

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

PRINTED: 03/18/2009
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 145259	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 03/10/2009
NAME OF PROVIDER OR SUPPLIER ALDEN PARK STRATHMOOR			STREET ADDRESS, CITY, STATE, ZIP CODE 5668 STRATHMOOR DRIVE ROCKFORD, IL 61107		
(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 246 SS=D	<p>Complaint Investigation</p> <p>#09109231 / IL40116</p> <p>No extended survey was conducted.</p> <p>483.15(e)(1) ACCOMMODATION OF NEEDS</p> <p>A resident has the right to reside and receive services in the facility with reasonable accommodations of individual needs and preferences, except when the health or safety of the individual or other residents would be endangered.</p> <p>This REQUIREMENT is not met as evidenced by: Based on observation, interview, and record review the facility failed to ensure R1 maintained independence of locomotion by ensuring R1's motorized wheelchair was in working order.</p> <p>This applies to 1 of 3 residents reviewed.</p> <p>The example includes:</p> <p>The current Minimum Data Set (MDS) dated 01/29/2009 shows R1 is a 62 year old female with diagnoses for Diabetes Mellitus, Hypertension, Peripheral Vascular Disease, Alzheimer's Disease, Depression, Emphysema/Chronic Obstructive Pulmonary Disease, Allergies, Anemia, History of Urinary Track Infection, Morbid Obesity, Constipation, Esophageal Reflux, and Hyperlipidemia. The Accumulative Diagnosis Record, updated</p>	F 246			

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 246	<p>Continued From page 1</p> <p>09/30/2009 shows R1 to also have diagnoses of arthritis and myoclonic spasms. R1 is assessed as modified independence for cognitive skills for daily decision making (some difficulty in new situations only).</p> <p>The physician history and physical dated 09/16/2008 states, "Arthritic pain/knees/shoulder/back/foot for several weeks... Assessment/Plan: OA [Osteoarthritis] worse..."</p> <p>The Care Plan (updated 11/16/08) shows R1 has "Alteration in Mobility related to: Decreased strength & tolerance, Poor balance, Tires easily..." The Care Plan (updated 11/16/2008) shows R1 has "ADL [Activities of Daily Living] deficit related to: Decreased balance, strength & tolerance..., Discomfort (less then daily) and joint stiffness..."</p> <p>On 03/06/2009 at 8:00 AM surveyor observed R1 to have limited mobility of her arms and she grimaced with with movement her upper extremities.</p> <p>On 03/06/2009 at 9:00 AM R1 stated, "my physician got me the chair before I came here. About two and a half or three months ago I got new batteries, my friend brought them in. I had to stay in my room for about three months. I have Arthritis in my shoulders and I can't push myself in a regular wheelchair. E1, (Administrator) told me they didn't have the funds to purchase new batteries for my wheelchair." R1 continued, "I sat in my room doing nothing, it really brought me down."</p> <p>On 03/06/2009 at 10:00 AM E1, Administrator</p>	F 246			

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F 246	Continued From page 2 stated Social Services does the resident assessment for wheelchairs. If a minor repair is needed our maintenance department will take care of it. R1's motorized wheelchair had dead batteries, the batteries didn't hold a charge. On 03/06/2009 at 11:00 AM E3, Social Service Director stated around December 2008 R1 told me that her wheelchair batteries would not hold a charge no matter how long they were plugged in. I called and spoke with R1's caseworker from Illinois Department of Public Aide (IDPA) and they told me they would not pay for the wheelchair batteries. I told R1 what IDPA told me. I told her should would have to come up with the funds herself. I didn't call any Durable Medical Equipment [DME] companies to see if they could supply the batteries.	F 246			
F 411 SS=D	483.55(a) DENTAL SERVICES - SNF The facility must assist residents in obtaining routine and 24-hour emergency dental care. A facility must provide or obtain from an outside resource, in accordance with §483.75(h) of this part, routine and emergency dental services to meet the needs of each resident; may charge a Medicare resident an additional amount for routine and emergency dental services; must if necessary, assist the resident in making appointments; and by arranging for transportation to and from the dentist's office; and promptly refer residents with lost or damaged dentures to a dentist. This REQUIREMENT is not met as evidenced by: Based on observation, interview, and record	F 411			

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F 411	<p>Continued From page 3</p> <p>review the facility failed to assist R1 in replacing her dentures.</p> <p>This applies to 1 of 3 residents reviewed.</p> <p>The example includes:</p> <p>On 03/06/2009 at 9:00 AM R1 stated, I have my top dentures in my drawer. My bottom dentures must have been taken by a resident who wanders; I have not had them for several months. There are foods I like, but can't eat because I don't have my dentures. The dentist here fitted me for dentures originally. I told E1, Administrator when my dentures went missing and she said she would help me get new teeth. However, I have not heard anything since then about new dentures.</p> <p>On 03/06/2009 at 10:00 AM E1 and surveyor observed R1's top dentures in the top dresser drawer. There lower dentures could not be located.</p> <p>The current Minimum Data Set (MDS) dated 01/29/2009 shows R1 is a 62 year old female with diagnoses for Diabetes Mellitus, Hypertension, Peripheral Vascular Disease, Alzheimer's Disease, Depression, Emphysema/Chronic Obstructive Pulmonary Disease, Allergies, Anemia, History of Urinary Track Infection, Morbid Obesity, Constipation, Esophageal Reflux, and Hyperlipidemia. R1 is assessed as modified independence for cognitive skills for daily decision making (some difficulty in new situations only). R1's was assessed as not using dentures.</p> <p>On 03/06/2009 at 8:00 AM E2, Director of</p>	F 411			

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F 411	<p>Continued From page 4</p> <p>Nursing stated, R1 has not used dentures for about six months.</p> <p>On 03/06/2009 at 10:00 AM E1, Administrator confirmed she was working on providing dental services for the residents, and a dentist would be starting in the next week or two.</p> <p>On 03/06/2009 at 11:00 AM E3, Social Service Director stated R1 received dentures in November 2008 by our house dentist. She used them sometimes and didn't at other times because of the fit. R1 mentioned that her dentures were misplaced after she first got them and we did find them. Since then no one in nursing has reported that R1 didn't have her dentures. There has been no follow up with the dentist since she lost her dentures. There is a new dentist coming in the next couple of weeks. We have not had dental services for the residents since August or September of 2008.</p>	F 411			