

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

PRINTED: 06/14/2007
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 14E579		(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 11/30/2006	
NAME OF PROVIDER OR SUPPLIER TAMMERLANE HEALTH CARE CENTRE				STREET ADDRESS, CITY, STATE, ZIP CODE 3601 SIXTEENTH AVENUE STERLING, IL 61081			
(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 226	Continued From page 14 2. On 11/20/06 at 10:00 AM, all staff were inserviced regarding resident abuse. Policy and procedures were reviewed with discussion regarding what constitutes abuse and or neglect. Resident rights were reviewed to include the rights to be free of abuse of any type. Reporting was discussed with notice of where phone numbers are located. 3. On 11/20/06 at 3:15 PM, all residents were inserviced regarding abuse. Residents were informed of their individual right to be free of abuse and neglect. The residents are encouraged to report any instances where the behavior of the staff may be questioned. Residents were again advised of policy and procedures prohibiting abuse of a long term care resident.			F 226			
F9999	FINAL OBSERVATIONS LICENSURE VIOLATIONS 300.3240a) 300.3240b) 300.3240e) Section 300.3240 Abuse and Neglect a) An owner, licensee, administrator, employee or agent of a facility shall not abuse or neglect a resident. b) A facility employee or agent who becomes aware of abuse or neglect of a resident shall immediately report the matter to the facility administrator. e) Employee as perpetrator of abuse. When an investigation of a report of suspected abuse of a resident indicates, based upon credible evidence, that an employee of a long-term care facility is			F9999			

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

PRINTED: 06/14/2007
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 14E579		(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 11/30/2006	
NAME OF PROVIDER OR SUPPLIER TAMMERLANE HEALTH CARE CENTRE				STREET ADDRESS, CITY, STATE, ZIP CODE 3601 SIXTEENTH AVENUE STERLING, IL 61081			
(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
F9999	<p>Continued From page 15</p> <p>the perpetrator of the abuse, that employee shall immediately be barred from any further contact with residents of the facility, pending the outcome of any further investigation, prosecution or disciplinary action against the employee.</p> <p>These requirements were not met as evidenced by the following:</p> <p>Based on interview and record review the facility failed to prevent R1 from being physically, verbally and mentally abused by E9 on 11/18/06. E9 did not follow the facility policy to defuse an overreactive behavior incident with R1. E9 attempted to lift R1 by the back of her coat and pulled the hood of the coat over her face while staff and residents looked on and repeatedly shouted at R1 to "Shut up and be quiet." E9 pulled R1's thumb away from her hand and bent the little finger backward toward her wrist. This resulted in R1 experiencing pain, fear and humiliation. R1 was treated at a local hospital for a sprained left shoulder and laceration of the right hand. The facility staff failed to report the incident to administration per facility policy.</p> <p>This applies to 1 of 14 residents with physically aggressive behavior.</p> <p>The findings include:</p> <p>The Physician Order Sheet dated 11/1/06 lists R1's diagnosis as Schizophrenia, Depression and History of Suicidal thoughts, and shows that R1 was admitted to the facility on 8/1/06. The November 2006 Medication Administration Record shows R1 receives Spiriva Inhaler daily (given for treatment of chronic obstructive pulmonary disease and emphysema), Flovent</p>			F9999			

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

PRINTED: 06/14/2007
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 14E579		(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 11/30/2006	
NAME OF PROVIDER OR SUPPLIER TAMMERLANE HEALTH CARE CENTRE				STREET ADDRESS, CITY, STATE, ZIP CODE 3601 SIXTEENTH AVENUE STERLING, IL 61081			
(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
F9999	<p>Continued From page 16</p> <p>Inhaler 2 times a day (given for treatment of chronic asthma), and Singular 10mg tablet at bedtime (given for treatment of asthma and allergies).</p> <p>The facility's preliminary investigation report dated 11/21/06 documents "R1 was reported to have become angry at cigarette pass, which included striking E10 (Certified Nursing Assistant - CNA) across the face knocking off his glasses. R1 placed herself on the floor screaming, yelling, hitting, kicking and striking out at others. Attempts to calm the resident were ineffective and E9 (Charge Nurse) was sought for assistance. E11 (CNA) requested E9 to contact others for assistance in calming resident to which E9 responded, "I don't give a f.... about the HAB department, I am running this show." The report continues, "E9 attempted to drag the resident by her coat, and push the resident's hood over her face several times and tell her if she would shut up and be quiet she would be able to breathe. E9 attempted to get R1 to "shut up and be quiet" by pulling her thumb away from her fingers. R1 yelled "You are going to break my thumb" and E9 responded, "I won't break your thumb" then bent her little finger backwards towards the top of her hand."</p> <p>The investigation report conclusions are as follows: "E9 did not contact the DON or Psychiatric Services Rehab Coordinator (PSRC) to request assistance with the resident. E9 did not medically examine or attend to the medical or behavioral needs of a resident. E9 did not notify a physician for care and treatment, and she did not check vital signs or increase the monitoring of the resident. E9 used pain to attempt to manage resident behavior in an effort to "shut up and be</p>			F9999			

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

PRINTED: 06/14/2007
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 14E579		(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 11/30/2006	
NAME OF PROVIDER OR SUPPLIER TAMMERLANE HEALTH CARE CENTRE				STREET ADDRESS, CITY, STATE, ZIP CODE 3601 SIXTEENTH AVENUE STERLING, IL 61081			
(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
F9999	<p>Continued From page 17</p> <p>quiet" creating fear of smothering when R1's hood was placed over her face. E9 did not utilize management tools at her disposal such as behavior modification from least restrictive to most or use medications to manage aggressive or assaultive behavior. E9 ignored the needs of the resident after an altercation and left R1 alone in her room on the floor. E9 did not contact others for assistance, and refused to allow working staff to do so."</p> <p>The emergency room discharge instructions show R1 received treatment for a strained joint of the left shoulder. The physician orders on 11/22/06 state R1 is to wear a sling to the Left arm when the arm is tired or painful. Pain medication was ordered as needed for pain.</p> <p>The nurse's notes dated 11/19/06 at 12:20 AM document R1 returned to the facility from the hospital. The notes document R1's left hand to be slightly swollen, with a small ecchymotic area and abrasion on the top of the hand. R1 was anxious and crying. The notes document R1 as saying, "That nurse was mean to me (E9). She held the hood of my coat over my head and face and I couldn't breathe. I have asthma and emphysema, it scared me to death. The nurse pulled her finger on the Left hand all the way back." The nurse's notes dated 11/19/06 documents, "Resident voices comments regarding incident last night and remains fearful of that person. Resident repeats, she hurt me, she scared me."</p> <p>On 11/21/06 at 12:40 PM, E2 (Administrator) stated, "I believe the incident by E9 was intentional. R1 is 100% interviewable."</p>			F9999			

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

PRINTED: 06/14/2007
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 14E579		(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 11/30/2006	
NAME OF PROVIDER OR SUPPLIER TAMMERLANE HEALTH CARE CENTRE				STREET ADDRESS, CITY, STATE, ZIP CODE 3601 SIXTEENTH AVENUE STERLING, IL 61081			
(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
F9999	<p>Continued From page 18</p> <p>On 11/21/06 at 1:15 PM, R1 stated, "I was in the med room and R2 was standing in the doorway and wouldn't let me out, so I hit her. As I was walking away, E4 (Hab aide) grabbed me and told me to stay here. I told her I wanted to go to my room to calm down. I fell down in the hallway and they dragged me to my room. E9 (Charge Nurse) bent my pinky finger back, it hurt bad. I was screaming loudly. I had my coat on so I could go out to smoke. E9 put the hood of my coat over my face, I couldn't get it off, my hands were pinned down. I couldn't breathe, it was like a nightmare."</p> <p>On 11/21/06 at 3:30 PM, E10 (CNA) stated, "R1 was on the floor scratching and kicking. They took her to her room. After they were in there for awhile, I went in to tell the nurse something and R1 was on the floor. I saw the hood of R1's coat over her face. I knew it wasn't right but I left the room and went back to work." E10 also stated, "I know to report abuse to the charge nurse, administrator or DON." E10 stated he did not think putting the hood over her face was appropriate, but did not report it to administrator or DON because he had other things to do. E10 then stated he did not call anyone because the charge nurse told us not to call anyone because she was in charge.</p> <p>On 11/21/06 at 11:40 AM during a telephone interview, E9 (charge nurse) stated, "While R1 was still in the hallway, I reached up and pulled the hood over R1's face. She was still screaming so we moved her to her room. R1 was screaming really loud and swinging her arms." E9 did not know what triggered the behavior outbreak. E9 stated she had not received any abuse training during her orientation. E9 stated</p>			F9999			

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

PRINTED: 06/14/2007
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 14E579		(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 11/30/2006	
NAME OF PROVIDER OR SUPPLIER TAMMERLANE HEALTH CARE CENTRE				STREET ADDRESS, CITY, STATE, ZIP CODE 3601 SIXTEENTH AVENUE STERLING, IL 61081			
(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
F9999	<p>Continued From page 19</p> <p>her previous experience was in a hospital on a med-surg unit for 20 years. "Usually these type of patients were transferred to the psychiatric unit." E9 stated she would report physical injury or a slap of a patient as abuse to the Administrator or DON if she saw it. E9 stated, "During orientation, my understanding for R1 was, if she acts up, we are to give Ativan or Haldol (sedative medications). I didn't see any reason to give it to her, plus I have to call and ask for permission to give it."</p> <p>On 11/21/06 at 1:45 PM, E4 (Hab aide) stated, "R1 was lying on the floor and she started kicking, I tried to get her to stop but she continued swinging her arms and kicking her legs at me. I used the Mandt hold, I put her arms across her chest, she was face up. I asked the other CNA to tell the nurse to call (Psychiatric Services Rehab Coordinator) for more help. E9 (charge nurse) came and told us to get her to her room. E9 had her right arm and I had her left. Another CNA was holding her legs. E9 tried to lift R1 by the back of her coat and her head slipped through the neck opening and the rest of her body slid out of the coat pulling her arms in a backward position." The coat was zipped shut. E4 continued, "E9 grabbed R1's hand. She had one hand on her fingers and the other hand on her thumbs she was pulling and tried to cause the resident discomfort. All R1 did was more yelling. Then E9 pulled the hood over R1's head and told her to shut up and be quiet. E9 pulled the hood completely over R1's face and held it to her chest. R1 was yelling 'I can't breathe, I can't breathe.' I tried to unzip the coat and E9 told me not to worry about the coat but to hold onto the hand, and then grabbed the hood again and held it down. After R1 started crying, E9 let go of the</p>			F9999			

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

PRINTED: 06/14/2007
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 14E579		(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 11/30/2006	
NAME OF PROVIDER OR SUPPLIER TAMMERLANE HEALTH CARE CENTRE				STREET ADDRESS, CITY, STATE, ZIP CODE 3601 SIXTEENTH AVENUE STERLING, IL 61081			
(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
F9999	<p>Continued From page 20</p> <p>hood. E9 was yelling at R1 and then told us to just leave her on the floor because R1 wouldn't get up. I left the room with E9 because we are to do what the charge nurse says to do. I knew what happened wasn't right." E4 (Hab aide) stated her shift ended about 15 minutes later. When she got home she looked up numbers in the telephone book to try and notify somebody that this happened.</p> <p>On 11/21/06 at 2:15 PM, E5 (Activity Aide) stated, "I helped hold R1's legs. She was very strong. E9 (charge nurse) was pulling R1's fingers back and kept yelling at her to stop screaming. E9 would lift the hood off R1's face 2-3 seconds then hold it back down. E9 told us to leave R1 alone in her room. I was scared leaving R1 alone in her room. I walked out with the nurse and finished the head count." When asked about reporting the incident, E5 stated, "I didn't know what to do. E9 is my boss." E5 stated she felt that E9 did not treat the resident with respect, "She lost her temper, she should have called someone. She said she was in charge and stated she did not care about the rehab staff." E5 stated that after the incident, "E9 went back to the nursing office and acted as if nothing happened. I did not call my supervisor because E4 (Hab aide) told me she was going to do something."</p> <p>On 11/21/06 at 2:45 PM, E3 (Social Service Director) stated, "Staff are trained to report abuse to the charge nurse, their supervisor or myself. Someone is always on call, but the charge nurse has the numbers to call. I think any of the other nurses would have called us about this. The staff on duty did not have access to the telephone numbers or the phone. The med room is always</p>			F9999			

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

PRINTED: 06/14/2007
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 14E579		(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 11/30/2006	
NAME OF PROVIDER OR SUPPLIER TAMMERLANE HEALTH CARE CENTRE				STREET ADDRESS, CITY, STATE, ZIP CODE 3601 SIXTEENTH AVENUE STERLING, IL 61081			
(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
F9999	<p>Continued From page 21</p> <p>locked and the charge nurse has the key. We always thought the nurses were responsible people."</p> <p>On 11/21/06 at 12:30 PM, E1 (Director of Nurses - DON) stated, "E9 (charge nurse) was hired on 8/16/06 and had not completed her probation period yet. I extended E9's probation period because she had a couple issues with resident behaviors and did not call for assistance or tell us of the problem. I counseled E9 and extended her probation period for 30 more days."</p> <p>On 11/21/06 at 2:45 PM, E1 (DON) stated, "We use Mandt procedures to handle residents with physical behaviors. All staff get Mandt training, but they first complete orientation and probation before we get them into a class. E9 had not received her training yet." E1 stated that pulling the hood of a coat over a resident's head is not an appropriate Mandt technique, it's just the opposite. "If something causes the resident pain, don't do it."</p> <p>According to the facility policy for use of the Mandt procedure it states the following are prohibited practices: Any pain inducing techniques, hyperextension of any part of the body, putting the person in significant risk of hyperextension of any part of the body beyond normal limits, or any technique that involves covering the face.</p> <p>(A)</p>			F9999			