STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	145645	A. BUILDING _____ B. WING _____	C 10/26/2012

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
FOREST HILL HEALTH AND REHAB	4747 11TH STREET EAST MOLINE, IL 61244

(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
F 465	Continued From page 40 The facility must provide a safe, functional, sanitary, and comfortable environment for residents, staff and the public. This REQUIREMENT is not met as evidenced by: Based on observation, interview, and record review the facility failed to provide an environment that is free of pervasive odors for the Dementia unit of the facility. This failure has the potential to effect the entire population of the unit (R2,3 and R64 through 79). Findings include: On 10/06/12 at 11:00AM the dining room on C-wing (Dementia Unit) had a strong urine odor. Several residents were sitting in the open room which is used as a dining/activity room. The "mens" hall of C-Wing also had a strong urine odor down the entire wing with a pervasive strong urine odor in room C8 and C9. E1 (Director of Nursing) and E11 (Admissions Coordinator) were made aware of the strong odor at that time. On 10/12/12 at 10:00AM and 11:30AM the same areas on C-Wing had a strong urine odor. The floor in room C9 was sticky and the room had a strong urine odor which could be detected down the entire wing. On 10/12/12 at 1:30PM E1 (Director of Nursing) stated, "It's the carpeting over there. It is old and has a bad odor. Some of the men down the mens hall will urinate on the floor and cause a strong odor. We need to be better about cleaning it."	F 465		
F9999	FINAL OBSERVATIONS	F9999		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	145645	A. BUILDING _____ B. WING _____	C 10/26/2012

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
FOREST HILL HEALTH AND REHAB	4747 11TH STREET EAST MOLINE, IL 61244

(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
F9999	Continued From page 41 LICENSURE VIOLATIONS: 300.610a) 300.1210b) 300.1210c) 300.1210b)6) 300.3240a)f) Section 300.610 Resident Care Policies a) The facility shall have written policies and procedures, governing all services provided by the facility which shall be formulated by a Resident Care Policy Committee consisting of at least the administrator, the advisory physician or the medical advisory committee and representatives of nursing and other services in the facility. These policies shall be in compliance with the Act and all rules promulgated thereunder. These written policies shall be followed in operating the facility and shall be reviewed at least annually by this committee, as evidenced by written, signed and dated minutes of such a meeting. Section 300.1210 General Requirements for Nursing and Personal Care 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. c) Each direct care-giving staff shall review and	F9999		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	145645	A. BUILDING _____ B. WING _____	C 10/26/2012

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
FOREST HILL HEALTH AND REHAB	4747 11TH STREET EAST MOLINE, IL 61244

(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
F9999	Continued From page 42 be knowledgeable about his or her residents' respective resident care plan. d) Pursuant to subsection (a), general nursing care shall include, at a minimum, the following and shall be practiced on a 24-hour, seven-day-a-week basis: 6) All necessary precautions shall be taken to assure that the residents' environment remains as free of accident hazards as possible. All nursing personnel shall evaluate residents to see that each resident receives adequate supervision and assistance to prevent accidents. Section 300.3240 Abuse and Neglect a) An owner, licensee, administrator, employee or agent of a facility shall not abuse or neglect a resident. f) Resident as perpetrator of abuse. When an investigation of a report of suspected abuse of a resident indicates, based upon credible evidence, that another resident of the long-term care facility is the perpetrator of the abuse, that resident's condition shall be immediately evaluated to determine the most suitable therapy and placement for the resident, considering the safety of that resident as well as the safety of other residents and employees of the facility. These requirements are NOT met as Evidenced by: Based on observation, interview, and record review, the facility neglected to operationalize their policy on Agitated Behavior and Crisis Intervention. The facility neglected to provide a safe environment free from harm and fear,	F9999		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	145645	A. BUILDING _____ B. WING _____	C 10/26/2012

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
FOREST HILL HEALTH AND REHAB	4747 11TH STREET EAST MOLINE, IL 61244

(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
F9999	Continued From page 43	F9999		

neglected to adequately train staff in crisis intervention, neglected to remove residents to safe areas during aggressive outbursts, and neglected to have qualified, properly trained staff caring for one of one resident (R1) with known assaultive behavior in the sample of three.

R1 had three episodes of assaultive behavior towards other residents. The facility neglected to remove residents from the dining room to a safe area during R1's assault of three residents. Facility staff neglected to initiate interventions to remove R1 from victims during the assaults on other residents. The facility neglected to incorporate new interventions after repeated assaultive behaviors by R1. These failures have the potential to affect all residents residing on the dementia unit (R2, 3 and R64 through 79), and all residents (R4, 5 and R7 through 42) residing on the behavioral unit of the facility.

The facility also failed to identify one of one residents (R1) in the sample of three, with a history of severe aggressive behavior towards other residents as a serious threat to the safety of the other 36 residents residing on the unit. The facility failed to recognize R1's escalating aggressive behavior, implement new interventions, and effectively supervise R1 after each resident to resident assault which caused injury to other residents. This failure has the potential to affect all the residents (R4,5, and R7 through R42) residing on that unit of the facility.

Findings include:

The POS (Physicians Order Sheet) for R1 dated

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	145645	A. BUILDING _____ B. WING _____	C 10/26/2012

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
FOREST HILL HEALTH AND REHAB	4747 11TH STREET EAST MOLINE, IL 61244

(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
F9999	Continued From page 44	F9999		

09/26/12 as the date of R1's admission documents the following diagnoses: Frontal Lobe Syndrome, Dementia, and Early Onset Alzheimers Disease. The same POS documents R1's date of birth as 03/09/1955 (56 years old). Exit Seeking Behavior assessment for R1 dated 09/26/12 documents that R1 is at high risk for exit seeking and has moderate to severe aggressive tendencies. The care plan for R1 dated 09/12 (September of 2012) documents that R1 has a history of aggressive behavior which includes the following:"Conflict/altercations with others; threatening behavior; verbal or physical aggression; and acting impulsively and erratically." The same care plan contains no documentation guiding staff in responding to R1's potential agressive behavior and no guidance to staff in protecting other residents.

On 10/06/12 at 9:15AM R1 was sitting on a low bed in his room accompanied by daughter. R1 is male resident 56 years of age. R1 was would get up then would sit back down on the low bed. R1 was tall, thin built and muscular. Z3 (R1's daughter) stated, "(R1) worked in a warehouse moving heavy crates and running a forklift until recently when (R1) had kidney stone removal. It was after that when (R1) became increasingly confused and more physically agressive. I say more because when we were children (R1) used to beat all four of us kids, so this behavior is not new, its just now (R1) hasn't got any way to control it."

Nurses notes for R1 dated 09/29/12 and signed by E12 (LPN/Licensed Practical Nurse) document the following regarding R1's first physically agressive incident while residing on the dementia

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	145645	A. BUILDING _____ B. WING _____	C 10/26/2012

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
FOREST HILL HEALTH AND REHAB	4747 11TH STREET EAST MOLINE, IL 61244

(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
F9999	Continued From page 45	F9999		

unit of the facility:

At 10PM R1 was walking around other residents taking off their lap blankets and trying to get them up out of their chairs. R1 then began "beating" another resident (R3). A third resident (R2) tried to intervene when R1 turned and knocked R3 to the floor. R1 grabbed R2 by the throat and started "beating him in the face and head." E12 attempted to intervene and said to R1 "you're going to kill (R2)" -before R1 finally stopped. E12 notified the police and R1 was transferred to the mental health hospital. Nurses notes continue to document that R2 and R3 were sent to the emergency room for evaluation. Nurses notes for R2 dated 09/29/12 at 10AM document R2 received a laceration above the left eye requiring three stitches, and also recieved facial swelling during the incident with R1.

On 10/09/12 R2 was lying in bed. R2 is a small framed male resident who is ambulatory. R2 had a laceration with three sutures over left eye. The laceration was closed with yellowish purple bruising around the area. There was light yellowish bruising still on R2's neck. Admission face sheet for R2 documents date of birth as 07/19/28 (84 years old). The POS(Physicians Order Sheet) for R2 documents the following diagnoses: "Congestive Heart Failure; Atrial Fibrillation; Rheumatoid Arthritis; and Cardiovascular Disease."

Nurses notes for R3 dated 09/29/12 document regarding incident with R1, that R3 received a skin tear to the left hand, bruising of the face, and was sent to the emergency room for evaluation returning later the same evening. On 10/09/12 at

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	145645	A. BUILDING _____ B. WING _____	C 10/26/2012

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
FOREST HILL HEALTH AND REHAB	4747 11TH STREET EAST MOLINE, IL 61244

(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
F9999	Continued From page 46 11:45AM R3 was sitting in the dining room with head down on the table. R3 is a thin framed male resident who is confused and disoriented when asked specific questions. R3 had a skin tear on the left hand which was scabbed over in appearance. The surrounding skin was slightly pinkish yellow. R3 had light yellow bruising still on the face. Admission face sheet for R3 documents date of birth as 12/20/27(84 years old). The POS for R3 dated 10/01/12 documents the following diagnoses: "Cerebrovascular Accident; Congestive Heart Failure; Diabetes Mellitus; and history of Myocardial Infarction." The MDS (Minimum Data Set) for R3 dated 06/11/12 documents that R3 is ambulatory with one assist and confused. Nurses notes for R1 dated 09/29/12 document that R1 returned to the facility later the same evening accompanied by "two EMT's (Emergency Medical Technicians) who had R1 "strapped down on the gurney." Same nurses notes document that R1 was moved to the Behavior Unit of the facility. The care plan for R1 contained no new interventions after the incident with R2 and R3 other than "continue one to one" which was ineffective. Nurses notes for the same date signed by E12 document that E1 (DON/Director of Nursing) was notified and asked that R1's family be called if his behavior worsened so they could come sit with the resident. E12 called R1's daughter/POA (Power of Attorney) who told E12 that none of R1's four children would come sit with during aggressive behaviors because that would only make the resident worse. R1's care plan documented R1 was placed on one to one staff supervision.	F9999		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	145645	A. BUILDING _____ B. WING _____	C 10/26/2012

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
FOREST HILL HEALTH AND REHAB	4747 11TH STREET EAST MOLINE, IL 61244

(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
F9999	Continued From page 47	F9999		

On 10/06/12 at 1:00PM E4 (LPN/Licensed Practical Nurse) stated, "We use the UA (Unit Assist) to watch (R1) but they really don't have any special training and most of the time when (R1) becomes mean they can't do anything except call out for help and try to not get hurt by him."

At 10:00AM on 10/06/12 E10 CNA(Certified Nurse Aide) stated, "I'm scared of (R1). When this resident goes off we just aren't capable of controlling that behavior. It took four of us this morning to get the resident under control. (R1) kicked (E4/CNA) so hard she is now limping. We just don't have enough help to keep (R1) under control and we haven't been trained in what to do when this happens. The UA's watch (R1) when they are here and they are scared of him. They are not CNA's and have no training. (R1) was chasing one of them (UA's) down the hall the other night. She(UA) was scared he was going to hurt her."

On 10/06/12 at 3:00PM E3(CNA), E4(CNA), and E5 (CNA) who work second shift all verified that they did not feel they were capable of taking care of R1 during outbursts of aggressive behavior and did not feel adequately trained in handling this resident's behavior.

On 10/09/12 at 1:00PM E2 (DON) stated, "Whenever we place a resident on one to one the staff is supposed to be within at least 5 feet of the resident being observed."

Nurses notes for R1 dated 10/01/12 at 12:50PM document that R1 was leaving the dining room and stopped in front of another resident (R31).

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	145645	A. BUILDING _____ B. WING _____	C 10/26/2012

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
FOREST HILL HEALTH AND REHAB	4747 11TH STREET EAST MOLINE, IL 61244

(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
F9999	Continued From page 48	F9999		

After a verbal exchange R1 grabbed R31's thumb. R1 then placed hands around R31's neck, before throwing R31's food on the floor. Staff intervened and separated the residents.

Nurses notes for R1 dated 10/01/12 at 1:15PM document the following order: Ativan 2mg (antianxiety mediation), Benadryl 50mg (antihistamine/sedative), and Haldol 5mg (antipsychotic medication) all IM (Intramuscularly every eight hours prn (as needed) for severe agitation. Nurses notes for R1 contain no documentation of this prn order given to R1 after the unprovolked altercation with R31. The care plan for R1 contains no documentation of new interventions initiated to prevent further aggressive behavior and no interventions directing staff in methods to protect other residents during R1's aggressive outbursts. Despite R1's unprovoked assault on R31, clinical records for this date contain no assessment of R1's behavior immediately after the incident until several hours later when R1 assualted a staff member.

On 10/06/12 at 1:00PM R31(male resident) stated, "I don't know why (R1) did that. (R1) was walking by me alone while I was eating. I thought (R1) was going to start taking food off my plate so I said 'no'. (R1) grabbed my thumb and twisted it then my neck. Then (R1) tried to choke me. I was sitting at the table and couldn't get up. The aides finally came over and got (R1) away from me. I don't know why someone like that is here. You never know when (R1) is going to explode and attack someone. (R1) even goes after staff. I saw (R1) chasing one of the girls down the hall. She looked scared, like (R1) was going to hurt

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	145645	A. BUILDING _____ B. WING _____	C 10/26/2012

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
FOREST HILL HEALTH AND REHAB	4747 11TH STREET EAST MOLINE, IL 61244

(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
F9999	Continued From page 49	F9999		

her."

Nurses notes for R1 dated 10/01/12 at 1:00PM document order received for Fentanyl Patch 25mcg (micrograms) for pain. Medical record for R1 contains no documentation of R1 complaining of pain, no assessment scale addressing level of pain, and no indication of a history of pain. On 10/09/12 at 1:15PM E2 (DON) stated, "We were basically thinking maybe this aggressive behavior was a result of pain. I guess we were groping at straws thinking it might calm (R1) down."

Nurses notes for R1 dated 10/01/12 at 4:00PM document that R1 was "scratching and punching" at UA (Unit Assistant). UA received scratches to the back of the neck. Ativan, Benadryl, Haldol given IM was given to R1 at this time, which calmed R1 down for "approximately two hours, then R1 started to take clothes off in front of others and "crawling" on hands and knees while residents are trying to watch television. Nurses notes contain no documentation of R1 being attended one on one at the time of this incident.

Nurses notes for R1 dated 10/03/12 at 2:30AM document that R1 was up at the beginning of the shift (second shift) . "Kicked UA" and started "chasing her down the hall" until a CNA (Certified Nurse Aide) "got" (R1) before the resident could hurt the UA.

On 10/06/12 at 2:00PM E1 (DON) stated, "UA's are not CNA's, they just do odd and end things. They don't have any special training. We have not trained them in how to handle residents with aggressive behaviors. When we have a UA on duty they are assigned one on one to (R1).

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	145645	A. BUILDING _____ B. WING _____	C 10/26/2012

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
FOREST HILL HEALTH AND REHAB	4747 11TH STREET EAST MOLINE, IL 61244

(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
F9999	Continued From page 50	F9999		

When (R1) becomes aggressive, all the UA can do is try to redirect or call for help."

Nurses notes for R1 dated 10/06/12 at 9:00AM and signed by E3(LPN/Licensed Practical Nurse) document that R1 came "running" out of room naked and was being directed to go back into the bedroom. R1 began swinging fists at staff then returned to room and put pants on. R1 then came back out into the hallway carrying a hanger and "as (R1) was passing residents started hitting them with the hanger. Other (residents') were told to stay away from (R1) while additional CNA's and Dietary staff were called in to help."

At 11:00AM physician gave orders for "Geodon(antipsychotic medication used to control behavior) 40mg(milligrams) IM or PO (by mouth) now and 80mg at 4:00PM." At 11:05AM Surveyor heard E3 call the order into the pharmacy. At 11:30AM on 10/06/12 with surveyor present, Z3 (R1's daughter) came up to E3 and said, "When is that medication going to get here. (R1's) medication is wearing off and I am afraid the behaviors are coming back. I'm afraid of what (R1) might do." E3 responded, "I better go call that pharmacy back. I didn't tell them it was a STAT (Immediate) order and I need to do that." At this time, R1 was wandering up and down the hallways accompanied by daughter. At 1:30PM the medication had still not been delivered from the pharmacy. Z1 (R1's co-attending physician) was at the facility. Z1 wrote a prescription for Risperdal 1mg BID(twice daily) and asked Z3 (R1's daughter) to go to the local pharmacy and get the prescription filled. At 1:50PM on the same date, E3 stated, "Since we didn't get the Geodon here in time, (Z1) wants to try the Risperdal and

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	145645	A. BUILDING _____ B. WING _____	C 10/26/2012

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
FOREST HILL HEALTH AND REHAB	4747 11TH STREET EAST MOLINE, IL 61244

(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
F9999	Continued From page 51	F9999		

we are to hold the Geodon until we see how (R1) responds to the Risperdal."

At 2:00PM on 10/06/12 E4 (CNA) stated, "(R1) came out with a clothes hanger and was running down the hall hitting other residents with it. I didn't see the UA anywhere around so I tried to stop (R1) and got kicked and hit with the hanger. I finally just walked away from the resident. I couldn't handle it and didn't know what else to do. (R1) kicked me so hard it hurt my hip which is why I am limping."

On 10/09/12 at 1:30PM E1 (DON) stated, "I wasn't aware how many residents (R1) hit with the hanger. There was no incident report started and I don't know who was involved. I don't know if the UA was in the room with (R1) then or not. I didn't investigate that."

At 12:10PM on 10/06/12 Z1 (R1's co-attending physician) stated, "(R1) has a history of aggressive behavior. This resident was at another facility just across town and had a similar pattern of behaviors. I don't know why this facility opted to take this resident. It is obvious that they are not capable of handling this type of behavior."

At 12:50PM on 10/06/12 Z2 (R1's attending physician) stated, "I had this resident at another nursing home prior to coming here. There is a long history of aggressive behavior as well as physical outburst at the previous facility. I was surprised they (facility) agreed to take (R1) here. They aren't capable of controlling this."

Nurses notes from R1's previous facility document recent history of aggressive/physical

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	145645	A. BUILDING _____ B. WING _____	C 10/26/2012

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
FOREST HILL HEALTH AND REHAB	4747 11TH STREET EAST MOLINE, IL 61244

(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
F9999	Continued From page 52	F9999		

behavior.

Previous facility nurses notes found in R1's current clinical record at current facility document that on 09/22/12 at 9:25PM R1 was taking clothes off and during redirection attempted to hit nurse. Resident "fought" staff and pushed one CNA against the wall causing her to hit her head on the television mounted to the wall. R1 then grabbed another CNA and bent his thumb back, knocking him to the floor where R1 kept repeatedly kicking him. R1 then began "messing" with the sink in the bathroom and was trying to "pull sink off the wall". R1 had something "metal" in mouth and when the nurse attempted to remove the object (R1) grabbed the nurse by the wrist and twisted it until the nurse "cried out in pain" causing R1 to let go.

At 9:30PM on 09/22/12 nurses notes from R1's previous facility found in R1's clinical records at current facility document that the resident was attempting to go out the exit door and was stopped by a CNA who R1 "pushed" against the wall. A male CNA attempted to intervene when R1 hit him in the chest and jumped on him knocking both of them to the floor. All staff had to "tackle" the resident to get resident off the male CNA. The police were called and there resident was transported to the emergency room for evaluation.

On 09/25/12 at 7:30PM nurses notes from R1's previous facility found in R1's clinical record at current facility documented that all staff was paged outside to assist a staff member who had taken R1 outside for a walk. R1 became aggressive with the staff member and took off

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	145645	A. BUILDING _____ B. WING _____	C 10/26/2012

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
FOREST HILL HEALTH AND REHAB	4747 11TH STREET EAST MOLINE, IL 61244

(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
F9999	Continued From page 53	F9999		

running from the staff member towards a church nearby. The staff member attempted to stop R1 when R1 began swinging at the staff member. The staff member had to "restrain (R1) on the ground so "(R1) wouldn't hurt anyone" until help arrived.

On 10/09/12 at 12:30PM E11 (Admission Coordinator) stated, "When I get a call about a new referral I have them fax me nurses notes, history/physical, and medication orders. Then I go over it with (E1/DON) and we decide to go do a visit onsite. I got all the paperwork including nurses notes for (R1) from the previous facility and shared them with (E1). When we decide to take any referral the Administrator gives final approval. I was aware of (R1's) behavior in the previous facility but on the day we visited the resident was calm."

On 10/09/12 at 12:50PM E2 (DON) stated, "I saw all the paperwork including nurses notes for (R1) and decided to make a visit with (E11) to see (R1). While we were there the resident was calm. I read about (R1's) behavior but just felt it was the approach the previous facility took with the resident. Now I know differently."

(A)