

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6008106	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 06/03/2015
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NAME OF PROVIDER OR SUPPLIER ROCHELLE REHAB & HEALTH CARE CENTER	STREET ADDRESS, CITY, STATE, ZIP CODE 900 NORTH 3RD STREET ROCHELLE, IL 61068
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S9999	<p>Final Observations</p> <p>Statement of Licensure Violations</p> <p>300.510 a) 300.615 b) e) f) 300.1210 b)1)2)4)5</p> <p>Section 300.510 Administrator a) There shall be an administrator licensed under the Nursing Home Administrators Licensing and Disciplinary Act (Ill. Rev. Stat. 1987, ch. 111, par. 3651 et seq.) full-time for each licensed facility. The licensee will report any change in administrator to the Department, within five days. This requirement was not met as evidenced by: Based on interview and record review the facility failed to have a Licensed Administrator and failed to notify the Department within 5 days of the change in Administration. This has the potential to affect all 35 residents in the facility. The findings include: The CMS (Centers for Medicare and Medicaid Services) Form 672 shows that 35 residents were in the facility on June 1, 2015. On June 1, 2015 at 9:20 AM, E1 (Director of Nursing) stated, "We don't have an Administrator right now. (The previous Administrator) left the Friday before last (May 22, 2015). There has not been an Administrator in the building since. We call E3 (Corporate Administrator) if we need something." On June 1, 2015 E3 stated, "I have a new Administrator starting July 1, 2015. Until then I will continue to be here a couple days a week as well as the other facility that I am the Administrator at." On June 3, 2015 at 9:20 AM, E3 stated that he</p>	S9999		
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Illinois Department of Public Health LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE 06/18/15
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S9999	<p>Continued From page 1</p> <p>had never notified Public Health of a change in Administrator. E3 stated, "I guess I will have to start doing that."</p> <p>The facility's undated Job Description for the Administrator states, "The Administrator must be qualified through a combination of education, experience and training to manage a Nursing Facility. Knowledge of business administration, nursing care and human relations is necessary. He/she must hold, or be eligible for, a Nursing Home Administrators license in the State which he/she practicing."</p> <p>Section 300.615 Determination of Need Screening and Request for Resident Criminal History Record Information</p> <p>b) All persons seeking admission to a nursing facility must be screened to determine the need for nursing facility services prior to being admitted, regardless of income, assets, or funding source. (Section 2-201.5(a) of the Act) A screening assessment is not required provided one of the conditions in Section 140.642(c) of the rules of the Department of Healthcare and Family Services titled Medical Payment (89 Ill. Adm. Code 140.642(c)) is met.</p> <p>e) In addition to the screening required by Section 2-201.5(a) of the Act and this Section, a facility shall, within 24 hours after admission of a resident, request a criminal history background check pursuant to the Uniform Conviction Information Act for all persons 18 or older seeking admission to the facility, unless a background check was initiated by a hospital pursuant to the Hospital Licensing Act. Background checks shall be based on the resident's name, date of birth, and other identifiers as required by the Department of State Police. (Section 2-201.5(b))</p>	S9999		

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S9999	<p>Continued From page 2 of the Act)</p> <p>f) The facility shall check for the individual's name on the Illinois Sex Offender Registration website at www.isp.state.il.us and the Illinois Department of Corrections sex registrant search page at www.idoc.state.il.us to determine if the individual is listed as a registered sex offender. This requirement was not met as evidenced by: Based on interview and record review the facility failed to ensure that residents were screened to determine their need for nursing facility services prior to admission to the facility. The facility failed to complete a resident background check within 24 hours of admission and also failed to check the Illinois Sex Offender website and the Illinois Department of Corrections website to determine if the resident is listed as a registered sex offender. This applies to 6 residents (R11, R12, R13, R14, R15, R16) in the supplemental sample. The findings include:</p> <ol style="list-style-type: none"> 1. On June 2, 2015 the facility was unable to provide the screenings for determining the need for nursing services for R11 admitted May 29, 2015, R12 admitted May 31, 2015, R15 admitted May 1, 2015 and R16 admitted April 16, 2015. On June 2, 2015 at 2:40 PM, E4 (Bookkeeper) stated that she had contacted someone who pulled R11, R12, R15 and R16 up in the system and the screenings had not been done yet. 2. R12's medical record shows that R12 was admitted to the facility on May 31, 2015. On June 2, 2015 at 11:00 AM, E4 (Bookkeeper) stated that she was unable to print the background check for R12 but she could pull it up in the computer. E4 showed surveyor R12's background check dated June 2, 2015 and confirmed that she had just done it that day. 3. On June 2, 2015 the facility was unable to provide evidence that they checked the Illinois 	S9999		
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S9999	<p>Continued From page 3</p> <p>Sex Offender and the Illinois Department of Corrections websites for R11, R12, R13 and R14. On June 2, 2015 at 11:30 AM, E4 stated that she runs a background check through CHIRP (Criminal History Information Response Process) as soon as she gets the resident information but she does not look at any websites.</p> <p>300.1210 b)1)2)4)5 Section 300.1210 General Requirements for Nursing and Personal Care</p> <p>b) The facility shall provide the necessary care and services to attain or maintain the highest practicable physical, mental, and psychological well-being of the resident, in accordance with each resident's comprehensive resident care plan. Adequate and properly supervised nursing care and personal care shall be provided to each resident to meet the total nursing and personal care needs of the resident. Restorative measures shall include, at a minimum, the following procedures:</p> <p>1) The licensed nurse in charge of the restorative/rehabilitative nursing program shall have successfully completed a course or other training program that includes at least 60 hours of classroom/lab training in restorative/rehabilitative nursing as evidenced by a transcript, certificate, diploma, or other written documentation from an accredited school or recognized accrediting agency such as a State or National organization of nurses or a State licensing authority. Such training shall address each of the measures outlined in subsections (b)(2) through (5) of this Section. This person may be the Director of Nursing, Assistant Director of Nursing or another nurse designated by the Director of Nursing to be in charge of the restorative/rehabilitative nursing program.</p> <p>2) All nursing personnel shall assist and encourage residents so that a resident who</p>	S9999		

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S9999	<p>Continued From page 4</p> <p>enters the facility without a limited range of motion does not experience reduction in range of motion unless the resident's clinical condition demonstrates that a reduction in range of motion is unavoidable. All nursing personnel shall assist and encourage residents so that a resident with a limited range of motion receives appropriate treatment and services to increase range of motion and/or to prevent further decrease in range of motion.</p> <p>4) All nursing personnel shall assist and encourage residents so that a resident's abilities in activities of daily living do not diminish unless circumstances of the individual's clinical condition demonstrate that diminution was unavoidable. This includes the resident's abilities to bathe, dress, and groom; transfer and ambulate; toilet; eat; and use speech, language, or other functional communication systems. A resident who is unable to carry out activities of daily living shall receive the services necessary to maintain good nutrition, grooming, and personal hygiene.</p> <p>5) All nursing personnel shall assist and encourage residents with ambulation and safe transfer activities as often as necessary in an effort to help them retain or maintain their highest practicable level of functioning. This requirement is not met as evidenced by:</p> <p>Based on Observation, Interview, and Record Review the facility failed to provide services to maintain or improve physical mobility and failed to provide range of motion exercises as identified and assessed for 3 residents.</p> <p>This applies to 3 of 5 residents (R1, R5, R7) reviewed for range of motion services in the sample of 10.</p> <p>The findings include:</p>	S9999		

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S9999	<p>Continued From page 5</p> <p>1. R7's Physician Order Sheet dated June 2015 shows R7 has a diagnosis of CVA (cerebrovascular accident) with left hemiplegia.</p> <p>R7's MDS (Minimum Data Sheet) dated May 11, 2015 show that R7 is cognitively intact. The MDS shows that R7 has limited range of motion to left upper and lower extremities related to a previous CVA. R7 is totally dependent on 2 staff for transfers, dressing, bathing and toilet use.</p> <p>The Range of Motion (ROM) Assessment dated May 5, 2015 shows R7 is at moderate risk for range of motion decline. Treatment options listed for moderate risk include, "Treatment my include, but is not limited to basic range of motion, positioning, turning, ambulating, as indicated by individual resident needs." R7's ROM assessment fails to show if she is or is not a candidate for Restorative Programming.</p> <p>R7's Care Plan dated May 4, 2015 states, "physical therapy/occupational therapy and/or Restorative Nursing if necessary to improve/maintain resident functioning" for R7 in bathing/hygiene, dressing/grooming, and eating.</p> <p>R7's physical therapy transfer assessment completed on May 5, 2015 by Z1 (Physical Therapy Program Director) shows that R7 does not require skilled physical therapy. On June 2, 2015 at 1:35PM, Z1 stated, "We evaluate residents when they get here and decide if they need skilled therapy. If not, the aides will do range of motion" through the restorative program. Z1 was asked for ROM documentation on R7. Z1 said there was no documentation. "We kind of fall through the cracks on that."</p>	S9999		

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S9999	<p>Continued From page 6</p> <p>On June 2, 2015 at 12:45PM, R7 was wheeled down the hallway by R5 CNA (Certified Nursing Assistant).</p> <p>On June 2, 2015 at 1:20PM, R7 was sitting in her wheelchair. R7's left arm was flaccid in her lap. R7 said that the staff have not offered or encouraged her to exercise her upper and lower extremities. "I don't get up. I don't go to physical therapy or do exercises."</p> <p>On June 2, 2015 at 1:50PM, E1 DON (Director of Nursing) stated, "I have been here about a year. We haven't had a restorative nurse here at all since I have been here."</p> <p>2. R1's Physician Order Sheet dated June 1, 2015 shows R1 has diagnoses of osteoarthritis, BLE (bilateral lower extremity edema) and gait disturbance.</p> <p>The Physical Therapy Progress and Discharge Summary dated December 12, 2014 states, "R1 will be discharged to current Skilled Nursing Facility with a full home exercise program to ensure continual strengthening for bilateral lower extremities."</p> <p>On June 3, 2015 at 8:30AM, E2 ADON (Assistant Director of Nursing) stated, "I don't have R1 on a restorative program. The exercise program is on the wall behind R1's bed as a reminder for R1 to lift both legs, three times a day. I don't know if R1 does it or not."</p> <p>On June 3, 2015 at 8:35AM, R1 stated, "I have some papers on some exercises but I don't do them." R1 said her legs are so swollen and painful that it is hard to do exercises by herself.</p>	S9999		

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S9999	<p>Continued From page 7</p> <p>On June 3, 2015 at 8:25AM, R1 was observed propelling herself down the south hallway independently.</p> <p>On June 1, 2015 at 12:00PM, R1 was wheeled to the dining room table by R5.</p> <p>3. The Minimum Data Set dated March 14, 2015 shows R5 as having no cognitive impairment. The assessment shows R5 is totally dependent on 2 staff for transfers, toilet-use and mobility and requires extensive assistance for dressing and bathing. R5 has limitation in range of motion on both sides to the lower extremities.</p> <p>The Physical Therapy Plan of Care form dated 6/14/14 shows underlying impairments for R5 as Range of Motion in right and left lower extremity as "Completes up to 75% of normal range." The discharge plans for R5 on this form show, "Remain in skilled facility with functional maintenance program."</p> <p>R5's Range of Motion Assessment dated March 14, 2015 shows a risk score of 10 with treatment options to include basic ROM, positioning, turning, ambulating as indicated by individual resident needs. The assessment shows has moderate (50-80%) functional ROM of the upper extremities and minimal (25-50%) functional ROM of the lower extremities. The section of the form that shows whether the resident is a candidate or is not a candidate for restorative programming is left blank.</p> <p>R5's care plan dated January 16, 2014 show Restorative Nursing Programs for ambulation, transferring, dressing and grooming. The care plan an approach for each program that documents, "Assess and document Restorative participation and response to program quarterly</p>	S9999		

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S9999	<p>Continued From page 8</p> <p>and prn for change in abilities. Review goals and approaches with Interdisciplinary Team quarterly and PRN with changes in the resident condition. Revise goal and approaches as needed to maximize participation and independence levels. Note and share successful strategies for participation and goal achievement."</p> <p>Another approach shows, "Note barriers to participation and endurance. Monitor progress toward goal by % of joint movement thru assessment and tolerance of repetitions."</p> <p>On June 3, 2015 at 9:35AM, R5 said someone helps him exercise "about once a week".</p> <p>On all days of the survey, R5 propelled himself around the facility in the wheelchair with his feet held up.</p> <p style="text-align: center;">(B)</p>	S9999		
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