

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6004691	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 03/26/2015
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NAME OF PROVIDER OR SUPPLIER MASON POINT	STREET ADDRESS, CITY, STATE, ZIP CODE ONE MASONIC WAY SULLIVAN, IL 61951
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(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 CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
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S9999	<p>Final Observations</p> <p>Statement of Licensure Violations : 300.1230k)</p> <p>Section 300.1230 Direct Care Staffing</p> <p>Effective September 12, 2012 a minimum of 25% of nursing and personal care time shall be provided by licensed nurses, with at least 10% of nursing and personal care time provided by registered nurses.</p> <p>300.1230 k) Staffing This finding is not met as evidenced by the following:</p> <p>Based on record review and interview the facility failed to have 10% of nursing and personal care time provided by a Registered Nurse for 7 of 14 days reviewed. This failure has the potential to affect all 102 residents residing in the facility.</p> <p>Findings include:</p> <p>The undated spread sheet provided by E1, Administrator on 3/24/15 at 10:30am documents the period of time reviewed for staffing was from 3/1-3/14/15. The spread sheet documents 21 skilled residents and 81 intermediate residents for that time period, which equals 284 hours of minimum direct care staff. The total hours of direct care calculated(284 hours) times 10% equals the number of RN(Registered Nurse) times(28 hours). The Minimum RN hours per 24 hour period are calculated to be 28 hours.</p> <p>The spread sheet documents the following hours per 24 hour period for RN's:</p>	S9999	<p>Attachment A</p> <p>Statement of Licensure Violations</p>	
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Illinois Department of Public Health LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
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S9999	<p>Continued From page 1</p> <p>3/1/15- 15.75 RN hours 3/2/15- 23.25 RN hours 3/6/15- 22.25 RN hours 3/7/15- 14.5 RN hours 3/8/15- 16 RN hours 3/10/15- 27 RN hours 3/14/15- 19 RN hours</p> <p>On 3/25/15 at 11:00am E1, Administrator, stated the RN hours listed on the spread sheet for each day are accurate. E1 stated they have been trying to hire RN's.</p> <p>The Resident Census and Conditions of Residents Report dated 3/24/15 documents 102 residents currently reside in the facility.</p> <p style="text-align: center;">(B)</p>	S9999		
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