STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	( )	IULTIP LDING	PLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED		
		145717	B. WI	NG			C <b>7/2012</b>	
	PROVIDER OR SUPPLIER	IG CENTER	•	STRE 25 C0				
(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 315	Continued From pa	ge 5	F	315				
F9999	FINAL OBSERVATI	ONS	F9	999				
	LICENSURE VIOL	ATIONS:						
	300.610a) 300.1210b) 300.1210d)6) 300.3240a)							
	Section 300.610 Re	esident Care Policies						
	procedures, govern the facility which sh Resident Care Polic least the administra the medical advisor representatives of r the facility. These p with the Act and all These written polici operating the facility least annually by th	have written policies and ing all services provided by all be formulated by a cy Committee consisting of at tor, the advisory physician or cy committee and nursing and other services in colicies shall be in compliance rules promulgated thereunder. es shall be followed in y and shall be reviewed at is committee, as evidenced by dated minutes of such a						
	Section 300.1210 G Nursing and Persor	General Requirements for nal Care						
	and services to atta practicable physica well-being of the re- each resident's con plan. Adequate and care and personal of	provide the necessary care in or maintain the highest I, mental, and psychological sident, in accordance with aprehensive resident care I properly supervised nursing care shall be provided to each e total nursing and personal						

	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	, ,			(X3) DATE SURVEY COMPLETED		
	145717				C <b>08/07/2012</b>		
NAME OF PROVIDER OR SUPPLIER  COLUMBIA REHAB & NURSING CENTER			2	253 BRADINGTON DRIVE	,	72312	
SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)			PREFIX (EACH CORRECTIVE ACTIO		ULD BE	(X5) COMPLETION DATE	
care needs of the red d) Pursuant to subscare shall include, a and shall be practice seven-day-a-week l 6) All necessary pre assure that the resi as free of accident nursing personnel s that each resident r and assistance to p Section 300.3240 A a) An owner, licensagent of a facility sh resident. (A, B) (Se These requirments by: Based on observati interview the facility intake and urinary co indwelling urinary co floor; and failed to a indwelling urinary co residents (R3) with in the sample of four requiring immediate of the catheter tubir	decident.  Section (a), general nursing at a minimum, the following and a 24-hour, basis:  Secautions shall be taken to dents' environment remains that a possible. All shall evaluate residents to see seceives adequate supervision arevent accidents.  Abuse and Neglect  see, administrator, employee or hall not abuse or neglect a ction 2-107 of the Act)  were not met as evidenced  on, record review and a failed to document daily fluid output; failed to ensure atheter tubing was kept off the appropriately remove the atheter for one of four an indwelling urinary catheter are. This failure resulted in R3 as hospitalization for a portion and with balloon to be surgically	F9	999				
The Physician's Ord	der Sheet (POS) for August						
	SUMMARY STA (EACH DEFICIENCY REGULATORY OR LE  Continued From particle care needs of the re d) Pursuant to substitute and shall be practice seven-day-a-week 6) All necessary preserved assure that the resist as free of accident nursing personnel structure and assistance to pursuant of a facility shresident. (A, B) (Se  These requirements by:  Based on observation interview the facility intake and urinary condended individually condended individually condended in the sample of four requiring immediate of the catheter tubir removed under and Findings include:	TASTITE TO SUPPLIER  SIA REHAB & NURSING CENTER  SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)  Continued From page 6 care needs of the resident.  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:  6) All necessary precautions shall be taken to assure that the residents' environment remains as free of accident hazards as possible. All nursing personnel shall evaluate residents to see that each resident receives adequate supervision and assistance to prevent accidents.  Section 300.3240 Abuse and Neglect  a) An owner, licensee, administrator, employee or agent of a facility shall not abuse or neglect a resident. (A, B) (Section 2-107 of the Act)  These requirments were not met as evidenced by:  Based on observation, record review and interview the facility failed to document daily fluid intake and urinary output; failed to ensure indwelling urinary catheter tubing was kept off the floor; and failed to appropriately remove the indwelling urinary catheter for one of four residents (R3) with an indwelling urinary catheter in the sample of four. This failure resulted in R3 requiring immediate hospitalization for a portion of the catheter tubing with balloon to be surgically removed under anesthesia.	ROVIDER OR SUPPLIER  BIA REHAB & NURSING CENTER  SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)  Continued From page 6 care needs of the resident.  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:  6) All necessary precautions shall be taken to assure that the residents' environment remains as free of accident hazards as possible. All nursing personnel shall evaluate residents to see that each resident receives adequate supervision and assistance to prevent accidents.  Section 300.3240 Abuse and Neglect  a) An owner, licensee, administrator, employee or agent of a facility shall not abuse or neglect a resident. 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Findings include:	TOMPLER OR SUPPLIER  145717  ROVIDER OR SUPPLIER  138 REHAB & NURSING CENTER  SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY) (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)  Continued From page 6 care needs of the resident.  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:  6) All necessary precautions shall be taken to assure that the residents' environment remains as free of accident hazards as possible. All nursing personnel shall evaluate residents to see that each resident receives adequate supervision and assistance to prevent accidents.  Section 300.3240 Abuse and Neglect  a) An owner, licensee, administrator, employee or agent of a facility shall not abuse or neglect a resident. 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		145717	B. WI	۱G _			C <b>7/2012</b>
NAME OF PROVIDER OR SUPPLIER  COLUMBIA REHAB & NURSING CENTER			•	2	REET ADDRESS, CITY, STATE, ZIP CODE 253 BRADINGTON DRIVE COLUMBIA, IL 62236		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREF TAG		PROVIDER'S PLAN OF CORREC (EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APPI DEFICIENCY)	OULD BE	(X5) COMPLETION DATE
F9999	2012 documents di Urinary Retention, Infection and Prosta Minimum Data Set, documents R3 has with a history of urir for 8/12 documents anticoagulant thera (milligrams) placing also receives a diur placing him at risk for R3's Nurses Notes August 2012. The 6:20 AM, document Nurse (RN), "Expla (indwelling urinary) (Indwelling urinary) (Indwelling urinary) scissors to deflate to frubber catheter runable to remove."  E4's Nurses Note, documents Z1, Phy order was received  E4's Nurses Note, documents R3 left to enroute to a hospitation of further evaluation catheter incident. The catheter change home staff was una	agnoses for R3, in part, as History of a Urinary Tract atic Hypertrophy. The (MDS) dated 8/02/12, an indwelling urinary catheter hary tract infections. The POS R3 receives daily py, Coumadin 5 mg him at risk for bleeding. R3 etic, Furosemide 20 mg daily	F9:	999			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION  A. BUILDING			(X3) DATE SURVEY COMPLETED	
		145717	B. WI				C <b>7/2012</b>
NAME OF PROVIDER OR SUPPLIER  COLUMBIA REHAB & NURSING CENTER				2	REET ADDRESS, CITY, STATE, ZIP CODE 53 BRADINGTON DRIVE COLUMBIA, IL 62236		
(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	which point it retract sent for removal of this time he is activ without success."  The hospital's Disci 8/02/12, documents secondary to a boto Apparently they cut with the penis in an change the cathete into the bladder. Enobtained by urologishe was anesthetized retrieved the cathete urologist) replaced looks like he has 50 negative nitrites. When the patient will be gantibiotic). Final diabladder."  On 8/07/12, at 11:0 interviewed. Z1 repimmediately of the R3 on 8/01/12. Z1 recomfortable with the sent to the hosp Z1 reported she was catheter had been of the facility) need to R3 suffered minor to reported this incide	ge 8 sted into the bladder. He was this retained foreign body. At ely trying to void into a urinal sharge Summary, dated as, in part, "(R3) was admitted ched catheter removal. The catheter almost flushed attempt to remove and r. The catheter was retracted mergency consultation was st. He was taken to surgery. The dand with a cystoscope, er and pulled it out. He (the the catheter. The patient to leukocyte esterase with de are waiting for the culture. Given a dose of Rocephin (an ignosis, 1. Foreign body in to AM, Z1, Physician was corted she had been notified catheter removal incident for reported she did not feel e situation and felt R3 should ital for removal of the catheter. Its unaware if the balloon to the deflated. Z1 stated, "They odo an inservice." Z1 reported rauma to the urethra. Z1 int could have been avoided if all was done correctly.	F99	9999			
	by E4, dated 8/01/1	ation of R3's catheter removal 2, was reviewed. The nents, in part, "The facility					

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) M A. BUI		IPLE CONSTRUCTION IG	(X3) DATE SURVEY COMPLETED	
		145717	B. WI		<del></del>		C <b>7/2012</b>
	ROVIDER OR SUPPLIER	IG CENTER		2	REET ADDRESS, CITY, STATE, ZIP CODE 253 BRADINGTON DRIVE COLUMBIA, IL 62236		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES  'MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREF TAG		PROVIDER'S PLAN OF CORREC (EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APPR DEFICIENCY)	OULD BE	(X5) COMPLETION DATE
F9999	urinary catheter) reand services." In a PM, E2, DON confif facility's policy and current standard of catheter removal.  The facility's policy '(Indwelling Urinary) documents, in part, medical record the ensure the aspiration the catheter. Insert syringe in the intake aspirate all of the flugently and slowly we completely. Clip the place it into the ster close the container.  On 8/07/12, at 9:37 in a wheelchair near indwelling urinary con the floor. On 8/0 observation from 1: remained in the din the catheter tubing.  On 8/07/12, at 1:33 Nurse came into the his meal. E11 failed on the floor from 1: at 2:00 PM.	ge 9 resident who has a (indwelling ceives appropriate treatment in interview on 8/07/12, at 1:00 rmed E4 failed to follow the procedure related to the nursing practice for indwelling and procedure, entitled, Catheter Removal' "Verify by the resident's size of the catheter balloon to on of all fluid before removal of the hub of a 5 ml (milliliter) elumen of the catheter and uid used to inflate the balloon. withdraw the catheter tube, rile specimen container, and (with physician's order)."  AM, R3 was observed sitting rethe nurses station. The atheter tubing was dragging 07/12, during a continuous 15 PM until 2:15 PM, R3 ing room feeding himself with dragging on the floor.  PM, E11, Licensed Practical edining room to assist R3 with do notice the catheter tubing 33 PM until she left the room  PM and 2:00 PM, E2, (DON) walked by R3 but	F99	999			

		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION  A. BUILDING			COMPLETED	
		145717	B. WIN	۱G _			7/ <b>2012</b>
NAME OF PROVIDER OR SUPPLIER					REET ADDRESS, CITY, STATE, ZIP CODE	00/01	7/2012
COLUMBIA REHAB & NURSING CENTER					253 BRADINGTON DRIVE COLUMBIA, IL 62236		
(X4) ID PREFIX TAG				ID PROVIDER'S PLAN OF C PREFIX (EACH CORRECTIVE ACTIV TAG CROSS-REFERENCED TO THE DEFICIENCY		JLD BE	(X5) COMPLETION DATE
F9999	failed to notice the of On 8/07/12, at 2:01 surveyor who was r R3's catheter tubing R3's daily Intake and July and August 20 records for R3 were 8/12 and partially in On 8/07/12, at 3:54 Nursing (ADON) was "We do I & O's on a even if the doctor horesident is on fluid racatheter or not."  The facility's policy 'Urinary Catheter C "Maintain an accurate daily output, per fact sure the catheter tukept off the floor."  The facility's policy and Output Record' resident with a (indicating a strict I & O will had	ge 10 catheter tubing on the floor. PM, E2 came to sit by the near R3, but failed to notice gresting on the floor. Ind Output (I&O) Records for 12 were reviewed. The I&O e incomplete for every day in complete for 7/26, 7/30/12. PM, E3, Assistant Director of as interviewed. E3 stated. Ind our residents with catheters, as not ordered it, or even if a restriction, whether they have and procedure entitled, are' documents, in part, ate record of the resident's cility policy and procedure. Be and procedure entitled, 'Intake I', documents, in part, "Any welling urinary) catheter or on ve their total output for the is (cubic centimeter) in the	F99	999			
		(B)					