

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 12/13/2024
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 0677</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide care and assistance to perform activities of daily living for any resident who is unable.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 45395</p> <p>Based on observation, interview, and record review, the facility failed to provide assistance with oral and/or denture care for one (R7) of three residents reviewed for activities of daily living (ADL); and the facility failed to follow its policy and procedures by not ensuring that a resident with a self-care deficit (R7) received the necessary assistance to maintain oral hygiene.</p> <p>The findings include:</p> <p>Review of R7's face sheet indicated resident admitted to the facility on [DATE] with a past medical history not limited to: dementia, type 2 diabetes mellitus, peripheral vascular disease, mild cognitive impairment, anxiety, hypertension, and history of infectious and parasitic diseases.</p> <p>Review of R7's Minimum Data Set, Section C for Cognitive Patterns (page 9) dated 11/15/2024 documented Brief Interview for Mental Status (BIMS) score of 5/15 which indicates impaired cognition. Section GG for Functional Abilities (page 21) dated 11/15/2024 documented that resident requires partial to moderate assistance with oral hygiene, to insert and remove dentures into and from the mouth and manage dentures soaking and rinsing with use of equipment.</p> <p>On 12/12/2024 at 10:51 AM, observed R7 in his room seated in a wheelchair. Observed R7's upper and lower dentures in place that appeared unclean. R7 indicated that his dentures have been in for about week now and he himself has not brushed them and no staff have taken his dentures out to clean them either.</p> <p>On 12/12/2024 at 10:56 AM, V9 (Licensed Practical Nurse) who was R7's nurse said he wears dentures, and she has helped him a few times in the past remove his dentures at night and has brushed them for him. She added that dentures should be removed daily, usually at night to be cleaned and soaked overnight. V9 added that when a resident refuses to remove their dentures, staff should reattempt multiple times and the refusal is documented in their progress notes.</p> <p>On 12/12/2024 at 2:15 PM, V2 (Director of Nursing) said she just talked to R7, and he refused to remove his dentures at this time. R7 was then educated by V2 on the importance of removing dentures and receiving oral care. Per V2 (DON), R7 verbally agreed to allow staff to remove dentures this evening. V2 then provided one shower sheet for the last thirty days dated 12/10/2024 that documented R7 refused denture care. Review of R7's progress notes for the last 30 days showed no documented refusals of R7 not taking out his dentures and/or refusing oral care.</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
FORM CMS-2567 (02/99) Previous Versions Obsolete	Event ID:	Facility ID: 145751
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<p>F 0677</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>On 12/12/2024 at 3:10 PM, V2 (Director of Nursing) said that oral care should be provided daily to each resident and is usually done with morning cares but can be performed at any time throughout the shift.</p> <p>Activities of Daily Living (ADLs) policy last revised 03/2018 reads in part:</p> <p>Policy Statement: Residents will be provided with care, treatment and services as appropriate to maintain or improve their ability to carry out activities of daily living (ADLs). Residents who are unable to carry out activities of daily living independently will receive the services necessary to maintain good nutrition, grooming and personal and oral hygiene.</p> <p>Policy Interpretation and Implementation: Residents will be provided with care, treatment and services to ensure that their activities of daily living (ADLs) do not diminish unless the circumstances of their clinical condition(s) demonstrate that diminishing ADLs are unavoidable. Appropriate care and services will be provided for residents who are unable to carry out ADLs independently, with the consent of the resident and in accordance with the plan of care, including appropriate support and assistance with: Hygiene (bathing/showering, dressing, grooming, and oral care); Mobility (transfer and ambulation, including walking); Elimination (toileting); Dining (meals and snacks); and Communication (speech, language, and any functional communication systems). If residents with cognitive impairment or dementia resist care, staff will attempt to identify the underlying cause of the problem and not just assume the resident is refusing or declining care. Approaching the resident in a different way or at a different time or having another staff member speak with the resident may be appropriate. Interventions to improve or minimize a resident's functional abilities will be in accordance with the resident's assessed needs, preferences, stated goals and recognized standards of practice. The resident's response to interventions will be monitored, evaluated and revised as appropriate.</p>		