendations for disaster/emergency in finalized on 06/30/16 2. A copy of the revision manual has been postant receptionist desk 3. A disaster/emerge revised on 06/01/16 is sections on reporting command, evacuation response procedures 4. E3, Administrator, Nurse, conducted ins 6/7/16, 6/8/16, 6/10/10 disaster/emergency is command during a diprocedures, emergen procedures including staff not present on the was provided were responsed to the procedure of the consultation of 6/30/16, the famoual (will be) revision on 6/30/16, (by E13 for all staff for updates. 483.75(m)(2) TRAIN PROCEDURES/DRIII	and make additional revisions to manual before it was ed disaster/emergency sted at the nursing station in red binder. Incy manual reviewed and including but not limited to chain of a procedures and fire stand E13, Quality Assurance ervices for all staff on 6/6/16, 6, and 6/17/16 on revision to manual related to chain of saster, disaster evacuation cy response code, fire R.A.C.E., and P.A.S.S. Any ne date the inservice training equired to attend the training nother shift. Cility updated the Fire Watch edure Policy based on the ants review. Ity disaster/emergency ewed and updated with last with) comprehensive training lowing any revision or	F 5		

	TEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION D PLAN OF CORRECTION IDENTIFICATION NUMBER: A. BUILDING		COMPLETED		
		145581	B. WING		C 07/42/2046
	ROVIDER OR SUPPLIER NURSING & REHAB CE			STREET ADDRESS, CITY, STATE, ZIP CODE 2 ANNABLE COURT CAHOKIA, IL 62206	07/12/2016
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTIO (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROP DEFICIENCY)	BE COMPLETION
F 518	Continued From page	e 66	F 51	8	
	by: Based on observation interview the facility of on emergency procedemployed and failed procedures with all efailed to ensure that presponsible for the entraining was adequated preparedness. The fiperiodic review of emprepared staff for an resulted in staff not in the disaster plan when a resident 's room or residents (R1-6, R11 treatment at a hospital other fire related symwere subjected to an described as chaotical These failures cause inhalation) and discorpsychosocial harm when would be "burned ali These failures resulted Jeopardy. The Immediated May 31, 2016 when the fire in the nursing factory while the immediacy 2016, the facility rem Severity Level 2 as a	mergency procedures ely trained in emergency acility failed to ensure that bergency procedures actual fire. These failures inplementing and executing en an actual fire broke out in in 5/31/2016. Fourteen in 6/31/2016. Fourteen in			

		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPL A. BUILDING	E CONSTRUCTION	(X3) DATE SURVEY COMPLETED
		145581	B. WING		07/12/2016
	ROVIDER OR SUPPLIER NURSING & REHAB CE	ENTER		STREET ADDRESS, CITY, STATE, ZIP CODE 2 ANNABLE COURT CAHOKIA, IL 62206	1 01112/2010
(X4) ID PREFIX TAG	(EACH DEFICIENC	IATEMENT OF DEFICIENCIES BY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORREC (EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APPF DEFICIENCY)	ULD BE COMPLETION
F 518	documents that the 0 "responded for a rep 500 hall (E) at Cahol Upon arrival of fire u found heavy smoke of the building located of with police officers a business breaking w from the 500 hall tha This document notes received an alarm at arrival time noted as This same documentfound the fire quick 509 while other fire p operations. It was at residents were still in in the 500 hallway performed from room victims were found. 503 through window removed through wir resident removed ou in wheelchair " Z1 (Chief Cahokia V stated on 6/16/2016 on the scene and wa Z1 was met by two n Z1 asked the two nu residents in the build provide any answers building and Z1 lost	n NFIRS-1 dated 5/31/2016 Cahokia Fire Department orted fire in a room on the kia Nursing and Rehab. Inits and personnel they coming from the right rear of the properties of	F 518	,	
	(nursing station); he hall was standing op to get into the core a have expected the d	noticed the entrance to 500 en which allowed the smoke rea. Z1 stated that he would oor to have been closed. He ursing staff was out of			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION IDENTIFICATION NUMBER: A. BUILDING				(X3) DATE SURVEY COMPLETED	
			A. BOILD	_		، ا	C
		145581	B. WING				12/2016
NAME OF P	ROVIDER OR SUPPLIER			S	TREET ADDRESS, CITY, STATE, ZIP CODE	1 0	12/2010
0.41101/14	AUIDONIO A DELLAD O	ENTER		2	ANNABLE COURT		
CAHOKIA	NURSING & REHAB C	ENIER		c	CAHOKIA, IL 62206		
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F 518	control. Staff was all following directions a without permission of movements." On 6/2016/2016 at 5 Cahokia Volunteer Fino facility staffed infobuilding. When Z12 room 509, origin of firom the corridor floor instructed one of his person was alive. His person, who is a ression of the corridor floor instructed one of his person was alive. His person, who is a ression of the corridor floor instructed one of his person was alive. His person, who is a ression of the corridor floor instructed one of his person was alive. His person, who is a ression of the corridor of the corridor of the scene no facility staff 15 minutes. Z10 stated that scene no facility staff 15 minutes. Z10 stated when he residents were still be building. Z10 stated demand the number told the correct num Z10 stated when the not tell them how mass building. Z10 stated whatsoever." Z10 stated whatsoever." Z10 stated the one of the correct of th	Il over the scene. They did not and kept moving patients causing problems for patient 5:40 PM, Z12, Captain, Fire Department, stated that formed him of anyone in the entered 500 hall and got to fire, he heard a moan coming or just outside room 509. He amen to check to see if let then helped evacuate the	F	518			

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	' '		CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
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		145581	B. WING			1	12/2016
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				2	ANNABLE COURT		
CAHOKIA	NURSING & REHAB CE	NTER		c	AHOKIA, IL 62206		
(X4) ID	SUMMARY ST	TATEMENT OF DEFICIENCIES	ID	<u> </u>	PROVIDER'S PLAN OF CORRECTION		(X5)
PRÉFIX	(EACH DEFICIENC	Y MUST BE PRECEDED BY FULL	PREF		(EACH CORRECTIVE ACTION SHOULD B		COMPLETION DATE
TAG	REGULATORY OR LSC IDENTIFYING INFORMATION)		TAG		CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	DATE	
F 518	Continued From page	e 69	F	518			
		1 said he was given a		0.0			
	training manual to us						
		is how to use the fire					
	extinguisher, what all						
		case of fire, and evacuation					
		d he does fire drills once a					
	month so that every	shift gets one at least every					
	90 days. E1 stated he	e trains new staff on fire					
	safety during their orientation. E1 stated fire						
	extinguishers are che						
		ere current within that time					
		facility's most recent fire drill					
		ay shift. E1 stated drills are					
		tifies the fire department of					
		ificial smoke to trigger the					
		purpose of fire drills is so					
		at they have to do and where					
		be. E1 stated residents are					
	_	drills. E1 stated if fire safety staff is off, their training is					
	_	ed fire watch protocol policy					
		ited staff member checking					
	all halls and signing of	•					
		5/14/2016 at 12:05 pm, E10					
	_	ant) stated he has never					
	received fire safety tr	aining at the facility. E10					
		d training about using a fire					
	extinguisher. E10 sta	ted the most recent fire drill					
		t month. He stated drills					
		alarm off line, going into a					
		etector, activating it with					
		waiting for staff to come and					
	locate the fire.						
		:30pm, E11 (Licensed					
		ed E1 (Maintenance Director)					
		around 3:45pm on May 31,					
		to hold down the switch to					
	de-activate the fire al	arm while E1 (Maintenance					

Director) and E10 (Maintenance Assistant) went

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	` ′	IPLE CONSTRUCTION	· ,	(X3) DATE SURVEY COMPLETED	
		145581	B. WING			C 7/12/2016	
	ROVIDER OR SUPPLIER NURSING & REHAB	111		STREET ADDRESS, CITY, STATE, ZIP CO 2 ANNABLE COURT CAHOKIA, IL 62206	· · · · · · · · · · · · · · · · · · ·	7/12/2016	
(X4) ID PREFIX TAG	(EACH DEFICIE	Y STATEMENT OF DEFICIENCIES ENCY MUST BE PRECEDED BY FULL OR LSC IDENTIFYING INFORMATION)	ID PREFI TAG	PROVIDER'S PLAN OF ((EACH CORRECTIVE ACTIVE) CROSS-REFERENCED TO THE DEFICIENCY	ON SHOULD BE HE APPROPRIATE	(X5) COMPLETION DATE	
F 518	she was at the fire until 4:15 pm when Nursing Assistant saying "there's a in the switch and ran saw smoke. E5 (C standing by room E5 opened the doc fire with the fire ex "Somebody" came E11 grabbed it from E11 stated she wan 05/31/2016, but shouse's duties are nurse assigned to hall. As to who was stated, "I guess it directions as chargiven a job description charge nurse entails." E11 did in had fire safety train fire drill, the alarm for the location, get red, gets a fire ext the room for the fire On 06/14/2016 at Assistant) stated in 500 hall on 05/31/2 family member as stated there was see E5 opened the R2 over his head. E5 were in the room. extinguisher, tried made it very dark it was hard to breat	rk on the ceiling. E11 stated repanel holding down the switch in an unidentified Certified came running up the hall real fire " E11 then let go of down the 500 hall, where she retified Nursing Assistant), was 509 holding a fire extinguisher. For to room 509 and sprayed the tinguisher. According to E11, we by with a fire extinguisher. In them and sprayed the fire. In them and sprayed the fire. In the Station Nurse on the is not sure what the Station in a fire. E11 stated that the the hall is charge nurse for that the hall is charge nurse for that the sin charge during the fire, E11 would be my job to give tige nurse, but I've never been totion of exactly what being tils, especially with what a fire the tremember when she last ning. E11 stated that during a tils goes off; staff checks the panel tets on the intercom, calls a code tinguisher, and then searches	F	518			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	` '	(X2) MULTIPLE CONSTRUCTION A. BUILDING			(X3) DATE SURVEY COMPLETED	
		445504	D WING				С	
		145581	B. WING			07/	12/2016	
NAME OF PR	ROVIDER OR SUPPLIER				STREET ADDRESS, CITY, STATE, ZIP CODE			
CVHUKIV	NURSING & REHAB	CENTED		2	2 ANNABLE COURT			
CAHONIA	NONSING & KLIIAD	CENTER		(CAHOKIA, IL 62206			
(X4) ID PREFIX TAG	(EACH DEFICIE	STATEMENT OF DEFICIENCIES NCY MUST BE PRECEDED BY FULL DR LSC IDENTIFYING INFORMATION)	ID PREFI TAG		PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD I CROSS-REFERENCED TO THE APPROPR DEFICIENCY)	3E	(X5) COMPLETION DATE	
F 518	Continued From pa	age 71	F !	518				
	·	got R2 and took her to the						
		eanwhile E10 put (R1) on the						
		. E5 stated he was going into						
		residents and heard windows						
		ed he saw residents being						
	•	windows. According to E5 he						
	_	facility over a year and a half,						
		rientation, but is not sure when						
		ety training. E5 stated the						
		a fire is to call the fire						
	· •	et residents out. E5 stated he						
		when the most recent fire drill						
	was. E5 stated if t	he fire alarm goes off, you						
	should make sure	there's a fire, and if so, get						
	residents to the ne	arest exit. E5 stated to use a						
	fire extinguisher; y	ou should pull the pin and						
	sweep from the bo	ttom up.						
	On 6/9/2016 at 2:1	5 pm E9 (Licensed Practical						
	Nurse), when aske	ed about her responsibility in						
	fire situation, E9 re	plied that it is to make sure						
	residents/people a	re out. Person should be at						
	nurse's station des	k to monitor. Someone is to						
		er. This would be those who						
	can get to it first.							
		3:05 pm, E13 (Licensed						
		N/Education/Quality						
		that on 05/31/2016 at the time						
		s in medical records (300 Hall).						
		nd told nursing staff to get						
		ne fire doors. E13 stated the						
	· .	llowed in case of fire is that						
		the nurses station with a fire						
	_	ait instruction and be told						
		13 stated she is not sure when						
		e drill was. E13 stated she						
		fety at orientation-teaches						
		arm, Contain, Evacuate) and						
		Squeeze, Sweep). E13 stated						
	tne chain of comm	and during a fire goes from 1)						

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA (X2) MU IDENTIFICATION NUMBER: A. BUIL		E CONSTRUCTION	(X3) DATE SURVEY COMPLETED
		145581	B. WING		C 07/12/2016
	ROVIDER OR SUPPLIER NURSING & REHAB CE	ENTER	2	STREET ADDRESS, CITY, STATE, ZIP CODE 2 ANNABLE COURT CAHOKIA, IL 62206	1 07/12/2010
(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 CORRECT (EACH CORRECTIVE ACTION SHOU CROSS-REFERENCED TO THE APPRO DEFICIENCY)	LD BE COMPLETION
F 518	Continued From pag	e 72	F 518		
	Operations Manager Administrator, 3) Dire Nurse. On 6/14/2016 at 1:58 Assistant) stated the been in the past 30 as she had fire safety treated the policy of higher extinguishes small fire 3) start get can 't get them out, she will give you dire On 6/9/2016 at 3:08 Nurse) stated that she has not been evacuation drill; it was an emergency provided that she has not been evacuation drill; it was E30 stated she evacuation drill; it was E30 stated she evacuated that she saw without anyone direct stated that she secret know who was responsible was not aware of that task. On 6/9/2016 at 3:45 stated she was not a that the facility had referred that the facility had referred that she has see Rehabilitation Center Protocols, and Process.	of Regional Office 2) ector of Nurses, 4) Charge 5 pm E12 (Certified Nursing most recent fire drill has days. E12 stated she thinks aining earlier in 2016. E12 ow to respond in a fire is 1) or 2) use extinguisher if it's a ting residents out, and if you disten to the charge nurse, ections. PM, E30 (Licensed Practical ne is aware that the facility lan and that it is kept at the las not seen it. She states in through an actual fire as only a verbalized training. Luated residents on hall 100 of ting her on 5/31/2016. She e13, Quality in/Licensed Practical Nurse, for of 100 hall and saw and just made the decision to lats. E30 was asked how unted for. She stated that sus sheet/room roster for the lement risk book which is lary's desk but she did not lonsible for that as she stated of anyone specific or assigned PM, E24 (Registered Nurse) ware of any emergency plan legarding this type of event en the Cahokia Nursing & r Policies, Standards,			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		L IDENTIFICATION NUMBER:		X2) MULTIPLE CONSTRUCTION A. BUILDING			(X3) DATE SURVEY COMPLETED	
		145581	B. WING				0	
NAME OF D	ROVIDER OR SUPPLIER	143301	B. W		ETDEET ADDRESS CITY STATE ZID CODE	071	12/2016	
NAIVIE OF PI	ROVIDER OR SUPPLIER				STREET ADDRESS, CITY, STATE, ZIP CODE			
CAHOKIA	NURSING & REHAB CE	NTER			2 ANNABLE COURT			
				•	CAHOKIA, IL 62206			
(X4) ID PREFIX TAG	(EACH DEFICIENC	TATEMENT OF DEFICIENCIES BY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)		ID PROVIDER'S PLAN OF CORRECTIC PREFIX (EACH CORRECTIVE ACTION SHOULD TAG CROSS-REFERENCED TO THE APPROP DEFICIENCY)		BE	(X5) COMPLETION DATE	
F 518	Continued From page	e 73	F	518				
	training where reside	nts are evacuated. When						
	•	I her to evacuate residents						
		tated she saw smoke and						
	·	esidents on 100 hall before						
		II. E24 did not know who was						
	_	s to secure the census data						
	_	an evacuation. E24 does not						
	know where resident	s are to be taken when						
	evacuated; she just of	ot them out and away from						
	the building.							
	On 06/15/2016 at 1:4	5pm, E23 (Director of						
	Nurses), stated she t	ook the position of DON on						
	06/02/2016. E23 stat	ed the chain of command in						
	an emergency is 1) A	Administrator, 2) Director of						
		urse which is whoever is at						
		to E23 this could depend on						
	_	because whoever is at the						
	-	the protocol for fire safety.						
		Opm, E23 stated if the fire						
		should go to the fire panel,						
		n, assign staff to make calls,						
		and go to the location of the						
		m, contain/confine, and						
		E23 stated if she discovered						
		om, she would remove the						
		and confine the fire by						
		ere it is and the adjacent						
		n the fire and if unable,						
		I she could not give exact guishers within the facility						
		b, but she knows there is one						
	on each hallway.	o, but sile kilows tilele is tile				ĺ		
	_	35pm, E6 (Certified Nursing				ĺ		
	Assistant) stated the	· · · · · · · · · · · · · · · · · · ·				ĺ		
	•	on the 500 hall, and two fire				ĺ		
	_	e 500 hall. E6 stated if she				ſ		
		esident's room, E6 would pull				ſ		
		ey could be removed, let the				ĺ		
		s a fire, then evacuate						

	OF DEFICIENCIES F CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	A. BUILDING	CONSTRUCTION	(X3) DATE SURVEY COMPLETED
		145581	B. WING		C 07/12/2016
	ROVIDER OR SUPPLIER NURSING & REHAB C		2 /	REET ADDRESS, CITY, STATE, ZIP CODE ANNABLE COURT AHOKIA, IL 62206	07/12/2010
(X4) ID PREFIX TAG	(EACH DEFICIEN	STATEMENT OF DEFICIENCIES ICY MUST BE PRECEDED BY FULL R LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPR DEFICIENCY)	BE COMPLETION
F 518	residents from adjar fire alarm goes off schecking for fires, cdoor with an X, get to the nurse's statio On 06/21/2016 at 2 Assistant), stated that the 500 hall at the tifire. She stated that Assistant), E10 (Ma (Licensed Practical during the fire but n E7 stated "It was owas running." E7 sclose the doors whe extinguishers are lofirst walk into the hastated to use a fire and sweep, I think." On 06/21/2016 at 2 stated that if the fire check the fire panel a fire extinguisher, glight above the door it's in. Then go into and wait for the all of discovered fire in a go to the fire alarm extinguishers are loclosest to the nurse stated to use a fire sweep and spray. On 06/21/2016 at 1. Assistant) stated that assigned as shower if the fire alarm goe out of hallways and E25 stated if you discovered if you dis you discovered if you discovered if you discovered if you disco	cent rooms. E6 stated if the staff are to go down halls lose doors, then mark the a fire extinguisher and report in. 10pm, E7 (Certified Nursing lat on 05/31/2016 she was on lime she became aware of the she, E5 (Certified Nursing lintenance Assistant) and E8 Nurse) were working together obody was clearly in charge. Werwhelming and everybody tated in case of fire, staff is to literate the fire is. E7 stated fire cated on 500 hall when you all from the nurses station. E7 extinguisher "You pull, aim,	F 518		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	` ′	PLE CONSTRUCTION IG		(X3) DATE SURVEY COMPLETED	
		145581	B. WING _				C 12/2016
	ROVIDER OR SUPPLIER NURSING & REHAB CE	NTER	,	STREET ADDRESS, CITY, STATE, ZIP CODE 2 ANNABLE COURT CAHOKIA, IL 62206			
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PREFIX (EACH CORRECTIVE ACTION SHOULD BI			(X5) COMPLETION DATE
F 518	Continued From page in there. E25 stated salarms are located. Eshe has received trainextinguisher. On 06/21/2016 at 11: Nursing Assistant) stawas assigned to the 2E28 stated when the down the 300 and 20 smoke coming from timmediately started of them out the 200 and to E28, he chose them ot smoky and other with residents. E28 saresident's room; he and try to put the fire extinguishers and fire end of each hall. E28 off, staff should get fin and make sure resider make sure no resider	the does not know where fire the does not know where fire the does not think ning on using a fire. 15am, E28 (Certified ated that on 05/31/2016, E28 200 hall on evening shift. fire alarm went off, he went 0 halls and checked. He saw the 500 hall. He then getting residents out, taking 1 300 hall doors. According se exits as those halls were staff were going out that way tated if he discovered fire in would get the resident out out. E28 stated a alarms are located at the estated if the fire alarm goes re extinguishers, check halls ents are in their rooms, and the are in harm's way. E28 ctinguisher you should point, at to side.	F 5	DEFICIENCY)			
	Practical Nurse) state was working on 500 h Certified Nursing Ass and flames coming or room 509. E8 stated E8 got a fire extinguis Maintenance Assistal get the fire out. E8 st they needed to get th saw fire on the ceiling called for evacuation stated she's not sure safety training was. E	ed that on 05/31/2016 she hall. She stated that E5, istant, said he saw smoke ut of the top of the door of she ran to alert everybody. Sher and gave it to E10, ht. E5 and E10 were trying to ated she let everybody know he residents out when she g in room 509. E8 stated she but was not in charge. E8 when the most recent fire E8 stated the procedure to be check the box for location.					

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1 ' '		E CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
			7 50.25	_		، ا	С
		145581	B. WING				12/2016
NAME OF P	ROVIDER OR SUPPLIER	_ _	l	S	STREET ADDRESS, CITY, STATE, ZIP CODE	1 017	12/2010
					ANNABLE COURT		
CAHOKIA	NURSING & REHAB C	ENTER			CAHOKIA, IL 62206		
	OLIMANA DV. O	TATEMENT OF REFIGIENCIES					2.5
(X4) ID PREFIX TAG	(EACH DEFICIEN	ITATEMENT OF DEFICIENCIES CY MUST BE PRECEDED BY FULL R LSC IDENTIFYING INFORMATION)	ID PREF TAG		PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD B CROSS-REFERENCED TO THE APPROPRI. DEFICIENCY)		(X5) COMPLETION DATE
F 518	Continued From pag	ne 76	F	518			
		er, and go to that location. E8		0.0			
		shut when the alarm went					
		were no residents out in the					
		the fire broke out. E8 stated					
		ere was a (elopement risk) list					
		sponsibility it would be to get					
		which to do the head count.					
		sure if she had fire safety					
	training during orien						
		28 pm, E18 (Registered					
		n 05/31/2016, she clocked					
	out at 3:20pm and w	vas not onsite at the time of					
	the fire. E18 stated	on 05/31/2016 she was Acting					
	Director of Nurses. I	E18 stated she returned to					
	the facility around 6	om that evening. E18 stated					
	her most recent fire	safety training she believes					
	was January or Feb	ruary 2016. E18 stated she					
		nock evacuation drill in 2015.					
	On 06/15/2016 at 1:	20pm, E22 (Medicare Billing					
	· ·	ne was in the adjacent					
		ng when she became aware					
		ed the most recent fire training					
		13 and it consisted of a fire					
	drill and how to use						
		om, E16 (Business Office					
		e was in her office on					
		became aware of the fire.					
		t to the 100 hall and directed					
		ts out of the building. E16					
		ere was a fire, the 100 hall					
	_	uate-I didn't need anybody to					
		and I could see smoke on the					
		the consus for the whole					
		the census for the whole					
		head count for the 100 hall,					
		not sure if doing the head					
	•	tation of her job, but it's the					
	responsibility of all s	ok is kept at the receptionist's					
	l (eigheirieilt (12k) DOC	א ופ גבףו מו וווכ וכנבףווטווופניפ	1				1

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1 ' '		E CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
				_		(С
		145581	B. WING				12/2016
NAME OF P	ROVIDER OR SUPPLIER			5	STREET ADDRESS, CITY, STATE, ZIP CODE		
				2	2 ANNABLE COURT		
CAHOKIA	NURSING & REHAB CI	ENIER			CAHOKIA, IL 62206		
(X4) ID PREFIX TAG	(EACH DEFICIEN	TATEMENT OF DEFICIENCIES CY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREF TAG		PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD B CROSS-REFERENCED TO THE APPROPRI DEFICIENCY)		(X5) COMPLETION DATE
					DEFICIENCY)		
F 518	Continued From pag	ge 77 sure whose responsibility it is	F	518			
		t in case of evacuation. E16					
		ent fire drill was in the middle					
		ated she has never had					
	,	ining per se except for drills.					
	Facility census recor	rds for 5/31/2016 indicate that					
	twenty seven reside	nts resided on the 500 hall at					
		These residents include R1,					
), R11, R14, and R16-R34.					
		Nursing and Rehab with					
		pital records dated 5/31/2016					
		nergency System Services) document that fourteen					
		11-R15, R19, R23, R24) from					
		nately transferred to four area					
	hospitals due to fire						
	•	e and Medicaid form 672					
		otes that at the time of the					
		s (R1, R2, and R16 who					
		Hall, as well as R5, R6, and					
	R35-R40) had tube t	feedings; ten residents					
	received hospice se	rvices (R1, R2, R24, R25 who					
		Hall, and R3, R48, R53-56);					
		ed dialysis (R14 and R32					
		500 Hall in addition to R41					
	, ,	een residents who received					
		(R2, R16, and R33 who					
		Hall, as well as R3, R5, R6,					
	R9, R15, R43-R52.)	01/2015 documents that R2's					
		th is 05/27/27 with diagnoses					
	of Exacerbation of C						
		Dementia, Degenerative					
	Arthritis, Arterioscler					ĺ	
		illure, and Shortness of					
	_	al Physician's Order Sheet					
		s an admitting diagnosis of					
		Hospital Interventions and				ĺ	
		5/31/2016 documents that R1				ĺ	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	` ′	(X2) MULTIPLE CONSTRUCTION A. BUILDING			(X3) DATE SURVEY COMPLETED	
		145581	B. WING				C 1 12/2016	
NAME OF PI	ROVIDER OR SUPPLIER	1		ST	REET ADDRESS, CITY, STATE, ZIP CODE	1 077	12/2016	
CVHOKIV	NURSING & REHAB	CENTED		2 /	ANNABLE COURT			
CAHONIA	NURSING & REHAD	CENTER		C	AHOKIA, IL 62206			
(X4) ID PREFIX TAG	(EACH DEFICIE	' STATEMENT OF DEFICIENCIES ENCY MUST BE PRECEDED BY FULL OR LSC IDENTIFYING INFORMATION)	ID PREFI TAG	х	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD E CROSS-REFERENCED TO THE APPROPRI DEFICIENCY)		(X5) COMPLETION DATE	
F 518	Continued From page	age 78	F!	518				
	·	ds course (sic) expiratory						
		tal Physical Exam dated						
		nat R2 was "coughing up thick						
		subsequently had some						
		ergency Room" as well as						
		sounds." The Hospital						
	Assessment Plan	Sheet dated 5/31/2016						
	indicates that R2 h	nad "fever, maybe due to						
		exposure and possible						
		tand monitor closely." The						
		Summary noted dated						
		R2 "is an 89 year old woman						
		spital on 5/31/2016 with a						
	_	e Inhalation. There is little						
		panying this patient. There is						
		ospice patient, but we do not						
		of which agency is involved."						
	, ,	spital Inpatient Record face 2016 lists R1's birthdate as						
		spital Care Report Summary for						
		patient upper extremities being						
		ince crew was unable to obtain						
		at this time. Blood glucose						
	-	at this time with a result of 59.						
	-	ed oral glucose at this time.						
		answer any EMS (Emergency						
		ices) questions at this time."						
	_	nd Physical Note dated						
		ents "This is an 87 year old						
	admitted from th	e Emergency Room with						
		She is a resident of Cahokia						
	Nursing and rehab	ilitation Center. There was a						
	•	ast evening and she was						
		. She was experiencing a						
		pted her visit to the Emergency						
		Smoke inhalation injury."						
	-	nt Discharge Instruction sheet						
		tates "Discharge diagnosis:						
	Smoke Inhalation/	Anemia Exacerbation."						

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1 ' '	(X2) MULTIPLE CONSTRUCTION A. BUILDING		(X3) DATE SURVEY COMPLETED	
			A. BOILD	- NO		۱ ,	С
		145581	B. WING				12/2016
NAME OF P	ROVIDER OR SUPPLIER			٤	STREET ADDRESS, CITY, STATE, ZIP CODE	1 017	12/2010
				2	ANNABLE COURT		
CAHOKIA	NURSING & REHAB (CENTER		(CAHOKIA, IL 62206		
(X4) ID	SUMMARY	STATEMENT OF DEFICIENCIES	ID		PROVIDER'S PLAN OF CORRECTION		(X5)
PRÉFIX TAG		NCY MUST BE PRECEDED BY FULL PR LSC IDENTIFYING INFORMATION)	PREF TAG		(EACH CORRECTIVE ACTION SHOULD B CROSS-REFERENCED TO THE APPROPRI DEFICIENCY)		COMPLETION DATE
F 518	Continued From pa	age 79	F	518			
	·	ospital Face Sheet dated		010			
	, ,	ate of birth as 10/21/1933.					
		y room Visit report dated					
		s that R12 "presents via EMS					
		gement Service) from nursing					
	, , ,	ursing home had a fire this					
	evening and when	patient was in a bus for					
	transport, he report	edly had a syncopal episode					
		seatPatient with history of					
		Accident with right sided					
		asia " An Emergency					
		ess Note dated 5/31/2016 at					
		has been reported that the					
	•	n and nurse noted that a bottle					
	•	t had with him was warm when esidents from the same					
		n brought in for similar					
		with (Z19) regarding patient					
		e agreed likely situational					
	_	vated temperature and hectic					
		ervention/Assessment					
	Treatment docume	ntation dated 5/31/2016 noted					
	R12 's temperature	e was 99.1 and blood pressure					
		ty census records for					
		R12 resided on 100 hall.					
	Face sheet for R14	(500 Hall) documents that					
		is 9/19/1950. Emergency					
	·	oort for 5/31/2016 notes					
		with possible low blood sugar,					
		knesspatient sitting upright					
		right in her wheelchair.					
	_	tells EMS (Emergency					
		at pt has 'seemed to be close					
		eating, and is weak.' Pt has ge area for approximately 90					
		evacuation from building." The					
		y room Visit Report dated					
		65 year old female presents to					
		mentstatus postfire at					

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	` ′		E CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
				-		، ا	C
		145581	B. WING				12/2016
NAME OF PI	ROVIDER OR SUPPLIER			5	STREET ADDRESS, CITY, STATE, ZIP CODE	1 011	12/2010
				2	ANNABLE COURT		
CAHOKIA	NURSING & REHAB CE	NTER			CAHOKIA, IL 62206		
0(0) 15	CLIMMADV CT	ATEMENT OF DEFICIENCIES	ı.		<u> </u>		0/5)
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES YMUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREF TAG		PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD B CROSS-REFERENCED TO THE APPROPRI DEFICIENCY)		(X5) COMPLETION DATE
F 518	Continued From page	e 80	F	518			
		Rehabilitation. Patient was	'	010			
		J. She was evacuated and					
	_	1.5 hours in the heat when					
		zzy and lightheaded. She					
		s a history of stroke and her					
		" The Hospital Emergency					
		s note dated 5/31/2016					
	documents that R14						
	lightheadedness afte	r being outsidein mid 80					
		irePatient ' s symptoms					
	are most likely from h						
		et dated 5/31/2016 notes					
		of birth as 6/8/1969. Hospital					
		sit Report dated 5/31/2016					
	states "46 year old fe						
		Emergency Department by					
		edical System) status post					
	-	nt was initially short of breath s of breath resolved once in					
		edical history-Alzheimer's					
		Cerebral Vascular Accident,					
	Seizures, Bipolar, De						
		port Summary for R6 (300					
		oon arrival pt (patient) was					
		on non-rebreather at 15					
	liters, and it was plac						
	(patient) was then tra	insferred to the stretcher and					
	was taken to the truc	k and loaded in the back					
	with other pt. The otl	her pt was a nurse from the					
	_	pt. Once in the back, vitals					
		vas no info on the pt except					
		e per the other pt." R6's					
	_	e of Medical Necessity from				ſ	
		ated 5/31/2016 lists diagnosis					
		This same document notes				ſ	
	•	t: oxygen required and				ĺ	
	unable to self admini					ſ	
		ontractures upper/lower, ed level of consciousness."					

	DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1 ' '	LE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
		145581	B. WING		C 07/12/2016
	ROVIDER OR SUPPLIER NURSING & REHAB	1,000		STREET ADDRESS, CITY, STATE, ZIP CODE 2 ANNABLE COURT CAHOKIA, IL 62206	07/12/2016
(X4) ID PREFIX TAG	(EACH DEFICIE	STATEMENT OF DEFICIENCIES NCY MUST BE PRECEDED BY FULL R LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECT (EACH CORRECTIVE ACTION SHOU CROSS-REFERENCED TO THE APPRO DEFICIENCY)	JLD BE COMPLETION
F 518	Summary dated 5/3 year old male with car accident and is question at this tim Summary dated 5/3 Problems: Ileus, S Inhalation " A Hospital Face Sh (600 Hall) date of b Emergency Room noted "Patient prewhere she was a restates she was not not inhale any smo preparing to transphad increased puls feeling anxious. Pasomewhat improve feels it was likely a 6/2/2016 when visithat "she went to that "she went to that attack." R15's Prehospital (5/31/2016 notes that transport was "displor Cahokia Nursing multiple pt (patients needing transporte of severe anxiety ppatient told EMS (E	ehospital Care Report B1/2016 notes that R11 is a 37 history of brain injury due to unable to answer any e. Hospital Patient Health B1/2016 lists "Active eizure Disorder, Smoke leet dated 5/31/2016 lists R15 hirth as 9/08/44. Hospital Visit Report dated 5/31/2016 sentsafter nursing home esident had a fire. Patient in the area of the fire and did ke, but when they were ort her to another facility, she e and shaking as well as atient states this has d since coming here and son panic attack " R15 stated on ted in the destination facility he hospital due to a panic Care Report Summary dated is Emergency Services batched to an emergency call g and Rehab on fire with s) outside in parking lot d. This patient is complaining roblems at this timeThe Emergency Management	F 51	8	
	Service) 'I just can that I wasn't going time and I would be team advised EMS the area of the fire	't calm down. I was so scared to make it out of the building in a burned alive.' The triage that this pt (patient) was not in and was evacuated well any harm. A staff member of			

	OF DEFICIENCIES F CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULT A. BUILDII	TIPLE CONSTRUCTION NG	((X3) DATE SURVEY COMPLETED
		145581	B. WING _			C 07/12/2016
	ROVIDER OR SUPPLIER NURSING & REHAB CE	NTER		STREET ADDRESS, CITY, STATE, ZIP CODI 2 ANNABLE COURT CAHOKIA, IL 62206	E	0771272010
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFII TAG	PROVIDER'S PLAN OF COI (EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE DEFICIENCY)	SHOULD BE	
F 518	the SNF (Skilled Nurs that this pt (patient) hand is normally very situation has made harrival patient found sarea The pt (patient) levels of anxiety and calming down and rel documents that R15 scene at 5:47 pm. Prehospital Care Rep Hall) dated 5/31/2016 "having chest pain has swallowed some him chest pain. Pt stright side just below to constant pain which has a scene with the scale pt then stated of breath so 4L of 02 and pt states that he R3's (600 Hall) Preho Summary dated 5/31 years old. Under Corlisted Dementia with states that R3 is "coronly, sitting in a chair isn't acting right. Pt (dementia and Alzheir if anything is wrong of states that before EM System) arrived she she is in her normal states." Report titled Cahokia	sing Facility) advised EMS as a severe anxiety problem nervous as it is and this er very nervous. Upon sitting outside in the triage to over all has very high is having severe difficulty in axing" This same report was transported from the fire fort Summary for R4 (500 documents that R4 was Pt (patient) believes that he smoke and that is giving ates that the pain is on the he nipple line and is a per rates it at 10/10 pain that he was becoming short via a NC was established feels better "	F	518		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING		(X3) DATE SURVEY COMPLETED	
			A. BOILD	_		، ا	
		145581	B. WING				12/2016
NAME OF P	ROVIDER OR SUPPLIER			S	TREET ADDRESS, CITY, STATE, ZIP CODE	1 011	12/2010
CAHOKIA	NUDCING & DELIAB CE	NTED		2	ANNABLE COURT		
CAHOKIA	NURSING & REHAB CE	NIER		C	CAHOKIA, IL 62206		
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFI TAG		PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD B CROSS-REFERENCED TO THE APPROPRIA DEFICIENCY)		(X5) COMPLETION DATE
F 518	transported to area hifire, they were from 3 respectively. All training records re	e 83 23, and R24 were also ospitals on the date of the 00, 500, 500, 500 halls lated to fire, fire drills, and s were requested from the	F	518			
	facility. Based on all provided at the time of system in place to eff Training records are it cases contain illegible verification of training E1 (Maintenance Sup documents titled "RE 6/16/2016, indicating documents available.	available information of the survey there is no ectively track training efforts. ncomplete and in many e signatures making difficult. pervisor) provided EPORT OF FIRE DRILL" on that these were all the E3 (Administrator) verified					
	as presented were "o Monthly Report of Fir provided for June 20° and January through Sign In Sheets which participated in the dri 6/14/2015 and 7/25/2 present on the docum	e Drill documents were 15 through November 2015 March 2016. The Fire Drill					
	series of nine question NO after them. These 1. Was signal received 2. What time was signal staff award 4. Were any problem 5. Did the fire alarm 6. Were the strobe light 7. Were the hall fire of the strobe of th	ed by ADT? Inal received? The of their responsibilities? The noted? The of their responsibilities? The of their responsibilities? The of their responsibilities?					

		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPL A. BUILDING	E CONSTRUCTION	(X3) DATE SURVEY COMPLETED		
		145581	B. WING		C 07/12/2016		
NAME OF PROVIDER OR SUPPLIER CAHOKIA NURSING & REHAB CENTER				STREET ADDRESS, CITY, STATE, ZIP CODE 2 ANNABLE COURT CAHOKIA, IL 62206	07/12/2010		
(X4) ID PREFIX TAG	(EACH DEFICIENC	TATEMENT OF DEFICIENCIES CY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPROFICE DEFICIENCY)	D BE COMPLETION		
F 518	problems, corrective required as a result of Monthly Report of Fi 9/30/2015, 10/13/20/2/21/2016, and 3/18/locations for the "fire September 2015, Oc January 2016, Februall have YES circled problems noted?" If facility staff is to iden corrective action is both The Monthly Report 2015 is not signed. If through November 2 March 2016 are sign (Maintenance Super document provided for May 20/Drill was done on firscontains 26 signature Training record provided for May 20/12/16/2015 and is tit This document indication of the sing included on this sing	report, it states: "List any actions, and/or teaching of this drill." re Drill reports for 8/18/2015, 15, 11/10/2015, 1/19/2016, (2016 did not contain specific e" or "fire drill." Reports for atober 2015, November 2015, lary 2016, and March 2016 for question 4 "Were any dowever, the area where attify the problems with lank in all cases. of Fire Drill Form for August Forms dated September 015 and January through ed and dated by E1 visor). There was no or April 2016. Document 16 notes that Monthly Fire at shift 5/20/2016 and es. ded for December is dated led Disaster Drill Report.	F 518	· ·			
	give any location. Q Disaster Drill Report "During Drill 1. Did staff use prop 2. Was announceme 3. Were residents pl 4. Were all corridor 5. Did staff respond After the Drill	per judgment? ent made over the intercom? laced in an area of safety? doors closed?					

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	` '	FIPLE CONSTRUCTION NG		(X3) DATE SURVEY COMPLETED	
		145581	B. WING			C 07/12/2016	
NAME OF PROVIDER OR SUPPLIER CAHOKIA NURSING & REHAB CENTER			•	STREET ADDRESS, CITY, STATE, 2 2 ANNABLE COURT CAHOKIA, IL 62206			
(X4) ID PREFIX TAG	(EACH DEFICIEI	STATEMENT OF DEFICIENCIES NCY MUST BE PRECEDED BY FULL R LSC IDENTIFYING INFORMATION)	ID PREFI TAG	X (EACH CORRECTIVE CROSS-REFERENCED	N OF CORRECTION ACTION SHOULD BE TO THE APPROPRIATE IENCY)	(X5) COMPLETION DATE	
F 518	respond promptly? 3. Did staff standby Despite having line lines have been left document indicates the facility) conduct line has also been Documents entitled 6/26/15 with time r (2:30 pm) and one as Emergency Res indicated that inser (Registered Nurse/ Nursing) for the 2pr "given by" on the co 16 signatures for th There is no docume who missed the see Emergency Respon included with these part: "Binder is at the nu Response Informat Please refer to the to do in the event th Code Red-(Fire) pa The last four notation clear); Code Blue (Code Gray (Tornad (Missing Resident) Mandatory Inservice with no year or time Bloodborne Pathog Handwashing, Wor Preparedness, Haz Confined Spaces. as to who gave the	y until "All Clear" was given?" s to fill in this information, the t blank. Signature on the s that (employee no longer at ted the Disaster Drill. The title left blank. I Inservice Record and dated noted as 1400 (2 pm), 1420 with no time given lists topic ponse and Codes. This form vice was given by E18 Restorative/Acting Director of m session, but is blank for other two documents. A total of the three sessions are present. The entation that those employees are inservice documentation inservice records state in the service records state in the service is an emergency. The service is an emergency and is located near room 101." The title definition is inservice for clarification on what there is an emergency. The service for code Green (all Cardiopulmonary Failure), to Warning), and Code Violet	F	518			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:				(X3) DATE SURVEY COMPLETED	
				С			
		145581	B. WING			1	12/2016
NAME OF PR	ROVIDER OR SUPPLIER	1	<u> </u>	5	STREET ADDRESS, CITY, STATE, ZIP CODE	1 0.7	12.2010
				2	ANNABLE COURT		
CAHOKIA	NURSING & REHAB CE	INTER			CAHOKIA, IL 62206		
(X4) ID	SUMMARY ST	TATEMENT OF DEFICIENCIES	ID		PROVIDER'S PLAN OF CORRECTION		(X5)
PREFIX TAG	(EACH DEFICIENC	CY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	PREF TAG		(EACH CORRECTIVE ACTION SHOULD B CROSS-REFERENCED TO THE APPROPRI DEFICIENCY)		COMPLÉTION DATE
F 518	Continued From page	e 86	F	518			
	signatures are illegib	le making it difficult to					
	determine who attend						
	A single page include	ed with this Mandatory					
		s titled "Fire Safety and					
	Disaster Preparedne	ss Standard." This					
	document states: "T	here is a written chain of					
	command in the disa	ster manual found at the					
		person in charge at the time					
		shall remain in charge until					
		n the chain of command or					
	the Fire Chief arrives and relieves them. Floor						
	plans are located on each hall, indicating all exits, means of egress (escape routes), fire						
	extinguishers, the co	re and smoke barrier doors					
	held open by electric						
		hen the fire alarm system is					
	_	ower occurs. During a fire,					
		er doors should separate					
		om the location of the fire.					
	So, your first respons	se in a fire is to begin					
		osest to the danger by					
	placing a fire door be	tween them and the fire.					
	Residents should not	be evacuated from the					
	facility unless the Adı	ministrator or Fire Chief					
	gives the instruction.						
		ormation is included as the					
		matter for the MANDATORY					
	INSERVICE ALL STAFF notice with date given						
	•	This inservice notice lists					
		s: Bloodborne pathogens,					
	fire safety and disast						
		place violence, sexual crimination. Length of the					
		n. Sign in sheets were					
	_	ey do not contain information					
		given by." Topic is listed					
	as OHSA.	given by. Topic is listed					
		ardy was identified on June					

in the second se		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	I ' '	PLE CONSTRUCTION	(X3) DATE SURVE	. ,	
		145581	B. WING			16	
NAME OF PROVIDER OR SUPPLIER CAHOKIA NURSING & REHAB CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE 2 ANNABLE COURT CAHOKIA, IL 62206		07/12/2016		
(X4) ID PREFIX TAG	(EACH DEFICIE)	STATEMENT OF DEFICIENCIES NCY MUST BE PRECEDED BY FULL R LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORREC (EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APPF DEFICIENCY)	ULD BE COMP	K5) LETION ATE	
F 518	Immediate Jeopard The surveyor confir record review that the actions to remove the 1. The facility review disaster/emergency but not limited to secommand, evacuate response procedure 2. On 6/6/16, 6/7/16, 6/17/16, E3, Admin QA(Quality Assurar inservices for all standisaster/emergency command during a procedures, emerging procedures includir staff not present on training was provide training before they random questions of the proper procedures 3. On 6/30/16 the family proper procedures 3. On 6/30/16 the family proper procedures 3. On 6/30/16 the family proper procedures 3. On 7/1/16 E3, Exconducted repeat the revised Fire Watch inservice included fire, individual dutie extinguisher and Painstructions, and "a	inistrator, were notified of the y on June 29, 2016 at 2:30pm. med through interview and he facility took the following he Immediate Jeopardy: yed and revised its y manual on 6/1/16 including actions on reporting chain of ion procedures, and fire es. 6, 6/8/16, 6/10/16, and istrator and/or E13, ince) Nurse conducted	F 51	18			
	the disaster/emerge station and reception posttest was completed to test staffs knowled	ency manual at the nursing onist desk in a red binder. A eted based on revisions made edge on the inservice training of that did not attend were					

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CO A. BUILDING			(X3) DATE SURVEY COMPLETED		
			С				
		145581	B. WING			07/	12/2016
NAME OF PROVIDER OR SUPPLIER CAHOKIA NURSING & REHAB CENTER				2	TREET ADDRESS, CITY, STATE, ZIP CODE ANNABLE COURT AHOKIA, IL 62206		
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL .SC IDENTIFYING INFORMATION)	ID PREFI TAG	x	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BI CROSS-REFERENCED TO THE APPROPRIA DEFICIENCY)		(X5) COMPLETION DATE
F 518 F 520 SS=G	another shift. 5. E13 updated new etraining materials to e	employee orientation and ensure the revised led. Failure of post test g of procedures.		518			
	assurance committee nursing services; a ph facility; and at least 3 facility's staff. The quality assessme committee meets at le issues with respect to and assurance activit	east quarterly to identify which quality assessment ies are necessary; and					
	A State or the Secret disclosure of the reco except insofar as suc compliance of such or requirements of this s	ords of such committee th disclosure is related to the committee with the section. by the committee to identify ficiencies will not be used as					
	by:	is not met as evidenced and record review, the facility					

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING			(X3) DATE SURVEY COMPLETED	
		145581	B. WING _				C 12/2016
NAME OF PROVIDER OR SUPPLIER CAHOKIA NURSING & REHAB CENTER			•	STREET ADDRESS, CITY, STATE, ZIP C 2 ANNABLE COURT CAHOKIA, IL 62206	ODE		
(X4) ID PREFIX TAG	(EACH DEFICIEN	STATEMENT OF DEFICIENCIES CY MUST BE PRECEDED BY FULL R LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF ((EACH CORRECTIVE ACT CROSS-REFERENCED TO T DEFICIENCE	TION SHOULD BE THE APPROPRIA		(X5) COMPLETION DATE
F 520	Committee which de appropriate plans of quality deficiencies these corrective act affect all 106 reside Findings include: On 06/14/16 at 11:1 Director, stated he of QA(Quality Assurant at 11am, E36, Laun Supervisor, stated son 07/01/16 10:40a stated she does not 07/01/16 at 12:25, Edid not know how to and stated she was committee. On 07/0 Certified Nursing Assurance Nurse? " On 07/01/16 Assurance Nurse, searly April 2016 who stated when E41 was committee met mon E3,the current Admit there are currently in On 07/01/16 at 12:2 Nurses(DON), stated took the position of are no future meetin 07/01/16, E3, Admin position of Administ stated she plans to has not yet done so QA committee meet	functioning Quality Assurance evelops and implements action to correct identified and to monitor the effects of ions. This has the potential to ints living at the facility. 2am, E1, Maintenance does not participate in the ce) Committee. On 07/01/16 dry/Housekeeping he does not participate in QA. m, E35, Dietary Manager, participate in QA. On E33, Housekeeper, stated she access the QA committee unaware the facility had a QA 1/16 at 11:30am, E34, sistant, when asked how to mittee, stated she was not all ask the Quality Assurance 16 at 1:45pm, E13, Quality tated QA has not met since en E41 was Administrator. E13 as Administrator, the QA thly, but has not met under nistrator, and E13 stated to future meetings scheduled. Opm, E23, Director of d QA has not met since she DON on 06/02/16 and there ags scheduled at this time. On nistrator stated she took the rator on 04/25/16, and she implement a QA program but a garantee of future meetings are	F	520			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING			(X3) DATE SURVEY COMPLETED	
		145581	B. WING			C	
NAME OF PROVIDER OR SUPPLIER CAHOKIA NURSING & REHAB CENTER				STREET ADDRESS, CITY, STATE, ZIP COD 2 ANNABLE COURT CAHOKIA, IL 62206		07/12/2016	
(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 CC ((EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE DEFICIENCY)	N SHOULD BE E APPROPRIATE	(X5) COMPLETION DATE	
F 520	An undated Quality A Improvement and Co "This organization wil active quality assurar improvement(QA) proinformation and data of risk, to detect poter improvement and to a and processesto activities to address a opportunities for improf high risk, high voluareas." A 672 Census dated 06/02/16 show of 106. The facility co documentation, such	ssurance Process mpliance Policy stated , I implement and maintain an once process and ogramcollect relevant necessary to identify areas intial opportunities for evaluate ongoing systems evaluate and prioritize areas of risk and ovement focusing on areas me, and problem prone is and Condition of Residents are seed the facility has a census	F 5				