PRINTED: 09/10/2020 FORM APPROVED OMB NO. 0938-0391

	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		IPLE CONSTRUCTION  NG	(X3) DATE SURVEY COMPLETED
		145937	B. WING _		C <b>08/18/2020</b>
NAME OF F	PROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZIP CODE	-
FOREST	CITY REHAB & NRS	G CTR		321 ARNOLD AVENUE ROCKFORD, IL 61108	
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES  MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORREC (EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APPF DEFICIENCY)	OULD BE COMPLÉTION
F 000	INITIAL COMMENT	TS .	F 00	00	
	F600 J & F689 J	ncident of 8/4/2020/IL125667: 2/IL125679: F600 J & F689 J			
F 600 SS=J	Free from Abuse ar	•	F 60	00	8/21/20
	Exploitation The resident has th neglect, misapprop and exploitation as includes but is not I corporal punishmer	e right to be free from abuse, riation of resident property, defined in this subpart. This imited to freedom from ht, involuntary seclusion and mical restraint not required to medical symptoms.			
	§483.12(a) The fac	ility must-			
	physical abuse, cor involuntary seclusic This REQUIREMEN by: Based on observat	poral punishment, or poral punishment, or on; NT is not met as evidenced ion, interview, and record tiled to prevent resident to		F600 S/S=J	
	resident abuse, this and subsequent de	failure led to the strangulation ath of R1 by R2. This applies R1) reviewed for abuse in the			
	sample of 6.	d in an immediate jeopardy.		Corrective actions which will be accomplished for those resident have been affected by the deficit	ts found to
	when facility staff fir	pardy began on 7/21/2020 rst became aware that R1 about his roommate. The		practice.  1. On 8.7.2020 The facility corentire house audit to ensure that	
ABORATORY		DER/SUPPLIER REPRESENTATIVE'S SIGN	NATURE	TITLE	(X6) DATE

**Electronically Signed** 

08/27/2020

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.

	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	. ,	LE CONSTRUCTION		PLETED
		145937	B. WING		08/1	; 8/2020
	PROVIDER OR SUPPLIER CITY REHAB & NRS	G CTR	;	STREET ADDRESS, CITY, STATE, ZIP CODE 321 ARNOLD AVENUE ROCKFORD, IL 61108	,	
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECT (EACH CORRECTIVE ACTION SHOU CROSS-REFERENCED TO THE APPRODEFICIENCY)	JLD BE	(X5) COMPLETION DATE
F 600	immediate jeopard V1 (Administrator) Immediate Jeopard confirmed by observeriew that the immon 8/14/2020 but not Level Two because evaluate the implementation the in-service training. The findings included R1's Face Sheet state of 6/30/2020 of Il diabetes, Schizoa Depressive Disorded R2's Face Sheet state of 6/17/2020 of Schizoaffective dispsychosis not due physical condition.  The facility's Amen event on 8/4/2020 was a physical alter R2 "grabbed (R1) apoint, (R1) passed nurse's station to remains in the neurospital).  The Police Report interview between showed R2 and R1 regarding R1 breakthe window that mor R1 approached R2	y was identified on 8/5/2020. was informed of the dy on 8/13/2020. The surveyor vation, interview and record nediate jeopardy was removed oncompliance remains at a eladditional time is needed to mentation and effectiveness of ng.  e:  nowed an original admission with diagnoses to include: Type affective Disorder, and Major	F 600	no concerns with existing room-12. 8.13.2020 The facility compl second house audit to ensure the are no concerns with existing room-mates.  3. R1 &R2 no longer reside in the longer resident practice:  • All residents have the potential fected  What measures will be put into p	eted a at there he facility residents d by the ial to be lace or re that ur: arding of abuse on the ervision 020 and gnition of staff on evention as 020 ification	

F 600 Continued From page 2 because he was raped in the past." The report showed R1 punched R2 and R2 put him in a "headlock until (R1) he became unconscious." On 8/11/2020 at 10:30 AM, V22 R1's Attending Physician stated, there has been little change in R1's condition and "there is little hope for any neurological recoveryThere is no etiology (cause) to explain his condition other than the strangulation. The CT was negative for fractures or subluxation. (dislocation)"  F 600 Continued From page 2 because he was raped in the past." The report reporting to administration. a. Forest City educates facility staff on crises intervention/behavior intervention techniques on hire, annually and as needed. i. Education completed 8.14.2020 ii. QAPI Audits initiated 8.14.2020 4. QAPI audits are being completed to properly implement increased supervision with incompatible roommates and identify a resident with a history of violence towards roommates initiated 8.14.2020	-	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	` '	PLE CONSTRUCTION  G	СОМ	E SURVEY PLETED
FOREST CITY REHAB & NRSG CTR  SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL TAG  Continued From page 2 because he was raped in the past." The report showed R1 punched R2 and R2 put him in a "headlock until (R1) he became unconscious."  On 8/11/2020 at 10:30 AM, V22 R1's Attending Physician stated, there has been little change in R1's condition and "there is little hope for any neurological recoveryThere is no etiology (cause) to explain his condition there than the strangulation. The CT was negative for fractures or subluxation. (dislocation)"  STREET ADDRESS, CITY, STATE, ZIP CODE 321 ARNOLD AVENUE ROCKFORD, IL 61108  PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)  F 600  reporting to administration. a. Forest City educates facility staff on crises intervention/behavior intervention techniques on hire, annually and as needed. i. Education completed 8.14.2020 ii. QAPI Audits initiated 8.14.2020 4. QAPI audits are being completed to properly implement increased supervision with incompatible roommates and identify a resident with a history of violence towards roommates initiated 8.14.2020			145937	B. WING			
F 600  Continued From page 2  because he was raped in the past." The report showed R1 punched R2 and R2 put him in a "headlock until (R1) he became unconscious."  On 8/11/2020 at 10:30 AM, V22 R1's Attending Physician stated, there has been little change in R1's condition and "there is little hope for any neurological recoveryThere is no etiology (cause) to explain his condition other than the strangulation. The CT was negative for fractures or subluxation. (dislocation)"  F 600  F 60			G CTR		321 ARNOLD AVENUE		
because he was raped in the past." The report showed R1 punched R2 and R2 put him in a "headlock until (R1) he became unconscious."  On 8/11/2020 at 10:30 AM, V22 R1's Attending Physician stated, there has been little change in R1's condition and "there is little hope for any neurological recoveryThere is no etiology (cause) to explain his condition other than the strangulation. The CT was negative for fractures or subluxation. (dislocation)"  On 8/12/2020 at 3:50 PM V26 Social Worker at local hospital stated R1 had passed away the	PRÉFIX	(EACH DEFICIENC)	Y MUST BE PRECEDED BY FULL	PREFIX	(EACH CORRECTIVE ACTION SHOU CROSS-REFERENCED TO THE APPRO	LD BE	(X5) COMPLETION DATE
R1's Incident Note from 8/5/2020 at 1:25 AM showed, "At approximately (11:25 PM), client's roommate [R2] said to staff, 'I think I killed my roommate.' Staff rushed to client's room and observed him unresponsive lying face down on the bedroom floor. The 1st bed (roommate's) was pushed diagonally toward the 2nd bed (client's). A code blue and 911 was called. CPR was initiated "  On 8/5/2020 at 3:07 PM, V11 Licensed Practical Nurse stated, R2 approached the second-floor nursing station at approximately 11:30 PM on 8/4/2020. V11 stated, "(R2) goes by the phone and asks to use the phone and I told him it's kind of late thinking he wanted to call his Mom." V11 said, as R2 was walking away he said, "You need to call 911my roommate jumped on me and punched me in the nose, and I think I killed my roommate." V11 stated, she ran to R1/R2's room and found R1 lying face down, unresponsive,	F 600	because he was rashowed R1 punche "headlock until (R1 On 8/11/2020 at 10 Physician stated, the R1's condition and neurological recove (cause) to explain strangulation. The or subluxation. (distrangulation. The or subluxation of 8/12/2020 at 3: local hospital stated afternoon floor. Was pushed diagor (client's). A code be was initiated "  On 8/5/2020 at 3: local hospital stated and asks to use the of late thinking he was and asks to use the of late thinking he was and asks to use the of late thinking he was all 911my roopunched me in the roommate." V11 stated was all 911my roopunched me in the roommate."	ped in the past." The report and R2 and R2 put him in a ) he became unconscious."  2:30 AM, V22 R1's Attending there has been little change in "there is little hope for any eryThere is no etiology his condition other than the CT was negative for fractures location)"  50 PM V26 Social Worker at d R1 had passed away the 020.  from 8/5/2020 at 1:25 AM kimately (11:25 PM), client's d to staff, 'I think I killed my ushed to client's room and sponsive lying face down on The 1st bed (roommate's) hally toward the 2nd bed believe and 911 was called. CPR  7 PM, V11 Licensed Practical pproached the second-floor approximately 11:30 PM on ed, "(R2) goes by the phone end, "(R2) goes by the phone end, "(R2) goes by the phone and I told him it's kind wanted to call his Mom." V11 alking away he said, "You need mmate jumped on me and nose, and I think I killed my tated, she ran to R1/R2's room	F 600	reporting to administration.  a. Forest City educates facility socises intervention/behavior intervechniques on hire, annually and needed.  i. Education completed 8.14.20 ii. QAPI Audits initiated 8.14.20 4. QAPI audits are being complement increased su with incompatible roommates and a resident with a history of violent towards roommates initiated 8.14  Quality Assurance Plans to monimperformance to make that the coare achieved and are permanent  Results of the audits conduct stated above, by the DON or deside analyzed with the Quality Analerformance Improvement Company a period of no less than 4 months.  This POC is overseen and months aperiod of no less than 4 months.  This POC is overseen and months aperiod of months aperiod of months aperiod of months aperiod of months.  This POC is overseen and months aperiod of months aperiod of months aperiod of months aperiod of months.  This POC is overseen and months aperiod of months aperi	vention as  020 20 eted to pervision d identify ce 1.2020  tor facility rrections : ted, as ignee will ysis mittee for s. conitored ag the or.	

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		145937	B. WING	i			C <b>18/2020</b>
	PROVIDER OR SUPPLIER	l	1	32	TREET ADDRESS, CITY, STATE, ZIP CODE 21 ARNOLD AVENUE OCKFORD, IL 61108	<u>  00/</u>	10/2020
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREF TAG		PROVIDER'S PLAN OF CORRECTIO (EACH CORRECTIVE ACTION SHOULE CROSS-REFERENCED TO THE APPROP DEFICIENCY)	BE	(X5) COMPLETION DATE
F 600	On 8/7/2020 at 10: Emergency Room "(R2) admitted to d know how long he punched me so I ci "Strangulation cohe came in with if i "He (R2) said they the room, one wan it off. (R2) got up t (R1) got up and pu (R2) choked him."  On 8/5/2020 at 1:5 broken window and window had an app 8/5/2020 at 1:55 Pl the broken window occurred the night  On 8/7/2020 at 8:5 Neuro Intensive Cahospital where he window bruising to his bilat sized scabs to his suctioned R1's throsen. V21 attempt was no response. stated R1's sedative approximately 30 mgagging" despite here on 8/6/2020 at 12: On 8/6/2020 at 12:	30 AM, V7 R1 and R2's physician on 8/5/2020 said, oing the choking but he didn't choked him for. (R2) said, he hoked him." V7 stated uld have caused the condition twas long enough." V7 said, were fighting over the light in ted it on and the other wanted of turn it off and the other guy niched him and that's when 3 PM, R1 and R2's room had at the wall adjacent to the proximate inch hole. On M, V24 Housekeeping stated was a new issue and had before.  6 AM, R1 was observed in the are Unit (ICU) at a local area was on a ventilator. R1 had eral knuckles and two quarter eft knee. V21 R1's ICU nurse and and no gag reflex was seed painful stimuli and there On 8/7/2020 at 9:05 AM, V21 re had been turned off for ninutes and R1 was "not aving a breathing tube in place of the company of		600			
	regarding an incide	ent on 7/21/2020. V5 said, (R2) was telling me that (R1)					

	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	` '	TIPLE CONSTRUCTION ING		` ´COM	E SURVEY IPLETED
		145937	B. WING				C <b>18/2020</b>
	PROVIDER OR SUPPLIER CITY REHAB & NRS			STREET ADDRESS, CITY, STATE 321 ARNOLD AVENUE ROCKFORD, IL 61108	, ZIP CODE	<u> </u>	10/2020
(X4) ID PREFIX TAG	(EACH DEFICIENC)	TEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFI TAG		CTION SHOULD O THE APPROPE	BE	(X5) COMPLETION DATE
F 600	said he smelled. S deodorant. I said, 'I He (R2) said if ther move rooms; but I have a room availa available we will me would like to move availableIt's not li to move, but I didn' the time. I did com Director)"  On 8/7/2020 at 12: Guardian stated, "(Director) knows this roommate. (R2) sa his breath and I told told him (V4) and I had requested ano about it and I never felt like that she wa another room, but s match." V20 said, bad."  The facility's Abuse Policy and Procedus howed "Abuse is of injury, unreasona or punishment with harmWillful as us means the individud deliberately, not that intended to inflict in	o, (R2) asked about Do you want a room move?' e was room he would like to told him at that time we don't ble but when one comes ove him. He (R2) said he in the future when ke there wasn't room for him t feel like it was necessary at municate that with (V4 SS  19 PM, V20 R2's Legal R2) told me, and (V4 SS s, that he didn't really like his aid (R1) talks about me under d him he has to get along. I had a conversation; that (R2) ther roommate. She called me heard any more about it I s going to move him to she was trying to find him a "His (R2) impulse control is  Prevention Program Facility are reviewed on 1/4/2019 defined as the willful infliction able confinement, intimidation resulting physical and the individual must have any more acted at the individual must have higury or harm."	F 6	500			
	7/21/2020 was rem	opardy that began on oved on 8/14/2020 when the owing actions to remove the					

	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	, ,	TIPLE CONSTRUCTION  ING			PLETED
		145937	B. WING			08/1	) 18/2020
	PROVIDER OR SUPPLIER CITY REHAB & NRS	G CTR		STREET ADDRESS, CITY, STATE, ZI 321 ARNOLD AVENUE ROCKFORD, IL 61108	P CODE	<u> </u>	
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES  Y MUST BE PRECEDED BY FULL  SC IDENTIFYING INFORMATION)	ID PREFI TAG		ION SHOULD HE APPROPR	BE	(X5) COMPLETION DATE
F 600	PM. R2 was 1:1 supolice arrived and to 2. On 8/14/2020 the prevention of reside 3. On 8/14/2020 the early recognition of 4. On 8/14/2020 the crisis prevention. 5. On 8/14/2020 the wide audit of room developed policies roommates are character of the CHAR report. If were assigned to the character of the compatibility. 10. On 8/14/2020 the compatibility. 11. On 8/14/2020 sany resident to residents to specific compatibility. 11. On 8/14/2020 sany resident to contact 12. On 8/14/2020 the contact 12. On 8/14/2020 the character of the contact 12. On 8/14/2020 the contact 12. On 8/14/2020 the character of the characte	e police were called at 11:30 upervision by staff until the ook over. He facility educated staff on ent to resident abuse. He facility educated staff on escalating behaviors. He facility educated staff on the efacility educated staff on the efacility completed a facility mate compatibility and for a 72-hour follow-up when anged. He facility audited its residents priate level of supervision per Based on the audit, residents the appropriate group therapy. He added to the facility's QAPI to be receiving appropriate the facility implemented a facility ensure roommate.		500			

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION  A. BUILDING			(X3) DATE SURVEY COMPLETED		
		145937	B. WING _		08	C / <b>18/2020</b>	
	PROVIDER OR SUPPLIER	G CTR		STREET ADDRESS, CITY, STATE, ZIP CODE 321 ARNOLD AVENUE ROCKFORD, IL 61108			
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORREC (EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APP DEFICIENCY)	OULD BE	(X5) COMPLETION DATE	
F 600	review the facility fresident abuse, this and subsequent do to 1 of 6 residents sample of 6.  This failure resulte  The immediate jeo when facility staff for began complaining immediate jeopard V1 (Administrator) Immediate Jeopard V1 (Administrator) Immediate Jeopard Confirmed by obserview that the immon 8/14/2020 but in Level Two because evaluate the implet the in-service train  The findings include R1's Face Sheet state of 6/30/2020 volumed in the inversion of the pressive Disord R2's Face Sheet state of 6/17/2020 volumed in the service disposed in the physical condition.  The facility's Amendiate The facility's Amendiate of the subsequence of the service	ion, interview, and record ailed to prevent resident to a failure led to the strangulation eath of R1 by R2. This applies (R1) reviewed for abuse in the d in an immediate jeopardy.  pardy began on 7/21/2020 irst became aware that R1 about his roommate. The y was identified on 8/5/2020. was informed of the dy on 8/13/2020. The surveyor rotation, interview and record nediate jeopardy was removed oncompliance remains at a enadditional time is needed to mentation and effectiveness of ing.  The incompliance is needed to mentation and effectiveness of ing.  The incompliance is needed to mentation and effectiveness of ing.  The incompliance is needed to mentation and effectiveness of ing.  The incompliance is needed to mentation and effectiveness of ing.  The incompliance is needed to mentation and effectiveness of ing.  The incompliance is needed to mentation and effectiveness of ing.  The incompliance is needed to mentation and effectiveness of ing.  The incompliance is needed to mentation and effectiveness of ing.  The incompliance is needed to mentation and effectiveness of ing.  The incompliance is needed to mentation and effectiveness of ing.	F 60				
		at 11:31 PM showed, there reation between R1 and R2;					

	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	` '	IPLE CONSTRUCTION  NG	CON	TE SURVEY MPLETED
		145937	B. WING _			C / <b>18/2020</b>
	PROVIDER OR SUPPLIER  CITY REHAB & NRS	G CTR		STREET ADDRESS, CITY, STATE, ZIP COD 321 ARNOLD AVENUE ROCKFORD, IL 61108	•	
(X4) ID PREFIX TAG	(EACH DEFICIENC)	TEMENT OF DEFICIENCIES  / MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRE (EACH CORRECTIVE ACTION SH CROSS-REFERENCED TO THE API DEFICIENCY)	HOULD BE	(X5) COMPLETION DATE
F 600	point, (R1) passed nurse's station to re remains in the neur hospital).  The Police Report of interview between purchased R2 and R1 regarding R1 break the window that more R1 approached R2 like when people labecause he was rashowed R1 punche "headlock until (R1)"  On 8/11/2020 at 10 Physician stated, the R1's condition and neurological recover (cause) to explain his strangulation. The or subluxation. (disconsidered in the property of the showed, "At approximate of R2] said roommate [R2] said roommate.' Staff roobserved him unrest the bedroom floor. was pushed diagon.	dated 8/5/2020 showed an colice and R2. The report had argued for the last week ing the toilet and R1 breaking wrining. The report continued, and "he (R2) said he does not reger than him get close to him ped in the past." The report d R2 and R2 put him in a he became unconscious."  30 AM, V22 R1's Attending there is little hope for any eryThere is no etiology his condition other than the CT was negative for fractures location)"	F 60			

	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	` '	TIPLE CONSTRUCTION ING		OATE SURVEY OMPLETED
		145937	B. WING			C <b>08/18/2020</b>
	PROVIDER OR SUPPLIER	G CTR		STREET ADDRESS, CITY, STATE, ZIP CO 321 ARNOLD AVENUE ROCKFORD, IL 61108		
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFI TAG		SHOULD BE	(X5) COMPLETION DATE
F 600	Nurse stated, R2 a nursing station at a 8/4/2020. V11 stat and asks to use the of late thinking he said, as R2 was wato call 911my roo punched me in the roommate." V11 stand found R1 lying pulseless, and not On 8/7/2020 at 10: Emergency Room "(R2) admitted to dknow how long he punched me so I ci "Strangulation cohe came in with if i "He (R2) said they the room, one wan it off. (R2) got up to (R1) got up and put (R2) choked him." On 8/5/2020 at 1:55 Pl the broken window occurred the night On 8/7/2020 at 8:5	7 PM, V11 Licensed Practical pproached the second floor approximately 11:30 PM on ed, "(R2) goes by the phone e phone and I told him it's kind wanted to call his Mom." V11 alking away he said, "You need mmate jumped on me and nose and I think I killed my tated, she ran to R1/R2's room face down, unresponsive, breathing.  30 AM, V7 R1 and R2's physician on 8/5/2020 said, loing the choking but he didn't choked him for. (R2) said, he hoked him." V7 stated buld have caused the condition that was long enough." V7 said, were fighting over the light in the dit on and the other wanted to turn it off and the other guy niched him and that's when  3 PM, R1 and R2's room had and the wall adjacent to the proximate inch hole. On M, V24 Housekeeping stated was a new issue and had before.  6 AM, R1 was observed in the	F6	600		
	hospital where he was bruising to his bilat sized scabs to his li	are Unit (ICU) at a local area was on a ventilator. R1 had eral knuckles and two quarter left knee. V21 R1's ICU nurse bat and no gag reflex was				

` '		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	` ,	TIPLE CONSTRUCTION DING		(X3) DATE SURVEY COMPLETED	
		145937	B. WING				C 1 <b>8/2020</b>
	PROVIDER OR SUPPLIER CITY REHAB & NRS	G CTR		STREET ADDRESS, CITY, STATE, ZIF 321 ARNOLD AVENUE ROCKFORD, IL 61108	, CODE		
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFI TAG		ON SHOULD HE APPROPI	BE	(X5) COMPLETION DATE
F 600	was no response. stated R1's sedatival approximately 30 mgagging" despite his R2's "Notice of Roomoved in with R1 of Con 8/6/2020 at 12: stated she was call regarding an incide "When I walked in, said he smelled. Sedeodorant. I said 'Equation (R2) said if there we rooms; but I told him room available but will move him. He move in the future there wasn't room feel like it was need communicate that we communicate that the communicate that the communicate that the communicate it and I never felt like that she we another room but seed in the facility's Abuse of the control	ed painful stimuli and there On 8/7/2020 at 9:05 AM, V21 e had been turned off for ninutes and R1 was "not aving a breathing tube in place. om Transfer" showed R2 was	F	600			

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(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF COR (EACH CORRECTIVE ACTION S CROSS-REFERENCED TO THE A DEFICIENCY)	SHOULD BE	(X5) COMPLETION DATE
F 600	of injury, unreason or punishment with harmWillful as us means the individu	defined as the willful infliction able confinement, intimidation resulting physical sed in this definition of abuse, all must have acted at the individual must have	F 60	00		
	7/21/2020 was rem	opardy that began on noved on 8/14/2020 when the owing actions to remove the				
	PM. R2 was 1:1 s police arrived and 2. On 8/14/2020 th prevention of resid 3. On 8/14/2020 th early recognition of 4. On 8/14/2020 the	e police were called at 11:30 upervision by staff until the took over. The facility educated staff on ent to resident abuse. The facility educated staff on f escalating behaviors. The facility educated staff on the fa				
	wide audit of room developed policies roommates are ch. 9. On 8/14/2020 th to determine approthe CHAR report. were assigned to t This audit has bee	ne facility completed a facility mate compatibility and for a 72 hour follow-up when anged. e facility audited its residents opriate level of supervision per Based on the audit, residents he appropriate group therapy. In added to the facility's QAPI to re receiving appropriate				
	therapy. 10. On 8/14/2020 policy for weekly reresidents to specificompatibility.	the facility implemented a bunding on Moderate Risk ically ensure roommate				

-	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	` '	TIPLE CONSTRUCTION ING	COM	E SURVEY MPLETED
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	PROVIDER OR SUPPLIER	G CTR		STREET ADDRESS, CITY, STATE, ZIP CODE 321 ARNOLD AVENUE ROCKFORD, IL 61108		10/2020
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES 'MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFI TAG		ULD BE	(X5) COMPLETION DATE
F 689 SS=J	any resident to reside administrator, educe eductated to stay wand educated to con 12. On 8/14/2020 to verbal and non-verbaggression and how Free of Accident Hac CFR(s): 483.25(d) (1) \$483.25(d) (1) The resident facility must en \$483.25(d)(1) The resident \$483.25(d)(2) Each supervision and assaccidents.	dent conflict to the ated to seperate the residents, ith the residents for safety, ntact psych social. he facility trained staff on both oal signs of increasing v to react to those signs. azards/Supervision/Devices 1)(2)  ts. sure that - resident environment remains hazards as is possible; and resident receives adequate sistance devices to prevent	F 6			8/21/20
	by: Based on observat review the facility fa one resident (R1) b incompatible room properly implement resident (R2); and t resident with a histo roommates. These altercation between subsequent strangu applies to 2 of 6 res safety/supervision i This failure resulted  The immediate jeop when facility staff fit began complaining	ion, interview, and record iled to ensure the safety of y not separating two nates; the facility failed to increased supervision for a he facility failed to identify a bry of violence towards failures resulted in a physical R1 and R2 and the ulation and death of R1. This sidents (R1, R2) reviewed for in the sample 6. It in an immediate jeopardy.		F689 S/S=J  Corrective actions which will be accomplished for those residen have been affected by the defic practice.  1. On 8.7.2020 The facility correntire house audit to ensure that no concerns with existing room-2. 8.13.2020 The facility comp second house audit to ensure that are no concerns with existing room-mates.  3. R1 & R2 no longer reside at	ent npleted an t there are mates. leted a nat there	

	EMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE S COMPL  A. BUILDING  C		PLETED			
		145937	B. WING _			C 1 <b>8/2020</b>
	PROVIDER OR SUPPLIER	G CTR		STREET ADDRESS, CITY, STATE, ZIP CODE 321 ARNOLD AVENUE ROCKFORD, IL 61108		10,2020
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTI (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPRO DEFICIENCY)	D BE	(X5) COMPLETION DATE
F 689	V1 (Administrator) Immediate Jeopard confirmed by obsethe immediate jeopa 8/14/2020 but none Two because additevaluate the impleit the in-service train. The findings included R1's Face Sheet state of 6/30/2020 volumed R2's Face Sheet state of 6/30/2020 volumed R2's Face Sheet state of 6/17/2020 volumed R2's Face Sheet state of 6/30/2020 volumed R2's Face Sheet state	was informed of the dy on 8/13/2020. The surveyor reation, and record review that pardy was removed on compliance remains at a Level ional time is needed to mentation and effectiveness of ing.  e:  howed an original admission with diagnoses to include: Type affective Disorder, and Major	F 68	facility  How the facility will identify other having the potential to be affected same deficient practice:  • All residents have the potential affected  What measures will be put into playstemic changes made to ensure the deficient practice will not recurred.  1. System to determine if roomer are compatible and revisit as combehaviors arise.  a. Interdisciplinary (IDT) reviews roommate selection on admission room-changes. Social Service Camanagers follow up for 72 hours room move/new admission for rocompatibility and weekly. Resider encouraged to seek staff assistant there is room-mate conflict. Staff educated to intervene immediated conflict with room mates arise and the event to management.  i. Audit initiated 8.14.2020  1. Audit: IDT review for room-m selection on admission and room changes, 72 follow up to show the Services is following up on roomer compatibility on admission and we Residents are encouraged to see assistance with roommate conflicing in IDT and including Social Serviceducation completed 8.14.2020  2. System to determine level of	al to be  ace or e that r  nates flicts and se post ommate nts are nce when is y when d report  ate  at Social nate eekly. out staff t.	

		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	` '	PLE CONSTRUCTION  G		PLETED
		145937	B. WING		08/-	; 18/2020
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F 689	hospital).  On 8/11/2020 at 10 Physician stated, the R1's condition and neurological recover neurological activity to explain his conditions. The or subluxation. (distrangulation. The or subluxation. (distrangulation. The or subluxation. (distrangulation. On 8/12/2020 at 3: local hospital stated afternoon.  On 8/5/2020 at 1:55 Please the broken window and window had an app 8/5/2020 at 1:55 Please the broken window occurred the night. On 8/7/2020 at 8:50 Neuro Intensive Cathospital where he will bruising to his bilated scabs to his lease to suctioned R1's throsen. V21 attempt was no response. Stated his sedative approximately 30 mgagging" despite his R1's Incident Note showed, "At approximate [R2] said	ro intensive care unit at (a local ro intensive care has been little change in "there is little hope for any ery. He has no real yThere is no etiology (cause) ition other than the CT was negative for fractures location)"  50 PM, V26 Social Worker at d R1 had passed away this  3 PM, R1 and R2's room had a d the wall adjacent to the proximate inch hole. On M, V24 Housekeeping stated was a new issue and had	F 689	supervision for the moderate risk of per the CHAR report.  a. A Social Service Case manag assigned to the moderate risk offer i. Baseline audit completed 8.14 by Social Services to identify the clevel of residents (low, moderate a high-according to the State Police ii. On-going QAPI audit initiated 8.14.2020 to ensure that residents been identified at low, moderate or risk.  b. Resident is assigned to a group relevant to identified offenders that moderate and high risk.  i. Baseline audit completed 8.14 to ensure that moderate and high-offenders are assigned to a group relevant to the identified risk level. ii. Groups are determined with II resident and POA involvement to the group is appropriate for the ris iii. Groups include:  1. Criminal history: Resident is evaluated for group programming includes, but not limited to:  a. New Beginnings  i. Mental Illness and criminal be ii. Responsibility for behavior iii. Offense Cycle  iv. Triggers to reoffend  v. Cognitive distortions  vi. Substance abuse and crime  vii. Victimless crime  viii. Finance and crime  ix. Error common in criminal thinl  x. Conflict resolution  b. Anger Management  i. What makes me angry	er is enders 1.2020 offender and 1.2020 rhat is tare 1.2020 risk that is DT, ensure k level. which havior	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING		(X3) DATE SURVEY COMPLETED	
		145937	B. WING		C <b>08/18/2020</b>	
_	NAME OF PROVIDER OR SUPPLIER  FOREST CITY REHAB & NRSG CTR  (X4) ID SUMMARY STATEMENT OF DEFICIENCIES			STREET ADDRESS, CITY, STATE, ZIP CODE 321 ARNOLD AVENUE ROCKFORD, IL 61108	1 33, 13, 232	
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTIO (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROP DEFICIENCY)	D BE COMPLÉTION	
F 689	the bedroom floor. was pushed diagor (client's). A code by was initiated "  On 8/5/2020 at 3:0 Nurse stated, R2 and a stated, R2 and asks to use the of late thinking he said, as R2 was wato call 911my roopunched me in the roommate." V11 stand found R1 lying pulseless, and not  On 8/7/2020 at 10: Emergency Room "(R2) admitted to dknow how long he punched me, so I of "Strangulation cohe came in with if in "He (R2) said they the room, one wan it off. (R2) got up to (R1) got up and put (R2) choked him."	The 1st bed (roommate's) nally toward the 2nd bed of lue and 911 was called. CPR  7 PM, V11 Licensed Practical pproached the second floor approximately 11:30 PM on ed, "(R2) goes by the phone end I told him it's kind wanted to call his Mom." V11 alking away he said, "You need mmate jumped on me and nose and I think I killed my stated, she ran to R1/R2's room face down, unresponsive, breathing.  30 AM, V7 R1 and R2's physician on 8/5/2020 said, oing the choking but he didn't choked him." V7 stated ald have caused the condition towas long enough." V7 said, were fighting over the light in ted it on and the other wanted to turn it off and the other guy nched him and that's when	F 689	ii. Recognize your anger iii. Relaxation techniques iv. Express anger constructively v. Anger warning signs vi. Negative results of anger c. Symptom Education i. What is mental illness ii. Diagnosis iii. Symptoms iv. Coping v. Controlling hallucinations d. Human Sexuality i. Safe sex ii. Healthy relationships iii. Building trust iv. Romantic partners v. Self Esteem vi. Self Respect vii. Violence e. Social Skills and Communicati i. Appropriate behavior ii. Accept social norms iii. Dealing with people iv. Resolving conflict-roommates -notifying staff v. Learning how to start a conver vi. Learning nonverbal cues vii. Talking on the telephone viii. Making eye contact ix. Shopping x. Public transportation xi. Manners xii. Getting along with others f. Substance Abuse i. What is a narcotic		
	AM showed, "SS (S resident in his room	e note from 7/21/2020 at 10:21 Social Services) approached in following a report that etting along with roommate.		<ul><li>ii. Different types of drugs</li><li>iii. Alcohol effects on the brain</li><li>iv. Dependency and addiction</li><li>v. 10 things to do instead of drug</li></ul>	s	

	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	` '			SURVEY PLETED
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	PROVIDER OR SUPPLIER CITY REHAB & NRS	G CTR	;	STREET ADDRESS, CITY, STATE, ZIP CODE 321 ARNOLD AVENUE ROCKFORD, IL 61108	<u> </u>	J; 2020
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F 689	Staff inquired what replied, He smells, can smell him. The resident's roommar resident continued had body odor. Staresident denied and ignore"(Incident or residents becoming R2's Social Service AM showed, "SS (Social Services AM showed, "R2) at transfer rooms, sonce a room becar V5 Social Services AM showed and that time we but when one come He (R2) said he would him at that time we but when one come He (R2) said he wowhen availableIt's him to move, but I at the time. I did co Director)"  On 8/7/2020 at 12: Guardian stated, "(Director) knows thir roommate. (R2) said is breath and I told is brea	the issue was, and (R1) take your mask off and you continued that the had just showered but to state that the roommate aff suggested a room move but docontinued to occurred within 5 days or groommates.)  Note from 7/21/2020 at 11:03 Social Services) met with (R2) with roommate. It was tent and roommate were not inded him that if he still wants staff will assist him to move the available" Note signed by	F 689	iv. On-going QAPI audit is initiated 8.14.2020  1. Audit covers moderate and hig offenders are assigned to a group relevant to the identified risk level version collaboration of the resident, IDT, Fapplicable)  c. Social Services Case manager meet with moderate risk residents to review room-mate compatibility a follow up on other potential issues. assigned case manager will docum weekly review to identify and room concerns  i. Social Services Case manager education is complete 8.14.2020  Social Services Case managers wi with moderate risk residents weekly review room-mate compatibility and up on other potential issues. The assigned case manager will docum weekly review to identify roommate concerns  ii. On-going QAPI audit initiated 8.14.2020  1. To ensure social services case managers have met with moderate residents weekly to address room a concerns  d. Front line staff is educated on identifying environmental concerns physical and mental changes regar possible aggression or a concern. Example include, but not limited to Environment: broken window-what happened? Room is in a disarray in than usual -what happened? Broke equipment, holes in walls: what	h-risk that is with POA (if rs will weekly and The ment the mate of the risk mate rding reding red	

	D PLAN OF CORRECTION   IDENTIFICATION NUMBER: A. BUILDING   COMP		SURVEY PLETED					
		145937	B. WING		08/1	C 18/2020		
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F 689	had requested and about it and I never felt like that she was another room, but match." V20 said, bad."  On 6/29/2020 at 3: medical records from defending and that protes from 4/1/2020 angry at his roomn altercation. He state coming and they he physician note from behaviors have be argument with a rochange rooms" 5/7/2020 showed, a bit of a problem. with roommates as On 8/7/2020 at 1:3 at R1's previous locontacted in regard and R1's behavior. Physical altercation "After the roommates and puwe also did some a with the two of their that incident with the complaining that hid didn't want to live vericking a fight."  On 8/7/2020 at 2:4	ther roommate. She called me r heard any more about it I as going to move him to she was trying to find him a "His (R2) impulse control is  08 PM, the facility received om R1's previous Long-Term ollowing documents were acket. R1's Nurse Practitioner showed, "He had gotten nate and they got into an tes that this was a long time ave had issues" R1's an 4/8/2020 showed, "His en a bit off lately. He had an ommate and has since had to R1's physician note from 'His behaviors continue to be Recently he had some issues	F 689	happened? Alert supervisor Physical: change in appearance, person-why? Alert supervisor. Me changes: escalating behavior, bel out of the ordinary, aggression-ale supervisor.  3. Staff is educated on identifyin escalating behaviors and reporting facility administration.  a. Staff is educated on hire, ann as needed i. All staff is educated on identificating behaviors and reporting resident concerns to facility administration.  1. Education includes how to ide escalating behaviors and reporting resident concerns to facility administration.  1. Education includes how to ide escalating behaviors and reporting resident concerns to facility administration assigned during the week from 7PM. Social Services is in the fact 9PM. The abuse coordinator (Administrator) is contacted after behaviors that cannot be manage police, physician and family is not applicable. The clinical department on-call staff member available 24. Department head numbers are posten to ensure staff education has bee completed on escalating behavior reporting to facility administration.  iii. Baseline audit completed 8.14 to ensure staff education has bee completed on escalating behavior reporting to facility administration.  iii. On-going QAPI audit and eduregarding staff identifying resident escalating behaviors and reporting concerns to facility administration audit also covers that front-line staff concerns to facility administration.	ntal navior ert  g g to  ually and ying g entify g nistration ot on duty 7A to ility until hours for d. The ified, if nt has a /7. ested at 4.2020 n s and cation t g . The			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	, ,	PLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
		145937	B. WING		08/1	8/2020
NAME OF F	PROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZIP CODE	1 30/11	0/2020
				321 ARNOLD AVENUE		
FOREST	CITY REHAB & NRS	G CTR		ROCKFORD, IL 61108		
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F 689	Continued From pa	age 17	F 689	9		
	described in the me previous long-term had known about the long-term care faci putting him (R1) in R1's Care Plan shot behaviors that incluand physical aggre 7/8/2020 Pt display staff."  R2's 6/15/2020 Base "Multiple Hits" regarmed From a local "Reason for Admissipsychosis, Lack of others with psychosis and circumstances	edical records from R1's care facility. V4 stated, "If I ne incident at (R1's previous lity) I would have looked at a single room by himself."  owed, "Pt (patient) exhibits ude but are not limited to verbal ssion towards other. On red verbal aggression towards  ckground Check showed rding criminal past.  charge Order and Transition al Behavioral Hospital showed, sion: Danger to self with impulse control, Danger to sis" The record continued, ssors (Behaviors, situations that put at emotional risk) are:		how to contact facility administrat 4. System to identify escalating behaviors and implement/develop and procedures to manage behav protect resident's safety. a. Forest City educates facility s crises intervention/Behavior interv techniques on hire, annually and a needed. i. Re-Education initiated 8.12.20 identifying escalating behaviors a managing behaviors to protect re- safety. ii. On-going QAPI Audits initiate 8.14.2020 to identify escalating be and manage resident behaviors to resident safety b. Facility staff is educated on A and Resident Rights upon hire, an and as needed. i. Education audit on abuse trai resident rights On-going complete	o policy viors to taff on vention as 020 on and sident d ehaviors o protect buse nnually	
	and Like things to be R2's Nursing Facili Summary Informat "6-7 prior arrests (chospital staff, the ptimes for stealing courchasing guns. In grandfather's car. was stopped because wrong side of the repatient may have a from his familyThe start fires at his hor	ty Placement Assessment ion dated 6/17/2020 showed, dates unknown) According to atient has been arrested three arsand a few times for a May 2020 he stole his He was driving to Indiana and use he was driving on the boad. It is unclear, but the a restraining order against him are patient has a tendency to me or in hotelsHe continues ity contact with no insight or		8.14.2020 ii. QAPI Audits initiated 8.14.202 ensure if aware of the abuse reporequirements and resident rights. 5. QAPI audits to prevent resider resident abuse initiated 8.14.2020  Quality Assurance Plans to monit performance to make that the corare achieved and are permanent:  Results of the audits conduct stated above, by the DON or designed.	orting ont to or facility rections ed, as	
		verity of his MI (Mental		be analyzed with the Quality Analy		

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	PROVIDER OR SUPPLIER CITY REHAB & NRS	G CTR		STREET ADDRESS, CITY, STATE, ZIP CO 321 ARNOLD AVENUE ROCKFORD, IL 61108		
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F 689	Illness)The patient (for) worsening psyself, being kicked of for destructive behave and to his own with legal guardianship inability to care for with no regard for his paranoia was so in moving car with his being hospitalized) several occasions he does not need a Identification) cardstreatment multiple of the referred to as CHA "Moderate Risk-Th supervision and most standard or routine facility"  R1 and R2's room (end) of their hallway on 8/7/2020 at 11:3 Assistant stated, "I R2) backgrounds of any special superviare supposed to do warranted; (R1 or fine checks whenever I On 8/14/2020 at 8:1 Nurse stated, there monitored more free monitored more free control of the c	ont was hospitalized on 5/16/20 rechosis, inability to care for put of family homes and hotels aviors, and paranoia with no well-being. His mother has of the patient due to his himself. He is rather impulsive himself or others (i.e. his tense he tried to jump out of a mother driving just beforeHe has gone to Indiana on to purchase firearms because a FOID (Firearms OwnerHe has been court ordered to times"  Inders Program (commonly R report) shows him to be a is resident requires closer ore frequent observation than for most resident in an open	F 68	Performance Improvement a period of no less than 4 m This POC is overseen a by the quality and performar improvement committee, inc. Administrator and medical documents when corrective action completed: 8/21/2020	onths. and monitored nce cluding the lirector.	

	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	` '	TIPLE CONSTRUCTION  NG		DATE SURVEY COMPLETED
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F 689	Director stated the received was 1 to 1 and "usually a daily R2's 6/30/2020 Car Participation Log sh family, or guardian On 8/7/2020 at 12: Guardian stated sh plan meeting. V20 facility to set up the until a week before The Immediate Jeo 7/21/2020 was rem facility took the following family famil	250 AM, V4 Social Service only increased supervision R2 group therapy twice a week visit" by social services.  e Plan Conference nowed there was no staff, participation.  19 PM, V20 R2's Legal e was not contacted for a care stated she had to contact the meeting and it was not done the incident.  pardy that began on oved on 8/14/2020 when the wing actions to remove the police were called at 11:30 pervision by staff until the pook over.  e facility educated staff on escalating behaviors. e facility educated staff on escalating behaviors. e facility completed a facility nate compatibility and for a 72-hour follow-up when	F 6	89		

	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION  A. BUILDING			COMPLETED	
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NAME OF PROVIDER OR SUPPLIER  FOREST CITY REHAB & NRSG CTR  (X4) ID SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL				STREET ADDRESS, CITY, STATE, ZIP COI 321 ARNOLD AVENUE ROCKFORD, IL 61108		0/10/2020	
(X4) ID PREFIX TAG	(EACH DEFICIENCY		ID PREFI TAG		HOULD BE	(X5) COMPLETION DATE	
F 689	therapy. 10. On 8/14/2020 t policy for weekly ror residents to specific compatibility. 11. On 8/14/2020 s any resident to resident to resident to resident to stay wireducated to stay wireducated to contact 12. On 8/14/2020 t verbal and non-verb	he facility implemented a unding on Moderate Risk cally ensure roommate staff were educated to report dent conflict to the ated to separate the residents, and the residents for safety, and	F 6	389			