

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 145308	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 01/13/2025
NAME OF PROVIDER OR SUPPLIER River View Rehab Center		STREET ADDRESS, CITY, STATE, ZIP CODE 50 North Jane Elgin, IL 60123	

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)
<p>F 0585</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Honor the resident's right to voice grievances without discrimination or reprisal and the facility must establish a grievance policy and make prompt efforts to resolve grievances.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 33330</p> <p>Based on observation, interview, and record review, the facility failed to follow their policy for grievance resolution and failed to ensure a grievance was resolved within 72 hours.</p> <p>This applies to 1 of 3 residents (R1) reviewed for grievances in the sample of 6.</p> <p>The findings include:</p> <p>The EMR (Electronic Medical Record) shows R1 was admitted to the facility on [DATE]. R1 has multiple diagnoses including, multiple sclerosis, dementia, osteopenia, depressive disorders, cerebral infarction, seborrheic dermatitis, history of falling, bipolar disorder, and convulsions.</p> <p>R1's MDS (Minimum Data Set) dated October 30, 2024 shows R1 has moderate cognitive impairment, requires supervision with eating, partial/moderate assistance with oral hygiene, personal hygiene, and bed mobility, and substantial/maximal assistance with toilet hygiene, showering, lower body dressing, and transfers between surfaces. R1 is frequently incontinent of bowel and bladder.</p> <p>On January 9, 2025 at 9:25 AM, R1 was lying in bed, covered with multiple blankets. R1 was unable to answer questions due to her cognitive status. R1 was unable to say the day of the week, the month, the year, or where she was currently residing. V7 (CNA-Certified Nursing Assistant) was in the room and said she frequently cares for R1. V7 turned R1 to her left side. R1's entire back, from her shoulders to her waistline was covered in a pinpoint red rash. V7 said R1 has had the rash for a while. R1's cognitive status prevented her from saying if the rash bothered her or had any symptoms such as itchiness or pain.</p> <p>(continued on next page)</p>

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.

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
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<p>F 0585</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>On January 9, 2025 at 1:07 PM, V4 (Daughter of R1) said family members brought R1 home on Christmas Eve after making prior arrangements with the facility. When R1 arrived at their home, the family found multiple issues concerning R1's care, including long toenails and dirty feet, improper incontinence care, and a rash covering R1's entire back. V4 said, I sent an email to [V6] (PRSD-Psychiatric Rehabilitation Services Director) on December 26, 2024. I was expecting the facility to have [R1] assessed by a doctor for her rash. They said her feet looked fine. Of course they looked fine, I cut her toenails while she was home, and I applied lotion to her dry skin after cleaning her feet. I asked to schedule a meeting. I was told our concerns were forwarded to [V2] (DON-Director of Nursing). [V2] (DON) never called me back. Instead, she had [V3] (RN-Registered Nurse) call us to tell us they did an X-ray of my mom's leg as we requested. They have not done anything about our other concerns that I am aware of. Our email to the facility specifically asked for a meeting to discuss my mom's care and if her placement is appropriate for that facility. As of today, I have not heard a word about a meeting. We are still waiting to hear something. It has been two weeks since we sent our email with our multiple concerns.</p> <p>As of January 9, 2025 at 10:39 AM, the facility did not have documentation to show R1 had been assessed by a physician for the rash on her back. The facility also did not have documentation to show R1's family was contacted regarding the meeting they requested regarding R1.</p> <p>V6 (PRSD) provided a copy of the email she received from V4 (Daughter of R1) on December 26, 2024 at 8:50 PM. V6 showed that she forwarded the email with V4's concerns to V2 (DON), and V14 (Assistant Administrator) on December 28, 2024 at 10:18 AM.</p> <p>The email sent to V6 (PRSD) by V4 (Daughter of R1) shows, [R1] was taken out on December 24 to spend time with her family for the holiday. While being out of [the facility] a few concerns were brought to our attention that need to be addressed immediately. V6's email shows multiple concerns, including R1 not being bathed properly, long toenails, improper incontinence care, dry skin on her feet with yellow, brown, back dead skin between her toes, making a horrendous smell, and giving her pain//discomfort. V6 continued to write in her email R1's physical hygiene was concerning with body odor and a rash/red bumps all over R1's back. V6 also wrote, Is [R1] not a good candidate for [the facility] anymore with all of her physical/mental changes? We feel that her needs are falling to the wayside and need to be handled according to the facility and family's standards. V6 ended her email correspondence asking to schedule a meeting, within the next week, with the appropriate person to handle all of the family's concerns.</p> <p>The facility does not have a copy a grievance form filled out by V6 (PRSD), V2 (DON), or V14 (Assistant Administrator) showing V4's (Daughter of R1) concerns or the resolution of V4's concerns. The facility does not have documentation to show a grievance meeting was held to address the concerns regarding R1. The facility does not have documentation to show the concerns were reviewed and signed by V1 (Administrator).</p> <p>On January 9, 2025 at 1:26 PM, V6 (PRSD) said, The family saw me walking in the hallway after they returned to the facility with [R1]. They asked for my email address. I received an email from [R1's] family showing multiple concerns, and I forwarded that email to [V2] (DON) and [V14] (Assistant Administrator). I did not fill out a grievance form. Should I have? I do not know if her grievances were resolved.</p> <p>(continued on next page)</p>		

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<p>F 0585</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>On January 9, 2025 at 2:53 PM, V2 (DON) said, There is no grievance form for [R1]. I had another nurse call the family about her X-ray results. I did not speak to the family. V2 continued to say a meeting with the family has not been set up to discuss the family's concerns, as requested in the email.</p> <p>The facility's policy entitled Grievance dated 6/14 shows: Purpose: To establish a formal method for documentation of grievances and system of resolution. Protocol: The facility will establish a formalized Grievance Meeting following the following criteria: 1. The Director of Social Services will coordinate the Grievance Meeting. 2. The Director of Social Services will utilize the written concern form method to document concerns. 4. All concerns will be documented in writing. 5. The Director of Social Services will review and maintain concern through resolution. 6. All departments and facility staff members are required to participate in the investigation and follow up that is required to resolve each concern. 7. The facility concerns will be maintained in the Concern/Grievance Binder, maintained in the Social Services Office. 8. All concerns will be reviewed and signed by Administrator. 9. Concern resolutions are expected within 72 hours.</p>		

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<p>F 0684</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide appropriate treatment and care according to orders, resident's preferences and goals.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 33330</p> <p>Based on observation, interview, and record review, the facility failed to ensure a resident received assessment and treatment for a rash identified four months ago.</p> <p>This applies to 1 of 3 residents (R1) reviewed for improper nursing care in the sample of 6.</p> <p>The findings include:</p> <p>The EMR (Electronic Medical Record) shows R1 was admitted to the facility on [DATE]. R1 has multiple diagnoses including, multiple sclerosis, dementia, osteopenia, depressive disorders, cerebral infarction, seborrheic dermatitis, history of falling, bipolar disorder, and convulsions.</p> <p>R1's MDS (Minimum Data Set) dated October 30, 2024 shows R1 has moderate cognitive impairment, requires supervision with eating, partial/moderate assistance with oral hygiene, personal hygiene, and bed mobility, and substantial/maximal assistance with toilet hygiene, showering, lower body dressing, and transfers between surfaces. R1 is frequently incontinent of bowel and bladder.</p> <p>On January 9, 2025 at 9:25 AM, R1 was lying in bed, covered with multiple blankets. R1 was unable to answer questions due to her cognitive status. R1 was unable to say the day of the week, the month, the year, or where she was currently residing. V7 (CNA-Certified Nursing Assistant) was in the room and said he frequently cares for R1. V7 turned R1 to her left side. R1's entire back, from her shoulders to her waistline, and the entire width of her back was covered in a pinpoint red rash. V7 (CNA) said R1 has had the rash for a while. R1's cognitive status prevented her from saying if the rash bothered her or had any symptoms such as itchiness or pain.</p> <p>On August 27, 2024 at 4:03 PM, V9 (RN-Registered Nurse) documented, Received [R1] from [local hospital] at 12:35 PM, accompanied by ambulance. Resident is alert, oriented x 1 to 2. On antibiotics for pneumonia for 3 days. Assessment done. Red rashes noted on the face and back. Called and informed [V10] (Physician), [V11] (NP-Nurse Practitioner), and [V12] (NP). Orders carried out.</p> <p>The facility does not have documentation to show R1's back rash was assessed by a physician or if R1 received treatment for the rash.</p> <p>On January 9, 2025 at 1:07 PM, V4 (Daughter of R1) said, We brought [R1] home for Christmas. We had made the arrangements with the facility ahead of time. While she was home with us, she needed to use the restroom. V4 continued to say while assisting R1 with using the toilet, they discovered R1's back was completely covered in a pinpoint red rash that the family was unaware of.</p> <p>V4's (Daughter of R1) email to V6 (PRSD-Psychiatric Rehabilitation Services Director) dated December 26, 2024 shows R1's family's concerns regarding the rash on R1's back. V6 provided documentation to show the concerns regarding R1's rash were forwarded to V2 (DON-Director of Nursing) and V14 (Assistant Administrator) on December 28, 2024. As of January 9, 2025 at 10:39 AM, the facility did not have documentation to show R1's rash was assessed by nursing staff or a physician.</p> <p>(continued on next page)</p>		

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<p>F 0684</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>On January 9, 2025 at 11:17 AM, V13 (WCN/RN-Wound Care Nurse/Registered Nurse) said, The rashes on [R1's] back have been there since I started in June 2024. [R1] has never been seen by a physician for her rash. V13 continued to say R1 told her several months ago that her rash was caused due to a corn syrup allergy. V13 said she was unsure if R1 receives any foods with corn syrup or if the dietary staff were notified of R1's possible corn syrup allergy. V13 continued to say she was unsure if a physician should assess R1's rash.</p>		

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<p>F 0687</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide appropriate foot care.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 33330</p> <p>Based on interview and record review, the facility failed to ensure a resident received foot care, including toenail clipping, and failed to ensure a resident was examined by a podiatrist as shown in the facility's foot care policy.</p> <p>This applies to 1 of 3 residents (R1) reviewed for foot care in the sample of 6.</p> <p>The findings include:</p> <p>The EMR (Electronic Medical Record) shows R1 was admitted to the facility on [DATE]. R1 has multiple diagnoses including, multiple sclerosis, dementia, osteopenia, depressive disorders, cerebral infarction, seborrheic dermatitis, history of falling, bipolar disorder, and convulsions.</p> <p>R1's MDS (Minimum Data Set) dated October 30, 2024 shows R1 has moderate cognitive impairment, requires supervision with eating, partial/moderate assistance with oral hygiene, personal hygiene, and bed mobility, and substantial/maximal assistance with toilet hygiene, showering, lower body dressing, and transfers between surfaces. R1 is frequently incontinent of bowel and bladder.</p> <p>On January 9, 2025 at 9:25 AM, R1 was lying in bed, covered with multiple blankets. R1 was unable to answer questions due to her cognitive status. R1 was unable to say the day of the week, the month, the year, or where she was currently residing. V7 (CNA-Certified Nursing Assistant) was in the room and said he frequently cares for R1. V7 removed R1's foam boots and R1's toenails looked clean and cut to a short length. V7 said, Someone has cut her toenails, but it was not me. V7 (CNA) said R1 had very long toenails before Christmas. V7 described R1's toenails as growing over the tops of her toes. V7 said CNAs are not allowed to cut resident's toenails and either nursing or podiatry cuts the toenails of residents.</p> <p>On January 9, 2025 at 1:26 PM, V6 (PRSD-Psychiatric Rehabilitation Services Director) said, [R1's] family was here and asked me for my email address so they could voice concerns. I received the email and forwarded her concerns to [V2] (DON-Director of Nursing). The email had pictures of [R1's] feet and long toenails. The toenail pictures made me nauseous, and her toes weren't tidy looking at all. Her nails were long, and there was a lot of debris between her toes. Definitely, based on the pictures they sent, she needed someone to come in and cut her toenails. V6 provided the email and pictures she received from V4 (Daughter of R1) with the pictures of R1's long toenails and foot debris. The email is dated December 26, 2024 at 8:50 PM. In the picture attached to the email, R1's second toe was long and curved over the top of R1's second toe. R1's other toenails appeared long and jagged. The skin on R1's foot was flaky and the debris between her toes was darker than R1's skin tone and was flaky as well.</p> <p>(continued on next page)</p>		

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<p>F 0687</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>On January 9, 2025 at 1:07 PM, V4 (Daughter of R1) said, We brought [R1] home for Christmas. We had made the arrangements with the facility ahead of time. While she was home with us, she needed to use the restroom, and when we removed her shoes, we noticed her toenails were severely overgrown. Her nails were at least an inch over the top of her big toe. The skin on her foot was dry and scaly. There was a nasty odor, and so much debris between her toes, it looked like she had webbing between her toes. I cut her toenails in the bathroom of our home to get them to look normal. I cleaned all the debris out from under her toenails, and from between her toes. Of course they look fine now, I cut her toenails and cleaned her feet, on Christmas!</p> <p>On January 9, 2025 at 12:49 PM, V2 (DON) said, The podiatrist comes to the facility monthly. Our policy shows every resident should be seen by the podiatrist, at minimum, yearly.</p> <p>On January 9, 2025 at 2:00 PM, V2 (DON) provided documentation from V8 (Facility Service Representative Podiatry Group) showing podiatry visits for R1, for the period of December 1, 2023 to January 9, 2025. V8's email shows R1 was not seen by the podiatrist during the two-year period of December 1, 2023 to January 9, 2025. V8's email shows, [R1]: We do not have a chart on file for an individual with this name. No service notes or dates seen available.</p> <p>The facility provided podiatry notes for every resident in the facility for the period of June 1, 2024 to present. The facility does not have documentation to show podiatry notes for R1. The facility does not have documentation to show R1 was provided with toenail care by nursing staff.</p> <p>The facility's policy entitled Foot Care dated 6/14 shows: Purpose: To provide comfort and prevent infection of the feet. Procedure: 1. Explain procedure to resident. 2. Wash feet using mild soap and water. 3. Rinse soapy solution from feet with clear water. 4. Dry feet thoroughly, especially between toes. 5. Remove excess dried skin around heels, toes, and soles of feet by rubbing carefully with towel. 6. Apply lubricating lotion sparingly as needed for skin dryness. 7. Do not cut the nails of residents with diabetes or peripheral blood vessel disease, if nails are ingrown or have signs of inflammation or infection. Licensed nurse must assess carefully and provide for nail cutting. Schedule Podiatry exam minimally yearly. Resident/Staff may require/request treatment by a podiatrist PRN (As Needed). 8. Leave resident comfortable. 9. Document time, date, treatment, and include pertinent observations and description of feet.</p>		