

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

PRINTED: 04/15/2013
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 146113	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 12/20/2012
NAME OF PROVIDER OR SUPPLIER CUMBERLAND REHAB & HEALTH CC			STREET ADDRESS, CITY, STATE, ZIP CODE 300 NORTH MARIETTA STREET GREENUP, IL 62428		
(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 page 6 approximately 6-8 inches above R3's urinary bladder. Urine that was present in the tubing flowed backwards toward R3. Immediately following, both E3 and E4 washed their hands, applied gloves and removed R3's brief. E3 used packaged peri (perineal) wipes to remove stool from R3's buttocks. Without removing gloves, washing hands or reapplying clean gloves, E3 performed peri care and catheter care, cross contaminating R3's urinary catheter with visibly soiled gloves. At this time, E3 then assisted R3 by removing the rest of her clothing while holding R3's urinary drainage bag approximately twelve inches above R3's bladder. Urine present in tubing flowed backwards toward R3 a second time. R3's Care Plan dated 04/19/12 directs staff to "keep drainage bag below bladder level to prevent reflux". It also directs staff to "provide foley catheter care q (every) shift with cares with soap and water". R3's laboratory reports dated 01/18/12 and 04/19/12 reflect that R3 had a urinary tract infection on each of these dates.	F 315			
F9999	FINAL OBSERVATIONS LICENSURE VIOLATIONS: 300.1210b) 300.1210d)5) 300.3240a)	F9999			

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F9999	Continued From page 7 Section 300.1210 General Requirements for Nursing and Personal Care 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 resident to meet the total nursing and personal 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: 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. 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 requirements were not met as evidenced by:	F9999			

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F9999	Continued From page 8 Based on observation, interview and record review, the facility failed to implement pressure relieving interventions for one of three residents (R1) reviewed for pressure ulcers in a sample of 10. These failures have resulted in R1, known to be at high skin risk, developing an avoidable pressure ulcer on his left heel. Findings include: The Physician Order Sheet (POS) for R1 documents the following diagnoses: Anxiety, Dementia, Urinary Retention, and Dehydration. The facility's document titled "Braden Scale" skin assessment tool and pressure risk assessment, dated 10/26/12 shows a score of 16 for R1. The legend on the Braden Scale for scores of 16 and higher states resident is at high risk for skin breakdown and pressure ulcers. The facility form titled "Weekly Wound Tracking" and dated 11/8/12 documents a pressure ulcer on R1's left heel as a stage II and measuring 8 centimeters by 4 centimeters and a pressure ulcer located on R1's right lower buttocks, measuring 1.3 centimeters by 0.5 centimeters as a stage II, with both pressure ulcers documented as being acquired in the facility. This same titled form dated 12/17/12, documents the left heel ulcer still present and right lower buttocks ulcer still present. R1's Care Plan dated 11/26/12 states to "offload	F9999			

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F9999	<p>Continued From page 9</p> <p>pressure to areas of concern." The facility's document titled "Quality Reporting Form" and dated 11/9/12 documents under summary of event and any recommendations taken - "blister area on left heel - heel protectors, skin prep every shift, float heels when in bed; check fit of shoes."</p> <p>On 12/18/12 R1 was in his bed with his shoes off and his feet did not have heel protectors on and his feet were not floated at the following times: 1:30 pm, 2:30 pm and 3:30 pm. On 12/19/12 R1 was lying in bed without heel protection and his heels were not floated at the following times: 10:35 am, 11:30 am, 1:30 pm and 2:30 pm. On 12/20 at 10:30 am R1 was lying in bed without heel protection and his heels were not floated. On each occasion R1's heels were in direct contact with the surface of the standard scoop style mattress.</p> <p>On 12/20/12 at 10:33 am E2 stated "that was my fault, I put him (R1) to bed and I forgot to float his heels."</p> <p style="text-align: center;">(B)</p>	F9999			