

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 145008	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 03/25/2013
NAME OF PROVIDER OR SUPPLIER FAIR ACRES NURSING HOME			STREET ADDRESS, CITY, STATE, ZIP CODE 514 EAST JACKSON DU QUOIN, IL 62832		
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F 323	Continued From page 7 The Fall Committee notes dated 1-3-13 regarding the 12-28-12 fall indicates R3 was in their room leaning forward in their wheel chair when they fell out onto their face/forehead requiring sutures. The intervention noted was for a padded lap cushion. The lap cushion was applied and it was noted as "not enough" according to the note. R3 was then placed in a geriatric chair for comfort and an evaluation for a torso brace by occupational therapy was noted. The medical record indicates the torso brace was ordered and initiated on 1-11-13.	F 323			
F9999	FINAL OBSERVATIONS Licensure Violations: 300.610a) 300.1010h) 300.1210b) 300.1210d)2)3)5) 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	F9999			

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F9999	<p>Continued From page 8</p> <p>least annually by this committee, as evidenced by written, signed and dated minutes of such a meeting.</p> <p>Section 300.1010 Medical Care Policies</p> <p>h) The facility shall notify the resident's physician of any accident, injury, or significant change in a resident's condition that threatens the health, safety or welfare of a resident, including, but not limited to, the presence of incipient or manifest decubitus ulcers or a weight loss or gain of five percent or more within a period of 30 days. The facility shall obtain and record the physician's plan of care for the care or treatment of such accident, injury or change in condition at the time of notification.</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. Restorative measures shall include, at a minimum, the</p>	F9999			

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F9999	Continued From page 9 following procedures: 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: 2) All treatments and procedures shall be administered as ordered by the physician. 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. 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. (Section 2-107 of the Act)	F9999			

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CENTERS FOR MEDICARE & MEDICAID SERVICES

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F9999	Continued From page 10 These regulations are not met as evidenced by: Based on record review, observation and interview, the facility failed to: A) Adequately address/monitor wound management for wound status for two residents (R1 and R3) reviewed for wound care. B) Assess and provide appropriate pain intervention during wound treatment for one resident (R1) observed during treatments. This failure resulted in indications of severe pain during pressure wound treatment. C) Monitor body weight recording to accurately assess nutritional status for one resident (R1) reviewed for body weights. D) Properly transport in a wheel chair one of one resident (R1) with foot wounds. Findings include: 1. The facility maintains a Pressure Ulcer Log to monitor wounds in the facility. E2, (Director of Nursing), stated at 9AM on 3-20-13 the log is to be completed by E5, (Wound Care Liaison, Licensed Practical Nurse, (LPN), on a weekly basis. E2 noted the facility uses E6, (Agency Wound Care Specialist), for consulting and for monthly assessments of wounds. Review of the Pressure Ulcer Log documentation beginning 10-4-12 indicates all pressure wounds have been facility acquired. The intended weekly	F9999			

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F9999	<p>Continued From page 11</p> <p>documentation for R1 and R3 (since 12-3-12 fails to note a thorough description of wounds regarding appearance, drainage, odor etc. (The form only indicates Site, Stage, and Size.) Review of the form indicates inability to track dates when treatments were changed. The Log lacks the weekly documentation/assessment as planned. For example, weekly documentation was lacking between 11-13-12 and 12-3-12, 12-3-12 and 12-27-12, 12-27-12 and 1-8-13, 1-8-13 and 1-18-13, 1-22-13 and 2-14-13, 3-13-13 and 3-25-13. E5 stated at 2:15PM on 3-21-13, weekly assessments are not available when she gets pulled to work the floor due to lack of time.</p> <p>The log indicates the last documentation on R3 was 3-6-13 and notes 3 current facility acquired areas all unstageable. Area acquired 11-29-12 on the left lateral ankle, 1.6cm x 1.8cm, area noted acquired 1-15-13 in error on the left lateral foot, 2.1cm x 1.8cm, (This area was actually facility acquired on 11-23-12.) and an area acquired 1-15-13 on the left buttock/coccyx 5cm x 6.2cm The nursing note in R3's medical record dated 3-6-13 indicates development of boils on the right buttock and treatment was ordered. The areas worsened and increased in number per the 3-8-13 nursing note and R3 was transferred to the hospital 3-8-13 and diagnosed with Sepsis, Wound Infection and Osteomyelitis. A coccyx wound culture dated 3-6-13 indicates Proteus Mirabilis and Methicillin resistant Staphylococcus Aureus.</p> <p>The log indicates the last documentation on R1 was 3-13-13 and notes 4 current facility acquired stage IV areas. Area acquired 11-6-12 on the left hip with no size noted, area acquired 12-5-12 on</p>	F9999			

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F9999	<p>Continued From page 12</p> <p>the right hip with no size noted, area acquired 12-27-12 on the left foot with no size noted and area acquired 12-27-12 on the right lateral ankle with no size noted. The log notes a wound vac treatment order for the left and right hip. Observation of treatment to R1's left foot and right lateral ankle by E3, (LPN, Treatment Nurse), at 9:25AM on 3-20-13 indicated R1 was experiencing severe pain during the treatment. R1 was fretful, anxious and tearful during treatment. R1 cried out and hollered "oh, oh" during the treatments. R1 stated "You are too d*** rough on that foot!" E3 attempted to console R1 by saying, "I know this hurts, I am trying to be easy." E3 also noted that R1 gets anxious when legs/feet are handled and this is possibly due to anticipation of the treatments. When E3 was asked if the treatments caused R1 pain, E3 commented, "yeah, and she has stage IV." When E3 was questioned if R1 had any pain management, E3 stated she was not sure. Review of R1's medical record indicated a current order for Hydroco/Apap 5-500, one or two every 4 hours as needed for pain. The March 2013 Medication Administration Record was reviewed and indicated pain medication was provided on 3-5-13, 3-6-13, 3-7-13 and 3-8-13 (reasons or effectiveness not noted). On 3-14-13 the pain medication was given for signs and symptom of pain and pre treatment, with effective results documented.</p> <p>R1 was observed being transported in a wheel chair down the hall to the shower room by E7, (Certified Nurse Aide), for weight measurement at 10:20AM on 3-20-13. Both of R1's feet were covered with gauze wrap due to wound treatments and both feet were observed dragging</p>	F9999			

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F9999	Continued From page 13 on the floor for approximately 15 yards from R1's room to the the scale in the community shower room on B Hall. A weight of 118 pounds was observed. Previous weights recorded for R1 was 132 pounds on 3-12-13, 133 pounds on 3-6-13, 144 pounds on 2-19-13, 144 pounds on 2-12-13, and 145 pounds on 2-6-13. A weight of 118 pounds on 3-20-13 was a 14 pound unanticipated weight loss (11%) in eight days. (B)	F9999			