**FORM APPROVED** Illinois Department of Public Health STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION **IDENTIFICATION NUMBER:** COMPLETED A. BUILDING: C B. WING IL6004840 02/20/2019 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 1517 WEST WALNUT STREET **JACKSONVILLE SKILLED NURSING & REHAB** JACKSONVILLE, IL 62650 SUMMARY STATEMENT OF DEFICIENCIES (X4) ID PROVIDER'S PLAN OF CORRECTION (X5) COMPLETE (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX **PREFIX** (EACH CORRECTIVE ACTION SHOULD BE TAG REGULATORY OR LSC IDENTIFYING INFORMATION) CROSS-REFERENCED TO THE APPROPRIATE DATE TAG **DEFICIENCY**) S 000 Initial Comments S 000 Complaint #1940706/IL109122: Complaint #1940716/IL109132 Complaint #1940748/IL109164 Statement of Licensure Violations \$9999 Final Observations S9999 300.610a) 300.1210b)4)5) 300.1210d)6) 300.3240a) Section 300.610 Resident Care Policies a) The facility shall have written policies and procedures governing all services provided by the facility. The written policies and procedures shall be formulated by a Resident Care Policy Committee consisting of at least the administrator, the advisory physician or the medical advisory committee, and representatives of nursing and other services in the facility. The policies shall comply with the Act and this Part. The written policies shall be followed in operating the facility and shall be reviewed at least annually by this committee, documented by written, signed and dated minutes of the meeting. Section 300.1210 General Requirements for Nursing and Personal Care Attachment A

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

b) The facility shall provide the necessary care

and services to attain or maintain the highest practicable physical, mental, and psychological well-being of the resident, in accordance with each resident's comprehensive resident care plan. Adequate and properly supervised nursing

Electronically Signed

TITLE

(X6) DATE

03/14/19

**EJJ011** 

**Statement of Licensure Violations** 

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resident

and assistance to prevent accidents.

Section 300.3240 Abuse and Neglect

a) An owner, licensee, administrator, employee or agent of a facility shall not abuse or neglect a

These requirements were not met as evidenced

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Status) score of 15 (cognitively intact).

person physical assistance for transfers.

R3's Physical Therapist Progress note, dated 1/25/19, documents, "Current Level of Function: Gait Tasks: Distances Surfaces: (R3) ambulates 132 feet on level surfaces and requiring stand by

R3's Care plan, dated 12/24/18, documents that R3 has a self-care deficit and requires one to two

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severe pain in right chest area which nursing is

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