

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 08/30/2024
NAME OF PROVIDER OR SUPPLIER PA Peterson at the Citadel		STREET ADDRESS, CITY, STATE, ZIP CODE 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)
<p>F 0744</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide the appropriate treatment and services to a resident who displays or is diagnosed with dementia.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 34117</p> <p>Based on observation, interview and record review the facility failed to ensure a resident with a diagnosis of dementia had individualized interventions with behaviors of agitation/restlessness while in bed. This applies to 1 of 3 residents (R1) reviewed for dementia care in the sample of 3.</p> <p>The findings include:</p> <p>R1's face sheet shows he is an [AGE] year-old male admitted to the facility on [DATE], with diagnosis including unspecified dementia with other behavioral disturbance, unsteadiness on feet, weakness, hypertension, heart disease, and systemic lupus.</p> <p>R1's Physician Order Sheets dated August 2024 shows orders for clonazepam 0.5 mg (milligrams) every 12 hours as needed for restlessness and agitation, Plavix 75 mg (antiplatelet) daily, and aspirin 81 mg daily.</p> <p>On 8/30/24 at 8:33 AM, R1 was observed in the dining room during the breakfast meal. R1 is thin, frail, with bony arms with multiple bruises and dark spots to his forearms. A foam dressing to his left elbow, a dark purple bruise above his left eyebrow area and light purple bruising to the inner eye near the nose bridge was observed. R1 is Spanish speaking, when asked what happened he replied, [NAME] bien (I'm okay).</p> <p>On 8/30/24 at 8:44 AM, R1 was in his wheelchair in his room. V12 (Dietary Supervisor) translated for this surveyor. V12 asked R1 what happened, R1 could not explain what happened to cause the bruise on his face. V12 asked if someone hurt him, R1 said no one touched him.</p> <p>On 8/30/24 at 8:47 AM, V3 (Unit Manager) entered the room, she said R1's left eye bruise was reported to her yesterday (8/29/24). R1 has had no falls, she talked to the staff, and they are not sure what happened. She padded the side rails after this because maybe he hit himself on the side rail when he was in bed. R1 is confused and cannot communicate what happened.</p> <p>On 8/30/24 at 8:40 AM, V4 (Licensed Practical Nurse-LPN) said V7 (Certified Nursing Assistant-CNA) reported the bruise on Wednesday 8/28/24, she was one of the nurses working that day. R1 had a bruise to his left eye, he is confused, unable to answer questions, he tries to get up without assistance. She's seen him before with his head on the side rail, he's a wiggle worm when he's in bed.</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 0744</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>On 8/30/24 at 9:57 AM, V6 (Wound Nurse) said she was notified about R1's bruise to his left eye. When she went in to go assess R1, she saw him resting his head on the left side rail. She said she 99% sure it was caused by the side rail.</p> <p>On 8/30/24 at 10:34 AM, V7 (CNA) said R1 is confused, he likes to lay down after meals, he lays his head down near side rail, he tries to get out of bed. She reported the bruise to V4.</p> <p>On 8/30/24 at 12:30 PM, V9 (CNA) said R1 can be resistive with cares at times, it's better to have two staff to transfer and assist with cares, he moves a lot in bed, and attempts to get up from the bed.</p> <p>On 8/30/24 at 12:39 PM, V13 (CNA) said she works 2nd shift, R1 is a two person assist with transfers and cares because he can resist a lot.</p> <p>On 8/30/24 at 1:23 PM, V11 (Registered Nurse-RN) said she was R1's night nurse the day before the bruise was reported. She did not notice the bruise, but he gets squirrely in bed and gets twisted in bed, he'll lay cock-eyed. She has seen his head lay near the left side of the side rail. We used to place pillows near the rails in the past. When he is awake, we keep a close eye on him because he is fall risk and impulsive.</p> <p>On 8/30/24 at 11:08 AM, V1 (Administrator) said the bruise was reported as an injury from the side rail due to a behavior. Known behaviors should be monitored and have interventions in place to prevent or reduce injury.</p> <p>R1's shower sheets dated 8/15/24, 8/19/24, and 8/22/24 shows no bruises documented on the face.</p> <p>R1's nurse's note dated 8/28/24 at 1:33 PM, documents CNA noticed a bruise in the corner of the (R1's) left eye, bruise is a small circle.</p> <p>R1's nurse's note dated 8/28/24 documented by V6 (Wound Nurse) this nurse noted a 1.5 cm (centimeter) x 3 cm bruise on the lateral left eye. Staff is unaware of the cause of the bruise; it appears that this bruise may come from contact with side rail on his bed when he is laying down.</p> <p>R1's current care plan shows his cognition his severely imparied, is at risk for falls last unwitnessed fall dated 8/16/24. R1's care plan does not show behaviors of agitation/restlessness, resistive of cares with interventions in place.</p> <p>The facility's Dementia/Alzheimer's Care and Behavior Management Policy dated 1/2023 states, It is the policy of this facility that all residents shall be assisted and monitored for mental, emotional, and behavioral changes as well as physical condition and appropriate interventions initiated. Staff actions will be directed toward symptom awareness, symptom description and monitoring in order to identify goals interventions and approaches.</p>		