

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

PRINTED: 07/15/2013
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 14E327	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 04/11/2013
NAME OF PROVIDER OR SUPPLIER PINCKNEYVILLE HEALTH CARE CTR			STREET ADDRESS, CITY, STATE, ZIP CODE 708 VIRGINIA COURT PINCKNEYVILLE, IL 62274		
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F 520	Continued From page 154 difficulty swallowing. Z4 also stated the facility has a problem with turn over in staff and works with limited resources .	F 520			
F9999	The facility's Resident Census and Condition of Residents form dated 03/26/13 , documented the facility has a census of 32 residents. FINAL OBSERVATIONS LICENSURE VIOLATIONS: 300.610a) 300.1010h) 300.1210a) 300.1210b)4) 300.1210c) 300.1210d)2)3)6) 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 written, signed and dated minutes of such a meeting.	F9999			

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F9999	Continued From page 155 Section 300.1010 Medical Care Policies 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. Section 300.1210 General Requirements for Nursing and Personal Care 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)	F9999			

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F9999	Continued From page 156 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 following procedures: 4) All nursing personnel shall assist and encourage residents so that a resident's abilities in activities of daily living do not diminish unless circumstances of the individual's clinical condition demonstrate that diminution was unavoidable. This includes the resident's abilities to bathe, dress, and groom; transfer and ambulate; toilet; eat; and use speech, language, or other functional communication systems. A resident who is unable to carry out activities of daily living shall receive the services necessary to maintain good nutrition, grooming, and personal hygiene. c) Each direct care-giving staff shall review and be knowledgeable about his or her residents' respective resident care plan. 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	F9999			

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F9999	<p>Continued From page 157 administered as ordered by the physician.</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>6) All necessary precautions shall be taken to assure that the residents' environment remains as free of accident hazards as possible. All nursing personnel shall evaluate residents to see that each resident receives adequate supervision and assistance to prevent accidents.</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</p>	F9999			

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F9999	<p>Continued From page 158</p> <p>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> <p>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)</p> <p>These Regulations were not met as evidenced by:</p> <p>Based on observation, interview and record review the facility neglected to implement policies and procedures that prohibit neglect of one resident. The facility neglected to assess a resident after a choking episode during a meal on 03/27/13 at 12:15 PM, the residents face turned red and her lips turned blue. This resident also aspirated during a meal on 02/23/13 while drinking a nutritional drink and no assessment was completed. The facility neglected to follow the physician orders to ensure the resident was served a therapeutic drink that was mixed to the</p>	F9999			

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F9999	<p>Continued From page 159</p> <p>proper consistency, dietary and nursing staff were not trained to follow speech therapy recommendations and provide the resident with honey thickened liquids and swallowing one to two additional times after every one to two bites, during meals on 3-27-13 at 12:15 p.m., 3-28-13 at 10:15 a.m., and on 4-1-13 at 8:20 a.m., 11:00 a.m. and 11:55 a.m.. The facility neglected to monitor liquids before serving them to the resident to ensure they were mixed to the proper consistency and the facility neglected to monitor staff to ensure they were following the recommendations of the speech therapist for safe swallowing during meals on 3-27-13 at 12:15 p.m., 3-28-13 at 10:15 a.m., and on 4-1-13 at 8:20 a.m., 11:00 a.m. and 11:55 am.. The facility neglected to have a Registered Dietitian to evaluate this residents diet and work with staff to ensure they understood proper consistency of food items and feeding techniques, since November 01 2012. This is for 1 resident (R1) who has difficulty swallowing and requires thickened liquids, to minimize the risk of choking while eating.</p> <p>This failure resulted in R1 choking during a meal and R1's lips turning blue and face turning red..</p> <p>On 3/25/13 the facility identified on an undated document titled "Pinckneyville Healthcare Center Census by Diet Form" that 1 (R1) of 32 residents in the facility has a physicians order for liquids to be served at a therapeutic consistency. On 09/07/12 a swallowing evaluation was completed and indicates R1 is at high risk for aspiration and requires a modified diet including thickened liquids and pureed food.</p>	F9999			

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F9999	Continued From page 160 Findings include: A review of the March 2013 Physician Order Sheet for R1 documented on 12/26/12 that R1's liquids must be thickened to honey consistency. A Swallowing Evaluation dated 09/07/12 notes R1 has a diagnosis of Unspecified Dysphasia (difficulty swallowing). The Swallowing Evaluation confirmed R1 has severe difficulty moving liquid and solid solutions and is at high risk of aspiration. The Diet Consistency Notes indicate that R1 should receive pureed consistency foods and liquids thickened to nectar consistency. Based on the swallowing evaluation the following recommendations were documented: due to the high risk for aspiration and refusal of gastric tube feeding, small meals 5 to 6 times a day, recommend 1 to 2 additional swallows every 1 to 2 bites and drinks, ASPIRATION PRECAUTIONS. On 03/27/13 at 12:15 PM, R1 was observed in the dining room with E2 (Licensed Practical Nurse, LPN) at R1's side. R1 was eating a pureed diet and drinking fluids out of therapeutic handled cups. R1 started to choke while drinking. E2 (LPN) stated "this is just a behavior, she does this to get attention". E2 further stated during the observation that facility staff do not assess R1's lungs when she chokes. As R1 was observed choking, R1's face became red and lips turned blue, E2 (LPN) cued the resident to put chin down and breathe in. The fluid in the three therapeutic cups had a solid sediment measuring approximately 1.5 inches on the bottom of the cups. The fluid on top of the sediment was poured from the cup at that time and was water	F9999			

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F9999	<p>Continued From page 161</p> <p>consistency. E2 stated "we need to mix that up better". During the above meal observation E2 did not follow the Speech Therapist recommendations to have R1 swallow one to two times after every one to two bites and drinks.</p> <p>A nurses note dated 02/23/13 at 11:30 AM, notes R1 aspirated during lunch, while drinking a nutritional drink. DON (Director of Nursing) and Hospice notified. During an interview on 03/27/13 at 12:30 PM, E2 stated the Choking Tracking form documents when R1 chokes but they do not assess R1's lung sounds after she chokes. E2 again stated she chokes to get attention, this is a behavior. On 3/25/13 a review of R1's current medical record and care planning do not include any reference or documentation of R1 having attention seeking behaviors. During an interview on 04/02/13, at 4:40 PM, E1 and E2, stated the facility had no plans in place to assess R1 after choking episodes, until 03/27/13.</p> <p>During an interview with E1 and E2 at 7:30 PM on 03/27/13, they stated no plan was in place for the facility staff to follow when R1 aspirates. A Physician Order Sheet dated 03/27/13, documents in the event, if R1 should choke that R1 should lie on the left side. Lung sounds and temperature should be monitored. Call the doctor if any change in lung sounds or temperature is elevated.</p> <p>During an interview on 03/27/13 at 1:00 PM with E27 (Dietary Aide), E27 stated she was unsure how to prepare thickened fluids or what should be given to a resident with an order for thickened liquids. E27 stated the CNAs (Certified Nurse Aide) are unsure of what food items can be</p>	F9999			

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F9999	<p>Continued From page 162</p> <p>served to R1 and they do not know what beverages thickened to honey consistency looks like.</p> <p>A record review of a Choking Tracking form dated 03/24/13 at 9:45 AM documents E44 (Licensed Practical Nurse) was assisting R1 during a meal. E44 spoon fed R1 a thickened liquid. R1 became choked. Under the actions taken section of the form E44 instructed R1 to lean her head forward until the liquid ran out of her mouth.</p> <p>On 03/24/13 at 4:45 PM, The Choking Tracking form documents R1 again became choked after drinking water. R1 continued to choke until CNA advised resident what to do. The actions take section of this form is blank. During an interview on 03/27/13 at 3:00 PM, E2 stated the actions taken when R1 chokes is to have her lean forward so the liquid can run out of her mouth or tuck her chin. E2 again stated they do not assess her lung sounds.</p> <p>On 03/28/13 at 10:15 am R1 received oatmeal, fruit punch and ½ of a green Popsicle from E6 (Certified Nurse Aide, CNA) for a snack. R1 ate 75% of the green Popsicle and 90% of the oatmeal. E6 states a Popsicle is a honey thickened fluid. According to the in service material provided for review on 03/28/13 popsicles do not constitute a thickened liquid.</p> <p>On 03/28/13 at 10:28 am, E41 (Dietary Cook) stated " we need a Registered Dietician to tell us what to do" We can give R1 ice cream, popsicles, and fruit. We do not have a list of pureed foods and fluids that need thickener. The</p>	F9999			

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F9999	<p>Continued From page 163</p> <p>thickener for the fluids is added by the Dietary Aide. E2 (LPN) has educated us this morning on how to mix fluids and what a honey thickened fluid is. E41 asked surveyor how long do I have to do this for this resident.</p> <p>On 4/1/13 at 8:20 am R1's fluids at breakfast were observed to be the consistency of pudding. R1 was unable to drink with the therapeutic handled cups due to the thickness of the fluids. R1 had to drink from a standard cup.</p> <p>On 4/1/13 at 11:00 am, R1 received a snack of pudding and a glass of water. The water was observed to be the consistency of pudding.</p> <p>On 4/1/13 at 11:55 am R1 was observed eating lunch, her grape juice and water were the consistency of pudding. E2 (LPN) was notified that the liquids were too thick and brought water to the table to thin the pudding consistency of the fluids to honey consistency.</p> <p>On 04/01/13 at 11:15 am during an interview with E1, she stated the Dietitian would be coming to the facility to inservice staff on how to prepare and serve a pureed diet with honey thickened fluids, proper snacks and serving the snacks timely. E1 also stated the Dietitian would put in place a plan to monitor R1's diet.</p> <p>During an interview on 4/1/13 at 2:00 PM, Z3 (Hospice Nurse, RN) stated she came into the facility to review R1's care. Z3 stated hospice can provide a better thickener to help the resident. Z3 states she can get it free of charge, she was unaware the facility was having issues getting thickener. Z3 also stated she has previously</p>	F9999			

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F9999	<p>Continued From page 164</p> <p>instructed staff how to prepare honey thickened liquid and how to feed R1. Z3 stated staff turnover is high in this facility and she does not believe any of the staff she instructed still work here. Z3 stated the instructions for thickening fluid note to add thickener to the fluid. If fluid is added to the thickener the fluid will form a seal on top of the thickener and it will not mix into the liquid.</p> <p>On 4/1/13 at 2:20 pm Z3 returned with the facility's Thickener product and states it is filled with a cheap thickener. She states this thickener will be thin on top and thick on the bottom. Z3 states she will supply a better Thickener product to the facility and will instruct the staff on how to mix it.</p> <p>On 4/2/13 at 9:30 am E42 (Registered Dietician, RD) states she has not been to the facility since November 2012 due to non payment. She stated she is familiar with R1's history and the need for reminders to prevent choking and the pureed diet with honey thickened fluids. E42 stated she plans to in-service Certified Nurse Aides (CNA), Dietary, E2 (LPN) and E1 (Administrator). E42 questioned the surveyor, who will monitor consistency and continuity of meals and fluids.</p> <p>On 4/2/13 at 10:50 am, E42 has in-serviced dietary, CNAs, E2, and E1. She stated the facility needs to use the better thickener that hospice will provide free of charge. She also stated the facility needs a designated staff member to carry on with the plan for the resident's meals and fluids. The RD has posted signed instructions outside of the dietary tray receiving window. These instructions include: use 8 oz glasses, serve one drink at a</p>	F9999			

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F9999	<p>Continued From page 165</p> <p>time, mix juice with 2 ½ tablespoon of thickener, milk with 3 ½ tablespoon of thickener, med pass with 4-5 teaspoon of thickener, give med pass between meals, use gloves to prevent cross-contamination, mix fluids for 15 seconds, takes 1-4 minutes to get proper consistency, then serve as soon as possible, the longer it sits the more it may thicken.</p> <p>During an interview with Z4 (Doctor), at 6:50 PM on 03/27/13, he stated that he agreed R1 should be served food according to protocol. Z4 also stated R1 is a very high risk to choke and has great difficulty swallowing. Z4 also stated the facility has a problems with turn over in staff and works with limited resources. Z4 stated R1 is now receiving some services from hospice and they can help manage her care.</p> <p>On 03/27/13 at 5:45 pm, E1 (Administrator), stated the facility has not had a Registered Dietician since November 2012. E1 stated she has been employed at the facility since 02/24/13. E1 stated the facility has had problems with Directors of Nursing. In December, the former Director of Nursing was arrested. A new Director was hired in January and left with out notice about three weeks ago. E1 stated a new Director of Nursing has been hired and is due to start work in April.</p> <p>The facility undated policy titled "Abuse Prevention Program Facility Policy" states in part "This facility affirms the right of our residents to be free from abuse, neglect, misappropriation of resident property, corporal punishment, and involuntary seclusion. This facility therefore prohibits mistreatment, neglect or abuse of its</p>	F9999			

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F9999	Continued From page 166 residents, and has attempted to establish a resident sensitive secure environment. The purpose of this policy is to assure that the facility is doing all within its control to prevent occurrences of mistreatment, neglect or abuse of our residents." (A) 300.610a) 300.1210b) 300.1210d)1)2)3) 300.1610a)1) 300.1630d) 300.3220f) 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 written, signed and dated minutes of such a meeting.	F9999			

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F9999	Continued From page 167 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. Restorative measures shall include, at a minimum, the 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: 1) Medications, including oral, rectal, hypodermic, intravenous and intramuscular, shall be properly administered. 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	F9999			

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F9999	<p>Continued From page 168 made by nursing staff and recorded in the resident's medical record.</p> <p>Section 300.1610 Medication Policies and Procedures</p> <p>a) Development of Medication Policies 1) Every facility shall adopt written policies and procedures for properly and promptly obtaining, dispensing, administering, returning, and disposing of drugs and medications. These policies and procedures shall be consistent with the Act and this Part and shall be followed by the facility. These policies and procedures shall be in compliance with all applicable federal, State and local laws.</p> <p>Section 300.1630 Administration of Medication</p> <p>d) If, for any reason, a licensed prescriber's medication order cannot be followed, the licensed prescriber shall be notified as soon as is reasonable, depending upon the situation and a notation made in the resident's record.</p> <p>Section 300.3220 Medical Care</p> <p>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)</p>	F9999			

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F9999	Continued From page 169 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) These Regulations were not met as evidenced by: Based on observation, interview and record review the facility neglected to implement policies and procedures that prohibit neglect of one resident. 1) The facility neglected to ensure that a resident identified, on 12/31/12, to have almost constant pain, received a topical pain patch, on March 09,15,18,21 and 24,of 2013. The facility neglected to have a plan in place to assess the effectiveness of the pain management program for this resident. This resident is a 66 year old resident who is mobile in a wheel chair, who spent several hours of the day in the court yard feeding animals. On 03/28/13 at 9:15 AM, this resident stated he could not get out of bed because he was in severe pain The resident stated they stopped giving me my pain patch. This resident remained in bed until approximately 4:00 PM, when the facility obtained a pain patch and applied it to the resident. This is for 1 resident (R5) reviewed for medication administration. 2) The facility failed to ensure that residents	F9999			

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F9999	<p>Continued From page 170</p> <p>receive significant medications as ordered by the physician for pain, depression, blood clot prevention, anti-arrhythmic and vitamin therapy. They also failed to develop policies and procedures to acquire medications from the pharmacy and they failed to follow recommendations made by the pharmacist regarding submission of prior approval forms, for 4 residents, (R3, R5, R14, R24) reviewed for receiving medications.</p> <p>This failure resulted in R5 complaining of such severe pain he was unable to get out of bed and R5 experienced an increase in feelings of depression.</p> <p>Findings include:</p> <ol style="list-style-type: none"> The Physician's Orders dated March, 2013 state that R5 has a diagnosis of Diabetes with Peripheral Neuropathy, Congestive Heart Failure, Hypertension, Anxiety, Depression, Gout, Eczema, Gastroesophageal Reflux Disease, and a Hx of Alcohol Abuse and back surgery. <p>R5's March, 2013 Physician's Orders state that R5 is to receive Oxycodone/APAP 5/325 two tablets by mouth four times a day, Fentanyl Patch 50 mcg/hour-apply one patch every 72 hours to the upper torso (start date 2-4-13), Oxybutynin CL ER 10 milligrams one daily (start date 02/19/13), Sertraline HCL 100 milligrams (start date 2-9-13), 1 tablet by mouth twice daily. Pioglitazone HCL 15 milligrams every day (start date 05/29/09), Zanaflex 4 milligram one tablet</p>	F9999			

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F9999	<p>Continued From page 171 twice a day (start date 01/01/11) and Zonisamide 100 milligram tablet two tablets twice a day start date (09/17/11).</p> <p>The Medication Administration Record dated March 2013, notes R5 has not received a Fentanyl Pain Patch 50 micrograms, one patch every 72 hours on March 09,15,18,21 and 24, Oxybutynin 10 milligrams one tablet daily (to decrease bladder spasms), March 01 through March 26, Zanaflex one 4 milligram tablet twice a day (to relax muscles) March 01 through 26. Zonisamide 100 milligram capsule two capsules (to prevent seizures) twice a day March 01 through March 11. Pioglitazone HCL 15 milligrams (to reduce blood sugar) 03/05/13 through 03/28/13 and the Sertraline (anti depressant) 100 milligrams twice daily has not been given since 03/19/13.</p> <p>During observations on 03/25/13 at 10:10 AM, R5 was up in a wheel chair laughing and talking to staff in his room. On 03/25/13 at 1:30 PM, R5 was out in the court yard feeding rabbits. R5 was observed propelling himself through out the facility and into the court yard on 03/26/13 at 4:40 PM.</p> <p>On 03/28/13 at 9:37 AM, R5 was observed lying in bed, R5 stated he was not getting up today because he was having severe pain. R5 stated the pain was in both arms and across his chest. R5 stated he usually only needs oxygen at night but today he was using it to help relieve the pain. R5 stated he is only receiving his oral pain medicine and the facility stopped giving him his pain patches. R5's March, 2013 Physician's</p>	F9999			

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F9999	<p>Continued From page 172</p> <p>Orders state that R5 is to receive "Oxycodone/APAP 5/325 two tablets by mouth four times a day"and "Fentanyl Patch 50 mcg/hour-apply one patch every 72 hours to the upper torso."</p> <p>During an interview on 04/10/13, with Z6 (R5's Attending Physician), he stated because R5 did not receive the pain patch it would not affect R5's survival. However, it did affect R5's comfort level. Z6 stated, R5 did have a CT scan at the hospital recently which he probably would not have undergone had R5 been getting the pain patch. Z6 stated he was unaware that R5 was not receiving the above stated medications until two weeks ago when the Public Health Survey was going on.</p> <p>On 03/28/13 at 12:15 PM, E5 (Licensed Practical Nurse) stated that if a resident is on a routine pain medication they do not have to routinely document if the pain medication has been effective or not. E5 also stated there is no other assessment or form in place to document pain other than the Minimum Data Set. E2 stated during an interview on 03/27/13 at 9:30 AM, there are no pain assessments being done by the facility.</p> <p>R5's Minimum Data Set dated 12/31/12, section J0400, notes R5 's pain is almost constant. There was no documentation available regarding R5's pain level since the pain medication was not administered beginning on 3/9/13. There was no documentation available that R5's physician was contacted regarding the missed medications or for alternative pain medications or treatments. R5's care plan did not include alternative</p>	F9999			

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F9999	<p>Continued From page 173</p> <p>non-pharmacological or environmental manipulations that may have reduced R5's pain. A review of R5's medications found no orders for alternative treatments for pain or as needed (PRN) medications to assist R5 in reducing pain until the pharmacy issues were resolved.</p> <p>During an interview on 03/26/13 at 10:45 AM, E5 stated R5 ran out of medications on the first of March. Insurance won't pay for the medications so she has been working with the doctors office to try to get approval for the above mentioned medications. During an interview with E20(Social Service Designee) on 03/26/13 at 10:00 AM, E20 stated E5 had a number from the pharmacy and E5 was taking care of the medications. E20 stated she did not get involved with E5 and the medications. During an interview with E1(Administrator) at 9:30 PM on 03/27/13, E1 stated she has been employed at the facility since 02/24/13 and the facility has been without a Director of Nursing for three weeks.</p> <p>E1 confirmed she has not been working with E5 to get medications for the residents and that four residents in the facility have not been getting their medications R3, R5, R14 and R24.</p> <p>During an interview with Z4 (Doctor) on 03/27/13 at 6:50 PM, he stated the facility has had a problem with turnover in staff and the Administration works with limited resources.</p> <p>During an interview with Z1 (Medical Director) on 03/27/13 at 10:00 PM, he stated the facility has had two Administrators in the last two years and the Director of Nursing only stayed three weeks this year. Z1 stated he has been the Medical Director for two months and met with the new Administrator in March but did not discuss</p>	F9999			

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F9999	<p>Continued From page 174</p> <p>problems at the facility. Z1 stated R5 has a complex medical history Type II Diabetes, Gastritis, Chronic Obstructive Pulmonary Disease, Malnutrition, Opiate Addiction, Cirrhosis, Peripheral Neuropathy, you name it R5 has it. Z1 stated most recently R5 has begun complaining of Abdominal Pain and been in the hospital multiple times. Z1 stated regulating R5's medication is difficult and high doses of pain medications will cause over sedation and liver damage, it is a viscous cycle.</p> <p>During an interview with Z9 (Registered Pharmacist), at 5:08 PM on 04/11/13, Z9 stated I fax prior approval forms to the doctor and the facility more than once this month. I don't know if they were not sending the forms or what was happening. The facility is to send the forms to the doctor. When the Inspectors were in the building I re-faxed, the forms and now they have gone through, been approved and the facility has been credited for the medications. Z9 stated the facility had exceeded their credit limit with the pharmacy and they could not send medication unless the facility paid the bill. Z9 stated she told the facility they had to provide the residents with medication some how. Z9 stated " you can't not just not give the medicine to these people." Z9 stated E1 has paid the outstanding bill and the residents are getting their medicine now.</p> <p>Review of R5's record indicates blood sugars are within normal limits and there has been no seizure activity noted.</p> <p>2. The Medication Administration Record dated March 2013 notes R24 did not receive Tricor 145 milligrams (reduces fatty acids) one</p>	F9999			

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F9999	<p>Continued From page 175</p> <p>tablet daily, Thiamine 100 milligrams (Vitamin) daily and Protonix 40 milligrams daily, (Antacid), March 07 through March 26. R24 also did not receive Platal one 100 milligram tablet twice a day (widens arteries) March 19 through March 26. The Physician order sheet dated March 2013 notes the above medications were ordered for R24. The March 2013 Physician Order Sheet also notes R24 has a diagnosis of Peripheral Edema, Alzheimer's Disease, Atrial Fibrillations, Coronary Artery Disease, High Blood Pressure and Peripheral Neuropathy. A telephone order signed by Z2 (Medical Director), notes R24 receives the above medications to reduce high cholesterol, for thiamine deficiency, to decrease the amount of acid produced in the stomach, and to improve circulation in the legs.</p> <p>3. The Medication Administration Record notes R3 did not receive Amiodarone one 200 milligram tablet three times a day, (affects the rhythm of the heart) Sodium Bicarbonate, 1300 milligrams three times day, (Stops acid reflux) Pravastatin one 20 milligram at bed time, (reduces bad cholesterol) Tamslosin one 0.4 milligram tablet at bed time (improves urination) from March 07 through March 26. Thiamine one 100 milligram tablet daily (Vitamin Deficiency) from March 09 through March 26. The March 2013 Physician Order sheet notes R3 has a diagnosis of Renal Failure and is receiving dialysis therapy. A physician telephone order notes R3 receives the above medications for End Stage Renal Disease, high cholesterol, Hypertension, and Thiamine Deficiency</p> <p>4. During the Medication administration on</p>	F9999			

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F9999	<p>Continued From page 176</p> <p>03/26/13 at 4:30 PM, it was noted that R14 did not receive Xarelto one 10 milligram tablet (Anticoagulant) between March 01 and March 26. E3 (Registered Nurse) confirmed during interview, R14 did not receive Xarelto in March of 2013. The Physician Order Sheet dated March 2013 documents R14 has a diagnosis of Atria Fibrillation, Coronary Artery Disease and Peripheral Edema. A telephone order dated 03/28/13 documents R14 takes this medication to decrease blood clotting since R14 and has a history of Deep Vein Thrombosis.</p> <p>E5 (Licensed Practical Nurse) stated during an interview on 03/26/13 at 10:45 AM, that four residents do not have medications on hand at the facility because of a conflict regarding payment. E5 stated R3, R5, R14 and R24 were the residents who were not receiving their medications. During the above interview E5 stated she has been working all month trying to find a way to get medications for these residents.</p> <p>The facility undated policy titled "Abuse Prevention Program Facility Policy" states in part "This facility affirms the right of our residents to be free from abuse, neglect, misappropriation of resident property, corporal punishment, and involuntary seclusion. This facility therefore prohibits mistreatment, neglect or abuse of its residents, and has attempted to establish a resident sensitive secure environment. The purpose of this policy is to assure that the facility is doing all within its control to prevent occurrences of mistreatment, neglect or abuse of our residents."</p>	F9999			

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F9999	Continued From page 177 (A) 300.610a) 300.1210a) 300.1210b) 300.1220b)2) 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 written, signed and dated minutes of such a meeting. Section 300.1210 General Requirements for Nursing and Personal Care	F9999			

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F9999	Continued From page 178 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) 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 following procedures: Section 300.1220 Supervision of Nursing Services b) The DON shall supervise and oversee the	F9999			

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F9999	<p>Continued From page 179</p> <p>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>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)</p> <p>These Regulations were not met as evidenced by:</p> <p>Based on observation, record review and interview the facility failed to provide coordinated medically related social services for 6 residents (R1, R3, R5, R6, R7, R12) reviewed for hospice, dialysis, depression, mental illness, behaviors, discharge documentation and procedure.</p> <p>Findings include:</p> <p>1. A Social Service Designee note of 2/22/13 documented R1's admission to hospice on 1/21/13 due to Parkinson's. Review of social services records shows only documentation of</p>	F9999			

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F9999	<p>Continued From page 180</p> <p>'van for transportation' and 'enjoys socializing with staff'. There is no social service documentation to indicate R1 or other concerned parties have been contacted to discuss feelings regarding hospice and/or the resident needs. An interview with E20 on 3/28 /13 at 10:00am found she has not coordinated the care of R1 with any concerned party, speech therapy, hospice, physician, or nursing services.</p> <p>2. On 03/25/13 at 1:55 PM, R5 stated that he had no one to talk to about anything, and he stated, "I don't have a good Social Worker to talk to." R5 also stated he is more depressed lately.</p> <p>R5's NC-Nursing home comprehensive assessment dated 12/31/2012 in Section I -Active Diagnosis states that R5 has a diagnosis of Anxiety Disorder, Depression and a history of alcohol abuse.</p> <p>R5's Social Service Assessment dated 05/09/09, in Section VIII. Mood State/Behavior Problems/Socially Inappropriate Behaviors/Psychosocial Well-Being/Psychosocial Program states that R5 has little interest/pleasure doing things and that he is down and depressed and that R5 is on Ativan. R5 does not have a program to address R5's depression or R5's history of alcohol abuse.</p> <p>3. On 03/27/13 at 10:40AM, E2 (Licensed Practical Nurse/Certified Nurse Aide Coordinator) stated that R7 tried to leave the facility several times when she first came because R7 wanted to go home. E2 also stated that the Elopement Risk Assessment should be done on every resident at</p>	F9999			

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F9999	<p>Continued From page 181</p> <p>risk for elopement and the Elopement Risk Assessments are in the resident record where behaviors are tracked. E2 stated that R7 did not have this assessment completed. R7's Behavior Tracking dated February, 2013 includes the behavior of crying and inappropriate comments to staff, but elopement is not tracked.</p> <p>R7's Nurse's Notes dated 02/16/13 at 5:30 AM state that R7 attempted to leave the facility and was redirected back from the door and at 8:00 AM on 02/16/13 R7 attempted to leave the facility two times and was redirected away from the door. On 02/16/13 at 8:00 PM, R7 again attempted to leave the facility and was redirected away from the door. On 02/19/13 at 6:00 PM, R7 tried to leave the facility and got out of the door and a CNA (Certified Nurse Aide) brought her back in. On 02/20/13 at 3:00 PM, R7 tried to leave the facility and was redirected several times. On 02/23/13, 02/26/13, 03/07/13, and 03/10/13 R7 continued to try and leave the facility.</p> <p>The Social Services Progress note dated 01/16/13 does not address R7's behavior of crying and wanting to go home and there is no documentation about R7 attempting to leave the facility multiple times.</p> <p>4. During a telephone conversation with Z7 (Ombudsman) on 3/25/13 at 11:00am, the survey team leader was made aware that the facility was attempting to Involuntarily Discharge R3 due to lack of payment.</p> <p>A review of R3's current medical record on 3/26/13 found no documentation related to</p>	F9999			

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F9999	<p>Continued From page 182</p> <p>discharge, discharge planning or involuntary discharge. When questioned on 3/26/13 at 9:35am E1 (Administrator) indicated that R3 had been given notice of involuntary discharge due to lack of payment and R3 had until April 5th to make payment or leave the facility. E1 indicated at that time that E1, Z7(Ombudsman) and Z8(Hospital Case Manager) had all been working on E3's involuntary discharge from the facility. None of this information is available in R3's record.</p> <p>Further review of R3's medical record finds nursing notes dated 3/1/13 indicating that R3 was admitted to the hospital with Acute Renal Failure. The nurses notes from 3/7/13 indicate R3 has returned to the facility and will begin dialysis on Monday (3/11/13). Review of the Social Service notes find no additions related to the new treatment procedures for R3. Interview with E20 (Social Service Designee) on 3/26/13 at 9:30am finds E20 has no documentation available regarding R3's new dialysis procedures or the pending involuntary discharge. E20 stated that she has talked with R3 about the dialysis but has not discussed the involuntary discharge with R3.</p> <p>5. R6 has an Interagency Certification of Screening Results dated 08/25/08, Part III. Reasonable Basis To Suspect A Mental Illness, notes R-6 has been formally diagnosed with a mental illness. The current Care Plan dated 01/17/13 does not identify any objectives related to R6's mental illness. The current Physician Order Sheet dated March 2013 notes R6 has a diagnosis of Bi Polar condition. E2 stated during an interview on 03/26/13 at 5:30 PM the facility does not have a plan in place for R6 to receive</p>	F9999			

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F9999	<p>Continued From page 183</p> <p>services of any kind related to his mental illness. E2 confirmed that R6 does not see a Psychiatrist or receive any services outside of the facility.</p> <p>6. A review of R12's medical record and March 2013 physician's orders find R12 has diagnoses including Alzheimer's and Psychotic Agitation. R12's current physician's orders include orders for Lorazepam, Trazodone, Tramadol, Risperidone and Zyprexa. R12 was noted on each day of the survey to call out loudly and repeatedly for extended periods of time at meal times, especially in the afternoon from noon to approximately 4:00pm. On the initial tour of the facility on 3/25/13 at 10:45 a.m. R12 was identified by E2 (LPN) to call out and scream repeatedly. Interview with E22 (CNA/Daughter of R12) on 4/2/13 at 6:00pm found R12 had previously had a Psychiatric admission for behaviors and the screaming had stopped. E22 indicated they have not attempted to return R12 for any other medication adjustments and the screaming is worse. E22 indicated the facility has not discussed any other plans for R12's behaviors except medication adjustments with the primary care physician.</p> <p>(B)</p> <p>300.615e) 300.615g)</p>	F9999			

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F9999	Continued From page 184 Section 300.615 Determination of Need Screening and Request for Resident Criminal History Record Information e) In addition to the screening required by Section 2-201.5(a) of the Act and this Section, a facility shall, within 24 hours after admission of a resident, request a criminal history background check pursuant to the Uniform Conviction Information Act [20 ILCS 2635] for all persons 18 or older seeking admission to the facility. Background checks shall be based on the resident's name, date of birth, and other identifiers as required by the Department of State Police. (Section 2-201.5(b) of the Act) g) If the results of the background check are inconclusive, the facility shall initiate a fingerprint-based check, unless the fingerprint check is waived by the Director of Public Health based on verification by the facility that the resident is completely immobile or that the resident meets other criteria related to the resident's health or lack of potential risk, such as the existence of a severe, debilitating physical, medical, or mental condition that nullifies any potential risk presented by the resident. (Section 2-201.5(b) of the Act) The facility shall arrange for a fingerprint-based background check or request a waiver from the Department within 5 days after receiving inconclusive results of a name-based background check.....	F9999			

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F9999	Continued From page 185 Based on record review and interview the facility failed to implement the facility's abuse policy regarding , Pre-Admission Screening of Potential Residents. This has the potential to affect all 32 residents in this facility. Findings include: 1. The facility's Resident Census and Conditions of Residents form, dated, 11/20/12 documented the facility has a census of 32 residents. 2. A review of the facility's undated Abuse Prevention Program Facility Procedures page 1A of 6 states: "II Pre-Admission Screening of Potential Residents This facility shall check the criminal history background on any resident seeking admission to the facility in order to identify previous criminal convictions. Prior to a new resident being admitted to the facility, this facility will: - Check for the resident's name on the Illinois Sex Offender Registration Website.... -Check for the resident's name on the Illinois Department of Corrections sex registrant search	F9999			

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F9999	<p>Continued From page 186 page. ... -Conduct a Criminal History Background Check according to the Facility Identified Offender Policy and Procedure....."</p> <p>A review of the facility records for resident Background checks was begun on 3/27/13. The following residents did not have Background check documentation for review.</p> <p>R7 admitted 1/8/13 R23 admitted 1/4/13 R10 admitted 1/19/13 R22 admitted 1/26/13 R24 admitted 3/6/13 R11 admitted 11/17/12 R29 admitted 9/21/12 R6 admitted 9/21/12 R14 admitted 9/21/12</p> <p>5. A review of Background check information on 3/27/13 for R31 found R31 was admitted on 9/21/12 and had a Background check from 3/8/11 that was conducted at another facility prior to R31's admission to this facility. The previous Background check identified R31 as an identified offender.</p> <p>At the initial entrance conference on 3-25-13 at 11:00 a.m, interview with E1(Administrator), E1 indicated that the facility had no identified offenders currently living in the facility.</p> <p>(B)</p>	F9999			

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F9999	Continued From page 187 300.2010a)1) Section 300.2010 Director of Food Services a) A full-time person, qualified by training and experience, shall be responsible for the total food and nutrition services of the facility. This person shall be on duty a minimum of 40 hours each week. 1) This person shall be either a dietitian or a dietetic service supervisor. Based on record review and interview the facility failed to employ a qualified Director of Food Service as required. This has the potential to affect all 32 residents in this facility. Findings include: 1. The facility's Resident Census and Conditions of Residents form, dated, 11/20/12 documented the facility has a census of 32 residents. 2. Interview with E28 (Dietary Manager) on 3/25/13 at 10:15am, found that she has been responsible for the facility's dietary department for the past 3 months and is not a dietitian and has not completed or enrolled in the Certified Dietary Managers course.	F9999			

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F9999	Continued From page 188 (AW)	F9999			