

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 145200	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 03/07/2013
NAME OF PROVIDER OR SUPPLIER FRANKLIN GROVE LIVING AND REHAB			STREET ADDRESS, CITY, STATE, ZIP CODE 502 NORTH STATE STREET FRANKLIN GROVE, IL 61031		
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F 323	Continued From page 13 her strength was so strong that it took four women to get her off of me". R1 said when R2 shook her arm it caused her arm to bleed and left bruises. R1 said after the incident, she told a Nursing Assistant in the dining room that she did not want to sit by R2 anymore. Staff moved R2 but she kept going back to R1's table so they stopped. R1 stated, "I don't want to go to the dining room to be by her, I'm worried she will do it again to me or someone else". R1 showed her left arm injury to the surveyor. A scabbed skin tear approximately 4 inches long, and bruising was noted to her left forearm. R1 said on the day after the incident she was in the blue room making a phone call. She said R2 came up to her "a couple times" and would not leave. R1 said she had to ask a CNA to make her leave the room. E1 said, "I was afraid when she kept coming up to me because I have no legs and only one good arm and cannot protect myself or get away from her if she tries to hurt me..."	F 323			
F9999	FINAL OBSERVATIONS Licensure Violations: 300.1210b) 300.1210d)6) 300.1220b)3) 300.3240a) Section 300.1210 General Requirements for Nursing and Personal Care	F9999			

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F9999	<p>Continued From page 14</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>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:</p> <p>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.</p> <p>Section 300.1220 Supervision of Nursing Services</p> <p>b) The DON shall supervise and oversee the nursing services of the facility, including:</p> <p>3) Developing an up-to-date resident care plan for each resident based on the resident's comprehensive assessment, individual needs and goals to be accomplished, physician's orders, and personal care and nursing needs. Personnel, representing other services such as nursing,</p>	F9999			

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F9999	<p>Continued From page 15</p> <p>activities, dietary, and such other modalities as are ordered by the physician, shall be involved in the preparation of the resident care plan. The plan shall be in writing and shall be reviewed and modified in keeping with the care needed as indicated by the resident's condition. The plan shall be reviewed at least every three months.</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 Requirements are not met as evidenced by:</p> <p>Based on observation, interview, and record review, the facility failed to review and revise resident care plans after R1 showed increased anxiety and respiratory distress and ongoing fears after an incident with R2. R2's care plan was not revised to show planned interventions for R2's behaviors.</p> <p>This applies to 2 of 3 residents (R1, R2) reviewed for care plan revisions in the sample of 3.</p> <p>The findings include:</p> <p>1. R1's Minimum Data Set (MDS) of 11/17/12, shows that R1 is cognitively intact and has had an increase in depressive symptoms since the previous MDS (11/1/2012). R1 is dependent</p>	F9999			

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OMB NO. 0938-0391

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F9999	<p>Continued From page 16</p> <p>upon staff for transfers, dressing, hygiene and bathing. She has impairments to her upper and lower extremities. R1's Abuse/Neglect Assessment dated 2/18/13 identifies R1 as being at high risk for abuse/neglect related to her "physical impairment", and "dependance on others for care and eating".</p> <p>A facility investigation report, signed by E1 (Administrator) states, "Received report of possible resident to resident abuse 2/20/13. Resident's were seated together in dining room when (R2) reached over and grabbed R1's hotdog and crumbled it up. (R1) moved (R2's) hand away at which time (R2) grabbed (R1's) left arm causing skin tear in 2 places with some bruising noted..."</p> <p>A bruise report, dated 2/22/2013, documents R1 has 2 bruises on her left arm measuring 3.2 cm (centimeters)X 3.5 cm and the other measuring 2.7 cm X 3.9 cm. R1 had a skin tear measuring 3.0 cm X 3.0 cm. The report also documents R1 had a bruise to the left anterior hand measuring 4.1 cm X 1.1 cm.</p> <p>On 2/26/13 at 11:30 AM, R1 stated, "I don't feel like they watch her (R2). This is my home and I should be able to live here and feel safe. I should not have to be afraid all the time in my own home". R1 told of an incident that took place on 2/20/2013 between her and R2. R1 said she was sitting in the dining room, waiting for dinner, when R2 approached her table and took her clothing protector. R2 refused to give back R1's clothing protector and yelled at R1, called her a name, and threatened to spit on her. When R1 raised her arm to protect her face, R2 grabbed her arm,</p>	F9999			

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F9999	<p>Continued From page 17</p> <p>squeezed and shook it, and left R1 with a skin tear and bruises. R1 said she since the incident she has been anxious, scared, and afraid of R2, and does not want to eat in the dining room.</p> <p>E1 (Administrator) submitted documentation on 2/27/13 at 3:41 PM. The documentation states that R1 "expresses fear and anxiety which has been accompanied by a decrease in oxygen sats ongoing".</p> <p>R1's care plans, dated 9/3/12, includes Health Conditions, Urinary Incontinence/Catheter, Pressure Ulcers, ADL Functional/Rehab Potential, Mood State, Falls, and Nutritional Status. No updates to these interventions have been added since the incident occurred. There are no plans of care to address R1's safety concerns, anxiety, fear, respiratory status, and wounds.</p> <p>A 2/18/13, Abuse/Neglect Assessment identifies R1 as high risk for abuse/neglect. R1 does not have a care plan addressing her risk for abuse/neglect or how the facility will assure R1's safety. There are no updated care plans regarding the 2/20/13 altercation between R1 and R2 or interventions to prevent similar occurrences from happening.</p> <p>On 2/26/13, at 1:00 PM, E2 (Director of Nursing) and E4 (Registered Nurse) were interviewed. E2 said no new interventions have been implemented to address R1's safety, anxiety, fear, respiratory status, and wounds. E4 said no interventions were put into place for R1 because she was not the one who exhibited the behaviors during the incident.</p>	F9999			

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F9999	Continued From page 18 On 2/26/2013 at 1:00 PM, E3 (Social Services) said there should be a careplan with interventions to address R1's fear and anxiety as a result of the 2/20/2013 incident involving R1 and R2. 2. R2's Minimum Data Set of 12/27/2012 documents the resident has cognitive impairment. She has behavior symptoms directed toward others. She is independent with ambulation. An Abuse/Neglect Assessment of 12/28/2012 documents R2 is at high risk for abuse. A Cognitive Impairment careplan (12/28/2012) lists an intervention to "re-direct from others if upsets them. Irritable at times, may need to re-approach". Nursing Notes from 12/18/2012 through 1/17/2013 states the following, "wanders in other resident rooms at night. Up and down, opening and closing bathroom and bedroom doors; up and out- other resident rooms, attempted to leave facility X2; took medication with some difficulty, re-approached X 3; difficult to redirect at time." Behavior Coupons for R2 document the following: "2/19/2013 Resident wanting to fidget, look at papers or anything at nurses station. When redirected to keep papers, etc at desk, resident not easily redirected. Starting to throw papers onto desk instead of setting them down. Seems more irritable with redirection. 2/21/13 Resident scratched CNA and threw BM at her and grabbed CNA's ponytail." R2's careplans of 12/28/2012 include: Moderately impaired cognition, requires cues and supervision; Incontinence; Possible Risk for falls; Potential Alteration in nutrition; Requires extensive assistance with bathing, dressing, toileting needs, hygiene; and Potential for abuse	F9999			

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F9999	<p>Continued From page 19</p> <p>related to confusion, independent with mobility. The interventions include: abuse assessment; identify residents with potential for abuse by place a red dot on their wheel chair tag and on the nameplate of room; provide simple cues and redirection for confused wanderers; provide immediate diversion such as snack, activity, or exercise; provide an open forum to air feelings if resident verbalizes or appears frustrated, angry or upset; address physical needs; encourage to be in common living areas when up; attempt to identify patterns and causative factors on an ongoing basis for abuse potential; encourage staff to report all episodes of abuse, and potential for abuse such as increased wandering or confusion; routine inservices regarding abuse; discourage from going into other rooms; 1 to 1 visits 2-3 times weekly by social services. The care plan does not address R2's behaviors in the dining room of taking other resident's clothing protectors and silverware. The care plan does not mention the 2/20/2013 altercation between R1 and R2 or offer interventions to prevent another such occurrence.</p> <p>The facility's undated Care Plan Revision / Up-date policy and procedure states the facility will only review, revise, and update care plans during the scheduled MDS (Minimum Data Set) assessments.</p> <p>(B)</p>	F9999			