Illinois Department of Public Health

AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		E CONSTRUCTION	(X3) DATE SURVEY COMPLETED
		A. BOILDING.		
	IL6000970	B. WING		02/05/2015
NAME OF PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, S	TATE, ZIP CODE	
CASEY HEALTHCARE CENTE	R 100 N.E. CASEY, II			
PREFIX (EACH DEFICIENC)	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOUL) CROSS-REFERENCED TO THE APPROPED DEFICIENCY)	D BE COMPLETE
S9999 Final Observations		S9999		
STATEMENT OF LICENSURE VIOLATIONS:		THE ALL PROPERTY AND AL		
300.4090a)1) 300.4090b)1)A)B) 300.4090b)3)A)B)				
Services to Persons for Facilities Subject a) Psychiatric Medict 1) The facility shall I psychiatric rehabilities Illinois licensed physical psychiatric medical advising the administ Rehabilitation Service psychiatric manager residents.  b) Psychiatric Rehalt 1) A Psychiatric Rehalt 1) A Psychiatric Rehalt 1) A Psychiatric Rehalt 1) A Picture Rehalt 1) A licensed, regist psychologist, social therapist, rehabilitatinurse or licensed proposed a minimum of at lease experience and at lease experience and at lease experience and who has Department of Public or B) A person with a maservices field with at	cal Director have a consultant for the ation program who is an sician and is board eligible or ychiatry from the American and Neurology. The director is responsible for strator and the Psychiatric ces Director on the overall ment of the program's  collitation Services Director rabilitation Services Director rabilitation Services Director rered, or certified psychiatrist, worker, occupational on counselor, psychiatric cofessional counselor who has st one year supervisory ast one year of experience persons with serious mental		Attachment A Statement of Licensure V	
working directly with	persons with severe mental ided an IDPA training			-

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

TITLE

(X6) DATE

Illinois Department of Public Health FORM APPROVED STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION AND PLAN OF CORRECTION (X3) DATE SURVEY **IDENTIFICATION NUMBER:** A. BUILDING: \_ COMPLETED IL6000970 B. WING 02/05/2015 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 100 N.E. 15TH CASEY HEALTHCARE CENTER **CASEY. IL 62420** SUMMARY STATEMENT OF DEFICIENCIES (X4) ID PROVIDER'S PLAN OF CORRECTION PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL (X5)PREFIX (EACH CORRECTIVE ACTION SHOULD BE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG COMPLETE CROSS-REFERENCED TO THE APPROPRIATE TAG DATE DEFICIENCY) S9999 Continued From page 1 S9999 3) Each facility shall have a PRSD for the psychiatric rehabilitation program who is assigned responsibility for:

This requirement is not met as evidenced by: Based on record review and interview, the facility failed to have a functioning rehabilitation program by failing to have a qualified licensed physician consultant, failing to employ a qualified Psychiatric Rehabilitation Services Director, failing to provide and coordinate the delivery of psychiatric rehabilitation services programs, and failing to develop and implement staff training for psychiatric rehabilitation program/services. These failures affect one of four residents (R15) reviewed for mental illness services on the sample of fourteen.

A) Developing and implementing the facility's

B) Developing and implementing the facility's staff training and inservice programs relating to the

psychiatric rehabilitation program;

psychiatric rehabilitation program.

Findings include:

1. The Physician's Order Sheet dated January 2015 documents that R15 was admitted on 8/4/13 with the diagnoses of Schizophrenia and Depression.

The Interagency Certification Screening Results dated 8/7/13 documents "Screening indicated nursing facility services are appropriate."

The Department of Human Services Assessment Summary Information dated 8/7/13 documents R15's Diagnostic Impression as Major Depressive Disorder, recurrent, severe without Psychotic Features as Primary and Schizoid Personality Disorder as Secondary. The Department of

**RQ6Q11** 

Illinois Department of Public Health

NAME OF PROVIDER OR SUPPLIER  STREET ADDRESS, CITY, STATE, ZIP CODE  100 N.E. 15TH CASEY HEALTHCARE CENTER  SUMMARY STATEMENT OF DEFICIENCIES PREFIX TAG  (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)  Summary STATEMENT OF DEFICIENCIES (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)  S9999  Continued From page 2  Human Services PAS/MH (Preadmission Screening/Mental Health) Level II Notice dated	SURVEY LETED
NAME OF PROVIDER OR SUPPLIER  CASEY HEALTHCARE CENTER  100 N.E. 15TH CASEY, IL 62420  (X4) ID PREFIX TAG  (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)  S9999  Continued From page 2  Human Services PAS/MH (Preadmission Screening/Mental Health) Level II Notice dated	5/2015
CASEY HEALTHCARE CENTER  100 N.E. 15TH CASEY, IL 62420  (X4) ID PREFIX TAG  SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)  S9999  Continued From page 2 Human Services PAS/MH (Preadmission Screening/Mental Health) Level II Notice dated	3/2013
PRÉFIX TAG  (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)  S9999  Continued From page 2  Human Services PAS/MH (Preadmission Screening/Mental Health) Level II Notice dated	
Human Services PAS/MH (Preadmission Screening/Mental Health) Level II Notice dated	(X5) COMPLETE DATE
8/7/13 documents that R15 does "require specialized services" and lists "Instrumental Activities of Daily Living training/reinforcement", "Mental Health Rehabilitation activities" and "Illness self management."  The Subpart S Eligibility Screener dated 6/23/14 documents that R15 is diagnosed with Schizophrenia and has difficulty with self maintenance of "managing medications" and "Meets Subpart S Eligibility Criteria."  The Specific Level of Functioning Assessment and Physical Health Inventory dated 6/23/14 documents that R15 needs some physical help or assistance with self-medication and needs verbal advice or guidance with personal hygiene and grooming.  On 2/5/15 at 9:30 AM E19 Minimum Data Set Coordinator stated that she conducts an annual functional assessment and E9 Social Service Director conducts a quarterly assessment for the residents with mental illness.  On 2/3/15 at 12:40 pm E9 confirmed that she was not a qualified Psychiatric Rehabilitation Services Director. E9 stated that she has only worked with residents with Severe Mental Illness (SMI) the past five or six months in her current position and that she had no prior experience working with SMI residents. E9 confirmed that she has not received the Illinois Department of Public Aid (IDPA) training for SMI Services.  On 2/3/15 at 12:45 pm and 2/5/15 at 9:00 am E19 confirmed that she was not a qualified Psychiatric Rehabilitation Services Director and that she was not a qualified Psychiatric Rehabilitation Services Director and that she has not received the Illinois Department of Public Aid (IDPA) training for SMI Services.	

PRINTED: 03/10/2015 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: B. WING IL6000970 02/05/2015 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 100 N.E. 15TH **CASEY HEALTHCARE CENTER** CASEY, IL 62420 SUMMARY STATEMENT OF DEFICIENCIES (X4) ID PROVIDER'S PLAN OF CORRECTION (X5) COMPLETE PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL **PREFIX** (EACH CORRECTIVE ACTION SHOULD BE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG CROSS-REFERENCED TO THE APPROPRIATE TAG DATE DEFICIENCY) S9999 Continued From page 3 S9999 participated in the IDPA training for SMI Services. E19 stated that she does not have specialized training with SMI residents. E1 confirmed that there is no staff training for psychiatric rehabilitation program/services. A review of R15 Medical Record does not document that R15 participates in any specialized program services. On 2/5/15 at 10:43 am E1, Administrator, stated that the facility does not have a licensed physician that is board eligible or board certified in psychiatry as a consultant for psychiatry rehabilitation services. On 2/3/15 at 11:00 am E1 confirmed that there is no programing offered for SMI residents and there is no psychiatric medical director. (B)

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