

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 145278	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 05/02/2013
NAME OF PROVIDER OR SUPPLIER STERLING PAVILION			STREET ADDRESS, CITY, STATE, ZIP CODE 105 EAST 23RD STREET STERLING, IL 61081		
(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 465	Continued From page 23 spokes of R15's wheelchair was dirty and splattered with dried food and liquid debris.	F 465			
F9999	On 5/1/13 at 9:15am, E6 (CNA) and E7 (CNA) commented that the wheelchairs are cleaned once a week, usually on shower days. FINAL OBSERVATIONS Licensure Violations: 300.1210b) 300.1210d)3)4)5)6) 300.3240a) 300.1220b)1)2)3) 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,	F9999			

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F9999	<p>Continued From page 24 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>4) Personal care shall be provided on a 24-hour, seven-day-a-week basis. This shall include, but not be limited to, the following:</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 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>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 300.3240 Abuse and Neglect</p>	F9999			

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F9999	<p>Continued From page 25</p> <p>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>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>1) Assigning and directing the activities of nursing service personnel.</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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CENTERS FOR MEDICARE & MEDICAID SERVICES

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F9999	<p>Continued From page 26</p> <p>This Requirement is not met as evidenced by:</p> <p>Based on observation, interview and record review the facility failed to ensure resident safety by not removing hot packs from a resident's back. This failure resulted in R5 sustaining second degree burns to the middle of his back identified on 11/18/12.</p> <p>This applies to 1 of 15 residents (R5) reviewed for safety in a sample of 15.</p> <p>The findings include:</p> <p>The Physician's Order Sheet dated April 2013 shows that R5 has diagnoses including Diabetes Mellitus Type II with Neuropathy and Late Effect Cerebrovascular Accident.</p> <p>The Minimum Data Set of 2/26/13 shows that R5 scored a 14 for Cognition. (No impairment)</p> <p>The facility incident report dated 11/18/12 states, "Floor nurse explained burns to resident and resident's response was "the hot packs were on too long." Upon further investigation, floor nurse found hot packs in resident's room near the sink. (...it was found that resident removed hot packs later that day (11/17/12) but he is unsure of time.) Upon my investigation it has been found that (a) contracted physical therapist applied hot packs to (the) resident's back on 11/17/12 per resident's request related to back pain. The Therapist mis-communicated with staff to remove hot packs and failed to return to remove hot packs after appropriate time..." The incident report also</p>	F9999			

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F9999	<p>Continued From page 27</p> <p>states, "Two of the burns (blisters) were ruptured and measured 2 x 2.5 cm. Third burn (blister) was not ruptured and measured 3 x 3cm."</p> <p>On 4/29/13 at 12:30 PM, R5 stated, "The therapist put the heating pad (hot packs) on and I left the (therapy) room. I think they were on for several hours. I had a back injury in the past so I don't really feel pain anymore. It was just as much my fault as it is his. I have to have help with a shower and that's when they found the blisters. (Z1- Therapist) came and talked to me, he was very upset and he cried."</p> <p>On 4/30/13 at 9:00 AM, Z1 stated, "I put moist hot packs on his back, I have done it many times before and never had a problem. Sometimes I will take them off and sometimes nursing will. I thought I communicated with nursing (to take them off) but maybe I didn't. They were probably on for about 40 minutes. "</p> <p>On 5/1/13 at 9:30 AM, R5's back was assessed with E5 (Wound Care Nurse). R5 has a softball sized area to his mid back directly over his spine. The area is red with an open area in the center that is draining a small amount of serous drainage.</p> <p>R5's Physician's Order Sheet for April 2013 states, "Mid-back: cleanse with soap and water, skin prep peri-wound, apply 4 x 4 optifoam, change Q 3 days and PRN. "</p> <p>(B)</p>	F9999			