STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	IL6014658	A. BUILDING: _____ B. WING _____	02/19/2021

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CARRIAGE REHAB & HEALTHCARE	1660 SOUTH MULFORD ROCKFORD, IL 61108

(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
S 000	Initial Comments First Probationary Licensure Survey	S 000		
S1210	Section 300.1210 General Rquiremnts for Nrsg and Personal Care This Regulation is not met as evidenced by: Statement of Licensure Violations: (1 or 2) 300.1210d)1) 300.1210d)2) 300.1210d)5) 300.1210 General Requirements for Nursing and Personal Care d) Pursuant to subsection (a), general nursing care shall include, at a minimum, the following and shall be practiced on a 24-hour, seven-day-a-week basis: 1) Medications, including oral, rectal, hypodermic, intravenous and intramuscular, shall be properly administered. 2) All treatments and procedures shall be administered as ordered by the physician. 5) A regular program to prevent and treat pressure sores, heat rashes or other skin breakdown shall be practiced on a 24-hour, seven-day-a-week basis so that a resident who enters the facility without pressure sores does not develop pressure sores unless the individual's clinical condition demonstrates that the pressure sores were unavoidable. A resident having pressure sores shall receive treatment and services to promote healing, prevent infection, and prevent new pressure sores from developing.	S1210	Attachment A Statement of Licensure Violations	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	IL6014658	A. BUILDING: _____ B. WING _____	02/19/2021

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CARRIAGE REHAB & HEALTHCARE	1660 SOUTH MULFORD ROCKFORD, IL 61108

(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
S1210	Continued From page 1 This REQUIREMENT was not met as evidenced by: A. Based on observation, interview, and record review the facility failed to ensure a resident received a physician ordered medication and failed to document the administration of an as needed pain medication for 2 of 2 (R9, R1) residents reviewed for medications in the sample of 9. The findings include: 1. R9's electronic medical record showed she was admitted to the facility on 9/7/17 with diagnoses to include but not limited to chronic obstructive pulmonary disease, type 2 Diabetes, chronic congestive heart failure, chronic kidney disease and hypertension. R9's physician order sheet showed an order for Daliresp (medication to treat her chronic obstructive pulmonary disease) to be administered once daily. R9's February 2021 medication administration record showed R9 did not receive her Daliresp on 2/14/21, 2/16/21, or 2/17/21 with a notation to see the nursing notes. R9's nursing notes showed the medication was not administered on those days because the medication was not available. R9's electronic medication administration record showed she received the Daliresp on 2/15/21 (when the medication was not available). On 2/19/21 at 1:20 PM, V2 DON (Director of Nursing) said R9's Daliresp was not available to administer because staff were having a hard time getting used to ordering medications electronically since the facility started using electronic ordering. V2 said the medication was not in the facility because the order was faxed rather than sent through the facility's electronic	S1210		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	IL6014658	A. BUILDING: _____ B. WING _____	02/19/2021

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CARRIAGE REHAB & HEALTHCARE	1660 SOUTH MULFORD ROCKFORD, IL 61108

(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
S1210	Continued From page 2	S1210		

health record so it took longer to arrive from pharmacy. V2 said R9's Daliresp became available on 2/17/21 and the documentation that showed the medication was administered on 2/15/21 was not accurate because the medication was not available at that time. V2 said R9 did not receive her Daliresp from 2/14/21 through 2/17/21.

The facility's policy titled Standards and Guidelines: Medication Administration with revision date of 11/1/16 showed, "Standard: It will be the standard of this facility to administer medications in a timely manner and as prescribed by the physician... Guidelines: ... 3. Medications should be administered in a timely manner and in accordance with the physician's orders... 13. ... If medication is not available the nurse should notify the physician for new orders and contact the pharmacy, as needed..."

2. R1's electronic medical record showed he was admitted to the facility on 1/18/21 with diagnoses to include but not limited to gangrene, pressure ulcer of sacral region, elevated white blood cell count, embolism and thrombosis of unspecified parts of aorta, and obstructive and reflux uropathy. R1's physician order sheet showed an order dated 1/26/21 for Morphine Sulfate Solution Give 0.25 ml by mouth every 1 hour as needed and an order for Morphine Sulfate Solution 0.5 ml by mouth every 1 hours as needed.

On 2/17/21 at 3:05 PM, V4 Hospice RN (Registered Nurse) performed dressing changes to R1's bilateral lower extremity wounds. At 3:10 PM, V5 LPN (Licensed Practical Nurse) who was assisting V4 with the dressing changes gave R1 0.25 ml of Morphine Sulfate for pain. At approximately 3:25 PM (during the same dressing

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	IL6014658	A. BUILDING: _____ B. WING _____	02/19/2021

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CARRIAGE REHAB & HEALTHCARE	1660 SOUTH MULFORD ROCKFORD, IL 61108

(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
S1210	Continued From page 3 change) V5 gave R1 another 0.25 ml of Morphine Sulfate for pain. R1's eMAR (electronic medication administration record) showed no documentation of the two doses of Morphine Sulfate given on 2/17/21 during the dressing changes. R1's narcotic sign out sheet for Morphine Sulfate showed no doses documented on 2/17/21. On 2/19/21 at 1:45 PM, V2 DON (Director of Nursing) said, When Morphine is administered the nurses are supposed to sign the MAR indicating that it was administered. V2 said documenting in the MAR then triggers the nurse to also document the resident's pain level. The nurses should sign out the medication on the narcotic count sheet when doses are being given. It is important to document the medications to show that we are managing any pain the resident is having and also so we don't overmedicate a resident by administering a medication again too soon because it depends on when you give it as to when the resident can have more. The facility's policy titled Medication Administration with revision date of 11/1/16 showed, "... 9. The individual administering the medication must initial the resident's MAR (medication administration record) on the appropriate line and date for that specific day ,,, If the facility is utilizing Electronic Health Records (EHR) and eMAR, an electronic signature is appropriate." B. Based on observation, interview, and record review the facility failed to ensure the physician ordered dressing change was completed, failed to ensure the dressing change was done in a manner to prevent cross contamination, and	S1210		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	IL6014658	A. BUILDING _____ B. WING _____	02/19/2021

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CARRIAGE REHAB & HEALTHCARE	1660 SOUTH MULFORD ROCKFORD, IL 61108

(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
S1210	Continued From page 4 failed to ensure peri-care was done to prevent cross contamination for 2 of 3 residents (R1 and R7) reviewed for pressure in the sample of 9. The findings include: 1. R1's electronic medical record showed he was admitted to the facility on 1/18/21 with diagnoses to include but not limited to gangrene, pressure ulcer of sacral region, elevated white blood cell count, embolism and thrombosis of unspecified parts of aorta, and obstructive and reflux uropathy. On 2/17/21 at 3:05 PM, V4 Hospice RN (Registered Nurse) was performing R1's bilateral lower extremity dressing changes. R1 had multiple wounds on both lower extremities. V4 removed the dressing to R1's left lower extremity and sprayed all areas with wound cleanser. V4 used a gauze pad to pat dry each area leaving visible slough and blood on the gauze pad, V4 used the same soiled gauze pad on each wound. Once each wound had been patted dry V4 applied tea tree oil to her gloved hand, used another gauze pad dipped in the tea tree oil on her dirty gloved hand and patted all the wounds on R1's left lower extremity with the same gauze pad. V4 then removed her dirty gloves and donned a new pair of gloves. V4 did not perform hand hygiene after the first pair of gloves were removed. V4 applied Xeroform (a petrolatum dressing) to R1's posterior calf wound and on R1's wound to his shin. V4 then placed an ABD (large gauze pad) directly to the wounds on the bottom and side of R1's left foot. V4 removed her gloves and cut strips of tape which she stuck to the bedside table. V4 did not perform hand hygiene after removing her gloves the second time. V4 opened a roll of Kerlix (an absorbent	S1210		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	IL6014658	A. BUILDING: _____ B. WING _____	02/19/2021

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CARRIAGE REHAB & HEALTHCARE	1660 SOUTH MULFORD ROCKFORD, IL 61108

(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
S1210	Continued From page 5 gauze roll), applied gloves, and wrapped the Kerlix around R1's left lower leg and foot. V4 then changed her gloves again without performing hand hygiene. V4 then started the dressing change to R1's right foot. R1's right foot was partially amputated and gangrenous with a very foul odor. R1's right foot had drainage soaked through the dressing. V4 removed the saturated dressing and said the dressing she removed was Xeroform with a roll of Kerlix. V4 changed her gloves again without hand hygiene. V4 sprayed wound cleanser on R1's right foot and right calf. V4 then applied betadine on the wound just above R1's foot and applied a couple of drops of betadine to R1's heel. V4 rubbed drops of tea tree oil into R1's ankle and all over R1's partially amputated and necrotic foot and then removed her gloves and opened a new Kerlix gauze, Xeroform dressing, and large absorbent gauze pad. V4 did not perform hand hygiene and donned another pair of gloves. V4 applied the Xeroform dressing to the right foot which had slough and skin dangling off the foot, applied the absorbent gauze pad and wrapped the entire area with the roll of Kerlix gauze wrap. V4 then assisted V5 LPN (Licensed Practical Nurse) to visualize the wounds to R1's coccyx and buttocks. V4 sprayed wound cleanser on R1's wounds on his buttocks and coccyx and applied tea tree oil with a gloved finger to 2 areas on R1's left buttock and 2 areas on R1's right buttock. V4 then applied a bordered dressing to R1's coccyx wound. No dressings were applied to R1's buttock wounds. V4 then removed her gloves and then washed her hands. V4 did not perform hand hygiene at all until she was completely finished working with R1. R1's physician order sheet showed, "wound to coccyx: clean with normal saline, pat dry, apply	S1210		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	IL6014658	A. BUILDING: _____ B. WING _____	02/19/2021

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CARRIAGE REHAB & HEALTHCARE	1660 SOUTH MULFORD ROCKFORD, IL 61108

(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
S1210	Continued From page 6 plurogel (nickel thick), onto saline moistened gauze over wound, cover with gauze island with border daily and as needed, wound to the left heel: clean with normal saline, pat dry, apply Plurogel gauze with ABD (large absorbent gauze pad) and kerlix wrap with tape daily and as needed, wound to the left lateral leg: clean with normal saline, pat dry, apply Plurogel gauze with ABD pad and kerlix wrap with tape daily and as needed, wound to the right posterior leg: clean with normal saline, pat dry, apply Plurogel gauze with ABD pad and kerlix wrap with tape daily and as needed." During R1's dressing changes on 2/17/21 at 3:05 PM, V4 said R1's treatment orders include using Plurogel but she said she was not doing this treatment as ordered because she could not find Plurogel in the facility. On 2/19/21 at 9:40 AM, V2 DON (Director of Nursing) said, when performing wound care it is important not to use the same gauze on multiple wound beds to prevent cross contamination between the separate wounds. V2 said staff should perform hand hygiene after removing gloves. On 2/19/21 at 1:20 PM, V2 DON (Director of Nursing) said it is important to do the dressing changes as ordered. V2 said if the dressing change ordered by the physician is not done the wound may not heal and it could get worse. V2 said, V6 RN (Registered Nurse) contacted hospice to make sure the Plurogel got here as soon as possible and they delivered it last night. V2 said the Plurogel was something hospice was providing so they should have had it there. V2 said if a medication or treatment was not available the nursing staff would need to contact the physician to get a substitute order in place. The facility's policy titled Wound Care with revision date of 11/1/16 showed, " ... 6. Wound	S1210		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	IL6014658	A. BUILDING: _____ B. WING _____	02/19/2021

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CARRIAGE REHAB & HEALTHCARE	1660 SOUTH MULFORD ROCKFORD, IL 61108

(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
S1210	Continued From page 7 care procedures and treatments should be performed according to physician orders. 7. Wound care treatment should maintain proper technique, as indicated by the type of wound and physician orders..." The facility's policy titled Hand Hygiene with revision date of 3/2018 showed, "This facility considers hand hygiene the primary means to prevent the spread of infections... 5. Use an alcohol-based hand rub containing at least 62% alcohol; or, alternatively, soap and water for the following situations: ... g. before handling clean or soiled dressings, gauze pads, etc.; ... i. After contact with a resident's intact skin..., j. After contact with blood or bodily fluids; k. After handling used dressings..., m. after removing gloves ... 7. The use of gloves does not replace hand washing/hand hygiene. Integration of glove use along with routine hand hygiene is recognized as the best practice for preventing healthcare-associated infections. 2. R7's Minimum Data Set assessment dated 11/24/20 shows she is cognitively intact and dependent on the assistance of two staff members for toileting, bathing, and personal hygiene. The assessment shows she is always incontinent of bowel and bladder. R7's Wound Evaluation and Management Summary dated 2/17/21 shows she has a wound to her sacrum area measuring 1.3 centimeters (cm) x 6.0 cm x 0.2 cm that is identified as moisture associated skin damage (MASD). R7's Wound Evaluation also shows she has an unstageable pressure injury to her left heel measuring 1.5 cm x 1.1 cm x 0.1 cm. On 2/18/21 at 8:54 AM, V10 and V11 (Certified Nursing Assistants-CNAs) were providing incontinent care for R7. While V10 was cleaning R7, her gloves were visibly soiled with stool. V10	S1210		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	IL6014658	A. BUILDING: _____ B. WING _____	02/19/2021

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CARRIAGE REHAB & HEALTHCARE	1660 SOUTH MULFORD ROCKFORD, IL 61108

(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
S1210	Continued From page 8 removed the gloves and put new gloves on. V10 and V11 repositioned R7 to her left side and V11 started cleaning stool from R7. R7 had two dressings on her buttocks that were covered in stool. V11 removed the two dressings on R7's buttocks. R7 had two open areas on her buttocks; one on the left buttocks and another on the right buttocks. In one motion, V11 wiped the stool in the direction of the open areas, then continued wiping over the open area on the left buttocks with the same section of the wet wipe. V10 and V11 rolled R7 over onto her back. V10 used a wet wipe to clean the front side of R7. V10 wiped R7's left groin area and then used the same section of the wet wipe to clean the middle labial area of R7. After completing incontinent care, V10 and V11 removed their gloves and exited R7's room without performing hand hygiene. Both CNAs touched the door handle to R7's room. V11 walked across the hall to the soiled linen room and punched in the code to open the door. V11 disposed of the soiled linens, walked a couple of rooms down to the clean utility room and touched the door handle to open the door. V11 exited the clean utility room carrying a draw sheet. As she was walking back to R7's room, V11 used hand sanitizer on her hands for the first time since providing incontinent care. V10 and V11 re-entered R7's room and placed the draw sheet under R7. They repositioned R7 up higher in the bed. V10 touched R7's blanket and call light before performing hand hygiene for the first time since providing incontinent care for R7. On 2/18/21 at 9:56 AM, V7 (Registered Nurse/Wound Nurse) was performing a dressing change for R7's pressure injury on her left heel. V7 put normal saline on the gauze and dabbed over the area in a circular motion. The wet gauze was touching the area around the wound bed and	S1210		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	IL6014658	A. BUILDING: _____ B. WING _____	02/19/2021

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CARRIAGE REHAB & HEALTHCARE	1660 SOUTH MULFORD ROCKFORD, IL 61108

(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
S1210	Continued From page 9	S1210		

then touching the wound bed as she was dabbing it in a circular motion. At 10:09 AM, V8, (CNA) who was in the room assisting V7, was cleaning R7 because she had another bowel movement, V8 wiped R7 in the same manner the previous CNA had wiped R7; wiping the stool in the direction of the open areas and continuing up and over the open area on R7's left buttocks. V7 (Wound Nurse) performed wound care to the open areas after V8 finished. V7 wet the gauze and dabbed the open area on R7's left buttocks, then dabbed the open area on R7's right buttocks, using the same section of gauze. At 10:15 AM, V8 was cleaning R7's front side. V8 wiped R7's groin area and then used the same section of wet wipe to wipe R7's middle labial area. Barrier cream that had been in R7's right groin was visibly smeared over the top portion of R7's labial area.

On 2/18/21 at 1:40 PM, V8 (CNA) said she should not have wiped stool over the open area on R7's buttocks and she should not have used the same section of wipe to clean R7's groin area and then the labial area because it could introduce bacteria into R7's body. At 1:50 PM, V10 said she and V11 should have washed their hands as soon as they got done providing incontinent care for R7, before touching anything in the environment. V10 said she should not have used the same wet wipe to clean R7's groin area and then her middle labial area for infection control reasons. At 1:58 PM, V11 said she was just trying to clean the stool from R7 so V7 could do the dressing change. V11 said she should not have wiped the stool over R7's open areas on her buttocks because she contaminated the open areas. V11 said she should have performed hand hygiene right after completing incontinent care for R7, before touching anything in the environment

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	IL6014658	A. BUILDING: _____ B. WING _____	02/19/2021

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CARRIAGE REHAB & HEALTHCARE	1660 SOUTH MULFORD ROCKFORD, IL 61108

(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
S1210	Continued From page 10 to prevent cross-contamination. At 2:09 PM, V7 (Wound Nurse) said she should not have touched the area around the wound bed and then the wound bed. V7 said that contaminated the wound bed. V7 said she also would have cleaned the open areas on R7's buttocks a lot better if she had known that V8 had wiped stool across the open areas. V7 said you do not want to use the same section of gauze to clean both open areas, adding, "That would be cross-contamination." On 2/19/21 at 9:40 AM, V2 (Director of Nursing-DON) said wiping in the direction of the resident's wounds and continuing over open areas is not the correct way to provide care, "To make sure we do not introduce stool to the resident's wound bed." V2 said the staff should use a clean cloth and move debris away from the wound bed for infection control. V2 said it is not proper infection control technique to wipe the resident's groin area and then wipe down the middle labial area because it introduces bacteria into the resident's body. V2 said the CNAs should have washed their hands immediately after removing their gloves when incontinent care was completed. V2 said you do not want to spread urine or feces matter throughout the environment. It is a matter of infection control. V2 said when performing wound care she expects the person providing care to not clean or touch the area around the wound and then touch the wound bed with the same gauze. V2 said the person performing wound care should swipe in the wound bed, then discard the gauze and use a clean gauze to clean the other wound bed. V2 said you do not go from one wound bed to the other wound bed with the same gauze to prevent cross-contamination. The facility's policy and procedure titled	S1210		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	IL6014658	A. BUILDING: _____ B. WING _____	02/19/2021

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CARRIAGE REHAB & HEALTHCARE	1660 SOUTH MULFORD ROCKFORD, IL 61108

(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
S1210	Continued From page 11 Standards and Guidelines: Hand Hygiene with a revision date of 3/2018 shows "2. All personnel shall follow the handwashing/hand hygiene procedures to help prevent the spread of infections to other personnel, residents, and visitors ...5. Use an alcohol-based hand rub containing at least 62% alcohol; or alternatively, soap (antimicrobial or non-anti-microbial) and water for the following situations ...b. Before and after direct contact with residents ...h. Before moving from a contaminated body site to a clean body site during resident care ...i. After contact with a resident's intact skin. j. After contact with blood or bodily fluids ...m. After removing gloves. The policy shows "7. The use of gloves does not replace hand washing/hand hygiene. Integration of glove use along with routine hand hygiene is recognized as the best practice for preventing healthcare-associated infections." The facility's policy and procedure titled Standards and Guidelines: SG Perineal/Incontinence Care with a revision date of 9/1/17 shows "It will be the standard of this facility to provide cleanliness and comfort to the resident, to prevent infections and skin irritation, and to observe the resident's skin condition and provide appropriate care and services required to maintain functional levels while providing perineal/incontinent care ...6.iii. A resident who is incontinent of bladder receives appropriate treatment and services to prevent urinary tract infections and to restore continence to the extent possible." The facility's policy and procedure titled Standards and Guidelines: SG Wound Care with a revision date of 11/1/15 shows "6. Wound care treatment should maintain proper technique, as indicated by the type of wound and physician	S1210		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	IL6014658	A. BUILDING: _____ B. WING _____	02/19/2021

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CARRIAGE REHAB & HEALTHCARE	1660 SOUTH MULFORD ROCKFORD, IL 61108

(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
S1210	Continued From page 12 orders." (B) (2 of 2) 300.1210b)1) 300.1210b)2) II. Section 300.1210 General Requirements for Nursing and Personal Care (2 or 5) 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: 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	S1210		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	IL6014658	A. BUILDING: _____ B. WING _____	02/19/2021

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CARRIAGE REHAB & HEALTHCARE	1660 SOUTH MULFORD ROCKFORD, IL 61108

(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
S1210	Continued From page 13 nurse designated by the Director of Nursing to be in charge of the restorative/rehabilitative nursing program. 2) All nursing personnel shall assist and encourage residents so that a resident who 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. A. Based on observation, interview and record review, the facility failed to have a restorative program in place, or provide range of motion to residents in the facility. This has the potential to affect all of the residents in the facility. The findings include: During this survey, from 2/17/21-2/19/21, no staff were observed providing range of motion exercises to any of the residents. On 2/17/21 at 11:28 AM, R12 said no staff come in and perform exercises for range of motion with him. R13 (R12's wife) agreed with R12, saying no staff perform range of motion exercises with her either. R12 and R13 were both alert and oriented. On 2/17/21 at 12:03 PM, R4 said he worked with therapy when he was first admitted. R4 said he was discharged from therapy last September. R4	S1210		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	IL6014658	A. BUILDING: _____ B. WING _____	02/19/2021

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CARRIAGE REHAB & HEALTHCARE	1660 SOUTH MULFORD ROCKFORD, IL 61108

(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
S1210	Continued From page 14 said no staff member has come in and performed range of motion exercises with him since he was discharged from therapy. R4's facility assessment dated 11/20/20 shows he is cognitively intact and requires extensive assist of two staff members for bed mobility, transfers and toileting. The assessment shows R4 requires extensive assist of one staff member for locomotion, dressing, personal hygiene and bathing. On 2/19/21 at 9:30 AM, V2 (Director of Nursing) said the facility does not have a Restorative Nurse, Restorative Aides, or a restorative program. On 2/19/21 at 11:08 AM, V12 (Registered Nurse) said the facility does not have a restorative Nurse. V12 said the person who was the restorative nurse is the MDS nurse now. V12 said the facility does not have a restorative program. V12 said the CNAs (Certified Nursing Assistants) do not have time to do range of motion with the residents. V12 said the CNAs are pretty busy with getting the residents up, feeding, showering, toileting and meals. The facility's policy and procedure titled Standards and Guidelines: SG Restorative Nursing Programs with a revision date of 12/1/16 shows "It will be the standard of this facility to provide restorative nursing services to residents that require them to attempt to maintain or improve function or as ordered by the physician. Restorative programs include: Range of Motion (active), Range of Motion (passive), Splint or Brace assistance, Bed Mobility, Transfers, Walking, Dressing or Grooming, Communication, Amputation/Prosthesis Care or Eating and/or Swallowing." The policy shows "5. Referral to restorative nursing may come from the	S1210		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	IL6014658	A. BUILDING: _____ B. WING _____	02/19/2021

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CARRIAGE REHAB & HEALTHCARE	1660 SOUTH MULFORD ROCKFORD, IL 61108

(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
S1210	Continued From page 15 therapy/rehab department following completion of the resident's rehabilitation program with possible recommendations from the therapy/rehab department. The nursing department may autonomously obtain orders from the physician for restorative nursing programs as well. 6. The therapy/rehab department will conduct routine screens on LTC (long-term care) residents to ensure there has not been a decline in function. In the event that a change is present, it is appropriate for the resident to receive therapy or restorative programs to attempt to maintain or improve highest practicable level of care." B. Based on observation, interview, and record review the facility failed to ensure a resident receiving hemodialysis treatment was monitored and failed to ensure communication with the outpatient dialysis center for 1 of 1 resident (R2) reviewed for dialysis. The findings include: R2's electronic medical record showed she was admitted to the facility on 7/13/20 with diagnoses to include but not limited to hemiplegia, end stage renal disease, encephalopathy, chronic kidney disease, Type 2 Diabetes, hypertension, and long term use of anticoagulants. R2's facility assessment dated 11/20/20 showed she is dependent upon staff for all cares. On 2/17/21 at 11:30 AM, V6 RN (Registered Nurse) said R2 was not in her room because she was out of the facility at her dialysis treatment. V6 said R2 goes to dialysis three times per week. On 2/18/21 at 2:25 PM, V6 said the facility does not send any information with R2 when she goes to dialysis, they do not weigh R2 at the facility,	S1210		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	IL6014658	A. BUILDING: _____ B. WING _____	02/19/2021

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CARRIAGE REHAB & HEALTHCARE	1660 SOUTH MULFORD ROCKFORD, IL 61108

(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
S1210	Continued From page 16 and they do not monitor her shunt site. On 2/19/21 at 1:20 PM, V2 DON (Director of Nursing) said the facility has a communication binder that the nurses are supposed to be using and sending to dialysis with the resident. V2 said the communication binder shows them what was done at the dialysis center so if something happened while R2 was receiving treatment we would know. V2 said they added this binder because we wanted to send it with the patient so we had some kind of communication tool being shared. V2 said sometimes they [dialysis center] will add to please give some medication or do some labs. V2 said she was not sure but thought they had R2 on daily weights. V2 said R2's shunt site should be monitored each shift for bleeding, signs and symptoms of infection, and checked for thrill and bruit (ensuring the shunt is functioning properly). V2 said that information should be found on R2'S care plan such as monitoring the site and what kind of access R2 has for dialysis either a shunt or a port. On 2/19/21 at 1:45 PM, V2 brought R2's dialysis communication binder to this surveyor and said, "This is not what I expected to find. This is not complete." R2's dialysis communication binder showed the last "Dialysis Communication Record" was completed on 12/21/20. R2's February 2021 physician order sheet did not include an order for dialysis treatment, to weigh R2, or to monitor R2's shunt. R2's eMAR (electronic medication administration record) and eTAR (electronic treatment administration record) for February 2021 showed no monitoring of R2's shunt and showed no recorded weights. R2's care plan showed , "The resident needs dialysis hemodialysis" and included interventions such as "check access site for signs and symptoms of	S1210		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	IL6014658	A. BUILDING: _____ B. WING _____	02/19/2021

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CARRIAGE REHAB & HEALTHCARE	1660 SOUTH MULFORD ROCKFORD, IL 61108

(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
S1210	Continued From page 17 infection, pain, or bleeding daily and PRN. Communicate and collaborate with dialysis center regarding weights, medication, diet, and lab results..." R2's care plan did not indicate what type of dialysis access R2 has and to check access site for thrill and bruit (to ensure proper functioning). The facility's policy titled Hemodialysis with revision date of 12/2017 showed, "It will be the standard of this facility to provide the necessary care and services to those resident receiving hemodialysis while a resident at the facility... Guidelines: ... 9. The facility and Dialysis center should maintain regular communication... 12. Residents that receive hemodialysis may have nursing documentation regarding shunt site care, presence or absence of "thrill", and signs and symptoms of infection, fluid and diet compliance, presence or absence of edema and tolerance to dialysis treatment per physician orders with special concern to the areas of non-compliance, abnormal bleeding, sudden onset of edema, changes in cognition or other notable changes of condition..." C. Based on observation, interview and record review, the facility failed to provide care in a manner to maintain resident dignity for 2 of 9 residents (R5, R7) reviewed for dignity in the sample of 9. The findings include: 1. R5's Admission Record, printed by the facility on 2/19/21 shows he has diagnoses including: Parkinson's disease, dementia, mild cognitive impairment, and mood disorder. R5's facility assessment dated 12/30/20 shows he is	S1210		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	IL6014658	A. BUILDING: _____ B. WING _____	02/19/2021

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CARRIAGE REHAB & HEALTHCARE	1660 SOUTH MULFORD ROCKFORD, IL 61108

(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
S1210	Continued From page 18 dependent on staff for bed mobility, transfers, toileting, dressing, personal hygiene and bathing. R5's communication care plan with a revision date of 2/12/21 shows he has a communication problem related to impaired cognition. R5's cognitive function care plan with a revision date of 8/26/20 shows he has impaired cognitive function or impaired thought processes related to dementia. On 2/17/21 at 12:48 PM, R5 was lying in bed in his room. The blankets were down below R5's waist. R5's incontinent briefs were showing. R5 had his left hand down the front of his briefs. R5 pulled his penis out from under his brief and exposed himself. V8 and V9 (Certified Nursing Assistants-CNAs) were passing out lunch trays and were walking up and down the hall. V8 walked past R5's room 16 times and V9 walked by R5's room 10 times. At 12:54 PM, R14 (R5's roommate) propelled himself back into their room. R5 was still exposed. At 1:02 PM, V14 (laundry staff) and V15 (Housekeeper/laundry) were pushing a linen cart down the hall. V14 and V15 stopped at the room next to R5's to place linen in the clean utility room. V15 was standing right outside of R5's doorway for several minutes. On 2/17/21 at 1:05 PM, R14 (R5's roommate) said "He's been exposing himself over there. He does not know what he is doing. He cannot help it." On 2/18/21 at 1:40 PM, V8 (CNA) said she has never seen R5 do anything like that before. V8 said sometimes R5 takes his shirt off or kicked his blankets off. V8 said she should look into all of the rooms as she is walking down the hall to see if any resident needs anything and to make sure that their covers are not off, exposing the	S1210		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	IL6014658	A. BUILDING: _____ B. WING _____	02/19/2021

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CARRIAGE REHAB & HEALTHCARE	1660 SOUTH MULFORD ROCKFORD, IL 61108

(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
S1210	Continued From page 19 residents. V8 said this is important for the resident's dignity. On 2/19/21 at 12:30 PM, R14 said R5 has always got his hand down his brief and he can usually see R5's penis when he is doing it. R14 said it is not R5's fault. He just feels bad for R5 because R5 probably does not want everyone to see it. On 2/19/21 at 9:35 AM, V2 (Director of Nursing) said she would expect the staff to be looking in the residents' rooms as they are walking up and down the halls to see if any resident needs assistance or are uncovered or exposed in a way that would affect the resident's dignity. 2. R7's Minimum Data Set assessment dated 11/24/20 shows she is cognitively intact and dependent on the assistance of two staff members for toileting, bathing, and personal hygiene. The assessment shows she is always incontinent of bowel and bladder. On 2/18/21 at 8:49 AM, V10 (CNA) went to show this surveyor the dressings on R7's buttocks. V10 started to remove R7's incontinent brief and noticed that R7 had been incontinent of stool. V10 used the brief to clean some of the stool from R7, then repositioned R7 on her back. At 8:51 AM, V10 exited R7's room without covering R7, leaving her exposed from the waist down. V10 reentered the room a minute later and stood over the resident making small talk, again leaving the resident exposed. At 8:54 AM, V11 (CNA) entered R7's room to assist with incontinent care. After incontinent care was completed, V10 told R7 that she and V11 needed to put R7's "diaper" on and then they would boost her up in bed. On 2/18/21 at 1:50 PM, V10 said she should have	S1210		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	IL6014658	A. BUILDING: _____ B. WING _____	02/19/2021

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CARRIAGE REHAB & HEALTHCARE	1660 SOUTH MULFORD ROCKFORD, IL 61108

(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
S1210	Continued From page 20 covered R7 up before exiting the room because R7 was left exposed. V10 said she should have told R7 that they needed to put her brief on, instead of calling it a diaper, for R7's dignity. On 2/19/21 at 9:35 AM, V2 (Directorof Nursing) said she would expect staff to be looking in the residents' rooms as they are walking up and down the halls to see if any resident needs assistance or are uncovered or exposed in any way that would affect the resident's dignity. V2 said she would expect staff to cover a resident before exiting the resident's room and when not performing care. V2 said staff should not leave residents exposed for their dignity. V2 also said it is not dignified to call a resident's brief a diaper. The facility's policy and procedure titled Standards and Guidelines: SG Resident Rights, Dignity, and Visitation Rights with a revision date of 10/17/19 shows "It will be the standard of this facility that employees shall treat residents with kindness, respect and dignity. The facility promotes the exercise of rights for each resident, including any who face barriers (such as communication barrier, hearing problems and cognition limits) in the exercise of these rights. The facility will ensure that the resident can exercise his or her rights without interference, coercion, discrimination, or reprisal from the facility. A resident, even though determined to be incompetent, should be able to assert these rights based on his or her degree of capability." The policy shows, "3. The facility will make effort to assist each resident in exercising his/her rights to assure that the resident is always treated with respect, kindness and dignity; providing care that is comfortable and consistent with his/her normal life habits, observing resident's choices whenever able. 4. The facility will promote care for residents	S1210		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	IL6014658	A. BUILDING: _____ B. WING _____	02/19/2021

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CARRIAGE REHAB & HEALTHCARE	1660 SOUTH MULFORD ROCKFORD, IL 61108

(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
S1210	Continued From page 21 in a manner and in an environment that maintains or enhances dignity and respect in recognition of his or her individuality, preferences, activities, pursuits, goals and desires." (B)	S1210		