

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 03/07/2007
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 145628	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 10/12/2006
NAME OF PROVIDER OR SUPPLIER EVERGREEN NURSING & REHAB CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE 1115 NORTH WENTHE EFFINGHAM, IL 62401		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE	
F 497	Continued From page 15 education based on the outcome of these reviews. The in-service training must be sufficient to ensure the continuing competence of nurse aides, but must be no less than 12 hours per year; address areas of weakness as determined in nurse aides' performance reviews and may address the special needs of residents as determined by the facility staff; and for nurse aides providing services to individuals with cognitive impairments, also address the care of the cognitively impaired. This REQUIREMENT is not met as evidenced by: Based on record review and interview the facility has no program in place to ensure that each of the 37 Certified Nurse Aides employed by the facility have the required minimum 12 hours per year in-service training. The findings include: On 10/11/06 E2 (DON) was questioned about CNA in-service training. E2 explained that E14 (LPN) was creating a method to track the CNA in-service hours. E14 was asked about the in-service program at approximately noon in 10/11/06. E14 indicated that at this time there is no method in place to determine what cumulative amount of hours each of the 37 staff CNA's have attended. E14 indicated that all in-services since July 2006 have been timed and attendance has been taken. These records were reviewed by the surveyor at the time. E14 was to begin the task of entering all the data into the computer to form records.	F 497			
F9999	FINAL OBSERVATIONS	F9999			

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F9999	<p>Continued From page 16 LICENSURE VIOLATIONS</p> <p>300.610a) 300.660a)</p> <p>Section 300.610 Resident Care Policies a) The facility shall have written policies and procedures, governing all services provided by the facility which shall be formulated by a Resident Care Policy Committee consisting of at least the administrator, the advisory physician or the medical advisory committee and representatives of nursing and other services in the facility. These policies shall be in compliance with the Act and all rules promulgated thereunder. These written policies shall be followed in operating the facility and shall be reviewed at least annually by this committee, as evidenced by written, signed and dated minutes of such a meeting.</p> <p>Section 300.660 Nursing Assistants a) A facility shall not employ an individual as a nurse aide unless the facility has inquired of the Department as to information in the Registry concerning the individual. (Section 3-206.01 of the Act) The Department shall advise the inquirer if the individual is on the Registry, if the individual has findings of abuse, neglect, or misappropriation of property in accordance with Sections 3-206.01 and 3-206.02 of the Act, and if the individual has a current background check. (See Section 300.661 of this Part.)</p> <p>These requirements were not met as evidenced by the following:</p> <p>Based on record review and interview the facility failed to follow their policy for protection of</p>	F9999			

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F9999	<p>Continued From page 17</p> <p>residents from abuse by employing a Certified Nursing Assistant (E3) and a Licensed Practical Nurse (E15) with findings of abuse against them on the State nurse aide registry and by failing to follow their policy for Pre-employment screening by not checking references from previous employers (E3).</p> <p>The findings include:</p> <ol style="list-style-type: none"> 1. A review of the facility's Abuse Prevention Program (undated) found the section for Prevention included a "Pre-employment Screening of Potential Employees" section. This section included this reference "The facility will not knowingly employ any direct care staff ..., or with findings of abuse listed on the Illinois Nurse Aide Registry." The policy indicated that the facility would, prior to a new employee starting a work schedule, "initiate a reference check from previous employer(s)." The following findings indicated how failing to follow the facility policy on employee screening lead to employment of E3 and E15. 2. E3's employee file was reviewed to find E3 began employment with the facility on 1/14/04. An employee criminal background check (1/16/04) and State Nurse Aide Registry checks (1/13/04) were located and reviewed for correct time frames and completion. No problems with these records were noted. However, a second State Nurse Aide Registry check was located in the file by E4 (dated 7/26/04) and was found to contain a finding of abuse against E3 from 6/16/04. E4 was asked to recheck the State Nurse Aide Registry on 10/5/06 and the abuse was still indicated for 6/16/04. E3 maintained employment from 6/16/04 to 10/5/06 with the 	F9999			

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F9999	<p>Continued From page 18</p> <p>abuse finding on the State nurse aide registry. E3's employment records contained no reference checks or other means to prove that the facility thoroughly investigated E3's past work history.</p> <p>3. During the corrective action period begun by the facility on 10/5/06 the entire staff of the facility were being reviewed with the completion of a new criminal background check and rechecks of the State Nurse Aide Registry and Division of Professional Regulation checks if applicable. On 10/11/06 the survey staff was reviewing the facility's newly created log book for the above checks. The book was reviewed for accuracy and several problems were noted. The log book did not contain all of the necessary information for 19 employees. The log book was returned to E2 and corrections were made. The book was returned to the surveyor at 3:00pm without the nursing staff having been checked against the State Nurse Aide Registry. The book was again returned to E2. E2 and the survey staff spoke again at 4:30pm when E2 stated that E15 had been terminated by phone at 4:15pm due to a finding of abuse on the nurse aide registry from 5/11/94. There was no evidence that any registry checks had been done for the nurses of the facility before this survey. E15 was hired on 9/19/06 and has worked 5 days during an orientation period since the 9/19 date.</p> <p>(A)</p>	F9999			