

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6009237	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 07/15/2015
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NAME OF PROVIDER OR SUPPLIER EASTVIEW TERRACE	STREET ADDRESS, CITY, STATE, ZIP CODE 100 EASTVIEW PLACE SULLIVAN, IL 61951
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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: 300.1230k)</p> <p>300.1230k) 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>This requirement is not met as evidenced by:</p> <p>Based on record review and interview, the facility failed to have 10% of care hours provided by Registered Nurses (RNs) for 14 of 14 days reviewed. This has the potential to affect all 51 residents in the facility.</p> <p>Findings include:</p> <p>The staffing spreadsheet provided by the facility documents census and staffing information for 6/16/15 through 6/29/15. The average skilled and intermediate census of 48.5 calculates to 129.975 hours of care required. This calculates to 12.99 (13) hours of care to be provided by RNs per 24 hours.</p> <p>According to the staffing spreadsheet and schedules for these dates, required RN hours are not met on any of the days. RN hours worked including 50% of hours by E2 (Director of Nursing) are as follows: 6/16/15 - 8 hours 6/17 - 6</p>	S9999		

Illinois Department of Public Health LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
		08/03/15

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S9999	<p>Continued From page 1</p> <p>6/18 - 6 6/19 - 4 6/20 - 0 6/21 - 0 6/22 - 4 6/23 - 4 6/24 - 6 6/25 - 9.25 6/26 - 6 6/27 - 11.25 6/28 - 12 6/29/15 - 10.25 hours.</p> <p>On 7/15/15 at 10:25am, E1 (Administrator) confirmed that spreadsheet hours are accurate and there are not enough RNs on staff.</p> <p>The facility Resident Census and Conditions of Residents report dated 7/13/15 documents 51 residents in the facility. (B)</p>	S9999		
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