

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER <b>146020</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED <b>03/05/2020</b>
NAME OF PROVIDER OF SUPPLIER <b>ROSEVILLE REHAB &amp; HEALTH CARE</b>		STREET ADDRESS, CITY, STATE, ZIP <b>145 S CHAMBERLAIN ST, BOX 770 ROSEVILLE, IL 61473</b>	
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 0684  <b>Level of harm</b> - Minimal harm or potential for actual harm  <b>Residents Affected</b> - Few	<p><b>Provide appropriate treatment and care according to orders, resident's preferences and goals.</b>                  **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**                  Based on observation, interview, and record review, the facility failed to obtain daily weights, as ordered by the physician, for a resident with the [DIAGNOSES REDACTED]. Findings include: The American Association of Heart Failure Patient Education Pamphlet, dated 3-10-2010 (Electronic Version), documents, Daily Weights: Checking your weight daily is key to keeping an eye on your symptoms. Weight gain is one of the first signs of retaining fluid. Changes in your weight may be a sign of fluid retention. R38's Physician order [REDACTED]. (R38's) Diagnoses: [REDACTED]. Appearance: [MEDICAL CONDITION]. [MEDICATION NAME] (diuretic medication) 40 milligram twice daily for [DIAGNOSES REDACTED]. is to be obtained daily and recorded. These same MAR's indicate R38's daily weights were not obtained or documented for 18 days between 1-1-20 and 1-31-20, and were not obtained on any days from 2-1-20 to 3-1-20. On 3/02/20 at 10:14 AM, V6 (Registered Nurse/RN) stated, (R38's) daily weight was not completed yesterday and was not completed that I can see for the entire month of February. (R38) should have had daily weights done because of (R38's) [MEDICAL CONDITION] causing swelling and fluid retention. Obtaining (R38's) daily weights helps us to monitor (R38's) [MEDICAL CONDITION] and Fluid Retention. On 3/03/20 at 1:22 PM, R38 was sitting in her wheelchair. R38's left lower extremity was reddened and swollen. R38 stated, I do not get weighed daily. On 03/04/20 at 11:12 AM, V11 (Dietary Manager) stated, I do not have any documentation of (R38) getting daily weights.</p>		
F 0686  <b>Level of harm</b> - Minimal harm or potential for actual harm  <b>Residents Affected</b> - Few	<p><b>Provide appropriate pressure ulcer care and prevent new ulcers from developing.</b>                  **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**                  Based on observation, interview, and record review, the facility failed to implement a pressure reducing intervention for one resident (R33) of two residents reviewed for pressure ulcers, in a sample of 24. FINDINGS INCLUDE: The facility policy, Decubitus Care/Pressure Areas, dated (revised) 1/18, documents, It is the policy of this facility to ensure a proper treatment program has been instituted and is being closely monitored to promote the healing of any pressure ulcer. When a pressure ulcer is identified, additional interventions must be established and noted on the care plan in an effort to prevent worsening or re-occurring pressure ulcers. R33's current Physician order [REDACTED]. This same document includes the following Diagnoses: [REDACTED]. Also included are the following physician orders: Elevate feet at all times. R33's current Braden Scale for Predicting Pressure Ulcer Risk, dated 2/2/2020, documents that R33 is High Risk (16 and less) for the development of pressure ulcers. R33's (facility) AIM for Wellness form, dated 2/27/2020 at 10:30 A.M., documents, Unstageable pressure ulcer to left heel 2 CM X 2.5 CM. R33's current Care Plan, dated 2/28/2020, documents: Left heel pressure ulcer, size 2 CM (centimeters) X 2.5 CM, Unstageable. This same Care Plan includes the following Approaches/Interventions: Nurse to measure and monitor wound status progression or deterioration q (every) week. Treatment as ordered. Pressure reduction boots when up in wheelchair; float heels when in bed. Offload pressure to areas of concern/heels. On [DATE] at 9:52 A.M., R33 was seated in a wheel chair in the Activity Room, sleeping. R33's lower legs were wrapped in stretch wraps. No pressure reducing boots were in place to R33's feet. At that time, V5/Registered Nurse (RN) verified that R33 should have pressure reducing boots on while up in a wheel chair. On 3/3/2020 at 9:31 A.M., R33 was asleep in bed. Stretch wraps covered R33's bilateral lower legs. No pillow was present to float R33's heels. At that time, V5/Registered Nurse verified that R33's heels should be floated on a pillow at all times when R33 is in bed. On 3/3/2020 at 11:13 A.M., V4/Licensed Practical Nurse removed the dressings. At that time, a 2.9 CM X 5 CM dark purple, unstageable pressure ulcer was present to R33's left heel. A black, mushy 3 CM area was present at the core of the ulcer.</p>		
F 0688  <b>Level of harm</b> - Minimal harm or potential for actual harm  <b>Residents Affected</b> - Few	<p><b>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.</b>                  **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**                  Based on observation, interview, and record review, the facility failed to develop and implement services to maintain and/or improve range of motion limitations for one of three residents (R40) reviewed for limited range of motion in the sample of 24. Findings include: The facility's Range of Motion Protocol, dated 9/2008, documents, Policy: It is the policy of the (Nursing Home) to provide range of motion exercises for residents who through assessment demonstrate the need for exercise to prevent functional decline in range of motion. Procedure: The interdisciplinary team will identify those resident in need and consider the resident's age, diagnosis, prognosis, current joint condition, functional ability and any mobility restrictions. R40's current Physician order [REDACTED]. R40's MDS (Minimum Data Set) Assessment, dated 12-23-19, documents R40 has limitations in range of motion to one side of his upper extremity and one side of his lower extremity. This same MDS documents R40 does not receive range of motion exercises or splint/brace assistance to treat these limitations. R40's current Care Plan does not include any interventions to improve and/or maintain R40's limitations in range of motion. R40's Range of Motion Assessment, dated 12-23-19, documents R40 has less than 25 percent functional range of motion to his upper and lower left extremities. On 3/03/20 at 12:43 PM, R40 was sitting in a recliner. R40's left hand was contracted. R40 stated, The staff do not do exercises with my hand. I do not have a splint for that hand. It would be nice if the staff did exercises with my arm and hand. It would probably help me. On 3/05/20 at 10:07 AM, V13 (MDS Coordinator) stated, (R40) does not have any interventions or a program to treat his limitations in range of motion. (R40) should have had range of motion exercises.</p>		
F 0758  <b>Level of harm</b> - Minimal harm or potential for actual harm  <b>Residents Affected</b> - Few	<p><b>Implement gradual dose reductions(GDR) and non-pharmacological interventions, unless contraindicated, prior to initiating or instead of continuing psychotropic medication; and PRN orders for psychotropic medications are only used when the medication is necessary and PRN use is limited.</b>                  **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**                  Based on interview and record review, the facility failed to identify and monitor for adverse behaviors, failed to obtain a signed consent, and failed to perform a pre-[MEDICAL CONDITION] assessment prior to the administration of an antipsychotic medication, for one of five residents (R249) reviewed for [MEDICAL CONDITION] medications, in a sample of 24. FINDINGS INCLUDE: The facility policy, [MEDICAL CONDITION] Medication Policy, dated (revised) 11/28/17, directs staff, It</p>		
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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<p><b>Level of harm - Minimal harm or potential for actual harm</b></p> <p><b>Residents Affected - Few</b></p>	<p>(continued... from page 1)</p> <p>is the policy that residents shall not be given unnecessary drugs. Unnecessary drug is any drug used: In an excessive dose, including in duplicative therapy; For excessive duration; Without adequate monitoring; Without adequate indications for its use; In the presence of adverse consequences that indicate the drugs should be reduced or discontinued. Initiate a Pre-[MEDICAL CONDITION] Medication Assessment prior to administration of a newly prescribed [MEDICAL CONDITION] medication. [MEDICAL CONDITION] medication shall not be prescribed or administered without the informed consent of the resident, the resident's guardian, or other authorized representative. Any resident receiving such medications shall have a psychiatric [DIAGNOSES REDACTED]. R249's Physician order [REDACTED]. This same form includes the following admission medications:</p> <p>[REDACTED]. R249's My Power of Attorney for Health Care form, dated 2/22/19, documents, I want the following person to be my Health Care Agent: (R249's Spouse). My agent can make health care decisions for me, including: Deciding to accept, withdraw or decline treatment for [REDACTED]. Authorize my Agent to: Make decisions for me starting now and continuing after I am no longer able to make them for myself. R249's Nursing Home Visit form, dated 2/28/2020, signed by V12 (Physician) includes the following Diagnoses: [REDACTED]. R249's [MEDICAL CONDITION] Medication Consent-Antipsychotic documents, Your physician has ordered the following [MEDICAL CONDITION] medication. Your consent is necessary in order to start or increase the medication in this drug category. Medication: [MEDICATION NAME] (antipsychotic). Medication Used For These Identified Behaviors and Diagnosis: [REDACTED]. No signed consent for the administration of [MEDICATION NAME] is present. On 2/3/2020, V4/Licensed Practical Nurse documented that she left a message on R249's POA telephone. R249's Behavior Monitoring Record for February and (NAME)2020 has no Target Behavior 1 or Target Behavior 2 designated on the form. R249's Physician order [REDACTED]. On 3/02/20 at 11:12 A.M., V4/Licensed Practical Nurse (LPN) verified R249 did not have a pre-[MEDICAL CONDITION] assessment or a [MEDICAL CONDITION] consent signed by the Power of Attorney prior to the administration of [MEDICATION NAME]. At that same time, V4/LPN stated the behaviors that staff were monitoring for the administration of an antipsychotic were anxiety, sad mood and withdrawn mood.</p>		