STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	IL6003933	A. BUILDING _____ B. WING _____	12/01/2016

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
HALLMARK HOUSE NURSING CENTER	2501 ALLENTOWN ROAD PEKIN, IL 61554

(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 Annual Licensure and Certification Survey	S 000		
S9999	Final Observations Statement of Licensure Violations 300.670c)1) 300.670c)3) Section 300.670 Disaster Preparedness c) Fire drills shall be held at least quarterly for each shift of facility personnel. Disaster drills for other than fire shall be held twice annually for each shift of facility personnel. Drills shall be held under varied conditions to: 1) Ensure that all personnel on all shifts are trained to perform assigned tasks; 3) Evaluate the effectiveness of disaster plans and procedures. This REQUIREMENT is not met as evidenced by: Based on record review and interview the facility failed to have two disaster drills for each of the three shifts in the past year. This failure has the potential to effect all 41 residents in the facility. Findings include: On 11/29/16 at 2 PM E15, Maintenance Manager stated, "We've done fire drills, they're the same as disaster drills. We haven't done disaster drills	S9999	Attachment A Statement of Licensure Violations	

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S9999	Continued From page 1 or had any tornado warnings over the past year." According to the Centers for Medicare and Medicaid Census and Condition of Residents Report, form 672, dated 11/28/16 and signed by E4, (LPN, Wound/Restorative Nurse), at the time of the survey 41 residents resided in the facility. (B)	S9999		