STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	IL6008114	A. BUILDING: _____ B. WING _____	05/20/2021

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ROCK FALLS REHAB & HLTH CARE C	430 MARTIN ROAD ROCK FALLS, IL 61071

(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) COMPLETE DATE
S 000	Initial Comments Annual Licensure and Certification	S 000		
S9999	Final Observations Statement of Licensure Violations: 300.610a) 300.1210b) 300.1210d)5) 300.610 Resident Care Policies a) The facility shall have written policies and procedures governing all services provided by the facility. The written policies and procedures shall be formulated by a Resident Care Policy Committee consisting of at least the administrator, the advisory physician or the medical advisory committee, and representatives of nursing and other services in the facility. The policies shall comply with the Act and this Part. The written policies shall be followed in operating the facility and shall be reviewed at least annually by this committee, documented by written, signed and dated minutes of the meeting. 300.1210 General Requirements for Nursing and Personal Care b) The facility shall provide the necessary care and services to attain or maintain the highest practicable physical, mental, and psychological well-being of the resident, in accordance with each resident's comprehensive resident care plan. Adequate and properly supervised nursing care and personal care shall be provided to each resident to meet the total nursing and personal care needs of the resident.	S9999	**Attachment A** **Statement of Licensure Violations**	

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S9999	Continued From page 1 300.1210 General Requirements for Nursing and Personal Care 5) A regular program to prevent and treat pressure sores, heat rashes or other skin breakdown shall be practiced on a 24-hour, seven-day-a-week basis so that a resident who enters the facility without pressure sores does not develop pressure sores unless the individual's clinical condition demonstrates that the pressure sores were unavoidable. A resident having pressure sores shall receive treatment and services to promote healing, prevent infection, and prevent new pressure sores from developing. These Regulations are not met as evidenced by: Based on observation, interview and record review the facility failed to assess, monitor and document the condition of the skin to a resident with hand contractures. The failure resulted in the resident's fingernails breaking through the skin to the palm of the right hand, development of pain and signs of infection to right hand. This applies to one of one resident (R5) in the sample of 12 reviewed for quality of care. The findings include: On 5/19/21 at 8:54 AM, R5 said his hands are hard to use due to the contractures. Both hands were observed to be contracted. The fingers 3,4,and 5 were observed to be curling under onto the palms of his hands. On the right hand a long thick nail is observed growing very long and one finger is curled over into the palm of his hand. No nail could be visualized. The skin to both hands were observed to be dirty. On 5/19/21 at 10:25 AM, V6 LPN (Licensed	S9999		

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S9999	Continued From page 2 Practical Nurse) was observed completing the treatment to R5's hands. V6 was using q-tip swabs to clean inside the hands. The nails on the right hand was observed to be growing into the skin of the palm. Yellow drainage was observed and a foul odor was noticable. R5 was yelling at V6 to stop because it was hurting him. V6 said R5 refuses the care because of the pain being caused by trying to clean the hands. V6 said the staff have attemped to cut his nails but R5 refuses and now the nails are growing into the skin of the palm of his hand. V6 said the doctor is aware and he wants a MRI (Magnetic Resonance Imaging) to be done on R5 to determine why he has contractures to his hands. V6 said the MRI has not been done due to an issue with the insurance company. V6 said V14 MD (Medical Doctor) said that R5 may lose his hand due to his non compliance. On 5/19/21at 2:00PM, V2 DON (Director of Nursing) said the MRI was ordered sometime last year. V2 said a pre-authorization needs to be completed before the MRI can be scheduled. V2 said this needs to be completed by the MD. V2 said she has spoken with the MD many times and he refuses to complete it. V2 said she does not know what else to do. V2 said R5's nails are so long now that cannot be safely trimmed due to how they are growing into the palms of his hands. V2 said she was not aware how the nurses were documenting the condition of the skin. On 5/19/21 at 2:15 PM, V14 MD said he is so frustrated with the nursing staff for not getting this MRI done. V14 said it has been over a year now and it still has not been done. V14 said he does not need to complete the pre-authorization, the facility staff need to complete it. V14 said this is	S9999		

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S9999	Continued From page 3	S9999		

no reason for the facility to not be following his orders V14 said he was aware of the nail growing into the palm of R5's hand.

On 5/20/21 at 8:45AM, V11 CNA (Certified Nursing Assistant) said R5's hands hurt him so much, he won't let the staff do anything with them. V11 said the nails have been like this a long time. The hand splints are in his bedside drawer, he will not wear them.

On 5/20/21 at 11:01 AM, V1 Administrator said if an order comes in from the doctor she expects her staff to complete the order or let the doctor know why it did not happen. V1 said R5 refuses care from the facility staff. V1 said she has spoken to V14 about getting the paperwork completed for the MRI but was told he was not responsible for it. V1 said V14 has been told about the nails cutting into the palm of R5's hand but he has done nothing for him.

The POS dated 5/1/2021 shows diagnosis of alcoholic encephalopathy, alcohol related dementai, depression, upper extremity contractures to both hands, alcoholic liver and Warnickes chronic ethel abuse in remission.

The Physician order dated 1/18/2020 (17 months ago) shows an order for a MRI of the cervical spine and brain.

The Physician order dated 10/1/2020 shows the resident still needs a MRI of the brain and cervical spine.

The Physician notes dated 1/30/2020, 3/1/2020-4/30/2020, 7/5/2020-8/31/2020, 10/1/2020-4/29/2021 showed a MRI has been ordered but not completed. On 4/30/2020 the

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S9999	Continued From page 4 Physician note showed the nails of the hands are digging into the skin of R5's palm. The Occupational progress and discharge summary dated 5/7/2021 showed therapy was ordered and completed to prepare for splint management. Pain to the hands was documented during therapy. Goal was to increase mobility of hands to decrease risk of skin breakdown. Analysis of outcome showed resident provided with education, and fitting for hand orthotic. The notes did not show any refusal of care. The TAR (Treatment Administration Record) dated 3/1/2021 to 5/20/21 shows a treatment for the hands to be cleansed daily and patted dry. Gauze was to be inserted between the fingers. In March 2021, 19 entries were made that the resident refused the treatment. The TAR for April 2021 showed 13 entries of the resident refusing the treatment and 15 blank spots where the signature was missing for the treatment being completed. The TAR for May 2021 showed only 2 dates the treatment was completed. There was no documentation of the treatments made to include the condition of the skin or the nails of the hand. The TAR showed no mention of any splint or hand orthotic to be applied to R5. The facility nursing notes dated from 1/3/2021 to 4/30/2021 showed one refusal of care to hands. A note dated 3/30/2021 showed an attempt to schedule the MRI was unsuccessful. A note dated 4/18/2021 showed communication with the MD regarding the MRI scheduling conflicts. The note shows the MD being told he needs to do the pre-authorization and the MD stating he does not do that. A note dated 4/20/2021 shows the MD being made aware of the MRI note being done yet. There was no documentation of the skin to	S9999		

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S9999	Continued From page 5 the residents hands in the resident chart. A request for skin documentation was made and no recrods were provided. The facility assessment dated 3/8/2021 shows R5 to be cognitively intact and has no behavior for the rejection of care. The facility care plan for R5 shows interventions for pain related to hand contractures, range of motion exercises due to hand contractures and an impaired skin integrity to palms of hands related to hand contractures. The intervention dated 1/22/2020 showed R5 was at moderate risk for wounds, weekly skin checks with documentation with any new open areas. The facility policy for skin conditioning monitoring with a revision date of 1/02 shows to provide proper monitoring , treatment and documention of any resident with skin abnormalities. The policy with a revision date of 10/06 for conformance with Physician orders shows orders (medications/treatment) shall be given as prescribed by the physician. B	S9999		