DEPARTMENT OF HEALTH AND HUMAN SERVICES CENTERS FOR MEDICARE & MEDICAID SERVICES (X1) PROVIDER/SUBBLIED/CLIA

AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		A. BUI		PLE CONSTRUCTION G	(X3) DATE SURVEY COMPLETED		
		145919	B. WIN	B. WING		01/27	7/ 2006
	NAME OF PROVIDER OR SUPPLIER SPRINGWOOD NURSING & REHAB			19	EEET ADDRESS, CITY, STATE, ZIP CODE 920 NORTH MAIN STREET COCKFORD, IL 61103	01/21	72000
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)		ID PREF TAG		PROVIDER'S PLAN OF CORRECT (EACH CORRECTIVE ACTION SHOULD E REFERENCED TO THE APPROPRIATE DI	BE CROSS-	(X5) COMPLETION DATE
F 309	administration of m documentation indinandout contained which may indicate pain assessment hadmission and qua Narcotic administra adverse reactions,	edication with additional cating the effectiveness. The a list of non verbal signs that the resident is in pain. A as been added to our rterly assessments as well. tion, side effects, potential and symptoms of abrupt vered by a representative	F	309			
F9999	e) All resident shall often as necessary care. (Medicare/Mevisits.) Section 300.1210 Conversing and personal The facility must and services to attapracticable physical well-being of the releach resident's conversion.	Medical Care Policies be seen by their physician as to assure adequate health edicaid requires certification General Requirements for	F99	999			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) M A. BUI		(X3) DATE SU COMPLE	DATE SURVEY COMPLETED	
		145919	B. WIN			C 01/27/2006	
NAME OF PROVIDER OR SUPPLIER SPRINGWOOD NURSING & REHAB			.	1	REET ADDRESS, CITY, STATE, ZIP CODE 920 NORTH MAIN STREET ROCKFORD, IL 61103	, , , , , , ,	
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F9999	to each resident to personal care need b) General nursing minimum the follow a 24-hour, seven da 1) Medications incluintravenous and intadministered. 2) All treatments an administered as ord Section 300.3210 Ca) No resident shall benefits, or privilegion their status as a 2-101 of the Act) Section 300.3220 Merogram f) All medical treatmadministered as ord physician orders shall facility's Director of designee within 24 been issued to assis such orders. (Section Based on interview failed to provide senter appointment to preservative free Mintrathecal medicatirequired this medical	ersonal care shall be provided meet the total nursing and s of the resident. care shall include at a ing and shall be practiced on ay a week basis: uding oral, rectal, hypodermic, ramuscular shall be properly ad procedures shall be dered by the physician.	F99	999			

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		145919	B. WIN			C 01/27/2006		
NAME OF PROVIDER OR SUPPLIER SPRINGWOOD NURSING & REHAB			l	1	REET ADDRESS, CITY, STATE, ZIP CODE 1920 NORTH MAIN STREET ROCKFORD, IL 61103	, , , , , , ,		
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The TROCKLINE TR	his is for 1 of 10 rearcotic medication he findings include this hospital history ocumented diagnor congestive Heart F chronic Back Pain Veakness, Cervica aminectomy. The ated 12/27/05 for I coluding Hypoglyce betoarthritis. he nurses notes desident Services I regarding appointmented R1 upser easons given to R2 ffice. R1 signed he dvice (AMA)" on 1/20/06 at 11:05 lurse - LPN) stated hursday. We had ad a pain pump. F hursday at a pain he information was nything under Med I'm told all office we nder Medicare A, s nything for resider -rays go to admini	pointment at the pain clinic on 1 is in their care. esidents receiving scheduled for pain management (R1).	F99	999				

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		145919	B. WIN			C 01/27/2006		
NAME OF PROVIDER OR SUPPLIER SPRINGWOOD NURSING & REHAB				1	REET ADDRESS, CITY, STATE, ZIP CODE 920 NORTH MAIN STREET ROCKFORD, IL 61103	01721	772000	
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F9999	not cost effective. Ithat we could not ke upset and called the and E2 talked to the AMA." On 1/20/06 at 11:30 stated, "At first we we pump. The next this appointment. E2 a pain pump and appedid not believe it was treatment. I did not 1 was asked what is replied, "We are residents need room and board, moduled an appedid not believe it was treatment. I did not 1 was asked what is replied, "We are residents need room and board, moduled and the struggling at home herself. I know R1 R1 had a lot of chrowing the struggling at home herself. I know R1 R1 had a lot of chrowing the struggling at home herself. I know R1 R1 had a lot of chrowing the struggling at home herself. I know R1 R1 had a lot of chrowing the struggling at home herself. I know R1 R1 had a lot of chrowing the struggling at home herself. I know R1 R1 had a lot of chrowing the struggling at home herself. I know R1 R1 had a lot of chrowing the struggling at home herself. I know R1 R1 had a lot of chrowing the struggling at home herself. I know R1 R1 had a lot of chrowing the struggling at home herself. I know R1 R1 had a lot of chrowing the struggling at home herself. I know R1 R1 had a lot of chrowing the struggling at home herself. I know R1 R1 had a lot of chrowing the struggling at home herself. I know R1 R1 had a lot of chrowing the struggling at home herself. I know R1 R1 had a lot of chrowing the struggling at home herself. I know R1 R1 had a lot of chrowing the struggling at home herself. I know R1 R1 had a lot of chrowing the struggling at home herself. I know R1 R1 had a lot of chrowing the struggling at home herself. I know R1 R1 had a lot of chrowing the struggling at home herself. I know R1 R1 had a lot of chrowing the struggling at home herself. I know R1 R1 had a lot of chrowing the struggling at home herself. I know R1 R1 had a lot of chrowing the struggling at home herself. I know R1 R1 had a lot of chrowing the struggling at home herself. I know R1 R1 had a lot of chrowing the struggling the herself had a lot of chrowing the struggling	s appointment because it is told R1 that I had instructions eep the appointment. R1 was e pain clinic doctor. After R1 e doctors office, R1 signed out to doctors of R1 (Administrator) were not aware R1 had a pain of R1 had a doctors of R1 had effective." Eas part of R1's Medicare A think it was cost effective. Eas covered by Medicare A. E1 sponsible for everything that while they are here such as edications and supplies." Bam, E2 (RSD) stated, "R1 argency room (ER). R1 was and was unable to care for had a lot of issues with pain. Onic problems. The day before time I had heard she had a mp. The doctors office intment to get it filled." E2 told R1 that it would not be we the pain medication pump We were under the assumption ensive from the pain of R1 herself." E2 was asked sidered refusing someone	F99	999				

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		145919	B. WI				7 /2006	
NAME OF PROVIDER OR SUPPLIER SPRINGWOOD NURSING & REHAB			•	19	EET ADDRESS, CITY, STATE, ZIP CODE 920 NORTH MAIN STREET OCKFORD, IL 61103			
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F9999	laminectomy. R1 a Physical Examinati alert and oriented ti noted on the right fl discharge transfer fl 12/21/05 for R1 sho Obesity and a secon Severe Strain. On 1/24/05 at 2:15 Services) reviewed from the facility's ch 3 stated, "I faxed the Z3 then pointed to printed in the upper The date was 12/2. The nurses notes of she arrived at the factor of the physician prog 1 showed, "Assess will continue with the Oxycodone and the The nurses note da Noted, internal pair. On 1/20/06 at 1:15 read the charts whe have a lot in her ch go back and look. of the time. As a numedication (pain pugo into withdrawal. 1."	also had a pain pump placed. On: General: The patient is times three Pain pump was ank of R1" The patient form from the hospital dated owed a primary diagnosis of chronic Om Z3 (Hospital Social the hospital H&P (obtained that for R1) dated 11/21/05. Zotat to them (E1) from the ER." the date and time that was releft hand corner of the H&P. 1/05 at 3:29pm. Lated 12/21/05 for R1 showed acility at 6:00pm. Tress note dated 12/27/05 for R ment/Plan: Chronic Pain. We are same medications,	F9:	999				

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NAME OF PROVIDER OR SUPPLIER SPRINGWOOD NURSING & REHAB			ı	19	EET ADDRESS, CITY, STATE, ZIP CODE 920 NORTH MAIN STREET OCKFORD, IL 61103			
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F9999	RN for the pain man R1's pump contained appointment to refill could not locate he there would only be a very small amour related to this and in problems. R1 had was receiving 6.4m synchronized pain the spinal column). The spinal column was receiving on a daily go serious withdrawal nausea, vomiting an giving the amount of receiving on a daily go days. After 90 columns break down and is considered by the spinal column of the spinal column of the spinal column. The spinal column of the spi	nagement physician) stated, " ed Morphine. R1 had an I the pump on 12/28/05. We r until 1/11/06. On that date e 2ml left in the pump. This is at. The concern that I had was R1's multiple medical chronic long term pain and g per day of morphine (via a cump with a catheter placed in With all of R1's physical ing on she would have had symptoms to include: d diarrhea. The kind of pump of medication R1 was basis should be refilled every lays the medication starts to no longer effective." om, Z4 (Hospital Clinical mbulatory Care Center) ation pump is placed internally that goes intrathecally. A ccess the pump and fill it. It is ients with failed back patients. These patients ause it is intrathecal so they centrated dose. The amount ed orally to treat these er treat their pain. They have is actual harm to the patient if the pain medication." 106 at 3:05pm, Z1 (Pain cian) stated, "If the pump is ent will have a severe lates. In R1's situation she ingoing medical problems and	F99	999				

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1, ,	(X2) MULTIPLE CONSTRUCTION A. BUILDING		(X3) DATE SURVEY COMPLETED	
	145919			B. WING			7 /2006
NAME OF PROVIDER OR SUPPLIER SPRINGWOOD NURSING & REHAB				19	EET ADDRESS, CITY, STATE, ZIP CODE 920 NORTH MAIN STREET COCKFORD, IL 61103		
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F9999	withdrawal could be used as a salvage nothing else works. pain management. pain signals are blo a physician calls ar to be filled then it he facility) have a patie	e life threatening. The pump is device, to control pain when It is a more effective form of It has less side effects. The ocked at the spinal column. If no explains that the pump has as to be done. Once they (the cent in their care they need to ssary for their care. This was	F99	999			