

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

PRINTED: 03/15/2016
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 03/11/2016
NAME OF PROVIDER OR SUPPLIER WESTSIDE REHAB & CARE CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE 601 NORTH COLUMBIA WEST FRANKFORT, IL 62896		
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F 000	INITIAL COMMENTS	F 000			
F 280 SS=E	<p>Annual Licensure / Certification survey. 483.20(d)(3), 483.10(k)(2) RIGHT TO PARTICIPATE PLANNING CARE-REVISE CP</p> <p>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.</p> <p>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.</p> <p>This REQUIREMENT is not met as evidenced by: Based on interview, observation and record review, the facility failed to develop and revise an adequate plan of care for 4 of 11 residents (R2, R4, R5 and R10) reviewed for care planning in the sample of 11. Findings include: 1. R4's Nurses Notes with the date 2/9/16 documented at 10:00am, that R4 had two open areas on the right inner buttock and one on the</p>	F 280			

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 280	Continued From page 1 left, lower, inner thigh. It was documented in these notes that wound care treatments were also ordered for these areas on 2/9/16. Physician's Order Sheets for February 2016 and March 2016 documented R4 is receiving cleansing, medication and dressings to the wounds. The Minimum Data Set (MDS) with the date of 1/15/16 documented R4 had pressure ulcers present during the time the MDS was completed. R4's Nurses Notes on 3/1/16 documented a new order was received at 11:30am to insert a urinary catheter until skin issues are resolved then discontinue it due to " urinary incontinence causing more damage to the skin. " Per Nurses Notes the catheter was inserted at 1:30pm on 3/1/16. R4 ' s Physician's Order Sheet for March 2016 documented orders to insert a urinary catheter, change the catheter monthly, change the catheter bag monthly, catheter care every shift and catheter irrigation as needed. R4's " Pressure Ulcer " care plan with the start date of 7/15/15 documented R4 is moderately at risk for pressure ulcers and there are no pressure ulcers documented on the care plan. No urinary catheter was listed on R4's " Continence " care plan with the start date of 7/15/15. The care plan documented " alteration in Bladder Elimination as related to occasional incontinence. " On 3/9/16 at 10:10am, wound care was observed on R4 and pressure ulcers were noted. During this wound care it was noted that R4 also had an indwelling catheter present. E2 (Director of Nurses) was interviewed on 3/10/16 at 11:55am and said there should be a care plan on R4 for pressure ulcers and wound care.	F 280			

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F 280	<p>Continued From page 2</p> <p>2. The facility's February, 2016 Infection Control Log documents that R10 has Clostridium Difficile (C. Diff.) and Extended Spectrum Beta-Lactamase (ESBL) of the urine. This same Infection Control Log documents that R10's infections of C.Diff. and ESBL of the urine both have onset dates of 2/17/16 and are currently not resolved. R10's March, 2016 Physician Orders document an order received on 2/22/16 for a urinary catheter related to R10 having no urinary output for 10 hours.</p> <p>On 3/9/16 at 3:15PM, E2, Director of Nursing (DON) stated that R10 is currently on Contact Isolation for C.Diff. and ESBL of urine and has a urinary catheter.</p> <p>R10's current Care Plan for Continence, with a start date of 5/5/15, documents a Problem of Alteration in Bladder Elimination as related to incontinence, with a Goal of Prompted Voiding Program, with a start date of 7/1/15, will be continent during waking hours, may participate in Restorative Toileting Program, staff to toilet upon rising and prior to putting to bed and after meals 7 days per week as tolerated. R10's current Care Plan does not indicate that R10 has a urinary catheter, C. Diff., ESBL of urine, or that R10 is on contact isolation.</p> <p>Findings Include:</p> <p>3. R2's physician orders for March 2016 state comfort measures.</p> <p>R2's Do Not Resuscitate order states comfort measures started 3/12/14. E2 Director of Nursing (DON) states on 3/9/16 at</p>	F 280			

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F 280	Continued From page 3 9:40 am, that comfort care means, "Do not send to the hospital, just keep comfy here." R2's care plan does not have comfort measures in place including definition or interventions used. R2 noted to be incontinent of bowel with history of urinary tract infection (UTI). Care plan dated 11/6/15 has no bowel incontinence program. E3 MDS (minimum data set)/Care Plan Coordinator states, on 3/8/16 at 2:15 pm, that he includes bowel incontinence in with bladder incontinence planning. 4. R5 nursing notes indicate falls on 3/9/15, 3/3/15, 3/2/15, 2/1/15. Care plan for falls last updated 2/2/16. E1 Administrator states on 3/11/16 at 8:50 am that falls are reviewed in morning meeting. The DON will update the chart and MDS/Care Plan Coordinator will update the care plan within 24 hours. If the MDS/Care Plan Coordinator is off, the DON will then update the care plan.	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 record review and interview the facility failed to provide services for weekly physician	F 282			

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F 282	Continued From page 4 ordered labs for 1 of 2 residents (R8) reviewed for weekly labs in the sample of 11. Findings Include: 1. R8's current physician orders for March 2016 indicate complete blood count (CBC) and basic metabolic profile (BMP) to be done weekly. The order was dated 1/11/16. Review of labs include last CBC and BMP was completed on 1/13/16. 2. Interview with E2 DON verified updated labs would be found in the resident record under the lab section and wasn't sure what happened and why they were not completed. There was no discontinuation order of lab order noted.	F 282			
F 309 SS=D	483.25 PROVIDE CARE/SERVICES FOR HIGHEST WELL BEING Each resident must receive and the facility must provide the necessary care and services to attain or maintain the highest practicable physical, mental, and psychosocial well-being, in accordance with the comprehensive assessment and plan of care. This REQUIREMENT is not met as evidenced by: Based on record review, observation, and interview the facility failed to assess and treat the pain of one resident (R8) in the sample of 11 reviewed for pain and one resident (R12) in the supplemental sample. Findings include: 1. R12's Physician's Order Sheet (POS) dated	F 309			

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F 309	<p>Continued From page 5</p> <p>March 2016 showed R12 has diagnoses including Deep Vein Thombosis, Restless Leg Syndrome and Colorectal Cancer. The same POS listed a medication regimen including Oxycodone 5 mg one tablet by mouth every four hours as needed for pain. R12's current Care Plan with a review date of 07/15/15 stated, "Resident needs to be monitored and/or treated for pain. Encourage resident to identify location and quality and rate pain severity using a 0-10 scale for consistent measuring. "A Pain Prevention and Treatment policy dated 01/10 stated, "Assessment of pain will be completed with changes in residents condition and self-reporting of pain."</p> <p>On 03/08/16 at 11 am, E12, (Licensed Practical Nurse), was observed doing blood glucose monitoring. E12 walked into R12's room to perform R12's blood glucose monitoring, and R12 stated, "I'm really hurting bad, its my knee." R12 was stroking R12's right knee, which was enlarged. E12 stated, "Well, you'll be seen for your orthopedic consult soon." E12 then walked out of the room without assessing R12's pain. On 03/08/16 at 11:30 am, R12 was in his room moaning and saying loudly, "It hurts." E12, hearing R12, stated, "Do you want some ice for your knee? Or a pain pill?" On 03/08/16 at 11:35 am, E12 gave R12 a tablet of Oxycodone 5 mg by mouth and applied an ice pack to the right knee, 35 minutes after R12's initial complaint of pain.</p> <p>On 03/08/16 at 11:40 am, E12 stated although she usually performs a pain assessment on residents and asks them to rate their pain on a scale of 0-10, she didn't ask R12 because, "I just assumed it was a 10". On 03/09/16 at 3:30 pm, E2, (Director of Nurses), stated it is her</p>	F 309			

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F 309	Continued From page 6 expectation that nurses are to assess resident's pain using a 0-10 scale. 2. E2, Director of Nursing (DON) stated on 03/10/16 at 10:55AM, nurses document on back of the MAR pain assessed when administering the pain medication. R8's medication administration record (MAR) for 03/01/16 - 03/31/16 has no documentation of pain assessment. Pain medication is regularly scheduled four times a day. Care plan dated 01/09/16 indicated a 0-10 scale will be used to rate pain for consistent evaluation. Licensed Practical Nurse (LPN) stated on 03/10/16 at 11:30 am, "She's (R8) always in pain. We wrote it on the back of the MAR when it (pain medication) was PRN (as needed).	F 309			
F 371 SS=F	483.35(i) FOOD PROCURE, STORE/PREPARE/SERVE - SANITARY The facility must - (1) Procure food from sources approved or considered satisfactory by Federal, State or local authorities; and (2) Store, prepare, distribute and serve food under sanitary conditions This REQUIREMENT is not met as evidenced by: Based on observation, record review and interview the facility failed to keep food contact	F 371			

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F 371	<p>Continued From page 7</p> <p>surfaces clean and sanitary. These failures have the potential to affect all 44 residents.</p> <p>Findings Include:</p> <p>At 11:00 AM on 3/9/16, E9 (Dietary Cook) was preparing to puree lunch food items. While pureeing E9 had a clear plastic container with bulk thickener that had a measuring cup with the handle coming in contact with it. E9 shook the container to get the handle out of the thickener and used it in the food items. When proper consistency was reached with the food item, E9 then placed the scoop back in the container with the handle coming in contact with the thickener again and placed the lid on the container.</p> <p>At 11:15 AM on 3/9/16, E10 (Dietary Aide) was preparing the beverages to be served with lunch. As thickened liquids were prepared E10 had a plastic container holding bulk thickening agent. When the container was opened a measuring spoon was in the container. After E10 reached the desired thickness of beverages she placed the measuring spoon back in the container, the entire spoon including the handle came contact with the thickener.</p> <p>E4 (Dietary Supervisor) was interviewed at 11:20 AM on 3/9/16 regarding the the scoops being stored in the container holding thickener. E4 indicated at that time that scoops should be cleaned and stored in a plastic bag not coming in contact with food substances.</p> <p>At 11:30 AM on 3/9/16, E10 was observed to be filling the steam table with lunch items to be served to residents. As E9 was placing a full 4 inch deep pan of macaroni and cheese in the</p>	F 371			

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F 371	Continued From page 8 table, she removed one oven mitt. As she grabbed the mitt with her other hand the mitt came in contact with the uncovered macaroni and cheese. At 11:35 AM on 3/9/16, E9 found her name tag on the floor. At that time, E9 picked up the name tag and placed it on the lunch serving counter next to the steam table. The Resident Census and Conditions form completed by the facility on 3/8/16, indicated that there were 44 residents in the facility.	F 371			
F 441 SS=D	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	F 441			

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F 441	<p>Continued From page 9</p> <p>communicable disease or infected skin lesions from direct contact with residents or their food, if 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 interview, record review and observation, the facility failed to ensure adequate infection control measures were implemented while providing resident care and/or cleansing resident care equipment for 1 of 5 residents (R10) observed for infections in the sample of 11.</p> <p>The findings include:</p> <p>1. The facility's February, 2016 Infection Control Log documents that R10 has Clostridium Difficile (C. Diff.) and Extended Spectrum Beta-Lactamase (ESBL) of the urine. This same infection Control Log documents that R10's infections of C.Diff. and ESBL of the urine both have onset dates of 2/17/16 and are currently not resolved.</p> <p>On 3/9/16 at 3:15PM, E2, Director of Nursing (DON) stated that R10 is currently on Contact Isolation, has a urinary catheter and is in a private room.</p>	F 441			

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F 441	<p>Continued From page 10</p> <p>On 3/10/16 at 9:15AM, R10 stated she usually uses the bedside commode in her room but at night she prefers to use a bedpan. R10's Minimum Data Set, dated 1/4/16, documents that R10 is cognitively intact.</p> <p>On 3/10/16 at 9:30AM, the removal of R10's urinary catheter and perineal care were observed. At this time, E13, Licensed Practical Nurse (LPN) and E7, Certified Nurse Aide (CNA) each put on yellow isolation gowns and donned gloves upon entering R10's room. R10 was lying in her bed. During this same time, E7 picked up R10's urinary catheter bag from the left side of R10's bed, held it over R10's bed and then placed R10's urinary catheter bag directly on the floor to the left side of R10's bed. At this same time, E13 gathered supplies to remove R10's urinary catheter, walked over to the left side of R10's bed and stepped around R10's urinary catheter bag while touching R10's urinary catheter bag several times with her shoes. Also at this time, E7 touched R10's bed covers with her gloved hands, then took her left gloved hand and moved the left side of her yellow isolation gown to the side while proceeding to take out a roll of trash bags from her left pant pocket with her left gloved hand. On 3/10/16 at 9:38AM, E7 finished giving perineal care to R10. After giving perineal care to R10, E7 took off her dirty gloves but then picked up R10's call light from the top of R10's television with her ungloved hand and handed the call light to R10.</p> <p>2. On 3/8/16 at 11:42AM, 2 bedpans and 1 urinal were observed to be stacked in left side of the sink in the South Hall Soiled Utility Room. On 3/8/16 at 11:45AM, this surveyor asked E8, CNA</p>	F 441			

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F 441	<p>Continued From page 11</p> <p>if the bedpans and urinals that were stacked in the left side of the sink were clean or dirty and which resident might have used them, E8 said that she really didn't know if they are clean or dirty. On 3/8/16 at 11:50AM, E14, CNA said the bedpans and urinals in the sink are probably dirty because third shift uses them and they probably just put them in the sink.</p> <p>On 3/10/16 at 9:50AM, 1 wash basin, 1 bedpan and 2 urinals were noted to be stacked in the left side of the sink in the South Hall Soiled Utility Room. On 3/10/16 at 9:52AM, this surveyor asked E7, CNA if the items in the left side of the sink were clean, E7 stated that she thought they hadn't been "bleached yet".</p> <p>3. On 3/10/16 at 10:30AM, E15 (Housekeeper) stated that she makes the 1:10 Bleach Solution that is in the South Hall Soiled Utility Room. E15 went on to say that she makes the Bleach Solution when the spray bottle is just about empty which is usually everyday but it depends on how much is used. On 3/10/16 at 10:35AM, E16, Housekeeping Supervisor asked if there was a time limit as to when the 1:10 Bleach Solution had to be used. E16 went on to say that she did not know there was a 24 hour time limit for using the 1:10 Bleach Solution. On 3/9/16 at 2:20PM, a clear plastic spray bottle of clear liquid was setting on the sink in the South Hall Soiled Utility Room, this spray bottle was labeled 1:10 Bleach Solution but there was no date or time on the spray bottle.</p> <p>4. On 3/8/16 at 3:15PM, E2, (Director of Nursing) stated that the residents do not have their own personal bedpans. E2 went on to say that after a resident uses a bedpan, it is cleaned, then</p>	F 441			

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CENTERS FOR MEDICARE & MEDICAID SERVICES

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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 03/11/2016
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F 441	Continued From page 12 sanitized and rebagged and stored in the clean utility room and reused facility wide regardless of infections present. E2 also said that if a resident uses a bedpan frequently, then that bedpan may be kept in the resident's room. The facility's Policy and Procedure titled Contact Precautions, with a revision date of 12/09, documents on page 2, number 5, Resident Care Equipment: When possible, dedicate the use of non-critical resident care equipment to a single resident (cohort of residents infected or colonized with the pathogen requiring precautions) to avoid sharing between residents. If use of common equipment or items is unavoidable, then adequately clean and disinfect them before use for another resident.	F 441			
F 465 SS=C	483.70(h) SAFE/FUNCTIONAL/SANITARY/COMFORTABLE ENVIRON 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 observation, interview and record review, the facility failed to maintain a clean and well maintained environment for residents, staff and visitors. This has the potential to affect all 44 residents of the facility. The findings include: The facility's Resident Census and Conditions of Residents form, dated 3/8/16, documents the	F 465			

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F 465	<p>Continued From page 13 facility has a census of 44 residents.</p> <p>1. Observations of the facility's environment, beginning on 3/8/16 at 10:50AM, found the following:</p> <p>The ceiling tiles in the southwest corners of resident rooms 205 and 207 were bulging and stained with brown circles.</p> <p>In resident room 103, the wallpaper was peeling off the wall next to the bed, the covering of the light fixture above the bed was partially hanging off, the night stand door and the closet door would not close completely resulting in both doors standing open.</p> <p>Resident rooms 200, 201, 202, 204, 206, 208, 210, and 213 all had entry doors that had areas of chipped paint and gouged out wood.</p> <p>Resident rooms 208, 210 and 213 had entry door frames that had areas of chipped paint.</p> <p>The hallway leading to the South Hall resident shower/tub rooms had pieces of tile missing from the floor, loose baseboards, black grime along the baseboards and no cover on the fluorescent light fixture.</p> <p>The South Hall resident shower room had a painted concrete floor with large areas of chipped paint which exposed the bare concrete floor. In this same room, the concrete floor around the base of the toilet had chipped paint and was covered in a black substance. There were brown splatters on the toilet seat. The fluorescent light above the sink was burned out. The entry door to this room was noted to have chipped paint and</p>	F 465			

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F 465	<p>Continued From page 14</p> <p>areas of gouged out wood. On 3/9/16 at 8:35AM, E17, (Maintenance Supervisor) stated that the light above the sink should be working and that he needed to change the bulb.</p> <p>The South Hall resident tub room had cracked, discolored floor tile with some of the corners of the tiles missing. This same room had two holes in the wall, one was directly above the baseboards at the door entry and the other one was next to the toilet. The fluorescent light fixture in this room had a bulb burned out and no cover on the light fixture.</p> <p>The South Hall leading to the beauty shop had loose baseboards and paint chipping from the wall.</p> <p>The baseboard, between resident rooms 207 and 209, were loose with the edges curling out.</p> <p>Resident room 201 had a hole in the bathroom door.</p> <p>On 3/8/16 at 12:25PM, the ceiling on the south side of the dining room was warped with large, brown spots. There were dead bugs noted in the light fixture located on the southeast side of the dining room ceiling.</p> <p>On 3/8/16 at 11:00AM, the tile floor at the entry to the East Hall was noted to be cracked, worn and discolored.</p> <p>On 3/8/16 at 1:30PM, the North Hall tub room was noted to have an approximate 3 foot section of baseboard pulled away from the wall with another section of baseboard laying on the floor. Peeling paint was noted on the wall above the</p>	F 465			

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F 465	<p>Continued From page 15 baseboard.</p> <p>On 3/8/16 at 1:50PM, the North Hall shower room was noted to have a large area of paint chipping off of the concrete floor, exposing the bare concrete. In this same room, the floor around the base of the toilet was noted to have a black substance with chipping paint.</p> <p>On 3/9/16 at 11:15AM, in resident room 109, the night stand door and the closet door would not close completely resulting in the doors standing open. On 3/9/16 at 11:20AM, E18, Certified Nurse Aide (CNA) stated the closet door does not stay closed and could possibly use a magnet to help it stay closed.</p> <p>On 3/8/16 at 11:05AM, R14 stated that the ceiling in his room had brown stains on it for quite a while and he wishes it would get fixed.</p>	F 465			