

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>IL6004758</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>C</b> <b>10/02/2024</b>
--	--	---	---

NAME OF PROVIDER OR SUPPLIER  <b>RIVER VIEW REHAB CENTER</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>50 NORTH JANE ELGIN, IL 60123</b>
--	---

(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  Complaint Survey: 2477779/IL178569 & FRI of 9/12/2024/IL178312	S 000		
S9999	Final Observations  Statement of Licensure Violations  300.610a) 300.1210b) 300.1210d)6 300.3210 (t)  Section 300.610 Resident Care Policies  a) The facility shall have written policies and procedures governing all services provided by the facility. The written policies and procedures shall be formulated by a Resident Care Policy Committee consisting of at least the administrator, the advisory physician or the medical advisory committee, and representatives of nursing and other services in the facility. The policies shall comply with the Act and this Part. The written policies shall be followed in operating the facility and shall be reviewed at least annually by this committee, documented by written, signed and dated minutes of the meeting.  Section 300.1210 General Requirements for Nursing and Personal Care  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	S9999		

Illinois Department of Public Health  
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

Electronically Signed

TITLE

(X6) DATE

10/08/24

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>IL6004758</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>C</b> <b>10/02/2024</b>
--	--	---	---

NAME OF PROVIDER OR SUPPLIER  <b>RIVER VIEW REHAB CENTER</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>50 NORTH JANE ELGIN, IL 60123</b>
--	---

(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	<p>Continued From page 1</p> <p>resident to meet the total nursing and personal care needs of the resident.</p> <p>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:</p> <p>6) All necessary precautions shall be taken to assure that the residents' environment remains as free of accident hazards as possible. All nursing personnel shall evaluate residents to see that each resident receives adequate supervision and assistance to prevent accidents.</p> <p>Section 300.3210 General</p> <p>t) The facility shall ensure that residents are not subjected to physical, verbal, sexual or psychological abuse, neglect, exploitation, or misappropriation of property.</p> <p>These Requirements were NOT MET as evidenced by:</p> <p>Based on interview and record review, the facility failed to protect R1 from physical abuse from R2. This failure resulted in R1 needing emergency medical care and treatment after R1 was assaulted by R2.</p> <p>This applies to 1 of 5 residents (R1) reviewed for abuse.</p> <p>The findings include:</p> <p>The Electronic Health Record (EHR) showed that R1 had diagnoses including Schizophrenia, Bipolar, and anxiety disorder. The Minimum Data Set (MDS) dated 8/28/24 showed R1's cognition</p>	S9999		

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>IL6004758</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>C</b> <b>10/02/2024</b>
--	--	---	---

NAME OF PROVIDER OR SUPPLIER  <b>RIVER VIEW REHAB CENTER</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>50 NORTH JANE ELGIN, IL 60123</b>
--	---

(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	<p>Continued From page 2</p> <p>intact.</p> <p>The EHR showed that R2 had a diagnosis of paranoid schizophrenia. The MDS dated 7/3/2024 showed R2's mental status of inattention and disorganized thinking behavior fluctuated and would come and go with changes in severity. The Brief Interview for Mental Status could not be completed.</p> <p>A care plan showed R2 was an Identified Offender with interventions including closer supervision and more frequent observation than standard or routine for most residents in an open facility.</p> <p>1. A Facility Reported Incident reportable dated 9/12/24 documented a physical altercation between R1 and R2.</p> <p>On 9/25/24 at 9:40 AM, R1 was observed in his room with a small, glued laceration on the outer edge of his left eyebrow. R1 stated, he had a fight with R2 approximately a week ago. R1 didn't know why R2 hit him. R2 said there was urine on the floor in the bathroom. When R1 said there wasn't, R2 started hitting him. R1 went to the nurse's station to tell the nurse. R1 was sent to the hospital for a small left eyebrow laceration which was glued in the hospital and had a right eyebrow skin tear.</p> <p>On 9/25/24 at 3:46 PM, V5 (Registered Nurse/RN) stated that she was the night nurse on 9/12/24 caring for both R1 and R2 when R2 hit R1. R1 came to the nurse's station with blood on his forehead, a left eyebrow laceration and a right eye eyebrow scratch. R2 accused R1 of urinating on the bathroom floor. R1 was sent to the hospital and returned before the end of my shift with his</p>	S9999		

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>IL6004758</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>C</b> <b>10/02/2024</b>
--	--	---	---

NAME OF PROVIDER OR SUPPLIER  <b>RIVER VIEW REHAB CENTER</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>50 NORTH JANE ELGIN, IL 60123</b>
--	---

(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	<p>Continued From page 3</p> <p>left eyebrow laceration glued. V5 stated R2 has had an altercation with staff of pushing or slapping them. R2 has pushed me with both his both hands on my shoulder when V5 was trying to give R2's medication. V5 also stated R2's behavior is unpredictable and V5 would instruct the CNAs to check on R2 for aggressive behaviors. V5 stated all the residents should be monitored for their behaviors every two-to-three hour with no specific timing on how often they should be monitored. V5 said there was no extra monitoring for someone being readmitted from the hospital after having behavior issues.</p> <p>On 9/26/24 at 11:21 AM, V20 (CNA) stated he was on break and the incident was already happened when V20 came back from break. V20 was told R2 walk up to R1 and punched R1. R2 was aggressive at times, and he hit a CNA (V6) in his face.</p> <p>On 9/25/24 at 3:20 PM, V15 (CNA) stated on 9/12/24, R1 came to the nurse's station and said his roommate R2 punched him. V15 saw a cut on his R1's left eye, right lip and right forehead. V15 stated R2 was "not right in the head." V15 was not aware of having any previous incidents/altercations with other residents or staff. V15 also stated R2 was not on any special supervision/monitoring than any other residents. V15 added that R2 did not have any special supervision or monitoring.</p> <p>On 9/26/24 at 10:25 AM, V7 (Nurse Practitioner/NP) stated R2 was very psychotic. V7 said for the last few weeks, R2 has refused to talk to V7. V7 stated R2 has decompensated significantly and probably required a higher level of care and supervision.</p>	S9999		

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>IL6004758</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>C</b> <b>10/02/2024</b>
--	--	---	---

NAME OF PROVIDER OR SUPPLIER  <b>RIVER VIEW REHAB CENTER</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>50 NORTH JANE ELGIN, IL 60123</b>
--	---

(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	<p>Continued From page 4</p> <p>On 9/26/24 at 3:30 PM, V22 (CNA) stated R2 can be aggressive at times and sometimes he threw his trays, slam the trays on the rack, and take the hand sanitizers off from the wall. V22 said they monitor residents every two hours. V22 said he doesn't know of any residents who need more frequent supervision except for those who need one-to-one monitoring.</p> <p>On 9/26/24 at 3:00 PM, V17 (RN) stated R2 was not able to be redirected all the time when he does have behaviors. V17 said R2 was laughing, singing, and making noises to be distracting to other residents. Sometimes R2 would throw water on the floor. V17 also stated R2's cognition was moderately impaired and wasn't aware of any care plan with interventions to monitor R2's behaviors more frequently than other residents.</p> <p>On 9/26/24 at 2:24 PM, V23 (Psychiatric Rehab Services Coordinator/PRSC) stated R2 has had an incident of aggressive behavior; most recently with R1. R2's behavior has been escalating over the past several months. V23 also stated R2 sometimes acknowledge what we were said to him about his behaviors and respond "O.K", but V23 doesn't know if R2 understands what he is agreeing to.</p> <p>2. A Nursing Progress Notes by V8 (RN) dated 7/15/24 at 12:55 AM, documented that R2 was walking in the hallway with no underpants on; V8 was trying to persuade the resident to wear a gown, but he refused. R2 walked to a co-resident sitting in the dining area and attempted to kiss the co-resident. V8 tried to re-direct the resident, and the resident took his shirt off and was completely naked. The resident walked into the 2500 hallway and entered one of the resident's rooms. Staff tried to stop him from entering the room; then, he</p>	S9999		

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>IL6004758</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>C</b> <b>10/02/2024</b>
--	--	---	---

NAME OF PROVIDER OR SUPPLIER  <b>RIVER VIEW REHAB CENTER</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>50 NORTH JANE ELGIN, IL 60123</b>
--	---

(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	<p>Continued From page 5</p> <p>punched the male CNA (V6) in the face.</p> <p>On 9/26/24 at 3:10 PM, V8 (RN) stated that she saw the incident where R2 was going to kiss R5 on 7/15/24.</p> <p>On 9/26/24 at 3:50 PM, V6 (CNA) stated that on 7/15/24 at around midnight, R2 hit him in V6's face when V6 prevent him to enter another resident's room.</p> <p>The facility's Abuse Prevention Program Policy dated 11/22/2017 includes: Residents have the right to be free from abuse, neglect, exploitation, misappropriation of property or mistreatment.</p> <p>(B)</p>	S9999		