

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 146021	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 05/17/2012
NAME OF PROVIDER OR SUPPLIER NATURE TRAIL HEALTH CARE CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE 1001 SOUTH 34TH STREET MOUNT VERNON, IL 62864		
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F9999	<p>FINAL OBSERVATIONS</p> <p>Licensure Violations:</p> <p>300.610a) 300.1010h) 300.1210a) 300.1210b) 300.1210d)3)5) 300.1220b)2)3) 300.3240a)</p> <p>Section 300.610 Resident Care Policies</p> <p>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 300.1010 Medical Care Policies</p>	F9999			

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F9999	<p>Continued From page 13</p> <p>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 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>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</p>	F9999			

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F9999	<p>Continued From page 14</p> <p>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 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>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>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,</p>	F9999			

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F9999	Continued From page 15 and prevent new pressure sores from developing. Section 300.1220 Supervision of Nursing Services b) The DON shall supervise and oversee the nursing services of the facility, including: 2) Overseeing the comprehensive assessment of the residents' needs, which include medically defined conditions and medical functional status, sensory and physical impairments, nutritional status and requirements, psychosocial status, discharge potential, dental condition, activities potential, rehabilitation potential, cognitive status, and drug therapy. 3) Developing an up-to-date resident care plan for each resident based on the resident's comprehensive assessment, individual needs and goals to be accomplished, physician's orders, and personal care and nursing needs. Personnel, representing other services such as nursing, activities, dietary, and such other modalities as are ordered by the physician, shall be involved in the preparation of the resident care plan. The plan shall be in writing and shall be reviewed and modified in keeping with the care needed as indicated by the resident's condition. The plan shall be reviewed at least every three months.	F9999			

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F9999	<p>Continued From page 16</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. (Section 2-107 of the Act)</p> <p>These regulations were not met as evidenced by:</p> <p>Based on record review, observation and interview, the facility failed to identify a defective pressure relieving device causing pressure; failed to obtain a physician order for that pressure sore and failed to develop individualized care plans to prevent the development of pressure sores for 4of 4 residents (R1, R2, R3, R5) reviewed for pressure sores in the sample of 11. This failure resulted in R3 developing a pressure sore to his coccyx which required surgical debridement.</p> <p>Findings Include:</p> <p>1. According to his current face sheet, R3 was originally admitted to the Facility on 12/7/09. R3's diagnoses include Chronic Obstructive Pulmonary Disease, Dementia Diabetes and Atrial Fibrillation.</p> <p>R3's most recent Minimum Data Set (MDS), dated 5/14/12, documents that he does not ambulate; is dependent on staff for all activities of daily living; requires the extensive assistance of two or more staff members and a mechanical lift for transfers; has short and long term memory problems, and severely impaired cognitive skills for daily decision making.</p>	F9999			

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F9999	<p>Continued From page 17</p> <p>R3's care plan documents "turn and reposition while in bed frequently for comfort and pressure reduction".</p> <p>The facility "Weekly Pressure Ulcer Log" documents that R3 was readmitted from the hospital on 1/12/12 with a stage II pressure sore on his right heel and a stage I pressure sore on his left heel.</p> <p>A "Change of Condition" form was faxed to R3's physician documenting that on 2/15/12 an open area was found on R3's left gluteal. The form documents, "Noted a 4 centimeter (cm) by 4 cm area to left gluteal. Resident's wheelchair cushion had a worn area where a board was present. The area rubbed against his buttock causing a pressure area. I suggest new orders: Area cleansed with wound cleanser, skin prep applied around area then optifoam applied. Change every 3 days and as needed. If you need something else, please let us know". This form is signed by E11, Licensed Practical Nurse (LPN). R3 does not have a physician's order for the treatment to his left gluteal area. There is no documentation present in R3's clinical record that shows that his physician was ever notified of the open area to his left gluteal area.</p> <p>E1, Administrator, and E2, Director of Nursing (DON), were interviewed on 5/17/12 at 1:55 PM. Both E1 and E2 stated that "Change of Condition" forms are completed by the Facility nurse on duty then faxed to the physician. Both confirmed that there is no confirmation that R3's physician got the fax or was notified of the open area to R3's left gluteal area. E2 said that the nurse who</p>	F9999			

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F9999	<p>Continued From page 18</p> <p>originally reported the area on R3's left gluteus is no longer employed by the Facility. E1 said that an air mattress was placed on R3's bed on 1/10/12.</p> <p>The "Weekly Pressure Ulcer Log" documents that on 2/15/12, a 3.2 cm x 2 cm x .4 cm in depth pressure sore was found on R3's left buttock. On 3/6/12, the area measured 4.7 cm x 3.5 cm x .5 in depth. On 3/13/12, it measured 2 cm x 2.1 cm x .5 in depth with no staging.</p> <p>The first physician order was documented on a Physician Telephone Order, "3/9/12, change treatment to buttock to silver optifoam every 3 days and as needed. Cleanse wound prior. 3/16/12, Treatment to buttock with Max Orb Silver rope and Optifoam okay. Prior to dressing, prep surrounding skin with no sting skin prep and pack wound with Max Orb Silver rope. Cover with Optifoam".</p> <p>R3 was sent to the hospital on 3/19/12. The hospital "Consultation Report" documents "He has significant decubitus on the right buttock and we were asked to see him for that. On the right side down over the ischial tuberosity on the left there was a 4 cm decubitus. I debrided this and there was a large amount of purulent material evaluated and necrotic tissue. This extended the depth of 8 cm centrally and 2 cm superiorly. There is a large amount of necrotic debris irrigated but this was by no means a complete debridement. We were able to get to the base and I was concerned that there were perhaps some bone exposed. Ultimately if we can get this cleaned we may try a wound vac although I have some concerns that this may heal. I am not sure</p>	F9999			

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F9999	<p>Continued From page 19 that this will ever heal in this poor gentleman but we will be aggressive at this point".</p> <p>The 5/8/12 "Weekly Pressure Ulcer Log" documents that the area on R3's left coccyx (the facility referred to R3's area of the pressure sore as both coccyx and gluteal on different documents) measured 1.2 cm x 2.7 cm with unknown depth. R3 was seen all days of the survey lying in bed on a low air loss mattress.</p> <p>During interviews with E1 and E2, on 5/17/12, it was stated that R3 developed a pressure sore in-house which required surgical debridement. Both of those interviewed could not confirm if R3's physician had ever been notified about the pressure sore</p> <p>2. During an interview on 5/16/12 at 11:40 a.m. E2 Director of Nurses (DON) reported R2 was admitted to the facility with a decubitus ulcer on her coccyx and knew of pressure areas on her heels which developed while she was a resident in the facility. E2 said the care plans in use do not specify any frequency for turning and positioning and could not explain what the intervention of "turn and reposition frequently to decrease pressure" means in relation to how often a resident is to be turned. E4 LPN and Minimum Data Set Coordinator, agreed with E2 that the care plans do not specify frequency for turning and repositioning.</p> <p>The Physician Order Sheet for R2 dated 1/13/12, listed diagnoses as End Stage Renal Disease, Congestive Heart Failure, Iron Deficiency Anemia, Hypertension, Septicemia, Left Hand Ischemia related to shunt, and</p>	F9999			

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F9999	<p>Continued From page 20</p> <p>Diabetes Mellitus. The Nursing Admission Assessment Integumentary page indicates R2 had a Stage II Decubitus Ulcer of the coccyx and 4 small scabbed areas on the right lower leg. R2's Pressure Ulcer Care Plan dated 1/26/12 indicated 8 pressure areas including areas on the buttocks, coccyx, and both heels.</p> <p>Observation of R2 could not be made as she was transferred to the hospital on 2/13/12 and expired on 2/21/12.</p> <p>E2 (Director of Nursing) and E4 (LPN) were interviewed on 5-16-12 at 11:40 a.m. related to the practice of turning and position for their residents. When asked if the facility has a policy regarding turning and position they both indicated they did not. When asked to explain the meaning of the intervention marked on the care plan for R2, "turn and reposition frequently to decrease pressure", E2 was unable to explain how often the word "frequently" meant. When asked if E2 recalled how often R2 was turned and repositioned she stated "NO." When E2 was asked if the Certified Nurse Aides or LPN's document when they turn and reposition residents she stated there was no specific documentation of times residents are turned. E2 was asked if she recalled R2's skin condition related to decubitus ulcers or pressure areas. E2 reported she recalled R2 came to their facility with a decubitus on her coccyx and knew it was staged at a 2 but she felt it was at a stage 3. She reported she was aware R2 had other areas on her heels while she was in the facility but could not recall details. E2 reported R2 expired in the hospital after she was transferred for Anemia.</p>	F9999			

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F9999	Continued From page 21 3. The medical records of R1 and R5 documents that their care plans were marked for interventions which included "turn and reposition frequently to decrease pressure" but fail to indicate how frequently each resident is to be turned, depending on their individual needs. The facility listings for residents requiring T/P (turn and position) and the listing for residents with pressure ulcers document that R1 and R5 had either a history of pressure ulcers or received treatment in the facility for pressure ulcers and were unable to reposition themselves without assistance. (B)	F9999			