| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | 146099 | A. BUILDING _____ B. WING _____ | C 10/11/2006 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
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| **FRIENDSHIP MANOR** | **1209 21ST AVENUE ROCK ISLAND, IL 61201** |

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| F 000 | INITIAL COMMENTS<br><br>Investigation of an Incident of 9/24/06. IL25124<br><br>No extended survey.<br><br>(Resident in Licensed only Sheltered Care Bed) | F 000 | | |
| F9999 | FINAL OBSERVATIONS<br><br>Licensure Violations<br><br>330.710a)<br>330.1120a)<br><br>Resident Care Policies<br><br>330.710a) The facility shall have written policies and procedures which shall be formulated with the involvement of the administrator. These written policies shall be followed in operating the facility and shall be reviewed at least annually by the Administrator. They shall be in compliance with the Act and all rules promulgated thereunder.<br><br>Personal Care<br><br>330.1120a) Each resident shall have proper daily personal attention and care including skin, nails, hair, and oral hygiene, in addition to treatment ordered by the physician.<br><br>These requirements were not met as follows:<br><br>Based on observation, interview and record review the facility failed to adequately supervise R1 (1 of 3 sampled residents).The facility failed to follow there policy and procedure regarding elopement assessment. A monitoring bracelet | F9999 | | |

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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| F9999 | Continued From page 1<br>was removed without all staff being made aware. R1 eloped 4 blocks from the facility. R1 was returned to the facility by an off duty staff person.<br><br>Findings include:<br><br>R1's history and physical dated 2/8/05 indicates that R1 has a primary diagnosis of osteoarthritis and esophageal stricture. R1's nursing admission record dated 2/8/05 indicates that R1 was admitted to shelter care with forgetfulness and confusion.<br><br>The facility incident report dated 9/25/06 indicates the following information: R1 was found by an employee on 9/24/06 outside the facility. Resident was in good spirits when returned to her room. Vitals were temperature 97, pulse 88, respirations 20 and blood pressure 136/78. The Power of Attorney for Health Care and Physician were notified of the situation. R1 has a fellow resident whom she is friends with and they are always together. The fellow resident had gone out of the facility with family after the afternoon activity. R1 stated it was a nice day and she thought she would go for a walk. An Elopement Assessment was completed on 9/22/06 which revealed R1 to be at low risk for elopement. Upon the incident a new Elopement Assessment was completed on 9/24//06, and according to the protocol, a monitoring bracelet was placed on R1.<br><br>E1(Certified Nurses Aide) was interviewed on 10/6//06 at 10:15am. E1 stated that she found R1 on 18th Avenue two blocks from 12th Street at 3:45pm on 9/24/06. R1 was at the bottom of the hill on 18th Avenue. R1 was 4 blocks from the facility. R1 had an afraid look on her face when found by E1. E1 asked R1 if she knew where she | F9999 | | |

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| F9999 | Continued From page 2<br>was. R1 stated I don't know now. E1 stated that R1 knew who she was and was brought back to the facility in E1's vehicle unharmed. E1stated that R1 was dressed properly and the weather was good. E1 was off duty from the facility at the time she found R1. E1 happened to be driving in the area when she found R1.<br><br>Interviews with facility staff E4,E5,E6,E, and E8 (Certified Nurses Aides) and E8 and E9 (Licensed Practical Nurses) on 10/05/06 between 2:00pm and 4:00pm confirmed that all door alarms and electronic monitoring devices were working properly on all exterior doors in the facility on 9/24/06, when R1 eloped from the facility. Facility staff did not know what door R1 exited to leave the facility. R1 was not seen leaving by facility staff. R1 was last seen by facility staff in activities at 3:30pm. All door alarms and electronic monitoring devices were checked by the surveyor on 10/5/06 and found to be working properly.<br><br>R1 was interviewed on 10/05/06 at 2:50pm. R1stated that she remembered leaving the facility on 9/22/06. She just wanted to go for a walk since it was a nice day. R1 stated that her work with facility records was done for the day and she could leave for a walk. When asked if R1 knew how to return to the facility she said yes but could not explain how or when she would return to the facility.<br><br>R1 was interviewed again on 10/6/06 at 4 :15pm. R1 stated that she remembered leaving the facility on 9/22/06. When asked who brought her back to the facility she just knew that someone brought her back in a vehicle but could not identify who this person was. | F9999 | | |

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| F9999 | Continued From page 3<br><br>E3 (Administrator) was interviewed on 10/05/06 at 11:15am. E3 stated that R1 had a monitoring bracelet on and was on the High Risk Elopement List since admission to the Shelter Care Area of the facility.<br><br>An elopement assessment was dated 01/12/06 scored a value of 6. A score of 5 to 8 is considered high risk for elopement. A monitoring bracelet continued to be placed on R1 according to this assessment.<br><br>On 9/22/06 an elopement assessment was done by E2 (former Director of Nursing). E2 determined that R1 had a score of 4 on the assessment.<br>According to the assessment scores between 2 to 4 are considered low risk for elopement. Residents are placed on a Caution Elopement List. The monitoring bracelet was removed.<br><br>A nursing note dated 9/22/06 at 10:00am written by E2 states discussed removing monitoring bracelet with R1 is oriented x3. Has never made effort to leave facility by self. She is up ad lib w/ walker, gait steady, is aware alarm sounds when she exits building. Agrees to ask for assistance if wishes to leave facility. monitoring bracelet removed.<br><br>E2 stated on 10/6/06 at 2:00pm that she had done the 9/22/06 elopement assessment herself. E2 had based the assessment on input from facility staff over the last several months. The input from staff was that R1 was not showing indications of being an elopement risk.<br><br>The facility written policy on elopement | F9999 | | |

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| F9999 | Continued From page 4<br>assessments states that the Elopement Assessment is to be reviewed by the interdisciplinary team.The Elopement Assessment done on 9/22/06 by E2 was not reviewed by the interdisciplinary team. Facility staff were not made aware that E2 had removed the monitoring bracelet from R1 on 9/22/06.<br><br>The most recent mental assessment done 6/23/06 on R1 shows R1 to have Mild Impairment. "This is defined as the resident is likely to be occasional forgetfulness or lapes of memory. The individual may recall an experience or event, but have difficulty in telling the whole story because essential information(times, names or places) cannot be recalled.<br><br>The most recent care plan assessment done 01/12/06 has R1 being a wanderer and wears a monitoring bracelet. Needs an escort while going out on pass.<br><br>The most recent behavior asssessment done 07/08/06 on R1 has her having problems remembering events, the season or instructions. R1 is also assessed as a wanderer.<br><br>(A) | F9999 | | |