

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

PRINTED: 07/16/2015  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>145323</b>		(X2) MULTIPLE CONSTRUCTION A. BUILDING _____  B. WING _____		(X3) DATE SURVEY COMPLETED  <b>C</b> <b>07/16/2015</b>	
NAME OF PROVIDER OR SUPPLIER  <b>CARRIER MILLS NURSING &amp; REHAB CENTER</b>				STREET ADDRESS, CITY, STATE, ZIP CODE <b>6789 US RT 45, P O BOX 68</b> <b>CARRIER MILLS, IL 62917</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 000	INITIAL COMMENTS			F 000			
F 157 SS=D	<p>Complaint #1553626/IL00078463</p> <p>483.10(b)(11) NOTIFY OF CHANGES (INJURY/DECLINE/ROOM, ETC)</p> <p>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 §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</p>			F 157			

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 157	<p>Continued From page 1</p> <p>by:</p> <p>Based on record review and interview, the facility failed to promptly notify a resident's representative of a change in medical status for 1 of 4 residents (R2) reviewed for a change in resident status in the sample of 4.</p> <p>The findings are:</p> <p>1. R2 has diagnoses that include Dementia, Anxiety, Schizophrenia, Coronary Artery Disease and Diabetes Mellitus as noted on the November 2014 Physician Order Sheet (POS). Nurses notes dated 11/27/14 indicate that R2 was on an antibiotic and being treated for a Urinary Tract Infection also at this time.</p> <p>On 11/30/14 at 0400 (4:00 am) documentation in the nurses notes indicate that R2 had vomited 3 times and that a standing order for Phenergan 25 mg IM was given with R2 resting quietly after given. An 11/30/14 telephone order signed by Z1(Physician) for administration of Phenergan was noted in the record. On 7/15/15 at 9:35 am, Z1 stated that he recalled being made aware of R2 being ill as was several other residents around that time of 11-30-14. Nurses note documentation for 2:40 pm on 11/30/14 indicate that R2 had a 99 degree temperature and had one emesis on day shift, having slept most of the day. The nurses notes further document on 11/30/14 with no specific time (only "6p-6a") no vomiting but 2 episodes of diarrhea and that R2 had refused to eat and was only drinking water given with medications.</p> <p>Nurses notes dated 12/1/14 for 1:00 pm indicate vital signs in a normal range and that R2 had not had any episodes of nausea, vomiting or</p>	F 157			

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F 157	<p>Continued From page 2</p> <p>diarrhea "at this time". On 12/2/14 at 12:00 am nurses notes document that R2 had 2 episodes of diarrhea and was refusing food and most fluids. There is no indication in the record that R2's Power of Attorney (POA) was notified of this change in R2's condition until 12/2/14 at 9:15 am after an order was received to send R2 to the emergency room for evaluation due to continued diarrhea, refusing to eat and drink and poor skin turgor.</p> <p>A facility policy with a revision date of April 2011 and titled "Change in a Resident's Condition of Status" states that the facility shall promptly notify the resident, his or her Attending Physician and representative of changes in the resident's medical/mental condition.</p> <p>E3 (Executive Director of Nursing) verified on 7/15/15 at 12:00 pm that there was no indication in the record that the facility notified the POA of R2's 11/30/14 condition change until 12/2/14 at 9:15 am after the order to transfer to the hospital was received. R2 returned to the facility on 12/3/14 at 5:00 pm as documented in the nurses notes.</p> <p>E3 stated that the facility had several residents at around this time with vomiting and diarrhea and that the affected residents physicians were notified as well as the Medical Director. E3 provided documentation dated 12/1/14 of a preliminary IDPH notification that indicated 15 residents and 8 staff had been ill the weekend prior to December 1st, 2014.</p>	F 157			