

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

PRINTED: 07/10/2014
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 145811	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 07/09/2014
NAME OF PROVIDER OR SUPPLIER HEIGHTS HLTHCARE & REHAB CTR			STREET ADDRESS, CITY, STATE, ZIP CODE 1629 GARDNER LANE PEORIA HEIGHTS, IL 61614		
(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 323 SS=D	<p>Complaint #1422922/IL70711</p> <p>483.25(h) FREE OF ACCIDENT HAZARDS/SUPERVISION/DEVICES</p> <p>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.</p> <p>This REQUIREMENT is not met as evidenced by: Based on observation, interview and record review, for one of three residents (R1) reviewed for elopement in a sample of three, the facility failed to communicate a resident's home visit status to other staff resulting in R1 being stranded out of the facility for over six hours.</p> <p>Findings include:</p> <p>Facility's Incident Report dated 7-7-14 at 10:00 pm states "Resident (R1) went on home visit with daughter at noon. At 10:00 pm, (another facility) called and reported resident was taken there by a stranger after being found in a restaurant stranded. Resident reported that (R1) didn't know the name of this facility."</p> <p>On 7-8-14 at 7:00 pm, E7 (Social Service) stated the following: On 7-7-14 about 12:30 am, R1 went on a home visit with Z1, R1's daughter. Z1 called E7 (Social Service) about 2:30 pm telling E7 that Z1 and R1 were on a bus heading back to</p>	F 323			

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 323	<p>Continued From page 1</p> <p>facility. Z1 requested E7 have someone meet R1 at bus stop to collect R1 as Z1 wouldn't be still on the bus then. E7 sent E6 (CNA-Certified Nursing Assistant) to the bus stop to wait but no bus came. E6 (CNA) returned telling E7 no bus had stopped. E7 and E6 both left the facility without telling any staff that R1 was expected back that afternoon.</p> <p>On 7-8-14 at 8:50 am, R1 was up ambulating in the facility without any problems. R1 stated R1 was on a visit with daughter and was riding the bus back to the facility. R1 stated the bus left R1 off somewhere else and R1 walked about a mile to a restaurant. R1 stated R1 did not know the name, address or phone number of the facility where R1's lives. R1 stated the restaurant worker tried to find where R1 lived. The restaurant staff took R1 to another facility who called around and eventually found where R1 lived and brought R1 back to the facility. R1 stated R1 was a little hungry and tired after the incident but OK. R1 stated R1 had lived on own for years and knew how to get around.</p> <p>On 7-9-14 at 10:00 am, E3 (RN-Registered Nurse) stated E3 was R1's charge nurse on the evening of 7-7-14. E3 stated E3 thought R1 was still on home visit with R1's daughter. E3 stated no staff had informed E3 that R1 was expected back by bus earlier in the afternoon and had not made it back yet. E3 stated R1 was delivered back to the facility after 10:30 pm in no distress. E3 stated R1 is ambulatory and able to communicate but is confused and not able to remember the name or address of the facility.</p> <p>On 7-9-14 at 10:50 am, Z1 (R1's daughter) stated on 7-7-14, Z1 called the facility telling them R1</p>	F 323			

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F 323	Continued From page 2 would be returning to the facility on a bus mid afternoon. Z1 stated Z1 told the bus driver to take R1 to the facility but does not know why R1 did not arrive there. Z1 stated R1 can be confused at times. R1's 4-25-14 MDS (Minimum Data Set) shows R1 has a BIMS (Brief Intellectual Mental Status) of 7 out of 15 showing some difficulty with recall. R1's Community Survival Skills Assessment dated 4-25-14 states "(R1) is familiar with the community. (R1) is able to enter the community with family members...The resident does not appear to be capable of unsupervised outside pass privileges at this time.."	F 323			