STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	145275	A. BUILDING _____ B. WING _____	07/24/2013

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
TIMBERCREEK REHAB & HEALTHCARE CENTER	2220 STATE STREET PEKIN, IL 61554

(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 456 SS=E	Continued From page 21 OPERATING CONDITION The facility must maintain all essential mechanical, electrical, and patient care equipment in safe operating condition. This REQUIREMENT is not met as evidenced by: Based on observation and record review, the facility failed to maintain resident nurse calls in two bathroom/restroom locations in a good working condition on one residential wing of two in the building. This failure had the potential to affect five residents (R36 to R40) on the supplemental sample who were physically able to independently use the two bathrooms. Findings include: During the general tour with E24 (Maintenance Supervisor) and E25 (Maintenance Assistant) on 7/23/13 at 2 PM, the nurse call light in the hallway and the light at the nurses' station failed to light when the call device was activated at the toilet and a shower stall in the unlocked B wing 200 Hall shower room. The call light also failed to light in the hallway when the call device was activated in the unlocked B100 Ladies' toilet room. A list was provided by E2 (Director of Nursing) on 7/24/13 of independently ambulatory residents residing on the B100 and B200 halls who are capable of using the toilet facilities in the above rooms. The list included residents R36 to R40.	F 456		
F9999	FINAL OBSERVATIONS	F9999		

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F9999	Continued From page 22 LICENSURE VIOLATIONS: 300.610a) 300.1010h) 300.1210b) 300.1210d)3) 300.1220b)3) 300.3240a) Section 300.610 Resident Care Policies a) The facility shall have written policies and procedures governing all services provided by the facility. The written policies and procedures 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. The policies shall comply with the Act and this Part. The written policies shall be followed in operating the facility and shall be reviewed at least annually by this committee, documented by written, signed and dated minutes of the meeting. Section 300.1010 Medical Care Policies h) The facility shall notify the resident's physician of any accident, injury, or significant change in a resident's condition that threatens the health, safety or welfare of a resident, including, but not limited to, the presence of incipient or manifest decubitus ulcers or a weight loss or gain of five percent or more within a period of 30 days. The facility shall obtain and record the physician's plan of care for the care or treatment of such accident,	F9999		

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F9999	Continued From page 23 injury or change in condition at the time of notification. 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. 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: 3) Objective observations of changes in a resident's condition, including mental and emotional changes, as a means for analyzing and determining care required and the need for further medical evaluation and treatment shall be made by nursing staff and recorded in the resident's medical record. Section 300.1220 Supervision of Nursing Services b) The DON shall supervise and oversee the nursing services of the facility, including: 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,	F9999		

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and personal care and nursing needs. Personnel, representing other services such as nursing, 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.

Section 300.3240 Abuse and Neglect
a) An owner, licensee, administrator, employee or agent of a facility shall not abuse or neglect a resident.

Based on observations, record review and interview, the facility failed to assess, develop and implement individual pain interventions for one of one resident (R3) experiencing pain in the sample of 22. This failure resulted in R3 having episodes of pain in the chest and back as result of fall. The facility also failed to follow their policy to monitor pain for eight of eight residents (R3, R7-12, and R14) reviewed for pain in the sample of 22.

Findings include:

1. Facility Pain Prevention and Treatment policy dated 1/2010 documents "an assessment of pain will be completed with changes in residents condition, self reporting of pain, or evidence of behavior cues indicative of the presence of pain and documented in the nurses notes or on the Pain Management Flow Sheet. This will include, but not limited to, date, rating, treatment intervention, and resident response. The Pain Management will be initiated for those residents with daily pain, diagnosis that will anticipate pain

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(i.e., fractures)".

On 7/21/2013 from 4:30 p.m. to 4:45 p.m., R3 was sitting near the nurses' station in a wheelchair displaying facial grimacing and yelling loudly "Ow". On 7/21/2013 at 4:45 p.m., when R3 was asked about pain R3 nodded (R3's) head yes and pointed at (R3's) center upper chest and back. On 7/21/2013 at 4:50 p.m., E15 (Patient Care Coordinator) asked R3 if R3 was having pain. R3 replied, "Yes".

On 7/22/2013 at 11:10 a.m., E23 (Certified Nurse Assistant, CNA) stated, "R3 always complains of pain and seems to hurt everywhere, everyday."

On 7/22/2013 11:30 a.m., R24 stated, "R3 do you (R3) have pain?" R3 pointed at R3's chest and stated, "Yes. Terrible pain." R24 stated, "Ask the nurse and she can give you (R3) something."

On 7/22/2013 at 2:20 p.m., E20 (CNA) and E21 (CNA) transferred R3 from a wheelchair to a reclining chair using a transfer (gait) belt across R3's upper chest area. During placement of the transfer belt R3 yelled "Ow. Ow. Just a minute". During transfer, R3 yelled, "Take it off. Ow. Ow. Ow. Down. Down." E11 (Registered Nurse Consultant), E22 (CNA), and E1 (Administrator) were present during transfer.

On 7/22/2013 at 9:55 a.m., E4 (Care Plan Coordinator) confirmed that R3's care plan dated 5/23/2013 did not include interventions for pain.

On 7/22/2013 10:07 a.m., E18 (Licensed Practical Nurse, LPN) stated, "We are not doing a pain management flow sheet for R3."

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On 7/22/2013 at 10:12 a.m., E2 (DON) stated, "Every resident, every shift should have a pain assessment completed." E2 stated, "I am having a problem getting the staff to fill them out."

On 7/22/2013 at 3:15 p.m., Z1 (R3's Physician) states, "I was not aware that (R1) was having pain issues. Thanks for letting me know and I will call R3's nurse. I didn't really have (R3) on any strong pain medicine. I will talk to facility about completing R3's transfers."

Fall Analysis Log documents R3 fell on 5/22/2013 resulting in rib pain. Local emergency room report dated 5/23/2013 R3 states,
"acute (new) fractures of R3's third, fourth, eighth and ninth ribs."

Fall Analysis Log documents R3 fell on 7/21/2013 resulting in about a 2 inch cut on R3's forehead requiring 8 stitches and R3 fell on 7/16/2013 with no injury.

Nurses' notes document R3 with unrated signs and symptoms of pain or discomfort on 5/22/2013, 6/17/2013, 7/07/2013, 7/08/2013, 7/21/2013, and 7/22/2013.

PRN (as needed) Medication Information Sheet indicates that R3 received pain medication at 7/22/2013 at 7:30a.m., and next on 7/23/2013 at about 6:30 a.m.

PRN (as needed) Medication Information sheet indicates on 7/23/2013 at about 6:30 a.m., R3 assessed for pain R3 indicated 10 on a scale of zero to 10 with 10 being highest level of pain and R3 received 50 milligrams (m.g.) of Tramadol (pain medication).

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2. R12's Physician Order Sheet dated 07/01/13 through 07/31/13 documents R12's diagnoses as Stroke, Seizure Disorder, Peripheral Artery Disease (narrowing of the blood vessels in the legs), high cholesterol, and insomnia (difficulty sleeping).

R12's Physician Progress Notes dated 05/31/13 documents R12's past surgical history, "back surgery lumbar with fixation and hardware in 2004."

R12's Physician Order Sheet dated 07/01/13 through 07/31/13 document the medication order, "Norco (narcotic pain medication) one tablet by mouth at bedtime." These same orders also document the medication order, "Norco one tablet by mouth every four to six hours as needed for pain."

Facility's Pain Prevention & Treatment Policy dated January 2010 documents, "The Pain Management Flow Sheet will be initiated for those residents with but not limited to: routine pain medication, daily pain, diagnosis that may anticipate pain (i.e. arthritis, wounds, fractures, etc.)"

On 07/23/13 at 1:42 p.m., R12 was laying in R12's bed. R12 verified that R12 takes Norco daily, "for my back pain and pain in my left leg." R12 then stated that facility staff does not ask about R12's pain, or the effectiveness of R12's scheduled Norco dose. R12 also stated, "it (Norco) really isn't effective at all. My leg always hurts."

R12's medical record did not contain Pain

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F9999	Continued From page 28 Management Flow Sheets, verified by E2, Director of Nursing, on 07/22/13 at 10:12 a.m. On 07/22/13 at 10:45 a.m., E18, Licensed Practical Nurse, stated the facility is not completing Pain Management Flow Sheets. R7's medical record does not contain Pain Management Flow Sheets, as documented on R7's Care Plan dated 04/27/13. R8's medical record does not contain Pain Management Flow Sheets, as documented on R8's Care Plan dated 07/23/13. R9's medical record does not contain Pain Management Flow Sheets, as documented on R9's Care Plan dated 05/12/13. R10's medical record does not contain Pain Management Flow Sheets, as documented on R10's Care Plan dated 04/30/13. R11's medical record does not contain Pain Management Flow Sheets, as documented on R11's Care Plan dated 04/04/13. R14's medical record does not contain Pain Management Flow Sheets, as documented on R14's Care Plan dated 06/28/13. (B)	F9999		