

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

PRINTED: 03/17/2016
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 145410	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 01/22/2016
NAME OF PROVIDER OR SUPPLIER BREESE NURSING HOME			STREET ADDRESS, CITY, STATE, ZIP CODE 1155 NORTH FIRST STREET BREESE, IL 62230		
(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 315 SS=D	<p>Annual Licensure and Certification</p> <p>483.25(d) NO CATHETER, PREVENT UTI, RESTORE BLADDER</p> <p>Based on the resident's comprehensive assessment, the facility must ensure that a resident who enters the facility without an indwelling catheter is not catheterized unless the resident's clinical condition demonstrates that catheterization was necessary; and a resident who is incontinent of bladder receives appropriate treatment and services to prevent urinary tract infections and to restore as much normal bladder function as possible.</p> <p>This REQUIREMENT is not met as evidenced by: Based on observation, interview and record review, the facility failed to provide complete incontinent care to prevent Urinary Tract Infections (UTI) for 2 of 5 residents (R2, R3) observed for incontinent care in the sample of 15.</p> <p>Findings include:</p> <p>1. R3's Minimum Data Set (MDS), dated 12/11/15, documents R3 requires total assist with toileting, bathing, dressing and transfers and is occasionally incontinent of bowel and always incontinent of urine.</p> <p>R3's Physician Order Sheet (POS), dated 1/16/15, documents, "Discontinue Levaquin. Start Macrobid twice a day for 3 days."</p> <p>R3's Urine Culture Final Report, dated 1/16/16,</p>	F 315		2/19/16	

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

TITLE

(X6) DATE

02/09/2016

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 315	<p>Continued From page 1</p> <p>documents more than 100,000 colony forming units/milliliters of Escherichia coli.</p> <p>R3's Care Plan, dated 12/12/16, documents, "(R3) has bladder incontinence related to physical limitations, dementia, impaired mobility, history of UTI. Incontinence: Check at least every 2 hours and as required for incontinence. Wash, rinse and dry perineum."</p> <p>On 1/19/16 at 2:19 PM, E8 and E9, Certified Nurses Aides (CNAs) provided incontinent care to R3. R3 had an incontinent episode of both urine and bowel. R3's adult incontinent brief was saturated with urine and soiled with soft fecal matter from the front where it covered the vaginal area to the back. E8 used a washcloth with water and no rinse periwash to cleanse the left groin of yellowish brown fecal material with one stroke and cleansed the right groin with the same used surface of the wash cloth. E8 used a second wash cloth and cleansed R3 across the vaginal area once. There was some fecal smear noted on the wash cloth. E8 did not attempt to spread the labial folds. E8 and E9 rolled R3 to her left side and E8 wiped R3's perineal area and perianal area with one swipe and there was fecal material on the washcloth. After a second swipe of the area using a second wash cloth, E8 applied a clean incontinent pad and adult brief under R3. E9 wiped R3's left buttock with a dry towel without prior cleansing. Then both CNAs turned R3 on to her back, fastened her brief and straightened R3's pillows and covers. E8 and E9 failed to cleanse R3's right and left buttocks, inner thighs and failed to thoroughly cleanse R3's vaginal folds, perineal and perianal area. E8 failed to dry R3 after washing her up.</p>	F 315			

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F 315	<p>Continued From page 2</p> <p>On 1/21/16 at 3:25 AM, E2, Director of Nursing (DON) stated she expects all her staff to provide complete and thorough perineal care to prevent potential infections particularly for residents with history of urinary infections.</p> <p>The Facility Policy on Perineal Care, dated 2/6/12, documents, "Female Perineal Care: 1. Ask resident if she is able to separate her legs and flex her knees. 2. If not, the perineal area can be washed with the resident on the side with the legs flexed. 5. Use one gloved hand to stabilize and separate the labia, with the other hand wash from front to back. 6. Rinse area. 7. Pat dry with dry washcloth or towel."</p> <p>2. The Facility's Infection Control Log, dated October 2015, documents a UTI for R2 on 10/9/15.</p> <p>R2's MDS, dated 11/26/15, documents that R2 is moderately impaired with decisions, and is frequently incontinent of bowel and bladder.</p> <p>On 1/20/16 at 9:23 AM, E6 and E13, CNAs, provided perineal care for urinary incontinence for R2. E13 used a washcloth and wiped R2's perineal area three separate times with the same soiled surface of the wash cloth. E13 did not fold over the wash cloth to provide a clean surface area for each wipe. E13 used a second washcloth and wiped R2 two more times without folding over the washcloth to provide a clean surface. R2 was positioned on left side. E13 cleansed R2's Right buttock area with a wash cloth then positioned R2 in a supine position and put on an adult brief. R2's left buttock area was not cleansed.</p> <p>The Facility instructions on How to Perform Peri</p>	F 315			

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F 315	Continued From page 3 Care, undated, documents under #10. "If using soap wet washcloth and add soap to make lather/fold into 4th's to peel or you may flip if using Peri wash open washcloth and spray washcloth/fold to peel or flip."	F 315			
F 318 SS=D	483.25(e)(2) INCREASE/PREVENT DECREASE IN RANGE OF MOTION Based on the comprehensive assessment of a resident, the facility must ensure that a resident with a limited range of motion receives appropriate treatment and services to increase range of motion and/or to prevent further decrease in range of motion. This REQUIREMENT is not met as evidenced by: Based on observation, interview, and record review, the facility failed to provide complete Passive Range of Motion (PROM) for the prevention of contractures for one resident (R20) reviewed for PROM in the supplemental sample. Findings include: R20's Care Plan, dated 11/2/15, documents, "(R20) has decreased joint mobility in her left hand that requires sustained positioning. Left wrist drop. Goal: Will maintain or improve range of motion (ROM) of left hand, prevent deformity, maintain skin integrity by next review date."	F 318		2/19/16	

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F 318	Continued From page 4 R20's Physician Order Sheet (POS), dated 1/2016, documents, "(PROM) Passive range of motion on both upper extremities 5-15 repetitions 6 days a week." On 1/21/16 at 9:45 AM, E7, Certified Nursing Aide (CNA), performed PROM exercises on R20 while R20 sat in the wheelchair. E7 did flexion and extension of both right and left shoulders, elbows, wrists and fingers. E7 failed to exercise R20's aforementioned joints in all other planes. E20 also failed to attempt to exercise both of R20's thumbs in all planes. On 1/21/16 at 10:00 AM, E7 stated staff is supposed to exercise R20 every shift. E7 stated she was not sure if she was doing it properly or completely. E7 stated R20's morning care like grooming, brushing her hair are already counted as part of her PROM exercises. On 1/21/16 at 3:22 PM, E2, Director of Nursing (DON) stated PROMs are done by the therapy aides daily and if they are off, the CNAs are expected to do them on the residents who are on the PROM program daily. E2 stated she expects the aides to do the exercises in all joints and all planes. The Facility Policy on Passive Range of Motion, undated, documents, "It is the policy of the Facility to promote independence and quality of life by maintaining or improving the resident's joint function."	F 318			
F 323 SS=E	483.25(h) FREE OF ACCIDENT HAZARDS/SUPERVISION/DEVICES	F 323		2/19/16	

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F 323	<p>Continued From page 5</p> <p>The facility must ensure that the resident environment remains as free of accident hazards as is possible; and each resident receives adequate supervision and assistance devices to prevent accidents.</p> <p>This REQUIREMENT is not met as evidenced by:</p> <p>A. Based on observation, interview and record review the Facility failed to ensure the baseboard heating unit surfaces are maintained at safe temperatures for 9 of 15 residents (R3, R4, R5, R6, R9, R11, R12, R13 and R14) in the sample of 15 and 22 residents (R16, R23, R29, R30, R31, R32, R33, R34, R35, R36, R37, R38, R39, R40, R41, R42, R43, R44, R45, R46 and R47) in the supplemental sample.</p> <p>Findings Include:</p> <p>On 01/19/2016 at 11:30 PM, R21 was standing still near the baseboard heating unit on the 200 Hall. The baseboard heater did not have a protective guard.</p> <p>On 01/19/2016 at 11:30 PM in the 100 hallway, there was a baseboard heating unit near room 126 without a guard and it was hot to the touch. A heating thermal test strip was applied and it turned black indicating at least 160 degrees Fahrenheit (F).</p> <p>On 1/19/2016 at 11:31 AM, R5 was sitting in her wheelchair in the hallway close to her room. No facility staff was present in the hallway at the time. R5's foot was resting on the wheelchair foot</p>	F 323			

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F 323	<p>Continued From page 6</p> <p>rest adjacent to the baseboard heater. The baseboard heater did not have a protective guard.</p> <p>On 01/19/2016 at 11:35 PM, R4 was sitting in her wheelchair with her feet close to the baseboard heater which did not have a protective guard.</p> <p>On 01/19/2016 at 11:52 PM in the 200 hallway, there were two the baseboard heating units that did not have any protective guard present and were hot to the touch. A heating thermal test strip was applied and it turned black indicating at least 160 degrees F was reached on both of the baseboard heating units in the 200 hall.</p> <p>An untitled paper posted for Facility personnel, dated 01/20/2016, documents, "Effective Immediately-Please perform baseboard watches every 15 minutes. This watch is to ensure no resident or items are against the baseboard heater in the hallway or the rooms. Due to the extreme cold temperatures the baseboard heaters are getting excessively warm to the touch. Residents cannot sit near the baseboard heaters in the halls or in their rooms. Personal items should not be placed near baseboard heaters. Thanks Administration."</p> <p>On 01/21/2016 at 10:01 AM, no one was in R11's room. R11's bed was 28 inches from the window. Under the window there are two heating units attached to each other. Each unit measures 7 inches from the floor, 5 inches in width and 50 inches in length. The heater is hot to the touch and a heating thermal test strip was applied and it turned black indicating at least 160 degrees F was reached in R11's room heating unit. The temperature outside was low 7 degrees F.</p>	F 323			

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F 323	<p>Continued From page 7</p> <p>On 01/21/2016 at 10:20 AM, E14, Maintenance Supervisor stated, "All of the baseboard heaters are either on or off. There is no way we can adjust them or turn down the heat. I can see where if someone touched the heater on the top lip they could get burned. I can see how that could happen, but fortunately we have not had any resident that received a burn from the heaters. I have been here for four years and no residents have ever been burned. This is the original heating unit for the building and the heaters are present in all of the residents rooms as well. I do not have a log because there is no way for me to adjust the temperatures."</p> <p>On 01/21/2016 at 4:15 PM, E1, Administrator, stated "We have never had any resident receive burns from the baseboard heaters."</p> <p>The Facility Incident Reports for the last year were reviewed and no report documents any residents receiving burns from the heating units.</p> <p>On 01/19/2016 at 11:01 PM, the Facility provided a list of Cognitively Impaired and Mobile residents which included R3, R4, R5, R6, R9, R11, R12, R13, R14, R16, R23, R29, R30, R31, R32, R33, R34, R35, R36, R37, R38, R39, R40, R41, R42, R43, R44, R45, R46 and R47.</p> <p>B. Based on observation, record review, and interview the facility failed to safely transfer 2 of 7 residents (R6, R12) reviewed for falls in the sample of 15.</p> <p>Findings Include:</p> <p>1. R6's Physician Order Sheet (POS), dated</p>	F 323			

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F 323	<p>Continued From page 8</p> <p>01/01/16, documents R6 has a diagnosis of Stroke/ Cardiovascular Accident.</p> <p>R6's Minimum Data Set (MDS), dated 11/18/15, documents R6 is not steady only able to stabilize with staff assistance, when moving from seated to standing, walking, moving on and off the toilet, and turning around.</p> <p>R6's Care Plan, dated 04/12/15, documents R6 is a two person assist with all transfers.</p> <p>On 01/21/16 at 8:50 AM, E19, Certified Nursing Assistant (CNA), and E20, CNA, placed a gait belt around R6's waist and helped him up, from the wheelchair. E19 and E20 asked R6 to stand up straight, which he didn't do. R6 was assisted to his bed with a shuffling movement of his feet.</p> <p>R6's Incident/Accident Report, dated 04/12/15, documents R6 was being transferred by E15, CNA, from the bed to the wheelchair with a gait belt, when the brakes on the wheelchair failed to hold the wheelchair in place. The Report documents the wheelchair slid away from R6, and R6 fell on the floor, hitting the right side of his body. R6's Incident/ Accident Report further documents R6 was examined per E18, Registered Nurse (RN), and E18 found a 9 centimeter (cm) by 1.5 cm abrasion to the lower back. R6 also had a 1.2 cm by 0.5 cm abrasion on his right arm. The Report also documents E18 reminded E15 that R6 is a two person assist for all transfers.</p> <p>2. R12's MDS, dated 10/20/15, documents R12 is not steady only able to stabilize with staff assistance, when moving from seated to standing, walking, moving on and off the toilet,</p>	F 323			

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F 323	<p>Continued From page 9 and turning around.</p> <p>On 1/21/16 at 12:30 PM, E20, CNA, placed a gait belt around R12's waist. E20 and E21 lifted R12 up from his wheelchair. R12 then yelled "Don't pull on me." R12 had difficulty standing as he was transferred to his bed. E21 stated "He (R12) has good days and bad days. Sometimes he (R12) can stand, and walk to his bed."</p> <p>R12's Incident and Accident Report, dated 01/11/16, documents E17, CNA, was transferring R12 to his wheelchair with his walker. The Report also documents the wheelchair brakes were in the locked position, when R12 tried to sit on the seat of the wheelchair, the wheelchair slid away, and R12 was lowered to the floor by E17. The Incident and Accident Report also documented that E14, Maintenance Supervisor, fixed the wheelchair.</p> <p>In an interview on 01/21/16 at 3:30 PM, E14 stated, "The CNAs clean the wheelchairs on a regular basis, and if anything is wrong with the wheelchairs. The CNAs are suppose to notify me to fix them."</p> <p>In an interview on 01/22/16 at 9:15 AM, E3, Director of Nursing, stated, "We are implementing a new program to remind the CNAs to check the wheelchair brakes."</p> <p>The facility policy entitled Resident and Staff Safety Policy, dated 04/2014, documents, "The facility must ensure that each resident receives adequate supervision and assistive devices to prevent accidents. Any staff member who finds that faulty equipment is the cause of an incident must remove the incident from use."</p>	F 323			

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F 441 SS=E	<p>483.65 INFECTION CONTROL, PREVENT SPREAD, LINENS</p> <p>The facility must establish and maintain an Infection Control Program designed to provide a safe, sanitary and comfortable environment and to help prevent the development and transmission of disease and infection.</p> <p>(a) Infection Control Program The facility must establish an Infection Control Program under which it - (1) Investigates, controls, and prevents infections in the facility; (2) Decides what procedures, such as isolation, should be applied to an individual resident; and (3) Maintains a record of incidents and corrective actions related to infections.</p> <p>(b) Preventing Spread of Infection (1) When the Infection Control Program determines that a resident needs isolation to prevent the spread of infection, the facility must isolate the resident. (2) The facility must prohibit employees with a communicable disease or infected skin lesions from direct contact with residents or their food, if direct contact will transmit the disease. (3) The facility must require staff to wash their hands after each direct resident contact for which hand washing is indicated by accepted professional practice.</p> <p>(c) Linens Personnel must handle, store, process and transport linens so as to prevent the spread of infection.</p>	F 441		2/19/16	

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F 441	<p>Continued From page 11</p> <p>This REQUIREMENT is not met as evidenced by: Based on observation, interview and record review, the facility failed to follow handwashing protocol during incontinent care and when providing feeding assistance for 2 of 13 residents (R1, R3) reviewed for infection control practices in the sample of 15 and 3 residents (R18, R19, R20) in the supplemental sample.</p> <p>Findings include:</p> <p>1. On 1/19/16 at 2:19 PM, E8 and E9, Certified Nurses Aides (CNAs) provided incontinent care to R3 for urine and bowel incontinence. R3's adult incontinent brief was saturated with urine and soiled with soft fecal matter from the front where it covered the vaginal area to the back. E8 used a washcloth with water and no rinse periwash and cleansed R3. E8 applied a clean incontinent pad and adult brief under R3. Both CNAs turned R3 on to her back, fastened R3's adult brief and straightened R3's pillows and covers. E8 took the bed remote control to elevate the head of the bed, moved the over bed table close to R3, and filled R3's cup with soda with her all with the same gloved hands used to perform incontinent care. E9 pushed the mechanical lift out of R3's room with her gloved hands. Both E8 and E9 did not change gloves at anytime during the procedure. Both touched R3's clean items and clean surfaces in R3's room while wearing the same contaminated gloves.</p> <p>On 1/21/16 at 3:30 PM , E2, Director of Nursing (DON), stated she expects all staff to change their gloves and wash their hands when working from a contaminated area to a clean area during resident care.</p>	F 441			

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NAME OF PROVIDER OR SUPPLIER BREESE NURSING HOME			STREET ADDRESS, CITY, STATE, ZIP CODE 1155 NORTH FIRST STREET BREESE, IL 62230		
(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 441	<p>Continued From page 12</p> <p>The Facility Policy on Perineal Care, undated, documents, "C. General Infection Control Guidelines: a. Observe (standard) universal precautions or other infection control standards as approved by appropriate facility committee. After Male/Female Perineal Care, remove gloves."</p> <p>The Facility Policy on Handwashing, dated 2/7/12, documents, "Handwashing should be done: iii. After contact with blood, body fluids and contaminated items. iv. Whenever hands/gloves are obviously soiled."</p> <p>2. On 1/19/16 at 3:02 PM, E10 and E11, CNAs provided incontinent care for R1. E10 removed R1's adult incontinence brief and wiped stool off of R1's buttocks. E11 without changing gloves, removed R1's pants and put clean pajama pants on R1. E10 and E11 placed R1 on a mesh lift pad and returned R1 to the chair using a mechanical lift without washing or sanitizing hands. Both E10 and E11 left the room without washing or sanitizing their hands.</p> <p>3. On 1/19/16 at 12:19 PM during meal time, E7, CNA, was assisting R18, R19, and R20 with the meal. R18 was reaching out and grabbing E7's hand throughout the meal. E7 would then reach for a spoon and feed both R19 and R20. E7 did not sanitize her hands between being touched by R18 and feeding R19 and R20.</p> <p>On 1/22/16 at 9:15 AM, E1, Administrator, and E3, Director of Nurses, confirmed that a new policy for feeding multiple residents was being implemented and staff was being in serviced "starting today."</p>	F 441			

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

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 145410	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 01/22/2016
NAME OF PROVIDER OR SUPPLIER BREESE NURSING HOME			STREET ADDRESS, CITY, STATE, ZIP CODE 1155 NORTH FIRST STREET BREESE, IL 62230		
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F 441	Continued From page 13 The Facility's Handwashing policy and procedure, revised 2/7/12, documents in part under 2. Guidelines and Precautions, b. Hand-washing should be done at the following times: "ii. Before and after caring for each resident." "v. Alcohol hand sanitizer may be used only if hands/gloves are not obviously soiled."	F 441			