

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

PRINTED: 12/30/2013
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 145674	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 06/13/2013
NAME OF PROVIDER OR SUPPLIER LEROY MANOR			STREET ADDRESS, CITY, STATE, ZIP CODE 509 SOUTH BUCK ROAD, PO BOX 149 LE ROY, IL 61752		
(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 47 Administrator, confirmed the last Quality Assurance Meeting was held on 1/23/13. The next quarterly meeting should have been in April 2013, but did not occur. E2 provided attendance documentation for the 1/23/13 meeting, but was unable to find the signature attendance record for the Quality Assurance meetings for the previous two quarters.	F 520			
F9999	FINAL OBSERVATIONS LICENSURE VIOLATIONS: 300.1010h) 300.1210b)3) 300.1220b)8) 300.3240a) 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 b) The facility shall provide the necessary care	F9999			

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F9999	<p>Continued From page 48</p> <p>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:</p> <p>3) All nursing personnel shall assist and encourage residents so that a resident who is incontinent of bowel and/or bladder receives the appropriate treatment and services to prevent urinary tract infections and to restore as much normal bladder function as possible. All nursing personnel shall assist residents so that a resident who enters the facility without an indwelling catheter is not catheterized unless the resident's clinical condition demonstrates that catheterization was necessary.</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>8) Supervising and overseeing in-service education, embracing orientation, skill training, and on-going education for all personnel and covering all aspects of resident care and programming. The educational program shall include training and practice in activities and restorative/rehabilitative nursing techniques through out-of-facility or in-facility training programs. This person may conduct these programs personally or see that they are carried out.</p> <p>Section 300.3240 Abuse and Neglect</p>	F9999			

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F9999	<p>Continued From page 49</p> <p>a) An owner, licensee, administrator, employee or agent of a facility shall not abuse or neglect a resident.</p> <p>These requirements are not met as evidenced by:</p> <p>Based on interview and record review the facility failed to assess factors affecting the development of recurrent symptomatic urinary tract infections for R5 and R6, and failed to ensure timely antibiotic treatment of a urinary tract infection for R5. These failures resulted in repeated symptomatic urinary tract infections for R5. R6 and R5 are two of five residents reviewed for urinary tract infection on the sample of 18.</p> <p>Findings Include:</p> <p>1. The 6/2013 Physician's Order Sheet documents R5 has a long term urinary catheter and diagnoses of Urinary Tract Infection and Multiple Sclerosis. The Minimum Data Set dated 4/23/13 documents R5 requires extensive assist with toileting.</p> <p>The urine culture result dated 3/22/13 documents the presence of Escherichia Coli and Enterococcus Faecalis in R5's urine. The urine culture result dated 4/16/13 documents the presence of Escherichia Coli in R5's urine. The urine culture dated 5/17/13 documents the presence of Proteus Mirabilis in R5's urine. Nurses Notes dated 6/13/13 document positive urine culture results from a urine sample collected from R5 on 6/9/13.</p> <p>Nurse Notes document the following: 3/20/13 "Complain of burning at {urinary} catheter site.",</p>	F9999			

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F9999	<p>Continued From page 50</p> <p>4/29/13 "...continues to run low grade fever", 5/3/13 "Resident states her urinary tract infection is getting worse. Resident feels uncomfortable. Resident has slight temperature.", 5/5/13 "Resident continues on antibiotic for urinary tract infection. Resident had elevated temperature of 100.0 Fahrenheit.", 5/9/13 ".....urine is dark yellow and cloudy.....", 5/10/13 ".....{urinary catheter} draining dark yellow urine some sediment noted.", 5/12/13 "Urine is dark yellow and cloudy.", 5/17/13 ".....unable to get comfortable, complain of {urinary catheter} not right.....", ".....complaining about spasms in legs and leaking from catheter." "Resident doesn't feel right with catheter in her.....Feels like its burning and in a lot of pain." "Redness noted to inner thighs."</p> <p>Nurses Notes dated 3/1/13 to 6/13/13 document no analysis of factors that may contribute to R5's recurrent urinary tract infections.</p> <p>R5's urine culture report documents the facility received the positive urine culture result on 5/19/13. On 6/13/13 at 10:25 AM E20 Nurse stated she faxed the positive urine culture result to R5's Physician on 5/21/13 and he did not respond. E20 stated that on 5/23/13, four days after the facility received the abnormal urine culture result, she noticed an antibiotic had not been ordered for R5's urinary tract infection and notified the Physician by telephone. Nurses Notes dated 5/23/13 document the Physician then ordered intravenous Vancomycin 1 gram every 24 hours due to urinary tract infection.</p> <p>2. The 6/2013 Physician's Order Sheet documents R6 has diagnoses of Urinary Tract Infection, Dementia, and Speech and Language</p>	F9999			

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F9999	<p>Continued From page 51</p> <p>Deficit. The Minimum Data Set dated 4/9/13 documents R6 is occasionally incontinent of bowel and bladder and requires extensive assist with toileting.</p> <p>The urine culture results dated 3/26/13 and 4/18/13 document the presence of Eschericia Coli in R6's urine. The urine culture results dated 5/6/13 and 6/4/13 documents the presence of Proteus Mirabilis in R6's urine.</p> <p>Nurses Notes document the following: 4/3/13 "{urine} strong foul odor present", 4/5/13 "Dark cloudy urine noted.....Resident unable to express complaints", 6/5/13 "Blood on {incontinence brief} ...awaiting urinalysis results." and 6/12/13 "Urine is dark cloudy in color."</p> <p>Nurses Notes dated 3/1/13 to 6/12/13 document no analysis of factors that may contribute to R6's recurrent urinary tract infections.</p> <p>On 6/13/13 at 9:45 AM E3 Director of Nurses and Infection Preventionist stated she was unaware of any analysis of causative factors that may contribute to R5's and R6's recurrent urinary tract infections. She stated she had not observed staff performance of perineal care for R5 or R6 and had not conducted in services to educate staff on proper perineal care to prevent urinary tract infections.</p> <p style="text-align: center;">(B)</p>	F9999			