STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENNTIFICATION NUMBER	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	145142	A. BUILDING _____ B. WING _____	**08/20/2020**

NAME OF PROVIDER OF SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP
ALDEN DEBES REHAB & HCC	**550 SOUTH MULFORD AVENUE ROCKFORD, IL 61108**

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 0689 **Level of harm -** Actual harm **Residents Affected -** Few	**Ensure that a nursing home area is free from accident hazards and provides adequate supervision to prevent accidents.** **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, interview, and record review the facility failed to ensure a hazard free environment for a resident (R1) with a known history of self injurious behaviors. This applies to 1 of 3 (R1) residents reviewed for safety in the sample of 6. This failure resulted in R1 obtaining razor blades and cutting her arms resulting in sutures. The findings include: R1's Face Sheet shows an original admission date of [DATE] with [DIAGNOSES REDACTED]. R1's 7/1/2020 Minimum Data Set showed her to be cognitively intact, with hallucinations and delusions. R1's 8/8/2020 Behavior Assessment showed, Nurse went to see (R1) and found that she had taken a razor and sliced up and down both arms .This writer asked R1 where she got the razor. She stated that a hospitality aide gave her a razor for use in the shower and she did not give it back. She (R1) was asked why and she stated that she had unmet expectations about being discharged soon and she was consumed with depression. She stated she cuts in order to relieve the emotional pain that she has. R1's 8/8/2020 Emergency Department notes showed, Patient has multiple linear abrasions and lacerations above (upper) extremities. About 12 on each upper extremity. She does have 2 lacerations (cuts) requiring suture repair on the left upper extremity of a 3 cm (centimeter) length each . On 8/19/2020 at 1:52 PM, V2 Director of Nursing (DON), stated at approximately 3:30 PM on 8/8/2020 she responded to R1's call light. V2 said R1 wanted her to look at her arms at which time she noted the lacerations to bilateral upper arms. V2 said when she got R1 up to the bathroom she found 3 razors wrapped up in paper towels that was stuffed inside her pants. On 8/19/2020 at 8:45 AM, R1 was observed with multiple lacerations to both of her upper arms. The lacerations were red, scabbed, and some with bandages. R1 also had scars on bilateral arms that matched the appearance of previous self cutting attempt. On 8/19/2020 at 8:55 AM, R1 stated she had a history of [REDACTED]. R1 said, I feel safer when they don't let me have those things. On 8/19/2020 at 11:47 AM, V4 Psychiatric Rehabilitation Services Coordinator (PRSC) stated, In an ideal world, the counselors get the mail for the residents (on behavioral health units) and because of COVID the packages have to sit on a table for 24 hours. Then we (PRSC's) usually go and get the packages and bring it to the person. Packages are opened in front of us to make sure it's not something bad, even food, if the person is diabetic, can be harmful. V4 stated, R1 should not have had a razor in her possession at any time. V4 stated, residents on the behavioral health unit who are safe to have razors are allowed to have them; however, they are monitored and the staff take it back .monitored means when they are in the shower, shaving, you are watching them, so the staff are there with them the whole time until they are done with the razor then they take it back. On 8/19/2020 at 10:30 AM, V5 Behavioral Health Director stated he has known R1 for several years and she had a history of [REDACTED]. V5 stated, R1 should never be given a razor even if being watched and staff should do the shaving for her. V5 said, we believe she got it (razor) from the roommate. V5 said, on the behavioral health unit, residents can ask for razors and are told they need to give it back when they are done. On 8/20/2020 at 9:26 AM, V7 Hospitality Aide stated residents on the behavioral health unit that can have razors, we just have to ask for it (razor) back. V7 said, We just have to kind of remember to get it (razor) back. V7 said, she was not aware of any documentation that let's her know who can or cannot have razors. V7 said that information comes from on the job training. On 8/19/2020 at 1:30 PM, V8 Certified Nursing Assistant stated, packages for residents on the behavioral health unit are supposed to be opened with the resident in the presence of the counselor (PRSC). V8 said, residents who can have razors are given the razor and are told to bring it back otherwise she would have to go get it when the resident was done. V8 said, the facility has no policy on tracking which residents received razors and if they were returned. On 8/19/2020 at 11:25 PM, V9 Licensed Practical Nurse stated the razor policy on the behavioral health unit is, CNA's are supposed to be there. That has always been the policy; that CNA's do the shaving or they stay and monitor. (Inconsistent policy statements amongst behavioral health staff) R1's Care Plan from 3/3/2020 showed, (R1) has numerous scars on her body due to a hx (history) of cutting. All items brought into (R1) will be viewed by staff for safety. The Care Plan also showed, All shaving will be monitored and tool taken back after each use. On 8/19/2020 at 2:35 PM, V2 stated she was unable to find a policy regarding razor use and tracking for the behavioral health unit. On 8/20/20 at 9:00 AM, V6 Family Nurse Practitioner stated an intervention to prevent a resident with a history of cutting from expressing that behavior would be no access to razors.

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.