

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

PRINTED: 01/05/2016  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>145656</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____  B. WING _____		(X3) DATE SURVEY COMPLETED  <b>C</b> <b>12/30/2015</b>
NAME OF PROVIDER OR SUPPLIER  <b>INTEGRITY HC OF GODFREY</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>1623 29 WEST DELMAR</b> <b>GODFREY, IL 62035</b>		
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F 000	INITIAL COMMENTS	F 000			
F 241 SS=D	<p>Complaint Investigation #1546902/IL82242</p> <p>483.15(a) DIGNITY AND RESPECT OF INDIVIDUALITY</p> <p>The facility must promote care for residents in a manner and in an environment that maintains or enhances each resident's dignity and respect in full recognition of his or her individuality.</p> <p>This REQUIREMENT is not met as evidenced by: Based on interview and record review, the facility failed to ensure that call lights are answered in a timely manner for 2 of 3 residents (R3 and R2) reviewed for call light in a sample of 11.</p> <p>Findings include:</p> <ol style="list-style-type: none"> <li>1. The Resident Council Meeting Minutes dated 10/5/15 document is it taking too long to get call lights answered under nursing concerns. The Council Minutes dated 12/9/15 document that timeliness in answering call lights has improved but are still an issue with being answered in a timely manner.</li> <li>2. On 12/22/15 at 10:55am, R2 stated she has waited over an hour at times to have her call light answered adding that it has caused her to "wet herself" when she's had to wait. R2 stated the wait seems to occur most over the lunch hour.</li> <li>3. On 12/22/15 at 10:45am, R3 stated that staffing is so short that she's had to wait for almost an hour to get assistance when she turns her call light on. R3 states night time is the</li> </ol>	F 241			

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 241	Continued From page 1 worse.  4. R4 Minimum Data Set (MDS) dated 11/4/15 documents that R4 is not cognitively impaired. On 12/22/15 at 11:00 AM, R4 was identified by E1, (Facility Administrator) as being interviewable.  On 12/29/15 at 1:25 PM, Z5 (R4's Power of Attorney) was in the hall outside R4's room stating, "we need someone to answer this light. (R4) needs to go to the bathroom. The call light has been on over 10 minutes. This has happened before when I have been here."  On 12/23/15 at 8:35 AM, R4 stated "Once in awhile I have to wait awhile for them to answer my call light."	F 241			
F 314 SS=G	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 interview, observation and record	F 314			

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F 314	<p>Continued From page 2</p> <p>review, the facility failed to ensure treatments are done according to physician's orders, failed to coordinate pressure ulcer care with wound clinic and failed to follow prevention plans including timeliness in turning and repositioning for 2 of 4 residents (R3 and R4) in a sample of 11. This failure resulted in a decline in wound status for R3 on 12/17/15 which the facility was unaware of.</p> <p>Findings include:</p> <p>1. R3's Minimum Data Set (MDS) dated 10/1/15 documents R3 has no cognitive impairment and requires extensive assist of two staff for bed mobility and transfers. The MDS documents R3 to have a colostomy and urinary catheter along with having 1 stage III pressure ulcer and 2 stage IV pressure ulcers she was admitted to the facility with. The December 2015 Physician's Order Sheet (POS) documents R3 goes to the Wound Clinic Weekly for management and includes orders for a pressure relieving cushion in wheelchair, up in W/C (wheelchair) 2 hour intervals, one hour intervals before and after meals and from 7pm to 9pm along with orders for Prostat 30cc BID (two times daily), Vitamin C 500mg bid, and Arginaid 1 packet BID. Labs dated 12/22/15 document R3's Pre-Albumin as low at 15 (Normal 20-40.) R3's Braden score dated 8/24/15 score her at moderate risk of 14 with 12 or below considered high risk. The care plan dated 10/18/15 identifies R3's risk adding "prefers to sit up in chair at bedside all day and is uncooperative with laying down." Interventions include: may be up for meals and therapy only, assist with repositioning and pressure relief at least every one to two hours, provide diet and nutritional supplements as ordered, and treatments as ordered to left and right buttocks.</p>	F 314			

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F 314	<p>Continued From page 3</p> <p>The care plan failed to address R3's refusals of timely repositioning with alternate interventions to ensure R3 stays off her coccyx area as ordered by the physician.</p> <p>On 12/22/15 at 10:35am, R3 was sitting in her wheelchair at bedside. R3 stated she has been in her wheelchair without repositioning since before breakfast about 8:30am. R3 stated she had a dressing on her "bottom" and that it had not been changed since "yesterday afternoon." R3 stated the dressing orders were changed and it was now suppose to be done twice daily. R3 stated the facility nurses do not always follow the wound clinics orders.</p> <p>On 12/22/15, R3 remained in her wheelchair from 10:35am through lunch until 2:55PM. At 2:55pm, R3 was transferred to bed by E7 and E8, Certified Nurses Aldes (CNA's.) E6 Licensed Practical Nurse (LPN) entered the room to do the treatment change. Both CNA's confirmed that R3 had been in her wheelchair since early in the morning. When R3 was rolled to her right side, her coccyx dressing had drainage visible across the entire dressing and the entire lower edge of the dressing was loose with the wound bed gaping and visible. The packing was balled up saturated with gray drainage. The wound bed had large patches of grayish yellow material present. The left buttock dressing was intact but also had drainage visible throughout the dressing. When E6 removed the left buttock dressing, the wound bed also had some gray matter over the base of the wound. No odor was noted.</p> <p>Z1, R3's daughter in law was present during the dressing change and stated "compared to the last time I saw it, it looks worse." R1 replied "Yes,</p>	F 314			

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F 314	<p>Continued From page 4</p> <p>that's what the wound clinic says." R1 stated the wound clinic has complained that the facility does not follow physician's orders or always use the appropriate supplies.</p> <p>Wound Care documentation dated 12/3/15 documents orders for 2 larger pressure ulcers. Wound #3 is identified as the Midline Sacrum which measured 10.5 centimeters (CM) long x 11.5 cm wide x 3.2 cm deep, undermining at 1 o'clock to 3 o'clock with a maximum distance of 2.8cm. The note identifies a large amount of purulent drainage noted with a large amount of necrotic tissue within the wound bed including adherent slough. Wound #4 location is noted on the left ischium measuring 4.8cm x 2.7cm x 0.8cm with bone exposed, large amount of purulent drainage and medium amount (34-66%) of necrotic tissue within the wound bed including adherent slough." Orders given the facility for the Sacrum ulcer were "santyl - nickel thick to the wound bed (the wound vac (vacuum) is on hold for the sacral wound - do not apply the vac to the sacral wound this week", The orders for the left ischium were "Wound Vac to wound continuously at 125mm/hg pressure, black foam - purocol AG (may use plain purocol), then adaptic (sent with patient), then green foam to wound bed, frame the wound with wound vac drape, track the suction pad out and away from wound and bony prominence, do not place suction directly over the wound."</p> <p>December 2015 Treatment Administration Records (TAR) reflects the orders correctly for the Ischium but there is no initials or documentation on the TAR that shows the treatments were actually done except on 12/6/15 with "HOLD" written in on 12/10.</p>	F 314			

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F 314	Continued From page 5  Wound Clinic notes dated 12/10/15 identify decline documenting "Sacral wound appears larger, several areas of edges and base are necrotic - blue, purple, burgundy, not bleeding when cut, other areas are sloughy, entire area debrided today." Treatment order changes were made for the left ischium - change dressing every other date - Wound Vac change on Monday, Wednesday, and Friday. Hold Vac today and tomorrow, place Saturday 12/12/15, until Saturday, follow same orders as sacrum. Orders for the Sacrum - Change outer dressing twice daily (Leave Acticoat in place until Saturday, then change whole dressing) DO NOT USE TELFA ON ANY WOUNDS."  December TARs for treatment changes dated 12/10/15 shows the dressings were not changed according to orders dated 12/10/15 with the Acticoat boxed off for 12/13-12/14 and 12/16-12/17/15 with no initials present. The TAR shows no initials on 12/12/15 for the Wound Vac being placed with the order on the TAR documenting "wound vac on hold til Sat (no date)." This order had HOLD written in for 12/10/15 and 12/11/15. There are no initials for treatments being done to the Sacrum or ischium even though an arrow is drawn to 12/10/15 for the start of the treatment.  Wound Care Progress notes dated 12/17/15 document "My orders were not transcribed correctly last week. The wound Vac was not stopped on the ischium, nor was it started on the sacrum. All of the ulcers are worse today. The sacral wound is as necrotic as it was last week." The note also documents R3 telling the wound clinic that she did not have dressing changes for	F 314			

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F 314	<p>Continued From page 6 2 days.</p> <p>The POS 12/17/15 reflects orders from a Wound Clinic dated 12/17/15 to hold the wound vac treatment and start treatments of cleansing the wounds with Normal Saline (NS), cut Aquacell AG to size, cut Mepilex transfer dressing to fit over wound wedge, fill wound with gauze, cover with 4 x 4 ABD BID (Twice daily.)</p> <p>December TAR documents these treatments were done on the 3-11 shift on 12/17/15 and on 7-3 shift daily from 12/18/15 thru 12/22/15 but no other times. Nurse Progress notes document treatments done 12/19, 12/20, and 12/22/15 on 3-11 shift that are not initialed off on the TAR. No treatments are documented as being done on the 3-11 shift 12/21/15</p> <p>On 12/23/15 at 1pm, Z2 Wound Clinic Manager stated they see R3 on a weekly basis and have had problems with communications with the facility. Z2 stated following orders for dressing changes are a problem adding there have been times when R3 has come into the clinic with the wrong treatment on or they've used dressings they specifically are not to use. E2 stated the clinic will send new orders for supplies the facility does not have and then they'll change it without contacting them in a timely manner without notification to the clinic.</p> <p>Z2 stated the Wound Physician, Z3, would say the facility was not following physician's orders for wound treatment has contributed to the decline or lack of improvement in R3's wound. Z2 stated the facility has never contacted them in regards to obtaining wound status documentation and have never contacted them in regards to not following</p>	F 314			

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F 314	<p>Continued From page 7</p> <p>physician's orders when supplies are not available.</p> <p>On 12/23/15 at 2pm, E1 Administrator and E2, Director of Nursing confirmed they have no documentation from the wound clinic except orders and have requested them numerous times. E2 stated R3 will return from the clinic with new orders but have no other information such as wound status /measurements etc with it. E2 stated the Facility has it's own wound nurse (E5 Registered Nurse RN) who does measurements on a weekly basis. E2 stated the facility nurses have called the wound clinic numerous times to clarify orders and agrees that documentation on the TARs could be better stating that some nurses may document treatments in the progress notes. Both E1 and E2 state R3 is resistant to timely repositioning and refuses often to go to bed for dressing changes.</p> <p>On 12/29/15 at 10:53am, E2 stated Z3, Primary Physician made arrangements for R3 to go to the Wound clinic and that there are times when the facility does not have the clinic's supplies as ordered and they will use comparable supplies they have.</p> <p>There is no coordination of care between the wound care clinic and the facility according to E5 Registered Nurse/Wound Nurse who agreed on 12/22/15 that she does not get any information from the wound care clinic in regards to the status of the wounds ie improvement, decline. E5 stated she does her own weekly measurements but follows the wound clinics orders. E5 stated she felt R3's wounds are looking better and often after debriding, they will get larger. E5 stated she doesn't really want to compare her wound</p>	F 314			

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F 314	<p>Continued From page 8</p> <p>assessments with the clinic due to them debriding them and added it depends on how someone measures as to whether the measurement findings would be the same.</p> <p>Weekly Skin alteration records completed by E5 dated 12/11/15 for the sacrum pressure ulcer fails to identify the area as being larger with necrotic tissue recorded by the wound clinic on 12/11/15 but documents the wound base being "yellow" with 25-50% beefy red. E5 documented "no change" for the healing process even though the wound physician documented a decline in the wound which required debridement. On 12/17/15, E5 again document "no change" for wound healing with no necrotic tissue identified or declined as documented by the wound care physician.</p> <p>The weekly Skin alteration records for the left ischium also shows conflict between the two evaluations. E5's report dated 12/11/15 fails to reflect the area as being larger as documented by the wound clinic yet identifies an improvement in the wound status. E5 failed to document any necrotic tissue prior to R3 going to the wound clinic. There is no evidence the facility identifies the necrotic tissue and adherent slough the wound clinic documents even though they see R3's wounds more frequently. On the 12/17/15 report, R5's wound report documents 100% beefy red wound bed with no change to the wound status although the wound clinic documents "all ulcers are worse today" on 12/17/15.</p> <p>The facility policy dated 1/2014 entitled "Decubitus Care/Pressure Areas" documents it is the policy of the facility to ensure a proper treatment program has been instituted and is</p>	F 314			

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F 314	<p>Continued From page 9 being closely monitored to promote healing of any pressure ulcer, once identified."</p> <p>2. On 12/22/15 from 10:45 AM-1:00 PM, R4 sat in the wheelchair in R4's room without the benefit of repositioning based on 15 minute or less observation intervals.</p> <p>Nurse/Physician Communication Record, dated 12/7/15 documents that R4 had a newly discovered right ear decubitis measuring 1.0 centimeters (cm) by 0.5 cm, by 0.2 cm. The record documents that orders were received to clean area on right ear with wound cleanser, apply medi-honey, cover with purauol and a 2 inch by 2 inch dressing daily and as needed.</p> <p>Wound Treatment Evaluation Record dated 12/21/15 documents that the right ear pressure ulcer, measured, 0.7 cm by 0.3 cm by 0.1 cm.</p> <p>Laboratory results dated 12/1/15 documents R4's serum Albumin was 2.9 (normal range 3.2-4.8). Laboratory results dated 12/8/15 documents that R4's Total Protein was 5.3 (normal range 5.7-8.2)</p> <p>On 12/22/15 at 1:00 PM R4 stated "I have been in this chair since I got out of bed this morning. No one has stood me up or changed my position . I didn't want the lunch today. No one offered me anything different to eat"</p> <p>On 12/23/15 at 8:50 AM, E5, Wound Nurse/MDS Coordinator stated "(R4) is at risk for pressure ulcers and is dependant on staff for mobility, turning and repositioning. We reposition (R4) every 2 hours when (R4) is in the chair and bed. (R4) current right ear area because (R4) likes to</p>	F 314			

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F 314	Continued From page 10 sleep on the right side. (R4) refuses the nutritional supplements and we have notified the (E10), Wound Nurse Practitioner.."	F 314			
F 325 SS=D	483.25(i) MAINTAIN NUTRITION STATUS UNLESS UNAVOIDABLE  Based on a resident's comprehensive assessment, the facility must ensure that a resident - (1) Maintains acceptable parameters of nutritional status, such as body weight and protein levels, unless the resident's clinical condition demonstrates that this is not possible; and (2) Receives a therapeutic diet when there is a nutritional problem.  This REQUIREMENT is not met as evidenced by: Based on observation, record review, and interview, the facility failed to ensure adequate nutrition for 1 of 11 residents (R4) reviewed for nutrition in the sample of eleven.  Findings include:  1. On 12/22/15 at 1:00 PM, R4's lunch tray (served at 12:15 PM), consisted of two cups of beverages, ice cream, and turkey pot pie. R4 ate a few bites of ice cream. R4 did not eat any turkey pot pie. No alternative foods or super cereal was offered at lunch meal, based on continuous 15 minute or less intervals (10:45 AM-1:00 PM).  Laboratory results dated 12/1/15 documents R4's	F 325			

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PRINTED: 01/05/2016  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>145656</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____  B. WING _____		(X3) DATE SURVEY COMPLETED  <b>C</b> <b>12/30/2015</b>
NAME OF PROVIDER OR SUPPLIER  <b>INTEGRITY HC OF GODFREY</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>1623 29 WEST DELMAR</b> <b>GODFREY, IL 62035</b>		
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F 325	<p>Continued From page 11</p> <p>serum Albumin was 2.9 (normal range 3.2-4.8). Laboratory results dated 12/8/15 documents that R4's Total Protein was 5.3 (normal range 5.7-8.2)</p> <p>R4's Weight and Vitals Summary documents that R4's weight upon admission (10/28/15) was 135 pounds. R4's weight on 11/22/15 was 127.5 pounds (weight loss of 7.5% since admission). R4's weight on 12/16/15 was 117 pounds (17.6 pound weight loss since admission=10% weight loss)</p> <p>Nutrition Therapy Dietitian Recommendation dated 11/23/15 and signed by E9, Registered Dietitian, documents "(R4) Poor intakes and weight loss of 17 pounds since admission...Recommendations: Mechanical soft diet. health shakes 10 AM and lunch and supper. Offer soft snacks..." Nutrition Therapy Dietitian Recommendation dated 12/11/15 and signed by E9, documents, "Offer supercereal at lunch and supper. Ice cream BID. Encourage use of supplements..."</p> <p>Physicians Telephone Orders dated 11/24/15 documents, "Mechanical soft diet. Health Shakes 10 AM, lunch and supper</p> <p>Physicians Telephone Orders dated 12/2/15 documents, "Discontinue health shakes. Start Med Pass (nutritional supplement) 60 cc (2 ounces) TID (three times per day)</p> <p>Physicians Telephone Orders dated 12/12/15 documents, "Lidocaine viscous to meals AC (before meals) TID." Due to complaint of mouth pain.</p> <p>No orders in R4's clinical record for ice cream</p>	F 325			

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F 325	<p>Continued From page 12</p> <p>twice a day (BID) or supercereal at lunch and supper</p> <p>Dietary note dated 12/2/15 documents, "(R4) went to dentist yesterday related to mouth pain. (R4) was referred to oral surgeon..."</p> <p>December 2015 Medication Administration Record (MAR) documents that R4 refused the Med Pass nutritional supplement from 12/2/15-12/23/15</p> <p>R4's Care Plan dated 11/12/15 documents, "Assess need for dietary modifications and consult RD (Registered Dietitian)..Monitor consumption and offer alternative for food resident does not like...". No further update on care plan concerning weight loss since 11/12/15. Care plan did not address; R4's dietary consult 12/11/15, Med pass supplement 60 CC, supercereal at lunch and supper, ice cream twice a day, mouth pain and mouth pain medication. (Lidocaine).</p> <p>On 12/22/15 at 1:00 PM, R4 stated "I didn't want the lunch today. They know I cant eat that stuff. No one offered me anything different to eat or any cereal. No snack was offered at 10AM"</p> <p>On 12/23/15 at 8:50 AM, E5, Wound Nurse/MDS Coordinator stated "(R4) is at risk for pressure ulcers. (R4) refuses the nutritional supplements and we had notified (E10), Wound Nurse Practitioner..</p> <p>On 12/23/15 at 9:00 AM, E10, stated, "(R4) is at risk for pressure ulcers because of (R4's) nutritional status and immobility. I was aware that (R4) was not eating well, losing weight, and was</p>	F 325			

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F 325	Continued From page 13 refusing to take the nutritional supplement three times a day. I want the staff to continue to offer the supplement to (R4)"  On 12/29/15 at 8:45 AM, E12 (Dietary Manager) stated, "(E9) saw (R4) on 12/11/15 and recommended super cereal at lunch and supper and ice cream twice a day. The staff should offer the supercereal at lunch and supper, which (R4) told me she likes. We send out the ice cream or a snack at 10 AM and then later in the day. I am not sure who gives the supercereal and snacks to R4, dietary just sends it out."  2. Policy titled Management of Nutrition and Hydration (revised March 2006) documents, "18. Residents with a significant weight loss will be followed weekly in the Standards of Care meeting, and interventions should be monitored for effectiveness. 22. Care plan and MDS need to be evaluated and revised as the residents condition changes and/or interventions that effect the plan of care."	F 325			
F 332 SS=D	483.25(m)(1) FREE OF MEDICATION ERROR RATES OF 5% OR MORE  The facility must ensure that it is free of medication error rates of five percent or greater.  This REQUIREMENT is not met as evidenced by: Based on observation and record review, the facility failed to ensure residents are receiving medications as ordered by their Physicians . There were 27 opportunities with 2 errors	F 332			

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F 332	<p>Continued From page 14 resulting in a 7.4% medication error rate. The errors involved R5 and R7 in the sample of 11.</p> <p>Findings include:</p> <p>1 R7's Physician Order Sheet for December 2015, documented R7 is to get Lansoprazol (Prevacid) 15 mg (milligrams) QD (daily) at 7:00 AM.</p> <p>During medication pass on 12/23/15, E6 gave R7 medications at 9:10 AM, which included Lansoprazol 15 mg.</p> <p>The Geriatric Dosage Handbook, 12th Edition, The 2015 Physician Desk Reference and the Prevacid Web Site document that Lansoprazol (Prevacid) should be given before a meal, preferably breakfast.</p> <p>On 12/22/15 at 1:30 PM, E2, DON, stated that it was the facility's practice to administer medications within a 2 hour window, 1 hour before through 1 hour after the scheduled time. On 12/23/15 at 1:00 PM, E7 stated she gave R7 Lansoprazol 15 mg during the observed medication pass.</p> <p>2. R5's December 2015 physician's orders include an order for Marinol 5mg 1 capsule by mouth three times daily to be given at 6am, 1pm and 5pm. On 12/22/15 at 2:25pm, E6 Licensed Practical Nurse (LPN) punched a capsule of Marinol out of the medication card and stated she was just getting ready to give R5 the 1pm dose of Marinol. E6 stated she just hadn't gotten it out to give yet as it is stored in the refrigerator. The Medication Administration Record was also not initialed as given nor was the dose documented</p>	F 332			

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F 332	Continued From page 15 given on the Controlled Substance Sheet as of 2:25pm.	F 332			
F 363 SS=D	483.35(c) MENUS MEET RES NEEDS/PREP IN ADVANCE/FOLLOWED  Menus must meet the nutritional needs of residents in accordance with the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences; be prepared in advance; and be followed.  This REQUIREMENT is not met as evidenced by: Based on observation, record review, and interview, the facility failed to follow the recipe to ensure adequate protein amounts during meals for 2 of 11 residents (R3, R4) reviewed for nutrition in the sample of eleven.  Findings include:  1. On 12/22/15 at 12:25 PM, sample serving of turkey pot pie had no identifiable turkey in it.  2. On 12/22/15 at 12:25PM R4 was served turkey pot pie for lunch. Laboratory results dated 12/1/15 documents R5's Albumin and on 12/8/15 total Protin are below normal range.  3. On 12/22/15 at 11:00 AM, R3 was identified by E1, Facility Administrator as being interviewable. On 12/22/15 at 11:30 AM-12:30 PM, the facility served turkey pot pie for lunch meal. On 12/22/15 at 12:00 PM, R3 stated "I don't have	F 363			

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F 363	Continued From page 16 any turkey in my turkey pot pie. According to MDS dated 10/1/15 R3 has one stage 111 pressure ulcer and 2 stage IV pressure ulcers.  4. Document titled Turkey Pot Pie Recipe, Week 4 Tuesday Lunch documents, "64 servings=20 pounds of Cooked seasoned turkey thigh meat."  Document titled Godfrey Menu Week 4 Tuesday (12/22/15)documents, "Lunch-Turkey Pot Pie (1 piece= 3 ounces of protein), Strawberry Cobbler, Bread Stick, Margarine, Coffee, Condiments."  On 12/22/15 at 12:15 PM, E11, Facility Cook stated "We currently have 55 residents, so I was suppose to make 64 servings of the turkey pot pie, which the recipe calls for 20 pounds of turkey. I ran out of turkey and I only had 10 pounds of turkey to put in the turkey pot pie. The turkey pot pie was the protein for the lunch meal."  On 12/29/15 at 11:15 PM E12, Dietary Manager stated, "I think the cook (E11) mis-spoke concerning lunch on 12/22/15. The staff was suppose to make 48 servings (which required 15 pounds of turkey). I didn't know the kitchen only had 10 pounds of turkey."	F 363			
F 425 SS=E	483.60(a),(b) PHARMACEUTICAL SVC - ACCURATE PROCEDURES, RPH  The facility must provide routine and emergency drugs and biologicals to its residents, or obtain them under an agreement described in §483.75(h) of this part. The facility may permit unlicensed personnel to administer drugs if State law permits, but only under the general supervision of a licensed nurse.	F 425			

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F 425	<p>Continued From page 17</p> <p>A facility must provide pharmaceutical services (including procedures that assure the accurate acquiring, receiving, dispensing, and administering of all drugs and biologicals) to meet the needs of each resident.</p> <p>The facility must employ or obtain the services of a licensed pharmacist who provides consultation on all aspects of the provision of pharmacy services in the facility.</p> <p>This REQUIREMENT is not met as evidenced by: Based on observation, record review and interview, the facility failed to follow their policy to provide accurate and timely documentation of medications given in 4 of 11 residents, (R1, R2, R5, R9) reviewed for medication administration in the sample of 11.</p> <p>Finding Include:</p> <p>1 R2's Physician Order Sheet (POS), dated 12/14/15, documented R2 was admitted to the facility with diagnoses to include Aftercare Post Surgery. The same POS documented that R2 was to receive Flagyl 500 mg (milligrams) Q (every) 8 hours at 6:00 AM, 2:00 PM and 10:00 PM.</p> <p>During a medication pass on 12/22/15, from 12:35 PM - 12:40 PM, E4 stated that was all of the medications she had to give for the afternoon and that the next medication pass would be on the evening shift, probably around 4:00 PM.</p>	F 425			

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F 425	<p>Continued From page 18</p> <p>At 12:50 PM, the facility Medication Administration Record (MAR) for R2 documented that R2's 2:00 PM dose of Flagyl had already been administered.</p> <p>At 12:55 PM, R2, who the facility identified as interviewable, stated she took her afternoon medications before she ate lunch. R2 states she was not sure of the exact time she took the pills but it was before she ate at 12:30PM.</p> <p>2. R1's POS, dated 12/9/15 documented R1 is receive Olanzapine (Zyprexa) 5 mg PO (by mouth) every 8 hrs (hours). The same POS documented this medication is to be given at 6:00 AM, 2:00 PM, and 10:00 PM.</p> <p>During a medication pass, on 12/22/15, from 12:35 PM - 12:40 PM, E4 stated that was all of the medications she had to give for the afternoon and that the next medication pass would be on the evening shift, probably around 4:00 PM.</p> <p>At 12:50 PM, the facility MAR for R1 documented that R1's 2:00 PM dose of Olanzapine had already been given.</p> <p>On 12/22/15 at 1:00 PM, E2 stated that the facility does not have a written policy for medication times. E2 stated that it is the facility's practice to give medications within a 2 hour time frame, 1 hour before scheduled time to 1 hour after the scheduled time.</p> <p>3. R5's December 2015 physician's orders include an order for Marinol 5mg 1 capsule by mouth three times daily to be given at 6am, 1pm and 5pm. On 12/22/15 at 2:25pm, the Controlled</p>	F 425			

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F 425	Continued From page 19 Drug Receipt/Record/Disposition Form for the Marinol 5mg shows R5 not being administered numerous doses of Marinol for the times/dates as follows - 12/22/15 5pm, 12/20/15 1pm or 5pm, 12/18/15 - 1pm, 12/17/15 1pm, 12/15 - none documented as given, 12/13 - 1pm, none documented as given on 12/12/15, and 12/10/15 1pm.  4. R9's POS for December 2015 includes an order for Alpraxolam 0.25mg twice daily. The Controlled Drug Receipt/Record/Disposition Form documents R9 did not receive her 8pm dose on 12/1/15.  5. The facility policy entitled "Medication Administration Procedure" dated 2/6/14 documents the purpose of the policy is to administer medication safely and appropriately to aid residents to overcome illness, relive and prevent symptoms and help in diagnosis." The policy's procedure is to ensure medications are administered according to physician's orders.	F 425			
F 431 SS=D	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	F 431			

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F 431	<p>Continued From page 20</p> <p>appropriate accessory and cautionary instructions, and the expiration date when applicable.</p> <p>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.</p> <p>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 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.</p> <p>This REQUIREMENT is not met as evidenced by: Based on interview, observation and record review the facility failed to ensure that controlled substances establish a system that accurately records the disposition of all controlled drugs for 2 of 9 residents (R5 and R8) reviewed for controlled substances in a sample of 11.</p> <p>Findings include:</p> <p>1. R5's December 2015 physician's orders include an order for Marinol 5mg 1 capsule by mouth three times daily to be given at 6am, 1pm and 5pm. On 12/22/15 at 2:25pm, E6 Licensed Practical Nurse (LPN) punched a capsule of Marinol out of the medication card and stated she</p>	F 431			

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F 431	<p>Continued From page 21</p> <p>was just getting ready to give R5 the 1pm dose of Marinol. The Controlled Drug Receipt/Record/Disposition Form had 45 pills documented as "left." E6 was asked to count the pills in the bottle which she got from the medication room refrigerator. E6 counted 40 pills and could not explain the difference in the number of actual pills and the count sheet of 45 which left a 5 pill deficit. E6 stated she did not count the Marinol that morning.</p> <p>The Narcotic and Hypnotic Inventory Sheet December 2015 shows E6's signature for the shift to shift controlled substance count at 7am earlier that day and also for the 3pm count even though she hadn't done it yet. E6 had no explanation as to why she initialed it as given, early.</p> <p>The Narcotic and Hypnotic Inventory Sheet's directive at the top of the sheet documents "Countable Drugs are to be counted at each change of shift. The last person whose name appears on the this sheet is responsible for the drugs."</p> <p>The facility policy dated 9/19/12 entitled Controlled Substance Medications documents "At each shift change, a physical inventory of specific medications, those selected by the facility, in conducted by two licensed nurses and is documented on a audit record" and "Any discrepancy in controlled substance medications counts is reported to the Director of Nursing immediately. The Director or designee investigates and makes every reasonable effort to reconcile all reported discrepancies."</p> <p>2. On 12/22/15 between 12:35 PM and 12:40 PM, E4, Licensed Practical Nurse (LPN) was</p>	F 431			

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NAME OF PROVIDER OR SUPPLIER  <b>INTEGRITY HC OF GODFREY</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>1623 29 WEST DELMAR</b> <b>GODFREY, IL 62035</b>		
(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 431	<p>Continued From page 22</p> <p>observed during a medication pass. At 12:37 PM, E4 dispensed R8's medications, including Lorazepam 0.5 mg (milligrams) into a paper cup. E4 documented R8's Lorazepam on the facility's Controlled Drug Receipt/Record/Disposition Form. E4 documented that R8 had 10 Lorazepam left, then closed the book. The medication card had 9 pills left in it. E4 was asked to show the documentation. E4 found R8's Controlled Drug Form and noted that it had documented 10 pills should be in the card.</p> <p>E4 stated she must have documented on the wrong resident and attempted to find where she had documented. E4 stated she was unable to find where she had documented and at 1:05 PM again signed R8's Controlled Drug Form, documenting that there should be 9 Lorazepam in R8's medication card.</p> <p>On 12/22/15 at 1:05 PM, the discrepancy was brought to the attention of E2, Director of Nursing (DON). A copy of the Controlled Drug Receipt/Record/Disposition Form was made by E2, documenting that E4 had dispensed a Lorazepam to R8 at 1:00 PM and again at 1:05 PM.</p> <p>At 1:30 PM on 12/22/15, E2 and E4 did a narcotics count and verified that R8 had 9 Lorazepam left in the package.</p> <p>On 12/22/15 at 3:00 PM the Controlled Drug Receipt/Record/Disposition Form for R8's Lorazepam documented E4 had wasted a 9:00 AM dose of Lorazepam and changed the 1:00 PM dose time to show this dose was given at 9:00 AM.</p>	F 431			