AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		` '	NG	COMPLETED		
		145948	B. WING			C 30/2013
	PROVIDER OR SUPPLIER HEALTH CARE CEN	TER		STREET ADDRESS, CITY, STATE, ZIP CODE 601 NORTH MORGAN BEMENT, IL 61813	1 00/1	30/2010
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTIC (EACH CORRECTIVE ACTION SHOULI CROSS-REFERENCED TO THE APPROF DEFICIENCY)	D BE	(X5) COMPLETION DATE
F 309	neurological checks 5/23/13-All licensed the different anticoa Plavix, Aspirin, Cou adverse effects of s for residents who fa 5/23/13-All licensed notifying the Physici the Physician what receiving, including FINAL OBSERVAT LICENSURE VIOL 300.1010h) 300.1210b) 300.1210d)3) 300.3240a) Section 300.1010 N h) The facility shall of any accident, injuresident's condition safety or welfare of limited to, the presedecubitus ulcers or percent or more wit facility shall obtain a of care for the care injury or change in notification. Section 300.1210 O Nursing and Person	and documentation of a by E5, RN Consultant. In nurses were inserviced on agulant medications, including imadin and Lovenox, and the such medications, especially all and hit their heads, by E5. In nurses were inserviced when ian of a resident fall, to inform medications the resident is anticoagulants. IONS ATIONS: Medical Care Policies notify the resident's physician ary, or significant change in a that threatens the health, a resident, including, but not ence of incipient or manifest a weight loss or gain of five thin a period of 30 days. The land record the physician's plan or treatment of such accident, condition at the time of seneral Requirements for	F99			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		` '	TIPLE CONSTRUCTION NG	CON	(X3) DATE SURVEY COMPLETED		
		145948	B. WING			C / 30/2013	
	PROVIDER OR SUPPLIER	TER		STREET ADDRESS, CITY, STATE, ZIP O 601 NORTH MORGAN BEMENT, IL 61813		700/2010	
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES / MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CO ((EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE DEFICIENCY)	N SHOULD BE	(X5) COMPLETION DATE	
F9999	and services to atta practicable physical well-being of the releach resident's complan. Adequate and care and personal resident to meet the care needs of the reshall include, at an procedures: d) Pursuant to substicate shall include, and shall be practicated seven-day-a-week 3) Objective observes determining care refurther medical evaluated by nursing stresident's medical include and an owner, licensiagent of a facility stresident. These requirement by: Based on interview neglected to operator Trauma for R1 who and nausea following resulting in a delay hours. This neglect Subdural Hemorrhal	ain or maintain the highest I, mental, and psychological sident, in accordance with inprehensive resident care I properly supervised nursing care shall be provided to each te total nursing and personal resident. Restorative measures inimum, the following section (a), general nursing at a minimum, the following sed on a 24-hour, basis: rations of changes in a i, including mental and i, as a means for analyzing and required and the need for luation and treatment shall be aff and recorded in the record.	F99	99			

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING			(X3) DATE SURVEY COMPLETED		
		145948	B. WING				3 0/2013
	PROVIDER OR SUPPLIER HEALTH CARE CEN	TER		601	REET ADDRESS, CITY, STATE, ZIP CODE 1 NORTH MORGAN EMENT, IL 61813	1 00/1	30/2010
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFI TAG	×	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROP DEFICIENCY)	BE	(X5) COMPLETION DATE
F9999	to recognize Plavix failed to notify the Fall with head traum failed to recognize a headache and naus of increased intracr medical treatment fresulted in R1's dea Hemorrhage. R1 is reviewed with falls in Findings include: The Head Traumanthe policy of the factor a minimum period any negative effects treatment to miniming following procedure assessment of resident trauma:Assigns, consciousne statusOngoing as neuro [neurological] follows: a) initially and 1 hour b) every 30 for 4 hours d) Ever shift for the remained for the first 24 hours on the Neuro [Neuro Assessment form. Assessment	and record review staff failed as an anticoagulant agent and Physician that R1 who had a a was receiving Plavix. Staff and immediately report R1's sea to the Physician as signs anial pressure, delaying for six hours. These failures ath from a Subdural one of three residents in the sample of three. Policy dated 2/2003 states it is sility to "evaluate head injuries and of 72 hours, to determine and to allow for immediate ze permanent damageThe	F99	99			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		` '	IPLE CONSTRUCTION IG	CON	(X3) DATE SURVEY COMPLETED	
		145948	B. WING _			C / 30/2013
	PROVIDER OR SUPPLIER HEALTH CARE CEN	TER		STREET ADDRESS, CITY, STATE, ZIP C 601 NORTH MORGAN BEMENT, IL 61813		00/2010
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF COR (EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE A DEFICIENCY)	SHOULD BE	(X5) COMPLETION DATE
F9999	5/11-5/31/13 states Prostate Cancer, D Chest, Parkinson's Disease. The hospital Discha states R1 has diagi Gastrointestinal Ble Barrett Esophagus .The summary state and Plavix because problemDischarg Plavix 75mg[milligra be given next week The Physician's Ore "Clopidogrel[Plavix] 81mgtake one tal Record dated 5/11- and Aspirin being g The Physician's Ore Hydrocodone-Aceta one or two tablets one or tw	der Sheet(POS) dated that R1 has diagnoses of efibrillator Implant Right Upper Diabetes and Coronary Artery arge Summary dated 5/11/13 noses of Upper eed secondary to Gastritis and and Acute blood loss Anemia es, "We stopped the aspirin e of the bleeding ge Medications:Continue ams] dailyAspirin 81mg to	F999			

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING			(X3) DATE SURVEY COMPLETED		
		145948	B. WING				ට 30/2013
	PROVIDER OR SUPPLIER HEALTH CARE CEN	TER		60	TREET ADDRESS, CITY, STATE, ZIP CODE D1 NORTH MORGAN EMENT, IL 61813		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFI TAG		PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPI DEFICIENCY)	BE	(X5) COMPLETION DATE
F9999	state, "[R1's] call lig bed-walker was ove stated he just fell-har forehead et[and] L vareaNeuro's[neu limits]pupils equa discomfortApplie Nurse's Notes state notified." On 5/22/13 at 2:30p stated that she notihim that R1 fell. E4 R1 was receiving P why she didn't tell Z was receiving, E4 s was preventative folike lbuprofen, but on as Coumadin or Loher to "monitor" R1 condition changed to Room]." The instructions on Trauma Assessme appropriate box. Pleach symptom four abnormal results ar initially and every 1 every 30 mins x 1 h hours; d) every 4 hours; every 30 mins x 1 hours	dated 5/18/13 at 3:45pm ht on[R1] laying in erturned next to closet-[R1] ad Ig[large] hematoma L[left] wrist urological] WNL[with in normal I. [No] unusual pain just ed ice to area" At 4:00pm the e, "MD[Medical Doctor, Z2] om E4, RN(Registered Nurse), fied Z2, On Call MD and told stated she did not tell Z2 that lavix and Aspirin. When asked '2 about the anticoagulants R1 tated, "I kind of knew it[Plavix] r stroke. I thought it was more did not thin the blood as much venox." E4 stated that Z2 told but "he implied if [R1's] to send [R1] to ER[Emergency the undated Neuro/Head ant state, "Record vital signs in face an (x) in each box for ad. Notify the physician if any the found. Assess as follows: a) of mins[minutes] x[times] 4; b) finction in the correction of the corre	F99	199			

AND DUAN OF CORRECTION IN IDENTIFICATION NUMBER:		TIPLE CONSTRUCTION ING		COMPLETED		
		145948	B. WING		,	C 05/30/2013
	PROVIDER OR SUPPLIER HEALTH CARE CEN	TER		STREET ADDRESS, CITY, STATE, ZIP CO 601 NORTH MORGAN BEMENT, IL 61813		00,00,2010
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG		HOULD BE	(X5) COMPLETION DATE
F9999	two tablets for com 8", on a scale of 1-pain. There is nothin the medication relief The PRN Medication 5/18/13 at 5:10pm 125mg IM for "nause There is no documentation MD was notified of or the need to give nausea. The Neuro/Head Troughless of the Neuro-Head Troughless of the	R1 was given aminophen(Vicodin) 5-325mg plaint of "pain [greater than] 10 with 10 being the worsting documented about whether eved R1's pain. on Information documents on that R1 was given Vistaril	F99	99		
	Trauma Assessme	d nausea. The Neuro/Head nt dated 5/18/13 at 5:45pm had a headache, but the ."				
	stated that R1 had ache" when first as E4 stated the first ti was on 5/18/13 at 4 "no nausea" when a 4:00, 4:15 and 4:30	om E4, RN(Registered Nurse), "no headache, just general sessed on 5/18/13 at 3:45pm. me R1 mentioned a headache i:15pm. E4 stated that R1 had assessed on 5/18/13 at 3:45, pm. E4 stated R1 complained nd she gave him Vistaril for				

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING			(X3) DATE SURVEY COMPLETED	
		145948	B. WING _			C / 30/2013
	PROVIDER OR SUPPLIER HEALTH CARE CEN	TER		STREET ADDRESS, CITY, STATE, ZIP CO 601 NORTH MORGAN BEMENT, IL 61813		, , , , , , , , , , , , , , , , , , , ,
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF COR (EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE ADDITIONAL DEFICIENCY)	SHOULD BE	(X5) COMPLETION DATE
F9999	unusual for R1 to h complained of naus she had given him(constipation, which stated that she called did not call him agadidn't call Z2, MD, to nausea, E4 stated, when I asked him[Fedadache, a slight head. It didn't screed Doctor[Z2] again." I E2, RN, Director of nurse at 6:00 pm. E4 had a headache and The Nurse's Notes state, "[R1] resting hematoma located [check] WNL V/S[v There is no further Notes until 10:30pm pain and N/V[nause [check] cont[continuand sent to ER for the Nurse's Notes state, "[R1] resting hematoma located [check] WNL V/S[v There is no further Notes until 10:30pm pain and N/V[nause [check] WNL V/S[v There is no further Notes until 10:30pm pain and N/V[nause [check] which was not to the suntil 10:30pm pain and N/V[nause [check] which was not to the suntil 10:30pm pain and N/V[nause [check] which was not to the suntil 10:30pm pain and N/V[nause [check] which was not to the suntil 10:30pm pain and N/V[nause [check] which was not the suntil 10:30pm pain and N/V[nause [check] which was not the suntil 10:30pm pain and N/V[nause [check] which was not the suntil 10:30pm pain and N/V[nause [check] which was not the suntil 10:30pm pain and N/V[nause [check] which was not the suntil 10:30pm pain and N/V[nause [check] which was not the suntil 10:30pm pain and N/V[nause [check] which was not the suntil 10:30pm pain and N/V[nause [check] which was not the suntil 10:30pm pain and N/V[nause [check] which was not the suntil 10:30pm pain and N/V[nause [check] which was not the suntil 10:30pm pain and N/V[nause [check] which was not the suntil 10:30pm pain and N/V[nause [check] which was not the suntil 10:30pm pain and N/V[nause [check] which was not the suntil 10:30pm pain and N/V[nause [check] which was not the suntil 10:30pm pain and N/V[nause [check] which was not the suntil 10:30pm pain and N/V[nause [check] which was not the suntil 10:30pm pain and N/V[nause [check] which was not the suntil 10:30pm pain and N/V[nause [check] which was not the suntil 10:30pm pain and N/V[nause [check] which was not the sun). E4 stated that it was not ave nausea, and that R1 had sea earlier in the day(5/18) and R1) something for took care of his nausea. E4 ed Z2 when R1 fell initially and sin. When asked why she o report R1's headache and "It wasn't a bad headache, R1] he said he had a headache where he hit his am out to me to call the E4 stated she gave report to Nursing(DON) the oncoming E4 stated she told E2 that R1 d nausea. dated 5/18/13 at 8:00pm in bed. Ice applied to at R[right] temple, Neuro ital signs] stable. [R1] alert." documentation in the Nurse's n. The Nurse's Notes dated a state, "[R1] c/o[complains] of ea/vomiting] noted. Neuro ue] to be WNL. MD[Z2] notified eval[evaluation]" dated 5/18/13 at 8:00pm in bed. Ice applied to at R[right] temple, Neuro ital signs] stable. [R1] alert." documentation in the Nurse's n. The Nurse's Notes dated eval[evaluation] in the Nurse's n. The Nurse's Notes dated a state, "[R1] c/o[complains] of ea/vomiting] noted. Neuro ue] to be WNL. MD[Z2] notified ea/vomiting] noted. Neuro ue] to be WNL. MD[Z2] notified	F999			

AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		A. BUILDING			COMPLETED		
		145948	B. WING		05	C 5/ 30/2013	
	PROVIDER OR SUPPLIER HEALTH CARE CEN	THE CARE CENTER 145948 B. WING STREET ADDRESS, CITY, STATE, ZIP CODE 601 NORTH MORGAN BEMENT, IL 61813 SUMMARY STATEMENT OF DEFICIENCIES EACH DEFICIENCY MUST BE PRECEDED BY FULL EGULATORY OR LSC IDENTIFYING INFORMATION) Inued From page 22 //22/13 at 3:00pm E2, RN, DON, stated R1 a fall on 5/18/13 at 3:45pm and neurological sease in pain and she did not "feel [R1] was different than before the fall", neuro's normal. iated that R1 had a bruise to the right lead above the eyebrow and ice was applied. Defirmed she documented that R1 had a ache and nausea at 6:45, 7:45, 8:45 and om on the Neuro Assessment dated 5/18/13. Onfirmed she did not document anything in record, except that he had a "headache" on leuro/Head Trauma Assessment Form. E2 d, "it was a headache to the hematoma area, is more tenderness where ice was applied, ould say to "be careful, take it easy" when no the leuro of the lematoma. E2 stated she ot call Z2, On Call MD until 10:30- or			70072010		
(X4) ID PREFIX TAG	(EACH DEFICIENC)	Y MUST BE PRECEDED BY FULL	PREFIX	((EACH CORRECTIVE ACTION S CROSS-REFERENCED TO THE A	SHOULD BE	(X5) COMPLETION DATE	
F9999	On 5/22/13 at 3:00 had a fall on 5/18/1 assessments were increase in pain an any different than be 2 stated that R1 h forehead above the E2 confirmed she cheadache and naus 9:45pm on the Neu E2 confirmed she of R1's record, except the Neuro/Head Trastated, "it was a he it was more tender he would say to "be putting the ice on the did not call Z2, On 10:45pm on 5/18/1 headache and vom On 5/22/13 at 1:45 stated he remember fall. Z2 stated "norr will tell, if there is a asked his opinion if headache(4:15pm) constituted a change	om E2, RN, DON, stated R1 3 at 3:45pm and neurological started. E2 stated R1 had no d she did not "feel [R1] was before the fall", neuro's normal. and a bruise to the right eyebrow and ice was applied. Socumented that R1 had a sea at 6:45, 7:45, 8:45 and are Assessment dated 5/18/13. It that he had a "headache" on auma Assessment Form. E2 adache to the hematoma area, ness where ice was applied, e careful, take it easy" when he hematoma. E2 stated she Call MD until 10:30- or 3, when R1 had a "pounding iting." om Z2, On Call Physician, ered being called about R1's mally, especially if the head, change to send to ER." When the onset of R1's and nausea(4:45pm) ape, Z2 stated, "With the		99			
	ER." The Emergency Me 5/18/13 at 11:25pm in bed, attended by basinhas hemathead with bruising sluggish to respond x 4 and answering	edical Services Report dated a states, "found [R1] supine RN[E2] vomiting into a comaon front R side of and some bleeding[R1] but is A&O[alert & orientated] appropriately.Reports pain id, primarily site of hematoma					

	TOF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION DESCRIPTION IDENTIFICATION NUMBER: A. BUILDING			COMPLETED			
		145948	B. WING				C 30/2013
	PROVIDER OR SUPPLIER HEALTH CARE CEN	TER		STREET ADDRESS, CITY, STATE, ZIP CO 601 NORTH MORGAN BEMENT, IL 61813	DE	00/1	50/2010
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG		HOULD	BE	(X5) COMPLETION DATE
F9999	and posterior midlir region. Staff reports hours ago, and did injury and [R1] bein ED[emergency dep became shorter and The Emergency Physici The report states, "injuyhas a large temple.[R1] appear answer most quest nauseous, has abd 'miserable'Cannonly follow commar [R1's] mental status while [on] Plavix we of intracranial hemoly follow commar [R1's] mental status while [on] Plavix we of intracranial hemoly follow commar [R1's] mental status while [on] Plavix we of intracranial hemoly follow commar [R1's] mental status while [on] Plavix we of intracranial hemoly follow commar [R1's] mental status while [on] Plavix we of intracranial hemoly follow commar [R1's] mental status while [on] Plavix we of intracranial hemoly follow commar [R1's] mental status while [on] Plavix we of intracranial hemoly follow commar [R1's] mental status while [on] Plavix we of intracranial hemoly follow commar [R1's] mental status while [on] Plavix we of intracranial hemoly follow commar [R1's] mental status while [on] Plavix we of intracranial hemoly follow commar [R1's] mental status while [on] Plavix we of intracranial hemoly follow commar [R1's] mental status while [on] Plavix we of intracranial hemoly follow commar [R1's] mental status while [on] Plavix we of intracranial hemoly follow commar [R1's] mental status while [on] Plavix we of intracranial hemoly follow commar [R1's] mental status while [on] Plavix we of intracranial hemoly follow commar [R1's] mental status while [on] Plavix we of intracranial hemoly follow commar [R1's] mental status while [on] Plavix we of intracranial hemoly follow commar [R1's] mental status while [on] Plavix we of intracranial hemoly follow commar [R1's] mental status while [on] Plavix we of intracranial hemoly follow commar [R1's] mental status while [on] Plavix we of intracranial hemoly follow commar [R1's] mental status while [on] Plavix we of intracranial hemoly follow commar [R1's] mental status while [on] Plavix we of intracranial hemoly follow commar [R1's] mental status while [on	re [cervical] spine and occipital is that [R1] fell seven and a half not call 911 despite head g on Plavixtransported to artment][R1's] responses d more delayed" repartment Report dated R1 was seen by Z3, an on "5/18/13 [at] 11:48pm."[R1] presentswith head e hematoma to his right is confused and cannot ioningsays he is ominal pain and feels ot tell me date or year. Will ands after multiple prompts is and obvious head injury ere concerning for a likelihood orrhagetaken to comagraphy]which showed subdural underlying his R1] returned from [CT] scan wake himI spoke with [Z4, surgerywho did not ole placement or Mannitol use commended rredin critical hary Clinical ural hematoma due head	F99	99			

	IND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION A. BUILDING A. BUILDING			COMPLETED		
		145948	B. WING _		05	C 5/ 30/2013
	PROVIDER OR SUPPLIER HEALTH CARE CEN	TER		STREET ADDRESS, CITY, STATE, ZIP CODE 601 NORTH MORGAN BEMENT, IL 61813		7,00,2010
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORREC (EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APPI DEFICIENCY)	OULD BE	(X5) COMPLETION DATE
F9999	stated, when he first on his right temple "biggest concern [for stated in his opinion Coumadin, because monitor the drug. Z of bleeding with the Z3 stated when a performance Emergency Departs trauma and is on Performance to the hospital for mostated once R1's "he even a slight heada [the Physician]." Z3 "significant." When of R1 occurred, Z3 headache, on Plavibefore calling [the Fineglect." The Emergency De 5/19/13 states that initial Emergency De 5/19/13 states that initial Emergency De 1/19/13 states that initial Emergen	Dam Z3, Emergency Physician at saw R1 he had a hematoma from a fall. Z3 stated his or R1] was the Plavix." Z3 in Plavix is worse than at there is no blood test to 3 stated there is a higher risk at Plavix than with Coumadin. attent comes to the ment with "evidence of head lavix, [Z3] will routinely admit nonitoring for 24 hours." Z3 headache and nausea started, inche they should have called stated the headache was asked if in his opinion neglect stated, "If [R1] has a x and they waited 6 hours Physician]. I feel like that's repartment Report dated R1 was transferred from the repartment to a Regional man Center Consultant History 5/19/13 states, "Ct of head: al hemorrhage, seen to be sterday posteriorly about arance of left middle cranial natoma. Diffuse subarachnoid emispheres appears mildly increasing mass effect with left midline shift. Slight further lateral ventricle. Mild	F99!	99		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:			LTIPLE CONSTRUCTION DING		(X3) DATE SURVEY COMPLETED	
		145948	B. WING	;	05	C / 30/2013
	PROVIDER OR SUPPLIER HEALTH CARE CEN			STREET ADDRESS, CITY, STATE, ZI 601 NORTH MORGAN BEMENT, IL 61813		/30/2013
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES 'MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFI TAG		ION SHOULD BE HE APPROPRIATE	(X5) COMPLETION DATE
F9999	presentAssessr SDH[Subdural Hem traumaticEvaluat operableNeed prognosis and mass The Regional Traur Summary dated 5/2	ge 25 mentNeuroLarge natoma] with midline shift, ed by Neurosurgery, non to discuss with familypoor sive ICB[Intracranial Bleed]" ma Center Discharge 20/13 states, "[R1] passed he was pronounced at (A)	F99	999		