

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

PRINTED: 09/23/2015
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 145886	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 09/22/2015
NAME OF PROVIDER OR SUPPLIER ALEDO REHAB & HEALTH CARE CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE 304 S.W. 12TH STREET ALEDO, IL 61231		
(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 225 SS=D	<p>Investigation of Complaint #1525115/IL80197. 483.13(c)(1)(ii)-(iii), (c)(2) - (4) INVESTIGATE/REPORT ALLEGATIONS/INDIVIDUALS</p> <p>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.</p> <p>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).</p> <p>The facility must have evidence that all alleged violations are thoroughly investigated, and must prevent further potential abuse while the investigation is in progress.</p> <p>The results of all investigations must be reported to the administrator or his designated 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</p>	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 appropriate corrective action must be taken. This REQUIREMENT is not met as evidenced by: Based on record review and interview the facility failed to report an allegation of verbal abuse to the State Agency for one of three residents (R1) reviewed for abuse in the sample of three. Findings include: An Investigation of Possible Neglect/Abuse dated 9-15-15 and signed by E1 (Administrator), documents R1 reported to E1 that E2 (Social Service Director) yelled at R1. This report does not include any documentation of the State Agency being notified regarding this alleged verbal abuse. On 9-22-15 at 9:30 a.m., R1 stated, "On 9-15-15 (E2/Social Service Director) yelled at me and told me I could not keep my door closed. (E2) talks to me like I am a child that does wrong." On 9-22-15 at 11:15 p.m., E1 (Administrator) stated, "I did not follow the (facility) policy in regards to reporting to the (State Agency) on alleged verbal abuse."	F 225			
F 226 SS=D	483.13(c) DEVELOP/IMPLMENT ABUSE/NEGLECT, ETC POLICIES The facility must develop and implement written policies and procedures that prohibit mistreatment, neglect, and abuse of residents and misappropriation of resident property.	F 226			

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F 226	<p>Continued From page 2</p> <p>This REQUIREMENT is not met as evidenced by: Based on record review and interview the facility failed to follow their Abuse Prevention Policy in regards to external reporting of potential abuse for one of three residents (R1) reviewed for abuse in the sample of three.</p> <p>Findings include:</p> <p>The Facility's Abuse Prevention Program Facility Policy (undated), documents that the State Agency should be notified not later than 24 hours after forming the suspicion of neglect or abuse, and a final five day final investigation report should be sent to the State Agency with the conclusion of the abuse allegation.</p> <p>An Investigation of Possible Neglect/Abuse dated 9-15-15 and signed by E1 (Administrator), documents R1 alleged verbal abuse by E2 (Social Service Director). This report does not include any documentation of the State Agency being notified regarding this alleged verbal abuse.</p> <p>On 9-22-15 at 11:15 p.m., E1 (Administrator) verified E1 investigated R1's 9-15-15 allegation made against E2 as verbal abuse, and verified that the State Agency was not notified. E1 stated, "I did not follow the (facility) policy in regards to reporting to the (State Agency) on alleged verbal abuse."</p>	F 226			