

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

PRINTED: 04/28/2015
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 145664	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 04/23/2015
NAME OF PROVIDER OR SUPPLIER WESTSIDE REHAB & CARE CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE 601 NORTH COLUMBIA WEST FRANKFORT, IL 62896		
(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 000	INITIAL COMMENTS	F 000			
F 164 SS=D	<p>Annual Certification Survey.</p> <p>483.10(e), 483.75(l)(4) PERSONAL PRIVACY/CONFIDENTIALITY OF RECORDS</p> <p>The resident has the right to personal privacy and confidentiality of his or her personal and clinical records.</p> <p>Personal privacy includes accommodations, medical treatment, written and telephone communications, personal care, visits, and meetings of family and resident groups, but this does not require the facility to provide a private room for each resident.</p> <p>Except as provided in paragraph (e)(3) of this section, the resident may approve or refuse the release of personal and clinical records to any individual outside the facility.</p> <p>The resident's right to refuse release of personal and clinical records does not apply when the resident is transferred to another health care institution; or record release is required by law.</p> <p>The facility must keep confidential all information contained in the resident's records, regardless of the form or storage methods, except when release is required by transfer to another healthcare institution; law; third party payment contract; or the resident.</p> <p>This REQUIREMENT is not met as evidenced by: Based on observation and record review the facility failed to provide privacy during range of</p>	F 164			

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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F 164	Continued From page 1 motion for 1 or 13 residents (R3) reviewed for privacy in the sample of 15. Findings include: 1. On 04/21/15 at 1:50PM, E3 (Certified Nurse Aide-CNA) and E8 (CNA) were observed performing Passive Range of Motion (PROM) on R3. During this observation, R3's entire perineal area was exposed. Z2 (family member) was present in the room during this observation. The Facility's (Revised 9/08) Range of Motion Protocol policy states, "Procedure: 5) Provide privacy."	F 164			
F 280 SS=E	483.20(d)(3), 483.10(k)(2) RIGHT TO PARTICIPATE PLANNING CARE-REVISE CP The resident has the right, unless adjudged incompetent or otherwise found to be incapacitated under the laws of the State, to participate in planning care and treatment or changes in care and treatment. A comprehensive care plan must be developed within 7 days after the completion of the comprehensive assessment; prepared by an interdisciplinary team, that includes the attending physician, a registered nurse with responsibility for the resident, and other appropriate staff in disciplines as determined by the resident's needs, and, to the extent practicable, the participation of the resident, the resident's family or the resident's legal representative; and periodically reviewed and revised by a team of qualified persons after each assessment.	F 280			

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F 280	Continued From page 2 This REQUIREMENT is not met as evidenced by: Based on observation, interview and record review, the facility failed to review and revise the Care Plans for 5 of 15 residents (R3, R9, R11, R12, R15) reviewed for care planning in the sample of 15. Findings include: 1. R12's Physician's Order Sheet dated for 4/11/15 to 4/30/15 lists the following diagnoses: Old CVA (Cardiovascular Accident) right side, R/O (Rule Out) Delusional, Parasitiasis, R/O Scabies. The facility Admission And Discharge Record lists R12's original admission date as 10/31/12. Nurses' Notes dated 4/05/15 indicate that R12 was sent to the hospital for leaning to the left and lethargy. R12 was readmitted to the facility on 4/11/15 with the diagnosis noted above. The Herrin Hospital History & Physical for R12 dated 4/5/15 reads as follows: Family reports he has had a rash of his entire body for 1-2 years. He has definitely worsened over the past year. He has had multiple treatments performed but they do not know what treatments have been tried. He constantly scratches himself and does cause scabbing and scars. The Herrin Hospital History & Physical dated 4/5/15 documents under Exam - Skin: no cyanosis, rash (maculopapular diffuse rash covering all of body except face, small diffuse eschars from picking, some areas of linear excoriation), ulcers (diffuse eschar and multiple ulcers from chronic scratching and picking), wounds (multiple areas of skin fissure cracking and signs of recent bleeding).	F 280			

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F 280	<p>Continued From page 3</p> <p>Review of the most currently available care plan provided by E11, (Licensed Practical Nurse/Minimum Data Set/Care Plan Coordinator), for R12 has no mention of any skin rash problems. The Care Plan Meeting sheet for R12 documents the most recent meeting was dated 5/23/14 and all listed Care Plan problems and interventions consistently indicate a review date of 11/6/14.</p> <p>On 4/23/15 at 11:00 AM, observation of the skin of R12's arms demonstrates multiple old scars and discolored areas consistent with the skin exam mentioned above. On 4/23/15 at 11:20 AM, E9 (Licensed Practical Nurse), indicates that R12 has had a skin rash problem for the past 1 - 2 years and has been to dermatologists multiple times. E9 indicates that R12 had skin scrapings done during the most recent hospitalization and the results were negative for scabies. E9 says that R12 has had many skin scrapings done in the past, as well, that were also negative for scabies. E9 said R12 is receiving an ordered skin treatment currently and that R12's skin is almost healed. E9 stated that R12's biggest problem is chronically picking skin.</p> <p>2 R15's closed resident record documented an admission date of 12/5/08 and that R15 had expired at the facility on 3/29/15. The nursing notes from just prior to R15's death from 3/26/15 to 3/29/15 state repeatedly that R15 was on "comfort care". Review of the closed record found no explanation of the comfort care procedures to be provided by the facility. R15's care plan in the closed record did not include R15's comfort care status or what goals or</p>	F 280			

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F 280	<p>Continued From page 4</p> <p>interventions were to be used to provide comfort or end of life care. E11 (Licensed Practical Nurse, LPN) stated on 4/22/15 at approximately 8:30am that R15's comfort care status began on 5/5/14. E1 (Administator) stated at 1:14pm on 4/22/15 that the facility does not have a "comfort care " policy or procedure.</p> <p>3 R9's admission records and current physician's orders state R9 was admitted to the facility on 10/25/13 with numerous diagnoses including: Dementia with Behavioral Disturbances, Pulmonary Embolism, Depression, Anxiety and Psychosis. R9's current physician's orders for April 2015 included the use of Seroquel 25mg, 1 tab, by mouth twice a day and Coumadin 4.5 milligrams (mg) each day. Review of R9's current 2/6/15 care plan did not include Anti-coagulant therapy or the use of the Seroquel psychotropic medication for targeted behaviors and / or what behavioral interventions are in place.</p> <p>4. The April, 2015 Physician's Orders (PO) state R3 was admitted to the facility on 11/17/14 with a diagnosis of Parkinson's Disease and Dementia. The orders state R3 has a Stage II pressure ulcer to the right hip that is being treated with Calmoseptine Ointment and a dry dressing two times a day since 04/13/15 and a Stage II pressure ulcer that is being treated daily to the left hip since 03/30/15. The March and April, 2015 Care Plan does not note the presence of a pressure ulcer.</p> <p>5. The April, 2015 PO's state R11 was admitted</p>	F 280			

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F 280	Continued From page 5 to the facility on 08/20/14 with a diagnosis of Dementia, Psychosis and a history of a Left Hip Fracture. The orders state R11 is on Coumadin po (per os) daily as ordered since February, 2015 and Risperdal 0.5 mg two times a day since September, 2014. A 03/12/15 office visit note per Z1 (Dermatologist) states R11 has a rash with itching to the abdomen and was started on Prednisone, Atarax, Zyrtec and Colbetosol Cream. The notes states R11 has a diagnosis of Eczema and is to use Cetaphil soap and lotion daily. R11 was observed a various times throughout the day from 04/20/15-04/23/15. R11 was observed to be scratching her neck and abdomen multiple times throughout these observations. A pinkish-red rash was observed on R11's abdomen, neck and back on 04/22/15 at 4:10PM. At this time, R11 was scratching her abdomen. The August, 2014-April, 2015 Care Plan does not note R11 is on Coumadin, Risperdal or has Eczema with the presence of a rash.	F 280			
F 282 SS=D	483.20(k)(3)(ii) SERVICES BY QUALIFIED PERSONS/PER CARE PLAN The services provided or arranged by the facility must be provided by qualified persons in accordance with each resident's written plan of care. This REQUIREMENT is not met as evidenced by: Based on observation, record review and interview the facility failed to follow the Physician's Orders (PO's) for 1 of 15 residents (R11) reviewed for following the PO's in the sample of 15.	F 282			

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F 282	Continued From page 6 Findings include: 1. The April, 2015 PO's state R11 was admitted to the facility on 08/20/14 with a diagnosis of Dementia and Psychosis. A 03/12/14 office visit note per Z1 (Dermatologist) states R11 has a rash with itching to the abdomen and was started on Prednisone, Atarax, Zyrtec and Colbetosol Cream. The notes states R11 has a diagnosis of Eczema and is to use Cetaphil soap and lotion daily. The note states R11 is to return to the clinic in 2 weeks for a follow up visit. There is no documentation found in R11's medical records of a follow up appointment with Z1. R11 was observed at various times throughout the day from 04/20/15-04/23/15. R11 was observed to be scratching her neck and abdomen multiple times throughout these observations. A pinkish-red rash was observed on R11's abdomen, neck and back on 04/22/15 at 4:10PM. At this time, R11 was scratching her abdomen. On 04/22/15 at 1:30PM, E11 (Licensed Practical Nurse/Care Plan Coordinator) stated the last dermatology appointment with Z1 was 03/12/15.	F 282			
F 315 SS=D	483.25(d) NO CATHETER, PREVENT UTI, RESTORE BLADDER Based on the resident's comprehensive assessment, the facility must ensure 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; and a resident who is incontinent of bladder receives appropriate treatment and services to prevent urinary tract	F 315			

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F 315	<p>Continued From page 7</p> <p>infections and to restore as much normal bladder function as possible.</p> <p>This REQUIREMENT is not met as evidenced by: Based on observation, and record review, the facility failed to secure an indwelling urinary catheter for 1 of 3 residents (R1) reviewed for the catheter care in the sample of 15.</p> <p>Findings Include:</p> <p>1. R1, on 4/20/15 at 2:45 PM, was rolled over during bed change and the urinary collection bag fell on the floor tugging on R1's penis. E4 (Certified Nurse Aide) picked the urinary collection bag from the floor and put the bag in the bed touching R1's left thigh.</p> <p>During R1's peri care, on 4/20/15 at 3:00 PM, R1 was noted to have bright red blood on the tip of his penis at the catheter insertion site. A catheter securing device was noted to R1's upper inner thigh, the catheter was not secured by the device. At 4/20/15 at 3:05PM, E3 (Certified Nurse Aide) was unable to secure the catheter to R1's leg with the catheter securing device.</p> <p>E4, on 4/20/15 at 3:15PM, placed R1 in a wheelchair and placed the wheelchair on the weight scales. Before weighing R1, E4 placed the urine collection bag on the floor next to the weight scales. After E4 was weighed the urine collection bag was placed on the wheelchair and R1 taken to his room and dressed. The urine collection bag was not cleaned during or after care.</p> <p>The Infection Control Log for March 2015</p>	F 315			

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F 315	Continued From page 8	F 315			
F 328 SS=D	<p>documented a Penile Infection on 3/5/15 for R1.</p> <p>483.25(k) TREATMENT/CARE FOR SPECIAL NEEDS</p> <p>The facility must ensure that residents receive proper treatment and care for the following special services: Injections; Parenteral and enteral fluids; Colostomy, ureterostomy, or ileostomy care; Tracheostomy care; Tracheal suctioning; Respiratory care; Foot care; and Prostheses.</p> <p>This REQUIREMENT is not met as evidenced by: Based on observation and record review the facility failed to assess and document the status of a Peripherally Inserted Central Catheter (PICC) for 1 of 2 residents (R6) reviewed for PICC care and management in the sample of 15.</p> <p>Findings include:</p> <p>1. The April, 2015 Physician's Orders (PO) state R6 was admitted to the facility on 04/18/15 with a diagnosis of Sepsis and Cellulitis. The orders state R6 has a PICC and is to receive Vancomycin 2 Grams intravenously (IV) every 12 hours. R6 was observed on 04/20/15 at 10:30AM in her room with a PICC inserted in her left upper extremity with a dressing covering the site. The April, 2015 Treatment Administration Record (TAR) states R6 is to have a PICC dressing change weekly and is due on 04/22/15.</p>	F 328			

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F 328	Continued From page 9 The Facility's undated Dressing Change for Midline Catheters states, "Procedure: 14. Measure and document length of exposed catheter from exit site to catheter hub, to check for catheter migration. 21. Measure the patient's mid arm circumference to monitor for phlebitis and /or infiltration. Measure in the same location with each dressing change. 27. Document the following information in patient's medical record: Length of catheter extending from site and upper arm circumference." There is no documentation in R6's medical records of the admission assessment of the left upper mid arm circumference or the length of the exposed catheter.	F 328			
F 431 SS=D	483.60(b), (d), (e) DRUG RECORDS, LABEL/STORE DRUGS & BIOLOGICALS The facility must employ or obtain the services of a licensed pharmacist who establishes a system of records of receipt and disposition of all controlled drugs in sufficient detail to enable an accurate reconciliation; and determines that drug records are in order and that an account of all controlled drugs is maintained and periodically reconciled. Drugs and biologicals used in the facility must be labeled in accordance with currently accepted professional principles, and include the appropriate accessory and cautionary instructions, and the expiration date when applicable. In accordance with State and Federal laws, the facility must store all drugs and biologicals in	F 431			

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F 431	<p>Continued From page 10</p> <p>locked compartments under proper temperature controls, and permit only authorized personnel to have access to the keys.</p> <p>The facility must provide separately locked, permanently affixed compartments for storage of controlled drugs listed in Schedule II of the Comprehensive Drug Abuse Prevention and Control Act of 1976 and other drugs subject to abuse, except when the facility uses single unit package drug distribution systems in which the quantity stored is minimal and a missing dose can be readily detected.</p> <p>This REQUIREMENT is not met as evidenced by: Based on observation and interview, the facility failed to store narcotic medication in a manner consistent with accurate narcotic reconciliation in 1 of 2 medication carts reviewed for narcotic reconciliation for 1 resident (R22) in the supplemental sample.</p> <p>Findings include:</p> <p>1. On 4/23/15 at 11:00 AM, the South Medication Cart narcotic drawer was found to contain a medication bottle labeled for R22 with hydrocodone 5/325 mg (milligram) tabs, 1 PO (by mouth), 3 times daily PRN (as needed) for pain. The bottle was taped shut and contained no pills. E7, (Licensed Practical Nurse), indicates that the tablets from the bottle labeled for R22 were placed into 7 small white envelopes to make it easier to count them. The 7 envelopes are not opened during the count procedure according to E7. Each of the 7 envelopes have handwriting</p>	F 431			

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F 431	Continued From page 11 that reads: 5/325 mg 3 X (times) daily PRN, # 10. (E7 indicates that "#10" means there are 10 pills in each envelope).When asked who repackaged the medication into 7 separate envelopes, E7 replied, "We did." E7 acknowledges that nursing staff repackaged the medication and pharmacy staff did not repackage the medication. The 7 small white envelopes are bound together with a rubber band. The pills are not visible. There is no way to ensure that each envelope contains 10 pills without opening each envelope.	F 431			
F 441 SS=F	483.65 INFECTION CONTROL, PREVENT SPREAD, LINENS The facility must establish and maintain an Infection Control Program designed to provide a safe, sanitary and comfortable environment and to help prevent the development and transmission of disease and infection. (a) Infection Control Program The facility must establish an Infection Control Program under which it - (1) Investigates, controls, and prevents infections in the facility; (2) Decides what procedures, such as isolation, should be applied to an individual resident; and (3) Maintains a record of incidents and corrective actions related to infections. (b) Preventing Spread of Infection (1) When the Infection Control Program determines that a resident needs isolation to prevent the spread of infection, the facility must isolate the resident. (2) The facility must prohibit employees with a communicable disease or infected skin lesions from direct contact with residents or their food, if	F 441			

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OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 145664	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 04/23/2015
NAME OF PROVIDER OR SUPPLIER WESTSIDE REHAB & CARE CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE 601 NORTH COLUMBIA WEST FRANKFORT, IL 62896		
(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 441	<p>Continued From page 12</p> <p>direct contact will transmit the disease.</p> <p>(3) The facility must require staff to wash their hands after each direct resident contact for which hand washing is indicated by accepted professional practice.</p> <p>(c) Linens Personnel must handle, store, process and transport linens so as to prevent the spread of infection.</p> <p>This REQUIREMENT is not met as evidenced by: Based on observation, record review and interview the facility failed to prevent cross contamination. This has the potential to affect all 56 residents in the facility.</p> <p>Findings include:</p> <p>The Resident Census and Conditions of Residents dated 04/20/15 states there are 56 residents in the facility.</p> <p>1. In the Soiled Utility Room on the South Hall the hose was observed in the hopper on 04/20/15 at 10:10AM, 04/21/15 at 11:15AM and 04/21/15 at 1:55PM.</p> <p>2. On 04/21/15 at 1:50PM, E8 (Certified Nurse Aide-CNA) was observed performing perineal care on R3 with the assistance of E3 (CNA). R3's incontinent pad was observed to be wet with the smell of urine prior to the care. E8 placed the disposable wipe container and a box of gloves on the bed linens without using a barrier. E8 wiped R3's peri-anal area with gloved hands to remove</p>	F 441			

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F 441	<p>Continued From page 13</p> <p>a small amount of feces. E8 closed the lid on the disposable wipes pack with the contaminated gloved hands. During this observation, a dressing was observed to be wet and loose on R3's left hip. After the care was completed, E3 placed the box of gloves in the glove box holder on the wall in R3's room and E8 left the room and placed the disposable wipe container on the hand rail outside the South Hall Soiled Utility room. After completing tasks in the Soiled Utility room, E8 picked up the disposable wipe container and placed it on the clean linen cart in the hall. E3 and E8 were not observed reporting the wet dressing to a nurse.</p> <p>E7 (Licensed Practical Nurse) and E12 (Registered Nurse) stated on 04/21/15 at 2:15PM they were not informed of the loose wet dressing. E7 stated on 04/22/15 at 9:15AM the dressing to R3's left hip was off and wet when she assessed it after being informed by this surveyor.</p> <p>3. E10 (Housekeeping) was observed in the biohazard storage room handling and disposing of red bagged items on 4/20/15 at 12:25pm. E10 was placing the red bagged items into a storage box with bare hands. E10 stated on 4/22/15 at 1:00pm that the red bagged items had been removed from an isolation room and she was disposing of the items. E10 stated she had not been wearing gloves while handling the biohazard bag.</p> <p>4. On 4/20/15 at 11:45 AM during medication pass, E9, (Licensed Practical Nurse), administered 4 units Novolog insulin per sliding scale to R16 and then placed the multiple dose insulin pen unit directly onto the surface of the resident's bedside rolling table - without use of a barrier. The surface of the resident's bedside</p>	F 441			

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F 441	Continued From page 14 table was noted to have paper items with brownish stains at the area where the multiple dose insulin pen had been placed. The multiple dose insulin pen unit was removed from the table and returned directly to the medication cart by E9. On 4/21/15 at 11:10 AM, E9 acknowledged that facility nursing staff should use a barrier to provide a clean surface when giving insulin medications at the bedside of residents.	F 441			
F 465 SS=C	483.70(h) SAFE/FUNCTIONAL/SANITARY/COMFORTABLE ENVIRONMENT The facility must provide a safe, functional, sanitary, and comfortable environment for residents, staff and the public. This REQUIREMENT is not met as evidenced by: Based on record review and observation the facility failed to keep all: floors, walls, attached wall equipment and resident use equipment, clean and in good repair. This has the potential to affect all of the 56 residents living in the facility. The findings include: The facility's Resident Census and Conditions of Residents form, dated, 4/20/15 documented the facility had a census of 56 residents. 1. Resident wheelchairs and a rolling walker with a seat were found to be soiled and in poor repair as follows:	F 465			

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F 465	<p>Continued From page 15</p> <p>*4/20/15 at 10:15am R3's wheelchair was soiled with dry white fluids and food debris</p> <p>*4/20/15 at 11:45am in the dining room: R17's rolling walker with a seat was observed to have handles that were torn and patched. R12's wheelchair armrests were torn R18's rolling reclining wheelchair arms were cracked</p> <p>*4/21/15 at 9:00am R19's wheelchair was soiled with dried food and stains</p> <p>*4/21/15 at 10:00am R20's wheelchair was soiled with food debris</p> <p>*4/20/15 at 3:00pm R1's wheelchair was soiled with dried white stains</p> <p>*4/22/15 at 1:35pm R21's wheelchair was soiled with dried white stains and food debris on the seat and base of the chair.</p> <p>2. The resident room door for room 202 would not close well and stuck at the top when pulled when tested on 4/20/15 at 9:15am. The wood for the door was peeling off on both sides of the door at the bottom.</p> <p>3. The heating unit attached at the floor was loose from the wall in resident room 212 on 4/20/15 at 10:40am.</p> <p>4. The sitting to standing position mechanical lift unit, waist belt and the base of the unit was noted to be soiled at 11:55am on 4/20/15 during an observation of a resident transfer.</p>	F 465			

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F 465	Continued From page 16 5. The window blinds were broken and sticking out in various directions in resident room 207 on 4/22/15 at 1:30pm and the wall heater was missing the front panel exposing sharp metal. 6. The 300 hall shower room stalls were noted to have a black substance on the painted concrete walls 8 inches up from the floor on 4/21/15 at 11:00am.	F 465			
F 514 SS=D	483.75(l)(1) RES RECORDS-COMPLETE/ACCURATE/ACCESSIBLE The facility must maintain clinical records on each resident in accordance with accepted professional standards and practices that are complete; accurately documented; readily accessible; and systematically organized. The clinical record must contain sufficient information to identify the resident; a record of the resident's assessments; the plan of care and services provided; the results of any preadmission screening conducted by the State; and progress notes. This REQUIREMENT is not met as evidenced by: Based on interview and record review the facility failed to ensure accurate documentation of weights for 1 of 9 residents (R1) reviewed for weight loss in the sample of 15. Findings include: R1's Monthly Record of Vital Signs and Weights form dated 2015 documents the January weight	F 514			

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F 514	Continued From page 17 as 147 pounds, the February weight as 142 pounds and the March weight as 133 pounds. The Nutritional Progress Notes for 1/20/15 documents the January weight as 165 pounds, the February weight as 160 pounds, the March weight as 161 pounds and the April 15th weight is 161 pounds. E2 (Director of Nurses) stated on 4/21/15 at 9:10AM, the weights on the monthly Record of Vital Signs and Weights is a mistake and probably is for a different resident. On 4/21/15 at 10:05 AM E3 (Certified Nurse Aide) stated she is the only one who weighs the residents in this building. E3 went on to say she puts the weights on a piece of paper and gives it to the Director of Nurses and E13 (Dietary Manager). E2 stated on 4/21/15 at 9:45 AM, she does not know where the weights on R1's Monthly Record of Vital Signs and Weights came from.	F 514			