STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	145842	A. BUILDING _____ B. WING _____	07/28/2015

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FLANAGAN REHABILITATION & HEALTHCARE CENTER	**201 EAST FALCON HIGHWAY FLANAGAN, IL 61740**

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F 000	INITIAL COMMENTS Annual Certification survey	F 000		
F 156 SS=D	483.10(b)(5) - (10), 483.10(b)(1) NOTICE OF RIGHTS, RULES, SERVICES, CHARGES The facility must inform the resident both orally and in writing in a language that the resident understands of his or her rights and all rules and regulations governing resident conduct and responsibilities during the stay in the facility. The facility must also provide the resident with the notice (if any) of the State developed under §1919(e)(6) of the Act. Such notification must be made prior to or upon admission and during the resident's stay. Receipt of such information, and any amendments to it, must be acknowledged in writing. The facility must inform each resident who is entitled to Medicaid benefits, in writing, at the time of admission to the nursing facility or, when the resident becomes eligible for Medicaid of the items and services that are included in nursing facility services under the State plan and for which the resident may not be charged; those other items and services that the facility offers and for which the resident may be charged, and the amount of charges for those services; and inform each resident when changes are made to the items and services specified in paragraphs (5)(i)(A) and (B) of this section. The facility must inform each resident before, or at the time of admission, and periodically during the resident's stay, of services available in the facility and of charges for those services, including any charges for services not covered under Medicare or by the facility's per diem rate.	F 156		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE

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F 156	Continued From page 1 The facility must furnish a written description of legal rights which includes: A description of the manner of protecting personal funds, under paragraph (c) of this section; A description of the requirements and procedures for establishing eligibility for Medicaid, including the right to request an assessment under section 1924(c) which determines the extent of a couple's non-exempt resources at the time of institutionalization and attributes to the community spouse an equitable share of resources which cannot be considered available for payment toward the cost of the institutionalized spouse's medical care in his or her process of spending down to Medicaid eligibility levels. A posting of names, addresses, and telephone numbers of all pertinent State client advocacy groups such as the State survey and certification agency, the State licensure office, the State ombudsman program, the protection and advocacy network, and the Medicaid fraud control unit; and a statement that the resident may file a complaint with the State survey and certification agency concerning resident abuse, neglect, and misappropriation of resident property in the facility, and non-compliance with the advance directives requirements. The facility must inform each resident of the name, specialty, and way of contacting the physician responsible for his or her care. The facility must prominently display in the facility written information, and provide to residents and applicants for admission oral and written	F 156		

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F 156	Continued From page 2 information about how to apply for and use Medicare and Medicaid benefits, and how to receive refunds for previous payments covered by such benefits. This REQUIREMENT is not met as evidenced by: Based on record review and interview, the facility failed to provide a complete written liability notice for Medicare non coverage for skilled nursing therapy services to three residents in the supplemental sample (R10, R15, and R16) reviewed for Medicare Beneficiary Liability and Appeal notices. The finding includes: E4, Business Office Manager stated on 7-27-15 at 9:00 A.M. that she receives the notification that a resident is being discharged from Medicare. With the notification, E4 creates a "Notice of Medicare Provider Non-Coverage" (Centers for Medicare and Medicaid Services 10123) for the resident discharged from Medicare Part A services. R15 was discharged from Skilled Nursing Services (Part A). The "Notice of Medicare Provider Non-Coverage" for R15 does not include the name and phone number of Quality Improvement Organization (QIO). Without the QIO information, the residents does not know how to appeal the facility's decision. E4 stated that she does not provide "Notice of Medicare Provider Non-Coverage" to residents discharged from Medicare Part B services. R10 and R16 were discharged from Medicare Part B and a"Notice of Medicare Provider	F 156		

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F 156	Continued From page 3 Non-Coverage" was not provided to R10 and R16. The written notices of non coverage for Medicare Part A and Part B explains the appeal rights of the resident.	F 156		
F 161 SS=F	483.10(c)(7) SURETY BOND - SECURITY OF PERSONAL FUNDS The facility must purchase a surety bond, or otherwise provide assurance satisfactory to the Secretary, to assure the security of all personal funds of residents deposited with the facility. This REQUIREMENT is not met as evidenced by: Based on record review and interview, the facility failed to ensure that the Resident Trust Fund Surety Bond was equal to or greater than the amount of Resident Trust Funds in the account at anytime. This has the potential to affect all 39 residents. Findings include: On 7-27-15 at 9:30am, E4, Business Office Manager stated that she handles the Resident Trust Fund Account. E4 provided the "Trust Fund Balance Report" and three months of reconciliation reports and bank statements. Bank statements document, on 6-3-15 the account balance was $23,840.59. On 7-3-15 the account balance was 23,070.15. E1, Administrator stated on 7-26-15 at 1:15 P.M., that the Resident Trust Fund Surety Bond was for $20,000.00. The surety bond did not provide coverage for any loss of residents' fund accounts for which the facility holds, safeguards, and	F 161		

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F 161	Continued From page 4 manages. The facility's Resident Census and Conditions of Residents dated 7-26-15, documents 39 residents reside at the facility.	F 161		
F 221 SS=D	483.13(a) RIGHT TO BE FREE FROM PHYSICAL RESTRAINTS The resident has the right to be free from any physical restraints imposed for purposes of discipline or convenience, and not required to treat the resident's medical symptoms. This REQUIREMENT is not met as evidenced by: Based on interview, record review and observation, the facility failed to assess, obtain consent, and follow physician orders for physical restraints for one of two residents (R1) reviewed for restraints in the sample of 10. Findings Include: R1's Physician Order Sheet (POS) dated July 2015 lists the following Diagnoses: Bipolar, Bowel Obstruction, and Abdominal Wound. R1's POS documents the following order, "7/1/15...staff to apply hand mitts only when (R1) is in bed until abdominal wound heals." R1's Care Plan dated 6/12/15 documents, "(R1) {has a} surgical wound on midline abdomen...7/1/15 bilateral hand mitts to be worn while in bed only." On 7/26/15 at 3:00 pm, 3:15 pm, and 3:30 pm, R1 was reclined back in a reclining chair, with	F 221		

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F 221	Continued From page 5 hand mitts on both hands. The facility did not provide any assessment or consent for the hand mitts. On 7/27/15 at 10:50 am, E3 MDS Coordinator stated, "I did not assess (R1) for the mitts, or get consent because I did not consider the mitts a restraint...we are using them only temporarily until his abdominal wound is healed...he picks at the wound and dressing if they aren't on him, when he is in his room....he doesn't seem to mess with the area when he is out in common areas because he is pre-occupied." On 7/27/15 2:30 pm, E2 Director of Nursing stated, "I did not consider the mitts for (R1) a restraint...we will need to discuss if we are still going to use them and get an assessment completed and consent if we are, I think it is helping to heal his wound, since he isn't able to pick at it." The facility undated Physical Restraint/Enabler Policy documents, "Physical restraints is any manual method or physical or mechanical device, material, or equipment attached or adjacent to the resident's body, which the individual cannot remove easily and which restricts freedom of movement or normal access to one's body...they include...hand mitts."	F 221		
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	F 371		

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F 371	Continued From page 6 (2) Store, prepare, distribute and serve food under sanitary conditions	F 371		

This REQUIREMENT is not met as evidenced by:
Based on observation, record review, and interview, the facility failed to ensure that food was prepared and stored in a way to prevent potential contamination. This failure has the potential to affect all 39 residents.

Findings include:

On 7/26/15 at 9:30am, accompanied by E5 Dietary Manager, the following items were found in the dietary department:

1. The table mounted manual can opener and blade was not clean. The blade was nicked and had built up dark brown residue. The opener housing and gears were rusty and discolored.

2. Five metal frying pans were encrusted with accumulated burnt on dark brown residue inside and outside. The inside food contact surfaces were pitted, making the surfaces not easily cleanable.

3. Eight large baking sheets were encrusted with burnt on food residue and grease. The sheets were stacked ready for use.

4. The coated metal racks in the two 2-door reach in refrigerators had the coating chipped off at the ends. The areas of the racks exposed the

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F 371	Continued From page 7 rusty metal surfaces. E5, Dietary Manager stated on 7-26-15 at 2:30 P.M. that the can opener needs replacing and she could order new fry pans and sheet pans. The facility's Resident Census and Conditions of Residents dated 7-26-15, documents 39 residents reside at the facility.	F 371		
F 431 SS=E	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 locked compartments under proper temperature controls, and permit only authorized personnel to have access to the keys. 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	F 431		

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F 431	Continued From page 8	F 431		

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.

This REQUIREMENT is not met as evidenced by:
A. Based on observation and interview, the facility failed to ensure controlled medications, requiring refrigeration, were double locked for two of two residents in the supplemental sample (R17, R18) reviewed for controlled substances.

B. Based on interview and record review, the facility failed to follow the facility policy for the disposal of Class II narcotics for two of two residents in the supplemental sample (R19, R20) reviewed for utilization of Fentanyl Patches(Class II Narcotic).

Findings Include:

A. On 7/27/15 at 9:45 am, a box capable of locking but was not locked, in the refrigerator, contained nine vials of Lorazepam {Antianxiety} two milligram (mg) per milliliter (ml) for R17, and 23 vials of Lorazepam two mg per ml for R18. E7 Registered Nurse (RN) stated, "the box is suppose to be locked, I wonder if it is froze up."

On 7/27/15 at 11:00 am, E2 Director of Nursing (DON) confirmed that the narcotics in the refrigerator should be locked and stated, "we had problems with it {the narcotic box in the refrigerator} awhile back, not shutting and locking and was going to get a new one but then the

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F 431	Continued From page 9 nurses said it was working just fine." B. The facility Drug Release/Destruction Policy dated 11/5/13 documents, "Scheduled II, III, and IV controlled drugs must be destroyed by the Director of Nursing and a Licensed Nurse, two Licensed Nurses or a Licensed and Consultant Pharmacist....persons witnessing the destruction or disposal of drugs must complete, date and sign the drug disposition record which lists the name of the residents, the name and strength of the drug, prescription number and the amount of the drug destroyed." The July 2015 Physician Order Sheets (POS) for R19 and R20 document an order for Fentanyl Patch 25 microgram (mcg) every three days. On 7/27/15 at 9:50 am, E7 RN stated, "when changing Fentanyl Patches, we place the used ones in the sharps box...we don't fill out any form that says we disposed of it and it isn't witnessed by another nurse...they are changed at 8:00 pm and there is only one nurse here at that time." On 7/27/15 at 9:55 am, E8 Licensed Practical Nurse confirmed that Fentanyl Patches are thrown in the sharps container after use and not witnessed by another nurse, due to the time they are changed. On 7/27/15 at 3:55 pm, E2 DON stated, "orders from Head Quarters {Coorporate Office} said to put any controlled substances {that need disposed of} in a bag, and lock it in the narcotic box until two nurses get here to destroy them together...obviously that is not happening."	F 431		