

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

PRINTED: 05/30/2014  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>145239</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____  B. WING _____		(X3) DATE SURVEY COMPLETED  <b>C</b> <b>05/28/2014</b>
NAME OF PROVIDER OR SUPPLIER  <b>CORNERSTONE REHAB &amp; HC</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>5533 NORTH GALENA ROAD</b> <b>PEORIA HEIGHTS, IL 61614</b>		
(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  Complaint #1422227/IL 69935 - No deficiency.	F 000			
F 225 SS=D	Complaint #1422282/IL 69996 - F225 and F226 cited. 483.13(c)(1)(ii)-(iii), (c)(2) - (4) INVESTIGATE/REPORT ALLEGATIONS/INDIVIDUALS  The facility must not employ individuals who have been found guilty of abusing, neglecting, or mistreating residents by a court of law; or have had a finding entered into the State nurse aide registry concerning abuse, neglect, mistreatment of residents or misappropriation of their property; and report any knowledge it has of actions by a court of law against an employee, which would indicate unfitness for service as a nurse aide or other facility staff to the State nurse aide registry or licensing authorities.  The facility must ensure that all alleged violations involving mistreatment, neglect, or abuse, including injuries of unknown source and misappropriation of resident property are reported immediately to the administrator of the facility and to other officials in accordance with State law through established procedures (including to the State survey and certification agency).  The facility must have evidence that all alleged violations are thoroughly investigated, and must prevent further potential abuse while the investigation is in progress.  The results of all investigations must be reported to the administrator or his designated	F 225			

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 225	Continued From page 1 representative and to other officials in accordance with State law (including to the State survey and certification agency) within 5 working days of the incident, and if the alleged violation is verified appropriate corrective action must be taken.  This REQUIREMENT is not met as evidenced by: Based on interview and record review, the facility failed to report to the State Agency immediately, an allegation of staff to resident abuse involving one of three residents (R2) reviewed for abuse in the sample of three.  Findings include:  A typed report dated 5-16-14 and signed by E3 (Social Service Director), documents E1 (Administrator) was informed by E2's physician office that R2 stated to the physician's office staff (about the facility), "I do not feel safe. I have not received showers. I am being abused. I have been hit by the facility staff, and another resident has been thrown out of the wheelchair twice."  On 5-27-14 at 2:10 p.m., E1 (Administrator) stated, "I did not report the allegation reported to me, by (R2's) physician's office, of (R2) getting hit or feeling abused by the staff here, or another resident here getting thrown out of the wheelchair, to the Illinois Department of Public Health (IDPH)."	F 225			
F 226	483.13(c) DEVELOP/IMPLMENT	F 226			

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F 226 SS=D	<p>Continued From page 2 ABUSE/NEGLECT, ETC POLICIES</p> <p>The facility must develop and implement written policies and procedures that prohibit mistreatment, neglect, and abuse of residents and misappropriation of resident property.</p> <p>This REQUIREMENT is not met as evidenced by: Based on interview and record review, the facility failed to report an allegation of staff to resident abuse to the State Agency as required by it's abuse policy for one of three residents (R2) reviewed for abuse in the sample of three.</p> <p>Findings include:</p> <p>A typed report dated 5-16-14 and signed by E3 (Social Service Director), documents E1 (Administrator) was informed by E2's physician office of R2 alleging physical abuse from staff at the facility.</p> <p>On 5-27-14 at 2:10 p.m., E1 (Administrator) verified E1 did not report, or submit the abuse investigation, of R2's allegations of physical abuse, reported by the physician's office to E1, to the Illinois Department of Public Health (IDPH).</p> <p>Abuse Prevention Program Policy, dated 11-11-2011, documents allegations of abuse should be reported to IDPH not later than 24 hours after the allegation is made, and a final abuse investigation report conclusion should be</p>	F 226			

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F 226	Continued From page 3 sent to IDPH within five working days of the allegation.	F 226			