

ILLINOIS HEALTH FACILITIES AND SERVICES REVIEW BOARD
APPLICATION FOR PERMIT

RECEIVED

SECTION I. IDENTIFICATION, GENERAL INFORMATION, AND CERTIFICATION

MAY 25 2012

This Section must be completed for all projects.

HEALTH FACILITIES &
SERVICES REVIEW BOARD

Facility/Project Identification

Facility Name: Rehab and Care Center – Jackson County		
Street Address: 1441 North 14th Street		
City and Zip Code: Murphysboro, 62966		
County: Jackson	Health Service Area: V	Health Planning Area: Jackson County

Applicant /Co-Applicant Identification

[Provide for each co-applicant [refer to Part 1130.220].

Exact Legal Name: Jackson County Board	
Address: 1001 Walnut Street, Room 1, Murphysboro, Illinois 62966	
Name of Registered Agent:	
Name of Chief Executive Officer: John D. Evans	
CEO Address: 1001 Walnut Street, Room 1, Murphysboro, Illinois 62966	
Telephone Number: (618) 687-7240	

Type of Ownership of Applicant/Co-Applicant

<input type="checkbox"/> Non-profit Corporation	<input type="checkbox"/> Partnership
<input type="checkbox"/> For-profit Corporation	<input checked="" type="checkbox"/> Governmental
<input type="checkbox"/> Limited Liability Company	<input type="checkbox"/> Sole Proprietorship
	<input type="checkbox"/> Other

o Corporations and limited liability companies must provide an Illinois certificate of good standing.

o Partnerships must provide the name of the state in which organized and the name and address of each partner specifying whether each is a general or limited partner.

APPEND DOCUMENTATION AS ATTACHMENT 1 IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.

Primary Contact

[Person to receive all correspondence or inquiries during the review period]

Name: John P. Kniery
Title: Health Care Consultant
Company Name: Charles H. Foley & Associates, Inc.
Address: 1638 South MacArthur Boulevard, Springfield, Illinois 62704
Telephone Number: 217-544-1551
E-mail Address: jkniery@foleyandassociates.com
Fax Number: 217-544-3615

Additional Contact

[Person who is also authorized to discuss the application for permit]

Name: Merle K Taylor
Title: Administrator
Company Name: Rehab and Care Center – Jackson County
Address: 1441 North 14th Street, Murphysboro, 62966
Telephone Number: 618-684-2136
E-mail Address: mkrccjc@yahoo.com
Fax Number:

Post Permit Contact

[Person to receive all correspondence subsequent to permit issuance-THIS PERSON MUST BE EMPLOYED BY THE LICENSED HEALTH CARE FACILITY AS DEFINED AT 20 ILCS 3960

Name: Barbie Moore, RN-BC
Title: Nursing Consultant
Company Name: RFMS, Inc.
Address: : 285 South Farnham Street
Telephone Number:
E-mail Address: bmoore@itcsupport.com
Fax Number:

Site Ownership

[Provide this information for each applicable site]

Exact Legal Name of Site Owner Jackson County Board
Address of Site Owner: 1001 Walnut Street, Room 1, Murphysboro, Illinois 62966
Street Address or Legal Description of Site: 1441 North 14th Street, Murphysboro, 62966
Proof of ownership or control of the site is to be provided as Attachment 2. Examples of proof of ownership are property tax statement, tax assessor's documentation, deed, notarized statement of the corporation attesting to ownership, an option to lease, a letter of intent to lease or a lease.
APPEND DOCUMENTATION AS ATTACHMENT 2 IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.

Operating Identity/Licensee

[Provide this information for each applicable facility, and insert after this page.]

Exact Legal Name: Jackson County Board
Address: 1001 Walnut Street, Room 1, Murphysboro, Illinois 62966
<input type="checkbox"/> Non-profit Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> For-profit Corporation <input checked="" type="checkbox"/> Governmental <input type="checkbox"/> Limited Liability Company <input type="checkbox"/> Sole Proprietorship <input type="checkbox"/> Other
<ul style="list-style-type: none"> o Corporations and limited liability companies must provide an Illinois Certificate of Good Standing. o Partnerships must provide the name of the state in which organized and the name and address of each partner specifying whether each is a general or limited partner. o Persons with 5 percent or greater interest in the licensee must be identified with the % of ownership.
APPEND DOCUMENTATION AS ATTACHMENT 3 IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.

Organizational Relationships

Provide (for each co-applicant) an organizational chart containing the name and relationship of any person or entity who is related (as defined in Part 1130.140). If the related person or entity is participating in the development or funding of the project, describe the interest and the amount and type of any financial contribution.

APPEND DOCUMENTATION AS ATTACHMENT 4 IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.
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2. Narrative Description

Provide in the space below, a brief narrative description of the project. Explain **WHAT** is to be done in **State Board defined terms**, **NOT WHY** it is being done. If the project site does **NOT** have a street address, include a legal description of the site. Include the rationale regarding the project's classification as substantive or non-substantive.

The Applicant of the existing facility, Rehab and Care Center – Jackson County, is the **Jackson County Board**. The **Jackson County Board** proposes to discontinue its entire facility upon completion of Manor Court of Carbondale. This discontinuation is contingent upon the approval of the establishment of Manor Court of Carbondale as well as the approval of the establishment of this facility is contingent upon the approval of the discontinuation of Rehab and Care Center – Jackson County. When the replacement facility is completed and the last resident is transferred, that facility will be entirely discontinued and the County Board will cease to be an Applicant. It should also be noted that **Edwin Enterprises, LLC** and **UDI #5, LLC** and its related entities have no control over the existing Rehab and Care Center - Jackson County and **Jackson County Board** has no control over Manor Court of Carbondale.

The **Jackson County Board**, through a proposal process, chose **Community Living Options, Inc. (CLO)** proposal as the best alternative for the County to exist as a long-term care provider and to continue to have all residents and staff cared for or accommodated. **CLO** put forth a proposal for the County facility to be discontinued once it had replaced the existing 178 bed facility with a 120 bed facility away from the existing Murphysboro site to the continuing care retirement campus site of Liberty Village of Carbondale, approximately 7 miles apart. Although the replacement facility for Rehab and Care Center – Jackson County, Manor Court of Carbondale will be considered as an establishment of a new facility as it is an off-site replacement. As such, the Applicant is proposing to establish 120 nursing care beds on its existing campus site which currently is home to a 58-unit independent living facility and 32 residential lots for independent living duplexes or villas, all which have been sold and built.

The proposed 120-bed Manor Court of Carbondale facility will have 65,345 gross square feet all on one floor. There will be 22 private rooms and 49 semi-private room accommodations available. Each room will have its own bath and shower.

This project is considered non-Substantive in accordance with the rules of 77 Illinois Administrative Code, Part 1110 of Subpart A, Section 1110.40.

Project Costs and Sources of Funds

Complete the following table listing all costs (refer to Part 1120.110) associated with the project. When a project or any component of a project is to be accomplished by lease, donation, gift, or other means, the fair market or dollar value (refer to Part 1130.140) of the component must be included in the estimated project cost. If the project contains non-reviewable components that are not related to the provision of health care, complete the second column of the table below. Note, the use and sources of funds must equal.

Project Costs and Sources of Funds			
USE OF FUNDS	CLINICAL	NONCLINICAL	TOTAL
Preplanning Costs	0	0	0
Site Survey and Soil Investigation	0	0	0
Site Preparation	0	0	0
Off Site Work	0	0	0
New Construction Contracts	0	0	0
Modernization Contracts	0	0	0
Contingencies	0	0	0
Architectural/Engineering Fees	0	0	0
Consulting and Other Fees	0	0	0
Movable or Other Equipment (not in construction contracts)	0	0	0
Bond Issuance Expense (project related)	0	0	0
Net Interest Expense During Construction (project related)	0	0	0
Fair Market Value of Leased Space or Equipment	0	0	0
Other Costs To Be Capitalized	0	0	0
Acquisition of Building or Other Property (excluding land)	0	0	0
TOTAL USES OF FUNDS	0	0	0
SOURCE OF FUNDS	CLINICAL	NONCLINICAL	TOTAL
Cash and Securities			
Pledges			
Gifts and Bequests			
Bond Issues (project related)			
Mortgages			
Leases (fair market value)			
Governmental Appropriations			
Grants			
Other Funds and Sources			
TOTAL SOURCES OF FUNDS	0	0	0
NOTE: ITEMIZATION OF EACH LINE ITEM MUST BE PROVIDED AT ATTACHMENT 7 IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.			

Related Project Costs

Provide the following information, as applicable, with respect to any land related to the project that will be or has been acquired during the last two calendar years:

<p>Land acquisition is related to project <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>Purchase Price: \$ _____</p> <p>Fair Market Value: \$ _____</p>
<p>The project involves the establishment of a new facility or a new category of service <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If yes, provide the dollar amount of all non-capitalized operating start-up costs (including operating deficits) through the first full fiscal year when the project achieves or exceeds the target utilization specified in Part 1100.</p> <p>Estimated start-up costs and operating deficit cost is \$ <u>0</u> _____.</p>

Project Status and Completion Schedules

<p>Indicate the stage of the project's architectural drawings:</p> <p><input type="checkbox"/> None or not applicable <input type="checkbox"/> Preliminary</p> <p><input checked="" type="checkbox"/> Schematics <input type="checkbox"/> Final Working</p>
<p>Anticipated project completion date (refer to Part 1130.140): <u>January, 2014</u></p>
<p>Indicate the following with respect to project expenditures or to obligation (refer to Part 1130.140):</p> <p><input type="checkbox"/> Purchase orders, leases or contracts pertaining to the project have been executed.</p> <p><input type="checkbox"/> Project obligation is contingent upon permit issuance. Provide a copy of the contingent "certification of obligation" document, highlighting any language related to CON Contingencies</p> <p><input checked="" type="checkbox"/> Project obligation will occur after permit issuance.</p>
<p>APPEND DOCUMENTATION AS ATTACHMENT 3, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.</p>

State Agency Submittals

<p>Are the following submittals up to date as applicable:</p> <p><input type="checkbox"/> Cancer Registry</p> <p><input type="checkbox"/> APORS</p> <p><input type="checkbox"/> All formal document requests such as IDPH Questionnaires and Annual Bed Reports been submitted</p> <p><input checked="" type="checkbox"/> All reports regarding outstanding permits</p> <p>Failure to be up to date with these requirements will result in the application for permit being deemed incomplete.</p>

Facility Bed Capacity and Utilization

Complete the following chart, as applicable. Complete a separate chart for each facility that is a part of the project and insert following this page. Provide the existing bed capacity and utilization data for the latest Calendar Year for which the data are available. Include observation days in the patient day totals for each bed service. Any bed capacity discrepancy from the Inventory will result in the application being deemed incomplete.

FACILITY NAME: Rehab & Care Ctr. – Jackson County		CITY: Murphysboro			
REPORTING PERIOD DATES: From: April 2011 to: March 2012					
Category of Service	Authorized Beds	Admissions	Patient Days	Bed Changes	Proposed Beds
Medical/Surgical					
Obstetrics					
Pediatrics					
Intensive Care					
Comprehensive Physical Rehabilitation					
Acute/Chronic Mental Illness					
Neonatal Intensive Care					
General Long Term Care	178	87	44,487	-178	0
Specialized Long Term Care					
Long Term Acute Care					
Other ((Identify)					
TOTALS:	178	87	44,487	-178	0

CERTIFICATION

The application must be signed by the authorized representative(s) of the applicant entity. The authorized representative(s) are:

- o In the case of a corporation, any two of its officers or members of its Board of Directors;
- o In the case of a limited liability company, any two of its managers or members (or the sole manager or member when two or more managers or members do not exist);
- o In the case of a partnership, two of its general partners (or the sole general partner, when two or more general partners do not exist);
- o In the case of estates and trusts, two of its beneficiaries (or the sole beneficiary when two or more beneficiaries do not exist); and
- o In the case of a sole proprietor, the individual that is the proprietor.

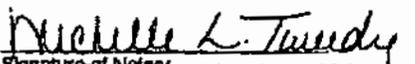
This Application for Permit is filed on the behalf of Jackson County Board *
 In accordance with the requirements and procedures of the Illinois Health Facilities Planning Act. The undersigned certifies that he or she has the authority to execute and file this application for permit on behalf of the applicant entity. The undersigned further certifies that the data and information provided herein, and appended hereto, are complete and correct to the best of his or her knowledge and belief. The undersigned also certifies that the permit application fee required for this application is sent herewith or will be paid upon request.

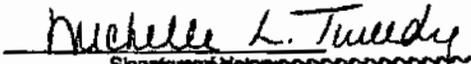

 SIGNATURE
John D. Evans
 PRINTED NAME
Jackson County Board Chair
 PRINTED TITLE


 SIGNATURE
Frank Puttman
 PRINTED NAME
Jackson County Rehab Care Chair
 PRINTED TITLE

Notarization:
 Subscribed and sworn to before me
 this 11 day of April 2012

Notarization:
 Subscribed and sworn to before me
 this 11 day of April 2012


 Signature of Notary
 Seal
 "OFFICIAL SEAL"
 Michelle L. Tweedy
 Notary Public, State of Illinois
 My Commission Expires 08/05/2012
 *Insert EXACT legal name of the applicant


 Signature of Notary
 Seal
 "OFFICIAL SEAL"
 Michelle L. Tweedy
 Notary Public, State of Illinois
 My Commission Expires 08/05/2012

SECTION II. DISCONTINUATION (This is only applicable to Jackson County Board)

This Section is applicable to any project that involves discontinuation of a health care facility or a category of service. **NOTE:** If the project is solely for discontinuation and if there is no project cost, the remaining Sections of the application are not applicable.

Criterion 1110.130 - Discontinuation

READ THE REVIEW CRITERION and provide the following information:

GENERAL INFORMATION REQUIREMENTS

1. Identify the categories of service and the number of beds, if any that is to be discontinued.
2. Identify all of the other clinical services that are to be discontinued.
3. Provide the anticipated date of discontinuation for each identified service or for the entire facility.
4. Provide the anticipated use of the physical plant and equipment after the discontinuation occurs.
5. Provide the anticipated disposition and location of all medical records pertaining to the services being discontinued, and the length of time the records will be maintained.
6. For applications involving the discontinuation of an entire facility, certification by an authorized representative that all questionnaires and data required by HFSRB or DPH (e.g., annual questionnaires, capital expenditures surveys, etc.) will be provided through the date of discontinuation, and that the required information will be submitted no later than 60 days following the date of discontinuation.

REASONS FOR DISCONTINUATION

The applicant shall state the reasons for discontinuation and provide data that verifies the need for the proposed action. See criterion 1110.130(b) for examples.

IMPACT ON ACCESS

1. Document that the discontinuation of each service or of the entire facility will not have an adverse effect upon access to care for residents of the facility's market area.
2. Document that a written request for an impact statement was received by all existing or approved health care facilities (that provide the same services as those being discontinued) located within 45 minutes travel time of the applicant facility.
3. Provide copies of impact statements received from other resources or health care facilities located within 45 minutes travel time, that indicate the extent to which the applicant's workload will be absorbed without conditions, limitations or discrimination.

APPEND DOCUMENTATION AS ATTACHMENT-10 IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.

SECTION II. DISCONTINUATION

Criterion 1110.130 - Discontinuation

GENERAL INFORMATION REQUIREMENTS

1. Identify the categories of service and the number of beds, if any that is to be discontinued.

The Jackson County Board is proposing the total discontinuation of Rehab and Care Center – Jackson County, a 187 bed long-term care nursing facility.

2. Identify all of the other clinical services that are to be discontinued.

The Jackson County Board is proposing the total discontinuation of Rehab and Care Center – Jackson County, a 187 bed long-term care nursing facility. There are no other clinical service areas to be discontinued.

3. Provide the anticipated date of discontinuation for each identified service or for the entire facility.

The anticipated date of discontinuation for the entire facility, Rehab and Care Center- Jackson County is upon the transfer of the last resident of this facility to the replacement facility, Manor Court of Carbondale. It is anticipated that this will be complete on or before January 2014.

4. Provide the anticipated use of the physical plant and equipment after the discontinuation occurs.

At this time it is unclear what anticipated use of the physical plant will be. The Jackson County Board is considering several alternatives which may include the sale of the property. This entity is also taking under advisement alternatives to divest itself of the remaining equipment after the discontinuation occurs. The one constant for the County Board is that the physical plant will not be used for nursing care services in the future. Please refer to County Chairman John D. Evans letter describing alternatives and anticipated use of building and equipment appended as ATTACHMENT-10A.

ATTACHMENT-10

SECTION II. DISCONTINUATION (Continued ii)

Criterion 1110.130 – Discontinuation (Continued ii)

5. Provide the anticipated disposition and location of all medical records pertaining to the services being discontinued, and the length of time the records will be maintained.

Jackson County will retain all medical record pertaining to the long-term care services being discontinued in accordance with IDPH requirements. The Jackson County Clerk will supervise location, retention and ultimate destruction of said documents in accordance with Licensure and Medicare and Medicaid requirements. The existing retention policy from the facility's policy and procedure manual is appended as **ATTACHMENT-10B**.

6. For applications involving the discontinuation of an entire facility, certification by an authorized representative that all questionnaires and data required by HFSRB or DPH (e.g., annual questionnaires, capital expenditures surveys, etc.) will be provided through the date of discontinuation, and that the required information will be submitted no later than 60 days following the date of discontinuation.

Through the signing of this Application by the authorized representatives of the **Jackson County Board**, Jackson County hereby certifies that within 60 days following the date of discontinuation, all required information (annual survey and cost reports) will be submitted.

REASONS FOR DISCONTINUATION

The applicant shall state the reasons for discontinuation and provide data that verifies the need for the proposed action. See criterion 1110.130(b) for examples.

Rehab and Care Center – Jackson County and the **Jackson County Board** have periodically explored the option of leaving the long-term care business for more than 10 years. As early as 1997, it was clear to the County Board that the existing business of providing nursing services was not sustainable on its own. However, although providing this service was not a mandated service for the County, it was and is clearly an invaluable one that the County felt was and is still needed in addition to the existing providers within Jackson County. In December of 2010, the County hired a management firm to attempt to turn around the financial situation that

ATTACHMENT-10

SECTION II. DISCONTINUATION (Continued iii)

Criterion 1110.130 – REASONS FOR DISCONTINUATION (Continued iii)

Rehab and Care Center – Jackson County had found themselves in. This was a situation created by higher personnel costs, updated life safety code requirements, and the decreased and slowed payments that were received. Ultimately, the nursing home had to borrow funds from the County to meet its financial obligations. Yet, Jackson County was not ready to turn its back on its residents and employees of Rehab and Care Center – Jackson County. In the fall of 2011, **Jackson County Board** decided that the only way to exit the long-term care industry was to find the best alternative to continue providing the said services and to accommodate the existing employees.

To that end, **Jackson County Board** began accepting proposals from providers and then reviewed the Illinois Department of Health Care and Family Services Cost Report data from the selective groups that were filed with the Department of Health and Human Services to see which organization could best fit the resident to staffing ratios and average wage and benefits for staff. Through this discernment process, UDI #5, LLC (UDI) was chosen. Contributing to the decision was UDI's proposal that would place the newly constructed replacement facility within an existing continuum of care campus that would allow for the residents being able to freely move between levels of care in accordance with their medical and social needs. One of the constant deliberations of the Jackson County Board, since 1997, was to potentially exit the long-term care industry because of the need for competition. The Jackson County Planning Area has not had a new facility constructed since before this time period and the same existing providers have had capacity issues for a long-time. Yet, from the earliest consideration, the Board never decided that it was best to utilize those particular facilities but rather it seems important to maintain competition for residents and the existing staff.

ATTACHMENT-10

SECTION II. DISCONTINUATION (Continued iv)

Criterion 1110.130 – REASONS FOR DISCONTINUATION (Continued iv)

As the County Board reached the decision to exit the long-term care business and not just closing the doors and turning out the lights, the choice then turned into whether it was more beneficial to sell and allow the building to continue to be utilized just with a new owner and operator or would the establishment of a new nursing care facility for the replacement of Rehab and Care Center – Jackson County’s patient and staff? The reasons for a discontinuation instead of just a change of ownership are: 1) the original nursing building was constructed in 1960 (52 years old); 2) the entire facility is comprised of three separate buildings which is not efficient; 3) meeting life safety code capital requirements are more and more expensive and must be rectified with a change of ownership; and 4) due to the age of the structure, it is simply harder to market the facility even with the quality service offered. It has been estimated that with new building construction methods additional energy efficiencies will be achieved. Based on the utilities cost of the existing building and the proposed model, cost savings of \$47,000 could be realized. The existing building incurs ongoing maintenance, improvements, and upkeep costs of \$28,000 per month (\$336,000 annually). With a new building the savings would be significant with no need for immediate improvements and limited upkeep costs. Appended as ATTACHMENT-10C is a memorandum from the existing Rehab and Care Center – Jackson County administrator, Ms. Merle K. Taylor citing immediate facility capital improvement needs. These are items that will only add to the financial burden borne by the County or any operator who would take control of this facility. Appended as ATTACHMENT-10D is a copy of Rehab and Care Center – Jackson County’s latest Department of Health and Human Services Centers Annual Life Safety Code Certification Survey. This 2010 survey indicates non-compliance with several areas to include, the sprinkler system, the emergency back-up generator, the air handling system, and the doors’

ATTACHMENT-10

SECTION II. DISCONTINUATION (Continued v)

Criterion 1110.130 – REASONS FOR DISCONTINUATION (Continued v)

function as related to their two hour fire rating. While some of these issues have been addressed, with the exception of the issue of the doors, this is a typical survey in which this aging building is constantly in need of updating and extensive maintenance. For these aforementioned reasons, Jackson County Board has decided to discontinue its use as a nursing care facility.

IMPACT ON ACCESS

1. Document that the discontinuation of each service or of the entire facility will not have an adverse effect upon access to care for residents of the facility's market area.

Enclosed herein is a chart providing the total historical patient days for Rehab and Care Center – Jackson County. From this data it is apparent that the facility has been experiencing an

<u>Month</u>	<u>Patient Days</u>	<u>ADC</u>
April	3,674	122.5
May	3,818	123.2
June	3,745	124.8
July	3,943	127.2
August	3,860	124.5
September	3,738	124.6
October	3,749	120.9
November	3,566	118.9
December	3,706	119.5
January	3,757	121.2
February	3,367	116.1
March	3,564	115.0
Total	44,487	121.5

average daily census ranging from 115 to over 127 residents over the most recent 12 month period ending March 2012.

Thus, if the subject facility was to close without any contingency plan, it most definitely could have an adverse impact on access to care for residents within the market area.

Although Jackson County is not mandated to provide nursing services to the residents of the County, it feels a great responsibility to ensure accessibility is maintained and the best care will continue to be provided. Hence, the County has

been exploring this project since as early as 1997 and only now has found an alternative that it believes makes the best fit for residents, employees and to maintain the high standard of care as the County had provided. Therefore, after careful consideration, Jackson County chose the proposed establishment as a replacement project for the Rehab and Care Center – Jackson County. The facility has maintained an average daily census of 121.5 residents.

ATTACHMENT-10

SECTION II. DISCONTINUATION (Continued vi)

Criterion 1110.130 – IMPACT ON ACCESS (Continued ii)

Furthermore, the State's April 18, 2012 Update to its Inventory of Beds and Services and Need Determinations shows an excess of 51 beds (Update to Inventory is appended in **ATTACHMENT-10E**). Finally, appended as **ATTACHMENT-10F** is a chart identifying all existing providers within 30-minutes travel time. These providers do not appear to be optimally utilized. Therefore, even though the subject facility had an average daily census of 121.5 over the most recent twelve month period ending March 2012, it was decided to only replace to a size of 120 beds that is projected to have an average daily census of 108. This is the best overall alternative of caring for the existing residents and employees while potentially improving the overall utilization and having the least impact on area providers.

2. Document that a written request for an impact statement was received by all existing or approved health care facilities (that provide the same services as those being discontinued) located within 45 minutes travel time of the applicant facility.

Appended as **ATTACHMENT-10G**, are copies of the request of impact statements sent out to all existing providers of nursing services within 30-minutes. Although this item states 45 minute travel time, this is not your typical discontinuation application as only 120 of the 178 beds will be replaced. There appears to be available capacity in the other existing facilities within 30-minutes travel time, and the project in totality will reduce the number of excess beds in the Planning Area. Furthermore, in accordance with these rules, it would appear that this request is not appropriate as it states that the entire facility will be discontinued when in actuality the discontinuation is contingent on the 120 bed establishment to replace and accommodate the existing residents and staff of Rehab and Care Center – Jackson County. As such, impact on the existing nursing home providers will be minimal if not actually slightly improving their utilization.

ATTACHMENT-10

SECTION II. DISCONTINUATION (Continued vii)

Criterion 1110.130 – IMPACT ON ACCESS (Continued iii)

3. Provide copies of impact statements received from other resources or health care facilities located within 45 minutes travel time, that indicate the extent to which the applicant's workload will be absorbed without conditions, limitations or discrimination.

There have not been any impact statement statements received by the Applicant as a response to their request as documented above. All impact statements as received will be forwarded upon receipt. Again, this is only one half of the project. **UDI and Edwin Properties** are proposing to establish a 120 bed nursing facility as a replacement to the closing Rehab and Care Center – Jackson County. Moreover, the discontinuation will be coordinated with the opening of the newly constructed home to allow all residents and staff to be transferred in a safe and orderly manner. Furthermore, UDI has already committed to **Jackson County Board** that it will absorb all residents without condition, limitations or discrimination. It has made a similar commitment to accommodate all staff who desire to transfer for employment to the new facility. Therefore, no negative impact is anticipated to area health care facilities.



**OFFICE OF
COUNTY BOARD
JACKSON COUNTY, ILLINOIS**

April 18, 2012

Health Facilities and Services Review Board

To Whom It May Concern:

On behalf of the Jackson County Board, I am writing to provide information on the alternatives the board has examined prior to making the decision to close the Rehab & Care Center of Jackson County and to offer relocation for all residents to a new replacement facility on the campus of Liberty Village of Carbondale.

As Chairman of the Board I was able to oversee the due diligence involved for the evaluation and determination of the following as non-viable or inadequate solution for the seniors of Jackson County:

1. Continue operation in an outdated facility while operating at a huge financial loss;
2. Close the skilled nursing facility without a replacement option for its constituents or community; or
3. Sell the facility with unknown consequences.

The decision made by the Jackson County Board to close the skilled nursing facility and relocate its residents to a new replacement facility on the campus of the Liberty Village of Carbondale was the only option that secured a future for the residents and staff of the Rehab & Care Center as well as the seniors of Jackson County.

Although the county has yet to determine the exact use of the physical plant or its equipment, it will not be used for licensed nursing care services. The county will maintain all medical records reflective of care provided prior to transfer of residents to the new facility. These records will continue to be maintained by Jackson County for the time necessary, until said records may be destroyed in accordance with State and Federal Regulations.

As Chairman of the Jackson County Board, I ask that you recognize the immediate skilled need of our community as you consider approval of the Certificate of Need. I am respectfully requesting immediate approval based on the urgent needs of our current residents and Jackson County seniors.

Sincerely,

John D. Evans
Chairman

ATTACHMENT - 10A



REHAB & CARE CENTER
OF JACKSON COUNTY
1441 N. 14TH STREET
MURPHYSBORO, IL 62966
(618) 684-2136

MEDICAL RECORD RETENTION AND DESTRUCTION

POLICY

A comprehensive centralized unit filing system for the storage and retrieval of inpatient (thinning) and discharge medical records, from creation through destruction shall be maintained. Records shall be filed and maintained by Nursing Administration designee under the direction of the DONS or designee. The records shall be retained as hard copy or a combination of hard copy and microfilm.

RESPONSIBILITIES

1. The DONS and designees are responsible for preventing unauthorized access to the medical record storage areas.
2. The DONS or designee is responsible for supervising the medical record retention, microfilming and destruction.

PROCEDURE

1. The procedures of the centralized medical record shall be developed to achieve the following:
 - Foster continuity of care through ready accessibility and prompt retrieval of medical information.
 - Support the uses of the medical record as set forth in the policies.
 - Comply with all related legal, regulatory and accrediting agency considerations for a record retention schedule.
 - Safeguard records and documents from tampering, loss and inadvertent destruction.
 - Restrict access to records by unauthorized individuals.
2. Closed medical records will be retained in accordance with state and federal regulations.
 - Records for any resident who is discharged prior to being 18 years old shall be retained at least until the resident reaches the age of 23.
 - Records of residents who are over 18 years old at the time of discharge shall be retained for 7 years in order to comply with state and federal regulations.

- Records of expired residents shall be retained for 10 years in order to comply with state regulations, federal regulation and statute of limitations.
3. Destruction of closed medical records will occur once the record has been retained for 10 complete years after discharge or expiration of the patient. (ie: patient discharged in 1989 record may be destroyed January of 2000)
- A destruction of medical records form will be completed and signed by the DONS or designee as well as administration prior to destruction (attached)
 - Certification of Record destruction will be completed by the party responsible for destroying the medical records. (attached)

**QA Committee Annual Review
April 24, 2012**

ATTACHMENT-10B



REHAB & CARE CENTER
 OF JACKSON COUNTY
 1441 N. 14TH STREET
 MURPHYSBORO, IL 62966
 (618) 684-2136

FINANCIAL RECORD RETENTION

PURPOSE:

It is the policy of Rehab and Care Center of Jackson County to retain Accounting/Finance documents according to regulatory guidelines.

RESPONSIBILITIES:

Business Office Manager

- Review policy annually
- Updating policy
- Inform personnel and staff of any changes

PROCEDURE:

The following is a list of retention periods for each individual record:

Accounting/Finance/Payroll

RECORD	RETENTION PERIOD	AUTHORITY
Accounts payable ledgers and schedules	7 Years	26 CFR 301.6501(e)
Accounts receivables ledgers and schedules	10 Years	26 CFR 301.6501(e)
Audit report of accountants	Permanent	805 ILCS 410/s 89 IAC 140.80
<i>Appraisals (including contracts engaging appraisers)</i>	7 Years	
Bank reconciliations	7 Years	26 CFR 301.6501(e)
Budget -- worksheets	3 Years	805 ILCS 410/2 89 IAC 140.80
Budget -- final copy	3 Years	805 ILCS 410/2
Capital stock and bond records	Permanent	26 CFR 301.6501(e)
Cash receipts	7 Years	26 CFR 301.6501(e)
Cash receipts ledger	7 Years	26 CFR 301.6501(e)
Cash reconciliations (daily)	3 Years	805 ILCS 410/2

		89 IAC 140.80
Cash books	7 Years	26 CFR 301.6501(e)
Charge Description Master	1 Year of version as of 3/31 of current year	
Charge receipts	7 Years	26 CFR 301.6501(e)
Chart of accounts	7 Years	26 CFR 301.6501(e)
Checks (cancelled)	7 Years	735 ILCS 5/13-206
Collection judgments	(Until discharged)	
Contracts and leases	10 Years after termination	735 ILCS 5/13-206
Copyright registrations	Permanent	None Found
Cost report and other claims submissions, with supporting documentation	5 Years from settlement	
Credit balances	7 Years	765 ILCS 1025/11(h)(2)
Credit files	7 Years	
Depreciations schedules ¹	Permanent	26 CFR 1.167(a)-7
Duplicate deposit slips	7 Years	26 CFR 301.6501(e)
Easements	Permanent	
Endowments, trusts, bequests	Permanent	None Found
Expense analyses and distribution schedules	7 Years	26 CFR 301.6501(e)
Equipment leases	10 Years	
Federal employment tax records ¹	Tax due date or date paid, whichever is later, + 10 Years	
Federal withholding and social security records ¹	Tax due date or date paid, whichever is later + 10 Years	
Financial statements & cost statistics	7 Years	26 CFR 301.6501(e)
General and private ledgers	7 Years	26 CFR 301.6501(e)
Government contracts & subcontracts	10 Years after termination	
Internal reports (misc.)	3 Years	805 ILCS 410/2
Inventory Records	7 Years	26 CFR 301.6501(e)
Invoices from vendors	7 Years	26 CFR 301.6501(e)
Journals	7 Years	26 CFR 301.6501(e)
Notes, receivables, ledgers and schedules	7 Years	26 CFR 301.6501(e)
Option records (expired)	10 Years	735 ILCS 5/13-206
Patient billing records	10 Years	26 CFR 301.6501(e)
Payments and reports to governmental or regulatory authorities(excluding Cost Reports sent to CMS).	10 Years	
Payroll records and summaries	3 Years	29 CFR 516.5

DESTRUCTION OF MEDICAL RECORD

Request for Record Destruction

Date of Request: _____

Department: _____

Discharge year of charts to be destroyed: _____

Number of Records: _____

Reason for destruction: Records being destroyed per facility retention policy, in accordance with state and federal regulations.

Method of Destruction: _____

Destruction Date: _____

APPROVAL FOR DESTURCTION

Administration

Date

DONS or Designee

Date

Certification of Record Destruction

I hereby certify that records identified above have been destroyed in accordance with required methods and have remained confidential, in accordance with the business associate agreement between Rehab and Care Center and Ripped to Shreds, Inc entered into on _____.

Destruction accomplished by:

Name/Title

Signature

Date



REHAB & CARE CENTER
 OF JACKSON COUNTY
 1441 N. 14TH STREET
 MURPHYSBORO, IL 62966
 (618) 684-2136

HR RECORD RETENTION

PURPOSE:

It is the policy of Rehab and Care Center of Jackson County to retain Human Resource according to regulatory guidelines.

RESPONSIBILITIES:

Business Office Manager

- Review policy annually
- Updating policy
- Inform personnel and staff of any changes

PROCEDURE:

The following is a list of retention periods for each individual record:

RECORD	RETENTION PERIOD	AUTHORITY
Accident Reports	6 years	77 IAC 250.1980 (1)
Applications and Resumes: Employees and Non-Employee	1 year	29 CFR 1627.3
Attendance Documents	2 years	29 CFR 516.6
Basic Employment and Earnings records, Wage Rate Tables	2 years	29 CFR 516.6
Employee Evaluations	1 year	29 CFR 1627.3 (b)
Employee Health Documents of employees exposed to toxic substances	Employment + 30 years	29 CFR 1910.1020
Toxic Substance Training	3 years	OSHA
Employee Payroll	3 years	29 CFR 1627.3
Employment Tax	4 years	29 CFR 31.6001-1 (e)
Garnishment Documents	2 years	29 CFR 516.6 (c)
Job Postings	1 year	29 CFR 1627.3
MSDS	10 years	820 ILCS 255/9
Occupational Exposure to Blood or potentially infectious materials	Employment + 30 years	29 CFR 1910.95 (m)

OSHA injury, illness Form 300 log OSHA 301 Incident Report	5 years	29 CFR 1904.33
Pension Documents	6 years	29 USC 1027
Personnel Policies	1 year	29 CFR 1627.3
Record of physical exams taken for employment	1 year	29 CFR 1627.3
Resumes	1 year	29 CFR 1627.3
Scheduling Requests	1 year	29 CFR 1602.14
Title VII and ADA personnel records	1 year	29 CFR 1602.14
Unemployment Compensation Documents	5 years – from submission of claim or from review by dept of employment security	820 ILCS 405/1801
Workers Compensation Documents - No compensation paid - From Last Compensation Paid - Related to exposure to radiological materials or asbestos	3 years 2 years after last payment Termination + 28 years	820 ILCS 305/6 820 ILCS 305/6 320 ILCS 305/6

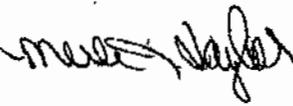
QA Committee Annual Review
April 24, 2012

ATTACHMENT-10B



REHAB & CARE CENTER
OF JACKSON COUNTY
1441 N. 14TH STREET
MURPHYSBORO, IL 62966
(618) 684-2136

TO: John Kniery
Foley and Associates

FROM: Merle K. Taylor 
Administrator

DATE: May 4, 2012

RE: Facility Capital Improvement Needs

As per our conversation, the Rehab & Care Center of Jackson County, faces the following potential capital projects in the next five (5) years:

Current Life Safety Code Issue:

1. Some doors separating "compartments" have to be replaced per our last LSC survey. We are currently working with Mike Bibo who is attempting to obtain a "permanent" waiver. Current bid to replace is \$39,600.

Potential Life Safe Code Issues with new operator:

1. Smoke detectors would have to be hard wired into fire alarm system (currently battery operated).
2. Fire doors do not all latch (we do have some concern this could be a problems for us in next year or two with survey).

Concerns with infrastructure/equipment in next 5 years:

1. Partial roof replacement needed.
2. Exterior tuck pointing needed in several areas.
3. Wood soffits need to be replaced as they are rotting in places.
4. Sewer lines under facility have had to be replaced/lined in several areas. Anticipate this to be an ongoing issue.

John Kniery
Facility Capital Improvement Needs
May 4, 2012
Page 2

5. Generator concerns. Generators are 32 and 25 years old. The older generator is more dependable, but both are aging. They operate the entire facility with exception of central air conditioning.
6. Call light system aging and panels are not always lighting properly at desk. They light at room and sound appropriately.
7. Dishwasher needs to be replaced soon.
8. 1 Washer and 2 Dryers need to be replaced.
9. Steamer in dietary needs to be replaced soon.
10. Our "Big Room" has large wooden beams that run the width of the area. There eventually may need to be some type of structural repairs to that area.
11. Small boiler in boiler room has a lead and is currently bypassed to larger boiler.
12. Pipe condensation issues with the HVAC system in the summer leading to wet ceiling tiles.
13. May eventually be required to replace electrical outlets with red outlets.
14. Phone system is aging but still in working order.

With the age and construction type of our facility, building renovations are becoming much more difficult which in turn leads to higher construction costs.

If you need any further information, please let me know. I can be reached at (618) 684-2136 or (618) 534-0170 (cell).

Thank you.

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 03/04/2011
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES & PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 146395	(X2) MULTIPLE CONSTRUCTION A. BUILDING 01 - MAIN BUILDING 01 B. WING _____	(X3) DATE SURVEY COMPLETED 11/09/2010
NAME OF PROVIDER OR SUPPLIER REHAB & CARE CTR - JACKSON CO			STREET ADDRESS, CITY, STATE, ZIP CODE 1441 NORTH 14TH STREET MURPHYSBORO, IL 62868	
(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) COMPLETION DATE
K 000	INITIAL COMMENTS An Annual Life Safety Code (LSC) Certification Survey was conducted by the Illinois Department of public Health. At this survey, Rehab and Care Center was found not in substantial compliance with the requirements for participation in Medicare/Medicaid at 42 CFR Subpart 483.70(a), Life Safety from Fire, and the 2000 Edition of the National Fire Protection Association (NFPA) 101, Life Safety Code, Chapter 19 Existing Health Care. Building 0102 is a one story facility with no basement was determined to be of Type IV (2HF) construction and is located between the east and west wings of building 0202. The facility is fully sprinklered with coverage in all areas. The building has a fire alarm system with smoke detection tied in to the fire alarm system and smoke detection in corridors and open spaces. (No residence rooms are located in this building) The facility has a capacity of 178 beds and has a census of 129 at the time of the survey. The requirement at 42 CFR Subpart 483.70(a) is NOT MET as evidenced by:	K 000		
K 062 SS-E	NFPA 101 LIFE SAFETY CODE STANDARD Required automatic sprinkler systems are continuously maintained in reliable operating condition and are inspected and tested periodically. 19.7.6, 4.6.12, NFPA 13, NFPA 25, 9.7.6	K 062		12/16/10
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE		TITLE		(X6) DATE

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

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OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES '10 PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 145395	(X2) MULTIPLE CONSTRUCTION A. BUILDING 01 - MAIN BUILDING 01 B. WING _____		(X3) DATE SURVEY COMPLETED 11/09/2010
NAME OF PROVIDER OR SUPPLIER REHAB & CARE CTR - JACKSON CO			STREET ADDRESS, CITY, STATE, ZIP CODE 1441 NORTH 14TH STREET MURPHYSBORO, IL 62966		
(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) COMPLETION DATE	
K 062	<p>Continued From page 1</p> <p>This STANDARD is not met as evidenced by: Based on observation and interview, the facility failed to provide proper maintenance, required clearance at devices, or required multi-year tests of the sprinkler system in with LSC Sections 9.7.1 and 19.3.5 NFPA 13 and NFPA 25. This deficient practice could affect 80 of 178 residents, as well as an indeterminable number of staff and visitors, if the sprinkler system failed to operate properly due to improper maintenance.</p> <p>Findings include:</p> <p>A. On 11/09/10 at 11:45 AM, while accompanied by E-1, Environmental Service Director, observations determined that the facility had no documents indicating that the sprinkler systems fire department "check valve" has received interior obstruction / operation inspection in the past 5-years, accordance with the NFPA 25, Section 9-4.2.1. Lack of required inspections on the "check valve" could allow the fire department connection and the sprinkler system to fail to function properly.</p> <p>B. On 11/09/10 at 11:46 AM, while accompanied by E-1, Environmental Service Director, observations determined that the facility had no documents indicating that the sprinkler systems "gages" have been calibrated or replaced within the last 5-years in accordance with NFPA 25, Section 9-2.8.2. Lack of required inspections on the "gages" could allow the fire department connection and the sprinkler system to fail to function properly.</p> <p>These observations were verified at the exit interview with E-1, Environmental Service Director</p>	K 062			

FORM CMS-2567(02-99) Previous Versions Obsolete

Event ID: STP-21

Facility ID: IL6004816

If continuation sheet Page 2 of 6

ATTACHMENT-10D

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

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STATEMENT OF DEFICIENCIES & PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 145395	(X2) MULTIPLE CONSTRUCTION A. BUILDING 01 - MAIN BUILDING 01 B. WING _____		(X3) DATE SURVEY COMPLETED 11/09/2010
NAME OF PROVIDER OR SUPPLIER REHAB & CARE CTR - JACKSON CO			STREET ADDRESS, CITY, STATE, ZIP CODE 1441 NORTH 14TH STREET MURPHYSBORO, IL 62966		
(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) COMPLETION DATE	
K 062	Continued From page 2 and E-2, Administrator	K 062			
K 069 SS=E	NFPA 101 LIFE SAFETY CODE STANDARD Cooking facilities are protected in accordance with 9.2.3. 19.3.2.6, NFPA 96 This STANDARD is not met as evidenced by: Based on record review and staff interview, the facility failed to ensure that the range hood fire extinguishing system was properly installed, cleaned and inspected semi-annually in accordance with NFPA 101, 2000 Edition, Section 9.2.3 as well as NFPA 96. These deficient practices could affect 80 of 178 residents, as well as an indeterminable number of staff and visitors. Findings include: A. On 11/09/10 at 9:00 AM, during record review with E-1, it was determined that there was no documentation that the Kitchen Hood System was "Tied" to the Fire Alarm Panel on the Semi-Annual Hood Inspections dated 10/01/10 and 4/23/10 by V-1. These inspection reports did not indicate that the system was "Tied" to the fire alarm panel per NFPA 96, 7-3.1.4. B. On 11/09/10 at 9:01 AM, during record review with E-1, it was determined that there was no documentation that the Kitchen Hood System was "Tested" to the Fire Alarm Panel on the Semi-Annual Hood Inspections dated 10/01/10 and 4/23/10 by V-1. These inspection reports did not indicate that the system was "Tested" to the fire alarm panel per NFPA 96, 7-3.1.4. These observations were verified at the exit interview with E-1 and E-2.	K 069	11/10/10		

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

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STATEMENT OF DEFICIENCIES NO PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 145395	(X2) MULTIPLE CONSTRUCTION A. BUILDING 01 - MAIN BUILDING 01 B. WING _____	(X3) DATE SURVEY COMPLETED 11/09/2010
NAME OF PROVIDER OR SUPPLIER REHAB & CARE CTR - JACKSON CO			STREET ADDRESS, CITY, STATE, ZIP CODE 1441 NORTH 14TH STREET MURPHYSBORO, IL 62866	
(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) COMPLETION DATE
K 144 SS=F	<p>NFPA 101 LIFE SAFETY CODE STANDARD</p> <p>Generators are inspected weekly and exercised under load for 30 minutes per month in accordance with NFPA 99. 3.4.4.1.</p> <p>This STANDARD is not met as evidenced by: Based on observation, record review and staff interview, the facility failed to test and maintain the emergency generator set in accordance with the requirements of NFPA 101, 2000 Edition, NFPA 99, 1999 Edition; NFPA 110, 1999 Edition and failed to provide proper equipment, inspections and inspection records for the emergency generator in accordance NFPA 99, Section, 3-6.4, NFPA 110, 1999 Edition and other referenced sections. This deficient practice affects the entire building and could affect 178 of 178 residents, as well as an indeterminate number of staff and visitors.</p> <p>Findings include:</p> <p>A. On 11/09/10 at 9:45 AM, during the record review and interview with E-1, it was determined that the facility failed to conduct complete visual inspections of the generator batteries not to exceed 7 days per NFPA 99, 3-4.4.1.3. The facility is also required to retain a written record of inspections, maintenance and repairs for review by the authority having jurisdiction.</p>	K 144		12/16/10

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

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STATEMENT OF DEFICIENCIES & PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 145395	(X2) MULTIPLE CONSTRUCTION A. BUILDING 01 - MAIN BUILDING 01 B. WING _____	(X3) DATE SURVEY COMPLETED 11/09/2010
NAME OF PROVIDER OR SUPPLIER REHAB & CARE CTR - JACKSON CO			STREET ADDRESS, CITY, STATE, ZIP CODE 1441 NORTH 14TH STREET MURPHYSBORO, IL 62966	
(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) COMPLETION DATE
K 144	<p>Continued From page 4</p> <p>NFPA 99, Section 3-4.4.1.3 Maintenance of Batteries. Storage batteries used in connection with essential electrical systems shall be inspected at intervals of not more than 7 days and shall be maintained in full compliance with manufacturer's specifications. Defective batteries shall be repaired or replaced immediately upon discovery of defects (see NFPA 70, National Electrical Code, Section 700-4).</p> <p>3-4.4.2 Recordkeeping. A written record of inspection, performance, exercising period, and repairs shall be regularly maintained and available for inspection by the authority having jurisdiction.</p> <p>B. On 11/09/10 at 8:46 AM during the record review, observation and an interview with E-1, it was determined that the facility has two- three phase diesel generators. The facility is required to load the generator to 30% or greater monthly per NFPA 110, Section 6-4.2.</p> <p>NFPA 110, Section 6-4.2* Generator sets in Level 1 and Level 2 service shall be exercised at least once monthly, for a minimum of 30 minutes, using one of the following methods: (a) Under operating temperature conditions or at not less than 30 percent of the EPS nameplate rating (b) Loading that maintains the minimum exhaust gas temperatures as recommended by the manufacturer The date and time of day for required testing shall be decided by the owner, based on facility operations.</p>	K 144		

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 145395	(X2) MULTIPLE CONSTRUCTION A. BUILDING 01 - MAIN BUILDING 01 B. WING _____		(X3) DATE SURVEY COMPLETED 11/09/2010
NAME OF PROVIDER OR SUPPLIER REHAB & CARE CTR - JACKSON CO			STREET ADDRESS, CITY, STATE, ZIP CODE 1441 NORTH 14TH STREET MURPHYSBORO, IL 62966		
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K 144	Continued From page 5 C. On 11/09/10 at 9:47 AM, during the record review, observation and an interview with E-1, it was determined that the facility did not run a Load Bank Test in the past 12 months per NFPA 110, Section 5-13.2.5 NFPA 110, Section 5-13.2.5 Full Load Test. A load shall be applied for a 2-hour, full load test. The building load can serve as part or all of the load, supplemented by a load bank of sufficient size to provide a load equal to 100 percent of the nameplate kW rating of the EPS, less applicable derating factors for site conditions. A unity power factor shall be acceptable for on-site testing, provided that rated load tests at the rated power factor have been performed by the manufacturer of the EPS prior to shipment. Exception: Where the EPS is a parallel multi-unit EPS, each unit shall be permitted to be tested individually at its rating. These observations, record review and interviews were verified at the exit interview with E-1 and E-2.	K 144			

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

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STATEMENT OF DEFICIENCIES D PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 145395	(X2) MULTIPLE CONSTRUCTION A. BUILDING 02 - BUILDING 02 B. WING _____		(X3) DATE SURVEY COMPLETED 11/09/2010
NAME OF PROVIDER OR SUPPLIER REHAB & CARE CTR - JACKSON CO			STREET ADDRESS, CITY, STATE, ZIP CODE 1441 NORTH 14TH STREET MURPHYSBORO, IL 62966		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LBC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE	
K 000	INITIAL COMMENTS An Annual Life Safety Code (LSC) Certification Survey was conducted by the Illinois Department of public Health. At this survey, Rehab and Care Center was found not in substantial compliance with the requirements for participation in Medicare/Medicaid at 42 CFR Subpart 483.70(a), Life Safety from Fire, and the 2000 Edition of the National Fire Protection Association (NFPA) 101, Life Safety Code, Chapter 19 Existing Health Care. Building 0202 is a one story facility with no basement was determined to be of Type II (000) construction. Building 0202 is divided into two wings (east and west) and are located between building 0102. The facility is not sprinklered. The building has single station battery operated smoke detectors in all residence rooms and a fire alarm system with smoke detection in corridors and open spaces. The facility has a capacity of 178 beds and has a census of 129 at the time of the survey. The requirement at 42 CFR Subpart 483.70(a) is NOT MET as evidenced by: NFPA 101 LIFE SAFETY CODE STANDARD	K 000			
K 012 SS=F	Building construction type and height meets one of the following. 19.1.6.2, 19.1.6.3, 19.1.6.4, 19.3.5.1	K 012			

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE _____ TITLE _____ (X6) DATE _____

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

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STATEMENT OF DEFICIENCIES & PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 145395	(X2) MULTIPLE CONSTRUCTION A. BUILDING 02 - BUILDING 02 B. WING _____	(X3) DATE SURVEY COMPLETED 11/09/2010
NAME OF PROVIDER OR SUPPLIER REHAB & CARE CTR - JACKSON CO			STREET ADDRESS, CITY, STATE, ZIP CODE 1441 NORTH 14TH STREET MURPHYSBORO, IL 62966	
(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) COMPLETION DATE
K 012	<p>Continued From page 1</p> <p>This STANDARD is not met as evidenced by: Based on observations and staff interview it was determined that the facility failed to meet the minimum construction requirements based on construction type limitations. The facility has been classified in previous Life Safety Surveys as a Type II (1-1) Construction, requiring a 1-hour rated roof/ceiling assembly, per NFPA 101 Table 19.1.6.2. Upon investigation of the facilities construction it was noted that the facility design failed to provide a continuous 1-hour rated roof/ceiling assembly. Based on the findings at the time of the survey, this Surveyor classifies the facility to be of Type I (000) Construction which requires automatic sprinkler protection in all areas. This deficient practice could affect 178 of the 178 residents in all Smoke Zones, as well as an indeterminable number of staff and visitors.</p> <p>Findings include:</p> <p>A. On 11/29/10 at 10:30 AM, while accompanied by E-1, Enviromental Service Director, observations determined that the facilities ceiling contained fully recessed light fixtures. These recessed light fixtures are not "tented" with material to continue the 1-hour rating over the light fixtures. Each recessed light fixture is a violation of the 1-hour rated roof/ceiling assemblies membrane.</p> <p>B. On 11/29/10 at 10:32 AM, while accompanied by E-1, Enviromental Service Director, observations determined that the facilities ceiling contains supply and return air diffusers that did not contain 1-hour dampers. These supply and return air diffusers are in violation of the 1-hour rated roof/ceiling assemblies membrane.</p>	K 012		

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STATEMENT OF DEFICIENCIES ID PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 145395	(X2) MULTIPLE CONSTRUCTION A. BUILDING 02 - BUILDING 02 B. WING _____		(X3) DATE SURVEY COMPLETED 11/09/2010
NAME OF PROVIDER OR SUPPLIER REHAB & CARE CTR - JACKSON CO			STREET ADDRESS, CITY, STATE, ZIP CODE 1441 NORTH 14TH STREET MURPHYSBORO, IL 62966		
(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) COMPLETION DATE	
K 012	Continued From page 2 These observations were verified at the exit interview with E-1, Environmental Service Director and E-2, Administrator.	K 012			
K 144 88=F	NFPA 101 LIFE SAFETY CODE STANDARD Generators are inspected weekly and exercised under load for 30 minutes per month in accordance with NFPA 99. 3.4.4.1. This STANDARD is not met as evidenced by: Based on observation, record review and staff interview, the facility failed to test and maintain the emergency generator set in accordance with the requirements of NFPA 101, 2000 Edition, NFPA 99, 1999 Edition; NFPA 110, 1999 Edition and failed to provide proper equipment, inspections and inspection records for the emergency generator in accordance NFPA 99, Section, 3-6.4, NFPA 110, 1999 Edition and other referenced sections. This deficient practice affects the entire building and could effect 178 of 178 residents in both the East and West Wings of Building 0102, as well as an indeterminable number of staff and visitors. Findings include: A. On 11/09/10 at 9:45 AM, during the record review and interview with E-1, it was determined that the facility failed to conduct complete visual inspections of the generator batteries not to	K 144		12/16/10	

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STATEMENT OF DEFICIENCIES & PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 148395	(X2) MULTIPLE CONSTRUCTION A. BUILDING 02 - BUILDING 02 B. WING _____		(X3) DATE SURVEY COMPLETED 11/09/2010
NAME OF PROVIDER OR SUPPLIER REHAB & CARE CTR - JACKSON CO			STREET ADDRESS, CITY, STATE, ZIP CODE 1441 NORTH 14TH STREET MURPHYSBORO, IL 62955		
(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) COMPLETION DATE	
K 144	<p>Continued From page 3</p> <p>exceed 7 days per NFPA 99, 3-4.4.1.3. The facility is also required to retain a written record of inspections, maintenance and repairs for review by the authority having jurisdiction.</p> <p>NFPA 99, Section 3-4.4.1.3 Maintenance of Batteries. Storage batteries used in connection with essential electrical systems shall be inspected at intervals of not more than 7 days and shall be maintained in full compliance with manufacturer's specifications. Defective batteries shall be repaired or replaced immediately upon discovery of defects (see NFPA 70, National Electrical Code, Section 700-4).</p> <p>3-4.4.2 Recordkeeping. A written record of inspection, performance, exercising period, and repairs shall be regularly maintained and available for inspection by the authority having jurisdiction.</p> <p>B. On 11/09/10 at 9:45 AM during the record review, observation and an interview with E-1, it was determined that the facility has two- three phase diesel generators. The facility is required to load the generator to 30% or greater monthly per NFPA 110, Section 6-4.2.</p> <p>NFPA 110, Section 6-4.2* Generator sets in Level 1 and Level 2 service shall be exercised at least once monthly, for a minimum of 30 minutes, using one of the following methods: (a) Under operating temperature conditions or at not less than 30 percent of the EPS nameplate rating (b) Loading that maintains the minimum exhaust</p>	K 144			

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STATEMENT OF DEFICIENCIES NO PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 145385	(X2) MULTIPLE CONSTRUCTION A. BUILDING 02 - BUILDING 02 B. WING _____		(X3) DATE SURVEY COMPLETED 11/09/2010
NAME OF PROVIDER OR SUPPLIER REHAB & CARE CTR - JACKSON CO			STREET ADDRESS, CITY, STATE, ZIP CODE 1441 NORTH 14TH STREET MURPHYSBORO, IL 62966		
(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) COMPLETION DATE	
K 144	Continued From page 4 gas temperatures as recommended by the manufacturer The date and time of day for required testing shall be decided by the owner, based on facility operations. C. On 11/09/10 at 9:47 AM, during the record review, observation and an interview with E-1, it was determined that the facility did not run a Load Bank Test in the past 12 months per NFPA 110, Section 5-13.2.5 NFPA 110, Section 5-13.2.5 Full Load Test A load shall be applied for a 2-hour, full load test. The building load can serve as part or all of the load, supplemented by a load bank of sufficient size to provide a load equal to 100 percent of the nameplate kW rating of the EPS, less applicable derating factors for site conditions. A unity power factor shall be acceptable for on-site testing, provided that rated load tests at the rated power factor have been performed by the manufacturer of the EPS prior to shipment. Exception: Where the EPS is a paralleled multi-unit EPS, each unit shall be permitted to be tested individually at its rating. These observations, record review and interviews were verified at the exit interview with E-1 and E-2.	K 144			

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 145395	(X2) MULTIPLE CONSTRUCTION A. BUILDING 01 - MAIN BUILDING 0102 B. WING _____	(X3) DATE SURVEY COMPLETED 09/06/2011
NAME OF PROVIDER OR SUPPLIER REHAB & CARE CTR - JACKSON CO			STREET ADDRESS, CITY, STATE, ZIP CODE 1441 NORTH 14TH STREET MURPHYSBORO, IL 62966	
(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) COMPLETION DATE
K 000	INITIAL COMMENTS An Annual Life Safety Code (LSC) Certification Survey was conducted by the Illinois Department of public Health. At this survey, Rehab and Care Center - Jackson County was found not in substantial compliance with the requirements for participation in Medicare/Medicaid at 42 CFR Subpart 483.70(a), Life Safety from Fire, and the 2000 Edition of the National Fire Protection Association (NFPA) 101, Life Safety Code, Chapter 18 Existing Health Care Occupancies. Building 0102: is a one story facility without a basement and was determined to be of Type IV (2HH) Construction. Building 0102 is located between the east and west wings of Building 0202. The facility is fully sprinklered with coverage in all areas. The building has a fire alarm system with smoke detectors, tied in to the fire alarm system, located in the corridors and public spaces.(No residence rooms are located in this building) The facility has a capacity of 178 beds and has a census of 123 at the time of the survey. The requirement at 42 CFR Subpart 483.70(a) is NOT MET as evidenced by:	K 000		
K 011 SS=F	NFPA 101 LIFE SAFETY CODE STANDARD If the building has a common wall with a nonconforming building, the common wall is a fire barrier having at least a two-hour fire resistance rating constructed of materials as required for the addition. Communicating openings occur only in	K 011		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 148395	(X2) MULTIPLE CONSTRUCTION A. BUILDING 01 - MAIN BUILDING 0102 B. WING _____		(X3) DATE SURVEY COMPLETED 09/08/2011
NAME OF PROVIDER OR SUPPLIER REHAB & CARE CTR - JACKSON CO			STREET ADDRESS, CITY, STATE, ZIP CODE 1441 NORTH 14TH STREET MURPHYSBORO, IL 62968		
(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) COMPLETION DATE	
K 011	<p>Continued From page 1</p> <p>corridors and are protected by approved self-closing fire doors. 19.1.1.4.1, 19.1.1.4.2</p> <p>This STANDARD is not met as evidenced by: Based on observation and interview, the facility failed to provide properly rated fire-resistance fire barrier, fire barrier doors and fire rated door hardware in accordance with LSC Sections 8.2 and 19.1.2.3. Deficiencies occurred at the fire separation wall where a fire wall is required to have a 2-hour fire rating, separating Building 0102 and Building 0202. This deficient practice could affect all residents, as well as an indeterminable number of staff and visitors, if a fire was allowed to spread into the facility from the adjacent building. Findings include:</p> <p>A. On 09/06/11 at 1:00 PM, while accompanied by E-1 (Environmental Services Director) observations determined that the 2-Hour Fire Wall between Building 0102 and Building 0202 contained a 3/4-hour fire rated door at the Entry Corridor / A-Wing. The door and door frame are required to be 1-1/2 hour rated and the door hardware is required to be fire rated.</p> <p>B. On 09/08/11 at 1:00 PM, while accompanied by E-1 observation determined that the 2-Hour Fire Wall between the Entry Corridor / A-Wing adjacent to the door was wire glass divided into 18" x 36" inch squares. Per NFPA 101 Section 8.2.3.2.2 "Fire window assemblies shall be permitted in fire barriers having a required fire resistance rating of 1-hour or less and shall be of</p>	K 011			

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NAME OF PROVIDER OR SUPPLIER REHAB & CARE CTR - JACKSON CO			STREET ADDRESS, CITY, STATE, ZIP CODE 1441 NORTH 14TH STREET MURPHYSBORO, IL 62868		
(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) COMPLETION DATE	
K 011	<p>Continued From page 2</p> <p>an approved type with the appropriate fire protection rating for the location in which they are installed."</p> <p>C. On 09/06/11 at 1:02 PM, while accompanied by E-1 observations determined that the 2-Hour Fire Wall door between the Entry Corridor and E-Wing did not latch. The door and door frame are required to be 1-1/2 hour rated and the door hardware is to be fire rated. This door is required to close and "latch" every time. Without this door latching, a fire could spread from one building to the second without a proper fire separation.</p> <p>D. On 09/06/11 at 1:03 PM, while accompanied by E-1 observations determined that the 2-Hour Fire Wall door between the Big Room and Activity did not latch. The door and door frame are required to be 1-1/2 hour rated and the door hardware is to be fire rated. This door is required to close and "latch" every time. Without this door latching, a fire could spread from one building to the second without a proper fire separation.</p> <p>E. On 09/06/11 at 1:04 PM, while accompanied by E-1 observations determined that the 2-Hour Fire Wall door between the Big Room and Conference is required to be 1-1/2 hour rated. The door frame is required to be 1-1/2 hour rated and the door hardware is to be fire rated. This door is required to close and "latch" every time. Without this door latching, a fire could spread from one building to the second without a proper fire separation.</p> <p>F. On 09/06/11 at 1:05 PM, while accompanied by E-1 observation determined that the Fire Wall between the Big Room and the Conference</p>	K 011			

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NAME OF PROVIDER OR SUPPLIER REHAB & CARE CTR - JACKSON CO			STREET ADDRESS, CITY, STATE, ZIP CODE 1441 NORTH 14TH STREET MURPHYSBORO, IL 62966	
(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) COMPLETION DATE
K 011	Continued From page 3 Room, adjacent to the door, was wire glass. Per NFPA 101 Section 8.2.3.2.2 "Fire window assemblies shall be permitted in fire barriers having a required fire resistance rating of 1-hour or less and shall be of an approved type with the appropriate fire protection rating for the location in which they are installed." G. On 09/06/11 at 1:06 PM, while accompanied by E-1 observations that the 2-Hour Fire Wall door between the Big Room and Dining did not latch. The door, and door frame are required to be 1-1/2 hour rated and the door hardware is to be fire rated. This door is required to close and "latch" every time. Without this door latching, a fire could spread from one building to the second without a proper fire separation. These observations were again acknowledged at the exit interview by E-1 in the presence of E-2 (Administrator).	K 011		
K 050 SS=F	NFPA 101 LIFE SAFETY CODE STANDARD Fire drills are held at unexpected times under varying conditions, at least quarterly on each shift. The staff is familiar with procedures and is aware that drills are part of established routine. Responsibility for planning and conducting drills is assigned only to competent persons who are qualified to exercise leadership. Where drills are conducted between 9 PM and 6 AM a coded announcement may be used instead of audible alarms. 19.7.1.2 This STANDARD is not met as evidenced by: Based on record review and interview it was	K 050		

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NAME OF PROVIDER OR SUPPLIER REHAB & CARE CTR - JACKSON CO			STREET ADDRESS, CITY, STATE, ZIP CODE 1441 NORTH 14TH STREET MURPHYSBORO, IL 62966		
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K 050	Continued From page 4 determined that the facility failed to maintain provide fire drills as required. Fire drills are to be held at unexpected times under varying conditions, at least quarterly on each shift per NFPA 101, Section 19.7.1.2. This deficient practice could affect all residents, in all smoke zones, as well as an indeterminable number of staff and visitors. Findings include: A. On 09/06/11 at 12:23 PM, during review of the facility's "Fire Drills" it was determined that the facility had no documentation that any of the required fire drills contacted the monitoring company outside the facility to insure a signal was sent as a form of conformation of a fully active fire alarm system. B. On 09/06/11 at 12:23 PM, during review of the facility's "Fire Drills" it was determined that all required Fire Drills did not note a specific location where the proposed fire was located. This situation does not meet the requirement for varying conditions (locations) These record reviews were acknowledged at the exit interview by E-1 and E-2.	K 050			
K 144 SS=F	NFPA 101 LIFE SAFETY CODE STANDARD Generators are inspected weekly and exercised under load for 30 minutes per month in accordance with NFPA 99. 3.4.4.1.	K 144			

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NAME OF PROVIDER OR SUPPLIER REHAB & CARE CTR - JACKSON CO			STREET ADDRESS, CITY, STATE, ZIP CODE 1441 NORTH 14TH STREET MURPHYSBORO, IL 62966		
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K 144	Continued From page 5 This STANDARD is not met as evidenced by: Based on record review and interview, the facility failed to test and maintain the emergency generator set in accordance with the requirements of NFPA 101, 2000 Edition, NFPA 99, 1999 Edition; NFPA 110, 1999 Edition and failed to provide proper equipment, inspections and inspection records for the emergency generator in accordance NFPA 99, Section, 3-8.4, NFPA 110, 1999 Edition and other referenced sections. This deficient practice could affect all residents in all smoke zones, as well as an indeterminable number of staff and visitors. Findings include: On 09/06/11 at 11:30 AM, during the review of the "Generator Logs and Maintenance Schedule", and an interview with E-1, it was determined that the facilities had a required "Load Bank Test" performed by V-1 on 12/14/10 on 12/15/10 (the facility has two generators). This surveyor could not determine that the Load Bank Test was performed according to the standards of NFPA 110, Section 6-4.2.2. 1. The generator is to be exercised at 25 percent of nameplate rating for 30 minutes. 2. The generator is to be exercised at 50 percent of nameplate rating for 30 minutes. 3. The generator is to be exercised at 75 percent of nameplate rating for 60 minutes. The amperage nameplate rating for both generators were not listed on the Load Bank Testing Form. The time of the exercise did not correspond to the	K 144			

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NAME OF PROVIDER OR SUPPLIER REHAB & CARE CTR - JACKSON CO			STREET ADDRESS, CITY, STATE, ZIP CODE 1441 NORTH 14TH STREET MURPHYSBORO, IL 62966		
(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) COMPLETION DATE	
K 144	<p>Continued From page 6 times and loads listed in the requirements.</p> <p>NFPA 110, Section 6-4.2* Generator sets in Level 1 and Level 2 service shall be exercised at least once monthly, for a minimum of 30 minutes, using one of the following methods: (a) Under operating temperature conditions or at not less than 30 percent of the EPS nameplate rating (b) Loading that maintains the minimum exhaust gas temperatures as recommended by the manufacturer The date and time of day for required testing shall be decided by the owner, based on facility operations.</p> <p>NFPA 110, Section 6-4.2.2 Diesel-powered EPS installations that do not meet the requirements of 6-4.2 shall be exercised monthly with the available EPSS load and exercised annually with supplemental loads at 25 percent of nameplate rating for 30 minutes, followed by 50 percent of nameplate rating for 30 minutes, followed by 75 percent of nameplate rating for 60 minutes, for a total of 2 continuous hours.</p> <p>This record review and interview was acknowledged at the exit interview with E-1 and E-2.</p>	K 144			

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 145395	(X2) MULTIPLE CONSTRUCTION A. BUILDING 02 - BUILDING 0202 B. WING _____	(X3) DATE SURVEY COMPLETED 09/06/2011
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NAME OF PROVIDER OR SUPPLIER REHAB & CARE CTR - JACKSON CO	STREET ADDRESS, CITY, STATE, ZIP CODE 1441 NORTH 14TH STREET MURPHYSBORO, IL 62866
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K 000	INITIAL COMMENTS An Annual Life Safety Code (LSC) Certification Survey was conducted by the Illinois Department of public Health. At this survey, Rehab and Care Center - Jackson County was found not in substantial compliance with the requirements for participation in Medicare/Medicaid at 42 CFR Subpart 483.70(a), Life Safety from Fire, and the 2000 Edition of the National Fire Protection Association (NFPA) 101, Life Safety Code, Chapter 19 Existing Health Care Occupancies. Building 0202: is a one story facility without a basement was determined to be of Type II (000) Construction. The facility is partially sprinklered having coverage in the Laundry, Activity Room, Kitchen, Dining, Maintenance, Housekeeping Pantry, Staff Lounge and connecting corridor. Building 0202 is required to be fully sprinklered. The facility has a fire alarm system with smoke detectors, tied into the fire alarm system, located in the corridors. Single station battery operated smoke detectors in all residence rooms and public spaces. The facility has a capacity of 178 beds and has a census of 123 at the time of the survey. The requirement at 42 CFR Subpart 483.70(a) is NOT MET as evidenced by:	K 000		
K 011 SS=F	NFPA 101 LIFE SAFETY CODE STANDARD If the building has a common wall with a nonconforming building, the common wall is a fire barrier having at least a two-hour fire resistance	K 011		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
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Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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NAME OF PROVIDER OR SUPPLIER REHAB & CARE CTR - JACKSON CO			STREET ADDRESS, CITY, STATE, ZIP CODE 1441 NORTH 14TH STREET MURPHYSBORO, IL 62966	
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K 011	<p>Continued From page 1</p> <p>rating constructed of materials as required for the addition. Communicating openings occur only in corridors and are protected by approved self-closing fire doors. 19.1.1.4.1, 19.1.1.4.2</p> <p>This STANDARD is not met as evidenced by: Based on observation and interview, the facility failed to provide property rated fire-resistance fire barrier, fire barrier doors and fire rated door hardware in accordance with LSC Sections 8.2 and 19.1.2.3. Deficiencies occurred at the fire separation wall where a fire wall is required to have a 2-hour fire rating, separating Building 0102 and Building 0202. This deficient practice could affect all residents, as well as an indeterminable number of staff and visitors, if a fire was allowed to spread into the facility from the adjacent building. Findings include:</p> <p>A. On 09/06/11 at 1:00 PM, while accompanied by E-1 (Environmental Services Director) observations determined that the 2-Hour Fire Wall between Building 0102 and Building 0202 contained a 3/4-hour fire rated door at the Entry Corridor / A-Wing. The door and door frame are required to be 1-1/2 hour rated and the door hardware is required to be fire rated.</p> <p>B. On 09/06/11 at 1:00 PM, while accompanied by E-1 observation determined that the 2-Hour Fire Wall between the Entry Corridor / A-Wing adjacent to the door was wire glass divided into 18" x 36" inch squares. Per NFPA 101 Section 8.2.3.2.2 "Fire window assemblies shall be</p>	K 011		

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K 011	<p>Continued From page 2</p> <p>permitted in fire barriers having a a required fire resistance rating of 1-hour or less and shall be of an approved type with the appropriate fire protection rating for the location in which they are installed."</p> <p>C. On 09/06/11 at 1:02 PM, while accompanied by E-1 observations determined that the 2-Hour Fire Wall door between the Entry Corridor and E-Wing did not latch. The door and door frame are required to be 1-1/2 hour rated and the door hardware is to be fire rated. This door is required to close and "latch" every time. Without this door latching, a fire could spread from one building to the second without a proper fire separation.</p> <p>D. On 09/06/11 at 1:03 PM, while accompanied by E-1 observations determined that the 2-Hour Fire Wall door between the Big Room and Activity did not latch. The door and door frame are required to be 1-1/2 hour rated and the door hardware is to be fire rated. This door is required to close and "latch" every time. Without this door latching, a fire could spread from one building to the second without a proper fire separation.</p> <p>E. On 09/06/11 at 1:04 PM, while accompanied by E-1 observations determined that the 2-Hour Fire Wall door between the Big Room and Conference is required to be 1-1/2 hour rated. The door frame is required to be 1-1/2 hour rated and the door hardware is to be fire rated. This door is required to close and "latch" every time. Without this door latching, a fire could spread from one building to the second without a proper fire separation.</p> <p>F. On 09/06/11 at 1:05 PM, while accompanied</p>	K 011		

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K 011	Continued From page 3 by E-1 observation determined that the Fire Wall between the Big Room and the Conference Room, adjacent to the door, was wire glass. Per NFPA 101 Section 8.2.3.2.2 "Fire window assemblies shall be permitted in fire barriers having a a required fire resistance rating of 1-hour or less and shall be of an approved type with the appropriate fire protection rating for the location in which they are installed." G. On 09/06/11 at 1:06 PM, while accompanied by E-1 observations that the 2-Hour Fire Wall door between the Big Room and Dining did not latch. The door, and door frame are required to be 1-1/2 hour rated and the door hardware is to be fire rated. This door is required to close and "latch" every time. Without this door latching, a fire could spread from one building to the second without a proper fire separation. These observations were again acknowledged at the exit interview by E-1(Environmental Services Director) in the presence of E-2 (Administrator). NFPA 101 LIFE SAFETY CODE STANDARD	K 011		
K 012 SS=F	Building construction type and height meets one of the following. 19.1.6.2, 19.1.6.3, 19.1.6.4, 19.3.5.1 This STANDARD is not met as evidenced by: Based on observations and staff interview it was determined that the facility failed to meet the minimum construction requirements based on construction type limitations. The facility has been classified in previous Life Safety Surveys as	K 012		

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K 012	Continued From page 4 a Type II (111) Construction, requiring a 1-hour rated roof /ceiling assembly, per NFPA 101 Table 19.1.6.2. Upon investigation of the facilities construction it was noted that the facility design failed to provide a continuous 1-hour rated roof /ceiling assembly. Based on the findings at the time of the survey, this Surveyor classifies the facility to be of Type II (000) construction which requires automatic sprinkler protection in all areas. This deficient practice could affect all residents in all Smoke Zones, as well as an indeterminable number of staff and visitors. Findings include: A. On 11/29/10 at 10:30 AM, while accompanied by E-1, Environmental Service Director, observations determined that the facilities ceiling contained fully recessed light fixtures. These recessed light fixtures are not "tented" with material to continue the 1-hour rating over the light fixtures. Each recessed light fixture is a violation of the 1-hour rated roof /ceiling assemblies membrane. B. On 11/29/10 at 10:32 AM, while accompanied by E-1, Environmental Service Director, observations determined that the facilities ceiling contains supply and return air diffusers that did not contain 1-hour dampers. These supply and return air diffusers are in violation of the 1-hour rated roof /ceiling assemblies membrane. 3/22/11: CMS approved Temporary Waiver until February 28, 2012.	K 012		
K 018 SS=E	NFPA 101 LIFE SAFETY CODE STANDARD Doors protecting corridor openings in other than required enclosures of vertical openings, exits, or	K 018		

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K 018	<p>Continued From page 5</p> <p>hazardous areas are substantial doors, such as those constructed of 1¾ inch solid-bonded core wood, or capable of resisting fire for at least 20 minutes. Doors in sprinklered buildings are only required to resist the passage of smoke. There is no impediment to the closing of the doors. Doors are provided with a means suitable for keeping the door closed. Dutch doors meeting 19.3.6.3.8 are permitted. 19.3.6.3</p> <p>Roller latches are prohibited by CMS regulations in all health care facilities.</p> <p>This STANDARD is not met as evidenced by: Based on observation and interview it was determined that the facility failed to maintain the closure for corridor doors per NFPA 101, Section 18.3.6.3. This deficient practice could affect 30 residents in the F-Wing and Service Wing Smoke Zones, as well as an indeterminable number of staff and visitors if a fire would start in this smoke zone, the door to the resident's rooms would not provide a proper smoke barrier. Findings include:</p> <p>A. On 09/06/11 at 1:30 PM, while accompanied by E-1, observation determined that the F-Wing Smoke Zone-F-101 door failed to close and latch to the frame. In the event of a fire, the residents of this room would not have a proper smoke barrier and if the fire were to be located in Room</p>	K 018		

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K 018	Continued From page 6 F-101, the rest of the Smoke Zone would be exposed to the spread of smoke and fire based on the improper function of this door. B. On 09/06/11 at 2:20 PM, while accompanied by E-1, observation determined that the Service Wing Smoke Zone-Supply (Morgue) Room door failed to close and latch to the frame. In the event of a fire, if the fire were to be located in the Supply (Morgue) Room, the rest of the Smoke Zone would be exposed to the spread of smoke and fire based on the improper function of this door. These observations were again acknowledged at the exit interview by E-1 in the presence of E-2.	K 018		
K 060 SS#F	NFPA 101 LIFE SAFETY CODE STANDARD Fire drills are held at unexpected times under varying conditions, at least quarterly on each shift. The staff is familiar with procedures and is aware that drills are part of established routine. Responsibility for planning and conducting drills is assigned only to competent persons who are qualified to exercise leadership. Where drills are conducted between 9 PM and 6 AM a coded announcement may be used instead of audible alarms. 19.7.1.2 This STANDARD is not met as evidenced by: Based on record review and interview it was determined that the facility failed to maintain provide fire drills as required. Fire drills are to be held at unexpected times under varying conditions, at least quarterly on each shift per NFPA 101, Section 19.7.1.2. This deficient	K 050		

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K 050	Continued From page 7 practice could affect all residents, in all smoke zones, as well as an indeterminable number of staff and visitors. Findings include: A. On 09/08/11 at 12:23 PM, during review of the facility's "Fire Drills" it was determined that the facility had no documentation that any of the required fire drills contacted the monitoring company outside the facility to insure a signal was sent as a form of conformation of a fully active fire alarm system. B. On 09/06/11 at 12:23 PM, during review of the facility's "Fire Drills" it was determined that all required Fire Drills did not note a specific location where the proposed fire was located. This situation does not meet the requirement for varying conditions (locations) These record reviews were acknowledged at the exit interview by E-1 and E-2.	K 050		
K 064 SS=E	NFPA 101 LIFE SAFETY CODE STANDARD Portable fire extinguishers are provided in all health care occupancies in accordance with 9.7.4.1. 19.3.5.6, NFPA 10 This STANDARD is not met as evidenced by: Based on observation and interview it was determined that the facility failed to properly inspect, mount and secure all portable fire extinguishers in accordance with NFPA 101, 2000 Edition 19.3.5.6, 9.7.4.1 and NFPA 10. This deficient practice could affect approximately 48	K 064		

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K 064	Continued From page 8 residents in F-Wing Smoke Zone as well as an indeterminable number of staff and visitors. Findings include: A. On 09/06/11 at 1:28 PM while accompanied by E-1, observations determined that F-Wing Smoke Zone - Soiled Utility Room's Fire Extinguisher has not received a monthly inspection by the facility staff since 04/02/11. This was determined by the observation of the inspection tag located on the individual fire extinguisher. B. On 09/06/11 at 1:28 PM while accompanied by E-1, observations determined that F-Wing Smoke Zone - Beauty Shop's Fire Extinguisher has not received a monthly inspection by the facility staff since 06/06/11. This was determined by the observation of the inspection tag located on the individual fire extinguisher. This observation was again acknowledged by E-1 at the exit interview in the presence of E-2.	K 064		
K 066 SS-E	NFPA 101 LIFE SAFETY CODE STANDARD Smoking regulations are adopted and include no less than the following provisions: (1) Smoking is prohibited in any room, ward, or compartment where flammable liquids, combustible gases, or oxygen is used or stored and in any other hazardous location, and such area is posted with signs that read NO SMOKING or with the international symbol for no smoking. (2) Smoking by patients classified as not responsible is prohibited, except when under	K 066		

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K 066	<p>Continued From page 9 direct supervision.</p> <p>(3) Ashtrays of noncombustible material and safe design are provided in all areas where smoking is permitted.</p> <p>(4) Metal containers with self-closing cover devices into which ashtrays can be emptied are readily available to all areas where smoking is permitted. 19.7.4</p> <p>This STANDARD is not met as evidenced by: Based on the observation and interview, the facility failed to enforce the adopted smoking regulations in accordance with NFPA 101, 2000 Edition, Section 19.7.4. This deficient practice could affect 30 residents in the Kitchen/Dining Smoke Zone as well as an indeterminable number of staff and visitors, if fire were to start in the smoking area or the yard adjacent to the facility. Findings include:</p> <p>On 09/08/11 at 3:00 PM, while accompanied by E-1, at the Smoking Area adjacent to the Boiler Room / Ambulance Entrance it was noted that this area did not have a metal container with a self-closing lid. The area only had an open non-combustible ash tray. This situation could cause a fire to develop if cigarette butts were not contained in the ash tray and could affect the Great Room Smoke Zone residents.</p> <p>This observation was again acknowledged at the exit interview by E-1 in the presence of E-2.</p>	K 066		

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K 076 SS=E	<p>NFPA 101 LIFE SAFETY CODE STANDARD</p> <p>Medical gas storage and administration areas are protected in accordance with NFPA 99, Standards for Health Care Facilities.</p> <p>(a) Oxygen storage locations of greater than 3,000 cu.ft. are enclosed by a one-hour separation.</p> <p>(b) Locations for supply systems of greater than 3,000 cu.ft. are vented to the outside. NFPA 99 4.3.1.1.2, 19.3.2.4</p> <p>This STANDARD is not met as evidenced by: Based on observation and Interview it was determined that the facility failed to provide proper storage of oxygen in accordance with NFPA 99. This deficient practice could affect 28 residents in the G-Wing Smoke Zone, as well as an indeterminable number of staff and visitors. Findings include:</p> <p>On 09/08/11 at 1:20 PM, while accompanied by E-1, observation determined that the G-Wing Smoke Zone, Oxygen Storage Room contained two (2) racks that contained oxygen cylinders. There was no signage on the racks or on the wall that indicated which cylinders were "Full" and which were "Empty". No signage was posted.</p> <p>This observation was again acknowledged by E-1 at the exit interview in the presence of E-2.</p>	K 076		
K 144 SS=F	<p>NFPA 101 LIFE SAFETY CODE STANDARD</p>	K 144		

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K 144	<p>Continued From page 11</p> <p>Generators are inspected weekly and exercised under load for 30 minutes per month in accordance with NFPA 99. 3.4.4.1.</p> <p>This STANDARD is not met as evidenced by: Based on record review and interview, the facility failed to test and maintain the emergency generator set in accordance with the requirements of NFPA 101, 2000 Edition, NFPA 99, 1999 Edition; NFPA 110, 1999 Edition and failed to provide proper equipment, inspections and inspection records for the emergency generator in accordance NFPA 99, Section, 3-6.4, NFPA 110, 1999 Edition and other referenced sections. This deficient practice could affect all residents in all smoke zones, as well as an indeterminable number of staff and visitors.</p> <p>Findings include: On 09/06/11 at 11:30 AM, during the review of the "Generator Logs and Maintenance Schedule", and an interview with E-1, it was determined that the facilities had a required "Load Bank Test" performed by V-1 on 12/14/10 on 12/15/10 (the facility has two generators). This surveyor could not determine that the Load Bank Test was performed according to the standards of NFPA 110, Section 6-4.2.2.</p> <p>1. The generator is to be exercised at 25 percent</p>	K 144		

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K 144	<p>Continued From page 12</p> <p>of nameplate rating for 30 minutes.</p> <p>2. The generator is to be exercised at 50 percent of nameplate rating for 30 minutes.</p> <p>3. The generator is to be exercised at 75 percent of nameplate rating for 60 minutes.</p> <p>The amperage nameplate rating for both generators were not listed on the Load Bank Testing Form.</p> <p>The time of the exercise did not correspond to the times and loads listed in the requirements.</p> <p>NFPA 110, Section 6-4.2* Generator sets in Level 1 and Level 2 service shall be exercised at least once monthly, for a minimum of 30 minutes, using one of the following methods: (a) Under operating temperature conditions or at not less than 30 percent of the EPS nameplate rating (b) Loading that maintains the minimum exhaust gas temperatures as recommended by the manufacturer The date and time of day for required testing shall be decided by the owner, based on facility operations.</p> <p>NFPA 110, Section 6-4.2.2 Diesel-powered EPS installations that do not meet the requirements of 6-4.2 shall be exercised monthly with the available EPSS load and exercised annually with supplemental loads at 25 percent of nameplate rating for 30 minutes, followed by 50 percent of nameplate rating for 30 minutes, followed by 75 percent of nameplate rating for 60 minutes, for a total of 2 continuous hours.</p>	K 144		

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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) COMPLETION DATE
K 144	Continued From page 13 This record review and interview was acknowledged at the exit interview with E-1 and E-2.	K 144		

LONG-TERM CARE BED INVENTORY UPDATES

09/16/2011 - 04/18/2012

LONG-TERM CARE GENERAL NURSING BED NEED

PLANNING AREA	CALCULATED BED NEED	APPROVED BEDS	ADDITIONAL BEDS NEEDED OR EXCESS BEDS ()
HEALTH SERVICE AREA 001			
Bureau	305	279	26
Carroll	187	170	17
DeKalb	757	742	15
Jo Daviess	231	155	76
Lee	299	342	(43)
Ogle	599	535	64
Stephenson	665	637	28
Whiteside	717	822	(105)
Winnebago	2,399	2,366	33
HEALTH SERVICE AREA 002			
Bureau/Putnam	429	373	56
Fulton	523	615	(92)
Henderson/Warren	245	217	28
Knox	823	980	(157)
LaSalle	1,364	1,419	(55)
McDonough	379	376	3
Marshall/Sterk	346	427	(81)
Peoria	1,760	1,731	29
Tazewell	1,516	1,266	250
Woodford	655	592	63
HEALTH SERVICE AREA 003			
Adams	1,188	1,495	(307)
Brown/Schuyler	183	186	(3)
Calhoun/Pike	301	337	(36)
Cass	186	150	36
Christian	412	472	(60)
Greene	154	119	35
Hancock	190	184	6
Jersey	411	369	42
Le...	502	468	34
Newton	686	744	(58)
Mason	143	164	(21)
Menard	230	106	124
Montgomery	567	490	77
Morgan/Scott	573	561	12
Sangamon	1,344	1,254	90
HEALTH SERVICE AREA 004			
Champaign	1,037	908	129
Clark	290	255	35
Coles/Cumberland	759	939	(180)
DeWitt	219	190	29
Douglas	238	233	5
Edgar	260	299	(39)
Ford	240	427	(187)
Iroquois	461	486	(25)
Livingston	494	550	(56)
McLean	1,306	1,118	188
Macon	1,331	1,253	78
Moultrie	318	369	(51)
Piatt	160	160	0
Shelby	264	265	(1)
Vermilion	692	779	(87)
HEALTH SERVICE AREA 005			
Alexander/Pulaski	124	83	41
Bond	172	198	(26)
Clay	133	209	(76)
Crawford	246	220	26
Edwards/Wabash	175	139	36
Effingham	490	432	58
Fayette	255	261	(6)
Franklin	442	390	52
Groves/Hamilton/Saline	684	663	21
Hardin/Pope	95	113	(18)
Jackson	376	427	(51)
Jasper	82	82	0
Jefferson	424	346	78
Johnson/Massac	338	312	26
Lawrence	325	340	(15)
Marion	862	605	257

Facilities within 30-Minutes Travel Time Contour
 From Proposed Replacement Facility
 Manor Court of Carbondale
 (2940 Westridge Place, Carbondale, IL 62901)

FACID	FACNAME	ADDRESS	CITY	ZIP	Nursing Gen Beds	Travel Time Adjusted 77 IAC 1100.510(d)	Drive Distance
6009203	Carbondale Rehab & Nursing Center	120 North Tower Road	Carbondale	62901-000	131	1	0.57
6001408	Helia Healthcare of Carbondale	500 S Lewis Ln	Carbondale	62901-000	118	9	3.82
6004816	Rehab & Care Ctr - Jackson Co.	1441 N 14th St	Murphysboro	62966-000	178	14	7.13
6005870	Helia Healthcare of Energy (1)	210 East College	Energy	62933-000	111	25	15.7
6014385	Parkway Manor	3116 Williamson County Parkway	Marion	62959-000	119	25	16.14
6004469	Cobden Rehab & Nursing Center	430 South Front Street	Cobden	62920-000	74	26	18.37
					731		

(1) Discontinued 20 nursing care beds; facility now has 91 nursing care beds.

Source: Long-Term Care Facility Questionnaire for 2010, Illinois Department of Public Health, Health Systems Development
 Inventory of Health Care Facilities and Services and Need Determinations - 2011 - Long-Term Care Services
www.mapquest.com

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Restricted Delivery Fee (Endorsement Required)	\$0.00
Total Postage & Fees	\$ 5.75

Sent to: Ms. Cynthia Graham, Administrator
Health Department of Carbondale
Street, Apt. No. _____
or PO Box No. 500 South Main Street
City, State, ZIP+4[®] Carbondale, IL 62901
PS Form 3800, August 2009 See Reverse for Instructions

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Restricted Delivery Fee (Endorsement Required)	\$0.00
Total Postage & Fees	\$ 5.75

Sent to: Ms. Yolanda Fisher, Administrator
Rockaway Manor
Street, Apt. No. _____
or PO Box No. 3116 Williamson County Pkwy
City, State, ZIP+4[®] Union, IL 62559
PS Form 3800, August 2009 See Reverse for Instructions

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Restricted Delivery Fee (Endorsement Required)	\$0.00
Total Postage & Fees	\$ 5.75

Sent to: Mr. Terry Paolino, Administrator
Carbondale School Nursing Center
Street, Apt. No. _____
or PO Box No. 120 North Tower Road
City, State, ZIP+4[®] Carbondale, IL 62901
PS Form 3800, August 2009 See Reverse for Instructions

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Return Receipt Fee (Endorsement Required)	\$2.35
Restricted Delivery Fee (Endorsement Required)	\$0.00
Total Postage & Fees	\$ 5.75

Sent to: Mr. Chris Hoake, Administrator
U.S. Healthcare of Energy
Street, Apt. No. _____
or PO Box No. 210 East College
City, State, ZIP+4[®] Carbondale, IL 62901
PS Form 3800, August 2009 See Reverse for Instructions

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FOLEY & ASSOCIATES, INC.

Charles H. Foley, MHA
Health Care Consultant
cfoley@foleyandassociates.com

John P. Kniery
Health Care Consultant
jkniery@foleyandassociates.com

May 7, 2012

Mr. Terry Pasquino
Administrator
Carbondale Rehab & Nursing Center
120 North Tower Road
Carbondale, Illinois 62901

Re: Rehab & Care Ctr – Jackson County

Dear Mr. Pasquino:

Rehab & Care Ctr – Jackson County is proposing the discontinuation of its Long-Term Care License at 1441 North 14th Street, Murphysboro, Illinois. According to the 77 Illinois Administrative Code Chapter II, Section 1110.130, Subchapter A of the Illinois Department of Public Health's Illinois Health Facilities Planning Act, a Certificate of Need application for permit must be filed. Part of this process includes the solicitation of letters from area facilities indicating their willingness to accommodate our remaining population without any conditions, limitations or discrimination.

Your response would be part of our application as filed with the Illinois Health Facilities and Services Review Board. Thus your immediate attention would be most appreciated.

If you should have any questions please do not hesitate to contact myself.

Sincerely,



John P. Kniery
Health Care Consultant

ATTACHMENT - 10G

FOLEY & ASSOCIATES, INC.

Charles H. Foley, MHA
Health Care Consultant
cfoley@foleyandassociates.com

John P. Kniery
Health Care Consultant
jkniery@foleyandassociates.com

May 7, 2012

Ms. Gina Graham
Administrator
Helia Healthcare of Carbondale
500 South Lewis Lane
Carbondale, Illinois 62901

Re: Rehab & Care Ctr – Jackson County

Dear Ms. Graham:

Rehab & Care Ctr – Jackson County is proposing the discontinuation of its Long-Term Care License at 1441 North 14th Street, Murphysboro, Illinois. According to the 77 Illinois Administrative Code Chapter II, Section 1110.130, Subchapter A of the Illinois Department of Public Health's Illinois Health Facilities Planning Act, a Certificate of Need application for permit must be filed. Part of this process includes the solicitation of letters from area facilities indicating their willingness to accommodate our remaining population without any conditions, limitations or discrimination.

Your response would be part of our application as filed with the Illinois Health Facilities and Services Review Board. Thus your immediate attention would be most appreciated.

If you should have any questions please do not hesitate to contact myself.

Sincerely,



John P. Kniery
Health Care Consultant

FOLEY & ASSOCIATES, INC.

Charles H. Foley, MHA
Health Care Consultant
cfoley@foleyandassociates.com

John P. Kniery
Health Care Consultant
jkniery@foleyandassociates.com

May 7, 2012

Mr. Chris Haake
Administrator
Helia Healthcare of Energy
210 East College
Energy, Illinois 62933

Re: Rehab & Care Ctr – Jackson County

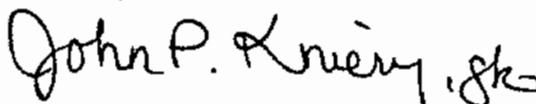
Dear Mr. Haake:

Rehab & Care Ctr – Jackson County is proposing the discontinuation of its Long-Term Care License at 1441 North 14th Street, Murphysboro, Illinois. According to the 77 Illinois Administrative Code Chapter II, Section 1110.130, Subchapter A of the Illinois Department of Public Health's Illinois Health Facilities Planning Act, a Certificate of Need application for permit must be filed. Part of this process includes the solicitation of letters from area facilities indicating their willingness to accommodate our remaining population without any conditions, limitations or discrimination.

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If you should have any questions please do not hesitate to contact myself.

Sincerely,



John P. Kniery
Health Care Consultant

ATTACHMENT - 10G

FOLEY & ASSOCIATES, INC.

Charles H. Foley, MHA
Health Care Consultant
cfoley@foleyandassociates.com

John P. Kniery
Health Care Consultant
jkniery@foleyandassociates.com

May 7, 2012

Ms. Yolanda Fisher
Administrator
UDI 1, LLC d/b/a Parkway Manor
3116 Williamson County Parkway
Marion, Illinois 62959

Re: Rehab & Care Ctr – Jackson County

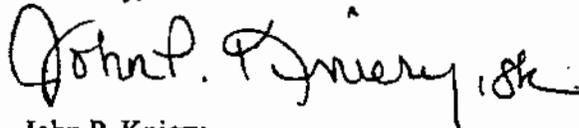
Dear Ms. Fisher:

Rehab & Care Ctr – Jackson County is proposing the discontinuation of its Long-Term Care License at 1441 North 14th Street, Murphysboro, Illinois. According to the 77 Illinois Administrative Code Chapter II, Section 1110.130, Subchapter A of the Illinois Department of Public Health's Illinois Health Facilities Planning Act, a Certificate of Need application for permit must be filed. Part of this process includes the solicitation of letters from area facilities indicating their willingness to accommodate our remaining population without any conditions, limitations or discrimination.

Your response would be part of our application as filed with the Illinois Health Facilities and Services Review Board. Thus your immediate attention would be most appreciated.

If you should have any questions please do not hesitate to contact myself.

Sincerely,



John P. Kniery
Health Care Consultant

ATTACHMENT-10G

FOLEY & ASSOCIATES, INC.

Charles H. Foley, MHA
Health Care Consultant
cfoley@foleyandassociates.com

John P. Kniery
Health Care Consultant
jkniery@foleyandassociates.com

May 7, 2012

Ms. Gayle L. Yates
Administrator
Cobden Rehab & Nursing Center
430 South Front Street
Cobden, Illinois 62920

Re: Rehab & Care Ctr – Jackson County

Dear Ms. Yates:

Rehab & Care Ctr – Jackson County is proposing the discontinuation of its Long-Term Care License at 1441 North 14th Street, Murphysboro, Illinois. According to the 77 Illinois Administrative Code Chapter II, Section 1110.130, Subchapter A of the Illinois Department of Public Health's Illinois Health Facilities Planning Act, a Certificate of Need application for permit must be filed. Part of this process includes the solicitation of letters from area facilities indicating their willingness to accommodate our remaining population without any conditions, limitations or discrimination.

Your response would be part of our application as filed with the Illinois Health Facilities and Services Review Board. Thus your immediate attention would be most appreciated.

If you should have any questions please do not hesitate to contact myself.

Sincerely,



John P. Kniery
Health Care Consultant

ATTACHMENT-10G

SENDER: COMPLETE THIS SECTION

1. Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
 2. Print your name and address on the reverse so that we can return the card to you.
 3. Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:
 Mr. Chris Hoake
 Administrator
 Helix Healthcare of Energy
 210 East College
 Energy, IL 62933

2. Article Number
 (Transfer from service label) 7010 3090 0001 8635 9657

PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540

COMPLETE THIS SECTION ON DELIVERY

A. Signature
 X Kara Leverett Agent Addressee
 B. Received by (Printed Name) Kara Leverett C. Date of Delivery 5/15/12

D. Is delivery address different from item 1? Yes
 If YES, enter delivery address below: No
 PO Box 519
 Energy IL 62933

3. Service Type
 Certified Mail Express Mail
 Registered Return Receipt for Merchandise
 Insured Mail C.O.D.
 4. Restricted Delivery? (Extra Fee) Yes

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1. Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
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1. Article Addressed to:
 Ms. Yolanda Fisher
 Administrator
 Parkway Manor
 3116 Williamson County Pkwy
 Marion, IL 62959

2. Article Number
 (Transfer from service label) 7010 3090 0001 8635 9640

PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540

COMPLETE THIS SECTION ON DELIVERY

A. Signature
 X Yolanda Fisher Agent Addressee
 B. Received by (Printed Name) YOLANDA FISHER C. Date of Delivery 5-14

D. Is delivery address different from item 1? Yes
 If YES, enter delivery address below: No

3. Service Type
 Certified Mail Express Mail
 Registered Return Receipt for Merchandise
 Insured Mail C.O.D.
 4. Restricted Delivery? (Extra Fee) Yes

SENDER: COMPLETE THIS SECTION

1. Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
 2. Print your name and address on the reverse so that we can return the card to you.
 3. Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:
 Ms. Gina Graham
 Administrator
 Helix Healthcare of Carbondale
 300 South Lewis Lane
 Carbondale, IL 62901

2. Article Number
 (Transfer from service label) 7010 3090 0001 8635 9701

PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540

COMPLETE THIS SECTION ON DELIVERY

A. Signature
 X Janet Squibb Agent Addressee
 B. Received by (Printed Name) Janet Squibb C. Date of Delivery 5-14-12

D. Is delivery address different from item 1? Yes
 If YES, enter delivery address below: No

3. Service Type
 Certified Mail Express Mail
 Registered Return Receipt for Merchandise
 Insured Mail C.O.D.
 4. Restricted Delivery? (Extra Fee) Yes

SENDER: COMPLETE THIS SECTION

1. Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
 2. Print your name and address on the reverse so that we can return the card to you.
 3. Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:
 Ms. Gayle K. Yates
 Administrator
 Cobden Rehab Hosp. Center
 430 South Front Street
 Cobden, IL 62920

2. Article Number
 (Transfer from service label) 7010 3090 0001 8635 9633

PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540

COMPLETE THIS SECTION ON DELIVERY

A. Signature
 X Michelle White Agent Addressee
 B. Received by (Printed Name) Michelle White C. Date of Delivery 5/14/12

D. Is delivery address different from item 1? Yes
 If YES, enter delivery address below: No

3. Service Type
 Certified Mail Express Mail
 Registered Return Receipt for Merchandise
 Insured Mail C.O.D.
 4. Restricted Delivery? (Extra Fee) Yes

SENDER: COMPLETE THIS SECTION

Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
 Print your name and address on the reverse so that we can return the card to you.
 Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

Mr. Terry Pasquino
 Carbondale Rehab + Usg. Ctr.
 120 North Tower Road
 Carbondale, IL 62901

2. Article Number (Transfer from service label)
 7010 3090 0002 8635 9672

PS Form 3811, February 2004
 Domestic Return Receipt
 102595-02-M-1540

COMPLETE THIS SECTION ON DELIVERY

A. Signature *Terry Pasquino* Agent

B. Received By (Printed Name) Addressed

C. Date of Delivery

D. Is delivery address different from item 1? Yes No
 If YES, enter delivery address below:

3. Service Type
 Certified Mail Express Mail
 Registered Return Receipt for Merchandise
 Insured Mail C.O.D.

4. Restricted Delivery? (Extra Fee) Yes No



210 E. COLLEGE
ENERGY, IL 62933
P (618) 942-7014
F (618) 942-7196
E energy@heliahealthcare.com

May 16, 2012

Mr. John P. Kniery
Health Care Consultant
Foley & Associates, Inc.
1638 South MacArthur Boulevard
Springfield, IL 62704

Dear Mr. Kniery:

This letter is provided by Helia Healthcare of Energy in response to your request dated May 7, 2012. We are licensed for 91 intermediate and skilled nursing facility beds. At the present time, we have 6 available beds. Our average availability over the past thirty days has been 7 beds.

We cannot state the extent of our "willingness to accommodate [your] remaining population without any conditions, limitations or discrimination." All admissions to our facility are subject to our standard criteria. Each prospective resident would be evaluated for payer verification, confirmation of our ability to meet resident needs, special needs considerations, and any other relevant factors.

Sincerely,

A handwritten signature in black ink, appearing to read "Stephen P. Miller".

HELIA HEALTHCARE OF ENERGY
Stephen P. Miller
Member



Liberty Village of Marion

May 18, 2012

John P. Kniery
Health Care Consultant
Foley & Associates, Inc
1638 South MacArthur Boulevard
Springfield, Illinois 62704

Dear Mr. Kniery:

I am writing this letter in support of the Certificate of Need for a new facility to be built in Carbondale, Illinois in Jackson County. I am the Administrator of Liberty Village in Marion Illinois, known as Parkway Manor.

Due to the fact that Carbondale is in need of specialized skilled services for their deserving citizens, Parkway Manor has served 44 of those citizens last year. The first quarter of this year we have already served 33 of Jackson County citizens

*3116 Williamson County Parkway • Marion, Illinois 62959
Phone 618/998-8600 • Fax 618/998-5887*

Just today I encountered an elderly woman who had a friend drive her to Parkway's front door and wanted to be admitted, as her physician in Carbondale told her come over to Parkway and get admitted because she needed the care to get stronger to return home.

Marion's market is different and distinct from Carbondale's and Jackson County. I do believe that the new facility will have little impact on Williamson County due to the fact that the project is reducing overall capacity and will be full immediately with the transferring of residents from Murphysboro.

As you can see, we have and will continue to accept and care for residents that need our services. Please approve of the CON that will lessen the hardship of traveling away from Jackson County to the residents and families who need the rehabilitative services.

If you have any questions or concerns please feel free to call me at 618-993-8600. Thank you.

Sincerely,



Yolanda Fisher, BSW, LNHA

Administrator