

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

PRINTED: 11/02/2012
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 145909	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 06/08/2012
NAME OF PROVIDER OR SUPPLIER HELIA HEALTHCARE OF GREENVILLE			STREET ADDRESS, CITY, STATE, ZIP CODE 400 EAST HILLVIEW AVENUE GREENVILLE, IL 62246		
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F 441	Continued From page 18	F 441			
F9999	<p>FINAL OBSERVATIONS</p> <p>LICENSURE VIOLATIONS:</p> <p>300.1210a) 300.1210b) 300.1210d)5) 300.1220b)3) 300.3240a)</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</p>	F9999			

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F9999	<p>Continued From page 19</p> <p>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.</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 300.1220 Supervision of Nursing Services</p> <p>b) The DON shall supervise and oversee the nursing services of the facility, including:</p> <p>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</p>	F9999			

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F9999	<p>Continued From page 20</p> <p>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.</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 requirements are not met as evidenced by:</p> <p>Based on observation, interview and record review, the facility failed to prevent the formation of pressure ulcers, provide treatment and provide pressure relief for 3 of 3 residents (R2, R3 & R5) reviewed for pressure ulcers in the sample of 14. This failure resulted in R3 developing a facility acquired stage III and an unstageable pressure ulcer.</p> <p>Findings:</p> <p>1. The Physician's Order Sheet for June 2012, documents R3 has diagnoses, in part, of Quadriplegia, Gastrostomy for nutritional/hydration use and Urinary Catheter. The Minimum Data Set (MDS), dated 01/11/12 and 04/27/12 documents R3 is alert/oriented and requires total assistance of at least two staff members for bed mobility and all transfers. The MDS documents that R3 has an indwelling suprapubic urinary catheter and is incontinent of bowel. The Skin Integrity Report for Pressure Sores identified R3 as having a facility acquired</p>	F9999			

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F9999	<p>Continued From page 21</p> <p>stage III wound on the right heel on 01/25/12 and facility acquired unstageable wound on the right ischium on 05/30/12. The Physician's Order Sheet (POS) of 06/01/12 documents the right heel and ischium are to be cleansed with normal saline and santyl ointment applied daily and prn. R3's laboratory tests, dated 04/2012, for total protein were within normal limits and albumin was slightly low.</p> <p>The Care Plan dated 5/01/12 documents R3 is at high risk for skin breakdown and the development of pressure ulcers. The Care Plan fails to identify the current right heel and ischium ulcers. Approaches were listed, in part, as maintain good body alignment with weight distributed evenly and turn every hour to relieve pressure points, treatments as ordered, daily skin checks/weekly skin notes, and off loading boots. The facility failed to include in the Care Plan interventions related to R3's electric tilt/reclining wheelchair in relationship to weight distribution. The Braden Scale, dated 04/06/12, identified R3 as being high risk for developing pressure sores.</p> <p>On 06/06/12, from 11:20 AM to 2:35 PM, R3 was observed to be up sitting in a motorized wheelchair. At 12:55 PM, R3 stated that he had been up in his chair for "quite awhile, and didn't know why he had been up for so long." At 1:00 PM, E8, Licensed Practical Nurse (LPN) stated that R3 is having speech therapy at 1:30 PM and he needed to remain up until then. At 2:15 PM, R3 was observed in his room still in his wheelchair. E9, CNA (Certified Nurse Assistant) stated at that time that she was waiting on help to put R3 to bed.</p>	F9999			

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F9999	<p>Continued From page 22</p> <p>On 06/06/12 at 2:35, E5 and E9, Certified Nurses Aides (CNA's) transferred R3 per mechanical lift to bed. During incontinent care, R3 was rolled to the left side lying position and E9 pulled the adult diaper down and exposed a 3.0 centimeter (cm) pressure ulcer among reddened heavy, deep creasing of the buttocks. No dressing was present on the ulcer. E9 looked in the adult diaper and found no dressing. The wound was covered with yellow brown necrosis with white macerated tissue throughout. Scant amount of sero-sanguinous drainage was noted on the adult diaper and the wipes used during incontinent care. R3 stated at the time that he was unsure if the treatment had been done or not.</p> <p>E9 then removed the dressing on the right heel that was visibly soiled with sero-sanguinous drainage through the dressing. The right heel ulcer was 3.0 cm in size, very foul smelling with large areas of black and dark brown necrosis, an area that is bloody red with yellow drainage and surrounded by macerated white tissue. E9 placed the exposed heel wound directly on the low airloss mattress.</p> <p>The Treatment Administration Record (TAR) for June, 2012 have no initials present for routine treatments done 7 AM to 7 PM on 06/05/12, and have no initials documented for any prn treatments done. The TAR for daily skin checks for June, 2012 did not have any initials for 06/04 or 06/05/12.</p> <p>The ulcer on the right ischium was not identified until 05/30/12, and was assessed on that date to be unstageable by Specialized Wound Management (SWM) consultant. A SWM report,</p>	F9999			

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F9999	<p>Continued From page 23</p> <p>dated 05/30/12, documented measurements for the right heel as 4.5 cm x 5.5 cm x 0.3 depth 50% red and 50% purple exudate, scant sero-sanguinous drainage and some remaining bruising.</p> <p>A SWM report, dated 01/25/12, documented an initial evaluation for a pressure ulcer on the right heel. It documented "staff reports initiated as a blister." Initial wound description and measurements by SWM were 4.5 cm x 3.0 cm and unable to determine depth, 75% yellow necrosis with scant sero-sanguinous drainage.</p> <p>On 06/06/12 at 3:00 PM, E8 verified that both ulcers were facility acquired.</p> <p>On 06/08/12 at 9:50 AM, E2, Director of Nurses (DON) and E3, MDS Coordinator, stated that R3 has a specialized tilting/reclining wheelchair that off loads pressure areas that R3 can do himself. This information is not included in the current Care Plan.</p> <p>Guidelines for Pressure Ulcer Prevention, dated 09/97, document measures that include repositioning, range of motion, incontinent care, consultant dietician/nutritional supplement and care plan entry.</p> <p>2. On 6/6/12 at 11:25 AM, E5 and E6, CNA's, were transferring R2 from the bed to the adult geriatric recliner. R2 had a podus boot on her right foot. Her left leg had been amputated above the knee. R2 had a deep scabbed unstageable area on her right lateral knee, uncovered. R2 was placed into the adult geriatric recliner with a</p>	F9999			

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F9999	<p>Continued From page 24</p> <p>positioning pillow. R2 remained in the geriatric recliner from 11:25 AM until past 3:53 PM. R2 was observed at 12:45 PM, at 1:45 PM, at 2:30 PM, at 3:15 PM, at 3:53 PM, seated in the geriatric recliner.</p> <p>The facility's Incident Log identified a facility-acquired pressure ulcer on R2's coccyx developed on 1/13/12, Stage 2, 1.8 cm (centimeters) x 0.6 cm. The June 1 Pressure Sore log identified 3 pressure ulcers for R2: #1 - Left ischium, facility acquired, Stage III, 3 x 1.5; #2 - Coccyx, facility acquired, Stage II, 3 x 5; #3 - Heel, facility acquired, deep tissue.</p> <p>R2's Care Plan dated 4/16/12 identified a problem for "Stage 2 pressure sores are present on ischial and coccyx.". Undated addition identified "open area rt. leg". Interventions listed include, "treatment per orders, turn and reposition every two hours".</p> <p>During an interview on 6/8/12 at 9:00 AM, E2, DON, and E3, MDS Coordinator, stated facility staff pulled R2 up in the geriatric recliner every two hours by lifting up on the lift pad, physically lifting R2 off the surface of the recliner and replacing her onto her hip in the recliner. E2 verified in the interview that the staff did not prop R2 on her side to assure pressure relief to the coccyx area.</p> <p>3. On 6/6/12 at 10:20 AM, R5 was lying in bed, with both feet resting on the mattress. At 11:30 AM, he remained on his bed, feet resting directly on the mattress.</p>	F9999			

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F9999	Continued From page 25 The facility's Pressure Sore report for June 1, 2012 documented R5 has a facility-acquired deep tissue area to his right heel measuring 1 cm. x 2 cm. R5's Care Plan updated 5/19/12 for Pressure Sores identified a problem "unstageable pressure area right heel". The interventions include, "position resident to keep area off bed". (B)	F9999			