

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

PRINTED: 05/30/2008
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 145818	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 08/03/2007
NAME OF PROVIDER OR SUPPLIER ASTA CARE CENTER OF ROCKFORD			STREET ADDRESS, CITY, STATE, ZIP CODE 707 WEST RIVERSIDE BOULEVARD ROCKFORD, IL 61103		
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F 441	Continued From page 19 it through her blouse she was kicking, hitting, biting, very agitated!..."	F 441			
F9999	<p>The Fundamentals of Nursing Human Health and Function, Second Edition, page 620 under the Assessment title for administering injections says, "Inspect administration site for lesions, rash, ecchymosis, lipid dystrophy, and so forth". Under the Procedure heading it says, "Select injection site that is free from tenderness, swelling, scarring, inflammation...Clean site with antiseptic swab..."</p> <p>The facility's policy for giving Intramuscular Medication says, "...Select an appropriate site...With an alcohol swab, cleanse the injection site in a circular outward motion..."</p> <p>FINAL OBSERVATIONS</p> <p>LICENSURE VIOLATIONS</p> <p>300.610a) 300.3240a) 300.3240b) 300.3240c) 300.3240d) 300.3240e)</p> <p>Section 300.610 Resident Care Policies</p> <p>a) The facility shall have written policies and procedures, governing all services provided by the facility which 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. These policies shall be in compliance</p>	F9999			

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F9999	<p>Continued From page 20</p> <p>with the Act and all rules promulgated thereunder. These written policies shall be followed in operating the facility and shall be reviewed at least annually by this committee, as evidenced by written, signed and dated minutes of such a meeting.</p> <p>Section 300.3240 Abuse and Neglect</p> <p>a) An owner, licensee, administrator, employee or agent of a facility shall not abuse or neglect a resident.</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>c) A facility administrator who becomes aware of abuse or neglect of a resident shall immediately report the matter by telephone and in writing to the resident's representative.</p> <p>d) A facility administrator, employee, or agent who becomes aware of abuse or neglect of a resident shall also report the matter to the Department.</p> <p>300.3240e) Employee as perpetrator of abuse. When an investigation of a report of suspected abuse of a resident indicates, based upon credible evidence, that an employee of a long-term care facility is the perpetrator of the abuse, that employee shall immediately be barred from any further contact with residents of the facility, pending the outcome of any further investigation, prosecution or disciplinary action against the employee.</p> <p>These Regulations were not met as evidenced by:</p> <p>Based on record review and interview the facility failed to protect a cognitively impaired,</p>	F9999			

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F9999	<p>Continued From page 21</p> <p>non-English speaking resident from verbal, physical, and mental abuse. This failure resulted in R1 being verbally abused, physically restrained, and struck on the arm by E9 (LPN), constituting mental abuse. The facility failed to educate their staff in the need to report inappropriate behavior of staff toward residents to someone in authority. CNA's (E6, E7, E8, & E10), House Supervisor (E5) and E4 (RN) did not notify administration of E9's inappropriate behavior beginning at 9:15 AM on 7/21/07. It was not until 9:00 PM on 7/21/07 that staff notified E2 (Director of Nursing) of the abuse of R1.</p> <p>This is for 1 resident (R1) who was verbally abused, physically restrained, and struck on the arm by E9.</p> <p>Findings include:</p> <p>R1 is an 83 year old resident with the diagnoses of Macular Degeneration, Dementia, Hypertension, Diabetes, Anxiety, Alzheimer Disease, Chronic Obstructive Pulmonary Disease, and Neuropathy, according to the July 2007 Physician Order Sheet (POS).</p> <p>R1's resident assessment dated 5/30/07 shows that she has short and long term memory problems and she requires supervision. It also shows that the resident has depressed, sad, or anxious moods which are not easily altered.</p> <p>Nursing Notes written by E9 (LPN) state: 10:30AM - Resident spit out AM meds. Re-approached resident, who then slapped nurse and pinched, hit other residents. 11:30 - called (Doctor), TO (telephone order) IM</p>	F9999			

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F9999	<p>Continued From page 22</p> <p>(Intramuscular) Haldol 2mg every 6 hours as needed and IM Lorazepam 1 mg every 6 hours as needed for extreme combativeness. (Spoke) with POA and permission to give IM drugs-given. Daughter will sign consents upon next visit. 1:30 (PM) - Resident being transferred to bed. Scratched Nurse with nails from nurse's chin to mid line breast area; skin broken. IM Lorazepam given. POA notified of second attack on staff member. POA notified of severe change in condition..."</p> <p>On 7/26/07 at 9:00 AM Z1 said that on 7/21/07 she received 2 telephone calls (not certain of the time) from E9. Each telephone call was regarding the need for permission to give R1 the injections. Z1 said that during the 2nd phone call she requested to speak with R1. Z1 said that E9 refused to allow her to speak with her. Z1 said that between 3:30 PM and 4:30 PM she saw R1. She said that R1 was in bed and was "out of it."</p> <p>On 7/26/07 at 9:30 AM E2 (Director of Nursing) said that she had never received any complaints regarding E9 being abusive toward residents. She said that she had received complaints from the Certified Nursing Assistants (CNA) and other nursing staff regarding not being able to get along with E9 (LPN). E2 said that E9 had an assertive behavior toward others. E2 said that at 11:30 AM on 7/21/07 she received a call from E9 (LPN) saying that R1 was very agitated and that she received an order for Intramuscular Ativan and Haldol. E2 said that at 2:00PM (same day) she received another call from E9. She said that she wanted to go home, she said that R1 scratched her neck and fractured her little finger. E2 said that she called the facility at 9:00PM (same day) to check on things. At that time E10</p>	F9999			

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F9999	<p>Continued From page 23</p> <p>(CNA) asked E2 if E5 (weekend manager) had told E2 about E9 slapping R1. E2 said this was the first she had heard of the alleged abuse.</p> <p>On 7/26/07 at 12:05 PM E1 (Administrator) said that E2 had spoken with E9 about how she presented herself to other staff. E1 said that there was nothing written in E9's employee file regarding the conversation.</p> <p>On 7/26/07 at 11:30 AM E4 said that on 7/21/07 (unknown time) E9 came to her yelling, "she (R1) scratched me!" She said that E9 asked her to clean the scratch. E4 said that she saw a little reddened area on her (E9)'s chest. E9 said that she was going to cut R1's nails because they were long and dirty. She got E3, E6, & E7 (CNAs) to assist her. E4 said that after they all went to R1's room, she heard R1 screaming. E4 said that she heard E9 say, "You will hold her down." E4 said that the CNAs told her it was at this time that E9 slapped R1's arm. E4 said that she went into R1's room. She stated that E9 was angry because the CNAs refused to hold R1 down. E4 said that E9 had taken another bed in the room and pushed it against R1's bed so that she could not get out of bed. E4 said that she told E9 that she could not do that to her. E4 said that at that point she had E9 leave the resident's room and go to the nurses station.</p> <p>On 7/26/07 at 11:45 AM E5 (On call manager) said that she was the week end manager on 7/21/07. When asked about the incident regarding E9 slapping R1 she said, "All I know is what the aides told me. I told them to start taking notes. I did not deal with E9." E5 said that she only works 4 weekends a year as the weekend manager. She said that her usual job is working</p>	F9999			

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F9999	<p>Continued From page 24</p> <p>at the facility part time in Medical Records. She said that she is not a nurse. E5 said when she is the weekend manager she makes rounds up and down the halls to make sure every thing is all right. She said that she did not receive training for the position, but she has a list of what she is to do. Review of the Weekend Manager checklist shows various tasks, and states, "If problems arise that you cannot handle, call department heads or (E1)."</p> <p>Review of the facility's abuse investigation shows the following written statement from E5: "I was House Supervisor today (7/21/07). I did not witness any actions from (E9). Just went by what aides told me. Instructed aides to write a statement on what they witnessed through out the day."</p> <p>E10's (CNA) written statement says, "I observed E9 forcefully push R1's chair against the wall. I went down to R1's room later that day, E9 was already in there. E9 told me to restrain R1 so that her finger nails could be clipped. I refused to restrain (her)."</p> <p>On 7/26/07 at 12:15 PM E7 (CNA) was interviewed. E7 said that she was trying to take R1 back to her room, but she was not being cooperative. E7 said that E9 picked up R1's feet and pushed her backward in the wheel chair to her room. E7 said that E9 looked "frustrated." E7 said that E9 was going to clip R1's fingernails. She said that E9 got the resident into her room; about to the second bed (R1's bed is the 3rd bed, next to the window). E7 said that before she could assist with transferring the resident, E9 "grabbed her (R1) under her arms and at the back of her pants and dragged her to her bed.</p>	F9999			

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F9999	<p>Continued From page 25</p> <p>E7 said she (E9) was very rough with R1." E7 said that E9 got R1 into bed. R1 scratched E9. E9 crossed R1's arms over her chest, held them down, and then slapped her arm and said, "Don't hit me." E7 said that R1 looked scared. Review of the facility's abuse investigation shows a written statement from E7 which states, "... (R1) was in the bed and was kicking her legs and scratched E9 with her nails down E9's neck. E9 put R1's arms across her chest and smacked her left forearm. E9 said don't hit me. E9 grabbed R1 with both hands around the back of her head and neck jerking her head up to place a pillow under her."</p> <p>On 7/26/07 interviews took place with the following CNAs: E6 (12:30PM), E7 (12:25 PM), E8 (12:45PM), and E3 (1:10 PM). All stated that the E9 had been yelling at other residents much of the day. E8 said that E9 has an aggressive personality. She said that she had reported this to E1 previously. E8 said that on 7/21/07 E9 was "wound up all day." She said that at 9:15 AM she had reported E9's inappropriate behaviors to E5.</p> <p>The facility's Abuse Prevention Program states the following: "...This facility...prohibits mistreatment, neglect or abuse of its residents...Abuse means any physical or mental injury or sexual assault inflicted upon a resident other than by accidental means in a facility. Abuse is the willful infliction of injury, unreasonable confinement, intimidation, or punishment with resulting physical harm, pain, or mental anguish...Physical abuse includes hitting, slapping, pinching, kicking, and controlling behavior through corporal punishment...Mental abuse includes, but is not limited to, humiliation, harassment, threats of punishment or</p>	F9999			