

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

PRINTED: 09/01/2016
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 14E701		(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 08/20/2016	
NAME OF PROVIDER OR SUPPLIER BIG MEADOWS				STREET ADDRESS, CITY, STATE, ZIP CODE 1000 LONGMOOR SAVANNA, IL 61074			
(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 312 SS=D	<p>This investigation took place onsite during off hours on Saturday, August 20, 2016 between 8:00 AM and 12:00 PM.</p> <p>Original complaint investigation survey.</p> <p>Complaint # 1614665/ IL # 87798 - F312 cited 483.25(a)(3) ADL CARE PROVIDED FOR DEPENDENT RESIDENTS</p> <p>A resident who is unable to carry out activities of daily living receives the necessary services to maintain good nutrition, grooming, and personal and oral hygiene.</p> <p>This REQUIREMENT is not met as evidenced by: Based on observation, interview and record review the facility failed to provide incontinence care for an incontinent resident and failed to offer and provide hand hygiene for residents following use of the bathroom.</p> <p>This applies to 2 of 3 residents (R1, R2) reviewed for incontinence care and hygiene and 1 resident (R4) in the supplemental sample.</p> <p>The findings include:</p> <p>1. The face sheet for R1 documents he was admitted to the facility on June 8, 2016 with multiple diagnoses including dementia. The June 20, 2016 MDS (Minimum Data Set) shows R1 is totally dependant on staff for hygiene and bathing and is always incontinent of urine and stool. R1's</p>			F 312			

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 312	<p>Continued From page 1</p> <p>June 8, 2016 care plan for incontinence shows an intervention of nursing to provide good peri-care after each incontinent/involuntary episode.</p> <p>On August 20, 2016 at 8:30 AM, E3 CNA (Certified Nursing Assistant) and Z1 (Agency CNA) transferred R1 into bed using a mechanical lift. Z1 rolled R1 onto his left side and began removing his pants and the incontinence brief. Z1 said the brief was wet with urine. When the incontinence brief was removed, Z1 used a washcloth to wipe down the top of R1's penis. Neither Z1 or E3 washed the complete peri area around the groin and under the scrotum. E3 rolled R1 onto his left side and without cleaning off the urine, E3 applied barrier cream to the buttocks. Both buttocks appear red and irritated. E3 and Z1 then applied a clean incontinence brief.</p> <p>On August 20, 2016 at 8:45 AM, Z1 said "I just got him up not that long ago and he was not that incontinent. I guess I should have washed up his bottom too." At 9:45 AM, E7 LPN (Licensed Practical Nurse) said she would expect the buttocks and peri area to be cleaned after an incontinence episode, and before barrier cream is applied.</p> <p>The facility's undated policy for intensive skin care prevention and treatment protocol documents Peri-care will be given using soap and water after each incontinent episode.</p> <p>2. On August 20, 2016 at 9:25 AM, R2 was in his bathroom, sitting on the toilet and using a urinal. R2 said he was done and needed help to get to his recliner. E5 CNA, took the urinal from R2 and placed in on the back of the toilet. Without</p>	F 312			

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F 312	<p>Continued From page 2</p> <p>offering R2 to wash his hands after handling the urinal, Z1 and E5 assisted R2 to stand and pull up his pants. R2 ambulated to his recliner with his walker. E5 and Z1 exited the room. At 9:35 AM, E5 said R2 had used his urinal while on the toilet, and should have offered to wash his hands before placing him in the recliner.</p> <p>The May 17, 2016 MDS for R2 shows he requires total dependence on staff for toilet use and extensive assist for personal hygiene.</p> <p>3. On August 20, 2016 at 10:15 AM, Z3 (Agency CNA) and E5 responded to R4's call light in the bathroom. R4 was on the toilet with the stand lift sling around her back and her feet on the stand lift platform. E5 asked R4 if she was done with the bathroom, and R4 said she was finished. Without offering to wash her hands, E5 and Z3 stood R4 up in the lift and pulled up her pants. R4 was then moved to her chair.</p> <p>The June 14, 2016 MDS for R4 documents she requires extensive assist for personal hygiene.</p> <p>On August 20, 2016 at 11:30 AM, E2 said residents hands should be washed after using the bathroom when they actively participate in their care.</p> <p>The facility's undated policy for rules of hand hygiene shows to wash hands before eating and after using a restroom.</p>	F 312			