

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER 145751	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 08/27/2020
NAME OF PROVIDER OF SUPPLIER PA PETERSON AT THE CITADEL		STREET ADDRESS, CITY, STATE, ZIP 1311 PARKVIEW AVENUE ROCKFORD, IL 61107	
For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)		
F 0580 Level of harm - Minimal harm or potential for actual harm Residents Affected - Few	Immediately tell the resident, the resident's doctor, and a family member of situations (injury/decline/room, etc.) that affect the resident. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on interview and record review, the facility failed to notify a resident's (R5) Power of Attorney when he was transferred to a local hospital. This applies to 1 of 3 residents (R5) reviewed for notification in the sample of 18. The findings include: 1) R5's electronic face sheet printed on 8/20/20 showed R5 was re-admitted to the facility on [DATE] with [DIAGNOSES REDACTED]. R5's Power of Attorney for Healthcare form dated 11/16/16 showed R5 had appointed his wife as his Power of Attorney for healthcare. R5's nursing progress notes dated 6/1/20 at 8:48PM showed V19 (Licensed Practical Nurse) documented, Resident left via ambulance. R5's nursing progress notes dated 6/2/20 at 4:35AM showed V19 documented, Resident admitted for bilateral pneumonia. R5's electronic transfer form sent to local hospital showed the contact person who was notified of transfer and updated on condition was R5. R5's power of attorney was not listed on the form as a person contacted regarding R5's transport to the local hospital. On 8/19/20 at 4:48PM, V19 stated, R5 was not a resident I took care of and I'm not sure who he is. He wasn't on my hall. A resident's power of attorney must be notified of all transfers to the emergency room. On 8/19/20 at 10:10AM, V17 (Licensed Practical Nurse-LPN) stated, The nurse notifies a resident's power of attorney for all transfers to the emergency room. On 8/20/20 at 11:05AM, V2 (Assistant Director of Nursing) stated, If a physician orders [REDACTED]. The facility's policy titled Change in Resident's Condition revised 10/17 showed, Nursing will notify the resident's physician or nurse practitioner and responsible part when .b. There is a significant change in the resident's physical, mental or emotional status that affects their overall wellbeing. any other instances that facility deems necessary.		
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE		TITLE (X6) DATE	

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.