

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

PRINTED: 10/30/2012  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>14G277</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED  <b>R</b> <b>05/23/2012</b>
NAME OF PROVIDER OR SUPPLIER  <b>CHESTNUT MANOR</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>1404 SOUTH 14TH STREET</b> <b>HERRIN, IL 62948</b>		
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W 382	<p>Continued From page 53</p> <p>This STANDARD is not met as evidenced by: Based on observation and interview the facility failed to keep medications properly secured when the medication room was observed to be unlocked when staff were not present. The unlocked, unsupervised medication room could impact 1 of 9 ambulatory individuals. (R5)</p> <p>Findings Include:</p> <p>1) On 05-02-12 at 6:00 AM R5 was observed to enter the unlocked medication room, no staff were present. R5 opened the upper cupboard and removed a green bottle of liquid medication. R5 got a small plastic cup from the counter top and poured the cup approximately 1/2 full of the green liquid then added a small amount of water from the sink in the medication room. R5 turned the cup up and drank the green liquid. R5 then returned the bottle to its place in the cupboard. The surveyor checked the label on the green bottle and it had R5's name and the name of the medication, it was Lactulose with orders to be given 2 Tablespoons every morning and evening. A review of R5's Medication Administration Record (MAR) verified that the label order was current and correct. The liquid was not measured when poured, was not observed by staff when drank. The label nor the MAR stated to mix with water.</p> <p>Per interview with E5 (Direct Support Person) on 05-02-12, after R5 had left the medication room, E5 verified that the medication room should have been locked. E5 said that he must have forgot to lock the door when he left the room.</p>	W 382			
W9999	FINAL OBSERVATIONS	W9999			

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W9999	Continued From page 54 LICENSURE VIOLATIONS  350.620a) 350.760a) 350.760c)2)7) 350.1210 350.1230a)1) 350.1230b)6)7) 350.1230d)1)2) 350.1420a) 350.1430e) 350.1610a) 350.1610b) 350.1610c)3) 350.1610e) 350.1610g) 350.3220f) 350.3220g) 350.3240a) 350.3750 350.3760k) 350.3760l)  Section 350.620 Resident Care Policies  a) The facility shall have written policies and procedures governing all services provided by the facility which shall be formulated with the involvement of the administrator. The policies shall be available to the staff, residents and the public. These written policies shall be followed in operating the facility and shall be reviewed at least annually.  Section 350.760 Infection Control  a) Policies and procedures for investigating, controlling, and preventing infections in the facility	W9999			

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W9999	<p>Continued From page 55</p> <p>shall be established and followed. The policies and procedures shall be consistent with and include the requirements of the Control of Communicable Diseases Code (77 Ill. Adm. Code 690) and Control of Sexually Transmissible Diseases Code (77 Ill. Adm. Code 693). Activities shall be monitored to ensure that these policies and procedures are followed.</p> <p>c) Depending on the services provided by the facility, each facility shall adhere to the following guidelines of the Center for Infectious Diseases, Centers for Disease Control and Prevention, United States Public Health Service, Department of Health and Human Services, as applicable (see Section 350.340):</p> <p>2) Guideline for Hand Hygiene in Health-Care Settings</p> <p>7) Guidelines for Infection Control in Health Care Personnel</p> <p>Section 350.1210 Health Services</p> <p>The facility shall provide all services necessary to maintain each resident in good physical health. These services include, but are not limited to, the following:</p> <p>Section 350.1230 Nursing Services</p> <p>b) Residents shall be provided with nursing services, in accordance with their needs, which shall include, but are not limited to, the following: The DON shall participate in:</p> <p>6) Development of a written plan for each resident to provide for nursing services as part of the total habilitation program.</p> <p>7) Modification of the resident care plan, in terms</p>	W9999			

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W9999	<p>Continued From page 56 of the resident's daily needs, as needed.</p> <p>d) Direct care personnel shall be trained in, but are not limited to, the following:</p> <p>1) Detecting signs of illness, dysfunction or maladaptive behavior that warrant medical, nursing or psychosocial intervention.</p> <p>2) Basic skills required to meet the health needs and problems of the residents.</p> <p>e) Sufficient, appropriately qualified nursing staff shall be available, which may include licensed practical nurses and other supporting personnel, to carry out the various nursing service activities.</p> <p>f) The individual responsible for providing nursing services shall have knowledge and experience in the field of developmental disabilities.</p> <p>g) Nursing service personnel at all levels of competence and experience shall be assigned responsibilities in accordance with their qualifications.</p> <p>Section 350.1420 Compliance with Licensed Prescriber's Orders</p> <p>a) All medications shall be given only upon the written, facsimile or electronic order of a licensed prescriber. The facsimile or electronic order of a licensed prescriber shall be authenticated by the licensed prescriber within 10 calendar days, in accordance with Section 350.1610. All such orders shall have the handwritten signature (or unique identifier) of the licensed prescriber. (Rubber stamp signatures are not acceptable.) These medications shall be administered as ordered by the licensed prescriber and at the</p>	W9999			

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W9999	<p>Continued From page 57 designated time.</p> <p>Section 350.1430 Administration of Medication</p> <p>e) Medication errors and drug reactions shall be immediately reported to the resident's physician, licensed prescriber if other than a physician, the consulting pharmacist and the dispensing pharmacist (if the consulting pharmacist and dispensing pharmacist are not associated with the same pharmacy). An entry shall be made in the resident's clinical record, and the error or reaction shall also be described in an incident report.</p> <p>Section 350.1610 Resident Record Requirements</p> <p>a) Each facility shall have a medical record system that retrieves information regarding individual residents.</p> <p>b) The facility shall keep an active medical record for each resident. This resident record shall be kept current, complete, legible and available at all times to those personnel authorized by the facility's policies, and to the Department's representatives.</p> <p>c) Record entries shall meet the following requirements: 3) Medical record entries shall include all notes, orders or observations made by direct resident care providers and any other individuals authorized to make such entries in the medical record, and written interpretive reports of diagnostic tests or specific treatments including, but not limited to, radiologic or laboratory reports and other similar reports.</p>	W9999			

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W9999	Continued From page 58  e) An ongoing resident record including progression toward and regression from established resident goals shall be maintained.  g) Treatment sheets shall be maintained recording all resident care procedures ordered by each resident's attending physician. Physician ordered procedures that shall be recorded include, but are not limited to, the prevention and treatment of decubitus ulcers, weight monitoring to determine a resident's weight loss or gain, catheter/ostomy care, blood pressure monitoring, and fluid intake and output.  Section 350.3220 Medical Care  f) All medical treatment and procedures shall be administered as ordered by a physician. All new physician orders shall be reviewed by the facility's director of nursing or charge nurse designee within 24 hours after such orders have been issued to assure facility compliance with such orders. (Section 2-104(b) of the Act)  g) Every woman resident of child-bearing age shall receive routine obstetrical and gynecological evaluations as well as necessary prenatal care. (Section 2-104(b) of the Act)  Section 350.3240 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)  Section 350.3750 Consultation Services and Nursing Services	W9999			

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W9999	<p>Continued From page 59</p> <p>Residents needing nursing care shall be admitted to an ICF/DD of 16 Beds or Less only if the facility has adequate professional nursing services to meet the resident's needs. Arrangements shall be made through formal contract for the services of a licensed nurse to visit as required. A responsible staff member shall be on duty at all times who is immediately accessible, and to whom residents can report injuries, symptoms of illness, and emergencies (see Section 350.810(a)). The consultant nurse shall provide consultation on the health aspects of the individual plan of care and shall be in the facility not less than two hours per month.</p> <p>Section 350.3760 Medication Policies</p> <p>k) All medications taken by residents in this type of facility must be administered by a nurse or physician licensed to practice in Illinois unless the medication is self-administered by the resident. Facility staff shall not administer medication to residents unless the staff person is a properly licensed nurse or physician.</p> <p>l) Medication may be administered by non-licensed direct care staff who have been trained and authorized in accordance with 59 Ill. Adm. Code 116 (Administration of Medication in Community Settings).</p> <p>These Regulations were not met as evidenced by:</p> <p>Based on observation, interview and record review, the facility failed to:</p>	W9999			

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W9999	<p>Continued From page 60</p> <p>1) protect resident health and safety by ensuring that 13 of 13 individuals in the facility (R1 thru R13) are administered medications by the direct care staff only under the supervision of a trained Registered Nurse and in accordance with Rule 59 Illinois Administration Code part 116.</p> <p>2) provide appropriate nursing services to 4 of 4 individuals in the sample (R1, R2, R3 and R4) when they failed to:</p> <p>a) Develop and implement a plan to monitor individuals' gynecological wellness for 3 of 3 female individuals in the sample who are noncompliant with having annual PAP (Papanicolaou) tests completed. (R1, R2 and R3).</p> <p>b) Implement a plan to monitor the oxygen saturation levels and foot, ankle and sock band measurements as based on the nursing plan of care for 1 of 1 individual in the facility who has a history of: Chronic Obstructive Pulmonary Disease, Chronic Respiratory Failure, Hyper apnea and Bronchitis and requires the use of continuous oxygen therapy. (R4)</p> <p>c) Develop and implement an accurate plan to ensure thorough monitoring and documentation for 1 of 1 individual in the sample who is currently prescribed NSAID's and Aspirin therapy. (R3)</p> <p>d) Develop and implement a plan to ensure that bowel movement tracking logs are accurately documented and the use of laxatives are given as per the facility protocol and/or physician's orders for 4 of 4 individuals in the sample. (R1, R2, R3 and R4)</p>	W9999			



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W9999	<p>Continued From page 61</p> <p>e) Develop and implement an accurate plan to monitor weight status for 1 of 1 individual in the sample who has physician's orders for daily weights (R4).</p> <p>f) Develop and implement a plan for skin assessments for 1 of 1 individual in the sample who has a history of skin breakdown. (R2)</p> <p>g) Ensure that nursing staff completes required nursing assessments on a quarterly basis for 4 of 4 individuals in the sample. (R1, R2, R3 and R4).</p> <p>Findings Include:</p> <p>1) In review of the 59 Illinois Administration Code part 116 it reads:</p> <p>A) Section 116.40: Only a nurse-trainer may delegate and supervise the task of medication administration to direct care staff.</p> <p>B) Section 116.50: Registered Professional Nurse, Advanced Practice Nurse, Physician licensed to practice medicine in all of it's branches, or physician's assistant shall be on duty or on call at all times in any program covered by this part [20 ILCS 1705/15.4(j)].</p> <p>On 04-19-12 a scheduled follow up survey was started at this facility. During the entrance conference, E1 (Assistant Administrator) told the surveyor that E4 (Registered Nurse) was the Registered Nurse (RN) consultant.</p> <p>Per interview with E4 on 05-01-12 at 9:40 a.m., E4 stated that he was not the Registered Nurse</p>	W9999			

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W9999	<p>Continued From page 62</p> <p>Consultant or medication trainer for this facility. E4 continued to say that he had informed E1 "about 2 weeks ago" that he was no longer going to cover the facility as their Registered Nurse consultant and medication trainer. No other RN has been hired by the facility to fill the position. The facility currently does not have an RN consultant to delegate and supervise the task of medication administration to direct care staff in accordance with state law which places individual's at risk for medication errors.</p> <p>The following observations were made during the morning medication pass on 05-02-12 from 6:00 AM to 7:50 AM. with E5:</p> <p>-At 6:00 AM R5 was observed to enter the unlocked medication room, no staff were present. R5 opened the upper cupboard and removed a green bottle of liquid medication. R5 got a small plastic cup from the counter top and poured the cup approximately 1/2 full of the green liquid then added a small amount of water from the sink in the medication room. R5 turned the cup up and drank the green liquid. R5 then returned the bottle to its place in the cupboard. The surveyor checked the label on the green bottle and it had R5's name and the name of the medication, it was Lactulose with orders to be given 2 Tablespoons every morning and evening. The liquid was not measured when poured, was not observed by staff when drank. The label did not say to mix with water.</p> <p>- At 6:35 AM, E5 (Direct Support Person/Unlicensed Staff) was observed to instill 1 drop of 3 separate eye drops into R5's left eye. E5 waited approximately 5 seconds between</p>	W9999			

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W9999	<p>Continued From page 63</p> <p>each drop. The first drop placed was Dorzol/Timol sol. 2-0 5%. with orders to give 1 drop to the left eye 2 times a day. The second eye drop was also labeled Dorzol/Timol sol. 2.0 5%, with orders to give 1 drop to the left eye 2 times a day. The third drop that was delivered was labeled Lotemal suspension with instructions to shake well before use and to give 1 drop to the left eye 4 times a day. E5 did not shake the bottle before delivering the drop to the left eye. After a review of the physician order sheet R5 only has 2 eye drops ordered. The Dorzol/Timol sol. 2.0 5% was used twice.</p> <p>- At 7:00 AM., E5 was observed delivering R2's medication. R2 was given her oral medications. After reviewing the current physician order sheet, orders are in place for nasal spray, 2 sprays to each nostril 1 time daily at 7:00 AM. R2 did not receive the nasal spray.</p> <p>- Per observations during the medication pass E5 was not noted to wear gloves, did not attempt to complete any residents self medication program and dispensed all medications for R1 thru R13. The residents were not allowed the time to prepare/punch out their own medications independently or with hand over hand assistance. E5 was observed to punch out oral medications for R5, and 1 pill dropped to the floor as he was giving the medication to R5, E5 picked up the pill from the floor and gave it to R5.</p> <p>Per interview with E5 after the medication pass was completed, E5 verified that he had given the same eye drop 2 times instead of 1 time to R5, failed to shake the eye drops that were in suspension form, and failed to give R2 the nasal</p>	W9999			

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W9999	<p>Continued From page 64</p> <p>spray. E5 verified that he had picked up a medication from the floor and gave it to R5. E5 also verified that he had not worn gloves or washed his hands between residents.</p> <p>Per review of the facility's undated policy, medication errors shall be reported immediately to the Pharmacist, RN consultant, Physician and Management for orders and follow up procedures. The facility could not report to the RN consultant due to not having a current RN consultant/Nurse trainer. The policy states that a medication error/omission form is filled out. All questions must be answered completely. This form is signed by the person making the error and the designated staff. E5 did not complete a medication error/omission form before leaving the facility.</p> <p>Per interview with E1, on 05-01-12 at 11:00 a.m., E1 said that about 2 weeks ago, E4 (Registered Nurse) had told the facility that he was not going to continue to be the RN consultant, but E1 thought that he would stay until the facility could replace him. E1 said "I guess I should have followed up on that." E1 verified that the facility had not attempted to hire a new nurse. The surveyor asked E1 who had been delegating and supervising the unlicensed staff that has administered medications on a daily basis since April 15. E1 said that she (E1) and E2 (Licensed Practical Nurse/LPN) had been in charge. E1 verified that neither she (E1 is not a nurse) and that E2 can be certified as a Nurse-trainer.</p> <p>2.a.) Per review of R1's Individual Program Plan dated 02/29/12, R1 is a 63 year old female that</p>	W9999			

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W9999	<p>Continued From page 65</p> <p>functions at a Profound level of Mental Retardation. R1 is self ambulatory and able to feed herself. R1's vocabulary is limited to simple yes or no responses.</p> <p>Per review of R1's current physician's orders, 04/01/12 through 04/30/12 there is an order for annual PAP (Papanicolaou) testing. Per review of the laboratory results in R2's record, no PAP testing results were found.</p> <p>During interview with E1 (Assistant Administrator) on 04/20/12 at 9:30 a.m., E1 said that R1's guardian has decided that PAP smears should not be done on R1 because it always caused R1 to be very upset and she would display aggressive behaviors, such as hitting and kicking. E1 said that the facility has established a tracking sheet to monitor R1 for vaginal changes such as odors, discharge or any indication of pain. E1 said that direct care staff were to document on R1's tracking sheet daily during her bath. When asked to see the tracking sheet, E1 informed surveyor that the facility was just putting this system in place so there was no documentation that showed that R1 was being monitored for vaginal changes. E1 was asked if the guardian had signed a refusal to have the PAP smears done? E1 said that she had talked to R1's guardian and that the facility had sent her an informed consent to sign to indicate that the PAP was an unwanted test by her and R1. The surveyor asked to see the form sent to R1's guardian and E1 showed the surveyor a blank form that was unsigned and said that the guardian had not returned the form the facility had sent to her. When asked when the form had been sent E1 said in January or February of this year but could not remember for</p>	W9999			

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W9999	<p>Continued From page 66</p> <p>sure. The surveyor asked if anyone had followed up on the form after it was sent and E1 said "not yet." Surveyor asked to see the form and E1 gave the surveyor a blank form to review. The surveyor asked to see the completed tracking sheet where R1's vaginal status has been monitored and E1 said that they were just starting to use the form so no reproducible documentation was in place yet to monitor for any possible changes. E1 continued to say that there was no documented evidence to substantiate the guardian's request that R1 not have the PAP test.</p> <p>Per review of R2's Individual Program Plan dated 04/29/11, R2 is a 68 year old female that functions at a Mild level of Mental Retardation. R2 is confined to a wheelchair for mobility and is able to feed herself.</p> <p>Per review of R2's current physician orders, dated 04-01-12 to 04-30-12 an order is in place for R2 to have an annual PAP test done. Per review of the laboratory results in R2's record the last PAP smear was done 03-19-09.</p> <p>During an interview with E1 (assistant administrator) on 04-20-12 at 9:30 AM. R2 has an appointment next month to have a PAP test done. The surveyor asked if PAP tests had been done in 2010 or 2011. E1 said that she did not know for sure but confirmed that the facility did not have reproducible documentation to show that R2 had received a PAP test per physicians orders during the last two years.</p> <p>Per review of the facility's admission sheet, R3 is a 68 year old female who functions at a Severe level of Mental Retardation.</p>	W9999			

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W9999	<p>Continued From page 67</p> <p>Upon review of R3's Physician's Order Sheet dated 04/01/12 through 04/30/12 , R3 has physician's orders for: "Routine Annual PAP smear", and "Monitor routinely for any vaginal signs (and) symptoms or (patient) complaints of vaginal itching, burning, odor, discharge, etc. due to the fact that (patient) often refuses routine PAP smears."</p> <p>During review of the facility's "Medical Care Plan (s) for (R3)" dated 09/12/11 documentation states, "(R3) refuses to have an annual PAP smear. Since she refuses them we need to monitor her for any symptoms that may indicate a problem. Daily while getting (R3) ready to shower, staff will document if there is any unusual odor or discharge. Staff will also document of any complaints (R3) makes about vaginal itching or burning..."</p> <p>Per review of the facility's documentation regarding the monitoring of R3's vaginal status for the month of 01/2012, documentation shows that E3 (Direct Support Person) documented that she had completed R3's vaginal monitoring each day from 01/03/12 through 01/30/12.</p> <p>During interview with E1 (Assistant Administrator) on 04/20/12 at 1:20 p.m., E1 stated that E3 did not work at the facility every day from 01/03/12 through 01/30/12 so she could not have monitored signs and symptoms of vaginal changes for R3 as documented.</p> <p>The facility's documentation regarding the monitoring of R3's signs and symptoms of vaginal changes for the month of 03/2012 only</p>	W9999			

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W9999	<p>Continued From page 68 has an entry for 03/13/12 and 03/15/12.</p> <p>Per interview with E1 on 04/20/12 at 1:20 p.m., E1 said that staff have not been documenting their monitoring of R3's signs and symptoms of vaginal changes as per physician's orders.</p> <p>On 04/20/12, surveyor was unable to find a tracking sheet for 04/2012 to indicate that monitoring of R3's vaginal status is occurring.</p> <p>On 04/24/12 the facility presented an 04/2012 tracking sheet for the monitoring of R3's signs and symptoms of vaginal changes. Facility staff documented that monitoring of R3's vaginal status had occurred from 04/01/12 through 04/23/12.</p> <p>During interview with E1 on 04/25/12 at 12:50 p.m., E1 stated that documentation on R3's tracking sheet had not been completed until after the surveyor had requested the tracking form on 04/20/12. E1 continued to say that she, "Had staff go back and document for April if they were here and gave (R3) a bath that day." E1 said that there is no evidence that E4 (Registered Nurse Consultant) is monitoring R3's vaginal status or that E4 is monitoring to ensure that direct care staff document a thorough and accurate assessment of R3's vaginal status.</p> <p>b) Review of the facility's admission sheet, R4 is a 58 year old male who functions at a Severe level of Mental Retardation.</p> <p>Upon review of R4's current physician's order sheet dated 04/01/12 through 04/30/12, R4 has diagnose's that include: Chronic Obstructive</p>	W9999			



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W9999	<p>Continued From page 69 Pulmonary Disease, Chronic Respiratory Failure, Hyperpnea and Bronchitis.</p> <p>R4's current physician's orders include continuous Oxygen usage at 2 to 3 Liters per minute.</p> <p>Per review of the facility's "Medical Care Plan(s) for (R4)" dated 08/06/11, documentation states:</p> <ol style="list-style-type: none"> <li>"Staff will measure (R4's) sock band area, ankles and feet weekly (During Saturday morning medication pass) and Wednesday 4:00 p.m. (medication) pass."</li> <li>Staff will document (R4's) measurements on a data collection sheet.</li> <li>(Residential Service Director) will monitor the documentation weekly and report any significant changes to the (Registered Nurse) and Physician."</li> </ol> <p>The facility's data collection sheets (dated monthly) states that staff are to measure R4's Oxygen saturation levels, as well as foot, ankle and sock band measurements twice weekly on Saturday and Wednesday.</p> <p>Upon review of R4's data collection sheet for 11/2011, surveyor noted that the only documentation for the month was done on 11/02/11 and 11/12/11. There is no evidence that R4's Oxygen Saturation levels or R4's foot, ankle and sock band measurements were done for the month of 11/2011 as per R4's Medical Care Plan.</p>	W9999			

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W9999	<p>Continued From page 70</p> <p>During review of R4's 12/2011 data collection sheet, documentation is for 12/07/11, 12/10/11, 12/17/11, 12/24/11 and 12/28/11 only. There is no evidence that R4's Oxygen Saturation levels or R4's foot, ankle and sock band measurements were done for the month of 12/2011 as per R4's Medical Care Plan.</p> <p>R4's data collection sheet for 01/2012 has Oxygen saturation levels for 01/04/12 and 01/20/12 only. There is no documentation that R4's Oxygen Saturation levels were completed as per R4's Medical Care Plan or that R4's foot, ankle and sock band measurements were ever done for the month of 01/2012.</p> <p>Per review of R4's data collection sheets, surveyor observed a data collection sheet with no month or year documented. Documentation within this data collection sheet states that R4's Oxygen saturation level was taken 8 times. There is no evidence that R4's foot, ankle and sock band measurements were ever taken for this month.</p> <p>During review of R4's March 2012 data collection sheet, there is no documentation at all to indicate that R4's Oxygen saturation levels or foot, ankle and sock band measurements were ever done for the month of March 2012 as per R4's Medical Care Plan.</p> <p>During interview with E1 on 04/25/12 at 12:50 p.m., E1 stated that monitoring for R4's Oxygen usage and diagnosis of COPD is not being completed as per R4's Medical Care Plan. E1 continued to say that there is no evidence that the Residential Service Director or Registered Nurse are monitoring R4's respiratory status or</p>	W9999			

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W9999	<p>Continued From page 71</p> <p>reviewing R4's data collection sheets to monitor to ensure compliance with R4's Medical Care Plan.</p> <p>c) Upon review of R3's current physician's order sheet dated 04/01/12 through 04/30/12, documentation states that R3's diagnoses include: Diffuse Osteoporosis and Peripheral Ulcer Disease. R3's medications include Aspirin 81 milligrams daily and Celebrex 200 milligrams daily.</p> <p>R3's current physician's order sheet states, "Monitor routinely for black or bloody stools (and) for upper gastric pain related to (patient) NSAID/Aspirin regimen."</p> <p>Per review of the facility's "Medical Care Plan(s) for (R3)" dated 09/12/11, documentation states, ""(R3) is on an Aspirin/NSAID regime. This could lead to upper gastric problems. Staff will need to monitor for symptoms. When (R3) has a bowel movement staff will document if they appear black or bloody or if (R3) complains of any upper gastric pain. If any of these symptoms are noted, contact the (Registered Nurse) Consultant."</p> <p>During interview with E1 on 04/25/12 at 12:50 p.m., when asked how staff are monitoring R3's bowel movements for black or bloody stools, E1 said that the facility is not actually documenting signs and symptoms of R3's Aspirin/NSAID therapy regime as per R3's Medical Care Plan. E1 continued to say that the facility's bowel movement record is the only documentation available.</p> <p>During a review of the facility's tracking sheet for</p>	W9999			

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W9999	<p>Continued From page 72</p> <p>bowel movements for 04/2012, documentation shows that R3 had a bowel movement on 04/04/12, 04/09/12, 04/17/12, 04/20/12, 04/21/12, 04/22/12 and 04/24/12. There is no documentation of the color or type of stool. The facility was unable to provide evidence that staff observed R3's bowel movements for black or bloody stools.</p> <p>Per interview with E1 on 04/25/12 at 12:50 p.m., E1 said that there is no evidence that the Registered Nurse is reviewing R3's bowel movement records to ensure compliance with R3's Medical Care Plan or that monitoring for black or bloody stools is occurring.</p> <p>d) R1 is a 63 year old female who has physician's orders for Milk of Magnesium 60 milliliters by mouth if no bowel movement for 72 hours.</p> <p>Upon review of the facility's "Bowel Movement Record" for the month of 04/2012, documentation shows that R1 did not have a bowel movement from 04/01/12 until 04/17/12. Documentation continues to show that R1 went 3 days without having a bowel movement from 04/18/12 until 04/21/12 and 3 days without a bowel movement from 04/22/12 until 04/24/12.</p> <p>There is no evidence that R1's bowel movements had been monitored or that a laxative had been given as per the facility's protocol or R1's physician's orders.</p> <p>R2 is a 68 year old female who is currently receiving Docusil 100 milligrams at bedtime and has physician's orders for Milk of Magnesium 60 milliliters by mouth if no bowel movement in 72</p>	W9999			

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W9999	<p>Continued From page 73 hours.</p> <p>Upon review of the facility's, "Bowel Movement Record" for the month of 04/2012, documentation shows that R2 did not have a bowel movement from 04/01/12 until 04/15/12. Documentation continues to show that R2 also went 4 days without having a bowel movement from 04/16/12 until 04/20/12 and 3 days without a bowel movement from 04/22/12 until 04/24/12.</p> <p>There is no evidence that R2's bowel movements had been monitored or that a laxative had been given as per the facility's protocol or R2's physician's orders.</p> <p>R3 is a 68 year old female who is currently receiving Docusil 100 milligrams twice a day and has physician's orders for Milk of Magnesium 60 milliliters by mouth if no bowel movement in 72 hours.</p> <p>Per review of R3 "Bowel Movement Record" for the month of 04/2012, documentation shows that R3 went 3 days without having a bowel movement, from 04/01/12 until 04/04/12. R3 went 4 days without having a bowel movement from 04/05/12 until 04/09/12 and 7 days without a bowel movement from 04/10/12 until 04/17/12.</p> <p>There is no evidence that R3's bowel movements had been monitored or that a laxative had been given as per the facility's protocol or R3's physician's orders.</p> <p>R4 is a 58 year old male with a history of Constipation who has physician's orders for Milk of Magnesium 60 milliliters by mouth if no bowel</p>	W9999			

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W9999	<p>Continued From page 74 movement in 72 hours.</p> <p>Per Review of R4's "Bowel Movement Record" for the month of 04/2012, documentation shows that R4 went 17 days without having a bowel movement (from 04/01/12 until 04/17/12). R4 went 3 days without having a bowel movement from 04/18/12 until 04/21/12 and 3 days without having a bowel movement from 04/22/12 until 04/24/12.</p> <p>There is no evidence that R4's bowel movements had been monitored or that a laxative had been given as per the facility's protocol or R4's physician's orders.</p> <p>During interview with E1 on 04/20/12 at 1:20 p.m., E1 said that there is no documentation that the anyone ever looked at the Bowel Movement monitoring log or that a laxative was administered as ordered.</p> <p>Per interview with E1 on 04/20/12 at 1:20 p.m., E1 stated that she has been busy making changes within the facility and that the monitoring of all individual's bowel movements did not begin until 04/2012.</p> <p>e) Upon review of R4's physician's order sheet dated 04/01/12 through 04/30/12, R4 has physician's orders for daily weight.</p> <p>During review of R4's "Medical Care Plan(s) for (R4)" (no date), documentation states:</p> <p>b. A staff member will weigh (R4) daily.</p> <p>c. (Registered Nurse) Consultant will monitor</p>	W9999			

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(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	
W9999	<p>Continued From page 75</p> <p>weekly and report significant weight gain or loss to the physician. (gain more than 2 (pounds) in 1 - 3 days or 5 (pounds) in week consult MD)."</p> <p>On 04/19/12 surveyor requested the facility's documentation of R4's daily weight as ordered by the physician. The facility was able to obtain monitoring records of R4's weight for the months of March and April 2012 only.</p> <p>Upon review of the facility's 03/12 monitoring records of R4's daily weight, there is no documentation that any weight has been done for R4 during the month of 03/12.</p> <p>During review of the facility's 04/12 monitoring records of R4's daily weight, documentation shows that R4 had his weight taken on 04/07/12, 04/22/12, 04/23/12 and 04/24/12.</p> <p>There is no evidence that the facility weighed R4 daily as per physician's orders and R4's Medical Care Plan. There is also no evidence that the Registered Nurse monitored R4's weights weekly as per R4's Medical Care Plan.</p> <p>f) Per review of R2's Individual Program Plan dated 02-29-12, R2 is a 68 year old female that functions at a mild level of Mental Retardation.</p> <p>R2's Individual Program Plan/IPP , dated 02-29-12 R2 is at high risk for skin breakdown. The IPP indicates that R2 will have a skin check done weekly by direct care staff and monitored by the Registered Nurse Consultant because of a past history of skin breakdown.</p> <p>The facility was unable to provide evidence of</p>	W9999			

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CENTERS FOR MEDICARE & MEDICAID SERVICES

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NAME OF PROVIDER OR SUPPLIER  <b>CHESTNUT MANOR</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>1404 SOUTH 14TH STREET</b> <b>HERRIN, IL 62948</b>		
(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	
W9999	<p>Continued From page 76</p> <p>R2's weekly skin checks being done by direct care staff or monitoring being done by a Registered Nurse.</p> <p>Per interview with E1 (Assistant Administrator) on 04-20-12 at 9:30 AM, the skin checks should be done when baths are done and monitored by the RN on a weekly basis, with documentation on the current treatment sheet. E1 verified that there were no skin checks documented for R2. E1 could not provide a written policy for the stated skin check routine.</p> <p>g) Upon review of R1's Individual Program Plan/IPP dated 02-29-12, R1 is a 63 year old female who functions at a Profound level of Mental Retardation. R1's Individual Program Plan also states that R1 is at high risk for skin breakdown. The IPP indicates that R1 will have a skin check done weekly because of a past history of skin breakdown.</p> <p>No evidence of skin checks being done was observed in the record for R1 or provided to surveyor upon request.</p> <p>Per interview with E1 (Assistant Administrator) on 04-20-12 at 9:30 AM, the skin checks should be done on a weekly basis and documented on the current treatment sheet. E1 verified that there were no skin checks documented for R1 for the past year.</p> <p>During review of the facility's quarterly nursing assessments, the last quarterly nursing assessment available for R1 is dated 10/13/11.</p> <p>Per review of the facility's admission sheet, R2 is</p>	W9999			



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NAME OF PROVIDER OR SUPPLIER  <b>CHESTNUT MANOR</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>1404 SOUTH 14TH STREET</b> <b>HERRIN, IL 62948</b>		
(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	
W9999	<p>Continued From page 77</p> <p>a 68 year old female who functions at a Mild level of Mental Retardation. During review of the facility's quarterly nursing assessments, the last quarterly nursing assessment available for R2 is dated 10/13/11.</p> <p>Per review of the facility's admission sheet, R3 is a 68 year old female who functions at a Severe level of Mental Retardation. During review of the facility's quarterly nursing assessments, the last quarterly nursing assessment available for R3 is dated 10/19/11.</p> <p>Review of the facility's admission sheet, R4 is a 58 year old male who functions at a Severe level of Mental Retardation. During review of the facility's quarterly nursing assessments, the last quarterly assessment available for R4 is dated 10/13/11.</p> <p>During interview with E1 on 04/25/12 at 12:50 p.m., E1 stated additional quarterly nursing assessments had not been completed until after the surveyor requested them on 04/19/12.</p> <p style="text-align: center;">(A)</p>	W9999			