

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

PRINTED: 01/19/2016
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 145271	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 01/15/2016
NAME OF PROVIDER OR SUPPLIER HERITAGE HEALTH-LITCHFIELD			STREET ADDRESS, CITY, STATE, ZIP CODE 628 SOUTH ILLINOIS STREET LITCHFIELD, IL 62056		
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F 000	INITIAL COMMENTS	F 000			
F 279 SS=D	<p>Annual Licensure and Certification Survey</p> <p>483.20(d), 483.20(k)(1) DEVELOP COMPREHENSIVE CARE PLANS</p> <p>A facility must use the results of the assessment to develop, review and revise the resident's comprehensive plan of care.</p> <p>The facility must develop a comprehensive care plan for each resident that includes measurable objectives and timetables to meet a resident's medical, nursing, and mental and psychosocial needs that are identified in the comprehensive assessment.</p> <p>The care plan must describe the services that are to be furnished to attain or maintain the resident's highest practicable physical, mental, and psychosocial well-being as required under §483.25; and any services that would otherwise be required under §483.25 but are not provided due to the resident's exercise of rights under §483.10, including the right to refuse treatment under §483.10(b)(4).</p> <p>This REQUIREMENT is not met as evidenced by: Based on record review and interview, the facility failed to adequately develop a comprehensive resident care plan to reflect accurate resident status for 1 of 13 residents (R8) reviewed for care planning in the sample of fifteen.</p> <p>Findings include:</p> <p>1. R8's Minimum Data Set (MDS) dated 10/20/15,</p>	F 279			

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 279	Continued From page 1 documents that R8 was admitted on 7/23/15 with diagnoses of Insulin Dependant Diabetes Mellitus, Hemiparesis (pain and weakness) and Hemiplegia (paralysis) following Cerebrovascular Disease (CVA) affecting right dominant side, and pain. R8's MDS's, dated 7/29/15 and 10/20/15, document that R8 receives scheduled narcotic and as needed narcotic pain medications. R8's MDS documents that R8 rates the pain as frequent, and affects functional abilities. The MDS documents that R8 receives glucose monitoring and is on insulin. R8's January 2015, Physician Order Sheet (POS) documents that R8 currently receives Fentanyl patch (Narcotic) 72 hours, 12 micrograms (mcg) per hour. Narco (narcotic) 10/325 milligram (mg) tablet twice a day, and Acetaminophen 500mg one tablet three times a day and as needed. R8's POS documents that R8 currently receives glucose monitoring twice a day and Lantus Insulin 37 units in morning and 64 units in the evening. R8's Care Plans dated 7/24/15 and 10/21/15 had no documentation of goals and interventions for Diabetes Mellitus and pain. On 1/15/16 at 10:30 AM E10, MDS Coordinator stated "(R8's) care plan did not have documentation of goals and interventions for Diabetes Mellitus and pain."	F 279			
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	F 309			

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F 309	<p>Continued From page 2</p> <p>or maintain the highest practicable physical, mental, and psychosocial well-being, in accordance with the comprehensive assessment and plan of care.</p> <p>This REQUIREMENT is not met as evidenced by: Based on record review and interview, the facility failed to develop an interim resident care plan to reflect resident needs/interventions for 1 of 13 (R10) reviewed for care planning in the sample of fifteen.</p> <p>Findings include:</p> <p>1. R10's January 2015, POS documents that R10 was readmitted on 1/5/16 with a diagnosis of Diabetes Mellitus. POS documents that R10 receives blood glucose monitoring four times a day, Metformin (diabetes medication to control blood sugars) 1000 milligram (mg) twice a day, and Lantus Insulin on a sliding scales based on the blood glucose monitoring results.</p> <p>R10's initial Care Plan, dated 12/28/15, and updated on 1/5/16 lacks any documentation of goals and interventions for Diabetes Mellitus.</p> <p>On 1/15/16 ,at 10:30 PM E10, Minimum Data Set (MDS) Coordinator, stated "(R10's) care plan did not have documentation of goals and interventions for Diabetes Mellitus."</p> <p>Facility policy titled Care Plan Process, dated 8/1/12, documents that "Upon admission the nurse or his/her designee will enter the remaining care needs/information on the preliminary care</p>	F 309			

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F 309	Continued From page 3 plan. The preliminary plan of care (kardex/care plan profile) will be made available to direct care staff to use in the care provision until such time as the resident assessment and formal care plan are developed."	F 309			
F 311 SS=D	483.25(a)(2) TREATMENT/SERVICES TO IMPROVE/MAINTAIN ADLS A resident is given the appropriate treatment and services to maintain or improve his or her abilities specified in paragraph (a)(1) of this section. This REQUIREMENT is not met as evidenced by: Based on record review and observation, the facility failed to provide restorative eating for 1 of 6 residents (R11) reviewed for restorative eating in the sample of 15. Findings include: R11's Minimum Data Set (MDS), dated 12/1/2015, documented R11's diagnoses, in part, of Intracranial Injury, Parkinson's Disease and Paraplegia. R11's MDS documents R11 requires extensive assistance of two person assistance with eating, upper and lower bilateral range of motion limitation including hands and restorative nursing program for eating and/or swallowing. R11's Care Plan, target date 3/8/2016, documented, in part, "Restorative. Will feed self 25% of each meal daily through next review. Eating: Setup tray at meal times. Hand resident finger foods and verbal cue to eat. Hand cup to resident and verbal cue to takes drinks. Assist as needed to ensure adequate intake food/fluids."	F 311			

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F 311	Continued From page 4 The facility's Restorative Programs Log, not dated, documented R11 was in a eating/swallowing restorative program. On 1/12/2016 beginning at 1:00 PM and throughout the noon meal, E4, Certified Nursing Assistant (CNA), fed R11 his entire meal while standing up by his chair. E4 did not provide R11 finger foods, verbal cues to eat or place a cup in his hand to drink. On 1/13/2016 beginning 8:10 AM, during the breakfast meal R11 had a glass in his right hand and was drinking without difficulty. He also had a piece of bread in his hand which he was able to eat without difficulty. At 8:45 AM, E3, CNA removed his glass, and bread, and fed him his meal without encouragement to assist himself with either fluids or food. On 1/13/2016, during the noon meal, beginning at 12:55 PM, E5, Registered Nurse (RN), stood by R11's chair and fed him his meal while standing. At 1:22 PM, E5 placed a glass in R11's hand and assisted his drinking. E5 removed the glass within one minute and returned to feeding R11. The facility's Restorative Program Checklist, dated 6/6/2013, documented, in part, "CNA's know what the resident's program is and are trained to do it - and they ARE doing it."	F 311			
F 312 SS=D	483.25(a)(3) ADL CARE PROVIDED FOR DEPENDENT RESIDENTS A resident who is unable to carry out activities of daily living receives the necessary services to maintain good nutrition, grooming, and personal	F 312			

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F 312	<p>Continued From page 5 and oral hygiene.</p> <p>This REQUIREMENT is not met as evidenced by: Based on observation, record review, and interview, the facility failed to provide adequate incontinent care and skin care for 1 of 8 residents (R8) reviewed for incontinent care in the sample of 15.</p> <p>Findings include:</p> <p>1. R1's Minimum Data Set (MDS), documented she is incontinent of bowel and bladder and requires extensive assistance of one person physical assistance with toileting and hygiene.</p> <p>R1's Care Plan, not dated, documented a diagnosis, in part, of Metastatic Rectal Cancer and occasionally incontinent of bladder and frequently incontinent of bowel. R1's Care Plan documents staff to cleanse R1's skin after incontinence and apply barrier cream as preventive measures.</p> <p>On 1/13/2016 at 9:55 AM, E3 and E8, Certified Nursing Assistants (CNA's), assisted R1 from chair to bed and removed her adult diaper. R1's adult diaper was heavily soiled with watery fecal matter. During perineal care, E3 repeatedly wiped from back to front with a cloth each time with watery fecal matter. R1 was repositioned and her anus/buttock were cleaned of watery fecal matter. E3 did not cleanse R1's perineal area again before placing R1 on a bed pan.</p> <p>On 1/13/2016 at 10:43 AM, E3 and E9,CNA,</p>	F 312			

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F 312	Continued From page 6 removed R1 from the bed pan and cleansed her buttock/anus of a watery fecal matter. E3 and E9 did provide front perineal care nor did they apply barrier cream before leaving R1's room. On 1/3/2016 at 10:55 AM, E3 stated she was done providing care. The facility's Incontinent Care-Male and Female policy, dated 8/27/2012, documented, in part, "Objective: 1. To cleanse the perineum. 2. To prevent infection and odors. 3. To prevent injury to integrity of skin. A. Using a clean part of the wash cloth, rinse downward from front to back or top to bottom. Front to back or top to bottom motion is to keep stool or rectal contamination away from urinary meatus."	F 312			
F 329 SS=D	483.25(I) DRUG REGIMEN IS FREE FROM UNNECESSARY DRUGS Each resident's drug regimen must be free from unnecessary drugs. An unnecessary drug is any drug when used in excessive dose (including duplicate therapy); or for excessive duration; or without adequate monitoring; or without adequate indications for its use; or in the presence of adverse consequences which indicate the dose should be reduced or discontinued; or any combinations of the reasons above. Based on a comprehensive assessment of a resident, the facility must ensure that residents who have not used antipsychotic drugs are not given these drugs unless antipsychotic drug therapy is necessary to treat a specific condition as diagnosed and documented in the clinical record; and residents who use antipsychotic drugs receive gradual dose reductions, and behavioral interventions, unless clinically	F 329			

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F 329	<p>Continued From page 7</p> <p>contraindicated, in an effort to discontinue these drugs.</p> <p>This REQUIREMENT is not met as evidenced by: Based on observation, record review, and interview, the facility failed to ensure antipsychotic medication was justified for resident use for 1 of 3 residents (R10) reviewed for antipsychotic medication use in the sample of fifteen.</p> <p>Findings include:</p> <p>1. On 1/14/16 from 10:00 AM to 1:00 PM, based on 15 minute or less observation intervals, R10 exhibited no outward psychotic behaviors or hallucinations.</p> <p>R10's Minimum Data Sets (MDS) dated 12/31/15 and 1/11/16, document R10 has no behaviors. R10's OBRA-I Initial Screen (Omnibus Budget Reconciliation Act), dated 1/5/16, documents that R10 has no developmental disability or mental illness.</p> <p>R10's January 2015 Physician's Order Sheet (POS) documents that R10 was readmitted on 1/5/16 with a diagnosis of Major Depressive Disorder (MDD). POS documents that R10 receives Seroquel (antipsychotic) 12.5 milligram (mg) at bedtime for MDD and Zoloft 50 mg daily for MDD.</p> <p>R10's medical record lacks any documentation for behavior tracking.</p> <p>On 1/15/16, at 11:30 AM, E11, Social Services</p>	F 329			

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F 329	Continued From page 8 Director stated, "(R10) came back from the hospital on the Seroquel on 1/5/16. (R10) was not on it when he was here 12/28/15-12/31/15. We did not track R10's behavior because R10 had no behaviors."	F 329			