

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

PRINTED: 02/27/2009
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 145919	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED R 02/13/2009
NAME OF PROVIDER OR SUPPLIER ROCKFORD HEALTHCARE & REHAB CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE 1920 NORTH MAIN STREET ROCKFORD, IL 61103		
(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 250} SS=E	<p>First Follow-up to annual survey conducted on 12/22/08</p> <p>No extended survey was conducted.</p> <p>483.15(g)(1) SOCIAL SERVICES</p> <p>The facility must provide medically-related social services to attain or maintain the highest practicable physical, mental, and psychosocial well-being of each resident.</p> <p>This REQUIREMENT is not met as evidenced by: Based on observation, record review, and interview, the facility failed to arrange for a resident's broken dentures to be repaired. R52 has been waiting for a period of over 1 year for his lower dentures to be repaired or replaced.</p> <p>This applies to 1 resident with a broken lower denture plate. (R52)</p> <p>The examples include:</p> <p>R52 ' s February, 2009 Physician ' s Order Sheet documents that R52 ' s diagnoses include Weakness, Parkinson ' s disease, Dementia, Depression, Gastric Esophageal Reflux Disease, and Anxiety. The same order sheet shows that R52 receives a Regular diet.</p> <p>R52 ' s Minimum Data Set (MDS) assessment of 1/6/09 assessed R52 as having a short term memory problem, and modified independence in cognitive skills for decision making. R52 required</p>	{F 250}			

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 250}	<p>Continued From page 1</p> <p>supervision and set up help for eating. The same assessment shows that R52 had no nutritional concerns, and no chewing problems.</p> <p>On 2/10/09 at 9:40 AM, R52 was observed sitting in a wheel chair in his room. R52 was reading a book. R52 was interviewed and stated that he had been talking to many people about getting his lower denture fixed. R52 had no lower denture in his mouth. He stated that he had had no lower denture for over a year now, and has to pick the soft items off his tray to eat. R52 said that it is difficult for him to chew with just the top denture.</p> <p>A dental exam dated 1/24/08 shows that R52 was to get a new denture. The same document shows " will submit to Public Aid when numbers come in. "</p> <p>Another dental exam dated 6/17/08 documents " will resubmit to public aid " . A dental exam dated 7/21/08 shows " will again send to Public Aid for dentures. "</p> <p>Social Services notes on 12/23/08 dentist coming on December 30 will have her look at R52 for dentures.</p> <p>Progress note dated 12/30/08, " dentist resubmitting for dentures. "</p> <p>Progress note for 1/20/09, entry for 2:24 PM, documents, " R52 ' s denture plate was found and dentist called to see if he could repair. Dentist said R52 got approved for new dentures. "</p>	{F 250}			

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{F 250}	Continued From page 2 E44 (Marketing Director) was interviewed on 2/10/09 at 3:30 PM. E44 said that E27 (Social Services) was working 3 days a week now. E44 said she would look for any notes regarding R52 's dentures. E44 said " I am going to call the dentist and find out when he is coming and if something could be done temporarily. I found some documentation that the dentist submitted to Public Aid. I don ' t know, maybe they are losing the requests. "	{F 250}			
{F 280} SS=E	483.20(d)(3), 483.10(k)(2) COMPREHENSIVE CARE PLANS The resident has the right, unless adjudged incompetent or otherwise found to be incapacitated under the laws of the State, to participate in planning care and treatment or changes in care and treatment. A comprehensive care plan must be developed within 7 days after the completion of the comprehensive assessment; prepared by an interdisciplinary team, that includes the attending physician, a registered nurse with responsibility for the resident, and other appropriate staff in disciplines as determined by the resident's needs, and, to the extent practicable, the participation of the resident, the resident's family or the resident's legal representative; and periodically reviewed and revised by a team of	{F 280}			
	A Social Service note dated 2/10/09 shows " R52 ' s dentures are broken and in a bowl in the Social Service Directors office. This writer will speak to Z10, when he returns my call about the fact that it has taken over year to take care of the problem with R52 ' s teeth. I will also get an answer as to why something was not done to temporarily correct the problem. "				

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{F 280}	<p>Continued From page 3</p> <p>qualified persons after each assessment.</p> <p>This REQUIREMENT is not met as evidenced by: Based on record review and interview the facility failed to review and revise R24 ' s care plan after R24 left the building without staff knowledge on 12/22/08.</p> <p>This applies to 1 resident who left the facility without staff knowledge. (R24)</p> <p>The examples include:</p> <p>R24 ' s Physician ' s Order Sheet for February, 2009 documents that R24 ' s diagnoses include Alzheimer ' s, Emphysema, and Incontinence, and Anxiety.</p> <p>R24 ' s Minimum Data Set (MDS) assessment of 1/22/09 assessed R24 to have short term memory impairment and modified independence in cognitive skills. The same assessment showed that R24 wandered daily.</p> <p>Previous staff interviews were conducted on 12/17/08. E17, LPN, confirmed that R24 followed family members onto the second floor elevator, rode to the first floor and went outside with another confused resident.</p> <p>E9 Certified Nursing Assistant stated on 12/22/08 at 11:05 AM that R24 left the facility on a cold night and was found in the park. (12/12/08) E9 said when she found R24 she was cold and confused.</p>	{F 280}			

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{F 280}	Continued From page 4 R24 ' s care plan dated 12/18/09 through the present shows the following: Identified wanderer. The interventions include record episodes of wandering, follow wandering plan as needed to locate residents who have left the facility. Nurse aide needs to be able to recognize resident as needed, and know the residents whereabouts. Orient resident as needed, place sign with name at resident room doorway, praise positives, report episodes. R24 ' s care plan does not identify that R24 left the facility without staff knowledge on 12/12/08. E2 Director of Nursing (DON) was interviewed on 2/10/09 at 2:30 PM. E2 was asked why R24 ' s care plan did not identify that R24 had left the facility without staff knowledge on 12/22/08. R24 was asked why R24 ' s care plan did not identify the individual risk factors that led to R24 leaving the facility. R24's current care plan contained no specific approaches for R24's risk factors. R24 ' s care plan was reviewed with E2. E2 had no comment. R24 was observed on second floor during the initial tour on 2/10/09 at 9:30 AM. R24 was wandering in the hallway. R24 was interviewed. R24 was asked how she was doing and she responded," up to no good. " When surveyor attempted to interview R24 she just responded with " yes " answers to all questions and continued to follow the surveyor down the corridor during the tour.	{F 280}			
{F 314} SS=D	483.25(c) PRESSURE SORES Based on the comprehensive assessment of a resident, the facility must ensure that a resident who enters the facility without pressure sores does not develop pressure sores unless the	{F 314}			

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{F 314}	<p>Continued From page 5</p> <p>individual's clinical condition demonstrates that they were unavoidable; and a resident having pressure sores receives necessary treatment and services to promote healing, prevent infection and prevent new sores from developing.</p> <p>This REQUIREMENT is not met as evidenced by: The facility failed to ensure R12 ' s necrotic heel was protected. R12 ' s sock was found to be firmly adhered into her left heel wound. R12 ' s sock had to be soaked with saline to be removed from the necrotic tissue on the heel. The facility also failed to provide pressure relief between the knees when R12 was in bed and when up in the wheel chair.</p> <p>This applies to 1 resident with a necrotic heel ulcer. (R12)</p> <p>The examples include:</p> <p>R12 ' s February, 2009 Physician ' s Order Sheet shows that R12 ' s diagnoses include Dementia, Incontinence, Neuropathy, and History of Cerebrovascular Accident. A Physician ' s Order dated 1/28/09 documents to discontinue the dressing to R12's left heel, and apply skin prep twice a day.</p> <p>R12 ' s Braden Scale for Predicting Pressure Sore Risk dated 12/12/08 shows a score of 14. (12 or less represents high risk)</p> <p>R12 ' s Skin Assessment shows that R12 ' s left heel wound measurements as follows 1/28/09 3.5 centimeters (cm) x 1.5 cm 2/2/09 3.5 cm x 1.5 cm</p>	{F 314}			

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{F 314}	<p>Continued From page 6 2/9/09 3.5 cm x 1.5 cm</p> <p>A Podiatry Progress Note dated 1/29/09 documented R12 ' s left heel wound as " 2 cm x 2 cm gangrene to the left heel. Gentain Violet and gauze with Betadine, continue with local treatment. "</p> <p>R12 was observed on 2/10/09 at 12:30 PM. R12 was positioned on her left side, facing the window, R12 had no pillow support between her knees, and her knees were touching the side rail. No pressure redistribution device was seen on R12 ' s wheel chair. E46 CNA and E47 turned R12 to face toward the door and said that R12 should have a pillow between her knees. R12 ' s knees were observed to be touching into the side rail after E46 and E47 had repositioned R12.</p> <p>On 2/10/09 at 3:05 PM R12 was observed in her bed. E45 Certified Nursing Assistant (CNA) was asked to assist in observation of R12 ' s heel wound. E45 removed an inflatable boot, and tried to remove a white sock. When E45 peeled R12 ' s sock down it was found to be firmly adhered in R12 ' s heel wound. E45 went to inform E6 Licensed Practical Nurse. (LPN)</p> <p>E6 (LPN) applied saline to soak R12 ' s sock in order to remove it from R12 ' s heel wound. E6 said that she had not done R12 ' s treatment yet today and that R12 ' s sock must have stuck to the skin prep.</p> <p>E17 LPN was interviewed on 2/11/09 at 10:15 AM and said that E6 LPN, had told her that R12 ' s sock was adhered to the wound. E17 said " I told her to soak the sock off and I would look at it</p>	{F 314}			

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{F 314}	Continued From page 7 today, and get order for new treatment. "	{F 314}			
{F 325} SS=D	<p>R12 ' s current Skin Prevention Care Plan was reviewed and showed the following: Ensure resident comfort and correct body alignment, utilize repositioning devices if needed, pillows, rolls, and wedges, daily skin assessment with care and notify nurse of any skin issues, and pressure relieving cushion in the wheel chair.</p> <p>483.25(i) NUTRITION</p> <p>Based on a resident's comprehensive assessment, the facility must ensure that a resident -</p> <p>(1) Maintains acceptable parameters of nutritional status, such as body weight and protein levels, unless the resident's clinical condition demonstrates that this is not possible; and</p> <p>(2) Receives a therapeutic diet when there is a nutritional problem.</p> <p>This REQUIREMENT is not met as evidenced by: Based on observation and record review the facility failed to develop new interventions for a resident (R2) who has had ongoing unplanned weight loss. R2 has lost more than 3% from December 2008 to Feb 2009.</p> <p>This is for 1 of 3 residents reviewed for weight loss.</p> <p>The example includes:</p> <p>R2 is 95 year old resident whose diagnoses</p>	{F 325}			

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{F 325}	<p>Continued From page 8</p> <p>include Dysphagia, according to the 2/09 Physician Order Sheet (POS). R2's Minimum Data Set (MDS) shows that the resident has short and long term memory deficits, her cognition is severely impaired, and she requires limited assistance when eating.</p> <p>The 2/09 POS shows that the resident receives a pureed diet with honey thickened liquids. On 2/10/09 and 2/11/09 the resident was observed eating at the noon meal. Her intake for each meal was only bites. The meal intake record for R2, shows that between 2/4/09 and 2/11/09 the resident consumed 50% or less of her meal at 15 meals. For 12 of those meals the resident consumed 0% to 25% of her meals. The resident's weight for 2/09 is 83 pounds (#'s). This is down 3 pounds from 1/09 and 4#'s from 12/09. The resident is offered a magic cup (calorie dense supplement) twice daily. Nutrition documentation shows that the resident has received this since at least 12/08. The resident's careplan shows that there have been no new interventions put into place in an attempt to stabilize the resident's weight.</p> <p>On 2/12/09, the facility provided documentation showing that the resident is to be offered foods that the resident requests. During the noon meal observations on 2/10 and 2/11/09, the resident was not offered other foods or asked if she would like something different from what she was served.</p> <p>R2's Nutritional Care Plan of 12/2/08 states that the resident is to be offered replacement food, determine food likes, and provide snacks during activities. On 2/10 and 2/11/09 the resident was not observed in any activities. The resident was</p>	{F 325}			

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{F 325}	Continued From page 9 observed in bed after breakfast and after lunch on both days.	{F 325}			
{F 364} SS=E	483.35(d)(1)-(2) FOOD Each resident receives and the facility provides food prepared by methods that conserve nutritive value, flavor, and appearance; and food that is palatable, attractive, and at the proper temperature. This REQUIREMENT is not met as evidenced by: Based on observation, record review and interview the facility failed to serve food That was palatable, attractive and acceptable to residents at the noon meal on 2/10/09. This applies to 15 residents who ate less than 50% of the noon meal. The examples include: At 9:30am, E43 (cook) was preparing gravy for the noon meal. She used 1 pound of butter, 6 cups of flour, 1 gallon of 2% milk and had 2 ½ quarts of chicken stock to add to the gravy. The gravy needed to be ready to serve staff at 10:30. This is the same gravy that was served to the residents between 12:15pm-12:45pm. Frozen turkey pieces were steamed and cut into smaller pieces. At 10:15am the turkey temperature was measured with state thermometer and found to be 165°Fahrenheit. The turkey remained on the counter. At 11:17 the turkey (some removed) was still on the counter (not refrigerated) and was measured to be 79°Fahrenheit. This meat was used to prepare the ground meat.	{F 364}			

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{F 364}	<p>Continued From page 10</p> <p>The menu for the noon meal on both the Week at a Glance and the Spread Sheet for 2/10/09 stated Hot Turkey Sandwich. The Select Sheet for the residents stated Hot Turkey Sandwich was planned. The recipe that was used to prepare this meal is titled Creamed Turkey (Fricassee). It is listed as a poultry casserole & combination. The recipe shows 1 pound of onions to be sautéed in the margarine until they are transparent. The recipe also calls for white pepper to be used. When the cook was interviewed she did not use onions and white pepper in the ingredients. Observation of the melted margarine, before the roux was made did not contain any onions.</p> <p>During the meal service the gravy & turkey mixture was very thick. At the end of the meal service, the turkey & gravy was tasted by 2 surveyors. The gravy had no distinct flavor. The turkey was bland with some salt flavor.</p> <p>The meal service for both floors began at 12:15pm. Residents receiving the turkey were served a white plate with a slice of white bread. On top of the white bread was a ½ cup (#8 scoop) portion of the white gravy and cut up turkey, and mashed potatoes. The trays served to the residents also contained a small white sauce dish of pale yellow pineapple tidbits, a white side dish of pale green lima beans with corn, and a small white plate with a piece of Dutch apple pie (colors ranged from cream to tan).</p> <p>After the meal was over the second floor dining room had 8 residents who did not eat the vegetable and 9 residents who ate 50% or less of the turkey sandwich.</p>	{F 364}			

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{F 364}	Continued From page 11 The first floor dining room had 4 residents who did not eat any of the vegetable and 6 residents who ate 0-50% of the turkey. Resident comments about the meal included: " I can ' t eat this. It makes me sick. " . " The turkey has no taste. I don ' t like it when it is all mixed together " .(R36 only ate the filling of her apple pie and nothing else). R11 stated she wasn ' t eating lunch, took off her clothing protector and covered the food up. R16 stated she, " doesn ' t like creamed chicken " . R7 commented that she only ate the chicken. She didn ' t like the bread under it. At 12:40pm E37 (food service manager) was asked what she thought of the color of the meal. She replied it had no color. She also stated that she is working on checking the colors for the summer menu. E37 was asked who plans the menus. She stated that she does and the dietitian approves them. E37 was asked why turkey pieces were used for this sandwich. Her reply was, " Due to budget constraints " , she wanted to, " stay with real turkey instead of a processed product " .	{F 364}			
{F 367} SS=E	483.35(e) THERAPEUTIC DIETS Therapeutic diets must be prescribed by the attending physician. This REQUIREMENT is not met as evidenced by: Based on observation, interview and record review the facility failed to prepare and serve pureed and mechanical foods to assure residents received portions of equal nutritive value	{F 367}			

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{F 367}	<p>Continued From page 12 according to what had been planned on the menu.</p> <p>This is for 3 residents receiving pureed foods and 8 residents on mechanically altered diets.</p> <p>The examples include:</p> <p>The process of pureeing pineapple (for the 3 residents on pureed diets) was done at 10:15am on 2/10/09. E48 was observed using a 4 ounce spoodle to remove 3 partial portions of pineapple tidbits from what was left in a #10 can (holds about 25 servings). Multiple non-full spoodles were removed and placed in the food processor. Three ounces of thickener was added. It was processed and E48 said, " it doesn ' t seem as if it ' s enough " and added more pineapple juice. E48 was asked when she knew when it was done. Her reply was, ' when it looks right ' . Review of the canned fruit puree guideline does not have an amount for 3 portions or 1 portion. It does say that the canned fruit should be drained to get the needed quantity. Under How to prepare step 2 says to add thickener and process briefly until mixed. Step 3 states to cover and chill quickly to 40°F or below before serving. This pureed product was not chilled before service, nor was it held at a temperature below 40 °F for service.</p> <p>E48 proceeded to puree 3 pieces of Dutch apple pie. There were 2 pieces of pie (one small and one large) in the food processor. She added 2 cups of apple juice and processed the mixture. She added an unlevel 1 ¼ ounces of thickening agent. After processing E48 said it needed more and added another unlevel 1 ¼ ounces of the thickening agent. E48 portioned out three 4</p>	{F 367}			

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{F 367}	<p>Continued From page 13</p> <p>ounce spoodles of processed pie into sauce dishes. There was had left over in the processor. FSS measured the left over pie. The volume left was 1 ¾ cup (28 tablespoons), which was discarded. The recipe for puree fruit pie does not show how much should be used for 3 pieces. For 5 pieces, two tablespoons of juice or milk should be added. It should be covered and chilled quickly to a temperature of 40 °F or below before serving.</p> <p>E43 used eight number 8 scoops of chopped turkey (weight unknown) and put them into the food processor. The meat was finely cut. She removed eight number 8 scoops of ground product (nothing but meat) and did not verify the weight of the meat contained in the number 8 scoop. When eight portions were removed, the remaining product (5 ½ ounces) was discarded by E37.</p> <p>Review of the spread sheet shows 3 ounces (by weight) was to be served to the mechanical soft (ground) diets. At no time during the preparation did E43 check the weight of the meat she was using to assure the pureed and ground portions provided 3 ounces of meat. Per industry standards meat is always measured by scale weight (ounces, pounds) not by volume (ounces, cups, quarts).</p> <p>A facility policy entitled Kitchen Weights and Measures (#2) states staff will be trained in the comparison of volume and weight measures (e.g., 2 cups (volume) water = 1 pound (weight) ... Number (7) states the Food Service Supervisor will ensure cooks prepare the appropriate amount of food for the number of servings</p>	{F 367}			

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{F 367}	Continued From page 14 required.	{F 367}			
{F 371} SS=F	<p>The facility provided a diet manual (used to explain all therapeutic diets) that was published in 1996 (a manual older than 5 years is considered out of date). It contained three different sets of information about mechanical soft diets. The manual was last reviewed and approved in 2007 by facility staff, including the medical director.</p> <p>483.35(i) SANITARY CONDITIONS</p> <p>The facility must -</p> <p>(1) Procure food from sources approved or considered satisfactory by Federal, State or local authorities; and</p> <p>(2) Store, prepare, distribute and serve food under sanitary conditions</p> <p>This REQUIREMENT is not met as evidenced by: Based on observation, interview and record review the facility failed to assure the dish machine was sanitizing at a temperature of 160 degrees Fahrenheit.</p> <p>This applies to all residents in the facility.</p> <p>On 2/10/09 at 9:44am, a test strip (marked with 160°) and provided by the facility, failed to change from silver to black. When the color changes it means that the surface temperature of items was at least 160° Fahrenheit when it was sanitized. A second strip was sent through the dish machine at 9:52am. It also failed to change</p>	{F 371}			

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{F 371}	<p>Continued From page 15</p> <p>color. A third strip was sent through at 10:10am and it failed to change color. During this time dietary staff continued to operate the dish machine with the dishes from breakfast. The dials on the top of the machine showed a wash temperature of 136° Fahrenheit and a rinse temperature of 182° Fahrenheit.</p> <p>At 10:22 am on 2/10/09, the E37 (food service director) said the maintenance man had determined it was a bad fuse. The E37 was asked how often the machine is checked to assure it is working correctly. She stated that the dials on the outside of the machine are checked daily and that the test strip is sent though the machine once a week. A form presented by E37 showed the facility last tested the machine on 2/6/09. The strip was attached to the form and it was black.</p> <p>At approximately 11:20am, dietary staff (E49 & E50) said they had run the dishes through the machine again. They were asked what dishes they had run again. They replied plates and silverware. The surveyor asked if the glasses had been redone. They said no but they would do them right away.</p> <p>The Illinois Food Code at 750.830 h) 1) states: Machines using hot water for sanitizing may be used provided that wash water and pumped rinse water be kept clean and water shall be maintained at not less than the temperature stated in Section 750.830(h)(1) through (5). Single-tank, stationary-rack, dual-temperature machine: wash temperature 150 degrees F. final rinse temperature 180 degrees F.</p>	{F 371}			

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