

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

PRINTED: 02/25/2012
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 145038	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 10/28/2011
NAME OF PROVIDER OR SUPPLIER HEARTLAND OF DECATUR			STREET ADDRESS, CITY, STATE, ZIP CODE 444 WEST HARRISON STREET DECATUR, IL 62526	
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F 000	INITIAL COMMENTS Annual Licensure and Certification Survey	F 000		
F 225 SS=D	Validation Survey for Subpart U: Alzheimer Unit The facility is in substantial compliance with Subpart U:Alzheimer Unit, 77 Illinois Administrative Code Section 300.7000 483.13(c)(1)(ii)-(iii), (c)(2) - (4) INVESTIGATE/REPORT ALLEGATIONS/INDIVIDUALS The facility must not employ individuals who have been found guilty of abusing, neglecting, or mistreating residents by a court of law; or have had a finding entered into the State nurse aide registry concerning abuse, neglect, mistreatment of residents or misappropriation of their property; and report any knowledge it has of actions by a court of law against an employee, which would indicate unfitness for service as a nurse aide or other facility staff to the State nurse aide registry or licensing authorities. The facility must ensure that all alleged violations involving mistreatment, neglect, or abuse, including injuries of unknown source and misappropriation of resident property are reported immediately to the administrator of the facility and to other officials in accordance with State law through established procedures (including to the State survey and certification agency). The facility must have evidence that all alleged violations are thoroughly investigated, and must prevent further potential abuse while the investigation is in progress. The results of all investigations must be reported	F 225		11/28/11

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.

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F 225	<p>Continued From page 1</p> <p>to the administrator or his designated representative and to other officials in accordance with State law (including to the State survey and certification agency) within 5 working days of the incident, and if the alleged violation is verified appropriate corrective action must be taken.</p> <p>This REQUIREMENT is not met as evidenced by: Based on record review and interview, the facility failed to report bruising of unknown origin, swelling, and a femur fracture to the Abuse Coordinator immediately after the injury was identified, as according to the facility policy and procedure, for one of one (R1) residents reviewed for fractures, in a sample of 21.</p> <p>Findings include:</p> <p>An Admitting Record, dated 10/11/11, documents R1 has the diagnosis of Multiple Sclerosis. Nursing Notes, dated 10/08/11 at 1:15 a.m., document "C.N.A. (Certified Nursing Assistant) called writer to room (due to) a bruise on res (resident) labia. Dark purple bruise, (approximately) 5 (by) 2 cm (centimeters) found on (resident's) L (left) labia. Res (resident) c/o (complaint of) pain in area and (left) leg. Leg edematous (with) yellow discoloration in (left) inner thigh, (left) leg warm to touch." The 10/08/11 Nursing Note, further documents the physician was notified of the left leg pain and swelling at 2:45 a.m. and orders were given to transfer R1 to the Hospital. At 7:00 a.m., Nursing Notes indicate R1 was diagnosed with a fractured Left Femur.</p>	F 225			

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F 225	Continued From page 2 An Incident Report, dated 10/11/11, documents R1 had a "bruise to left labia and swollen left leg" and an investigation was initiated. The facility Policy and Procedure, titled "Abuse, Neglect and Misappropriation of Patient Property Prevention", under "Reporting/Respond", documents "The center must ensure that all alleged violations involving mistreatment, neglect or abuse, including injuries of unknown source, and misappropriation of resident property are reported immediately to the administrator of the center and to other officials." On 10/25/11, at 2:45 p.m., E2 (Director of Nursing/Abuse Coordinator) stated she was unaware of R1's labia bruising and leg injury until the morning of 10/11/11. E2 stated R1's injury should have been reported to her immediately after it was discovered, on 10/08/11.	F 225			
F 246 SS=C	483.15(e)(1) REASONABLE ACCOMMODATION OF NEEDS/PREFERENCES A resident has the right to reside and receive services in the facility with reasonable accommodations of individual needs and preferences, except when the health or safety of the individual or other residents would be endangered. This REQUIREMENT is not met as evidenced by: Based on observation, record review, and interview the facility failed to ensure that water available for bathing and handwashing was hot	F 246		11/28/11	

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F 246	<p>Continued From page 3 and otherwise suitable and comfortable. This failure has the potential to affect all 104 facility residents.</p> <p>Findings include:</p> <p>On 10-25-11 at 3:45 p.m. hot water was tested in the Arcadia unit shower stalls using a calibrated digital thermometer and was found to register only 96 degrees Fahrenheit (F.) after allowing hot water to run for 2 to 3 minutes. This water felt only slightly warm to the touch.</p> <p>On 10-25-11 at 3:55 p.m. hot water was permitted to run and was tested to register 88 degrees F. at the Annex wing tub and 92 degrees F. at the Annex wing shower. Hot water was tested at 4:30 p.m. in the shower stalls of the South wing and found to register a maximum of 86 and 87 degrees F. Hot water at these location felt cool to only slightly warm.</p> <p>Water available for hand washing at the lavatories in the men's and women's public bathrooms was not hot on 10-25 and 10-26-11 at any time.</p> <p>E5, Certified Nurse Aide stated on 10-25-11 at 4:30 p.m. that water is often not hot enough for bathing in the South shower room. E6, Certified Nurse Aide stated that it takes "a long time" to get a supply of hot water in the Arcadia unit showers, sometimes taking 20 to 30 minutes.</p> <p>E3, Maintenance Director stated on 10-25-11 at 3:45 p.m. that he checks hot water temperatures daily in different locations. E3 stated that hot water temperatures are checked daily only in the</p>	F 246			

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F 246	Continued From page 4 morning hours during high hot water flow periods. E3 provided Water Temperature Control records for September and October 2011 which reflect hot water temperatures between 100 and 110 degrees F. Confidential resident interviews conducted on 10-25-11 and 10-26-11 at 10:45 a.m. reflected that residents have experienced cool or "cold" showers, that water is "not hot enough". One respondent stated that she receives bed baths and that the water used for that is usually not hot. Residents indicated that it is necessary to allow water at hand washing lavatories in their rooms and showers to "run and run" in order to obtain any hot water. The Centers for Medicare & Medicaid Services Resident Census and Conditions report completed on 10-25-11 reflects there are 104 residents in the facility.	F 246			
F 367 SS=E	483.35(e) THERAPEUTIC DIET PRESCRIBED BY PHYSICIAN Therapeutic diets must be prescribed by the attending physician. This REQUIREMENT is not met as evidenced by: Based on interview, observation and record review the facility failed to served the Enhanced Therapeutic Diet correctly as planned by the Registered Dietitian on the menu spread sheets each meal for four sampled residents (R8, R14, R16, and R19) and four additional residents on the	F 367		11/28/11	

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F 367	<p>Continued From page 5 supplemental sample (R37, R46, R47 and R48) by not serving the food item prepared with additional calories and / or protein. This failure has the potential to affect other residents in the facility with orders for Enhanced foods on the diet order for a total of 65 residents out of a total population of 104 residents according to the Resident Census and Conditions of Residents form CMS-672.</p> <p>Findings include:</p> <p>During the serving of the noon meal on 10-26-11 E20, Cook identified in the steamtable the food she had prepared. They had Sliced Ham with pineapple, Au Gratin Potatoes, Asparagus, Dinner Roll and Dessert of the Day. On the Alternates menu Enhanced Potatoes using #8 scoop (1/2 cup) for Mechanical Soft, Dysphagia Mechanical and Pureed.</p> <p>Observation on 10-26-11at the noon meal E20, Cook failed to serve the Enhanced potatoes she had prepared either the Enhanced Au Gratin Potatoes or the Enhanced Puree Au Gratin Potatoes to the following residents. The only way to tell was to see the pan E20 was dipping the potatoes out of.</p> <p>R16, Puree Enhanced diet served regular puree potatoes. R16 also has a Stage III area on right outer ankle.</p> <p>R14 and R37 both on Mechanical with Enhanced foods not served the Enhanced Au Gratin Potatoes at the noon meal.</p> <p>R8, R19, R46, R47, and R48 are on Regular diets with Enhanced foods were all served the regular</p>	F 367			

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F 367	Continued From page 6 Au Gratin at the noon meal. R19's Nutrition Note dated 10-13-11 identified an area on the left ischem called a skin alteration and weight was down to 125.5 pounds (#) 3.6 percent in 1 month. The Registered Dietitian made a recommendation to the doctor to make a diet change for the Mechanical Soft with Enhanced foods and Magic Cup Three times per day on 10-14-11. At 1:20pm on 10-26-11 E20, Cook stated at the end of the meal when told of the error with serving the Enhanced Potatoes she knew she missed a couple but didn't realize she missed that many. At 12:55pm on 10-27-11 E19, Dietary Manager stated "the Enhanced foods may be pudding, potatoes, soup, it varies depending on the meal. At breakfast it is usually cereal. It changes we follow the menu depending on what the Dietitian has written that is planned to be Enhanced then that is what we Enhance and do it for all the appropriate diets that need it. The beverages depends on what is discovered during the interview with the residents/ family. We try to get them to whole milk but if we can't get to that we do what they want."	F 367			
F 441 SS=E	483.65 INFECTION CONTROL, PREVENT SPREAD, LINENS The facility must establish and maintain an Infection Control Program designed to provide a safe, sanitary and comfortable environment and to help prevent the development and transmission of disease and infection. (a) Infection Control Program	F 441		11/28/11	

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F 441	<p>Continued From page 7</p> <p>The facility must establish an Infection Control Program under which it -</p> <p>(1) Investigates, controls, and prevents infections in the facility;</p> <p>(2) Decides what procedures, such as isolation, should be applied to an individual resident; and</p> <p>(3) Maintains a record of incidents and corrective actions related to infections.</p> <p>(b) Preventing Spread of Infection</p> <p>(1) When the Infection Control Program determines that a resident needs isolation to prevent the spread of infection, the facility must isolate the resident.</p> <p>(2) The facility must prohibit employees with a communicable disease or infected skin lesions from direct contact with residents or their food, if direct contact will transmit the disease.</p> <p>(3) The facility must require staff to wash their hands after each direct resident contact for which hand washing is indicated by accepted professional practice.</p> <p>(c) Linens Personnel must handle, store, process and transport linens so as to prevent the spread of infection.</p> <p>This REQUIREMENT is not met as evidenced by: Based on observation, interview, and record review the facility failed to ensure that effective decontamination measures were being used to ensure disinfection of environmental surfaces potentially contaminated with the pathogen, Clostridium difficile (C diff). This failure affects 1</p>	F 441			

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F 441	<p>Continued From page 8 resident on the supplemental sample (R22).</p> <p>The facility failed to ensure that multiple resident use utensils used in the Beauty Shop were effectively decontaminated between resident uses. This has the potential to affect 24 residents using the hair dressing services, including 1 of 21 sampled residents(R23) and supplemental sample residents (R23 through R45).</p> <p>Findings include:</p> <p>1. E16, Housekeeper stated on 10-25-11 at 2:15 p.m. that she uses special precautions when cleaning surfaces within the bedroom of R22 who is currently in isolation for a contagious condition. E16 stated that she uses Chlorox Cleanup Cleaner with Bleach to clean and disinfect all surfaces within this room. E16 stated she was not aware of what organism was the causative agent for the isolation.</p> <p>E4, Housekeeping Supervisor stated on 10-26-11 at 12:15 p.m. that R22 is in isolation due to infection with C diff and that all environmental surfaces are decontaminated (cleaned and disinfected) using the commercially prepared Chlorox Cleanup Cleaner with Bleach. E4 stated he was advised to use this product and that he believed it to be effective against C diff and its spores.</p> <p>E17, Housekeeper stated on 10-26-11 at 12:25 p.m. that she uses the Chlorox Cleanup Cleaner with Bleach for R22's room. E17 stated that R22 is in isolation for an infectious organism.</p>	F 441			

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F 441	<p>Continued From page 9</p> <p>Product labeling for the Chlorox Cleanup Cleaner with Bleach makes no claim as being effective against C diff or its spores. The label claims that it "yields 1.75 % available chlorine" rather than the minimum required 10% (1:10 solution) for effective disinfection for C diff and spores.</p> <p>On 10-26-11 at 12:45 p.m. E4 stated he contacted the product manufacturer and was informed that Chlorox Cleanup Cleaner with Bleach is not formulated for and is not effective against C diff and its spores.</p> <p>Facility procedure titled "C diff Protocol Patient Room/Bathroom" dated 3-2011 specifies "...provide a clean and sanitary bathroom and room when the patient has a diagnosis or is suspected to have Clostridium difficile (C-diff)...All surfaces disinfected with 10% sodium hypochlorite solution..."</p> <p>2. On 10-25-11 at 1:30 p.m. Hairdresser, E18 stated that she re-uses hair rollers, permanent wave rods, and metal hair clips throughout the day on multiple residents. E18 stated that she washes the utensils in shampoo at the end of each day but does not disinfect them. E18 stated that she uses electric hair clippers daily on multiple residents but does not cleanse them between uses. E18 stated that she sprays the clippers with a disinfectant between uses.</p> <p>E18 stated she was unaware of any resident receiving hair care services with non intact skin or known infection. E18 stated she was unaware of any operating procedures related to disinfection of utensils.</p>	F 441			

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F 441	Continued From page 10	F 441			
F 465 SS=F	<p>E1, Administrator provided an operating policy dated 6-2-06 and titled "Standard Precautions..." which specifies "...Patient-Care Equipment...disinfect reusable equipment between patients...".</p> <p>A Beauty Shop billing record for 10-26-11 reflects that 24 residents received hair care services including R13, and R23 through R45.</p> <p>483.70(h) SAFE/FUNCTIONAL/SANITARY/COMFORTABLE ENVIRON</p> <p>The facility must provide a safe, functional, sanitary, and comfortable environment for residents, staff and the public.</p> <p>This REQUIREMENT is not met as evidenced by: Based on observation and interview the facility failed to maintain an outdoor enclosed courtyard free of potential fire hazards in that accumulated combustible materials and potential ignition sources were present. This has the potential to affect all 104 residents.</p> <p>Findings include: On 10-25-11 at 4:20 p.m. accumulated dry leaves were present throughout the enclosed center courtyard. Dry leaves were present along the edges of the building and along the exterior North entry into the building. Hundreds of extinguished cigarette butts were present on the ground among and on top of the dry leaves. A strewn non-extinguished cigarette could potentially ignite</p>	F 465		11/28/11	

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F 465	Continued From page 11 the dry leaves and start a fire compromising the entire building and its occupants. No burning cigarette butts were present. No ashtrays were present in the courtyard. Both courtyard exterior doors are equipped with signs which specify "Smoke Free facility no smoking within 15 feet of doorway". E4, Maintenance Supervisor stated at this time that this is not a designated smoking area and that no one is supposed to smoke in this location. E4 stated that sometimes residents are being permitted to smoke in this area in the evening hours. E1, Administrator stated on 10-26-11 at 11:45 a.m. that she was unaware that the courtyard was littered with cigarette butts and that she has not seen anyone smoking in this area.	F 465			
F9999	FINAL OBSERVATIONS LICENSURE VIOLATIONS 300.1010h) 300.1210d)3) 300.3240a) Section 300.1010 Medical Care Policies h) The facility shall notify the resident's physician of any accident, injury, or significant change in a resident's condition that threatens the health, safety or welfare of a resident, including, but not limited to, the presence of incipient or manifest	F9999			

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F9999	<p>Continued From page 12</p> <p>decubitus ulcers or a weight loss or gain of five percent or more within a period of 30 days. The facility shall obtain and record the physician's plan of care for the care or treatment of such accident, injury or change in condition at the time of notification.</p> <p>Section 300.1210 General Requirements for Nursing and Personal Care</p> <p>d) Pursuant to subsection (a), general nursing care shall include, at a minimum, the following and shall be practiced on a 24-hour, seven-day-a-week basis:</p> <p>3) Objective observations of changes in a resident's condition, including mental and emotional changes, as a means for analyzing and determining care required and the need for further medical evaluation and treatment shall be made by nursing staff and recorded in the resident's medical record.</p> <p>Section 300.3240 Abuse and Neglect</p> <p>a) An owner, licensee, administrator, employee or agent of a facility shall not abuse or neglect a resident.</p> <p>Based on record review and interview, the facility failed to provide timely care for one of seven (R1) residents experiencing acute pain, in a sample of 21. R1 had multiple complaints of pain in the left leg, hip, thigh and buttock and was medicated for that pain over the course of 5 days. After the 5th day of pain, R1's physician was notified and X-ray results identified that R1 had an Acute Left Femur Fracture.</p>	F9999			

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

PRINTED: 02/25/2012
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 145038	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 10/28/2011
NAME OF PROVIDER OR SUPPLIER HEARTLAND OF DECATUR			STREET ADDRESS, CITY, STATE, ZIP CODE 444 WEST HARRISON STREET DECATUR, IL 62526		
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F9999	<p>Continued From page 13</p> <p>Findings include:</p> <p>An Admitting Record, dated 10/11/11, documents R1 has the diagnosis of Multiple Sclerosis. Nursing Notes, dated 10/03/11, document R1 had complaint of left leg pain, which required pain medication to be given. The Medication Administration Record documents R1 received PRN (as needed) Vicodin 5/325 mg (milligrams) for pain rated between 6 - 10 (on a scale of 1 - 10), twice on October 3, 2011 and once on October 5, 2011. Nursing Notes, dated 10/08/11 at 1:15 a.m., document R1 had "dark purple bruise, (approximately) 5 (by) 2 cm (centimeters) found on (resident's) L (left) labia. Res (resident) c/o (complaint of) pain in area and (left) leg. Leg edematous (with) yellow discoloration in (left) inner thigh, (left) leg warm to touch." The 10/08/11 Nursing Note, further documents the physician was notified of the left leg pain and swelling at 2:45 a.m. and orders were given to transfer R1 to the Hospital. At 7:00 a.m., Nursing Notes indicate R1 was diagnosed with a fractured Left Femur.</p> <p>A facility investigation into R1's Left Labia bruising and Left Femur Fracture, which was conducted by E2 (Director of Nursing), documents multiple staff members (E5, E7, E8, E9, E10, E11, E12, E13, E14, E15) who cared for R1 from October 3, 2011 through October 7, 2011, were informed by R1 that she had pain in either the left hip, leg, buttock, or thigh and/or observed R1 crying during cares/transfers. The documented staff interviews indicate a physician was not notified of R1's pain until E15 (Registered Nurse) contacted Z1 (Medical Director) on 10/08/11.</p>	F9999			

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F9999	Continued From page 14 On 10/25/11, at 2:45 p.m., E2 (Director of Nursing) stated that R1 did not normally have complaints of pain. E2 stated staff are to notify the facility immediately of the onset of acute pain. An Minimum Data Set, dated 10/18/11, indicates R1 has unclear speech, but can make herself understood and can understand others. On 10/27/11, at 1:20 p.m., R1 indicated she did have pain in her left leg for several days, before finding out it was fractured. R1 indicated she did tell the nurses she was in pain, on those days. (B)	F9999			