		AND HUMAN SERVICES			FORM	11/22/2010 APPROVED 0938-0391
STATEMENT	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULT A. BUILDIN	IPLE CONSTRUCTION	(X3) DATE SI COMPLE	JRVEY TED
		145950	B. WING _			C 0/2010
NAME OF P	ROVIDER OR SUPPLIER	·		REET ADDRESS, CITY, STATE, ZIP CODE	_	
ROCK IS	LAND NURSING & R	EHB CENTER		2545 24TH STREET ROCK ISLAND, IL 61201		
(X4) ID PREFIX TAG	(EACH DEFICIENC)	TEMENT OF DEFICIENCIES / MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORREC (EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APPR DEFICIENCY)	ULD BE	(X5) COMPLETION DATE
F 223	disability. Example are not limited to, th to frighten a residen	age 32 es of verbal abuse include, but hreats of harm, saying things ht, such as telling a resident rer be able to see his/her	F 223			
F9999	FINAL OBSERVAT	IONS	F9999			
	LICENSURE VIOL	ATIONS				
	300.1210a) 300.3240f)					
	300.1210 General Personal Care	Requirements for Nursing and				
	and services to atta practicalbe physica well-being of the re each resident's con plan of care. Adeq nursing care and po	provide the necessary care ain or maintain the highest I, mental, and psychosocial sident, in accordance with nprehensive assessment and uate and properly supervised ersonal care shall be provided meet the total nursing and Is of the resident.				
	300.3240 Abuse ar	nd Neglect				
	investigation of a re- resident indicates, that another resider Facility is the perpe- resident's condition evaluated to detern and placement for safety of that reside	etrator of abuse. When an eport of suspected abuse of a based upon credible evidence, nt of the Long-Term Care etrator of the abuse, that a shall be immediately nine the most suitable therapy the resident, considering the ent as well as the safety of a employees of the facility. ne Act)				

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		I AND HUMAN SERVICES				FORM	11/22/2010 APPROVED 0938-0391	
STATEMENT	OF DEFICIENCIES F CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) M A. BU		TIPLE CONSTRUCTION	(X3) DATE SU COMPLE	JRVEY TED	
		145950	B. WI	NG _		C - 06/10/2010		
NAME OF P	ROVIDER OR SUPPLIER		1	ST	REET ADDRESS, CITY, STATE, ZIP CODE			
ROCK IS	LAND NURSING & RI	EHB CENTER			2545 24TH STREET ROCK ISLAND, IL 61201			
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES / MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREF TAG		PROVIDER'S PLAN OF CORRECT (EACH CORRECTIVE ACTION SHOL CROSS-REFERENCED TO THE APPR DEFICIENCY)	JLD BE	(X5) COMPLETION DATE	
F9999	Continued From pa	ge 33	F99	999				
	These requirements by:	s are not met as evidenced						
	review, the facility fa adequate interventi physical and verbal residents (R1, R4, I The facility failed to Policy to prevent at environment in white free from fear of ad and physically abus from 8-25-2009 three	ion, interview, and record ailed to provide timely and ons to prevent R3's repeated abuse of seven out of seven R5, R9, R10, R11 and R13). follow their Abuse/Neglect buse and provide an ch residents were safe and ditional abuse. R3 verbally sed these seven residents bugh 5-10-2010.						
	Findings include:							
		cuments R3 was admitted to 009 and as being 50 years						
	Order Sheet docum include Huntington	ough 6-1-2010 Physician nents R3 has diagnoses that Chorea with behaviors, ome, and violent behaviors, ety.						
	on 1-8-2009 at 7:29 information: "Histor was sent from the (emergency room for Huntingtons with ar (12-21-2008) she h the shower room ar residents out of his his head. The nurs	bital report faxed to the facility am. documents the following ry of Present Illness: (R3) previous) nursing home to the or evaluation. She has nger outbursts. This morning ad one where she went into nd knocked one of the other wheelchair, causing him to hit ing home does not feel they her any further and did not						

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		I AND HUMAN SERVICES				FORM	11/22/2010 APPROVED 0938-0391
	OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) M A. BU		TIPLE CONSTRUCTION	(X3) DATE SU COMPLE	TED
		145950	B. WI	NG _			C 0/2010
NAME OF F	ROVIDER OR SUPPLIER				REET ADDRESS, CITY, STATE, ZIP CODE		
ROCK IS	LAND NURSING & RI	EHB CENTER			2545 24TH STREET ROCK ISLAND, IL 61201		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES / MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREF TAG		PROVIDER'S PLAN OF CORREC (EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APPR DEFICIENCY)	ULD BE	(X5) COMPLETION DATE
F9999	want her back at th filed an emergency attorney. Plan: Sir not take her back to go for care, we p social work to be in to go that could ma The 1-20-2009 initia documents R3 is m cognitively, with she deficits. R3 has no abusive behaviors, abusive behaviors, abusive behaviors. MDS documents R cognitively, with she deficits. R3 has, no physically abusive b deteriorated. E1 (Administrator) of stated, "I've been th for five years. We have ha (R3) for about a we one during waking no aggression, resi during the night tim aggression at trans with her behaviors. control. (R3) has a (R3) has bitten (R1 bitten anyone else. resident, it will be ir to Public Health. W placement since we March 2010. (R3) of	eir facility. They said they discharge with her power of nee the nursing home would .since she had nowhere else but her in the hospital, to get volved at finding somewhere nage her condition."	F9	999			

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		AND HUMAN SERVICES				FORM	11/22/2010 APPROVED 0938-0391
	T OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) N A. BU		LTIPLE CONSTRUCTION	(X3) DATE SU COMPLE	TED
		145950	B. WI	NG			C 0/2010
NAME OF I	PROVIDER OR SUPPLIER				TREET ADDRESS, CITY, STATE, ZIP CODE		
ROCK	SLAND NURSING & R	EHB CENTER			2545 24TH STREET ROCK ISLAND, IL 61201		
(X4) ID PREFIX TAG	(EACH DEFICIENC)	TEMENT OF DEFICIENCIES / MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREF TAG	٦IX	PROVIDER'S PLAN OF CORREC (EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APPF DEFICIENCY)	ULD BE	(X5) COMPLETION DATE
F9999	from there. I think environment. I dor placed here. (R3) had a lot of yelling, wasn't making logic (R3) was moved to don't remember if (on the (previous flo moved from). I dor abuse/neglect alleg Abuse/Neglect Coor reviewed the invest information." The Facility Notice Discharge docume (R3's) Power of Att On 5-24-2010 at 10 Coordinator) stated Coordinator for aro Alzheimer's Unit, at R3 resides on) resi focusing on resider and monitored (R3) (R3's) increasing b on the increase in altercations. If I an (R3's) I help with in For protected the (R3) from (name of closer supervision. residents are cogni Staff supervision is	(R3) needed a secure 't remember why (R3) was was on (name of floor) and loud verbalizations, and cal choices and decisions. the (Name of current) floor. I R3) had aggressive behaviors for in the facility, R3 was n't think so. I did (R3's) pation investigations. I am the ordinator. I would have tigation and compiled the of Involuntary Transfer or nts provision of the notice to orney on 5-10-2010.	F9	999			

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		AND HUMAN SERVICES				FORM	11/22/2010 APPROVED 0938-0391
	OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) N A. BU		TIPLE CONSTRUCTION	(X3) DATE SU COMPLE	TED
		145950	B. WI	NG _			C 0/2010
NAME OF P	ROVIDER OR SUPPLIER				REET ADDRESS, CITY, STATE, ZIP CODE		
ROCK IS	LAND NURSING & RI	EHB CENTER			2545 24TH STREET ROCK ISLAND, IL 61201		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES 'MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREF TAG		PROVIDER'S PLAN OF CORRECT (EACH CORRECTIVE ACTION SHOL CROSS-REFERENCED TO THE APPR DEFICIENCY)	JLD BE	(X5) COMPLETION DATE
F9999	keep the victims from periods of time. We (R1) to the Alzheim R1) have declined. focuses on that per getting or going after keep them apart. Fin now know to stay a and aggressive, the (R3). (R5) sees (R of the hall. Resider are actively looking We're not suited to became explosive a her to group. We s Psychiatric Facility) Psychiatric Facility) Psychiatric Facility) because her as nee working. (Z2/Psych would like to see pl Interventions for (R send her to (Name evaluations of (R3's activities, increased with staff. With the attacking residents. Medical Director, I'r (R3's) behaviors an (R3's) behaviors the on the (Name of flo aggression, throwir we're wanting to ge longer able to meet came from the hosp I don't know if (R3) physical aggression	ge 36 m (R3). This worked for short e've offered to move (R5) and er's Unit. Family of (R5 and (R3) doesn't forget, and son, and (R3) talks about er that resident, so staff try to Residents on (Name of floor) way from (R3). (R3) is loud ey don't want to be around 3), she goes to the other side its know to stay away. We for a placement for (R3). meet (R3's) needs. (R3) at group, and we cannot take ent (R3) out to (Name of for evaluation and (Name of would send (R3) back eded medications were hiatrist) has stated to me he acement for (R3) out of here. 3's) behaviors have been to of Psychiatric Facility), s) medications, increased a monitoring, and one to one se interventions (R3) was still . (Z3/Physician) is our in not sure of his response to ind victimization of residents. row off the balance, or mileau or), with her physical ing objects, yelling. That's why t (R3) out of here. We're no c (R3's) needs. I believe (R3) bital or another nursing home. had a history of verbal and in prior to coming here."	F9	999	>		

		AND HUMAN SERVICES & MEDICAID SERVICES				FORM	11/22/2010 APPROVED 0938-0391	
	OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) N A. BU		TIPLE CONSTRUCTION	(X3) DATE SU COMPLE	TED	
		145950	B. WI	NG _		C 06/10/2010		
NAME OF P	ROVIDER OR SUPPLIER				TREET ADDRESS, CITY, STATE, ZIP CODE			
ROCK IS	LAND NURSING & RI	EHB CENTER			2545 24TH STREET ROCK ISLAND, IL 61201			
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES 'MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREF TAG		PROVIDER'S PLAN OF CORRECT (EACH CORRECTIVE ACTION SHOL CROSS-REFERENCED TO THE APPRO DEFICIENCY)	JLD BE	(X5) COMPLETION DATE	
F9999	Psychiatric Facility) admission/discharg file on 5-19-2010 at (Name of Psychiatr did not have (Name recommendations of admission, her beh resident to resident increased. (R3) wo resident incident for tried to keep reside resident altercation side of the hall. We residents on oppos (R1, R4, R5, R9, ar residents (Name of confused. It's hard diagnoses if they at if we keep one on of residents are safe. are from when she' bed." E2, (DON) on 5-19- (R3's) current Care documents, "2-19-2 gets into several co during the day. Thi in anger managements social service group currently come to th encourage this resi behaviors. This resi and residents and s physically abusive to residents. Related not to come to social therefore her anger	ge 37 to get copies of (R3's) e reports. I reviewed (R3's) nd (R3's) file did not contain ic Facility) information. We e of Psychiatric Facility) or assessments. Since (R3's) aviors have increased and aggression has also buld also stay obsessed with a r longer periods of time. Staff nts that had resident to s with (R3) away from (R3's) e tried to keep the other ite sides of the nursing station. nd R10) are confused. Most floor R3 resides on) are to tell with the other residents' re afraid of (R3) or not. I think, ones with (R3), the other The one on ones with (R3) s awake until she goes to 2010 at 3:33pm. provided Plan. This same Care Plan 2010, Problem: This resident nflicts with other residents s resident has been enrolled ent and conflict management bs. This resident does not nese groups but staff will dent to come due to her sident will yell at other staff she will at times become rowards both staff and to: This resident has chosen al service groups and issues can get out of control. et mad at other residents for	F9	995				

		AND HUMAN SERVICES & MEDICAID SERVICES				FORM	11/22/2010 APPROVED 0938-0391
	OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) N A. BU		TIPLE CONSTRUCTION	(X3) DATE SU COMPLE	TED
		145950	B. WII	٩G _			C 0/2010
NAME OF F	ROVIDER OR SUPPLIER				REET ADDRESS, CITY, STATE, ZIP CODE		
ROCK IS	LAND NURSING & RI	EHB CENTER			2545 24TH STREET ROCK ISLAND, IL 61201		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES 'MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREF TAG		PROVIDER'S PLAN OF CORREC (EACH CORRECTIVE ACTION SHOI CROSS-REFERENCED TO THE APPR DEFICIENCY)	JLD BE	(X5) COMPLETION DATE
F9999	what seems to be n has been known to fight with those peo Approach: Staff wil resident to come to control her anger. not to hit and yell at to an activity or go to of what she is angry when appropriate, y yelling at other staff this resident down a herself or others." documents, "4-14-2 Pattern, Resident o happy, and then will often will throw hers [sic], and attempt p approaches for this form of the following 4-14-2010 through encourage family in verbalize. From 4- same Care Plan do "violence, with mala Fifteen approaches some form of the fol "close supervision, agitation, approach allow to vent."	to reason at all. This resident target other residents and ple that she does not like. I continue to encourage this social service groups and to Staff will encourage resident to ther people and instead go to her room to get her mind off y about. Staff will intervene, when this resident is hitting or f, and staff will attempt to calm and prevent her from hurting This same Care Plan 2010, Problem: Altered Mood ften will appear to be very I become very upset and self into aggressive verbally, hysical behaviors." Eight problem, all include some g same approach, from 4-24-2010 document participation, respect wishes, vement, introduce to peers, volvement and allow to 14-2010 through 5-9-2010 this cuments Problems of adaptive behavior, wtih anger." for this problem all include llowing same approaches, watch for signs of increasing calmly, remove from setting, :10am. E1 (Administrator)	F9	999			

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CENTER	RS FOR MEDICARE	AND HUMAN SERVICES				FORM OMB NO.	11/22/2010 APPROVED 0938-0391
	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) N A. BU		TIPLE CONSTRUCTION	(X3) DATE SU COMPLE	
		145950	B. WI	NG _)/2010
NAME OF P	ROVIDER OR SUPPLIER				REET ADDRESS, CITY, STATE, ZIP CODE		
ROCK IS	LAND NURSING & RI	EHB CENTER			2545 24TH STREET ROCK ISLAND, IL 61201		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES ' MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREF TAC		PROVIDER'S PLAN OF CORREC (EACH CORRECTIVE ACTION SHOU CROSS-REFERENCED TO THE APPR DEFICIENCY)	JLD BE	(X5) COMPLETION DATE
F9999	altercations. (Z3's) change (R3's) place staff determined we needs and started e options." On 5-27-2010 at 10 "(R3) has been acc and will transfer on residents have bee (involving R3), sinc From 8-25-2009 thr Notes document tw yelling, shouting, sy verbally threatening physically aggressir residents that resid facility as R3. Seven known resid R11, and R13) from 5-10-2010 have thin of resident to reside abuse inflicted upor below. 1. The Face Sheet to the Facility on 3- include mental reta paranoid type, and Sheet documents F R9's 7-9-2009 quar MDS, Section B, Co E, Mood and Behay following: R9's cog impaired. R9 has r	recommendation was to ement. In March 2010 we, a could no longer meet (R3's) exploring other placement 0:40am. E2, (DON) stated, epted at (Name of Facility) Tuesday, 6-1-2010. No in involved in altercations, e 5-10-2010 with the sitters." rough 5-10-2010 Nursing enty-eight incidents of R3 winging hands/fists, throwing, g residents, and displaying ve behaviors to unidentified e on the same floor of the ents (R1, R4, R5, R9, R10, n 8-25-2009 through rty-nine documented incidents ent physical abuse and verbal in them by R3, as identified documents R9 was admitted 19-2004, with diagnoses that rdation, schizophrenia, osteopenia. This same Face	F9	999			

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AND PLAN OF CORRECTION IDENTIFICATION NUMBER: A. BUILDING A. BUILDING A. BUILDING B. WING B. WING C 06/10/2010 NAME OF PROVIDER OR SUPPLIER ROCK ISLAND NURSING & REHB CENTER (X4) ID SUMMARY STATEMENT OF DEFICIENCIES ID PROVIDER'S PLAN OF CORRECTION (X5)	CENTER	RS FOR MEDICARE	AND HUMAN SERVICES	- T			FORM OMB NO.	11/22/2010 APPROVED 0938-0391
145950 B. WING Object NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE ROCK ISLAND NURSING & REHB CENTER STREET ADDRESS, CITY, STATE, ZIP CODE (X4) ID SUMMARY STATEMENT OF DEFICIENCIES REGULATORY OR LSC IDENTIFYING INFORMATION) D PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY) COMPLETM DATE F9999 Continued From page 40 having verbally abusive behavioral or physically abusive behavioral symptoms. F9999 The 9-18-2009 at 7:17pm. Nursing Note is, "was bitten by (R3), as he tried to pass her in the hall, in his wheel chair. (R3) refused to back up from the middle of the hall to let (R9) pass, as his wheel tapped the side of (R3's) foot. (R3) began screaming, and bit (R9) on the left forearm. (R3) broke the skin in one entire circle of teeth marks. (R9) bruised immediately, and bled enough to soak a 4x4 gauze pad. (R9's) wound cleansed, triple antibiotic ointment applied, (Z3, medical doctor) called, was told to send (R9) out to emergency room. When emergency medical technicians arrived (R9) refused to be transported, worying about the cost. Doctor called again, and ordered augmentin twice a day for seven days, also ordered to clean and dress wound. Wound cleansed and dressed again, ice			(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	` '			COMPLE	TED
ROCK ISLAND NURSING & REHB CENTER Image: Colspan="2">2545 241H STREET ROCK ISLAND, IL 61201 Image: Colspan="2">(X4) ID PRETIX TAG SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY WIGST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) ID PRETIX TAG PROVIDER'S PLAN OF CORRECTION (EACH OPRECITV A COTION SHOLD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY) COMPETIN COMPETING CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY) COMPETING COMPETING CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY COMPETING COMPETING CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY COMPETING COMPETING CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY COMPETING COMPETING CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY COMPETING CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY COMPETING CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY COMPETING CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY COMPETING CROSS-RE			145950	B. WI	NG _			
(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) COMPLETM (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY) COMPLETM DATE F9999 Continued From page 40 having verbally abusive behavioral or physically abusive behavioral symptoms. F9999 The 9-18-2009 at 7:17pm. Nursing Note is, "was bitten by (R3), as he tried to pass her in the hall, in his wheel chair. (R3) refused to back up from the middle of the hall to let (R9) pass, as his wheel tapped the side of (R3's) foot. (R3) began screaming, and bit (R9) on the left forearm. (R3) broke the skin in one entire circle of teeth marks. (R9) bruised immediately, and bled enough to soak a 4x4 gauze pad. (R9's) wound cleansed, triple antibiotic ointment applied, (Z3, medical doctor) called, was told to send (R9) out to emergency room. When emergency medical technicians arrived (R9) refused to be transported, worrying about the cost. Doctor called again, and ordered augmentin twice a day for seven days, also ordered to clean and dresse wound. Wound cleansed and dressed again, ice			EHB CENTER			2545 24TH STREET		
having verbally abusive behavioral or physically abusive behavioral symptoms. The 9-18-2009 at 7:17pm. Nursing Note is, "was bitten by (R3), as he tried to pass her in the hall, in his wheel chair. (R3) refused to back up from the middle of the hall to let (R9) pass, as his wheel tapped the side of (R3's) foot. (R3) began screaming, and bit (R9) on the left forearm. (R3) broke the skin in one entire circle of teeth marks. (R9) bruised immediately, and bled enough to soak a 4x4 gauze pad. (R9's) wound cleansed, triple antibiotic ointment applied, (Z3, medical doctor) called, was told to send (R9) out to emergency room. When emergency medical technicians arrived (R9) refused to be transported, worrying about the cost. Doctor called again, and ordered augmentin twice a day for seven days, also ordered to clean and dress wound. Wound cleansed and dressed again, ice	PRÉFIX	(EACH DEFICIENCY	MUST BE PRECEDED BY FULL	PREF	=IX	PROVIDER'S PLAN OF CORREC (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPR	JLD BE	COMPLETION
 given, at her own request intramuscular Haldol." (According to Lexi-Comp's Drug Reference Handbook, Geriatric Dosage Handbook 12th Edition page 93, Augmentin is an antibiotic used to treat infections caused by susceptible organisms involving skin and skin structures. Haldol is an antipsychotic used to manage psychotic disorders. Unlabeled/Investigational Use: May be used for the emergency sedation of severly agitated or delirious patients. Page 721.) E23, (CNA/Certified Nursing Assistant) on 5-24-2010 at 1:10pm. stated, "(R3) grabbed (R9) and bit him. (R9) had a mark, bite mark, for approximately two weeks after the bite. You could see top and bottom teeth prints on his arm. It was before Christmas. When (R3) targets a 	F9999	having verbally abu abusive behavioral The 9-18-2009 at 7 bitten by (R3), as h in his wheel chair. the middle of the hav wheel tapped the s screaming, and bit broke the skin in or (R9) bruised immed soak a 4x4 gauze p triple antibiotic ointr doctor) called, was emergency room. technicians arrived transported, worryin called again, and o for seven days, also wound. Wound cle applied. Time of in given, at her own re (According to Lexi-I Handbook, Geriatri Edition page 93, Au to treat infections c organisms involving Haldol is an antipsy psychotic disorders Use: May be used severly agitated or E23, (CNA/Certified 5-24-2010 at 1:10p and bit him. (R9) h approximately two could see top and b	sive behavioral or physically symptoms. :17pm. Nursing Note is, "was e tried to pass her in the hall, (R3) refused to back up from all to let (R9) pass, as his ide of (R3's) foot. (R3) began (R9) on the left forearm. (R3) he entire circle of teeth marks. diately, and bled enough to bad. (R9's) wound cleansed, ment applied, (Z3, medical told to send (R9) out to When emergency medical (R9) refused to be ng about the cost. Doctor rdered augmentin twice a day o ordered to clean and dress ansed and dressed again, ice cident 6:45pm. (R3) was equest intramuscular Haldol." Comp's Drug Reference c Dosage Handbook 12th ugmentin is an antibiotic used aused by susceptible g skin and skin structures. vchotic used to manage . Unlabeled/Investigational for the emergency sedation of delirious patients. Page 721.) d Nursing Assistant) on m. stated, "(R3) grabbed (R9) ad a mark, bite mark, for weeks after the bite. You pottom teeth prints on his arm.	F9	999			

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		AND HUMAN SERVICES				FORM	11/22/2010 APPROVED 0938-0391
	OF DEFICIENCIES F CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) N A. BU		TIPLE CONSTRUCTION	(X3) DATE SU COMPLE	TED
		145950	B. WII	٩G _			C 0/2010
NAME OF P	ROVIDER OR SUPPLIER				REET ADDRESS, CITY, STATE, ZIP CODE		
ROCK IS	LAND NURSING & RI	EHB CENTER			2545 24TH STREET ROCK ISLAND, IL 61201		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES 'MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREF TAG		PROVIDER'S PLAN OF CORRECT (EACH CORRECTIVE ACTION SHOU CROSS-REFERENCED TO THE APPR DEFICIENCY)	JLD BE	(X5) COMPLETION DATE
F9999	her off, she targets off. (R3) says she's resident she's target residents stay away have stayed the sai Sometimes it takes pull (R3) off of a res l've probably witnes going after resident or be aggressive wi her way, or if they s The 9-21-2009 at 9 "(R9's) bite mark or Resident has refuse (Certified Nursing A and third shift assis noted to be very tire R9's 9-22-2009 at 1 "Third shift nurse re sleep in his bed. (F station in his wheel did not want the lac him. Complains of something for pain. The 9-22-2009 at 1 Medication Informa received two acetar complaints of left at R9's 9-24-2009 at 1 documents, "Reside R9's Care Plan pro (DON/Director of N	rgets someone, something set them because of what set her s going to bite or get another eting. The more cognitive / from (R3). (R3's) behaviors me since I've been here. two or three employees to sident. (R3's) very strong. sed five incidents of (R3) (R3's) behaviors are to bite ith residents in her area, or in say something to (R3)." (11pm. Nursing Note is, n left forearm still in evidence. ed to let nursing and CNA, assistant) staff on both second t him to bed. Resident is ed and somewhat lethargic." (1:45am. Nursing Note is, eported that (R9) did not go to (R9) stayed up by the nurses chair all night, stating that he by to get him again that bit pain to left arm, requested " 1:00am. PRN (as needed) tion Sheet documents R9 minophen tablets for	F9	999			

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		AND HUMAN SERVICES & MEDICAID SERVICES				FORM	11/22/2010 APPROVED 0938-0391
STATEMENT OF AND PLAN OF C	DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) N A. BU		IPLE CONSTRUCTION	(X3) DATE SU COMPLE	TED
		145950	B. WI	\G _			C 0/2010
NAME OF PRO	VIDER OR SUPPLIER				REET ADDRESS, CITY, STATE, ZIP CODE		
ROCK ISLA	ND NURSING & RE	EHB CENTER			2545 24TH STREET ROCK ISLAND, IL 61201		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES ' MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREF TAG		PROVIDER'S PLAN OF CORREC (EACH CORRECTIVE ACTION SHOU CROSS-REFERENCED TO THE APPR DEFICIENCY)	JLD BE	(X5) COMPLETION DATE
di "9 si dr si ha 2. ac c R O fa or di TI M E fo in be ea sy R "(E) Fi O t E fo (Fi O t E) fa (Fi O t E) fa (Fi O t E) (Fi (Fi O t E) (Fi (Fi (Fi)) (Fi (Fi (Fi (Fi (Fi (Fi (Fi (Fi (Fi (Fi	2-21-2009 Nurses. ituation. Area clear ry dressing applied even days. Redired allway. Nurse aide ituation. Redirect allway." . The Face Sheet dmitted to the faciliturently being 56 y . 11's 5-16-2010 the order Sheet docum illure to thrive, sev rganic brain syndre isorder. he 4-9-2010 quart IDS Section B, Co , Mood and Behav ollowing: R11's co npaired. R11 is no ehavioral sympton asily altered physic ymptoms. . 11's 10-18-2009 a E24/LPN/Licensed 29/CNA, and E30/ R3) off (R11) twice ut of (R11's) hair. . 29/CNA) did not s eard (R11) scream rong and that's wh R11's) head. It wa	retardation. Approach: Resident removed from the ansed with normal saline and d/augmentin twice a day for ect resident to utilize opposite eResident removed from the resident to utilize opposite t documents R11 was ty on 10-7-2009 and as	F9	999			

Facility ID: IL6008130

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FORM APPROVED **CENTERS FOR MEDICARE & MEDICAID SERVICES** OMB NO. 0938-0391 STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION **IDENTIFICATION NUMBER:** COMPLETED A. BUILDING С B. WING 145950 06/10/2010 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE **2545 24TH STREET ROCK ISLAND NURSING & REHB CENTER** ROCK ISLAND, IL 61201 SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION ID (X4) ID (X5) COMPLETION (EACH DEFICIENCY MUST BE PRECEDED BY FULL (EACH CORRECTIVE ACTION SHOULD BE PREFIX PRFFIX **REGULATORY OR LSC IDENTIFYING INFORMATION**) CROSS-REFERENCED TO THE APPROPRIATE TAG TAG DEFICIENCY) F9999 Continued From page 43 F9999 times as well. Bruising noted to (R11's) left side of neck, kind of near the back. (R11) had a headache, tylenol given for headache. (R11) was comforted by staff members, due to the fact that she was so afraid that she was shaking. Incident occurred in the hallway. We had to watch (R3) closely because she continued to walk around the unit trying to attack (R11) again. (R3) was given a shot of Haldol right after incident that was not effective." On 5-26-2010 at 3:05pm. E24, LPN stated, "When (R3) is angry she doesn't forget. The 10-18-2009 incident occurred in the hallway. (R11) I believe was in a wheelchair. (R3) had handfuls of hair in both of her hands. (R11) was wimpering and rubbing her head. I know it hurt (R11), her face was red. It took four of us to separate them. (R3) is very strong. (R3) went after (R11) a second time, not too long after, not even twenty minutes later. (R3) will wait until staff are busy doing resident cares, she's smart enough to wait until staff are busy. Sometimes (R3) follows me. The other residents are aware of (R3's) aggressive behavior. (R3) does not want residents in the hallway outside of her room. To me it's not fair that residents can't go where they want. At med pass time, and when residents are coming down to dinner, staff are busy, it's a pattern for (R3) to attack other residents. (R3) is very strong and can walk on her own. I also feel if another resident has an emergent need and (R3) decides to take the opportunity to target another resident, I'm not sure I can protect or keep the other residents safe. I do not feel (R3) is appropriately placed because she has more mental than physical issues. We have residents that ought to be able to go where they want without being physically

FORM CMS-2567(02-99) Previous Versions Obsolete

DEPARTMENT OF HEALTH AND HUMAN SERVICES

PRINTED: 11/22/2010

CENTER	RS FOR MEDICARE	AND HUMAN SERVICES & MEDICAID SERVICES	-1			FORM OMB NO.	11/22/2010 APPROVED 0938-0391
	OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) M A. BU		TIPLE CONSTRUCTION	(X3) DATE SU COMPLE	
		145950	B. WI	NG _			0/2010
	ROVIDER OR SUPPLIER	EHB CENTER			REET ADDRESS, CITY, STATE, ZIP CODE 2545 24TH STREET ROCK ISLAND, IL 61201		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES ' MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREF TAC	٦X	PROVIDER'S PLAN OF CORREC (EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APPR DEFICIENCY)	ULD BE	(X5) COMPLETION DATE
F9999	abused. (R3's) ber for seven or eight n and carries through when the opportuni E26, (LPN) on 6-1 "(R3) snaps out at it out a resident, or st attack them. Most to bite the (female of Residents are afrain bite them. (R10) w witnessed (R3) tryin very strong, it takes residents. Out of n provoked (R3) yells keeps them awakes The 10-24-2009 at "Behavior of swears shouts. (E28/LPN) (R11) was walking wheel chair and sta to the hospital and and kick her ass. 6 yelling, screaming, grabbing onto the n abusing residents a am going to bit the On 6-1-2010 at 2:2 10-24-2010 Nursing mentally retarded. knows can't defend who she can harm. When (R3) would v would throw her arr mom, mom, mom.	 aviors have stayed the same nonths. (R3) does not forget the physical violence threats ty presents itself." 2010 at 12:45pm. stated, ntervals. I've seen (R3) pick aff member, and get up and of the time (R3) says I'm going dog), and she does. d of (R3) when she says she'll ouldn't even go her way. I've ng to bite residents. (R3) is a several staff to get her off of owhere, without being and threatens residents, throws things. 6:28am. Nursing Note is, s, yells for attention, yells and walked off the elevator. by (R3). (R3) got up out of ted that (female dog) sent me I am going to bite (R11) again, i:50am. (R3) is continuously getting up out of wheel chair, nurses station. Verbally and staff. (R3) keeps stating, 'I 	F9	999			

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		AND HUMAN SERVICES				FORM	11/22/2010 APPROVED 0938-0391
	OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) M A. BU		LTIPLE CONSTRUCTION	(X3) DATE SU COMPLE	TED
		145950	B. WI	NG			C 0/2010
	ROVIDER OR SUPPLIER	EHB CENTER			TREET ADDRESS, CITY, STATE, ZIP CODE 2545 24TH STREET ROCK ISLAND, IL 61201		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREF TAC	ΞIX	PROVIDER'S PLAN OF CORREC (EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APPR DEFICIENCY)	ULD BE	(X5) COMPLETION DATE
F9999	she's going to get the Sometimes resident started throwing this be injured. I've with residents. Most of by staff for her bad and a pop. (R3) the pitchers, etc. (R3) sometimes four and seen (R3) bite (R11 arm, and latches do The residents were teeth marks and bru- situation with anoth would go after anot smart. The biting is wants, by rewarding 3. The Face Sheet to the facility on 1-2 78 years old. R5's 5-16-2010 thro Order Sheet docum Alzheimer's and ca The 4-23-2010 qua MDS Section B, Co E, Mood and Behavioral abusive behavioral abusive behavioral abusive behavioral abusive behavioral on 1-25-2010 at 11 documents, "At 10: abusing another resident	hem, and bite them. ts were around when (R3) ngs and screaming and could hessed (R3) verbally abusing the time (R3) was rewarded behaviors by getting a shot rows books, computers, water is very strong, it takes d five staff to stop (R3). I've I). (R3) grabs the resident's bown with her teeth very hard. hurt. Residents would have uising. If I'm dealing with a her resident that's when (R3) her resident. (R3) is very a behavior to get what she g (R3) with a pop." documents R5 was admitted 20-2010 and as currently being bugh 6-15-2010 Physician hents diagnoses that include rdiovascular disease. rterly and 2-10-2010 initial ognitive Patterns and Section vior Patterns document the mitive skills are severely ving, easily altered, verbally symptoms and no physically	F9	99			

		I AND HUMAN SERVICES				FORM	11/22/2010 APPROVED 0938-0391
	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) N A. BU		TIPLE CONSTRUCTION	(X3) DATE SU COMPLE	TED
		145950	B. WI	NG _			C 0/2010
NAME OF P	ROVIDER OR SUPPLIER				REET ADDRESS, CITY, STATE, ZIP CODE		
ROCK IS	LAND NURSING & RI	EHB CENTER			2545 24TH STREET ROCK ISLAND, IL 61201		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES ' MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREF TAG		PROVIDER'S PLAN OF CORRECT (EACH CORRECTIVE ACTION SHOL CROSS-REFERENCED TO THE APPR DEFICIENCY)	JLD BE	(X5) COMPLETION DATE
F9999	kept stating 'I bite th going to die.' (R3) is residents and havin to (mental health far The 1-28-2010 at 1 "(R3) returned from 4:00pmPulled (R her wheel chair dow sitting in the hall. S (R3), I think (R5) m wheelchair and this (R5) by her hair. S On 5-26-2010 at 3: "Regarding the 1-22 her own wheel chair doors down from (R has to go down the go by, (R3) pulled (her head and said ' (R5) just rubbed he The 1-30-2010 at 1 documents, "(R3) s I am going to bite (f (R3) kept trying to r (R3) kept standing combative. This is On 2-9-2010 at 9:00 documents, "(R3) th times this shift, whe (R3)."	he (female dog) and she is is continuously biting ing behaviors noted. (R3) sent cility)." 1:13pm. Nursing Note is, (mental health facility) at 5's) hair. (R5) was propelling win the hall and (R3) was 60 when (R5) went to pass ay have bumped (R3's) 6 upset (R3), so (R3) pulled taff pulled (R3) off of (R5)." 05pm. E24, (LPN) stated, 8-2010 incident, (R5) propels ir, her room is four or five R3's). (R5) is confused and hall. (R5) was just trying to R5's) hair good. (R5) rubbed ouch.' The rest of the day	F9	999			
	threatened to bite ((R3) always does.	R5) a number of times, as Intramuscular antianxiety Jood effect. (R3) asleep now					

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		AND HUMAN SERVICES				FORM	11/22/2010 APPROVED 0938-0391
	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) M A. BU		TIPLE CONSTRUCTION	(X3) DATE SU COMPLE	TED
		145950	B. WI	NG _			C 0/2010
NAME OF P	ROVIDER OR SUPPLIER				REET ADDRESS, CITY, STATE, ZIP CODE		
ROCK IS	LAND NURSING & RI	EHB CENTER			2545 24TH STREET ROCK ISLAND, IL 61201		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES / MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREF TAG		PROVIDER'S PLAN OF CORREC (EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APPR DEFICIENCY)	JLD BE	(X5) COMPLETION DATE
F9999	Continued From pa	-	F99	999)		
	and in no apparent	distress."					
	documents, "(R3) u going to get me, so (R3) yelling, cursing clothes." (No other	45pm. the Nursing Note pset, stated the old lady, was I got her before she got me. g, and stripping off her information is documented in garding this incident and it was involved).					
		2010 at 9:00am. verified R5 nvolved in the 2-18-2010					
	documents, 2-18-2	Accident and Incident Log 2010 (R3) and (R5) resident to hallway." Injury to R5, ."					
	Regional Office fax of Occurrence: 2-1 to staff this dement hand, for unknown face. (R3), who als dementia, grabbed two superficial scra hand. Area on (R5	epartment of Public Health ed 2-19-2010 is, "Description 8-2010 at 3:00pm., According ia resident (R5), placed her reasons on or near (R3's) so has a diagnosis of this (R5's) arm, resulting in tches to the top of (R5's) 's) hand was immediately d, and a bandage applied."					
	documents, "(R3) h morning hours. (R3 of her left hand. (R Geodon for severe E2, (DON) on 5-25-	3pm. the Nursing Note ad a behavior in the late 3) bit another resident on top 3) was given intramuscular agitation." -2010 at 9:00am. verified R5 tten by R3 on 4-1-2010.					

		AND HUMAN SERVICES & MEDICAID SERVICES				FORM	11/22/2010 APPROVED 0938-0391
	F OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) N A. BU		TIPLE CONSTRUCTION	(X3) DATE SU COMPLE	
		145950	B. WI	NG _			
NAME OF F	ROVIDER OR SUPPLIER				REET ADDRESS, CITY, STATE, ZIP CODE		
ROCK IS	LAND NURSING & RI	EHB CENTER			2545 24TH STREET ROCK ISLAND, IL 61201		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES 'MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREF TAC		PROVIDER'S PLAN OF CORREC (EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APPR DEFICIENCY)	JLD BE	(X5) COMPLETION DATE
F9999	The 4-1-2010 Incide Follow-Up Action de the left hand by (R3 cause of the incider resident by the nurs was bit by another in On 6-1-2010 at 10: "(R3) can get up out residents were afra confused and afraid residents, that could targeted. (R3) knew was very smart. It in incidents when (R3 moved to the (Nam on). (R3) was verb screaming, up and have been moved a transferred to anoth Administration allow hurt, and didn't do a This placement was After (R3's) abusive rewarded with a po up, she would wait resident. It is a sha so many residents (E1/Administrator) to not chart attacks, a incidents, with resid On 4-1-2010 (R3) of when she was asle common area, asle nursing desk. (R3) room and bit (R5) of residents were not screams, curses, st	ent Investigation and ocuments (R5) was bitten on a). "What was the proximate nt? CNA was wheeling ses to be checked and (R5)	F9	999			

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		AND HUMAN SERVICES & MEDICAID SERVICES				FORM	11/22/2010 APPROVED 0938-0391
	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) N A. BU		TIPLE CONSTRUCTION	(X3) DATE SU COMPLE	
		145950	B. WI	NG _			_ D/2010
NAME OF P	ROVIDER OR SUPPLIER				REET ADDRESS, CITY, STATE, ZIP CODE		
ROCK IS	LAND NURSING & RI	EHB CENTER			2545 24TH STREET ROCK ISLAND, IL 61201		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES 'MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREF TAG		PROVIDER'S PLAN OF CORREC (EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APPR DEFICIENCY)	ULD BE	(X5) COMPLETION DATE
F9999	that it was inapprophappened, and what (Administration) was charting of the incide when she bit (R5), a yelled out when she member). (R5's far said it happened to residents, the same to defend themselv attacked over ten re Z5 (Family Member stated, "(R5) has has and bitten. (R3) was and fragile. (R5) is pounds, she's bone 4-1-2010 (R5) had hand, it made her b away. I saw bite m the blood cleaned of They put antibiotic of an antibiotic. This w to heal. (R5) needed with band aids for the (R5) on her left hand deeper. I looked at and there were teed deep. In January of hair pulled in back. her hand scratched nails run across. (F hand in a line, each (R5) out of her roor mean lady, she'll hu keep talking to (R3)	hat we were documenting, briate if nurses charted what at they saw happened. They s [sic] not happy with this lent. (R3) broke the skin and she was bleeding. (R5) e was bit. I called (R5's family nily member) was upset and o much. (R3) targeted e residents, that were unable es. I would guess (R3) has	F9	999			

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CENTE	RS FOR MEDICARE	AND HUMAN SERVICES & MEDICAID SERVICES				FORM OMB NO.	11/22/2010 APPROVED 0938-0391
	OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) N A. BU		TIPLE CONSTRUCTION	(X3) DATE SU COMPLE	
		145950	B. WI	NG _)/2010
NAME OF F	ROVIDER OR SUPPLIER				TREET ADDRESS, CITY, STATE, ZIP CODE		
ROCK IS	LAND NURSING & RI	EHB CENTER			2545 24TH STREET ROCK ISLAND, IL 61201		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES ' MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREF TAC		PROVIDER'S PLAN OF CORRECT (EACH CORRECTIVE ACTION SHOL CROSS-REFERENCED TO THE APPR DEFICIENCY)	JLD BE	(X5) COMPLETION DATE
F9999	residents on the flo (residents) are afra scratches, and atta there. When I told understood. (R3) is (R3) who is this, an and tell (R3) be nic how to make (R3) a quartered on the op room, because they peace. I spoke with (E2,/DON), all the A meeting in January request a meeting. different things with somewhere else. (needed to stick to t for a few months. I my own hands, by o (R3) who is this, an that everybody was her, and not be on hallways there." 4. The Face Sheet to the facity on 1-20 47 years old. R4's 5-16-2010 thro Order Sheet docum agitation, psychosis brain resection, sei The 2-22-2010 qua Cognitive Patterns of cognitive skills are having, not easily a	ge 50 or are afraid of (R3). They id because (R3) bites, hits, cks. The poor nurses up (R3) don't touch (R5) she is smart. I would always ask d have (R3) say (R5's) name, e to (R5). I had to figure out a good girl. Residents are oposite hallway from (R3's) /, (residents) have to keep the n (E1/Administrator), Administration, we had a , February, every time, I would They said they would try (R3), and would send her R3) throws fits, Administration heir guns. I was very angry decided to take matters into everytime I went there telling d I won't hurt (R5). Before is supposed to stay away from her hallway. There are two documents R4 was admitted 0-2010 and as currently being bugh 6-15-2010 Physician nents diagnoses that include is, left hemiplegia due to a right zures, and chronic pain. rterly MDS Section B, and Section E, Mood and document the following: R4's severely impaired. R4 is ltered, verbally abusive and behavioral symptoms.	F9	999	9		

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		I AND HUMAN SERVICES				FORM	11/22/2010 APPROVED 0938-0391
STATEMENT	OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) M A. BUI		TIPLE CONSTRUCTION	(X3) DATE SU COMPLE	TED
		145950	B. WI	NG _			C 0/2010
NAME OF P	ROVIDER OR SUPPLIER				TREET ADDRESS, CITY, STATE, ZIP CODE		
ROCK IS	LAND NURSING & RI	EHB CENTER			2545 24TH STREET ROCK ISLAND, IL 61201		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES / MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREF TAG		PROVIDER'S PLAN OF CORRECT (EACH CORRECTIVE ACTION SHOL CROSS-REFERENCED TO THE APPR DEFICIENCY)	JLD BE	(X5) COMPLETION DATE
F9999	Continued From pa	ge 51	F99	999	9		
	"Late entry for 11-1 and two CNA's), we continue to watch (seems to retaliate w attention. 9:06pm. slapping and biting given a shot of Hale The shot was effect On 5-26-2010 at 3: 11-14-2009 (R3) wa The CNA asked (R3 move. The CNA m (R4) and slapped h and bit his left forea Three of us pulled (The 12-5-2009 at 8 had to be redirected	:25pm. Nursing Note is, "(R3) d away from (R4). (R3) (R3's) asleep now and in					
	documents, "(R3) w tonight at about 5:0 upset because (R4	9:50pm. the Nursing Note vas given a shot of Geodon 00pm. due to (R3) getting) bumped (R3) when going to R3) was saying things like 'I'm don't like him'."					
	documents, "4:50pl with his wheel chain was intentional. (R on his left hand, ne	9:44pm. the Nursing Note m. (R4) rolled over (R3's) foot r, for no apparent reason. It 3) did retaliate, and bit (R4) ar his knuckles. (R24/LPN e trying to pull (R3) off (R4) so bite (R4)."					

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		I AND HUMAN SERVICES				FORM	: 11/22/2010 APPROVED 0938-0391
	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) N A. BU		LTIPLE CONSTRUCTION	(X3) DATE SU COMPLE	TED
		145950	B. WI	NG			C 0/2010
NAME OF P	ROVIDER OR SUPPLIER			S	STREET ADDRESS, CITY, STATE, ZIP CODE		
ROCK IS	LAND NURSING & RI	EHB CENTER			2545 24TH STREET ROCK ISLAND, IL 61201		
(X4) ID PREFIX TAG	(EACH DEFICIENC)	TEMENT OF DEFICIENCIES / MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREF TAG	IX	PROVIDER'S PLAN OF CORREC (EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APPF DEFICIENCY)	ULD BE	(X5) COMPLETION DATE
F9999	Continued From pa	ige 52	F9	99	19		
	12-12-2009 (R3) bi	05pm. E24, (LPN) stated, "On t (R4) on his left hand, near is paralyzed on one side and his wheelchair."					
	"(R3) got a little ups picking at (R3) like herself getting upse shot. I gave (R3) o	9:42pm. Nursing Note is, set tonight with (R4). (R4) was he usually does, and (R3) felt et, so (R3) asked me for a one because I could see it in ted that she wanted to bite the of (R4)."					
	12-16-2009 (R3) sa	05pm. E24, (LPN) stated, "On aid 'I'm going to bite (R4),' g him. (R4) just stares at (R3) use to him."					
		8:02pm. Nursing Note is, bite (R4) without provocation."					
	"Residents are stay of her physical agg a line in the hallway One incident was w threatening to bite her wheel chair, an asleep. (R3) will ta distracted, and will threats. When (R3) wait and follow thro perceived injustices many times (R3) ha to leave the Nursing the residents go to desk to give resident	40pm. E19, (LPN) stated, ving away from (R3) because ression. Administration drew y for residents not to cross. when CNAs told me (R3) was (R4). (R3) was at the desk, in d bit (R4) when he was urget residents, and isn't easily follow through with her) targets a resident, she will bugh. (R3) remembers her s. I'm not suprised at how as bitten residents. I'm afraid g Desk, or take a break, until bed. If I leave the nursing nt cares, or to take a break, sk for incidents. I don't think					

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STATEMENT OF DEFICIENCIES (X1) PROVIDERSUPPLIERCILA IDENTIFICATION NUMBER: AND PLAN OF CORRECTION (X2) MULTIPLE CONSTRUCTION A BUILDING DENTIFICATION NUMBER: A BUILDING B. WING (X3) MULTIPLE CONSTRUCTION A BUILDING B. WING (X3) MULTIPLE CONSTRUCTION C 06/10/2010 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 2452 247H STREET ROCK ISLAND, LL 61201 C 06/10/2010 IMM E OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 2452 247H STREET ROCK ISLAND, LL 61201 C 009/0000000000000000000000000000000000			HAND HUMAN SERVICES E & MEDICAID SERVICES				FORM	: 11/22/2010 APPROVED 0938-0391
145950 B. WING 06/10/2010 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 2545 2411 STREET ROCK ISLAND NURSING & REHB CENTER STREET ADDRESS, CITY, STATE, ZIP CODE 2545 2411 STREET ROCK ISLAND NURSING & REHB CENTER SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL TAG D PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY) COMPLETION DATE F9999 Continued From page 53 the residents are safe. The residents are unsafe due to (R3's) volatile behavior. Many residents are frail and in wheelchairs on the (name of floor), their reflexes are slower. I've needed assistance to pull (R3) off of residents. I think residents are safer now, with the sitter, than they've been for the longest time, but I can't manage other residents if there is an emergency or problem. I'm waiting for the ax to fall. I can't be everywhere. I pray nothing happens. I'm still concerned for staff safety. If I have an emergency with that resident's care, I won't be able to manage (R3's) behavior." I'm still concerned for staff safety. If I have an emergency with that resident's care, I won't be able to manage (R3's) behavior." I'm taiting in the hallway at 4:05pm. (E24/LPN), and CNA, we pulled (R3) off (R4). Redirected (R3) and she was given a shot of I'm taiting of the ax to fall.				` '			COMPLE	TED
ROCK ISLAND NURSING & REHB CENTER 2345 24TH STREET ROCK ISLAND, IL 61201 (x4) ID PRETIX TAG SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY OR LSC IDENTIFYING INFORMATION) ID PRETIX REGULATORY OR LSC IDENTIFYING INFORMATION) PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY) COMPLETION DATE F9999 Continued From page 53 the residents are safe. The residents are unsafe due to (R3s) volatile behavior. Many residents are frail and in wheelchairs on the (name of floor), their reflexes are slower. I've needed assistance to pull (R3) off of residents. I think residents are safer now, with the sitter, than they've been for the longest time, but I can't be everywhere. I pray nothing happens. I'm still concerned for staff safety. If I have an emergency with another resident, and am detained with that resident's care, I won't be able to manage (R3's) behavior." The 12-27-2009 at 10:03pm. Nursing Note is, "(R3) bit (R4) on his right arm just below the elbow. (R4) was sitting in the hallway at 4:05pm. (E24/LPN), and CNA, we pulled (R3) off (R4). Redirected (R3) and she was given a shot of Houst Additional Ad			145950	B. WI	NG _			
ROCK ISLAND NURSING & REHB CENTER ROCK ISLAND, IL 61201 (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) Commentation DATE F9999 Continued From page 53 the residents are safe. The residents are unsafe due to (R3's) volatile behavior. Many residents are frail and in wheelchairs on the (name of floor), their reflexes are slower. I've needed assistance to pull (R3) off or residents. I think residents are safer now, with the sitter, than they've been for the longest time, but I can't manage other residents if there is an emergency or problem. I'm waiting for the ax to fall. I can't be everywhere. I pray nothing happens. I'm still concerned for staff safety. If I have an emergency with another resident, and am detained with that resident's care, I won't be able to manage (R3's) behavior." I'm atij The 12-27-2009 at 10:03pm. Nursing Note is, "(R3) bit (R4) on his right arm just below the elbow. (R4) was sitting in the hallway at 4:05pm. (E24/LPN), and CNA, we pulled (R3) off (R4). Redirected (R3) and she was given a shot of	NAME OF P	ROVIDER OR SUPPLIER						
PREFIX TAG (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) PREFIX TAG (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY) COMPLETION DATE F9999 Continued From page 53 the residents are safe. The residents are unsafe due to (R3's) volatile behavior. Many residents are frail and in wheelchairs on the (name of floor), their reflexes are slower. I've needed assistance to pull (R3) off or residents. I think residents are safer now, with the sitter, than they've been for the longest time, but I can't be everywhere. I pray nothing happens. I'm still concerned for staff safety. If I have an emergency with another resident, and am detained with that resident's care, I won't be able to manage (R3's) behavior." I'm atilize the sitter, than the alway at 4:05pm. (E24LPN), and CNA, we pulled (R3) off (R4). Redirected (R3) and she was given a shot of	ROCK IS	LAND NURSING & R	EHB CENTER					
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are frail and in wheelchairs on the (name of floor), their reflexes are slower. I've needed assistance to pull (R3) off of residents. I think residents are safer now, with the sitter, than they've been for the longest time, but I can't manage other residents if there is an emergency or problem. I'm waiting for the ax to fall. I can't be everywhere. I pray nothing happens. I'm still concerned for staff safety. If I have an emergency with another resident, and am detained with that resident's care, I won't be able to manage (R3's) behavior." The 12-27-2009 at 10:03pm. Nursing Note is, "(R3) bit (R4) on his right arm just below the elbow. (R4) was sitting in the hallway at 4:05pm. (E24/LPN), and CNA, we pulled (R3) off (R4). Redirected (R3) and she was given a shot of	F9999	the residents are sa	afe. The residents are unsafe	F99	999	•		
		are frail and in whe floor), their reflexes assistance to pull (residents are safer they've been for the manage other resid or problem. I'm wa be everywhere. I p concerned for staff emergency with an detained with that r to manage (R3's) b The 12-27-2009 at "(R3) bit (R4) on his elbow. (R4) was si (E24/LPN), and CN Redirected (R3) an	eelchairs on the (name of s are slower. I've needed R3) off of residents. I think now, with the sitter, than e longest time, but I can't dents if there is an emergency ating for the ax to fall. I can't bray nothing happens. I'm still safety. If I have an other resident, and am resident's care, I won't be able behavior." 10:03pm. Nursing Note is, s right arm just below the itting in the hallway at 4:05pm. IA, we pulled (R3) off (R4). ad she was given a shot of					
E2, (DON) on 5-25-2010 at 9:00am. verified the "fellow resident" bitten by R3 on 12-29-2009 was (R4).		repeatedly attempter no reason at all. N time. Haldol shot o residents are afraid	:48pm. Nursing Note is, "(R3) ed to bite (R4) for absolutely eeded redirecting time after did not help much. Other d of (R3). Others have to opposite (R3). When asked to					

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CENTER	RS FOR MEDICARE	AND HUMAN SERVICES & MEDICAID SERVICES				FORM OMB NO.	11/22/2010 APPROVED 0938-0391
	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) N A. BU		IPLE CONSTRUCTION	(X3) DATE SU COMPLE	
		145950	B. WI	NG _)/2010
NAME OF P	ROVIDER OR SUPPLIER				REET ADDRESS, CITY, STATE, ZIP CODE		
ROCK IS	LAND NURSING & RI	EHB CENTER			2545 24TH STREET ROCK ISLAND, IL 61201		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES 'MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREF TAC		PROVIDER'S PLAN OF CORREC (EACH CORRECTIVE ACTION SHOU CROSS-REFERENCED TO THE APPR DEFICIENCY)	JLD BE	(X5) COMPLETION DATE
F9999	move her wheelcha violent, standing up threatening to 'bite On 1-15-2010 at 7: documents, "(R3) th of (R4)." R4's 1-16-2010 at 7 sitting quietly in whe attacked by anothe bite. (R4) visibly sh The 1-16-2010 at 7 "Threatens with phy be redirected six tin room now. Threate Med with some good R4's 1-16-2010 Res Follow-Up Action re hand/digits. Bit by The 1-18-2010 at 7 had to be pulled aw sitting unobtrusively administered." On 1-23-2010 at 10 documents, "(R3) d (R3) stated that she	Air for others (R3) becomes by screaming profanities, and the hell' out of somebody." 39pm. the Nursing Note breatened to bite 'the hell' out 7:22pm. Nursing Note is, "(R4) eelchair, listening to music, r resident, unprovoked attack, haken and saddened." 25pm. Nursing Note is, visical violence. Bites, had to nes today. 9:50pm., asleep in ened people at least six times. od effect."	F9	999			
	Order Sheet docum	bugh 6-15-2010 Physician nents diagnoses that include cheimer's type with behaviors,					

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		AND HUMAN SERVICES				FORM	11/22/2010 APPROVED 0938-0391
	OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) N A. BU		TIPLE CONSTRUCTION	(X3) DATE SU COMPLE	TED
		145950	B. WI	NG _			C 0/2010
NAME OF P	ROVIDER OR SUPPLIER				REET ADDRESS, CITY, STATE, ZIP CODE		
ROCK IS	LAND NURSING & R	EHB CENTER			2545 24TH STREET ROCK ISLAND, IL 61201		
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREF TAC	IX	PROVIDER'S PLAN OF CORRECT (EACH CORRECTIVE ACTION SHOL CROSS-REFERENCED TO THE APPR DEFICIENCY)	JLD BE	(X5) COMPLETION DATE
F9999	Continued From pa altered mental state	ige 55 us, and generalized weakness.	F9	999)		
	The 4-21-2010 qua MDS Section B, Co E, Mood and Behar following: R1's cog impaired. The 1-2 R1 is not having an abusive behavioral quarterly MDS doc easily altered, verb abusive behavioral The 3-27-2010 at 4 is uncooperative, c disruptive, daily wit screams, curses, s (R1) on left forearm unprovoked. As ne with good effect." E21 (CNA) on 5-24 witnessed (R3) bits mad, she was yellin around (R1) was he other aide got them amount of blood trib bottom, whole mou visible on his arm. hallway. Prior to th manage (R3's) beh trying to take care of If (R3) feels another bothered her in sor resident. When (R residents can hear get you' or 'bite you biting, screaming, y	arterly and 1-28-2010 initial ognitive Patterns and Section vior Patterns document the gnitive skills are severely 8-2010 initial MDs documents by verbally or physically symptoms. The 4-21-2010 uments R1 is having, not ally abusive and physically					

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		I AND HUMAN SERVICES				FORM	11/22/2010 APPROVED 0938-0391
	F OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MU A. BUIL		PLE CONSTRUCTION	(X3) DATE SU COMPLE	TED
		145950	B. WIN	G			C 0/2010
NAME OF F	PROVIDER OR SUPPLIER				EET ADDRESS, CITY, STATE, ZIP CODE		
ROCK IS	LAND NURSING & R	EHB CENTER			645 24TH STREET OCK ISLAND, IL 61201		
(X4) ID PREFIX TAG	(EACH DEFICIENC)	TEMENT OF DEFICIENCIES / MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	ĸ	PROVIDER'S PLAN OF CORREC (EACH CORRECTIVE ACTION SHOU CROSS-REFERENCED TO THE APPR DEFICIENCY)	JLD BE	(X5) COMPLETION DATE
F9999	the other residents behaviors. I don't t behaviors just keep have stayed the sa employment. I wor she's doing becaus to do, and waits an hitting, or assaulting R1's 3-30-2010 (Z3 "(R1) bit on left upp upper forearm light On 5-24-2010 at 2: "The last time I saw (R1). (R1) was in t they were separate (R3) jumped up from over to (R1), and bi pulled (R3) off of (R bottom indentations remember if (R3) b E27 (CNA) on 6-1-2 witnessed (R3) hitti threatening, yelling to stop (R3) from at went after (R1). (R his wheelchair. Au residents going dow after them. (R3) bi hallway. (R1) was wheelchair. (R3) s his arm and broke to (R1) was upset. Th were afraid to go do side of the hall, who	are safe due to (R3's) hink staff are safe either. The o happening. (R3's) behaviors me for the time of my k full time. (R3) knows what e she says what she's going d does it, or after biting, g, (R3) talks about it later." APhysician) Progress Note is, her forearm by (R3). Left ly inflamed, no drainage." 40pm. E19, (LPN) stated, v (R3) bite a resident was he hallway, in a wheelchair, d by approximately ten feet. m her wheelchair, and ran t him on the left forearm. I R1). There were top and s on his arm. I don't roke the skin." 2010 at 1:40pm. stated, "I've ng, biting, verbally , with other residents. I've had ttacking other residents. (R3) 1) was going down the hall in tomatically when (R3) saw wn the hall, (R3) would go t (R1). (R3) was in the	F99	99			

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		AND HUMAN SERVICES				FORM	11/22/2010 APPROVED 0938-0391
STATEMENT	OF DEFICIENCIES F CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) N A. BU		IPLE CONSTRUCTION	(X3) DATE SU COMPLE	TED
		145950	B. WI	NG _			C 0/2010
NAME OF P	ROVIDER OR SUPPLIER				REET ADDRESS, CITY, STATE, ZIP CODE		
ROCK IS	LAND NURSING & RI	EHB CENTER			2545 24TH STREET ROCK ISLAND, IL 61201		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES 'MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREF TAG		PROVIDER'S PLAN OF CORRECT (EACH CORRECTIVE ACTION SHOU CROSS-REFERENCED TO THE APPR DEFICIENCY)	JLD BE	(X5) COMPLETION DATE
F9999	going to hurt you or weren't safe becaus and threats. (R3) of safe with (R3) gone On 5-19-2010 at 10 seen (R3) have bee I saw (R1) right afte his forearm, around happened. The bitch his forearm, and the the hallway, not in (the first time. The sit to shove (R1's) whe room, he was in the Nursing Note of 4-2 "(R3) requested into repeatedly. (R3) so Medication adminis R1's 4-5-2010 at 4: daughter called (E1 (E31/ADON/Assista (E7/Social Service Upon entering the r staff two bite marks assessed these ma (E1/Administrator)." E1 (Administrator)." E1 (Administrator)." E1 (Administrator)." E1 (Administrator)."	aten other residents with 'I'm bite you,' etc. Residents se of (R3's) aggressive biting an walk. I think residents are now." 0:00am. E8 (CNA) stated, "I've haviors. (R3) goes after (R1). er he was bit the first time, on I March 2010 is when it e left a circle of teeth marks on ere was blood. (R1) was in (R3's) room, when she bit him second time, (R3) attempted eelchair, he wasn't in her e hallway." 2-2010 at 7:35pm. documents, ramuscular anti-anxiety creamed and threatened (R1). tered." 12pm. Nursing Note is, "(R1's) 5/Unit Coordinator), ant Director of Nursing), and Director) all to (R1's) room. oom (R1's) daughter showed on (R1's) arm. (E31/ADON) urks and reported to	F9	999			

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		AND HUMAN SERVICES				FORM	11/22/2010 APPROVED 0938-0391
	OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) N A. BU		TIPLE CONSTRUCTION	(X3) DATE SU COMPLE	TED
		145950	B. WI	NG _			C D /2010
NAME OF P	ROVIDER OR SUPPLIER				REET ADDRESS, CITY, STATE, ZIP CODE		
ROCK IS	LAND NURSING & RI	EHB CENTER			2545 24TH STREET ROCK ISLAND, IL 61201		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES 'MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREF TAC		PROVIDER'S PLAN OF CORRECT (EACH CORRECTIVE ACTION SHOL CROSS-REFERENCED TO THE APPR DEFICIENCY)	JLD BE	(X5) COMPLETION DATE
F9999	Continued From pa going to bite him.'"	ge 58	F9	999	1		
	documents, "(R3) g another resident, th knocking him from E2, (DON) on 5-25- was the resident (R knocked from his w The 5-10-2010 at 8 grew agitated and k within sight of (R3). On 5-18-2010 at 8: stated, "A resident of (R1) resides is your in a wheelchair but (R1). This happens resident has bitten I met with (E15/Uni bite by (R3) on Mar Coordinator) said th ones with (R1) to p told (R3) is an invol out fifty-two packets placement, that it's meeting with (E1/Administrator) of shoving. (E1) offer unit, as the one on not keeping (R1) sa as (R1) still commu of his wheelchair or wheelchair with his staff said (R1) gets (R3's) room. I atter	2010 at 9:00am. verified R1 3) attempted to bite and heelchair on 5-8-2010. 11pm. Nursing Note is, "(R3) began yelling when (R1) came " 15am. Z6 (Family member) on the (Name of floor) where nger with a muscular disorder can walk, has been abusing s anytime of day. This same (R1) and five other residents. t Coordinator) after (R1's) first					

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If continuation sheet Page 59 of 65

TAG REQULATORY OR LSC IDENTIFYING INFORMATION) TAG CROSS-REFERENCE TO THE APPROPRIATE DATE F9999 Continued From page 59 said they haven't been able to find a placement for (R3) and that it's not that easy and they will continue one on ones. On 5-8-2010 (E19/LPN) told me (R3) knocked (R1) to the floor. (R1) shouldn't have to move, he's not attacking and biting people." F9999 6. The Face Sheet documents R10 was admitted to the facity on 7-27-2006 and as currently being 45 years old. R10's 5-16-2010 through 6-15-2010 Physician Order Sheet documents diagnoses that include head injury, chemical imbalance in brain, anxiety, psychosis, and behavior problems. The 3-1-2010 quarterly and 6-11-2009 annual MDS Section B, Cognitive Patterns of the 6-11-2009 annual MDS documents R10's cognitive skills as moderately impaired, with not easily altered, physically abusive behavioral symptoms. The 3-1-2010 initial MDS documents R10's cognitive skills as severely impaired, with not easily altered, verbal and physically abusive behavioral symptoms. He 3-12010 initial MDS documents R10's cognitive skills as severely impaired, with not easily altered, verbal and physically abusive behavioral symptoms. He 3-12010 initial MDS documents R10's cognitive skills as severely impaired, with not easily altered, verbal and physically abusive behavioral symptoms.			I AND HUMAN SERVICES				FORM	11/22/2010 APPROVED 0938-0391
145950 B. WING 06/10/2010 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 2564 524H STREET COCK ISLAND NURSING & REHB CENTER STREET ADDRESS, CITY, STATE, ZIP CODE 2564 524H STREET COCK ISLAND, IL 61201 COMPLETIC COMPLETIC 2564 524H STREET COCK ISLAND, IL 61201 COMPLETIC COMPLETIC </td <td></td> <td></td> <td></td> <td>` '</td> <td></td> <td></td> <td>COMPLE</td> <td>TED</td>				` '			COMPLE	TED
NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE ROCK ISLAND NURSING & REHB CENTER Image: Construct of the strength of the			145950	B. WI	NG _			
ROCK ISLAND, IL 61201 Image: constraint of the second of the se	NAME OF PROVIDER OR SUPPLIER							
PRÉFIX TAG TEACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) PRÉFIX TAG CACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE ComMiLÉTIC DATE F9999 Continued From page 59 said they haven't been able to find a placement for (R3) and that it's not that easy and they will continue one on eno. On 5-8-2010 (E19/LPN) told me (R3) knocked (R1) to the floor. (R1) shouldn't have to move, he's not attacking and biting people." F9999 6. The Face Sheet documents R10 was admitted to the facity on 7-27-2006 and as currently being 45 years old. R10's 5-16-2010 through 6-15-2010 Physician Order Sheet documents diagnoses that include head injury, chemical imbalance in brain, anxiety, psychosis, and behavior problems. The 3-1-2010 quarterly and 6-11-2009 annual MDS Section B, Cognitive Patterns and Section E, Mood and Behavior Patterns for the 6-11-2009 annual MDS documents R10's cognitive skills as moderately impaired, with not easily altered, verbal and physically abusive behavioral symptoms. Figure 200	ROCK IS	LAND NURSING & RI	EHB CENTER					
 said they haven't been able to find a placement for (R3) and that it's not that easy and they will continue one on ones. On 5-8-2010 (E19/LPN) told me (R3) knocked (R1) to the floor. (R1) shouldn't have to move, he's not attacking and biting people." 6. The Face Sheet documents R10 was admitted to the facity on 7-27-2006 and as currently being 45 years old. R10's 5-16-2010 through 6-15-2010 Physician Order Sheet documents diagnoses that include head injury, chemical imbalance in brain, anxiety, psychosis, and behavior problems. The 3-1-2010 quarterly and 6-11-2009 annual MDS Section B, Cognitive Patterns and Section E, Mood and Behavior Patterns for the 6-11-2009 annual MDS documents R10's cognitive skills as moderately impaired, with not easily altered verbally abusive behavioral symptoms. The 3-1-2010 initial MDS documents R10's cognitive skills as severely impaired, with not easily altered, verbal and physically abusive behavioral symptoms. 	PRÉFIX	(EACH DEFICIENCY	MUST BE PRECEDED BY FULL	PREF		(EACH CORRECTIVE ACTION SHOU CROSS-REFERENCED TO THE APPR	JLD BE	COMPLETION
Nursing Note of 10-3-2010 at 10:27pm. is, "(R3) and another resident had been seen physical [sic] fighting."Accident & Incident Log of October 2009 documents, "10-3-2009, Resident to Resident incident, hallway, (R3) and (R10), no injuries."The 10-3-2009 at 6:50pm. Incident Investigation and Follow-Up Action is, "(R3) observed fighting with another resident, (R10), near (R3's) room in	F9999	said they haven't be for (R3) and that it's continue one on on told me (R3) knock shouldn't have to m biting people." 6. The Face Sheet to the facity on 7-27 45 years old. R10's 5-16-2010 th Order Sheet docum head injury, chemic psychosis, and beh The 3-1-2010 quart MDS Section B, Co E, Mood and Behav annual MDS docum moderately impaire verbally abusive be altered, physically a The 3-1-2010 initial cognitive skills as s easily altered, verb behavioral symptor Nursing Note of 10- and another resider [sic] fighting." Accident & Incident documents, "10-3-2 incident, hallway, (F The 10-3-2009 at 6 and Follow-Up Action	een able to find a placement s not that easy and they will es. On 5-8-2010 (E19/LPN) ed (R1) to the floor. (R1) nove, he's not attacking and c documents R10 was admitted 7-2006 and as currently being rough 6-15-2010 Physician nents diagnoses that include cal imbalance in brain, anxiety, avior problems. Terly and 6-11-2009 annual ognitive Patterns and Section vior Patterns for the 6-11-2009 nents R10's cognitive skills as d, with not easily altered shavioral symptoms, and easily abusive behavioral symptoms. MDS documents R10's everely impaired, with not al and physically abusive ns. -3-2010 at 10:27pm. is, "(R3) nt had been seen physical clog of October 2009 2009, Resident to Resident R3) and (R10), no injuries."	F9	999			

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		I AND HUMAN SERVICES				FORM	11/22/2010 APPROVED 0938-0391
STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) M A. BU		TIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED		
		145950	B. WI	NG _			C 0/2010
NAME OF P	ROVIDER OR SUPPLIER			ST	IREET ADDRESS, CITY, STATE, ZIP CODE		
ROCK IS	LAND NURSING & RI	EHB CENTER			2545 24TH STREET ROCK ISLAND, IL 61201		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES / MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREF TAG		PROVIDER'S PLAN OF CORREC (EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APPR DEFICIENCY)	JLD BE	(X5) COMPLETION DATE
F9999	Continued From pa	ige 60	F9:	999	9		
		e report does not contain he section for injuries.					
	documents, "(R3) w was going to hit and attempted to redire was screaming out	38pm. the Nursing Note vas agitated and stated she other resident, (E9/LPN) ct (R3) without success, (R3) , (R3) refused to stay away he was attempting to hit, arly given."					
		-2010 at 9:00am. verified R10 3 was attempting to hit on					
	10:48am. (R3) was she had an altercat LPN) encouraged ((R3) got upset cont up from her wheelc	10:48am. Nursing Note is, "at too close to a resident that ion with, this writer, (E28, R3) to wheel herself around. inuously yelled, screamed, got hair. 2:18pm. (R3) was being en as needed medication."					
	10-10-2009 at 10:4 (R3) was having an	0pm. E28, (LPN) verified on 8am. R10 was the resident a altercation with. R28 then 2009 (R3) was aggressive and g (R10)."					
	"(R3) would not mo for (R10) to pass by	9:02pm. Nursing Note is, we out of the way at one point y in her wheelchair. They had (R3) knocked (R10's) radio to intramuscularly					
	awhile since (R3) b	15pm. R10 stated, "It's been it me and attacked me. I'm w because I've learned one					

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		AND HUMAN SERVICES				FORM	11/22/2010 APPROVED 0938-0391
	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) M A. BUI		IPLE CONSTRUCTION	(X3) DATE SU COMPLE	TED
		145950	B. WI	۱G		C 06/10/2010	
NAME OF PROVIDER OR SUPPLIER					REET ADDRESS, CITY, STATE, ZIP CODE	-	
ROCK IS	LAND NURSING & RI	EHB CENTER			2545 24TH STREET ROCK ISLAND, IL 61201		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES / MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREF TAG		PROVIDER'S PLAN OF CORREC (EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APPR DEFICIENCY)	JLD BE	(X5) COMPLETION DATE
F9999	Continued From pa	-	F99	999			
	the floor. The bite	nt would knock (R3) down to would hurt anyone, it hurt me (R3) threw and broke my					
	E19 (LPN) on 5-24 "(R10), I believe is ;	-2010 at 2:40pm. stated, afraid of (R3)."					
	is agitated, noisy, y hands/fists, swears Threatens, screams shouts, verbally ab altered, hits, shove physically abusive l when (R3) is upset having verbal alteror resident, whom (R3 (R3) yelling, accusi fight and calling her averted until (R3) ju other resident, staff time to prevent (R3	:14pm. Nursing Note is, "(R3) ells and shouts, swings , weekly with other residents. s, curses, swears, yells, usive behavior is not easily s, scratches, swings, behavior is not easily altered, or mad at someone. (R3) cations with another female b) does not get along with. ng other resident of starting a r dirty names. Situation was umped up and started after intervened just in the nick of) from assaulting the other R3) requested and was given ularly for agitation."					
	redirect (R3) twice. when (R10) tried to	-4-2009 at 8:42pm. is, "Had to (R3) tried to attack (R10) squeeze by in her unprovoked. All medications					
	"Residents are afra she'll bite them. (R	45pm. E26 (LPN) stated, id of (R3) when she says 10) wouldn't even go (R3's) . I think (R10) was afraid of					
	The 12-20-2009 at	11:16am. Nursing Note is,					

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DEPARTMENT OF HEALTH AND HUMAN SERVICES CENTERS FOR MEDICARE & MEDICAID SERVICES		PRINTED: 11/22/2010 FORM APPROVED OMB NO. 0938-0391
STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING	(X3) DATE SURVEY COMPLETED - C
145950	B. WING	06/10/2010
NAME OF PROVIDER OR SUPPLIER ROCK ISLAND NURSING & REHB CENTER	STREET ADDRESS, CITY, STATE, ZIP 2545 24TH STREET	CODE
	ROCK ISLAND, IL 61201	
(X4) ID SUMMARY STATEMENT OF DEFICIENCIES PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL TAG REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PROVIDER'S PLAN OF (PREFIX (EACH CORRECTIVE ACT) TAG CROSS-REFERENCED TO T DEFICIENC	ION SHOULD BE COMPLÉTION HE APPROPRIATE DATE
 F9999 Continued From page 62 "(R3) is agitated, noisy. (R3) was sitting in wheelchair and another resident was verbally abusing her, (R3) stood up and continuously stated, 'I am going to bite you (female dog)." Nursing Note of 12-20-2009 at 8:39pm. documents, "(R3) tried to attack and bite (R10) for no reason at all. Separated in the nick of time by CNA." The 1-11-2010 at 8:13pm. Nursing Note is, "(R3) tried to bite (R10) twice for absolutely no discernable reason. (R3) given Haldol intramuscularly per her request. Refuses to move out of the way, as people try to pass by. Threatens them with physical harm, almost every single time." Nursing Note of 1-25-2010 at 2:20am. is, "(R3) went down to end of hall by (R10's) room. (R3) refused to leave hall, just sat there. (R10) was not bothering (R3)." On 5-22-2010 at 1:35pm. Z4 (Family Member) stated, "I don't feel that (R10) is safe. (R10) had her hair pulled out by (R3). Now there's a sitter for (R3) and she's not causing as many problems. I was on the (name of floor) a couple of days ago. (R3) wouldn't move, the aide moved her, (R3) went off. I now know to go the other way. I know psychiatric placements are closed. I come up two times a week or more. The residents are safer now with (R3) having the sitter, but before I was concerned for (R10's) safety. I think the sitter was a good thing for safety. I talked with Administration and they told me they were looking for another placement for (R3), and that psychiatric placements were difficult." 	F9999	

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		AND HUMAN SERVICES				FORM	11/22/2010 APPROVED 0938-0391
	OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) M A. BUI		TIPLE CONSTRUCTION	(X3) DATE SU COMPLE	TED
		145950	B. WI	1G _			C D /2010
NAME OF P	ROVIDER OR SUPPLIER			ST	REET ADDRESS, CITY, STATE, ZIP CODE		
ROCK IS	LAND NURSING & RI	EHB CENTER			2545 24TH STREET ROCK ISLAND, IL 61201		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES YMUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREF TAG		PROVIDER'S PLAN OF CORREC (EACH CORRECTIVE ACTION SHOU CROSS-REFERENCED TO THE APPR DEFICIENCY)	JLD BE	(X5) COMPLETION DATE
F9999	Continued From pa	ge 63	F99	999			
	"(R3) aggressive to whatsoever. Intram administered with g were separated." On 6-1-2010 at 10: "Some residents or verbalized, (R13) fo belong here, do son to hurt somebody. wheelchair back int verbally or physical E19, (LPN) on 5-24 "(R13), two doors fr afraid of (R3)." E1 (Administrator) of stated, "This is the Policy and Procedu The Abuse Prevent provided on 5-19-2 Policy The purpose of this facility is doing all the	t 8:01pm. Nursing Note is, wards (R13) for no reason huscular anti-anxiety meds lood effect. After residents 15am. E25, (LPN) stated, a (specific floor) have or one, that (R3) doesn't mething with (R3), she's going (R13) would roll her o her room if (R3) was ly aggressive. -2010 at 2:40pm. stated, rom (R3), told me she was on 5-19-2010 at 1:15pm. complete, current Facility ire for abuse and neglect." ion Program Facility Policy 010 by E1, (Administrator) is: policy is to assure that the hat is within its control to s of mistreatment, neglect, or					
	injury or sexual ass other than by accid Abuse is the willful unreasonable confi punishment with re- mental anguish	ans any physical or mental ault inflicted upon a resident ental means in a facility.					

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