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NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
RIVER CROSSING REHAB	1145 FRANK STREET GALESBURG, IL 61401

(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) COMPLETE DATE
S9999	Final Observations STATEMENT OF LICENSURE VIOLATIONS 300.610a) 300.1210b) 300.3240a) 300.3240b) 300.3240e) Section 300.610 Resident Care Policies 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. 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. Section 300.3240 Abuse and Neglect	S9999		

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a) An owner, licensee, administrator, employee or agent of a facility shall not abuse or neglect a resident. (Section 2-107 of the Act)
b) A facility employee or agent who becomes aware of abuse or neglect of a resident shall immediately report the matter to the facility administrator. (Section 3-610 of the Act)
e) Employee as perpetrator of abuse. When an investigation of a report of suspected abuse of a resident indicates, based upon credible evidence, that an employee of a long-term care facility is the perpetrator of the abuse, that employee shall immediately be barred from any further contact with residents of the facility, pending the outcome of any further investigation, prosecution or disciplinary action against the employee. (Section 3-611 of the Act)

THESE REQUIREMENTS WERE NOT MET AS EVIDENCED BY:

Based on interview and record review the facility failed to remove E42 (CNA/Certified Nursing Aide) and E1 (Administrator) from having direct contact with residents after each was alleged to have abused R1. E42 returned to R1's room and made further threats and E1 was allowed to conduct the investigation of the allegation of abuse by E1. This had the potential to affect all 102 residents residing in the facility.

Findings include:

A facility Abuse Policy dated 1-1-2012 documents, "Verbal abuse is defined as any use of oral, written or gestured language that willfully includes disparaging and derogatory terms to

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residents, or within hearing distance. Examples of verbal abuse include threats of harm or saying things to harm a resident. When a report is made of suspected abuse of a resident indicating an involvement of an employee, the employee should be suspended pending an investigation."

1. R1's Minimum Data Set (MDS) dated 12-1-13, documents R1 is cognitively intact, with a Brief Interview for Mental Status Score (BIMS) of 15 .

On 3-5-14 at 11:50 a.m., E5 (CNA)stated R1 reported to E5 that E1 (Administrator) and E3 (Care Plan Coordinator) went into R1's room last night (3-4-14) and were very rude. E5 stated R1 felt like E1 and E3 were nazis. E5 stated R1 states, "You would not believe how (E1) and (E3/Care Plan Coordinator) talked to me." E5 stated E5 does not know who to report this allegation to since E1 is who R1 made the allegation against, and E1 is the Abuse Coordinator.

On 3-5-14 at 12:10 p.m., R1 stated E1 and E3 came into R1's room last night around 8-8:15 p.m., and started questioning R1 about E42 alleged abuse. R1 stated E1 and E3 were very intimidating, rude, and verbally abusive. R1 stated E1 informed R1 that R1 would be discharged home within two weeks. R1 states, "I cannot even defend myself. I am stuck in this bed."

On 3-5-14 at 2:00 p.m., E5 stated R1 reported to E5 that E43 (Social Service Director) and E1 interviewed R1 regarding the verbal abuse allegations from E1 and E3. E5 states, "Isn't that confrontational that the accused abuser

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S9999	Continued From page 3 confronted the resident that accused them?" On 3-5-14 at 12:20 p.m., E1 (Administator) verified E1 and E3 talked to R1 last night about the allegations made against E42 yesterday. E1 stated E1 and E3 also talked to R1 about going home. E1 stated E1 never talks to R1 alone. E1 was then informed of allegations made by R1 of verbal abuse by E1 and E3. On 3-5-14 at 12:22 p.m., E1 immediately notified E47 (Facility Manager) via telephone of R1's alleged verbal abuse from E1 and E3. E1 stated E47 instructed E1 to do the investigation, as always, regarding R1's allegations of verbal abuse by E1 and E3. On 3-6-14 at 9:20 a.m., E43 (Social Service Director) stated E43 and E1 interviewed R1 last night. E43 stated R1 reported to E43 and E1 that E1 and E3 were playing "bad cops." E43 stated R1 felt like E1 and E3 were "nazis." E43 stated R1 does not make up things and does not have behaviors. E43 stated it would be considered abuse if CNA's or other staff would curse in front of a resident. 2. On 3-4-14 at 1:50 p.m., R1 reported about a month and a half ago that, E42 went down to R1's room, pointed in R1's face and said,'I have been stabbed and punched before, and you don't scare me. Don't ever call me daddy again." R1 states R1 then replied to E42, "I cannot even get out of this bed. What do think you are going to do to me." R1 stated R1 reported the incident to E17 (CNA) that same night and E17 (CNA) notified E1 (Administrator) and E3 (Care Plan Coordinator) several days later about the occurrence between R1 and E42. R1 stated after	S9999		

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E1 and E3 were notified, E1 and E3 went down to R1's room and told R1, "Who do you think you are the Queen of Galesburg Terrace? You cannot do a thing about it. Keep your nose out of the C.N.A.'s business. You are stuck here."

On 3-4-14 at 1:45 p.m., E5 (CNA) stated E5 reported that E1, E3, and E42 were verbally abusive to R1, to E2 (Director of Nursing/DON) around a month ago. E5 stated E1 and E3 always go into resident rooms together to "Cover for each other."

On 3-4-14 at 2:25 p.m., E2 (DON) stated approximately one to two months ago, E2 was notified that R1 was afraid of E42. E2 stated R1 felt threatened because E42 stated to R1, "If it gets back to me that you (R1) reported me, I will know who did it." E2 stated E2 reported the allegation to E1 and E3 immediately. E2 stated E42 remained working,in direct resident care, in the facility, following the allegation, for approximately two days, before E42 finally resigned. E2 stated no abuse investigation was started at that time.

On 3-4-14 at 2:40 p.m., E17 (CNA) stated the following: On either 1-23-14 or 1-24-14, R1 said to E42, "Who are you, (E17's) daddy." E42 then replied to R1, " If anyone tried to hurt (E17) I would kill them. Do not ever call me daddy in front of (E17) again." Later on that night, R1 reported to E17 that E42 returned to R1's room, and stated to R1, "If anyone tries to get in my way I will mess them up or kill them." E17 did not report the occurance to E2 (DON) and E3 (Care Plan Coordinator) until the next day. After E17

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reported the occurrence, E2 and E3 counseled E17 and E42 about talking about personal business and stalking each other at work. E42 worked the rest of that night and another night, and then resigned. E1 (Administrator) and E3 talked to R1 following the allegation against E42. R1 reported to E3, " I felt scared and threatened by (E42) when (E42) yelled at me."

On 3-4-14 at 3:05 p.m., E1 stated E1 has never received any allegations of abuse involving E42 or R1. E1 stated the situation between E17 and E42 was not resident abuse. E1 stated, "(R1) put (R1's) self right in the middle of E17 and E42, because the CNA's have talked to (R1) at separate times about personal business." E1 stated, "(R1) was just being nosey." E1 stated E2 had pulled the two CNA's (E17 and E42) in E2's office to discuss the disagreement between E17 and E42. E1 stated E42 was a no call no show the next day. E1 stated E1 could not find any documentation regarding E17 and E42. E1 stated, "(E2) must have it." E1 (Administrator) went through her desk drawer and filing cabinet and could not find or provide an abuse investigation or evidence of the state agency being notified of R1's alleged verbal abuse against E42.

On 3-4-14 at 3:05 p.m., E3 (Care Plan Coordinator) stated no allegations were ever made about E42 being threatening or rude to R1. E3 stated E17 and E42 were counseled about talking about their personal lives in resident rooms. E3 stated the only thing E1 and E3 have talked to R1 about, is R1's placement.

On 3-10-14 at 11:50 a.m., E42 stated E42 and E17 were pulled in E2's office. E42 stated E17 reported E42 was sexually

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harassing E17. E42 stated E17 and E42 do talk in R1's room, at times, about personal issues. E42 stated R1 did say "you are old enough to be (E17's) daddy." E42 stated E3 told E42 that R1 reported E42 said something about being arrested in R1's room. E42 stated E42 knows E3 ran a criminal background check after R1 made allegations against E42. E42 also verified E2 (DON) and E3 (Care Plan Coordinator) counseled E17 and E42 about talking about personal issues in resident rooms. E42 states, "I was never suspended. I quit because I did not get 3rd shift hours."
Facility time card for E42 documents that E42 worked on 01/24/14 from 1:59PM to 6:01AM and on 01/28/14 from 2:00PM to 10:00PM.

According to the CMS 672 Census and Condition Report dated
3-3-14 and signed by E3 (Care Plan Coordinator), 102 residents currently reside in the facility.

On 03/04/14 at 2:25PM, E17/C.N.A. stated that on either 01/23/14 or 01/24/14 E17 observed E42 being verbally threatening to R1. E17 also started that later on in the evening E42 C.N.A. (Certified Nurse Aide) returned to R1 ' s room and again threatened R1 by saying " If anyone tries to get in my way I will mess them up or kill them. " E17 then verified that this was not reported to E2(Director of Nursing) and E3 (Care Plan Coordinator) until the next day and that E42 continued to work the evening of the abuse and the following day. E17 also stated that E1/Administrator and E3 spoke with R1 about the allegation the following day.

On 03/04/14 at 1:45PM E5 C.N.A. (Certified Nurse Aide) stated she knew something about

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E42 being " mean " to R1 but could not remember the " specifics. " E5 stated (E5) reported the allegation to E2 (Former Director of Nursing/DON) around a month ago.

On 3-5-14 at 2:00 p.m., E5 stated R1 reported to E5 that E43 (Social Service Director) and E1 interviewed R1 regarding the verbal abuse allegations from E1 and E3. E5 states, "Isn't that confrontational that the accused abuser confronted the resident that accused them?"

The facility's Abuse Policy dated 1-1-2012 documents, "It is the responsibility of all employees to report any incident of suspected or witnessed abuse immediately to the Administrator. It is the responsibility of the Administrator to immediately initiate an investigation of the allegations, and report any finding to the Illinois Department of Public Health."

(A)

300.610a)
300.610b)
300.1210b)
300.1210c)
300.3240a)

Section 300.610 Resident Care Policies

a) The facility shall have written policies and procedures governing all services provided by the

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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.

b) All of the information contained in the policies shall be available to the public, staff and residents, and for review by the Department.

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.

c) Each direct care-giving staff shall review and be knowledgeable about his or her residents' respective resident care plan.

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

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S9999	Continued From page 9 EVIDENCED BY: Based on observation, interview, and record review, the facility failed to have in place and functioning a collaborative infection control program between nursing, housekeeping, and laundry services to prevent the spread of communicable infections to residents who are immuno-compromised and at risk for infection. Those failures include: failure to demonstrate knowledge of and implementation of isolation precautions to prevent cross contamination of communicable infections; failure to educate staff and visitors on current standards of infection control practices during and following the provision of care; failure to have infection control policies and procedures accessible to staff; failure to adequately monitor infections; and failure to effectively clean and disinfect environmental surfaces, laundry, and resident equipment. These failures have the potential to affect all 102 residents residing in the facility. Findings include: 1. R1's wound culture dated 10-30-13, documents R1 has the following organisms in the coccyx wound: Acinetobacter baumannii, Escherichia coli, and Staphyloccus aureus. On 2-24-14 at 11:00 a.m., R1's room door had a sign documenting "see nurse before entering." R1's urinary catheter bag and tubing were lying on the floor. On 2-24-14 at 11:05 a.m., E5 (Certified Nursing Aide/CNA) stated R1 is to have "universal	S9999		

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precautions" used when caring for R5. E5 stated only gloves are to be worn when caring for R5, because gown and masks are only used with residents that are in droplet isolation. E5 states, "I do not know what infections, or where, (R1's) infections are. I have worked medical records for six months and have not been working on the floor with the residents."

On 2-24-14 at 11:15 a.m., E7 (Licensed Practical Nurse/LPN/R1's first shift nurse) states, "I am not sure what type of isolation (R1) is in or what type of organism (R1) has. I have not been working this hallway since recently."

On 2-24-14 at 1:15 p.m., E5 applied gloves, washed wound drainage off of R1's bilateral buttock and back (from R1's uncovered wound), removed R1's bed sheet and bedpad (soaked in wound drainage) from R1's bed, held the linens, soiled in drainage, against E5's clothing (without a gown on), and disposed of the drainage soaked linens in a red bag. E5 stated E5 did not need to wear an isolation gown because R1 was only in contact isolation. R1 then asked E5 to use the bedpan, so E5 applied a new pair of gloves and placed R1 on the bedpan. On 2-24-14 at 1:25 p.m., E5 removed R1 from the bedpan, washed feces from R1's buttock with washcloths, then, using the same soiled gloves, touched R1's catheter bag, right siderail, over the bed table, and R1's gown, before removing the soiled gloves. E5 then, using the same soiled gloves, took the bedpan (filled with feces), emptied the feces into R1's toilet, washed the feces soiled bedpan in R1's sink, wiped the bedpan out with a paper towel, and placed the bedpan in a trash bag on the floor. E5 states, " I am taking care of

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all residents on this hallway today." E5 then returned to R1 and continued to provide care.

On 2-25-14 at 9:30 a.m., E25 (CNA) and E11 (CNA) entered R1's room, applied gloves, and removed R1 from the bedpan. E11 wiped feces from R1's buttock and took R1's bedpan (containing R1's feces), places it in a trash bag, and took the bedpan to the soiled utility room.

On 2-25-14 at 9:50 a.m., E25 (CNA) states, "We are never told why the residents are in isolation. I did not use a gown when caring for (R1) earlier because there were no gowns in (R1's) room to use. I emptied (R1's) bedpan in the hopper, then sprayed the bedpan and hopper down with a disinfectant spray. I did not use bleach."

On 2-24-14 at 2:20 p.m., E18 (Registered Nurse/R1's 2nd shift nurse) states, "I cannot tell you what type of isolation (R1) is in. I would have to ask the infectionist."

On 2-25-14 at 10:05 a.m., E14 (LPN) states, "We do not have policy and procedure manuals to use. All policies are kept in the Administrator's office."

On 2/25/14 at 9:40 a.m., E1 (Administrator) stated the facility does not have a policy on how to set up the different types of isolation rooms. E1 stated "you have to remember we are a new company and don't have all of our policies and procedures yet. E1 verified there were no policy and procedure manuals accessible to staff.

On 2-25-14 at 11:50 a.m., E2 (Director of Nursing/DON) states, "Anytime the staff come into contact with drainage, they should wear a

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gown."

On 2-25-14 at 2:30 p.m., E4 (LPN/Infectionist) states, "(R1) is in contact isolation for high resistive organisms in the wound and catheter. Staff are to wear gloves only with contact isolation. The staff do not have to wear gowns if drainage is present. Staff should always change gloves between clean and dirty procedures. Staff should absolutely not touch catheter bags or tubing, siderails, or anything else with soiled gloves. Urinary catheter bags and tubing should not touch the floor.

An undated contact precautions policy documents the following:

Gloves are to be changed after having contact with infective material (fecal matter and wound drainage); A non-sterile gown is to be worn to protect skin and prevent soiling of clothing during procedures that are likely to cause soiling of clothing; Remove gloves and wash hands before leaving the resident's room; Gown are to be worn if wound drainage is not contained by a dressing; Equipment is to be adequately cleansed before being used between residents.

An undated hand washing policy documents the following:

All staff will wash hands with an antimicrobial agent or water-less antiseptic agent immediately after glove removal, between tasks and procedures on the same residents to prevent cross contamination of different body sites, after handling soiled linens, and after handling bedpans, soiled urinals, or handling urinary drainage bags.

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S9999	Continued From page 13 An undated infection control policy documents the following: An infection control manual of written policies and procedures will be developed and implemented; All facility personnel shall adhere to the Infection Control Program in the performance of daily assignments;The facility shall assure the necessary training, equipment and supplies are maintained to carry out the infection control program. An undated urinary catheter care policy documents the following: Handwashing shall be performed before and after touching any part of the urinary catheter drainage system; Urinary drainage bags and tubing shall be positioned to prevent either from touching the floor; 2. On 3-1-14 at 5:20 a.m., E26 (Registered Nurse/RN) used a blood glucose monitor to check R4's blood glucose level. E26 immediately left R4's room and went to R1's room. E26 then took R1's blood glucose level with the same blood glucose monitor. E26 did not cleanse the blood glucose monitor between use for R4 and R1. On 3-1-14 at 5:30 a.m., E26 stated E26 checked R1, R4, R49, R51, R56, R58, R59, R106 's blood glucose this morning and used the same glucose monitor. E26 states, "I did not cleanse the blood glucose monitor with bleach or the cleanser we are suppose to use, because I cannot breathe those chemicals. I just clean the machine with an alcohol swab." On 3/10/14 at 11:00 a.m., E4 (Licensed Practical	S9999		

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Nurse), states the following residents are in isolation. R49 is in contact isolation, R4 is in droplet precautions, R61 is in droplet precautions, R1 is in contact precautions, and R106 is in contact isolation.

R4's Final Antimicrobial Susceptibility and Organism Identification Report, dated 9/22/13, documents Serratia marcascens and Morganella morganii ssp morganii positive in R4's sputum culture.

R61's Final Antimicrobial Susceptibility and Organism Identification Report, dated 1/21/13, documents Pseudomonas aeruginosa, Providencia stuartii, and Acinetobacter baumannii positive in R61's sputum culture.

R49's Final Antimicrobial Susceptibility and Organism Identification Report, dated 1/6/14, documents Morganella morganii ssp and staphylococcus aureus positive in R49's urine.

R106's Final Antimicrobial Susceptibility and Organism Identification Report, dated 6/18/13, documents Proteus mirabilis positive in R106's urine.

R1's Final Antimicrobial Susceptibility and Organism Identification Report, dated 11/2/13, documents Staphylococcus aureus positive in R1's coccyx wound.

R58's Physician Order Sheets, dated February 2014, documents diagnosis of Hepatitis C.

On 3/10/14 at 9:40 a.m., E3 (MDS/Care Plan Coordinator), stated "as long as the glucometer is sanitized with bleach wipes, it is ok to use with a hepatitis resident. I can't answer if it is ok to

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use alcohol pads or not I'm not sure. I would not use an alcohol pad between glucometer uses on different residents. Our policy calls for (bleach disinfectant) wipes to be used with each resident between glucometer checks."

An undated maintaining the blood glucose meters policy documents the following:

A blood glucose monitor should be cleaned and disinfected between each resident test with a pre-moistened wipe/towel of 1 ml (milliliter) or 5-6% bleach and 9 ml of water to achieve a 1:10 dilution; A glucose monitor should be allowed to air dry for a minimum of one minute at room temperature following cleaning of the monitor.

3. On 2/24/14 at 1:15 p.m., R3's door had an isolation sign posted.

R3's Physician Order Sheets dated 10/2013 thru 2/2014, document no isolation orders.

R3's Physician Order Sheet dated 2/2014, documents telephone order dated 2/20/14 for Invanz 1 gram intramuscularly every twenty four hours for seven days with no diagnosis for treatment.

On 2/24/14 at 2:00 p.m., E4 (Licensed Practical Nurse), stated "(R3) is on droplet precautions at this time. (R3) was on droplet isolation at admission because the hospital discharging (R3) had communicated that (R3) was on isolation but there were no reports of what (R3) was on isolation for and no cultures present. No cultures were done because (R3) was not symptomatic. We normally do not reculture residents unless they are symptomatic with the amount of highly

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resistant bugs around here. (R3) has had highly resistant wound cultures but droplet covers all of those In December of 2013 (R3) had positive cultures and they were treated but not recultured. I am unsure of what (R3) is currently on antibiotics for I was not aware of any current infections. (R3) may have been started on Invanz for prophylactic then ordered a urinalysis, this is normal for Dr. Hill."

On 2/25/14 at 9:20, E12 (housekeeping/laundry), stated "when a resident is on droplet precautions we use gown, mask, and gloves. E12 is unaware of why (R3) is on isolation. We use Don-O-Mite CF foaming disinfectant deodorizing cleaner in all rooms to clean surfaces and DON Miro Spray heavy duty glass cleaner to clean glass and mirrors. There are not different cleaners for different organisms. Mop water and mop head are changed every two rooms but if in isolation I change mop water and mop head with each one. I work all the halls as a housekeeper and laundry."

On 2/25/14 at 9:40 a.m. E1 (Administrator), stated "we do not have a written policy for specific organisms for isolation. We just know what isolation they need. we have them set up prior to admit. We inservice staff on types of isolation."

On 2/25/14 at 9:45 a.m., observed cleaning supplies that housekeeping utilizes are as follows: DON Miro Spray Heavy Duty Glass Cleaner has no disinfecting contents. DON Don-O-Mite CF Foaming disinfectant deodorizing cleaner kills Aspergillus niger, Candida albicans, E-coli, klebsiella pneumiae, H1N1, Penicillium pinophilum, Penicillium variable, pseudomonas, aeruginosa, Salmonella, Staphylococcus aureus, Streptococcus pyogenes, Trichophyton

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mentagrophytes, Vanco resistant Enterococcus faecalis, adenovirus Type 2, Herpes simplex virus 1 and 2, Influenza A2/Japan virus, Vaccinia (Pox virus)

On 2/25/14 at 9:50 a.m., E13 (Housekeeping/Laundry Supervisor), stated "if a resident has C-diff the cleaner Virasept is what we use to clean. Notes are left for staff if a resident has C-diff to use different cleaner. The facility inservices staff to make sure they know the types of cleaners to use. (E12) normally works laundry but (E12) should know that we don't only use one disinfectant for all rooms." On 2/25/14 at 9:45 a.m., E13 provided bottle of Virasept. On Virasept bottle states it kills C-diff, Pseudomonas aeruginosa, Staph aureus (MRSA), Serratia marcescens, E-coli, Shigella flexneri, Enterobacter aerogenes, Klebsiella pneumoniae, VRE, Salmonella, Proteus vulgaris, Mycobacterium, Morovirus, Hepatitis B, HIV 1, RSV, Human Coronavirus, Rhinovirus type 37, Rotavirus, Influenza A, Avian Influenza A, Adenovirus type 4. The label states the wet time is ten minutes for C-diff. On 2/25/14 at 9:45 a.m., E13 stated when using Virasept the surface wet time is approximately five minutes.

On 2/25/14 at 10:00 a.m., E11 (Certified Nursing Assistant) and E17 (Certified Nursing Assistant) were providing cares to R3. E11 and E17 removed R3's soiled bed sheets, then removed E11 and E17's gloves. E11 and E17 applied new gloves without cleansing hands and proceeded to apply clean sheets to R3's bed.

On 2/25/14 at 10:30 a.m., E16 (housekeeper), stated "we use Don-o-mite disinfectant and Miro Spray in all rooms unless they have a different type of bug then we use the Virasept or Bleach.

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We use the Virasept for MRSA or C-diff. We spray the Virasept then leave it wet for 15 minutes. We are told why the residents are on isolation by our supervisor."

On 2/25/14 at 11:20 a.m., E9 (housekeeping), stated "Don-o-mite disinfectant and Miro spray are used in all rooms. We use the Virasept in the mop water for all the rooms. I change mop water and mop head every three or four rooms if not in isolation. If a patient is in isolation I change my mop head with each room and I change my mop water every third room. When I mop with the virasept I leave the floor wet for eight minutes. I clean the sinks, toilets, surfaces in room, and on top of the lights with the Don-o-mite disinfectant in all the rooms including isolation rooms. I don't know why they are on isolation I just assume they have something."

The Isolation Room Cleaning Policy, dated 2/14/12, documents to clean and disinfect room. Use a germicidal solution to clean and disinfect furniture, door handles, light fixtures, hand rails, television, mirrors, bathroom fixtures and handles, and any other items in rooms. Note: Germicidal solution containing 1 ml or 5-6% of sodium hypochlorite solution (household bleach) and 9 ml water to achieve a 1:10 dilution final concentration of 0.5-0.6% sodium hypochlorite. Note: allow surface to air dry for ten minutes.

On 2/25/14 at 11:30 a.m., E12 (housekeeping/laundry) was cleaning room number C7, a room with droplet precautions. E12 removed the mop head in the room and placed it in a clear bag and brought it along with broom, mop handle, and dust pan and brought the out of the room. E12 did not disinfect any of these surfaces listed on the Isolation Cleaning Policy.

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The mop head in clear bag was brought into housekeeping closet and placed in white trash bag, lying on the floor, with many other mop heads in clear bags. A new mop head was applied and mop water was changed out. E12 stated, "we put all mop heads in clear bags then they all go into the big white trash bag in housekeeping closet and they are brought down to the laundry room. We wash the mop heads by themselves on isolation and then on personal setting."

On 2/25/14 at 12:00 p.m., E10 (housekeeping/laundry), stated "mop heads come into laundry on 2nd shift to wash so I don't usually wash them but I did when I worked on 3rd shift. The mop heads are brought back to laundry in barrels. I put the setting on washing machine to towels because it provides bleach and soap. All mop heads regardless if they were in isolation come back in the the same bag and barrel you can't tell the difference. The mop heads go thru one washing cycle. All isolation red bag linens go thru two washing cycles on the isolation settings. If we wash items more than once we will put on our laundry load log the number of times washed. This log tells what we wash with each load."

On 2/25/14 at 12:10 p.m., E13 (housekeeping/laundry supervisor), stated "the policy is to wash mop heads on isolation setting but the towels setting is ok because it has bleach in it. No matter what setting we put washing machine on everything is disinfected. All mop heads come back to laundry together and unable to tell the difference if they were in isolation or not. The mop heads are bagged in rooms then placed in barrel in housekeeping closet then barrel is taken to laundry. Virasept is not to be put in mop water it's used to clean the rooms."

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On 2/25/14 at 1:45 p.m. E3 (Care Plan Coordinator), stated "we do not have a mop head cleaning policy. We wash our mop heads just like we do all of our isolation stuff. We put it on isolation setting and wash it two times."

Record review of Laundry daily load count, dated 2/24/14, documents that load number one on washer number 2 of third shift mops and rags were washed together on one cycle.

On 2/27/14 at 2:10 p.m., E12 (housekeeping/laundry), stated "the mop heads and rags are not washed together. We normally wash mop heads on isolation but the settings do not matter because everything is sanitized on all settings. We always mark on laundry load log if we wash more than one cycle if no number on the log it was washed once."

The Linen and Laundry Handling for Laundry Dept (date unknown), documents mop heads and cleaning cloths will be cleaned and dried separately.

On 3/3/14 at 12:00 p.m., Z5 (R3 family member), stated "We aren't sure why the gowns and masks are worn. We don't wear them it's not like (R3) is contagious. Sometimes staff wears the stuff and sometimes they don't."

On 3/6/14 at 2:00 p.m., R12's wound care was performed by E4 (Licensed Practical Nurse) with the assistance of E29 (Respiratory Therapist) and E5 (Certified Nursing Assistant). E5 removed gloves following ostomy cares and applied new gloves without cleansing hands. E5 removed soiled linens and removed gloves and applied new gloves without cleansing hands. E4

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performed dressing changes on multiple wounds. With each wound a new pair of gloves were applied without cleansing hands, also no cleansing of hands after removing gloves used to remove old dressing before applying clean gloves to apply clean dressing.

4. Facility's Droplet Precautions policy (undated), documents "In addition to Standard Precautions, Droplet Precautions are required for residents known or suspected to be infected with microorganism transmitted droplets that can generate by the resident during coughing, sneezing, talking, or the performance of procedures. Wear a mask when working within 3 feet of the resident in addition to other Standard Precautions. Gowns must be worn when performing or assisting with any procedure such as suctioning when there is a possibility that respiratory secretions may contaminate or soil the healthcare workers' clothing."

R12's current care plan dated 01/05/14 documents R12 is in droplet isolation precautions for Vancomycin-Resistant Enterococci and Acinetobactor. This care plan does not document the source of where these organisms are present.

On 03/03/14 at 11:40 a.m., E9 (Housekeeper) was cleaning R12's room. E9's housekeeping cart was parked inside R12's room. E9 verified E9's housekeeping cart was parked inside a droplet isolation precautions room. E9 was not wearing a mask and stated, "I should be wearing one." E9 then exited R12's room wearing gloves and pushed the housekeeping cart and parked it near the facility's C hall Nurse's Station. Three black garbage bags were sitting on the floor in the facility's C hall near room C1. E9 drug these bags across the floor and placed them on the

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floor near the housekeeping cart. E9 verified that three garbage bags were sitting on the floor in the facility's C Hall, and stated that E9 did not wash E9's hands before exiting R12's room.

On 03/05/14 at 2:50 p.m., E48, Respiratory Therapist, was providing Tracheostomy care to R12, who is in droplet isolation precautions. During care, R12 requested ice water. E48 was wearing gloves, a gown, and a mask. E48 carried R12's drinking cup and stood in a square area inside R12's doorway outlined in red tape on the floor. E20, Certified Nurse's Aide, was standing in the hallway outside of R12's room with an ice cooler on a wheeled cart, removed an ice scoop from the cooler and began filling R12's drinking cup with ice, and placed the ice scoop back into the cooler full of ice after filling R12's drinking cup. E20 stated, "If they (residents) are in isolation, I push the ice cart to the room and fill it in the doorway." E48 walked to R12's bedside, assisted R12 to drink ice water, and then continued R12's tracheostomy care. When R12's tracheostomy care was complete, R48 removed R48's gloves, washed R48's hands, walked and stood in the square area outlined in red tape on the floor inside the doorway of R12's room wearing a mask and gown, reached out of R12's room to grab a pulse oximeter off of a cart parked in the hallway and returned to R12's bedside to obtain a pulse oximetry reading.

On 03/05/14 at 3:05 p.m., E48, Respiratory Therapist, verified standing in the red square area outlined in red tape on the floor in R12's room wearing gloves, a gown, and a mask. E48 then verified reaching out of R12's doorway while wearing a gown and mask to grab a pulse oximeter in the hallway outside of R12's room.

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On 03/05/14 at 5:18 p.m., E1, Administrator, stated staff should not fill a resident in droplet isolation precautions drinking cup in the doorway of the room. E1 stated, "They (facility staff) know better. They are supposed to take in disposable cups of ice."

On 03/05/14 at 11:40 a.m., E1, Administrator, stated the square area outlined in red tape on the floor of R12's room is the, "clean" area where facility staff is supposed to apply gloves, a gown, and a mask prior to providing care to R12. E1 then stated that staff should not be standing in the square area on the floor outlined in red tape in R12's room wearing gloves, a gown, or a mask after providing care to R12.

5. Facility's Isolation List dated 03/03/14 documents R3 is in droplet isolation precautions and R106 is in contact isolation precautions.

On 03/06/14 at 1:05 p.m., Z6, Oxygen tank supplier and filler, entered R11's room, applied a gown, gloves, and a mask and exchanged R106's oxygen tank with a full one. Z6 then removed the gown, gloves, and mask and exited R106's room pushing the empty oxygen tank into the facility's C Hall. Z6 did not wash Z6's hands before exiting R106's room. The empty oxygen tank from R106's room remained parked in the facility's C Hall while Z6 entered R3's room, applied gloves, a gown, and a mask, and exchanged R3's oxygen tank with a full one. Z6 then removed the gloves, gown, and mask and exited R3's room pushing the empty tank into the facility's C Hall. Z6 did not wash Z6's hands before exiting R3's room. Z6 then pushed the empty oxygen tanks from R3 and R106's rooms through the facility's C Hall and pushed the tanks outside through the facility's B Hall exit door. Z6 did not apply gloves

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before handling the empty tanks. Z6 verified not washing Z6's hands after exiting R3 and R106's rooms and stated Z6 does not disinfect the empty tanks until after they are refilled outside the facility.

Facility's undated Droplet Precautions policy does not address the handling of equipment used in droplet isolation precautions rooms.

Facility's undated Contact Precautions policy documents, "Remove gloves and wash hands before leaving the resident's room. After glove removal and hand washing do not touch potentially contaminated environmental surfaces or items in the resident's room to avoid transfer of microorganisms to other residents, staff or environments."

Facility's Isolation List dated 03/03/14 documents R4 is in droplet isolation precautions.

On 03/10/14 at 2:00 p.m., R4 was sitting in a wheelchair in the facility's C Hall television lounge. R4 was wearing a gown and a mask over R4's tracheostomy site. R4 did not have a mask over R4's nose and mouth and was not wearing gloves. E29, Respiratory Therapist verified R4 was not wearing all protective equipment required for droplet isolation precautions.

Facility's undated Droplet Precautions policy documents, "When transport or movement (of a resident) is necessary, minimize resident dispersal of droplets by having the resident wear a mask."

R17's Care Plan dated 02/09/14 documents, "The resident is in droplet isolation precautions due to

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S9999	Continued From page 25 Acinetobactor in sputum." On 03/04/14 at 10:10 a.m., E29, Respiratory Therapist, performed tracheostomy care on R17. E29 stated E29 was, "unsure," of which organism is requiring R17 to be in droplet isolation precautions. 6. On 2/24/14 from 11:18 a.m. and 12:00 p.m., E4 (Licensed Practical Nurse) administered medications to R5, R7, R8, R9, and R10 without washing E4's hands in between residents. On 2/24/14 at 11:55 a.m., E4 (Licensed Practical Nurse) administered insulin subcutaneous to R5 and re-capped the needle prior to disposing in the sharps container. On 2/25/14 at 10:48 a.m., E2 (Director of Nursing) stated nurses should wash hands in between each resident on medication pass. E2 stated nurses should never re-cap a needle prior to disposal. An Hand Washing Policy (date unknown), documents hand washing will be done before dispensing medications. An Infection Control Policy (date unknown), documents needles shall not be recapped, broken, or bent prior to disposal. 7. On 3-1-14 at 6:00 a.m., two linens carts were left uncovered with washcloths falling out on to the floor and linens stocked on top of the linen carts. On 3-1-14 at 6:02 a.m., E27 (CNA) stated the uncovered linen carts are used for two hallways. A room roster list dated 3-1-14 documents the following residents reside on the two hallways (R1- R5, R8, R11-R12, R16-R17,	S9999		

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S9999	Continued From page 26 R32-R33, R35-R61, R106). On 3-1-14 at 5:30 a.m., E24 (CNA) states, "This is my first night working here. I do not have a clue why the residents are in isolation. I just try to wear gloves in the rooms." 8. A facility Infection Control log was last updated on 2/19/14. On 3/10/14 at 10:20 a.m., E4 (Wound Nurse) stated the Infection Control Log should be updated daily. E4 verified the Infection Control Log was last updated on 2/19/14. E4 stated E4 has not had time to update the log with new infections or discontinue any infections that may have resolved. E4 stated there are residents with infections that are not on the Infection Control Log. On 3-3-14 at 1:10 p.m., E4 (LPN/Infectionist) states, "I use to make rounds every morning to ensure infection control procedures are being followed, but I have not been able to for quite a while. No staff are monitoring/ensuring that infection control procedures are being followed." 9. On 3/10/14 at 9:00 a.m., E1 (Administrator) stated E1 was only able to provide documentation of two inservices for the year 2013. E1 verified no inservice documentation was provided for infection control training. A Resident Census and Conditions of Residents report dated 3/3/14 and completed by E3 (Care Plan Coordinator) documents there are currently 102 residents residing in the facility. (A)	S9999		

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S9999	Continued From page 27 300.610a) 300.610b) 300.610c)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. 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. b) All of the information contained in the policies shall be available to the public, staff and residents, and for review by the Department. c) The written policies shall include, at a minimum the following provisions: 2) Resident care services, including physician services, emergency services, personal care and nursing services, restorative services, activity services, pharmaceutical services, dietary services, social services, clinical records, dental services, and diagnostic services (including laboratory and x-ray) Section 300.3240 Abuse and Neglect a) An owner, licensee, administrator, employee or agent of a facility shall not abuse or neglect a	S9999		

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S9999	Continued From page 28 resident. (Section 2-107 of the Act) THESE REQUIREMENTS WERE NOT MET AS EVIDENCED BY: Based on interview and record review, the facility failed to train staff in the use of emergency manual resuscitator bags to ventilate four of four residents (R3, R12, R16 and R17) in the sample of 21 and three residents (R49, R56 and R106) on the supplemental sample, all of whom are ventilator dependent. The facility also failed to train all staff in emergency preparedness evacuation for all residents. Findings include: E29 (Respiratory Therapist) stated on 3/5/14 at 12:15 PM that E29 has worked at the facility for 12 to 13 years and, "There has never been a drill done for evacuating this Unit (C Hall Ventilator Unit.) I think we would use our generator policy for evacuation." E5 [Certified Nurse Aide (CNA)] stated on 3/5/14 at 12:05 PM, "It would take all of our staff to just get the C Hall residents out for evacuation. We have never had an inservice or drill on evacuation since I have worked here." The Nurse Aide Roster dated 3/4/14, which the facility completed for the survey, indicated that E5 was hired in May 2009. E11 (CNA) stated on 3/6/14 at 11:30 AM that E11 has worked at the facility since October 2013, normally working on the C Hall. E11 said that since E11 was hired, E11 has not received any training on using the manual resuscitator bag. E11 said that in order to work on C Hall, "it is a	S9999		

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must to know how to use it." E11 said that E11 knows how to use the bag because E11 also worked at the facility about two years ago, and E11 received training on how to use it then. E11 stated, "Quite a few CNA's that work down on C Hall do not know how to use them." E11 also stated that, "Adequate training is not done for the whole building."

E30 (CNA) stated on 3/6/14 at 10:05 AM, "I have not been trained to use a (manual resuscitator bag) on a ventilator patient. I have been here about one month and one week. I do not even know what that is."

The Nurse Aide Roster dated 3/4/14, which the facility completed for the survey, indicated that E30 was hired on 2/11/14.

E4 (Licensed Practical Nurse) stated on 3/6/14 at 10:15 AM, "We have seven ventilator dependent residents on C Hall. I have worked here eight years , and we have never done a drill to evacuate the building. I have not seen a plan of the procedure to evacuate the residents. I think there would be an issue in having enough people to get out (evacuate) C Hall residents. We would have to call 911 because the ventilators would only have a 30 minute backup, then they (ventilator dependent residents) would need to be bagged. Every trach (resident with a tracheostomy) has an emergency kit with a bag at the bedside."

E29 (Respiratory Therapist) stated on 3/6/14 that the last staff inservice involving the use of manual resuscitator bags was on 11/1/13. E29 said that administrative staff have not been regularly notifying E29 when newly hired CNA's are to start working on C Hall. E29 stated that E29 thought

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that information on the use of the bags should be included in the staff "hire packet." E29 said, "I feel all CNA's and nurses in the building should be inserviced on using the (manual resuscitator bag.)

E22 (Maintenance Supervisor) stated on 3/6/14 at 9:20 AM, " We have not had an evacuation drill in the facility in the last three years since I have been here. We have policies and procedures in place of how to get them (the residents) out and where to take them (the residents.) Ventilator patients would be bagged and taken out to the parking lot, then the hospital would provide ambulances for transportation."

E1 (Administrator) stated on 3/6/14 at 1 PM that the facility has an evacuation policy/procedure, but that the policy does not delineate how often the procedure is to be practiced. E1 stated, "I would want to do it (evacuation drill) annually. I do not know when this was last done here (at the facility.) I came last May." E1 also stated that there was no specific evacuation policy/procedure for evacuation of ventilator patients.

E1 said that Nurses and CNA's would be responsible for manually ventilating the ventilator dependent residents in an emergency if the back-up batteries in the mechanical ventilators failed. E1 said that CNA's are to receive manual resuscitator bag training annually and "as soon as possible for new hires."

The facility's undated Emergency Disaster Manual addressed the issue of an emergency building evacuation on the third page of the document. The manual gave general instructions for evacuation, but provided no procedural instructions to staff for evacuation of the C hall

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ventilator unit nor any information as to how often building evacuation drills are to be done.

A facility resident room roster dated 3/3/14 and provided by the facility indicated that the facility currently had seven ventilator dependent residents on C Hall (R3, R12, R16, R17, R49, R56 and R106)

The Centers for Medicare and Medicaid Services (CMS) form # 672 completed by the facility indicated that the resident census was currently 102.

(A)

300.1010h)
300.1210b)
300.1210d)3)
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

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S9999	Continued From page 32 notification. 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. 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: 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. 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 interview, observation and record	S9999		

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review, the facility failed to provide nail care for one of two residents (R16) reviewed for non-pressure related wounds in the sample of 21. This failure resulted in R16 developing a painful right great toe wound due to nail overgrowth.

Based on interview and record review, the facility failed to develop a pain management plan for three of 11 residents (R1, R14, and R15) reviewed for pain in the sample of 21.

Based on interview and record review, the facility failed to implement interventions for a resident receiving dialysis for one resident (R58) reviewed for dialysis in the sample of 21.

Findings include:

A. R16's Face Sheet documents R16 was admitted to the facility on 02/15/13.

R16's Minimum Data Set dated 02/09/14 documents R16 requires total dependence with one person physical assist to perform personal hygiene cares.

On 03/03/14 at 3:07 p.m., R16 was laying in bed. R16's right foot was propped on a pillow, and R16's right great toe was red and shiny. A small open area draining red fluid was present on the tip of R16's right great toe. R16, who is nonverbal, stated per written note that Z2, facility's previous Podiatrist, left some time ago, and it took a long time to fill the position. R16 then stated that R16's toenails had never been cut by facility staff, causing R16's toenail to grow into the tip of R16's right great toe, resulting in Z3, facility's current Podiatrist, addressing and treating R16's right great toe.

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On 03/04/14 at 11:10 a.m., R16 was laying in bed with R16's right foot propped on a pillow. R16's right great toe was red and shiny. A small open area was present on the tip of R16's right great toe. R16 stated, "It (R16's right great toe) hurts like Hell."

On 03/06/14 at 2:00 p.m., E5, Certified Nurse's Aide, stated, "(R16) has bad toes. I don't cut them and never have."

Fax cover sheet dated 03/05/14 from Z2, facility's previous Podiatrist, documents Z2 never treated R16. This same form also documents Z2 no longer treated residents at the facility after 10/22/13.

On 03/11/14 at 2:18 p.m., Z3, facility's current Podiatrist, stated Z3 began seeing residents at the facility in late December 2013.

R16's Podiatry Notes document R16 was seen by Z3, facility's current Podiatrist, on 01/29/14 and 03/05/14. Z3's Podiatry Note for R16 dated 01/29/14 documents R16's toenails are long, thick, and painful on both feet.

R16's Physician Order dated 02/27/14 documents, "Cleanse small open area on right big toe with wound cleanser, pat dry, apply triple antibiotic ointment every shift and as needed."

R16's Physician Order dated 03/06/14 documents, "Change bandaid on right big toe. For every change, clean right big toe with sterile saline, dry with guaze and apply bacitracin daily."

On 03/10/14 at 9:33 a.m., Z3, facility's current Podiatrist, stated R16 had a blood collection under R16's right great toenail. Z3 then stated

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that this could have resulted from the overgrowth of R16's toenail. Z3 verified R16 currently has a wound on R16's right great toe, and has daily wound care and dressing orders in place.

On 03/06/14 at 11:20 a.m., E4, Licensed Practical Nurse, provided wound care to R16's right great toe. R16 began grimacing as soon as E4 began cleaning R16's right great toe and continued grimacing until E4 completed the treatment. R16's right great toe was red and shiny, and began draining red drainage after E4 cleaned R16's right great toe. R16 then stated per written note that R16's right great toe is extremely painful when touched.

On 03/10/14 at 8:45 a.m., E3, Care Plan Coordinator, could not confirm or provide any documentation verifying R16's toenails had been cut by facility staff from R16's date of admission to the facility until R16 was seen by Z3, Facility's current Podiatrist on 01/29/14.

B. The facility's undated Pain Management Policy states that the Pain Assessment protocol will be initiated under the following situations: Any indication of pain based on the Pain Assessment performed for each resident at admission, quarterly and with any condition change associated with the potential for pain, When MDS (Minimum Data Set) triggers an indication of pain, Resident receives routine pain medication and /or pain is not controlled. This policy instructs staff to use a pain rating scale and that pain will be assessed during routine medication passes.

1. The initial Minimum Data Set dated 11/25/13 and the quarterly reassessment dated 01/28/14 indicate that R14 has frequent pain,rated at 6 on a 1 - 10 scale. R14's clinical record includes no

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comprehensive pain assessment. On 03/04/14 at 8:20 a.m., E3 (Care plan Coordinator) stated that a Pain Assessment should have been completed on R14, and it should be in R14's chart. On 03/04/14 at 12:00 p.m., E1 (Administrator) reviewed R14's clinical record and verified that no Pain Assessment was present. A Physical Therapy Assessment dated 2/19/14 states that R14 was referred to Physical Therapy after sustaining a fall and complaining of shoulder pain. A physician order dated 01/31/14 instructs nurses to administer Imitrex 100 milligrams as needed every 48 hours for headaches. The care plan dated 01/28/14 states that R14 has back and foot pain, but does not address R14's shoulder pain or headaches. The February and March 2014 Medication Administration Records document that nurses administer Acetaminophen 325 milligrams one or two tablets twice daily, but nurses did not document the number of tablets administered. The February Medication Administration Record documents that nurses also administered Vicodin 5-325 milligrams on 23 occasions, but only documented the time given once. The nurses did not rate R14's pain prior to administration of Acetaminophen or Vicodin and did not evaluate effectiveness of the analgesic medication.

2. The February 2014 Physician's Order Sheet states that R15 has diagnoses including Osteoarthritis and instructs nurses to administer Relafen 750 milligrams twice daily and Acetaminophen 325 milligrams three times daily. R15's clinical record included no Pain Assessment. On 03/04/14 at 12:00 p.m., E1 (Administrator) stated that R15's Pain Assessment should have been in her clinical record. The care plan dated 01/26/14 stated that R15 has osteoarthritic pain and instructs nurses

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to use the pain scale to assess pain. The Medication Administration Record for February and March 2014 indicate that both the Acetaminophen and Relafen are administered routinely, but nurses did not rate R15's pain prior to each administration and did not document the medication's effectiveness.

3. On 2-24-14 at 11:05 a.m., R1 stated R1's right hand and right thumb hurts terrible. R1 states, "around a month ago, a CNA (Certified Nurse's Aide) caught my right thumb between the bed rail and over the bed table, and it feels like my thumb has been broke ever since. I have asked for an X-Ray numerous times, but the staff just ignore me."

On 2-26-14 at 11:00 a.m., E11 (CNA) stated R1 has complained of pain to the right hand "for at least a month." E11 stated R1 told E11 that a CNA (E19) caught R1's hand between a bed rail and a side table.

On 2-26-14 at 11:45 a.m., E19 (CNA) stated R1 complains of pain daily to the right hand.

On 2-26-14 at 1:20 p.m., E7,LPN (Licensed Practical Nurse) states, "The CNA's have never reported to me that (R1's) hand was hurting, so I have not contacted (R1's) Physician or done a pain assessment."

On 2-26-14 at 2:00 p.m., E4 (LPN) stated R1 has complained of pain to the right thumb for at least two weeks. E4 stated R1 reported to E4 that a CNA had caught R1's right thumb in a bed sheet or bed rail. E4 states, "I don't think the Physician

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S9999	Continued From page 38 had been notified of (R1's) hand hurting." On 2-26-14 at 2:45 p.m., E2 (Director of Nursing) stated the staff should have notified the Physician and reported R1's pain to the right hand/thumb. R1's nurses' notes from 11-1-13 to 2-24-14 do not contain any documentation of R1's incident involving R1's right hand, R1's complaints of right hand/thumb pain, or the Physician and E2 (DON) being notified of R1's complaints of pain. 4. On 2-24-14 at 11:05 A.M., R1's right and left great toe nails had crusty red drainage and were reddened at the edges of the nails. On 2-24-14 at 11:05 a.m., R1 stated, "I need to go to the Doctor's office to get my nails removed, but the facility cannot provide me transportation." R1 also states, "my toenails have hurt me for several months, and nobody treats them." On 2-24-14 at 1:15 p.m., E7 (LPN/Licensed Practical Nurse) states, "(R1) does not have anything to treat the great toes. I am not sure that the Doctor is even aware." R1's Nurses Notes dated 1/1/14 through 2/23/14 do not document the condition of R1's toes. On 2-25-14 at 10:30 a.m., E11 (CNA/Certified Nursing Assistant) states, "(R1's) toe nails have had bloody drainage for at least one month. (R1) does not like (R1's) toes touched because it causes too much pain." On 2-25-14 at 11:10 a.m., Z2 (R1's previous Podiatrist) stated R1 is Diabetic and has a terrible	S9999		

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time with ingrown toe nails that become infected and painful. Z2 stated Z2 only treated R1 once every two months. Z2 stated the facility should have "at least" called Z2, another Podiatrist within the area of the facility, or R1's Physician, if R1 continues to have pain, drainage, or redness to the great toes, between Z2's visits to the facility. Z2 stated the facility has never notified Z2 between the scheduled every two month visits, about R1's pain, redness, or drainage to the great toenails. Z2 states, "I just don't feel like the facility is "In tune" to their residents there."

On 2-25-14 at 11:30 a.m., Z3 (R1's current Podiatrist) stated the facility should call either another Podiatrist within the area of the facility to look at R1's toes, or at least notify R1's Physician if R1 continues to complain of pain or has bloody drainage to the great toes. Z3 stated Z3 only visits the facility once a month.

C. R58's Physician Order Sheets dated February 2014, documents R58's diagnoses to include: Renal failure and dialysis.

On 3/5/14 at 11:25 a.m., E4 (Licensed Practical Nurse), stated, "If a patient is on fluid restrictions they would be on Intake/Output tracking. (R58) should be on Intake/Output unless we ran out of the tracking sheet and they didn't replace it."

On 3/5/14 at 12:05, E5 (Certified Nursing Assistant), stated, "We do not keep Intake/Output on (R58). I didn't know (R58) had a fluid restriction. We don't keep track because (R58) does everything for (R58). I didn't know (R58) was suppose to be on Intake/Output. I fill out the Intake/Output sheets for who it says on the forms."

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S9999	Continued From page 40 On 3/5/14 at 1:40 p.m., E4 (Licensed Practical Nurse), stated, "We don't have anything on our Medication Administration Record about dialysis. The dialysis facility does all maintenance and cares on (R58's) fistula. I am unsure of where the fistula is located. I don't do anything with the site. I don't check for bruits or thrills. We have no formal communication between dialysis and our facility." On 3/6/14 at 9:15 a.m., R58 stated, "I have been on dialysis for about a year. I have a fistula in my left arm. They do not check my fistula for bruit or thrills. They don't do nothing with it. I'm suppose to be on a fluid restriction for dialysis but they don't follow it." On 3/6/14 at 9:25 a.m., E15 (Dietary Supervisor), stated, "Dietary cards are printed with each meal. Our cards state how much fluid (R58) gets with each meal but does not include nursing amounts." Facility's undated Dialysis Hemo: AV Fistula or Graft Care Policy documents procedure upon returning from hemodialysis treatment: ascultate fistula/graft for swishing bruit indicating active circulation to area, palpate fistula/graft for buzzing/pulse sensation thrill indicating patency to area. R58's March and February 2014 Medication Administration Records, Treatment Administration Records and Physician Order Sheets have no documentation of care orders regarding R58's left upper arm dialysis fistula. R58's Admission Orders dated 2/25/14 and Physician Order Sheet dated February 2014	S9999		

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document R58 attends hemodialysis three days per week, a daily fluid restriction and a dialysis dietary supplement with each meal.

Facility's undated Fluid Restriction Policy documents "Procedure: in general the nursing staff will use a designated amount of fluid for medication pass and dietary staff will use the remaining cc (cubic centimeters) intake for meal service and bedtime snack. Inform all appropriate facility staff. Dietary documentation must reflect the number of cc intake ordered from the physician and the amount of cc intake the resident is receiving from the dietary department and the nursing department."

On 3/6/14 at 9:15 a.m., E41 (dietary), stated, "Dietary does not give (dialysis dietary supplement) to (R58)."

On 3/10/14 at 2:00 p.m., E4 (Licensed Practical Nurse), stated, "Yes we provide (dialysis dietary supplement) for (R58). Nursing gives (dialysis dietary supplement) to (R58). I am not sure without looking of when (R58) gets (dialysis supplement). I have not given (R58) any today. No fluids are given from nursing to (R58). I Need to ask CNAs if water is kept in (R58's) room.

On 3/10/14 at 2:15 p.m., E1 (Administrator), stated, "I would have to check policy, but most places is once a day to check fistulas. Nursing would administer ordered (dialysis dietary supplement) and it should be on the Medication Administration Record. A dialysis resident should be on Intake/Output and weight frequency would be up to the physician.(R58's) fluid restriction is on the Physician Order Sheets. I am not sure of the restrictions

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S9999	Continued From page 42 being broke down and in what places, I would have to ask the dietary supervisor. Facility's undated Intake and Output Recording (Fluid Balance Monitoring) policy, documents, "Intake and output should be initiated as follows: I.V., fluids, enteral feedings, foley catheter, dialysis residents, whenever ordered by a physician. Record all liquid intake. Dialysis residents will have Intake/Output done only if on fluid restriction." R58's Renal Failure-Dialysis Comprehensive Care Plan dated 3/4/14 documents the following interventions: "Maintain the resident's graft, fistula and/or catheter per protocol, dietary to provide 1440 milliliters daily and nursing provides 560 milliliters daily, post dialysis monitoring: follow physician orders regarding any fluid and dietary restrictions." (B) 300.1210b) 300.1210d)5) 300.3240a) 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	S9999		

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care and personal care shall be provided to each resident to meet the total nursing and personal care needs of the resident.

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:

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)

THESE REGULATIONS WERE NOT MET AS EVIDENCED BY:

Based on observation, interview, and record review, the facility failed to identify skin breakdown for one of seven residents (R7) reviewed for pressure ulcers in the sample of 21. R7 complained of moderate to severe pain in the left buttock area and had a large open pressure ulcer, unknown by the facility, on the buttocks. The facility failed to have an ongoing program to monitor and assess skin breakdown for three of seven residents,(R7, R1 and R3,) reviewed for

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S9999	Continued From page 44 pressure ulcers in the sample of 21. Findings include: 1. A Physician Order Sheet and Treatment Administration Record dated 3/14, documents R7 has a treatment order to apply prescription wound cream to bilateral excoriated areas on buttocks after wound cleanser, pat dry, three times until healed. On 3/3/14 at 1:30 p.m., E4 (Licensed Practical Nurse/Wound Nurse) provided a treatment to a wound on R7's right heel. E4 stated "there's no treatment to R7's buttocks that I am aware of." On 3/4/14 at 9:40 a.m., E35 (Certified Nurse Aide) and E37 (Certified Nurse Aide) provided incontinence care for R7. R7's buttocks did not have any treatment in place. R7 had an approximate two centimeter open area at the bottom of R7's left buttock. R37 stated "we put a barrier cream on (R7's buttocks) several times a day." R37 stated R7 has experienced ongoing skin problems on her buttocks. On 3/4/14 at 9:50 a.m, R7 stated "it's (buttocks) very sore. I've had diarrhea and sittting in that wheelchair doesn't help." On 3/4/14 at 10:10 a.m., E4 (Licensed Practical Nurse/Wound Nurse) stated "I am not aware of any open area on (R7's buttocks)." On 3/4/14 at 11:55 a.m., E3 (Care Plan Coordinator) stated "I have no idea about (R7) having an open area. If (E4) doesn't know about it, I sure don't."	S9999		

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On 3/5/14 at 9:00 a.m., R7's Treatment Administration Record did not document any assessment of R7's open area on the left buttock.

On 3/5/14 at 9:03 a.m., E44 (Licensed Practical Nurse) stated "I have not seen (R7's wound). I did hear about (R7's wound) in report and faxed (R7's) doctor to get a treatment order. (R7's) wound hasn't been assessed according to her chart."

On 3/5/14 at 9:50 a.m., E4 (Licensed Practical Nurse/Wound Nurse) stated "I haven't had a chance to assess (R7's) wound. I can't tell you what type of a wound (R7) has. I've been working the floor and haven't had time to do any wound assessments. The Pressuer Ulcer Log hasn't been updated in a couple weeks. I should be updating the log weekly."

A weekly pressure ulcer log dated 2/21/14, does not document R7's right heel wound or the open area on R7's buttocks.

2.R1's pressure ulcer log dated 2-21-14, documents R1 was admitted on 5-23-13 with a stage four coccyx wound with drainage, measuring approximately 5.7 cm (centimeter) length by 2.5cm width by 1.2 cm depth.

R1's coccyx wound culture dated 10-30-13, documents R1's coccyx wound is infected with Acinetobacter Baumannii, Escherichia coli, and Staphylococcus aureus.

R1's Physician Order Sheet dated 12-31-13, documents a coccyx wound treatment to cleanse with wound cleanser, pat dry, apply calcium

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aginate to the wound bed, cover with a pad, and change every 72 hours and as needed until healed.

On 2-24-14 at 1:15 p.m., R1's stage four coccyx wound was uncovered with large amounts of yellow drainage soaking the bed sheets and bed pad.

On 2-24-14 at 1:15 p.m., E5 (Certified Nursing Aide/CNA stated R1's dressing to the coccyx wound fell off around 11:00 a.m. and E5 forgot to tell R1's nurse until 1:15 p.m. E5 stated R1's bed was soaked with wound drainage because the wound did not have a dressing.

On 3-1-14 at 5:30 a.m., R1's coccyx wound was uncovered with large amounts of yellow drainage saturating the bed pad. R1 stated, "I cannot remember the last time the nurse applied a dressing to my wound. I think it was two days ago."

On 3-1-14 at 5:30 a.m., E24 (Certified Nursing Aide/CNA) stated the last time E24 changed R1 was at approximately 4:30 a.m., and R1 did not have a dressing on the coccyx wound then. E24 states, "This is my first night working here, and I did not know (R1) was suppose to have a dressing on the wound. I did not tell the nurse."

On 3-1-14 at 5:50 a.m., E23 states, "(R1) has not had a dressing on (R1's) wound all night since at least 10:00 p.m. I have not told my nurse that the wound doesn't have a dressing."

On 3-1-14 from 5:30 a.m.- 7:00 a.m., R1's coccyx wound remained uncovered with large amount of drainage soaking R1's bedpads and sheets.

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On 3-1-14 at 8:30 a.m., E7 (LPN/R1's 1st shift nurse) stated E7 was notified of R1's wound being uncovered around 7:30 a.m., so E7 treated and covered the wound at that time.

On 3-4-14 at 10:55 a.m., E4 (LPN/wound nurse) stated the Certified Nursing Aides should notify the nurse immediately when R1's dressing falls off of R1's coccyx wound, so the nurse can apply a new treatment.

On 3-4-14 at 11:00 a.m., E7(LPN) stated the Certified Nursing Aides should notify the nurse "as soon as possible" when a dressing falls off of R1's coccyx wound, so the nurse can re-apply a new treatment.

A facility pressure ulcer log was last updated on 2/21/14. On 3/10/14 at 10:20 a.m., E4 (Wound Nurse) stated the Pressure Ulcer Log is to updated on a weekly basis. On 3/10/13, E4 (Wound Nurse) verified the pressure ulcer log was last updated on 2/21/14 due to E4 working the floor and not having the time to get wound assessments completed.

The General Wound and Skin Care Guidelines Policy (date unknown), documents to "document wound assessment, treatment performed and response to treatment on the appropriate documentation form.

A Minimum Data Set Assessment dated 12/29/13, documents R7 scored fourteen out of fifteen (cognitively intact) on the Brief Interview for Mental Status, is incontinent of bowel and bladder, and requires assistance with toileting needs.

3. Record review of Physician Order Sheets

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dated 2/2014, documents diagnosis of Chronic Respiratory failure, Multiple Sclerosis, Myotonic dystrophy, and stage four pressure ulcer.

Record review of weekly pressure log dated 2/21/14, documents that R3 has a Stage three pressure ulcer to right buttock with eschar/necrotic present. Pressure ulcer to right buttock was facility acquired on 1/22/14. Pressure ulcer to right buttock measures 3 cm(Length) x 5 cm(width) x 0.3cm(depth). Weekly pressure log dated 2/13/14, documents pressure ulcer to right buttock is a stage two with no eschar/nectrotic present and measures 3.2cm(length) x 2.5cm(width) and no depth.

On 2/24/14 at 1:30 p.m., observed R3 lying on her back. Reviewed 15 minute visual check log dated 2/24/14, documents at this time R3 was on her left side from 12:00 p.m to 1:30 p.m.

On 2/24/14 at 2:30 p.m., observed R3 lying on her back. Reviewed 15 minute visual check log dated 2/24/14, documents at this time R3 was on her back from 1:45 p.m. to 3:45 p.m.

On 2/25/14 at 9:15 a.m., observed R3 lying in bed on her back. Reviewed 15 minute visual check log dated 2/25/14, documents at this time R3 was on her left side from 8:00 a.m to 9:45 a.m.

Record review of !5 minute visual checks dated 2/18/14 thru 2/25/14, on 2/18/14 R3 was in floating position from 6:00 a.m. to 9:00 am and on her left side from 9:15 a.m. to 12:00 p.m. On 2/19/14, R3 was in floating position from 6:00 a.m. to 10:00 a.m., on her left side from 10:15 a.m. to 1:00 p.m., and on her back from 1:15 p.m. to 3:45 p.m. On 2/20/14, R3 was her left side from 8:00 a.m. to 10:45 a.m. On 2/21/14, R3 was

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on her left side from 8:00 a.m. to 10:45 a.m. On 2/23/14, R3 was on her left side from 1:45 p.m. to 4:00 p.m. On 2/25/14, R3 was on her right side from 10:00 a.m. to 12:45 p.m.

On 2/25/14 at 9:35 a.m., E7 (Licensed Practical Nurse), states I have completed all of R3's treatments this morning. To prove we have done the treatments we sign off the Treatment Administration record. I am unsure of why the Treatment Administration record has not been signed at all from 2/14/14, start of treatment, to present for treatment to right buttock.

On 2/25/14 at 1:50 p.m., E11 (Certified Nursing Assistant), states yes the 15 minute visual check list states that R3 was on her right side starting at 10:00 a.m. today. Two hours later we turned her at 1:00 p.m. to float her on her back.

On 2/25/14 at 2:45 p.m., E2 (Director of Nursing), states no weekly pressure ulcer logs are available for 11/19/18, 11/26/13, 12/19/13, 1/2/14, 1/16/14, and 1/30/14. If they're not there they weren't done.

On 2/26/14 at 2:35 p.m., E2 (Director of Nursing), states patients on turning and repositioning program should be turned and repositioned every two hours there is no reason why a patient should go three hours without being repositioned.

On 2/27/14 at 9:30 a.m., R3 lying on her left side. Record review of !5 minute visual checks dated 2/27/14 at 9:30 a.m., document no positioning or visual checks from 6:00 a.m. to 9:30 a.m.

Record review of Repositioning and Turning policy (date unknown), documents Policy: It is the policy of the Nursing Department that residents,

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	IL6000434	A. BUILDING: _____ B. WING _____	C 03/18/2014

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
RIVER CROSSING REHAB	1145 FRANK STREET GALESBURG, IL 61401

(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) COMPLETE DATE
S9999	Continued From page 50	S9999		

unable to reposition themselves, will be turned and positioned every one or two hours, in accordance with their needs, using a written care plan as determined by licensed staff.

Record review of Treatment Admistration record dated 2/2014, documents patient has a treatment to her right buttock that was ordered on 2/14/14. No documentation is present that this treatment has been completed since it was ordered with no nurse initials.

On 2/27/14 at 9:45 a.m., Z4 (Registered Dietician), states I am aware that R3 is not getting the full 1440 milliliters/24 hour period I have discussed with the facility shutting R3's feeding off for two hours during the date and increasing the rate but staff was concerned of her tolerance. The decrease in calories from not getting the total 1440 milliliters may contribute to weight loss and worsened pressure ulcer but is not definite. She should receive 1728 calories/day from her current feeding and 180 calories from prostat. Her daily requirements are 1700-1995 calories/day.

On 2/27/14 at 1:50 p.m., E5 (Certified Nursing Assistant), states R3 is up in wheelchair. We got R3 up at 10:45 a.m.and should lay back down around 2:30 p.m. R3 has two pillows on each side of R3 floating. R3 will be up almost four hours. We changed pillows at 10:00 a.m. and 12:00 p.m. to reposition R3 but we don't document it we just do it.

On 2/27/14 at 3:00 p.m., Z1 (Physician), states I was not aware that R3 was not receiving the total amount of feeding in the day like R3 was prescribed. That is not desirable. I certainly expect the staff to be turning and positioning R3 every two hours with her inability to reposition

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	IL6000434	A. BUILDING: _____ B. WING _____	C 03/18/2014

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S9999	Continued From page 51 herself and with her pressure ulcers. It is not desirable for R3 to not be turned and positioned every two hours the more times she is not positioned the worse the pressure ulcers could get. Yes these factors could contribute to her worsening pressure ulcer. (B)	S9999		