

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

PRINTED: 01/07/2014
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 14G326	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 01/29/2013
NAME OF PROVIDER OR SUPPLIER ROCKTON COURT			STREET ADDRESS, CITY, STATE, ZIP CODE 2615 NORTH ROCKTON AVENUE ROCKFORD, IL 61101		
(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	
W 000	INITIAL COMMENTS Annual Licensure - Fundamental Survey Annual Certification	W 000			
W 153	483.420(d)(2) STAFF TREATMENT OF CLIENTS The facility must ensure that all allegations of mistreatment, neglect or abuse, as well as injuries of unknown source, are reported immediately to the administrator or to other officials in accordance with State law through established procedures. This STANDARD is not met as evidenced by: Based on record review and interview the facility failed to ensure for one of three in the sample (R3) that all allegations are reported immediately to other officials in accordance with state law through established procedures. Findings include: Per record review of the Individual Service Plan dated 3-28-12, R3 is a 63 year old female. R3 functions in the Profound Range. R3's diagnoses includes Cerebral Palsy and Seizure Disorder. Per record review of R3's chart this surveyor noted missing documentation for R3 including R3's Physical Exam, Bone Density Exam, Individual Immunization Record, Individual Training Records, Individuals Functional Sexual Assessment, and Inventory of Personal Items. Per interview with E1 (Facility Representative	W 153		3/29/13	

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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W 153	Continued From page 1 Administrator) on 1-29-13 at 11:40 A.M. stated that R3's chart had been misplaced or stolen and therefore there is a delay in getting paperwork. E1 stated that the facility is looking for the police report. When asked if public health was notified, E1 stated that public health had not been notified. Per interview with E1 (Facility Representative Administrator) on 1-29-13 at 1:48 P.M. when asked when did this happen, E1 stated the date was 1-11-13 that they noticed R3's chart was missing. E1 said she understood that we needed to avoid possible identity theft and/or possible financial exploitation of R1. E1 stated that the police took the call over the phone. When asked if a safety committee was formed E1 stated that they would not have done a safety committee for this.	W 153			
W 154	483.420(d)(3) STAFF TREATMENT OF CLIENTS The facility must have evidence that all alleged violations are thoroughly investigated. This STANDARD is not met as evidenced by: Based on record review and interview the facility failed to ensure that they had supporting documentation of any investigation on hand, of an allegation made by 1 of 3 sample clients, R1, who had said that she had been mistreated. Findings include: According R1's Individual Service Plan, (ISP), dated 10-12-12, R1 functions in the Moderate range and her diagnosis includes; OCD and Hypertension.	W 154		3/29/13	

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W 154	Continued From page 2 During a review of the Physical Exam & Medical History form which is dated 2-20-12 and is signed by Physicians Assistant Z2, it states that R1 "reports that (Z3; R1's brother-in-law) is accosting her. He tends to swear @ her which makes her nervous. Please fix this situation." During an interview on 1-29-13 at 9:47am Administrator E1 said that the facility had been in discussions with Z1 (PAS agent) and with other investigatory agency personnel, (Z5), about this situation and conclusions were reached that with R1's move along with Z3's change in employment, R1 going on home visits with Z4 (her sister) were appropriate. E1 said that they did not have any other documentation of any of these discussions/investigations on hand at this time.	W 154			
W 340	483.460(c)(5)(i) NURSING SERVICES Nursing services must include implementing with other members of the interdisciplinary team, appropriate protective and preventive health measures that include, but are not limited to training clients and staff as needed in appropriate health and hygiene methods. This STANDARD is not met as evidenced by: Based on observation and interview the facility failed to ensure for 2 of 3 in the sample R2 and R3 and 1 of 3 outside the sample R4 that clients and staff are trained in appropriate health and hygiene methods. Findings include: Per record review of the Physician Order Sheet	W 340		3/30/13	

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W 340	<p>Continued From page 3</p> <p>dated 1-1-13 through 1-31-13, R2 is a 46 year old female who functions in the Severe Range. R2 diagnoses includes Seizure Disorder and Obsessive Compulsive Disorder.</p> <p>Per record review of the Individual Service Plan dated 3-28-12, R3 is a 63 year old female. R3 functions in the Profound Range. R3's diagnoses includes Cerebral Palsy and Seizure Disorder.</p> <p>Per record review of the Physician Order Sheet dated 1-1-13 through 1-31-13, R4 is a 49 year old female who functions in the Moderate Range. R4's diagnoses includes Cerebral Palsy and Hearing Loss.</p> <p>During observations at the evening meal on 1-28-13 at 5:21 P.M. the following was observed: At 5:38 P.M. R2 was observed to take her portion of pork roast to her plate. R2 had made some spillage to the table with the pork. R2 then would take the spillage of pork and place it back on the plate that the rest of the pork was to be served. At 5:45 P.M. R4 was observed to drop her knife and spoon to the floor and picked it up and put it on the table. R4 stated to E5 (Direct Service Provider) that she had dropped her spoon and knife. E5 went took R4's utensils and went to the kitchen to replace them with other utensils. E5 did not prompt R4 to wash her hands after she had touched the floor to get her utensils. At 5:50 P.M. R4 was observed with pouring another glass of milk that had been spilled earlier. R4 was observed with the end of the container touching her food as she was pouring her milk. At 6:17 P.M. R2 was observed with her napkin falling to the floor and picking it up and subsequently wiping her nose. At 6:20 P.M. R3 was observed to be eating food off of her protective cloth.</p>	W 340			

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W 340	Continued From page 4	W 340			
W 473	<p>Per interview with E5 (Direct Support Person) on 1-28-13 at 6:30 P.M. when asked about R4 spilling her milk with the container touching her food, E5 stated that she did not see it. When asked about R2 putting the pork back on the serving plate with her fingers, E5 stated that they work with R2 about her obsessive compulsive disorder at every meal. When asked about R2 using the napkin off the floor, E5 stated she did not see it. When asked if she had gotten the utensils for R4 she stated yes when asked why she did not prompt R4 to wash her hands after she picked up the utensils off the floor, E5 replied she did not think about it. When asked about R3 eating off her protective cloth, E5 stated that sometimes she drops her food when eating it and we can not stop her.</p> <p>483.480(b)(2)(ii) MEAL SERVICES</p> <p>Food must be served at appropriate temperature.</p> <p>This STANDARD is not met as evidenced by: Based on observation and interview the facility failed to ensure for 6 of 6 clients in the home (R1, R2, R3, R4, R5, and R6) that food was served at an appropriate time.</p> <p>Findings include:</p> <p>Per record review of the Resident Roster dated 1-28-13, R1 functions in the Moderate Range, R5 and R6 function in the Profound Range.</p> <p>Per record review of the Physician Order Sheet dated 1-1-13 through 1-31-13, R2 is a 46 year old female who functions in the Severe Range. R2</p>	W 473		3/30/13	

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W 473	<p>Continued From page 5</p> <p>diagnoses includes Seizure Disorder and Obsessive Compulsive Disorder.</p> <p>Per record review of the Individual Service Plan dated 3-28-12, R3 is a 63 year old female. R3 functions in the Profound Range. R3's diagnoses includes Cerebral Palsy and Seizure Disorder.</p> <p>Per record review of the Physician Order Sheet dated 1-1-13 through 1-31-13, R4 is a 49 year old female who functions in the Moderate Range. R4's diagnoses includes Cerebral Palsy and Hearing Loss.</p> <p>During observation on 1-28-13 from 5:21 P.M. to 6:30 P.M. this surveyor observed clients in preparation of the evening meal. At 5:21 P.M. the clients food was brought to the table. At 5:59 P.M. the clients were then able to participate in the actual consuming of the meal.</p> <p>Per interview with E5 (Direct Service Provider) on 1-28-13 at 6:30 P.M. when asked how is the food served in a timely manner, E5 stated that we take it out of the stove and serve it as fast as we can.</p> <p>Per interview with E2 (Resident Service Director) on 1-28-13 at 6:31 P.M. stated that the process does not normal take this long to serve the food but since someone was watching it took a bit longer.</p>	W 473			