

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

PRINTED: 12/23/2014  
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>12/18/2014</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>Original Complaint Investigation 1425681/IL#73805</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 with State law (including to the State survey and certification agency) within 5 working days of the</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	Continued From page 1 incident, and if the alleged violation is verified appropriate corrective action must be taken.  This REQUIREMENT is not met as evidenced by: Based on interview and record review, the facility failed to immediately notify the State Certification and Survey Agency of an allegation of missing resident property, for one of four residents reviewed for missing resident property (R1) in a sample four.  Findings include:  An abuse investigation dated 12/16/14 documents R1's wallet was stolen while R1 was asleep in the facility's Dialysis Unit. R1's abuse/missing property investigation does not include documentation the State Certification and Survey Agency was notified of the allegation.  An Abuse Prevention Program Facility Policy (undated) states, "When an allegation of abuse, neglect, mistreatment or misappropriation of resident property has occurred,...the Department of Public Health's regional office shall be informed immediately by telephone or fax."  On 12/18/14 at 2:30p.m., E1 (Administrator) verified R1's allegation of a stolen wallet was not reported to the State Certification and Survey Agency by phone or fax.	F 225			
F 226 SS=D	483.13(c) DEVELOP/IMPLMENT ABUSE/NEGLECT, ETC POLICIES  The facility must develop and implement written	F 226			

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F 226	<p>Continued From page 2</p> <p>policies and procedures that prohibit mistreatment, neglect, and abuse of residents and misappropriation of resident property.</p> <p>This REQUIREMENT is not met as evidenced by: Based on interview and record review, the facility failed to follow their policy on reporting abuse/missing resident property for one of four residents (R1) in a sample of four.</p> <p>Findings include:</p> <p>An Abuse Prevention Program Facility Policy (undated) states, "When an allegation of abuse, neglect, mistreatment or misappropriation of resident property has occurred,...the Department of Public Health's regional office shall be informed immediately by telephone or fax."</p> <p>An abuse/missing resident property investigation dated 12/16/14 documents R1's wallet was stolen while R1 was asleep in the facility's Dialysis Unit. R1's abuse/missing resident property investigation does not include documentation the State Certification and Survey Agency was notified of the allegation.</p> <p>On 12/18/14 at 2:30p.m., E1 (Administrator) verified R1's allegation of a stolen wallet was not reported to the State Certification and Survey Agency by phone or fax.</p>	F 226			