

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

PRINTED: 12/18/2015
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 145759		(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 12/18/2015	
NAME OF PROVIDER OR SUPPLIER ROSICLARE REHAB & HCC				STREET ADDRESS, CITY, STATE, ZIP CODE 55 FERRELL ROAD, PO BOX 220 ROSICLARE, IL 62982			
(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 329 SS=D	<p>Annual Licensure and Certification Survey 483.25(l) DRUG REGIMEN IS FREE FROM UNNECESSARY DRUGS</p> <p>Each resident's drug regimen must be free from unnecessary drugs. An unnecessary drug is any drug when used in excessive dose (including duplicate therapy); or for excessive duration; or without adequate monitoring; or without adequate indications for its use; or in the presence of adverse consequences which indicate the dose should be reduced or discontinued; or any combinations of the reasons above.</p> <p>Based on a comprehensive assessment of a resident, the facility must ensure that residents who have not used antipsychotic drugs are not given these drugs unless antipsychotic drug therapy is necessary to treat a specific condition as diagnosed and documented in the clinical record; and residents who use antipsychotic drugs receive gradual dose reductions, and behavioral interventions, unless clinically contraindicated, in an effort to discontinue these drugs.</p> <p>This REQUIREMENT is not met as evidenced by: Based on interview, and record review the facility failed to evaluate behavioral interventions for effectiveness, implement interventions that are in place, develop new interventions, and evaluate target behaviors for 1 of 5 residents, (R7)</p>			F 329			

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 329	<p>Continued From page 1</p> <p>reviewed for behaviors in the sample of 13. Findings include:</p> <p>R7's Physician's Order Sheet for 12/2015, includes diagnoses of Neuroacanthocytosis, Movement Disorder, Seizure Disorder, Anxiety, and Depression and an order for Celexa 10 milligrams twice a day.</p> <p>R7's Behavior Monitoring Records for the months of September through December 12/10/2015 all list the Target Behavior for R7 as Self Isolation related to Depression. The September, 2015 record for R7 documents the behavior of spitting in floor, and throwing things across the room occurred on 5 days during this month. No other behaviors were noted. This same record documents the only intervention implemented was "Redirected to Other Areas" and the outcome of the intervention was the behavior was unchanged.</p> <p>R7's Behavior Monitoring Record for 10/2015, documents the behavior of throwing things in room and spitting occurred on 9 days, and on 8 of these days the only intervention used was, Redirected to other areas, and the outcome was evaluated as the behavior was not changed. On 10/17/2015, this same behavior was documented and the interventions used were 1. Allow venting of feelings 2. Remove from situation 3. Maintain eye contact at resident's level. The outcome of these interventions was documented as the behavior improved.</p> <p>R7's Behavior Monitoring Record for 11/2015 documents the behaviors of throwing things across the room and spitting in the floor, occurred on 8 days during the month. The only intervention attempted on each of these days was "orient to reality of situation". The outcome of this intervention was documented for all 8 days as the behavior was " unchanged " .</p>	F 329			

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F 329	Continued From page 2 R7 's Behavior Monitoring for December, 2015, documents the behavior of spitting and throwing things across the floor for 6 days of the month, along with the intervention of "orient to reality of situation" being used for each day with the outcome again being that the behavior was unchanged for each of these attempts. Documentation on this same record indicates that on 12/9/2015, R7 exhibited self-isolation and that 5 interventions were attempted but there is no documentation of the outcome. On 12/10/2015, self isolation is again documented for R7 with the following interventions being attempted: Remove from situation, Direct to Activities or Social Service, Diversion Tactics, and Maintain Eye Contact. The outcome of these interventions was documented as the behavior was unchanged. New interventions were not added to any of these Behavior Monitoring Records, until 12/16/2015. On 12/16/2015 at 1:40 pm, E3, Social Services Designee, stated that E3 monitors R7's Behavior Monitoring Records monthly to check for completeness of documentation and to review the behaviors being exhibited by R7. After reviewing R7's Behavior Monitoring Records for the past 3 months, E3 acknowledged that the records showed that intervention being used with R7 was not effective, other interventions listed on the Behavior had not been attempted regularly and new interventions had not been added to these records. E3 added that R7 has admitted to staff that R7 engages in these behaviors for attention and that E3 checks in on R7 several times throughout the day as her office is just a couple of doors down. On 12/17/2015 at 9:00 am, E1, Administrator, stated that the Certified Nurses Aides were provided with an inservice on 12/16/2015, addressing behavior interventions for R7 and that	F 329			

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F 329	Continued From page 3 new interventions have now been added to R7's current Behavior Monitoring Record. E1 added that the CNA's were trying other things but were not charting them.	F 329			