

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER 145937	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 07/23/2020
NAME OF PROVIDER OF SUPPLIER FOREST CITY REHAB & NRSG CTR		STREET ADDRESS, CITY, STATE, ZIP 321 ARNOLD AVENUE ROCKFORD, IL 61108	
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 0550 Level of harm - Minimal harm or potential for actual harm Residents Affected - Few	<p>Honor the resident's right to a dignified existence, self-determination, communication, and to exercise his or her rights.</p> <p>Based on observation, interview, and record review the facility failed to ensure a resident was able to use the toilet in a dignified manner, ensure resident's soiled sheets were changed, and staff refrained from using their cell phones in resident's rooms for 4 of 7 residents (R3, R5, R6, R7) reviewed for dignity. The findings include: 1. On 7/21/2020, at 12:05 PM, V16 CNA (Certified Nursing Assistant) was in the bathroom with R6. R6 said, Wait, wait a second I need to wipe first. V16 said, We have no time for that. R6 was transferred to her wheelchair and exited the bathroom. On 7/22/2020, at 12:20 PM, R6 said, Yesterday they were in a hurry and I couldn't wipe but it was ok because when I got back to my bed I used some tissues and just threw them in the trash can. I have diarrhea a lot. I don't like to be dirty so I wiped myself here in the bed but I wish I could have just cleaned up in the bathroom. R6's medical record showed she is cognitively intact and requires extensive physical assistance of staff for toileting needs and transfers. R6's current care plan showed, (R6) has occasional urinary incontinence related to general weakness, use of diuretics, intermittent confusion, and pain with interventions to include ensure adequate bowel elimination, provide incontinence care after each incontinent episode. On 7/22/2020, at 12:19 PM, V6 (CNA) said residents should be cleaned after toileting from front to back to prevent infection. On 7/23/2020, at 10:40 AM, V14 (CNA) said, If residents need help with wiping we definitely wipe them. Infections happen if they are not cleaned properly. On 7/23/2020, at 1:00 PM, V2 DON (Director of Nursing) said, (R6) should have been allowed the time clean herself up properly. 2. R3's medical record showed she was cognitively intact and required staff assistance for activities of daily living. On 7/22/2020 at 9:48 AM, R3 said the CNAs used their cell phones in her room when they were supposed to be assisting her with cares. R7's medical record showed he is cognitively intact and requires some physical assist of staff for activities of daily living. On 7/22/2020, at 12:30 PM, R7 said he saw staff members using their cell phones in his room all the time. R7 said staff turn music on their cell phone and play music while they are assisting his roommate and he says this is bothersome to him because he does not want to listen to their music. On 7/22/2020, at 12:19 PM, V6 CNA said staff are not supposed to use their cell phones while working unless it is during their break times and staff should never have cell phones in resident rooms. On 7/22/2020, at 12:00 PM, V5 LPN (Licensed Practical Nurse) said staff are not supposed to use cell phones in resident care areas. On 7/23/2020, at 10:40 AM, V14 CNA said staff are not allowed to have cell phones in resident rooms. On 7/22/2020, at 1:00 PM, V2 DON (Director of Nursing) said staff are not supposed to be using their cell phones in resident rooms and that the facility has a no cell phone policy. The facilities undated policy titled, Telephone and Mail Policy showed, Cell phone usage while on duty is prohibited. Examples of such devices includes mobile telephones. employees who use personal electronic devices while on duty may be subject to disciplinary action. Personal cell phones must be left with your personal belongings while in the facility. 3. On July 21, 2020 at 12:00 PM, R5 was sitting in a chair with a bedside table in front of her and her lunch on the bedside table. R5 was feeding herself independently. On the bed directly next to R5 was a bath blanket that was folded into a square with a large brown and yellow circular stain about 18 inches wide on it that appeared to be urine. R5's room smelled strongly of urine. On 7/22/2020 at 12:30 PM, R7 was sitting in a chair by his bed. R7's bed did not have blankets on it and his sheet was exposed. The bed had many yellow stains from the top of the bed to the bottom, the sheet appeared worn and had what appeared to be food crumbs throughout. On 7/22/2020, at 12:30 PM, R7 said staff have not been changing the sheets on the bed. R7 said, That's why they are all stained. I use a urine bottle when I'm in bed and it spills sometimes. I don't like seeing these stains on my sheet. On 7/22/20, at 12:19 PM, V6 CNA said soiled sheets should be changed right away so the residents do not get skin breakdown and to prevent germs. On 7/22/2020, at 12:00 PM, V5 LPN (Licensed Practical Nurse) said staff check the residents every two hours and if the sheets are soiled they should be changed right away. On 7/22/2020, at 1:00 PM, V2 DON (Director of Nursing) said soiled sheets should be changed right away. A policy for changing soiled sheets was requested but not received. The facility's policy for resident rights with revision date of November 2018 showed, Your facility must treat you with dignity and respect and must care for you in a manner that promotes your quality of life. and Your facility must be safe, clean, comfortable and homelike.</p>		
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.