

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER 145821	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 08/28/2020
NAME OF PROVIDER OF SUPPLIER FOX RIVER REHAB & HEALTHCARE		STREET ADDRESS, CITY, STATE, ZIP 2355 ROYAL BOULEVARD 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)		
F 0677 Level of harm - Minimal harm or potential for actual harm Residents Affected - Few	<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**</p> <p>Based on interview and record review ,the facility failed to provide assistance with toileting for residents who required extensive assistance with ADL (activities of daily living). This applies to 2 of 5 residents (R3 and R8) reviewed for assistance with ADL (activities of daily living). The findings include: 1). R3's POS (physician order [REDACTED]. R3's MDS (minimum data set) dated 8/13/20 and current care plan showed R3's cognition is intact and R3 requires extensive assistance with toileting. On 8/17/20 at 3:30 PM, R3 stated because of long delays in answering call lights, he often has to wet his incontinent brief. R3 stated he cannot go to the bathroom alone, he puts on is light and it can take up to an hour to get help. R3 added this morning I was on the toilet for over 30 minutes before they came back to get me off. On 8/17/20 at 4:20 PM, R3 self-propelled himself to writer and loudly stated See I had my light on for 30 minutes, I need to go to the bathroom, no one comes to even ask what I need. I can't do it by myself, this is why I have accidents on myself. I don't like wetting on myself. 2). R8's POS (physician order [REDACTED]. R8's MDS dated [DATE] and current care plan showed R8's cognition is intact and R8 is totally dependent on staff for toileting and extensive assistance with hygiene. On 8/17/20 at 10:55 AM, R8 stated I usually get changed one time per shift. I have to request them to change me. Sometimes it takes them a couple of hours before they come, by that time I have wet myself. R8 added yesterday, I was only changed once the entire day, because they are so busy. The day before yesterday, my clothes were soaked from my waist to my ankles, while my call light was still on. R8 stated on the evening shift, residents are told after dinner, that they have to wait because the staff has to feed those who cannot feed themselves and it doesn't matter if you need help or have to use the toilet. In the presence of V3 (Assistant Director of Nursing), R8 stated it takes over 30 minutes to get help after putting on your call light and 2 days prior, she had soaked her entire set of clothing. On 8/17/20 at 4:45 PM, V14 CNA (certified nursing assistant) stated she was assigned to R3 and had left the assigned area for dinner break without telling anyone or having coverage for R3. V14 confirmed others would have assumed she was going in to assist. On 8/17/20 at 4:40 PM, V13 (nurse) stated she was unaware the CNA was not in her assigned area and the CNA should have reported off to another CNA for coverage and the assigned nurse. On 8/17 at 5:15 PM, V2 (Director of Nursing) stated she was aware that R3 was not getting timely assistance and added someone in the area should have responded to the call light. The policy provided by the facility titled Call Lights and revised on 11/1/16 showed: . 7. Answer the resident's call light as soon as possible. 8. Be courteous . The policy provided by the facility titled SG ADL Care and Assistance dated 12/2016 showed: Standard: It will the standard of this facility to provide the resident with Activities of Daily Living (ADL) care and assistance while attempting to maintain the highest practicable level of function for the resident. . 2. Each ADL should be provided at the level of assistance that promotes the highest practicable level of function for the resident, while ensuring the needs and desired goals of the resident are met safely.</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.