STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:					(X3) DATE SURVEY COMPLETED C	
		IL6005797	B. WING			16/2015
NAME OF F	PROVIDER OR SUPPLIER		DDRESS, CITY, ST			
MARIGO	LD REHABILITATION	HCC	T CARL SAND URG, IL 6140 ⁻			
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES / MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF (EACH CORRECTIVE ACT CROSS-REFERENCED TO DEFICIENC	TION SHOULD BE	(X5) COMPLET DATE
S9999	Final Observations		S9999			
	Statement of Licens	sure Violations				
	who are needed at based on the needs determined by figur					
	staff by: 1) Determining the needed to meet the	I provide minimum direct care amount of direct care staffing needs of its residents; and mum direct care staffing ratios tion.				
	personnel needed t following procedure 1) The facility shall residents needing s 2) The number of re be multiplied by the needed each day fo 3) Adding the hours residents in each ca of direct care needed facility. 4) Multiplying the to care needed by 25% amount of licensed provided during a 2 total minimum hour 10% will give the m	determine the number of killed or intermediate care. esidents in each category shal overall hours of direct care	3			

06/10/15

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION			(X3) DATE SURVEY COMPLETED		
			A. BUILDING:			С	
	IL6005797		B. WING			05/16/2015	
NAME OF I	PROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, S	TATE, ZIP CODE			
MARIGO	LD REHABILITATION	HCC	T CARL SAND URG, IL 6140				
(X4) ID		TEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF		(X5)	
PRÉFIX TAG		/ MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE ACT CROSS-REFERENCED TO T DEFICIENC	THE APPROPRIATE	COMPLET DATE	
S9999	Continued From pa	ige 1	S9999				
	75% of the Minimur The remaining 75% direct care hours m identified in subsect documented that the long as nursing car with the Nurse Prace 6) The amount of ti (I)(4) and (5) is exp total number of hou hours each person 8 hours) will give the to staff each shift. Of time for scheduled training. The number calculate staff ratios facility's midnight car Based on record re failed to meet minir requirements. This residents that resid Findings Include: The Midnight Censt E1 (Administrator) I 147. The minimum direct am - 3 pm) shift is The minimum direct shift (11 pm - 7 am)	of the minimum required ay be fulfilled by other staff tion (f) as long as it can be rey provide direct care and as e is provided in accordance ctice Act. me determined in subsections ressed in hours. Dividing the urs needed by the number of works per shift (usually 7.5 or e number of persons needed Calculations shall not include breaks or scheduled in-service er of residents used to s shall be based on the ensus. view and interview the facility num direct care staffing thas the potential to affect all					

STATEMEN	Pepartment of Public	(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPLE	CONSTRUCTION		ESURVEY
AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		A. BUILDING:		COM	PLETED	
		IL6005797	B. WING			C 16/2015
NAME OF I	PROVIDER OR SUPPLIER	STREET	ADDRESS, CITY, S	TATE, ZIP CODE		
MARIGO	LD REHABILITATION	HCC	ST CARL SAND			
			BURG, IL 6140	PROVIDER'S PLAN OF		
(X4) ID PREFIX TAG	(EACH DEFICIENC)	Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	(EACH CORRECTIVE AC CROSS-REFERENCED TO DEFICIENC	TION SHOULD BE THE APPROPRIATE	(X5) COMPLET DATE
S9999	Continued From pa	ige 2	S9999			
	Certified Nurse Aide	firmed the presence of 14 es currently working the 7-3 inimum staffing requirements	5.			
	Aid/Scheduler) stat 137-150 and E9 do guidelines of staff. "corporate" are 7-3	shift 12 Certified Nurse Aides ed Nurse Aides, and 7				
	E9 stated "call in ar Director of Nursing	e handled by the Assistant and Administrator."				
	stated "'E9' does st	35 P.M. E1 (Administrator) affing/scheduling, discusses ctor of Nursing or Assistant ."				
	2. The Daily Censuindicates resident c	us Report dated 05/02/15 ensus 146.				
	The minimum direct should be 17 Certif	t care staffing for the 7-3 shif ied Nurse Aides.	t			
	Aide/Schedule) sho	ded by E9 (Certified Nurses ows 11 Certified Nurse Aides 5 7-3, six CNA's below the equirements.				
	3. The Daily Censuindicates resident c	us Report dated 05/03/15 ensus 147.				
	The minimum direct should be 17 Certif	t care staffing for the 7-3 shif ied Nurse Aides.	t			
	Aide/Scheduler) inc	ed by E9 (Certified Nurse licate 11 Certified Nurse Aide 5 on the 7-3 shift, six below th				

		(X2) MULTIPLE CONSTRUCTION A. BUILDING:			(X3) DATE SURVEY COMPLETED		
	IL6005797		B. WING			C 05/16/2015	
	PROVIDER OR SUPPLIER		ADDRESS, CITY, S	TATE. ZIP CODE		10/2010	
		275 FA	ST CARL SAND				
MARIGO		GALES	BURG, IL 6140	1			
(X4) ID PREFIX TAG	(EACH DEFICIENC)	TEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF (EACH CORRECTIVE AC' CROSS-REFERENCED TO DEFICIENC	TION SHOULD BE THE APPROPRIATE	(X5) COMPLET DATE	
S9999	Continued From pa	ige 3	S9999				
	minimum staffing re	equirements.					
	The minimum direct care staffing for the 3-11 on 5/3/15 shift should be 11 Certified Nurse Aides.						
	The schedule provided by E9 (Certified Nurse's Aid/scheduler) indicate that 10 Certified Nurses Aides worked on 05/03/15 on 3-11 shift.						
	The minimum direct should be 7 Certifie	et care staffing for the 11-7 sh ad Nurse Aides.	ift				
	Aide/Scheduler) inc	ded by E9 (Certified Nurse dicate that 6 Certified Nurse 5/03/15 on the 11-7 shift.					
	4. The Daily Censuindicates resident c	us Report dated 05/09/15 ensus of 150.					
	The minimum direct should be 17 Certif	t care staffing for the 7-3 shif ied Nurse Aides.	t				
	Aide/Scheduler) inc Aides worked on th	ded by E9 (Certified Nurse dicates that 11 Certified Nurse e 7-3 shift on 05/09/15, six n staffing requirements.)				
		et care staffing for the 11-7 sh en 7 Certified Nurse Aides.	ift				
	Aide/Scheduler) inc Aides worked the 1	ded by E9 (Certified Nurse dicates that 4 Certified Nurse 1-7 shift on 05/09/15, three n staffing requirements.					
	5. The Daily Censuindicates resident c	us Report dated 05/10/15 census of 150.					
	The minimum direct should be 17 Certif	t care staffing for the 7-3 shif ied Nurse Aides.	t				

STATE FORM

5XN311

If continuation sheet 4 of 5

STATE PLANOF CORRECTION (x) PROVIDERSUPPLIER/LIA (x) PROVIDERSUPPLIER/LIA (x) PROVIDER CONSTRUCTION (x) P	Illinois Department of Public Health							
ILG005797 IN.WIG Op/16/2015 NAME OF PROVIDER.OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 275 EAST CARL, SANDBURG DRIVE MARIGOLD REHABILITATION HCC SUMMAY STREET OF DEFICIENCIES PREPRY PARTING SUMMAY STREET OF DEFICIENCIES PREPRY TAG PREPRY CROSH-REFERENCE OF TO THE APPROPRIATE COMPLETE TAG SUMMAY STREET OF DEFICIENCIES PREPRY CROSH-REFERENCE OT TO THE APPROPRIATE COMPLETE TAG Continued From page 4 S9999 Continued From page 4 S9999 Continued From page 4 S9999 SUMMAY STREET OF CONTINUES TO THE APPROPRIATE CONSTRET THE STREET ADDRESS. CONSTRET THE STREET ADDRESS. CONSTRET THE STREET ADDRESS. SUMMAY STREET ADDRESS The schedule provided by E9 (Certified Nurse Aldes worked on the 7-3 shift on 05/10/15, five below the minimum staffing requirements. S9999 Continued From page 4 S9999 On 05/15/15/15 at 8:42 A.M. E7 (Certified Nurse Aldes worked on the 7-3 shift on 05/10/15, five below the minimum staffing requirements. Con 05/15/15 at 8:42 A.M. E7 (Certified Nurse Aldes worked on the contract stage satially." Con 05/15/15 at 8:42 A.M. E7 (Certified Nurse Aldes worked at the contract stage satially." Con 05/15/15 at 8:42 A.M. E7 (Certified Nurse Aldes worked at the contract stage satially were stage address and and the contract stage address and and the satisfies at the contract stage address and ande stage satisfies." Con 05/15/15 at 9:00 A.M.	()							
TRACL SADDBURG DRIVE CALEBOURGI, L. 61400 CM0100 PREFIX TAG SUMMARY STATEMENT OF DEFICIENCIES D PREFIX PPRCFUX (EACH CORRECTION SHOULD BE EACH CORRECTION SHOULD BE (EACH CORRECTION SHOULD BE EACH CORRECTION SHOULD BE EACH CORRECTION SHOULD BE (EACH CORRECTION SHOULD BE EACH CORRECTION SHOULD BE (EACH CO			IL6005797	B. WING				
MARKOUD REPARTITION PROC (xi), D, PREFX, TAG SUMMARY STATEMENT OF OEFICIENCIES (SUMMARY STATEMENT OF OEFICIENCIES) (SUMMARY STATEMENT OF OEFICIENCIES) (SUMMARY STATEMENT OF OEFICIENCIES) (RECULTORING TO THE APPROPRIATE (SUMMARY STATEMENT OF OEFICIENCIES) (RECULTORING TO THE APPROPRIATE (SUMMARY STATEMENT OF OEFICIENCIES) (RECULTORING TO THE APPROPRIATE (SUMMARY STATEMENT OF OEFICIENCIES) (RECULTORING TO THE APPROPRIATE (CHOSS HERFENENCTED TO THE APPROPRIATE (CHOST HERFENENCTED TO THE APPROP	NAME OF F	PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, S	STATE, ZIP CODE			
Prigrix TxG (EACH DEFICIENCY MIST BE FRECEDED BY FULL FXG Prigrix TxG (EACH CORRECTIVA CATION SHOULD BE CROSS-REFERENCE TO THE APPROPRIATE COMPLETE DATE S9999 Continued From page 4 S9999 S9999 The schedule provided by E9 (Certified Nurse Aide'scheduler) indicates that 12 Certified Nurse Aide's worked on the 7-3 shift in 05'10'15, five below the minimum staffing requirements. S9999 S999 S99	MARIGO	LD REHABILITATION	HCC					
The schedule provided by E9 (Certified Nurse Aides worked on the 7-3 shift on 05/10/15, five below the minimum staffing requirements. On 05/15/15 at 8:42 A.M. E7 (Certified Nurse Aide) stated "normally there is not as much help in the dining room as there is today." Also stated "on weekends we don't get any help at all, the activity aid sometimes tries to help, but she has to do her activities, so she's not always available." "Director of Nursing has came in two times and worked as a CNA due to staffing, other than that, no other department heads help." On 05/15/15 at 8:25 A.M. R6 stated "seems short staffed at times, especially weekends." On 05/15/15 at 9:00 A.M. both R7 and R8 who are roommates complained that "weekends are short of help." (B)	PRÉFIX	(EACH DEFICIENC)	MUST BE PRECEDED BY FULL	PREFIX	(EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPRO	D BE	COMPLETE	
Aide/Scheduler) indicates that 12 Certified Nurse Aides worked on the 7-3 shift on 05/10/15, five below the minimum staffing requirements. On 05/15/15 at 8:42 A.M. E7 (Certified Nurse Aide) stated " normally there is not as much help in the dining room as there is today." Also stated "on weekends we don't get any help at all, the activity aid sometimes tries to help, but she has to do her activities, so she's not always available." "Director of Nursing has came in two times and worked as a CNA due to staffing, other than that, no other department heads help." On 05/15/15 at 8:25 A.M. R6 stated "seems short staffed at times, especially weekends." On 05/15/15 at 9:00 A.M. both R7 and R8 who are roommates complained that "weekends are short of help." (B)	S9999	Continued From pa	ige 4	S9999				
llinois Department of Public Health	29998	The schedule provi Aide/Scheduler) ind Aides worked on th below the minimum On 05/15/15 at 8:42 Aide) stated " norm in the dining room a "on weekends we d activity aid sometim do her activities, so "Director of Nursing worked as a CNA d no other departmen On 05/15/15 at 8:22 staffed at times, es On 05/15/15 at 9:00 are roommates con short of help."	ded by E9 (Certified Nurse dicates that 12 Certified Nurse e 7-3 shift on 05/10/15, five a staffing requirements. 2 A.M. E7 (Certified Nurse ally there is not as much help as there is today." Also stated don't get any help at all, the nes tries to help, but she has to o she's not always available." g has came in two times and lue to staffing, other than that, nt heads help." 5 A.M. R6 stated "seems short pecially weekends." 0 A.M. both R7 and R8 who	29999				
	Illinois Depar	tment of Public Health						