

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 04/25/2010
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 145937	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 11/25/2009
NAME OF PROVIDER OR SUPPLIER FAIRVIEW NURSING PLAZA			STREET ADDRESS, CITY, STATE, ZIP CODE 321 ARNOLD AVENUE ROCKFORD, IL 61108		
(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) COMPLETION DATE	
F 441	Continued From page 32	F 441			
F9999	<p>6. After handling used dressings, specimen containers, contaminated tissues, and linen.</p> <p>9. After removing gloves.</p> <p>FINAL OBSERVATIONS</p> <p>LICENSURE VIOLATIONS</p> <p>300.1210a) 300.1210b)6) 300.1220b)3) 300.3240a) 300.3240b) 300.3240d) 300.3240f)</p> <p>Section 300.1210 General Requirements for Nursing and Personal Care</p> <p>a) The facility must 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 assessment and plan of care. 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.</p> <p>b) General nursing care shall include at a minimum the following and shall be practiced on a 24-hour, seven day a week basis:</p> <p>6) All necessary precautions shall be taken to assure that the residents' environment remains as free of accident hazards as possible. All nursing personnel shall evaluate residents to see that each resident receives adequate supervision and assistance to prevent accidents.</p>	F9999			

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 04/25/2010
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 145937	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 11/25/2009
NAME OF PROVIDER OR SUPPLIER FAIRVIEW NURSING PLAZA			STREET ADDRESS, CITY, STATE, ZIP CODE 321 ARNOLD AVENUE ROCKFORD, IL 61108		
(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) COMPLETION DATE	
F9999	<p>Continued From page 33</p> <p>Section 300.1220 Supervision of Nursing Services</p> <p>b) The DON shall supervise and oversee the nursing services of the facility, including:</p> <p>3) Developing an up-to-date resident care plan for each resident based on the resident's comprehensive assessment, individual needs and goals to be accomplished, physician's orders, and personal care and nursing needs. Personnel, representing other services such as nursing, activities, dietary, and such other modalities as are ordered by the physician, shall be involved in the preparation of the resident care plan. The plan shall be in writing and shall be reviewed and modified in keeping with the care needed as indicated by the resident's condition. The plan shall be reviewed at least every three months.</p> <p>Section 300.3240 Abuse and Neglect</p> <p>a) An owner, licensee, administrator, employee or agent of a facility shall not abuse or neglect a resident. (Section 2-107 of the Act)</p> <p>b) A facility employee or agent who becomes aware of abuse or neglect of a resident shall immediately report the matter to the facility administrator. (Section 3-610 of the Act)</p> <p>d) A facility administrator, employee, or agent who becomes aware of abuse or neglect of a resident shall also report the matter to the Department. (Section 3-610 of the Act)</p> <p>f) Resident as perpetrator of abuse. When an investigation of a report of suspected abuse of a resident indicates, based upon credible evidence,</p>	F9999			

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 04/25/2010
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 145937	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 11/25/2009
NAME OF PROVIDER OR SUPPLIER FAIRVIEW NURSING PLAZA			STREET ADDRESS, CITY, STATE, ZIP CODE 321 ARNOLD AVENUE ROCKFORD, IL 61108		
(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) COMPLETION DATE	
F9999	<p>Continued From page 34</p> <p>that another resident of the long-term care facility is the perpetrator of the abuse, that resident's condition shall be immediately evaluated to determine the most suitable therapy and placement for the resident, considering the safety of that resident as well as the safety of other residents and employees of the facility. (Section 3-612 of the Act)</p> <p>These requirements are not met as evidenced by:</p> <p>Based on interview and record review the facility failed to protect R7 from R8's ongoing sexual harassment by not separating R8 from contact with R7. The facility failed to develop a plan to monitor the behaviors between R7 and R8. R8 had known behaviors included repeatedly entering R7's room uninvited, and making sexually oriented comments to R7. R8 would sit next to R7 in common areas and harass him. On 11/3/09 R8 grabbed R7's buttocks and pushed his fingers into R7's anus. R7 was afraid that R8 would continue unwanted physical contact, and unwanted sexual comments toward him.</p> <p>Findings include:</p> <p>1. R7's November, 2009 Physician's Order Sheet documents that R7's diagnoses include Major Depression Disorder with Suicidal Ideations, and History of Panic Attacks.</p> <p>R7's Minimum Data Set (MDS) of 10/23/09 documents R7 had no short or long term memory problems. R7 had modified independence for cognitive skills for daily decision making.</p> <p>On 11/4/09 at 1:20 PM, R7 reported to the</p>	F9999			

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 04/25/2010
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 145937	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 11/25/2009
NAME OF PROVIDER OR SUPPLIER FAIRVIEW NURSING PLAZA			STREET ADDRESS, CITY, STATE, ZIP CODE 321 ARNOLD AVENUE ROCKFORD, IL 61108		
(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) COMPLETION DATE	
F9999	<p>Continued From page 35</p> <p>surveyor that he had been assaulted by R8. R7 said on 11/3/09, while he was standing, leaning on the nursing station, " R8 came up behind me and stuck his fingers in my buttocks." R7 said, "He keeps messing with me. I told the staff. I told everyone, we both live on the second floor. They won't keep him away from me, he sat beside me today in the smoking room."</p> <p>R7 submitted a written journal on 11/9/09 to the surveyor. The statement reads as follows: Today, November 3rd, R8 entered my room at 2:00 AM. He was walking around my bed. I yelled for him to get out, by the time the staff showed up and he left. I couldn't sleep the rest of the night. The same day at 9:30 AM, I was standing by the nursing station when R8 walked up behind me, entered 2 fingers in my buttocks and started moving his fingers up and down toward my anus. I was in shock and asked R15, who was standing next to me if he saw that, and he replied "yes." After getting over the initial shock I realized that I had become a victim of a sex crime. I felt completely violated and wanted to throw up. I went to E14 (Admissions Director) and he stated to me they didn't want to get involved, E14 did say "Sorry Buddy" and I went on my way. My only recourse was to call the police. The officer took my statement along with R15's. The officer advised me that the incident would be further investigated to see if R8 would be arrested. The officer talked to R8 and told him to stay away from me. A police report document case number # 09152134, dated 11/3/09 was reviewed. The same report shows the incident as " Criminal Sexual Assault."</p> <p>On 11/9/09 at 9:30 AM, R7 was interviewed and said that R8 was taken out of the facility, and said</p>	F9999			

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 04/25/2010
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 145937	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 11/25/2009
NAME OF PROVIDER OR SUPPLIER FAIRVIEW NURSING PLAZA			STREET ADDRESS, CITY, STATE, ZIP CODE 321 ARNOLD AVENUE ROCKFORD, IL 61108		
(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) COMPLETION DATE	
F9999	<p>Continued From page 36</p> <p>"I am scared if he comes back." R7 said that E1 had spoke to him and asked him what he told the state. R7 said that E1 began the conversation by telling him they had not received his social security payment. R7 said he was afraid he was going to get thrown out.</p> <p>On Wednesday, November 4, the very next morning, R8 sat next to me. I told R8 to get away from me and he did. I then went to E14 and asked him if he had a few minutes to talk and he said "no."</p> <p>Three days after the incident R8 was escorted out of the facility by police for making sexual comments and a claim of theft.</p> <p>On November 5, 2009 I told E5 (Psycho/Social Director) that I was scared. (End of R7's journal entries related to R8).</p> <p>E9's (Case Worker) progress notes for 11/4/09 documents the following: This morning R7 came into the office and was visibly upset. R7 said that he tried to talk with other staff but they all said they were too busy and didn't have time to talk. R7 said that there was an incident yesterday when another resident (R8) put his fingers on his butt and made sexual comments to him. R7 called the police and pressed charges against R8. The police told R8 to stay away from R7 and if he bothered him again they would arrest him. Today R8 sat right next to R7 during smoke break and R7 told him to move. R8 was making sexual gestures to R7 about "blowing." R7 is very upset and feels that R8 will touch him again. R7 made the comment that he felt violated several times during our conversation and looked as if he might cry. I informed E5 (Psycho/Social Director)</p>	F9999			

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 04/25/2010
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 145937	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 11/25/2009
NAME OF PROVIDER OR SUPPLIER FAIRVIEW NURSING PLAZA			STREET ADDRESS, CITY, STATE, ZIP CODE 321 ARNOLD AVENUE ROCKFORD, IL 61108		
(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) COMPLETION DATE	
F9999	<p>Continued From page 37</p> <p>E9 (Case Worker) was interviewed on 11/5/09 at 12:53 PM. E9 said that she had spoken to R7 the day before (11/4) and he was upset. I know the police were called, I did not see any documentation on his chart. I knew this was very serious. R7 told me "I feel violated, like he's going to come up to me and do it again, he was in tears." E9 said that R7 and R8 have been in altercations before. E9 said that R7 had reported several times that R8 kept going into his room.</p> <p>The progress note dated 9/27/09 written by E9 documents that a physical altercation occurred between R7 and R8. The same note documents that R8 was entering R7s room uninvited. This event resulted in R7 hitting R8 and R8 attempting to kick R7.</p> <p>R7 was interviewed on 11/4/09 at 1:20 PM. R7 said that "R8 is always going in my room late at night. We live on the same floor. They (staff) won't keep him away from me."</p> <p>R7's Comprehensive Interdisciplinary Care Plan 10/23/09) shows the short term goal of "R7 will be more independent and move out on his own again." A twelve month goal on the same plan shows "R7 will continue to attend Psycho Social groups and take the steps towards discharge and remain free from abuse/neglect." The same document shows it is written by E9. (Psycho/Social)</p> <p>Page 2 of the same care plan shows under item 8 of Staff Interventions/Approaches: R7 often feels that staff ignore his needs and concerns. When R7 brings his needs/concerns to staff, address them quickly or keep him updated on the progress you have made regarding those needs/ concerns. (i.e who you have spoken with, if you passed it on to a manager).</p>	F9999			

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 04/25/2010
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 145937	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 11/25/2009
NAME OF PROVIDER OR SUPPLIER FAIRVIEW NURSING PLAZA			STREET ADDRESS, CITY, STATE, ZIP CODE 321 ARNOLD AVENUE ROCKFORD, IL 61108		
(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) COMPLETION DATE	
F9999	<p>Continued From page 38</p> <p>R7's entire current care plan was reviewed. The plans do not identify that R7 was having problems with R8. There are no approaches for how the staff will monitor and protect R7 from R8's unwanted sexual comments, or how staff will keep R8 from entering R7's room uninvited. There are no approaches to assist R7 in coping with his feelings of being violated by R8 on 11/3/09. (unwanted sexual contact.)</p> <p>R8's MDS assessment (Admission) dated 9/8/09 documents that R8 had no short or long term memory impairment. The same assessment showed that R8 was independent in cognitive skills for daily decision making.</p> <p>A Social Service Note, dated 11/4/09 shows "spoke with R8 to reiterate the severity of what is going on and encouraged him to stop making comments towards residents. R8 did not want to discuss the situation."</p> <p>R8's Comprehensive Interdisciplinary Care Plan dated 9/9/09 documents "encourage R8 to socialize with other residents in an appropriate manner instead of intimidating them, asking them for cigarettes or going into their rooms without permission."</p> <p>R8's entire current care plan was reviewed and does not identify any behaviors of inappropriate sexual comments made to R7. R8's care plan shows no approaches for how his behavior will be monitored, or how staff will keep R8 from sexually harassing R7.</p> <p>R8 was interviewed on 11/4/09 at 2:50 PM. R8 was asked if he put his fingers into R7's butt. R8 said "Are you here to press charges? I was just</p>	F9999			

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 04/25/2010
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 145937	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 11/25/2009
NAME OF PROVIDER OR SUPPLIER FAIRVIEW NURSING PLAZA			STREET ADDRESS, CITY, STATE, ZIP CODE 321 ARNOLD AVENUE ROCKFORD, IL 61108		
(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) COMPLETION DATE	
F9999	<p>Continued From page 39</p> <p>joking with him, and he took it the wrong way. I was acting stupid, I shouldn't have done it." R8 said that R7 sits out in the lobby area on 2nd floor at night time. R8 said that R7 looks like he will kill someone. He (R7) is in here because he murdered someone." R8 then approached E1 Administrator, who was near second floor nursing station and said " What's going on, are they going to press charges against me?"</p> <p>R15 was interviewed on 11/9/09 at 9:55 AM. R15 said that he was standing at the nursing station with R7 when R8 grabbed his butt. R15 said that R7 went straight from the station and reported it to staff, but they did not do anything. R15 said that R8 was threatening R7, and was always going into his room. R15 said that R7 told E1, Administrator about the incident. R15 said that E1 spoke to him (R15) about 4-5 days after the incident. I told E1 that R8 grabbed his butt. R15 said "R7 called the police and everything and they still did nothing. I told E1 the same thing I am telling you. R15 said that R7 talked to him about it and was upset."</p> <p>On 11/4/09 at 9:00 AM, E2 Director of Nursing (DON) was interviewed. E2 said that E5 is the facility Abuse Coordinator and that she would be the one to deal with any resident to resident abuse situations.</p> <p>On 11/5/09 at 1:00 PM, E5 (Psycho/Social Director) was interviewed. E5 said that R7 put a note under her door that said "how would you like it if someone were ransacking your home?" E5 said I told R7 if someone is stealing you should call the police. R7 just now said that R8 put a finger up my butt hole and wiggled it around. I told him "If you are going to call the police, let us</p>	F9999			

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 04/25/2010
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 145937	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 11/25/2009
NAME OF PROVIDER OR SUPPLIER FAIRVIEW NURSING PLAZA			STREET ADDRESS, CITY, STATE, ZIP CODE 321 ARNOLD AVENUE ROCKFORD, IL 61108		
(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) COMPLETION DATE	
F9999	<p>Continued From page 40</p> <p>know. R7 went into E14's office and called the police." E5 said that she did not report R7's allegation to anyone. E5 said that she "thought there may be a grain of truth" in R7's allegation. E5 said that she did not document R7's allegation regarding R8. E5 said that the allegation R7 reported would meet the definition of sexual abuse and "I assume it would require an investigation." E5 said she did not know if any investigation had been conducted, "I know they talked to the people who were around and they say that R8 "tapped" R7 on the butt. E5 said that E9 told her that R8 was still making inappropriate comments to R7 after the incident. E5 said that R7 was wearing loose fitting jogging pants at the time R8 allegedly pushed his fingers up R7's butt.</p> <p>A Social Work Services Progress Note dated 11/3/09 written by E17 (psych/social) shows that she was informed that R8 had been "sexually inappropriate with another resident." The same note shows an entry by E17 on 11/4/09 that documents R8 is continuing to make inappropriate comments toward residents.</p> <p>E1 (Administrator) was interviewed on 11/4/09 at 1:00 PM. E1 said that R8 denied touching R7's butt. E1 said that when he interviewed R7 he just said that "R8 looks at him as if he wants to start a fight." E1 said "I was not aware that R8 was bothering R7 yesterday. The police did not leave a report. I did not notify the Department of Public Health. E1 said that R7 called the police and they said there was nothing they could do. I made a note of it and told R8 to respect R7's personal space. R7 said that R8 grabbed his butt, when I interviewed R15, he said that R8 didn't grab his butt, just tapped it." E1 said that R7 is probably upset because he is not back in the community</p>	F9999			

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 04/25/2010
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 145937	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 11/25/2009
NAME OF PROVIDER OR SUPPLIER FAIRVIEW NURSING PLAZA			STREET ADDRESS, CITY, STATE, ZIP CODE 321 ARNOLD AVENUE ROCKFORD, IL 61108		
(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) COMPLETION DATE	
F9999	<p>Continued From page 41 yet, and 4 other residents who came in when he did, already are.</p> <p>E6, Licensed Practical Nurse (LPN) was interviewed on 11/5/09 at 12:35 PM. E6 said that she had heard something about R7 and R8. "I heard that R7 and R8 had a confrontation, because R8 poked or grabbed R7's bottom. E5 was involved, but I am not sure of the outcome."</p> <p>According to the facility's Abuse Prevention Program Policy:</p> <p>Page 1 of 2) Sexual Abuse includes, but is not limited to, sexual harassment, sexual coercion, or sexual assault.</p> <p>Page 2A of 2 under section III. Establishing a Resident Sensitive Environment shows under Resident Assessment, "As part of the resident social history assessment, staff will identify residents with increased vulnerability for abuse or who have needs and behaviors that might lead to conflict. Through the care planning process, staff will identify any problems, goals, and approaches, which would reduce the chances of mistreatment for these residents. Staff will continue to monitor the goals and approaches on a regular basis."</p> <p>V. Residents who allegedly mistreated another resident will be removed from contact with that resident during the course of the investigation. The accused resident's condition shall be immediately evaluated to determine the most suitable therapy, care approaches, and placement considering his or her safety, as well as the safety of other resident and employees of the facility.</p>	F9999			

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 04/25/2010
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 145937	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 11/25/2009
NAME OF PROVIDER OR SUPPLIER FAIRVIEW NURSING PLAZA			STREET ADDRESS, CITY, STATE, ZIP CODE 321 ARNOLD AVENUE ROCKFORD, IL 61108		
(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) COMPLETION DATE	
F9999	Continued From page 42 E1 Administrator was interviewed on 11/4/09 at 2:00 PM and stated that only the witness was interviewed (R15). E1 said, "we have residents antagonizing other residents on a daily basis." A final investigation report was received on 11/6/09 which shows the following: "Based upon the facility's investigation, the allegation cannot be substantiated. Witness statements support R8's statement that both residents were clothed and no skin to skin contact occurred." (A)	F9999			