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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MUL	TIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
THE PERIOD CONTROL		IDENTIFICATION NOMBER.	A. BUILDING		OOMI EETEB	
		145269	B. WING _		08/18	8/2010
NAME OF PROVIDER OR SUPPLIER HOPE CREEK CARE CENTER				REET ADDRESS, CITY, STATE, ZIP CODE 4343 KENNEDY DRIVE EAST MOLINE, IL 61244		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORREC' (EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APPR DEFICIENCY)	JLD BE	(X5) COMPLETION DATE
F 441	9:17am. Z1, (Certifit touched R27's show hands. Z1 then tou face, therapy work adjusted R27's oxy without washing he hand sanitizer. Z1 touched R40's glas Z2, (Certified Occu ungloved hands, to splint and fingers. hands, or use antime then touched two the and opened three of department multi-resupplies searching adjust/reinforce R2 then touched R25 of wheelchair. Z2 tou in the therapy department knows Contact Isolation by Oh yes (R27) is on R27 and R27's oxy (R40) and (R25). I hands." On 8-12-2010 at 11 "The facility contract therapy knows if a Isolation. I'll find output find the search of the s	ritimicrobial hand sanitizer. At led Occupational Therapist) alder twice, with ungloved inched a pen, paper, her hair, station counter, and then gen tubing and nasal cannular hands or using antimicrobial then shook R40's hand and ses case. At 9:25am. Z1 and pational Therapist)s, with unched R27's right hand/arm Z1 and Z2 did not wash their nicrobial hand sanitizer. Z1 herapy work station counters drawers containing therapy esident use equipment and for (type of material) to 7's right hand/arm splint. Z1 on the arm and R25's ched other work surface areas ritment. Pational Therapist) on m. stated, "The Therapy which residents are on y the daily therapy schedule. Contact Isolation. I did touch gen tubing and did touch should have washed my 1:20am. E2, (DON) stated, cts therapy." I don't know how resident is on Contact ut."	F 44°			
F9999	FINAL OBSERVAT		F9999			

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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING			(X3) DATE SURVEY COMPLETED	
		145269	B. WIN	IG _		08/18	3/2010
NAME OF PROVIDER OR SUPPLIER HOPE CREEK CARE CENTER			•	4	REET ADDRESS, CITY, STATE, ZIP CODE 343 KENNEDY DRIVE EAST MOLINE, IL 61244		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES 'MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFI TAG		PROVIDER'S PLAN OF CORREC' (EACH CORRECTIVE ACTION SHOI CROSS-REFERENCED TO THE APPR DEFICIENCY)	JLD BE	(X5) COMPLETION DATE
F9999	Continued From pa	ge 44	F99	999			
	300.1210a) 300.1210b)4) 300.3240a						
	Section 300.1210 C Nursing and Person	General Requirements for nal Care					
	and services to atta practicable physica well-being of the re each resident's con plan of care. Adequ nursing care and pe	provide the necessary care in or maintain the highest I, mental, and psychological sident, in accordance with aprehensive assessment and late and properly supervised ersonal care shall be provided meet the total nursing and s of the resident.					
	minimum the follow a 24-hour, seven da	all be provided on a 24-hour,					
		Abuse and Neglect ee, administrator, employee shall not neglect a resident.					
	These regulations a the following:	are not met, as evidenced by					
	review, the facility f situation for one of 27, who receives da was the subject of i	on, interview and record ailed to identify an abusive one residents in a sample of aily spousal visits (R24). R24 repeated mental abuse which cal abuse on 8/2/10 by R24's					

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING			(X3) DATE SURVEY COMPLETED	
		145269	B. WIN	IG _		08/18	8/2010
NAME OF PROVIDER OR SUPPLIER HOPE CREEK CARE CENTER			·	4	REET ADDRESS, CITY, STATE, ZIP CODE 343 KENNEDY DRIVE EAST MOLINE, IL 61244	,	3,20.0
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFI TAG		PROVIDER'S PLAN OF CORREC' (EACH CORRECTIVE ACTION SHOI CROSS-REFERENCED TO THE APPR DEFICIENCY)	ULD BE	(X5) COMPLETION DATE
F9999	Findings include: An incident report fon 8/2/10 and complication indicated (Physical Therapy husband hit R24 or of his hand. The rewas upset because participate in therapintervened, calmed to come back for the The report stated the incident by E14 verified that R24's husb before, but has been before." R24 also to very frustrated because therapy. The report also star husband about the that time. E3 offere he was under stresproblems, but he decented by the decented by the state of	orwarded to the State Agency pleted by E3 (Social Service that earlier that morning, E14 Assistant) witnessed R24's in the left cheek with the back port stated that R24's husband a R24 was refusing to by. The report stated that E14 both individuals, and agreed erapy later. That E3, after being informed of an interviewed R24, who husband did in fact hit R24 on the morning. R24 informed and had never done that en "verbally kind of rough bold E3 that R24's husband is ause R24 does not want to do ted that E3 talked with R24's matter, which he denied at d counseling to him, because s with R24's recent medical	F99	999			

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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING			COMPLETED	
		145269	B. WIN	IG _		08/18	8/2010
NAME OF PROVIDER OR SUPPLIER HOPE CREEK CARE CENTER			•	4	REET ADDRESS, CITY, STATE, ZIP CODE 1343 KENNEDY DRIVE EAST MOLINE, IL 61244		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES 'MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFI TAG		PROVIDER'S PLAN OF CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPR DEFICIENCY)	JLD BE	(X5) COMPLETION DATE
F9999	then told E14, "See said that at that point the left cheek with that E14 then calmed to get R24's husbard then felt sick to her emesis basin for he emesis and then caroom, which was urinform the charge in nurse was caring for time, so E14 then who service Director) who was the first time R although he had be at times. E3 said Raito the husband about did, he just denied to offer of counseling. E3 stated on 8/10/1 (Psychologist) met Z6 reported to E3 and husband to be "ove E3 further added that R24's husband, the the therapy room, as the said that R24's husband, the the therapy room, as the said that R24's husband, the the therapy room, as the said that R24's husband, the the therapy room, as the said that R24's husband, the the therapy room, as the said that R24's husband, the the therapy room, as the said that R24's husband, the therapy room, as the said that R24's husband, the therapy room, as the said that R24's husband, the therapy room, as the said that R24's husband, the therapy room, as the said that R24's husband, the therapy room, as the said that R24's husband, the therapy room, as the said that R24's husband, the therapy room, as the said that R24's husband, the therapy room, as the said that R24's husband, the therapy room, as the said that R24's husband, the therapy room, as the said that R24's husband, the therapy room, as the said that R24's husband, the therapy room, as the said that R24's husband, the therapy room, as the said that R24's husband, the therapy room, as the said that R24's husband, the therapy room, as the said that R24's husband, the the therapy room, as the said that R24's husband, the the therapy room, as the said that R24's husband, the the therapy room, as the said that R24's husband, the the therapy room, as the said that R24's husband, the the therapy room, as the said that R24's husband, the the therapy room, as the said that R24's husband, the the therapy room, as the said that R24's husband, the the therapy room, as the said that R24's husband, the the therapy room, as t	what I have to deal with." E14 mt, R24's husband hit R24 on the back of his hand. E14 said ed the two down and was able and to step away. E14 said R24 stomach, so E14 grabbed the er. E14 said R24 never had an almed down, so E14 left the nattended by other staff, to the staff and the charge or another resident at that went directly to E3 (Social	F99	999			

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

OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA		IULTI	IPLE CONSTRUCTION	(X3) DATE SURVEY	
CORRECTION	IDENTIFICATION NUMBER:	A. BUILDING		IG	COMPLETED	
	145269	B. WIN	NG _		08/18	8/2010
NAME OF PROVIDER OR SUPPLIER HOPE CREEK CARE CENTER			4	343 KENNEDY DRIVE		
(EACH DEFICIENCY	MUST BE PRECEDED BY FULL			(EACH CORRECTIVE ACTION SHOU	JLD BE	(X5) COMPLETION DATE
Continued From pa	ge 47	F99	999			
8/6/10 indicated that R24's anxiety level rehabilitation, and Fincreasingly frustratindicated that R24 is and that R24 is and that R24 is and stated that during Zhusband tried to "tahusband to leave. TR24's husband was later, the husband a literally "in her (R24 report further stated of tears" at that poin	at R24 was seen because was interfering with R24's husband had become ted with R24. The report is dependent on the husband, anxious person. The report 6's meeting with R24, the like over," so Z6 asked the The report stated that after invited back in the room again "took over" and was believed that R24 was "on the verge at, and that the husband put					
presence of a staff enough to deter the "overbearing" beha not believe is offens statement of the report the two at times alternative. R24's clinical recording indicated that R24 on 5/28/10 and last diagnoses of Type (Below the Knee Ar History of Peptic UI Vascular Disease, a care plan dated 6/1 was first admitted, I	member or Z6 himself was not husband from his vior, which the husband does sive or wrong. The final port indicated that separation would probably be the best difface sheet dated 8/11/10 was first admitted to the facility re-admitted on 7/28/10 with I Diabetes, Unilateral BKA imputation), Toe Amputation, cer Disease, Peripheral among others. R24's original 6/10 indicated that when R24 R24 had pain related to a					
	SUMMARY STA (EACH DEFICIENCY REGULATORY OR LS Continued From pa Z6's Psychological 8/6/10 indicated that R24's anxiety level rehabilitation, and F increasingly frustrati indicated that R24 i and that R24 is an a stated that during Z husband tried to "ta husband to leave. T R24's husband was later, the husband a literally "in her (R24 report further stated of tears" at that poin his hand on her hea a child." Z6's report conclude presence of a staff enough to deter the "overbearing" beha not believe is offens statement of the rep of the two at times of alternative. 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The report further stated that R24 was "on the verge of tears" at that point, and that the husband put his hand on her head, "like a parent might do with a child." Z6's report concluded with the analysis that the presence of a staff member or Z6 himself was not enough to deter the husband from his "overbearing" behavior, which the husband does not believe is offensive or wrong. The final statement of the report indicated that separation of the two at times would probably be the best	TAGENTIAL SUPPLIER SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) PREF TAGEN COntinued From page 47 F98 Z6's Psychological Consultation report dated 8/6/10 indicated that R24 was seen because R24's anxiety level was interfering with rehabilitation, and R24's husband had become increasingly frustrated with R24. The report indicated that R24 is dependent on the husband, and that R24 is an anxious person. 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DEPARTMENT OF HEALTH AND HUMAN SERVICES CENTERS FOR MEDICARE & MEDICAID SERVICES

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	A. BUILE		IPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
		145269	B. WIN	1G _		08/1	8/2010
NAME OF PROVIDER OR SUPPLIER HOPE CREEK CARE CENTER			•	4	REET ADDRESS, CITY, STATE, ZIP CODE 1343 KENNEDY DRIVE EAST MOLINE, IL 61244		
(X4) ID PREFIX TAG			ID PREF TAG	REFIX (EACH CORRECTIVE ACTION		OULD BE	(X5) COMPLETION DATE
F9999	care plans indicated Vicodin was the prepain. Nurse E16 stated of E16's assessment and R24's husband "very controlling" of time while E16 was lower leg stump, aff hospital for the righ apparent reason. Ewhat was wrong, by would not answer. I asked R24 if R24 with stated, "He won't le R24's husband. E1 said, "No Doll, they stated that she ther E16 stated that R24 the past, while E16 medication to R24, Doll?" E16 also add weeks ago (after R1 hospital for the BK4 pressure was high. started complaining on that occasion, R1 "berating" R24 becan husband's question causing R24 to star husband said to R2 chest hurt. Are you	d to a recent right BKA. The d that administration of escribed intervention for the scribed intervention for the the situation between R24 was that the husband was ver R24. E16 said that one doing a treatment to R24's ter the last admission from the table BKA, R24 was tearful for no 16 stated that E16 asked R24 at that R24 looked at E16 and E16 stated that when E16 vanted an "anxiety pill," R24 tame," while pointing toward stated that the husband then have been approved." E16 and E16 said R24 one of the pills. It's husband has said to R24 in was passing a pain "Do you really need one, sed that one day about two 24 came back from the a surgery), R24's blood E16 said R24 panicked and of chest pain. E16 stated that 24's husband started ause R24 did not feel well. The "overwhelmed" with all the sand badgering at R24, to crying. E16 reported that the 4, "You didn't tell me your sure?" E16 said that after E16 ance, R24's husband seemed	F99	999			

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

STATEMENT OF DEFICIENCIES (X AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	A. BUILDING			COMPLETED	
		145269	B. WIN	IG _		08/18	8/2010
NAME OF PROVIDER OR SUPPLIER HOPE CREEK CARE CENTER			•	43	REET ADDRESS, CITY, STATE, ZIP CODE 343 KENNEDY DRIVE AST MOLINE, IL 61244	•	
(X4) ID PREFIX TAG	(EACH DEFICIENC)	TEMENT OF DEFICIENCIES / MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFI TAG		PROVIDER'S PLAN OF CORREC (EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APPR DEFICIENCY)	ULD BE	(X5) COMPLETION DATE
F9999	has tried to transfer before R24's BKA stried to transfer before R24's BKA stried this, causing bleedid R24's right toes had that E16 and E3 had husband in the passishmself. Nurse E15 stated of E15 has observed "overbearing." E15 answers questions "Oh come on, Hone for herself. Nurse E17 stated of R24's husband come every day of the weak hours per day. E17 answers questions concerning how R2 pain medication. Errequest a pain pill, like: "You really dorridiculous." E17 als "tries to tell her (R2 what she (R24) does R24 was observed survey with her hus or playing cards in lounge. A written statement nurse aide E24 ind same day in the direction with the statement of the stateme	at least twice, R24's husband r R24 by himself. E16 said that some weeks ago, R24 fell in the husband was trying to doing from the bandage where dobeen amputated. E16 stated are both instructed the to not try to transfer R24 by on 8/10/10 at 10:45 AM that R24's husband to be said that the husband often put to R24 for R24, or says, ey," when R24 does answer on 8/10/10 at 10:30 AM that nes and goes in the facility eek, for at least six to eight a said the husband often that E17 puts to R24 is feeling or if R24 wants 17 said that if R24 is able to the husband has said things of the need that," or "That's so stated that the husband e14) what she (R24) needs or	F99	199			