

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

PRINTED: 07/17/2014  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>145686</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____  B. WING _____		(X3) DATE SURVEY COMPLETED  <b>C</b> <b>07/03/2014</b>
NAME OF PROVIDER OR SUPPLIER  <b>MORTON TERRACE H &amp; R CENTRE</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>191 EAST QUEENWOOD ROAD</b> <b>MORTON, IL 61550</b>		
(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 1422847/IL70624</p> <p>483.13(c)(1)(ii)-(iii), (c)(2) - (4)</p> <p>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 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</p>	F 225		7/16/14	

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 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 immediately report an alleged allegation of abuse to the State Agency for one of three residents (R2) reviewed for abuse in a sample of three.</p> <p>Findings include:</p> <p>R2's Nurse's Note, dated 6/30/2014 at 6:00 a.m., documents "discoloration approximately 2 centimeters (cm) round noted to resident's left inner thigh, two areas of discoloration noted to left upper arm approximately 4 cm by 3 cm and 4 cm by 2 cm. Denies pain. Initiated investigation. Power of Attorney, Director of Nursing, and Physician notified."</p> <p>Facility Initial State Report, dated 6/30/2014 at 10:00 a.m., documents "Brief Description of the Incident: Certified Nursing Assistant (CNA), E6, noted a bruise to (R2's) thigh. CNA asked (R2) how (R2) had gotten the bruise and (R2) stated that the CNA who got (R2) up on Sunday was rough with her. Immediate Action Taken: Head to toe evaluations completed. Bruise noted to (R2's) left upper thigh and two bruises noted to (R2's) left upper arm. E4, CNA, was immediately suspended pending investigation, notification made to Administrator, families, and Physician. Investigation in process."</p> <p>Facility policy "Abuse Prevention Guidelines" (revised 6/2014) states, "Initial Reporting of</p>	F 225			

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F 225	<p>Continued From page 2</p> <p>Allegations: Allegations of abuse are reported to the resident's representative. The (State Agency) shall be informed as soon as possible within 24 hours; that an occurrence of potential abuse has been reported and is being investigated."</p> <p>On 7/3/2014 at 9:36 a.m., E1 (Administrator) stated, "Our fax machine hasn't been working properly, so I do not have any confirmation when the fax was sent to the (State Agency)."</p> <p>On 7/3/2014 at 11:24 a.m., E1 provided a Personal Journal, dated July 3, 2014 at 11:12 a.m. that verified that the State Agency was notified of the abuse investigation on 7/1/2014 at 10:44 a.m. She stated at this time that "This is the only confirmation that I have that I reported the investigation to the (State Agency)."</p>	F 225			