

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>IL6004824</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>C</b> <b>06/10/2015</b>
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NAME OF PROVIDER OR SUPPLIER  <b>FARMER CITY REHAB &amp; HEALTHCARE</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>404 BROOKVIEW DRIVE</b> <b>FARMER CITY, IL 61842</b>
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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
S9999	<p>Final Observations</p> <p>Statement of Licensure Violations: 300.1230 d)2) 300.1230k)</p> <p>Section 300.1230 Direct Care Staffing d) Each facility shall provide minimum direct care staff by: 2) Meeting the minimum direct care staffing ratios set forth in this Section. k) 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. (Section 3-202.05(e) of the Act)</p> <p>These requirements were not met as evidenced by: Based on record review and interview, the facility failed to meet staffing requirements for nursing and personal care for three of the 14 days reviewed by failure to have sufficient direct care staff. This failure has the potential to affect all 44 residents in the facility. Findings include: The undated staffing spread sheet dated 5/18/15 through 5/31/15 documents the daily census for skilled and intermediate care residents and staffing hours for Registered Nurses (RN), Licensed Practical Nurses (LPN), Certified Nursing Assistants (CNA), Social Service, Therapy, and the Director of Nursing (DON). The staffing sheet calculations document an average daily census of 3.36 Skilled Care and 42.50 Intermediate Care residents for that 14 day</p>	S9999		

Illinois Department of Public Health LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE <b>06/26/15</b>
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S9999	<p>Continued From page 1</p> <p>period, totaling 45.86 Skilled and Intermediate Care residents per day. The census of 45.86 Skilled and Intermediate Care residents require a minimum of 119.0 hours of Direct Care Staff for a 24 hour period.</p> <p>The undated staffing spreadsheet for 5/18/15 through 5/31/15 documents the three days, 5/24/15, 5/30/15 and 5/31/15, that did not meet the minimum hours of 119.0 for direct care staff: 5/24/15 98.0 hours (includes 2.0 Therapy hours) 5/30/15 96.5 hours 5/31/15 99.0 hours</p> <p>On 6/9/15 at 3:20 pm E1, Administrator, confirmed the daily census and staffing documented on the staffing sheet for the time period of 5/18/15 through 5/31/15 were accurate. E1 confirmed that the facility was short direct care staffing for 5/24/15, 5/30/15 and 5/31/15.</p> <p>On 6/9/15 E1 provided a written statement that documents, "Our staffing is figured to meet the need of all our residents. A base schedule is done on a monthly basis and it may be adjusted on a daily basis as needed. We use the ADL (Activities of Daily Living) level of care, the level of their acuity and their preferences to determine the appropriate level of care and the number and type of staff needed. We also use the Minimum Daily Staffing tool in our planning." The written statement is signed by E1 and E2 (Director of Nursing).</p> <p>The Facility Data Sheet dated 6/9/15 documents a total census of 44 residents that reside in the facility.</p> <p style="text-align: center;">B</p>	S9999		