

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

PRINTED: 06/09/2016
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 145456		(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED R 05/25/2016	
NAME OF PROVIDER OR SUPPLIER HERITAGE HEALTH-CARLINVILLE				STREET ADDRESS, CITY, STATE, ZIP CODE 1200 UNIVERSITY AVENUE CARLINVILLE, IL 62626			
(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 314} SS=D	<p>First Certification Revisit to survey date 4-8-16.</p> <p>483.25(c) TREATMENT/SVCS TO PREVENT/HEAL PRESSURE SORES</p> <p>Based on the comprehensive assessment of a resident, the facility must ensure that a resident who enters the facility without pressure sores does not develop pressure sores unless the individual's clinical condition demonstrates that they were unavoidable; and a resident having pressure sores receives necessary treatment and services to promote healing, prevent infection and prevent new sores from developing.</p> <p>This REQUIREMENT is not met as evidenced by: Based on observation, record review, and interview, the facility failed to ensure that pressure ulcer prevention interventions were implemented for one of five residents (R1) reviewed for pressure ulcers in the sample of 10.</p> <p>Findings include:</p> <p>The Facility's Equipment, Prevention, and Treatment Resources Policy dated, 3-31-16 documents, "Prevention: The following prevention measures may be initiated to address pressure, moisture, friction, and/or shearing. The facility may also implement additional measures...Pressure: Support heels on pillow or in splints."</p> <p>R1's Skin Risk Assessment (Braden) dated 3-28-16 documents R1 scored a 13.0 (Moderate Risk) for skin breakdown.</p>			{F 314}			6/3/16

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

TITLE

(X6) DATE

06/06/2016

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 314}	<p>Continued From page 1</p> <p>The facility Wound and Ulcer Policy dated 3-31-16 documents that residents with existing pressure ulcers will be at a high risk for developing further pressure ulcers.</p> <p>R1's MDS (Minimum Data Set) dated 3-28-16 (section G) documents R1 requires extensive assist of two for bed mobility and has functional limitation in Range of Motion to both upper and lower extremities. This same MDS (section M) documents R1 is at risk for developing pressure ulcers.</p> <p>R1's POS/Physician Order Sheet dated 4-29-16 documents R1 has diagnoses of Adult Failure to Thrive, Hemiplegia (affecting right side) Dementia, and currently has a Stage four pressure ulcer to the sacral area. This same POS documents, "Float heels while in bed every shift."</p> <p>R1's current Skin Risk Plan of Care dated 4-29-16, documents as an intervention, "Float heels in bed."</p> <p>On 5-23-16 from 10:45 a.m. to 12:38 p.m., R1 was lying in bed with both heels lying directly on the bed, and not floated as ordered.</p> <p>On 5-24-16 at 11:19 a.m., R1's heels were not floated and lying directly on the bed during incontinence care. At that time E5/Restorative Aide verified R1's heels had not been floated and stated, "I was not aware (R1's) heels were suppose to be floated."</p> <p>On 5-24-16 at 12:15 p.m., E6/Care Plan Coordinator stated, "Floating the heels was a doctor's order for (R1) and I would expect the</p>	{F 314}			

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{F 314}	Continued From page 2	{F 314}			
{F 371}	staff to follow the doctor's order and (R1's) current plan of care plan."	{F 371}			
SS=F	483.35(i) FOOD PROCURE, STORE/PREPARE/SERVE - SANITARY			6/3/16	
	<p>The facility must -</p> <p>(1) Procure food from sources approved or considered satisfactory by Federal, State or local authorities; and</p> <p>(2) Store, prepare, distribute and serve food under sanitary conditions</p> <p>This REQUIREMENT is not met as evidenced by:</p> <p>Based on observation, interview, and record review the facility failed to ensure the dietary department labeled and dated food items once opened. This failure had the potential to effect all 82 residents residing in the facility.</p> <p>Findings include:</p> <p>The facility's Refrigerator and Freezer Storage Chart policy dated 05/2016 documents, "Food will be properly stored so that it decreases the risk of foodborne illness and nutritional quality is maintained. After a food item is opened, it will be covered, labeled, the 'use by date' will be put on, initialed by the staff person, and stored."</p> <p>On 5-23-16 at 11:45 a.m., the kitchen refrigerator contained the following items that were out of their original packaging, undated, and unlabeled: two chocolate sheet cakes, two pieces of peach</p>				

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{F 371}	<p>Continued From page 3</p> <p>pie, seven donuts, 42 American cheese slices, 21 biscuits, one half-gallon two percent milk, five sausage patties, 20 pieces of bologna, one half-gallon of thickened lemonade and one half-gallon of tea. At that time E4 (Dietary Manager) verified that all of these refrigerated items were undated and unlabeled when opened.</p> <p>On 5-23-16 at 11:50 a.m., E4 stated, "All of these items are out of their original packaging and were suppose to be dated when opened. The staff know this."</p> <p>The Facility Data Sheet dated 5-23-16 and signed by E1 (Administrator), documents 82 residents currently reside in the facility.</p>	{F 371}			