

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER 145891	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 09/05/2020
NAME OF PROVIDER OF SUPPLIER CARRIAGE REHAB & HEALTHCARE		STREET ADDRESS, CITY, STATE, ZIP 1660 SOUTH MULFORD ROCKFORD, IL 61108	
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>Based on observation, interview, and record review the facility failed to provide showers to three of three residents (R1, R2, R3) in the sample of 6 reviewed for showers. The findings include: On 9/5/2020 at 9:30, 9:35, and 10:45 respectively, R1-R3 were observed lying in bed. R1- R3's hair appeared dirty and unkept. R1 and R2 had a package of disposable wet wipes on their bedside tables. On 9/5/2020 at 9:30 AM, R1 said she has been in the facility since 8/31/2020 and she has never been offered a shower. R1 said she wipes herself off with a wet wipe and runs the wet wipe through her hair. R1 said she feels disgusting and would love to have some help taking a shower. R1 said she has asked the staff on numerous occasions to help her with a shower but was told it wasn't her day to get a shower. R1 said she needs help from the staff to take a shower. On 9/5/2020 at 9:35 AM, R2 said she has been at the facility since 8/29/2020 and had not been offered a shower by the staff. R2 said she also wipes herself off with wet wipes but does not feel that does a good enough job and she would feel so much better if she could get a shower. R2 said she needs help from the staff to take a shower. On 9/5/2020 at 10:45 AM, R3 said he has been at the facility since 8/27/2020 and he has never been offered a shower. R3 said he feels gross because he has not showered in so long. R3 said he needs help from the staff to take a shower. On 9/5/2020 at 10:15 AM, V3 Registered Nurse (RN) said the residents are to get a shower 2 times a week. The showers should be documented on a shower sheet. On 9/5/2020 at 11:11 AM, V4 Certified Nursing Assistant (CNA) said the residents get showered 2 times a week. V4 said the showers get documented on the shower sheets or in the computer. On 9/5/2020 at 10:30 AM, V1 Administrator said the residents should be showered 2 times a week. On 9/5/2020 at 11:30 AM, V2 Regional Director of Clinical Operations said she could not find any documentation showing R1-R3 having had a shower since their admissions. The shower schedule for the facility shows R1 and R2 should be showered on Monday and Thursday and R3 should be showered on Tuesday and Friday. The facility policy on showers/bathing dated 12/1/2016 shows it will be the standard of this facility that showers/bathing are offered to residents at least 2 times weekly</p>		
F 0919 Level of harm - Minimal harm or potential for actual harm Residents Affected - Few	<p>Make sure that a working call system is available in each resident's bathroom and bathing area.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</p> <p>Based on observation, interview, and record review the facility failed to have a functional call light for one of three (R1) residents reviewed for call lights in the sample of 6 The findings include: The clinical record for R1 shows she was admitted on [DATE]. The clinical record for R2 shows she was admitted to the facility on [DATE]. On 9/5/2020 at 9:30 AM, R1 was observed in bed with no call light at her bedside. R1 said the call light does not work right now so she just yells to her room mate to put her call light on. R1 said when she first arrived at the facility her call light worked but her room mates call light did not. R1 said she has told every staff member that has come into her room that her call light does not work but the problem is not fixed. R1 said she is afraid her room mate won't hear her yell for her to put her call light on if she is sleeping. R1's room mate, R2, said her call light was not working for awhile and she would have to ask R1 to put her call light on. R2 said she has mentioned to staff many times the call lights are not working right. On 9/5/2020 at 10:15 AM, V3 Registered Nurse (RN) said if a residents call lights are not working they should be moved to another room until the problem can be fixed. On 9/5/2020 at 10:30 AM, V1 Administrator said the maintenance man does check the call lights periodically to make sure they are working. V1 said right now they do not have a full time maintenance man. V1 said she has replaced call lights in the building as they need fixing. V1 asked how she is supposed to know something is broken if no one tells her. The facility policy on call lights dated 11/1/2016 shows report all defective call lights to the supervisor or maintenance department promptly . if system is under repair an alternative system of staff notification for need of assistance may be utilized.</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.