

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

PRINTED: 03/04/2014
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 145891	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 01/17/2014
NAME OF PROVIDER OR SUPPLIER ROSEWOOD CARE CENTER OF ROCKFORD			STREET ADDRESS, CITY, STATE, ZIP CODE 1660 SOUTH MULFORD ROCKFORD, IL 61108		
(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	<p>Annual License and Certification Survey</p> <p>483.25(e)(2) INCREASE/PREVENT DECREASE IN RANGE OF MOTION</p> <p>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.</p> <p>This REQUIREMENT is not met as evidenced by: Based on Observation, Interview and Record Review the facility failed to ensure restorative programs are provided for a resident at risk for contractures. This applies to 1 of 10 residents (R43) reviewed for restorative programs in the sample of 17. The findings include: On 1/14/14 at 1:05pm, R43 was observed sitting in a wheelchair in her room with a splint on her right arm. R43 stated, " The splint is supposed to be on for 2 hours and off for 2 hours when I am up. Normally they just put it on in the morning and take it off at night because they don ' t have time to put it on for 2hours and off for 2 hours. I am afraid I will get contracted. I try to do what I can to use my left hand to move my right hand but it is not enough. I talked to E6 (Restorative Certified Nurse ' s Aide - CNA) who said she would get back to me about a restorative plan but hasn ' t. My right arm swells and the straps (to the splint) will cut into my arm and my fingers get purple after awhile. I call them to take it off. I will never</p>	F 318			

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 318	<p>Continued From page 1</p> <p>be able to walk again and I don ' t want to lose what movement I have to my left hand and shoulders. They don ' t do range of motion (ROM) every day. "</p> <p>On 1/15/14 at 8:10am, E4 (CNA) stated, " I try to stretch out R43 ' s legs out as far as they go in the morning but if I don ' t or can ' t get to it E6 (Restorative CNA) comes in the afternoon. Not everyone is on a restorative program. If we can ' t get to R43, E6 will do ROM to R43 ' s legs and contracted right hand. "</p> <p>On 1/15/14 at 10:15am, E6 (Restorative CNA) stated, " I do ROM to R43 ' s arms and legs, 1 to 3 times per week for 15 minutes each time. The CNA ' s can help do ROM. "</p> <p>The Physician Order Sheet (POS) dated 1/1/14 for R43 showed, " Provide Restorative Services per facility protocol. Apply right hand splint on/off for 2 hours with skin checks before and after. "</p> <p>On 1/16/14 at 10:15am, E5 (Registered Nurse/Restorative Nurse) stated, " There is no restorative protocol or policy. I follow therapy ' s most recent recommendations for restorative programs if there is one. Passive Range of Motion (PROM) and Active Assistive Range of Motion (AAROM) are to be done every shift or for some residents it is done twice a day. It depends on the resident. E6 is on a rotation cycle for restorative and will see a set number of residents per day. "</p> <p>The Restorative Nursing Program Range of Motion plan for R43 dated 10/28/13 showed, " Weakness/Deficit: Decreased range of motion to the left shoulder, torticollis, chronic pain and non-ambulatory; Goal - R43 will complete 5-10 repetitions to each joint as R43 tolerates over the next 90 days. "</p> <p>The Restorative Program Monthly Documentation for R43 showed for October 2013 showed she</p>	F 318			

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F 318	<p>Continued From page 2</p> <p>received ROM on 10/29, 10/30 and 10/31 (3 days out of 31) for 15 minutes each time.</p> <p>R43 did not have Restorative Program Monthly Documentation for ROM for November 2013. The Restorative Program Monthly Documentation for R43 for December 2013 showed she did not receive ROM on the day shift for 18 days (12/1, 12/2, 12/3, 12/4, 12/5, 12/8, 12/9, 12/12, 12/15, 12/18, 12/21, 12/22, 12/23, 12/25, 12/27, 12/28, 12/29 & 12/30); R43 received ROM on 12/3, 12/6, 12/10 & 12/31 (4 out of 31 evening shifts); R43 did not receive ROM on the night shift on 12/4, 12/10, 12/27 & 12/31.</p> <p>The Restorative Program Monthly Documentation for R43 for January 2014 showed she did not receive ROM on the day shift on 1/6, 1/11 & 1/12; R43 did not receive ROM on the evening shift for 11 days (1/1, 1/3, 1/4, 1/6, 1/7, 1/8, 1/9, 1/12, 1/13, 1/14 & 1/15); R43 did not receive ROM on the night shift on 1/2, 1/7, 1/8, 1/9, 1/11 & 1/14. On 1/16/14 at 10:40am, E5 stated, " The CNA ' s document on restorative programs in the computer. As a backup I have paper tracking documentation in place. The paper documentation shows sporadic documentation of R43 ' s restorative program being done. I can ' t get R43 ' s computer documentation because the computer kicked it out of our system. It is a glitch that they are working on so I can ' t show you that she did or did not get restorative. "</p> <p>The Contracture Assessment dated 11/29/13 for R43 showed partial functional limitations in range of motion to her left elbow, wrist, hand, hip and knee; right elbow, wrist, hand, hip, and knee. The Contracture Assessment dated 11/29/13 for R43 showed, " Patient is non-ambulatory; partial limitations noted to bilateral upper extremities and bilateral lower extremities. Noted pain at times with limitations, very flaccid, contracting slowly to</p>	F 318			

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F 318	Continued From page 3 bilateral hands. "	F 318			