**FORM APPROVED** Illinois Department of Public Health STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION AND PLAN OF CORRECTION (X3) DATE SURVEY **IDENTIFICATION NUMBER:** A. BUILDING: COMPLETED IL6014658 B. WING 06/08/2022 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 1660 SOUTH MULFORD **RIVER CROSSING OF ROCKFORD** ROCKFORD, IL 61108 SUMMARY STATEMENT OF DEFICIENCIES (X4)ID ID. PROVIDER'S PLAN OF CORRECTION PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL (X5) COMPLETE PREFIX (EACH CORRECTIVE ACTION SHOULD BE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG CROSS-REFERENCED TO THE APPROPRIATE TAG DATE DEFICIENCY) S 000 Initial Comments S 000 2214409/IL147680 S9999 Final Observations S9999 Statement of Licensure Violations: 300.610a) 300.1010h) 300.1210 b) 300,1210 c) 300.1210d)3) Section 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. Section 300.1010 Medical Care Policies The facility shall notify the resident's physician of any accident, injury, or significant change in a resident's condition that threatens the health, safety or welfare of a resident, including, but not limited to, the presence of incipient or Attachment A manifest decubitus ulcers or a weight loss or gain Statement of Licensure Violations of five percent or more within a period of 30 days. The facility shall obtain and record the physician's

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ABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

Illinois Department of Public Health STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION AND PLAN OF CORRECTION **IDENTIFICATION NUMBER:** (X3) DATE SURVEY A. BUILDING: COMPLETED C IL6014658 B. WING 06/08/2022 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 1660 SOUTH MULFORD RIVER CROSSING OF ROCKFORD ROCKFORD, IL 61108 SUMMARY STATEMENT OF DEFICIENCIES (X4)ID ID (EACH DEFICIENCY MUST BE PRECEDED BY FULL PROVIDER'S PLAN OF CORRECTION PRÉFIX (X5) COMPLETE **PREFIX** (EACH CORRECTIVE ACTION SHOULD BE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG CROSS-REFERENCED TO THE APPROPRIATE TAG DATE DEFICIENCY) S9999 Continued From page 1 S9999 plan of care for the care or treatment of such accident, injury or change in condition at the time of notification. Section 300.1210 General Requirements for Nursing and Personal Care 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. Each direct care-giving staff shall review and be knowledgeable about his or her residents' respective resident care plan. Pursuant to subsection (a), general d) nursing care shall include, at a minimum, the following and shall be practiced on a 24-hour, seven-day-a-week basis: Objective observations of changes in a resident's condition, including mental and emotional changes, as a means for analyzing and determining care required and the need for further medical evaluation and treatment shall be made by nursing staff and recorded in the resident's medical record. These requirements are not met as evidenced by: Based on observation, interview, and record review the facility failed to monitor and assess a catheter for a resident with a history of catheter

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STATE FORM

**VIC411** 

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STATEM	ENT OF DEFICIENCIES IN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DAT	(X3) DATE SURVEY COMPLETED	
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NAME OF	PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, S	TATE, ZIP CODE		06/08/2022	
RIVER	CROSSING OF ROCK	FORD 1660 SOL	JTH MULFOR RD, IL 61108	D			
(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	
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	blockages for 1 of 1 catheters in the sar resulted in R11 exp starting on 6/7/22 a which was resolved replaced on 6/7/22	resident (R11) reviewed for nple of 27. This failure eriencing excruciating pain t approximately 7:00 AM when R11's catheter was at 2:52 PM and R11 reported	3333			-	
	relief of symptoms.						
	The findings include	); 			, i		
	admitted to the facilito include infection a to include ling urethra Raynaud's syndrome hypokalemia, neuror bladder, sepsis, and R11's facility assessi	neet showed she was ity on 3/29/22 with diagnoses and inflammatory reaction due I catheter, muscle weakness, e, cyst of kidney, muscular dysfunction of urinary tract infection.  ment dated 4/5/22 showed g urinary catheter in place.					
0.0	R11's care plan date resident has (16 F fo Urinary retention rela secondary to and his catheter and drainage and/or medical necesphysician s/sx UTI: purine, cloudiness, no color Monitor/docur	d 4/11/22 showed, "The ley catheter) Catheter: ted to neurogenic bladder tory of UTI Change e bag per physicians orders sity Monitor and report to ain, burning, blood tinged output, deepening or urine nent pain/discomfort due to a changes in bladder status					
1   i   a	the wall. R11 was lying ner left side. R11 was nad facial grimacing. and fidgeting in the be sitting on the bed next	R11's bed was up against g in bed turned slightly to holding her abdomen and R11 was moving her legs ed. R11's cellular phone was to her. R11 said, "The last orrible my catheter hurts					

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ı	STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIE	PLE CONSTRUCTION				
ı			IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY		
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I	NAMEOR	PROVIDER OR SUPPLIER				06/08/2022		
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ŀ	4540.05		ROCKFO	RD, IL 6110	<b>)8</b>			
ı	(X4)ID Prefix			ID PROVIDER'S PLAN OF CORRECT		TION		
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		1		S9999				
	450	on the inside Ioda	y I started asking to go to the	l I				
		hospital. The only person that came in to talk to me said she works for an agency and can't send						
		me. I was going to co	or all agency and can't send	1 1				
		me. I was going to call myself and call my daughter, but my phone died. Right now, I rate my pain at a 20 out of 10. The nurse I spoke to was [V16 (Licensed Practical Nurse)]." R11's urinary catheter drainage bag was hanging on the bed frame and had approximately 100 cc of urine in the bag and no urine was noted in the tubing. R11 pulled her shirt up and displayed her abdomen to the surveyor. R11's abdomen was		1 1			100	
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	8			1				
	7					[		
	50.0	large and extended.	eyor. R11's abdomen was					
		iarge and extended.					1	
		On 6/7/22 at 1:37 PM	, V23 (Unit Nurse Manager)	i	•			
		said Kill did request	to go to the hospital this	- 1			- 1	
		morning so she went	and spoke with her at 7AM				- 1	
	- 1	Per the resident's red	Uest we started at	, ,			ĺ	
	- 1	constipation. She sai	d at 9:30 AM she was				- 1	
	1	having less pain. I will	reassess and reach out to	1		1	- 1	
		V22 NP (Nurse Practi	tioner).	1				
	44	On 6/7/22 at 1:40 DM	V16 LPN said R11 told her	1		- 1	- 1	
	. Ji	this morning her cathe	eter was hurting. V16 said, "I	1	•		1	
	11	look some of the water	out of the catheter	}			P	
		balloon she told me	she felt better "			1	- 1	
	1			i				
	10	On 6/7/22 at 1:45 PM,	V23 went to R11's room	i		8	10 1	
	J V	with this surveyor. R11	's bathroom had a leg	i			1	
		catheter drainage bag full of urine sitting on the top of the back of the toilet, there was a bed						
	1	op of the back of the t	oilet, there was a bed				1	
	H	miliary valineter draina nad and vieible in the t	ge bag with urine in the					
		n the floor to the right	ubing, laying in a grey bin of the toilet, and a second				ſ	
	le	eg urinary catheter dra	ninage bag was laying in					
	Tr	ne grey bin on the floo	F With urine visible in the					
	ם ן	ag. V23 said this is no	ot an acceptable way to					
	Į n	andle catheter drainag	ge bags, V23 said R11's					
	C	aineter drainage bag i	Was emptied around 7 AM					
	((	over 6 hours prior). V2	3 looked at R11's urinary	1	·		- 1	

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AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING:  B. WING		(X3) DATE COMP	(X3) DATE SURVEY COMPLETED  C 06/08/2022	
	IL6014658					
NAME OF PROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, S	STATE, ZIP CODE		OIZUZZ	
RIVER CROSSING OF ROCKF	ORD 1660 SO	UTH MULFOR	RD			
PREFIX (EACH DEFICIENCY	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL		ID PROVIDER'S PLAN OF CORRE PREFIX (EACH CORRECTIVE ACTION SH TAG CROSS-REFERENCED TO THE APP DEFICIENCY)		(X5) COMPLETE DATE	
S9999 Continued From page	ge 4	S9999				
drainage bag and tu	bing and said, "This could be					
Nursing Assistant) so this morning. She was were 350cc's I empti haven't emptied it ag a chance to come ba not notice all the catt when she emptied R morning because R1 V19 said she emptied them with water, wipplaces them in a clear the grey bin on the flow on 6/8/22 at 10:06 A my bag three times y feel better today than	M, R11 said, "They emptied esterday of red urine. I do I did yesterday. V22 NP is supposed to come see me					
yesterday and was cheter just popped	necking on me and the right out so she put a new en all the urine started					
PM, "Change indwelli blockage as needed. pelvic pain and feeling	ss note dated 6/7/22 at 2:52 ng catheter for leakage or Resident complained of g the urge to urinate." R11's					
showed, "Foley paten at this time, 725 cc dr	dated 6/7/22 at 3:41 PM t draining clear yellow urine ained post insertion of new ed pelvic/abdominal pain					
Record) for June 2022	ic Medication Administration 2 showed an order to very shift. R11's 6/7/22					

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The facility's policy and procedure titled

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