PRINTED: 08/19/2015 FORM APPROVED OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES (X AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING		(X3) DATE SURVEY COMPLETED		
		14G055	B. WING		C 07/01/2015		
NAME OF PROVIDER OR SUPPLIER					STREET ADDRESS, CITY, STATE, ZIP CODE	07/	01/2015
MILESTONE - ELMWOOD HEIGHTS					2662 ELMWOOD ROAD		
				F	ROCKFORD, IL 61103		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFI) TAG	Х	PROVIDER'S PLAN OF CORRECTIO (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROP DEFICIENCY)	BE	(X5) COMPLETION DATE
W 000	INITIAL COMMENT	ΓS	W 0	000			
W 245	, , , , ,	TIGATION IDIVIDUAL PROGRAM PLAN ram plan must identify	W 2	245			8/1/15
	mechanical support proper body position	ts, if needed, to achieve on, balance, or alignment. The schedule for the use of each					
	Based on interview failed to ensure the specified a schedul 1 of 1 client in the s	s not met as evidenced by: and record review, the facility IPP (Individual Program Plan) e for the use of a gait belt for ample (R1) who fell and ion and Intracranial bleed.					
	Findings include:						
	Report that includes On 6/24/15 at approfound sitting on the suite (bedroom). Rethe right side of his received from an approtective floor mat with a bleeding laceright side of his heal was transported to R1 was evaluated a ICU (Intensive Carediagnosis of "Antico Clotting Disorder - Icu.)	lity completed an Investigative is the following information: eximately 12:30am R1 was floor outside of another peers in was observed with blood on forehead with a laceration oparent tripping over a comparent tripping over a c					
L ABORATORY	DIRECTOR'S OR PROVID	DER/SUPPLIER REPRESENTATIVE'S SIGN	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.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		` '	(X2) MULTIPLE CONSTRUCTION A. BUILDING			(X3) DATE SURVEY COMPLETED	
		14G055	B. WING		07	C 7/ 01/2015	
NAME OF PROVIDER OR SUPPLIER MILESTONE - ELMWOOD HEIGHTS				STREET ADDRESS, CITY, STATE, ZIP 2662 ELMWOOD ROAD ROCKFORD, IL 61103		,01,2010	
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES 'MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFI TAG		N SHOULD BE E APPROPRIATE	(X5) COMPLETION DATE	
W 245	have tripped over a peer's bedroom. R1's hospital dischar R1's discharge diag bleed and Warfarin R1's current POS (Inoted that R1 was a tablet every evening R1's 9/9/14 IPP (Inincluded R1's media R1 was admitted to In a previous placer Subdural Hematom (Craniotomy and Ex On 2/10/11 R1 tripp sutures to a lacerat On 12/22/11 R1 fell head. R1 sustained back of his head. On 9/22/12 R1 fell a sustaining a quarter of his forehead. On 6/30/15 at appropriate of his horomatory in his horomatory in the bedrooms (approximate of his periods) and the bedrooms (approximate of his	gation identified that R1 may floor mat that was in his arge paperwork was reviewed. Increaming induced coagulopathy. Physician's Order Sheet) receiving Warfarin 4mg 1 g per G-tube. dividual Program Plan) which cal history was reviewed. The facility on 1/18/11. Thent in 2010, R1 sustained a a and required surgery vacuation of Hematoma). The shower and hit his da walnut sized knot to the and hit the left side of his head resized red area to the left side of his peer's mately 50 to 60 feet), tripped froom hitting his head on the	W 2	.45			
	evaluation, dated 2	(15/11, was reviewed. The evaluation notes the					

	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING		COMPLETED	
	14G055	B. WING			C 01/2015
NAME OF PROVIDER OR SUPPLIER MILESTONE - ELMWOOD HEIGHTS			STREET ADDRESS, CITY, STATE, ZIP CODE 2662 ELMWOOD ROAD ROCKFORD, IL 61103	07/	01/2013
(EACH DEFICIENCY	MUST BE PRECEDED BY FULL	ID PREFI TAG	(EACH CORRECTIVE ACTION SHOULD	BE	(X5) COMPLETION DATE
"(R1) is a functional balance is unsteady falling. It is recommand be provided wit walking due to unst R1's 9/9/14 IPP was identify a schedule. The IPP does not signature of the gait belt. E3 (RSD - Residentinterviewed on 6/30 R1's 9/9/14 IPP and identifies that R1 had does not identify a sidentifies that R1 had does not identify a sidentified in the IPP 483.470(f)(3) FLOCE. The facility must had floor coverings that used by clients. This STANDARD is Based on interview failed to ensure floor affecting 1 of 1 clier sustained a lacerati Subarachnoid bleed over a floor mat. Findings include: On 6/24/15 the faciling Report that includes	individual; however his which has resulted in him hended that he wear a gait belt h supervision when he is eadiness when upright" reviewed. R1's IPP does not for the use of the gait belt. pecify the type of supervision at falls and a schedule for the stial Services Director) was /15 at 12:52pm. E3 reviewed at stated that R1's IPP as a gait belt, however, the IPP as a gait belt, however, the IPP as a gait belt, however, the gait at level of supervision to be recommended by PT, is not at level of supervision to be recommended by PT, is not and record review, the facility or surfaces promote mobility in areas and record review, the facility or surfaces promote mobility in the sample (R1) who on to the forehead and a diafter an apparent tripping sity completed an Investigative as the following information:				7/1/15
-	,				
	PROVIDER OR SUPPLIER SUMMARY STA (EACH DEFICIENCY REGULATORY OR LS Continued From pa "(R1) is a functional balance is unsteady falling. It is recomn and be provided wit walking due to unst R1's 9/9/14 IPP was identify a schedule The IPP does not s R1 needs to preven use of the gait belt. E3 (RSD - Resident interviewed on 6/30 R1's 9/9/14 IPP and identifies that R1 had does not identify a se belt. E3 verified the provided to R1, as a specified in the IPP 483.470(f)(3) FLOCE The facility must had floor coverings that used by clients. This STANDARD is Based on interview failed to ensure flood affecting 1 of 1 client sustained a laceratic Subarachnoid bleed over a floor mat. Findings include: On 6/24/15 the facil Report that includes	THE CORRECTION IDENTIFICATION NUMBER: 14G055 PROVIDER OR SUPPLIER SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) Continued From page 2 "(R1) is a functional individual; however his balance is unsteady which has resulted in him falling. It is recommended that he wear a gait belt and be provided with supervision when he is walking due to unsteadiness when upright" R1's 9/9/14 IPP was reviewed. R1's IPP does not identify a schedule for the use of the gait belt. The IPP does not specify the type of supervision R1 needs to prevent falls and a schedule for the use of the gait belt. E3 (RSD - Residential Services Director) was interviewed on 6/30/15 at 12:52pm. E3 reviewed R1's 9/9/14 IPP and stated that R1's IPP identifies that R1 has a gait belt, however, the IPP does not identify a schedule for the use of the gait belt. E3 verified the level of supervision to be provided to R1, as recommended by PT, is not specified in the IPP. 483.470(f)(3) FLOORS The facility must have exposed floor surfaces and floor coverings that promote mobility in areas used by clients. This STANDARD is not met as evidenced by: Based on interview and record review, the facility failed to ensure floor surfaces promote mobility affecting 1 of 1 client in the sample (R1) who sustained a laceration to the forehead and a Subarachnoid bleed after an apparent tripping over a floor mat.	The Correction (IDENTIFICATION NUMBER: A. BUILDI 14G055) B. WING PROVIDER ONE - ELMWOOD HEIGHTS SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) Continued From page 2 "(R1) is a functional individual; however his balance is unsteady which has resulted in him falling. 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The IPP does not specify the type of supervision R1 resented in 6/30/15 at 12:52pm. E3 reviewed R1's 9/9/14 IPP and stated that R1's IPP identifies that R1 has a gait belt, and fill redinifies at R1 has a gait belt, and the level of supervision to be provided to R1, as recommended by PT, is not specified in the IPP. 483.470(f)(3) FLOORS The facility must have exposed floor surfaces and floor coverings that promote mobility in areas used by clients. This STANDARD is not met as evidenced by: Based on interview and record review, the facility failed to ensure floor surfaces promote mobility affecting 1 of 1 client in the sample (R1) who sustained a laceration to the forehead and a Subarachnoid bleed after an apparent tripping over a floor mat. Findings include: On 6/24/15 the facility completed an Investigative Report that includes the following information:	TOOMDER OR SUPPLIER 14G055 B. WING 14G055 B. WING 2662 ELMWOOD ROAD ROCKFORD, IL 61103 SUMMARY STATEMENT OF DEFICIENCIES (IEACH DEFICIENCY WIST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) Continued From page 2 "(R1) is a functional individual; however his balance is unsteadly which has resulted in him falling. It is recommended that he wear a gait bet and be provided with supervision when he is walking due to unsteadiness when upright" R1's 9/0/14 IPP was reviewed. R1's IPP does not identify a schedule for the use of the gait belt. The IPP does not specify the type of supervision R1 needs to prevent falls and a Schedule for the use of the gait belt. E3 verified the level of supervision to be provided to R1, as recommended by PT, is not specified in the IPP. 483.470(f)(3) FLOORS The facility must have exposed floor surfaces and floor coverings that promote mobility in areas used by clients. 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AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		A. BUILDING			COMPLETED	
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	MILESTONE - ELMWOOD HEIGHTS			STREET ADDRESS, CITY, STATE, ZIP C 2662 ELMWOOD ROAD ROCKFORD, IL 61103		70172010
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES / MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CO (EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE DEFICIENCY)	N SHOULD BE	(X5) COMPLETION DATE
W 433	suite (bedroom). Rethe right side of his received from an approtective floor mat with a bleeding laceright side of his head was transported to R1 was evaluated a ICU (Intensive Carediagnosis of "Antico Clotting Disorder - I received 7 sutures forehead. The facility's investif have tripped over a peer's bedroom. R1's hospital discharation R1's current POS (Intensive Post (Intensive Carediagnosis of "Antico Clotting Disorder - I received 7 sutures forehead. The facility's investif have tripped over a peer's bedroom. R1's hospital discharation R1's current POS (Intensive Post (Intensi	floor outside of another peers at was observed with blood on forehead with a laceration oparent tripping over a . R1 was found in the hallway eration of the forehead on the ad. 911 was called and R1 a local hospital. and admitted to the hospital's e Unit) with a primary oragulant Induced Blood oleed into the brain." R1 to the laceration of his gation identified that R1 may floor mat that was in his arge paperwork was reviewed. gnoses included: Intracranial induced coagulopathy. Physician's Order Sheet) receiving Warfarin 4mg 1 g per G-tube. Individual Program Plan) which cal history was reviewed. In the facility on 1/18/11. In ment in 2010, R1 sustained a late and required surgery wacuation of Hematoma). Indeed and fell and received 12	W 4	33		

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W 433	observed in his hon Services Director). R1 walked from his bedrooms (approxing on a mat in this bed headboard of his pe E3 stated the mat he bedroom and throw was approximately it was not appropria	eximately 12:40pm R1 was ne with E3 (RSD - Residential E3 stated it is presumed that bedroom to one of his peer's mately 50 to 60 feet), tripped droom hitting his head on the	W 4	33		