

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 14G055	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 09/24/2012
NAME OF PROVIDER OR SUPPLIER MILESTONE - ELMWOOD HEIGHTS			STREET ADDRESS, CITY, STATE, ZIP CODE 2662 ELMWOOD ROAD ROCKFORD, IL 61103		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE	
W 382	Continued From page 16 facing R18 and unable to see the medication cart during this procedure). On 9/11/12, at 3:40 p.m., E5 left the medication cart outside R12's room unlocked. E5 entered R12's room, added Albuterol and Ipratropium solution into bottle attached to a breathing treatment mask while her back was facing the door. On 9/11/12, at 3:42 p.m., when asked if it's the normal procedure to leave medication cart unlocked, E5 stated, "If I'm nearby, I don't lock it." On 9/12/12, at 2:50 p.m., E7, Assistant Director of Nursing (ADON) confirmed that the medication cart should be locked if the nurse is unable to see the cart.	W 382			
W9999	FINAL OBSERVATIONS FINAL OBSERVATIONS Licensure Violations: 350.620a) 350.1210 350.1230d)1)2) 350.3240a) Section 350.620 Resident Care Policies a) The facility shall have written policies and procedures governing all services provided by the facility which shall be formulated with the involvement of the administrator. The policies shall be available to the staff, residents and the public. These written policies shall be followed in operating the facility and shall be reviewed at least annually.	W9999			

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

PRINTED: 01/28/2013
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 14G055	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 09/24/2012
NAME OF PROVIDER OR SUPPLIER MILESTONE - ELMWOOD HEIGHTS			STREET ADDRESS, CITY, STATE, ZIP CODE 2662 ELMWOOD ROAD ROCKFORD, IL 61103		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE	
W9999	<p>Continued From page 17</p> <p>Section 350.1210 Health Services</p> <p>The facility shall provide all services necessary to maintain each resident in good physical health.</p> <p>Section 350.1230 Nursing Services</p> <p>d) Direct care personnel shall be trained in, but are not limited to, the following:</p> <ol style="list-style-type: none"> 1) Detecting signs of illness, dysfunction or maladaptive behavior that warrant medical, nursing or psychosocial intervention. 2) Basic skills required to meet the health needs and problems of the residents. <p>Section 350.3240 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 as evidenced by:</p> <p>Based on record review, observation, and interview the facility failed to ensure for 1 of 1 in the sample (R9) with severely contracted hands requiring amputation of the left ring finger when the facility failed to:</p> <ol style="list-style-type: none"> 1) Ensure nursing services followed Occupational Therapy recommendations for visualization of hands. 	W9999			

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

PRINTED: 01/28/2013
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 14G055	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 09/24/2012
NAME OF PROVIDER OR SUPPLIER MILESTONE - ELMWOOD HEIGHTS			STREET ADDRESS, CITY, STATE, ZIP CODE 2662 ELMWOOD ROAD ROCKFORD, IL 61103		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE	
W9999	<p>Continued From page 18</p> <p>2) Ensure nursing services evaluated this clients skin condition daily to maintain skin integrity.</p> <p>Findings include:</p> <p>The Face Sheet dated 5-1-12, R9 is a 31 year old female that functions in the Profound Range of Mental Retardation. R9's list of diagnoses includes Intrathecal Baclofen Pump, Cerebrovascular Accident with Right Hemi Paresis, and Failure to Thrive.</p> <p>The record review of the Investigative Report dated 9-3-12 states that R9 is non ambulatory with severe contractures to all four extremities and relies on staff for all self care needs. Her hands are in a tight fist position at all times. She does have a hand care procedure to keep her hands clean and dry and keep nails trimmed. R9 is quite heat sensitive and sweats significantly. Cooler clothing and use of fans are necessary for her comfort. R9 is non verbal but can vocalize occasionally.</p> <p>The Investigative Report dated 9-3-12 states that on 9-3-12 at approximately 7:25 A.M. a small amount of blood was noted on R9's left hand that had the dressing of cloth used to absorb moisture in a contracted hand around her fingers. Per nursing assessment a pea size hole with red edges and depth to the tendon was noted on the left ring finger in the fleshy portion near the base of the finger above the knuckle.</p> <p>Occupational Therapy Assessment dated 4-28-12 states that dressings are applied regularly to the palms of both hands to reduce the risk of skin breakdown, this has been an area of concern since her hands are fully flexed the majority of the time. The plan was to continue the</p>	W9999			

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

PRINTED: 01/28/2013
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 14G055	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 09/24/2012
NAME OF PROVIDER OR SUPPLIER MILESTONE - ELMWOOD HEIGHTS			STREET ADDRESS, CITY, STATE, ZIP CODE 2662 ELMWOOD ROAD ROCKFORD, IL 61103		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE	
W9999	<p>Continued From page 19</p> <p>use of palm protectors to support bilateral finger extension. Continue air splints to elbows, wrists, and hands, one hour per day.</p> <p>The investigative report states that on 6-23-11 R9 began using a cloth used to absorb moisture in a contracted hand woven between fingers of the contracted hands to help manage the moisture to reduce problems of skin integrity.</p> <p>The investigation report states as follows as the agency's actions since the incident on 9-3-12:</p> <p>9-3-12 Physician notified with orders to cleanse the finger, apply dressing and have Z1 (Medical Director) assess on 9-5-12.</p> <p>9-4-12 Consultation with E6 (Occupational therapist). Open wound on the palmer surface of the left ring finger with tendons visible. E7 (Assistant Director of Nursing) assessment revealed a pea size hole with tendon showing.</p> <p>9-4-12 Special Interdisciplinary team held to discuss status of skin integrity wound for R9.</p> <p>9-4-12 R9 was admitted to hospital for consultation and evaluation.</p> <p>9-5-12 R9 was discharged home pending surgery for the amputation of the left ring finger on 9-7-12. The amputation is the result of the consultation of the Z3 (plastic surgeon) and Z4 (orthopedic surgeon) who stated there is a diminished prognosis for recovery or improvement due to the position of the hand and severe contractures.</p> <p>9-8-12 R9 was discharged home following successful surgical procedure for the amputation of the left ring finger on 9-7-12.</p>	W9999			

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

PRINTED: 01/28/2013
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 14G055	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 09/24/2012
NAME OF PROVIDER OR SUPPLIER MILESTONE - ELMWOOD HEIGHTS			STREET ADDRESS, CITY, STATE, ZIP CODE 2662 ELMWOOD ROAD ROCKFORD, IL 61103		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE	
W9999	Continued From page 20 The investigation report states that R9 has severe spasticity and contractures of all extremities. Her hands are in a constant tightly flexed position appearing like a fist. It is extremely difficult to extend her fingers away from her palm safely. Cloths are slipped between fingers and palms when washing or drying after bathing. R9 receives physical therapy and occupational therapy 5 days a week in the form of range of motion, air splints and hand palm splints. E8 (Physical Therapy / Occupational Therapy Team leader) stated that R9 had not shown signs of pain the week before the discovery of the wound. R9 was treated for blisters to her hands that developed approximately one year ago prior to starting the treatment of the cloth used to absorb moisture in a contracted hand. The direct service providers that provided skin care and bathing to R9 revealed that because "R9's fingers are highly contracted in a fist position that during bathing washcloths are slid between hand and fingers." "In speaking with the nurses that have applied the cloth used to absorb moisture in a contracted hand revealed that the fabric is carefully wrapped above and below the fingers until both upper and lower surfaces are covered. Nurses stated that because R9's hands are so tightly flexed closed and her arm is contracted close to her body. When nurses have extended R9's fingers even a small amount away from the palm to apply the dressing, R9 shows visible discomfort by crying and whining. When the cloth used to absorb moisture in a contracted hand is wrapped the view of the fingers is on the top of the hand not the palm side due to the contracted	W9999			

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

PRINTED: 01/28/2013
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 14G055	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 09/24/2012
NAME OF PROVIDER OR SUPPLIER MILESTONE - ELMWOOD HEIGHTS			STREET ADDRESS, CITY, STATE, ZIP CODE 2662 ELMWOOD ROAD ROCKFORD, IL 61103		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE	
W9999	<p>Continued From page 21 state of her fingers."</p> <p>The investigation report states that despite the hand care procedures, physical and occupational therapy and the medical treatment of the cloth used to absorb moisture in a contracted hand, R9 developed a wound to the palm side of her left finger.</p> <p>E11's (Direct Support Person) statement dated 9-3-12 is as follows: To whom it may concern, E11 (DSP) went to get R9 washed up and dressed for breakfast and E11 noticed that the cloth that the nurses put in between her fingers had some food on it. E11 also noticed some green coloring on the cloth between the ring and the pinky finger and the ring and the middle finger of her left hand. The Injury Report dated 9-3-12 verified this information. E11 decided to take it out so that the nurse can change it. Once E11 removed it she saw some blood on the cloth so she decided to look to see where the blood came from and that is when E11 saw a hole underneath R9's ring finger on the left hand with the tendon showing.</p> <p>E12's (Direct Support Person) statement dated on 9-3-12 is as follows: E12 followed E11 into R9's room where R9 was laying in her bed. E11 lifted up R9's finger a little and E12 had to bend down to look up into R9's hand to see what E11 was talking about. It looked like a hole under her ring finger of her left hand that was deep enough to show the white meat of her finger. E12 had been R9's staff all Saturday on the 9-1-12 shift. R9 had a bath on 9-1-12. E12 unweaved the strips from her hands to do her bath so the nurse can replace her strips shortly after. To wash R9's</p>	W9999			

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

PRINTED: 01/28/2013
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 14G055	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 09/24/2012
NAME OF PROVIDER OR SUPPLIER MILESTONE - ELMWOOD HEIGHTS			STREET ADDRESS, CITY, STATE, ZIP CODE 2662 ELMWOOD ROAD ROCKFORD, IL 61103		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE	
W9999	<p>Continued From page 22</p> <p>hands E12 slid a warm soapy washcloth under her fingers and in between her fingers the best that E12 could. E12 did the exact same thing to rinse and dry her hands. E12 did not lift up her fingers because E12 was not able due to R9's hand was very contracted. E12 did the best she could to clean and dry R9's hands. R9 did not cry or yell throughout the process so E12 did not sense that she could have been in any pain.</p> <p>Per record review of E8's (Physical Therapy / Occupational Therapy Team Leader) statement dated 9-7-12 is written, E8 has been putting R9's hand splints on Monday thru Friday for two hours a day. R9's fingers are stretched to a 90 degree angle, then the splint goes on in the palm of her hand, with fingers resting on the top. E8 has not observed any signs that R9 was in pain. The dry interweave was placed around the base of her ring finger on the inside.</p> <p>According to the Physician Order Sheet dated 7-14-11, there is a clarification which states, to use stock supply of the cloth used to absorb moisture in a contracted hand. Cut roll along pre printed line, fold fabric in half lengthwise, then place first along palm, next weave thru fingers starting with the little finger to the index (both hands) and leave approximately 2 inch wick exposed. Dressing is to be changed after bathing evening Monday, evening Wednesday, and mornings Saturday.</p> <p>According to the Nursing Note dated 9-3-12 at 8:00 A.M., written by E13 (LPN) which states, base of left ring finger with large pea size hole red edges and depth to tendon. White, hard and small amount of bleeding. The temperature,</p>	W9999			

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

PRINTED: 01/28/2013
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 14G055	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 09/24/2012
NAME OF PROVIDER OR SUPPLIER MILESTONE - ELMWOOD HEIGHTS			STREET ADDRESS, CITY, STATE, ZIP CODE 2662 ELMWOOD ROAD ROCKFORD, IL 61103		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE	
W9999	<p>Continued From page 23</p> <p>pulse, respirations, and blood pressure was not documented.</p> <p>According to the Nursing Note dated 9-4-12 at 9:00 A.M. is written Physical Therapy and Occupational Therapy, and Assistant Director of Nursing out to assess individuals left ring finger. Noted left ring finger between base and knuckle an approximately pea size hole with tendon showing with no odor or drainage. Due to the potential infection possibility and seriousness, it was decided that individual needed to be seen in Emergency Room for evaluation and treatment.</p> <p>According to the Orthopedic Consultation dated 9-5-12 is written as follows: "R9 was being admitted for an open wound of the left ring finger which appeared to be mechanical and related to thumb impingement upon the palmar surface of the proximal phalanx of this digit. An open area is noted to involve the major portion of the palmar surface of the proximal phalanx with the flexor tendons exposed and the finger noted to be erythematous and moderately swollen consistent with local inflammation and sepsis. R9 is noncommunicative with severe flexion contractures and basically has no functional use of either upper extremity. In view of the marked functional deficit of this individual and the lack of function of her extremities and to avoid a prolonged or protracted recovery program in an attempt to salvage this digit, it is my advisement that the finger be amputated. This will avoid further ulcerations to this area which most likely would happen in view of her hand position and the condition that has occurred as a result of that. Also the probability of wound healing is significantly diminished and the prognosis for</p>	W9999			

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

PRINTED: 01/28/2013
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 14G055	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 09/24/2012
NAME OF PROVIDER OR SUPPLIER MILESTONE - ELMWOOD HEIGHTS			STREET ADDRESS, CITY, STATE, ZIP CODE 2662 ELMWOOD ROAD ROCKFORD, IL 61103		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE	
W9999	<p>Continued From page 24 recovery or improvement by any means other than amputation has marked guarding in my opinion."</p> <p>The Plastic Surgery Consultation dated 9-5-12 is written as follows: "Hospitalist consultation for left ring finger volar surface full thickness erosion to the flexor digitorum longus and brevis which are exposed. R9 was admitted for the erosion above. R9 is currently on antibiotic and usual home medications. R9 has bilateral gauze pads between her fingers and on her palms at this time. The left hand reveals upon forced active extension a proximal phalangeal erosion on the volar side of the ring finger. The depth of the erosion is down to the flexor digitorum longus and brevis, over the distal portion of the proximal phalanx and the proximal phalangeal joint. The joint capsule does not appear involved. There is granulation tissue present at the edges of the wound. The impression is that the left ring finger volar side erosion of the proximal phalanx and proximal interphalangeal joint with the wound measuring 1.5 x 1.5 centimeter to a depth of the flexor digitorum longus and brevis tendon exposed with a cause of the left thumb nail constantly rubbing and eroding the area with pressure due to the hand's contracted position. Discussed the plan with nursing staff and await orthopedic consultation for further management."</p> <p>The Occupational Therapy Notes dated 4-24-12 is written that "R9 over the last three years has experienced a significant decline in her functional status. At this time R9 is now fully confined to a wheelchair and is reliant upon all others for all mobility and self care needs. Dressings are applied regularly to the palms of both hands to</p>	W9999			

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

PRINTED: 01/28/2013
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 14G055	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 09/24/2012
NAME OF PROVIDER OR SUPPLIER MILESTONE - ELMWOOD HEIGHTS			STREET ADDRESS, CITY, STATE, ZIP CODE 2662 ELMWOOD ROAD ROCKFORD, IL 61103		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE	
W9999	<p>Continued From page 25</p> <p>reduce the risk of skin breakdown, which had been an area of concern over the last year, since the hands are fully flexed the majority of the time. This year when at rest both wrists are in extension with the fingers fully flexed. When attempts at passive range of motion are made the amount of discomfort appears to be diminished over the last year and she does not cry out at the same level as previously reported. R9 also wears palm protectors in both hands, which she tolerates these devices without difficulty. The programming recommendation is to continue the use of the palm protectors to both hands to support bilateral finger extension. These devices should be worn for one hour twice a day."</p> <p>The Procedure for Nursing Assessment dated 1-08, states to monitor individuals for changes in condition and to perform a nursing physical assessment when any change might be noted and upon return from the hospital. The procedure upon noting a change or being notified of a change of condition, the nurse will complete a thorough assessment including vital signs and skin and behavior assessments. This information is to be documented in the individuals nursing notes and updated shift by shift or daily as needed.</p> <p>According to an interview with E7 (Assistant Director of Nursing) on 9-12-12 at 3:47 P.M. when asked if there were any vital signs documented on 9-3-12 for R9, E7 replied "no".</p> <p>The Policy on Prevention and Treatment of Decubitus Ulcers dated 8-11 is written the facility shall implement procedures designed to protect every individual's skin integrity. Preventing skin</p>	W9999			

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

PRINTED: 01/28/2013
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 14G055	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 09/24/2012
NAME OF PROVIDER OR SUPPLIER MILESTONE - ELMWOOD HEIGHTS			STREET ADDRESS, CITY, STATE, ZIP CODE 2662 ELMWOOD ROAD ROCKFORD, IL 61103		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE	
W9999	<p>Continued From page 26</p> <p>from breakdown and the formation of decubitus ulcers. Those individuals at risk for skin breakdown shall be assessed, identified, monitored on an on-going basis, and provided with preventative decubitus care. The facility shall ensure all staff are trained to recognize the signs of impending skin breakdown and of any decline in health which may lead to a decrease in skin integrity, and that all such signs are reported to a nurse for further evaluation and or treatment.</p> <p>The Individual Service Plan dated 5-1-12 under medical summary is written on 4-7-12 the top of her right ring finger with red band-like area around finger almost like a friction burn no open will monitor. A desired outcome is to maintain or improve her range of motion and maintain health and skin integrity.</p> <p>The Assistance / Supervision Procedures dated 5-12 is written for positioning and hand care that her hands are contracted so please completely dry the inside of her hands to prevent skin issues. The review states to keep her nails trimmed to refrain from her nails injuring her palms due to her contractures.</p> <p>According to the Proper Skin Care Information dated 9-4-12 is written that staff should never remove a dressing including interweave. If bathing is needed, staff should contact nursing to remove any dressing. All crevices in between all fingers should be looked at while being washed. It is essential that all these areas are pat dried thoroughly so moisture does not build as this can cause skin integrity issues. The skin should never be dried in a rubbing motion. If the skin integrity is questionable, staff should immediately report to</p>	W9999			

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

PRINTED: 01/28/2013
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 14G055	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 09/24/2012
NAME OF PROVIDER OR SUPPLIER MILESTONE - ELMWOOD HEIGHTS			STREET ADDRESS, CITY, STATE, ZIP CODE 2662 ELMWOOD ROAD ROCKFORD, IL 61103		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE	
W9999	Continued From page 27 nursing. The Hand Care for R9 dated 9-7-12 is written as follows: Nursing is to use the cloth used to absorb moisture in a contracted hand after showers to both contracted hands in between fingers approximately three times weekly. Only nurses should remove the cloth used to absorb moisture in a contracted hand to prevent injury and for inspection. Nurses should take off the cloth used to absorb moisture in a contracted hand every Monday, Wednesday, and Saturday prior to bathing. A hand inspection should be done at this time to check for any redness, odor, or signs of skin breakdown. After this is done R9 has been bathed the following should be done: make sure her hands are dry, cut a sufficient amount of cloth used to absorb moisture in a contracted hand from the roll, and weave the cloth in between fingers of both contracted hands. If the staff report any odor or drainage on the cloth used to absorb moisture in a contracted hand, it must be taken off immediately for inspection. The cloth used to absorb moisture in a contracted hand is a skin fold management system specially designed to manage moisture, odor and inflammation in skin folds and other skin to skin contact areas. A knitted polyester textile impregnated with silver complex cloth textile provides effective antimicrobial action for up to five days and significantly improves the symptoms associated with intertrigo: maceration, denudement, inflammation, itching, erythema, and satellite lesions. The textile functions by wicking moisture away to keep skin dry and provides a friction reducing surface to reduce the risk of skin tears and pressure ulcers.	W9999			

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

PRINTED: 01/28/2013
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 14G055	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 09/24/2012
NAME OF PROVIDER OR SUPPLIER MILESTONE - ELMWOOD HEIGHTS			STREET ADDRESS, CITY, STATE, ZIP CODE 2662 ELMWOOD ROAD ROCKFORD, IL 61103		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE	
W9999	<p>Continued From page 28</p> <p>During observation on 9-12-12 at 11:40 A.M. E9 (Licensed Practical Nurse) demonstrated on E7 (Assistant Director of Nursing) how the application of the cloth used to absorb moisture in a contracted hand is applied with the hands in a contracted position and the weave being in between the fingers. The hand was not opened to visualize under the fingers. The hand was clenched towards the body and the weave was applied going around and in between the fingers.</p> <p>Per interview with E9 (Licensed Practical Nurse) dated 9-12-12 at 11:36 A.M. when asked if her hand is open upon application of the cloth used to absorb moisture in a contracted hand, E9 stated that they are afraid to pull open her hands since they are very tight and severely contracted. E9 stated that they are afraid that they might break a finger when putting on the cloth used to absorb moisture in a contracted hand. E9 stated that it is very difficult to do since she is so contracted.</p> <p>Per interview with E7 Assistant Director of Nursing dated 9-12-12 at 2:54 P.M. when asked if Physical Therapy / Occupational Therapy consulted with nursing on how to open R9's hands, E7 replied "no." When asked if PT/OT gave any direction on how to open R9's hands, E7 replied "no." When asked if nursing was aware that PT/OT would open her hand for 2 hours daily Monday thru Friday, E7 replied "no." When asked if nursing should have obtained vital signs on 9-3-12, E7 replied "I would agree that a temperature should have been taken at least." When asked if any Direct Support Persons are informed of how to open her hands, E7 replied that the PT/OT team leader would train the staff different scenarios and that I don't recall any</p>	W9999			

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

PRINTED: 01/28/2013
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 14G055	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 09/24/2012
NAME OF PROVIDER OR SUPPLIER MILESTONE - ELMWOOD HEIGHTS			STREET ADDRESS, CITY, STATE, ZIP CODE 2662 ELMWOOD ROAD ROCKFORD, IL 61103		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE	
W9999	<p>Continued From page 29 specific training.</p> <p>Per interview with E8 (Physical Therapy / Occupational Therapy Team leader) on 9-12-12 at 11:40 A.M., when asked if staff at her home were trained on how to open R9's hands, E8 replied "Im not sure". When asked if she was afraid to break her fingers in opening her hand, E8 replied "before E6 (Occupational Therapist) taught me I was, but I go slow either way". When asked when you open R9's hand can you visualize her cloth used to absorb moisture in a contracted hand, E8 replied yes. When asked when you open her hands to a 90 degree flexion does R9 have any pain, E8 replied no pain and she does not cry or yell and that her right hand has greater extension then her left hand.</p> <p>Per interview with E6 (Occupational Therapist) on 9-12-12 at 3:49 P.M. when asked if she looked at R9's hands, she replied, "absolutely." When asked if she trained any nurses, E6 replied "I did not." When asked if she trained any staff, E6 replied primarily the PT/OT staff. E6 acknowledged that global training with nursing and direct support persons with R9's hand could be beneficial. When asked if when you opened her hand could you visualize her whole hand, E6 replied the proximal joints are still flexed and you have to move slowly. E6 stated that it is difficult to open her hands and that she can not think of any one else's hands that are as tight as hers.</p> <p>Per interview with E7 (Assistant Director of Nursing) on 9-12-12 at 10:55 P.M. when asked if it is the expectation of nursing to lift up her fingers during her hand procedure, E7 replied "yes as best as they can to the point of no injury." When</p>	W9999			

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

PRINTED: 01/28/2013
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 14G055	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 09/24/2012
NAME OF PROVIDER OR SUPPLIER MILESTONE - ELMWOOD HEIGHTS			STREET ADDRESS, CITY, STATE, ZIP CODE 2662 ELMWOOD ROAD ROCKFORD, IL 61103		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE	
W9999	<p>Continued From page 30</p> <p>asked if the PT/OT put her splints on do they visualize her fingers, E7 replied, they are the only ones that get her hand to full range of motion. When asked who trained the nurses on how to do the hand procedure for R9, E7 replied it was the former Director of Nursing (E14). When asked what is being done to prevent this from reoccurring, E7 replied "I don't know if there is an answer, R9 is on a Baclofen pump and her contractures are a problem despite nursing's best efforts. When asked if nursing visualize her hands during the hand procedure, E7 replied they can not do it. When asked if her hand procedure specifies to open her hand for visualization, E7 replied no.</p> <p>Per interview with Z1 (Medical Director) on 9-12-12 at 10:40 A.M. stated that the facility tries hard to pry her fingers open, however, she is severely contracted and that may put her in danger of breaking her fingers.</p> <p>Per interview with E3 (Resident Service Director) on 9-11-12 at 3:02 P.M. when asked how often did R9 get the hand procedure, E3 replied three times per week and as needed and that it was documented in the medication administration record. When asked if she has a history of contractures, E3 replied yes daily she will not voluntarily open her hands. When asked if she has any history of broken fingers, E3 replied no broken fingers before. When asked who was responsible for the cloth used to absorb moisture in a contracted hand, E3 replied nursing.</p>	W9999			