STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	145029	A. BUILDING _____ B. WING _____	C 12/16/2014

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
PRESENCE VILLA FRANCISCAN	**210 NORTH SPRINGFIELD AVENUE JOLIET, IL 60435**

(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 318 SS=D	Investigation of Complaint # 1475592/IL0073702 483.25(e)(2) INCREASE/PREVENT DECREASE IN RANGE OF MOTION Based on the comprehensive assessment of a resident, the facility must ensure that a resident with a limited range of motion receives appropriate treatment and services to increase range of motion and/or to prevent further decrease in range of motion. This REQUIREMENT is not met as evidenced by: Based on interview and record review the facility failed to provide Passive Range of Motion Exercises to residents identified with pain and contractures and develop a plan of care to clearly identify an individualize restorative program for residents who are on a restorative program. This applies to two (R1 and R2) residents in a sample of three reviewed for specialized rehabilitation programs. The findings include; 1) R1 was admitted to the facility on 10/14/2009 with diagnoses that include Anemia, Thrombocytopenia, Depressive Disorder,Chronic Obstructive Asthma, Chronic Kidney Disease, and Arthritis according to R1's face sheet and physician order sheet. R1's Restorative Program Flow Record dated December 2014 showed that R1 was schedule to have Range Of Motion Exercises to bilateral	F 318		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE

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F 318	Continued From page 1	F 318		

lower extremities and gait with rolling walker and stand by assist as tolerated for short distances 3 times a week.
On 12/16/2014 at 10:15am, E3 (Restorative Aid) stated she is responsible for the restorative program and conducts the restorative group exercises. E3 stated that R1 was in the restorative group programs every Monday, Wednesday and Friday.
On 12/16/2014 at 10:35am E4 (Restorative Director) stated that E3 is the only staff member trained to conduct restorative group exercises. E3 stated that in the past month she has been pulled to the floor constantly to work as a certified nurse assistant because of staff calling off and when she is pulled to the floor to work as a certified nurse assistant no one does it for the residents.
On 12/15/2014 at 11:20am R1 stated that she was in pain all over and the pain medication does not work. R1 stated she normally walk to the dining room but lately the staff did not have time to walk her to the dining room. R1 stated the exercises will help her pain.
R1's restorative program flow record dated December 2014 showed that R1 did not receive the group restorative program on December 12th 2014.
Facility's staffing schedule dated December 12th 2014 showed that E3 worked on the floor as a Certified Nurse Assistant to replace another staff.
R1's plan of care for assistance with activities of daily living skills revised on 10/4/2014 showed that the facility will encourage resident to attend facility restorative/ activity or skilled therapy sessions as scheduled to achieve maximum level of function and socialization. No plan of care identified for restorative programs for R1.

2) R2 was admitted to the facility on 11/24/2014

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F 318	Continued From page 2	F 318		

with diagnoses that included Anemia, Depressive Disorder, Hypertension, Pressure Ulcer, Musculoskeletal Dis. History of breast Malignancy according to R2's face sheet.
R2's physician's order dated 11/25/2014 showed to discontinue orders for physical therapy and occupational therapy to evaluate and treat and R2 will be placed on restorative program for Passive range of motion.

R2's physician orders dated 12/1/2014 showed that R2 may participate in Nursing Restorative Program.

On 12/15/2014 at 12:36pm, R2 observed with bilateral arms contracted across her chest in bed.

R2's restorative program schedule dated 11/25/2014 showed R2 had Passive Range of Motion to bilateral upper extremity and bilateral lower extremity within limits of range of motion daily to prevent Contractures.
On 12/16/2014 at 10:15am E3 (Restorative Aid) states her primary duty is to provide range of motion for the residents on the restorative program. E3 stated that in the past month she has been pulled to the floor constantly to work as a certified nurse assistant because of staff calling off. E3 stated she is responsible to perform and conduct the restorative programs and when she is pulled to the floor to work as a certified nurse assistant no one does it for the residents.
On 12/16/2014 at 10:35am, E4 (Restorative Director) stated the certified nurse assistants are informed by the charge nurse to perform range of motion for the residents when E3 is pulled to the floor to work as a certified nurse assistant and documents same in restorative book.
On 12/16/2014 at 3:05pm, E6 CNA (Certified

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F 318	Continued From page 3	F 318		

Nurse Assistant) stated the Certified nurse assistant is responsible to provide care for the residents and the rehab. aid/therapy performs the range of motion for the residents.
Restorative book observed with no documentation for R2's passive range of motion exercises being done for the month of December 2014.
R2's restorative program flow record reviewed for December 2014 and showed R2 was scheduled to receive passive range of motion to bilateral upper extremities and bilateral lower extremities within limits of Range of Motion and and limits due to pain with slow strech five(5) times a week.
R2's restorative program flow record dated December 2014 showed one session of 15 minutes administered on December 15th 2014 in the two week period.
R2's care plan for contractures dated 11/24/2014 showed that the Certified Nurse assistant will extend arms slowly when dressing, Provide Passive range of motion during dressing, Monitor for pain during care and notify the nurse as appropriate, and the nurse will administer pain medication as needed.

Facility's policy for Restorative Programs undated Procedure # III showed the care plan should include measurable goals (maintenance goals are appropriate) and specific interventions. Interventions should include but not limited to:
.What extremities are to be ranged
. If the ROM is active, passive or a combination of both
. How many repetitions per joint.
. What shift(s) are responsible for the ROM
. What position (RNA, CNA) is to perform the ROM on a daily basis

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