IL6008130 B. WING	STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION			(X3) DATE SURVEY COMPLETED		
NAME OF PROVIDER OR SUPPLIER ROCK ISLAND NURSING & REHAB CENTER SUMMARY STATEMENT OF DEFICIENCIES (RACH DEFICIENCY MUST BE PRECEDED BY FULL TAG PREFEIX (RACH DEFICIENCY MUST BE PRECEDED BY FULL TAG S9999 Final Observations Statement of Licensure Violations Statement of Licensure Violations Section 300.610 a) 300.1010h) 300.1210b) 300.3240a) 300.3240b) Section 300.610 Resident Care Policies a) The facility shall have written policies and procedures shall be formulated by a Resident Care Policy Committee consisting of at least the administrator, the advisory physician or the medical advisory committee, and representatives of nursing and other services in the facility. The policies shall be rowned at least annually by this committee, documented by written, signed and dated minutes of the meeting. Section 300.1010 Medical Care Policies h) The facility and shall be reviewed at least annually by this committee, documented by written, signed and dated minutes of the meeting. Section 300.1010 Medical Care Policies h) The facility and shall be reviewed at least annually by this committee, documented by written, signed and cated minutes of the meeting. Section 300.1010 Medical Care Policies h) The facility and shall be reviewed at least annually by this committee, documented by written, signed and cated minutes of the meeting. Section 300.1010 Medical Care Policies h) The facility and shall be reviewed at least annually by this committee, documented by written, signed and cated minutes of the meeting. Section 300.1010 meetical Care Policies h) The presence of inciplent or manifest decubitus ulcers or a weight loss or gain of five percent or more within a period of 30 days. The facility shall obtain and record the physician's plan of care for the care or treatment of such accident,	AND PLAN	TOP CORRECTION	IDENTIFICATION NOMBE	n.	A. BUILDING:		COM	PLETED
ROCK ISLAND NURSING & REHAB CENTER (X4) ID PREFIX TAG SUMMARY STATEMENT OF DEFICIENCIES TAG SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL TAG FINAL DEFICIENCY MUST BE PRECEDED BY FULL TAG SP999 Final Observations Statement of Licensure Violations Statement of Licensure Violations Section 300.610 a) 300.1210b) 300.3240b) Section 300.810 Resident Care Policies a) The facility shall have written policies and procedures shall be formulated by a Resident Care Policy Committee consisting of at least the administrator, the advisory physician or the medical advisory committee, and representatives of nursing and other services in the facility. The written policies shall be followed in operating the facility and shall be reviewed at least annually by this committee, documented by written, signed and dated minutes of the meeting. Section 300.1010 Medical Care Policies h) The facility shall notify the resident's physician of any accident, injury, or significant change in a resident's condition that threatens the health, safety or welfare of a resident's physician of any accident, injury, or significant change in a resident's condition that threatens the health, safety or welfare of a resident, including, but not limited to, the presence of incipient or manifest decubitus ulcers or a weight loss or gain of five percent or more within a period of 30 days. The facility shall obtain and record the physician's plan of care for the care or treatment of such accident,			IL6008130		B. WING		06/	09/2015
CALL CALL	NAME OF	PROVIDER OR SUPPLIER	STI	REET ADD	ORESS, CITY, S	STATE, ZIP CODE		
SUMMARY STATEMENT OF DEFICIENCIES TAG	BOCK IS	SLAND NURSING & R	EHAR CENTER 25	45 24TH	STREET			
PREFIX TAG (EACH DEPICIENCY NUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) PREFIX TAG	HOOKIC	LAND NOTIONA & TO	RC	OCK ISL	AND, IL 612	201		
Statement of Licensure Violations 300.610 a) 300.1010h) 300.1210b) 300.3240a) 300.3240b) Section 300.610 Resident Care Policies a) The facility shall have written policies and procedures governing all services provided by the facility. The written policies and procedures governing all services provided by the facility. The written policies and procedures shall be formulated by a Resident Care Policy Committee consisting of at least the administrator, the advisory physician or the medical advisory committee, and representatives of nursing and other services in the facility. The policies shall comply with the Act and this Part. The written policies shall be followed in operating the facility and shall be reviewed at least annually by this committee, documented by written, signed and dated minutes of the meeting. Section 300.1010 Medical Care Policies h) The facility shall notify the resident's physician of any accident, injury, or significant change in a resident's condition that threatens the health, safety or welfare of a resident, including, but not limited to, the presence of incipient or manifest decubitus ulcers or a weight loss or gain of five percent or more within a period of 30 days. The facility shall notain and record the physician's plan of care for the care or treatment of such accident,	PRÉFIX	(EACH DEFICIENC)	Y MUST BE PRECEDED BY FULI		PREFIX	(EACH CORRECTIVE ACTION S CROSS-REFERENCED TO THE A	HOULD BE	COMPLETE
300.610 a) 300.1210b) 300.3240a) 300.3240b) Section 300.610 Resident Care Policies a) The facility shall have written policies and procedures governing all services provided by the facility. The written policies and procedures shall be formulated by a Resident Care Policy Committee consisting of at least the administrator, the advisory physician or the medical advisory committee, and representatives of nursing and other services in the facility. The policies shall comply with the Act and this Part. The written policies shall be followed in operating the facility and shall be reviewed at least annually by this committee, documented by written, signed and dated minutes of the meeting. Section 300.1010 Medical Care Policies h) The facility shall notify the resident's physician of any accident, injury, or significant change in a resident's condition that threatens the health, safety or welfare of a resident, including, but not limited to, the presence of incipient or manifest decubitus ulcers or a weight loss or gain of five percent or more within a period of 30 days. The facility shall obtain and record the physician's plan of care for the care or treatment of such accident,	S9999	Final Observations			S9999			
300.1010h) 300.1210b) 300.3240a) 300.3240a) 300.3240b) Section 300.610 Resident Care Policies a) The facility shall have written policies and procedures governing all services provided by the facility. The written policies and procedures shall be formulated by a Resident Care Policy Committee consisting of at least the administrator, the advisory physician or the medical advisory committee, and representatives of nursing and other services in the facility. The policies shall comply with the Act and this Part. The written policies shall be followed in operating the facility and shall be reviewed at least annually by this committee, documented by written, signed and dated minutes of the meeting. Section 300.1010 Medical Care Policies h) The facility shall notify the resident's physician of any accident, injury, or significant change in a resident's condition that threatens the health, safety or welfare of a resident, including, but not limited to, the presence of incipient or manifest decubitus ulcers or a weight loss or gain of five percent or more within a period of 30 days. The facility shall obtain and record the physician's plan of care for the care or treatment of such accident,		Statement of Licens	sure Violations					
notification. Section 300.1210 General Requirements for		300.1010h) 300.3240a) 300.3240b) Section 300.610 Rea) The facility shall procedures governifacility. The written be formulated by a Committee consistiadministrator, the amedical advisory conformer of nursing and other policies shall comporthe written policies the facility and shall by this committee, and dated minutes Section 300.1010 Mh) The facility shall of any accident, injuresident's conditions afety or welfare of limited to, the presedecubitus ulcers or percent or more with facility shall obtain of care for the care injury or change in notification.	have written policies and ing all services provided policies and procedures Resident Care Policy ing of at least the advisory physician or the ommittee, and representate services in the facility. By with the Act and this Possible shall be followed in opeal be reviewed at least an documented by written, so of the meeting. Medical Care Policies notify the resident's physician that threatens the health of a resident, including, but the period of 30 days, and record the physician or treatment of such accordition at the time of	atives The art. rating nually signed sician e in a h, t not fest five The 's plan cident,				

Illinois Department of Public Health LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

(X6) DATE

TITLE

06/25/15

-	NT OF DEFICIENCIES I OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	` '	LE CONSTRUCTION		E SURVEY PLETED
		IL6008130	B. WING		06/	09/2015
NAME OF	PROVIDER OR SUPPLIER		ET ADDRESS, CITY,	STATE, ZIP CODE		
ROCK IS	SLAND NURSING & RI	FHAR CENTER	24TH STREET K ISLAND, IL 61	1201		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF C (EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE DEFICIENCY	ON SHOULD BE HE APPROPRIATE	(X5) COMPLETE DATE
S9999	Nursing and Persor b) The facility shall and services to atta practicable physica well-being of the releach resident's complan. Adequate and care and personal cresident to meet the care needs of the resident to meet the care needs of the resident. (A, B) (Se b) A facility employed aware of abuse or rimmediately report administrator. (Section 3 of the resident of a facility and a facility administrator. (Section 3 of the resident of a facility administrator. (Section 3 of the resident of a facility administrator. (Section 3 of the resident of a facility administrator. (Section 3 of the resident of a facility administrator. (Section 3 of the resident of a facility administrator. (Section 3 of the resident of th	nal Care provide the necessary care ain or maintain the highest I, mental, and psychologics sident, in accordance with inprehensive resident care d properly supervised nursi care shall be provided to ele total nursing and personal esident. Abuse and Neglect ee, administrator, employe hall not abuse or neglect a lection 2-107 of the Act) lee or agent who becomes neglect of a resident shall the matter to the facility tion 3-610 of the Act) litrator, employee, or agent abuse or neglect of a reside e matter to the Department	al ng ach al ee or			
	(Section 3-610 of the These Requirement by:	its are not met as evidence	ed			
	review, the facility facility for bruised female gen abuse, failed to immediate possible sexual abute failed to promptly in possible sexual abute residents reviewed. This failure has the	ion, interview and record ailed to recognize swollen italia as potential sexual mediately report an incidenuse to the administrator an investigate an incident of use involving R4, one of 14 for abuse in the sample of potential to affect nine, R15, R18, R19, R20, R24	t of d . 22 .			

Illinois Department of Public Health

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:			(X2) MULTIPLE CONSTRUCTION A. BUILDING:			X3) DATE SURVEY COMPLETED	
		IL6008130		B. WING		06/0	09/2015
NAME OF	PROVIDER OR SUPPLIER				STATE, ZIP CODE		
ROCK IS	SLAND NURSING & RI	EHAB CENTER		H STREET LAND, IL 61:	201		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCII 'MUST BE PRECEDED B' SC IDENTIFYING INFORM	Y FULL	ID PREFIX TAG	PROVIDER'S PLAN OF CORR (EACH CORRECTIVE ACTION S CROSS-REFERENCED TO THE AF DEFICIENCY)	HOULD BE	(X5) COMPLETE DATE
S9999	Continued From particles of the facility and its policy on abuse reporting an incident the facility Administ enforcement, and refollow their policy are incident of potential resident (R4) of 14 in a sample of 22. on the arms, face, its right inner thigh, thigh as well as a stabia (vaginal area) potential to affect ni R18, R19, R20, R2 sample of 22 and 1 and R86) in the sup the second floor of Findings include: On 05/29/15 at 2:50 R4's room on the set the room. Yellow/graround R4's right ey of various sizes well arms, including fing upper arm. A yellow (centimeter) bruise right upper thigh. A shaped bruise was inner thigh. Scratch right inner thigh. A spresent on R4's right swollen and red.	the sample of 22 and to R48 and R86) in ole who live on the sand the facility failed prevention by not into the facility failed prevention by not into for potential sexual rator, physician, law esponsible party; and investigate timely sexual assault involves and investigate timely sexual assault involves and residents reviewed R4 exhibited multiple pandprint type bruisis scratches on R4's wollen, reddened a. These failures having residents (R4, F4, R25, and R27) in 9 residents (R5, R3 oplemental sample with facility. 10 P.M., R4 was lying een bruising was proposed multiple purposed multiple purposed multiple purposed multiple purposed for R4's left es were also presed CM purple bruise of CM purple Druise of CM purpl	the econd to follow imediately I assault to id failed to	S9999			

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Illinois Department of Public Health STATE FORM

Illinois Department of Public Health
STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA

	T OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	` ,	E CONSTRUCTION		SURVEY PLETED
			A. DOILDING			
		IL6008130	B. WING		06/	09/2015
NAME OF P	ROVIDER OR SUPPLIER	STREET A	DDRESS, CITY,	STATE, ZIP CODE		
ROCK ISI	LAND NURSING & RI	EHAR CENTER	TH STREET SLAND, IL 61	201		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF C (EACH CORRECTIVE ACTI CROSS-REFERENCED TO TI DEFICIENCY	ON SHOULD BE HE APPROPRIATE	(X5) COMPLETE DATE
	document, "CNA as nurse to resident's (examination) per the red and swollen and obvious swelling. On is unknown, will passhift to monitor and examine area in the R4's Nurses' Notes document, "Res (reared and swollen and Elixir given for discourse of the red and swollen and Elixir given for discourse of the red and swollen and Elixir given for discourse of the red and swollen and Elixir given for discourse of the red and swollen and Elixir given for discourse of the red and swollen and Elixir given for discourse of the red and swollen and Elixir given for discourse of the red and swollen and Elixir given for discourse of the red and swollen and the red and th	a dated 05/24/15 at 7:03 P.M. esigned to resident alerted this 'red vaginal area'. Upon examinis nurse labia (right side) is diresident's clitoris has brigin of swelling and redness as information to oncoming I have Nurse Practioner (Z1) at A.M." a dated 05/25/15 at 12:46 A.M. esident) vaginal area remains divery tender to touch. Tyleno omfort." a dated 05/25/15 at 5:36 A.M. bruising to inner thighs injury. 5:25 A.M., Administrator (E1) Assistant Director of Nurses) a dated 05/25/15 at 8:33 P.M. nt sleeping most of shift. face to be slightly 'puffy' esident right eye. Resident aff. Resident noted to have ok like scratch mark on her ad resident remains very				

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STATEMEN	NT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING: (X3) DATE COMF			SURVEY LETED
		IL6008130	B. WING		06/0	9/2015
NAME OF	PROVIDER OR SUPPLIER		<u> </u>	STATE, ZIP CODE	1 00.0	<u> </u>
ROCK IS	SLAND NURSING & RI	EHAB CENTER 2545 24TH		004		
(X4) ID	SLIMMARY STA	TEMENT OF DEFICIENCIES	.AND, IL 61:	PROVIDER'S PLAN OF CORRECTION	ON	(X5)
PREFIX TAG	(EACH DEFICIENCY	WMUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPRO DEFICIENCY)	D BE	COMPLETE DATE
S9999	Continued From pa	ge 4	S9999			
	(R4)'s vaginal area. (R4) didn't want any right away that the very swollen and (F (R4)'s right thigh. Thand print on (R4)'s any vaginal bleedin bruising under (R4) any bruising when I On 05/29/15 at 3:28 stated, "After supper Practical Nurse) as something on (R4). (R4)'s vagina was a fresh bruising on (F withdrawn, which we bruise to (R4)'s right I told (E3) we need	(R4) was very guarded of (R4) kept (R4)'s legs closed, yone looking at it. I noticed right side of (R4)'s vagina was R4) had scratch marks on here also appeared to be a gright thigh. I did not notice g. I also noticed swelling and 's right eye. (R4) did not have saw (R4) before (Sunday)." 5 P.M., E4 (Registered Nurse) er (on 05/24/15), (E3 Licensed ked me to come look at It was around 5:00 P.M. swollen and red. There was R4)'s inner thighs. (R4) was rasn't like (R4). She also had a ant eye, around the cheek bone. to report it. Instead (E3) had urses look at (R4) around M.)."				
	Assistant) stated, "V (R4) had (R4)"s privunusual. There was the vagina. There was the room and look at the room and left posterion at the room and left posterion at the room at th	5 P.M., E5 (Certified Nursing When I went into (R4)'s room, vate area exposed. It looked is a flap of skin hanging from vas redness. We (E8/Certified and I) had E3 and E4 come into at (R4)." 5 P.M., Z1 (Nurse Practioner) ay (05/25/15) I was off. I got by (E9 Licensed Practical know there was some oper extremities and thighs of the left upper for shoulder. Contusions to the greater trochanter, pin-point				

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA

	NT OF DEFICIENCIES I OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING:			(X3) DATE SURVEY COMPLETED	
			A. BOILDING.				
		IL6008130	B. WING		06/0	9/2015	
NAME OF	PROVIDER OR SUPPLIER	STREET ADI	DRESS, CITY, S	STATE, ZIP CODE			
ROCK IS	SLAND NURSING & RI	FHAB CENTER	I STREET .AND, IL 61:	201			
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES 'MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTI (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPRO DEFICIENCY)	_D BE	(X5) COMPLETE DATE	
\$9999	bruises to the right posterior inner thigh area and noticed slimajora. I was on canight (05/24/15) and night. If I knew the was withdrawn and bruising and scratch the ER (Emergency assessed for sexual On 05/29/15 at 4:10 Assistant) stated, "I from 6:00 A.M. untigroup. I saw (R4) for 7:00 A.M. I did A.M. noticed a few bruise peri care (perineal on notice anything unuthat day in the (medall day. I became at 5:00 P.M., when the Assistants) and Nuthon 105/29/15 at 4:20 stated, "E1 (Adminimorning (05/25/15) have a possible abstaff had noticed brilabia and inner thigh immediately, (R4) v. A.M., I took E11 (Lime and looked at (I (R4)'s right thigh, a thigh. Nothing obvic called the non-emetold me that if it was and call the emergence of the staff of the staff of the called the monemetold me that if it was and call the emergence of the staff of the called the monemetold me that if it was and call the emergence of the staff of the called the emergence of the called the called the emergence of the called the emergence of the called the called the emergence of the called the called the emergence of the called the called the called the emergence of the called the cal	upper arm and bruising to the ns. I checked (R4)'s vaginal ight edema to the labia all for (E10 Physician) Sunday d I did not receive a call that way (R4) was acting, how (R4) fearful along with all the nes I would have sent (R4) to a Room) that night to be	S9999				

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	NT OF DEFICIENCIES I OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	` '	E CONSTRUCTION	COMP	SURVEY LETED
		IL6008130	B. WING		06/0	9/2015
	PROVIDER OR SUPPLIER	EHAR CENTER 2545 24TH	DRESS, CITY, S I STREET AND, IL 612	STATE, ZIP CODE		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES 'MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTI (EACH CORRECTIVE ACTION SHOUI CROSS-REFERENCED TO THE APPRO DEFICIENCY)	_D BE	(X5) COMPLETE DATE
S9999	On 05/29/15 at 4:35 stated, "(E12) Licer about 5:30 A.M. on (E12) said (E12) had inner thighs and recvaginal area. I was Director of Nurses) R4's Minimum Data documents a score section C: Cognitive On 06/02/15 at 10:0 (Physician/Medical would expect to be inner thighs, hips, a scratches to the rigacting unnaturally wimmediately, so that possibly including a could be completed develops on the extyou are hit, the deen othing in (R4)'s mental bruising. (R4) has a to know what (R4) is communicate with ((laboratory) to tell un Multiple attempts to Assistant to discussion unsuccessful. The facility's Nursespresented on 6/1/18 (R4, R5, R14, R15,	5 P.M., E1 (Administrator) ased Practical Nurse called me Monday morning (05/25/15). Id found bruising on (R4)'s dness and swelling of (R4)'s out of town, so I called (E2 and (E2) came in." Set (MDS) dated 03/19/15 of 3 (severely impaired) under e Patterns. O A.M., E10 Director) verified that E10 notified of bruising to labia, round the right eye and ht inner thigh and a resident vithdrawn and fearful t further medical investigation, sexual assault evaluation, sexual assault evaluation, ent of the injury. The harder per it develops. There is edical record to indicate (R4) a causes a delay in developing advanced dementia. It's hard to (R4). We have to rely on labs is what (R4)'s condition is." In notify E8 Certified Nursing	S9999			

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	NT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		E CONSTRUCTION	(X3) DATE COMP	SURVEY LETED
			A. BUILDING.			
		IL6008130	B. WING		06/0	9/2015
NAME OF	PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, S	STATE, ZIP CODE		
ROCK IS	SLAND NURSING & R	EHAR CENTER	1 STREET .AND, IL 612	201		
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECT (EACH CORRECTIVE ACTION SHOU CROSS-REFERENCED TO THE APPRO DEFICIENCY)	LD BE	(X5) COMPLETE DATE
S9999	The undated facility Prevention Prograr "Employees are reallegation or suspice neglect, mistreatmer resident property the suspect to the adminmediate supervisore report it to the admire report, the administrant incident investigus additionally responsionally responsions appearance of suspother abnormalities such occurrences, for assessing the reducumentation and If the resident compiniting in suspected, be contacted for furth shall also immediate enforcement authowhere available) in abuse of a resident resident or a visitor. On 05/29/15 at 2:50 R4's room on the sthe room. There was arms, face, and har right inner thigh. The present on R4's riskyollen and bruised labia was swollen as R4's Nurses' Notes document, "CNA as nurse to resident's (examination) per the suspect of the	y policy, titled Abuse in Facility Policy instructs staff, quired to report any incident, cion of potential abuse, ent or misappropriation of ney observe, hear about or inistrator immediately, or to an sor who must then immediately inistrator Upon learning of the trator or designee shall initiate pation. The nursing staff is sible for documenting the picious bruises, lacerations or as they occur. Upon report of the nursing staff is responsible esident, reviewing the I reporting to the administrator. plains of physical injuries or if the resident's physician will rther instructions The facility tely contact local law rities (i.e., telephoning 911 the following situations:sexual t by a staff member, another " O P.M., R4 was lying in bed in econd floor, looking around as multiple bruising on R4 's rhere were also scratches ght inner thigh as well as a d labia (vaginal area). R4's	S9999			

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-	NT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLI IDENTIFICATION NU		(X2) MULTIPL A. BUILDING:	E CONSTRUCTION		E SURVEY PLETED
		IL6008130		B. WING		06/	09/2015
	PROVIDER OR SUPPLIER	EHAB CENTER	2545 24TI	DRESS, CITY, S H STREET LAND, IL 612	STATE, ZIP CODE		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIE MUST BE PRECEDED BY SC IDENTIFYING INFORM	' FULL	ID PREFIX TAG	PROVIDER'S PLAN OF CORF (EACH CORRECTIVE ACTION S CROSS-REFERENCED TO THE A DEFICIENCY)	SHOULD BE	(X5) COMPLETE DATE
S9999	obvious swelling. O is unknown, will pass shift to monitor and examine area in the contain no docume notification to the far physician, responsi . R4's Nurses' Notes (over 12 hours later to inner thighs injury A.M., (E1) notified. of Nurses) called at note contained no cophysician, responsi being notified. On 05/29/15 at 3:25 stated, "After supper Practical Nurse) as something on (R4). (R4)'s vagina was a fresh bruising on (Fwithdrawn, which we bruise to (R4)'s right I told (E3) we need the two third shift not 10:00 or 10:30 (P.M. On 05/29/15 at 4:35 stated, "(E12) Licer about 5:30 A.M. on (E12) said (E12) had inner thighs and recovaginal area. I was Director of Nurses) On 05/29/15 at 3:50 stated, "Last Monda called at 6:30 A.M.	rigin of swelling and as information to one have (Z1 Nurse Prage A.M." The same nontation that there was cility Administrator, ble party, or law enformation of the party, or law enformation of the party, or law enformation of attempts of P.M., E4 Registered and party, or law enformation of attempts of P.M., E4 Registered are (on 05/24/15), (E3 ked me to come loowled to the law around 5:00 swollen and red. The law and the chart of the party of the law around the chart of the law around the chart of the law around the chart of P.M., E1 (Administrated around the party of P.M., E1 (Administrated around the law and practical Nursea Monday morning (on the law and swelling of	coming actioner) of tes as any attending or cement :36 A.M. bruising 5:25 Director ne nurse's ending or cement ed Nurse Licensed k at P.M. ere was 4) was also had a leek bone. (E3) had found eater) of (R4)'s ed (E2 eactioner) off. I got actical	S9999			

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	NT OF DEFICIENCIES I OF CORRECTION	(X1) PROVIDER/SUPPLIE IDENTIFICATION NU		(X2) MULTIPL A. BUILDING:	E CONSTRUCTION		E SURVEY PLETED
		IL6008130		B. WING		06/0	09/2015
NAME OF	PROVIDER OR SUPPLIER				STATE, ZIP CODE		
ROCK IS	SLAND NURSING & RI	EHAB CENTER		H STREET LAND, IL 61:	201		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIE MUST BE PRECEDED BY SC IDENTIFYING INFORM	FULL	ID PREFIX TAG	PROVIDER'S PLAN OF CORRE (EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APP DEFICIENCY)	OULD BE	(X5) COMPLETE DATE
\$9999	bruising to (R4)'s up and swelling to (R4) 10:30 A.M. (R4) had arm and left posteril left hip area, over the bruises to the right posterior inner thigh area and noticed slimajora. I was on canight (05/24/15) and night. If I knew the was withdrawn and bruising and scratch the ER (Emergency assessed for sexual On 06/02/15 at 10:00 (Physician/Medical would expect to be inner thighs, hips, a scratches to the riginacting unnaturally with immediately, so the possibly including a could be completed develops on the extra you are hit, the dee nothing in (R4)'s made a condition that bruising. (R4) has a to know what (R4) it communicate with (Ilaboratory) to tell under the facility's Nurses presented on 6/1/15 (R4, R5, R14, R15,	oper extremities and by svaginal area. I can do contusions to the least or shoulder. Contusing greater trochanted upper arm and bruishs. I checked (R4)'s gight edema to the label of the l	me in at eft upper ons to the crons to the crons to the round of the vaginal bia. Sunday call that how (R4) the nt (R4) to be at E10 be labia, and resident estigation, uation, and resident estigation, estigation, and resident estigation estigation.	S9999			

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| Illinois Department of Public Health STATE FORM

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED	
		IL6008130	B. WING	B. WING			
	PROVIDER OR SUPPLIER	EHAR CENTER 2545 24	NDDRESS, CITY, ST TH STREET SLAND, IL 612				
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES / MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF ((EACH CORRECTIVE ACTI CROSS-REFERENCED TO TI DEFICIENCY	ON SHOULD BE HE APPROPRIATE	(X5) COMPLETE DATE	
S9999	Continued From pa	ge 10	S9999				
		(A)					

Illinois Department of Public Health