

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 03/03/2016
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 145290		(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 02/29/2016	
NAME OF PROVIDER OR SUPPLIER MIDWEST REHAB & RESPIRATORY				STREET ADDRESS, CITY, STATE, ZIP CODE 727 NORTH 17TH STREET BELLEVILLE, IL 62226			
(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 406 SS=D	<p>Complaint #1640838/IL83395</p> <p>483.45(a) PROVIDE/OBTAIN SPECIALIZED REHAB SERVICES</p> <p>If specialized rehabilitative services such as, but not limited to, physical therapy, speech-language pathology, occupational therapy, and mental health rehabilitative services for mental illness and mental retardation, are required in the resident's comprehensive plan of care, the facility must provide the required services; or obtain the required services from an outside resource (in accordance with §483.75(h) of this part) from a provider of specialized rehabilitative services.</p> <p>This REQUIREMENT is not met as evidenced by: Based on observation, interview and record review the facility failed to provide ongoing mental health rehabilitative services for residents with mental illness for 2 of 5 residents (R1, R2) reviewed for mental health rehabilitative services in the sample of 11.</p> <p>Findings include:</p> <p>1. R2's Pre-Admission Screening and Resident Review, dated 9/19/2006, documents, "A determination was made that this individual meets the criteria for being considered to have a severe mental illness."</p> <p>R2's Minimum Data Set (MDS), dated 1/20/16, documents a primary diagnosis of Paranoid Schizophrenia and having hallucinations, delusions and other behavioral symptoms like</p>			F 406			

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

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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F 406	<p>Continued From page 1</p> <p>verbal/vocal symptoms of screaming, disruptive sounds.</p> <p>R2's Care Plan, dated 2/11/16, documents, "(R2) qualifies for Subpart S programming due to diagnosis of Schizophrenia. Focus areas include self -maintenance, social functioning, community living activities, and work related skills. Goal: Will participate in groups. Interventions: Encourage compliance with medication. Encourage participation in programming. Offer 1:1 at least once a week."</p> <p>R2's Psychosocial Progress Notes from 10/19/15 through 12/18/15 document R2 has refused to attend all groups and 1:1s.</p> <p>R2's Social Services Progress Note, dated 1/20/16, documents, "(R2) is eligible for Subpart S programming, however she does not attend. (R2) appears depressed and displays delusions, hallucinations, pacing, rejects care."</p> <p>On 2/22/16 and 2/25/16, R2 was noted in her room sitting with the television set on or walking in the hallway. R2's hair was unkept, braided and bound with rubber bands at different points along the braids. R2 refused attempts at conversation and was not present during the 2 psychosocial groups held on 2/22/16.</p> <p>On 2/25/16 at 11:01 AM, E13, Psychiatric Rehabilitation Service Coordinator (PRSC), stated R2 refused to attend groups and 1:1s as her baseline is social isolation. E13 stated R2 is technically Subpart S and she tried to use award and bribe with R2 like cigarettes if she attends groups, but it didn't work.</p>	F 406			

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F 406	<p>Continued From page 2</p> <p>On 2/25/16 at 3:00 PM, E1, Administrator, stated R2 is not an aggressive resident, her baseline being socially isolative she would not be comfortable in groups and having established rapport with R2, he would work from there.</p> <p>The facility undated Program Philosophy and Description documents, "(Facility) will provide services for Serious Mental Illness (SMI) residents that are currently residing in our facility. The focus of the program is to promote the highest functional level of each resident, encourage self determination and engagement of the resident in their rehabilitation/treatment process, enhance skills and develop programming to result in their living in a less restrictive environment, decrease cognitive impairment resulting in an increase in skill acquisition, and assist with symptom management that fosters dignity and the resident's emotional and physical safety and satisfaction."</p> <p>2. R1's face sheet documents was admitted to the facility on 6/17/09 with a diagnosis of Paranoid Schizophrenia.</p> <p>R1's Pre-Admission Screening and Resident Review, dated 1/18/2006, documents, "A determination was made that this individual meets the criteria for being considered to have a severe mental illness."</p> <p>R1's Social Service Assessment and Note, dated 12/17/15, documents, "(R1) is part of Sub-part S programming however, she refuses to attend. PRSC facilitates one-on-ones with resident. Delusions - (R1) occasionally believes she is Pocahontas or Ulysses S. Grant. Behavior</p>	F 406			

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F 406	<p>Continued From page 3</p> <p>tracking in place for hygiene, physical/verbal aggression, elopement and medications."</p> <p>The only time R1 was seen leaving her room on 2/22/16 or 2/25/16 was on 2/22/16 at 12:15 PM. At that time, R1 was walking down the hall toward her room holding a banana in her hand. R1 walked into her room and shut the door behind her. R1 did not speak or acknowledge anyone at that time.</p> <p>On 2/22/16 and 2/25/16 several passes were made by R1's room and during those times R1's door was always closed.</p> <p>On 2/22/16 at 2:30 PM R1 stated, "We stay in our room and keep our door shut."</p> <p>On 2/22/16 at 2:00 PM E 1 stated, "(R1) likes to be in her room, she is not a people person."</p> <p>The first copy of R1's most recent Care Plan provided by the facility on 2/25/16 documents in part, "(R1) is a member of (outside mental health service) Program, date initiated 2/24/16." A second copy of R1's most recent Care Plan provided by E11, MDS/Care Plan Coordinator on 2/25/16 had a line marked through "(R1) is a member of (outside mental health service) Program."</p>	F 406			