CENTERS FOR MEDICARE & MEDICAID SERVICES STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 146020		(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPLE CONSTRUCTION A. BUILDING			OMB NO. 0938-039 (X3) DATE SURVEY COMPLETED	
		B. WING _		04/18/2013			
	PROVIDER OR SUPPLIER	TH CARE	S	STREET ADDRESS, CITY, STATE, ZIP CODE 145 S CHAMBERLAIN ST, BOX 770 ROSEVILLE, IL 61473	-		
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECT	JLD BE	(X5) COMPLETIC DATE	
	verification the fact registry in the state applications. The Resident Cens form dated 4/15/13 Plan Coordinator) census is 55. On 4/16/13 at 4:20 the state CNA regi indicated she does other states. E2 sta not check the othe at 12:10 p.m., E2 r on a rotating basis two weeks. FINAL OBSERVAT LICENSURE VIOI 300.1210b) 300.1210b) 300.1210d)5) Section 300.1210 of Nursing and Perso b) The facility shall and services to att practicable physica well-being of the re each resident's con plan. Adequate and care and personal resident to meet the	8, and E19 do not include lity has checked the nurse aide es indicated on the CNA's sus and Conditions of Resident and completed by E20 (Care states the current resident p.m., E2 verified she performs stry checks for new hires but not check the registries of ated, "I am going to tell you I do r state registries." On 4/18/13 eported all CNAs are assigned through out the facility every FIONS LATIONS:	F 49				

Facility ID: IL6005136

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		AND HUMAN SERVICES & MEDICAID SERVICES				FORM	07/10/2013 APPROVED 0938-0391
		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING			(X3) DATE SURVEY COMPLETED	
146020		B. WING	i		04/18/2013		
NAME OF P	ROVIDER OR SUPPLIER			STF	REET ADDRESS, CITY, STATE, ZIP CODE		
ROSEVII	LE REHAB & HEALT	HCARE			45 S CHAMBERLAIN ST,BOX 770 ROSEVILLE, IL 61473		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES ' MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREF TAG		PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROP DEFICIENCY)	BE	(X5) COMPLETION DATE
F9999	 procedures: d) Pursuant to subscare shall include, a and shall be practice seven-day-a-week left of a new pressure sores, head breakdown shall be seven-day-a-week left enters the facility widevelop pressure sores clinical condition de sores were unavoid pressure sores shat services to promote and prevent new process to promote and prevent new processure to pressure checks to help head of a new pressure unavoid for a new pressure unavoid for a new pressure unavoid for a new pressure unaver the facility implement pressure to for of fifteen. This failure an infected stage the foot. Findings include: R13's pressure unavoid to unavoid the pressure unavoid to the pressure of the pressure to promote and prevent new pressure to the pressure the facility implement pressure to the pressure tot	ninimum, the following ection (a), general nursing at a minimum, the following ed on a 24-hour,	F9	999			

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FORM APPROVED **CENTERS FOR MEDICARE & MEDICAID SERVICES** OMB NO. 0938-0391 STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION **IDENTIFICATION NUMBER:** COMPLETED A. BUILDING 146020 B. WING 04/18/2013 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 145 S CHAMBERLAIN ST, BOX 770 **ROSEVILLE REHAB & HEALTH CARE** ROSEVILLE, IL 61473 SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X4) ID ID (X5) COMPLETION (EACH DEFICIENCY MUST BE PRECEDED BY FULL (EACH CORRECTIVE ACTION SHOULD BE PREFIX PREFIX DATE **REGULATORY OR LSC IDENTIFYING INFORMATION**) CROSS-REFERENCED TO THE APPROPRIATE TAG TAG DEFICIENCY) F9999 Continued From page 12 F9999 guarterly Braden Scales done on 5-1-12, 7-30-12, 9-10-12, 12-10-12 and 3-11-13 document R13 is a high risk for the development of pressure ulcers. R13's treatment orders from July 2012 through April 2013 document R13 did not have daily skin checks initiated until 2-23-13. On 4-16-13 from 10:05 a.m. to 10:55 a.m., R13 was on her right side, in bed, with her bare right foot on the bed. R13's right foot was not elevated off of the bed and did not have a heel protector/boot on it. On 4-16-13 at 10:05 a.m., R13's left foot ulcer measured 1.5 cm (Centimeters) by 1.6 cm by 0.5 cm and had a small amount of blood tinged drainage. R13's skin surrounding the left foot ulcer was slightly red. R13's wound tracking from 3-20-13 to 4-9-13, documents R13 had a facility acquired stage three pressure ulcer on 3-20-13 to the left foot, measuring 2.5 cm by 2 cm by 0.4 cm, with a heavy amount of odorous drainage. A wound culture report collected 3-21-13 of R13's left foot wound, documents the wound to have proteus mirabilis (an infectious organism). R13's Physician Order Sheet dated 3-25-13, documents an antibiotic was ordered, for two weeks, to treat R13's left foot wound infection. R13's wound record dated 11-3-12 through 12-3-12 documents R13 had an unstageable facility acquired pressure ulcer to the right foot that was healed on 12-3-12. The Facility's Pressure Sore Prevention Guidelines dated 4/2006 documents that if a resident is identified as a high risk for skin

FORM CMS-2567(02-99) Previous Versions Obsolete

DEPARTMENT OF HEALTH AND HUMAN SERVICES

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DEPAR ⁻ CENTE	RINTED: 07/10/2013 FORM APPROVED MB NO. 0938-0391						
		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING			(X3) DATE SURVEY COMPLETED	
146020			B. WING	≩		04/18/2013	
NAME OF P	PROVIDER OR SUPPLIER				REET ADDRESS, CITY, STATE, ZIP CODE		
ROSEVILLE REHAB & HEALTH CARE					145 S CHAMBERLAIN ST, BOX 770 ROSEVILLE, IL 61473		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREF TAG	IX	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROP DEFICIENCY)) BE	(X5) COMPLETION DATE
F9999	breakdown, as detedaily skin checks sh Facility's Preventati 10/2006, document should be used to so off of the mattress a may be used to pro On 4-16-13 at 10:30 Nurse/Wound Nurs wound to the left for E3 states, "When the discovered it was a stinky, and red." E3 wasn't found until it I don't think the stat to keep pressure of the heel protector wher (R13) left foot re On 4-16-13 at 10:55 staff) should of had to keep her foot off to that foot." On 4-16-13 at 2:40 (R13) Braden Scale high risk for pressu March 2013 and da started until Februa "daily skin checks sinurses, since May 2 On 4-16-13 at 9:20 states, "I think her fipressure from the b	ermined by the Braden Scale, hould be implemented. The ive Skin Care Policy dated is pillows and or bath blankets slightly elevate pressure areas and pressure relieving devices otect heels. 0 a.m., E3 (Licensed Practical se) stated R13's stage three ot was identified on 3-20-12. he wound to the left foot was lready a stage three, very 3 states, "I don't know why it was already a stage three and ff elevated the left foot enough ff of it." E3 also states, "I think vas not placed properly and ubbed wrong." 5 a.m., E3 states, "they (the l a boot on her (R13) right foot of the bed and avoid pressure p.m., E2 states, "I know her e has shown her (R13) being a re ulcers from May 2012 until ally skin checks were not ary 23 rd 2013." E2 states, should of been done, by the	F9	999			

		AND HUMAN SERVICES				FORM	: 07/10/2013 APPROVED . 0938-0391		
STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIE		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING			(X3) DATE SURVEY COMPLETED			
146020			B. WING	3		04/18/2013			
NAME OF F	NAME OF PROVIDER OR SUPPLIER				REET ADDRESS, CITY, STATE, ZIP CODE				
ROSEVI	LLE REHAB & HEALT	'H CARE	145 S CHAMBERLAIN ST, BOX 770 ROSEVILLE, IL 61473						
(X4) ID PREFIX TAG	(EACH DEFICIENC)	TEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREF TAG	=IX	PROVIDER'S PLAN OF CORRECTI (EACH CORRECTIVE ACTION SHOU CROSS-REFERENCED TO THE APPRO DEFICIENCY)	D BE	(X5) COMPLETION DATE		
F9999	staff would of found before it was a stag	d her (R13) pressure area ge three. Z1 states, "I would have heel protectors on to	F9	9999					

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