

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

PRINTED: 07/10/2013
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 146084	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 04/25/2013
NAME OF PROVIDER OR SUPPLIER PLEASANT VIEW REHAB & HCC			STREET ADDRESS, CITY, STATE, ZIP CODE 500 NORTH JACKSON STREET MORRISON, IL 61270		
(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 520	Continued From page 50 the QA Committee developed an action plan. E2 said, "If I see a problem, I correct it." On 4/18/2013 at 2:00 PM, E12 (Certified Nursing Assistant) said she had been employed with the facility for 7 months. E12 said she was aware a QA committee existed but did not know what the purpose of the meeting was. E12 said she is not aware of how to get areas of concern or improvement to the committee. E12 said, if she had a concern or suggestion she would talk with E1 about it. During this survey, areas of concern were proper cleaning of a glucometer to prevent the spread of a blood borne illness; the correct procedure for destruction of controlled medication; safe resident transfers; and no plan or system in place to ensure the medication room was clean and supplies were not outdated.	F 520			
F9999	The facility could not present a policy and procedure on Quality Assurance. FINAL OBSERVATIONS Licensure Violations: 300.615e) Section 300.615 Determination of Need Screening and Request for Resident Criminal History Record Information	F9999			

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F9999	<p>Continued From page 51</p> <p>300.615 (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, requires a criminal history background check pursuant to the Uniform Conviction Information Act for all persons 18 or older seeking admission to the facility, unless a background check was initiated by a hospital pursuant to the Hospital Licensing Act. 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).</p> <p>This requirement was not met as evidenced by:</p> <p>Based on interview and record review, the facility failed to ensure resident background checks were initiated within 24 hours after admission.</p> <p>This applies to 2 of 10 residents (R55 & R57) reviewed for background check.</p> <p>The findings include:</p> <p>R55 was admitted 3/9/13. The background check was not initiated until 3/11/13 (two days after admission.)</p> <p>R57 was admitted on 3/2/13. The background check was not initiated until 3/4/13 (two days after admission.)</p> <p>On 4/17/13 at 9:30 AM, E11 (Office Manager) stated "The usual protocol is the Social Service</p>	F9999			

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F9999	<p>Continued From page 52</p> <p>Director gives me the information on a new admit and I initiate the ISP (Illinois State Police) check. Then when they are actually admitted, I do the sexual offender and DOC (Department of Corrections) web sites. I can not recall what happened with the two that came in on a Saturday." E11 acknowledged she is aware that the background checks need to be initiated within 24 hours of admission.</p> <p style="text-align: center;">(B)</p> <p>610a) 300.696a) 300.1210b) 300.1210d)2) 300.3240a)</p> <p>Section 300.610 Resident Care Policies</p> <p>a) The facility shall have written policies and procedures governing all services provided by the facility. The written policies and procedures 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. The policies shall comply with the Act and this Part. The written policies shall be followed in operating the facility and shall be reviewed at least annually by this committee, documented by written, signed and dated minutes of the meeting.</p>	F9999			

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F9999	Continued From page 53 Section 300.696 Infection Control a) Policies and procedures for investigating, controlling, and preventing infections in the facility shall be established and followed. The policies and procedures shall be consistent with and include the requirements of the Control of Communicable Diseases Code (77 Ill. Adm. Code 690) and Control of Sexually Transmissible Diseases Code (77 Ill. Adm. Code 693). Activities shall be monitored to ensure that these policies and procedures are followed. 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: 2) All treatments and procedures shall be administered as ordered by the physician.	F9999			

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F9999	<p>Continued From page 54</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.</p> <p>This Requirement is not met as evidenced by:</p> <p>The finding includes:</p> <p>On 4/16/2013 at 4:30 PM, E19 (Licensed Practical Nurse - LPN) was observed conducting a blood glucose test on R51. E19 said the glucometer was used for all of the residents on the south wing. After conducting the test, E19 cleaned the machine using an alcohol pad, and placed the machine in the top drawer of the medication cart. E19 said it was the facility policy to clean the glucometer after each resident use with an alcohol pad and at the end of the shift clean the machine with a 1:10 bleach solution, disinfectant cloth. E19 said that is the way she has always cleaned the blood glucose meters.</p> <p>On 4/16/2013 at 4:15 PM, E22 (LPN) said it is the facility policy to clean the glucometer after each resident use with a 1:10 bleach sani-cloth, and allow to air dry. E22 said all of the nursing staff were in-serviced a few months ago on the proper way to clean the multi-resident use blood glucose meter.</p> <p>Resident diagnoses for all of the residents in the facility, shows that R49 has a diagnosis of Hepatitis C, a blood borne illness. R49 is diabetic</p>	F9999			

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F9999	<p>Continued From page 55 and the blood glucose machine used for R49 is also used for R41, 50, 51, & R54.</p> <p>Facility In-services show that on 9/25/2012, nursing staff were educated on the facility's policy and procedure regarding how to clean and disinfect a multi-resident glucometer. E19's signature was affixed to the in-service sign in sheet, signifying her presence at the meeting. R49 has been a resident in the facility since 6/20/2012.</p> <p>The facility's Cleaning and Disinfecting of Glucometer policy and procedure (6/10/2010) states, "The blood glucose meters will be cleaned between each resident test to avoid cross contamination issues. The procedure is as follows: Cleaning and disinfecting with a Germicidal Disposable Wipe will be completed each time the blood glucose meter is used with a pre-moistened towelette...Note: If Germicidal Disposable Wipe is not available the facility may dilute 1 ML of household bleach (5%-6% sodium hypochlorite solution) in 9 ML of water to achieve a 1:10 dilution. The solution can then be used to dampen a paper towel. Then use the dampened paper towel to thoroughly wipe down the meter.</p> <p>On 4/16/2013 at 7:15 PM, E1 (Administrator) and E2 (Director of Nursing) said the risk of cleaning the glucometer incorrectly could potentially spread blood borne illnesses's to other residents using the same glucometer. E1 said they had not followed up to make sure staff were performing the cleaning and disinfecting of the glucometers, after the in-service of 9/25/12. E1 said the facility had an extra glucometer and it has been assigned solely for R49's use.</p>	F9999			

