

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 6016539	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 02/02/2022
--	--	---	---

NAME OF PROVIDER OR SUPPLIER CARMI MANOR REHAB & NRSR CTR	STREET ADDRESS, CITY, STATE, ZIP CODE 615 WEST WEBB STREET CARMI, IL 62821
---	--

(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
S 000	Initial Comments Complaint Investigations: 2250643/IL142815 2250753/IL142941 A partial extended survey was conducted.	S 000		
S9999	Final Observations Statement of Licensure Violation: 300.610a) 300.1210a) 300.1210b) 300.1210c) 300.1210d)6) 300.1220b)3) 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 a) Comprehensive Resident Care Plan. A facility, with the participation of the resident and the resident's guardian or representative, as	S9999	Attachment A Statement of Licensure Violations	

Illinois Department of Public Health LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
---	-------	-----------

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 6016539	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 02/02/2022
--	--	---	---

NAME OF PROVIDER OR SUPPLIER CARMI MANOR REHAB & NRSG CTR	STREET ADDRESS, CITY, STATE, ZIP CODE 615 WEST WEBB STREET CARMI, IL 62821
---	--

(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
--------------------	--	---------------	---	--------------------

S9999	<p>Continued From page 1</p> <p>applicable, must develop and implement a comprehensive care plan for each resident that includes measurable objectives and timetables to meet the resident's medical, nursing, and mental and psychosocial needs that are identified in the resident's comprehensive assessment, which allow the resident to attain or maintain the highest practicable level of independent functioning, and provide for discharge planning to the least restrictive setting based on the resident's care needs. The assessment shall be developed with the active participation of the resident and the resident's guardian or representative, as applicable. (Section 3-202.2a of the Act)</p> <p>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 care and personal care shall be provided to each resident to meet the total nursing and personal care needs of the resident.</p> <p>c) Each direct care-giving staff shall review and be knowledgeable about his or her residents' respective resident care plan.</p> <p>d) Pursuant to subsection (a), general nursing care shall include, at a minimum, the following and shall be practiced on a 24-hour, seven-day-a-week basis:</p> <p>6) All necessary precautions shall be taken to assure that the residents' environment remains as free of accident hazards as possible. All nursing personnel shall evaluate residents to see that each resident receives adequate supervision and assistance to prevent accidents.</p>	S9999		
-------	---	-------	--	--

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 6016539	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 02/02/2022
--	--	---	---

NAME OF PROVIDER OR SUPPLIER CARMI MANOR REHAB & NRSG CTR	STREET ADDRESS, CITY, STATE, ZIP CODE 615 WEST WEBB STREET CARMI, IL 62821
---	--

(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
--------------------	--	---------------	---	--------------------

S9999	<p>Continued From page 2</p> <p>Section 300.1220 Supervision of Nursing Services</p> <p>b) The DON shall supervise and oversee the nursing services of the facility, including:</p> <p>3) Developing an up-to-date resident care plan for each resident based on the resident's comprehensive assessment, individual needs and goals to be accomplished, physician's orders, and personal care and nursing needs. Personnel, representing other services such as nursing, activities, dietary, and such other modalities as are ordered by the physician, shall be involved in the preparation of the resident care plan. The plan shall be in writing and shall be reviewed and modified in keeping with the care needed as indicated by the resident's condition. The plan shall be reviewed at least every three months.</p> <p>These Regulations are not met as evidenced by:</p> <p>Based on observation, interview and record review, the facility failed to monitor for and prevent an elopement for 1 of 3 residents (R3) reviewed for elopement risk in the sample of 8.</p> <p>Findings include:</p> <p>R3's Resident Profile Sheet documents admission to this facility on 07/19/21. R3's Medical Diagnoses Sheet documents primary diagnoses of Dementia with behavioral disturbance and Hypertension.</p> <p>R3's most recent quarterly MDS (Minimum Data Set) dated 10/25/21 documents R3 is severely</p>	S9999		
-------	---	-------	--	--

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 6016539	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 02/02/2022
--	---	---	---

NAME OF PROVIDER OR SUPPLIER CARM MANOR REHAB & NRSG CTR	STREET ADDRESS, CITY, STATE, ZIP CODE 615 WEST WEBB STREET CARM, IL 62821
---	---

(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
S9999	<p>Continued From page 3</p> <p>Cognitively Impaired, however, he is assessed as being independent with locomotion.</p> <p>R3's Wandering/Elopement Risk Assessment dated 11/20/21 documents a score of 22 indicating he is high risk (normal range of 7 or higher = high risk).</p> <p>R3's Care Plan dated 07/19/21 documents the following in part - ... "Focus: My current risk for wandering/elopement is high risk ... Goal: My safety will be monitored every shift by all staff. Interventions/Tasks: ...I will be re-oriented to the unit and my room. I will wear a wander-guard for my safety, and it will be maintained and rotated as per facility policy. Staff will be aware of my location every 15 minutes and as needed ..."</p> <p>A facility initial Serious Injury Incident Report regarding R3's elopement documents the following in part - Incident Date: 01/22/22. Time of Incident: 6:15 AM. Resident Involved: (R3); Ambulatory; Interviewable: No; Alert and Oriented times: X (times) 2; Capable of Communication: Yes. Incident Description: Assessment performed by V7 (Licensed Practical Nurse/LPN) at 6:30 AM on 01/22/22. Detailed Incident Summary: "Approximately 6:15 AM, heard door alarm to smoker's door. Staff immediately did head count ... (R3) was not found. Staff went out and about facility with flashlights. Staff went walking toward field and found footprints. Found resident on ground. (V7 and V17-Certified Nurse Aide/CNA) removed jackets and put on resident and resident was responsive. 911 was called and more blankets were placed on him. EMTs (Emergency Medical Technicians) and police arrived and transferred him to (local hospital) ER (Emergency Room). Called and asked about resident's condition. Resident in stable condition at this time</p>	S9999		

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 6016539	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 02/02/2022
--	--	---	---

NAME OF PROVIDER OR SUPPLIER CARMI MANOR REHAB & NRSG CTR	STREET ADDRESS, CITY, STATE, ZIP CODE 615 WEST WEBB STREET CARM, IL 62821
---	---

(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
S9999	<p>Continued From page 4</p> <p>with no fx (fracture) suspected, abrasions on knees only."</p> <p>A local Police Department Incident Report dated 01/22/22 documents the following in part - ... "On 01/22/22 at approximately 6:41 AM, R/O (responding officer) V9 (Police Sergeant), V10 (Police Officer) and (local) ambulance were dispatched to the soccer field next to (name of facility) for a male that had escaped from (name of facility). R/O V9 and Officer V10 arrived and found several employees on the field with the victim (R3). (R3) was covered up with blankets. R/O would note that the temperature outside was in the area of 15 degrees and that the ground had frosted over. One of the employees advised that they did not know how long he had been outside ..." Local County Ambulance Service arrived on scene and R3 was transported to the local hospital Emergency Room for treatment and evaluation. This report indicated further interviews would be conducted by the police officers inside the facility and included in the case file. This report documents three staff members who were initially observed at R3's side upon arrival as V7 (LPN), V21 (TNA - Nursing Assistant in training), and V25 (LPN).</p> <p>R3's local County Ambulance Service patient care report documents a service date of 01/22/22 - - ... "Primary Impression: Hypothermia; Secondary Impression: Altered Mental Status; Primary Symptoms: Weakness; Initial Patient Acuity: Emergent ..." This report further documents in part - ... "Initial 911 call received at 6:40 AM; Enroute: 6:43 AM; On scene: 6:48 AM; At patient: 6:49 AM; Patient Transferred to Emergency Room care: 7:43 AM ...emergent to the soccer field next to (facility) for patient that was found outside. Arrived to find local police and nursing</p>	S9999		

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 6016539	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 02/02/2022
--	--	---	---

NAME OF PROVIDER OR SUPPLIER CARM MANOR REHAB & NRSG CTR	STREET ADDRESS, CITY, STATE, ZIP CODE 615 WEST WEBB STREET CARM, IL 62821
--	---

(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
S9999	<p>Continued From page 5</p> <p>home staff on scene. Patient is a 77-year-old male lying prone on the ground in somewhat wet clothes with a pillow under his head. Patient has about 8-10 blankets on him. Patient is cold to touch, confused, and combative. Nursing staff state that the patient has been outside for at least 1 hour by the time staff noticed he was not in the facility. Nursing staff state that a door alarm went off, but they thought no one got out ..." This report further documents R3 was given IV (intravenous) therapy with heat pack placed around IV, 2 heated blankets with 5 heated packs placed under the blanket, and the rigs heat run on high until arrival at the emergency room where care was transferred at 7:13 AM on 01/22/22.</p> <p>Per https://www.localconditions.com/weather-carmi-illinois/62821/past.php - the local temperature with wind speed on 01/22/22 was reported as follows:</p> <ul style="list-style-type: none"> * 6:38 AM 12.2 degrees Fahrenheit (F) with winds south southeast at 4 miles per hour * 5:58 AM 12.2 degrees F * 5:38 AM 12.2 degrees F * 4:58 AM 10.4 degrees F * 3:58 AM 10.4 degrees F * 3:39 AM 10.4 degrees F <p>Per https://www.weather.gov/safety/cold-wind-chill-chart the NOAA (National Oceanic and Atmospheric Administration) Wind Chill Chart Calculations, an outside temperature of 12.2 degrees F with a wind speed of 4 miles per hour as indicated by the local weather report on 01/22/22 above - wind chill is determined to be 5 degrees F (-15 degrees C (Celsius).</p> <p>R3's local hospital emergency department</p>	S9999		

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 6016539	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 02/02/2022
--	--	---	---

NAME OF PROVIDER OR SUPPLIER CARMI MANOR REHAB & NRSG CTR	STREET ADDRESS, CITY, STATE, ZIP CODE 615 WEST WEBB STREET CARMI, IL 62821
---	--

(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
--------------------	--	---------------	---	--------------------

S9999	<p>Continued From page 6</p> <p>nursing triage report documents the following in part - Patient: (R3) ...Arrival: 01/22/22 at 7:22 AM. Departure: 01/22/22 at 4:00 PM. Disposition: Transfer.</p> <p>Triage: Arrive by EMS (Emergency Medical Services) from a nursing home. Historian: Patient. Unaccompanied. Primary Physician: (V30) Chief Complaint: Patient to Emergency Department with Hypothermia. Per nursing home (NH) staff, patient was found outside laying face down in a soccer field across from the NH in approximately 12-degree weather. Patient was found in only a shirt and jeans without shoes on. NH staff is unsure how long patient had been outside, stating the alarm was faulty, but believes it was sometime before 6:00 AM. Patient moaning upon arrival and cold to touch 7:33 AM on 01/22/22. See EMS Report. IV fluids given (warmed fluids wide open).</p> <p>Sepsis Screen: Positive ...No infection suspected/documented - Temperature less than 96.8 degrees and heart rate greater than 90.</p> <p>7:33 on 01/22/22 - Blood pressure: 175/135, Heart rate: 109 ...Temperature: 86 degrees Fahrenheit (rectal) ...The patient appears uncomfortable, lethargic, and has weakness, patient moaning.</p> <p>R3's local hospital ER Physician Clinical Report dated 01/22/22 at 7:33 AM documents the following in part - History of Present Illness and Chief Complaint: Fall (found outside across the street from the NH on the ground in 15-degree weather). Location of injuries: Hypothermic-EMS unable to get temperature. The injury occurred last time known in NH was prior to 5:30 AM. Alarm did not sound. Was found outside around</p>	S9999		
-------	---	-------	--	--

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 6016539	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED C 02/02/2022
--	--	--	---

NAME OF PROVIDER OR SUPPLIER CARMI MANOR REHAB & NRSRG CTR	STREET ADDRESS, CITY, STATE, ZIP CODE 615 WEST WEBB STREET CARMI, IL 62821
--	--

(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
S9999	<p>Continued From page 7</p> <p>7:00 AM ...the patient had loss of consciousness (was cold and unconscious when found outside) ...Vital signs: Hypotensive. Tachycardic ...Appearance: ...appears uncomfortable, is pale and moderately dehydrated and is restless. He appears agitated, frail, elderly, and older than stated age (77). He shows no apparent trauma. Extremities: Abrasions present to the right lower extremity and right knee and left lower extremity and left knee. Toes on both feet are very cold to the touch, and pale ...Neuro: Severely altered mental status, combative, lethargic, and disoriented to person, place, and time. Patient has incoherent responses. No responses to questions and commands.</p> <p>The emergency room report goes on to document - Course of Care: 01/22/22 at 10:56 AM ...blood pressure dropped to 90s systolic. Will complete 30 ml (milliliter)/kg (kilogram) bolus of warmed fluids. The patient has Atrial Fibrillation/flutter with RVR (Reverse Ventricular Regurgitation). This appears to be new ...could be demand Ischemia ...transfer to higher level of care where Cardiology is available ...the patient required critical care due to the acute impairment of vital organ systems (Cardiovascular and Central Nervous System) and a high probability of imminent and life-threatening deterioration. Numerous emergent and urgent interventions were required to prevent sudden life-threatening deterioration.</p> <p>Clinical Impression: 1) New onset atrial flutter; 2) Frostbite with partial thickness skin loss involving right great toe, right 2nd toe, right 3rd toe, right 4th toe, right 5th toe, left great toe, left 2nd toe, left 3rd toe, left 4th toe, and left 5th toe with Hypothermia; 3) Severe Hypothermia secondary to exposure and Arrhythmia; 4) Probable bacterial Pneumonia; 5) Probable severe sepsis with</p>	S9999		

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 6016539	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 02/02/2022
--	--	---	---

NAME OF PROVIDER OR SUPPLIER CARMI MANOR REHAB & NRSG CTR	STREET ADDRESS, CITY, STATE, ZIP CODE 615 WEST WEBB STREET CARMI, IL 62821
---	--

(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
S9999	<p>Continued From page 8</p> <p>altered mental status and acute Cardiovascular failure. No shock.</p> <p>Per https://medical-dictionary.thefreedictionary.com/demand-induced+ischemia - demand-induced ischemia is described as - Insufficient blood flow to meet the needs of the heart produced by tachycardia and relative hypotension rather than by flow-limiting blockages within the coronary arteries. Demand ischemia may occur in atrial fibrillation with a rapid ventricular response; in hypotension or hypovolemia; or in sepsis or the systemic inflammatory response syndrome.</p> <p>On 01/25/22 at 10:04 AM, V26 (ER Physician) stated he was the treating physician for R3 on 01/22/22. V26 stated he is not certain R3 has frost bite because it takes days to develop, but his toes were very, very cold and pale and he wanted the receiving hospital to monitor. V26 stated for an older person who is not clothed properly and wearing no shoes it does not take long at 12 degrees for the core temperature to drop, as his was at 86 after receiving emergency care since earlier that morning from paramedics on the scene. V26 confirmed it was very plausible for R3 to have been outside for an hour given his condition, and he did not question that.</p> <p>The facility schedule for the week of January 16, 2022 documents on Friday, 01/21/22 to Saturday 1/22/22 the following staff were working from 10:00 PM to 6:00 AM - V16 and V20 (CNAs), V6 (Registered Nurse - RN), and V21 (TNA - CNA in training) worked from 2:00 PM on 1/21/22 to 6:00 AM on 1/22/22.</p> <p>This same schedule documents the following</p>	S9999		

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 6016539	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 02/02/2022
--	--	---	---

NAME OF PROVIDER OR SUPPLIER CARMI MANOR REHAB & NRSRG CTR	STREET ADDRESS, CITY, STATE, ZIP CODE 615 WEST WEBB STREET CARMI, IL 62821
--	--

(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
--------------------	--	---------------	---	--------------------

S9999	<p>Continued From page 9</p> <p>staff beginning their shift on 01/22/22 at 6:00 AM - V17, V22, V23, V24 (CNAs), V7 (LPN), V19 (RN), and V25 (LPN).</p> <p>On 01/25/22 at 8:58 AM during a tour of the facility, a number code was written in marker at the top of the East and West metal door frames of the dining room. When asked about the numbers, V29 (Activities) verified the codes at the top of the door frames were to disarm the door alarms and they've been the same for a long time.</p> <p>The following interviews were conducted with V6 (RN), V7 (LPN), V17, and V21 (CNA), who were primarily involved during R3's elopement incident on 01/22/22 -</p> <p>On 01/25/22 at 9:37 AM, V17 (CNA) stated ever since R3 was known to take off his electronic elopement bracelet he has been on a 15-minute safety check system with staff. V17 is unsure of the date this was implemented, but thought it was sometime late last year. V17 confirmed she worked in the facility on 01/22/22 for the 6:00 AM to 2:00 PM shift. She stated V6 (RN) gave report and there was nothing remarkable regarding R3's night. V17 stated no one mentioned the 15-minute checks for R3, so she was not aware if they had been done or not. V17 stated the west side dining room door, zone 2, went off at 6:15 AM. Staff went to see if anyone had gotten out the door and did not see anyone at that point inside or out that would have tripped the alarm. V17 stated we then went to do a resident head count throughout the facility and realized R3 was not in the facility. V17 stated at approximately 6:20 AM, staff went out the two dining room doors and the front entrance door to look for R3. It was still dark enough outside at this time that we had</p>	S9999		
-------	--	-------	--	--

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 6016539	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 02/02/2022
--	--	---	---

NAME OF PROVIDER OR SUPPLIER CARM MANOR REHAB & NRSG CTR	STREET ADDRESS, CITY, STATE, ZIP CODE 615 WEST WEBB STREET CARMI, IL 62821
--	--

(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
--------------------	--	---------------	---	--------------------

S9999	<p>Continued From page 10</p> <p>used flashlights. We walked the building perimeter with flashlights. We also had 2 staff driving around looking on the frontage roads. No one saw R3, so we came back in the facility. V17 stated she and V7 (LPN) went back outside a second time and searched across the parking lot to the other side of the soccer field. At that time, it was twilight, and we could see better. We ultimately went further onto the soccer field to the other side and located R3 at approximately 6:38 AM at the northwest end of the tree line where the row of brush ends in the soccer field. R3 was laying on his stomach. He had a jacket with him, but it was not on. V17 stated she shook him and said his name. He made groaning noises, we covered him with our jackets until additional staff brought out blankets. R3 had one shoe off down by his feet. V17 stated V7 called into the facility and reported they had located R3. She understood V25 (LPN) was the one who called 911 from inside the facility. After the ambulance arrived, V17 stated emergency personnel rolled R3 over and that's when they discovered his other shoe underneath his body. V17 was not sure how long R3 had been outside. When asked about camera footage, V17 stated she doesn't think the cameras record and thinks it's a live stream monitor system located at the nursing station.</p> <p>When told the ambulance report documented a staff member had stated R3 was outside at least an hour and asked if this would be possible, V17 stated, "Yes, it was possible he was outside that long." When asked if R3 was capable of punching in the alarm code for the outside doors and leaving undetected, she stated, "It's possible, he takes his elopement alarm band off all the time. That's why we implemented the 15-minute checks." V17 confirmed R3 was not wearing his</p>	S9999		
-------	--	-------	--	--

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 6016539	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 02/02/2022
--	--	---	---

NAME OF PROVIDER OR SUPPLIER CARMI MANOR REHAB & NRSG CTR	STREET ADDRESS, CITY, STATE, ZIP CODE 615 WEST WEBB STREET CARMI, IL 62821
---	--

(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
--------------------	--	---------------	---	--------------------

S9999	<p>Continued From page 11</p> <p>elopement bracelet on 01/22/22 when he left the facility and they located him in the field.</p> <p>On 01/25/22 at 10:20 AM, V6 (Registered Nurse - RN) stated she worked from 10:00 PM on 01/21/22 to 6:00 AM on 01/22/22. V6 stated R3 had been at the nursing station with her for most of the evening until about 3:00 AM, when at that time V6 told R3 it was time to go to his room and get some sleep because she needed to assist other residents. V6 confirmed she watched R3 go to his room and open his door but did not physically see him enter his room. V6 stated she did not see him again after that time. V6 confirmed she finished her morning medication pass and by that time the day shift had arrived just before 6:00 AM. V6 confirmed she gave report and clocked out at 6:08 AM. When she left the building at that time, there were no alarms going off and it was not apparent anyone had exited the building. When asked if R3 would be capable of punching in the code on the door alarm pad himself and exiting, she stated it was possible, he could read and the code was the same as always, or he could have gone out with our independent smokers. When asked about camera footage, V6 stated she did not think the cameras recorded, it was just a live stream monitor system located at the nursing station.</p> <p>On 01/25/22 at 11:25 AM, V21 (CNA) gave the following phone interview - V21 stated the last time she saw R3 was on 01/21/22 in the dining room for dinner at about 5:30 PM or 6:00 PM. V21 stated R3 always wandered around the facility. R3 would usually sit around the nursing station with staff. V21 stated R3 would need to be redirected, "all day, every day away from every door in the facility. He would pack his bags and try to leave. One day he tried to get out the front</p>	S9999		
-------	---	-------	--	--

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 6016539	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 02/02/2022
--	--	---	---

NAME OF PROVIDER OR SUPPLIER CARMI MANOR REHAB & NRSR CTR	STREET ADDRESS, CITY, STATE, ZIP CODE 615 WEST WEBB STREET CARMI, IL 62821
---	--

(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
S9999	<p>Continued From page 12</p> <p>door ...We try to get him a snack and redirect. He has been out of the facility before right outside the door. I can't remember when this was. It is a normal thing for him to try and get out. The day of 01/21/22, I came in the back door from the ramp where the supplies are. He wanted to get out and I told him no. He would get mad. He would pack his things every day and one time he had dragged his recliner in the hallway. He will not keep the (elopement bracelet) on and I don't remember the last time he had it on ...He would fiddle with it and break it. At least twice a day he would attempt to leave. I am not positive he would be able to punch in the code to get out, but I know he is with it enough some of the time so it's not out of the question he would be able to open the door with the code. I was part of the staff that went to his side when he was found outside. I had numerous blankets, the kitchen staff ran by me and got their first. (V7 and V17) saw tracks and found him first. The only thing I'm aware the facility had as an intervention for elopement were the 15 minute checks ...I'm a CNA in training and I don't chart in the record yet." When asked about camera footage, V21 stated she does not think the cameras record.</p> <p>On 01/26/22 at 6:15 AM, V7 (LPN) stated at the end of her shift on 01/22/22 report to the oncoming shift was completed about 6:15 AM. V7 stated a resident head count was conducted after report and at that time, both dining room door alarms were going off. V7 stated this was strange because staff did not see anyone at that time who would have triggered the alarms. She explained there is a "zone" panel beside the call light panel at the nursing station and when an elopement band triggers the door alarms, it will give you the number assigned to that band. There was no indication that R3's elopement bracelet</p>	S9999		

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 6016539	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 02/02/2022
--	--	---	---

NAME OF PROVIDER OR SUPPLIER CARMI MANOR REHAB & NRSO CTR	STREET ADDRESS, CITY, STATE, ZIP CODE 615 WEST WEBB STREET CARMI, IL 62821
---	--

(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
S9999	<p>Continued From page 13</p> <p>had breached the doors. V7 stated when they realized R3 was missing at head count, the facility was searched pretty quickly, and the outside search began. V7 stated they had a couple of cars drive the frontage road as well, but they did not locate R3. V7 stated she and V17 (CNA) went out again. It was getting lighter outside and at approximately 6:38 AM, we located R3 behind the shrub at the end of the tree line in the soccer field. V7 confirmed she called back to the facility at this time and V25 (LPN) called 911. When asked about camera footage, V7 also stated she did not think the cameras recorded and thinks it's just a live stream monitor system located at the nursing station.</p> <p>On 01/25/22 at 10:12 AM, V27 (Maintenance Director) stated after R3 eloped on 01/22/22 he came to the facility to check all the door alarms leading to the outside. V27 stated they were all in working order. He explained they are locked but if you press on the door in any spot, in 4 seconds the alarm will sound if not disarmed by inputting the code. V27 continued to state that after 15 seconds the door automatically releases and opens. This is for fire safety. The alarm is a loud beep on the door that is constant until the code is reset. When asked about the cameras in the facility, he stated they are just a live stream monitor and do not record footage.</p> <p>On 01/25/22 at 10:33 AM, V28 (Dietary Aide) stated he arrived for his shift at the facility on 01/22/22 about 5:15 AM. At around 6:15 AM, he stated V23 (CNA) "came back and told me the head count was just done and they were missing R3 and asked me if I could help search." V28 stated, "It was still really dark out, so I got my flashlight on my phone on. I walked the woods and in the soccer field close to the woods. I went</p>	S9999		

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 6016539	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 02/02/2022
--	--	---	---

NAME OF PROVIDER OR SUPPLIER CARMI MANOR REHAB & NRSRG CTR	STREET ADDRESS, CITY, STATE, ZIP CODE 615 WEST WEBB STREET CARMI, IL 62821
--	--

(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
S9999	<p>Continued From page 14</p> <p>around back to the dumpsters and all around the main road, and by the time I got to the helipad in front out of our facility, I heard yelling and saw staff at the soccer field, I ran over. Someone was coming out of the facility with blankets. We ran over and covered R3 up. We talked to him and he was responding but agitated. I heard him say "No" a couple of times. 911 had already been called by the time I joined them. The police arrived first, then the ambulance arrived around 6:50 AM. I left the facility out our side door directly leading outside, so I can't confirm if any alarms were going off in the facility at 6:15 AM. After everything was said and done, I know maintenance came in and checked all the door alarms."</p> <p>On 01/26/22 at 11:51 AM, V15 (Power of Attorney - POA) stated she does not believe the 15-minute checks work, the facility tried to minimize reporting the time R3 was outside ...she is not happy with the incident of him getting outside or the fact he continuously removes his elopement monitor. She stated that one-on-one would be good, but that is not happening. They need to be accountable and provide the services and protection advertised for their residents.</p> <p>The facility provided hand-written staff statements as part of R3's incident investigation as follows -</p> <p>A statement dated 01/22/22 at 9:00 AM by V1 (Administrator) documents - Called V16 (CNA) ...when asked the last time she physically laid eyes on (R3) she said about 4:30 AM.</p> <p>A statement by V16 (CNA) with no date or time documents in part - ... "last bed check I emptied (urinal from resident next door to R3) ... "I heard bathroom door open, and light come on. Peaked</p>	S9999		

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 6016539	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 02/02/2022
--	--	---	---

NAME OF PROVIDER OR SUPPLIER CARMI MANOR REHAB & NRSG CTR	STREET ADDRESS, CITY, STATE, ZIP CODE 615 WEST WEBB STREET CARM, IL 62821
---	---

(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
S9999	<p>Continued From page 15</p> <p>into (R3's) room. He was not in chair. That was about 4:30 AM. I went on and did my other bed checks ..." There is no confirmation in this note stating whether V16 did or did not see R3 at this time.</p> <p>On 01/26/22 at 11:14 AM, this surveyor attempted to contact V16 via cell phone for clarification of her statement taken by V1 versus her own written statement. The phone number provided for V16 went to voicemail with a mailbox that had not been set up to accept messages.</p> <p>V21's (TNA) statement dated 01/22/22 does not document the last time she saw R3 in the facility.</p> <p>V17's (CNA) statement dated 01/22/22 does not document the last time she saw R3 in the facility.</p> <p>V20's (CNA) statement dated 01/22/22 documents she worked the 10:00 PM to 6:00 AM shift on 01/21/22 and that R3 slept most of the night. No alarms went off while she was there.</p> <p>V6's (RN) statement documents at 2:30 AM, R3 and other residents were at the nursing station with her. At that time, she mentioned it was time for bed, asked R3 if he needed help and he said no. V6 observed R3 walking to his room ...V6 continues to write that at 3:15 AM she approached R3's door for a dressing change, V16 opened R3's door and saw him asleep in his recliner. V6 did not want to disturb him, so she went to the next resident.</p> <p>The facility was unable to provide documentation and staff were unable to verbally confirm R3 was physically seen in the facility after 3:15 AM on 01/22/22.</p>	S9999		

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 6016539	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 02/02/2022
--	--	---	---

NAME OF PROVIDER OR SUPPLIER CARMI MANOR REHAB & NRSG CTR	STREET ADDRESS, CITY, STATE, ZIP CODE 615 WEST WEBB STREET CARMI, IL 62821
---	--

(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
--------------------	--	---------------	---	--------------------

S9999	<p>Continued From page 16</p> <p>R3's January 2022 POS (Physician's Order Sheet) documents an order for elopement monitor dated 07/21/21 for right ankle with a change dated 11/03/21 to apply to right wrist.</p> <p>R3's progress notes dated 10/30/21 documents, "Wander-guard is not on resident at this time. Unable to find ... 15-minute safety checks remain in place."</p> <p>R3's record reflects a consistent pattern of R3 removing his electronic elopement bracelet from the note above to the morning of 01/22/22 when he eloped.</p> <p>R3's 15-minute Check Log dated 01/22/22 was noted to be blank after 3:15 AM, which is the last documented time anyone can confirm R3 was physically seen in the facility. In fact, the log is blank from midnight until 6:00 PM. However, a staff member whose shift did not begin until 6:00 PM the evening of 01/22/22 had pre-filled R3's 15-minute safety check log for her shift by signing her initials. It is confirmed by medical personnel documentation, interviews with law enforcement professionals, and staff interviews R3 was transported via ambulance to the emergency at 6:49 AM on 01/22/22.</p> <p>On 1/27/22 at 12:40 PM, V30 (Primary Care Physician - PCP) stated the facility did call him about R3's elopement on the morning of 01/22/22 and he informed staff to absolutely send R3 to the ER. V30 further stated he instructed the facility staff that if it was an emergent situation to first call 911, then call him, but confirmed he did not ask if they had already called 911. V30 stated that knowing R3 and the cold conditions on the morning of 01/22/22, V30 would not dispute the report of R3 being outside for at least an hour.</p>	S9999		
-------	--	-------	--	--

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 6016539	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 02/02/2022
--	--	---	---

NAME OF PROVIDER OR SUPPLIER CARMI MANOR REHAB & NRSG CTR	STREET ADDRESS, CITY, STATE, ZIP CODE 615 WEST WEBB STREET CARM, IL 62821
---	---

(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
S9999	<p>Continued From page 17</p> <p>V30 stated R3 had a heart monitor placed at the hospital prior to his return to the facility on 01/25/22. V30 stated cold weather can certainly cause a Cardiac event, which is what R3 experienced on 01/22/22. V30 stated R3 is demented and cannot make good decisions. When told R3 will not leave his elopement monitor on, V30 stated R3 is on 15-minute safety checks. When told that the 15-minute visual checks had not been signed off as being done prior to R3's elopement on 01/22/22, the facility could not provide concrete documentation R3 was seen in the facility after 3:15 AM, and that a staff member who was scheduled to begin their shift later that evening on 01/22/22 had pre-filled her portion of documentation on R3's 15-minute visual check sheet, V30 stated, "Oh, that is not good. I will have to speak with them about that."</p> <p>A facility policy titled, "Wandering and Elopement Assessment and Prevention" dated 11/15/15 and revised on 12/9/21 documents in part -</p> <p>Definition: Elopement is defined as a resident who departs the health care facility or enters a non-resident area within the facility, unsupervised and undetected."</p> <p>Procedure: Facility uses a multi-faceted approach to prevent elopement:</p> <p>1. Environmental controls, such as but not limited to:</p> <ul style="list-style-type: none"> a. Alarmed doors b. Alarmed bracelets (Wander Guard) c. Camera surveillance <p>On 01/26/22 at 10:02 AM via cell phone, V5 (Regional Director of Operations) confirmed the facility cameras do not record.</p>	S9999		

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 6016539	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED C 02/02/2022
--	--	--	---

NAME OF PROVIDER OR SUPPLIER CARMI MANOR REHAB & NRSNG CTR	STREET ADDRESS, CITY, STATE, ZIP CODE 615 WEST WEBB STREET CARMI, IL 62821
--	--

(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
S9999	Continued From page 18 (A)	S9999		