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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	145988	A. BUILDING ______ B. WING ______	06/10/2016

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SAUK VALLEY SENIOR LIVING	**1000 DIXON AVENUE ROCK FALLS, IL 61071**

(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 Annual Licensure and Certification Survey	F 000		
F 221 SS=D	483.13(a) RIGHT TO BE FREE FROM PHYSICAL RESTRAINTS The resident has the right to be free from any physical restraints imposed for purposes of discipline or convenience, and not required to treat the resident's medical symptoms. This REQUIREMENT is not met as evidenced by: Based on observation, interview and record review, the facility failed to ensure a resident was not physically restrained by being positioned in a locked wheelchair positioned under a desk. This applies to 1 resident (R13) reviewed for restraints in the supplemental sample. The findings include: On June 7, 8, 9 and 10, 2016 during survey hours, when R13 was not being fed in the dining room or in her room, she was positioned at the desk at the main nurse ' s station in a locked wheelchair with her legs underneath the desk. R13 spent her days during the survey in her locked wheelchair with her legs positioned under the desk, attempting to stand frequently. On June 9, 2016 at 9:45 AM, E6 CNA (Certified Nursing Assistant) said R13 is positioned with her legs under the desk and her wheelchair locked because "she stays put" that way and we know where she is. We've always done it that way." On June 9, 2016 at 10:10 AM, E5 Activity Director said the reason R13 is placed at the desk and her wheelchair is locked is to prevent her from falling. On June 9, 2016 at 11:10 AM, E7 Restorative CNA said she has known R13 since 1969 and	F 221		

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 221	Continued From page 1 she (R13) is positioned in her locked wheelchair with her legs under the desk for fall prevention. E7 said R13 is unable to unlock the wheelchair herself (after E7 attempted to direct/cue R13 to unlock the wheelchair). On June 9, 2016 at 12:50 PM, E2 DON (Director of Nursing) said a restraint is something that prohibits a resident from doing something they are capable of doing. On June 10, 2016 at 8:40 AM, E1 Administrator said R13 is not capable of moving the desk she is positioned under in her locked wheelchair every day. On June 10, 2016 at 8:00 AM, E18 Maintenance Director said the desk R13 is positioned at is made of solid wood and weighs between 120-150 pounds. E18 drew a diagram of the desk and measured it at six feet long, twenty-three inches in height and sixteen inches deep. R13's March 23, 2016 MDS (Minimum Data Set) shows R13 is five foot six inches tall, only 105 pounds and does not walk. This MDS shows R13 requires extensive assistance to transfer and has Non-Alzheimer's Dementia. R13's Activity care plan shows R13 has a BIMS (Brief Interview for Mental Status) score of 99 which indicates an inability to complete the interview. R13's March 23, 2016 MDS shows she sometimes makes herself understood.R13's medical record reveals no medical justification for restraining R13 and no restraint assessment. The facility does not recognize placing R13 with her legs under this desk with her wheelchair locked as a restraint. The facility's August 18, 2011 Restraint Policy shows restraints shall not be used for convenience and residents shall be allowed to be free of restraints which are not required to treat the resident's medical symptoms. This restraint policy defines a restraint as any mechanical device adjacent to the resident's body, which the	F 221		

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F 221	Continued From page 2 individual cannot remove easily and which restricts freedom of movement. This Restraint Policy shows examples of restraints such as a chair with tray table, a chair which prevents the resident from rising and placement of a chair so it prevents a resident from rising. R13's fall care plan started July 14, 2015 shows R13 is at risk for falls and has a history of falls. R13's Mood and Behavior care plan started July 7, 2015 shows R13 will stand up by herself which puts her at risk for falls and she will stand up by herself to adjust herself but needs reminders to sit down. R13's Cognition care plan started July 7, 2015 shows R13 has advanced dementia and is very forgetful. R13's Fall Risk Assessment dated March 22, 2016 shows R13 is confused all the time, requires assistance to stand and has had no falls in the last three months. R13's physician progress note by Z1 (personal physician) dated May 4, 2016 shows R13 is constantly trying to stand up. Z1's April 3, 2016 note shows R13 is seen at the center island (desk) and she is constantly trying to get up from her seat. Z1's progress note dated November 1, 2015 shows R13 at the central nurse's station where she spends most of her time trying to stand up from her chair. Z1's progress note dated October 1, 2015 shows R13 at the table trying to get up out of her chair about every 30 seconds and she requires fairly constant supervision.	F 221		
F 248 SS=E	483.15(f)(1) ACTIVITIES MEET INTERESTS/NEEDS OF EACH RES The facility must provide for an ongoing program of activities designed to meet, in accordance with the comprehensive assessment, the interests and the physical, mental, and psychosocial well-being of each resident.	F 248		

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F 248	Continued From page 3 This REQUIREMENT is not met as evidenced by: Based on interview and record review the facility failed to ensure scheduled activities were conducted on weekends. This applies to 2 of 9 residents (R3, R7) reviewed for activities in the sample of 10 and 3 residents (R13, R15, R16) in the supplemental sample. The findings include: On June 7, 2016 at 1:40 PM, R3 said there are no activities on the weekends, and weekends are very boring. R3 said we can watch T.V. but that's about it. R3 said she thinks they have movies and games, but no one runs it, so it doesn't go off as planned. R3 said the CNAs are supposed to run activities on the weekends, but no one ever initiates it. On June 8, 2016 at 9:30AM, R7 said there are no activities on the weekends, and the weekends are "boring, long days." R7 said there are activities scheduled for the weekends (Saturday and Sunday) but nobody shows up to do them, and the CNAs (Certified Nurse Assistants) do not lead the activities. On June 9, 2016 at 1:55 PM, R15 said there is nobody in charge of activities on the weekends, and there are no activities on the weekends when [E5-Activity Director] is not there. R15 said the CNAs and nurses do not have the time to do activities on the weekends because they are too busy taking care "of us."	F 248		

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F 248	Continued From page 4	F 248		

On June 9, 2016 at 2:00PM, R16 said there are no activities on the weekends, and the residents "just hang out" all day. R16 said the staff members do not help set up games, and there is no bingo or resident socials on the weekends.

On June 9, 2016 at 2:10 PM, R14 said "no there is nothing on weekends" for activities. R14 said the CNAs do not help set up games, and there are only 2 CNAs and they don't have the time to help with activities. R14 said they do not have bingo or socials on the weekend, and if they want anything they have to find someone to take things out.

On June 9, 2016 at 2:00 PM, E8 and E6 (CNA) said the residents know where games and puzzles are, but it is up to them to get them on the weekends if they want to do an activity. E8 and E6 said they can get stuff out for the residents if they ask, but they don't set up or run activities. E8 and E6 said they don't have socials or bingo on first or second shift on the weekends.

On June 9, 2016 at 1:00PM, E1 (Administrator) said she has had resident complaints that the residents were bored on weekends. E1 said the plan for weekend activities is to have games, coloring pages, card games, books, movies, etc available at the desk. E1 said they are not putting activities on the weekend schedule, and they do not expect the CNAs to do activities on the weekend.

On June 9, 2016 at 1:15 PM, E2 DON (Director of Nursing) said the CNAs are not designated to do activities with the residents on the weekends. E2 said the CNAs can set people up if they need it but no one is designated to help with activities.

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F 248	Continued From page 5 E2 said the residents are doing the activities that are scheduled on the weekends themselves, or only getting assistance with setting up from the staff. On June 10, 2016 at 8:20 AM, E5 (Activity Director) said there usually is no activity staff working on the weekends. E5 said she tries to plan activities on the weekends that staff can put on if they have time, such as a movie or bingo. E5 looked at the activity schedule for May 21, 2016 which showed activities for the day as news at 9:30 AM, bingo at 1:30PM, a social at 3:15 PM, and puzzles/cards at 7:30 PM. E5 said the news activity is to have the news on during breakfast in the sunroom, and expecting the residents to discuss it amongst themselves. E5 said the weekend activities are self-directed, or directed by the residents, not by the staff. The May 2016 activity calendar shows the weekend activities for Saturday and Sunday are news, bingo, puzzles/cards, and socials. The July 11, 2006 Activity Policy states "it is the policy to provide an ongoing program of activities designed to meet...the interests and the physical, mental, and psychosocial well being of each resident." "Activities shall be planned on a monthly basis for the following month." "It is the philosophy of (facility) to meet each individual needs and to evaluate, acknowledge, develop, implement and assess each resident's outcome in order to provide or maintain the resident's highest practicable level of well-being."	F 248		
F 315 SS=D	483.25(d) NO CATHETER, PREVENT UTI, RESTORE BLADDER	F 315		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
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F 315	Continued From page 6	F 315		

Based on the resident's comprehensive assessment, the facility must ensure that a resident who enters the facility without an indwelling catheter is not catheterized unless the resident's clinical condition demonstrates that catheterization was necessary; and a resident who is incontinent of bladder receives appropriate treatment and services to prevent urinary tract infections and to restore as much normal bladder function as possible.

This REQUIREMENT is not met as evidenced by:
Based on observation, interview and record review, the facility failed to perform incontinence care to prevent a UTI (urinary tract infection) for a resident with a history of UTI's.
This applies to 1 of 4 residents (R6) reviewed for UTI ' s in the sample of 10 and 1 resident (R13) in the supplemental sample.
The findings include:
On June 8, 2016 at 8:35 AM, E6 CNA assisted R6 to stand up from her bed which was wet with urine up to twelve inches below the pillow. E6 washed and dried R6's buttock area. R6's perineal area was not washed.
On June 8, 2016 at 8:35 AM, E6 said "Yes, R6 was incontinent of urine."
On June 8, 2016 at 12:45 PM, E9 and E11 removed R6's urine soaked pants and incontinence brief while R6 stood up from her wheelchair in the bathroom. E9 told R6 her wheelchair needed to be washed because the pad was urine soaked. The pad was removed from the chair by E11 and R6 sat back in the wheelchair. E9 washed R6's groin area while R6 was seated in the wheelchair. E9 asked E11 to

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F 315	Continued From page 7	F 315		

get R6 a new top as her top was wet with urine also. R6 was assisted to a standing position and E11 washed, rinsed and dried R6's buttocks with gloved hands. E11's gloves were not changed as clean cloths were touched with soiled gloves numerous times while incontinence care was provided to R6. R6 was incontinent of stool as there was stool present on the washcloths. R6's perineum was not cleansed while she was standing.

On June 8, 2016 at 12:45 PM, E9 stated R6 was incontinent of urine.

R6's MDS (Minimum Data Set) dated March, 4, 2016 shows R6 has a BIMS (Brief Interview for Mental Status) score of 3 which indicates severe cognitive impairment. This MDS shows R6 requires extensive assistance with transferring, toileting, bathing and hygiene. R6's Bowel and Bladder Assessment dated May 24, 2016 shows R6 requires extensive assistance with mobility, removing clothing, transferring to the toilet, is frequently incontinent day and night and has had more than one UTI (urinary tract infection) in the past six months. R6's urine culture dated February 29, 2016 shows greater than 100,000 colonies of Proteus mirabilis growing in her urine-indicative of a UTI. R6's urine culture dated March 22, 2016 shows greater than 100,000 colonies of Escherichia coli-ESBL growing in her urine-indicative of a UTI. R6's nurses notes dated March 3, 2016 and April 4, 2016 show R6 was receiving antibiotics to treat a UTI.

On June 8, 2016 at 7:35 AM, E9 washed R13's perineal area with gloved hands. E9 touched clean washcloths, R13's perineal area, cleaned stool from the buttock area, touched more washcloths and used a towel to dry R13 after care. E9 used the same gloves to pull up R13's clean incontinent brief, pants, moved the

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	145988	A. BUILDING ______ B. WING ______	06/10/2016

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F 315	Continued From page 8 commode out of the way and touched R13 to assist her to sit in the wheelchair. The water in the wash basin was never changed and E9 never changed her gloves throughout the procedure until R13 was back in the wheelchair. R13's MDS dated March 23, 2016 shows R13 is frequently incontinent of urine and bowel and has a history of Non-Alzheimer's Dementia. This same MDS shows R13 requires extensive assistance to transfer, bathe, use the toilet and for personal hygiene. R13's urine culture lab report dated March 28, 2016 show there was 50,000 colonies of Escherichia coli growing in her urine. R13's Urinary Incontinence care plan shows R13 was started on an antibiotic for a UTI on April 1, 2016. On June 9, 2016 at 12:50 PM, E2 DON (Director of Nursing) said gloves should be changed between clean and dirty tasks. E2 said during any care a resident should be cleaned from clean to dirty areas and a potential complication of not doing this would include a urinary tract infection. E2 said it is not acceptable to perform incontinence care while a resident is sitting down. The facility's Perineal Cleansing policy dated September 21, 2010 shows female residents should be positioned on their back with knees bent and slightly apart when performing perineal cleaning. This policy also shows to wash the pubic area including upper inner aspect of both thighs and frontal portion of the perineum to prevent infection. An Incontinence Care Policy was requested and not received.	F 315		
F 318 SS=D	483.25(e)(2) INCREASE/PREVENT DECREASE IN RANGE OF MOTION Based on the comprehensive assessment of a resident, the facility must ensure that a resident	F 318		

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F 318	Continued From page 9 with a limited range of motion receives appropriate treatment and services to increase range of motion and/or to prevent further decrease in range of motion. This REQUIREMENT is not met as evidenced by: Based on observation, interview, and record review the facility failed to ensure a resident was offered assistance with ambulating three times a day. This applies to 1 of 5 residents (R4) reviewed for restorative programs in the sample of 10. The findings include: R4's June, 2016 Physician Order Sheet shows R4 has diagnoses to include Congestive Heart Failure, Respiratory Failure, and Chronic Renal Failure. The April 19, 2016 MDS (Minimum Data Set) shows R4 is cognitively intact, and requires limited assistance of 1 staff with transfers and ambulating in his room and with ambulating in the hall. R4's Restorative Care Program dated July 27, 2015 shows "walk to dine using a front wheeled walker and gait belt with a wheelchair to follow." R4's Restorative Nursing Program Ambulation Documentation for May, 2016 shows "will ambulate short distances, in room and hall at every opportunity."	F 318		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
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F 318	Continued From page 10	F 318		

The June 1, 2016 facility Restorative Programs sheet shows R4 is on a restorative program for transfers and ambulation and R4 is supposed to walk from room 22 to the dining room and short distances. This form shows "all programs include short distances whenever possible such as when in room."

R4's Restorative Nursing Program: Ambulation care plan dated January 21, 2016 shows "I want to be able to move back into the community...I need increased encouragement to walk." This care plan goal is to "ambulate short distances, in room and hallway, at every opportunity with a front wheeled walker 1-2 limited assist."

On June 7, 2016 at 12:20 PM, R4 wheeled himself into the dining room in a motorized wheelchair.

On June 7, 2016 at 1:55PM, R4 was on the toilet in his bathroom with his wheelchair next to the toilet in the door way. E11 CNA (Certified Nurse Assistant) said R4 self-transferred to the toilet. R4 pulled himself to a standing position at the sink and (without offering to walk R4 to his chair), E11 moved R4's wheelchair in the doorway and helped R4 pivot to the wheelchair.

On June 8, 2016 at 10:15 AM, R4 said he walks one time a day about 2 days a week. R4 said they have to find an empty wheelchair to pull behind him, because they cannot use his motorized chair and sometimes they can't find one so they can't walk him. R4 said the therapy CNA is usually the one who walks with him, and he would like to walk more.

On June 8, 2015 at 12:00PM, R4 wheeled himself

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F 318	Continued From page 11	F 318		

into the dining room in an electronic wheelchair. At 12:50PM, E5 (Activity Director) said R4 takes himself in and out of the dining room in his electronic chair. At 2:55 PM, R4 said he did not walk yesterday (June 7, 2016) or at all today.

On June 9, 2016 at 10:05 AM, E7 (Restorative CNA) said R4 can walk to the sunroom and should be walking to meals, 3 times a day. E7 said the CNAs or herself can walk R4 and it should be offered for him to walk to every meal. E7 said R4 is on the walk to dine program, and provided a copy of the walk to dine program dated May, 2016 which had R4's name on it. E7 said the CNAs have a copy and all the residents on the list should be walked to meals.

On June 9, 2016 at 9:45 AM, and 10:10AM E4 and E9 (CNAs) said R4 does not walk anymore. E9 said R4 has declined and will pivot from his chair to the toilet but doesn't walk. E9 and E4 said R4 used to be on the walk to dine program but he isn't anymore. E4 said R4 has declined "a little bit," and she offers to walk him at least once every couple days, but it has been a few months since he has walked.

On June 9, 2016 at 10:20 AM, E10 (Restorative Nurse) said R4 is on a restorative ambulation and transfer program. E10 said it would be ideal to walk R4 to meals or in between meals. E10 said R4 should be ambulated 2 to 3 times per day for short distances, and absolutely should be walked to and from the bathroom in his room. E10 said if R4 refused to walk, it should be documented, and the interventions in place and the restorative plan would be changed. E10 said she should be notified of a resident decline, and an assessment would be done, and the restorative programs

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	145988	A. BUILDING ______ B. WING ______	06/10/2016

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(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 318	Continued From page 12 would be adjusted. E10 said she would also make a therapy referral if needed when a resident declines.	F 318		
F 323 SS=D	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 observation, interview, and record review the facility failed to ensure a resident with a history of falls had a working safety alarm, failed to implement interventions to prevent a fall, and failed to safely transfer a resident. This applies to 2 of 5 residents (R8, R2) reviewed for falls in the sample of 10. The findings include: The MDS (Minimum Data Set) of February 18, 2016 shows R8 has a history of falls, is cognitively impaired, and requires assistance from staff with toileting, transfers, and activities of daily living. The February, 2016 MDS shows R8's balance is unsteady with moving from a seated to standing position, walking, turning around, and with surface to surface transfers. The facility provided a list on June 9, 2016 that	F 323		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	145988	A. BUILDING ______ B. WING ______	06/10/2016

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SAUK VALLEY SENIOR LIVING	1000 DIXON AVENUE ROCK FALLS, IL 61071

(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 323	Continued From page 13	F 323		

shows R8 had 8 falls from February 17, 2016 to May 27, 2016.

On June 7, 2016 at 9:15 AM, R8 was sleeping on a couch at the front of the facility. R8's wheelchair was next to the couch with a safety alarm sensor pad on the wheel chair seat and safety alarm box on the back of the wheelchair. E12 RN (Registered Nurse) walked up to R8, and R8 said he had been on the couch for "about 10 minutes." E12 told R8 she needed to get the sensor pad under him, and helped place the pad under his back.

On June 8, 2016 at R8 was outside the dining room, in his wheelchair. R8 had a safety alarm box attached to the back of his wheelchair, and the status light was not blinking. E10 (Restorative Nurse) walked up to the box and said she wasn't sure how to tell if it was working. E11 CNA (Certified Nurse Assistant) said the status light should be blinking if the alarm is on and said the power button was off. E11, moved the power button to the on position, the status light started blinking and said "it was not on, and who put him in this chair?"

On June 9, 2016 at 1:40 PM, R8 was sitting on the couch in the front of the facility with his wheelchair next to him. R8's safety alarm sensor pad and box were on his wheelchair. E2 DON (Director of Nursing) said "yes" the sensor pad should have been moved under him when he was placed on the couch.

R8's Fall Risk care plan dated March 2, 2016 shows R8 "has been known to attempt to get up from chair unattended, and resident has been known to attempt to get out of bed unattended."

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	145988	A. BUILDING ______ B. WING ______	06/10/2016

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SAUK VALLEY SENIOR LIVING	**1000 DIXON AVENUE ROCK FALLS, IL 61071**

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F 323	Continued From page 14 The care plan shows R8 has a history of falls, has decreased strength and endurance, is unsteady when transferring, and requires assistance. The March 3, 2016 Fall Risk care plan does not show any new interventions put into place after it was initiated on March 3, 2016, and does not show any new interventions for the 4 falls occurring from March 10, 2016 through May 27, 2016. On June 9, 2016 E9 CNA said R8 is at a high risk for falls, is sometimes unsteady, and requires assistance with transfers. E9 said R8 is supposed to have a safety alarm on at all times on both his bed and chair. E9 said a status light will blink on the alarm box when it is hooked up properly, and he should have the alarm sensor moved when he moves from his wheelchair to another chair or couch. On June 9, 2016 at 12:45 PM, E12 RN (Registered Nurse) and E13 (Licensed Practical Nurse) said R8 is supposed to have a chair and bed alarm on at all times, and R8 is at a high risk for falls. E12 and E13 said R8 will transfer himself without assistance and the alarm lets staff know that he is in the process of transferring. On June 9, 2016 at 1:15 PM, E2 (DON) said R8 should have a safety alarm on at all times. E2 said staff should check to make sure the alarm is on correctly and working. The undated facility "Fall Prevention" policy states "to provide for resident safety and to minimize injuries relate to falls/decrease falls..." "All staff must observe residents for safety. If a resident with a high risk code are observed up or getting up, help must be summoned or assistance must be provided to the resident."	F 323		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	145988	A. BUILDING ______ B. WING ______	06/10/2016

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SAUK VALLEY SENIOR LIVING	**1000 DIXON AVENUE ROCK FALLS, IL 61071**

(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 323	Continued From page 15 "All falls will be discussed and comments will be written on the fall Tracking Form and any new intervention will be written on the care plan." 2. R2's June 2016 Physician Order Sheet showed diagnoses of dementia, osteoarthritis, and degenerative joint disease. R2's Minimum Data Set (MDS) dated April 22, 2016 showed a BIMS (Brief Interview of Mental Status) of 99 (unable to answer) and extensive assistance of two plus persons when transferring between surfaces.The MDS showed R2 has range of motion impairment on both lower extremities. R2's Comprehensive Nursing Assessment dated April 22, 2016 showed loss of balance while transferring to a wheelchair, loss of balance while standing, and the need of two staff assistance for weight bearing while transferring. R2's Fall Risk Assessment dated April 26, 2016 showed a high risk of falls. On June 8, 2016 at 9:40 AM, R2 was transferred from the wheelchair to the dining room chair by E5 (Certified Nurse Aide-CNA). E5 applied a transfer belt to R2, assisted her to a standing position, pivoted R2 into the wheelchair, and removed the transfer belt. E5 was the only staff member assisting R2 into the wheelchair. R2's legs were unsteady and her balance was unstable during the transfer. At 9:50 AM, R2 was transferred from the dining room chair to the wheelchair by E4 (CNA). E4 applied a transfer belt but did not utilize a second staff member during the transfer. On June 9, 2016 at 9:00 AM, E9 (CNA) stated any resident requiring a two plus person physical assist to transfer should have two staff members on each side of the resident. E9 stated each staff member should be holding the transfer belt during the transfer. E9 said, "Any resident that is weak or wobbly during a transfer should definitely have two aides helping on each side of them." At	F 323		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	145988	A. BUILDING ______ B. WING ______	06/10/2016

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SAUK VALLEY SENIOR LIVING	1000 DIXON AVENUE ROCK FALLS, IL 61071

(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 323	Continued From page 16 9:30 AM, E12 (Registered Nurse) said a resident assessment indicating the need of a two plus assist should have two aides on each side supporting the resident during the transfer. At 10:00 AM, E6 (CNA) stated a two plus person assist indicates the use of two aides holding the resident on each side plus a gait (transfer) belt. The CMS (Centers of Medicare and Medicaid Services) RAI (Resident Assessment Instrument) Version 3.0 Manual dated September 2010 defines a two plus person physical assist requires two staff members physically transferring the resident.	F 323		
F 325 SS=G	483.25(i) MAINTAIN NUTRITION STATUS UNLESS UNAVOIDABLE Based on a resident's comprehensive assessment, the facility must ensure that a resident - (1) Maintains acceptable parameters of nutritional status, such as body weight and protein levels, unless the resident's clinical condition demonstrates that this is not possible; and (2) Receives a therapeutic diet when there is a nutritional problem. This REQUIREMENT is not met as evidenced by: Based on observation, interview, and record review, the facility failed ensure a resident did not experience a severe unplanned weight loss over three months. The facility failed to put interventions in place to prevent a resident from sustaining a 31 pound weight loss. These failures resulted in R2 sustaining a 14%	F 325		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	145988	A. BUILDING ______ B. WING ______	06/10/2016

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
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(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 325	Continued From page 17 weight loss over three months and experiencing a decline in food intake. This applies to 2 of 6 residents (R2, R8) reviewed for weight loss in the sample of 10. The findings include: R2's June 2016 Physician Order Sheet shows diagnoses of dementia, anxiety, coronary artery disease, depression with psychosis and irritable bowel syndrome. R2's Minimum Data Set (MDS) dated April 22, 2016 shows a BIMS (Brief Interview of Mental Status) of 99 (unable to answer) and requires a one person physical assistance to eat. R2's MDS shows she had a 5% or more weight loss in the last month and was not on a physician prescribed weight loss program. On June 7, 2016 at 11:50 AM, R2 was lying flat on her back, sleeping in her bed. E9 and E11 (Certified Nurse Aides-CNAs) were assisting R2's roommate. E12 (Registered Nurse) entered R2's room, saw R2 was sleeping and stated to E9 and E11, "Hold her (R2) food. If she's sleeping just let her." E11 stated, "She (R2) did not eat breakfast either." E9 stated, "She is up a lot throughout the night, so if she is sleeping during a meal, we let her sleep. We save her tray and feed her later." E9, E11 and E12 exited the room. Staff did not awake up R2 or offer any cueing. On June 7, 2016 at 1:00 PM, 2:00 PM, and 3:00 PM, R2 was observed lying flat on her back, sleeping in her bed. On June 7, 2016 at 3:05 PM, E9 (day CNA) gave a verbal shift change report to E14 (evening CNA). E9 did not relay any information regarding R2 missing the breakfast and lunch meals for the day. At 3:10 PM, E3 (Dietary Manager-DM) said R2's untouched lunch tray was returned to the kitchen. E3 said R2 did not eat lunch and a tray had not been saved for her to eat after she wakes up. E3 said, "With all the confusion, she (R2)	F 325		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	145988	A. BUILDING ______ B. WING ______	06/10/2016

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SAUK VALLEY SENIOR LIVING	1000 DIXON AVENUE ROCK FALLS, IL 61071

(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 325	Continued From page 18	F 325		

never got fed lunch. There are always peanut butter and jelly sandwiches, grilled cheese, and cereal for her if she misses a meal though".
On June 7, 2016 at 4:00 PM, R2 was seated in the dining room. A staff member was seated next to R2 assisting her to eat cereal (Fruit Loops) and a peanut butter and jelly sandwich.
On June 8, 2016 at 9:30 AM, R2 was seated in the dining room. E3 (DM) was assisting R2 to eat cereal (Fruit Loops). R2 ate 0% of the cereal and E3 stated, "Maybe we should try something else. She isn't eating this cereal."
On June 8, 2016 at 12:30 PM, E12 (Director of Nurses-DON) stated it is a facility expectation that aides report at shift change when a resident misses a meal and residents should be prompted or offered food at every meal.
R2's 2016 Monthly Weight Record showed a 16 pound (113 pounds to 97 pounds) weight loss between March and May. R2's May 12, 2016 laboratory values showed her albumin value as 3.2 gm/dl (low) and her total protein as 5.0 gm/dl (low). R2's May 2016 Food and Fluid Intake Sheet showed 41 of 93 meals declined (44%) and 20 of 31 bedtime snacks declined (65%).
R2's Registered Dietitian note dated May 27, 2016 showed, "Used to enjoy PB&J (peanut butter and jelly), grilled cheese, Fruit Loops. No longer R/T (related to) confusion. Recommend add Magic Cup (nutritional supplement) TID (three times daily)." A Dietary Services Communication form showed a physician approval for the nutritional supplement recommendation was not received until June 1, 2016 (5 days later). R2's Physician Order Sheet showed an order dated June 1, 2016 for Magic Cup TID. R2's June 2016 Food and Fluid Intake Sheet showed she did not receive the Magic Cup until June 7, 2016 (6 days later) and was still

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	145988	A. BUILDING ______ B. WING ______	06/10/2016

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SAUK VALLEY SENIOR LIVING	**1000 DIXON AVENUE ROCK FALLS, IL 61071**

(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 325	Continued From page 19 declining 10 of 21 meals offered (48%) for the June 1 to June 7 period. R2's June 2016 tray card did not reflect Magic Cup to be given at the breakfast, lunch, and dinner meals. The tray card dislike section did not show PB&J, grilled cheese, or Fruit Loops. On June 8, 2016 at 1:10 PM, Z2 (Registered Dietician) stated the facility should follow up with the physician on all dietary recommendations. When a physician response is not received within "about 24 hours," a second fax or phone call should be placed. The physician follow up is especially important for a resident with a history of unplanned weight loss and current dietary recommendations are increasing. Z2 stated a resident with weight loss "should absolutely be offered foods they enjoy, especially if they are losing weight and it isn't a desired loss." On June 9, 2016 at 10:30 AM, E3 (Dietary Manager) stated R2's physician order for the Magic Cup was approved on June 1, 2016 but she was not certain it was being given to her until June 7. E3 stated, "I missed her (R2). I should have documented a MC for Magic Cup on the top of the intake sheet but I didn't. I should have written it on her tray card too. I haven't been doing that up to this point, but I will now." R2's Care Plan dated April 13, 2016 showed interventions to offer breakfast when she wakes up, provide diet as ordered, see POS (Physician Order Sheet) for current diet order, honor food preferences, replace disliked foods when possible, define food dislikes, note changes in usual habits and report to nurse, assist/feed at meal times as needed to complete meal, and follow recommendations of RD/LDN (Registered Dietician/Licensed Dietician Nutritionist). R2's care plan did not show an updated intervention related to the Magic Cup.	F 325		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	145988	A. BUILDING ______ B. WING ______	06/10/2016

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SAUK VALLEY SENIOR LIVING	1000 DIXON AVENUE ROCK FALLS, IL 61071

(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 325	Continued From page 20	F 325		

Continued From page 20

The facility's Food Preference Policy dated 10/13 showed "3. Food dislikes or intolerances shall be written on the resident's tray card so appropriate substitutions can be provided. 4. Food preferences and food dislikes shall be updated as necessary." The facility's Meal and Supplement Consumption Documentation Policy dated 04/13 showed "7. Supplement intake provided by the dietary department either at meals or between meals shall be recorded on the Food & Fluid Intake sheet .....Examples of items to be recorded include: .....Magic Cup."
The facility's Resident Weight Monitoring policy revision dated 09/08 showed, "6. The Food Service Manager and/or dietitian reviews the resident's nutritional status and makes recommendation for intervention in the nutrition progress notes. 7. The Food Service Manager and /or dietitian notify nursing of any recommendations that have been documented. Nursing then contacts the physician to convey recommendations and obtain any new orders. 8. Significant changes in weights are documented in the care plan with goals and approaches/interventions listed."

2. R8's Physician Order Sheet dated June, 2016 shows R8 has diagnoses to include: dementia and chronic obstructive pulmonary disease.

R8's MDS of February 18, 2016 shows R8 is cognitively impaired and requires assistance with eating and activities of daily living.

On June 9, 2016 at 7:50 AM, R8 was sitting in the assisted dining room, feeding himself breakfast. R8 was served a frenchtoast bake and a bowl of oatmeal (supercereal). R8 ate approximately 1/2

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	145988	A. BUILDING ______ B. WING ______	06/10/2016

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SAUK VALLEY SENIOR LIVING	**1000 DIXON AVENUE ROCK FALLS, IL 61071**

(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 325	Continued From page 21 of his french toast bake, and all of his oatmeal. R8's meal card was in front of him and did not include that he was supposed to receive a magic cup twice a day. R8's weight record shows his weight on February 12, 2016 was 145 pounds, and on February 29, 2016, R8's weight dropped to 119 (a 26 pound loss or 17.9% in less than a month). R8's record shows his weight was 113.5 pounds on March 7, 2016 for a total loss of 31.5 pounds or 21.7% in less than one month. R8's Dietary notes dated March 2, 2016 shows "significant weight change, admit weight 145 pounds...119 pounds on February 29, 2016." R8's nutritional assessment (completed by the Registered Dietician) dated February 17, 2016 shows weight is 145 pounds and is below standards and tends to indicate inadequate energy stores. This assessment shows "recommend medpass 2.0 60 ml twice a day." R8's Physician Order Sheet shows the first dietary intervention was ordered on March 7, 2016 for Med Pass (Dietary Supplement) 60 ml (milliter) twice a day (one week after the 26 pound weight loss and 3 weeks after the dietician recommendation was made). R8's Physician Order Sheet shows the next dietary intervention was not ordered until April 4, 2016, when R8's weight was 114 pounds. R8's Dietician progress noted dated March 30, 2016 shows an evaluation was done for weight loss. This note shows R8's Ideal Body Weight is 166 pounds, and his current weight is 119 pounds. This note shows "per staff these weights	F 325		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	145988	A. BUILDING ______ B. WING ______	06/10/2016

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SAUK VALLEY SENIOR LIVING	1000 DIXON AVENUE ROCK FALLS, IL 61071

(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 325	Continued From page 22	F 325		

are reported correctly...resident is very active in the facility; clothes starting to appear to be too large...fair/good appetite..."

R8's May 27, 2016 Registered Dietician progress note shows R8's weight is 114 pounds, and R8 is underweight.

R8's Nutrition Care Plan was not initiated until March 23, 2016, over 3 weeks after R8's 26 pound weight loss. The interventions on R8's March 23, 2016 care plan have not been updated with current orders and does not include the correct order for Medpass 90 ml four times a day (listed on care plan for 60 ml twice a day). This care plan states R8 is to be weighed monthly, instead of weekly and does not have the dietary interventions for supercereal, magic cup, or whole milk.

Review of R8's documented meal intakes for February shows R8's breakfast, lunch, and supper intakes vary from 25 to 100%. The intake sheet shows R8's lunch intakes were 50 to 75% for February 12 through February 16, 2016 and declined to 25 to 50% from February 16 through February 22, 2016.

On June 9, 2016 at 8:45 AM, Z1 (Medical Doctor) said R8 has end stage COPD and has an increase(ed) (need for) calorie consumption. Z1 said a dietary recommendation should be sent to him when the facility receives it from the dietician and should be implemented within 24 hours of him signing it. Z1 said a 30 pound weight loss seems like a lot of weight to lose.

On June 9, 2016 at 11:15 AM, E3 (Dietary Manager) said R8 is losing weight because he is

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	145988	A. BUILDING ______ B. WING ______	06/10/2016

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SAUK VALLEY SENIOR LIVING	1000 DIXON AVENUE ROCK FALLS, IL 61071

(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 325	Continued From page 23	F 325		

very active and always on the go. E3 said R8 is not always compliant with the dietary recommendations and does not always eat his supercereal. E3 said she is responsible for monitoring weights and notifying the Director of Nursing (DON) and Dietician if a resident has weight loss of more than 5%. E3 said she takes the dietician's recommendations to nursing, and the normal time for an order to be started is a day or two.

On June 9, 2016 at 12:20 PM, Z2 (Registered Dietician) said R8 lost 31 pounds in less than 3 months and had a significant weight loss of more than 7.5 %. Z2 said the facility should notify her of a significant weight loss, and she only comes to the facility once a month at the end of the month. Z2 said if the facility is aware before that of a weight concern, they should notify her so she can make recommendations before she comes to the facility. Z2 said if a resident has a significant weight loss the facility should be discussing the weight loss in an interdisciplinary meeting weekly and trying things to improve the resident's weight. Z2 said they should also be calling her and asking her to put interventions in place. Z2 said a care plan for weight loss should have been implemented within a couple days of R8's weight loss on February 29, 2016. Z2 said if a resident has a condition causing the weight loss, it would be documented on the nutritional assessment.

On June 9, 2016 at 1:15 PM, E2 (DON) said the restorative CNA performs all weekly and monthly weights so the same person is weighing the resident each time. E2 said if the restorative CNA notices a change in weight she re-weighs the resident and notifies the DON. E2 said R8 was not eating well because he was so busy, and she

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	145988	A. BUILDING ______ B. WING ______	06/10/2016

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SAUK VALLEY SENIOR LIVING	1000 DIXON AVENUE ROCK FALLS, IL 61071

(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 325	Continued From page 24 is not sure why he loses weight the way he does. E2 said all residents should have a dietary care plan initiated on admission to monitor weights, and this care plan should have interventions added to it if a weight loss occurs. E2 said the nutritional care plan should be accurate and up to date.	F 325		
F 363 SS=E	483.35(c) MENUS MEET RES NEEDS/PREP IN ADVANCE/FOLLOWED Menus must meet the nutritional needs of residents in accordance with the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences; be prepared in advance; and be followed. This REQUIREMENT is not met as evidenced by: Based on observation, interview, and record review, the facility failed to ensure meals were served according to the planned menu. This applies to 23 of 29 residents (R1-R3 and R6-R8,R11-R13, R17-R24, and R26-R31) reviewed for meals served according to the menu. The findings include: On June 7, 2016 between 11:45 AM and 12:45 PM, E17 (Cook) plated the food for the lunch meal and E16 (Dietary Aide) delivered the trays to R1-3, R6-8, R11-R13, R17-R24, and R26-R30. There was no bread or margarine on the resident's plates or at the resident's tables	F 363		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	145988	A. BUILDING ______ B. WING ______	06/10/2016

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
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(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 363	Continued From page 25	F 363		

The facility's menu dated May 2016 (current cycle menu) show bread and margarine should have been served with the lunch meal. The facility's October 2015 policy and procedure titled "Cycle Menu" show "It is the policy of (the facility) that a four-week cycle menu shall be used to: 2. Ensure nutritional needs of resident are met." The document shows The facility will have 2 seasonal cycle menus-Fall/Winter and Spring/Summer.

On June 8, 2016 at 11:30 AM, E15 (Cook) plated the food for the lunch meal and E16 delivered the trays to the residents. The residents in the main dining area (R2, R6, R8, R12-13, R17, R19-21, R23-24, R26, and R30-31) did not receive bread or margarine with the lunch meal. The facility's menu for May 2016 show bread and margarine should have been served with the lunch meal.

On June 8, 2016 at 3:05 PM, E3 (Dietary Manager) said all of the residents should have received or at least been offered bread and margarine the last 2 days. E3 said it is important to follow the menu to meet the dietary needs of the residents. E3 said "There is no excuse for it, they did not follow the menu."

On June 10, 2016 at 12:20 PM, Z2 (Registered Dietitian) said if the menu shows bread and margarine are to be served, she would expect the facility to provide it unless it was not available. Z2 said the bread is calculated into the daily calorie and carbohydrate intake when preparing the menu. Z2 said if it was not available then a substitute of equal nutritional value should be offered and the substitute should be written on the substitution log. Several loaves of bread were observed on the storage rack in the kitchen on June 7 and June 8, 2016.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	145988	A. BUILDING ______ B. WING ______	06/10/2016

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F 363	Continued From page 26	F 363		

The facility's January 2011 job summary titled, "Food Service Manager" number 3 shows it is the responsibility of the Food Service Manager to "Ensure that the menus are followed and appropriate substitutions are made and recorded."

The facility's January 2011 job summary titled "Cook" show it is the responsibility of the cook to "Follow menus exactly as ordered."

The facility's January 2011 job summary titled "Diet Aide" show it is the responsibility of the diet aide to "Follow menus exactly as ordered."

F 364 SS=D | 483.35(d)(1)-(2) NUTRITIVE VALUE/APPEAR, PALATABLE/PREFER TEMP | F 364

Each resident receives and the facility provides food prepared by methods that conserve nutritive value, flavor, and appearance; and food that is palatable, attractive, and at the proper temperature.

This REQUIREMENT is not met as evidenced by:
Based on observation, interview, and record review, the facility failed to provide meals at temperatures that were palatable to residents.

This applies to 1 of 9 (R7) residents reviewed for meals in the sample of 10 and 2 residents (R15 and R16) in the supplemental sample.

The findings include:

On June 7, 2016 at 12:00 PM, E17 (Cook) plated

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	145988	A. BUILDING ______ B. WING ______	06/10/2016

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SAUK VALLEY SENIOR LIVING	1000 DIXON AVENUE ROCK FALLS, IL 61071

(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 364	Continued From page 27	F 364		

the food for the residents eating in the sun porch. E17 put a plate cover on each plate and placed it on a rolling cart. There was no heating or steam unit on the cart. E17 rolled the cart down to the sun porch after all 12 plates were prepared. The temperature of the food (hotdog) on the last plate was measured and the result was 90 degree fahrenheit (F).

On June 8, 2016 at 12:00 PM, E15 plated the lunch meals using the same procedure observed on June 7, 2016.

On June 9, 2016 at 8:10 AM, E15 (Cook) measured the temperature of the last 2 plates prior to serving them to the residents. The french toast casserole measured 100 degrees F on one plate and 98 degrees F on the other plate.

On June 7, 2016 at 10:25 AM, R15 said the food is not hot enough some of the time. R15 said sometimes he has to ask the dietary staff to heat it up in the microwave.

On June 8, 2016 at 9:30 AM, R7 said the food is cold. R7 said she eats on the sun porch and the residents down there are always served last. R7 said she is sick and tired of the food being cold. R16 agreed the food is cold.

On June 8, 2016 at 1:35 PM, E3 was in the kitchen measuring the temperatures in the wells of the steam table. E3 said the left and right wells are not used because they do not work correctly. E3 said the left middle well would only heat up to one hundred twenty degrees F and the well in the middle right would heat up to one hundred forty degrees F.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
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NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SAUK VALLEY SENIOR LIVING	1000 DIXON AVENUE ROCK FALLS, IL 61071

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F 364	Continued From page 28 The facility's March 2009 policy and procedure titled "Dining Room Procedures" show "It is the policy of (the facility) that all residents will receive nourishing meals at the proper temperature and within a pleasant atmosphere."	F 364		
F 425 SS=D	483.60(a),(b) PHARMACEUTICAL SVC - ACCURATE PROCEDURES, RPH The facility must provide routine and emergency drugs and biologicals to its residents, or obtain them under an agreement described in §483.75(h) of this part. The facility may permit unlicensed personnel to administer drugs if State law permits, but only under the general supervision of a licensed nurse. A facility must provide pharmaceutical services (including procedures that assure the accurate acquiring, receiving, dispensing, and administering of all drugs and biologicals) to meet the needs of each resident. The facility must employ or obtain the services of a licensed pharmacist who provides consultation on all aspects of the provision of pharmacy services in the facility. This REQUIREMENT is not met as evidenced by: Based on observation, interview and record review the facility failed to have a nurse ensure a resident consumed physician prescribed oral medications. This applies to 1 of 10 residents (R7) reviewed for	F 425		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	145988	A. BUILDING ______ B. WING ______	06/10/2016

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SAUK VALLEY SENIOR LIVING	**1000 DIXON AVENUE** **ROCK FALLS, IL 61071**

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F 425	Continued From page 29 medication administration in the sample of 10 and 1 resident (R27) in the supplemental sample. The findings include: On June 7, 2016 at 11:40 AM, R27 was seated in the dining room and eating. A medication cup containing one oval shaped, white tablet was on the table near his lunch plate. There was no nurse present in the dining room. R27 was continually observed until 12:05 PM and did not consume the white tablet. E12 (Registered Nurse) was in the hallway passing medications to other residents. On June 8, 2016 at 12:25 PM, R27 was seated in the dining room, sleeping in his chair. A medication cup containing one oval shaped, white tablet was on the table near his lunch plate. There was no nurse present in the dining room. The medication cart was located in the hallway and E12 (RN) was passing medications to other residents. On June 9, 2016 at 9:30 AM, E12 (RN) stated it is not acceptable to leave medications with a resident and walk away. It is important the right resident take the right medication. E12 said the nurse performing the medication pass needs to be sure all residents swallow the pills as prescribed. E12 stated it is the responsibility of the medication pass nurse to ensure residents are correctly and accurately receiving every dose. R27 ' s June 2016 Medication Administration Sheet showed an order for Calcium 600/Vitamin D 400 units: take 1 tablet by mouth 3 times daily 1200P, 400P, 1030P. Documentation showed 1 tablet given on June 8 and June 9 at 1200P	F 425		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	145988	A. BUILDING ______ B. WING ______	06/10/2016

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
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F 425	Continued From page 30 (12:00 PM). The facility's Medication Administration Policy revision dated July 3, 2013 states: "14. Observe the resident consume the medication to ensure resident swallows medication. Never leave prepared medications unattended." 2. On June 9, 2016 at 7:15 AM, R7 was in the activity/dining area in her motorized chair looking outside. Ten feet away from R7, there was a clear plastic cup containing pills sitting on one of tables. Sitting next to the cup was a pink wallet. There were other residents present in the dining room. On June 9, 2016 at 7:15 AM, R7 stated the medications sitting unattended on the table were hers. R7 said E13 LPN (Licensed Practical Nurse) gave her the medications this morning and she (R7) was waiting for her meal/fluids before taking them. On June 9, 2016 at 9:15 AM, E13 said she gave R7 her medications in a cup this morning and did not watch her take them. E13 added not watching a resident take their medications is not an acceptable facility practice. E13 said R7 goes to dialysis on Monday, Wednesday and Friday. On June 9, 2016 at 12:50 PM, E2 DON (Director of Nursing) said it is her expectation the nurses watch the residents ingest their medications before medication administration is complete. E2 said it is not acceptable to leave medications in a cup with a resident. R7's medical record did not reveal any physician or facility determination that R7 is able to self-administer medications. R7's June 2016 MAR (Medication Administration Record) shows	F 425		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	145988	A. BUILDING ______ B. WING ______	06/10/2016

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
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F 425

Continued From page 31

R7 received two docusate sodium 250 mg capsules (stool softener), one metoprolol tartrate 25mg tablet (blood pressure medication), and three renvela 800 mg tablets (used to control phosphorus level in people with chronic kidney disease who are on dialysis) at 7:00 AM.

F 441 SS=D

483.65 INFECTION CONTROL, PREVENT SPREAD, LINENS

The facility must establish and maintain an Infection Control Program designed to provide a safe, sanitary and comfortable environment and to help prevent the development and transmission of disease and infection.

(a) Infection Control Program
The facility must establish an Infection Control Program under which it -
(1) Investigates, controls, and prevents infections in the facility;
(2) Decides what procedures, such as isolation, should be applied to an individual resident; and
(3) Maintains a record of incidents and corrective actions related to infections.

(b) Preventing Spread of Infection
(1) When the Infection Control Program determines that a resident needs isolation to prevent the spread of infection, the facility must isolate the resident.
(2) The facility must prohibit employees with a communicable disease or infected skin lesions from direct contact with residents or their food, if direct contact will transmit the disease.
(3) The facility must require staff to wash their hands after each direct resident contact for which hand washing is indicated by accepted professional practice.

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	145988	A. BUILDING ______ B. WING ______	06/10/2016

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F 441	Continued From page 32 (c) Linens Personnel must handle, store, process and transport linens so as to prevent the spread of infection. This REQUIREMENT is not met as evidenced by: Based on observation, interview and record review, the facility failed to change soiled gloves after cleaning urine and feces and before touching environmental surfaces. This applies to 1 of 9 residents (R6) reviewed for infection control in the sample of 10 and 1 resident (R13) in the supplemental sample. The findings include: On June 8, 2016 at 7:35 AM, E9 CNA (Certified Nursing Assistant) performed incontinence care on R13. E9 used the same basin of water as she used washcloths to wash and rinse R13's perineal area and then her buttocks while wearing the same pair of gloves. E9 touched clean and soiled washcloths interchangeably during the procedure. R13 was incontinent of urine and stool. E9 used the soiled gloves to pull up R13's pants, move the commode and assist R13 into a wheelchair before the soiled gloves were removed. On June 8, 2016 at 8:35 AM, E6 CNA (certified nursing assistant) washed and dried R6's buttocks area during incontinence care touching clean and dirty washcloths using the same pair of gloves. E6 then touched an incontinence brief and R6's pants to dress the resident while wearing the same gloves. E6 touched R6 as she assisted R6 to a standing position and grasped a walker to assist R6 with a transfer to the	F 441		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	145988	A. BUILDING ______ B. WING ______	06/10/2016

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SAUK VALLEY SENIOR LIVING	**1000 DIXON AVENUE** **ROCK FALLS, IL 61071**

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F 441	Continued From page 33 wheelchair. The walker did not lock so E6 grabbed another walker (used for R6's roommate) for R6 to use. E6 did not change her gloves during the care process. On June 8, 2016 at 8:35 AM, E6 stated R6 was incontinent of urine and stool. On June 9, 2016 at 12:50 PM, E2 DON (Director of Nursing) said gloves should be changed between clean and dirty tasks. The facility's Standard Precautions Policy dated December 2009 shows to change gloves after contact with material that may contain a high concentration of microorganisms. This policy shows to remove gloves promptly after use, before touching noncontaminated items and environmental surfaces.	F 441		