

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

PRINTED: 09/04/2015
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 145308	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 09/04/2015
NAME OF PROVIDER OR SUPPLIER RIVER VIEW REHAB CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE 50 NORTH JANE ELGIN, IL 60123		
(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>Complaint Investigation #1574226/IL79174 - F365 #1574208/IL79116 - no deficiency #1574446/IL79421 - F225</p> <p>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</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	<p>Continued From page 1</p> <p>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.</p> <p>This REQUIREMENT is not met as evidenced by: Based on interview and record review, the facility failed to follow their policy and procedure for abuse prevention following an allegation of abuse.</p> <p>This applies to 1 of 3 residents (R9) reviewed for abuse.</p> <p>The findings include:</p> <p>The facility's EMR (Electronic Medical Record) shows R9 has multiple diagnoses including: functional quadriplegia, seizures, high blood pressure, gastric reflux, heart disease, high cholesterol, neuropathy and anxiety.</p> <p>The MDS (Minimum Data Set) dated June 23, 2015 shows R9 is cognitively intact and requires extensive assistance with transferring, dressing, hygiene, and toileting, and is totally dependent on staff for bathing and R9 is frequently incontinent of bowel and bladder. The MDS also showed: " Signs and symptoms of delirium - behavior not present. Potential indicators of psychosis - none. Behavioral symptoms -presence and frequency: behavior not exhibited. "</p> <p>On August 19, 2015 at 11:00 AM, R9 said E21 (CNA-Certified Nursing Assistant) provided pericare " many times since I came here in June,</p>	F 225			

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F 225	<p>Continued From page 2</p> <p>2015. There was only three times, during the period of August 11 to 14, 2015, that he used toilet paper and it was uncomfortable for me. " R9 said during three separate incontinence care episodes, E21 shook her buttocks with his hands and placed "what felt like a large amount of toilet paper near my vagina. I couldn't see what it was because E21 provided incontinence care from my backside." R9 said she told E21 the placement of the toilet paper near her vagina was painful and uncomfortable. R9 was told by E21 the toilet paper "was being placed there to prevent urine from leaking." R9 said she told E21 this technique made her uncomfortable and to please stop, however, E21 continued using the same technique. R9 said she verbalized her concerns to E20 (CNA) on Friday evening, August 14, 2015, and again to E18 (RN-Registered Nurse) on Saturday morning, August, 15, 2015. R9 said she was afraid E21 would become angry with her after she reported her concerns to E20 on Friday, August 14, 2015, and asked E20 to remain by her side to ensure E21 did not return to her room the rest of the evening. R9 said, "I was not embarrassed or ashamed. I was mad at E21."</p> <p>On August 19, 2015 at 3:10 PM, E20 (CNA) said on August 14, 2015 at approximately 8:40 PM, R9 said, "E21 was putting toilet paper in my vagina and shaking my buttocks when I'm being taken off the bedpan." E20 said the facility's abuse policy requires all staff to immediately report any allegation of abuse to their immediate supervisor. E20 said she immediately reported the allegation of abuse to E4 (RN), at approximately 9:00 PM on Friday, August 14, 2015. E20 said "I assumed E4 called E1 (DON-Director of Nursing) right away. I was surprised E21 (CNA) worked the rest of the shift and did not get sent home right</p>	F 225			

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F 225	Continued From page 3 away." The facility's time card report shows E21 worked on August 14, 2015 from 3:03 PM to 11:04 PM. On August 19, 2015 at 12:45 PM, E5 (RN) said E20 (CNA) reported R9's allegation of abuse after incontinence care was provided by E21, on Friday, August 14, 2015. E5 said all allegations of abuse should be reported to E1 (DON) or E9 (Administrator) within 24 hours. "If E1 or E9 are not in the building, or a caseworker is not present, then we write it in the 24 hour log book. I did not report the allegation of abuse to E1 or E9 or a caseworker, and I did not write it in the 24 hour log book." The facility's undated policy entitled "Abuse Prevention Program Facility Policy" shows: "V. Internal Reporting Requirements and Identification of Allegations: Employees are required to report any incident, allegation or suspicion of potential abuse, neglect, mistreatment or misappropriation of resident property they observe, hear about, or suspect to the administrator immediately, or to an immediate supervisor who must then immediately report it to the administrator. VI. The facility will take steps to prevent potential abuse while the investigation is underway. Employees of this facility who have been accused of abuse, neglect, mistreatment or misappropriation of resident property will be removed from resident contact immediately until the results of the investigation have been reviewed by the administrator."	F 225			
F 365 SS=E	483.35(d)(3) FOOD IN FORM TO MEET INDIVIDUAL NEEDS	F 365			

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F 365	<p>Continued From page 4</p> <p>Each resident receives and the facility provides food prepared in a form designed to meet individual needs.</p> <p>This REQUIREMENT is not met as evidenced by: Based on observation, interview and record review the facility failed to prepare mechanical soft foods in accordance with the facility's menu, recipe and dietary manual. This applies to 6 of 14 sampled residents (R1, R2, R3, R12, R13 and R14) and 15 residents (R17 through R22, R24, R26, R27, R28, R29, R30, R31, R35 and R36) in the supplemental sample.</p> <p>The findings include:</p> <p>R1, R2, R3, R12, R13, R14, R17, R18, R19, R20, R21, R22, R24, R26, R27, R28, R29, R30, R31, R35 and R36 all had diet orders of mechanical soft diets according to list presented on August 9, 2015. The facility undated diet manual presented on September 13, 2015 titled Indiana Diet Manual documents mechanically altered diet includes foods modified in texture such as blended, chopped, and ground to promote ease of mastication. Texture of foods can be modified by chopping or grinding with a food processor (blenders tend to liquefy foods.)</p> <p>The entree menu plan for the evening meal on June 29, 2015 was a submarine sandwich or chicken salad sandwich. The therapeutic spreadsheet menu extension indicated the regular diet would get a chicken salad sandwich or a submarine sandwich. The mechanical soft diet does not receive the same items as the regular but should get ground meat and cheese,</p>	F 365			

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F 365	<p>Continued From page 5 or ground chicken salad.</p> <p>The recipe for chicken salad sandwich calls for mechanical soft diets to chop or grind to desired consistency. The recipe includes chicken, salad dressing, diced celery, relish and seasonings.</p> <p>On August 13, 2015 per telephone conversation E8 (food service supervisor) said boneless skinless chicken breast are cut up, boiled on top of the stove, then mashed and shredded for the chicken salad. The same product was used to serve both regular and mechanical soft diets.</p> <p>During an onsite visit on August 14, 2015 the kitchen had a blender, but no food processor, food grinder or any attachment to grind or chop food. This was confirmed with E1 administrator, and E8 food service supervisor. The equipment used to mash the cooked chicken for chicken salad was a hand held metal potato masher with a long handle.</p> <p>On September 2, 2015 at 1:45 PM Z6 (Consultant Dietitian) said that the facility needs a food processor to prepare mechanical soft diets. Z6 said she conducted a dining service audit on August 26, 2015 in which she made a priority recommendation for the facility to obtain a food processor to properly prepare ground and chopped texture consistencies.</p>	F 365			