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S9999	Final Observations STATEMENT Of LICENSURE VIOLATIONS: 300.1210b) 300.1210d)6) 300.1220b)3) 300.3240a) Section 300.1210 General Requirements for Nursing and Personal Care b) The facility shall 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 resident care plan. 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. d) Pursuant to subsection (a), general nursing care shall include, at a minimum, the following and shall be practiced on a 24-hour, seven-day-a-week basis: 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. Section 300.1220 Supervision of Nursing Services b) The DON shall supervise and oversee the nursing services of the facility, including: 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,	S9999		

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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.

Section 300.3240 Abuse and Neglect
a) An owner, licensee, administrator, employee or agent of a facility shall not abuse or neglect a resident
These requirements are not met as evidenced by:

Based on observation, record review and interview the facility failed to implement appropriate and adequate interventions to prevent falls for two cognitively impaired residents (R2, R23) out of 11 reviewed for falls on the sample of 23. These failures resulted in R2 sustaining a Right Hip Fracture.
Findings include:
1. The Physicians Order Sheet (POS) dated March 2013 documented R2 with diagnoses including Advanced Dementia with Anxiety/Agitation, History of Transient Ischemic Attack and Cerebral Infarct, Essential Tremors, Seizures, and Cerebral Vascular Accident. The Minimum Data Set (MDS) dated 3/20/14 documented that R2 had severe cognitive impairment with short term and long term memory problems, inattention and disorganized thinking. This MDS also states R2 required extensive assistance with all activities of daily living, ambulation, and toileting. Nurses Notes dated 3/1/13 documented that R2 was "alert oriented to person ONLY."
On 1/29/14 at 2:00 pm E4, MDS Coordinator stated that that prior to R2's fall on 3/20/13, R2

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would use gestures to communicate, and confirmed that R2 was cognitively impaired and required extensive assistance.
On 1/30/14 at 11:00 am E8, Care Plan Coordinator, stated that the only fall intervention that she could find on R2's Care Plan prior to R2's fall on 3/25/14 was from December 2012 and involved educating staff to put resident within reach of items while at the table. E4 and E8 were unable to find documentation of any other interventions in place prior to R2's fall.
On 1/30/14 at 11:30 am E2, Director of Nursing (DON) stated that R2 frequently attempted to self ambulate from the bed to the bathroom, and stated that R2 should have had a bed alarm in place.
A Fall Investigation Report dated 3/25/13 documented that R2 fell while attempting to self ambulate to the bathroom at 6:55 am. The conclusion on this report was "Poor safety awareness." There were no safety devices or interventions in place at the time of the fall documented on the Fall Investigation Form.
Nurses Notes dated 3/25/13 documented the intervention, "instructed resident (R2) on use of call light." Nurses Notes state R2 was sent to the hospital on 3/25/13 where she was found to have and intertrochanteric right hip fracture, according to Radiology report dated 3/25/13.
No additional interventions to prevent falls were noted on the careplan of December 2013. Fall Investigation Forms dated 8/6/13 and 9/14/13 documented two subsequent falls for R2.
The Fall Investigation Form dated 8/6/13 documented that R2 was observed on the floor in her room. The form indicated that R2 had a decreased attention span and was unable to make safe decisions and that R2 could not maintain a standing balance. The Fall Investigation Form documented "poor safety

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awareness." Nurses Notes dated 8/6/13 documented the intervention for R2 after her fall was "instructed resident (R2) on use of call light." The Fall Investigation Form dated 9/14/13 documented, that "Resident (R2) observed on the floor by the nurse." The form also documented, "Encourage resident (R2) to use call light and wait for staff assistance." The Nurses Notes dated 9/14/13 documented that R2 was "observed on floor-hematoma." Nurses Notes stated that R2 was found on the floor near the bathroom door and that the "Resident (R2) stated she (R2) hit her head on the floor and that she felt light headed and was having pain." The Nurses Notes documented the intervention that R2 was instructed on use of call light. POS dated September 2013 documented for staff to monitor R2's hematoma every shift.
On 1/29/14 at 5:25 pm E16, Registered Nurse, (RN) and E17 Licensed Practical Nurse (LPN) stated that R2 was not able to use a call light prior to her (R2) fall on 3/25/13 and during the time she was at the facility. E17 added that R2 was on frequent checks because R2 would try to self ambulate and R2 couldn't use the call light. E17 stated, "If you handed her (R2) the call light and told her (R2) to use it, then she (R2) could press the button. But when you left the room she would not know how to use the call light."

2. On 1-26-14 at 12:30 P.M., R23 was seated at the dining room table eating. R23 had a large black and blue bruise on the right side of her face and forehead. According to R23's January 2014 Physician Order Sheet (POS), R23's diagnoses include Dementia, General Muscle Weakness, Hypertension, and Coronary Arteriosclerosis. R23's 10-16-13 MDS and the 1-7-14 MDS list R23 to be severely cognitively impaired, short term and long term memory loss, high fall risk,

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S9999	Continued From page 4 and balance as unsteady without physical support. Nurses notes state that the fall precaution of low bed was put in place on 6-4-13. Nurses notes also state on 10-23-13 that R23 requires one assist to transfer. According to a 11-27-13 Incident Report R23 fell on 11-27-13 at 7:00 P.M. The facility's incident report states that R23 was going to the bathroom. The incident report lists the intervention as "Res (resident) educated resident on the use of the call light". On 1-13-14 at 6:30 P.M. R23 fell in her room attempting to go to bathroom without assistance according to the facility's incident report. R23 sustained the bruise. Following the fall no new interventions were implemented. On 1-28-14 at 1:25 P.M. and no fall mats or alarms were observed and the call light on the floor for R23. R23 was interviewed to see if she could understand to use the call light. R23 was unable to demonstrate that she could use the call light. No interventions were in place. E2, Director of Nurses stated on 1-28-14 at 1:35 P.M. that the fall interventions have not changed - that the fall mats and alarms should have been in place, and that R23 "can use the call light". (B) 300.4030l) 300.4090b)1)A) 300.4090b)1)B) 300.4090c)1)	S9999		

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S9999	Continued From page 5 300.4090c)3) Section 300.4030 Individualized Treatment Plan for Residents with Serious Mental Illness Residing in Facilities Subject to Subpart S l) The ITP shall be based upon each resident's assessed functioning level, appropriate to age, and shall include structured group or individual psychiatric rehabilitation services interventions or skills training activities, as appropriate, in the following areas: 1) Self-maintenance; 2) Social skills; 3) Community living skills; 4) Occupational skills; 5) Symptom management skills; and 6) Substance abuse management. Section 300.4090 Personnel for Providing Services to Persons with Serious Mental Illness for Facilities Subject to Subpart S b) Psychiatric Rehabilitation Services Director 1) A Psychiatric Rehabilitation Services Director (PRSD) shall be: A) A licensed, registered, or certified psychiatrist, psychologist, social worker, occupational therapist, rehabilitation counselor, psychiatric nurse or licensed professional counselor who has a minimum of at least one year supervisory experience and at least one year of experience working directly with persons with serious mental illness and who has attended an Illinois Department of Public Aid (IDPA) training program; or B) A person with a master's degree in a human services field with at least one year of supervisory experience and at least three years of experience working directly with persons with severe mental illness who has attended an IDPA training	S9999		

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S9999	Continued From page 6 program. c) Psychiatric Rehabilitation Services Coordinator 1) A Psychiatric Rehabilitation Services Coordinator (PRSC) shall be an occupational therapist or possess a bachelor's degree in a human services field (including but not limited to: sociology, special education, rehabilitation counseling or psychology) and have a minimum of one year of supervised experience in mental health or human services. 3) Each resident admitted to the facility shall have a PRSC to act as a case manager. The PRSC will be identified as the staff member to whom the resident primarily relates for the coordination of service. These requirements are NOT MET as evidences by: Based on record review and interview, the facility failed to provide structured group services and failed to employ a qualified PRSD or PRSC to provide services for 34 residents identified by the facility as requiring Subpart S Services. Residents include six residents reviewed for Subpart S out of a sample of 23 (R6, R27, R24, R29, R30, R22), and 29 residents on the supplemental sample (R17, R65, R50, R113, R76, R114, R77, R115, R68, R58, R116, R27, R93, R56, R34, R39, R61, R109, R33, R74, R117, R105, R118, R119, R120, R121, R122, R123, R124.) Findings include: 1. On 1/26/14 at 2:00pm, after discussion regarding the definition/criteria for Subpart S, the facility provided a list of 34 residents requiring	S9999		

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Subpart S services. At that time, E6 (Social Service Designee) stated that he was not licensed nor was he a PRSD or PRSC. E6 stated he had no training in the management of Subpart S residents from his Social Service consultant, the facility corporation, or from IDPA (Illinois Department of Public Aid). E6 stated he had a Bachelor's degree in Sociology. E6 also stated that prior to being hired by this facility in 9/2013, E6 worked in the area of children's services. E6 stated he had no prior experience in long-term care, health care or mental health. Also at that time a list of therapeutic groups was requested that are provided for residents based on their functional assessments.

2. According to the Psycho-Social Goal Sheet signed by E6 on 10/1/13, R24 has a diagnosis of Paranoid Schizophrenia, self-isolates and can be anxious. This sheet identifies that R24 should attend a Symptom Management group once per week or complete a 1:1 with a PRSC. The Psychosocial Progress Report with attendance for October, November and December 2013 shows that 1:1s were done only three times in October and December, and group was documented three times in November.

3. According to the Psycho-Social Goal Sheet signed by E6 on 10/1/13, R22 has a diagnosis of Depression and Bipolar, and isolates to her room, going out only for meals and smoke breaks. This sheet states that R22 is be be encouraged to attend Symptom Management group and Social Skills group each once a week or complete a 1:1 with PRSC. Psychosocial Progress Report with attendance shows individual 1:1s were done only two - three times per month for 10/13, 11/13 and 12/13, and no group attendance.

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4. According to the current Phsycian's Order Sheet (POS) for 1/2014, R6 has diagnoses including Major Depressive Disorder, Bipolar, Schizoaffective Disorder, and Anxiety. The Psycho-Social Goal Sheets signed by E6 on 10/1/13 state that R6 isolates to her room and refuses to let staff assist with ADLs (activities of daily living. These goal sheet for Social Skills states that R6 will meet with PRSC three times per week. The goal sheet for Health and Wellness states that R6 will meet with PRSC for 1:1's weekly to discuss the importance of assist with ADLs. The Psychosocial Progress Report with attendance record shows that 1:1s were done two to three times per month for 10/13, 11/13, and 12/13.

5. According to the Active Diagnosis list in the Minimum Data Set of 12/3/13, R29 has diagnoses of Depression, Psychotic Disorder and Schizophrenia. The Psycho-Social Goal Sheet signed by E6 on 10/1/13 states that R29 needs a lot of attention and assurance that what she is doing is good. This goal sheet states that R29 is to attend a Self-Esteem group once a week or complete a 1:1 with PRSC. The Psychosoical Progress Report with attendance shows individual 1:1s or group only done three times monthly for 10/13, 11/13 and 12/13.

6. According to Subpart S Eligiblity Screener dated 5/30/13, R27 has diagnoses of Schizo-affective Disorder and Bipolar Disorder, and has impairments in the areas of Self-Maintenance and Social Functioning. This screener instructs to proceed with psychiatric rehabilitation program. Social Service Visit/Notes dated 11/14,15/13, 12/16,17/13, 12/13/13and 1/6/13 document occurrences of sexually inappropriate language, resident-to-resident

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S9999	Continued From page 9 verbal altercations and disagreements. No Psycho-Social Goal Sheets with identified group or 1:1 plans plans were provided. 7. According to the Active Diagnosis list in the MDS of 1/9/14, R30 has diagnoses of Depression and Schizophrenia. These diagnoses are not listed on the MDS of 8/6/13. The Psycho-Social Goal Sheet signed by E6 on 10/1/13 states that R30 is easily agitated due to his diagnosis of Schizophrenia, and should attend Symptom Management once weekly or complete 1:1s with PRSC. The Psychosocial Progress Report with attendance record shows that individual 1:1s or group was only done three times per month for 10/13, 11/13 and 12/13. 8. On 1/20/14 at 10:00am, E6 stated he had no further attendance record or documentation for 1:1s or progress reports for 1/2014. At 10:20am, after multiple requests, E6 presented a schedule for Psycho-social groups with assigned Subpart S residents, to start February 2014. E6 confirmed that there have been no groups since November 2013, and he tries to do 1:1s "as much as he has time for." E6 stated he tries to do the Subpart S first and then the Identified Offenders if he has time. The remainder of the Subpart S identified by the facility include R17, R65, R50, R113, R76, R114, R77, R115, R68, R58, R116, R27, R93, R56, R34, R39, R61, R109, R33, R74, R117, R105, R118, R119, R120, R121, R122, R123, and R124. (B) 300.1230d)1)	S9999		

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S9999	Continued From page 10 300.1230d)2) 300.1230k) 300.1230l)5) Section 300.1230 Direct Care Staffing d) Each facility shall provide minimum direct care staff by: 1) Determining the amount of direct care staffing needed to meet the needs of its residents; and 2) Meeting the minimum direct care staffing ratios set forth in this Section. k) Effective September 12, 2012, a minimum of 25% of nursing and personal care time shall be provided by licensed nurses, with at least 10% of nursing and personal care time provided by registered nurses. Registered nurses and licensed practical nurses employed by a facility in excess of these requirements may be used to satisfy the remaining 75% of the nursing and personal care time requirements. (Section 3-202.05(e) of the Act) l) To determine the numbers of direct care personnel needed to staff any facility, the following procedures shall be used: 5) Additional Direct Care Hours Equal to at Least 75% of the Minimum Required The remaining 75% of the minimum required direct care hours may be fulfilled by other staff identified in subsection (f) as long as it can be documented that they provide direct care and as long as nursing care is provided in accordance with the Nurse Practice Act.	S9999		

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S9999	Continued From page 11 This requirement is NOT MET as evidenced by: Based on record review and interview, the facility failed to meet staffing requirements for nursing and personal care for three of the 14 days reviewed, by failure to have 10% of care provided by Registered Nurses (RN) for two of the days, and by failure to have sufficient additional direct care staff for three days. This failure has the potential to affect all 115 residents in the facility. Findings include: On 1/28/14 at 4:00pm, E1 (Administrator) provided an undated staffing spreadsheet for dates of 1/3/14 through 1/16/14. This spreadsheet documents an average daily census for that time period of 101.5 intermediate residents and 5.5 skilled residents. This calculates to 274.65 hours of required direct care staff for 24 hours. Required RN hours calculates to 27.5 hours per 24 hours, at 10% of minimum direct care staff requirements. Additional direct staff requirements, minus the 25% of licensed nurse hours, calculates as requiring 206.25 hours per 24 hours. The spreadsheet for 1/4/14 documents 81.5 RN hours and 172 Certified Nurse Aide (CNA) hours. Review of the Nurses and CNA Schedules and daily staffing sheets for 1/4/14, shows that actually only 2 RNs worked on that day, for a total of 20 hours. Using the total hours of licensed nursing in excess of the required 68.75 hours there were still only 201 additional direct care staff hours, The spreadsheet for 1/5/14 documents 10 RN hours and 161 CNA hours. Using the total hours of licensed nursing in excess of the required	S9999		

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hours, there were still only 169 additional direct care staff hours. Review of the Nurses and CNA Schedules confirmed that number.

The spreadsheet for 1/11/14 documents 180 CNA hours. Using the licensed nurse hours in excess of the required hours, there were still only 200 direct care staff hours. Review of the Nurses and CNA schedules confirmed that number.

On 1/29/14 at 1:45pm, the staffing spreadsheet, schedules, and daily staffing sheets were reviewed and discussed with E1 and E2 (Director of Nursing.) E1 and E2 confirmed that RN hours initially documented on the spreadsheet for 1/4/14 were in error. E2 also stated that she worked in the facility on two days in January 2014. E2's working hours could add two and four RN hours respectively. These added hours still do not meet the required 27.5 RN hours. E1 and E2 stated that inclement weather with call offs were a factor in the staffing numbers, particularly on 1/5/14.

The Resident Census and Conditions of Residents dated 1/27/14 documents a census of 115 residents in the facility.

(B)