Illinois Department of Public Health

	NT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPI A. BUILDING	LE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
		IL6003529	B. WING		04/09/2015
NAME OF	PROVIDER OR SUPPLIER			STATE, ZIP CODE	
ALEDO	REHAB & HEALTH CA	ARE CENTER	12TH STRE		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES / MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECT (EACH CORRECTIVE ACTION SHOU CROSS-REFERENCED TO THE APPR DEFICIENCY)	JLD BE COMPLETE
S9999	3) The unit director course work in dem care, and shall meer requirements: A) Have an associal and/or be a register one year of experied Alzheimer's disease B) Have a minimum working with person and other demential are management expersons with Alzheid dementia. b) The unit shall has There shall be enoughed and unsuresident, as defined account the purpose dementia, and the resident, and the resident patterns, as This requirement with the failure resulted statements. This requirement with the failure resulted statements. Based on interviet facility failed to employed accordinator with the has the potential to R12, R15) in the sa residents (R25, R26, R41, R42, R43, R44, R42, R43, R44).			Attachment / Statement of Licensure	
	supplemental samp Alzheimer's unit.		MILE STREET, S		

Illinois Department of Public Health

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

TITLE

(X6) DATE 04/23/15

PRINTED: 05/07/2015 FORM APPROVED

Illinois Department of Public Health

NAME OF PROVIDER OR SUPPLIER ALEDO REHAB & HEALTH CARE CENTER ALEDO, IL 61231 (X4) ID SUMMARY STATEMENT OF DEFICIENCIES 10 PROVIDER'S PLAN OF CORRECTION SHOULD BE (EACH DEFICIENCY MUST as PERECEDE BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) S9999 Continued From page 1 S9999 Findings include: The Facility's Nursing Monthly Schedule, dated 9/3/14, documents that E9 (Licensed Practical Nursel/Alzheimer's Unit Coordinator) began working as the Alzheimer's Unit Coordinator on 9/20/14 and on 4/9/15 at 11:15 a.m., E2 (Director of Nursing) confirmed E9's start date as Alzheimer's Unit Coordinator. On 4/8/15 at 1:55 p.m., E1 (Administrator) stated, "(E9) has worked here since 1998. Prior to the Unit Coordinator job, (E9) worked as a full time 2nd shift floor nurse. (E9) has not had any management positions. (E9) does not have an Associate's or Bachelor's degree." E1 also confirmed that the facility does not have a policy regarding the Alzheimer's Unit Coordinator's requirements. E9's Application for Employment, dated 12/28/01, documents that E9's education background only includes a diploma in nursing and a diploma in cosmetology. 2. Based on record review, observation, and interview the facility failed to meet minimum staffing required for the first and third shift direct care staff for 15 days and nights of 15 reviewed. This has the potential to affect four residents (R4, R9, R12, R15) on the sample and twenty four	STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	DEFICIENCIES (X1) PROVIDER/SUPPLIER/	` '	LE CONSTRUCTION	(X3) DATE COMP	SURVEY LETED
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Findings include: The Facility's Nursing Monthly Schedule, dated 9/3/14, documents that E9 (Licensed Practical Nurse/Alzheimer's Unit Coordinator) began working as the Alzheimer's Unit Coordinator on 9/20/14 and on 4/9/15 at 11:15 a.m., E2 (Director of Nursing) confirmed E9's start date as Alzheimer's Unit Coordinator. On 4/8/15 at 1:55 p.m., E1 (Administrator) stated, "(E9) has worked here since 1998. Prior to the Unit Coordinator job, (E9) worked as a full time 2nd shift floor nurse. (E9) has not had any management positions. (E9) does not have an Associate's or Bachelor's degree." E1 also confirmed that the facility does not have a policy regarding the Alzheimer's Unit Coordinator's requirements. E9's Application for Employment, dated 12/28/01, documents that E9's education background only includes a diploma in nursing and a diploma in cosmetology. 2. Based on record review, observation, and interview the facility failed to meet minimum staffing required for the first and third shift direct care staff for 15 days and nights of 15 reviewed. This has the potential to affect four residents (R4, R9, R12, R15) on the sample and twenty four	PREFIX (EACH DEFICIE	ICY MUST BE PRECEDED BY FULL	(EACH DEFICIENCY MUST BE PRECEDED BY FU	PREFIX	(EACH CORRECTIVE ACTION SHOU CROSS-REFERENCED TO THE APPRO	LD BE	COMPLETE
residents (R25, R26, R36 through R57) on the supplemental sample who reside on the Alzheimer's Unit. An undated facility's Staffing Ratio for the Alzheimer's Unit Policy documents, "(Alzheimer's Unit) is a 29 bed unitThe minimum and maximum staffing ratios for the Unit are as follows: 6 a.m. to 2 p.m.: (Minimum staffing) The unit is staffed by at least three CNA's (Certified Nursing Assistant) and one LPN (Licensed	Findings included The Facility's Nu 9/3/14, documen Nurse/Alzheime working as the A 9/20/14 and on of Nursing) conf Alzheimer's Unit On 4/8/15 at 1:5 "(E9) has worke Unit Coordinator 2nd shift floor nu management por Associate's or B confirmed that the regarding the Alzrequirements. E9's Application documents that includes a diplor cosmetology. 2. Based on receinterview the fact staffing required care staff for 15 This has the pot R9, R12, R15) or residents (R25, supplemental sa Alzheimer's Unit An undated facil Alzheimer's Unit Unit) is a 29 bed maximum staffin follows: 6 a.m. tunit is staffed by	rsing Monthly Schedule, dated to that E9 (Licensed Practical s Unit Coordinator) began zheimer's Unit Coordinator on 79/15 at 11:15 a.m., E2 (Director med E9's start date as Coordinator. 5 p.m., E1 (Administrator) stated, here since 1998. Prior to the job, (E9) worked as a full time rse. (E9) has not had any sitions. (E9) does not have an achelor's degree." E1 also e facility does not have a policy heimer's Unit Coordinator's or Employment, dated 12/28/01, E9's education background only as in nursing and a diploma in a for the first and third shift direct lays and nights of 15 reviewed. In the sample and twenty four 126, R36 through R57) on the mple who reside on the Policy documents, "(Alzheimer's unitThe minimum and gratios for the Unit are as 2 p.m.: (Minimum staffing) The at least three CNA's (Certified)	lings include: Facility's Nursing Monthly Schedule, of 14, documents that E9 (Licensed Practice Alzheimer's Unit Coordinator) beganding as the Alzheimer's Unit Coordinator (1/14 and on 4/9/15 at 11:15 a.m., E2 (Eursing) confirmed E9's start date as reimer's Unit Coordinator. (4/8/15 at 1:55 p.m., E1 (Administrator) (1) has worked here since 1998. Prior to Coordinator job, (E9) worked as a full shift floor nurse. (E9) has not had any reagement positions. (E9) does not have a reding the Alzheimer's Unit Coordinator irrements. Application for Employment, dated 12 ruments that E9's education backgroun in the facility failed to meet minimum in the failed to meet mi		JENOLINO!!		

FORM APPROVED Illinois Department of Public Health (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER: COMPLETED A. BUILDING: B. WING_ IL6003529 04/09/2015 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE **304 S.W. 12TH STREET** ALEDO REHAR & HEALTH CARE CENTER

(V.4) ID	ALEDO, IL		DROVIDED'S DI AN OF CORRECTION	(VE)
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
S9999	Continued From page 2	S9999		
	residents10 p.m. to 6 a.m.: (Minimum staffing) The Unit is staffed by at least two CNA's and one LPN\RN for a ratio of one licensed\certified staff member to 9.6 residents." On 4-6-15 through 4-9-15, two CNA's were observed working on first shift (6 a.m. to 2 p.m.) on the Alzheimer's Unit. A facility's Daily Hours Posting dated 3-22-15 through 4-5-15, documents two CNAs on duty from 6 a.m. to 2 p.m. and one CNA on duty from 10 p.m. to 6 a.m. for 15 of 15 days/nights reviewed for staffing on first and third shift. On 4-8-15 at 1:38 p.m., E2 DON (Director of Nursing) stated, "I do the scheduling for the nursing staff on the "Unit"I always schedule two CNA's for first shift (6 a.m. to 2 p.m.) and one CNA for third shift (10 p.m. to 6 a.m.)." On 4-8-15 at 1:43 p.m., E1 Administrator stated, "We follow the Policy I gave you as far as staffing on the Alzheimer's Unitthere is suppose to be three CNA's and one LPN\RN at minimum on first shift daily and two CNA's and one LPN\RN on third shift dailyI am aware we only have two CNA's on first shift daily and one CNA on third shift daily."			
	(B) Section 300.7030 Ability-Centered Care a) Ability-centered care programming, also called activity-focused programming, recognizes the resident's abilities and competencies in care planning. Tasks are adapted and modified to provide for the resident's involvement at the maximum level of the resident's ability. Ability-centered care programming embraces the following concepts: activities are every event, encounter, and exchange with a staff member, volunteer, relative, or other individuals; activities are redefined as traditional (i.e., work related,			

Illinois Department of Public Health

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STATEMEN	NT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE : COMPI	
		IL6003529	B. WING		04/0	9/2015
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\$9999	eating, walking); be events are used. This requirement is Based on observation review the facility fare number of hours of for the Alzheimer's affect four residents sample and twenty R36 - R57) on the streside on the Alzheimer's reside on the Alzheimer's affect four residents sample and twenty R36 - R57) on the streside on the Alzheimer's reside on the Alzheimer's undated Programming policy Care Unit is "special therapeutic program. The facility's undated Programming, are the statement docume development of a scoupled with individe programming, are the achievement of our maintain a comfortate environment with Alparticipate in, and be activity program and Living) programs. A should be able to be Activity Program' deresident's individual success-oriented en be able to participate per day on a consist activity calendar for representative of activity	contraditional (i.e., bathing, with independent and structured in not met as evidenced by: son, interview, and record sailed to provide required therapeutic based activities Unit. This has the potential to is (R4, R9, R12, R15) on the four residents (R25, R26, supplemental sample that imer's Unit. Special Care Unit Therapeutic y documents, "First, a Special all because it provides daily naming." End Special Care Unit Mission ints, "We believe that the afe, home-like environment, ually designed therapeutic he cornerstones to the goalIt is our policy to able and harmonious living the interview of Daily Admission Criteria, Residents enefit from the "Resident esigned to maximize strengths and abilities in a navironmentresidents should be in at least three activities tent basisActivities: The the current month is	S9999			

Illinois Department of Public Health

STATE FORM 210011 If continuation sheet 4 of 9

	ALEDO, IL			
X4) ID REFIX 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) COMPLET DATE
S9999	Continued From page 4	S9999		
	activities that occur each and every day.			
	On 4-6-15 at 9:16 a.m., the facilities Special Unit's activity calendar was posted in the hall close to the dining room. The calendar posted documented, 4-6-15, 9:00 a.m., Daily News/Religion10:00 a.m., Sound of Music1:30 p.m., Movie; On 4-7-17, 10:00 a.m., Daily News/Religion11:00 a.m., Look in Good1:30 p.m., Craft time3:30 p.m. Stretches; On 4-8-14, 9:30 a.m., Devotions10:00 a.m., Movies10:30 a.m., poems1:00 p.m. Short Stories.			
	On 4-7-15 the newspaper was read at 10:15 a.m. and was finished at 10:25 a.m. On 4-7-15 from 1:00 p.m. to 3:00 p.m., based on 15 minutes or less observation intervals, no activities were observed. On 4-8-15, a movie was playing for eight residents at 10:00 a.m., and the newspaper was read at 11:00 a.m. to five residents. On 4-8-15 from 1:00 p.m. to 3:00 p.m., based on 15 minutes or less observation intervals, no activities were observed. R4, R9, and R12 were not observed attending or receiving any activities on 4-6-15 through 4-8-15.			
	On 4-8-15 E16 Activity Aide stated, "I work as an activity aide from 9:00:a.m. to 2 p.mThere is no activity aide after 2 p.m. on the days I workWe do what we can when we canI try to leave books and magazines out for residents after I leaveI wanted to get someone to sing this afternoon but had paperwork to do insteadI can't go by the activity calendar because I don't have enough time with paper work to doI can't do activities at 1:30 p.m. because I take my lunch then and I am off work at 2 p.m."			

Illinois Department of Public Health

On 4-8-15 at 11:59 a.m. E6 Activity Director

STATE FORM 5899 Z10011 If continuation sheet 5 of 9

Illinois L	epartment of Public	Health	·				
	IT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA	1	E CONSTRUCTION	(X3) DATE		
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		IL6003529	B. WING		04/0	04/09/2015	
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		ALEDO, I	L 61231				
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		ne activity aide a day(E16)	and the state of t				
		to 2 p.m. with a half hour lunch	National Control of the Control of t				
		nours a day)the other activity					
:		om 8 a.m. to 4:30 p.m. with an					
		tivity aide's do all the work on					
		he activities for the rest of the					
		st Wednesday of every month ers out and that Unit	According to the second				
		eveningotherwise we don't	And the state of t				
	•	e evening except maybe on	and the second s				
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	Section 300.7040 A		colification and colifi				
		ming shall be planned and	NAME THAT IS NOT T				
		it the day and evening, at least					
	<u> </u>	an average of 8 hours per day.	The state of the s				
		e adapted, as needed, to	6041777A004				
		m participation by individual	1000A/downdo				
		cular resident does not st an average of 4 activities	na uno vica del			TO OTHER PROPERTY.	
		week period, the unit director					
		esident's participation and	antick verfetom:				
		activities modified and/or	AND THE PROPERTY OF THE PROPER				
	consult with the inte		Personal				
		not met as evidenced by:					
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	Based on observati	on, interview, and record					
		ailed to provide required				PROPERTY.	
	number of hours for	r activities for the Alzheimer's					
		potential to affect four					
		R12, R15) on the sample and					
A characteristics and a characteristic and a charac		ts (R25, R26, and R36 - R57)			!		
		al sample that reside on the			,		
	Alzheimer's Unit.					7	

Findings include:

STATE FORM 6899 Z10011 If continuation sheet 6 of 9

NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 304 S.W. 12TH STREET	
NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 304 S.W. 12TH STREET 304 S.W. 12TH STREET	(X5)
ALEDO REHAB & HEALTH CARE CENTER 304 S.W. 12TH STREET	
ALEDO REHAB & HEALTH CARE CENTER	
ALEDO, IL 61231	
(X4) ID PREFIX TAG SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) SUMMARY STATEMENT OF DEFICIENCIES ID PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	DATE
S9999 Continued From page 6 S9999	
A facility's undated Special Care Unit Therapeutic Programming policy documents, "First, a Special Care Unit is "special" because it provides daily therapeutic programming."	
The facility's undated Special Care Unit Mission Statement documents. "We believe that the development of a safe, home-like environment, coupled with individually designed therapeutic programming, are the cornerstones to the achievement of our goalIt is our policy to maintain a comfortable and harmonious living environment with Alzheimer type residents who participate in, and benefit from, the therapeutic activity programs and ADL (Activities of Daily Living) programs. Admission Criteria, Residents should be able to benefit from the "Resident Activity Program" designed to maximize resident's individual strengths and abilities in a success-oriented environmentresidents should be able to participate in at least three activities per day on a consistent basis. Activities: The activity calendar for the current month is representative of activities held every montheach day lists the special activities; activities that occur each and every day. On 4-6-15 at 9:16 a.m., the facilities Special Unit's activity calendar was posted in the hall close to the dining room. The calendar posted documented, 4-6-15, 9:00 a.m., Daily News/Religion10:00 a.m., Sound of Music1:30 p.m., Movie; On 4-7-17, 10:00 a.m., Daily News/Religion11:00 a.m., Look in Good1:30 p.m., Movie; On 4-8-14, 9:30 a.m., Devotions10:00 a.m., Movies10:30 a.m., Devotions10:00 a.m., Movies10:30 a.m.,	

Illinois Department of Public Health

STATE FORM Z10011 If continuation sheet 7 of 9

Illinois Department of Public Health

STATEMEN	NT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED	
		IL6003529	B. WING		04/0	9/2015
NAME OF I	PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY,	STATE, ZIP CODE		
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	On 4-7-15 the news and was finished at 1:00 p.m. to 3:00 p. less observation int observed. On 4-8-eight residents at 1:00 at 4-8-15 from 1:00 p. minutes or less observed attending 4-6-15 through 4-8-On 4-8-15 E16 Activativity aide from 9: activity aide after 2 do what we can whooks and magazin leaveI wanted to gafternoon but had p can't go by the activhave enough time with do activities at 1:30 then and I am off with On 4-8-15 at 11:59 stated, "We have on works from 9 a.m. to (four and one half haide (E23) works from hour lunchThe act the unit since I do the buildingOn the first a church band comparticipates in the expression of the expression	spaper was read at 10:15 a.m. 10:25 a.m. On 4-7-15 from m., based on 15 minutes or ervals, no activities were 15, a movie was playing for 0:00 a.m., and the newspaper a.m. to five residents. On m. to 3:00 p.m., based on 15 tervation intervals, no activities or 7.8, and R12 were not or receiving any activities on 15. Vity Aide stated, "I work as an 00:a.m. to 2 p.mThere is no p.m. on the days I workWe en we canI try to leave the sout for residents after I get someone to sing this aperwork to do insteadI vity calendar because I don's vith paper work to doI can't p.m. because I take my lunch				

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Illinois Department of Public Health STATE FORM

FORM APPROVED Illinois Department of Public Health (X1) PROVIDER/SUPPLIER/CLIA (X3) DATE SURVEY STATEMENT OF DEFICIENCIES (X2) MULTIPLE CONSTRUCTION AND PLAN OF CORRECTION IDENTIFICATION NUMBER: COMPLETED A. BUILDING: B. WING ___ IL6003529 04/09/2015 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE **304 S.W. 12TH STREET**

S9999 Continued From page 8 (B)	(X5) COMPLET DATE	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	(X4) ID PREFIX TAG
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STATE FORM 6899 If continuation sheet 9 of 9 Z10011