

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

PRINTED: 03/31/2016
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 145713	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 03/30/2016
NAME OF PROVIDER OR SUPPLIER MOMENCE MEADOWS NURSING & REHAB			STREET ADDRESS, CITY, STATE, ZIP CODE 500 SOUTH WALNUT MOMENCE, IL 60954		
(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 153 SS=D	<p>Investigation of Complaint Number 1671607/IL 84293</p> <p>483.10(b)(2) RIGHT TO ACCESS/PURCHASE COPIES OF RECORDS</p> <p>The resident or his or her legal representative has the right upon an oral or written request, to access all records pertaining to himself or herself including current clinical records within 24 hours (excluding weekends and holidays); and after receipt of his or her records for inspection, to purchase at a cost not to exceed the community standard photocopies of the records or any portions of them upon request and 2 working days advance notice to the facility.</p> <p>This REQUIREMENT is not met as evidenced by: Based on interview and record review the facility failed to release medical records for one resident.</p> <p>This applies to 1 of 3 (R1) residents reviewed for resident rights in the sample of 3.</p> <p>The Findings Include:</p> <p>Face Sheet documents R1 was originally admitted on 1/30/2007 and readmitted on 3/17/2015. Nursing Home to Hospital Transfer Form dated 3/25/2015 states R1 was transferred from the nursing home to the hospital on 3/25/2015 due to lethargy and unresponsiveness. Death Certificate states R1 expired on April 8, 2015.</p> <p>The Facility's Policy and Procedure Medical</p>	F 153			

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 153	<p>Continued From page 1</p> <p>Records Request revised on 07/2012 states, " If the resident or his/her legal representative wishes to purchase records, written request will be made to the Medical Records Director. After the written request has been submitted, the Medical Records Director will prepare the residents records within 2 days.(excluding weekends) Preparation of the medical record will include presentation of an invoice to the resident or resident representative for a cost not to exceed community standards for photocopies. After receipt of payment for photocopies the medical record will be released."</p> <p>Written Correspondence dated May 20, 2015 addressed to the nursing home requested the release for R1's medical records. The Written Correspondence was attached with an Authorization For Release Of Health Information Form date of 4/1/2015 and an Authorized Relative Certification For Release of Medical Records Form date of 4/23/2015. Compliance Form Document/ Correspondence addressed to the nursing home undated states, " The enclosed subpoena/authorization requires you to provide records on or before 5/27/2015 9:00 am. Written Correspondence addressed to the nursing home dated June 23, 2015 states, " As of the above date, our office has not received a response issued to you asking that you produce all Records regarding (R1)."</p> <p>Facility Invoice dated 7/8/2015 documents R1's medical records would cost \$103.99.</p> <p>A Check dated 10/8/2015 was submitted to the nursing home from legal representative for R1 in the amount of \$103.99. As of March 30, 2016, medical the legal representative has not received</p>	F 153			

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F 153	<p>Continued From page 2 the medical records.</p> <p>On 3/30/2016 at 10:50 AM, E3 (Medical Records Director) said the initial request for R1's records was in May of 2015 and showed correspondence dated May 20, 2015. E3 said she had to talk to the nursing homes' legal department about the release of the records before the release. E3 said she spoke with the nursing homes' legal department on 6/2/2015 and 6/3/2015. E3 said she had communicated on several occasion to the representatives requesting the documents but never documented it. E3 said, they never received the records. E3 said she takes full responsibility for the records not being released.</p> <p>On 3/30/2016 at 12:30PM, Z1 (legal representative) said they have been trying to get the records for over a year. The nursing home was back and forth in communications and slow to provide an invoice for charges. "We made a lot of written and verbal communication with the nursing home, we never received the records even though we paid in October of 2015."</p> <p>Notes Log History undated from the legal representatives document 39 attempts with the nursing home from May 27, 2015 until March 30, 2016 to obtain the medical records of R1.</p>	F 153			