

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

PRINTED: 04/27/2016
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 146046	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 04/21/2016
NAME OF PROVIDER OR SUPPLIER BURNSIDES COMMUNITY HEALTH CTR			STREET ADDRESS, CITY, STATE, ZIP CODE 410 NORTH SECOND STREET MARSHALL, IL 62441		
(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 154 SS=D	<p>Complaint #1661965/ IL84738 - F154, F157, F280, F314, F315, F441</p> <p>Complaint #1662135/ IL84929 - F157, F280, F314, F315, F441</p> <p>483.10(b)(3), 483.10(d)(2) INFORMED OF HEALTH STATUS, CARE, & TREATMENTS</p> <p>The resident has the right to be fully informed in language that he or she can understand of his or her total health status, including but not limited to, his or her medical condition.</p> <p>The resident has the right to be fully informed in advance about care and treatment and of any changes in that care or treatment that may affect the resident's well-being.</p> <p>This REQUIREMENT is not met as evidenced by: Based on record review and interview the facility failed to obtain and document informed consent for the use of psychotropic medication for one of three residents (R1) reviewed for psychotropic medication in the sample of four.</p> <p>Findings include:</p> <p>R1's Physician Order Sheet (POS) dated 2/23/16 documents the following diagnoses: Dementia Without Behavioral Disturbance, Major Depressive Disorder, and Anxiety. The same POS documents an order to increase Ativan (anxiolytic) to 0.5 milligram (mg) by mouth (PO) three times daily.</p>	F 154			

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 154	Continued From page 1 R1's Medication Administration Record dated February 1 - 29, 2016 and March 1 - 31, 2016 documents R1 received Ativan 0.5 mg , PO three times daily from 2/23/16 through 3/4/16. On 4/20/16 at 2:00 PM, E2, Director of Nursing stated "I have looked and looked and cannot find (R1's) (documented) consent for the increase dose of Ativan to three times a day. Apparently we do not have a consent for that increase. Yes, we should have gotten it when it (Ativan) was increased."	F 154			
F 157 SS=D	483.10(b)(11) NOTIFY OF CHANGES (INJURY/DECLINE/ROOM, ETC) A facility must immediately inform the resident; consult with the resident's physician; and if known, notify the resident's legal representative or an interested family member when there is an accident involving the resident which results in injury and has the potential for requiring physician intervention; a significant change in the resident's physical, mental, or psychosocial status (i.e., a deterioration in health, mental, or psychosocial status in either life threatening conditions or clinical complications); a need to alter treatment significantly (i.e., a need to discontinue an existing form of treatment due to adverse consequences, or to commence a new form of treatment); or a decision to transfer or discharge the resident from the facility as specified in	F 157			

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F 157	<p>Continued From page 2 §483.12(a).</p> <p>The facility must also promptly notify the resident and, if known, the resident's legal representative or interested family member when there is a change in room or roommate assignment as specified in §483.15(e)(2); or a change in resident rights under Federal or State law or regulations as specified in paragraph (b)(1) of this section.</p> <p>The facility must record and periodically update the address and phone number of the resident's legal representative or interested family member.</p> <p>This REQUIREMENT is not met as evidenced by: Based on record review, observation and interview, the facility failed to notify and consult with the physician for two of three residents (R1 and R2) reviewed for a change of condition in the sample of four.</p> <p>Findings include:</p> <p>1. R1's Physician Order Sheet (POS) dated March 1 - 31, 2016 documents the following diagnoses: Atrial Fibrillation with Long Term Use of Anticoagulant Therapy, History of Falls, History of Basal Cell Carcinoma of the face and Dementia Without Behavioral Disturbance. The same POS documents Coumadin (anticoagulant medication) Give 1 milligram (mg) by mouth every other evening alternated with Coumadin 2 mg by mouth every other evening.</p> <p>R1's Nurse Progress Note dated 1/21/16 at 2:24 PM, documents "(R1) has a large knot/hematoma</p>	F 157			

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F 157	<p>Continued From page 3</p> <p>to the right bridge of nose, purple in color. (E2) Director of Nursing aware. Doctors office faxed (facsimile) with request for (R1) to be seen as early as possible."</p> <p>On 4/21/16 at 2:30 PM, E2 stated "I was told about the bump. It didn't look like an injury to me but we aren't sure how it occurred or what caused it. We made a doctors appointment to have it looked at" The documentation in R1's medical record was not completed with a fax or an appointment scheduled regarding R1's change in condition.</p> <p>On 4/21/16 at 2:45 PM, Z2, Primary Care Physician stated "On 1/22/16 (R1) was having difficulty breathing. I did not get notified of the bridge of the nose bump on 1/21/16. I sent (R1) out on 1/22/16. (R1) was hospitalized for Pneumonia. No bump was mentioned when I sent (R1) for the hospital assessment on 1/22/16."</p> <p>2. R2's POS dated 4/1/16 - 4/30/16 documents the following diagnoses: Cauda Equina Syndrome (spinal neurological damage), Spinal Stenosis, Paraplegia, Chronic Embolism and Thrombosis of Unspecified Veins, Anemia and Obesity. The same POS documents pressure ulcer treatments for the left heel and right ischium.</p> <p>On 4/19/16 at 2:15 PM E3, Registered Nurse completed pressure ulcer treatments to R2's left heel and lower right ischium. E3 identified four new pressure ulcers on R2's upper ischium, one new open area (not pressure related) on R2's right front thigh and a reddened area on R2's upper scrotum. On 4/20/16 at 3:00 pm documentation was not completed for the new skin impairments found on 4/19/16 or the</p>	F 157			

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F 157	Continued From page 4 physician notification. On 4/21/16 at 8:30 am E2 stated "(E3) should have initiated treatment on all of (R2's) new pressure ulcers and notified the physician." The facility policy "Change in Condition: When to Report to the MD (Physician)/NP (Nurse Practitioner) /PA (Physician Assistant)" dated (no month identified) 2010, documents the following: "Immediate Notification of any symptom, sign or apparent discomfort that is sudden in onset, a marked change in relation to usual symptoms and signs..."	F 157			
F 280 SS=E	483.20(d)(3), 483.10(k)(2) RIGHT TO PARTICIPATE PLANNING CARE-REVISE CP The resident has the right, unless adjudged incompetent or otherwise found to be incapacitated under the laws of the State, to participate in planning care and treatment or changes in care and treatment. A comprehensive care plan must be developed within 7 days after the completion of the comprehensive assessment; prepared by an interdisciplinary team, that includes the attending physician, a registered nurse with responsibility for the resident, and other appropriate staff in disciplines as determined by the resident's needs, and, to the extent practicable, the participation of the resident, the resident's family or the resident's legal representative; and periodically reviewed and revised by a team of qualified persons after each assessment.	F 280			

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F 280	<p>Continued From page 5</p> <p>This REQUIREMENT is not met as evidenced by: Based on interview and record review the facility failed to provide a written plan of care addressing Pressure Ulcers, Psychotropic Medications, and post Fall Interventions for two of four residents (R1, R2) reviewed for Care Plans in the sample of four.</p> <p>Findings include:</p> <p>1. The Physician Order Sheet dated 3/31/16 documents R2 is currently prescribed Klonopin (anti-seizure/anxiolytic) 0.5 milligrams, twice per day.</p> <p>The Treatment Administration Record dated April 2016 documents R2 currently has a left heel and right ischium pressure ulcer.</p> <p>R2's Care Plan dated 3/30/16 does not include a plan of care to address R2's Psychoactive Medication or Pressure Ulcers.</p> <p>On 4/20/16 at 2:00 PM, E2 Director of Nurses (DON) confirmed R2 does not have a pressure ulcer or psychoactive medication care plan but he should.</p> <p>2. R1's Physician Order Sheet (POS) dated March 1 - 31, 2016 documents the following diagnoses: Atrial Fibrillation with Long Term Use of Anticoagulant Therapy, History of Falls, Rheumatoid Arthritis, Difficulty Walking, Osteoarthritis, Muscle Weakness, Dementia Without Behavioral Disturbance, Major Depressive Disorder and Anxiety.</p>	F 280			

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F 280	<p>Continued From page 6</p> <p>R1's "Fall (Investigation) Detail Report" dated 12/13/15 documents a targeted fall intervention as "physical therapy screen."</p> <p>R1's "Fall (Investigation) Detail Report" dated 12/21/15 documents a targeted fall intervention to "place an alarm back in the wheelchair."</p> <p>R1's "Fall (Investigation) Detail Report" dated 2/02/16 documents a targeted fall intervention as "toilet schedule."</p> <p>R1's "Fall (Investigation) Detail Report" dated 3/04/16 documents a targeted fall intervention as "(wearable blanket) instead of a blanket."</p> <p>R1's Care Plan dated 12/08/15, has not been revised to incorporate the targeted interventions after the falls on 12/13/15, 12/21/15, 2/02/16 and 3/4/16.</p> <p>On 4/21/16 at 8:30 am, E2, Director of Nursing stated "The care plan for (R1) should have reflected the targeted root cause interventions, for all the falls this past year, as indicated on the fall investigations."</p> <p>The facility policy "Fall Assessment, Risk Identification and Management Policy" dated 3/20/12 documents the following: "Care Planning after a fall...Interventions to manage falls, interventions will be based on resident assessment and the circumstances surrounding the risk for injury or actual injury or fall..."</p> <p>3. R1's Physician Order Sheet (POS) dated 2/23/16 documents the following diagnoses: Dementia Without Behavioral Disturbance, Major Depressive Disorder and Anxiety. The same POS</p>	F 280			

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F 280	Continued From page 7 documents an order to increase Ativan (anxiolytic) to 0.5 milligram (mg) by mouth (PO) three times daily. R1's Care Plan dated 12/08/15 does not include a plan of care to address R1's anxiety and the use psychoactive medication. On 4/21/16 at 8:30 am, E2 Director of Nurses (DON) stated "(R1) should have been care planned for the anxiety and the Ativan...." The facility policy "Psychopharmacological Drug Management Program" dated October 2007, documents the following: "The components of a psychopharmacologic drug management program include interdisciplinary (IDT) involvement, the Pharmacist in conjunction with the Nursing Director....The IDT is responsible for developing a non pharmacological interventions to manage difficult behavior and communicate these to all of the care team."	F 280			
F 314 SS=D	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:	F 314			

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F 314	<p>Continued From page 8</p> <p>Based on record review, observation and interview, the facility failed to prevent cross contamination and perform hand hygiene during pressure ulcer treatment for one of three residents (R2) reviewed for pressure ulcers in the sample of four.</p> <p>Findings include:</p> <p>R2's Physician Order Sheet (POS) dated 4/1/16 - 4/30/16 documents the following diagnoses: Cauda Equina Syndrome (spinal neurological damage), Spinal Stenosis, Paraplegia, Chronic Embolism and Thrombosis of Unspecified Veins, Anemia and Obesity. The same POS documents pressure ulcer treatments for the left heel and right ischium.</p> <p>On 4/19/16 at 2:15 PM, E3, Registered Nurse washed her hands then put on gloves and cut off the soiled pressure ulcer dressing from R2's left heel, stage III, pressure ulcer. Without washing hands, using hand sanitizer, or changing gloves, E3 completed the pressure ulcer treatments to R2's seeping, left heel while wearing the contaminated gloves. E3 then washed her hands and put on new gloves. E3 applied Calazime (zinc) cream to R2's lower, right ischium. E3 did not change gloves. E3 used the same contaminated index finger she applied the cream with on the right lower ischium, to apply Calazime cream to R2's anus. E3 continued on with the same index finger and applied the cream to four newly identified stage II, pressure ulcers on R2's upper, right ischium. E3 donned new gloves without washing her hands or using hand sanitizer and applied Calazime cream to one new open area (not pressure related) on R2's right front thigh and a reddened area on R2's upper</p>	F 314			

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F 314	Continued From page 9 scrotum. On 4/19/16 at 4:15 PM, E3 stated "I am usually wonderful about changing my gloves and washing my hands after removing the soiled dressing. I am disappointed in myself for continuing on with the treatment. I don't usually do that. I'm just nervous, I guess. The four new right buttock areas and raw anus cross contamination one area to the other, I don't know why I did that..."	F 314			
F 315 SS=D	483.25(d) NO CATHETER, PREVENT UTI, RESTORE BLADDER 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. This REQUIREMENT is not met as evidenced by: Based on observation, interview and record review the facility staff failed to perform hand hygiene to prevent cross contamination during	F 315			

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F 315	<p>Continued From page 10</p> <p>perineal care, indwelling catheter care, and pressure ulcer treatment preparation. These failures affected one of three residents reviewed for pressures ulcers on the sample of four.</p> <p>Findings include:</p> <p>R2's Physician Order Sheet (POS) dated 4/1/16 - 4/30/16 documents the following diagnoses: Cauda Equina Syndrome (spinal neurological damage), Spinal Stenosis, Paraplegia, Chronic Embolism and Thrombosis of Unspecified Veins, Anemia and Obesity. The same POS documents pressure ulcer treatments for the left heel and right ischium.</p> <p>On 4/19/16 at 2:00 PM, E4, Certified Nursing Assistant, put on gloves without washing E4's hand or using hand sanitizer. E4 wiped large brown, loose bowel movement from R2's buttocks. E4 while wearing the same soiled gloves, assisted R2 off the bedside commode to the wheelchair via slide board. E2 transferred R2 from the wheel chair via mechanical lift to R2's bed. E4 while wearing the same soiled gloves performed posterior perineal care, as R2 continued to ooze loose feces. R2 had five Stage II pressure ulcers noted on R2's ischium. R2's buttocks was visibly soiled with feces. E4 removed E4's gloves, did not wash hands or use hand sanitizer and left R2's room to get more wash cloths. E4 immediately returned and put on gloves without washing E4's hands or using hand sanitizer. E4 completed posterior perineal care and repositioned R2. E4 continued with the same contaminated gloves to perform anterior perineal care and indwelling urinary catheter care. A quarter size red, raw open area was present on R2's upper scrotum. E4 removed gloves and did</p>	F 315			

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F 315	Continued From page 11 not wash E4's hands or use hand sanitizer before leaving R2's room. On 4/19/16 at 2:40 PM E4 stated "Normally I don't have to use so many pairs of gloves on (R2). I usually have hand sanitizer in my pocket but I ran out today. I don't usually wash my hands, I use the hand sanitizer." The facility policy "Hand-Hygiene Technique" dated 3/1/2010 documents the following: "The purpose is to prevent the spread of infection. Indications for hand washing include when hands are visibly dirty or contaminated with proteinaceous material or visibly soiled with blood or other body fluids..."	F 315			
F 441 SS=D	483.65 INFECTION CONTROL, PREVENT SPREAD, LINENS 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. (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. (b) Preventing Spread of Infection (1) When the Infection Control Program determines that a resident needs isolation to	F 441			

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(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>prevent the spread of infection, the facility must isolate the resident.</p> <p>(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.</p> <p>(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> <p>This REQUIREMENT is not met as evidenced by: Based on observation and interview the facility staff failed to contain and handle soiled linen to prevent the spread of infection for R2. R2 is one of three residents reviewed for pressure ulcers in the sample of four.</p> <p>Findings include:</p> <p>On 4/19/16 at 2:00 pm, E4, Certified Nursing Assistant, used 11 wash cloths to perform perineal care on R2. E4 threw each feces soiled cloth to the floor, at the center of room. The soiled wash cloths spanned five square feet of floor space.</p> <p>On 4/19/16 at 2:40 pm E4 stated "I threw the dirty wash cloths on the floor without thinking. I don't usually do that. I was just flustered. We are suppose to use a plastic bag."</p>	F 441			

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

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F 441	Continued From page 13 The facility policy "Infection Control Policy and Procedure" dated 3/1/2010 documents the following: "Staff is instructed on the proper handling, storing, processing and transporting of linens so as to prevent the spread of infection."	F 441			