STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENNTIFICATION NUMBER	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	146121	A. BUILDING _____ B. WING _____	**08/03/2020**

NAME OF PROVIDER OF SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP
BENTON REHAB & HCC	**1409 NORTH MAIN STREET, PO BOX 847 BENTON, IL 62812**

For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)
F 0580 **Level of harm** - Minimal harm or potential for actual harm **Residents Affected** - Few	**Immediately tell the resident, the resident's doctor, and a family member of situations (injury/decline/room, etc.) that affect the resident.** **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on Interview and Record Review, the facility failed to notify the physician to obtain a new treatment order for 1 of 3 residents (R10) reviewed for physician notification in the sample of 18. Findings Include: The Social Service Admission Assessment for R10 lists an admission date of [DATE], admitting from a local hospital for Restorative and an admitting [DIAGNOSES REDACTED]. R10's Nursing Admission assessment dated [DATE] and signed by V16 (Licensed Practical Nurse/LPN) indicates a left fractured foot and a 1 cm (centimeter) by 1 cm skin tear on her middle left finger. R10's Baseline Care Plan dated 02/21/2020 indicates: a wheelchair for locomotion, Assist of 1 for bathing, toileting and transfers. The identified Safety Risks are: High Risk Fall Assessment, Poor Safety awareness, Fall History, 15 min checks and weakness. R10's Nurses notes document for 02/21/2020 at 9:15 PM skin tear on left middle finger. The next documentation addressing left middle finger is for 02/26/2020, 1:00 PM Resident discharged . Wound care complete for left hand, middle finger. On 07/23/2020 at 12:15 PM, V6 (Minimum Data Set/ Care Plan Coordinator) stated that all forms and documentation that is present would be in the resident's file in Medical Records once the resident has been discharged . On 07/23/2020 at 1:10 PM, V1 (Administrator) stated that all documentation and information on R10 would be in her file since she had been discharged . R10's physician's orders [REDACTED].
F 0676 **Level of harm** - Minimal harm or potential for actual harm **Residents Affected** - Few	**Ensure residents do not lose the ability to perform activities of daily living unless there is a medical reason.** **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on Interview and Record Review the facility failed to provide: Activities of Daily Living (ADLs) including transfers, assisting with toileting, and showers for 1 of 8 residents (R10) reviewed for Activities of Daily Living (ADLs) in the sample of 18. Findings Include: The Social Service Admission Assessment for R10 lists an admission date of [DATE], admitting from a local hospital for Restorative and an admitting [DIAGNOSES REDACTED]. R10's Nursing Admission assessment dated [DATE] indicates a left fractured foot and a 1 cm (centimeter) by 1 cm skin tear on her middle left finger. R10's Baseline Care Plan dated 02/21/2020 indicates: a wheelchair for locomotion, assist of 1 for bathing, toileting and transfers. The identified Safety Risks are: High Risk Fall Assessment, Poor Safety Awareness, Fall History, 15 min checks and weakness. R10's Fall Risk assessment dated [DATE] indicates R10 is a high fall risk with a score a 19, 10 or higher indicates a high risk score. This assessment also states decreased muscle coordination and requires assist to stand. R10's Bowel and Bladder assessment dated [DATE] indicates: Limited assist (assist of 1) is required to find the bathroom and is required to transfer to toilet. On 2/22/20 and 2/23/20, staff marked R10's ADL Flow Record as I (independent) for toileting on both first and second shift. R10's ADL Assist Report for Resident dated [DATE], documents on 02/25/2020 and 02/26/2020 on the third shift 0 (no set up or physical help from staff) for transfers (as documented by staff completing care). On 07/23/2020 at 9:50 AM, V4 (Certified Nurse Aide) stated after a shower is given the Shower/Abnormal Skin report is filled out and given to the nurse to sign then the sheets go in the resident's file. On 07/23/2020 at 12:15 PM, V6 (Minimum Data Set/ Care Plan Coordinator) stated that all forms and documentation that is present would be in the resident's file in Medical Records once the resident has been discharged . On 07/23/2020 at 1:10 PM, V1 (Administrator) stated that all documentation and information on R10 would be in her file since she had been discharged . On 07/29/2020 at 8:55 AM, V5 (Certified Nurse Aide) stated after any shower is given the Shower/Abnormal Skin Report sheet is filled out and placed in the box in the nurse's station for the nurse's signature. On 7/29/2020 at 9:10 AM, V6 (Minimum Data Set/Care Plan Coordinator) stated that on the ADL Flow Record a box should be selected to show what care is required, and acknowledged that part of R10's form was blank. V6 stated the I does indicate independent and a checkmark indicates that care has been performed. She does not know why forms are not completed in R10's file and why the documentation is not complete. On 07/29/2020 at 9:50 AM, V4 (Certified Nurse Aide) indicated that a checkmark in the box on the ADL Flow Record indicates the care has been provided, and an I indicates the resident is independent for that care area. On the ADL Assist Report for Resident the 0 in the box indicates the resident needed no assistance with that activity and the 8 in the box indicates that the activity did not happen, for example the resident was sleeping. The documentation on the forms is always filled out after a resident is assisted or a check on the resident is performed. V4 also stated that if a resident refuses a shower then refused is documented on their Shower/Abnormal Skin Report sheet. On 07/29/2020 at 10:00 AM, V31 (Certified Nurse Aide) stated when she arrives in the morning she fills out the Shower/Abnormal Skin Report sheets with the resident's name for the showers she will be giving that day. After she gives the shower or bath she fills out the rest of the information on the sheet and documents any bruises or other findings. If a resident refuses, the sheet gets documented to indicate the resident refused. On 07/29/2020 at 10:10 AM, V39 (Certified Nurse Aide) stated any care that a resident receives gets documented on the appropriate form after the care is given, for example for restorative care or showers. R10's medical record contains no Shower/Abnormal Skin Report sheets or documentation.
F 0688 **Level of harm** - Minimal harm or potential for actual harm **Residents Affected** - Few	**Provide appropriate care for a resident to maintain and/or improve range of motion (ROM), limited ROM and/or mobility, unless a decline is for a medical reason.** **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on Interview and Record Review the facility failed to provide restorative nursing services to increase or prevent the decrease in range of motion or mobility for 1 of 7 residents (R10) reviewed for range of motion in the sample of 18. Findings Include: The Social Service Admission Assessment for R10 lists an admission date of [DATE] admitting from a local hospital for Restorative and an admitting [DIAGNOSES REDACTED]. R10's Nursing Admission assessment dated [DATE] and signed by V16 indicates a left fractured foot and a 1 centimeter (cm) by 1 cm skin tear on her middle left finger. R10's Baseline Care Plan dated 02/21/2020 indicates: a wheelchair for locomotion, Assist of 1 for bathing, toileting and transfers. The identified Safety Risks are: High Risk Fall Assessment, Poor Safety awareness, Fall History, 15 min checks and weakness. R10's Range of Motion (ROM) assessment dated [DATE] indicates a total score of 10. Risk Score and Treatment Options designate a score of 5-14 is moderate stating Treatment may include, but is not limited to basic ROM, positioning, turning, ambulating, as indicated by individual resident's needs and signed by V16. R10's Restorative Nursing Program Documentation dated 2020 for Transfers Program lists Need/Deficit: Weakness decreasing transfers with Resident Specific Interventions: Instruct and Assist with transfers and/or assist and instruct on safety with no documentation on the page to designate this

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.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENNTIFICATION NUMBER	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	146121	A. BUILDING _____ B. WING _____	**08/03/2020**

NAME OF PROVIDER OF SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP
BENTON REHAB & HCC	**1409 NORTH MAIN STREET, PO BOX 847 BENTON, IL 62812**

For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)
F 0688 **Level of harm -** Minimal harm or potential for actual harm **Residents Affected -** Few	(continued... from page 1) restorative care had been performed. R10's Restorative Nursing Program Documentation sheet for AROM (Active Range of Motion) program dated 2020, lists Need/Deficit: Weakness (decreased) AROM with the Resident Specific Interventions: AROM to all Joints, 15 reps twice a day, 7 day a week as tolerated, with no documentation on the page to indicate this restorative care had been performed. On 07/23/2020 at 12:15 PM V6 (Minimum Data Set/ Care Plan Coordinator) stated that all forms and documentation that is present would be in the resident's file in Medical Records once the resident has been discharged . On 07/23/2020 at 1:10 PM V1 (Administrator) stated that all documentation and information on R10 would be in her file since she had been discharged . On 07/29/2020 at 8:55 AM V5 (Certified Nurse Aide) stated after a resident receives any care or services including restorative care it would be documented on the appropriate sheet. On 7/29/2020 at 9:10 AM V6 (Minimum Data Set/Care Plan Coordinator) stated she does not know why forms are not completed in R10's file and why the documentation is not complete. On 07/29/2020 at 10:10 AM V39 (Certified Nurse Aide) stated any care that a resident receives gets documented on the appropriate form after the care is given for example for restorative care or showers.