

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

PRINTED: 05/04/2012
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 146070	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 12/22/2011
NAME OF PROVIDER OR SUPPLIER TWIN WILLOWS NURSING CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE 1600 NORTH BROADWAY, PO BOX 370 SALEM, IL 62881		
(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 441	Continued From page 10 sanitizing the blood glucose monitoring device. After checking R10's blood sugar, E4 placed the blood glucose monitoring device in a plastic bag and put it in the medication cart drawer. E4 did not sanitize the blood glucose monitoring device before placing it in the medication cart.	F 441			
F9999	The facility's policy entitled, POLICY, SUBJECT: GLUCOSE MACHINE CLEANING (no date) states, "#3. Use Sani-wipe that kills staph germs to wipe machine down. #4 Completely wipe the entire machine with the wipe." This was verified with E1 (Administrator) on 12/20/11 at 3:45 P.M. On 12-22-11 at 11:30 AM, E2, Director of Nurses, confirmed that the facility has 9 residents who receive blood glucose monitoring. FINAL OBSERVATIONS LICENSURE VIOLATIONS 300.610a) 300.1210a) 300.1210b) 300.1210d)5) 300.3240a) 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	F9999			

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F9999	<p>Continued From page 11</p> <p>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 300.1210 General Requirements for Nursing and Personal Care</p> <p>a) Comprehensive Resident Care Plan. A facility, with the participation of the resident and the resident's guardian or representative, as applicable, must develop and implement a comprehensive care plan for each resident that includes measurable objectives and timetables to meet the resident's medical, nursing, and mental and psychosocial needs that are identified in the resident's comprehensive assessment, which allow the resident to attain or maintain the highest practicable level of independent functioning, and provide for discharge planning to the least restrictive setting based on the resident's care needs. The assessment shall be developed with the active participation of the resident and the resident's guardian or representative, as applicable. (Section 3-202.2a of the Act)</p> <p>b) The facility shall provide the necessary care and services to attain or maintain the highest practicable physical, mental, and psychological well-being of the resident, in accordance with each resident's comprehensive resident care plan. Adequate and properly supervised nursing care and personal care shall be provided to each</p>	F9999			

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F9999	<p>Continued From page 12</p> <p>resident to meet the total nursing and personal care needs of the resident. Restorative measures shall include, at a minimum, the following procedures:</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>5) A regular program to prevent and treat pressure sores, heat rashes or other skin breakdown shall be practiced on a 24-hour, seven-day-a-week basis so that a resident who enters the facility without pressure sores does not develop pressure sores unless the individual's clinical condition demonstrates that the pressure sores were unavoidable. A resident having pressure sores shall receive treatment and services to promote healing, prevent infection, and prevent new pressure sores from developing.</p> <p>Section 300.3240 Abuse and Neglect a) An owner, licensee, administrator, employee or agent of a facility shall not abuse or neglect a resident. (Section 2-107 of the Act)</p> <p>These requirements were not met as evidenced by:</p> <p>Based on observation, record review, and interview the facility failed to provide timely repositioning, pressure relieving device, cleansing of a soiled pressure area and/or timely reassessments with measurements to promote healing of pressure ulcers and/or prevention of new pressure ulcers for two of three residents</p>	F9999			

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F9999	<p>Continued From page 13</p> <p>(R1 and R 10) reviewed for pressure ulcer treatment in the sample of 12. This failure resulted in one resident (R10) developing a new open pressure sore.</p> <p>Findings include:</p> <p>1. On 12-21-11 at 11:00 AM, R10 was observed in a reclined chair in the dining room. R10 was observed in the reclining chair during the noon meal, being fed by staff between the times of 11:50 AM and 12:30 PM . At 12:30 PM, 1:00 PM, 1:45 PM, 1:55 PM, and 2:12 PM, R10 remained in his reclining chair. At 2:15 PM, surveyor requested to see R10's skin. At 2:25 PM E5 and E6, Certified Nurses Aides (CNAs), transferred R10 into his bed. E5 and E6 were unable to explain why R10 was up in the reclining chair for an extended period without turning and repositioning. E7, CNA stated that she was going to get R10 up for repositioning before lunch, but no staff were available to assist her so she just put a pillow to R10's side. At the time of transfer R10 was observed to be incontinent of a small amount of stool. There also was no pressure relieving cushion device in R10's reclining chair. E5 and E6 confirmed that R10 usually does not have a cushion in his chair. R10's buttock was observed to have two open areas, one on the left buttock and one on the right buttock.</p> <p>At 2:45 PM, E4, Registered Nurse (RN), was observed while measuring and applying treatment to R10. E4 stated that the area on the left buttock was a newly reopened area. The open area to R10's left buttock was measured as 4 centimeters (cm) by 2 cm. The right buttock wound was measured as .5 by .5 cm. E4 did not</p>	F9999			

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F9999	<p>Continued From page 14</p> <p>cleanse the open areas, but dried both areas with a 4 by 4 gauze and applied Silver Sulfadiazine cream 1% to both areas. E4 stated that staff did not tell her that R10 had been incontinent of stool when they put him to bed just prior to application of the cream to R 10.</p> <p>R10's Skin Progress report showed that staff were documenting on the open area to the left buttock, but not on a weekly basis. On 11-1-11 staff documented that R10's open area to his right buttock measured 1 by .8 cm. The next entry is not until 12-13-11, and the measurement is 1 by .4 cm. R 10's Plan of Care dated 12-17-2010 identified R10 as at risk for skin breakdown. The Plan of Care approaches include turning and repositioning R10 every two hours, monitoring skin daily, and to keep a pressure relieving device in his chair. The lack of weekly measurement of R10's open areas was confirmed by E3, Assistant Director of Nurses, on 12-21-11 at 11:00 AM.</p> <p>2. On 12-21-11 at 9:25 AM, E2, Director of Nurses, stated that she noticed R1 had a new open area to his bottom the previous evening. At 9:55 AM on 12-21-11, E4, Registered Nurse, was observed removing the wet to dry dressing on R1's coccyx. There were three open areas on R1's coccyx (not the two documented in the skin record). The edges of two of the three open areas were observed to be white (macerated) in color. E4 cleansed the area and applied two 2 by 2 wet gauzes over the entire area, which included the healthy non-open edges of the lateral two areas. E4 then covered the dressings with a dry 4 by 4 dressing.</p>	F9999			

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