Illinois Department of Public Health

	peparament or r abile	Training to the second	T		T	
STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION		(X3) DATE SURVEY COMPLETED		
AND FLANCI CORRECTION IDENTIFICATION NUMBER.		A. BUILDING:		CONFLETED		
				C		
		IL6008866	B. WING		04/01	/2015
NAME OF	PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY,	STATE, ZIP CODE		
	1010/00/11-1-1	767 30TH	STREET			
ST ANTI	HONY'S NRSG & REH	AR CENTER	LAND, IL 61	201		
(X4) ID	SUMMARY STA	TEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF CORRECTION	NC	(X5)
PREFIX		Y MUST BE PRECEDED BY FULL	PREFIX	(EACH CORRECTIVE ACTION SHOUL	1	COMPLETE DATE
TAG	REGULATURI URL	SC IDENTIFYING INFORMATION)	TAG	CROSS-REFERENCED TO THE APPRO DEFICIENCY)	FNAIC	DAIL
S9999	Final Observations		S9999			
	Ct-tt-fl:				ATTENDED OF A LANGE OF	
	Statement of Licens	sure violations :				
	300.610a)		NAME OF TAXABLE PARTY O			
	300.1210d)6)					
	300.2220b)		CHARGE TO A CONTRACT OF THE CO		W 1	
	300.3100j)					
	300.3100k)					
	Section 300.610 Re	esident Care Policies				
		have written policies and				
		ng 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					
		ommittee, and representatives				
		r services in the facility. The				
	policies shall compl	y with the Act and this Part.				
		shall be followed in operating	500migross 25 to			
	the facility and shall be reviewed at least annually by this committee, documented by written, signed and dated minutes of the meeting.					
P. Pr. Market and Assessment						
	and dated iiiiidtes	or the mooting.	WAS A STATE OF THE			
	Section 300.1210 G	General Requirements for	MANAGEMENT			
T Victorial Comments	Nursing and Persor		989			
		ection (a), general nursing				
		at a minimum, the following	dia mala mana ana ana ana ana ana ana ana ana a		NAME OF THE PERSON OF THE PERS	
1 6 8 8 8 8 8 8	and shall be practic seven-day-a-week l	•			***************************************	İ
		ecautions shall be taken to	or remains and dealers.			
		dents' environment remains	dilibit delimenta			İ
		hazards as possible. All	- Constitution		- AAAA	
	• .	shall evaluate residents to see	STATE OF THE PROPERTY OF THE P	Attachment A		
		eceives adequate supervision	DAMES OF THE STATE	2 6 8 3 9 5 5 7 7 7 7 7 7	!	]
	and assistance to p		11000CCUpanapage	Statement of Licensure \	liciations	<b>3</b>
	Section 300.2220 H	lousekeeping s, stairways, and similar areas	SC 2000 DO TO	AfMPAIIIAIIP AT MIAAIIAMIA	1214131411	-
	•	f accumulations of refuse.	- Policina and American Americ			

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

TITLE

(X6) DATE

04/19/15

PRINTED: 05/08/2015 FORM APPROVED

Illinois D	<u>Department of Public</u>	Health				
STATEMENT OF DEFICIENCIES (X' AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION  A. BUILDING:		(X3) DATE SURVEY COMPLETED	
		IL6008866	B. WING		1	C <b>01/2015</b>
NAME OF	PROVIDER OR SUPPLIER	STREET AC	DRESS, CITY,	STATE, ZIP CODE		
ST ANTH	ONY'S NRSG & REH	AR CENTER	H STREET LAND, IL 61	201		
(X4) ID PREFIX TAG			ID PREFIX TAG	PROVIDER'S PLAN OF CORRECT (EACH CORRECTIVE ACTION SHOU CROSS-REFERENCED TO THE APPRO DEFICIENCY)	LD BE	(X5) COMPLETE DATE
S9999	discarded furniture, old newspapers, boxes, discarded equipment, and other items  Section 300.3100 General Building Requirements j) Housekeeping throughout the building, including basements, attics, and unoccupied rooms, shall be adequately performed to minimize all fire hazards. k) Facilities shall comply with any reasonable additional fire protection measures recommended by the Department over and above these requirements or the Office of the State Fire Marshal if conditions in and around the building, including its location, indicate that such additional protection is needed		S9999			
			No. 100 and 10			
	These requirements by :	s were not met as evidenced	ELEMENT COLLISORE IN THE STATE OF THE STATE			
	review, the facility fa fire exits for three of Floor, Fourth Floor a evacuations. This fa harm for a total of 8 through R33, R91 a Floor), (R8, R10 and	on, interview and record ailed to provide unobstructed four stairwell exits (Third and Fifth Floor) used in fire ailure resulted in potential 7 residents (R4, R9, R11 and R92 residing on the Third d R34 through R67 residing and (R23 and R68 through Fifth Floor).				
	FINDINGS INCLUD	DE:				
	lift, three broken wh	A.M., a resident mechanical eelchairs, a wooden chair, a two wooden tables were				

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obstructing the fire exit door on the third floor of the facility, adjacent to the freight elevator. A lit

STATE FORM 6899 OXLD11 If continuation sheet 2 of 5

Illinois L	Department of Public	Health				
STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION  A. BUILDING:		(X3) DATE SURVEY COMPLETED	
		IL6008866	B. WING		1	C 01/2015
NAME OF	PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY,	STATE, ZIP CODE		
STANT	HONY'S NRSG & REH	AB CENTER 767 30TH ROCK ISI	I STREET _AND, IL 61	1201		
(X4) ID PREFIX TAG	(EACH DEFICIENC)	TEMENT OF DEFICIENCIES / MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECT (EACH CORRECTIVE ACTION SHOU CROSS-REFERENCED TO THE APPRO DEFICIENCY)	LD BE	(X5) COMPLETE DATE
S9999	Continued From pa	ge 2	S9999			
		r stated, "Fire Exit Door." A stairwell door read, "Do Not Anytime."				
	model television, tw high-back wheelcha bed mattress, and a obstructing the fire the facility, adjacent sign above the door	A.M., bedside tables, a floor to wheelchairs, a broken air, two upholstered chairs, a a bariatric shower chair were exit door on the fourth floor of to the freight elevator. A lit stated, "Fire Exit Door." A stairwell door read, "Do Not Anytime."				
	high-back wheelcha and six broken ov obstructing the fire of the facility, adjacent sign above the door	A.M., a wheelchair, a hir, a padded restraint cushion er-bed tables were exit door on the fifth floor of to the freight elevator. A lit stated, "Fire Exit Door." A door read, "Do Not Block Fire				
**************************************	Plan" instructs staff residing in rooms 30 311, 312, 313, 314, 321, 322 and 322 via	ed, "3rd Floor Evacuation to evacuate residents 30, 301, 302, 308, 309, 310, 315, 316, 317, 318, 319, 320, a the stairwell, adjacent to the case of an emergency.				
	Plan" instructs staff residing in rooms 40 411, 412, 413, 414, 4 422 and 423 via the freight elevators, in o	d, "4th Floor Evacuation to evacuate residents 10, 401, 402, 403, 404, 410, 416, 417, 418, 419, 420, 421, stairwell, adjacent to the case of an emergency.				
	The facility form title	d, "5th Floor Evacuation				

residing in rooms 500, 501, 502, 503, 504, 504, Illinois Department of Public Health

Plan" instructs staff to evacuate residents

STATE FORM 6899 OXLD11 If continuation sheet 3 of 5 Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING:			(X3) DATE SURVEY COMPLETED	
			A. BOILDING			C	
		IL6008866	B. WING		l	01/2015	
NAME OF	PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY,	STATE, ZIP CODE			
ST ANTI	HONY'S NRSG & REH	AR CENTER	I STREET LAND, IL 61	201			
(X4) ID	SUMMARY STA	ATEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF	CORRECTION	(X5)	
PREFIX TAG	(EACH DEFICIENC)	Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE ACT CROSS-REFERENCED TO DEFICIENCE	FION SHOULD BE THE APPROPRIATE	COMPLETE DATE	
S9999	Continued From pa	age 3	S9999				
		, 516 and 517 via the stairwell, ght elevators, in case of an	ме от прилимент населения в пределения по пределения по пределения по пределения по пределения по пределения п			THE PROPERTY OF THE PROPERTY O	
	On 3/24/15 at 10:45 A.M., E6 (Licensed Practical Nurse/ Restorative Nurse) stated, "That (4th floor Fire Exit door) is an exit door to the stairwell. That door is not supposed to be blocked. This stuff shouldn't be here. For some reason staff keep throwing stuff back here."						
	Assistant) stated, "is blocking the stair	2 A.M., E14 (Certified Nursing That stuff shouldn't be there. It is (5th floor Fire Exit door). If there. You couldn't get to seeded to."					
	Assistant) stated, "	5 P.M., E23 (Certified Nursing We always store stuff back Exit door). I have been here ys been like that."			:		
	Director) stated, "TI blocked. I don't kno back there, blocking are fire exit doors. I emergeny evacuation	P.M., E3 (Maintenance he fire exit doors should not be w why staff keep putting stuff g those doors. Those doors Each floor has a posted on plan. Those are the evacuate to that stairway (vator).					
	General Instructions directs staff, "Do no Administration will of the Administration will of the Administration will of the Administration will of the Administration will be administr	call all elevators to the first off. Use the stairs only for					
		ty policy, Evacuation Plan are three types of evacuation	777		To the second se		

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION  A. BUILDING:			(X3) DATE SURVEY COMPLETED	
		IL6008866	B. WING		C 04/01/201		
	PROVIDER OR SUPPLIER	AB CENTER 767 30TH	DRESS, CITY, I STREET -AND, IL 61	STATE, ZIP CODE			
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES  MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CO (EACH CORRECTIVE ACTIO CROSS-REFERENCED TO THI DEFICIENCY)	N SHOULD BE E APPROPRIATE	(X5) COMPLETE DATE	
\$9999	Total EvacuationV removal of residents emergency area to floor, preferably beliappropriate stairwel will be as follows: A situation. Ambulator ResidentsBed Ricresidents should be appropriate of the focarry, Packstrap Ca Side-by-side.  The facility roster, of following 87 residents R91 and R92 residing R10 and R34 through	ge 4 y): Horizontal, Vertical and /ertical Evacuation is the s, visitors, personnel from the an area of refuge on another ow the emergency, using llsThe order of evacuation Il those in a life threatening ry ResidentsWheelchair iden Residents- These evacuated in the most collowing methods: Slide, Hip earry, Extremity Carry,  dated 3/24/15 includes the eats (R4, R9, R11 through R33, and on the Third Floor), (R8, gh R67 residing on the Fourth d R68 through R90 residing on  (B)	S9999	DEPICIENC!)			

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