

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

PRINTED: 09/16/2014
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 14E361	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 09/09/2014
NAME OF PROVIDER OR SUPPLIER ASPEN REHAB & HEALTH CARE			STREET ADDRESS, CITY, STATE, ZIP CODE 1403 9TH AVENUE SILVIS, IL 61282		
(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>Incident Report Investigation to Incident of 8/1/14/IL71804</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	<p>Continued From page 1</p> <p>incident, and if the alleged violation is verified 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 identify, investigate and notify (State Agency) of two potentially abusive incidents involving one of six residents reviewed for abuse allegations in a sample of six. This failure enabled one resident (R1) to continue to inappropriately touch other residents residing in the facility.</p> <p>Findings include:</p> <p>1. Nurses Notes in R1's clinical record dated 8/1/14 at 9:15 AM documents, "Resident (R1) walking down hallway when other nurse noted resident grabbing other female residents (R5)breast. Female resident (R5) slapped at resident telling him to stop but he continued..."</p> <p>On 9/9/14 at 2:30 PM, E1/Administrator identified the resident involved in the incident with R1 on 8/1/14 was R5.</p> <p>Current care plan for R1 dated 8/4/14 documents, "Sexual aggression over the weekend. Haldol Deconate 10 mg(milligrams) IM (intramuscular) weekly. Cogentin 1 mg daily for symptoms of Haldol. 15 minute checks for 72 hours."</p> <p>2. Incident Report Form dated 8/6/14 at 2:00 PM documents, "Resident (R1) observed to expose his (R1) genitalia to (R6). (R6) has a diagnosis of dementia. (R6) touched the genitalia of (R1)."</p>	F 225			

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F 225	Continued From page 2 On 9/9/14 at 2:30 PM, E1/Administrator identified the resident involved in the incident with R1 on 8/6/14 was R6. The MDS (Minimum Data Set) for R6 dated 7/10/14 documents a summary score in section C of one indicating R6 is severely cognitively impaired. Current care plan for R1, last updated on 8/11/14, does not include any updates or new interventions for R1 on 8/6/14. On 9/9/14 at 2:30 PM, E1/Administrator verified that R1 did not have any new interventions implemented after R1's incident on 8/6/14. Incident Investigation Form dated 8/10/14 documents, "(R1) was rubbing (R6)'s left arm. (R1) then handed her (R6) his coffee cup and reached over and touched residents (R6) left breast. Then almost immediately after touching (R6), (R1) grabbed her right arm and pulled it onto touching his (R1) groin." Current care plan for R1 dated 8/11/14 documents, "Sexual aggression continues. 1:1 monitoring. Paxil 20 mg daily. Tegretol 200 mg PO (by mouth) BID (twice a day). On 9/9/14 at 2:30 PM, E1/Administrator stated that in hindsight R1 should have been put on 1:1 monitoring sooner.	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 3</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 facility policy for investigating and reporting sexual abuse for one of six residents (R4) reviewed for abuse in a sample of six. This failure resulting in one resident (R1) sexually assaulting numerous female residents residing within the facility.</p> <p>Findings include:</p> <p>2. Nurses Notes in R1's clinical record dated 8/1/14 at 9:15 AM documents, "Resident (R1) walking down hallway when other nurse noted resident grabbing other female residents (R5)breast. Female resident (R5) slapped at resident telling him to stop but he continued..."</p> <p>On 9/9/14 at 2:30 PM, E1/Administrator identified the resident involved in the incident with R1 on 8/1/14 was R5.</p> <p>Current care plan for R1 dated 8/4/14 documents, "Sexual aggression over the weekend. Haldol Deconate 10 mg(milligrams) IM (intramuscular) weekly. Cogentin 1 mg daily for symptoms of Haldol. 15 minute checks for 72 hours."</p> <p>3. Incident Report Form dated 8/6/14 at 2:00 PM documents, "Resident (R1) observed to expose his (R1) genitalia to (R6). (R6) has a diagnosis of dementia. (R6) touched the genitalia of (R1)."</p>	F 226			

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F 226	<p>Continued From page 4</p> <p>On 9/9/14 at 2:30 PM, E1/Administrator identified the resident involved in the incident with R1 on 8/6/14 was R6.</p> <p>The MDS (Minimum Data Set) for R6 dated 7/10/14 documents a summary score in section C of one indicating R6 is severely cognitively impaired.</p> <p>Current care plan for R1, last updated on 8/11/14, does not include any updates or new interventions for R1 on 8/6/14.</p> <p>On 9/9/14 at 2:30 PM, E1/Administrator verified that R1 did not have any new interventions implemented after R1's incident on 8/6/14.</p> <p>Incident Investigation Form dated 8/10/14 documents, "(R1) was rubbing (R6)'s left arm. (R1) then handed her (R6) his coffee cup and reached over and touched residents (R6) left breast. Then almost immediately after touching (R6), (R1) grabbed her right arm and pulled it onto touching his (R1) groin."</p> <p>Current care plan for R1 dated 8/11/14 documents, "Sexual aggression continues. 1:1 monitoring. Paxil 20 mg daily. Tegretol 200 mg PO (by mouth) BID (twice a day).</p> <p>On 9/9/14 at 2:30 PM, E1/Administrator stated that in hindsight R1 should have been put on 1:1 monitoring sooner.</p> <p>The facility policy titled "Abuse Prevention Program" revised 11/11/11, defines sexual abuse as "Sexual harassment, sexual coercion or sexual assault."</p>	F 226			

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F 226	Continued From page 5 The facility policy titled "Abuse Prevention Program" revised 11/11/11 under the section titled "Internal Investigation of Allegations and Response" documents, "Appointing an Investigator. Once the administrator or designee receives an allegation of mistreatment, neglect or abuse...the administrator will appoint a person to take charge of the investigation...Final Investigation Report. The investigator will report the conclusions of the investigation in writing to the administrator."	F 226			