

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 02/26/2008  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>145387</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED  <b>C</b> <b>04/24/2007</b>
NAME OF PROVIDER OR SUPPLIER  <b>ST ANTHONY'S NRSNG &amp; REHAB CENTER</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>767 30TH STREET</b> <b>ROCK ISLAND, IL 61201</b>		
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F 223	Continued From page 8 nurses station, removed R1's motorized chair from his access, implemented a bed alarm and chair alarm, put a stop sign banner across R1's room door and attached an alarm to it. 5. The facility posted a notice for nursing staff, instructing staff that R1 is not to have a wheelchair in his room, R1 is to leave his room only if attended by staff or family, and instructing staff to check R1's alarms every shift, replace alarms if R1 breaks or hides them, and to monitor R1 continually. 6. On 04/12/07, R1 was seen by his physician who ordered Excelon 1.5 milligrams twice daily and Seroquel 25 milligrams three times a day. 7. On 04/18/07, a motion detector alarm was installed to R1's room doorway. 8. On 04/19/07, physician saw R1 and increased R1's Excelon to 3 milligrams twice daily and Seroquel to 50 milligrams three times a day. 9. On 04/19/07, the facility discharged R1 to a local hospital.	F 223			
F9999	FINAL OBSERVATIONS  LICENSURE VIOLATIONS  300.1210b)3) 300.3240b) 300.3240f)  Section 300.1210 General Requirements for Nursing and Personal Care  b) General nursing care shall include at a minimum the following and shall be practiced on a 24-hour, seven day a week basis: 3) Objective observations of changes in a resident's condition, including mental and emotional changes, as a means for analyzing	F9999			

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F9999	<p>Continued From page 9</p> <p>and determining care required and the need for further medical evaluation and treatment shall be made by nursing staff and recorded in the resident's medical record.</p> <p>Section 300.1220 Supervision of Nursing Services</p> <p>b) The DON shall supervise and oversee the nursing services of the facility, including:</p> <p>2) Overseeing the comprehensive assessment of the residents' needs, which include medically defined conditions and medical functional status, sensory and physical impairments, nutritional status and requirements, psychosocial status, discharge potential, dental condition, activities potential, rehabilitation potential, cognitive status, and drug therapy.</p> <p>3) Developing an up-to-date resident care plan for each resident based on the resident's comprehensive assessment, individual needs and goals to be accomplished, physician's orders, and personal care and nursing needs. Personnel, representing other services such as nursing, activities, dietary, and such other modalities as are ordered by the physician, shall be involved in the preparation of the resident care plan. The plan shall be in writing and shall be reviewed and modified in keeping with the care needed as indicated by the resident's condition. The plan shall be reviewed at least every three months.</p> <p>Section 300.3240 Abuse and Neglect</p> <p>b) A facility employee or agent who becomes aware of abuse or neglect of a resident shall immediately report the matter to the facility administrator.</p> <p>f) Resident as perpetrator of abuse. When an</p>	F9999			

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F9999	<p>Continued From page 10</p> <p>investigation of a report of suspected abuse of a resident indicates, based upon credible evidence, that another resident of the long-term care facility is the perpetrator of the abuse, that resident's condition shall be immediately evaluated to determine the most suitable therapy and placement for the resident, considering the safety of that resident as well as the safety of other residents and employees of the facility.</p> <p>These requirements are not met as evidenced by:</p> <p>Based on observation, interview and record review, the facility failed to develop and implement a plan to address one of one resident's sexual preoccupation(R1). The facility failed to protect R3 from sexual abuse and failed to develop and implement effective interventions to monitor the resident responsible for the abuse (R1) who one hour later was found fondling R2.</p> <p>Findings include:</p> <p>1. Resident Admission Information form states that R1 was admitted to the facility on 03/13/07 from another nursing home and has diagnoses including severe degenerative microangiopathy, hypertension, neck pain, abdominal aortic aneurysm, and trans ischemic attack. Progress notes from the previous nursing home from 01/29/07 - 02/24/07 document that R1 displayed inappropriate behavior and inappropriate speech with a female resident, made sexual comments to staff, and was threatening and verbally abusive.</p> <p>Assessment dated 03/26/07 states that R1 is independent in cognitive skills for daily decision making and has no impairments in long or short</p>	F9999			

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F9999	<p>Continued From page 11</p> <p>term memory. Assessment states that R1 understands and is understood, and has no impairments in vision. Assessment shows R1 as requiring limited assist of one person for bed mobility, transfers, ambulation in his room, dressing and toilet use. Assessment lists socially inappropriate behavior/disruptive behavior symptoms for R1, and the Behavior RAP (Resident Assessment Protocol) states R1 triggered for behavior due sexual comments toward staff. He (R1) asks staff to perform sexual acts for him.</p> <p>Social Service Progress notes dated 03/19/07 document that R1 "shows behavior problems and asks the CNAs and nurses to please him sexually. A care plan will be implemented to address his sexual comments." Assessment for Residents at Risk for Incidents assessment is dated 03/13/07, but in interview on 04/18/07 E6 (Social Service) stated she may have completed this assessment on 03/19/07. This assessment states that R1 is independent in mobility, and is not to be outside the facility unattended because R1 is at risk to sexually harm a person. This assessment states that R1 has a "history of sexual behaviors." E6 documents that "I do not believe he (R1) can move to a less restricted environment at this time because he could sexually harm other residents." E6 further documents that R1 "has a history of sexual comment. He says inappropriate words to other residents...I believe he is at risk for harming other residents and is sexually aggressive and should not be unaccompanied."</p> <p>R1's care plan was reviewed and updated on 03/19/07 regarding R1's "inappropriate sexual behavior to staff. Staff interventions were to</p>	F9999			

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F9999	<p>Continued From page 12</p> <p>discuss with R1 that behaviors are inappropriate and make others feel uncomfortable, document behaviors on tracking form, notify social services when behaviors persist, arrange for R1 to sit with other male peers, use a firm tone when R1 displays inappropriate behavior and to assign male staff to work with R1 when available. There was no plan to increase supervision of R1 and no interventions added to protect residents from R1's potentially sexually aggressive behavior.</p> <p>Facility nurse's notes document on 03/16/07 at 2:30 a.m., that R1 was inappropriate with CNA (certified nurse aide) two times and yelling. On 03/18/07 at 2:00 p.m., nurse charts that R1 "asked 'If one of the girls could suck his penis' also offered \$50.00. CNA came &amp; told nurse. went down to talk with him about inappropriate behavior. Res (R1) repeated same sexual question." Nurses note 03/18/07 at 7:00 p.m. states that R1 "continued to have sexual comments wanted 2 girls with big hips and big breasts." Nurse documents on 04/09/07 at 2:00 p.m., that R1 called CNA to room to look at and hold his penis.</p> <p>On 04/10/07 at 10:00 a.m., E20(Licensed nurse) documents that R1 told CNA that he needed a woman to give him oral sex 2 times. E20 documents that she went to R1's room "to ask him about the comment. Res (R1) stated he did say it and would prefer someone c (with) big lips &amp; told me to close the door and give him oral sex. Res (R1) was grabbing his penis and shaking it. I tried to tell res (R1) those comments are inappropriate. Res not listening." At 11:20 a.m. on 04/10/07, nurse charts that R1 called CNA and stated he wanted a female to come in and give him oral sex.</p>	F9999			

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F9999	<p>Continued From page 13</p> <p>On 04/10/07 at 9:00 p.m., nurse documents that R1 "was up most of the night in his electric w/c (wheelchair) going in other residents room, often easily redirected out of room, but would just go enter another one. Sexual inappropriate behavior continues c (with)female staff." Nurse writes (on 04/10/07) that R1 "was up out of bed at 9:45 p.m. went into (R3's) room and was found by staff feeling under her covers near her private area." Nurse states that R1 was taken out of the room and told not to go into anyone's room uninvited.</p> <p>R3's clinical record indicates she is 53 years old, totally dependent on staff for all care needs and receives all nutrition via a gastrostomy tube. Her current care plan dated 02/14/07 identifies R3 as having aphasia and displaying facial expressions to make her needs known. R3 was seen on 04/18/07 and noted to require total assist for care needs and was unable to relate information regarding incident of 04/10/07.</p> <p>On 04/18/07 at 2:25 p.m., E10 (certified nurse aide) stated that she was working 04/10/07 and she found R1 in R3's room. R1 was in his motor chair next to R3's bed and had his hand under her sheets, moving his hand around on R3. E10 stated she told R1 to leave R3's room and he backed out. E10 stated that she reported this abusive behavior to E9 (floor nurse) then went downstairs and reported it to E14 (LPN supervisor.)</p> <p>On 04/19/07 at 2:25 p.m., E9 stated that on 04/10/07 R1 had been in and out of other residents' rooms and had made sexually inappropriate comments to staff. E9 stated that at 9:45 p.m. she was in another resident's room and</p>	F9999			

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F9999	<p>Continued From page 14</p> <p>heard R1 pass by in his motor chair. E9 stated E10 came to her and told her that R1 had been in R3's room with his hand under R3's covers near her private area and that "he was all up in there." E9 stated that when in bed R3 wears a gown but no incontinent briefs, has an incontinent pad underneath her. E9 stated she considered this to be sexual abuse, and that E14 was calling on the phone. E9 told E14 about R1 and E14 instructed E9 to fill out an incident report. Incident report dated 04/10/07 states that R1 was in R3's room feeling under her covers near peri-area. Nurses notes document Ativan 0.5 milligram (antianxiety medication) was administered to R1 at 10:00 p.m. and that social services would be informed in the morning.</p> <p>Nurses notes dated 04/11/07 10 p.m. - 6 a.m. state that R1 was "up the entire shift. Initially in motorized w/c but later ambulating independently. Sexually preoccupied. Was in no less than 10 female resident's rooms. Caught at one point putting his hands up the gown of another female resident &amp; touching her perineal area. When attempts are made to redirect, he has been combative. He cursed and threatened staff. He has repeatedly hit, pushed, scratched, spit on, threw water on, and urinated on staff. He has refused to take any further Lorazepam (Ativan), stay in his room, sit quietly with staff. He has required constant 1:1 observation to prevent him from bringing any further harm to other residents."</p> <p>Facility investigation report states that on 04/10/07 at 10:45 p.m. (1 hour after previous incident) R1 was found in R2's room with his hand under her night gown touching her perineal area.</p>	F9999			

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F9999	<p>Continued From page 15</p> <p>On 04/19/07 at 9:30 a.m., E8 (Certified Nurse Aide) stated that while she and E18 (CNA) were busy with other duties, they heard R2 yelling "Help! There's a man in here! He's trying to rape me!" E8 stated when she got to R2's room R1 was in there and E19 was getting him out of the room.</p> <p>On 04/23/07 at 9:55 a.m., E18 stated that he and E8 were busy with something else and "not paying attention" to R1 when they heard R2 yelling "help! Someone's trying to rape me!"</p> <p>R2's nurses notes dated 04/10/07 at 10:30 p.m., state that R2 "had been sleeping, Seems to have woke with a start. Had a male resident (R1) in her room with his hands up her gown in her peri-area."</p> <p>Assessment dated 02/05/07 indicates that R2 has dementia and is moderately impaired in cognition and requires limited to extensive assist with care needs. Nurses notes dated 04/12/07 at 2:45 a.m., (over 24 hours after incident) state that R2 was found up standing in the hallway, stating "I'm afraid, I'm afraid of the man coming into my room." "Can I wait for my daughter to take me home." Nurses note states that R2 was redirected and reassured and asked staff to come with her to her room. Social service note dated 04/12/07 states that R2 "does not remember anything that happened but does recognize his face."</p> <p>Facility's abuse prevention/action protocol dated as revised 11/12/01 states that "any employee who observes, or receives a report of alleged abuse will, immediately notify their supervisor</p>	F9999			



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F9999	<p>Continued From page 16 and the Administrator." This policy further states that "if the perpetrator is a resident, an immediate evaluation will be conducted to determine the most suitable interventions and placement."</p> <p>On 04/20/07 at 2:50 p.m., E14 (Licensed nurse) stated that she worked as supervisor and covered 4th floor on the evening of 04/10/07. E14 stated that E10 did come and report to her that R1 had entered R3's room and was attempting to go under sheet. E14 stated she remembered telling E9 to make out an incident report. E14 stated she did not notify the Administrator or the Director of Nurses, that she wasn't aware she should have, that she does not supervise that much.</p> <p>On 04/20/07 at 9:50 a.m., E4 (Registered Nurse) stated that on 04/10/07 she worked 2nd floor and supervised the third shift 10 p.m. to 6 a.m. on 04/11/07. E4 stated that she had been told that R1 had gone into R2's room and been found touching her. E4 stated she would consider this sexual abuse, but did not call and notify the administrator or director of nurses. E4 stated that she did not have much experience with resident to resident abuse and that most of the inservices had focused on staff to resident abuse.</p> <p>On 04/12/07, Z1 (R1's physician) documents that R1 continues with inappropriate sexual behavior toward all he encounters. On 04/20/07 at 12:40 p.m., Z1 stated that R1 has dementia, that he is thinking, but obviously not thinking right. Z1 stated that R1 is capable of planning, and is not completely disoriented. Z1 stated that R1's judgement was not good regarding what is acceptable behavior and does not exhibit controls or a good moral sense.</p>	F9999			

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