

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

PRINTED: 02/22/2012
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 145665	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 09/22/2011
NAME OF PROVIDER OR SUPPLIER GROVE AT THE LAKE LIVING AND REHABILITATION			STREET ADDRESS, CITY, STATE, ZIP CODE 2534 ELIM AVENUE ZION, IL 60099	
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F 000	INITIAL COMMENTS	F 000		
F 224 SS=G	<p>Annual Certification Survey Licensure Survey for Subpart S: SMI Licensure LPV to 8-30-2010.</p> <p>483.13(c) PROHIBIT MISTREATMENT/NEGLECT/MISAPPROPRIAT N</p> <p>The facility must develop and implement written policies and procedures that prohibit mistreatment, neglect, and abuse of residents and misappropriation of resident property.</p> <p>This REQUIREMENT is not met as evidenced by: Based on interview and record review, the facility failed to provide specific mental health rehabilitation services and a suicide risk assessment for 1 of 6 residents (R17) with a primary diagnoses of Serious Mental Illness in a sample of 29.</p> <p>This failure resulted in the facility failing to identify R17 as being at risk for suicide from 1/13/11 until March 24, 2011 when R17 attempted to take her life by wrapping a nurse call cord around her neck.</p> <p>Findings include:</p> <p>A review of the facility's face sheet noted R17 a 75 year old female was readmitted to the facility on 12/31/10, with diagnoses including Major Recurrent Depression, Explosive Personality Disorder and other medical issues.</p>	F 224		10/14/11

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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F 224	Continued From page 1 Psychiatry progress notes dated 1/13/11, 2/10/11, 3/10/11, 4/14/11, 5/19/11 and 06/09/11 contain the statement "The patient (R17) is encouraged to report SI or VI or any side effect of the RX immediately. R2 (DON) explained that SI stands for suicidal ideations. The readmission assessment did not contain documentation that a suicide risk assessment had been done. E1 (Administrator) was asked to provide this information if it existed. E1 acknowledged that this assessment was not done. R17's medical record contained documentation that on March 27, 2011, R17 tried to take her life by wrapping the nurse call cord around her neck. The care plans of 3/17/11, 6/9/11 and 8/24/11 document the approach to meeting R17's psychosocial needs was to "meet with res 1:1 as necessary and discuss any concerns or problems res may have..." E5's documentation of R17's 1:1 meetings showed that between 3/11/11 and 4/25/11, R17 refused 7 of 8 meetings. There were no adjustments to R17's plan of care, nor was there any investigation as to why R17 was refusing the 1:1 meetings. On 9/20/11, E1 stated R17 has a history of acting out with respect to her wallet and over money issues. There is no mention about the behaviors with respect to her wallet or money in any of R17's care plans.	F 224			
F 225 SS=D	483.13(c)(1)(ii)-(iii), (c)(2) - (4) INVESTIGATE/REPORT ALLEGATIONS/INDIVIDUALS The facility must not employ individuals who have	F 225		10/6/11	

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F 225	<p>Continued From page 2</p> <p>been found guilty of abusing, neglecting, or mistreating residents by a court of law; or have had a finding entered into the State nurse aide registry concerning abuse, neglect, mistreatment of residents or misappropriation of their property; and report any knowledge it has of actions by a court of law against an employee, which would indicate unfitness for service as a nurse aide or other facility staff to the State nurse aide registry or licensing authorities.</p> <p>The facility must ensure that all alleged violations involving mistreatment, neglect, or abuse, including injuries of unknown source and misappropriation of resident property are reported immediately to the administrator of the facility and to other officials in accordance with State law through established procedures (including to the State survey and certification agency).</p> <p>The facility must have evidence that all alleged violations are thoroughly investigated, and must prevent further potential abuse while the investigation is in progress.</p> <p>The results of all investigations must be reported to the administrator or his designated representative and to other officials in accordance with State law (including to the State survey and certification agency) within 5 working days of the incident, and if the alleged violation is verified appropriate corrective action must be taken.</p> <p>This REQUIREMENT is not met as evidenced by: Based on review of facility incident reports and</p>	F 225			

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F 225	Continued From page 3 interview the facility failed to report an incident of a suicide attempt for 1 resident (R17) in a sample of 29. Findings Include: Review of facility incident reports since the last survey noted there were no incidents of abuse or neglect. Interview with E1 (Administrator) on 9/21/11 at 1:30 PM in the facility conference room E1 stated, " We have not had any incidents of abuse since the last survey. " At 2:45 PM it was brought to E1's attention that on March 27, 2011, R17 made an attempt at suicide and there was no incident report found related to this incident. E1 said, " I was not made aware of this. If I had been told I would have investigated this and sent a report to the Illinois Department of Public Health. I always investigate and report everything when I am made aware of it. "	F 225			
F 309 SS=D	483.25 PROVIDE CARE/SERVICES FOR HIGHEST WELL BEING Each resident must receive and the facility must provide the necessary care and services to attain or maintain the highest practicable physical, mental, and psychosocial well-being, in accordance with the comprehensive assessment and plan of care. This REQUIREMENT is not met as evidenced by:	F 309		10/13/11	

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F 309	Continued From page 4 Based on observation, interview and record review the facility failed to administer pain medication and obtain an order for a newly opened wound for 1 of 2 residents with dressing changes in a sample of 29. This failure resulted in R1 experiencing pain and receiving treatment to an open wound without a physician order. Findings Include: On 9/20/11 at 10:45 AM E6 (Registered Nurse) said to R1 prior to the dressing change, " The nurse gave you something for pain earlier. " During these dressing changes R1 was observed grimacing with eyes closed. During this dressing change R1 loudly made the following sounds twice, " Ahhhh, Ahhhh. " E6 did not ask R1 if he would like pain medication at any time during the dressing changes. E6 stated R1's right foot was healed. When E6 lifted R1's foot, bloody drainage was seen on the incontinent pad where R1's right heel had been. E6 applied Silvadene ointment to R1's right heel.	F 309			
F 312 SS=E	Review of R1's medical record R1 has Vicodin and Tylenol ordered as needed for pain. Further review of R1's medical record there is no physician order for a treatment to R1's right heel. 483.25(a)(3) ADL CARE PROVIDED FOR DEPENDENT RESIDENTS A resident who is unable to carry out activities of daily living receives the necessary services to maintain good nutrition, grooming, and personal and oral hygiene.	F 312		10/12/11	

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F 312	<p>Continued From page 5</p> <p>This REQUIREMENT is not met as evidenced by: Based on observation, interview and record review the facility failed to provide assistance to improve or maintain residents abilities in the areas of nutrition, dressing and personal hygiene. This is for 6 residents (R4,R5, R8,R9,R13,R25) in the sample of 29 and 8 residents in the supplemental sample (R36,R37,R38,R39,R40,R41,R42 and R43).</p> <p>Findings include:</p> <p>During the initial tour with E2(Director of Nursing) on 9/19/2011 approximately between hours of 10 A.M. to 11:30 A.M., the following were observed:</p> <p>1) R8 was lying in bed, unshaven with long whiskers on his face. R8's mouth was very dry, and lips were cracked with dried white scabs noted around the tongue and lips. R8 stated "May I have water, water, water." R8's MDS (minimum data set) dated 9/6/11 indicates that R8 needs total assistance with personal hygiene.</p> <p>2) R4 was lying in bed, with mouth open. R4's mouth was dry, and caked with white secretions around tongue and lips. . R4's lips were also dry.</p> <p>3) R9 was lying in bed with head of bed not elevated. R9's lunch tray was placed on a tray table in front of her. R9's plate and drinking cups were still covered and R9 was waiting for assistance. R9 stated "I can only see shadow, I need help, my foods must be cold by now." R9 has long fingernails with the right ring fingernail</p>	F 312			

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F 312	<p>Continued From page 6</p> <p>thick and dark yellowish in color. R9 stated " I want my fingernails to be cut short". E2 stated that R9 needed assistance with eating and hygiene.</p> <p>4) R5 was lying in bed, unshaven with long whiskers on his face. R5's mouth was very dry, and lips were cracked with dried white scab noted around the tongue and lips. R5 stated " I need a shave ."</p> <p>5) R36 was sitting in a reclining wheelchair in his room. R36 was drooling excessively. R36's clothing around chest area was soaked and wet from the saliva.</p> <p>6) R13 was sitting in a chair on the third floor dining room. R13 was wearing a very loose, soiled T-shirt. R13's front shirt was pulled down to her chest area that part of her breast were exposed. R13 was also not wearing an undershirt/ brassiere. E2 stated that R13 need assistance with grooming and hygiene. R13's MDS dated 8/10/20011 indicates that R13 needs extensive assistance for dressing and hygiene.</p> <p>7) R37,R38, R39,R40,R41,R42 and R43 were on the third floor dining room for lunch. R37 to R43 have excessive facial hair and hairs growing over their ears. R37 to R43 were unshaven with unkempt hair. E2 stated that R37 to R42 needs extensive assistance with hygiene and grooming.</p> <p>8) R39 has heavy accumulation of white flaky substance (dandruff like) on his scalp and this flaky substance were all over his dark colored</p>	F 312			

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F 312	Continued From page 7 shirt.	F 312			
F 328 SS=D	<p>9) R25 was sitting in a wheelchair on the third floor dining room. A puddle of water was noted on the dining room floor underneath R25's feet. R25 socks were soaked and wet. There was no staff intervention to make sure R25's footwear was dry.</p> <p>483.25(k) TREATMENT/CARE FOR SPECIAL NEEDS</p> <p>The facility must ensure that residents receive proper treatment and care for the following special services: Injections; Parenteral and enteral fluids; Colostomy, ureterostomy, or ileostomy care; Tracheostomy care; Tracheal suctioning; Respiratory care; Foot care; and Prostheses.</p> <p>This REQUIREMENT is not met as evidenced by: Based on observation, interview and record review the facility failed to change a tracheostomy inner cannula and tracheostomy ties as needed for 1 of 1 (R 10) residents in a sample of 29. This failure resulted in R10's inner cannula developing thick green mucus and irritation to R10's neck.</p> <p>Findings Include:</p> <p>On 9/20/11 at 121:45 AM E7 (Registered Nurse) stated that the Respiratory Therapist changes</p>	F 328		10/7/11	

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F 328	Continued From page 8 residents inner tracheostomy cannulas' one time per week. E7 brought clean tracheostomy ties and a new inner cannula into R10's room. E7 removed R10's inner cannula. The inside of the cannula was entirely encrusted with thick dark green mucus. After reinserting a clean inner cannula E7 removed R10's tracheostomy ties. R10 had a visible pink irritation on her neck. Review of R10 's medical record and facility policy reads that the the inner cannula and tracheostomy ties and inner cannula are to be changed weekly and PRN (as needed).	F 328			
F 329 SS=E	483.25(l) DRUG REGIMEN IS FREE FROM UNNECESSARY DRUGS Each resident's drug regimen must be free from unnecessary drugs. An unnecessary drug is any drug when used in excessive dose (including duplicate therapy); or for excessive duration; or without adequate monitoring; or without adequate indications for its use; or in the presence of adverse consequences which indicate the dose should be reduced or discontinued; or any combinations of the reasons above. Based on a comprehensive assessment of a resident, the facility must ensure that residents who have not used antipsychotic drugs are not given these drugs unless antipsychotic drug therapy is necessary to treat a specific condition as diagnosed and documented in the clinical record; and residents who use antipsychotic drugs receive gradual dose reductions, and behavioral interventions, unless clinically contraindicated, in an effort to discontinue these	F 329		10/12/11	

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F 329	<p>Continued From page 9 drugs.</p> <p>This REQUIREMENT is not met as evidenced by: Based on interview, and record review, the facility failed to ensure residents receiving antipsychotic medications had appropriate indications for use. This affected three of fourteen sampled residents who received psychotropic medication, (R2, R14, and R18), in the sample of 29.</p> <p>Additionally, the facility failed to identify and monitor individual resident targeted behaviors and side effects for the administration of antipsychotic medication for six of fourteen residents receiving psychotropic medications, (R2, R4, R5, R13, R14, and R18), in the sample of 29.</p> <p>Findings include:</p> <p>On 9-22-2011 at 10:30am. E1, (Administrator) stated, "R2, R14, and R18's as needed antipsychotic medication have been discontinued. We do not have Behavior Logs. Last night I spoke with our Pharmacy Consultant and she said we only have to chart the behaviors in the Nursing Notes, not complete Behavior Logs. No one reviews the Nursing Notes to see frequency and patterns. The Nursing Notes would need to be reviewed. We do not review the Nursing Notes." Additionally, E2, (DON) and E1, (Administrator) and E4, (PRSD/Psychiatric</p>	F 329			

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F 329	<p>Continued From page 10 Rehabilitation Services Director) affirmed individual resident target behaviors had not been identified for (R2, R4, R5, R13, R14, and R18)."</p> <p>1. The 9-12-2011 to 10-11-2011 POS contains documentation that R18 has diagnoses that include cerebral palsy, mental retardation, seizure disorder, dementia, and agitation.</p> <p>Nursing Note of 6-5-2010 at 7:45am. documents, "(R18) non-verbal and can not describe how he fell." The 6-6-2010 at 12:30pm. Nursing Note is, "Sister and doctor informed, (doctor) gave new order for Risperdal 0.5mg., (milligrams), twice a day, hold if lethargic. Also informed doctor of wounds to right and left wrists due to (R18) biting himself."</p> <p>Physician Order initially prescribed 6-6-2010, and continued monthly through 9-20-2011, is, "Risperdal 0.5mg., twice a day, hold if lethargic." (According to Lexi-Comp, 12th Edition, Geriatric Dosage Handbook, page 1389, Risperdal is an atypical antipsychotic used to treat schizophrenia and bipolar disorder. Additionally, there is a boxed warning that, "Elderly patients with dementia related behavioral disorders treated with atypical antipsychotics are at an increased risk of cerebrovascular adverse events and death.")</p> <p>On 9-21-2011 at 11:25am. E2, (DON/Director of Nursing), stated, "The diagnosis for (R18's) administration of Risperdal is agitation. We do not have Behavior Logs for (R18)."</p> <p>E4, (PRSD/Psychiatric Rehabilitation Services Director), on 9-21-2011 at 11:40am. stated,</p>	F 329			

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F 329	<p>Continued From page 11</p> <p>"(R18) does not have behavior monitoring, he has one to one counseling. He was prescribed Risperdal for agitation."</p> <p>The 3-16-2011 Annual and 8-30-2011 Quarterly MDS, (Minimum Data Set) document R18 is rarely able to make himself understood with short and long term memory deficits. Additionally R18 is totally dependent on staff members for all activities of daily living.</p> <p>Care Plan of 8-30-2011 contains documentation that includes, "Focus: (R18) uses psychotropic medication related to dementia. Interventions include (R18) is monitored for behavior management related to hollering, banging head on rail. Has pads on rail. Focus: (R18) uses ativan, anti-anxiety medications related to outburst of yelling and banging of head. Focus: (R18) has a communication problem related to dementia and aphasia, impaired communication skills, non-verbal and inadequate understanding."</p> <p>The 1:1 Weekly Notes from 7-6-2011 through 9-2-2011 contain documentation that when R18 is approached for 1:1 for counseling, R18 either is disruptive or refuses by "turning his head from side to side or makes moaning or disruptive sounds." These same 1:1 Weekly Notes include staff will meet with (R18) to "make sure needs and wants are met."</p> <p>R18's May through September 22, 2011 Nursing Notes identify behaviors of moaning, turning head side to side, banging head or biting.</p> <p>2. The 9-12-2011 through 10-11-2011 POS, (Physician Order Sheet) contains documentation</p>	F 329			

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F 329	<p>Continued From page 12 that R2 has diagnoses that include Bipolar disorder.</p> <p>Physician Order initially prescribed 8-28-2010, and continued monthly through 9-20-2011, is, "Haldol 5mg., as needed for agitation." (According to Lexi-Comp, 12th Edition, Geriatric Dosage Handbook, page 721 and 725. Haldol is an atypical antipsychotic. Used in the management of psychotic disorders. "Unlabeled/investigational use in treatment of psychosis, may be used for the emergency sedation of severely agitated or delirious patients.")</p> <p>On 9-20-2011 at 2:35pm. E2, (DON/Director of Nursing) stated, "I will look into (R2's) diagnosis for the as needed Haldol and Behavior Logs."</p> <p>E2, (DON) on 9-21-2011 at 9:40am. stated, "I called (Z1), Psychiatrist and said (R2) has not displayed any behaviors of agitation and (Z1) discontinued the Haldol. (Z1) first prescribed the Haldol 8-28-2010. (R2) was sent to the hospital and returned with an order for Haldol 5mg. as needed. (R2) did receive Haldol as needed for agitation in August, September, and October of 2010. We do not have Behavior Logs for (R2)."</p> <p>R2's 7-12-2011 Care Plan contains the following documentation, "9-20-2011- As needed Haldol discontinued for non-use. No behavioral symptoms since last review date."</p> <p>The May through September 22, 2011 Nursing Notes do not identify "Behaviors" or lack of behaviors for R2.</p>	F 329			

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F 329	<p>Continued From page 13</p> <p>3. The 9-12-2011 through 10-11-2011 POS contains documentation that R14 has diagnoses that include bipolar disorder, anxiety, and depression.</p> <p>Physician Order initially prescribed 10-16-2009, and continued monthly through 9-20-2011, is, "is, "Thorazine 50mg. tablet every four hours as needed for agitation. Thorazine 25mg./ml.,(milliliter), inject 2ml. intra-muscularly every four hours as needed for agitation if oral refused." (According to Lexi-Comp, 12th Edition, Geriatric Dosage Handbook, page 291 and 294, Thorazine is an antipsychotic used to treat schizophrenia and psychoses. "Clearly use of Antipsychotics for behavior control should be limited with frequent attempts to withdraw the agent given for behavior control.")</p> <p>On 9-21-2011 at 11:40am. E4, (PRSD) stated, "(R14) does not have Behavior Logs. (R14) has had no incidents of agitation or inappropriate behavior. I'm not sure why (R14) is prescribed as needed Thorazine."</p> <p>R14's Care Plan of 2-2-2011 is, "Focus: Resident has a diagnosis of anxiety. Goals: Resident will come to staff when feeling anxious in order to gain control of her anxious mood. Interventions: Psychiatric Rehabilitation Services Coordinator will meet with resident 1:1 as needed to discuss any problems or concerns and to make sure her needs and wants are being met, will teach coping techniques when she is feeling anxious that she can utilize." The Care Plan does not contain documentation of the frequency of 1:1 meetings or identify what type of "anxious behaviors nor is the facility tracking these behaviors.</p>	F 329			

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F 329	<p>Continued From page 14</p> <p>The 9-12-2011 through 10-11-2011 POS contains documentation that R14 has a diagnosis of urinary retention.</p> <p>Comprehensive Care Plan of 7-20-2011 is, "Physical and Psychosocial Needs: The resident presents with moderate to extreme anxiety manifested by: verbal expressions of distress, (R14) will become very anxious when she has to use the washroom, that she will run down her hall to her room, because she wants to make it on time."</p> <p>The 9-21-2011 Physician Order is, "Discontinue Thorazine 50mg. orally and intra-muscularly, related to non-use of medication."</p> <p>R14's Nursing Notes from May through September 22, 2011 Nursing Notes do not identify "Behaviors" or lack of.</p> <p>4) R4's current POS for the month of 9/2011 contains documentation that R4 is a 63 year old with diagnoses that include multiple sclerosis, schizophrenia and depression. Further review of the POS showed a physician an initial order for a Seroquel 25 mg., every night. R4's clinical record including nurse's notes and progress notes showed that there was no documentation that R4's specific targeted behavior for the use of Seroquel was monitored. Furthermore, there was no documentation to indicate an eye slit examination or any type of assessment to ensure a specific side effect of increased ocular pressure while on Seroquel use was done.</p>	F 329			

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F 329	<p>Continued From page 15</p> <p>R4 was observed lying in bed on 9/19/2011 around 10:45 A.M. R4 was quiet and non verbal .</p> <p>5) R5's current POS for the month of 9/2011 contains documentation that R5 has diagnoses that include schizo affective disorder and COPD (chronic obstructive pulmonary disease). Further review of the POS showed a physician order initially prescribed on 8/23/2011 for a Seroquel 25 mg. 1 tablet , three times a day. R5's clinical record including nurse's notes and progress notes showed no documentation that R5's specific targeted behavior for the use of Seroquel was monitored. Furthermore, there was no documentation to indicate an eye slit examination or any type of assessment to ensure a specific side effect of increased ocular pressure while on Seroquel use was done.</p> <p>6) R13's current POS for the month of 9/2011 contains documentation that R13 has diagnoses that includes bipolar disorder and seizures. Further review of the POS showed a physician order initially prescribed on 7/16/2011 for a Seroquel 100 mg. 1 tablet, every night. R13's clinical record including nurse's notes and progress notes showed no documentation that R13's specific targeted behavior for the use of Seroquel was monitored. Furthermore, there was no documentation to indicate an eye slit examination or any type of assessment to ensure a specific side effect of increased ocular pressure while on Seroquel use was done.</p> <p>On 9-21-2011 at 11:25am. E2 (DON/Director of Nursing) stated, "We do not have Behavior Logs and eye slit examinations were not done for (R4, R5 and R18)."</p>	F 329			

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F 371 SS=F	<p>483.35(i) FOOD PROCURE, STORE/PREPARE/SERVE - SANITARY</p> <p>The facility must - (1) Procure food from sources approved or considered satisfactory by Federal, State or local authorities; and (2) Store, prepare, distribute and serve food under sanitary conditions</p> <p>This REQUIREMENT is not met as evidenced by: Based on observation and interview the facility failed to ensure that handwashing stations are fully equipped, Walk in Freezers, Refrigerators and Free Standing Freezers are kept in orderly condition, and dry foods are covered when not in use.</p> <p>Findings include:</p> <p>On 9/19/11 at 11:25 am, there were no paper towels or hot water available at the handwashing sink. E10 (Food Service Supervisor) stated that it is housekeeping 's responsibility to keep the paper towel dispenser filled. When asked if she had a key to open the towel dispenser, R11 initially responded no. Upon further questioning about how Dietary communicates this information to housekeeping, R11 stated that she does have a key to open the paper towel dispenser.</p> <p>There was ice build up on the floor of the interior threshold of the Forma-Cool walk in freezer. The Walk In refrigerator had condensation of water on the floors, shelves and on several stalks of</p>	F 371		10/8/11	

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F 371	Continued From page 17 uncovered celery. E10 investigated why the floor was wet. She told the surveyor that the floor was last mopped at 6:30 am that morning. She also stated the refrigerator had been fixed 2 months earlier and said that she will call a repair company to investigate this problem. The stand-alone Victory Freezer in the storage room did not have any shelves to allow for air circulation around the products. There were five boxes of frozen vegetables stacked on top of each other. In the dry food storage room, there was a bag of uncovered oatmeal. The oatmeal had spilled out of the bag, and onto the surrounding shelves and floor.	F 371			
F 406 SS=G	483.45(a) PROVIDE/OBTAIN SPECIALIZED REHAB SERVICES If specialized rehabilitative services such as, but not limited to, physical therapy, speech-language pathology, occupational therapy, and mental health rehabilitative services for mental illness and mental retardation, are required in the resident's comprehensive plan of care, the facility must provide the required services; or obtain the required services from an outside resource (in accordance with §483.75(h) of this part) from a provider of specialized rehabilitative services. This REQUIREMENT is not met as evidenced by: 1) Based on interview and record review, the facility failed to; assess, care plan, and make adjustments to the plan of care when indicated, and provide specific mental health rehabilitation services. ensure residents received necessary specialized	F 406		10/14/11	

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F 406	<p>Continued From page 18</p> <p>rehabilitative services that include measurable goals, and time frames, identifying and monitoring targeted behaviors for 4 of 7 residents with a primary diagnosis of serious mental illness</p> <p>In addition, specialized rehabilitative services were provided by one of four staff members, (E5), that did not have the state required credentials.</p> <p>This is for 5 of 6 residents (R17, R2, R4, R6, and R14) in the sample identified with a primary diagnosis of Serious Mental Illness (SMI) in the sample of 29.</p> <p>This failure resulted in the facility failing to identify R17 as being at risk for suicide and on March 24, 2011 R17 attempted to take her life by wrapping a nurse call cord around her neck.</p> <p>Findings include:</p> <p>1) R17 a 75 year old female was readmitted to the facility on 12/31/10, with diagnoses including Major Recurrent Depression, Explosive Personality Disorder and other medical issues. The psychiatry progress notes dated 1/13/11, 2/10/11, 3/10/11, 4/14/11, 5/19/11 and 06/09/11 contain the sentence "The patient is encouraged to report SI or VI or any side effect of the RX immediately. E2 (DON) elaborated that SI stands for suicidal ideations. .</p> <p>The facility staff did not do a suicide risk assessment of R17.</p> <p>The care plans of 3/17/11, 6/9/11 and 8/24/11 document the approach to meeting R17's psychosocial needs was to "meet with res 1:1 as necessary and discuss any concerns or problems res may have... " There is no mention about the behaviors with her wallet or money.</p>	F 406			

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F 406	<p>Continued From page 19</p> <p>E5's documentation of R17's 1:1 meetings showed that between 3/11/11 and 4/25/11, R17 refused 7 of 8 meetings. There were no adjustments to R17's plan of care, nor was there any investigation as to why R17 was refusing the 1:1 meetings.</p> <p>On 9/19/11 at approximately 10:00 am E1 (Administrator) provided a list of residents having Serious Mental Illness that contained documentation that R17's primary diagnosis was SMI.</p> <p>R17's medical record contained documentation that on March 27, 2011, R17 tried to take her life by wrapping the nurse call cord around her neck. In a Social Service note of 3/27/11, E9 (PRSC) documents that "A female CNA was unwrapping a cord from around female resident's neck. CNA stated she came into the room and she saw resident sitting up with call light cord around neck and her face had already turned purple. Staff inquired why she would do that and she (R17) said that she wanted her wallet and no one liked her...Writer asked R17 again and she said she had no reason to live.... Resident's doctor was called by nurse and also put on 15 min checks."</p> <p>Review of the Nurse's note dated 3/27/11 19:30 documented "Resident has no behavior problems this PM shift, Resident was crying and saying she was sorry for pulling the cord and would we replace them. Resident was told not sat this time - will continue @ Q 15 min bed checks." E1 (Administrator) was unable to provide any addition documentation in the nurse's notes."</p> <p>R17's medical record contained a document labeled Incident Report Statement of Witness Report prepared by E8 (LPN). This report documents "...CNA doing 14:30 rounds before</p>	F 406			

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F 406	<p>Continued From page 20</p> <p>end of shift and noted resident had wrapped around he neck the call light cord stating "I don't want to live anymore, nobody loves me here."</p> <p>The annual psychiatric evaluation of 7/7/11 does not address the incident of March 27,2011. Additionally, the psychiatric report of 4/14/11 did not address the behavior of wrapping cord around her neck and potential of great bodily harm. All of these progress notes and annual evaluation were performed by Z2 (Psychiatrist)</p> <p>A suicide risk assessment was not done prior to the incident on March 27, 2011, yet staff acknowledged the statement in the psychiatrist's progress notes. A suicide risk assessment was done on 3/28/11 (the day after the incident), in which R17 was identified as a moderate risk for suicide. Another note on the back of the suicide risk assessment form, written by E (PRSD) documented that "Resident is not a threat to herself. Conducted follow-up to 3/27 incident. This writer interviewed resident and she (R17) stated that she had no intention on harming herself because she was upset about her wallet. Resident has no plan to harm herself". On 9/20/11, E1 stated the R17 has a history of acting out with respect to her wallet and over money issues. R17's care plans did not address the risk for suicidal behaviors or the acing out due to her wallet or money.</p> <p>2) E1, (Administrator) on 9-19-2011 at approximately 10:00am. provided a list of 48 residents identified with SMI as their primary diagnosis. E1 affirmed the facility has a licensed SMI unit.</p> <p>E4, (PRSD/Psychiatric Rehabilitation Services Director) on 9-19-2011 at approximately</p>	F 406			

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F 406	<p>Continued From page 21 11:10am. provided the facility Social Services Group Schedule which is,</p> <p>"Monday, Wednesday, and Friday: 9:00am. Symptom Management. 10:00am. Anger and Impulse Control Coping Skills. 10:30am. Social Skills. 6:30pm. Community Integration and Life Skills. 7:00pm. Social Skills.</p> <p>Wednesday and Friday: 3:30pm. Cooking and Domestic Living, Group Living. 8:00pm. Chemical Dependency and Relapse Prevention.</p> <p>Tuesday and Thursday: 9:00am. Money Management. 10:00am. Medication Management. 7:00pm. Relaxation and Meditation.</p> <p>Saturday and Sunday: 2:00 Expression Group.</p> <p>R2, R6, and R14, refuse to attend group. E5, (PRSC) on 9-20-2011 at 10:35am. stated, "I don't think I document (R2, R6, and R14,) refusal every week. I do 1:1 counseling with them."</p> <p>R2, R6, and R14's 1:1 Weekly Notes contain documentation of goals to "discuss any concerns or problems they may have."</p> <p>On 9-22-2011 at 10:30am. E1, (Administrator) stated, "We do not have Behavior Logs. Last night I spoke with our Pharmacy Consultant and she said we only have to chart the behaviors in the Nursing Notes, not complete Behavior Logs. No one reviews the Nursing Notes to see frequency and patterns. The Nursing Notes would need to be reviewed. We do not review the Nursing Notes." Additionally, E2, (DON) and</p>	F 406			

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F 406	<p>Continued From page 22</p> <p>E1, (Administrator) and E4, (PRSD/Psychiatric Rehabilitation Services Director) affirmed individual resident target behaviors had not been identified for (R2, R6, and R14). Additionally, R2, R6, and R14, Comprehensive Physical and Psychosocial Care Plans do not document time and frequency or identified measurable goals.</p> <p>On 9-19-2011 at 3:40pm. E4, (PRSD/Psychiatric Rehabilitation Services Director) provided a list 4 of PRSC, (Psychiatric Rehabilitation Services Coordinator)s working with the SMI population of the facility. E4 provided supporting documentation of the 4 PRSC's credentials. E5, (PRSC) has a bachelor of science in commerce.</p> <p>E5, (PRSC) on 9-20-2011 at 10:35am. stated, "I have a bachelor degree in business administration. I have not received acceptance from Public Health to act as PRSC. I have worked at the facility for ten years, eight of those on the SMI unit as a PRSC." E5 affirmed that she independently assesses the residents on her caseload, creates their individualized care plan, as well as assessing, implementing, and monitoring treatment plans.</p> <p>On 9-20-2011 at 11:00am, E5, (PRSC), provided a list of 52 active SMI residents on her caseload, including R2 and R14.</p> <p>3) R4's current POS for the month of 9/2011 contains documentation that R4 is a 63 year old with diagnoses that include multiple sclerosis, schizophrenia and depression. R4's clinical record including nurse's notes and progress notes showed that there was no documentation</p>	F 406			

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F 406	Continued From page 23 for R4's specific targeted behavior and how is the behavior being addressed. E5, (PRSC) on 9-20-2011 at 10:35am. stated, "I don't think I document specific concerns or problems and goals with regards to (R4) 1:1 counseling." R4 1:1 Weekly Notes contain documentation of goals to "discuss any concerns or problems ." R4 was observed lying in bed on 9/19/2011 around 10:45 A.M. R4 was quiet and non verbal .	F 406			
F 441 SS=D	483.65 INFECTION CONTROL, PREVENT SPREAD, LINENS The facility must establish and maintain an Infection Control Program designed to provide a safe, sanitary and comfortable environment and to help prevent the development and transmission of disease and infection. (a) Infection Control Program The facility must establish an Infection Control Program under which it - (1) Investigates, controls, and prevents infections in the facility; (2) Decides what procedures, such as isolation, should be applied to an individual resident; and (3) Maintains a record of incidents and corrective actions related to infections. (b) Preventing Spread of Infection (1) When the Infection Control Program determines that a resident needs isolation to prevent the spread of infection, the facility must isolate the resident. (2) The facility must prohibit employees with a	F 441		10/6/11	

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NAME OF PROVIDER OR SUPPLIER GROVE AT THE LAKE LIVING AND REHABILITATION			STREET ADDRESS, CITY, STATE, ZIP CODE 2534 ELIM AVENUE ZION, IL 60099		
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F 441	<p>Continued From page 24</p> <p>communicable disease or infected skin lesions from direct contact with residents or their food, if direct contact will transmit the disease.</p> <p>(3) The facility must require staff to wash their hands after each direct resident contact for which hand washing is indicated by accepted professional practice.</p> <p>(c) Linens Personnel must handle, store, process and transport linens so as to prevent the spread of infection.</p> <p>This REQUIREMENT is not met as evidenced by: Based on observation, interview, and record review the facility failed to ensure hand washing was initiated, after touching dirty areas, during medication administration for one of two residents, (R30) observed during E3, (Registered Nurse)'s medication administration.</p> <p>Findings include:</p> <p>On 9-20-2011 at 9:20am., during medication administration E3, (RN/Registered Nurse) while preparing R30's 9:00am. medication, touched items in the garbage bag on the medication cart and dropped a pill on the floor. E3 did not wash his hands or use hand sanitizer. E3 touched the top of the medication cart, drawers on the medication cart, numerous surfaces in R30's room, and administered eye drops to R30.</p> <p>E3, (RN) on 9-20-2011 at 9:27am. stated, "I didn't wash my hands. I thought I used hand sanitizer.</p>	F 441			

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F 441	Continued From page 25 I guess I didn't. I should have. The undated Hand Washing Policy provided 9-21-2011 at approximately 10:00am. by E2, (DON/Director of Nursing) is: "Purpose: 2. To reduce transmission of organisms from resident to resident. 3. To reduce transmission of organisms from nursing staff to residents. General Instructions: 2. Proper hand washing techniques must be followed at all times." On 9-21-2011 at approximately 10:00am. E2, (DON) stated, "I did a one on one in-service with (E3/RN) and provided a copy of the Hand Washing Policy and list of situations that required hand hygiene."	F 441			
F 492 SS=E	483.75(b) COMPLY WITH FEDERAL/STATE/LOCAL LAWS/PROF STD The facility must operate and provide services in compliance with all applicable Federal, State, and local laws, regulations, and codes, and with accepted professional standards and principles that apply to professionals providing services in such a facility. This REQUIREMENT is not met as evidenced by: Based on interview and record review the facility failed to ensure the PRSC, (Psychiatric Rehabilitation Services Coordinator), working on the Serious Mental Illness unit, had the state required credentials, for one of four PRSCs, (E5). Findings include:	F 492		10/14/11	

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F 492	<p>Continued From page 26</p> <p>E1, (Administrator) on 9-19-2011 at approximately 10:00am. provided a list of 48 residents identified with SMI, (Serious Mental Illness), as their primary diagnosis. E1 affirmed the facility has a licensed SMI unit.</p> <p>On 9-19-2011 at 3:40pm. E4, (PRSD/Psychiatric Rehabilitation Services Director) provided a list 4 of PRSC working with the SMI population of the facility. E4 provided supporting documentation of the 4 PRSC's credentials. E5, (PRSC) has a bachelor of science in commerce.</p> <p>E5, (PRSC) on 9-20-2011 at 10:35am. stated, "I have a bachelor degree in business administration. I have not received acceptance from Public Health to act as PRSC. I have worked at the facility for ten years, eight of those on the SMI unit as a PRSC." E5 affirmed that she independently assesses the residents on her caseload, creates their individualized care plan, as well as assessing, implementing, and monitoring treatment plans.</p> <p>On 9-20-2011 at 11:00am, E5, (PRSC), provided a list of 52 active SMI residents on her caseload.</p> <p>E4, (PRSD) on 9-20-2011 at 3:00pm. stated, "No (E5/PRSC) has not been granted certification as PRSC, but she hasn't been denied either." E4 then provided requests from the facility and herself, to The Illinois Department of Public Health, on 11-17-2009 petitioning E5 for acceptance to work as a PRSC on the licensed SMI unit.</p> <p>The Facility Social Service Group Schedule contains documentation that E5, (PRSC) provides</p>	F 492			

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F 492	<p>Continued From page 27</p> <p>weekly Anger and Impulse Control Coping Skills, Social Skills to the SMI residents in addition to 1:1 counseling.</p> <p>Section 300.4090 Personnel for Providing Services to Persons with Serious Mental Illness for Facilities Subject to Subpart S Section 3.</p> <p>C. Psychiatric Rehabilitation Services Coordinator</p> <p>1. A Psychiatric Rehabilitation Services Coordinator (PRSC) shall be an occupational therapist or possess a bachelor's degree in a human services field (including but not limited to: sociology, special education, rehabilitation counseling or psychology) and have a minimum of one year of supervised experience in mental health or human services.</p> <p>2) An individual who is employed at a licensed nursing home in a capacity similar to that of a Psychiatric Rehabilitation Services Coordinator on January 1, 2002 and who has at least five years of experience in that capacity may petition the Department for approval to continue to act in that role even if the individual does not possess a bachelor's degree in human services. The Department will consider information submitted in accordance with subsection (h) of this Section in deciding whether to grant approval. The Department may revoke approval if the individual fails to continue to meet professional standards or to complete required training.</p> <p>3) Each resident admitted to the facility shall have a PRSC to act as a case manager. The PRSC will be identified as the staff member to whom the resident primarily relates for the coordination of service.</p> <p>4) The responsibilities of the PRSC are: A) To provide the resident with a stable therapeutic</p>	F 492			

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F 492	Continued From page 28 relationship; B) To orient the resident to the facility; C) To review and assist the resident in understanding the treatment plan and program schedule; D) To prepare and assist the resident with active participation in the treatment plan review; E) To provide and/or coordinate the delivery of the psychiatric rehabilitation services programs; and F) To monitor the resident in the areas of self-directed care and for overall compliance with the treatment plan. 5) There shall be a PRSC for each 30 participants.	F 492			
F9999	FINAL OBSERVATIONS LICENSURE VIOLATIONS 300.1210a)b) 300.3240a) Section 300.1210 General Requirements for Nursing and Personal Care a) Comprehensive Resident Care Plan. A facility, with the participation of the resident and the resident's guardian or representative, as applicable, must develop and implement a comprehensive care plan for each resident that includes measurable objectives and timetables to meet the resident's medical, nursing, and mental and psychosocial needs that are identified in the resident's comprehensive assessment, which allow the resident to attain or maintain the highest practicable level of independent functioning, and provide for discharge planning to the least restrictive setting based on the resident's care needs. The assessment shall be developed with	F9999			

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F9999	<p>Continued From page 29</p> <p>the active participation of the resident and the resident's guardian or representative, as applicable.</p> <p>b) The facility shall provide the necessary care and services to attain or maintain the highest practicable physical, mental, and psychological well-being of the resident, in accordance with each resident's comprehensive resident care plan. Adequate and properly supervised nursing care and personal care shall be provided to each resident to meet the total nursing and personal care needs of the resident. Restorative measures shall include, at a minimum, the following procedures:</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>These Regulations were not met as evidenced by:</p> <p>1) Based on interview and record review, the facility failed to assess, care plan, and make adjustments to the plan of care when indicated, and provide specific mental health rehabilitation services. This is for 1 of 6 residents (R17) identified with a primary diagnosis of Serious Mental Illness (SMI) in the sample of 29.</p> <p>This failure resulted in the facility failing to identify R17 as being at risk for suicide and on</p>	F9999			

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F9999	<p>Continued From page 30</p> <p>March 24, 2011 R17 attempted to take her life by wrapping a nurse call cord around her neck.</p> <p>Findings include:</p> <p>R17 a 75 year old female was readmitted to the facility on 12/31/10, with diagnoses including Major Recurrent Depression, Explosive Personality Disorder and other medical issues. The psychiatry progress notes dated 1/13/11, 2/10/11, 3/10/11, 4/14/11, 5/19/11 and 06/09/11 contain the sentence "The patient is encouraged to report SI or VI or any side effect of the RX immediately. E2 (DON) elaborated that SI stands for suicidal ideations. .</p> <p>The facility staff did not do a suicide risk assessment of R17.</p> <p>The care plans of 3/17/11, 6/9/11 and 8/24/11 document the approach to meeting R17's psychosocial needs was to "meet with res 1:1 as necessary and discuss any concerns or problems res may have..." There is no mention about the behaviors with her wallet or money.</p> <p>E5's documentation of R17's 1:1 meetings showed that between 3/11/11 and 4/25/11, R17 refused 7 of 8 meetings. There were no adjustments to R17's plan of care, nor was there any investigation as to why R17 was refusing the 1:1 meetings.</p> <p>On 9/19/11 at approximately 10:00 am E1 (Administrator) provided a list of residents having Serious Mental Illness that contained documentation that R17's primary diagnosis was SMI.</p>	F9999			

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F9999	<p>Continued From page 31</p> <p>R17's medical record contained documentation that on March 27, 2011, R17 tried to take her life by wrapping the nurse call cord around her neck. In a Social Service note of 3/27/11, E9 (PRSC) documents that "A female CNA was unwrapping a cord from around female resident's neck. CNA stated she came into the room and she saw resident sitting up with call light cord around neck and her face had already turned purple. Staff inquired why she would do that and she (R17) said that she wanted her wallet and no one liked her...Writer asked R17 again and she said she had no reason to live.... Resident's doctor was called by nurse and also put on 15 min checks."</p> <p>Review of the Nurse's note dated 3/27/11 19:30 documented "Resident has no behavior problems this PM shift, Resident was crying and saying she was sorry for pulling the cord and would we replace them. Resident was told not at this time - will continue @ Q 15 min bed checks." E1 (Administrator) was unable to provide any addition documentation in the nurse's notes."</p> <p>R17's medical record contained a document labeled Incident Report Statement of Witness Report prepared by E8 (LPN). This report documents "...CNA doing 14:30 rounds before end of shift and noted resident had wrapped around he neck the call light cord stating "I don't want to live anymore, nobody loves me here."</p> <p>The annual psychiatric evaluation of 7/7/11 does not address the incident of March 27,2011. Additionally, the psychiatric report of 4/14/11 did not address the attempted suicide. All of these progress notes and annual evaluation were performed by Z2 (Psychiatrist)</p>	F9999			

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F9999	Continued From page 32 A suicide risk assessment was not done prior to the incident on March 27, 2011, yet staff acknowledged the statement in the psychiatrist's progress notes. A suicide risk assessment was done on 3/28/11 (the day after the incident), in which R17 was identified as a moderate risk for suicide. Another note on the back of the suicide risk assessment form, written by E9 (PRSD) documented that "Resident is not a threat to herself. Conducted follow-up to 3/27 incident. This writer interviewed resident and she (R17) stated that she had no intention on harming herself because she was upset about her wallet. Resident has no plan to harm herself". On 9/20/11, E1 stated the R17 has a history of acting out with respect to her wallet and over money issues. R17's care plans did not address the risk for suicidal behaviors or the acting out due to her wallet or money. (B) 300.4090b)1)A)B)2) Section 300.4090 Personnel for Providing Services to Persons with Serious Mental Illness for Facilities Subject to Subpart S b) Psychiatric Rehabilitation Services Director 1) A Psychiatric Rehabilitation Services Director (PRSD) shall be: A) A licensed, registered, or certified psychiatrist, psychologist, social worker, occupational therapist, rehabilitation counselor, psychiatric	F9999		

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F9999	<p>Continued From page 33</p> <p>nurse or licensed professional counselor who has a minimum of at least one year supervisory experience and at least one year of experience working directly with persons with serious mental illness and who has attended an Illinois Department of Public Aid (IDPA) training program; or</p> <p>B) A person with a master's degree in a human services field with at least one year of supervisory experience and at least three years of experience working directly with persons with severe mental illness who has attended an IDPA training program.</p> <p>2) An individual who is employed at a licensed nursing home in a capacity similar to that of a Psychiatric Rehabilitation Services Director on January 1, 2002 and who has at least five years of experience in that capacity may petition the Department for approval to continue to act in that role even if the individual is not a licensed, registered, or certified psychiatrist, psychologist, social worker, rehabilitation counselor, psychiatric nurse or licensed professional counselor. The Department will consider information submitted in accordance with subsection (h) of this Section in deciding whether to grant approval. The Department may revoke approval if the individual fails to continue to meet professional standards or to complete the required training.</p> <p>These requirements are not met as evidenced by:</p> <p>Based on interview and record review the facility failed to ensure residents received necessary specialized rehabilitative services that include</p>	F9999			

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F9999	<p>Continued From page 34</p> <p>measurable goals and time frames, identifying and monitoring targeted behaviors for three of seven residents with a primary diagnosis of SMI), Serious Mental Illness, (R2, R6, and 14,) in a sample of 29. In addition, specialized rehabilitative services were provided by one of four staff members, (E5), that did not have the state required credentials.</p> <p>Findings include:</p> <p>E1, (Administrator) on 9-19-2011 at approximately 10:00am. provided a list of 48 residents identified with SMI as their primary diagnosis. E1 affirmed the facility has a licensed SMI unit.</p> <p>E4, (PRSD/Psychiatric Rehabilitation Services Director) on 9-19-2011 at approximately 11:10am. provided the facility Social Services Group Schedule which is,</p> <p>"Monday, Wednesday, and Friday: 9:00am. Symptom Management. 10:00am. Anger and Impulse Control Coping Skills. 10:30am. Social Skills. 6:30pm. Community Integration and Life Skills. 7:00pm. Social Skills.</p> <p>Wednesday and Friday: 3:30pm. Cooking and Domestic Living, Group Living. 8:00pm. Chemical Dependency and Relapse Prevention.</p> <p>Tuesday and Thursday: 9:00am. Money Management. 10:00am. Medication Management. 7:00pm. Relaxation and Meditation.</p> <p>Saturday and Sunday: 2:00 Expression Group.</p>	F9999			

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F9999	Continued From page 35 R2, R6, and R14, refuse to attend group. E5, (PRSC) on 9-20-2011 at 10:35am. stated, "I don't think I document (R2, R6, and R14,) refusal every week. I do 1:1 counseling with them." R2, R6, and R14's 1:1 Weekly Notes contain documentation of goals to "discuss any concerns or problems they may have." On 9-22-2011 at 10:30am. E1, (Administrator) stated, "We do not have Behavior Logs. Last night I spoke with our Pharmacy Consultant and she said we only have to chart the behaviors in the Nursing Notes, not complete Behavior Logs. No one reviews the Nursing Notes to see frequency and patterns. The Nursing Notes would need to be reviewed. We do not review the Nursing Notes." Additionally, E2, (DON) and E1, (Administrator) and E4, (PRSD/Psychiatric Rehabilitation Services Director) affirmed individual resident target behaviors had not been identified for (R2, R6, and R14). Additionally, R2, R6, and R14, Comprehensive Physical and Psychosocial Care Plans do not document time and frequency or identified measurable goals. On 9-19-2011 at 3:40pm. E4, (PRSD/Psychiatric Rehabilitation Services Director) provided a list 4 of PRSC, (Psychiatric Rehabilitation Services Coordinator)s working with the SMI population of the facility. E4 provided supporting documentation of the 4 PRSC's credentials. E5, (PRSC) has a bachelor of science in commerce. E5, (PRSC) on 9-20-2011 at 10:35am. stated, "I have a bachelor degree in business administration. I have not received acceptance	F9999			

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F9999	Continued From page 36 from Public Health to act as PRSC. I have worked at the facility for ten years, eight of those on the SMI unit as a PRSC." E5 affirmed that she independently assesses the residents on her caseload, creates their individualized care plan, as well as assessing, implementing, and monitoring treatment plans. On 9-20-2011 at 11:00am, E5, (PRSC), provided a list of 52 active SMI residents on her caseload, including R2 and R14. (B)	F9999			