STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	145987	A. BUILDING _____ B. WING _____	C 05/11/2015

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
RIVER CROSSING REHAB	**1145 FRANK STREET GALESBURG, IL 61401**

(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 000	INITIAL COMMENTS	F 000		
F 323 SS=D	Complaint #1522355/IL#76923 483.25(h) FREE OF ACCIDENT HAZARDS/SUPERVISION/DEVICES The facility must ensure that the resident environment remains as free of accident hazards as is possible; and each resident receives adequate supervision and assistance devices to prevent accidents. This REQUIREMENT is not met as evidenced by: Based on interview and record review, the facility failed to implement interventions to prevent resident to resident altercations for one of three residents (R1) reviewed for abuse in the sample of three. Findings include: R1's Electronic Physician's orders document that R1 has the diagnoses of schizophrenia, depressive disorder, and Schizoaffective disorder. R1's MDS (Minimum Data Set), dated 4/24/15, documents that R3 has a BIMS (Brief Interview for Mental Status) score of 11 (Moderately impaired). R1's Behavior documentation, dated 4/2015 documents that from 4/20/15 thru 4/30/15 R1 had incidents of physical and/or verbal aggression: 4/20/15, 4/27/15, 4/28/15, 4/29/15, and 4/30/15.	F 323		5/21/15

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE 05/27/2015

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.

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R1's Behavior Documentation, dated 5/2015, documents that from 5/1/15 thru 5/5/15 R1 had incidents of physical and/or verbal aggression on days and evening shift 5/2/15 and 5/4/15.

R1's Incident report, dated 4/28/15 at 9:07 p.m., states, "Incident description: R1 was spitting in staff's face and was slapping and punching staff. R1 punched R2 in the face."

R1's Progress notes, dated 5/5/15, that on 4/28/15 at 10:17 a.m., R1 stated, "I'm having bad behaviors because I want to go somewhere with younger kids and do more things. I will continue to have behaviors until I leave this place." On 5/7/15 at 11:15 a.m., E4 (Social Services Director) confirmed that R1 has made this statement to E4 and says this almost daily.

On 5/5/15 at 10:45 a.m., R2 stated, "(R1) punched me in the face. I was just sitting in the chair, and (R1) walked by. I looked at (R1) and (R1) said, 'Don't look at me,' and punched me in the face. (R1) walks around bullying all of the residents...I'm scared and always on my toes when (R1's) around because I don't know if (R1's) going to hit me again or not." R2's MDS (Minimum Data Set), dated 3/8/15, documents that R2 has a BIMS (Brief Interview for Mental Status) score of 14 (Cognitively Intact).

R1's Incident report, dated 5/1/15 at 1:30 p.m., states, "Incident description: R1 was walking past the nurse's station and R1 hit R3 in the right side of R3's back."

On 5/6/15 at 9:45 a.m., R3 stated, "(R1) slapped me in the back on 5/1/15...When (R1) hit me there was no warning. (R1) just came up and hit

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me. I've never had trouble like this before. This scares me." R3's MDS, dated 5/1/15, documents that R3 has a BIMS score of 11 (Moderately impaired).

On 5/5/15 at 2:50 p.m., E6 (Registered Nurse) stated, "On 5/2/15, (R1) was spitting in the staffs' faces when staff was staying with (R1). If the staff didn't stay with (R1), (R1) was running out the front door and putting (R1) on the ground anywhere. Anyone that was in (R1's) way that day, including residents, (R1) would attempt to hit including myself. These behaviors are on a continual basis. I'm not sure what sets (R1) off."

R1's Progress notes, dated 5/5/15, document that on 5/3/15 at 8:15 a.m. R1 threw R1's helmet and it bounced off the floor and hit R4 in the back of R4's head.

R4's Incident Report, dated 5/3/15 at 8:12 a.m., states, "Incident description: R4 stated to E5 (Licensed Practical Nurse) that (R1) threw (R1's) helmet, and it bounced and hit R4 in the head."

On 5/5/15 at 1:30 p.m., E8 (Certified Nursing Assistant) stated, "(R1) has had resident to resident altercations. When (R1's) having behaviors (R1) will just walk by other residents and try to hit them."

On 5/5/15 at 1:40 p.m., E7 (Certified Nursing Assistant) stated, "(R1) is aggressive on a daily basis if (R1) doesn't get what (R1) wants. We try to redirect (R1) but it doesn't always work...I've never seen anyone be assigned to 1:1 with (R1). We have two many residents with behaviors to have someone do a 1:1 with a resident."

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R1's Current Care plan, dated 4/20/15, documents no new interventions implemented following R1's incidents on 4/28/15, 5/1/15, and 5/3/15.

On 5/6/15 at 1:55 p.m., E4 (Social Services Director) confirmed that E4 did not implement any new interventions following R1's behavior incidents. E4 stated, "(R1) is having a hard time adjusting. (R1) has been bounced from facility to facility. (R1) has a lot of anger. I did not implement any new interventions when (R1) hit (R2). (R1) was apologetic afterwards and said it wouldn't happen again. On 5/1/15, I didn't implement any new interventions for that incident either...(R1) throws (R1's) helmet all the time. (R1) doesn't like it. I haven't done anything different for that incident either."

On 5/7/15 at 10:00 a.m., E2 (Director of Nursing) stated, "(R1) has one person with (R1) at all times when (R1) is up walking around or awake. On 5/2/15 at approximately 10:00 a.m., we started the 1:1 at all times during waking hours for (R1). When (R1) sleeps during the day, the staff member will leave (R1) in (R1's) room and check on (R1) every fifteen minutes...(R5) is the only resident that I can think of that wanders. (R5's) rooms is on the same hall as (R1) resides." E2 confirmed that from 4/20/15 to 5/1/15 no new interventions were implemented to prevent R1's behavioral incidents.

On 5/6/15 at 2:40 p.m., E1 (Administrator) stated, "Following all of (R1's) incidents I would expect the staff to implement new interventions to prevent this from further happening. I want my residents to feel safe here...We have a constant 1:1 with (R1) when (R1's) awake. There aren't

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F 323	Continued From page 4 any problems with (R1) at night so we don't need one then."	F 323		