

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 145771	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 06/20/2024
NAME OF PROVIDER OR SUPPLIER River Bluff Nursing Home		STREET ADDRESS, CITY, STATE, ZIP CODE 4401 North Main Street Rockford, IL 61103	

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** 35175</p> <p>Based on interview and record review, the facility failed to ensure a resident received a written grievance decision for one of three residents (R1) reviewed for grievances in the sample of 7.</p> <p>The findings include:</p> <p>R1's face sheet showed a [AGE] year-old with diagnosis of peripheral neuropathy, Type 2 diabetes, obesity, heart failure, chronic kidney disease stage 3, and peripheral vascular disease.</p> <p>On 6/20/24 at 10:39 AM, R1 was in his room in a recliner. He stood up and walked across the room without any assistive devices and unlocked a drawer. He retrieved copies of grievances he had filed. R1 was calm, alert, and oriented. His speech was clear, and he had good eye contact.</p> <p>On 6/20/24 at 10:30 AM, V1 said she personally had given R1 verbal grievance resolutions. R1 didn't request a written response but V1 will make sure he gets a written response.</p> <p>At 10:39 AM, R1 said when I file a grievance, I do not receive a response in writing. I get it verbally. I talked to V1 Administrator. I still don't think I did anything wrong. I told her (V1) I wanted to know what (V4 Restorative Aide and V10 Restorative Nurse) said. (V2 Director of Nursing (DON)) told me they don't give grievance resolutions in writing.</p> <p>R1's grievance dated 6/9/24 showed an incident occurred on 6/7/24 involving rude and disrespectful conversation with V4. This grievance requested a verbal and written response.</p> <p>The facility's 10/23/23 Resident and Family Grievance Policy showed the grievance official is responsible for issuing written grievance decisions to the resident. In accordance with the resident's right to obtain a written decision regarding his or her grievance, the grievance official will issue a written decision on the grievance to the resident or representative at the conclusion of the investigation. The written decision will include at a minimum: the date the grievance was received, the steps taken to investigate the grievance, a summary of pertinent findings or conclusions regarding the resident's concern, a statement as to whether the grievance was confirmed or not confirmed, any corrective action taken by the facility as a result of the grievance, and the date the written decision was issued.</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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