STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	146020	A. BUILDING _____ B. WING _____	C 01/14/2015

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ROSEVILLE REHAB & HEALTH CARE	**145 S CHAMBERLAIN ST, BOX 770 ROSEVILLE, IL 61473**

(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 Original complaint investigation 1520177/IL74257	F 000		
F 203 SS=D	483.12(a)(4)-(6) NOTICE REQUIREMENTS BEFORE TRANSFER/DISCHARGE Before a facility transfers or discharges a resident, the facility must notify the resident and, if known, a family member or legal representative of the resident of the transfer or discharge and the reasons for the move in writing and in a language and manner they understand; record the reasons in the resident's clinical record; and include in the notice the items described in paragraph (a)(6) of this section. Except as specified in paragraph (a)(5)(ii) and (a)(8) of this section, the notice of transfer or discharge required under paragraph (a)(4) of this section must be made by the facility at least 30 days before the resident is transferred or discharged. Notice may be made as soon as practicable before transfer or discharge when the health of individuals in the facility would be endangered under (a)(2)(iv) of this section; the resident's health improves sufficiently to allow a more immediate transfer or discharge, under paragraph (a)(2)(i) of this section; an immediate transfer or discharge is required by the resident's urgent medical needs, under paragraph (a)(2)(ii) of this section; or a resident has not resided in the facility for 30 days. The written notice specified in paragraph (a)(4) of this section must include the reason for transfer or discharge; the effective date of transfer or	F 203		

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 203	Continued From page 1	F 203		

discharge; the location to which the resident is transferred or discharged; a statement that the resident has the right to appeal the action to the State; the name, address and telephone number of the State long term care ombudsman; for nursing facility residents with developmental disabilities, the mailing address and telephone number of the agency responsible for the protection and advocacy of developmentally disabled individuals established under Part C of the Developmental Disabilities Assistance and Bill of Rights Act; and for nursing facility residents who are mentally ill, the mailing address and telephone number of the agency responsible for the protection and advocacy of mentally ill individuals established under the Protection and Advocacy for Mentally Ill Individuals Act.
This REQUIREMENT is not met as evidenced by:
Based on interviews and record reviews the facility failed to readmit one of three residents (R1) reviewed for discharge after being sent to the hospital for evaluation.

Findings include:

On 1/14/15 at 10:00 A.M., E1 stated R1 was sent to a local area hospital for a psychiatric evaluation on 1/12/15. E1 stated that the hospital attempted to return R1 back to facility that same day, but the facility refused to allow R1 to return. When E1 was asked if the hospital wants to return a resident who was sent out for a psychiatric evaluation and their 30-day involuntary discharge notice is not up, should they be taken back? E1 answered, "Yes, well I guess I should have." E1 stated the hospital arranged for a new nursing home for R1 to reside. E1 stated R1 and R1's Power of Attorney (POA) were notified that R1

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F 203	Continued From page 2 was being given a Notice of Involuntary Transfer or Discharge and Opportunity for Hearing for Nursing Home Residents on 1/9/15. E1 stated R1 was supposed to have up until 2/9/15 to remain in the facility under the Notice. R1's Social Service Notes document that R1 was discharged from a local hospital to another Long Term Care Facility on 1/13/15. R1's Notice of Involuntary Transfer or Discharge and Opportunity for Hearing for Nursing Home Residents is signed and dated 1/9/15.	F 203		