

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

PRINTED: 09/15/2015
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 09/10/2015
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 309 SS=D	<p>Complaint Investigation #1574943/II79995</p> <p>483.25 PROVIDE CARE/SERVICES FOR HIGHEST WELL BEING</p> <p>Each resident must receive and the facility must provide the necessary care and services to attain or maintain the highest practicable physical, mental, and psychosocial well-being, in accordance with the comprehensive assessment and plan of care.</p> <p>This REQUIREMENT is not met as evidenced by: Based on observation, interview and record review the facility failed to ensure thorough ordered skin assessments were completed for a resident with a high risk for skin breakdown. This applies to R1, 1 of 3 residents sampled for skin breakdown in the sample of 3. R1 was found to have an undocumented, untreated area of skin breakdown to the abdominal region.</p> <p>The Findings include: According to the face sheet in the medical record R1 has diagnoses including quadriplegia, tracheostomy, chronic respiratory failure, chronic airway obstruction and dysphagia. According to the MDS (minimum data set) in the medical record R1 is totally dependent upon staff for all ADLs (activities of daily living). R1 is unable to reposition, bathe or feed self. R1 blows into an apparatus to call staff for assistance. R1 is alert and aware of person place and time with a BIMs (brief interview for mental status) score of 15. R1 is also easily understood.</p>	F 309			

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 309	<p>Continued From page 1</p> <p>On 09/10/19 staff were observed repositioning and providing morning care for R1. During observation a golf ball sized area was noted to the left abdominal region. The area was scabbed with red and yellow crustations with redness and slight swelling to the surrounding skin. R1 said "I used to have a g-tube and sometimes there is drainage to the gown when they change me". R1 also said "I couldn't feel anything down there and could not move my head to see the area".</p> <p>E1 (wound nurse) was called to the room to assess the site and said this is a problem that comes and goes but she did not know about the current condition of the site because she had not been informed by the direct care staff.</p> <p>E1 said she should probably culture the site if any drainage appears. E1 said there were no current treatment orders but she would call the doctor.</p> <p>Nursing progress notes in the record were reviewed with no entries indicating an on- going problem at the g-tube insertion site. R1's TAR (treatment administration record) for the months of August and September 2015 were reviewed. R1 has an order to check skin daily (on the night shift). All entries on the TAR had a check mark and initials. E1 said that meant the skin was checked and is okay. R1 also had a treatment order to check skin on shower days (Mondays and Thursdays). Review of August and September 2015 shower sheets (TARs) showed staff initialed and checked off the days with no problems noted.</p> <p>E2 (administrator) said the nurses are supposed to check the skin during the shower and document any problems. E1 stated the physician called back with an order for topical antibiotic ointment to be applied to the affected area.</p>	F 309			