

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

PRINTED: 09/15/2016
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 145323	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 08/12/2016
NAME OF PROVIDER OR SUPPLIER CARRIER MILLS NURSING & REHAB CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE 6789 US RT 45, P O BOX 68 CARRIER MILLS, IL 62917		
(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 167 SS=B	<p>Annual Certification Survey.</p> <p>483.10(g)(1) RIGHT TO SURVEY RESULTS - READILY ACCESSIBLE</p> <p>A resident has the right to examine the results of the most recent survey of the facility conducted by Federal or State surveyors and any plan of correction in effect with respect to the facility.</p> <p>The facility must make the results available for examination and must post in a place readily accessible to residents and must post a notice of their availability.</p> <p>This REQUIREMENT is not met as evidenced by: Based on observation, record review, and interview, the facility failed to provide the most current survey results conducted by State surveyors with respect to this facility. This failure has the potential to affect 9 (R4, R5, R6, R8, R9, R10, R11, R13, R14) of 20 residents from the sample of 20.</p> <p>The Findings Include:</p> <p>1. On 8/9/16, at 2:55 PM, a binder was noted in the front entry way of the facility labeled "I.D.P.H. Surveys." The binder was noted to have past State survey results forms along with Plan of Correction forms. The only form noted for the 2015 year was a form titled, "Post-Certification Revisit Report." There were no State survey result findings noted from the 2015 survey available for view.</p>	F 167			9/9/16

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

TITLE

(X6) DATE

08/29/2016

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 167	Continued From page 1	F 167			
F 248 SS=D	<p>R4, R5, R6, R8, R9, R10, R11, R13, R14 have a Brief Interview for Mental Status Score between 8-15 categorizing these residents as cognitively intact.</p> <p>An interview conducted with E1, Administrator, on 8/9/16 at 3:00 PM confirmed the State survey results for 2015 were not in the binder available for viewing.</p> <p>483.15(f)(1) ACTIVITIES MEET INTERESTS/NEEDS OF EACH RES</p> <p>The facility must provide for an ongoing program of activities designed to meet, in accordance with the comprehensive assessment, the interests and the physical, mental, and psychosocial well-being of each resident.</p> <p>This REQUIREMENT is not met as evidenced by: Based on record review, observation, and interview, the facility failed to plan, implement, and individualize an activity program to meet the needs for 1 (R7) of 20 residents reviewed for activities in a sample of 20.</p> <p>The Findings Include:</p> <p>1. On 8/9/16 at 10:45 AM, R7 was observed lying in her bed with the privacy curtain half pulled which obstructed her view to the hallway. R7's room was quiet with no music, television, or any activity taking place noted. R7 was noted to close her eyes for short periods of time, then look toward the ceiling at other times. This surveyor introduced herself at which time R7 nodded her</p>	F 248		9/9/16	

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F 248	Continued From page 2 head. Per the Treatment Administration Record with a start date of 8/1/16, R7 is to be up in a chair for meals only, no longer than one hour at a time and repositioned every 2 hours. This order is check marked and initialed as completed every day. Also noted per the Treatment Administration Record dated August 2016, R7 is receiving treatment for pressure wound areas. On 8/11/16 at 12:20 PM, E4, Activity Director, was asked about R7's current activity program. E4 stated they encourage R7 to come to church services and E4 was going to start a one on one activity program with R7 on Monday. R7 currently has no plan of care in place to address her specific activity program needs.	F 248			
F 441 SS=E	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.	F 441		9/9/16	

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F 441	<p>Continued From page 3</p> <p>(b) Preventing Spread of Infection</p> <p>(1) When the Infection Control Program determines that a resident needs isolation to 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</p> <p>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:</p> <p>Based on observation, interview, and record review the facility failed to provide timely isolation precautions and use standard precautions during eye drop administration, incontinence, colostomy, and/or wound care. This applies to three (R3, R5, R7) of 17 residents from the sample of 20 reviewed for infection control, and for one resident (R21) in the supplemental sample.</p> <p>The Findings Include:</p> <p>1. During an interview on August 12, 2016 at 9:50am, E2, (Director of Nursing) states R3 " is on contact isolation with an onset date of August 7, 2016 for an infected wound to the buttock, my expectations for staff as far as contact isolation</p>	F 441			

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F 441	<p>Continued From page 4</p> <p>with this resident is to wear gloves when entering the room and if doing resident care wear gown along with gloves."</p> <p>During initial tour on August 9, 2016 at 9:30am there was no personal protective equipment available on the outside of R3's room, or inside the room to use for contact isolation.</p> <p>On August 10, 2016 at 9:20am E7, (Certified Nurse Aide) and E10, (Certified Nurse Aide) entered R3's room with no personal protective clothing on other than gloves to perform perineal care. During this observation on R3, E7 with gloved hands, wiped R3's anal area with a wash cloth wet with non rinse perineal wash, turned the wash cloth and wiped the anal area again, placed the soiled washcloth onto an incontinence pad on R3's bed. Without changing or removing the soiled gloves, E7 removed the incontinence pad, repositioned and touched R3's bed linens, catheter tubing, and clothing without removing or changing the soiled gloves.</p> <p>The Managing Infections, facility procedure with a revision date of April, 2012 provided during the survey states: "the decision on whether precautions are necessary will be evaluated on a case by case basis" and for contact isolation, under the section titled gown, (it is hand written in) "when necessary". Example, possible contact of clothing with infected area. (1) Wear disposable gown upon entering the Contact Precautions room or cubicle."</p> <p>On 8/10/16 at 1:45pm, E11 (Licensed Practical Nurse) and E7 (Certified Nurse Aide) were observed providing wound care treatment on R3's</p>	F 441			

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F 441	<p>Continued From page 5</p> <p>pressure area. E11 and E7 had gloves on but didn't have gowns applied.</p> <p>2. R21's Physician's Order Sheet for August, 2016 includes an order for Artificial Tears , one drop to both eyes three times a day.</p> <p>On 8/9/2016 at 3:20pm, E3, Registered Nurse, administered these drops to R21 without putting on gloves.</p> <p>A document titled, Instillation of Eye Drops, revised October 2010, was provided by the facility on 8/11/2018. This document includes a list of steps to be taken when administering eye drops. Step 3 of this procedure states to put on gloves prior to instilling eye drops.</p> <p>3. R5's Physician's order Sheet for August,2016, includes an order for colostomy care every shift.</p> <p>On 8/9/2016 at 1:30pm, E5, Licensed Practical Nurse, provided colostomy care to R5 by washing hands, putting on gloves, removing the used colostomy bag, and cleaning the skin surrounding the colostomy bag. E5 then applied a new colostomy bag but did not put on clean gloves prior to obtaining the clean bag.</p> <p>On this same date at 1:40pm, E5, stated that E5 should have changed gloves prior to applying the new bag.</p> <p>4. On 8/10/16 at 11:20am, an observation was made of R7's wound care of two pressure ulcers on the right foot. During the wound care, E12 (Licensed Practical Nurse) applied medicated ointment to the two wounds using the same</p>	F 441			

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F 441	Continued From page 6 applicator. On 8/10/16 at 11:29am, when asked if a different applicator should be used to apply ointment onto the two separate wounds E12 said "probably so." On 8/11/16 at 3:10pm, E2 (Director of Nursing) said she did witness E12 use the same applicator to apply ointment to two pressure areas and she (E12) should have used two applicators.	F 441			