Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	IL6009922	A. BUILDING: _____ B. WING _____	04/14/2016

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
WESTMINSTER VILLAGE	2025 EAST LINCOLN STREET BLOOMINGTON, IL 61701

(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	Final Observations STATEMENT OF LICENSURE VIOLATIONS: 300.1230k) 300.1230 l)4) 300.2080a) 300.3100d)7) 300.1230 Direct Care Staffing 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. Registered nurses and licensed practical nurses employed by a facility in excess of these requirements may be used to satisfy the remaining 75% of the nursing and personal care time requirements. To determine the numbers of direct care personnel needed to staff any facility, the following procedures shall be used: 4) Multiplying the total minimum hours of direct care needed by 25% will give the minimum amount of licensed nurse time that shall be provided during a 24-hour period. Multiplying the total minimum hours of direct care needed by 10% will give the minimum amount of registered nurse time that shall be provided during a 24-hour period. These requirements are not met as evidenced by: Based on interview and record review, the facility failed to have 10% of nursing and personal care provided by a Registered Nurse (RN) for 2 of the 14 days reviewed. This failure has the potential to affect all 64 residents residing in the facility.	S9999	Attachment A Statement of Licensure Violations	

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

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S9999	Continued From page 1 Findings include: The spread sheet dated 4/11/16 provided by E1, Administrator, documents the period of time reviewed for staffing as 3/4/16 - 3/17/16. The spread sheet documents an average daily census of 5.43 Skilled Care Residents and 60.21 Intermediate Care Residents, which requires a minimum of 171.16 hours of direct care staff daily. The minimum required RN hours are calculated to be 17.12 hours daily. This spread sheet documents the following for RN hours worked: 3/12/16 - 10 hours 3/13/16 - 10 hours The 3/2016 Nurses scheduled confirms these hours worked by RN's. On 4/11/16 at 4:00 PM, E1 confirmed that the hours on the spread sheet were accurate. The Resident Census and Conditions of Resident dated 4/10/16 documents 64 residents reside in the facility. (AW) Section 300.2080 Menus and Food Records a) Menus, including menus for "sack" lunches and between meal or bedtime snacks, shall be planned at least one week in advance. Food sufficient to meet the nutritional needs of all the residents shall be prepared for each meal. When changes in the menu are necessary, substitutions shall provide equal nutritive value and shall be recorded on the original menu, or in a notebook marked "Substitutions", that is kept in the kitchen.	S9999		

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S9999	Continued From page 2 If a notebook is used to document substitutions, it shall include the date of the substitution; the meal at which the substitution was made; the menu as originally written; and the menu as actually served. This requirement is not met as evidenced by: Based on observation, interview, and record review the facility failed to serve the required amount of protein for the lunch time meal. This failure affected one of three residents (R103) reviewed for meals in the sample of three and affected five residents (R104 through R108) reviewed for meals on the supplemental sample. Findings include: The facility's dietary spreadsheet for 4/10/16 documents the portion size of baked trout as four ounces. On 4/10/16 from 11:30 PM to 1:00 PM, R103, R104, R105, R106, R107 and R108 were served baked trout on their lunch trays. On 4/10/16 at 1:00 PM, E9 Assistant Food Service Director weighed the serving size of the baked trout. The baked trout weighed two ounces instead of four ounces. On 4/10/16 at 1:20 PM, E9 stated, "The trout and the prime rib was the protein containing meats at lunch. The trout weighed two ounces, it was suppose to weigh four ounces. The trout weighs eight ounces when whole {pre-cooked}. We cut the trout in half after it was baked. We didn't realize the trout weighed less after baking it." At that time, E9 confirmed R103, R104, R105, R106, R107 and R108 received two ounces	S9999		

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S9999	Continued From page 3 instead of four ounces of the baked trout on their lunch tray. (B) Section 300.3100 General Building Requirements d) Doors and Windows 7) Thresholds or parting strips in doorways used by residents shall be flush with the floor. This requirement is not met as evidenced by: Based on observation, interview, and record review the facility failed to ensure the doorway threshold from the day room to the patio was flush with the floor. This failure has the potential to affect all the residents that reside in the facility. Findings include: On 4/11/16 at 9:02 AM, during the group interview R106 and R109 stated the doorway from the dayroom out to the patio is difficult to cross through. On 4/12/16 at 10:05 AM, the threshold (located in the dayroom leading to the patio) at the base of the doorway frame that meets the sidewalk was not flush. There was an 1/2 to 3/4 inch elevation from the sidewalk edge up to the edge of the doorframe. The edge of the sidewalk that meets the doorframe was cracked and was missing pieces of concrete. On 4/12/16 at 1:05 PM, R106 stated, "The door sill is so high you almost have to have help getting across. I have to try multiple times to get over it, my wheelchair doesn't want to go over it. I go out to the patio once or twice daily when the weather is nice." On 4/12/16 at 1:40 PM, E15 Maintenance Director confirmed that there was a 1/2 to 3/4 inch elevation from the sidewalk edge up to the	S9999		

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S9999	Continued From page 4 edge of the doorframe and that the edge of the sidewalk that meets the doorframe was cracked and was missing pieces of concrete. E15 stated, "The threshold was worked on in the late fall of last year. I had to grind the concrete and apply concrete crack filler. The filler expanded which caused more of a separation." The Resident Census and Conditions of Resident dated 4/10/16 documents 64 residents reside in the facility. (B)	S9999		