

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

PRINTED: 01/12/2016
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 146117		(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 01/08/2016	
NAME OF PROVIDER OR SUPPLIER CASEY HEALTHCARE CENTER				STREET ADDRESS, CITY, STATE, ZIP CODE 100 N.E. 15TH CASEY, IL 62420			
(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			
	Annual Licensure and Certification Survey						
	Complaint Investigation # 1567072 / IL 82437 - F250, F314						
F 250 SS=D	Licensure Survey for Subpart S: SMI 483.15(g)(1) PROVISION OF MEDICALLY RELATED SOCIAL SERVICE			F 250			
	The facility must provide medically-related social services to attain or maintain the highest practicable physical, mental, and psychosocial well-being of each resident.						
	This REQUIREMENT is not met as evidenced by: Based on observation, record review and interview, the facility failed to provide the necessary social service interventions to promote comfort and mobility for R13. R13 is one of 3 residents reviewed for social services in a sample of 13.						
	Findings include:						
	The Physician Order Sheet (POS) for R13 dated January, 2016 documents the following diagnoses: Bilateral Lower Extremities Paraplegia, Spina Bifida, Neurogenic Bladder, Hydrocephalous with Brain Shunt, Depression, Anxiety, Psychosis, Seizure Disorder and Chronic Pain.						
	R13's, Physician Progress Note dated 5/15/14 documents the following: R13 has gained 40						

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 250	<p>Continued From page 1</p> <p>pounds and now her wheel chair is too small for her. The same document list a physician order that was never implemented "Needs modified wheel chair as this one is cutting into her legs due to weight gain." On 1/8/16 at 10:45 am E2, Director of Nursing (DON) verified that there was no supporting documents which indicate that any modifications have been done or a new wheel chair has been provided since R13 is private pay. R13's Physician Progress Note dated 11/23/15 documents the following, "R13's bilateral legs have Stage I pressure sores on areas where legs are in contact with the arm rest of her chair."</p> <p>On 1/7/16 at 8:25 am, Z1, Primary Care Physician verified that he had discussed this delay in getting a new wheel chair at each appointment since 5/15/14 with R13. The same interview Z1 understood that Z2, (R13's) Guardian was getting a new wheel chair for R13. Z1 then stated " I wondered why it was taking so long (2014) since the need is obvious with (R13's) frog leg sitting posture and the pressure the current wheel chair causes....I thought the nursing home and (Z2) were working on getting (R13) the wider wheel chair that (R13) needs."</p> <p>On 1/7/16 at 12:50 pm, Z1 stated "I expect the nursing home to make modifications to her wheel chair that eliminate pressure or find another wheel chair."</p> <p>On 1/5/16 at 10:37 am R13 propelled herself in the wheel chair. R13's shortened legs with outward rotated knees were squeezed firmly between the wheel chair arm rest. R13's feet sat on the front of the wheel chair seat.</p> <p>On 1/5/16 at 12:40 pm R13 was sitting in her</p>	F 250			

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F 250	<p>Continued From page 2</p> <p>normal frog leg style position. R13's shortened legs rotated outward with R13's feet positioned in the front part of the of the wheel chair seat. E8 and E9 Certified Nursing Assistants (CNA) transferred R13, by mechanical lift from specialized wheel chair to bed. R13's bilateral outer legs from knee to buttocks had deep, red pressure indentations. E2, DON was present during the transfer. On 1/5/16 at 12:45 pm, E2 stated " I see the pressure marks (R13), its from the wheel chair, it is too small."</p> <p>R13's Social Service Notes dated 3/10/15 - 1/5/16 document no information regarding services provided to R13's wheel chair modifications or replacement.</p> <p>A Medical Supply Company submitted a facsimile (fax) to the facility dated 1/6/16. On 1/7/16 at 9:00 am, E1, Administrator submitted the fax to show Medicare would not pay for a wheel chair for R13. This same fax documents the following: " I provided (R13) with the specialty wheel chair years ago, I have not seen her since."</p> <p>On 1/7/16 at 8:25 am E1, Administrator stated that she just took over the responsibility of the social services and was sure the previous social worker talked to Z2, R13's Guardian, about the wheel chair but acknowledged that the social service notes do not reflect this. E1 also acknowledged no modification has been made to R13's wheelchair and E1 would continue to search for more social services notes. No additional notes were found.</p> <p>On 1/7/16 at 12:20 pm E4, Therapy Program Director, stated "We did not do anything in 2015 or so far in 2016 to size or adjust (R13) wheel</p>	F 250			

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F 250	Continued From page 3 chair. We don't even evaluate unless corporate sends the payer verification."	F 250			
F 314 SS=D	On 1/8/16 at 8:35 am, Z2 stated R13's Styrofoam noodles were placed in her wheelchair by physical therapy in 2012, during the admission therapy. Z2 also stated no wheelchair modification or assistance with purchasing a modified wheelchair have been offered by the facility. 483.25(c) TREATMENT/SVCS TO PREVENT/HEAL PRESSURE SORES 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. This REQUIREMENT is not met as evidenced by: Based on observation, record review and interview, the facility failed to provide weekly skin assessments and implement a pressure relieving wheel chair for R13. R13 is one of four residents reviewed for pressure ulcers in a sample of 13. Findings include: The Physician Order Sheet (POS) for R13 and dated January, 2016 documents the following diagnoses: Bilateral Lower Extremities Paraplegia, Spina Bifida, Neurogenic Bladder,	F 314			

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F 314	<p>Continued From page 4</p> <p>Hydrocephalous with Brain Shunt, Depression, Anxiety, Psychosis, Seizure Disorder and Chronic Pain. The same POS directs staff to complete weekly skin checks.</p> <p>R13's skin assessment and risk for pressure ulcers dated for 4/8/15, 6/22/15, 9/7/15 and 11/19/15 documents R13 as being at moderate risk for pressure ulcers development.</p> <p>R13's, Nurses Notes dated 6/8/15 at 9:45 pm, documents the following " pressure area noted on right hip...Hydrocolloid applied."</p> <p>R13's Weekly Wound Tracking Sheet dated 6/8/15 with no time, documents the following "right hip Stage II pressure ulcer, 1.1 centimeters (cm) long, 0.4 cm wide and 0.1 deep."</p> <p>R13's Care Plan dated 11/23/15 documents the following: "Resident has no feeling/sensation in her bilateral lower extremities due to paraplegia....prevent skin areas from prolonged contact... daily (weekly per POS) skin checks with documentation."</p> <p>R13's, monthly Treatment Administration Record dated 2/16/15 - 1/5/16 documents weekly skin checks were not completed 18 out of 47 weeks. On 1/7/16 E2, Director of Nursing (DON) stated, "the weekly skin checks should've been done."</p> <p>R13's, Physician Progress Note dated 5/15/14 documents the following: R13 has gained 40 pounds and now her wheel chair is too small for her. The same document lists a physician order that was never implemented. The physician's order states "Needs modified wheel chair as this one is cutting into her legs due to weight gain."</p>	F 314			

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F 314	<p>Continued From page 5</p> <p>On 1/8/16 at 10:45 am E2, DON verified that there were no supporting documents which indicate that any modifications have been done or a new wheel chair has been provided since R13 is private pay. R13's, Physician Progress Note dated 11/23/15 documents the following: R13's bilateral legs have Stage I pressure sores on areas where legs are in contact with the arm rest of her chair."</p> <p>On 1/7/16 at 8:25 am, Z1, Primary Care Physician verified that he had discussed this delay in getting a new wheel chair at each appointment since 5/15/14 with R13. The same interview Z1 understood Z2, R13's Guardian, was getting a new wheelchair for R13. Z1 then stated " I wondered why it was taking so long (2014) since the need is obvious with (R13's) frog leg sitting posture and the pressure the current wheel chair causes....I thought the nursing home and (Z2) were working on getting (R13) the wider wheel chair that (R13) needs."</p> <p>On 1/7/16 at 12:50 pm, Z1, stated "I expect the nursing home to make modifications to her wheel chair that eliminate pressure or find another wheel chair."</p> <p>On 1/5/16 at 10:37 am, R13 propelled herself in the wheel chair. R13's shortened legs, hips and outward rotated knees were squeezed firmly between the wheel chair arm rests. R13's feet sat on the front of the wheel chair seat.</p> <p>On 1/5/16 at 12:40 pm R13 was seated in the wheel chair. R13's posture was remained the same. R13's shortened legs rotated outward with R13's feet positioned in the front part of the wheel chair seat. E8 and E9 Certified Nursing Assistants</p>	F 314			

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F 314	<p>Continued From page 6</p> <p>(CNA) transferred R13, by mechanical lift from specialized wheel chair to bed. R13's bilateral outer legs from knee to buttocks had deep, red pressure indentations. E2, DON was present during the transfer. On 1/5/16 at 12:45 pm, E2 stated " I see the pressure marks on(R13), it's from the wheel chair, it is too small."</p> <p>On 1/5/16 at 1:20 pm E7, Registered Nurse, performed a straight urinary catheter procedure for R13. R13's bilateral outer legs from knee to buttocks continued to have the deep indentations noted on the transfer at 12:40 pm.</p> <p>The facility policy " Pressure Sore Prevention Guidelines and Skin Care Prevention" dated November 2012 documents the following: "Initiate daily or weekly skin check on the TAR (Treatment Administration Record) per risk assessment.... any resident scoring a High or Moderate risk for skin breakdown will be noted on the treatment sheet and signed off by the nurse. In addition, a brief narrative will be completed describing the skin condition on the back of the treatment sheet."</p>	F 314			