

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

PRINTED: 04/16/2013
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 145911	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 02/15/2013
NAME OF PROVIDER OR SUPPLIER HERITAGE HEALTH-GIBSON CITY			STREET ADDRESS, CITY, STATE, ZIP CODE 620 EAST FIRST STREET GIBSON CITY, IL 60936		
(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 314	Continued From page 4 the area measured 3 cm x 3.2 cm with an unknown depth. The area was surgically debrided on 01/25/13 and has been debrided weekly since. The last wound measurements on 02/18/13 were 2.6 cm x 2.8 cm x 0.4 cm..."	F 314			
F9999	On 02/14/13 at 2:40 P.M. Z8, Wound Care Physician stated, "... the resident (R17) has chronic spasms of his lower legs. He probably rubbed the area on the brace and over time the skin eroded. Eventually, without proper treatment, a deep tissue wound appeared..." FINAL OBSERVATIONS LICENSURE VIOLATIONS: 300.610a) 300.1210b)c) 300.1210d)3,5 300.1220b)2)3) 300.3240a) Section 300.610 Resident Care Policies 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	F9999			

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F9999	<p>Continued From page 5 written, signed and dated minutes of such a meeting. (B)</p> <p>Section 300.1210 General Requirements for Nursing and Personal Care</p> <p>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.</p> <p>c) Each direct care-giving staff shall review and be knowledgeable about his or her residents' respective resident care plan.</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</p>	F9999			

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F9999	<p>Continued From page 6</p> <p>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>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.</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 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>	F9999			

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F9999	<p>Continued From page 7 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. (A, B) (Section 2-107 of the Act)</p> <p>These requirements were not met as evidenced by:</p> <p>Based on observation, record review and interview the facility failed to monitor R17's skin condition with daily skin checks per facility policy. This resulted in staff not identifying the development of R17's pressure ulcer and initiating treatment until it progressed to a Stage four pressure ulcer. R17 is one of four residents reviewed for pressure ulcers in the sample of 15.</p> <p>Findings include:</p> <p>On 02/13/13 at 9:15 A.M. E3, Licensed Practical Nurse (LPN) indicated R17 had a Stage 4 pressure ulcer to his left heel that he acquired while in the facility.</p> <p>R17's February 2013 Physician's Order Sheet (POS) indicates diagnoses including Unspecified Cerebral Artery Occlusion with Infarct, Chronic Airway Obstruction and Unspecified Essential Hypertension.</p> <p>R17's Nursing Admission Assessment Form dated 1/05/13 shows R17 was readmitted to the facility on 01/05/13. R17's Admission Nursing Assessment completed on that date indicates "heels assessed, no open areas." R17 had a</p>	F9999			

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F9999	<p>Continued From page 8</p> <p>Physician's Order for a brace to his left lower extremity to be applied daily.</p> <p>R17's Braden Scale Ulcer Risk Assessment dated 01/05/13 documents R17 as being "at high risk" for pressure ulcer development.</p> <p>R17's current Plan of Care dated 11/06/12 includes an intervention for ..."daily skin checks..." On 02/13/13 at 2:45 P.M. E3 stated,"... (R17) has a care plan intervention for daily skin checks. I don't think it got carried over to his current Physician's Order Sheet, so it isn't being done."</p> <p>R17's Medication Administration Record (MAR) dated January 2013 indicates that daily skin checks were performed by a licensed nurse from January 1, 2013 through January 2, 2013. There is no indication that daily skin checks were performed by a licensed nurse from January 3, 2013 through January 31, 2013. On 02/13/13 at 4:00 P.M. E2(Director of Nursing) stated, "(R17) had an order for daily skin checks. They didn't get added to his current Physician's Order Sheet, so they weren't done."</p> <p>Facility policy titled "Ulcer Policy & Procedure" directs licensed nursing staff to ..."complete daily skin checks and ...address changes as needed... for residents that are assessed as high risk for skin breakdown..."</p> <p>On 01/15/13 R17's Nurses Notes states, " Necrotic area observed on posterior top of left heel. Measurement of 1 X 1 centimeters with sub-cutaneous (sub-q) damaged tissue/unstageable. No odor with inflamed tissue</p>	F9999			

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F9999	<p>Continued From page 9 surrounding area..."</p> <p>On 02/14/13 at 2:25 P.M. Z7 (Contracted Wound Nurse) stated,"(R17) was seen for the first time (in the Wound Clinic) on 01/25/13. At that time the area measured 3 cm x 3.2 cm with an unknown depth. The area was surgically debrided on 01/25/13 and has been debrided weekly since. The last wound measurements on 02/18/13 were 2.6 cm x 2.8 cm x 0.4 cm..."</p> <p>On 02/14/13 at 2:40 P.M. Z8, Wound Care Physician stated, "... the resident (R17) has chronic spasms of his lower legs. He probably rubbed the area on the brace and over time the skin eroded. Eventually, without proper treatment, a deep tissue wound appeared..."</p> <p>(B)</p>	F9999		